



County Health Rankings

Mobilizing Action Toward Community Health

2010

New Mexico



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

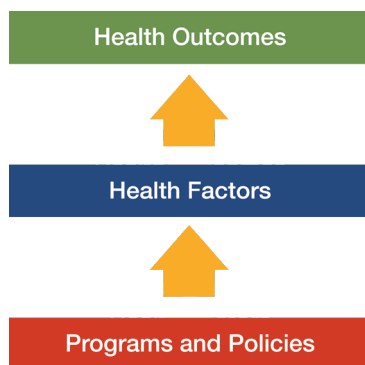
Introduction

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.

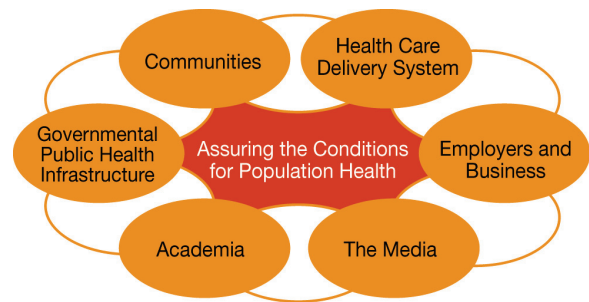
The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, 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 will allow them 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.



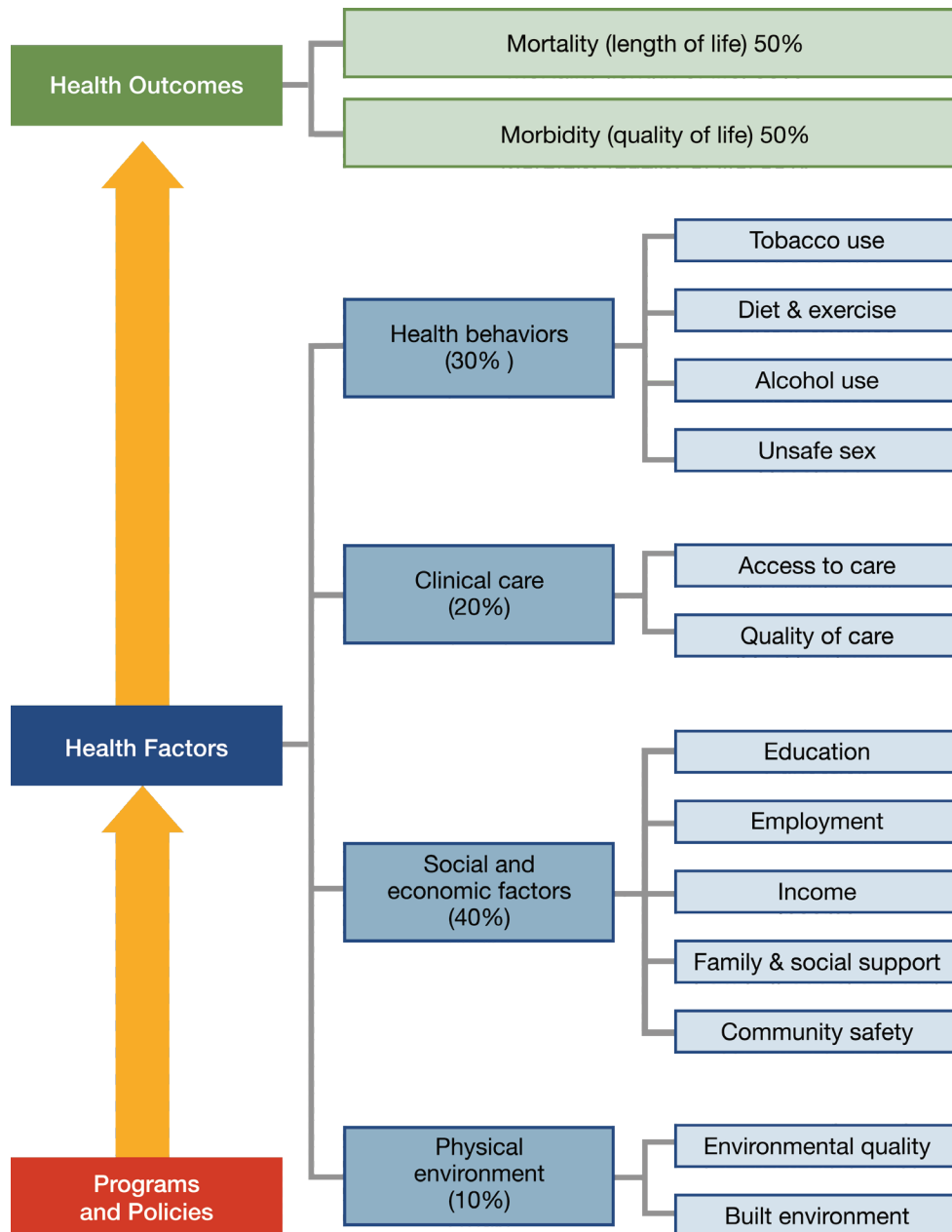
Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. 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 the choice of measures, 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.

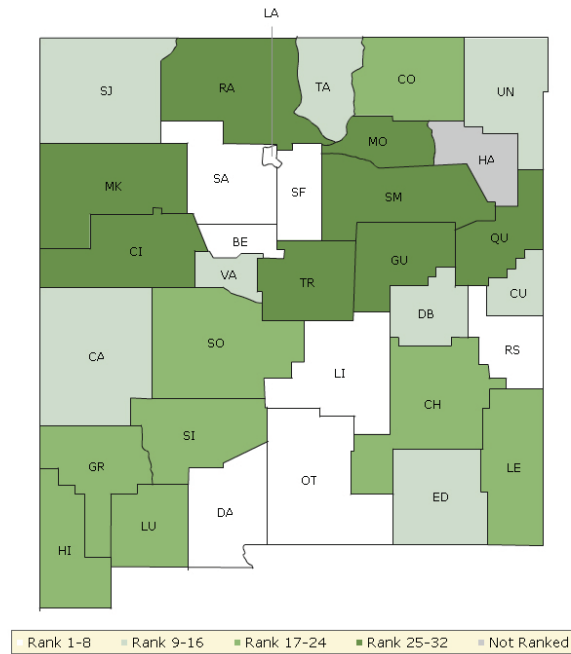


County Health Rankings model ©2010 UWPHI

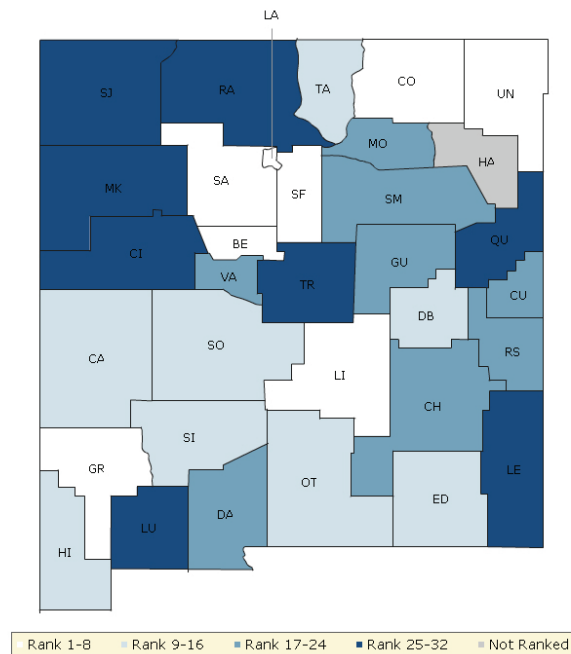
The maps on this page display New Mexico's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health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



HEALTH FACTORS



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

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

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

2010 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	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2006
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) 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.

⁴ Not available for AK and HI.

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Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2010*.



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