

Partnership for a Healthy Torrance Community Community Health Profile

Fiscal Year 2015

(Approved by PHTC on May 6, 2015)

(Approved by Torrance County Commission on May 27, 2015)

Prepared by DFL ASSOCIATES INC

Funding Assistance From



I. TORRANCE COMMUNITY HEALTH PROFILE

The purpose of a Community Health Profile is to provide an accurate and complete picture of a community's health. The profile includes both quantitative and qualitative data, as well as a local analysis and interpretation of that data. It is a comprehensive compilation of information including both data already collected and published plus information collected by the organizations and individuals creating the profile. The Community Health Profile is a critical first step in identifying community health needs and problems, which then serve as the basis for establishing priorities in the Community Health Improvement Plan.

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1. Executive Summary: The current Torrance County Community Health Profile (FY 2015) is an update to the profile and needs assessment developed in 2009. A community survey was utilized to gather residents' perceptions of the strengths and areas of concern for Torrance County. In addition to the surveys, we incorporated findings from community focus groups and key person interviews with recognized community leaders related to youth and substance-related issues. The community profile was developed as the result of a detailed needs assessment and gap analysis and constitutes the basis for the continuing process of planning, development, implementation and evaluation essential for the development of the Torrance Community Health Improvement Plan. Ongoing dialogue about problem identification and emerging issues has continued through monthly PHTC and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. The PHTC approved the FY 2015 Community Health Profile and identified the most pressing health needs for Torrance County on November 5, 2014, followed by an update approved on May 6, 2015. The Torrance County Board of Commissioners reviewed and approved the profile on May 27 2015.

The primary community assets identified through the community survey process are: the rural environment; the number of churches and quality of programs; and the availability of affordable housing. The factors most often identified as major problems for Torrance County families include: inadequate employment opportunities; high levels of poverty; alcohol and drug abuse; and lack of public transportation. The major barriers that prevent residents from using services already available in the community are identified as: awareness of services; location of services; location; and times that services are available. Cost of services and lack of public transportation were also frequently cited. Finally, the PHTC membership looked at the primary and secondary data included in the profile and the capacity of the council and community to affect significant change and ranked current health priorities based on the following criteria: urgency, impact, feasibility, and current action or investment.

Two health priorities were identified and equally ranked: 1) Health in All Policies – a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas and 2) Capacity Building to address identified gaps. The 2015 Torrance County Community Health Improvement Plan will be developed in the spring of 2015 and will outline the PHTC's established goals, objectives, community partners and resources, and the resulting health status outcomes and indicators that we aim to improve. The FY 2015 PHTC Community Health Profile is available on the Torrance County website under Downloads for the County Commission at <http://www.torrancecountynm.org/index.php?page=downloads>

2. Introduction: The Torrance County Community Health Profile is the result of a detailed needs assessment and gap analysis by the Partnership for a Healthy Torrance Community (PHTC) that

occurred in the summer of 2014. The statistical profile consists of three main components: a community description, an inventory of community assets and a picture of the community health status based on the most current data available through the State and regional epidemiology resources and the local inventory of existing community resources. It also includes and compares local data to state and national levels.

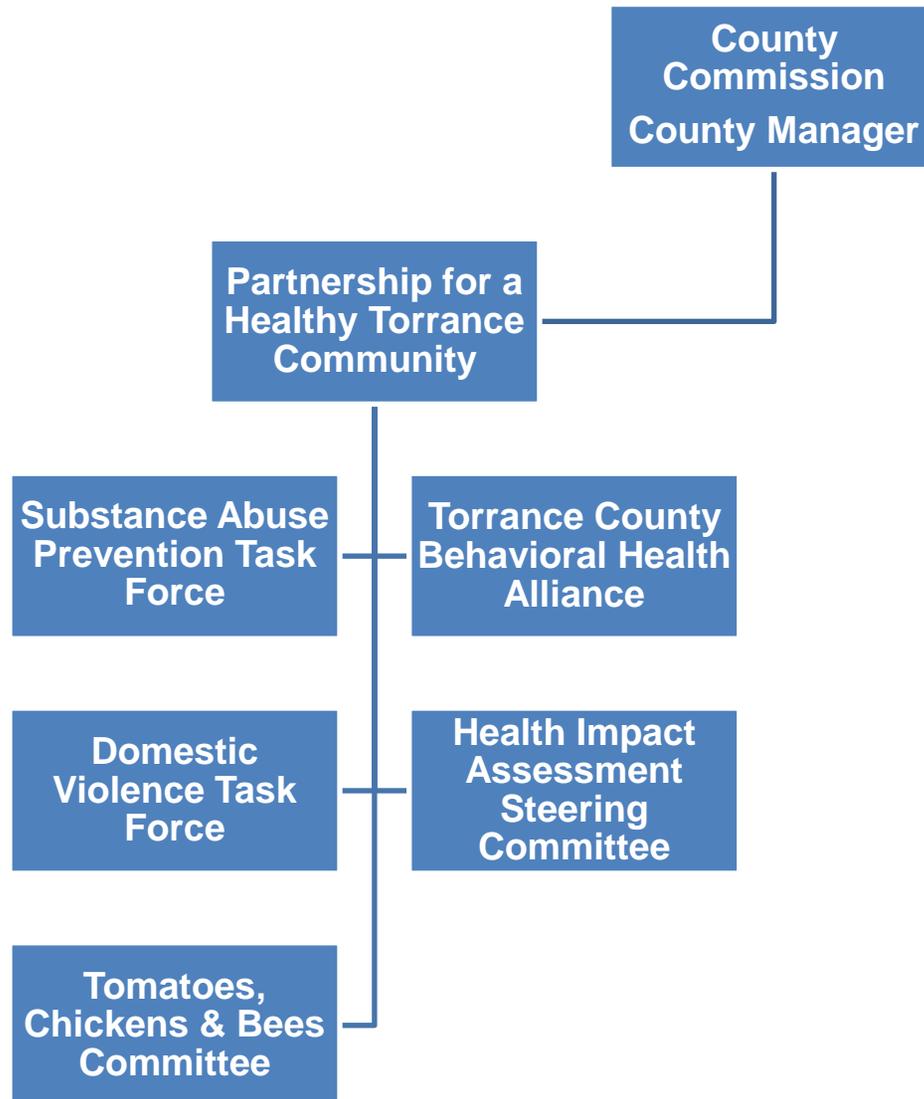
The Torrance County Community Health Profile has enabled the PHTC to engage in an informed and thoughtful process of weighing the data and community input in order to identify the health issues facing the residents of Torrance County and to prioritize those needs weighed against existing and potential resources to affect positive and permanent change. This Community Profile is in and of itself a community resource that is widely available to local and state government entities, members of the PHTC and other community coalitions, local providers, non-profits, and to faith-based and civic organizations as a multi-purpose resource tool.

This Profile constitutes the basis for the continuing process of planning, development, implementation and evaluation essential for the development of the Torrance County Community Health Improvement Plan. Every effort has been made to engage the diverse population sectors of Torrance County in this effort in order to make the Profile and ultimately the Community Health Improvement Plan truly relevant for the residents of Torrance County.

a. Health Council Description: In 1991 the Torrance County Commission appointed the Torrance County Maternal and Child Health (MCH) Advisory Council in accordance with the directives of the Maternal and Child Health Act. In 1992 the membership decided to expand the council's focus to meet the health care needs of all county residents and adopted the name Torrance County Health Council (TCHC) to reflect that focus. The name was subsequently shortened to Torrance Health Council (THC). In August of 2005 the council reorganized as the Partnership for a Healthy Torrance Community (PHTC). Historically, programs initiated by the county health council were administered and implemented through the Torrance County Project Office (TCPO), and the health council coordinator was also a member of the TCPO staff. With the loss of MCH funding to health councils in 2010 the council continued in a volunteer capacity with administrative support from DFL ASSOCIATES INC (DFL). DFL continues to provide administrative support and is currently contracted with Torrance County to provide the FY15 health council deliverables to the Department of Health.

An organizational chart for the PHTC and its committees follows on the next page.

PHTC Organization – October 2014



The PHTC is currently comprised of 26 voting members plus 7 non-voting members. The PHTC and its working committees are representative of the diverse population within the community and recognize the health concerns of multiple sectors including, but not limited to: consumers of all ages; community program providers; administrators; local, county and state officials; law enforcement officials; agency representatives; school personnel; faith-based organizations; community and business leaders; medical and mental health providers.

Voting members serve for a two year term and Officers serve one year terms. The PHTC recognizes that the recruitment of new members and retention of veteran members is essential to the relevance and sustainability of the organization. The PHTC provides training opportunities for members throughout the year and voting membership is comprised of those individuals who will commit to attending scheduled Partnership meetings. General membership is unrestricted and is open to individuals who live or work in the Torrance Community.

The PHTC meets on a monthly basis with the exception of July and December of each year. Meetings are held on the first Wednesday of each month from 12:00 –2:00 PM at the NM National DWI Victims' Memorial of Perpetual Tears in Moriarty NM. The Substance Abuse Prevention Task Force, Domestic Violence Task Force, and the Torrance County Behavioral Health Alliance and Health Impact Assessment Steering Committee are standing committees and central to the work of the PHTC in addressing priority health areas identified through the assessment process.

For additional information on the PHTC or its standing committees, contact the DWI Memorial of Perpetual Tears (505) 832-4495.

b. Mission, Vision and Purpose of Health Council:

Mission Statement: The mission of the PHTC is to improve the quality of daily living for all Torrance County residents through shared services, collaboration, and enhancement of health and social service programs.

Vision Statement: A healthy community is one where all people have the opportunity to lead productive lives and develop to their fullest potential. The health and wellbeing of Torrance County residents is dependent on the vibrant cultural traditions and ecological integrity of our region. It is rooted in the soil of stable families, schools, bodies of governance, service agencies, and a cohesive local economy. Health and well-being reflect in qualities of resiliency in the face of challenge, life-giving connectedness to people and place, creative expression in home and work, and loyalty to community. Knowing that health and well-being are both individual and collective, all residents of Torrance County have the opportunity and responsibility to learn, grow and participate in making decisions that support abundant life in our shared home.

Purpose: The PHTC's purpose is to encourage the development of comprehensive health services to improve the long-term health of the Torrance Community, by working toward a comprehensive

community health plan that adjusts to changing needs and priorities as determined and developed by local community members. The Partnership serves as an advisory group to the Torrance County Board of Commissioners regarding actions affecting the health of its citizens.

c. Definition of Health: The PHTC defines “health” as the physical, mental, emotional and spiritual well-being of each individual. The PHTC believes that New Mexico, specifically Torrance County, is a healthy community in which to live and grow. The local community is in the best position to address the health and social needs of its residents. Public and private partnerships are crucial to the success of community activities designed to foster healthy conditions at the community and family levels.

d. Purpose of Profile: This profile supports the continuing process of planning, development, implementation, and evaluation of a coordinated, integrated health and social service delivery system. It provides a needs assessment and gap analysis and reflects community input on current services and improvement strategies. Interpretation of the community data will enable the PHTC to prioritize health needs and issues, to identify actions to address the issues, and to identify health indicators that can be used to monitor change and progress in addressing priority health issues.

This document will form the basis for the Torrance Community Health Improvement Plan and other community planning documents. It will be available to county and city governments and for use in funding proposals and reports done by community health centers, social service organizations, and community coalitions. Copies will be made available in local libraries and the Profile and Plan can also be accessed via the Torrance County website under Downloads for the County Commission at <http://www.torrancecountynm.org/index.php?page=downloads>

e. Profile Development: A community survey was conducted as part of the process of developing a Torrance community health profile. The purpose of the survey was to gather direct community input on those factors that residents identify as most impactful on the health and well-being of individuals, families and the community. The survey was originally designed with assistance from the Highlands University School of Social Work and was first conducted in 2007 and updated by the PHTC in 2014. This survey was included in the March and April billing statements of Central New Mexico Electric Cooperative customers; 8,029 were mailed out and 461 or approximately 6 percent were completed and returned.

Ongoing dialogue about problem identification and emerging issues continues through monthly PHTC and task force meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. These serve as the basis for current anecdotal information.

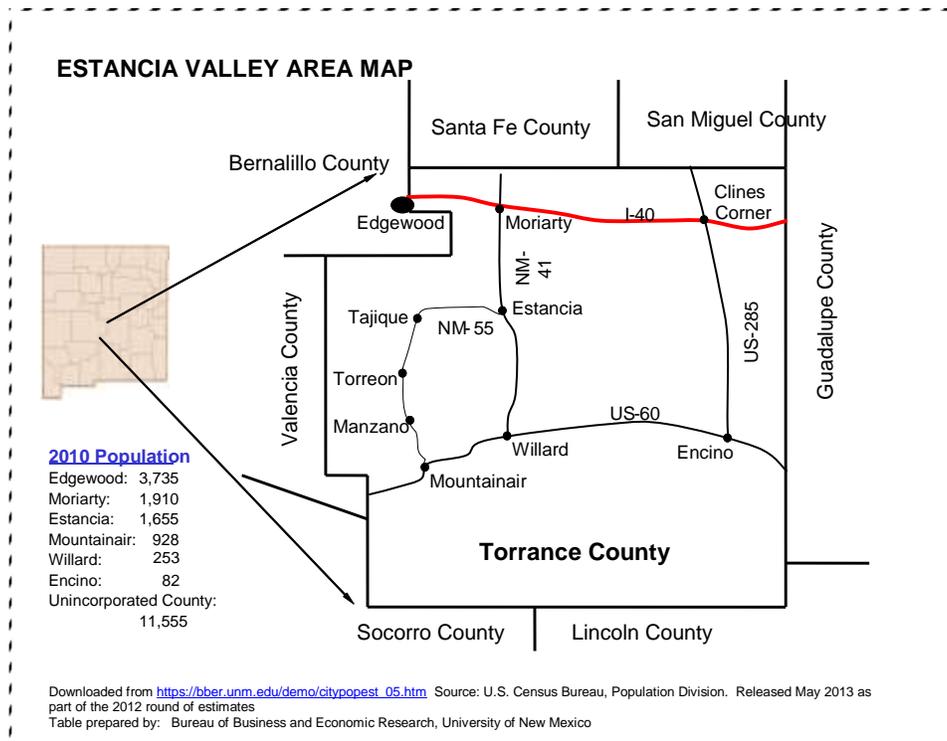
DFL ASSOCIATES staff compiled data and the Program Manager prepared summaries and graphic representations contained within this document. The Program Manager obtained secondary data through publicly available and verifiable data sources.

The full council initially approved the Community Health Profile on November 5, 2014 with updates approved on May 6, 2015, and it was approved by the Torrance County Board of Commissioners on May 27, 2015.

3. Community Description:

a. Geographic Description: Torrance County, which lies in the geographical center of New Mexico, takes in the Estancia Valley (an ancient lakebed) and the rolling High Plains. To the west are the Manzano and Sandia mountains. The county covers 3,355 square miles and is a sparsely populated (4.8 people / sq. mi.) frontier county. The majority of citizens reside in unincorporated areas. Ranching and farming communities as well as several culturally unique Mexican land grant communities still impart significant influence on the rural nature of life in much of the county. Torrance County is located in central NM and borders seven counties: Bernalillo, Santa Fe, Valencia, Socorro, Lincoln, San Miguel and Guadalupe. Most of the county lies in one of three topographically closed basins, principally the Estancia Valley Basin.

Figure 1. Estancia Valley Area Map



● **Northern Torrance County:** The area is a rapidly developing commuter corridor characterized by bedroom communities with residents commuting to Albuquerque or Santa Fe for work – 48.3% of

residents are employed outside of the county. Largest employers in this part of the county are Central New Mexico Electric Cooperative and the Moriarty-Edgewood School District. Clines Corners to the east is a rapidly expanding Travel Center located at the juncture of I-40 and NM Hwy 285. The Town of Edgewood is aggressively pursuing growth and economic development. Large-scale real estate development is under way, Wal-Mart Super Center opened in 2008, First Choice Community Healthcare has expanded to meet increased demand; Smith's Grocery and Walgreen's Pharmacy are located at a major intersection with several nearby strip centers housing a variety of professional and commercial spaces. Moriarty is attracting new businesses with the expansion of the Moriarty Airport. Google recently purchased Titan Aerospace in Moriarty and has plans to expand solar-powered drone production.

● **Central and Southern Torrance County:** Estancia is the county seat for Torrance County. The correctional facility operated by Corrections Corporation of America is the largest employer. Large dairies, ranches and greenhouses are other major employers. The co-location of the Tagawa Greenhouse, a wind-power facility and the correctional facility will provide local employment opportunities and additional tax revenues to support County services. The area attracts a large immigrant population, legal and undocumented, who provide a labor base for employers. There has been a significant amount of residential development in the Mountainair area where large ranches and landholdings are divided into Planned Area Developments or subdivisions where the average parcel ranges from 40 to 160 acres. These have attracted many retired or semi-retired buyers from out of state. P&M Signs is a major employer in Mountainair.

b. Population Description

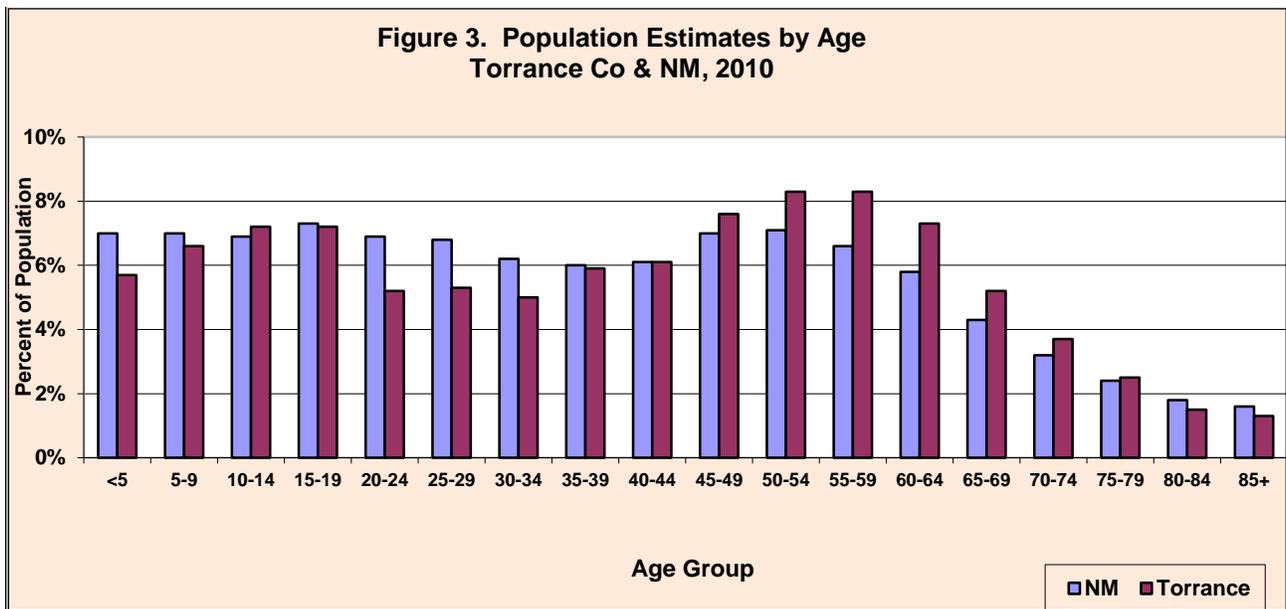
1) **Population:** The 2010 Census revealed a population of 16,383 for Torrance County compared to 2,065,826 for New Mexico. Figure 2 below demonstrates the projected growth for the County and the State from 2010 to 2040 as prepared by the UNM Geospatial and Population Studies Group.

	2010	2020	2030	2040
New Mexico	2,065,826	2,351,724	2,613,332	2,827,692
Torrance County	16,383	17,589	18,865	19,801

Source: New Mexico County Population Projections July 1, 2010 to July 1, 2040, Geospatial and Population Studies Group, University of New Mexico. Released November 2012.

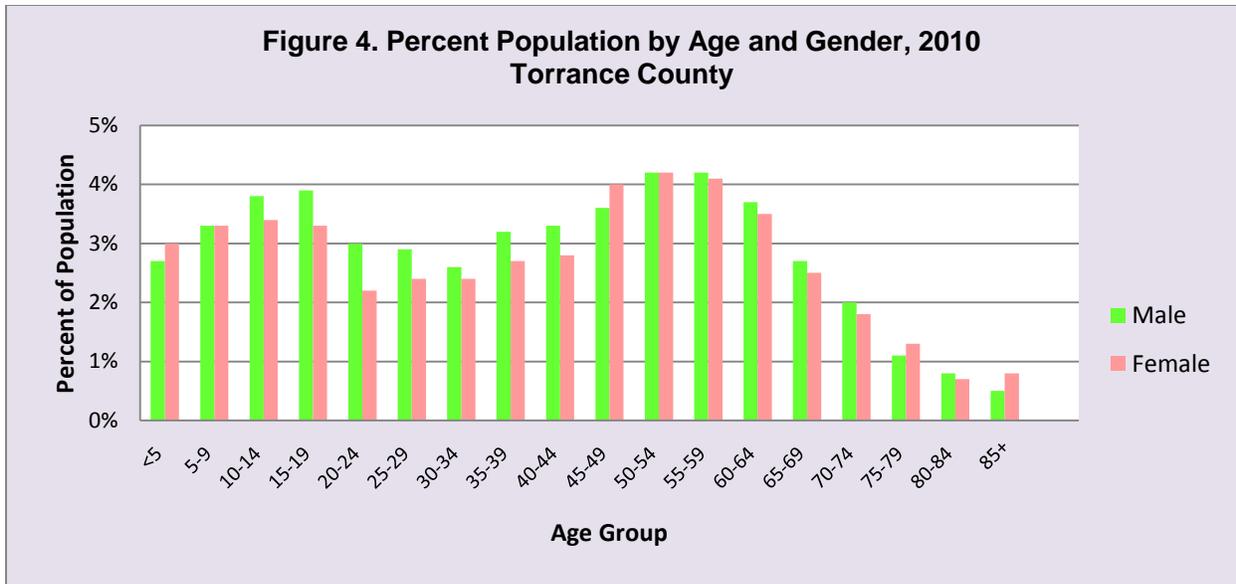
The percent growth in population from years 2008 to 2035 is forecasted to be 55.3% for Torrance County and 57.5% for Southern Santa Fe County, which includes the Town of Edgewood. Source: Mid-Region Council of Governments County Level Projected Growth, 2008 to 2035.

A population comparison by age for year 2010 is included below in Figure 3. Torrance County's distribution of population generally mirrors that of the state, although we have fewer children under age 5 (5.7% TC, 7.0% NM), fewer adults between the ages of 20 and 34 (15.5% TC, 19.9% NM), and more adults as a percentage of the population between the ages of 45 and 74 (40.4% TC, 34% NM). 2012 population estimates for Torrance County indicate a Total Population (all ages) of 16,021 and a Total Child Population (ages 0-19) of 4,080. Source: 2013 Kids Count Data Book, New Mexico Voices for Children



Source: US Census Bureau, 2010 Census

A population comparison by age and gender for year 2010 is included below in Figure 4. Torrance County had a total male population (all ages) of 8,450 and total female population (all ages) of 7,933. The county has a Veteran population of 1,703 (2008-2012).



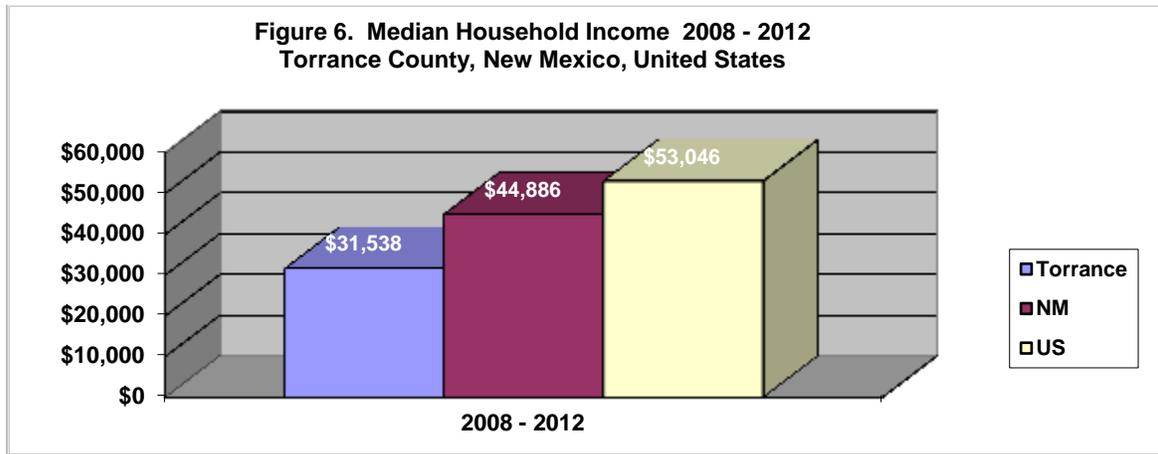
Source: US Census Bureau, 2010 Census

As indicated in Figure 5 below, Torrance County’s population is predominantly White Alone (55%) and 40% Hispanic/ 60% Non-Hispanic.

Location	Native					Two or More Races	Hispanic	Non-Hispanic
	Black Alone	American Alone	White Alone	Asian Alone				
Torrance County	1%	2%	55%	0%	2%	40%	60%	
New Mexico	2%	9%	40%	1%	1%	47%	53%	

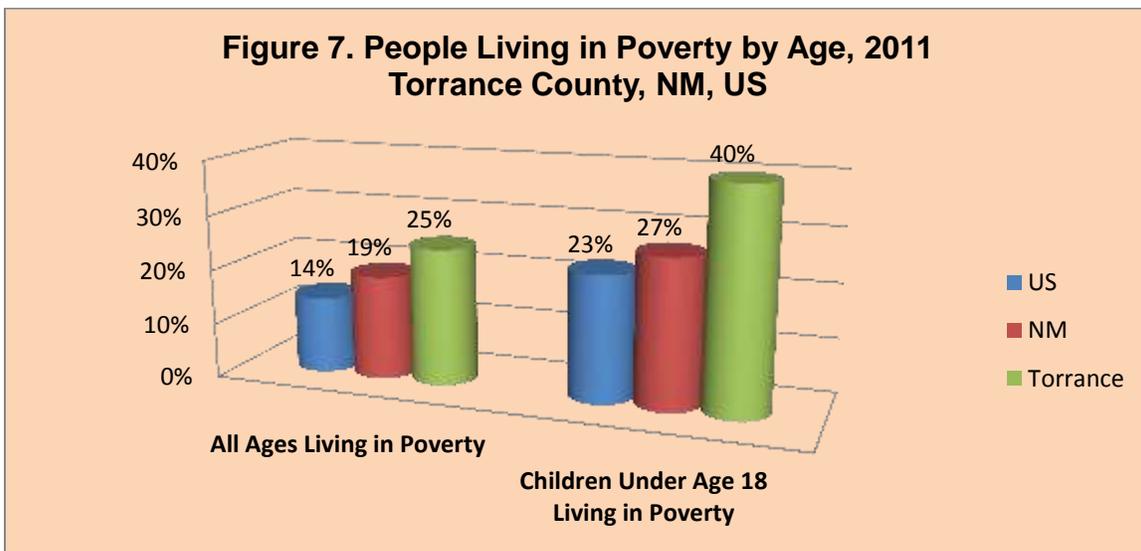
Source: US Census Bureau, 2010 Census

2) Income: The 2008-2012 Median Household Income for Torrance County was \$31,538 and notably lower when compared to \$44,886 for NM and \$53,046 for the US.



Source U.S. Census Bureau: State and County QuickFacts, Last Revised: Tuesday, 08-Jul-2014

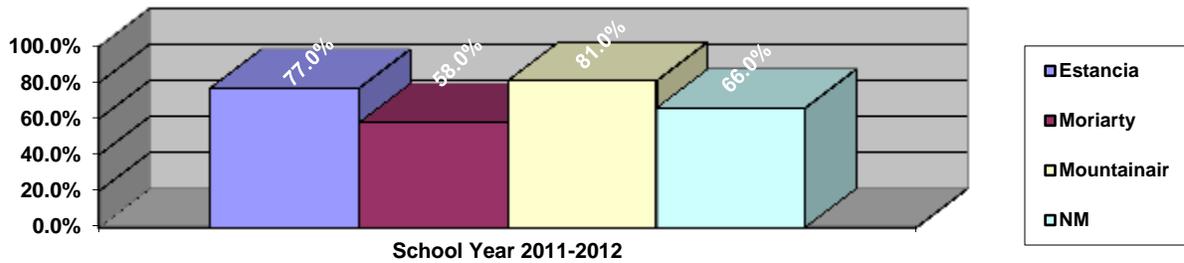
3) Poverty: Torrance County has experienced an increase in the Percent of Population in Poverty from 22.7% in 2007 (our last assessment) to 25.9% (2008-2012). This is higher than both the NM rate of 19.5% and the US rate of 14.9%. Source: US Census Bureau, State and County QuickFacts. The figure below provides a comparison of all ages living in poverty and children under age 18 living in poverty for the County, the State and the US.



Source: 2013 Kids Count Data Book, New Mexico Voices for Children

Figure 8. Economic Statistics from 2013 Kids Count Data Book, NM Voices for Children Torrance County, NM and US			
 ECONOMIC WELL-BEING	Families in which Parents Lack Secure Employment 2010 TC: 47% NM Rate: 39%	Families with a High Housing Cost Burden 2010 TC Rent: 43% TC Own: 34% NM Rent: 43% NM Own: 25%	Teens (16-19) Not in School and Not Working 2010 TC: 10% NM Rate: 10% US Rate: 8%
	Source: American Community Survey, 2006-2010	Source: American Community Survey, 2006-2010	Source: American Community Survey, 2007-2011

Figure 9. 2011-2012 Percentage of Students Receiving Free and Reduced Lunches



Source: 2013 Kids Count Data Book, New Mexico Voices for Children

4) Education: 82.6% of the Torrance County population age 25 and older has graduated from high school (2008-2012). This compares to 83.4% for NM and 85.7% for the US. Source: US Census Bureau, State and County QuickFacts. The Estancia Valley Classical Academy is a new public K-12 charter school which began instruction in school year 2011-2012. Non-traditional learning opportunities include the Moriarty High School’s Virtual Academy of Learning and Estancia Valley Learning Center (part of Estancia High School). Figures 12 and 13 below offer other notable comparisons between Torrance County and NM. Torrance County’s percentage of children attending preschool (19%) is less than half that of NM (40%) and the US (48%).

Figure 12. Education Statistics from 2013 Kids Count Data Book, NM Voices for Children Torrance County, NM and US				
 EDUCATION	Children Attending Preschool 2010 Torrance County: 19% <i>NM Rate: 40%</i> <i>US Rate: 48%</i>	4th Graders Proficient in Reading 2013 Estancia: 40% Moriarty: 57% Mountainair: 33% <i>NM Rate: 46%</i>	8th Graders Proficient in Math 2013 Estancia: 36% Moriarty: 55% Mountainair: 5% <i>NM Rate: 42%</i>	High School Students Graduating on Time 2013 Estancia: 75% Moriarty: 69% Mountainair: 80% <i>NM Rate: 70%</i>
	Source: American Community Survey, 2006-2010	Source: NM Public Education Department, retrieved from http://www.ped.state.nm.us/Assessment/Accountability/Academic Growth/NMSBA.html		Source: NM Public Education Department, 2013 4-Year Cohort Graduation Rates

Figure 13 Habitual Truancy and Dropout Rates, 2011-2012 Torrance County School Districts and New Mexico		
School District	Percent of Students Habitually Truant	Student Dropout Rate
<i>Estancia Municipal Schools</i>	0%	8%
<i>Moriarty-Edgewood Municipal Schools</i>	7%	4%
<i>Mountainair Public Schools</i>	19%	3%
New Mexico	<i>15%</i>	<i>5%</i>
Source: 2013 New Mexico Kids Count Data Book, NM Voices for Children		

The 2010 US Census also revealed that 12.2% of Torrance County residents age 25 and over have a Bachelor’s Degree or higher (2008-2012), which is quite low compared to 25.6% for NM and 28.5% for US.

5) Languages Spoken: 7.4% of the Torrance County population is foreign born (9.8% NM); and a language other than English is spoken by 27.1% of the population age 5 and over (36.0% NM).

Source: US Census Bureau, 2008-2012 American Community Survey. The central region of the County is home to a

growing Mexican and Central American immigrant community who can find work in the greenhouses and on the large ranches in the Estancia Valley. Many of these immigrants are primarily Spanish speaking. Frequently the children are the first to learn English and serve as the primary translators for the adult members of the family. Of the estimated 1,203 foreign-born population, 20.3% are naturalized US citizens and 79.7% are not US citizens. Source: US Census Bureau, 2008-2012 American Community Survey.

6) Employment: Among the Torrance County population 16 years of age and older, 48.7% is in the labor force and 51.3% is not in the labor force. A notable change from our 2007 community assessment is that Government (state, local, federal) is no longer the largest employment sector in Torrance County -- private wage and salary workers now comprise 66.1% of the civilian employed population 16 years and over. However, much of the employment could be classified as population-serving and the public school districts and state and local governments are among the larger employers. Educational services, and health care and social assistance (19.9%) and retail trade (15.5%) are the two leading industries in the county. In recent years, Edgewood (southern Santa Fe County) has begun to develop as the retail center for the tri-county area east of the Sandia Mountains. In the central and southern regions of the county, agriculture remains an important source of jobs for Torrance County.

The 2013 Annual Average Unemployment Rate for Torrance County is reported as 8.0% by the New Mexico Department of Workforce Solutions Economic Research and Analysis. This compares to 6.7% NM and 7.4% US.

Figures 14 – 16 below provide more specifics related to occupation, industry and class of workers.

Source: US Census Bureau, 2008-2012 American Community Survey.

Figure 14. CLASS OF WORKER	
Civilian Employed Population 16 Years and Over	
Worker Category	Percent
Private wage and salary	66.1%
Government	20.2%
Self-employed in own not incorporated business	13.7%
Unpaid family workers	0.0%

Source: US Census Bureau, 2008-2012 American Community Survey

Figure 16. INDUSTRY	
Civilian Employed Population 16 Years and Over	
Industry Category	Percent
Educational services, and health care and social assistance	19.9%
Retail trade	15.5%
Professional, scientific, and management, and administrative and waste management services	8.8%
Construction	8.2%
Arts, entertainment, and recreation, and accommodation and food services	8.0%
Public administration	7.9%
Agriculture, forestry, fishing and hunting, and mining	7.5%
Other services, except public administration	5.9%
Manufacturing	5.7%
Transportation and warehousing, and utilities	4.4%
Finance and insurance, and real estate and rental and leasing	4.1%
Wholesale trade	3.0%
Information	1.1%

Source: US Census Bureau, 2008-2012 American Community Survey

Figure 15. OCCUPATION	
Civilian Employed Population 16 Years and Over	
Occupation Category	Percent
Management, business, science and arts	30.1%
Service Occupations	23.1%
Sales and office occupations	22.0%
Natural resources, construction and maintenance	10.5%
Production, transportation, and material moving	14.4%

Source: US Census Bureau, 2008-2012 American Community Survey

c. Community Assets and Wellness

While Torrance is significantly impacted by the effects of socio-economic hardships, it is equally vibrant in its array of individuals and organizations who work together to build a healthier and safer Torrance community. From the PHTC's Torrance County 2013 Community Survey, residents identified assets as noted in the chart below. The rural environment rates highest, followed by affordable housing, and appreciation of churches and schools.

Figure 18. What We Like Best About Our Community, Torrance County 2014 Community Survey (multiple selections allowed)

Identified Asset	Percentage of Respondents who Identified this Asset
Rural Environment	72.5%
Churches	30.2%
Housing (large lots, affordability)	28.6%
Law Enforcement	20.2%
Schools	18.0%
Other	13.9%
Emergency services (EMS)	13.7%
Senior centers/ programs	12.8%
Cultural/ Community Activities	12.1%
Community support	11.1%
Medical care	10.6%
Alcohol/ drug free activities	4.8%
Sports/ recreation facilities & parks	4.3%
Employment Opportunities	4.3%
Support groups	3.0%
Family support services	2.6%
Mental health services	2.0%
Child care/ day care	2.0%

Source: Partnership for a Healthy Torrance Community, Torrance County 2014 Community Survey

1) Physical Assets:

- ⊕ **ESTANCIA:** Arthur Park with Swimming Pool and Community Library; County Fairgrounds; Esperanza Family Health Center; Senior Center; Community Center; East Torrance Soil and Water Conservation District

- ⊕ **MORIARTY:** Moriarty Civic Center and Library; City Park and Route 66 Beautification Project; Skate Park and Tennis Courts; Baseball Fields; Moriarty High School Performing Arts Center; Rodeo Grounds; Airport and Soaring Museum; DWI Victims' Memorial of Perpetual Tears; Edgewood Soil and Water Conservation District
- ⊕ **MOUNTAINAIR:** Mustang Health Center (school-based); Rodeo Grounds; Community Park; Senior Center; Mountainair Family Health Center, Salinas Pueblo Missions Visitor Center; Claunch Pinto Soil and Water Conservation District
- ⊕ **EDGEWOOD:** Wildlife West Nature Park; First Choice Community Healthcare; Town of Edgewood Parks and Recreation Department Facilities
- ⊕ **MANZANO and TORREON:** Community Parks; Torreon Community Center
- ⊕ **MCINTOSH:** Senior Center; Emergency Dispatch Center; KXNM 88.7FM Public Radio

2) Social Assets

- ⊕ **ESTANCIA:** Youth Group at First Baptist Church; Rotary Club; Chamber of Commerce; St. Vincent de Paul Society and Commodities Program; Teen Outreach Program & Mobile Food Pantry; 4-H; Churches; American Legion
- ⊕ **MORIARTY:** Bethel Community Storehouse; Estancia Valley Catholic Parish Hall (commodities & St. Vincent de Paul Society); Rotary Club; Lions' Club; The Loft at the First Baptist Church; City Library; Read "Write" Adult Literacy Program; Knights of Columbus; the Mountain View Telegraph Newspaper; Churches; VFW Post
- ⊕ **MOUNTAINAIR:** Chamber of Commerce; Veterans of Foreign Wars (VFW) Club; Mountainair Announcements community blog; 4-H; Churches
- ⊕ **EDGEWOOD:** Parks and Recreation Programs; Community Center; Seniors Center; The Independent Newspaper; Community Library; Community Churches; 4-H
- ⊕ **TORREON:** Community Center; Church
- ⊕ **MCINTOSH:** VFW Post; Seniors Center; KXNM 88.7 FM Radio

3) Regulatory Assets: ♦ Neil Mertz Judicial Complex ♦ DWI/ Drug Court Program ♦ Smoke-free public buildings and businesses (Clean Indoor Air Act) ♦ Alcohol and drug-free City and County sponsored events ♦ Ignition interlock for 1st time DUI offenders ♦

4) Individuals: ♦ Art Swenka: Estancia Basin Resource Association, KXNM Community Radio, Regional Water Planning Board, EMWT Water Pipeline ♦ Sonja Britton: DWI Victims' Memorial of Perpetual Tears founder, former County Commissioner and NM Victims of Crime Service Award ♦ Morrow Hall: volunteer County Historian ♦ Linda Smith: Executive Director, Bethel Community Storehouse ♦ Audrey Rodriguez: Retired Public Health Nurse, founding member of the County Health

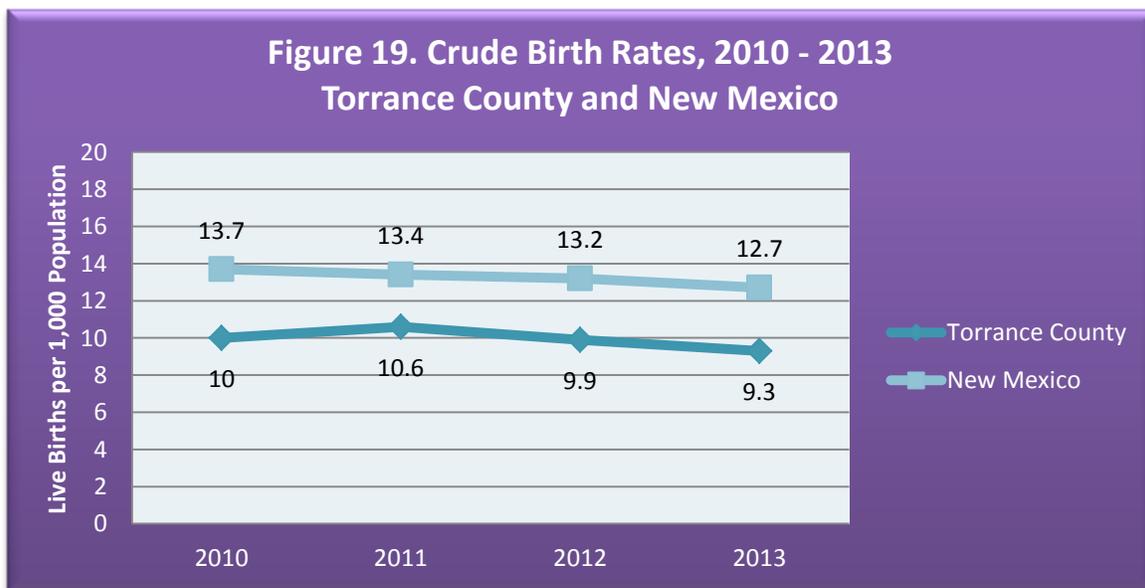
Council, Teens Need Teens founding member, Clown and Musician ♦ L. Steve Jones: Retired Magistrate Court Judge, DWI Court Program originator, Moriarty Rotary, NRA Scholarship Committee, Tri-County Juvenile Justice Board, Perpetual Tears Memorial, Inc. ♦ Former Representative Rhonda King ♦ Tina Cates-Ortega: Moriarty Community Library, Historical Society and Read “Write” Adult Literacy Program ♦ Jace Alderson: Moriarty Civic Center Manager ♦ Dean & Ivy Schwebach: Schwebach Farms, community volunteers and mentors

5) Cultural/ Historical: ♦ Salinas Pueblo Missions National Monument with Abo, Quarai and Gran Quivera sites ♦ Salt Missions Trail ♦ Arts in the Park (Estancia) ♦ Galleries and Artist Community (Mountainair) ♦ Pinto Bean Fiesta (Moriarty) ♦ Punkin’ Chunkin’ and Old Timers’ Festivals (Estancia) ♦ 4th of July Celebrations (Mountainair & Moriarty) ♦ Church Fiestas ♦ Archaeological Society

6) Volunteer & Civic: ♦ CASA (Court Appointed Special Advocates) ♦ Volunteer tutors for Read “Write” Adult Literacy ♦ Volunteer Fire Departments and EMT’s throughout Torrance and Southern Santa Fe Counties.

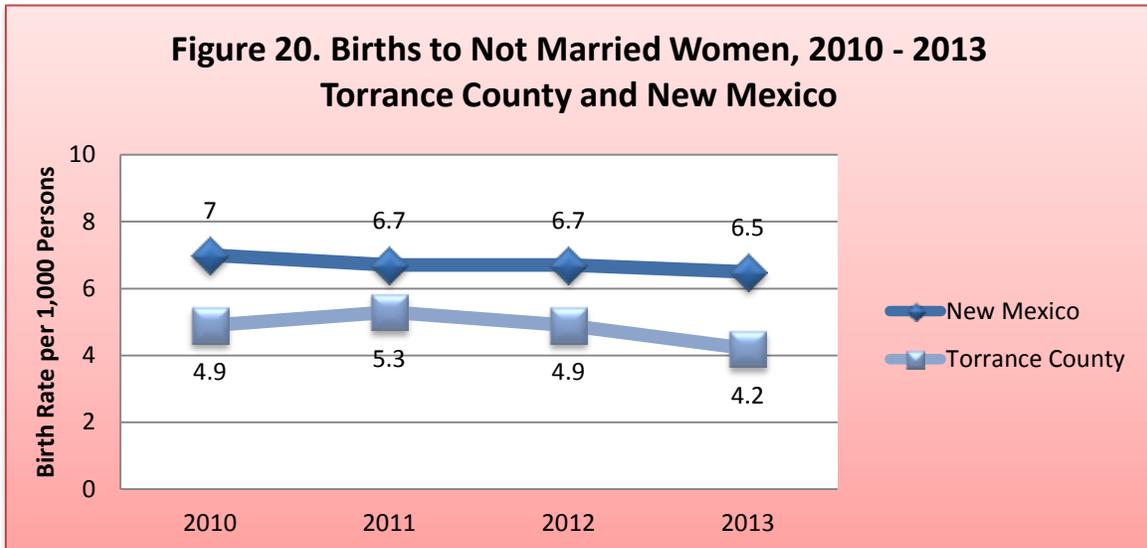
4. Community Health Status:

a. Maternal Child Health Indicators: The most current data available for births in Torrance County is from year 2013 – we had a total of 147 live births. A comparison of rates from 2010-2013 shows that we have experienced a slight downward trend in crude birth rates (all births in the County).



Source: Downloaded from <https://ibis.health.state.nm.us/query/result/birth/BirthPopCnty/BirthRate.html>; Data sources: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health; Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program

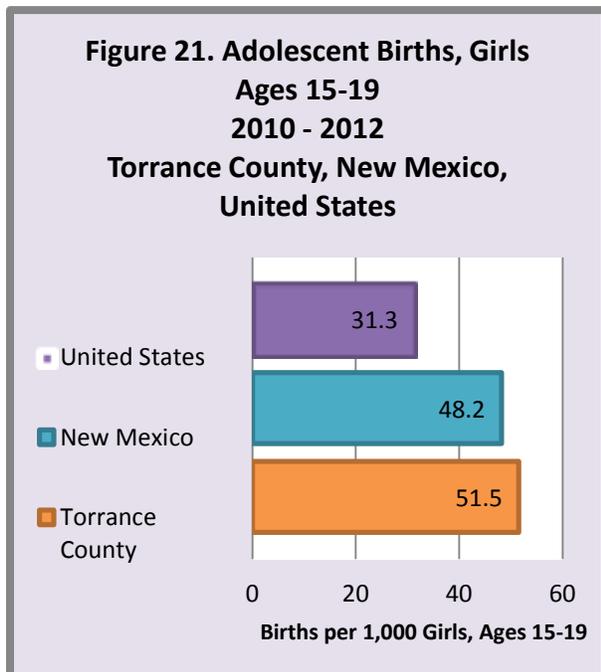
Births to Single (Not Married) Mothers: Of the 2010-2013 births, the birth rate per 1,000 populations for single (not married) mothers is 6.7 for New Mexico and 4.9 for Torrance County.

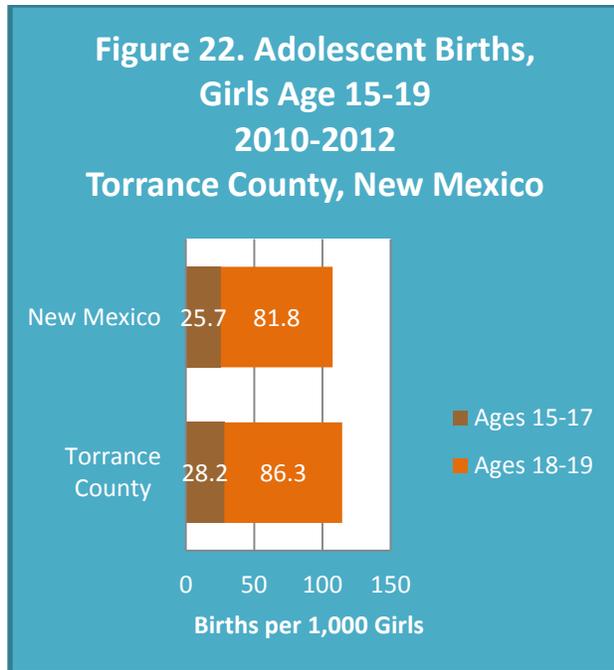


Downloaded from <https://ibis.health.state.nm.us/query/result/birth/BirthPopCnty/BirthRate.html>; New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health; Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program

Teen Births: Torrance County is slightly higher than the State, but the difference is not statistically significant; however the Torrance County rate is significantly higher than the US rate. Teen births are predominantly for mothers in the 18-19 age range.

Source: Downloaded from https://ibis.health.state.nm.us/indicator/complete_profile/BirthTeen.html; Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.

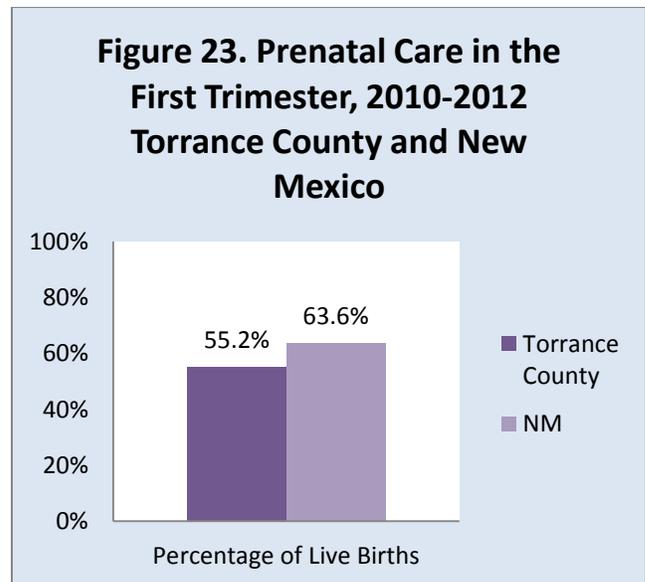




Source: Downloaded from https://ibis.health.state.nm.us/query/result/birth/AdolBirthCnty/AdolBirth15_17.html New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health; Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program

Low Birth Weight: Torrance County rated 3rd highest in the State for 2010-2012 percentage of live born infants with low birth weight -- TC 12.1%, NM 8.8%, 8.1% US. This is reason for concern because the community is performing significantly worse than the State and the Healthy People US target rate is 7.8%. Source: NM IBIS Torrance County Health Highlights Report <https://ibis.health.state.nm.us/community/highlight/profile/LowBirthWt.Cnty/GeoCnty/57.html>

Prenatal Care in the First Trimester: As shown, Torrance County is performing worse than the state for this measure and the difference is statistically significant. Source: NM IBIS <https://ibis.health.state.nm.us/indicator/view/PrenCare.Cnty.html>



Breastfeeding in Early Postpartum Period: For the period 1997-2010, the percentage of Torrance County mothers breastfeeding exclusively two months postpartum is less than half of the US percentage: TC 25.4%, NM 34.1%, US 56.3%. The Healthy People US target is 75%. <https://ibis.health.state.nm.us/community/highlight/profile/BreastFeeding.2Mos/GeoCnty/57.html>

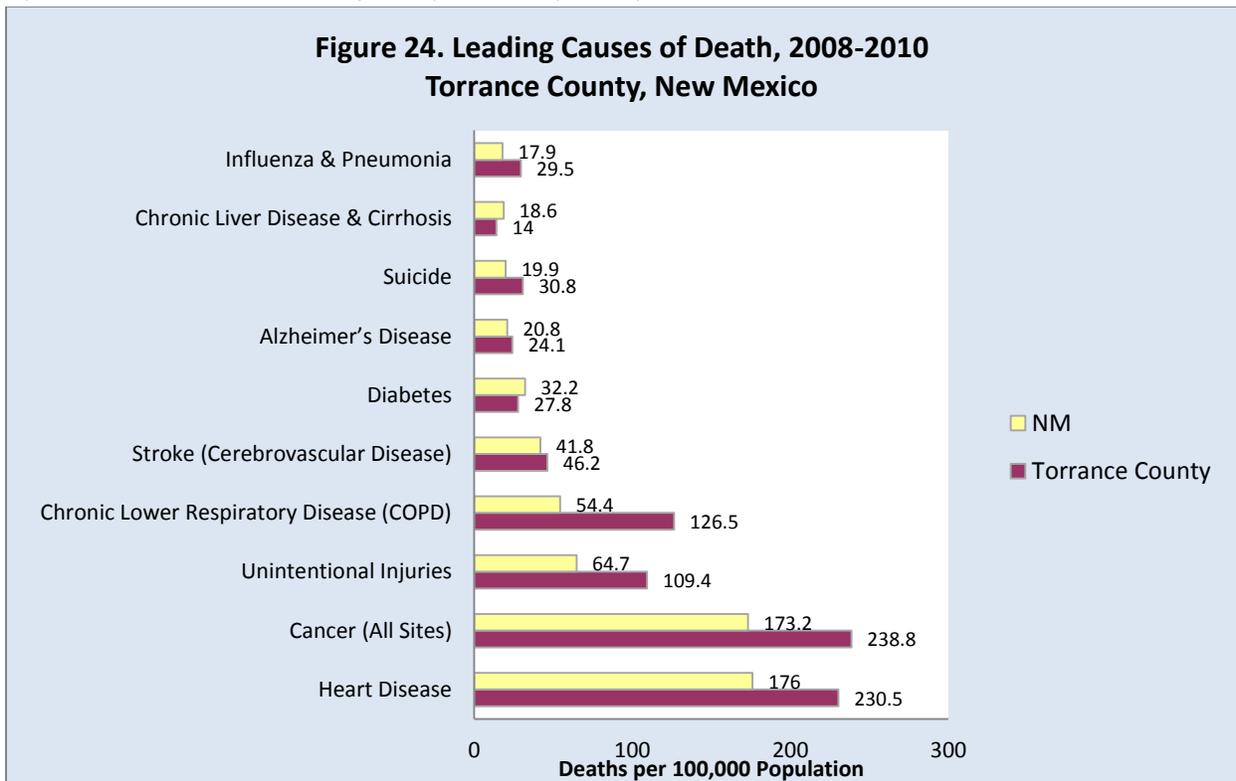
b. Mortality – General

Total age-adjusted death rate (deaths per 100,000 populations) from all causes was 811.0 for Torrance, which is higher than the NM rate (742.0) and the US rate (747.0). Source: New Mexico Indicator-Based Information System, https://ibis.health.state.nm.us/indicator/view_numbers/DthRateAllCause.Cnty.html

Infant mortality: For the period 2007-2011, Torrance County’s average infant deaths per 1,000 live births are twice that of NM and the US. (TC 12.4, NM 5.3, US 6.5). The Healthy People US target is 6.0 infant deaths per 1,000 live births. Source: New Mexico Indicator-Based Information System, Torrance County Health Highlights Report

c. Leading Causes of Death

A ranking of the leading causes of death for Torrance County for the period 2008-2010 is included in Figure 24 below. We are notably higher than NM for heart disease, cancer (all sites), unintentional injuries, and chronic lower respiratory disease (COPD).



Downloaded from: <https://ibis.health.state.nm.us/community/highlight/introduction/GeoCnty/57.html> Data Source: New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved from New Mexico Department of Health, NM-IBIS website, <http://ibis.health.state.nm.us>, on 12/27/2011

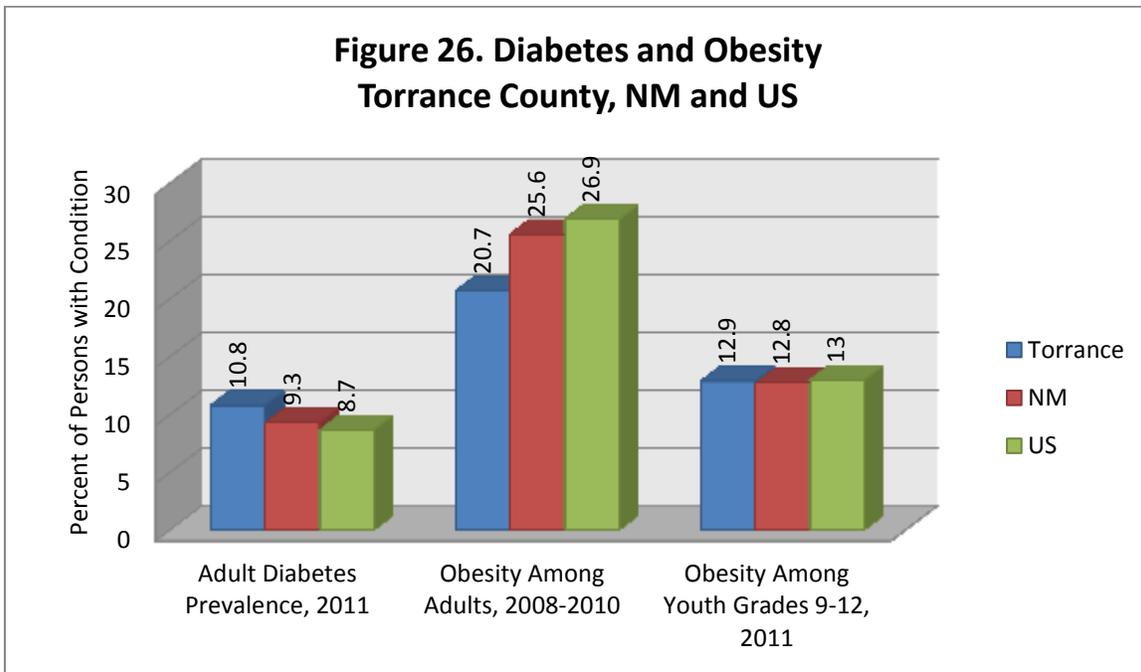
d. Chronic Disease Indicators

- Heart disease is the leading cause of death in New Mexico and accounts for over 20% of all deaths. Torrance County is performing worse than the State but the difference is not statistically significant.

- Stroke is the 5th leading cause of death in New Mexico. Torrance County is performing worse than the State but the difference is not statistically significant.
- Diabetes is the 6th leading cause of death for New Mexicans and the 7th leading cause in the U.S. Torrance County is performing better than the State but the difference is not statistically significant.

Figure 25 Chronic Disease Deaths, Torrance County, New Mexico & US			
	Average Annual Heart Disease Deaths 2008-2012 (Age-Adjusted Death Rate per 100,000 population)	Average Annual Stroke Deaths 2008-2012 (Age-Adjusted Death Rate per 100,000 population)	Diabetes Death Rates 2010-2012 (Deaths per 100,000 population)
Torrance Co.	163.4	36.7	17.0
NM	150.0	34.2	27.9
US	Unknown	41.1	21.5

Source: New Mexico Indicator-Based Information System, Community Health Status Indicators, Torrance County



Source for Diabetes Prevalence and Obesity Among Adults: New Mexico Indicator-Based Information System, Health Indicators by County; https://ibis.health.state.nm.us/indicator/view_numbers/ObesityAdult.Cnty.html
 Source for Obesity Among Youth: https://ibis.health.state.nm.us/indicator/view_numbers/ObesityYouth.Cnty.html

e. Infectious Disease Indicators: Source: New Mexico Indicator-Based Information System, Health Indicators

- Pertussis data for Torrance County is statistically not stable due to the small number of cases.
https://ibis.health.state.nm.us/indicator/view_numbers/Pertussis.Cnty.html
- Data for Hepatitis B, Acute and Chronic Infections for Torrance County is suppressed because the small number of cases produced statistically unstable results.
<https://ibis.health.state.nm.us/indicator/view/HepB.Cnty.html>
- Influenza and Pneumonia Deaths per 100,000 population, 2010-2012: Torrance County 12.6, New Mexico 14.3, US 15.1
https://ibis.health.state.nm.us/indicator/view_numbers/InfluenzaPneumoDeath.Cnty.html
- Chlamydia cases per 100,000 population, 2012: Torrance County 401.6, New Mexico 573.2
https://ibis.health.state.nm.us/indicator/view_numbers/Chlamydia.Cnty.html

f. Environmental Health Indicators: A health impact assessment (HIA) is near completion regarding the proposed Kinder Morgan Lobos Co2 Pipeline Project in Torrance County. Health Impact Partners conducted the assessment with assistance from a Steering Committee formed by the PHTC. The final assessment will be provided to the Bureau of Land Management and Environmental Protection Agency, and Steering Committee members will present the assessment to the Torrance County Commission, Moriarty City Council and other policy makers.

The last previous environmental health assessment was conducted by the Torrance Health Council from March through June of 2004. The leading Environmental Health Indicators were identified as: 1) Poverty; 2) Alcohol and Substance Abuse; 3) Ambient Water Quantity and Quality; 4) Unsafe Housing; and 5) Indoor Air Quality. Source: Torrance County Environmental Health Assessment, 3/2004 – 6/2004.

Complaints and public policy issues from the same survey include:

- ◇ Proliferation of abandoned mobile homes and autos account for 98% of complaints to County Zoning Officer (2003)
- ◇ Mobile homes less than 40 feet do not have to be reported to the County
- ◇ Physical condition of vacant units is unknown because of personnel shortage due to economic constraints of County
- ◇ In the 2007 Torrance Community Survey, 4.8% of the write-in responses indicate that junk/ trash in the area is a significant concern.

Housing Profile (Source: 2010 Decennial Census, American Community Survey 2010 from Mid-Region Council of Governments)

- ◇ 7,798 housing units – an increase from 7,257 in 2000
- ◇ 80.3% owner-occupied housing units – an increase from 70% in 2000

- ◇ 52.3% single family housing units; 2.3% multi-family housing units
- ◇ Mobile homes comprise 52.7% of all housing units – a decrease from 54.1% in 2000.

Subsequent improvements within the County include:

- The Estancia Valley Solid Waste Authority has adopted a policy to allow free drop-off of roadside debris to encourage residents to assist in clean-up.
- The Torrance County Commission unanimously voted in favor of the statewide resolution to support the Dee Johnson Clean Indoor Air Act, which was signed into law by the Governor in 2007.
- April 2008 ~ the Torrance County Commission adopted by resolution an amended Zoning Ordinance and Subdivision Regulations. This was a culmination of one year of work by the Planning and Zoning Commission, the Planning and Zoning Coordinator and the Torrance County Counsel, with technical assistance provided by the Mid-Region Council of Governments. Significant changes were made in the Claims of Exemption in order to curb the proliferation of land divisions that were occurring without going through the subdivision process. Over the years this was resulting in multiple lots with inadequate access, lack of utilities, substandard roads and significant liquid waste disposal violations. The changes have made it possible to enforce zoning requirements and set higher standards.
- May 2009 ~ the Torrance County Commission adopted by resolution an Animal Control Ordinance. This was a culmination of 14 years of work by multiple departments, individual residents and groups, the Planning and Zoning Commission, the Torrance County Animal Shelter Director and Board, the Torrance County Animal Control Officer, the Planning and Zoning Coordinator, the Torrance County Manager and the Torrance County Counsel. The new ordinance sets limits on the number of cats and dogs that may be kept by a single owner on a single parcel in specific zones, defines kennels and the process for applying for a kennel permit. It also requires that animals be spayed, neutered and licensed and kept with adequate food, water, housing and care. Animal control, dumping, cruelty and neglect have historically been significant problems in Torrance County.

g. Injury, Violence, Substance Abuse Indicators:

Injury: The five leading causes of injury death for Torrance County are compared in Figure 27 below. Torrance rates higher than NM for deaths from fall injuries, motor vehicle traffic crashes, unintentional injury and suicides among youth.

- Falls are the leading cause of unintentional (accidental) injury death among adults 65 years of age and older in the United States and in New Mexico.

Figure 27. Injury Deaths in Torrance County, New Mexico and US

Source: New Mexico's Indicator-Based Information System (NM-IBIS), Health Indicators

	Fall Related Death Rates per 100,000 Population, Adults 65+ Years, 2008-2012	Motor Vehicle Traffic Crash Death Rates per 100,000 Population, 2008-2012	Unintentional Injury Death Rates per 100,000 Population, 2008-2012	Suicide Death Rates per 100,000 Population, 2008-2012	Suicide Death Rates Among Youth per 100,000 Population, 2008-2012
Torrance County	136.2	29.4	81.2	18.2	29.8
NM	93.7	15.7	62.5	19.9	22
US	54.0	10.7	39.4	11.5	9.7

Adult Protective Services: In FY2013 Adult Protective Services received 101 reports of suspected adult abuse, neglect or exploitation. Of those, 53% (compared to 55% statewide) were accepted (screened-in) for investigation.

Source: NM Aging & Long-Term Services Department Adult Protective Services FY13 Annual Report;

http://www.nmaging.state.nm.us/uploads/FileLinks/93d89f60b10b4732be44e6c31f403060/FY13_APS_Annual_Report_Screen.pdf

Child Abuse and Neglect:

**Figure 28. Statewide Central Intake Reports of Abuse and Neglect, July 2012 – June 2013
Torrance County, New Mexico**

County	Accepted Reports ¹		Not Accepted Reports ²		Total Reports Received	
	#	% of County	#	% of County	#	% of State Total
Torrance	172	53.9%	147	46.1%	319	1.0%
State Totals	18,197	55.3%	14,733	44.7%	32,930	100.0%

Source: New Mexico Children, Youth and Families Department Protective Services 360 State Fiscal Year 2013 Report, http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf

Torrance County’s Victim Rate per 1,000 is higher than NM; 11th highest in the State for July 2012 – June 2013 reporting period.

**Figure 29. Investigations, July 2012 – June 2013
Torrance County, New Mexico**

County	Accepted Reports	Substantiated		Unsubstantiated		Total #	County % of State Total Investigations	Number of Substantiated Child Victims	Victim Rate per 1,000
		#	%	#	%				
Torrance	172	58	25.6%	169	74.4%	227	1.3%	99	22.7
State Totals	18,197	4,520	25.0%	13,546	75.0%	18,066	100.0%	7,788	13.4

Source: New Mexico Children, Youth and Families Department Protective Services 360 State Fiscal Year 2013 Report, http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf

**Figure 30. Protective Services Allegation Types, July 2012 – June 2013
Torrance County, New Mexico**

County	Physical Abuse					Sexual Abuse					Physical Neglect					Total Allegation Types				
	Substantiated		Unsubstantiated		Total	Substantiated		Unsubstantiated		Total	Substantiated		Unsubstantiated		Total	Substantiated		Unsubstantiated		Total
	#	%	#	%		#	%	#	%		#	%	#	%		#	%	#	%	
Torrance	30	22.2%	105	77.8%	135	0	0.0%	9	100.0%	9	59	23.0%	198	77.0%	257	105	22.2%	198	77.8%	312
State Totals	1,533	17.0%	7,509	83.0%	9,042	173	18.6%	756	81.4%	929	5,040	24.0%	15,993	76.0%	21,033	7,509	21.8%	15,993	78.2%	24,258

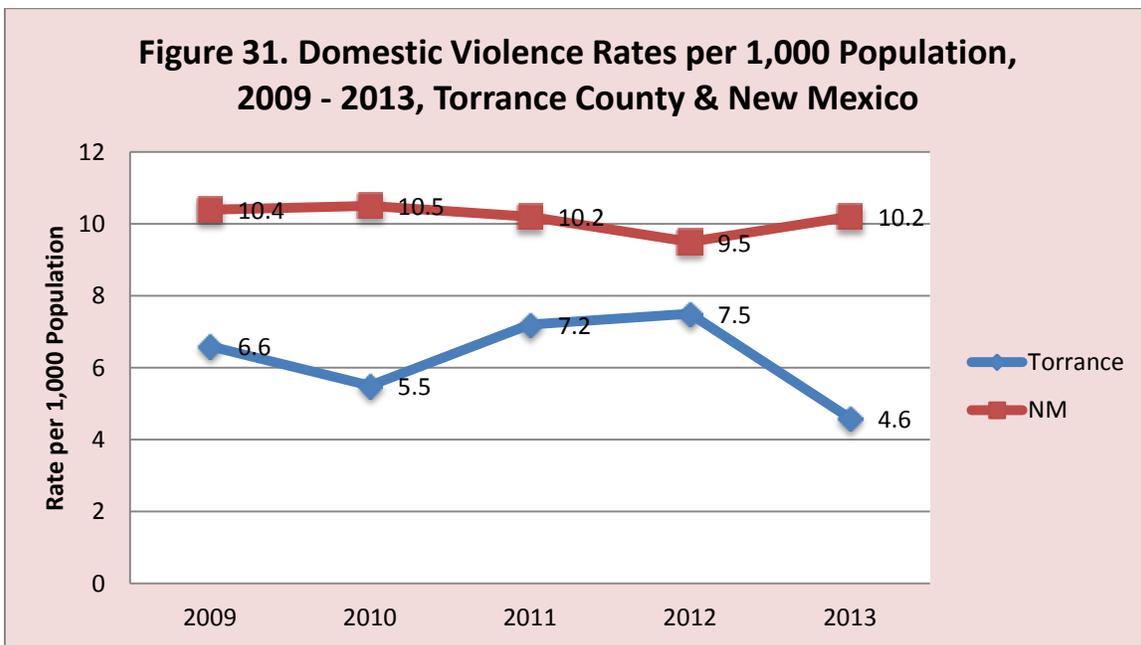
Source: New Mexico Children, Youth and Families Department Protective Services 360 State Fiscal Year 2013 Report, http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf

Violence: When compared to US peers participating in the National Youth Risk Behavior Survey (YRBS), New Mexico students had higher rates for:

- Carried a weapon in the past 30 days (17.9% US; 22.2% NM; 26.6% Torrance)
- In a physical fight on school property in the past 12 months (8.1% US; 9.7% NM; 8.5% Torrance)

Source: 2013 New Mexico Youth Risk & Resiliency Survey; and YRRS Connections Newsletter, a monthly report on the New Mexico Youth Risk & Resiliency Survey, Vol 1 No 2, July 2014

In 2013, Torrance County's domestic violence rate per 1,000 population was 4.6 compared to 10.2 for New Mexico. Figure 31 below shows the domestic violence trend for 2009-2013. Of the 2013 domestic violence cases in Torrance County, 27% involved alcohol/drug use (34% for NM), 48% were cases with injury (43% NM), and 34% of the incidents involved a suspect arrest (39% NM). Source: Incidence and Nature of Domestic Violence in New Mexico XIII: An Analysis of 2013 Data from the New Mexico Interpersonal Violence Data Central Repository; http://www.nmcadv.org/wp-content/uploads/2014/09/Betty_Caponera_DV_in_NM_XIII_2013_Data_final.pdf



Substance Abuse: Key findings from the 2013 NM Youth Risk & Resiliency Survey for grades 9-12 note that New Mexico and Torrance County rates for several important risk behaviors have fallen dramatically in recent years.

- Current (past 30 day use) of painkillers to get high fell from 14.2% in 2009 to 8.5% in 2013 (14.5% and 8.9% respectively for Torrance County)
- Current binge drinking (consuming 5 or more alcoholic drinks in a row in the past 30 days) fell from 35.4% in 2003 to 17.1% in 2013 (35.2% to 13.5% for Torrance County)

- Current cigarette smoking (past 30 day use) declined from 30.2% in 2003 to 14.4% in 2013 (23.3% to 11.9% for Torrance County)
- Physical fighting in the past 12 months fell from 38.9% in 2003 to 27.2% in 2013 (32.0% to 26.9% for Torrance County)

Figure 32. Substance Use Declines for Torrance County, 2003 – 2013 NM YRRS, Grades 9-12		
Indicator	2003	2013
Alcohol Use		
Current drinking (past 30 days)	47.5%	24.4%
Binge drinking (past 30 days)	35.2%	13.5%
First drink before age 13	35.6%	18.4%
Rode with drinking driver	28.7%	18.4%
Drinking and driving	16.5%	6.8%
Tobacco Use		
Current cigarette smoking (past 30 days)	23.3%	11.9%
Smoked cigarettes before age 13	23.0%	9.3%
Smoked cigarettes on school property	8.9%	2.5%
Drug Use		
Current inhalant use (past 30 days)	4.9%	2.5%
Current cocaine use (past 30 days)	8.3%	2.4%
Current methamphetamine use (past 30 days)	5.3%	1.7%

In 2013, compared to their US peers, NM students had higher rates of drug use (including lifetime use of cocaine, heroin, methamphetamines, and using marijuana before age 13). While NM students had a higher rate of drinking alcohol before age 13, they were less likely to engage in binge drinking.

Figure 33. Substance Use Comparisons for US, NM & Torrance County – 2013 NM YRRS, Grades 9-12			
Indicator	US%	NM%	Torrance County %
Alcohol Use			
First drank alcohol before age 13	18.6	22.3	18.4
Binge drinking (5+ drinks of alcohol on single occasion in past 30 days)	20.8	17.1	13.5

Figure 33. Substance Use Comparisons for US, NM & Torrance County – 2013 NM YRRS, Grades 9-12
(Continued)

Indicator	US%	NM%	Torrance County %
Drug Use			
First tried marijuana before age 13 years	8.6	17.3	11.9
Ever used cocaine	5.5	10.3	6.8
Ever used heroin	2.2	4.0	1.9
Ever used methamphetamines	3.2	5.0	2.6
Offered illegal drugs on school property (past 12 months)	22.1	32.8	30.5

Source: 2013 NM Youth Risk & Resiliency Survey and YRRS Connections, June 2014 and July 2014 editions

In relation to NM state data, the 2013 Youth Risk and Resiliency Survey results for Torrance County reveal specific areas where we stand out. 13.1% Torrance County youth (compared to 8.0% NM) report spit tobacco use in past 30 days. Among youth reporting alcohol use in the past 30 days, 59.5% (compared to 39.7% NM) report “Someone gave it to me” as how they obtained alcohol. 54.3% of Torrance youth (compared to 44.3% for NM) report liquor as the usual type of alcohol used in past 30 days. More students report drinking in their homes (29.9% compared to 27.6% for NM) and drinking on school property (7.0% compared to 1.9% for NM) in the past 30 days.

Death Rates per 100,000 population, age adjusted, 2008-2012

- Torrance rates 10th highest in the state for Alcohol-Related Deaths (57.5 Torrance, 52.3 NM)
- 11th highest in the state for Alcohol-Related Chronic Disease Deaths (25.0 Torrance, 24.6 NM)
- 12th highest in the state for Alcohol-Related Injury Deaths (32.5 Torrance, 27.7 NM)
- 15th highest in the state for Alcohol-Related Motor Vehicle Traffic Crash Deaths (8.6 Torrance, 5.4 NM)
- Torrance rates slightly above the NM rate for Total Drug Overdose Deaths (24.7 Torrance, 24.3 NM)

Source: New Mexico Department of Health, New Mexico Substance Abuse Epidemiology Profile, August 2014

h. Risk, Resiliency Indicators

RISK BEHAVIORS: Source for all of the following indicators is the 2013 New Mexico Youth Risk and Resiliency Survey, Grades 9-12.

- ◆ Behaviors that Contribute to Unintentional Injury: 90.6% of Torrance youth respondents report that they never / rarely wore a bicycle helmet in the past 12 months (NM 83.2%); 3.9% never / rarely wore

a seat belt (NM 7.6%); 43.6% texted or emailed while driving in the past 30 days (40.2% NM); 72.4% have a gun in the home (46.8% NM); and 6.2% carried a gun in the past 30 days (7.4% NM).

- ◆ Behaviors Associated with Violence: In the previous 30 days 26.6% of Torrance youth respondents (22.2% NM) report that they carried a weapon such as a gun, knife or club. In the previous 12 months 26.9% (27.2% NM) report they were involved in a physical fight.
- ◆ Behaviors Associated with Violence and School Safety: In the previous 30 days 6.3% of Torrance youth respondents (5.4% NM) report that they carried a weapon such as a gun, knife or club on school property; and 4.0% (6.3% NM) skipped school because they felt unsafe. In the previous 12 months 22.0% (18.2% NM) report being bullied on school property; 15.0% (13.1% NM) report being electronically bullied; and 8.5% (9.7% NM) were involved in a physical fight on school property.
- ◆ Dating Violence and Sexual Violence: Results reported by Torrance youth mirror that of NM for being physically hurt by someone they were dating or going out with in the past 12 months (7.7% for Torrance, 9.4% NM), being forced to do sexual things they did not want to do by someone they were dating or going out with (8.4%, 10.0% NM), and ever being physically forced to have sexual intercourse (6.7% for Torrance, 7.7% NM)
- ◆ Mental Health, Suicidal Ideation, and Suicide Attempts: In the previous 12 months
 - Seriously considered suicide (15.6% NM; 14.3% TC)
 - Attempted suicide (9.4% NM; 12.0% TC)
 - Attempted suicide, resulting in an injury (3.4% NM; 1.4% TC)

Results reported by Torrance youth mirror that of NM for persistent feelings of sadness and hopelessness (30.5% NM, 23.3% TC), for having made a suicide plan (13.7% NM, 13.6% TC) in the past 12 months.

- ◆ Tobacco Use: This was discussed previously under Substance Abuse Indicators. Torrance is similar to NM for youth who report ever trying cigarettes (45.7% NM, 45.8% TC), smoking their first cigarette before age 13 (11.4% NM, 9.3% TC), smoking cigarettes in the past 30 days (14.4% NM, 11.9% TC), frequent cigarette smoking (3.6% NM, 2.5% TC) and smoking on school property (3.6% NM, 2.5% TC). Other past 30 day use of tobacco: 13.1% of Torrance high school youth (8.0% NM) report spit tobacco use; 12.2% TC (12.3% NM) report cigar use; 15.2% TC (21.9% NM) report hookah use; and 45.7% TC (40.6% NM) report exposure to second hand smoke.
- ◆ Alcohol Use: Torrance fares better than NM for youth who ever drank alcohol (56.6% TC, 59.2% NM), had first drink before age 13 (18.4% TC, 22.3% NM), who are current drinkers (24.4% NM, 28.9% NM), and who are binge drinkers (13.5% TC, 17.1% NM). However, among current drinkers (past 30 days), Torrance rates significantly higher (54.3%) than NM (44.3%) for consuming Liquor (vodka, rum, scotch, bourbon or whiskey) as the usual type of alcohol in the past 30 days. Torrance also rates higher for youth who report getting alcohol in the previous 30 days by someone giving it to them (59.5% TC, 39.7% NM) or taking it from a store or family (12.7% TC, 7.8% NM). More Torrance

youth (29.9% TC, 27.6% NM) report usually drinking alcohol in their home, at a public place (8.4% TC, 5.9% NM), or on school property (7.0% TC, 1.9% NM) in the past 30 days.

- ◆ **Drug Use:** In 2013, compared to their US peers, NM high school students had higher rates of drug use (including lifetime use of cocaine, heroin, methamphetamines, and using marijuana before age 13). While NM students had a higher rate of drinking alcohol before age 13, they were less likely to engage in binge drinking. Torrance rates slightly lower than NM for ever used marijuana (40.7% TC, 47.9% NM), current marijuana use (24.7% TC, 27.8% NM) and using marijuana before age 13 (11.9% TC, 17.3% NM), synthetic marijuana use (4.2% TC, 8.6% NM), cocaine use (2.4% TC, 5.3% NM), inhalant use (2.5% TC, 5.5% NM), heroin use (1.7% TC, 2.9% NM), methamphetamine use (1.7% TC, 3.7% NM) and ecstasy use (2.2% TC, 4.7% NM) but mirrors NM for using painkillers to get high (8.9% TC, 8.5% NM). Lifetime drug use for these substances basically patterns that of NM. Torrance high school youth are consistent with NM youth in those who were offered or sold drugs on school property (30.5%), who report it is easy to get illegal drugs (41.1%) and for those who know an adult who used drugs (56.5%).
- ◆ **Sexual Activity:** Compared to the nation, New Mexico high school students were less likely to be sexually active. 22.8% of Torrance high school youth (26.8% NM) report being sexually active. Torrance rates slightly lower than NM for youth who report they have ever had sexual intercourse (36.9%), had sexual intercourse before age 13 (5%) and had sexual intercourse with four or more people in their lifetime (9.9%). Of sexually active youth, 15.7% of Torrance youth (19.1% NM) used alcohol or drugs before sex, 59.8% of Torrance youth (57.2% NM) used a condom and 40.2% (42.8% NM) did not use a condom. 30% of Torrance high school youth (27.5% NM) report using a reliable birth control method and 10.1% (10% NM) report using both a condom and reliable birth control.
- ◆ **Body Weight:** Torrance rates are comparable to NM for high school youth who report they are overweight (12.1%), obese (10.5%), and overweight or obese (22.5%).
- ◆ **Nutrition:** Compared to the nation, New Mexico high school students had healthier rates for daily soda consumption. 21.1% of Torrance County youth (21.2% NM) report daily soda consumption; 5.5% TC (7.2% NM) consume three or more sodas daily. 39.3% TC students (33.4% NM) report eating breakfast daily and 15.9% TC students (15.3% NM) report that they never eat breakfast. 17.8% TC students (22.5% NM) eat 5 servings of fruits and/or vegetables daily; 14.7% TC students (17.5% NM) eat 3 or more servings of vegetables daily.
- ◆ **Physical Activity:** Compared to the US, NM high school students report healthier behaviors related to daily physical activity and time watching television. Torrance rates slightly lower than NM for youth who report no days of physical activity per week (8.5% TC, 12.7% NM), higher for youth who report 5 days of physical activity per week (63.6% TC, 52.6% NM) and daily physical activity (39% TC, 31.1% NM). Torrance is consistent with NM for youth who report no days of PE in an average school week (51.4% TC, 52.7% NM), slightly lower in total screen time of 3 or more hours daily (49.9% TC, 57.0% NM) and significantly higher for daily PE in school (46.1% TC, 25.1% NM).

- ◆ Other Characteristics: Torrance high school youth are consistent with NM in those who report ever being told by a doctor/ nurse that they had asthma (25.4%), a long term (6 months or longer) physical disability (11.9%), and long term emotional problems or learning disabilities (13.7%).

PROTECTIVE FACTORS: The source for all of the following indicators is the 2013 New Mexico Youth Risk and Resiliency Survey, Grades 9-12

- ◆ Protective Factors in the Home: More Torrance youth than NM report that a parent or other adult is interested in my homework (56.9% TC, 51% NM); a parent or other adult believes I will be a success (76.8% TC, 68.3% NM); and if I am gone, a parent or other adult knows where I am and who I am with (60.8% TC, 52.7% NM).
- ◆ Protective Factors in the School: More Torrance youth than NM report that a teacher or other adult listens to me when I have something to say (45.1% TC, 39% NM); a teacher or other adult believes I will be a success (57.1% TC, 47% NM); there are clear rules about what students can and cannot do (50% TC, 48.2% NM); and I am involved in sports, clubs, or other extra-curricular activities (59.9% TC, 46.9% NM).
- ◆ Protective Factors in the Community: More Torrance youth than NM report that outside my home and school there is an adult who really cares about me (71.2% TC, 64.3% NM); there is an adult who tells me when I do a good job (57.7% TC, 50% NM); I am a part of group activities (41.2% TC, 38.9% NM); I am involved in music, art, literature, sports, or a hobby (52.2 TC, 45.8% NM).
- ◆ Protective Factors with Peers: More Torrance high school youth than NM report that I plan to go to college or some other school after high school (78.4% TC, 71.7% NM) and I have a friend about my own age who really cares about me (69.3% TC, 61.3% NM). Fewer Torrance youth than NM report that my friends get into a lot of trouble (6.8% TC, 8.7% NM).

5. Health Disparities: The client bases of our partnering agencies substantiate the undocumented immigrant population with little access to health care. The only prenatal care available to the central and southern regions of the County is through the limited clinician services provided through the Estancia Public Health Office which has not been staffed since the retirement of the nurse manager in 2012. We have a significant Spanish speaking immigrant population in this portion of the county with limited English speaking skills, marginal income, and a significant degree of isolation. Accessing services in Albuquerque or even Moriarty and Edgewood can present insurmountable problems for this population. Comments from respondents to the 2007 Torrance County Community Survey also reveal an aging and ailing population that is uninsured and not yet old enough to receive Medicare benefits. It is too soon to gauge the impact of the Affordable Care Act on this population.

6. Health-Related Services:

a. Capacity: The PHTC completed its 2015 inventory of health and social services which can be found at the **Estancia Valley East Mountain Community Resources** page on Facebook or by calling 505-832-4495. Torrance County is a Designated Health Professional Shortage Area. Results of the 2014 PHTC Community Survey reveal a need for the services indicated in Figure 34 below.

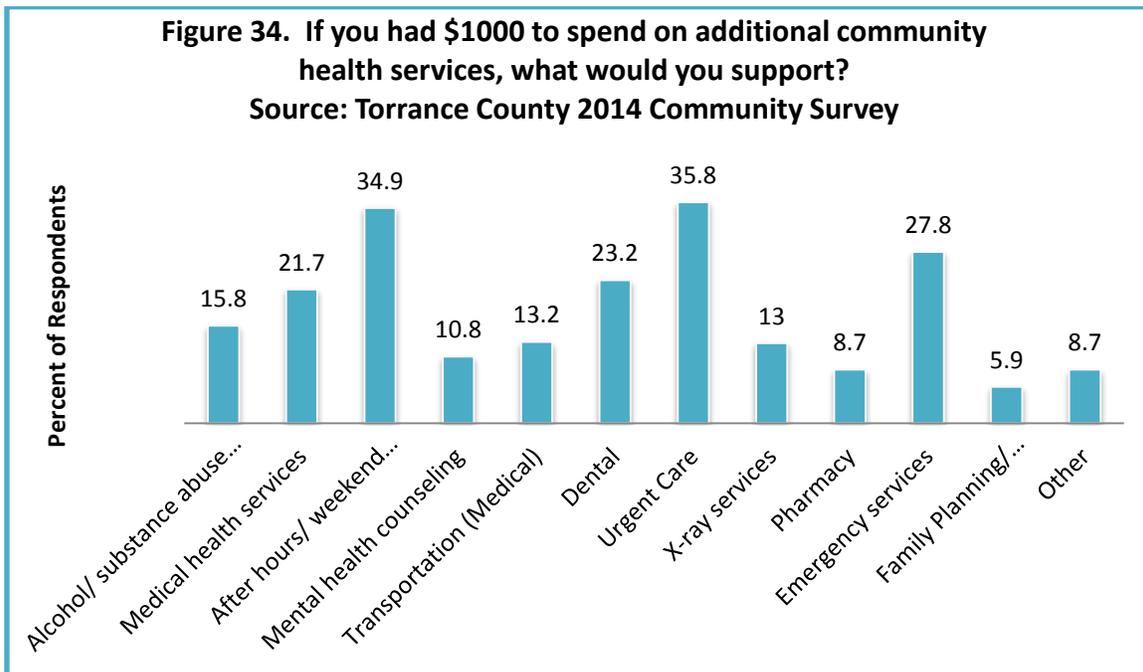
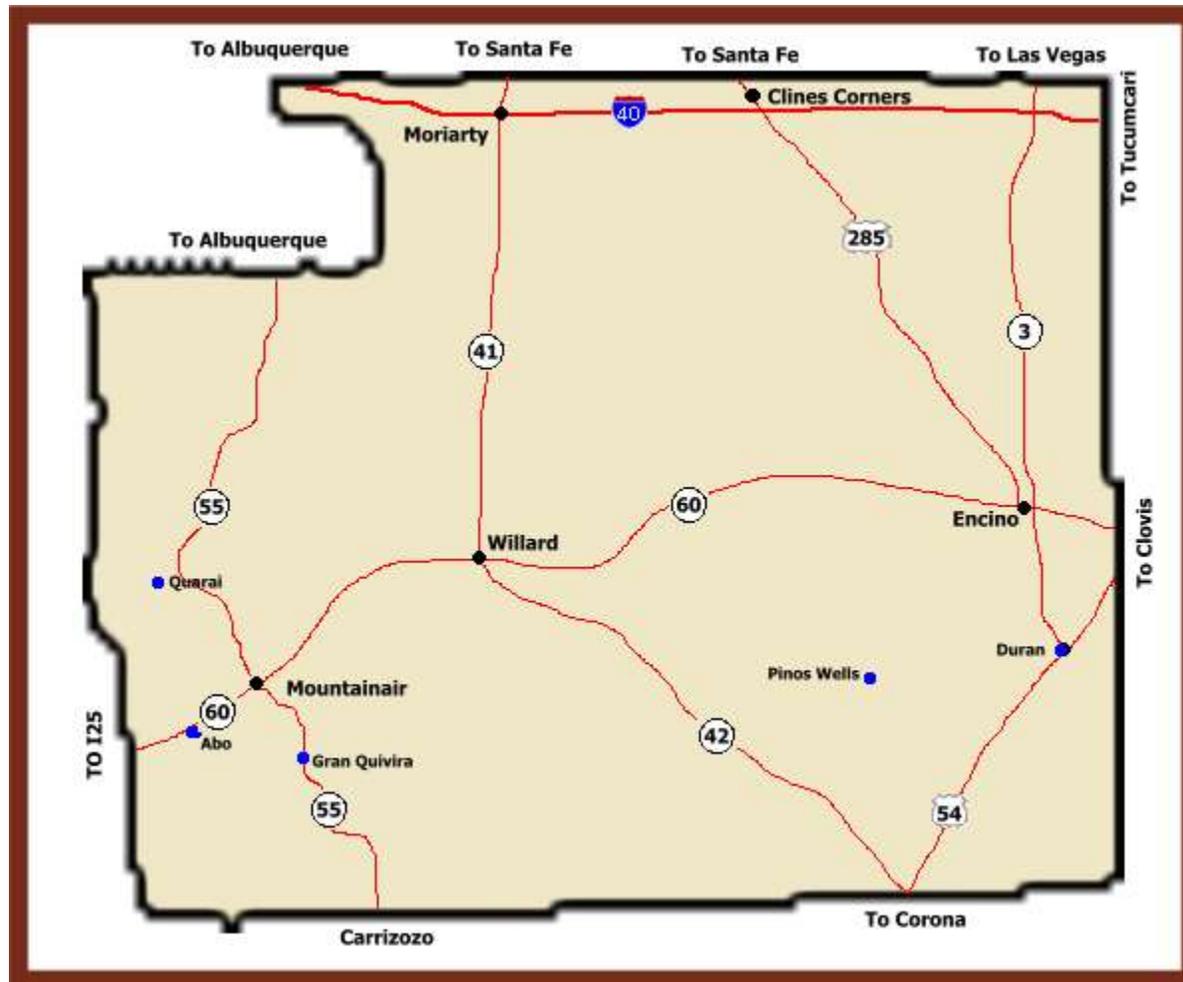


Figure 35 on the following page provides a count of service providers by type of service within Torrance County. By far, the bulk of services are located in Moriarty and Edgewood (northwest of Moriarty). The eastern region of the County, including Encino, is particularly lacking in health care services.

Figure 35. Service Profile of Torrance County Source: 2015 PHTC East Mountain and Estancia Valley Resource Directory

Torrance County Health & Social Services Inventory



of Resource Providers

Burial Assistance	1
Child & Youth Services	7
Counseling	7
Dental	4
Disabilities	3
Domestic Violence	2
Economic Development	1
Education	12
Emergency Clothing	3
Emergency Food	7
Emergency/Hotlines	14
Employment	3
Family Assistance	3
Governmental Offices	7
Housing	3
Information & Referral	4
Legal Support	2
Medical	14
Senior Citizen Services	10
Shelters	7
Support Groups (AA)	10
Transportation/ Medical	5
Travelers Aid	1
Utility Assistance	5
Veteran Services	3
WIC Program	3
Youth Programs	7

When asked to identify the three major problems for their families, respondents to the 2014 Torrance County Community Survey identified the following as the ten most significant problems.

Figure 36. Major Problems for Torrance County Families 2014 Torrance County Community Survey	
Identified Problem or Need	Percentage of Respondents who Identified Problem
Employment opportunities	40.8%
Poverty/ low income	30.4%
Alcohol and drug abuse	22.3%
Public transportation	22.3%
Recreational opportunities	21.0%
Medical care	16.7%
Crime and/or gang violence	13.9%
Emergency services	13.4%
Educational opportunities	10.4%
Senior programs/ services	7.8%
Source: Partnership for a Healthy Torrance Community, 2014 Torrance County Community Survey	

b. Access: From the US Census 2008-2012 American Community Survey data we learn that of the 5,574 occupied housing units, 5% have no vehicles available. The 2014 Torrance County Community Survey asked questions regarding access to health care services. Following are results from survey responses.

- ⊕ 65.9% of respondents CAN get health care when they need it
- ⊕ 8.9% of respondents CANNOT get health care when they need it
- ⊕ 17.4% of respondents SOMETIMES can get health care when they need it
- ⊕ 2008-2012 American Community Survey health insurance coverage data:
 - 76.5% have health insurance coverage
 - 40.1% are privately insured
 - 45.7% have public coverage (Medicaid and/or Medicare)
 - 23.5% have no health insurance coverage
- ⊕ Distances traveled to receive health care from 2014 Torrance County Community Survey:
 - 54% travel 31 miles or more
 - 9.1% travel 21 to 30 miles

- **PMS MOUNTAINAIR FAMILY HEALTH CENTER (Mountainair) 2013 Data**
 - Medical Visits: 3,772 Unduplicated Patients: 1,306
 - Behavioral Health Visits: 596 (Females: 736, Males: 570)
 - Comprehensive Community Support Service: 234 Units
- **MUSTANG HEALTH CENTER (Mountainair) 2013-2014 School Year Data**
 - Medical Visits: 197 Student Patients: 87
 - Behavioral Health Visits: 146 Staff Patients: 17
- **MCLEOD MEDICAL CENTER (Moriarty) 2008 Data**
 - Encounters: 15,475 Patients Seen: 5,507
- **MCLEOD MEDICAL CENTER (Edgewood) 2008 Data**
 - Encounters: 4,562 Patients Seen: 1,987
- **PUBLIC HEALTH OFFICE (Moriarty) 2008 Data**
 - Clients Seen: 775
 - Immunizations/ Shots: 1,203 (400 flu shots)
 - Family Planning Visits: 173
 - STD Screenings: ~20
- **CARE NET EAST MOUNTAIN PREGNANCY CENTER (Edgewood) 2013 Data**

These are free services provided by volunteers

 - Client Visits: 350 (including 32 males)
 - Pregnancy Tests: 95
 - Ultrasounds: 32
 - Lamaze Classes: 35
 - Parent/ Mentoring Classes: 97 enrollees

7. Summary and Interpretation

a. Interpretation of Health Data: Borrowing from the PHTC’s Vision Statement, “A healthy community is one where all people have the opportunity to lead productive lives and develop to their fullest potential. The health and wellbeing of Torrance County residents is dependent on the vibrant cultural traditions and ecological integrity of our region. It is rooted in the soil of stable families, schools, bodies of governance, service agencies, and a cohesive local economy.” While the community strives to maintain its wealth in rural assets, the over-arching issues that impact our community health are:

- **Low Median Household Income and Increasing Unemployment:** Income is strongly related to health status. Low-income persons tend to have poorer health status, in part because they cannot always afford good health care.

- High Child Poverty: Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and well-being, including developmental delays and infant mortality. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment.
- Low Education Attainment Levels: Education level is strongly related to health status. One reason is that education leads to a better job and higher income which enables purchase of better housing in safer neighborhoods, healthier food, better medical care and health insurance. Persons who have clear goals and a sense of control over their own lives tend to have both a higher education level and better health. Short-term health problems associated with dropping out include substance use, pregnancy, and psychological, emotional, and behavioral problems. For adolescent females, teenage pregnancy is the leading reason for dropping out of school. Early parenting also affects young males who drop out to support a child.
- Community Violence and Trauma: A growing body of science is consistently linking violence (the experience with and/or fear of) with risk for and incidence of a range of serious physical health problems. Experiencing, exposure to and fear of violence have known emotional and mental health consequences. These consequences are often life long, require extensive treatment, and can, in turn, affect physical health as well as bring stress and consequences to others. The presence of violence impacts communities, individuals, and community institutions (particularly schools) in ways that interfere with learning and success in academics.

b. Major Health Issues or Problems: Analysis of health indicators and community anecdotal evidence

- Maternal Child Health: Torrance County has significantly low rates for receiving prenatal care in the first trimester. Women who receive early and consistent prenatal care enhance their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. We also have high rates of low birthweight babies. Low birthweight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services. Health care costs and length of hospital stay are higher for low birthweight infants. Our rates for breastfeeding in the early postpartum period are also significantly low. Breastfeeding provides a variety of important benefits for infants, mothers, families, society, and environment. It is the normal, preferred feeding for all infants, including premature and sick babies, with rare exceptions (American Academy of Pediatrics, 1997).

- Births to Teens ages 18-19 and Births to Single Parents: Teen births increase the probability of low educational attainment levels and lower paying employment for the parent(s). Births to single parents may increase the societal burden in terms of increased demand for social services such as Medicaid.
- Substance Abuse: Adult and youth substance use is evident from the data supports. A large percentage of Torrance youth are high-risk due to socioeconomic factors and family history. Youth substance abuse prevention efforts now are important in order to decrease the long-term adult substance abuse levels.
- Community Violence: The data supports identify violence as a prevalent problem in Torrance County. It is evident in self-reported behaviors by youth, as reported by law enforcement, and as seen through the Torrance County Domestic Violence Program.
- Abuse and Neglect: The data supports clearly identify this as a prevalent problem. The child abuse and neglect victim rate, however, has improved when compared to the assessment data from the Tri-County Juvenile Justice Board's 2012 assessment.
- Access to Services: The community needs assessment strongly supports the need for transportation services and for mechanisms to create greater awareness of available services and activities. Health disparities for our growing immigrant population can also be lessened through greater access to services.

c. Explanation: The results of the community needs assessment strongly convey community opinion about the need for urgent care, after-hours care and greater emergency services. Limited urgent care services are available; however, our relatively small population and low tax base may be cost prohibitive for a bona-fide urgent care facility to be established within Torrance County in the near future. The issues of employment opportunities, economic development, higher paying jobs, and post-secondary education & job-skills training become increasingly important in these tough economic times and are issues that other groups working within the Torrance community have already taken the lead in addressing. The council has and will continue to support community-based efforts to improve employment opportunities and job skills training through the Workforce Connection of Central New Mexico and the Estancia Valley Economic Development Association.

The PHTC has working committees to address some of our major health issues and problems: Substance Abuse Prevention Task Force, Domestic Violence Task Force, Behavioral Health Committee, Health Impact Assessment Steering Committee, and the Tomatoes, Chickens and Bees radio project. We continue to support our community partners who are addressing preschool and maternal child health deficits through Presbyterian Medical Services' Early Head Start programs, the Torrance County Project Office Home Visiting Program, and Alta Mira's Prenatal Support.

"Health in All Policies is based on the recognition that our greatest health challenges—for example, chronic illness, health inequities, climate change, and spiraling health care costs—are highly complex and

often linked. Promoting healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, and more. This requires innovative solutions, a new policy paradigm, and structures that break down the siloed nature of government to advance collaboration.” (*Excerpt from Health in All Policies: A Guide for State and Local Governments*)

Based on assessment outcomes, data supports, compatibility with existing programs, and community readiness and willingness to address these issues, the Partnership for a Healthy Torrance Community identified two equally-weighted community health priorities in November 2014.

- ▶ Priority: Health in All Policies – a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas
- ▶ Priority: Capacity Building to address identified gaps

The health council’s resulting action plan to address community health priorities is slated for completion in June 2015. The Community Health Improvement Plan will be available on the **Estancia Valley East Mountain Community Resources** page on Facebook and the Torrance County website under Downloads for the County Commission at <http://www.torrancecountynm.org/index.php?page=downloads>.

This community health profile was approved by the Partnership for a Healthy Torrance Community on May 8, 2015. It was reviewed and approved by the Torrance County Commission on May 27, 2015.

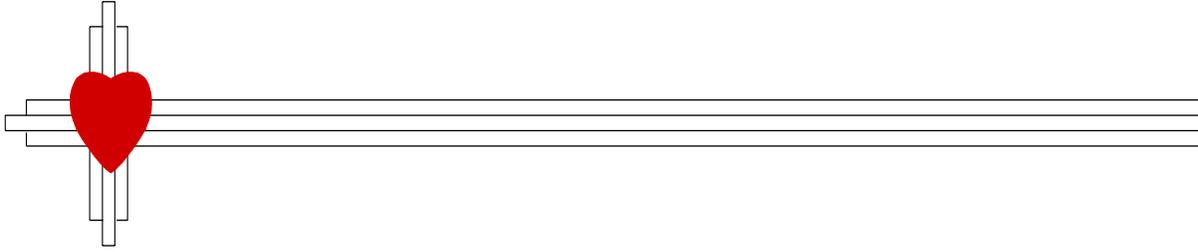
Torrance County Commission:

Original signed by Leroy Candelaria

Leroy Candelaria, Chair

5/27/2015

Date



Thank you for your interest in the continued health improvement of our Torrance Community.

If you would like additional information about the Partnership for a Healthy Torrance Community or this community health profile, please contact our representatives at the NM National DWI Victims' Memorial of Perpetual Tears.

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