

Torrance County Community Health Profile

Fiscal Year 2009

(Approved by PHTC on June 3, 2009)

(Approved by Torrance County Commission on June 10, 2009)

Prepared by the Partnership for a Healthy Torrance County

Funded by



I. TORRANCE COUNTY 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—both data already collected and published and 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.

Table of Contents

<u>Topic</u>	<u>Page Number</u>
1. Executive Summary:.....	5
2. Introduction:.....	6
a. Health Council Description:.....	6
b. Mission, Vision and Purpose of Health Council:.....	8
c. Definition of Health:.....	9
d. Purpose of Profile:.....	9
e. Profile Development:.....	9
3. Community Description:.....	10
a. Geographic Description:.....	10
b. Population Description.....	11
1) Population:.....	11
2) Income:.....	14
3) Poverty:.....	14
4) Education:.....	15
5) Languages Spoken:.....	17
6) Employment:.....	17
c. Community Assets and Wellness.....	18
1) Physical Assets:.....	19
2) Social Assets.....	19
3) Regulatory Assets:.....	20
4) Individuals:.....	20
5) Cultural/ Historical:.....	20
6) Volunteer & Civic:.....	20
4. Community Health Status:.....	20
a. Maternal Child Health Indicators:.....	20
b. Mortality – General.....	23
c. Leading Causes of Death.....	24
d. Chronic Disease Indicators.....	24
e. Infectious Disease Indicators:.....	25
f. Environmental Health Indicators:.....	25

- g. Injury, Violence, Substance Abuse Indicators:.....27
- h. Risk, Resiliency Indicators29
- 5. Health Disparities:.....33
- 6. Health-Related Services:33
 - a. Capacity:.....33
 - b. Access:36
 - c. Utilization:.....37
- 7. Summary and Interpretation39
 - a. Interpretation of Health Data:.....39
 - b. Major Health Issues or Problems:.....39
 - c. Explanation:40

1. Executive Summary: The current Torrance County Community Health Profile (FY 2009) is an update to the profile and needs assessment developed in the spring of 2007. A bilingual community survey, designed with the assistance of the Torrance County Project Office (TCPO) and New Mexico Highlands University School of Social Work, was utilized to gather residents' perceptions of the strengths and areas of concern for Torrance County. In addition to the surveys, PHTC members and TCPO staff conducted a series of 19 focus groups with community organizations and 9 key person interviews with recognized community leaders. 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 County Community Health Improvement Plan. Ongoing dialogue about problem identification and emerging issues has continued into 2009 through monthly PHTC and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. The profile was again updated in May 2009. The PHTC approved the FY 2009 Community Health Profile and identified the most pressing health needs for Torrance County on June 3, 2009. The Torrance County Board of Commissioners on reviewed and approved the profile, in conjunction with the Community Health Improvement Plan, on June 10, 2009.

The primary community assets identified through the community survey process are: the rural environment; availability of affordable housing; the number of churches and quality of programs; and local schools. The factors most often identified as major problems for Torrance County families include inadequate: employment opportunities; recreational facilities and activities; road conditions; urgent care; law enforcement; and medical services. The major barriers that prevent residents from using services already available in the community are identified as: awareness of services; times that services are available; location; cost; and transportation. 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, current action or investment, and relationship to state priorities.

Four health priorities were identified and ranked as follows: 1) Access to Community Based Resources to Reduce Health Disparities; 2) Substance Abuse Prevention; 3) Domestic and Community Violence; and 4) Teen Pregnancy and Births to Single Parents. The Torrance County Community Health Improvement Plan includes a Community Action Plan which outlines our established goals, objectives, community partners and resources, and the resulting health status outcomes and indicators that we aim to improve. Both documents – the FY 2009 Torrance County Community Health Profile and the FY 2011-2014 Torrance County Community Health Improvement Plan – are available at www.tcpnm.com.

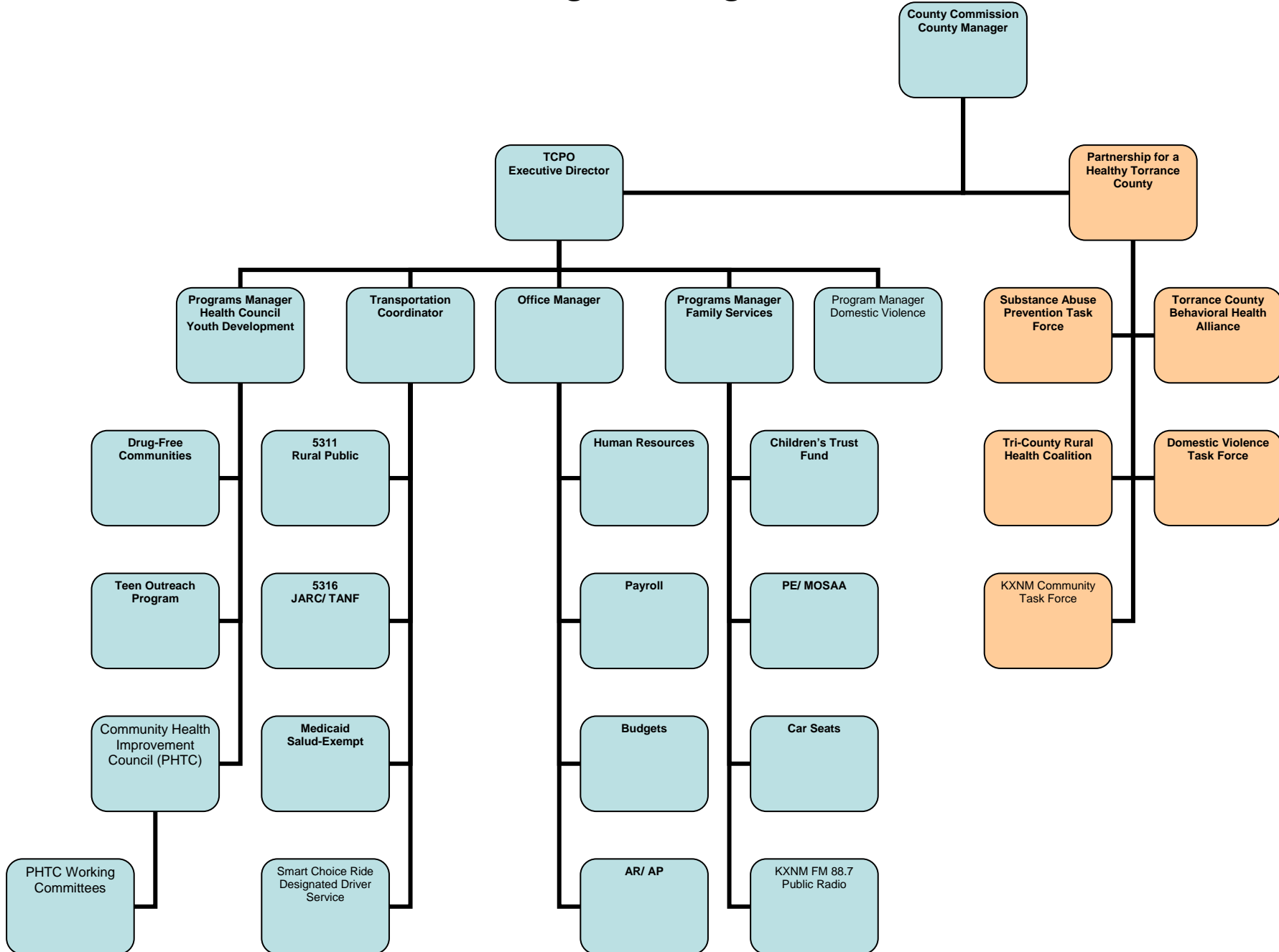
2. Introduction: The Torrance County Community Health Profile is the result of a detailed needs assessment and gap analysis by the Partnership for a Healthy Torrance County (PHTC) that occurred in spring of 2007 and spring of 2009. The statistical profile consists of three main components: a community 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. In addition to forming the basis for the Torrance County Community Health Improvement Plan, 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, which takes place on a four year cycle. 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 County (PHTC). Historically, programs initiated by the county health council have been administered and implemented through the Torrance County Project Office (TCPO), and the health council coordinator is also a member of the TCPO staff. An organizational chart follows on the next page.

PHTC / TCPO Programs Organization – June 2009



The PHTC is currently comprised of 21 voting members, 4-ex-officio members, plus 5 general members. The PHTC membership is representative of the diverse population within the community and recognizes 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 requires each voting member to serve on a working or ad hoc committee. Voting members are required to attend a minimum of fifty percent of regular 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. The meetings are held on the first Wednesday of each month from 12:00 –2:00 PM at the Moriarty Civic Center. The Substance Abuse Prevention Task Force, Domestic Violence Task Force, FM Radio Community Task Force, Tri-County Rural Health Coalition and the Torrance County Behavioral Health Alliance are standing committees and central to the work of the PHTC in addressing priority health areas developed through the assessment process.

For additional information on the PHTC or its standing committees, contact the Community Health Council Coordinator at the Torrance County Project Office (505) 832-0332 or visit our website at www.tconm.com.

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 well being 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 guide the community health improvement process through the development of a comprehensive community health plan that adjusts to changing needs and priorities as determined and developed by community members. The Partnership serves as an advisory group to the Torrance County Board of Commissioners regarding actions affecting the health of its citizens and provides oversight and support to the TCPO management.

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 County 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 in the Community Resource Room located at the Torrance County Project Office. The Profile and Plan can also be accessed via the PHTC webpage at www.tconm.com

e. Profile Development: The TCPO conducted a community survey and in-depth needs assessment in early 2007. We utilized a bilingual survey instrument developed by NM Highlands University School of Social Work and approved by the PHTC. The Survey was disseminated in the electric bills through the Central New Mexico Electric Cooperative in January 2007, was made available on-line through SurveyMonkey.com, and distributed to all clients accessing TCPO office and transportation services between January and March of 2007. PHTC members and TCPO staff also conducted 19 focus group interviews and 9 key person interviews with recognized community leaders to provide a broad representation of the population. These combined efforts yielded 583 completed surveys.

Ongoing dialogue about problem identification and emerging issues has continued into 2009 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.

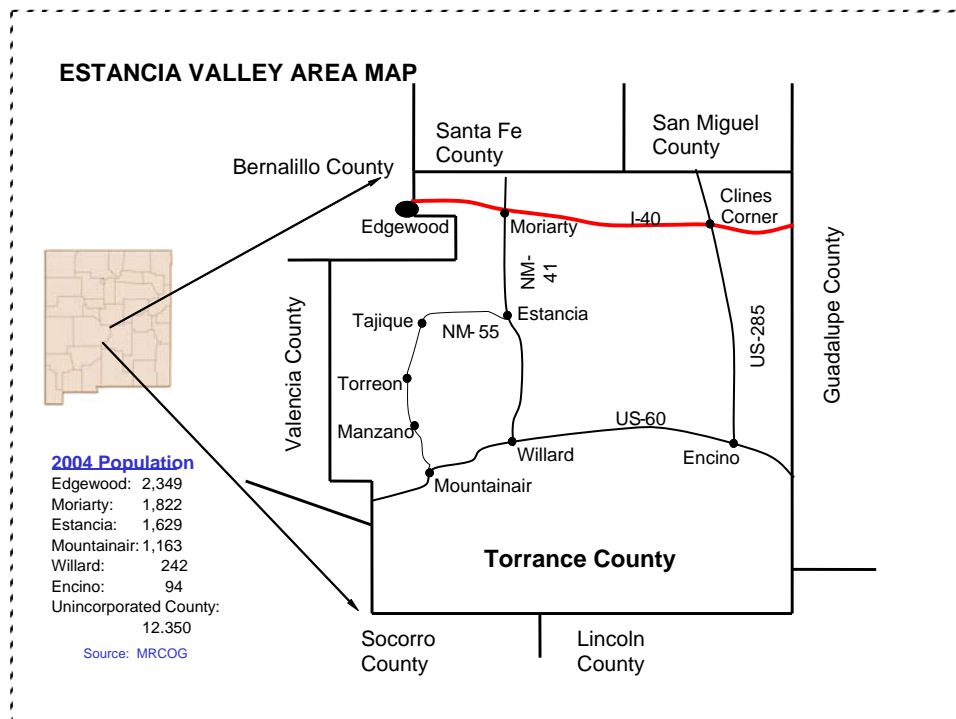
TCPO staff compiled data and the Council Coordinator prepared summaries and graphic representations contained within this document. The Council Coordinator obtained secondary data through publicly available and verifiable data sources.

The full council initially approved the Community Health Profile on May 2, 2007, and it was approved by the Torrance County Board of Commissioners on May 9, 2007. The subsequent profile update was approved by the PHTC on June 3, 2009 and by the County Commissioners on June 17, 2009.

3. Community Description:

a. Geographic Description: Torrance County covers 3,355 square miles and is a sparsely populated (5.1 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. 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 is expanding to meet increased demand; Smiths 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 and location of the microbrewery, cigarette factory, and expanded call center in the Moriarty Business Park.

● Central and Southern Torrance County: Large dairies, ranches and greenhouses are the major employers. The co-location of the Tegawa Greenhouse, a wind-power facility and proposed biomass generating facility, in addition to the correctional facility operated by Corrections Corporation of America, will provide local employment opportunities and additional tax revenues to support County services. Plans are also underway for a new hotel to be located in Estancia. The area attracts a large immigrant population, legal and undocumented, who provide a labor base for employers. There is a significant amount of residential development in the Mountainair area where large ranches and landholdings are being broken into Planned Area Developments or subdivisions where the average parcel ranges from 40 to 160 acres. These are attracting 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 2000 Census revealed a population of 16,911 for Torrance County compared to 780,579 for New Mexico. Table 1 below demonstrates the projected growth for the County and the State from 2005 to 2035 as prepared by the UNM Bureau of Business & Economic Research (BBER). Although the projections show growth, the BBER Population Estimates for New Mexico Counties for years 2000-2007 (revised November 2008) shows the Torrance County population estimates rising between 2000 and 2005 and then declining from 18,282 in July 2005 to 17,850 in July 2007 (downloaded on 2/18/2009 from <http://www.unm.edu/~bber/demo/bberpopest.htm>).

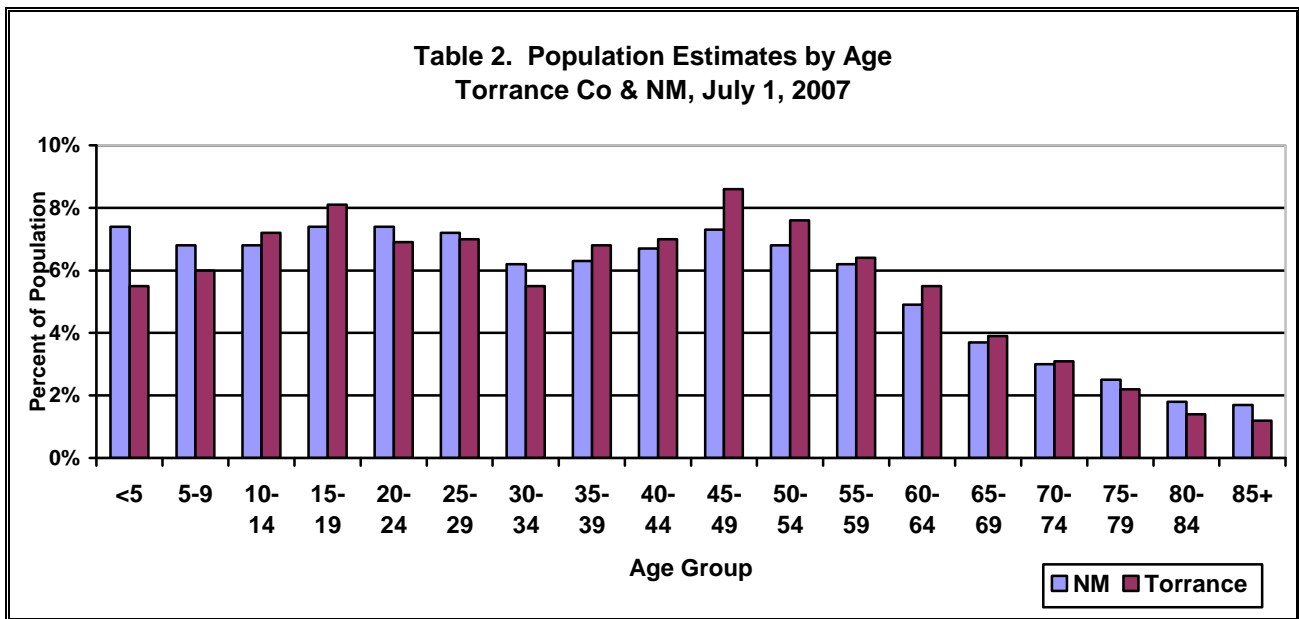
Table 1. Projected Population, New Mexico Counties
July 1, 2005 to July 1, 2035

	2005	2015	2025	2035
New Mexico	1,969,292	2,356,236	2,707,757	3,018,289
Torrance County	18,282	22,184	26,990	31,007

Source: New Mexico County Population Projections July 1, 2005 to July 1, 2035, Bureau of Business and Economic Research, University of New Mexico. Released August 2008.

The percent growth in population from years 2000 to 2030 is forecasted to be 62.5% for Torrance County and 86.3% for Southern Santa Fe County, which includes the Town of Edgewood. Source: Mid-Region Council of Governments Long Range Transportation Plan, MRCOG RTPO, 6/20/2007.

A population comparison by age for year 2007 is included below in Table 2. Torrance County's distribution of population generally mirrors that of the state, although we have fewer children under the age of 10, and slightly more adults as a percentage of the population between the ages of 35 and 74. The percentage of children and teens (ages 0-19) is about 27% in the County as compared to 28% for NM. For adults ages 20 and over, Torrance County is about 73% as compared to 72% for the State.

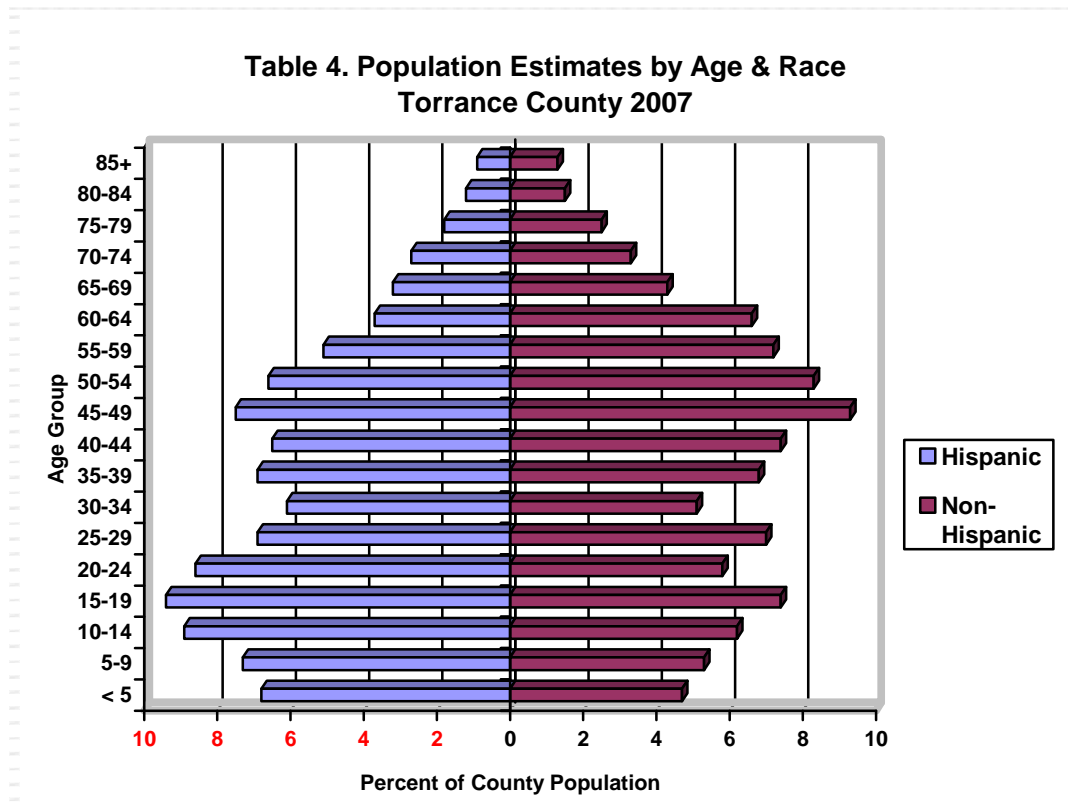


Source: Population Estimates by Age, Sex, Race: July 1, 2007, Bureau of Business and Economic Research, University of New Mexico, released August 2008.

Torrance County is predominantly a mix of Caucasian/White and Hispanic ethnicities. The total student enrollment by ethnicity for School Year 2007-2008 for the three school districts in Torrance County is shown in Table 3 below. A depiction of the 2007 distribution by age and sex for Hispanics and Non-Hispanics in Torrance County is included in Table 4. The distribution reveals a larger percentage of Hispanics compared to Non-Hispanics between the ages of 0 to 24. The reverse is true for ages 40 and higher where we have a larger percentage of Non-Hispanics than Hispanics.

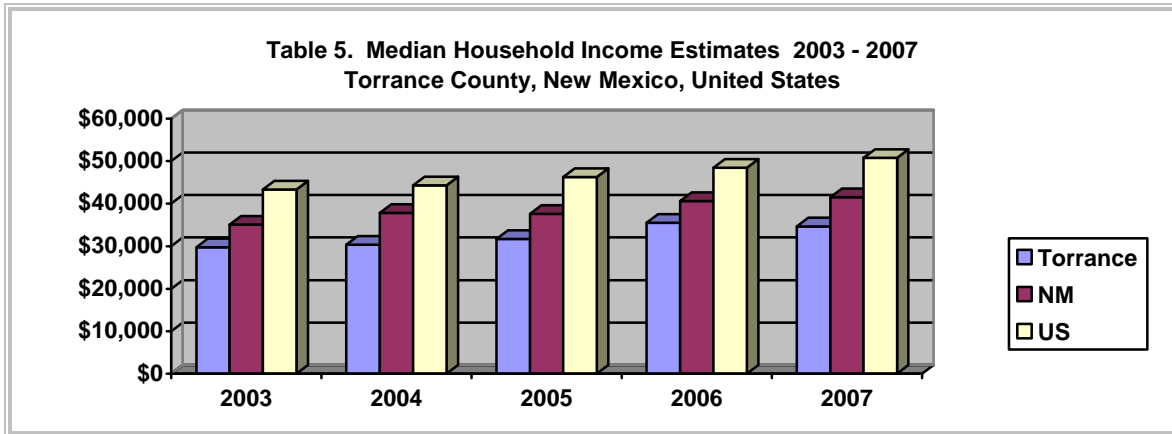
Table 3. Total Student Enrollment by Ethnicity for School Year 2007-2008, Torrance County						
District	Asian/ Pacific Islander	Black	Caucasian/ White	Hispanic	Native American	Total Enrollment
Estancia	0.99%	1.38%	44.67%	50.89%	2.07%	1,014
Moriarty	0.89%	1.44%	59.96%	36.08%	1.63%	3,611
Mountainair	0.59%	2.94%	28.82%	66.47%	1.18%	340

Source: NM Public Education Department (downloaded from www.ped.state.nm.us/IT/fs/13/07.08.ethnic.pdf)



Source: Population Estimates by Age, Sex, Race: July 1, 2007, Bureau of Business and Economic Research, University of New Mexico, released August 2008.

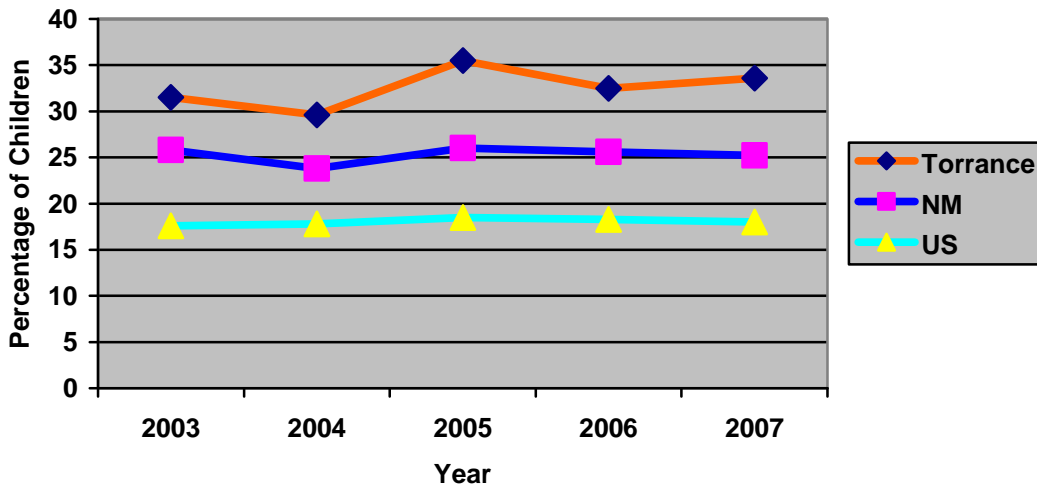
2) Income: The 2007 Per Capita Personal Income for Torrance County was \$25,184 compared to \$30,706 for NM. Source: Bureau of Business & Economic Research, UNM, released April 23, 2009 (downloaded from <http://bber.unm.edu/econ/co-pci.htm>). A five-year comparison of Median Household Income shows that Torrance County continues to be significantly worse than both the State and US rates. Further, Torrance families saw a decrease in Median Household Income between years 2006 and 2007 from \$35,553 to \$34,557.



Source: US Census Bureau, Small Area Estimates Branch, 2003-2007 Poverty and Median Income Estimates – Counties, Internet release date: December 2008

3) Poverty: Torrance County has experienced an increase in the Percent of Population in Poverty from 19.0% in 2000 to 22.7% in 2007. Source: US Census Bureau, State and County QuickFacts. In 2007, Torrance County had the 8th largest percentage of children (under age 18) living in poverty. Source: New Mexico’s Indicator-Based Information System, Health Status Highlights for Torrance County. The table below provides a 5-year comparison of children living in poverty for the County, the State and the US.

**Table 6. Child Poverty by Year, 2003 - 2007
Torrance County, New Mexico and US**



Source: US Census Bureau, Small Area Estimates Branch; Internet Release Date: December 2008

Additional indicators that reflect on poverty in Torrance County are noted as follows:

- ◆ 2nd highest Food Stamps Reciprocity Rate in NM (December 2008)
- ◆ 1st highest TANF Reciprocity Rate in NM (December 2008)
- ◆ 4.5% increase in Medicaid Eligibles (September 2007 – September 2008)

Source: State of New Mexico Human Services Department Monthly Statistical Report, January 2009

4) Education: The 2000 US Census revealed that 77.1% of the Torrance County population age 25 and older has graduated from high school (including equivalency). This is low when compared to 78.9% for NM and 80.4% for the US. The Estancia Valley Learning Center (part of Estancia High School) is designed to help facilitate graduation for students who struggle in a traditional classroom setting and serves students throughout the County and other nearby areas. The data below follows the Class of 2005 from 9th grade (2001-2002) to high school graduation in May 2005 for the three school districts within Torrance County. This is compared to the NM Public Education Department Drop-Out Rate (dropouts per 100 students), which looks at the number of students who were enrolled in school during the previous year but are not enrolled in school for the following year.

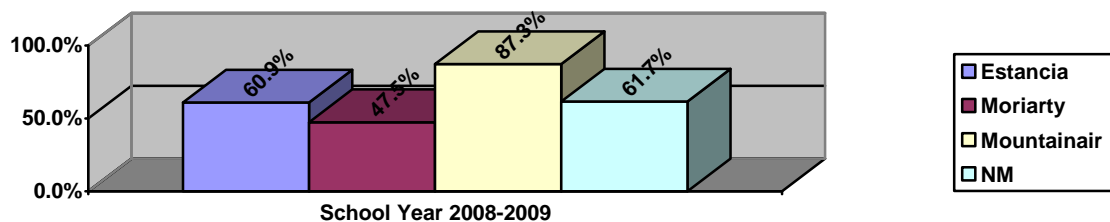
Table 7. Graduation and Dropout Comparisons, Torrance County School Districts		
School District	May 2005 Graduating Class compared to 2001-2002 9 th Grade Class	NM Public Education Department Dropout Rate School Year 2004-2005

Estancia	66%	1.4%
Moriarty	54%	0%
Mountainair	67%	0%
Source: 2006 New Mexico Kids Count Data Book, NM Voices for Children		

Table 8 compares select statistics from the three districts for School Year 2007-2008. Table 9 compares our three school districts to the State for students who received free and reduced lunches in School Year 2008-2009.

Table 8. School Year 2007-2008 Data for Torrance County School Districts			
	Estancia	Moriarty	Mountainair
Total Student Enrollment¹	1,014	3,611	340
# of Students per Teacher²	14.5	16.2	11.0
Graduation Rates³	56.67%	91.15%	100.00%
District Size in Square Miles⁴	1,063	1,054	950
Sources: Information downloaded from NM Public Education Department website			
1 http://www.ped.state.nm.us/			
2 http://www.ped.state.nm.us/IT/fs/27/07.08.s.t.ratio.pdf			
3 http://www.ped.state.nm.us/IT/fs/graduationRates0708.pdf			
4 http://www.ped.state.nm.us/IT/fs/18/district.square.miles.pdf			

Table 9. 2008-2009 Percentage of Students Receiving Free and Reduced Lunches



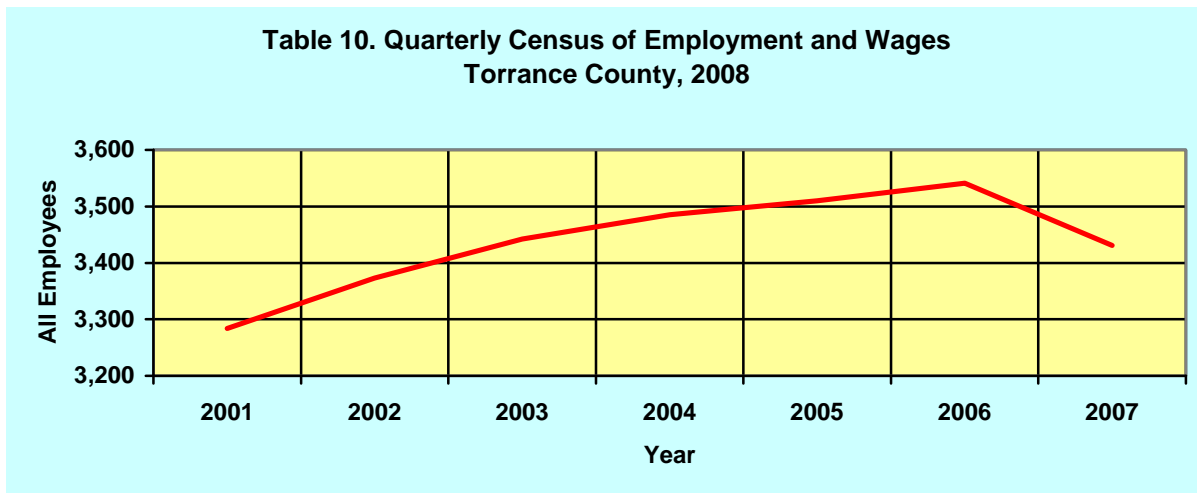
Source: 2008 Kids Count Data Book, New Mexico Voices for Children

The 2000 US Census also revealed that 14.5% of Torrance County residents age 25 and over have a Bachelor’s Degree or higher, which is low compared to the NM average of 23.5%. The City of

Moriarty has partnered with Mesalands Community College to bring beginning college courses to the area. Public transportation services have increased through TCPO TO GO to provide access to the Central New Mexico community (CNM) college in Albuquerque.

5) Languages Spoken: The 2000 US Census revealed 4.2% of the Torrance County population is foreign born; and a language other than English is spoken by 26.2% of the population age 5 and over. 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.

6) Employment: The 2000 US Census revealed that Government (state, local, federal) is the largest employment sector in Torrance County. Much of the employment could be classified as population-serving and the public school districts are among the largest employers. The state and local government sector is important to the area, accounting for 22.6% of employment in our County. Services and trade (retail and wholesale) are the dominant sector providing 49.5% of the jobs in Torrance County. Retail trade is especially important because local governments rely heavily on gross receipts taxes to fund services. 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. Farming, however, remains an important source of jobs for Torrance County, accounting for almost 12% of the jobs. Source: Mid-Region Council of Governments, Long Range Transportation Plan, MRCOG RTPO – 6/20/07. Results from the PHTC’s 2007 Torrance County Community Survey reveal significant numbers of respondents are retired (17.7%), students (13.7%) or homemakers (13.2%). Table 10 below shows a 7 year comparison of annual Quarterly Census of Employment and Wages for all industries in Torrance County.



Source: US Department of Labor, Bureau of Labor Statistics, Quarterly Census of Employment and Wages, Torrance County, New Mexico, 2001 to 2008, Series ID ENU3505710010

The 2008 Unemployment Rate for Torrance County is reported as 5.1% by the New Mexico Department of Workforce Solutions Labor Analysis Statistics and Economic Research. However, the preliminary rate for 1st quarter 2009 is reported to be 7.3% for Torrance County and 5.6% for New Mexico. This compares to a rate of 4.3% for Torrance and 3.7% for NM for the 1st quarter of 2008. Source: Bureau of Business and Economic Research, Current Economic Indicators: Unemployment Rate, Revised 4/23/09. The closure of a call center located in Moriarty has contributed significantly to the County's increased rate of unemployment. The year 2030 employment forecast developed by the Mid-Region Council of Governments does show significant employment growth.

Table 11. Employment in MRCOG Region, 2000 to 2030				
County	2000 Employment	2030 Employment	Absolute Growth	Percent Growth
Torrance	3,955	6,805	2,850	72.1%
Southern Santa Fe (includes Edgewood)	1,072	4,280	3,208	299.3%

Source: Mid-Region Council of Governments, Long Range Transportation Plan, MRCOG RTPO – 6/20/07

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 2007 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.

Table 12. What We Like Best About Our Community, Torrance County 2007 Community Survey (multiple selections allowed)	
Identified Asset	Percentage of Respondents who Identified this Asset
Rural Environment	73.1%
Affordable Housing	33.8%
Churches	31.9%
Schools	27.8%
Law Enforcement	13.0%
Emergency Management Services	11.1%
Senior Programs/Centers	9.5%
Medical Care	9.3%

Cultural/ Community Activities	8.3%
Alcohol/ Drug Free Activities	7.9%
Recreation Activities	6.9%
Family Support Services	4.4%
Child Care/ Day Care	4.2%
Community Support	4.2%
Employment Opportunities	2.5%
Domestic Violence Groups	1.4%
Mental Health Providers/ Services	1.2%
Other	8.6%
Source: Partnership for a Healthy Torrance County, Torrance County 2007 Community Survey	

1) Physical Assets:

- ⊕ **ESTANCIA:** Arthur Park with Swimming Pool and Community Library; County Fairgrounds; Esperanza Medical Center; Town Trolley; Senior Center; Community Center; Main Street Improvement Project
- ⊕ **MORIARTY:** Moriarty Civic Center and Library; City Park and Route 66 Beautification Project; Skate Park and Tennis Courts; Baseball Fields; Park and Ride with Commuter Shuttle to Albuquerque; Moriarty High School Gymnasium Addition; Rodeo Grounds; Airport and Soaring Museum; DWI Memorial of Perpetual Tears
- ⊕ **MOUNTAINAIR:** Mountainair Activity Center with indoor swimming pool and group meeting and lodging facilities; Mustang Health Center (school-based); Rodeo Grounds; Community Park; Senior Center; Mountainair Family Health Center
- ⊕ **EDGEWOOD:** Wildlife West Nature Park; First Choice Community Healthcare; Wal-Mart Super Center; Town of Edgewood Parks and Recreation Department Facilities
- ⊕ **MANZANO and TORREON:** Community Parks; Torreon Community Center
- ⊕ **MCINTOSH:** Senior Center; Emergency Dispatch Center; Community Center

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
- ⊕ **MORIARTY:** Bethel Community Storehouse; Estancia Valley Catholic Parish Hall (commodities & St. Vincent de Paul Society); Rotary Club; Lions Club; Chamber of Commerce; The Loft at the First Baptist Church; City Library; Read "Write" Adult Literacy Program; Knights of Columbus; Mesalands Community College (concurrent enrollment); The Mountain View Telegraph Newspaper; Churches

- ⊕ **MOUNTAINAIR:** Chamber of Commerce; Veterans of Foreign Wars (VFW) Club; Mountainair Announcements community blog; UNM Valencia GED Classes; 4-H; Churches; newly formed job creation working group for central and southern Torrance County
- ⊕ **EDGEWOOD:** Parks and Recreation Programs; Community Center; The Independent Newspaper; Community Library; Community Churches; 4-H
- ⊕ **TORREON:** Community Center; Church
- ⊕ **MCINTOSH:** VFW Club; Seniors Center

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 ♦ Automobile confiscation for 3rd time (or greater) DUI offenders

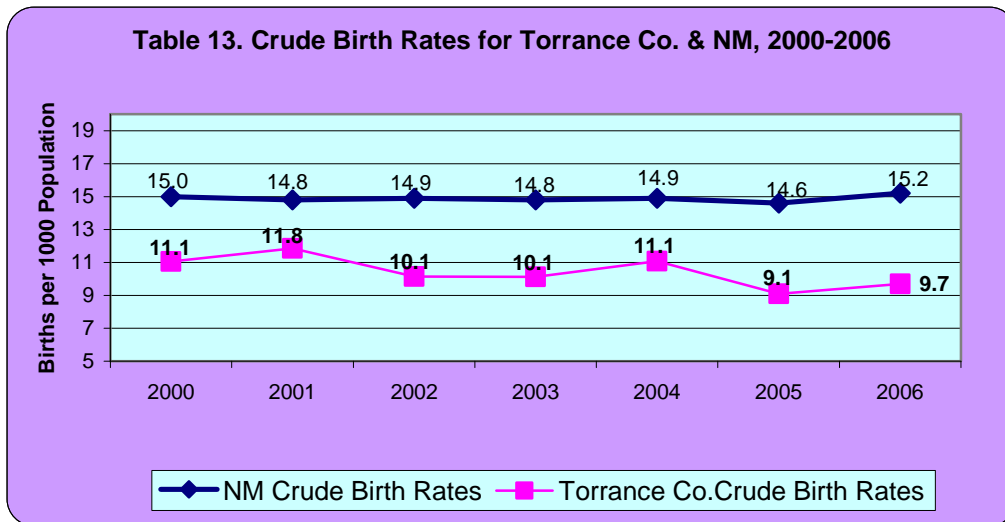
4) Individuals: ♦ Albert Geduld, Governor's Lifetime Achievement Award for Volunteerism ♦ Sonja Britton, DWI Memorial of Perpetual Tears and NM Victims of Crime Service Award ♦ Morrow Hall, volunteer County Historian ♦ Attorney General Gary King ♦ Former Governor Bruce King ♦ Representative Rhonda King ♦ Former Governor and Attorney General Toney Anaya ♦ the Anaya Family – owners of multiple businesses

5) Cultural/ Historical: ♦ Salinas Pueblo Missions National Monument ♦ 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.

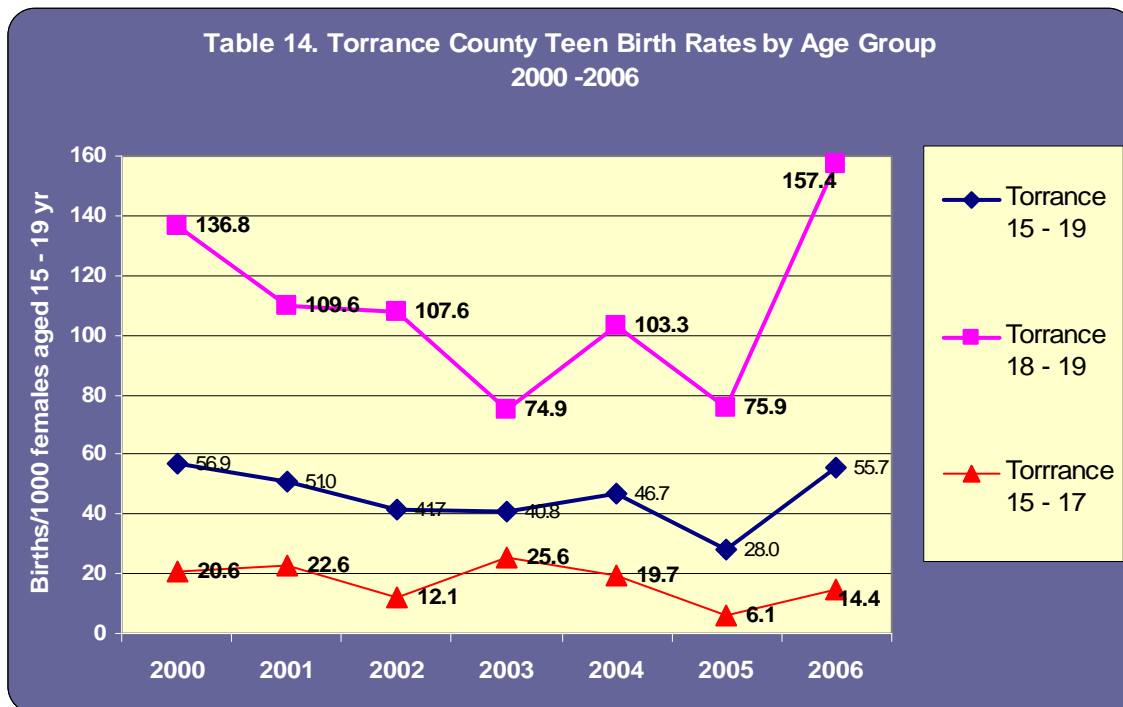
4. Community Health Status:

a. Maternal Child Health Indicators: The most current data available for births in Torrance County is from year 2006 – we had a total of 178 births. A comparison of rates from 2000-2006 shows that we have experienced a downward trend in crude birth rates (all births in the County).



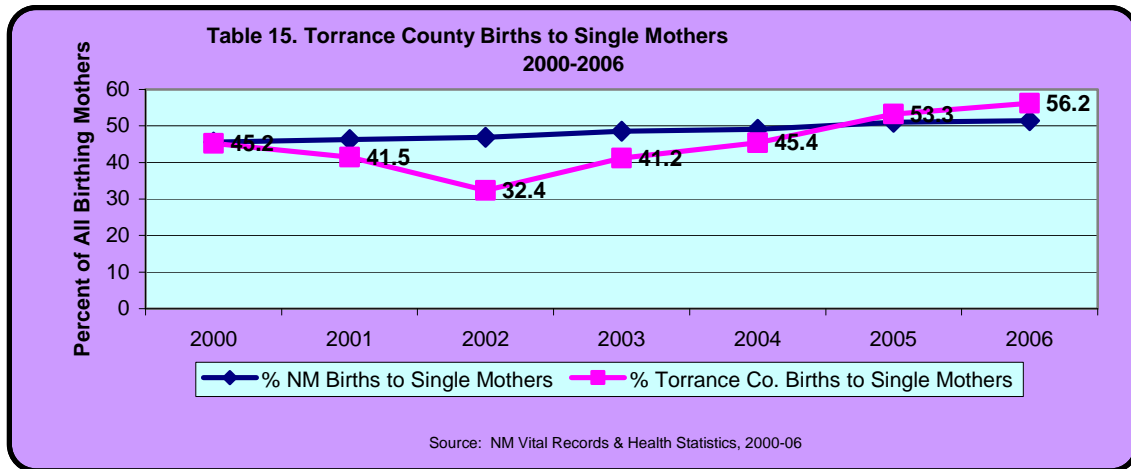
Sources: NM Vital Records & Health Statistics, NCHS Population Estimates 2000-03 UNM BBER county population estimates, 2004-06

However, we are now experiencing an upward trend in births to teen females ages 15-19. A closer look shows that the increase in teen births is for young women ages 18-19 and not for those ages 15-17.



Sources: NM Vital Records & Health Statistics, NCHS Population Estimates 2000-03 UNM BBER county population estimates, 2004-06

Births to Single Mothers have also increased to 56.2% and now slightly surpass the NM average as is evidenced by the chart below.



The mean education level for Torrance County birthing mothers in 2006 was 13.25 years which is lower than 14.2 years for NM. Alcohol use during pregnancy generally patterns the New Mexico trend (Table 16), but Torrance consistently has a higher percentage of tobacco use during pregnancy than the state (Table 17). The trend for low birth weight (<2500 gm) is less for Torrance (6.2%) than for NM (8.9%) for 2006. Levels of Low or No Prenatal Care vary considerably for Torrance County as is depicted in Table 18. Source: NM Vital Records & Health Statistics, 2000-2006.

Table 16: Alcohol Use during Pregnancy in Torrance Co. & NM, 2000-2006

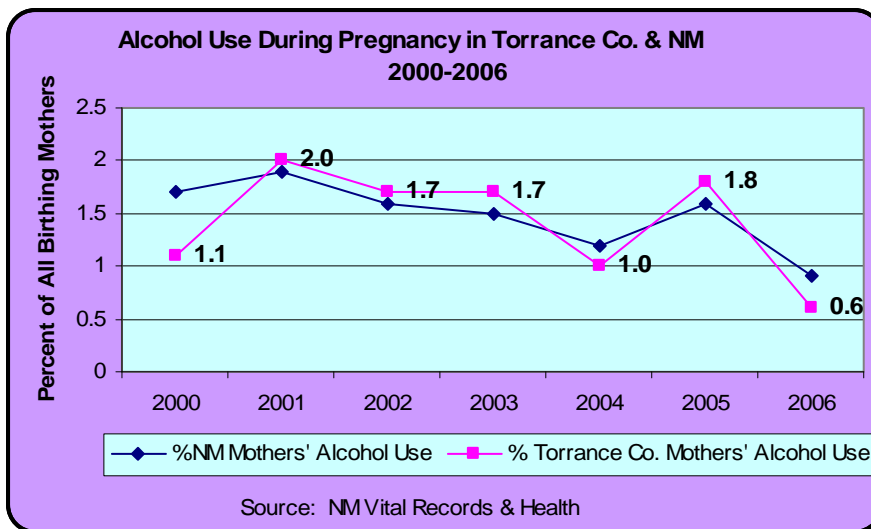


Table 17: Percent of Tobacco Use during Pregnancy, Torrance Co. & NM, 2000-2006

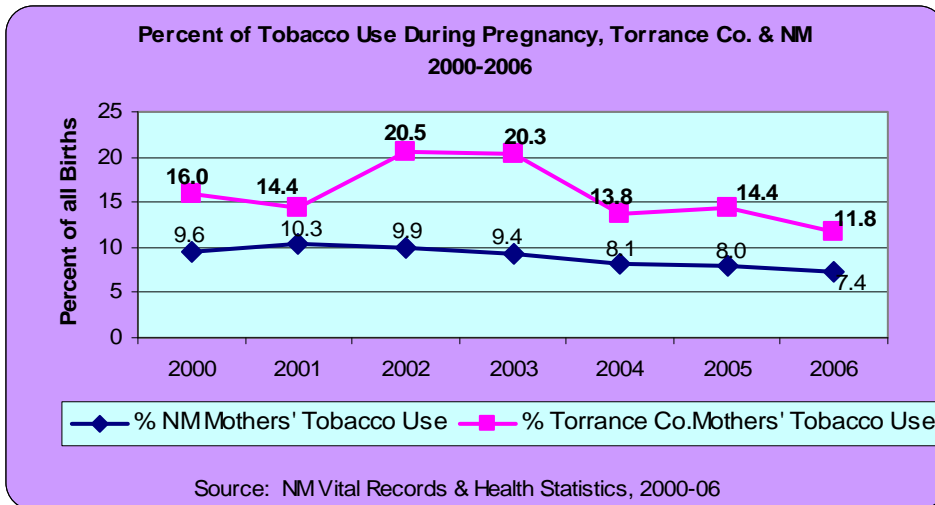
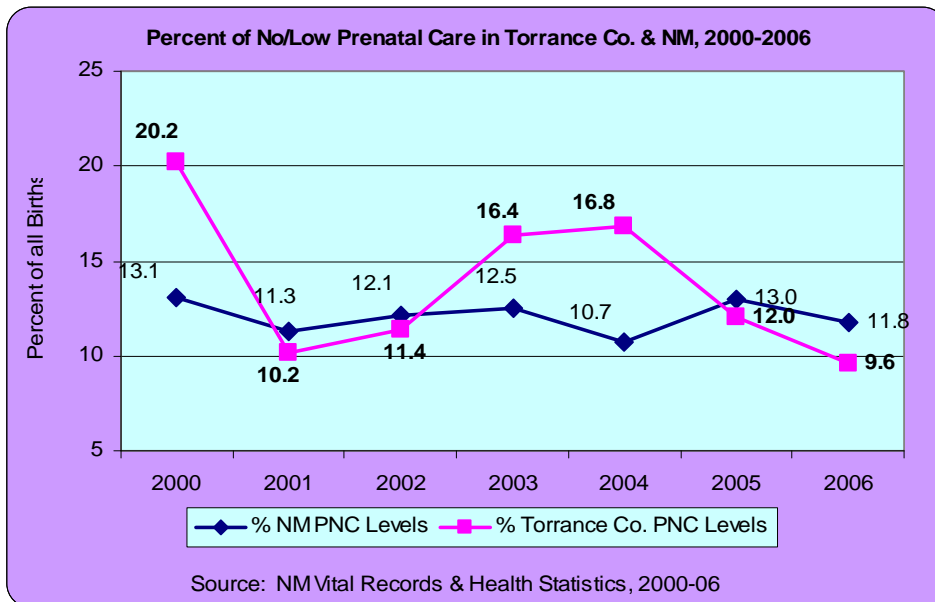


Table 18: Percent of No/ Low Prenatal Care in Torrance Co. & NM, 2000-2006



b. Mortality – General

Total Torrance County deaths in 2006 were 168; the age-adjusted death rate (deaths per 100,000 populations) from all causes was 993.8 for Torrance, which is higher than the NM rate (761.2) and the US rate (798.8). Source: New Mexico Indicator-Based Information System, Community Snapshot, Torrance County

c. Leading Causes of Death

A ranking of the leading causes of death for Torrance County for the period 2000-2006 is included in Table 19 below. We are notably higher than NM for Heart Disease and Unintentional Injury.

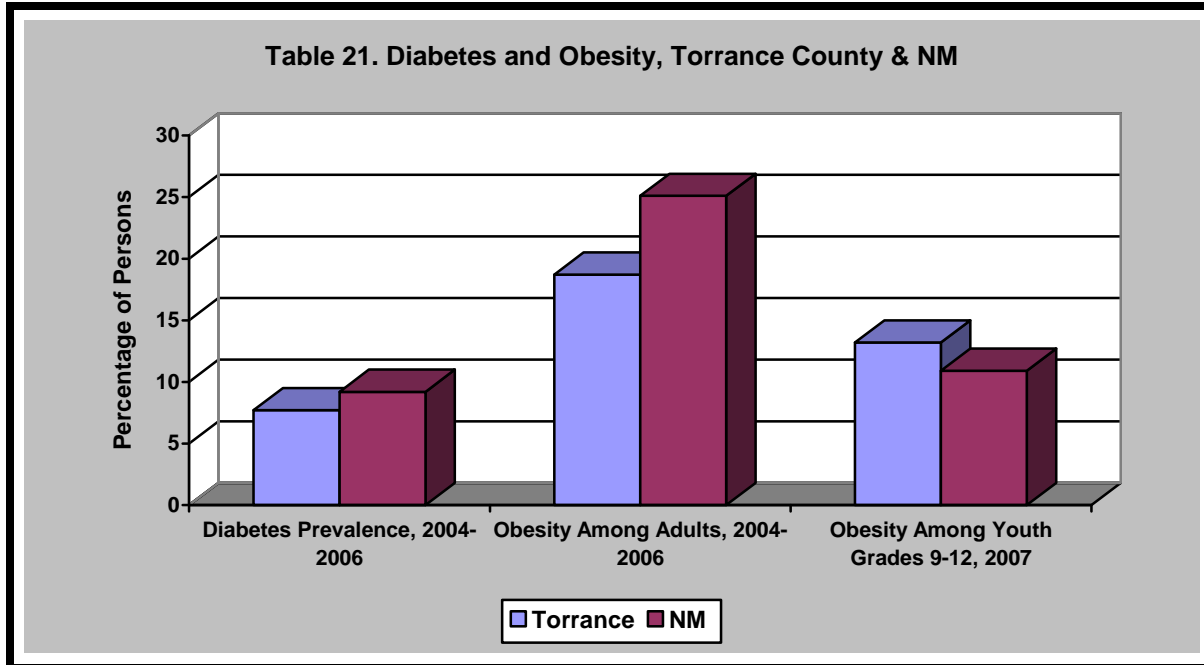
Table 19. Leading Causes of Death, Ranked by Age-Adjusted Rate (Deaths per 100,000), 2000-2006, New Mexico and Torrance County				
	NM	Torrance County		
	Both Genders	Both Genders	Male	Female
Circulatory, Heart Disease	180	204.8	253.2	164.6
Neoplasms, Malignant	163.4	163.8	193	139.1
Injury, Unintentional Injury	58.8	72.1	79.4	62.4
Respiratory, Chronic Lower	47.3	58.9	47.2	70.7
Circulatory, Cerebrovascular	39.3	37.1	43.9	35.6
Alzheimer's Disease	19.4	23.8	24.5	24.2
Respiratory, Influenza and Pneumonia	18.4	20.3	23.6	18.8
Diabetes Mellitus	31.8	19.2	28.2	12.8

Source: New Mexico Indicator-Based Information System, Mortality Measures

d. Chronic Disease Indicators

Table 20. Death Rates from Chronic Disease Torrance County, New Mexico & US			
	Diseases of the Heart Death Rate 2006 (Deaths per 100,000 population)	Stroke Death Rate 2006 (Deaths per 100,000 population)	Diabetes Deaths 2003-2005 (Deaths per 100,000 population)
Torrance Co.	237.6	19.9	13.4
NM	167.8	32.2	33.5
US	211.1	46.6	24.6

Source: New Mexico Indicator-Based Information System, Community Snapshot, Torrance County



Source for Diabetes Prevalence and Obesity Among Adults: New Mexico Indicator-Based Information System, Community Snapshot, Torrance County;
 Source for Obesity Among Youth: 2007 New Mexico Youth Risk and Resiliency Survey

e. Infectious Disease Indicators: Infectious disease data for Torrance County is generally suppressed because 1) the observed number of events is very small and not appropriate for publication, of 2) it could be used to calculate the number in a cell that has been suppressed. Source: New Mexico Indicator-Based Information System, New Mexico Infectious Disease Data, 2004 to 2006

f. Environmental Health Indicators: An 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: 2000 US Census Data from Mid-Region Council of Governments)

- ◇ 97.1% single family homes and mobile homes
- ◇ 1.5% multiple family housing units
- ◇ 7,257 total housing units
 - 69.7% owner occupied
 - 13.3% renter occupied
 - 17% vacant (compared to 13% vacancy statewide)
- ◇ Mobile homes comprise 52.7% of all housing units – an increase of 10% over 1990. NM has the 2nd highest rate of mobile homes/ housing stock in the nation and Torrance County has the highest rate in the state.

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 Table 22 below.

Torrance rates higher than NM for deaths from poisoning, motor vehicle crashes and fall injuries.

Table 22. Leading Causes of Injury Death by Age-Adjusted Rate, Injury Deaths per 100,000 Population, 2000-2006, Torrance County & New Mexico				
	NM	Torrance County		
	Both Genders	Both Genders	Male	Female
Poisoning	19.45	30.70	32.38	28.57
Motor Vehicle, Traffic – Occupant Injured	15.00	23.46	28.36	17.12
Fall	12.94	16.45	13.61	18.88
Firearm	15.04	9.56	15.24	**
Suffocation	5.57	4.41	8.51	**

Source: New Mexico Indicator-Based Information System, Injury Mortality Measures
 ** Count or rate suppressed because either 1) the observed number of events is very small and not appropriate for publication, or 2) it could be used to calculate the number in a cell that has been suppressed

More Torrance youth (8.9%) than the statewide comparison (NM 4.8%) report a suicide attempt resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse. Source: 2007 New Mexico Youth Risk and Resiliency Survey, Grades 9-12

Violence: Key findings from the 2007 NM Youth Risk & Resiliency Survey note that New Mexico had among the highest rates in the nation for behaviors associated with violence. When compared to other states participating in the Youth Risk Behavior Surveys system, New Mexico had the highest rates of:

- Carrying a weapon such as a gun, knife, or club within the past 30 days (27.5% NM; 37.3% Torrance)
- Carrying a gun within the past 30 days (11.7% NM; 13.5% Torrance)
- Physical fighting within the past 12 months (37.1 NM; 30.3% Torrance)
- Skipping school because of safety concerns (9.0% NM; 7.6% Torrance)

The reported incidents of domestic violence per 1,000 population for 2004-2006 is 5.8 for Torrance County, but data is not available for a comparative value for the State. Source: New Mexico Indicator-Based Information System, Community Snapshot, Torrance County. The Torrance County Domestic Violence Program performed intake, assessment and service plans on an average of 12 offenders per month for FY2008 and typically had an average of 76 active offenders. The program projects that it will serve approximately 144 offenders during FY09. Source: Torrance County Domestic Violence Program.

Other violence statistics specific to Torrance County are as follows:

- 461 calls to Torrance County Dispatch Center for domestic violence in 2005 (Source: Torrance County Dispatch Center)
- 126 domestic violence cases handled by Domestic Violence Commissioners in 2005 (Source: 7th Judicial District Court Clerk)
- 66 domestic violence criminal cases handled by Torrance County Magistrate Court in 2006 (Source: Torrance County Domestic Violence Program/ Magistrate Court Records)
- Torrance rates 7th highest for Child Abuse (ratio per 100,000 children), 2007 (3,391 for NM; 1982.9 for NM) Source: New Mexico Indicator-Based Information System, Snapshot for Torrance County

Substance Abuse: Key findings from the 2007 NM Youth Risk & Resiliency Survey note that New Mexico had among the highest rates in the nation for drug use. When compared to other states participating in the Youth Risk Behavior Surveys system, New Mexico had the highest rates of:

- Using marijuana before age 13 (18.2% NM; 15.3% Torrance)
- Using alcohol before age 13 (30.7% NM; 27.5% Torrance)
- Currently using cigars, cigarillos, or little cigars (18.9% NM; 10.5% Torrance)

In relation to NM state data, the 2007 Youth Risk and Resiliency Survey results for Torrance County (www.health.state.nm.us/epi/yrrs.html) reveal specific areas where we stand out. A significantly higher number of Torrance youth (56.2% compared to 38.9% for NM) report liquor as the usual type of alcohol used in past 30 days; more students report drinking in their homes (29.6% compared to 26.1% for NM) in past 30 days; and perception of youth alcohol use being wrong or very wrong is low compared to the state. 68.9% of Torrance youth (compared to 76.0% for NM) perceive that adults think youth alcohol use is wrong or very wrong; 81.3% of Torrance youth (84.2% for NM) perceive their parents think youth alcohol use is wrong or very wrong; and 54.3% of Torrance youth (57.4% for NM) perceive that youth alcohol use is wrong or very wrong for them (the student). 18.9% of Torrance youth report current marijuana use (past 30 days); 15.3% report first marijuana use at less than 13 years; and 29.3% report being offered drugs on school property in the past 12 months. Torrance has seen a downward trend in youth who report smoking in the past 30 days (12.9% for 2007), but for those who do smoke we rate significantly higher when compared to NM for frequent smokers - smoked cigarettes on at least 20 of the past 30 days (Torrance 57.7%, NM 27.7%), for heavy smokers – smoked 10+ cigarettes/day on days when they smoked cigarettes (Torrance 18.0%, NM 6.9%), for those current smokers who smoked first cigarette before age 13 (Torrance 56.3%, NM 43.9%), and for those who got cigarettes in a store or gas station in the past 30 days (Torrance 23.3%, NM 11.2%). Our greater concern is the significant increase in youth who are using smokeless tobacco (Torrance 14.2%, NM 11.8%)

- Torrance rates 4th highest in the state for Drug-Induced Deaths per 100,000 Population, 2004-2006 (33.9 for Torrance; 19.8 for NM; 11.2 for US)

- Torrance rates 9th highest in the state for Alcohol-Related Deaths per 100,000 Population, 2004-2006 (58.7 for Torrance; 48.3 for NM)
- Torrance falls below the state average for Past 30day Illicit Drug Use, Grades 9-12, 2007 (17.9% for Torrance; 25.5% for NM)

Source: New Mexico Indicator-Based Information System, Community Snapshot, Torrance County

h. Risk, Resiliency Indicators

RISK BEHAVIORS: Source for all of the following indicators is the 2007 New Mexico Youth Risk and Resiliency Survey, Grades 9-12.

- ◆ Behaviors that Contribute to Unintentional Injury: In the previous 30 days 92.7% of Torrance youth respondents report that they never / rarely wore a bicycle helmet; 9.7% never / rarely wore a seat belt; 18.1% rode with a drinking driver, and 10.9% drove when drinking. With the exception of wearing bicycle helmets, fewer Torrance youth engage in these risk behaviors than the average for NM youth.
- ◆ Behaviors Associated with Violence: In the previous 30 days 37.3% of Torrance youth respondents report that they carried a weapon; 13.5% carried a gun; 14.3% carried a weapon on school property; and 7.6% skipped school because they felt unsafe. In the previous 12 months 30.3% report they were involved in a physical fight and 13.2% were threatened/ injured with a weapon on school property. Torrance rates higher than NM for youth reporting carrying a weapon, carrying a gun, and being threatened or injured with a weapon. 75.9% of Torrance youth report having a gun in their home compared to 57.7% for NM.
- ◆ Dating Violence and Sexual Violence: Results reported by Torrance youth mirror that of NM for being hit by a boyfriend or girlfriend in the past 12 months (11.8% for Torrance) and ever being physically forced to have sexual intercourse (8.8% for Torrance)
- ◆ Mental Health, Suicidal Ideation, and Suicide Attempts: Key findings from the 2007 NM Youth Risk & Resiliency Survey note that New Mexico had among the highest rates in the nation for suicide ideation and attempts. When compared to other states participating in the Youth Risk Behavior Surveys system, New Mexico had the highest rates of:
 - Seriously considering suicide (19.3% NM; 15.6% Torrance)
 - Attempting suicide (14.3% NM; 12.7% Torrance)
 - Attempting suicide, resulting in an injury (4.8% NM; 8.9% Torrance)

Results reported by Torrance youth mirror that of NM for persistent feelings of sadness and hopelessness (30.5%), for having made a suicide plan (14.8%) or attempted suicide (12.7%) in the past 12 months. However, more Torrance youth (8.9%) than NM youth (4.8%) report a suicide attempt resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

- ◆ **Tobacco Use:** This was discussed previously under Substance Abuse Indicators. Torrance rates lower than NM for youth who report ever trying cigarettes (53.3%), smoking their first cigarette before age 13 (15.6%), smoking cigarettes in the past 30 days (12.9%), and smoking on school property (4.8%). The opposite holds true for behaviors of current smokers (past 30 days). Torrance rates higher than NM for current smokers who had their first cigarette before age 13 (55.3%), significantly higher (57.7%) for those who are frequent smokers (smoked on at least 20 of the past 30 days) and heavy smokers (18.0%) – those who smoked 10+ cigarettes per day on days when they smoked cigarettes. There is also a considerably higher percentage of Torrance youth (23.3%) who report getting cigarettes in a store or gas station. Fewer Torrance youth (20.5%) report using any tobacco or cigars (10.5%) in previous 30 days, but more Torrance youth (14.1%) report using chew, snuff or spit tobacco than NM youth.
- ◆ **Alcohol Use:** Torrance fares better than NM for youth who had first drink before age 13 (27.5%), who are current drinkers (28.9%), who are binge drinkers (19.1%), and who have used alcohol on school property (7.3%). However, among current drinkers (past 30 days), Torrance rates significantly higher (56.2%) than NM (38.9%) for consuming Liquor (vodka, rum, scotch, bourbon or whiskey) as the usual type of alcohol in the past 30 days. Torrance also rates marginally higher for youth who report getting alcohol in the previous 30 days from a store (7.2%), public event (3.1%), or that they took it from a store or family member (16.4%). More Torrance youth (29.6%) report usually drinking alcohol in their home in the past 30 days. Youth perceptions about attitudes toward alcohol use follow in Table 23. This is an area where we would hope for higher percentages than NM.

Table 23. Alcohol Use: Attitudes			
New Mexico and Torrance County, Grades 9-12			
2007 NM YRRS			
	Adults think youth alcohol use is wrong or very wrong	Parent thinks youth alcohol use is wrong or very wrong	Student thinks youth alcohol use is wrong or very wrong
Torrance County	68.9%	81.3%	54.3%
New Mexico	76.8%	84.2%	57.4%

- ◆ **Drug Use:** Torrance rates lower than NM for current marijuana use (18.9%) and using marijuana before age 13 (15.3%), but mirrors NM for using marijuana on school property (7.1%). We are also consistent with the NM average for past 30-day heroin use (3.5%), methamphetamine use (4.2%) and ecstasy use (5.1%). We are slightly higher for use of inhalants (8.6%) and lower for use of cocaine (3.5%) and pain killers to get high (9.0%). Lifetime drug use for these substances basically patterns

that of NM. Torrance is only marginally lower than NM for youth who report being offered, sold or given drugs on school property (29.3%), for those who can get marijuana easily (60.8%), but is lower for youth who report they can get cocaine, LSD, methamphetamine, or other illegal drugs easily (23.2%). Torrance youth are consistent with NM in reporting they know 1+ adults who use drugs (57.7%), but rate lower than NM for those who report knowing 1+ adults who deal drugs (33.2%) and for those who say most, all friends have used drugs (10.3%).

- ◆ **Sexual Activity:** Compared to the nation, New Mexico ranks 2nd for sexually active youth who did not use a condom during last sexual intercourse (44.8%) and 8th for youth who had sexual intercourse before age 13 (7.7%). For these two indicators, 33.9% of Torrance youth report not using a condom during last sexual intercourse and 7.5% report sexual intercourse before age 13. Torrance rates lower than NM for youth who report they have ever had sexual intercourse (39.2%), and being currently sexually active (27.6%). Torrance is consistent with NM for youth who have had sex with 4 or more people in their lifetime (13.3%). Torrance also rates lower than NM for youth who used alcohol or drugs before sex (15.3%). For sexually active students, Torrance rates higher than NM in use of birth control pills (21.6%), condoms (52.8%), and Depo Provera (4.0%), and rates lower than NM for youth reporting no method of birth control (11.7%).
- ◆ **Body Weight:** Torrance rates marginally higher than NM for youth in grades 9-12 who report they are overweight (15.6%), obese (13.2%), and overweight or obese (28.8%). Our youth pattern NM for those who exercised (63.3%) or ate less (39.8%) to lose weight. Fortunately, Torrance is lower (4.8%) than NM for youth who vomited or took laxatives to lose weight.
- ◆ **Nutrition:** Torrance rates slightly lower than NM for youth who report less than 5 servings of fruits / vegetables daily (79.0%), for drinking 1+ sodas daily (25.5%), and for drinking less than 3 glasses of milk daily (84.7%). Sadly, we are slightly higher than NM for those who report there is often or sometimes not enough to eat in the family (14.0%).
- ◆ **Physical Activity:** Torrance rates slightly lower than NM for youth who report getting less than the recommended physical activity (53.3%), no days with 60-minutes of physical activity (15.3%), and 3+ hours of TV viewing daily (23.9%). However, we rate slightly higher than NM for 3+ hours of video/ computer games daily (19.9%). Torrance is consistent with NM for youth who report no days of PE in an average school week (47.0%), but are marginally lower than NM for those who report no daily PE (61.3%).
- ◆ **Asthma:** Torrance youth are consistent with NM in those who report ever being told by a doctor/ nurse that they had asthma (23.3%), and are lower for those reporting current asthma (8.8%).
- ◆ **Other Measures:** More Torrance youth (13.1%) than NM report being born outside the USA but a smaller percentage (10.9%) report speaking a non-English language more than half the time at home.

PROTECTIVE FACTORS: Source: 2007 New Mexico Youth Risk and Resiliency Survey, Grades 9-12

- ◆ Academic Measures: Good news! Torrance rates slightly higher than NM for youth who report getting mostly A's and B's (71.8%), for those who report doing their best work at school (86.0%) and for those who have plans to continue education after high school (87.1%).
- ◆ Protective Factors in the Home: More Torrance youth than NM report having high level of high expectations in the home (76.8%) and high level of behavioral boundaries in the home (72.4%). Fewer Torrance youth (51.1%) report a high level for caring relationship with a parent or other adult in the home.
- ◆ Protective Factors in the School: Torrance rates slightly higher than NM for moderate or high level of caring relationships with a teacher or other adult in the school, for moderate or high level of high expectations in the school, for moderate or high level of involvement in school activities, and for moderate or high level of behavioral boundaries in the school.
- ◆ Protective Factors in the Community: Torrance generally patterns NM for youth who report a caring relationship with an adult in the community and for high expectations with an adult in the community. But Torrance youth rater higher than NM for meaningful participation in the community – 39.8% report a moderate level and 47.7% report a high level.
- ◆ Protective Factors with Peers: Torrance is consistent with NM for youth who report positive peer influence. More Torrance youth report a high level for a caring relationship with a peer; and more Torrance youth report a moderate level of peer influence RT substance use.
- ◆ Other Resiliency Factors and Traits: Torrance youth report mostly high levels of empathy, moderate levels of impulsiveness and low levels of sensation seeking. 39.4% of Torrance youth report going to church/ religious service less than three times per year; 25.3% report attending less than weekly, and 35.3% report attending weekly.

5. Health Disparities: The client bases of our partnering agencies substantiate the growing 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 Region 5 Public Health Services, based in Las Cruces, to the Estancia Public Health Office. 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 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.

6. Health-Related Services:

a. Capacity: The PHTC completed its 2009 annual inventory of health and social services which can be found at http://www.tconm.com/uploads/File/ServiceDirectory_March2009.pdf. Torrance County is a Designated Health Professional Shortage Area. Results of the 2007 Torrance County Community Survey reveal a need for the services indicated in Table 23 below.

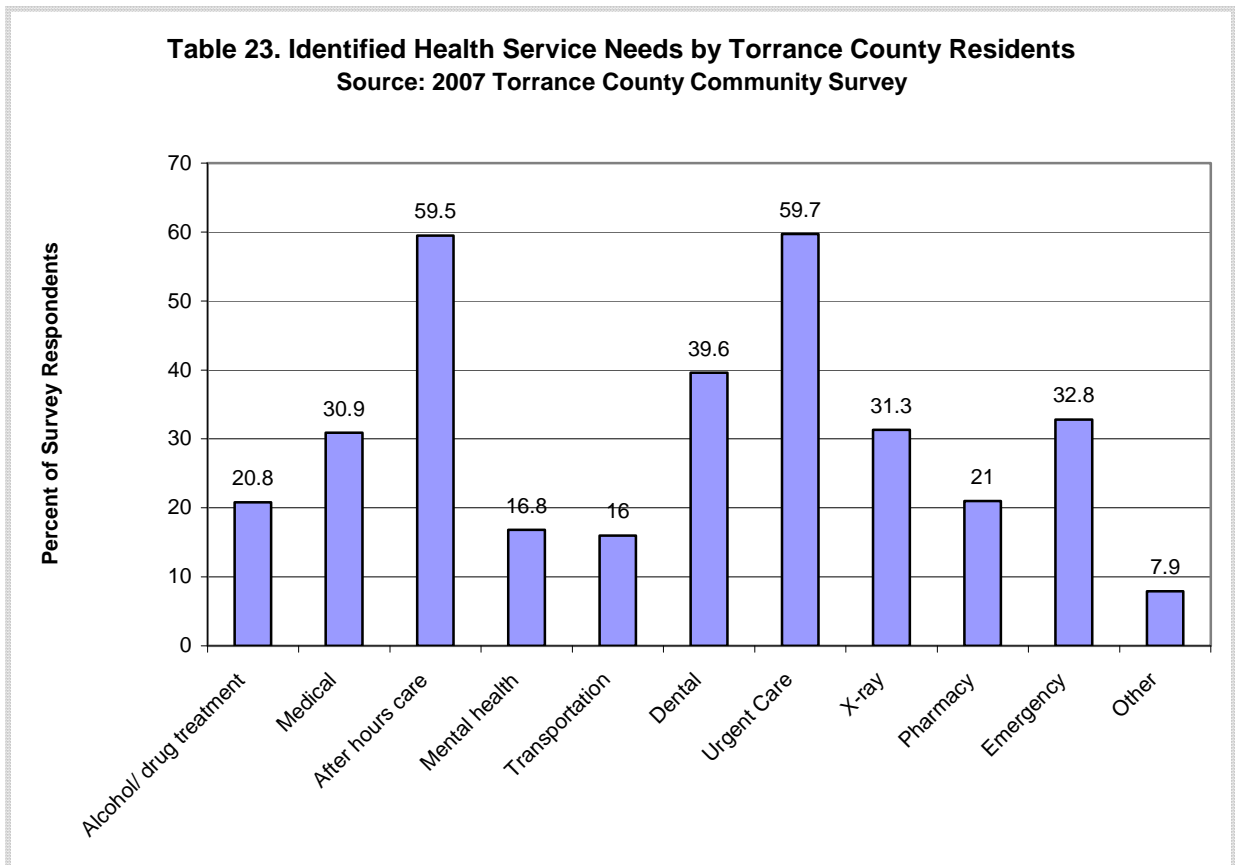


Figure 2 on the following page provides a count of service providers by type of service and region within Torrance County. The far southern region of the County, including Encino, is particularly lacking in health care services.

Figure 2. Service Profile of Torrance County ~ Source: 2009 Estancia Valley Area Service Directory, Partnership for a Healthy Torrance County

Torrance County Distribution of Health & Social Services



When asked to identify the three major problems for their families, respondents to the 2007 Torrance County Community Survey identified the following.

Table 24. Major Problems for Torrance County Families 2007 Torrance County Community Survey	
Identified Problem or Need	Percentage of Respondents who Identified Problem
Employment opportunities	19.1%
Recreational facilities / activities	17.8%
Road conditions	17.1%
Lack of urgent care services	15.8%
Law enforcement (need more)	13.8%
Medical care	11.2%
Post-secondary education & job skills training	9.9%
Substance abuse prevention & treatment	9.9%
Economic development	8.6%
Higher paying jobs	8.6%
Source: Partnership for a Healthy Torrance County, 2007 Torrance County Community Survey	

b. Access: From the 2000 US Census data we learn that the average of households without cars was 26.1% for Torrance – more than double the national average of 10.2%. The 2007 Torrance County Community Survey asked questions regarding access to health care services. Following are results from survey responses.

- ⊕ 81.1% of respondents can get health care when they need it
- ⊕ 18.6% of respondents CANNOT get health care when they need it
- ⊕ Type of health insurance for respondents to community survey:
 - 57.6% are privately insured
 - 21.1% have Medicare
 - 20.2% receive Medicaid benefits
 - 17.4% are uninsured
- ⊕ Distances traveled to receive health care:
 - 50.7% travel 31 miles or more
 - 16.2% travel 21 to 30 miles
 - 19.3% travel 11 to 20 miles

- 22% travel 0 to 10 miles

Respondents were also asked to identify what might prevent them from accessing services in the community. Table 25 summarizes the top ten responses.

Table 25. Identified Barriers to Accessing Services for Torrance County Residents 2007 Torrance County Community Survey	
Identified Barrier to Accessing Services	Percent of Respondents who Identified this Barrier
Awareness of services / activities	52.1%
Times services / activities are offered	28.3%
Location of services / activities	26.1%
Cost of services / activities	23.2%
Transportation	20.7%
Takes away from family time	14.6%
Child care	10.7%
Language barriers	4.5%
Immigration status	4.5%
Other	14.5%

Source: Partnership for a Healthy Torrance County, 2007 Torrance County Community Survey

c. Utilization: Following is a summary of utilization data we were able to obtain from some (but not all) of our key health care providers plus statistics related to access through transportation services.

- **FIRST CHOICE COMMUNITY HEALTHCARE (Edgewood) 2008 Data**

- Medical Visits: 5,498

- Dental Visits: 1,706

- **EDGEWOOD PEDIATRICS (Edgewood) 2008 Data**

- Medical Visits: 4,000
 - Medical Patients: 2,500

- **PMS ESPERANZA MEDICAL CENTER (Estancia) 2008 Data**

- Medical Visits: 4,043
 - Medical Patients: 1,555

- Dental Visits: 3,354
 - Dental Patients: 1,4551

- Behavioral Health Visits: 915
 - Behavioral Health Patients: 104

- Comprehensive Community Support Service: 453 Units; 37 Clients

- **PMS MOUNTAINAIR FAMILY HEALTH CENTER (Mountainair) 2008 Data**

- Medical Visits: 3,387
 - Medical Patients: 1,161

- Behavioral Health Visits: 502 Behavioral Health Patients: 81
- Comprehensive Community Support Service: 270 Units; 61 Clients
- **MUSTANG HEALTH CENTER (Mountainair) 2008-2009 School Year Data**
 - Medical Visits: 109
 - Behavioral Health Visits: 157
- **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 (Estancia) 2008 Data**
 - Clients Seen: 341
 - Immunizations/ Shots: 1,281 (550 adult flu; 145 child flu)
 - Family Planning Visits: 120
 - Prenatal Visits: 15
 - Breast & Cervical Cancer: 15
 - STD Screenings: 10
- **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) 2006 Data**

These are free services provided by volunteers

 - Client Visits: 319
 - Pregnancy Tests: 83
 - Ultrasounds: 17
 - Lamaze Classes: 20
- **TCPO TO GO TRANSPORTATION SERVICES (Moriarty) 2008 Data**
 - Completed 11,640 passenger trips
 - Demand Response: 2,873
 - Medicaid: 856
 - TANF: 1,132
 - Elderly: 922
 - Disabled: 1,783

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 well being 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; an estimated 30-40% of female teenaged dropouts are mothers. Early parenting also affects young males who drop out to support a child.

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

- 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 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.

- Domestic and Community Violence: The data supports clearly identify violence as a prevalent problem in Torrance County. It is evident in self-reported behaviors by youth and in the growing number of victims and offenders seen through the Torrance County Domestic Violence Program.
- 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.

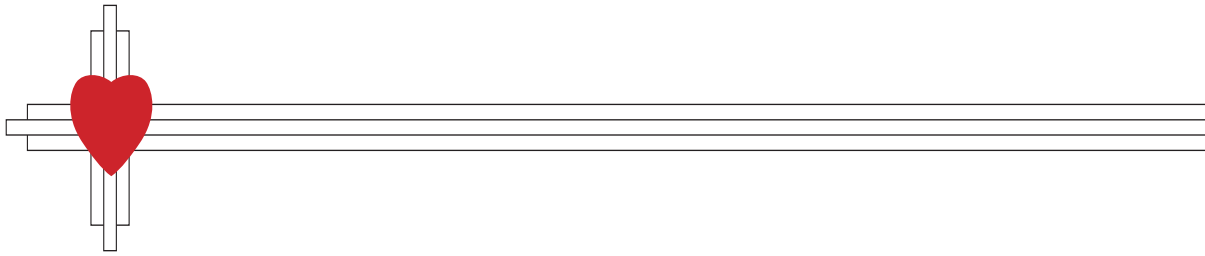
c. Explanation: The results of the community needs assessment strongly convey community opinion about the need for urgent care, after-hours care and greater emergency services. However, our relatively small population and low tax base may be cost prohibitive for a bona-fide urgent care facility to be 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 newly formed job creation working group for central and southern Torrance County, as well as the City of Moriarty's efforts to increase post-secondary educational opportunities.

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 County identified the following community health priorities in April 2007 and again in May 2009. The priority ranking was adjusted following review of this 2009 Community Health Profile and needs assessment.

- ▶ First Priority: Access to Community Based Resources to Reduce Health Disparities
- ▶ Second Priority: Substance Abuse Prevention
- ▶ Third Priority: Domestic and Community Violence
- ▶ Fourth Priority: Teen Pregnancy and Births to Single Parents

This community health profile was approved by the Partnership for a Healthy Torrance County on June 3, 2009. It was reviewed and approved by the Torrance County Commission on June 10, 2009 in conjunction with approval of the Torrance County Community Health Improvement Plan.

Please see the Torrance County Community Health Improvement Plan for Fiscal Years 2011-2014 to learn more about how the Partnership for a Healthy Torrance County will address these priorities.



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 County or this community health profile, please contact the Community Health Council Coordinator or the Director at the Torrance County Project Office.

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