County Health Rankings
Mobilizing Action Toward Community Health

2011
New Mexico

Robert Wood Johnson Foundation

UNIVERSITY OF WISCONSIN
Population Health Institute
Translating Research into Policy and Practice

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:

In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.
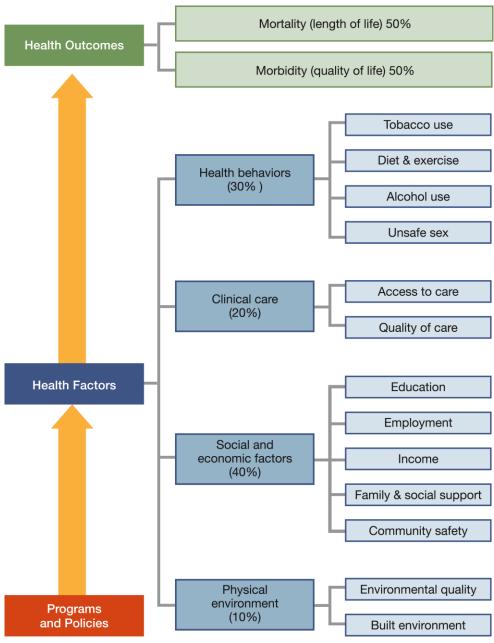
To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

For a more detailed explanation of our approach, the methods used to compile the *Rankings,* information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org

The Rankings

This report ranks New Mexico counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.
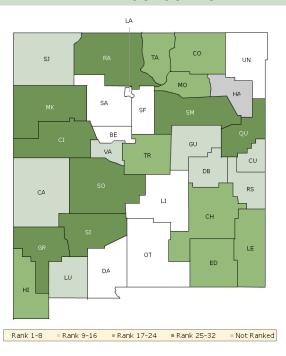

| Health Outcomes | Mortality (length of life) 50% |
| | Morbidity (quality of life) 50% |

Health Factors	Health behaviors (30%)	Tobacco use
		Diet & exercise
		Alcohol use
		Unsafe sex
	Clinical care (20%)	Access to care
		Quality of care
	Social and economic factors (40%)	Education
		Employment
		Income
		Family & social support
		Community safety
	Physical environment (10%)	Environmental quality
		Built environment

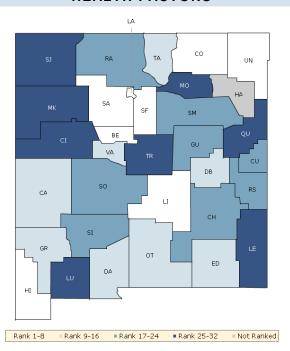Programs and Policies

County Health Rankings model ©2010 UWPHI

The maps on this page display New Mexico's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES

Rank 1-8   Rank 9-16   Rank 17-24   Rank 25-32   Not Ranked

HEALTH FACTORS

Rank 1-8   Rank 9-16   Rank 17-24   Rank 25-32   Not Ranked

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Los Alamos	1	Los Alamos
2	Santa Fe	2	Santa Fe
3	Sandoval	3	Bernalillo
4	Dona Ana	4	Sandoval
5	Union	5	Union
6	Otero	6	Hidalgo
7	Bernalillo	7	Colfax
8	Lincoln	8	Lincoln
9	Roosevelt	9	Catron
10	Curry	10	De Baca
11	San Juan	11	Taos
12	De Baca	12	Otero
13	Guadalupe	13	Grant
14	Valencia	14	Eddy
15	Catron	15	Dona Ana
16	Luna	16	Valencia
17	Eddy	17	Curry
18	Chaves	18	Chaves
19	Hidalgo	19	Roosevelt
20	Lea	20	Sierra
21	Taos	21	San Miguel
22	Mora	22	Guadalupe
23	Colfax	23	Rio Arriba
24	Torrance	24	Socorro
25	Grant	25	Mora
26	Socorro	26	Cibola
27	Sierra	27	San Juan
28	Cibola	28	Quay
29	Quay	29	Lea
30	McKinley	30	Torrance
31	San Miguel	31	Luna
32	Rio Arriba	32	McKinley

Not Ranked: Harding

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Rank	Morbidity
1	Los Alamos	1	Union
2	Dona Ana	2	Los Alamos
3	Santa Fe	3	Sandoval
4	Sandoval	4	Roosevelt
5	Mora	5	Santa Fe
6	Otero	6	Lincoln
7	Bernalillo	7	Dona Ana
8	Colfax	8	Guadalupe
9	Curry	9	Otero
10	Lincoln	10	San Juan
11	Union	11	Bernalillo
12	Roosevelt	12	De Baca
13	Catron	13	McKinley
13	De Baca	14	Valencia
15	Grant	15	Lea
16	Valencia	16	Eddy
17	Luna	17	Chaves
18	San Juan	18	Curry
19	Taos	19	Torrance
20	Chaves	20	Luna
21	Hidalgo	21	Catron
22	Eddy	22	Hidalgo
23	Guadalupe	23	Sierra
24	Torrance	24	Taos
25	Lea	25	Cibola
26	Socorro	26	Socorro
27	San Miguel	27	Quay
28	Quay	28	Grant
29	Cibola	29	Rio Arriba
30	Sierra	30	Colfax
31	McKinley	31	Mora
32	Rio Arriba	32	San Miguel

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Los Alamos	1	Los Alamos	1	Los Alamos	1	Los Alamos
2	Santa Fe	2	Bernalillo	2	Sandoval	2	Luna
3	Union	3	Santa Fe	3	De Baca	3	Chaves
4	Catron	4	Sandoval	4	Roosevelt	4	Hidalgo
5	Sandoval	5	Grant	5	Santa Fe	5	Colfax
6	Bernalillo	6	Taos	6	Otero	6	Taos
7	Taos	7	Hidalgo	7	Eddy	7	Lincoln
8	Hidalgo	8	Chaves	8	Curry	8	Santa Fe
9	Colfax	9	Catron	9	Lincoln	9	Valencia
10	Sierra	10	San Miguel	10	Bernalillo	10	Roosevelt
11	Grant	11	Eddy	11	Union	11	Socorro
12	Mora	12	Valencia	12	San Juan	12	Bernalillo
13	Lincoln	13	Cibola	13	Lea	13	Otero
14	Dona Ana	14	Sierra	14	Colfax	14	Curry
15	De Baca	15	Quay	15	Dona Ana	15	Torrance
16	Guadalupe	16	Union	16	Hidalgo	16	McKinley
17	Otero	17	Socorro	17	Valencia	17	Grant
18	San Miguel	18	Colfax	18	Catron	18	Rio Arriba
19	Rio Arriba	19	Rio Arriba	19	Guadalupe	19	Catron
20	Socorro	20	Mora	20	Chaves	19	De Baca
21	Luna	21	De Baca	21	Taos	21	Cibola
22	Valencia	22	Lincoln	22	Quay	22	San Miguel
23	Chaves	23	Guadalupe	23	Torrance	23	Quay
24	Cibola	24	Torrance	24	Socorro	24	Guadalupe
25	Quay	25	Dona Ana	25	Rio Arriba	25	Union
26	Roosevelt	26	Curry	26	Cibola	26	Sierra
27	Eddy	27	San Juan	27	Grant	27	Lea
28	Torrance	28	Otero	28	San Miguel	28	Mora
29	Curry	29	Lea	29	Sierra	29	Eddy
30	McKinley	30	Luna	30	Mora	30	San Juan
31	San Juan	31	Roosevelt	31	McKinley	31	Dona Ana
32	Lea	32	McKinley	32	Luna	32	Sandoval

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics[1]	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime[2]	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONMENT			
Air Quality[3]	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

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[1] State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

[2] Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

[3] Not available for AK and HI.

CREDITS

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countyhealthrankings.org