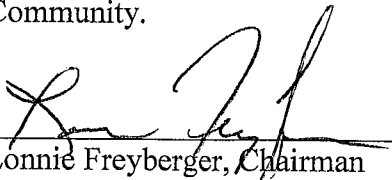# RESOLUTION 2014- 30

Whereas the Partnership for a Healthy Torrance Community is the designated community health improvement council for Torrance County and has as its mission to improve the quality of daily living for all Torrance County residents through shared services, collaboration, and enhancement of health and social service programs;
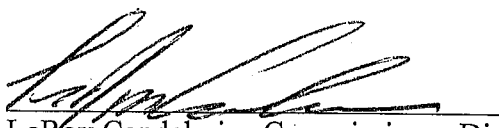
And, Whereas the Partnership for a Healthy Torrance Community in conjunction with the New Mexico Department of Health using both local input from residents and quantitative data has developed a community health profile of Torrance County;
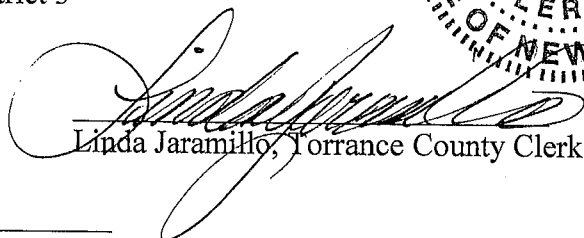
And, Whereas the members of the Partnership for a Healthy Torrance Community join together to identify priority needs and develop a strategic plan on a 4 year cycle utilizing existing resources and building on existing strengths in the community to address those needs;

Be it therefore resolved that the Torrance County Board of Commissioners does hereby approve and adopt the Torrance County Community Health Profile Wednesday, June 25, 2014 and fully supports the efforts of the Partnership for a Healthy Torrance County to bring awareness to the importance of Public Health Improvement for all residents of the greater Torrance County Community.

_____
Lonnie Freyberger, Chairman

_____
Leanne Tapia, Commissioner District 2

_____
LeRoy Candelaria, Commissioner District 3

_____
Linda Jaramillo, Torrance County Clerk

Date: June 25, 2014

Torrance County
Community Health Profile

Introduction

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

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

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

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

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

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

Factor Surveillance Survey (BRFSS) managed by the Department of Health and the Youth Risk and Resiliency carried out in schools and managed by the UNM Prevention Research Center.

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

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

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

A final section summarizes health resources available in the county.

Population

The population of Torrance County in 2013 was estimated at 15,717. The population has decreased 4.1 percent since the 2010 census.
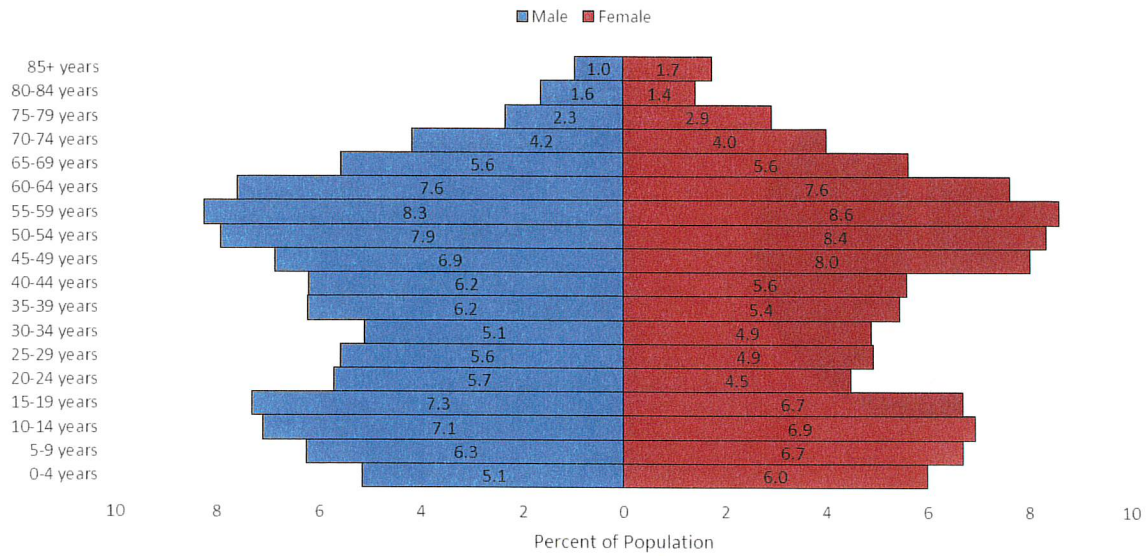
The 5.2% of the population is less than 5 years old, 16.2% is over 64 years old

40% percent of the population is of Hispanic origin.
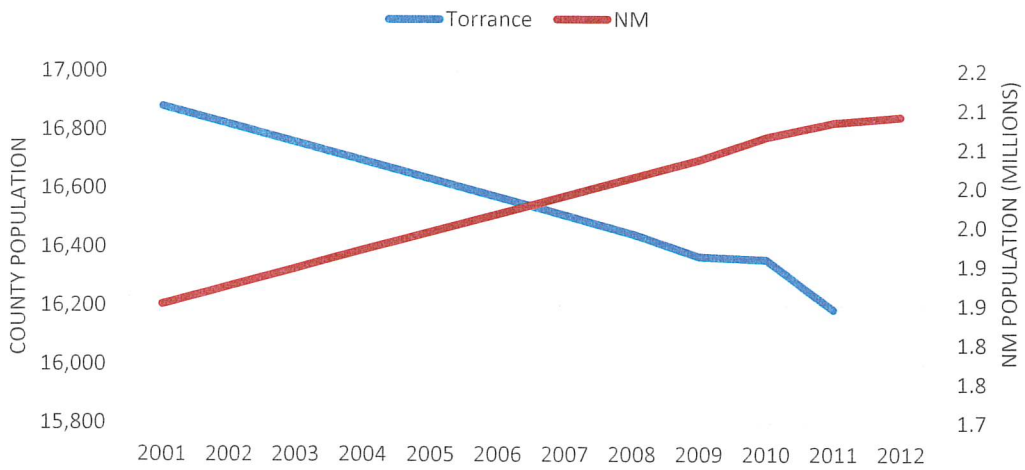
7.4% of the population is foreign-born.

These data are from the Census Quick Facts,
http://quickfacts.census.gov/qfd/states/35/35057.html

Age and Sex Population Pyramid, Torrance County, 2012

■ Male ■ Female

Age	Male	Female
85+ years	1.0	1.7
80-84 years	1.6	1.4
75-79 years	2.3	2.9
70-74 years	4.2	4.0
65-69 years	5.6	5.6
60-64 years	7.6	7.6
55-59 years	8.3	8.6
50-54 years	7.9	8.4
45-49 years	6.9	8.0
40-44 years	6.2	5.6
35-39 years	6.2	5.4
30-34 years	5.1	4.9
25-29 years	5.6	4.9
20-24 years	5.7	4.5
15-19 years	7.3	6.7
10-14 years	7.1	6.9
5-9 years	6.3	6.7
0-4 years	5.1	6.0

Percent of Population

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

Estimated Population Trends, 2001-2012

━━ Torrance   ━━ NM

Housing

In 2012, there were 7,791 housing units in Torrance County; 2% were multi-unit structures; 82% of housing units were owner-occupied. The median value of an owner-occupied home in 2008-12 was $96,300. There are an average of 3.0 persons per household.

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

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

 In Torrance County, 16% of owners with a mortgage paid 30% or more of their income for housing while 53% of renters had excessive housing costs.

Source American Community Survey, 2008-12. Table ACS_12_5Yr_DP04

Homelessness

According to the 2013 NM Point in Time Survey, In Torrance County there were no people identified xperiencing homelessness.

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

Income and Poverty

Average per capita money income (2008-12) was $17,849 and median household income was $31,538. According to the Census Bureau in 2012, about a quarter of the population lived below the poverty line. The unemployment rate (2012) was 8.2%. This is the proportion of the work force that is unemployed and looking for work. The Federal Poverty Level varies by family size; for a family of four the rate was $23,050 in 2012.

Sources: Income— These data are from the Census Quick Facts, http://quickfacts.census.gov/qfd/states/35/35057.html   Unemployment: http://www.bls.gov/lau/data.htm

Education and Language

Education and Language	Torrance	NM
Language other than English spoken at home	27%	36.0
High School Graduate or Higher	83%	83.4
Bachelor's degree or higher	12%	25.6

These data are from the Census Quick Facts,

http://quickfacts.census.gov/qfd/states/35/35057.html

Torrance County Educational Attainment

EDUCATIONAL ATTAINMENT	Number	Percent
Population 25 years and over	10,999	10,999
Less than 9th grade	654	5.90%
9th to 12th grade, no diploma	1,260	11.50%
High school graduate (includes equivalency)	4,220	38.40%
Some college, no degree	2,741	24.90%
Associate's degree	780	7.10%
Bachelor's degree	911	8.30%
Graduate or professional degree	433	3.90%

Torrance County School Enrollment

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	3,828	
Nursery school, preschool	112	2.4%
Kindergarten	137	12.8%
Elementary school (grades 1-8)	1,966	52.9%
High school (grades 9-12)	984	19.4%
College or graduate school	629	12.7%

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

County	Accepted Reports	% substantiated	Number of substantiated child victims	Child Victim Rate per 1000 children
Torrance	172	26%	99	22.7
NM	18197	25%	7788	13.4

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

http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf

Risk and Resiliency

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

Adolescent Indicators

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

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

Measure	Torrance	NM
Adolescent Risk and Resiliency Measures		
Ate Five or More Servings of Fruit or Vegetables per Day	18.5%	23.8%
Adolescent Obesity, self-reported BMI above 95th percentile for age and sex	13.3%	12.9%
Youth Smoking Prevalence, percentage of students who smoked cigarettes on or more days in the past month	19.0%	19.9%
Youth with Feeling of Sadness or Hopelessness	30.9%	30.8%
Trusted Adult in Community	59.0%	55.0%

YRRS Trust, Food, Obesity Indicators, Torrance County, 2003-2011
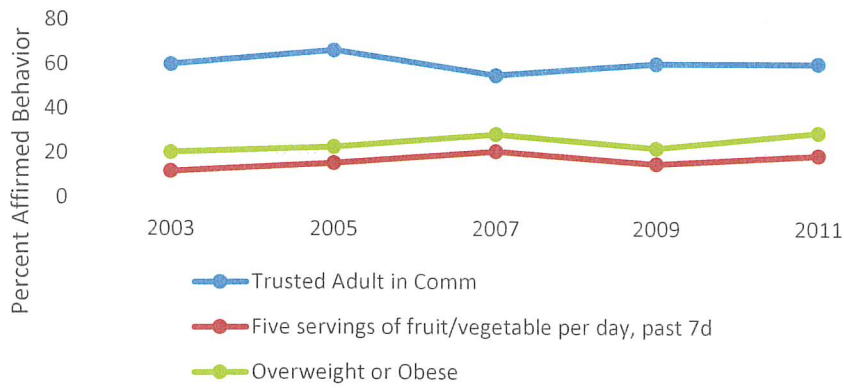
Torrance	2003	2005	2007	2009	2011	avg 07-11
Persistent sadness or hopelessness	29.6	23.1	30.5	26.4	35.9	30.9
Attempted suicide	10.3	10.4	12.7	7.9	11.8	10.8
Binge Drinking	35.2	25.5	19.1	21.2	26.8	22.4
Current Marijuana user	25.1	19.1	18.9	23.2	31.8	24.6
Current use of painkillers to get high			9	12.2	14.5	11.9
Ever used illegal injection drugs	2.2	2.8	3.9	5.2	3.6	4.2
Smoker	23.3	16.7	12.9	19.8	24.2	19.0
Chew Tobacco	14	8.6	14.1	13.7	18	15.3
Sexually active	39.5	28.2	27.6	32.5	32.5	30.9
Used condom	64.7	61.1	66.1	56.8	48.8	57.2

Adult Risk Indicators

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

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

| Measure	Torrance	NM
General Self-Reported Health Status, percentage of adults reporting fair or poor health	18.0%	19.4%
Adult Physical Activity, 2005,2007,2009	45.0%	53.0%
Adults Consuming 5 or more servings of fruits and vegetable per day, 2009	18.0%	23.0%
Obesity Among Adults BMI 25+, 2011,2012	59.7%	62.7%
Adult Smoking Prevalence 2011,2012	31.2%	21.0%

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

Adult Smoking Prevalence by Race and Ethnicity (2011-12), Age Adjusted	Torrance	NM
White	41%	22.8%
Hispanic	26%	22.5%
Black		31.1%
Native American		20.5%
Asian		9.0%

Chronic Diseases

Chronic diseases are conditions that develop slowly, often inconspicuously, and even with treatment affect a person throughout his or her lifetime. Chronic diseases are often the result of lifestyle choices (such as smoking), exposure to environmental pollution or toxins, and genetics (some cancers). Increasingly, overeating and resulting obesity have been cited as causes of many chronic diseases, including diabetes, heart disease, stroke, and some cancers. Chronic diseases do not have a single cause. The effects of multiple factors are often cumulative, that is, they combine over time to increase a person's risk.
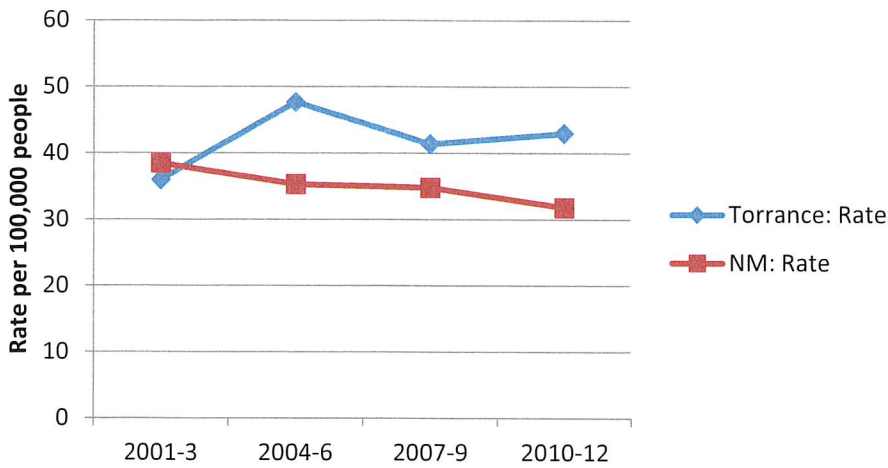
The death rates shown below are adjusted to make the county and state populations comparable (in terms of ages). The rates are the number of deaths per 100,000 thousand people susceptible to the disease.
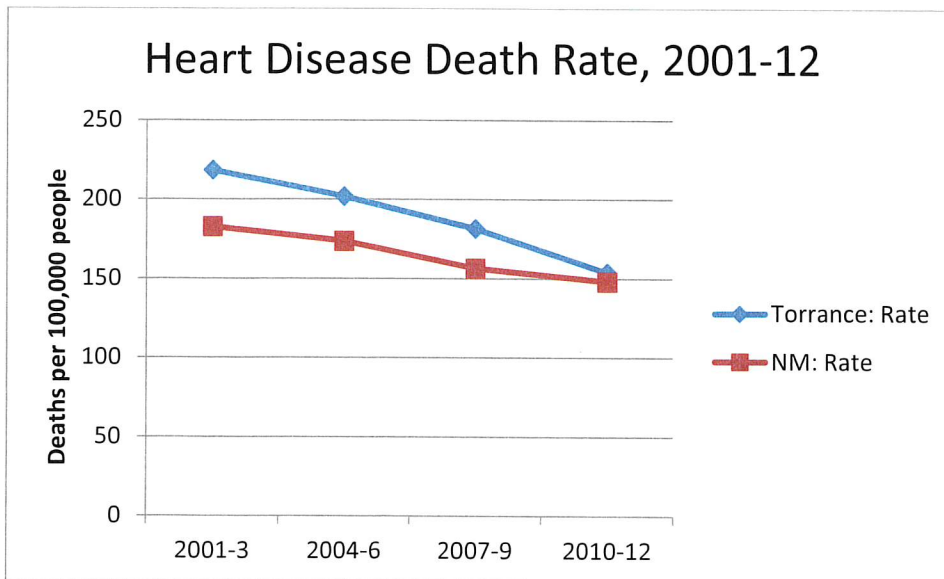
Heart Disease

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	218.6	202	181.6	153.9
Torrance: Deaths	85	91	85	83
NM: Rate	182.7	173.6	156.5	148.2

Lung Cancer Death Rate, 2001-12

Lung Cancer

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	36	47.7	41.4	43
Torrance: Deaths	16	26	23	29
NM: Rate	38.5	35.3	34.8	31.8

Diabetes Mellitus Death Rate, 2001-12
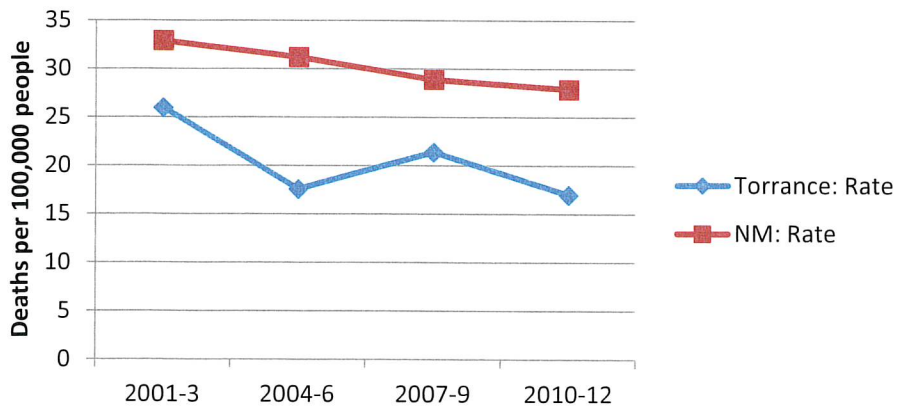
Diabetes Mellitus

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	26	17.6	21.4	17
Torrance: Deaths	10	9	11	8
NM: Rate	32.9	31.2	28.9	27.9

Breast Cancer Death Rate, 2001-12
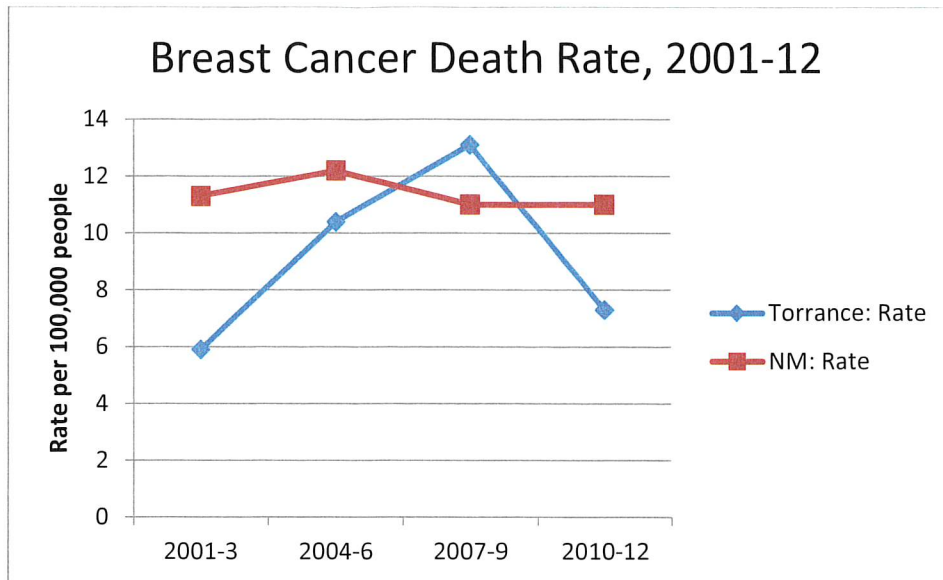
Breast Cancer

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	5.9	10.4	13.1	7.3
Torrance: Deaths	3	6	7	5
NM: Rate	11.3	12.2	11	11

Colon Cancer Death Rate 2001-12
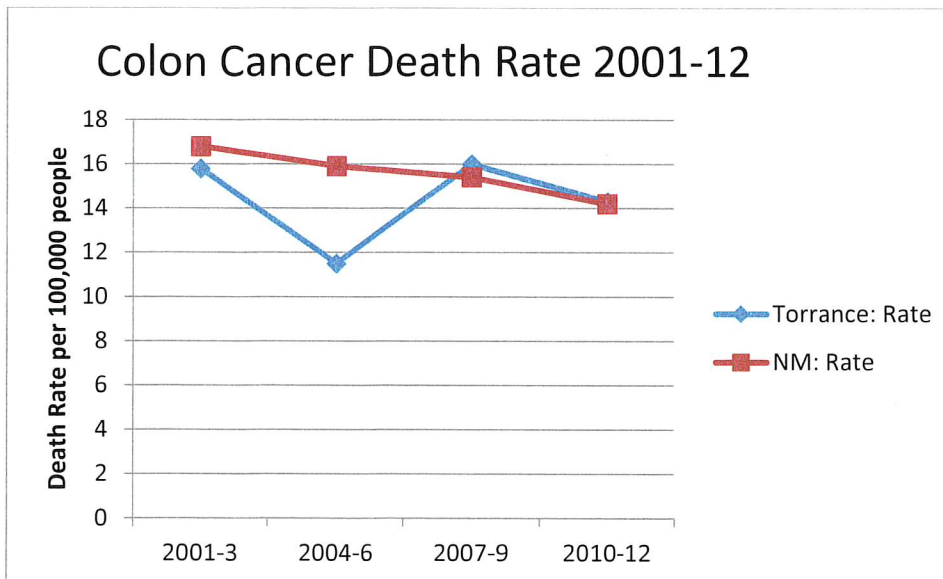
Neoplasm Colon

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	15.8	11.5	16	14.3
Torrance: Deaths	6	6	9	7
NM: Rate	16.8	15.9	15.4	14.2

Alcohol-Related Chronic Disease Deaths, 2008-2012

Deaths per 100,000 people

25   24.6

(Counties, left to right: Rio Arriba, McKinley, Socorro, Cibola, Hidalgo, Quay, San Miguel, San Juan, Guadalupe, Taos, Torrance, Grant, NM, Santa Fe, Bernalillo, Luna, Sierra, Chaves, Valencia, Otero, Colfax, Sandoval, Dona Ana, Curry, Eddy, Lea, De Baca, Lincoln, Catron, Mora, Union, Los Alamos, Roosevelt, Harding)

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

Unintentional Injuries

Unintentional Injury Death Rates, 2001-12

Rate per 100,000 people

Legend: Torrance: Rate, NM: Rate

(X-axis: 2001-3, 2004-6, 2007-9, 2010-12)
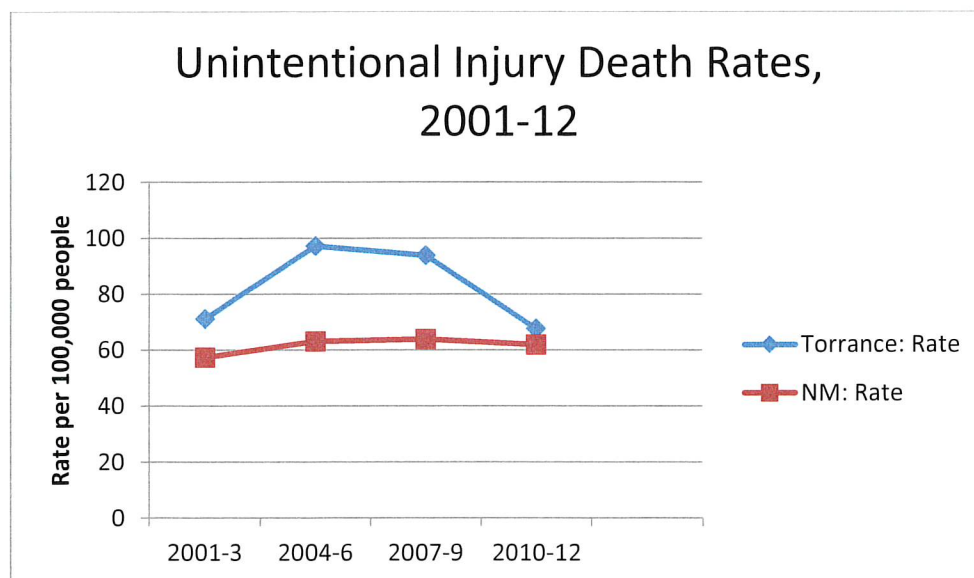
Unintentional Falls

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	21.6	18.4	34.8	13.3
Torrance: Deaths	8	7	15	7
NM: Rate	12.1	14.2	16.4	13.5

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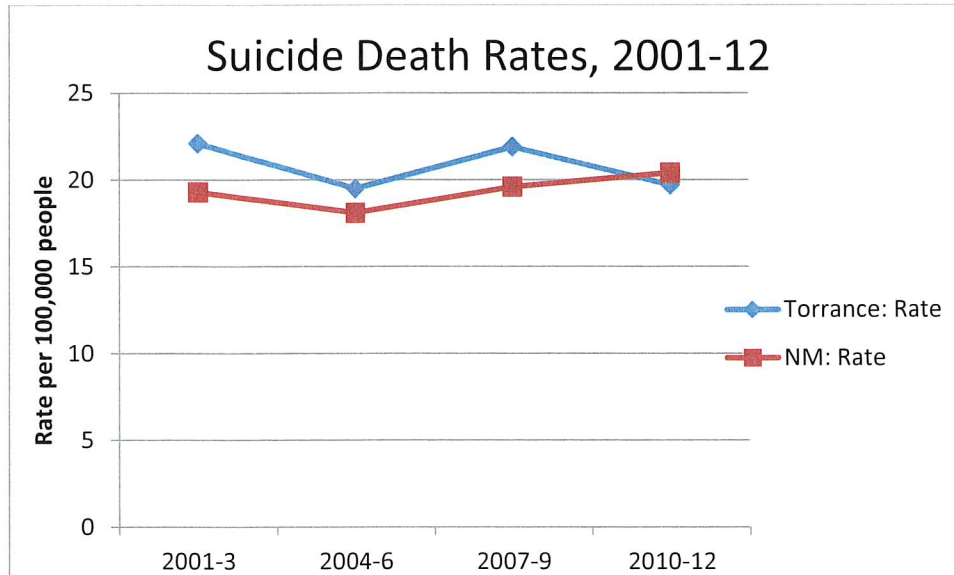

Suicide

	2001-3	2004-6	2007-9	2010-12
Torrance: Rate	22.1	19.5	21.9	19.7
Torrance: Deaths	11	10	13	10
NM: Rate	19.3	18.1	19.6	20.4

Number and Percentage of Births by Mother's Age

2008-2012		Torrance			NM	
	Births	Population	Rate	Births	Population	Rate
10 to 14 yrs	1	5,952	0.2	255	711,772	0.4
15 to 17 yrs	41	3501	11.7	6,468	449,182	14.4
18 to 19 yrs	85	2,334	36.4	13,055	299,422	43.6
20 to 24 yrs	296	4,236	69.9	41,787	705,404	59.2
25 to 29 yrs	237	4,329	54.7	38,894	693,507	56.1
30 to 34 yrs	124	4,196	29.6	25,707	639,176	40.2
35 to 39 yrs	49	4,940	9.9	11,816	624,147	18.9
40 to 44 yrs	9	5,040	1.8	2,845	629,765	4.5
45 to 49 yrs	4	6,180	0.6	188	715,236	0.3
50+ yrs				22	3384155	0
Total Births	846			141,037		
Percent to 15-19 yr olds	14.9%	Rate	21.59	13.8%	Rate	26.08

Birth Rates by Mothers Age, 2008-12
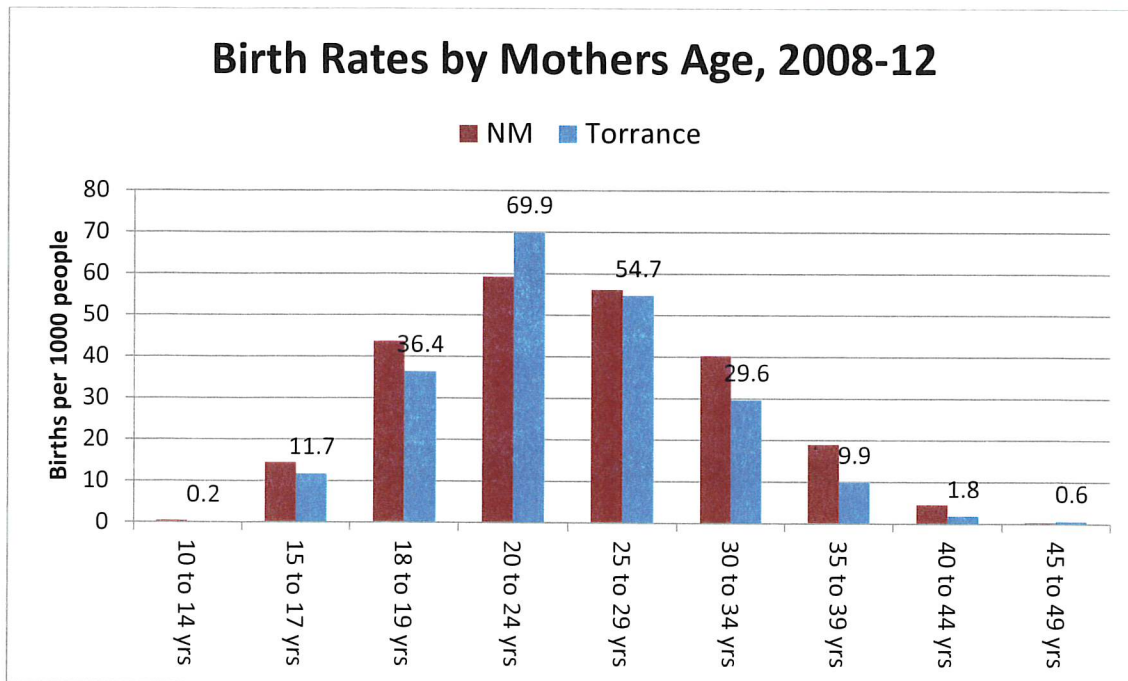
Infant Mortality Trend 2008-12

	Total	2008	2009	2010	2011	2012
Torrance Infant Deaths	11	3	3	2	3	
Torrance Live Births	847	186	165	163	173	160
Torrance Rate	13	16.1	18.2	12.3	17.3	
		2008	2009	2010	2011	2012
NM Infant Death	782	153	145	155	143	186
NM Live Births	141060	30154	28872	27793	27251	26990
NM Rate	5.5	5.1	5	5.6	5.2	6.9

In Torrance County, 2008-2012, there were 11 infant deaths for 847 births, a rate of 13 per 1000 live births. This is much higher than the NM rate. Infant mortality, often cited as a general indicator of well-being of a population, has increased in NM since 2010 after decreasing slightly from 2008-2009. .

Leading causes of Infant Deaths

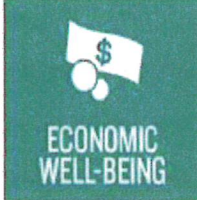|	Torrance	Percent	NM	Percent
General Causes of Infant Death	Number of Deaths		Number of Deaths	
Total	11		783	
Medical Conditions	2	18%	91	12%
Perinatal Conditions	7	64%	344	44%
Congenital Malformations	1	9%	188	24%
SIDS	1	9%	44	6%
Unintentional and Accidental Injury		0%	41	5%
Assault and Homicide		0%	13	2%
Other Injury Causes		0%	4	1%
Other and Undetermined Causes		0%	56	7%
Other causes		0%	2	0%
		100%		100%

Access to SNAP and Health Insurance

Households Receiving SNAP/Food Stamp Benefit			
Torrance County		NM	
Number	Percent	Number	Percent
822	14.7%	97,304	13%

Health Insurance Coverage, 2008-12

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

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ECONOMIC WELL-BEING	**Children in Poverty** 2010 40% NM Rate: 27%	**Families in which Parents Lack Secure Employment** 2010 47% NM Rate: 39%	**Families with a High Housing Cost Burden** 2010 Rent: 43% Own: 34% NM Rate: Rent: 43% Own: 25%	**Teens (16-19) Not in School and Not Working** 2010 10% NM Rate: 10%
EDUCATION	**Children Attending Preschool** 2010 19% NM Rate: 40%	**Fourth Graders Proficient in Reading** 2013 *Estancia: 40%* *Moriarty: 57%* *Mountainair: 33%* NM Rate: 46%	**Eighth Graders Proficient in Math** 2013 *Estancia: 36%* *Moriarty: 55%* *Mountainair: 5%* NM Rate: 42%	**High School Students Graduating on Time** 2013 *Estancia: 75%* *Moriarty: 69%* *Mountainair: 80%* NM Rate: 70%
HEALTH	**Low Birth Weight Babies** 2012 7.5% NM Rate: 7.6%	**Children without Health Insurance** 2011 13% NM Rate: 10%	**Child and Teen Deaths per 100,000** 2012 Child (1-14): 0 Teen (15-19): 0 NM Rate: Child: 19 Teen: 69	**Teens who Binge Drink** 2011 27% NM Rate: 24%
FAMILY AND COMMUNITY	**Children in Single Parent Families** 2011 42% NM Rate: 36%	**Families where Household Head Lacks a High School Diploma** 2011 16% NM Rate: 16%	**Children Living in High Poverty Areas** 2011 11% NM Rate: 21%	**Teen Births per 1,000** 2012 50 NM Rate: 45

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

VOICES kids FOR CHILDREN **count**