2008 PRC
COMMUNITY HEALTH ASSESSMENT

San Juan County, New Mexico

SPONSORED BY

San Juan Regional Medical Center

PREPARED BY PROFESSIONAL RESEARCH CONSULTANTS, INC.
11326 "P" STREET OMAHA, NEBRASKA 68137-2316 (800) 428-7455 WWW.PRCONLINE.COM 2008-0090-02

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INTRODUCTION

Project Overview

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in a defined geographical region. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A PRC Community Health Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Methodology

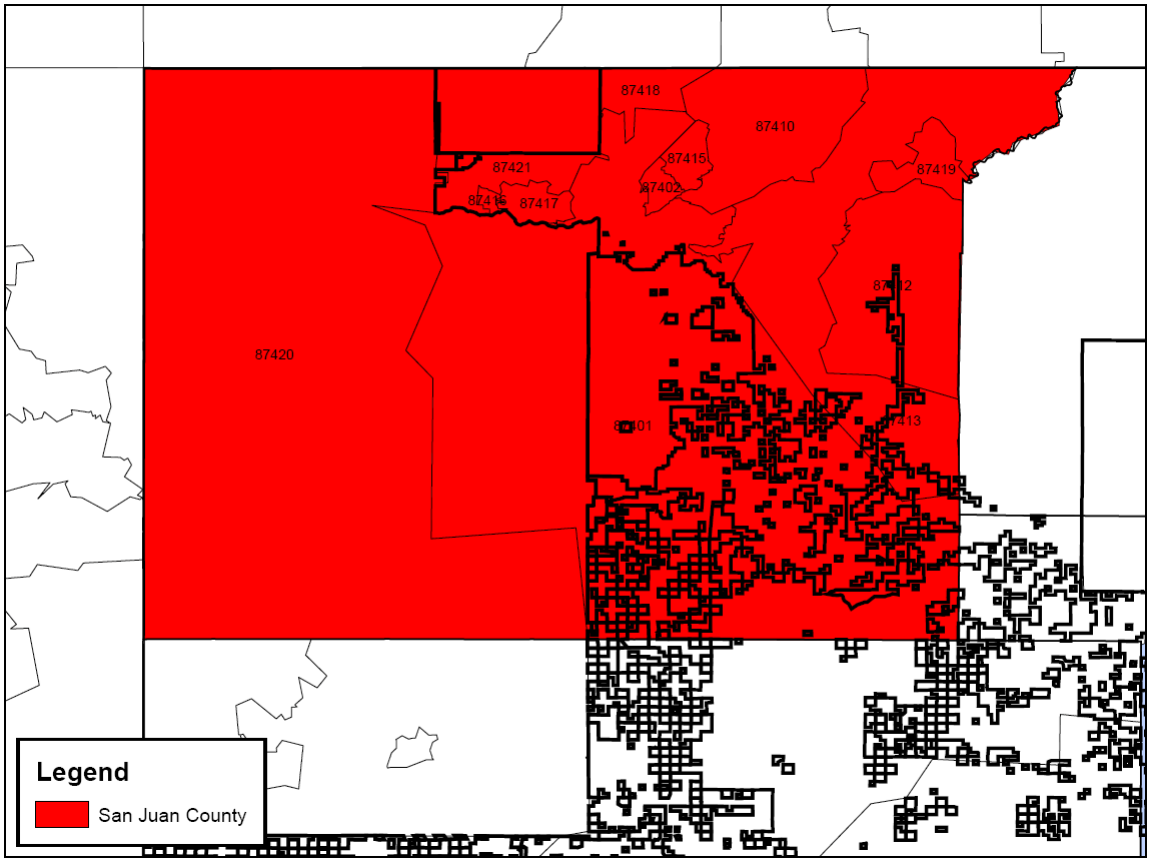
2008 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues.

Community Defined for This Assessment

The study area for this effort is defined as San Juan County, New Mexico, as illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2008 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

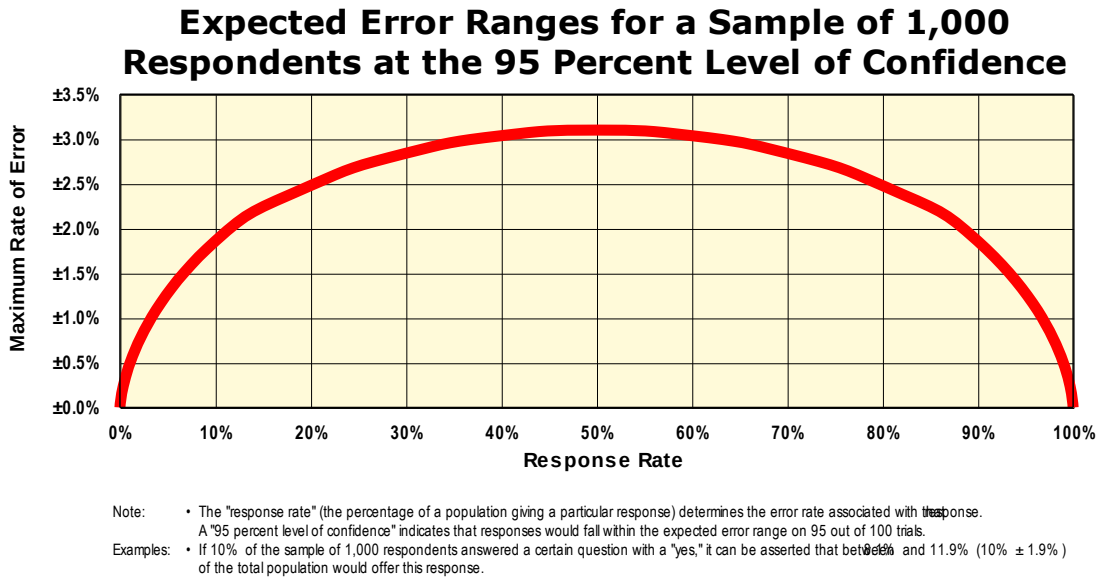
The sample design used for this effort consisted of a random sample of 1,000 individuals aged 18 and older in the defined communities. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

– *NOTE: Because the Native American population was underrepresented in the original random sample of 1,000 interviews, an additional 31 interviews were conducted among Native Americans in selected communities. Data from these interviews are incorporated in data charts where Native American responses are isolated, but are not reflected in the total sample or other demographic data columns for San Juan County.*

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is ±3.1% at the 95 percent level of confidence.



Sample Characteristics

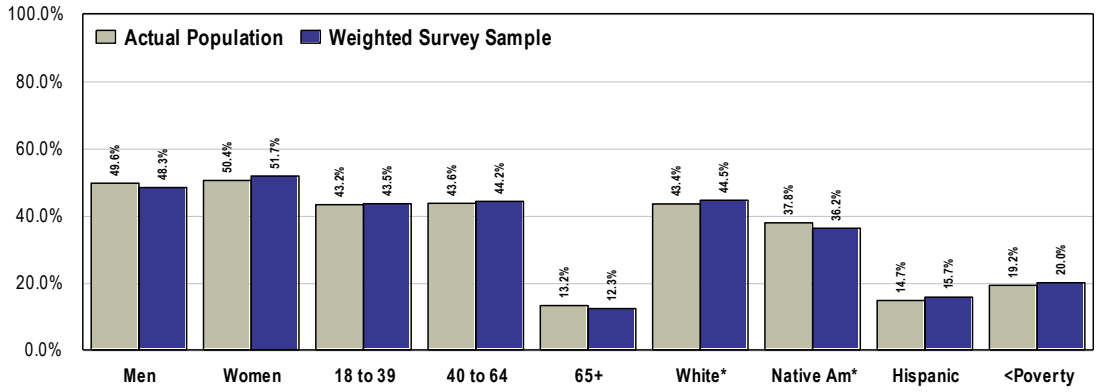
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Further note that, while every attempt was made to represent the Native American population of San Juan County, targets fell significantly short for this group. Adjustments were made for this through weighting (described above) so that this shortage did not impact the overall data integrity; however, individual cell sizes for the Native American population remain relatively small.

Population & Sample Characteristics

(San Juan County, 2008)



Source:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
- 2008 PRC Community Health Survey, Professional Research Consultants.
- Hispanic can be of any race.
- *White and Native American sample percentages do not include Hispanic respondents who did not offer a race response.

NOTE: Because Native Americans were underrepresented in the random sampleNative American data presented in this report include 31 supplemental interviews conducted in selected communities. These additional interviewsare not reflected in the total sample or other demographic data columns for San Juan County.

Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2008 guidelines place the poverty threshold for a family of four at $21,200 annual household income or lower)*. In sample segmentation: "<FPL" (or "<Federal Poverty Level") refers to community members living in a household with defined poverty status; "100-199% FPL" includes those households living just above the poverty level, earning up to twice the poverty threshold; and "200%+ FPL" refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the findings of this survey may be generalized to the total population of community members in San Juan County with a high degree of confidence.

Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. San Juan County data were obtained from the following sources (specific citations are included the graphs throughout this report):

- ESRI BIS Demographic Portfolio (Projections Based on Census 2000)
- Centers for Disease Control & Prevention
- National Center for Health Statistics
- New Mexico Department of Health
- New Mexico Children, Youth & Family Department
- FBI, Crime in the United States

Benchmark Data

New Mexico Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2008 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010

Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Community Focus Groups

As part of the community health assessment, there were five community focus groups held in the defined community. These focus groups included meetings with Physicians, Other Healthcare/Social Services Providers, Community Leaders, Business Leaders and Providers to the Native American community.

A list of recommended participants for the focus groups was provided by San Juan Regional Medical Center. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Community focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to ensure they would have a reasonable turnout. Final participation rates are segmented below.

DATE	TIME	GROUP	PARTICIPANTS
April 21, 2008	Noon	Providers to the Native American Community	7
April 22, 2008	7am	Physicians	10
April 22, 2008	Noon	Business Leaders	6
April 23, 2008	7am	Healthcare/Social Services Providers	10
April 23, 2008	Noon	Community Leaders	7

The focus group sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker's group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Comparison With National Benchmarks

Self-Reported Health Status

San Juan County adults' self-reported assessments of their own physical and mental health are similar to what is reported nationwide.

Favorable Compared to National Benchmarks

In comparison with national findings, the San Juan County age-adjusted Alzheimer's disease death rate is more favorable, and the percentage of adults with high daily stress is lower.

Unfavorable Compared to National Benchmarks

- **ADD/ADHD**. However, San Juan County compares unfavorably to national findings with regard to the prevalence of children on medication for ADD/ADHD.

Death & Disability

Favorable Compared to National Benchmarks

In comparison with national findings, there are many positive indicators relative to injury and disease in San Juan County. Note these findings with regard to **heart disease and stroke**: lower age-adjusted death rates from heart disease and stroke, and a lower prevalence of hypertension.

In terms of **cancer**, San Juan County age-adjusted death rates due to cancer (including lung and female breast cancer) are lower when compared with rates nationwide.

Among **injury-related** variables, the community fares better than the nation in terms of violent crime rates (however, this might not reflect data from all agencies; other indicators suggest higher incidence for some types of crimes).

Regarding **environmental health**, the percentage of San Juan County adults who attribute health problems to indoor air quality is more favorable than that reported nationally.

With regard to **HIV/AIDS**, the age-adjusted HIV death rate is lower in San Juan County than it is across the U.S., as is the AIDS incidence rate per 100,000 population.

Among variables relating to **arthritis, osteoporosis, and chronic pain**, the San Juan County prevalence of osteoporosis, sciatica/chronic back pain, and chronic neck pain is more favorable than that reported nationally. Additionally, the proportion of county adults with **activity limitations** is lower than found nationally.

With regard to **respiratory disease**, the San Juan County prevalence of sinusitis is much lower than the national prevalence.

Lastly, the area's **gonorrhea rates** are below the national averages, and condom use is higher in the county when compared to national data (among adults under 65).

Unfavorable Compared to National Benchmarks

However, San Juan County compares unfavorably to national findings in the following regards:

- **Cancer**. San Juan County residents are less likely than adults nationwide to have been screened for colorectal, breast, cervical, and/or prostate cancers.
- **Chronic Pain.** Migraines affect a higher percentage of adults in San Juan County than they do nationwide.
- **Crime**. Survey respondents in San Juan County are more likely than adults nationally to have been victims of a violent crime in the past five years. Also, San Juan County homicide and suicide rates exceed those reported across the U.S.
- **Diabetes**. The San Juan County age-adjusted diabetes death rate exceeds that reported nationally.
- **Environmental Health**. The percentage of residents with mold in the home exceeds the percentage reported across the United States.
- **Heart Disease & Stroke**. The percentage of residents with a recent cholesterol screening is lower than the national figure; among those in San Juan County with high cholesterol levels, the percentage of adults who are taking action to control their levels is less favorable than the national percentage. Additionally, the percentage of residents with at least one cardiovascular risk factor exceeds the percentage reported nationwide.
- **Immunization & Infectious Disease.** The county's prevalence of adults aged 65+ who had a recent flu shot is lower than the prevalence reported across the nation.
- **Injury Control**. Age-adjusted death rates from unintentional injuries (including motor vehicle accidents) are higher in San Juan County when compared with those nationwide. Also, children aged 5 through 16 are less likely than children nationwide to report consistent bike helmet usage.
- **Respiratory Disease**. The local prevalence of adults with nasal/hay fever allergies is higher than the national prevalence. Further, the county's CLRD and pneumonia/influenza age-adjusted death rates exceed those reported nationally.
- **Sexually Transmitted Disease.** The county prevalence of primary/ secondary syphilis, chlamydia, and hepatitis B exceeds that recorded across the nation.

Births

Favorable Compared to National Benchmarks

Regarding maternal, infant, and child health, infant mortality rates are lower than found nationwide. Further, the percentage of low birthweight babies is lower than that reported across the U.S. as well.

Unfavorable Compared to National Benchmarks

- **Prenatal Care**. In San Juan County, a lower proportion of pregnant women receive timely prenatal care (in the first trimester) than nationally.

- **Teen Births**. The rate of teen births in San Juan County exceeds that reported nationally.
- **Unwed Mothers**. Compared to national data, a much higher proportion of San Juan County births are to women who are unmarried.

Modifiable Health Risks

Favorable Compared to National Benchmarks

In comparison to national averages, positive findings relating to modifiable health risk behavior in San Juan County include: higher fruit consumption; a lower prevalence of child overweight; higher levels of physical activity; a lower prevalence of current and binge drinking; less drinking and driving; a lower prevalence of illicit drug use; and a higher proportion of adults seeking professional help for drug and alcohol problems.

Unfavorable Compared to National Benchmarks

In contrast, note the following negative findings:

- **Dental Care**. The proportion of adults with dental insurance and the proportion of children getting routine dental care are both lower than found nationally.
- **Nutrition**. Survey respondents are less likely than adults nationwide to report eating at least three servings of vegetables per day.
- **Overweight**. Overweight residents in San Juan County are less likely than adults nationwide to be trying to lose weight.
- **Smoking Cessation**. Smokers in San Juan County are less likely than their national counterparts to have received advice to quit smoking from a medical professional.
- **Substance Abuse**. Age-adjusted cirrhosis/liver disease death rates are higher in San Juan County when compared with U.S. rates.
- **Vision Care**. The proportion of adults with a recent routine eye exam is below the national average.

Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. Levels for access limitations in San Juan County as a whole are less favorable than the U.S. for most of these items; further, the important analysis is how these barriers impact various subsegments of the population, particularly low-income and Native American residents.

Unfavorable Compared to National Benchmarks

Note the following negative findings in comparison with national benchmarks:

- **Difficulty Accessing Healthcare**. Residents in San Juan County are more likely than adults nationwide to acknowledge having difficulty accessing healthcare in the past year,

including specific issues with transportation, cost as a factor in obtaining appointments and prescriptions, and difficulty obtaining appointments.

- **Healthcare Insurance Coverage**. Adults under 65 are more likely than adults nationwide to be without healthcare coverage. In addition, local Medicare recipients are less likely than adults nationwide to have supplemental coverage. Also, the percentage of adults who went without coverage at some point in the past year is higher than the U.S. figure, and the percentage of survey respondents who indicate that their coverage pays at least part of their prescription medication is lower than the national percentage.
- **Prescription Misuse.** San Juan County residents are more likely than adults nationwide to report skipping or stretching a prescription medication in order to save on costs.
- **Rating of Local Healthcare**. Survey respondents are less likely than adults nationwide to give high ratings of their local healthcare.
- **Routine Checkups**. The prevalence of recent checkups among survey respondents in San Juan County is lower than that reported nationally; the same can be said among the county's children.

Areas Of Opportunity For Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, opportunities for health improvement exist in the area with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity

Death, Disease & Disability

- **ADD/ADHD**
- **Diabetes**
- **Flu Vaccinations**
- **Preventive Screenings**
  - Cancer Screenings
  - Cholesterol Screenings
- **Respiratory Disease**
  - Chronic Lower Respiratory Disease
  - Pneumonia/Influenza
- **Sexually Transmitted Diseases**
- **Unintentional Injury**
  - Bike Helmet Usage (Children)
  - Motor Vehicle Crashes
- **Violent Crime**
  - Homicide
  - Suicide

Maternal, Infant & Child Health

- **Prenatal Care**
- **Teen Births**
- **Unwed Mothers**

Modifiable Health Risks

- **Cirrhosis/Liver Disease**
- **Obesity & Weight Loss**

Access to Healthcare Services

- **Barriers to Accessing Healthcare Services**
  - Lack of Healthcare Insurance Coverage
  - Appointment Availability
  - Cost (Medical Visits & Prescriptions)
  - Transportation
- **Oral Health**
  - Dental Checkups
  - Dental Insurance Coverage
- **Rating of Local Healthcare Services**
- **Routine Checkups** (Adults & Children)

Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem. In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact**. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude**. The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.
- **Seriousness**. The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility**. The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction**. The risk of exacerbating the problem by not addressing at the earliest opportunity.

The following section provides a series of summary tables detailing health indicators for the community.

Summary Tables

The following tables provide an overview of indicators in San Juan County, including individual analyses of the geographic subareas. These data are grouped to correspond with the Focus Areas presented in Healthy People 2010.

Reading the Summary Tables

In the following charts, San Juan County results are shown in the larger, blue column.

The columns to the right of the San Juan County column provide comparisons between San Juan County and any available state and national findings, as well as Healthy People 2010 targets. Again, symbols indicate whether San Juan County compares favorably (☼), unfavorably (▩), or comparably (☁) to these external data.

Access to Healthcare Services	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Lack Health Insurance (Aged 18-64)	24.1	☁ 25.8	▩ 17.7	▩ 0.0
% Medicare Recipients w/Supplemental Coverage	63.7		▩ 77.7	
% Without Coverage in the Past Year	20.0		▩ 10.3	
% Coverage Pays At Least Part of Prescription Meds	87.5		▩ 94.4	
% Difficulty Accessing Healthcare in Past Year	55.5		▩ 42.4	▩ 7.0
% Difficulty Finding Physician in Past Year	14.9		☁ 12.9	
% Difficulty Getting Appointment in Past Year	27.2		▩ 18.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.0		☁ 18.8	
% Transportation Prevented Dr Visit in Past Year	13.8		▩ 8.5	
% Cost Prevented Physician Visit in Past Year	22.1	▩ 16.2	▩ 18.2	
% Cost Prevented Getting Rx in Past Year	24.7		▩ 19.7	
% Skipped Rx Doses to Save Costs	21.8		▩ 17.5	
% Difficulty Getting Child's Healthcare in Past Year	4.9		☁ 7.7	
% Have a Specific Source of Ongoing Care	76.2		☁ 76.8	▩ 96.0
% Have Had Routine Checkup in Past Year	59.2	▩ 63.0	▩ 65.2	
% Child Has Had Checkup in Past Year	77.9		▩ 91.3	
% Gone to ER More Than Once in Past Year	8.3		☁ 10.6	
% Rate Local Healthcare "Excellent/Very Good"	31.9		▩ 47.7	
% Leave San Juan County for Healthcare Service	24.7			
	-blank- no data	☼ favorable	▩ unfavorable	☁ similar

Arthritis, Osteoporosis & Chronic Pain	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Arthritis/Rheumatism	23.2	24.4	24.2	
% Osteoporosis	4.5		6.7	
% Sciatica/Chronic Back Pain	17.7		22.2	
% Migraine/Severe Headaches	20.3		16.8	
% Chronic Neck Pain	9.2		12.5	
	-blank- no data	favorable	unfavorable	similar

Cancer	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
Cancer (Age-Adjusted Death Rate)	155.3	165.1	191.1	159.9
Lung Cancer (Age-Adjusted Death Rate)	39.0	37.4	53.3	44.8
Female Breast Cancer (Age-Adjusted Death Rate)	19.5	23.1	24.6	22.3
% Skin Cancer	5.0		4.6	
% Cancer (Other Than Skin)	5.8		5.8	
% Sigmoid/Colonoscopy Ever (Aged 50+)	51.2	53.9	64.8	50.0
% Blood Stool Test in Past 2 Yrs (Aged 50+)	17.8	23.3	36.5	50.0
% Mammogram in Past 2 Years (Women 40+)	62.2	76.5	74.6	70.0
% Pap Smear in Past 3 Years (Women)	73.0	84.8	81.3	90.0
% Prostate Exam in Past 2 Years (Men 50+)	61.0		73.7	
	-blank- no data	favorable	unfavorable	similar

Diabetes	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
Diabetes Mellitus (Age-Adjusted Death Rate)	36.0	32.0	25.1	15.1
% Diabetes/High Blood Sugar	11.5	7.3	11.1	
% (Diabetics) Taking Insulin/Medication	75.7		84.2	
	-blank- no data	favorable	unfavorable	similar

Disability	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Activity Limitations	18.3	19.3	21.8	
	-blank- no data	favorable	unfavorable	similar

Education & Community-Based Programs	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Attended Health Event in Past Year (Aged 65+)	7.3		13.3	90.0
% Attended Employer-Sponsored Health Event (Employed)	16.0		17.2	75.0
	-blank- no data	favorable	unfavorable	similar

Environmental Health	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Attribute Illness in Past Year to Indoor Air Quality	15.0		19.0	
% Have Mold in the Home	9.9		6.2	
% Attribute Illness in Past Year to Outdoor Air Quality	14.9		12.0	
	-blank- no data	favorable	unfavorable	similar

Family Planning	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% of Births to Unwed Mothers	55.0	51.1	35.8	
% Births to Teenagers	15.4	15.7	10.3	
	-blank- no data	favorable	unfavorable	similar

Heart Disease & Stroke	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
Diseases of the Heart (Age-Adjusted Death Rate)	182.3	183.5	233.1	213.7
Stroke (Age-Adjusted Death Rate)	40.9	40.7	53.2	48.0
% Stroke	4.2	2.3	4.9	
% Blood Pressure Checked in Past 2 Years	93.0		94.5	95.0
% Told Have High Blood Pressure	29.8	22.8	34.0	16.0
% Taking Action to Control High Blood Pressure	88.7		90.9	95.0
% Cholesterol Checked in Past 5 Years	81.7	67.2	87.0	80.0
% Told Have High Cholesterol	27.0	35.2	30.5	17.0
% Taking Action to Control High Blood Cholesterol	69.6		90.4	
% 1+ Cardiovascular Risk Factor	88.5	79.9	85.1	
	-blank- no data	favorable	unfavorable	similar

HIV	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
HIV (Age-Adjusted Death Rate)	0.8	1.8	4.7	0.7
AIDS Incidence/100,000	2.4		17.1	
% Ever Tested for HIV (18+)	50.1		47.2	
	-blank- no data	favorable	unfavorable	similar

Immunization & Infectious Disease	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Flu Shot in Past Yr (Aged 65+)	63.4	68.0	73.2	90.0
% Flu Shot in Past Yr (High-Risk Aged 18-64)	40.8		43.7	60.0
% Pneumonia Vaccine Ever (Aged 65+)	73.3	64.7	69.7	90.0
% Pneumonia Vaccine Ever (High-Risk Aged 18-64)	31.8		36.1	60.0
	-blank- no data	favorable	unfavorable	similar

Injury & Violence	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
Unintentional Injury (Age-Adjusted Death Rate)	78.4	66.4	37.2	17.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	41.5	24.1	15.4	9.2
Homicide (Age-Adjusted Death Rate)	6.5	8.6	6.1	3.0
Suicide (Age-Adjusted Death Rate)	14.7	18.4	10.9	5.0
% "Always" Wear Seat Belt	85.9		83.5	92.0
% Child (Aged 0-4) "Always" Uses Auto Child Restraint	99.7		97.4	100.0
% Child (Aged 5-17) "Always" Uses Seat Belt	94.7		93.0	92.0
% Child (Aged 0-17) "Always" Uses Seat Belt/Car Seat	96.0		94.3	
% Child "Always" Wears Bicycle Helmet (Aged 5-16)	29.4		41.7	
Violent Crime/100,000	194.8	659.3	468.6	
% Victim of Violent Crime in Past 5 Years	6.3		2.4	
	-blank- no data	favorable	unfavorable	similar

Maternal, Child & Infant Health	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% No Prenatal Care in 1st Trimester	43.1	32.1	16.1	10.0
% of Low Birthweight Births	7.6	8.5	8.1	5.0
Infant Death Rate	6.5	6.1	6.9	4.5
	-blank- no data	favorable	unfavorable	similar

Mental Health & Mental Disorders	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% "Fair/Poor" Mental Health	10.2		12.9	
% Major Depression	10.2		9.7	
% Chronic Depression (2+ Years)	28.9		30.3	
% Depressed Persons Seeking Help	49.2		43.0	50.0
% Typical Day Is "Extremely/Very" Stressful	9.2		13.4	
% Child Takes Rx for ADD/ADHD	11.4		6.3	
Alzheimer's Disease (Age-Adjusted Death Rate)	20.0	18.9	21.1	
	-blank- no data	favorable	unfavorable	similar

Nutrition & Overweight	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Eat 5+ Servings of Fruit or Vegetables per Day	42.0		43.5	
% Eat 2+ Servings of Fruit per Day	63.9		58.4	75.0
% Eat 3+ Servings of Vegetables per Day	33.6		38.8	50.0
% Received Advice on Nutrition in Past Year	40.8		38.2	
% Unhealthy Weight (BMI <18.5 or 25+)	66.4	62.0	68.0	40.0
% Overweight	65.1	60.3	67.4	
% Obese	27.1	21.7	29.0	15.0
% Overweights Advised to Lose Weight	28.7	20.4	33.4	
% Overweight Trying to Lose	50.6		62.2	
% Children (Aged 6-17) Overweight	17.2		26.1	
	-blank- no data	favorable	unfavorable	similar

Oral Health	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Have Dental Insurance	52.3		61.7	
% Have Visited Dentist in Past Yr (18+)	59.6		63.5	56.0
% Child (Aged 2-17) Has Visited Dentist in Past Year	78.8		85.1	56.0
	-blank- no data	favorable	unfavorable	similar

Physical Activity & Fitness	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% No Leisure-Time Physical Activity	29.1	23.3	28.8	20.0
% Meeting Physical Activity Recommendations	48.0	51.0	38.5	
% Vigorous Physical Activity	36.1	29.0	28.0	30.0
% Moderate Physical Activity	32.7	37.7	22.6	30.0
% Received Advice on Exercise in Past Year	44.6		42.7	
	-blank- no data	favorable	unfavorable	similar

Physical Health	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% "Fair/Poor" Physical Health	18.2	17.9	17.4	
	-blank- no data	favorable	unfavorable	similar

Respiratory Disease	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
CLRD (Age-Adjusted Death Rate)	55.7	46.4	42.6	
Pneumonia/Influenza (Age-Adjusted Death Rate)	24.6	18.9	21.5	
% Sinusitis	14.4		18.2	
% Nasal/Hay Fever Allergies	38.8		28.4	
% Chronic Lung Disease	11.5		9.9	
% Currently Have Asthma	9.2		8.3	
% Child Has Asthma	7.6		11.4	
	-blank- no data	favorable	unfavorable	similar

Sexually Transmitted Diseases	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
Gonorrhea Incidence/100,000	69.9	79.9	115.1	19.0
Primary & Secondary Syphilis Incidence/100,000	3.2	3.7	2.7	0.2
Chlamydia Incidence/100,000	472.9	475.6	318.8	
Hepatitis B Incidence/100,000	6.6	8.1	2.2	
% 3+ Sexual Partners in the Past Year (18-64)	14.7		10.8	
% Used a Condom During Last Sexual Intercourse (18-64)	45.5		35.1	
% Ever Received Hepatitis B Vaccine	40.3			
	-blank- no data	favorable	unfavorable	similar

Substance Abuse	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	16.4	15.8	9.3	3.0
% Current Drinker	42.0	51.8	52.6	
% Chronic Drinker	3.1	4.3	4.5	
% Binge Drinker	11.7	10.6	17.8	6.0
% Drinking & Driving in Past Month	1.4		3.8	
% Driving Drunk or Riding with Drunk Driver	3.8		8.6	
% Illicit Drug Use in Past Month	1.3		2.9	2.0
% Sought Help for Alcohol or Drug Problem	8.8		5.5	
	-blank- no data	favorable	unfavorable	similar

Tobacco Use	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Current Smoker	21.4	15.1	19.2	12.0
% Received Advice to Quit Smoking (Smokers)	44.3		61.4	
% Have Quit Smoking 1+ Days in Past Year (Smokers)	63.0	56.8	57.0	75.0
% Someone Smokes at Home	13.7		16.3	
% Children <18 Exposed to Smoke at Home	9.9		13.3	
% Use Smokeless Tobacco	5.2		4.0	0.4
% Smoke Cigars	4.9		4.5	2.0
	-blank- no data	favorable	unfavorable	similar

Vision & Hearing	San Juan County	San Juan County vs. Benchmarks		
		vs. NM	vs. US	vs. HP2010
% Eye Exam in Past 2 Years	**46.8**		59.2	
% Blindness/Trouble Seeing	**8.5**		9.1	
% Deafness/Trouble Hearing	**9.9**		11.7	
	-blank- no data	favorable	unfavorable	similar

Priorities Among Focus Group Participants

When asked how they might earmark a hypothetical windfall of money to benefit the community's health, priorities given among focus group participants ranged from recruiting and retaining physicians to community education and serving the growing retirement community. The following highlights the main themes established:

> *"I would say our number-one priority should be to **recruit and retain physicians and healthcare providers**. It is a challenge to get them to come and stay in this area but we have to figure out a way to get it done."* — Healthcare/Social Services Provider
>
> *"I just want to suggest **education on prevention**, because it looks like as we age with all of these severe health issues, there aren't going to be enough physicians, hospital beds, facilities, machinery, and everything else to take care of us. At the schools we are talking about prevention as a way to address things like obesity, and inactivity, and those kinds of things. I think we're all going to experience this shortfall in years to come."* — Community Leader
>
> *"The hospital needs to **recruit more professionals and specialists**. Right now they send Shiprock patients to other hospitals where there are more medical specialists and they don't provide transportation back. There was one resident who was sent to Grand Junction because Albuquerque wasn't available and then he had to find his way back home from there. We need some help in order to eliminate these kinds of situations."* — Provider to the Native American Community
>
> *"Indian Health Services, which is a federal agency and the umbrella agency for the Navajo Nation, doesn't want to deal with San Juan Regional Medical Center because they're a private entity. It is very important for this community that **these two groups [Indian Health Services and SJRMC] get together and discuss the community's healthcare needs**. We are trying to set up a joint meeting with our board and the San Juan Regional Board to discuss these issues and just to get to know each other, but that's still forthcoming."* — Provider to the Native American Community
>
> *"In fact we had an economist who came and spoke to the city council the other day and said something astounding: he said the largest population growth in our community is that of the **retirees** who are moving here. He also said we need to be thinking in terms of what services we're going to provide to this group in our community because they're coming here in large numbers and we aren't ready."* — Business Leader
>
> *"There is a **lack of Navajo interpreters** at the hospital and clinics, making it very difficult for the Navajo people (especially the seniors), to receive and understand their medical care."* — Provider to the Native American Community
>
> *"I was at San Juan Regional with a relative and there were two **Navajo interpreters**; one was a CNA and one was a nurse, yet they didn't know how to speak it, so I had to do it myself and I said okay what's going on here? So even though there are Navajos working there they just don't speak the language. Some of them are willing to interpret as long as they get paid extra to do it. We have a lack of communication at the hospital."* — Provider to the Native American Community
>
> *"I think we would like to see more **transportation services**. A lot of our constituencies do not go for check-ups or for medical problems simply because of lack of transportation. We'd like to see some type of transportation system to service the border town areas."* — Provider to the Native American Community
>
> *"There is a need for **inpatient facilities for behavioral health** – whether it be treatment centers or halfway houses – throughout the community because they just don't have the transportation or the money to come into town for services."* — Healthcare/Social Services Provider
>
> *"I'd like to see more **walk-in health clinics**. They should not be centralized in Farmington. They need to be strategically located out in the surrounding areas."* — Community Leader
>
> *"I think we need **more healthcare providers** and not only physicians but other licensed professionals and technicians. Apparently there's going to be a shortage of doctors nationwide so we have to do something to bridge this gap now. This is why I think we need to recruit more nurse practitioners and or PA's, people who can at least give some medical advice and treatment."* — Community Leader

*"I would include **recruitment/retention of physicians and licensed technicians** because once we get them here, we have to keep them here. I will tell you in Farmington it is a challenge to get them here and keep them here. If you're in a smaller community than Farmington (like Carlsbad, New Mexico), it is very tough because Carlsbad has lost most of their retail shopping and it's hard to keep the spouse happy, not the physicians. They physicians are just working here."* — Business Leader

*"I would like to see an increase in **community-based educational programs**. Offer classes in parenting, financial, family time-management, diabetes, nutrition and wellness. I think what they're calling this now is family wellness, and family wellness really entails everything we mentioned, including financial education."* — Business Leader

*"Recently I was a patient at the Mayo Clinic in Phoenix and was very surprised by how good we are in comparison with that facility. I think we should rec**ognize and applaud the excellent care offered at San Juan Regional Medical Center**, and continue to support the growth and the expansion of the center itself. The new cancer radiation part of the cancer center is going to open in August, and it is going to be great. We also have a very recognizable oncologist in charge of it. But on the other hand we're short in getting diagnostic and follow-up treatment because of our physician shortage."* — Business Leader

*"A big need I'm seeing more for is the need for an **inpatient hospice facility** due to the increase in the terminally-ill population. Right now I contract with some of the local long-term care facilities but those beds are limited. What we need is actually an area for a hospice house. I'm hearing this request from my Navajo population, who live way out of town, so the hospice at Two Grey Hills is not feasible. I'm thinking of a facility closer to Shiprock where the need is greater."* — Healthcare/Social Services Provider

*"I still say **transportation** is a priority: reliable, affordable transportation to allow the people to get back and forth to the facilities. This needs to include the ability to handle accommodations for the handicapped."* — Healthcare/Social Services Provider

*"I think one thing for the hospital to do is to **facilitate networking within the community**. I think this is something the hospital could really take a lead on; getting groups together, people together with similar issues, and gathering information about what is going on in the community and sharing this information with each other. This could be a great service to the community because they can decide how to disseminate this information out into the community."* — Healthcare/Social Services Provider

*"It seems to me that we, as **healthcare and social service providers, should be meeting more often** to discuss how we can help this community with all of the issues discussed here today. It is a lot easier once we get to know each other to grab that phone and make the call to help one of our consumers."* — Healthcare/Social Services Provider

Special Focus: Native American Residents

From the various focus groups, some specific concerns emerged for Native American residents of San Juan County. Among these were:

- Alcoholism/Drinking & Driving
- Assisted Living
- Diabetes
- Environmental Health
- Lack of Representation in Healthcare Fields
- Lack of Transportation
- Methamphetamine Use

Physical Health Status

Self-Reported Health Status

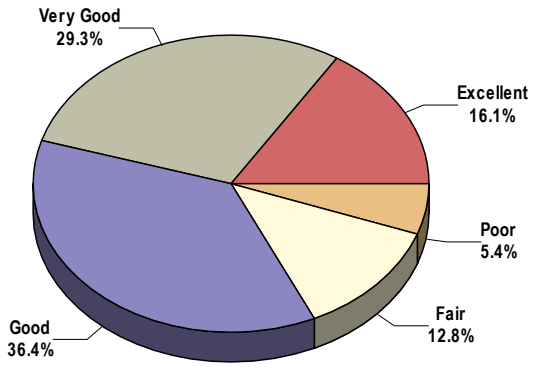
The initial inquiry of the 2008 PRC Community Health Survey asked respondents the following: "*Would you say that in general your health is: excellent, very good, good, fair or poor?*"

A large share of San Juan County adults (45.4%) rate their overall physical health as "excellent" or "very good."

- Another 36.4% of survey respondents gave "good" ratings of their overall health.

Self-Reported Health Status

(San Juan County, 2008)

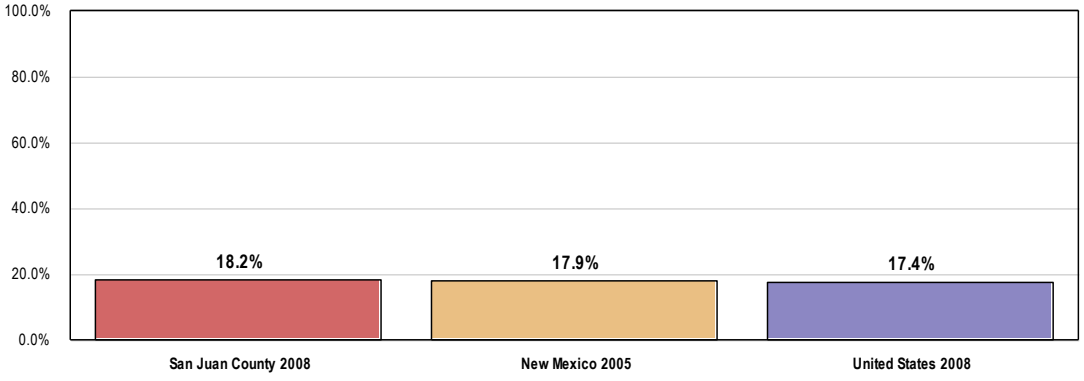


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item]5
Note: • Asked of all respondents.

In contrast, 18.2% of adults believe that their overall health is "fair" or "poor."

- Similar to New Mexico findings (17.9% "fair/poor").
- Similar to the national percentage (17.4% "fair/poor").

Experience "Fair" or "Poor" Overall Health



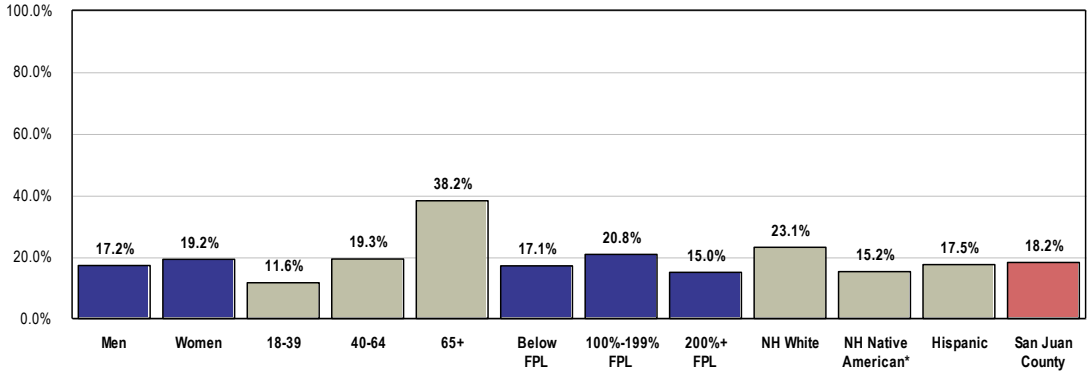
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item]5
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics. San Juan County adults more likely to report experiencing "fair" or "poor" overall health include:

- Residents aged 65 and older.
- Whites (note that White and Native American classifications are non-Hispanic race categorizations).

Experience "Fair" or "Poor" Overall Health

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 5]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. *Mental disorders* are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders…

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined … that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [*Global Burden of Disease* study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the U.S.—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups…

- Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders…[however], the majority of persons with mental disorders do not receive mental health services.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals…Having both mental and addictive disorders…is a particularly significant clinical treatment issue, complicating treatment for each disorder…

- There is increasing awareness and concern in the public health sector regarding the impact of stress, its prevention and treatment, and the need for enhanced coping skills…
- Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

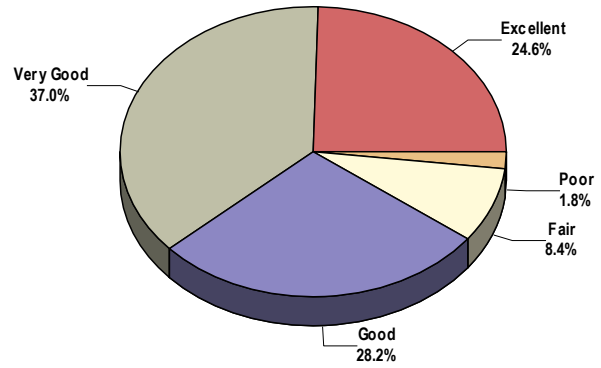
Self-Reported Mental Health Status

More than 6 in 10 San Juan County adults (61.6%) rate their overall mental health as "excellent" or "very good."

- Another 28.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(San Juan County, 2008)

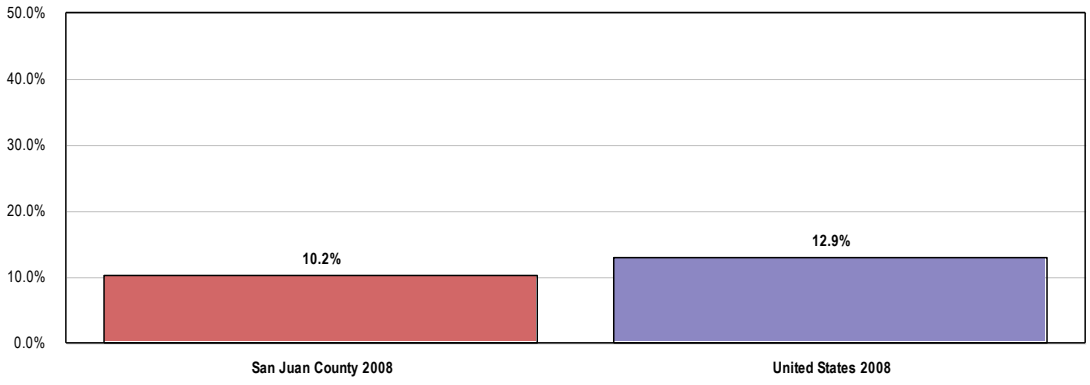


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 11]2
Note: • Asked of all respondents.

However, 10.2% of adults believe that their overall mental health is "fair" or "poor."

- Statistically similar to the 12.9% "fair/poor" reported across the nation.

Experience "Fair" or "Poor" Mental Health



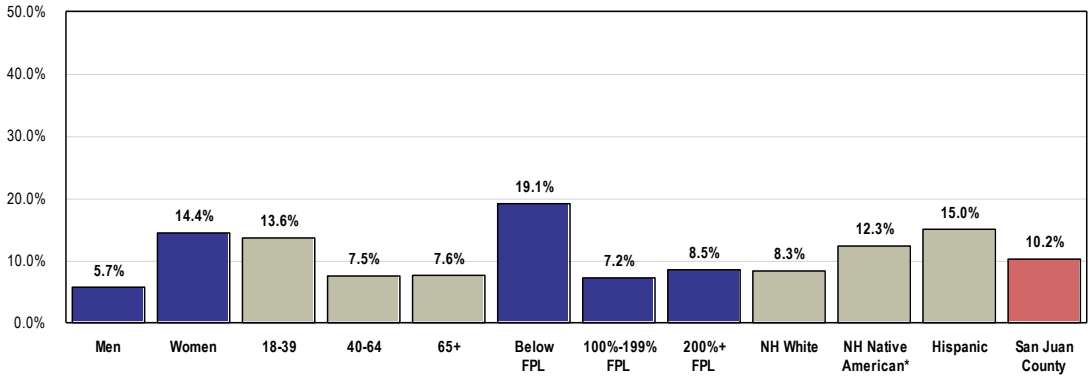
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 11]2
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" mental health include:

- Women.
- Adults under 40.
- Hispanics.
- *Note that, due to the relatively small sample size of those living below poverty, the comparatively high proportion found for this segment is not statistically significant.*

Experience "Fair" or "Poor" Mental Health

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 112]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

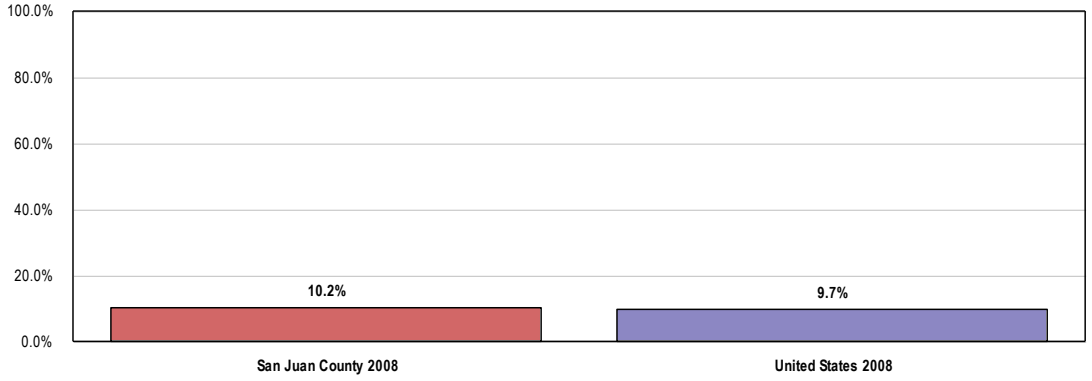
Depression

Major Depression

Across San Juan County, 10.2% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

- Statistically similar to national findings (9.7%).

Prevalence of Major Depression



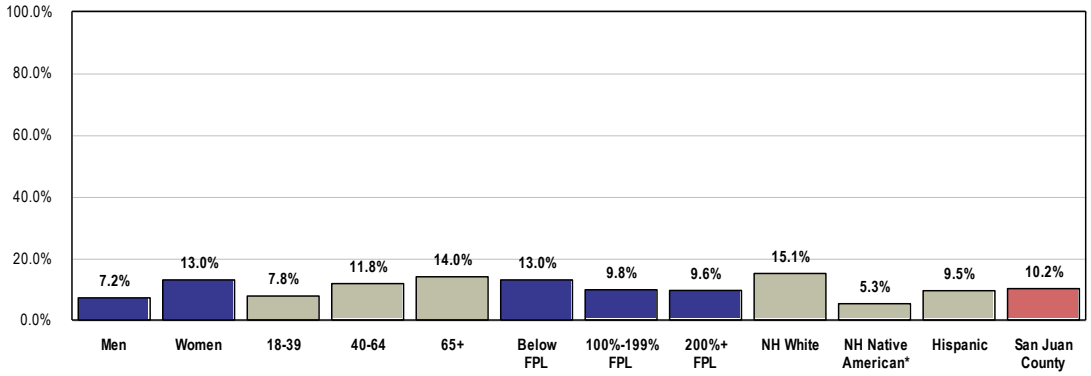
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 35
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

By key demographic characteristics, note the following findings:

- Women report a higher prevalence of major depression than do men.
- Adults aged 40+ more often report a diagnosis of major depression than younger adults.
- White respondents report higher prevalence than Native American or Hispanic respondents.

Prevalence of Major Depression

(San Juan County, 2008)



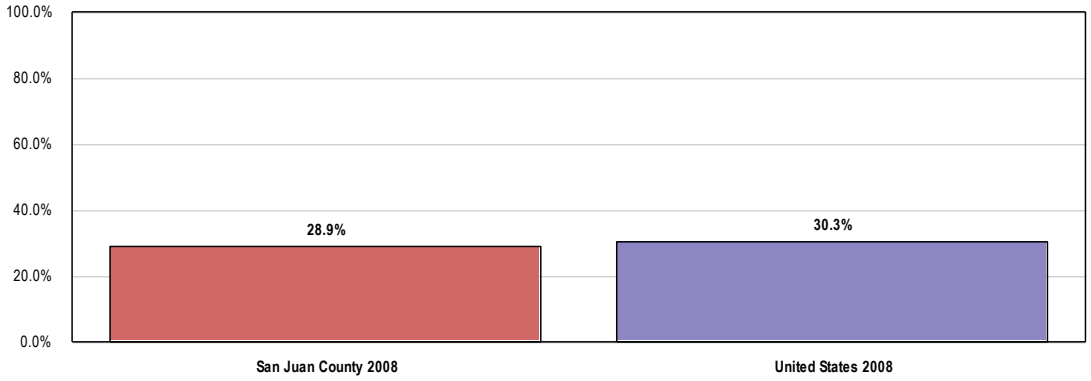
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 35]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Chronic Depression

Nearly 3 in 10 San Juan County adults (28.9%) report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Statistically similar to the national findings (30.3%).

Have Experienced Symptoms of Chronic Depression

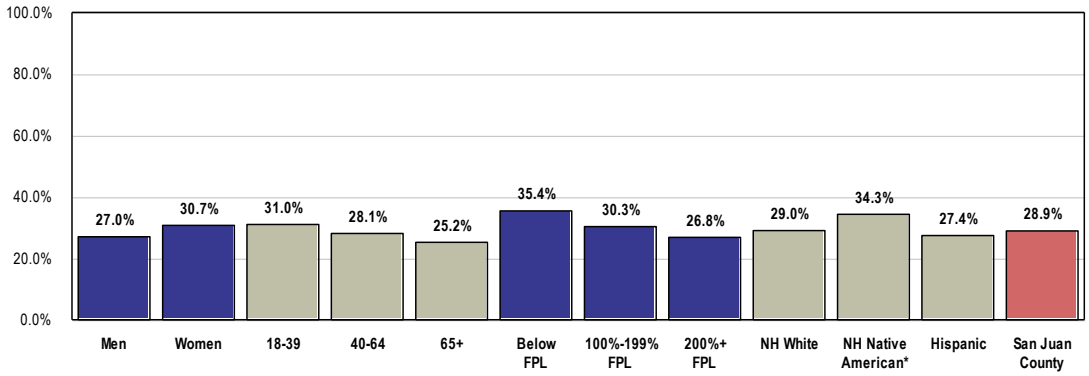


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 113]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

- The following chart illustrates differences found among key demographic groups. Note that none of the differences is statistically significant.

Have Experienced Symptoms of Chronic Depression

(San Juan County, 2008)



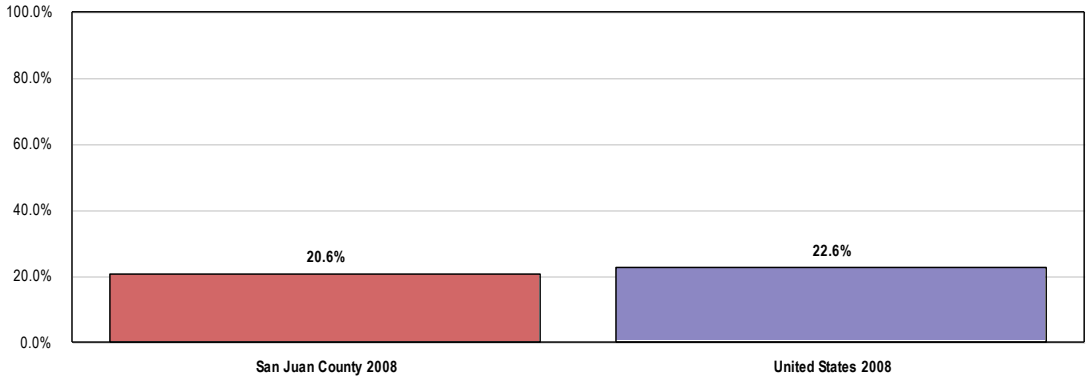
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 113]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level, based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Mental Health Treatment

Among San Juan County respondents, 20.6% acknowledge that they have sought professional help for a mental or emotional problem.

- Comparable to national findings (22.6%).

Have Sought Professional Help With a Mental or Emotional Problem

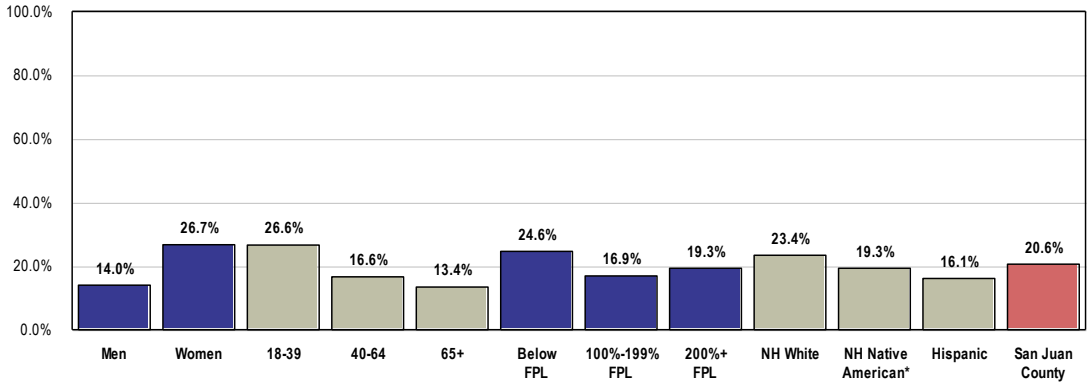


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 115]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

- Adults *less* likely to have sought professional help for a mental issue include men, adults aged 40 and older, and Hispanics.

Have Sought Professional Help With a Mental or Emotional Problem

(San Juan County, 2008)



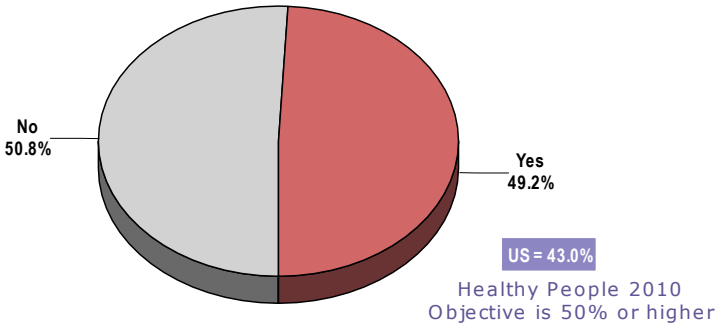
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 115]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Among San Juan County respondents with recognized depression, 49.2% acknowledge that they have sought professional help for a mental or emotional problem.

- Comparable to national findings (43.0%).
- Comparable to the Healthy People 2010 objective of 50% or higher among adults with recognized depression.

Have Sought Professional Help With a Mental or Emotional Problem

(Among Respondents With Recognized Depression; San Juan County, 2008)



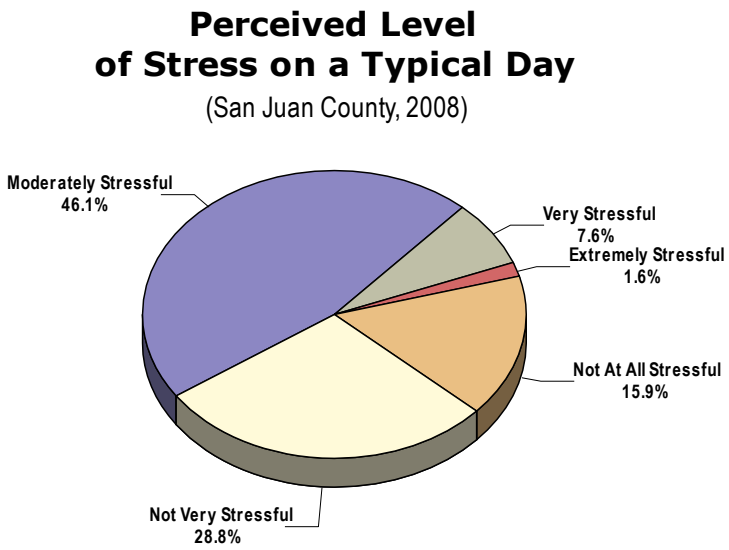
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 108
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-9b]
Note: • Reflects respondents who have been diagnosed with major depression or who have experienced two or more years of depression at some point in their lives.

(Related Issue: see also "Substance Abuse.")

Stress

A large share (44.7%) of San Juan County adults say their level of stress on a typical day is "not very stressful" (28.8%) or "not at all stressful" (15.9%).

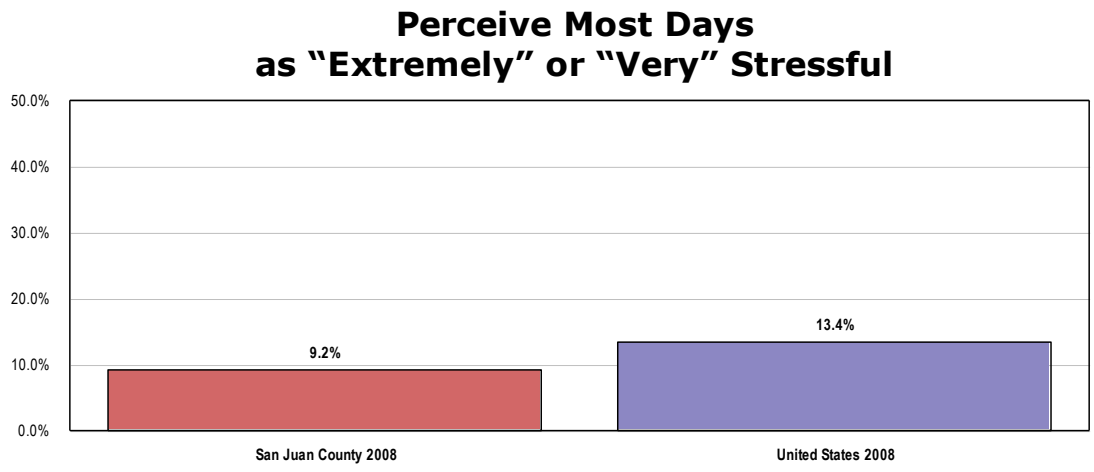
- Another 46.1% report "moderately stressful" typical days.



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 114]
Note: • Asked of all respondents.

In contrast, 9.2% say their typical day is "extremely" or "very" stressful.

- More favorable than national data (13.4%).

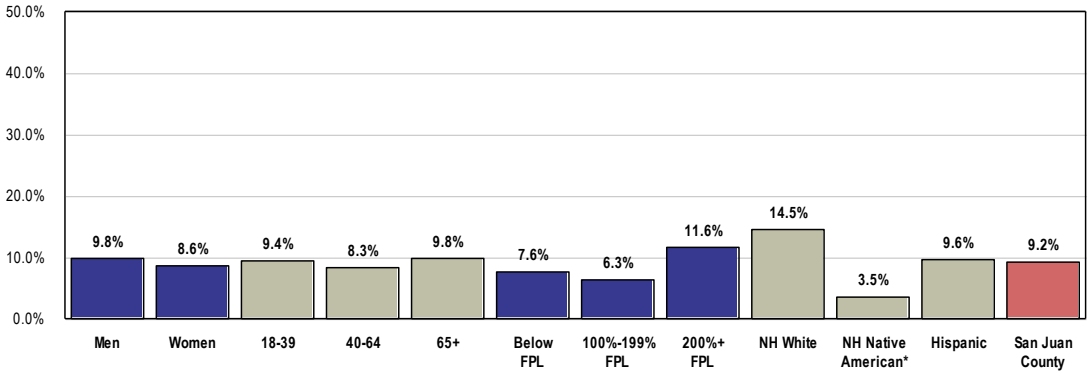


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 114]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

- White respondents and residents living at 200% or more of the federal poverty level are more likely to perceive their days to be "extremely/very stressful."

Perceive Most Days as "Extremely" or "Very" Stressful

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 114]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• Percentages represent combined "extremely stressful" and "very stressful" responses.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

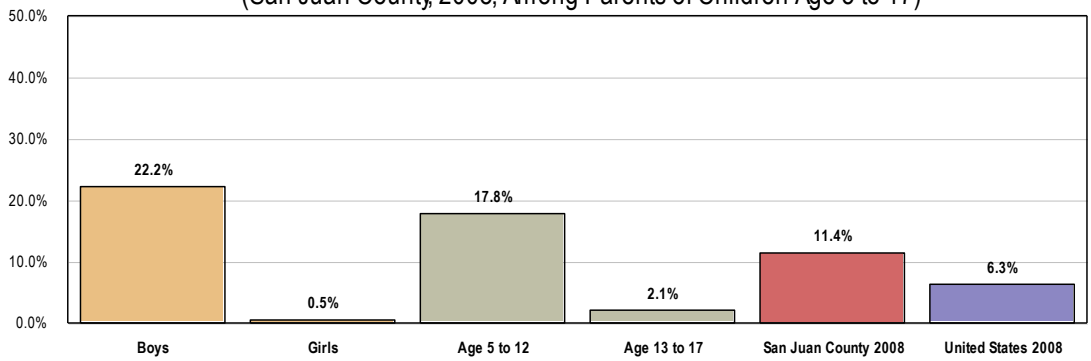
Children & ADD/ADHD

A total of 11.4% of San Juan County children take medication for Attention-Deficit/ Hyperactivity disorder.

- Much higher than national findings (6.3%).
- Notably higher among San Juan County boys (22.2%) than girls (0.5%).
- Much lower among San Juan County teens when compared with children under 13.

Child Takes Medication for ADD/ADHD

(San Juan County, 2008; Among Parents of Children Age 5 to 17)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 131
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents with children aged 5 through 17 at home.
• "ADD/ADHD" refers to "Attention-Deficit Disorder" and "Attention-Deficit/Hyperactivity Disorder."

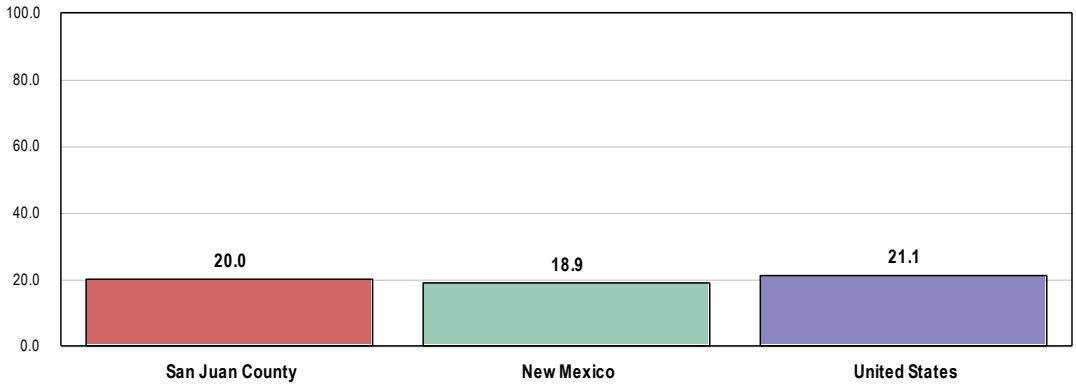
Alzheimer's Disease

Between 2003 and 2005, the age-adjusted mortality rate due to Alzheimer's disease was 20.0 per 100,000 population in San Juan County.

- Less favorable than the 18.9 rate reported across New Mexico.
- More favorable than the 21.1 rate reported nationwide.

Age-Adjusted Mortality: Alzheimer's Disease

(2003-2005 Annual Average Deaths per 100,000 Population)

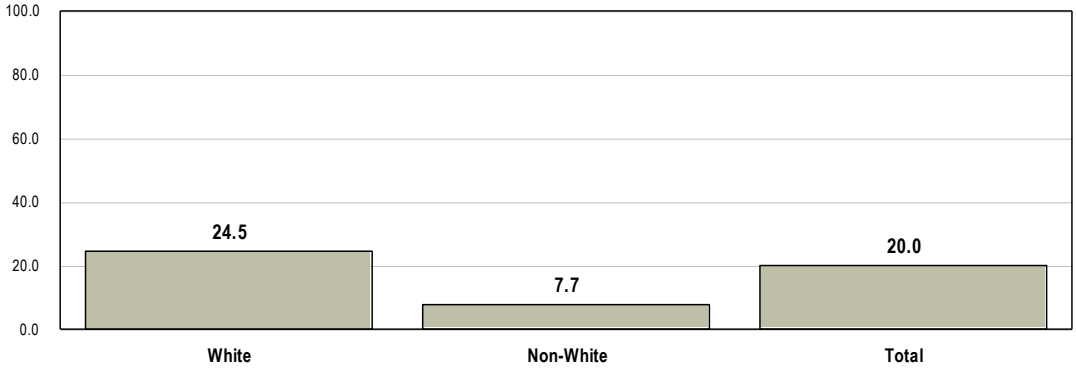


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted May 2008.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, Alzheimer's disease mortality is more prevalent among Whites in San Juan County.

Age-Adjusted Mortality: Alzheimer's Disease

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)

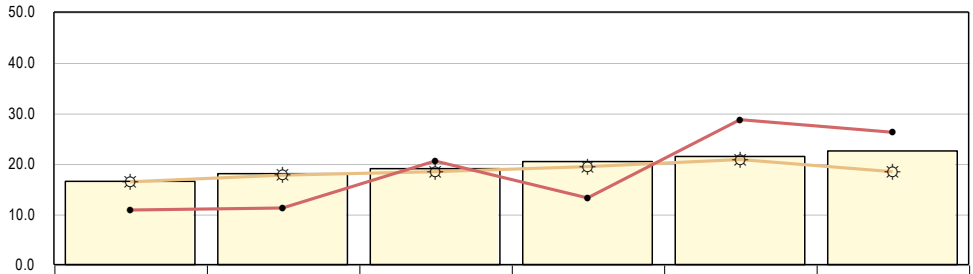


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The vast majority of Non-White deaths are attributed to Native Americans.

- Age-adjusted Alzheimer's disease mortality rates ranged from 10.8 to 28.7 in recent years; state- and nationwide, an increasing trend is apparent.

Age-Adjusted Mortality: Alzheimer's Disease

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004
San Juan County	10.8	11.2	20.5	13.2	28.7	26.2
New Mexico	16.4	17.7	18.4	19.4	20.8	18.4
United States	16.5	18.0	19.0	20.4	21.4	22.5

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Related Focus Group Findings

A lot of time was spent discussing the lack of a residential mental health treatment center in the community for adults. Also, the subjects of mental health and substance abuse are ones that overlapped often during discussions.

> *"We have a residential treatment center for adolescence. But what I find most lacking is a residential treatment center for adults. Probably somewhere between three to five percent of the adult population who are in need of assistance have serious illness. One percent is going to be schizophrenic. Two percent are going to have bipolar disorder that is true bipolar disorder. And then another two percent catch-all for other areas; head injuries, mental retardation, whatever. And we don't have a place to actively keep these people engaged at a level that's acceptable to their mental function. It's really needed because without them being involved, the substance use and other problems are going to continue to play havoc with their lives."* — Physician
>
> *"There aren't that many residential treatments centers for adults with severe and persistent mental illness; places for people to live who have serious mental illnesses where they can be engaged and kept busy."* — Physician
>
> *"It seems that one of the primary reasons for admissions to the local psychiatric hospital is suicidal attempts or thoughts of attempting to commit suicide. I just don't know how the rate compares to the rest of the United States."* — Physician
>
> *"Having been in law enforcement, something I'd like to see is a psychiatric treatment facility here in the county. The psychiatric patients are generally shipped to Las Vegas. We also need a juvenile psychiatric treatment center here. Right now we have limited beds available up at the assessment center. They have a doctor who comes in and they can be seen, but it's tough to follow up with any type of treatment. They reserve the beds for the most severe needs, but there's a full spectrum of mental health problems that are not being dealt with at all."* — Community Leader
>
> *"I have a son with autism. When we came to this area we couldn't find any support groups or services to assist us with this problem. It's very difficult to get information, to know the resources, to know the rules which are very different from state to state. It's taken us about four years to even get our bearings, to even know how to proceed to network within the system and to get any kind of services in the future for my son. It seems anyone with any special medical problems has to travel to Albuquerque to get services."* — Healthcare/Social Services Provider

"There aren't any treatment places for teens here; however, the hospital hired a child psychiatrist so there is now treatment for child psychiatry. This is not enough because when our kids have a mental health issue like suicide, they're taken to the ER where they have to wait for seven, eight hours before they're seen. After they are seen they are sent to Albuquerque for care, which is a three-hour drive, and once the patients are sent back to us we don't have the providers available to follow up with the care." — Healthcare/Social Services Provider

"Our program, Presbyterian Medical Services, opened a residential inpatient treatment center about four years ago for adolescents. We have 15 beds and a waiting list, but they can never keep the 15 in there because they don't have enough providers for one-on-one treatment. The lack of providers is a huge issue here. It seems that we have the facilities in place, but not enough providers. Maybe we are going have doctors come here from Albuquerque once a week to treat these patients until we can recruit more providers." — Healthcare/Social Services Provider

"Another area that is a problem for this community is mental health. We just don't have enough services and there are a lot of people falling through the cracks because they can't get treatment. We don't have enough psychologists or psychiatrists in our area, especially for substance abuse treatment." — Business Leader

"We've had some of the mental health patients who have gone through detox and protective custody 300 or 400 times. That's because we're not addressing the real problems and dual diagnoses of mental and physical problems. Some of them have chronic health problems, like diabetes, kidney failure and also mental health issues. If they are veterans we're able to diagnosis them, get them into treatment, and send them to California to two long-term treatment centers that do not charge this community one dime, so it's a real benefit for this community. All we have to do is pay the one-way bus ticket out and if they're successful, pay the bus ticket back. We have very few failures, only about eleven percent. The problem is that we don't have the transitional housing for those folks when they come back, so they don't have to go back to the same environment. It has been a battle, but the hospital I believe now has two psychiatrists." — Business Leader

"Four Winds is a detox treatment center with 12 beds; but they also can handle people in protective custody. We are going to be able to have diagnostic evaluations, plus prescriptions. We are building a facility to have physician assistants examine our street population without having them to go into the emergency room or some other healthcare facility. It's really going to take the burden and expense off of these facilities. We are partnering with Presbyterian Medical Services." — Business Leader

"We put a lot of time and energy into the development of the juvenile assessment center. It is designed to assess all needs of the juvenile, but particularly if they have substance abuse and underlying mental health issues. I don't know how many have fallen through the cracks on the juvenile side, but I'll tell you we're doing a whole lot better on the juvenile side than we are on the adult side. We also have a youth residential treatment center with 15 beds and a child psychiatrist." — Business Leader

Leading Causes Of Death

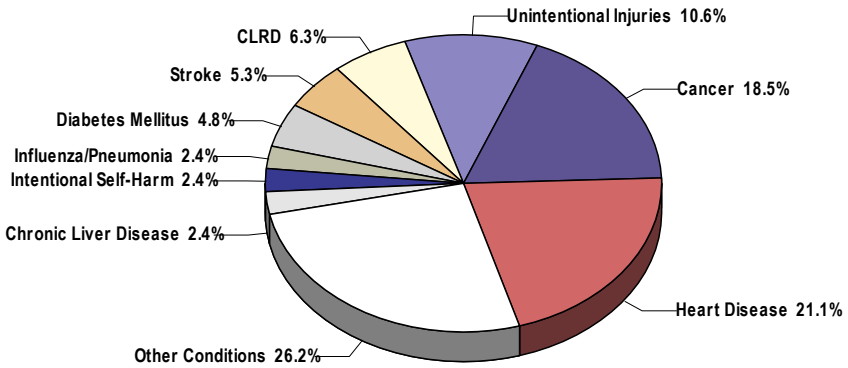
Leading Causes of Death

Together, heart disease (21.1%) and cancers (18.5%) account for 4 in 10 deaths in San Juan County (2005 data).

- Other leading causes of death include **unintentional injuries** (10.6% of total deaths), **chronic lower respiratory disease or CLRD** (6.3%), **stroke** (5.3%), and **diabetes mellitus** (4.8%).

Leading Causes of Death

(San Juan County, 2005)



Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Age-Adjusted Death Rates for All Causes

In order to compare mortality in San Juan County with other localities (in this case, New Mexico and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

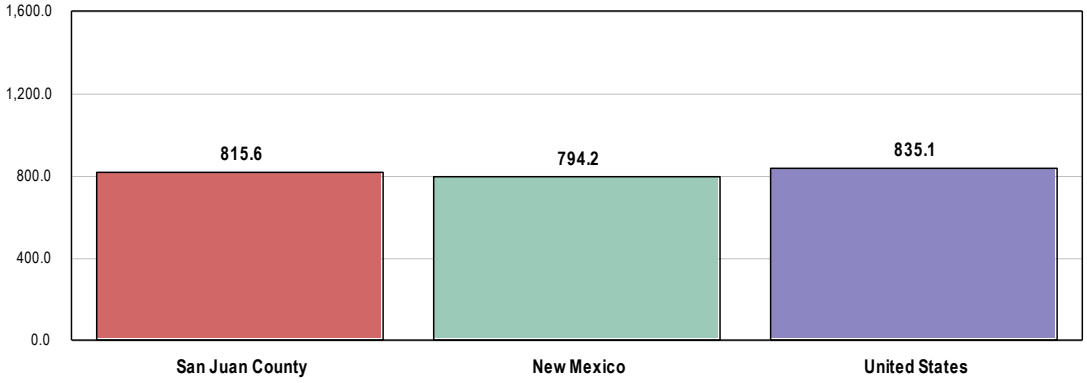
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2010* targets.

In San Juan County, the 2003-2005 annual average age-adjusted death rate (for all causes) was 815.6 deaths per 100,000 population.

- Higher than the New Mexico mortality rate for all causes (794.2).
- Lower than the United States mortality rate for all causes (835.1).

Age-Adjusted Mortality: All Causes

(2003-2005 Annual Average Deaths per 100,000 Population)



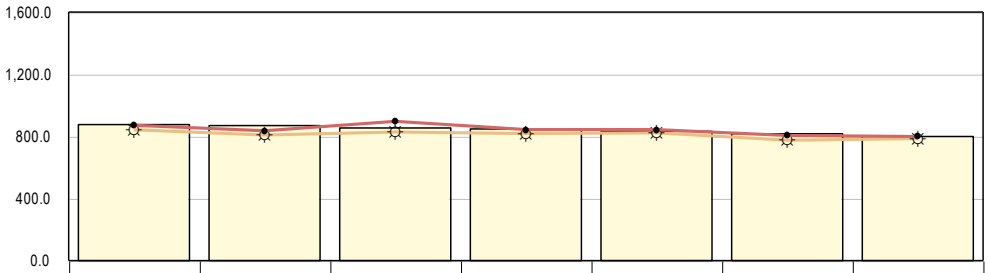
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Age-adjusted death rates (for all causes) have declined in recent years, mirroring trends seen across New Mexico and the U.S. overall.

Age-Adjusted Mortality: All Causes

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	871.7	836.0	896.2	843.8	843.2	805.9	799.1
New Mexico	842.2	808.6	827.7	818.0	823.0	775.4	785.3
United States	875.7	869.0	853.9	847.6	832.3	816.5	798.8

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2003-2005 annual average age-adjusted death rates per 100,000 population for selected causes of death in San Juan County. Note the following comparisons:

- Death rates were similar or better than New Mexico and U.S. rates for cancer (including female breast cancer and lung cancer), heart disease, stroke and HIV.
- However, San Juan County death rates compared unfavorably to the nation for the following:
  - Diabetes
  - Unintentional Injuries [including Motor Vehicle Accidents]
  - Suicide
  - Homicide
  - CLRD
  - Pneumonia/Influenza
  - Liver Disease/Cirrhosis
- San Juan County death rates failed to meet the available Healthy People 2010 objectives for all of the selected causes, with the exceptions of **heart disease**, **stroke** and **cancer**.

Age-Adjusted Death Rates for Selected Causes

(2003-2005 Annual Average Deaths per 100,000 Population)

	San Juan County	New Mexico	United States	HP2010
Diseases of the Heart	182.3	183.5	233.1	213.7*
Malignant Neoplasms (Cancers)	155.3	165.1	191.1	159.9
Unintentional Injuries (Accidents)	78.4	66.4	37.2	17.5
Chronic Lower Respiratory Diseases	55.7	46.4	42.6	
Motor Vehicle Accidents	41.5	24.1	15.4	9.2
Cerebrovascular Disease (Stroke)	40.9	40.7	53.2	48.0
Diabetes Mellitus	36.0	32.0	25.1	15.1*
Influenza/Pneumonia	24.6	18.9	21.5	
Alzheimer's Disease	20.0	18.9	21.1	
Liver Disease/Cirrhosis	16.4	15.8	9.3	3.0
Intentional Self-Harm (Suicide)	14.7	18.4	10.9	5.0
Homicide/Legal Intervention	6.5	8.6	6.1	3.0
HIV	0.8	1.8	4.7	0.7

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

(For infant mortality data, see also "Maternal, Infant & Child Health.")

Cardiovascular Disease

Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States, accounting for more than 40% of all deaths.

- About 950,000 Americans die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million Americans (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the U.S. healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was $300 billion: for heart disease the cost was $105 billion; for stroke, $28 billion. Lost productivity due to stroke and heart disease cost more than $129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease

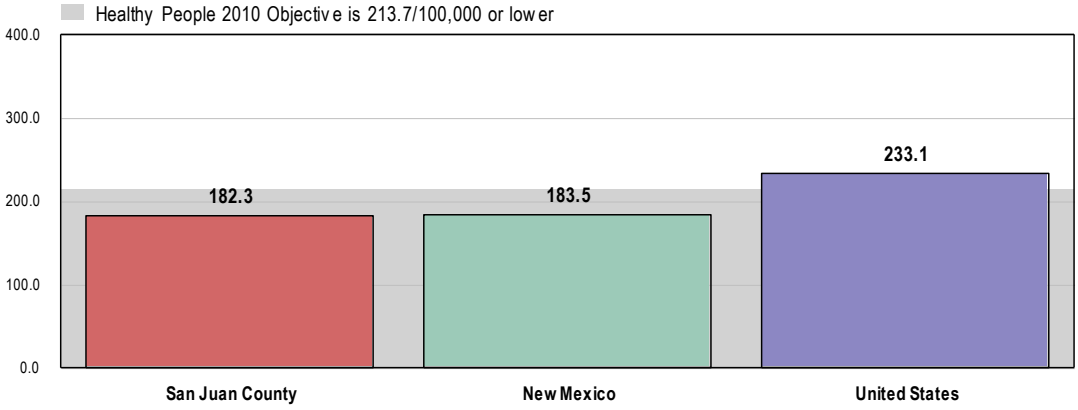
The greatest share of cardiovascular deaths is attributed to heart disease.

The San Juan County annual average age-adjusted heart disease death rate for 2003-2005 was 182.3 deaths per 100,000 population.

- Similar to the New Mexico rate (183.5 deaths per 100,000 population).
- Below the U.S. rate (233.1).
- Satisfies the adjusted Healthy People 2010 objective of 213.7 per 100,000 or lower.

Age-Adjusted Mortality: Heart Disease

(2003-2005 Annual Average Deaths per 100,000 Population)



Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office,Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000.

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

Viewed by race, heart disease mortality rates in San Juan County are higher among Whites (188.0/100,000) than among Non-Whites (166.7 per 100,000).

Note that the vast majority of Non-White deaths are among Native Americans in San Juan County.

Age-Adjusted Mortality: Heart Disease

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)

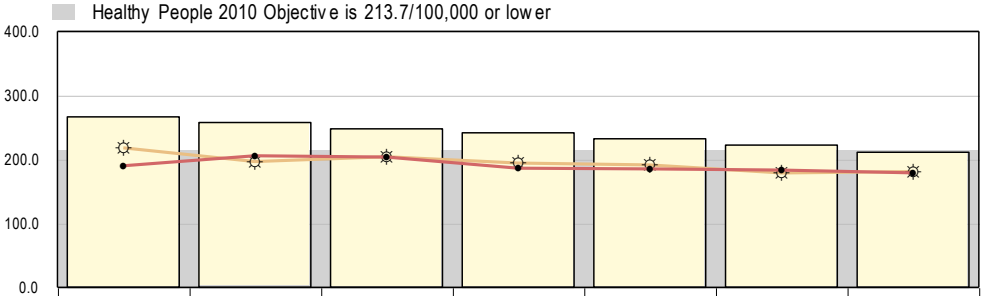
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].
- The vast majority of Non-White deaths are attributed to Native Americans.

- Heart disease death rates have decreased steadily in recent years in San Juan County (despite a marginal increase in 2000); this downward trend is also evident across New Mexico and the nation as a whole.

Age-Adjusted Mortality: Heart Disease

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	189.9	205.5	203.5	186.2	185.1	183.2	178.9
New Mexico	218.0	196.6	204.0	194.2	191.3	178.7	180.8
United States	266.4	257.6	247.6	241.5	232.2	222.2	211.1

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DUCS. Government Printing Office, November 2000.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart [Objective 12-1].

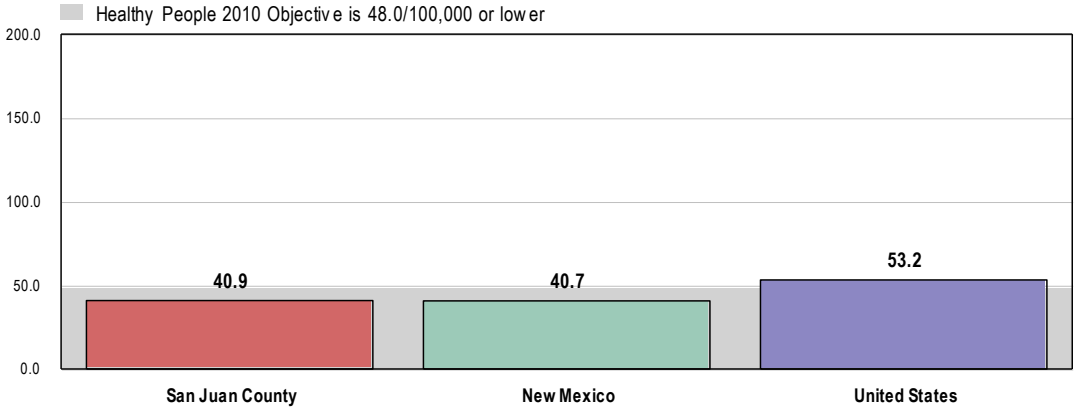
Stroke Deaths

The 2003-2005 San Juan County annual average age-adjusted death rate for stroke (cerebrovascular disease) was 40.9 deaths per 100,000 population.

- Nearly identical to the statewide rate (40.7 deaths per 100,000 population).
- Lower than the U.S. rate (53.2).
- Satisfies the Healthy People 2010 objective of 48.0 per 100,000 or lower.

Age-Adjusted Mortality: Stroke

(2003-2005 Deaths per 100,000 Population)



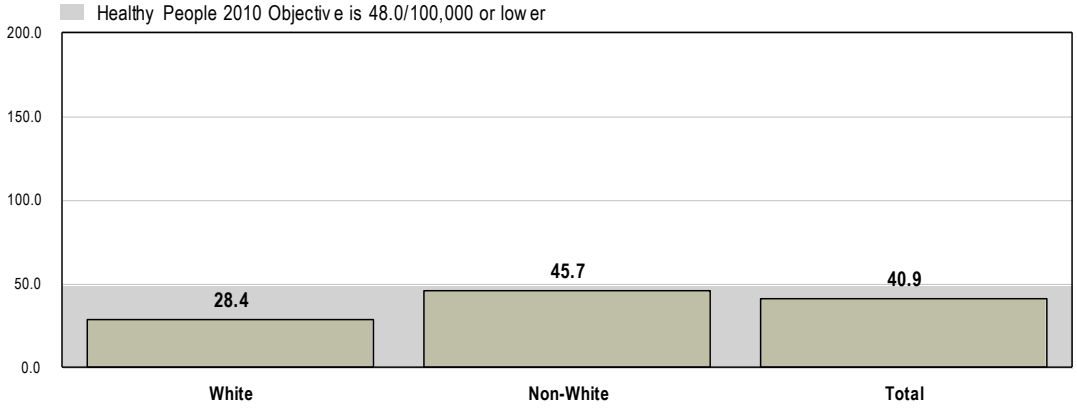
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DUCS. Government Printing Office, November 2000. [Objective 12-7]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Non-Whites in San Juan County experience a much-higher age-adjusted stroke mortality rate than do Whites (45.7 vs. 28.4, respectively).

Age-Adjusted Mortality: Stroke

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)

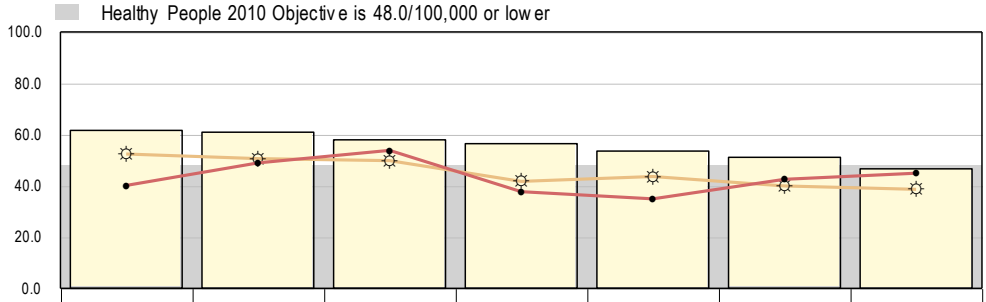


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-7]
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

San Juan County age-adjusted death rates for stroke (cerebrovascular disease) have not followed a consistent trend over the past several years. Steady declines in stroke mortality are seen across New Mexico and the U.S. overall for this time frame.

Age-Adjusted Mortality: Stroke

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	40.1	48.9	53.8	37.7	34.9	42.5	44.9
New Mexico	52.4	50.6	49.8	41.7	43.6	39.9	38.6
United States	61.6	60.9	57.9	56.4	53.5	51.1	46.6

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000 [Objective 12-7]
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Prevalence of Heart Disease

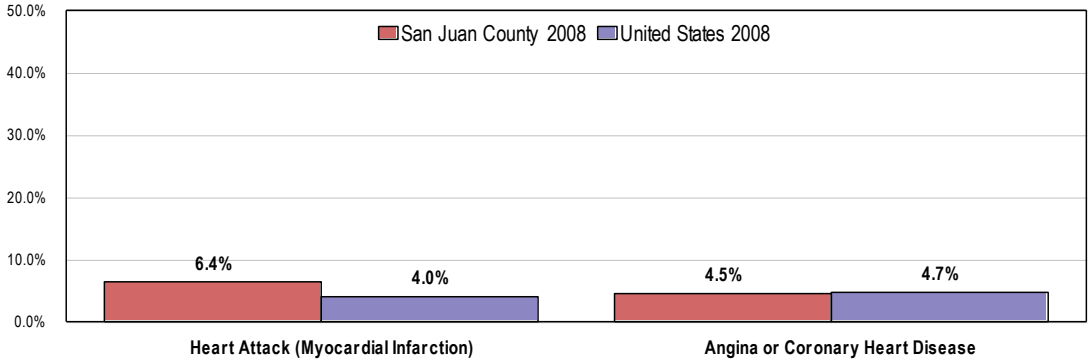
A total of 6.4% of surveyed San Juan County adults report that they have experienced a heart attack or myocardial infarction.

- Less favorable than the 4.0% reported nationally.

Another 4.5% of survey respondents report that they suffer from angina or coronary heart disease.

- Similar to the U.S. findings (4.7%).

Self-Reported Prevalence of Heart Conditions



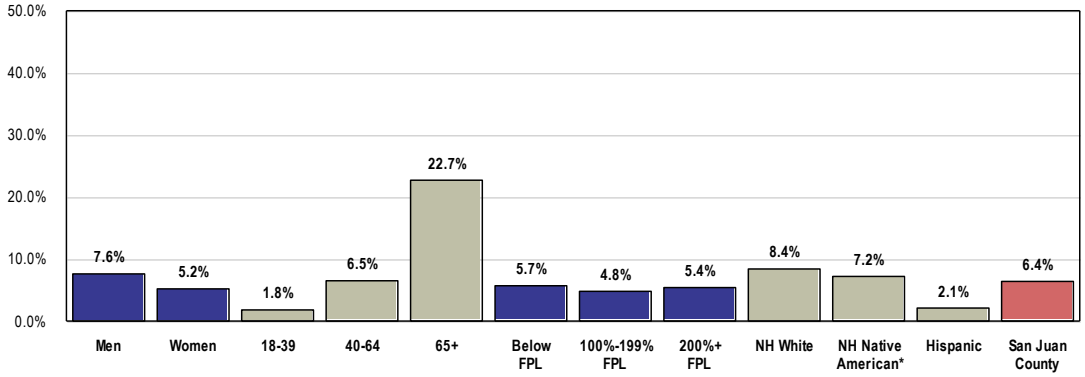
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 40-41
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Adults more likely to have been diagnosed with a heart attack include:

- Adults aged 65 and older.
- White respondents, when compared with Hispanics.

Self-Reported Prevalence of Heart Attack

(San Juan County, 2008)



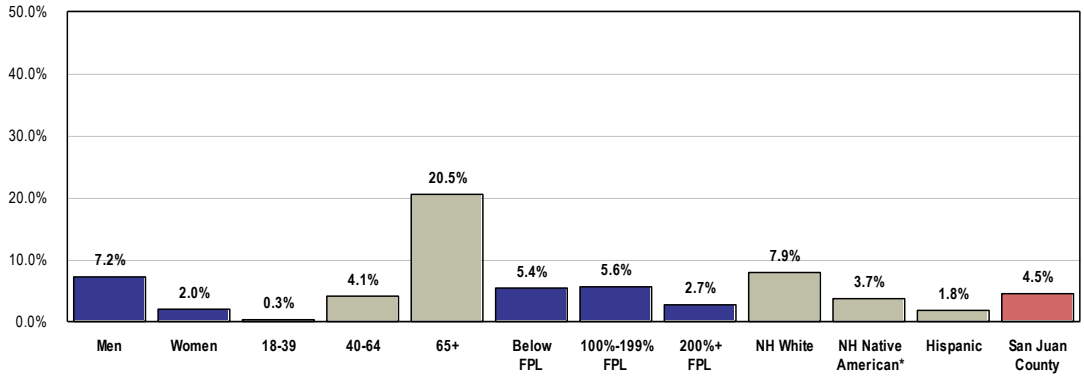
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 40]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Adults more likely to suffer from angina or coronary heart disease include:

- Men.
- Adults aged 65 and older.
- White respondents.

Self-Reported Prevalence of Angina or Coronary Heart Disease

(San Juan County, 2008)



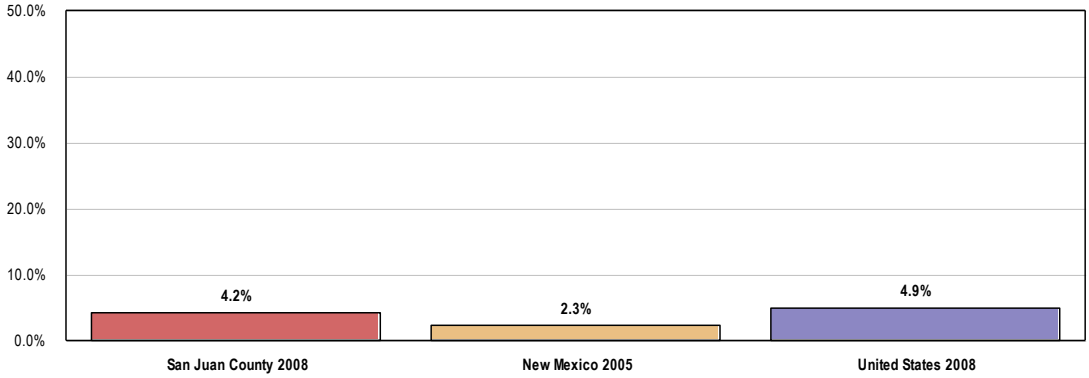
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 41]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Prevalence of Stroke

A total of 4.2% of surveyed San Juan County adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Less favorable than statewide findings (2.3%).
- Similar to national findings (4.9%).
- Note: Among San Juan County residents aged 65 and older, 13.7% have had a stroke.

Self-Reported Prevalence of Stroke



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 42]
• 2008 PRC National Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
Note: • Asked of all respondents.

Hypertension (High Blood Pressure)

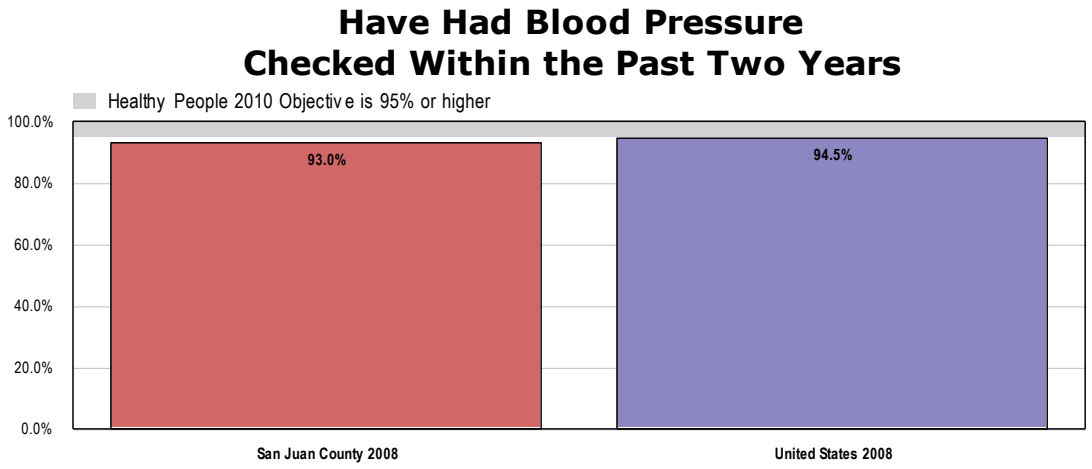
High blood pressure is known as the "silent killer" and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

High Blood Pressure Testing

93.0% of San Juan County adults have had their blood pressure tested within the past two years.

- Similar to national findings (94.5%).
- Fails to satisfy the Healthy People 2010 target (95% or higher).



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 50
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-12]

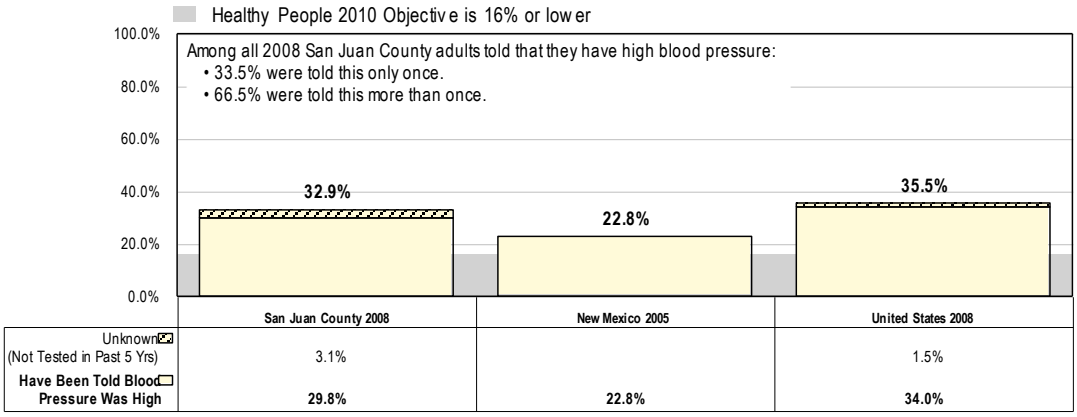
Note:
- Asked of all respondents.
- Excludes uncertain responses.

Prevalence of Hypertension

A total of 3 in 10 (29.8%) surveyed San Juan County adults have been told at some point that their blood pressure was high (an additional 3.1% have not been tested in the past five years).

- Less favorable than the New Mexico prevalence (22.8%).
- More favorable than national findings (34.0%).
- Nearly twice the Healthy People 2010 target (16% or lower).

Self-Reported Prevalence of High Blood Pressure



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Items 47,138
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]

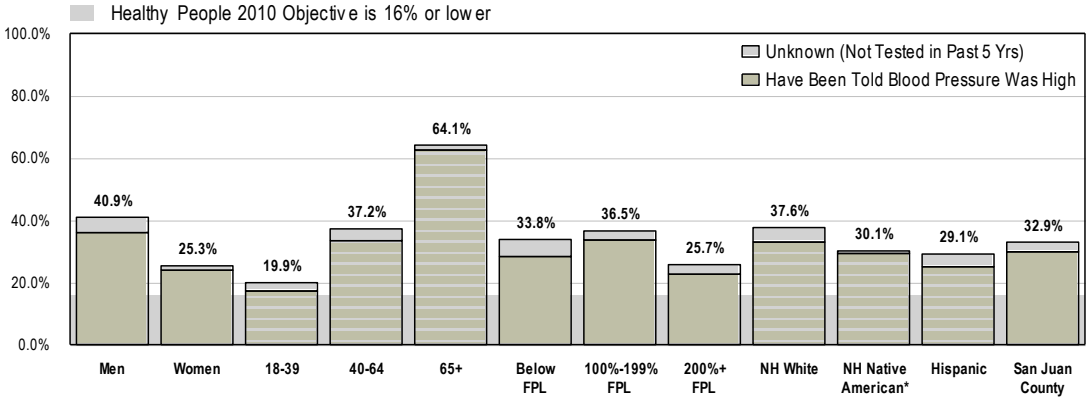
Note:
- Asked of the total sample of respondents.
- HBP refers to adults who have been told they have high blood pressure.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Self-reported hypertension diagnoses are higher among the following populations:

- Men.
- Adults aged 40 and older, and especially those aged 65 and older.
- Respondents living at the 100%-199% poverty level.
- Whites.

Self-Reported Prevalence of High Blood Pressure

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 138]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

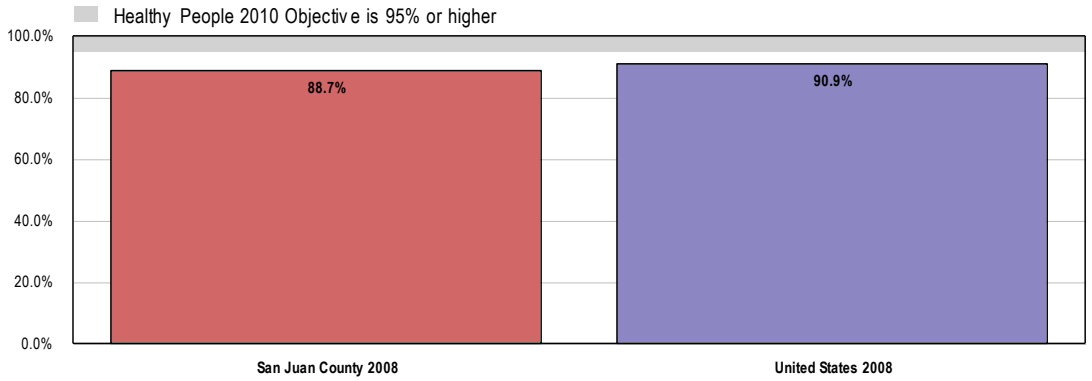
Hypertension Management

Among San Juan County respondents who have been told that their blood pressure was high, 88.7% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Similar to national findings (90.9%).
- Fails to satisfy the Healthy People 2010 target of 95% or higher.

Taking Action to Control High Blood Pressure

(Among Respondents With Multiple HBP Readings)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 49]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-11]

Note:
- Asked of respondents who have been told more than once that their blood pressure was high.
- In this case, "taking action" includes medication, diet modification, and/or exercise.

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million U.S. adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults aged 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

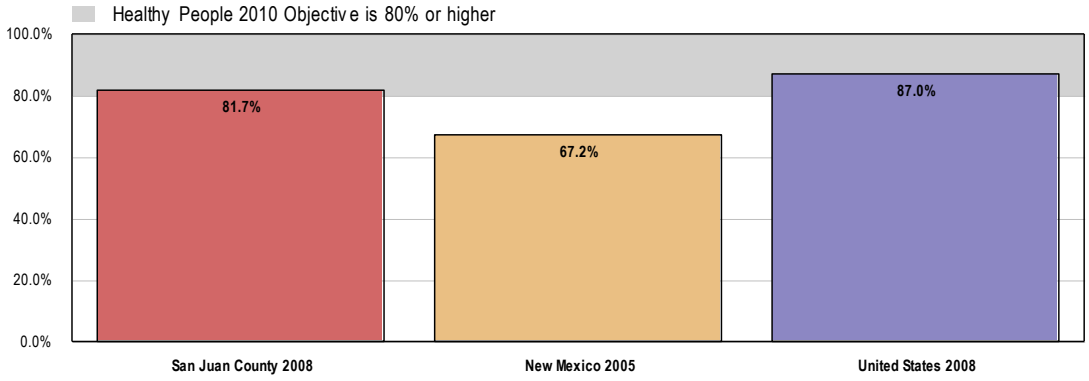
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 81.7% of San Juan County adults have had their blood cholesterol checked within the past five years.

- More favorable than New Mexico findings (67.2%).
- Less favorable than national findings (87.0%).
- Comparable to the Healthy People 2010 target (80% or higher).

Have Had Blood Cholesterol Level Checked Within the Past Five Years



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 53]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

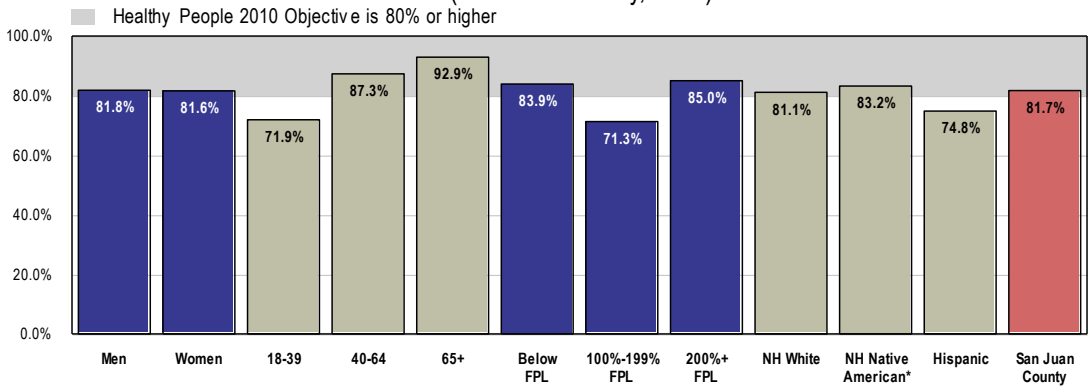
Note:
- Asked of all respondents.

Note that testing levels are notably lower among:

- Younger adults.
- Adults living just above the federal poverty level.

Have Had Blood Cholesterol Level Checked Within the Past Five Years

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 53]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- Excludes uncertain responses.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

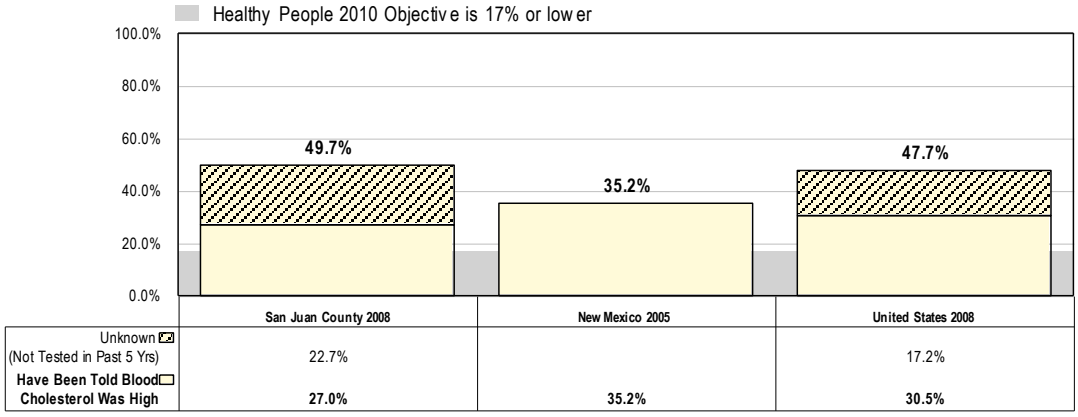
Self-Reported High Blood Cholesterol

In all, 27.0% of San Juan County adults have been told by a health professional that their cholesterol level was high (note that an additional 22.7% have not had their cholesterol tested in the past five years).

- More favorable than the statewide prevalence (35.2%, excluding "unknowns").

- Similar to the national prevalence (30.5%).
- Fails to satisfy the Healthy People 2010 target (17% or lower).

Self-Reported Prevalence of High Blood Cholesterol



	San Juan County 2008	New Mexico 2005	United States 2008
Unknown (Not Tested in Past 5 Yrs)	22.7%		17.2%
Have Been Told Blood Cholesterol Was High	**27.0%**	**35.2%**	**30.5%**

Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item139]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.

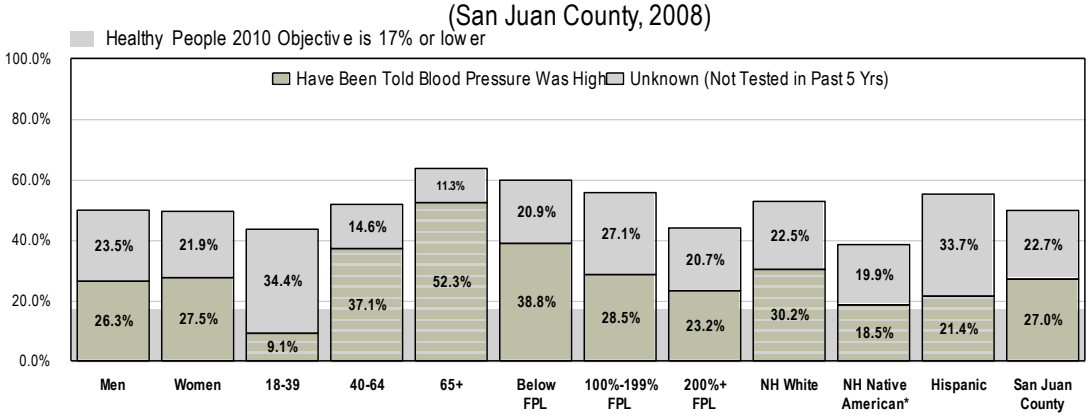
Note:
- Asked of the total sample of respondents.
- HBC reflects adults who have been told they have high blood cholesterol.
- "Unknown" includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

Note the following demographic breakout of self-reported prevalence of high blood cholesterol. Adults more likely to experience high cholesterol levels include:

- Adults aged 40 and older.
- Whites, when compared with Native Americans and Hispanics.
- Note: "Unknowns" are relatively high in young adults and Hispanics.

Self-Reported Prevalence of High Blood Cholesterol

(San Juan County, 2008)



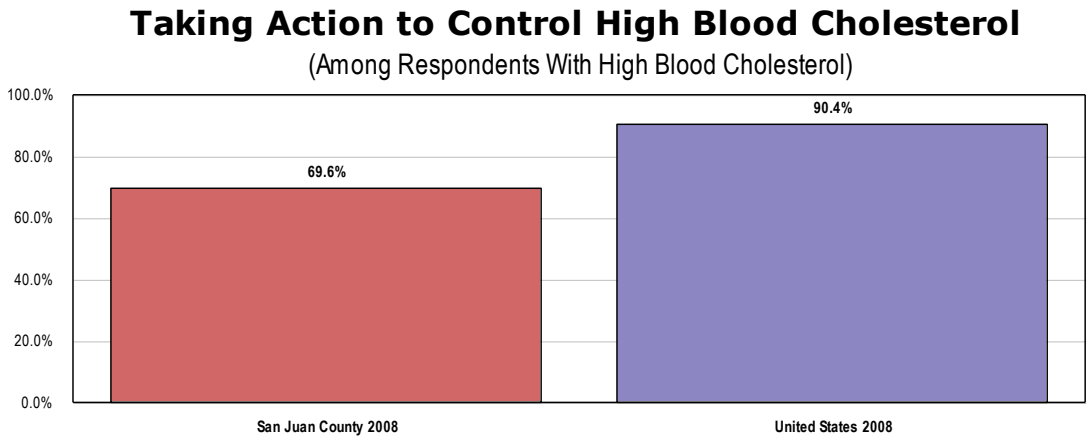
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 139]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

High Cholesterol Management

Among San Juan County adults who have been told that their blood cholesterol was high, 69.6% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Less favorable than national findings (90.4%).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 52
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents who have been told that their blood cholesterol was high.
• In this case, "taking action" includes medication, diet modification, and/or exercise.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

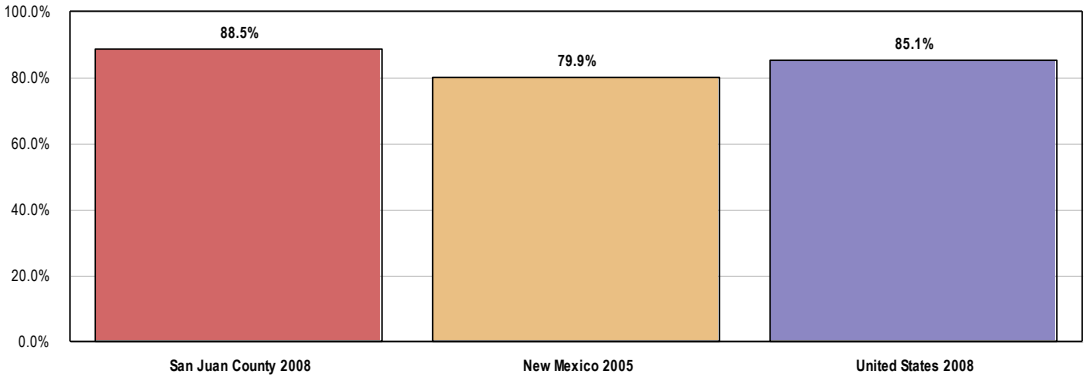
- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

In all, 88.5% of San Juan County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Less favorable than that found statewide (79.9%).
- Less favorable than national findings (85.1%).

Present One or More Cardiovascular Risk Factors or Behaviors



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 137]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.

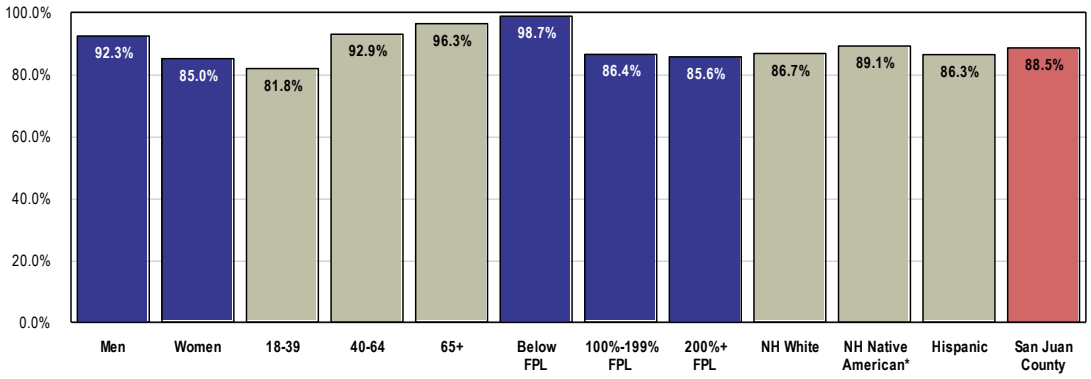
Note:
- Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

San Juan County adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults aged 40 and older.
- Residents living below the federal poverty level.

Present One or More Cardiovascular Risk Factors or Behaviors

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 137]

Note:
- Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: See also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

Cancer

Cancer, the second leading cause of death among Americans, is responsible for one of every four deaths in the United States. In 2003, over half a million Americans—or more than 1,500 people a day—will die of cancer. Black Americans are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than $170 billion in 2002. This includes more than $110 billion in lost productivity and over $60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

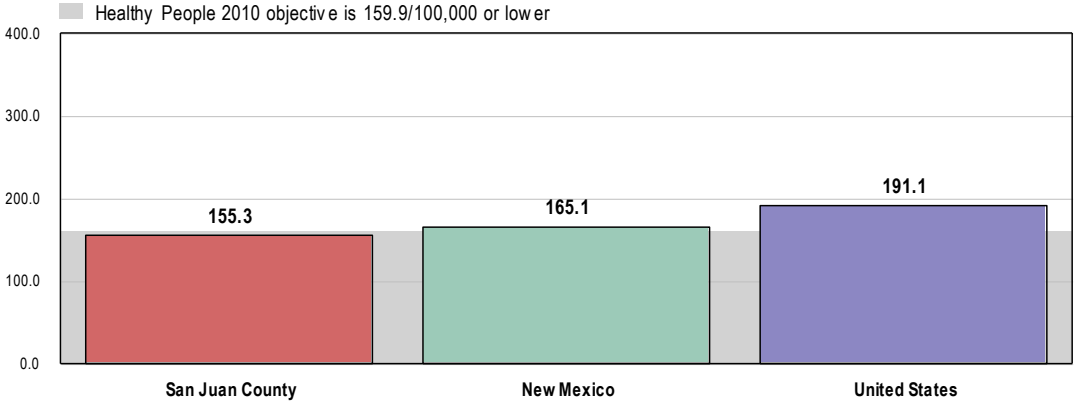
All Cancer Deaths

Between 2003 and 2005, the annual average age-adjusted cancer death rate in San Juan County was 155.3 deaths per 100,000 population.

- Better than the corresponding New Mexico rate (165.1 deaths per 100,000).
- Better than the U.S. rate (191.1).
- Comparable to the Healthy People 2010 objective (159.9 or lower).

Age-Adjusted Mortality: Cancer

(2003-2005 Annual Average Deaths per 100,000 Population)



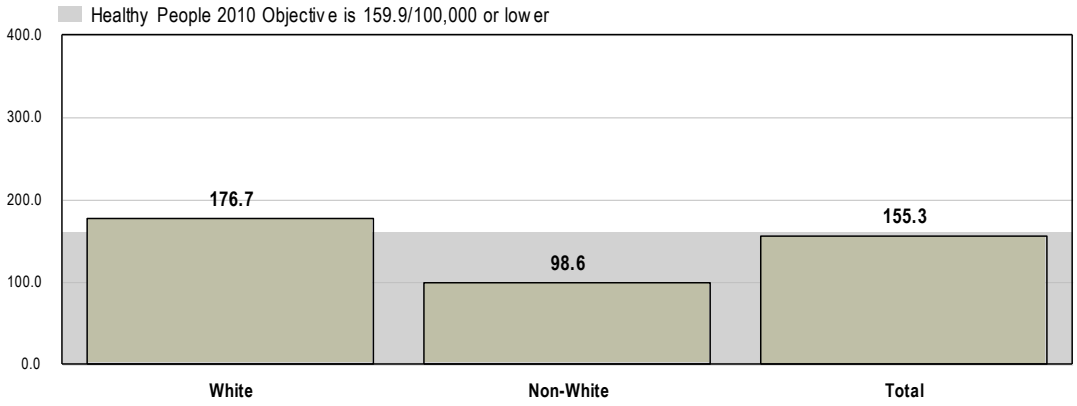
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DUCS. Government Printing Office, November 2000. [Objective 3-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Cancer mortality rates are notably higher among San Juan County Whites than among Non-Whites.

Age-Adjusted Mortality: Cancer

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



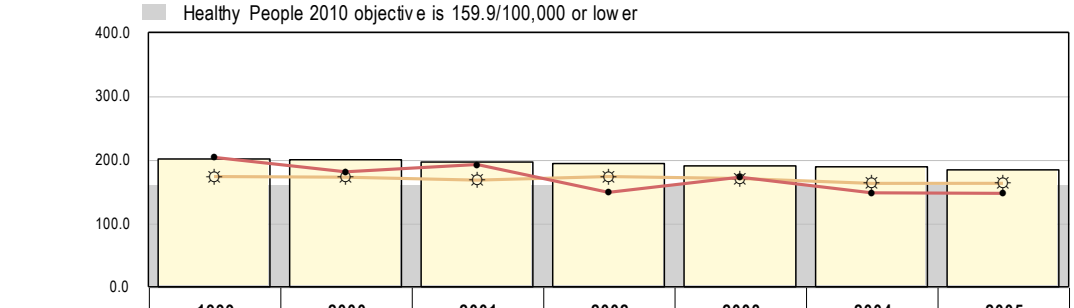
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The vast majority of Non-Whites deaths are attributed to Native Americans.

Over the past decade, San Juan County age-adjusted cancer death rates have declined overall, mirroring the downward trends reported both state- and nationwide.

Age-Adjusted Mortality: Cancer

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	203.5	180.8	192.2	148.4	172.3	147.7	146.9
New Mexico	173.3	172.3	167.7	173.2	170.2	162.5	162.7
United States	200.8	199.6	196.1	193.7	190.0	188.6	183.8

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 3-1]

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Cancer Deaths by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Lung cancer is by far the leading cause of cancer deaths in the county. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2003-2005 annual average age-adjusted rates):

- The San Juan County **lung cancer** death rate is similar to the state rate and more favorable than the national rate.
- The **prostate cancer** death rate is higher than state and national rates.
- The **female breast cancer** death rate is more favorable than both the statewide rate as well as the national rate.
- The **colorectal cancer** death rate is higher than the statewide rate but similar to that found nationwide.

Age-Adjusted Cancer Death Rates by Leading Sites

(2003-2005 Annual Average Deaths per 100,000 Population)

	San Juan County	New Mexico	United States
Lung Cancer	39.0	37.4	53.3
Prostate Cancer (Men Only)	27.4	25.6	25.4
Female Breast Cancer	19.5	23.1	24.6
Colorectal Cancer	17.6	16.3	18.2

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.

Prevalence of Cancer

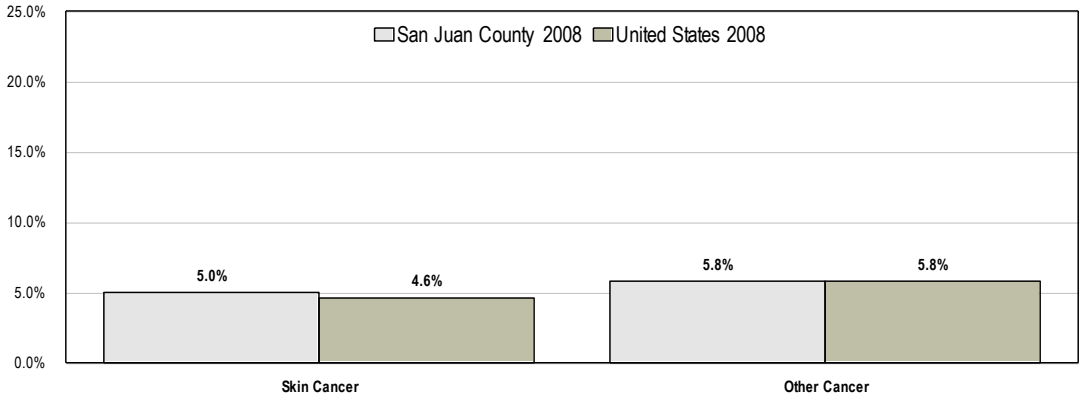
A total of 5.0% of San Juan County adults report having been diagnosed with skin cancer.

- Similar to the national average (4.6%).

A total of 5.8% of San Juan County adults report having been diagnosed with another type of cancer (non-skin).

- Identical to the national average (5.8%).

Self-Reported Prevalence of Cancer



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 32-33
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

(Related Issue: see also "Nutrition & Overweight," "Physical Activity & Fitness" and "Tobacco Use" in the Modifiable Health Risk section.)

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in San Juan County were measured in the survey relative to four cancer sites: colorectal cancer (**sigmoidoscopy** and **fecal occult blood testing**); female breast cancer (**mammography**); cervical cancer (**Pap smear testing**); and prostate cancer (**prostate-specific antigen testing** and **digital rectal examination**).

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal occult blood testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.
**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with a colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have certain colorectal cancer risk factors.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

Sigmoidoscopy/Colonoscopy

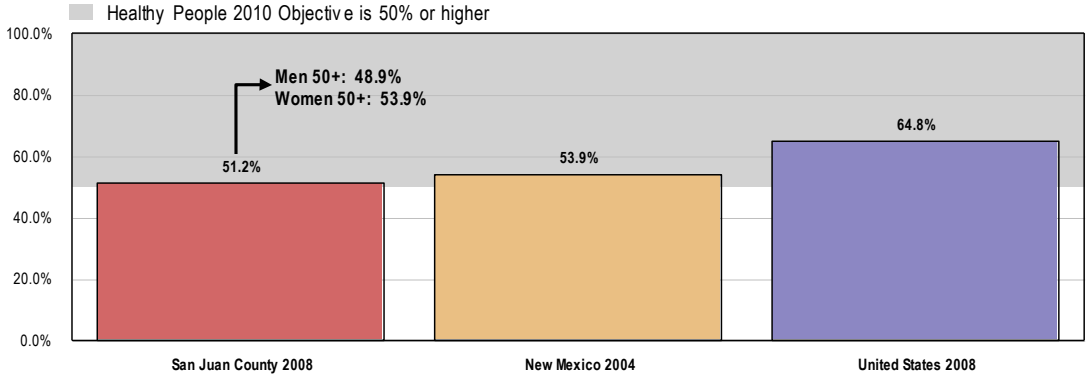
Among San Juan County adults aged 50 and older, 51.2% had a sigmoidoscopy or colonoscopy at some point in their lives.

- Similar to New Mexico findings (53.9%).

- Less favorable than national findings (64.8%).
- Comparable to the Healthy People 2010 target (50% or higher).
- Note: Includes 48.9% of county men 50+ and 53.9% of county women 50+.

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

(Among Persons Aged 50 and Older)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 171]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]

Note:
- Asked of all respondents aged 50 or over.

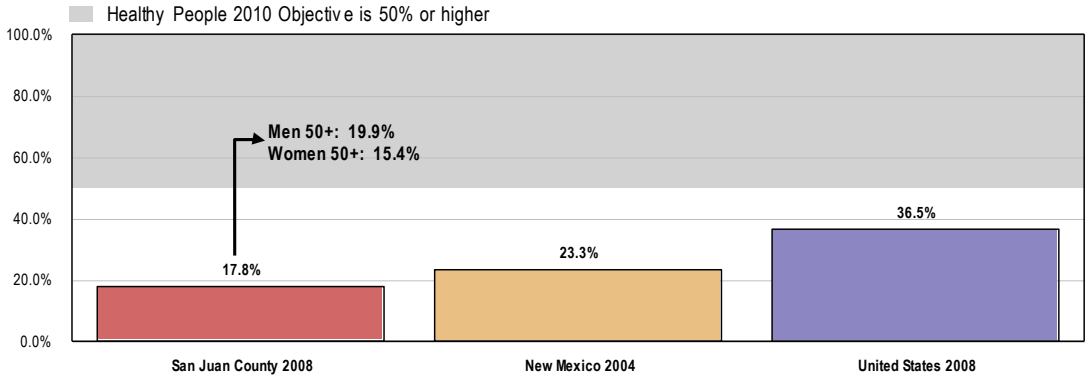
Fecal Occult Blood Testing

Among San Juan County adults aged 50 and older, just 17.8% had a blood stool test (a.k.a., fecal occult blood test) within the past two years.

- Lower than New Mexico findings (23.3%).
- One-half the national percentage (36.5%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).
- Note: Includes 19.9% of county men 50+ and 15.4% of county women 50+.

Have Had a Blood Stool Test in the Past Two Years

(Among Persons Aged 50 and Older)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 172]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12a]

Note:
- Asked of respondents aged 50 and older.

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Screenings for female breast cancer are recommended as outlined below:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their healthcare providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

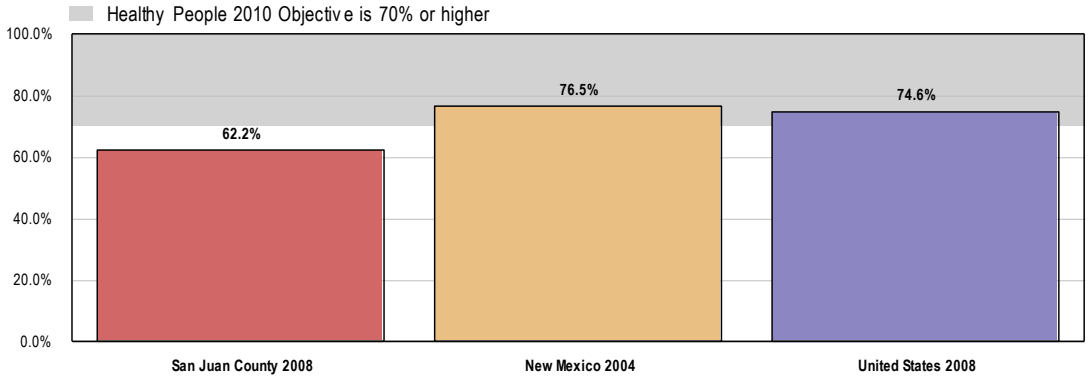
Mammography

Among San Juan County women aged 40 and older, 62.2% had a mammogram within the past two years.

- Less favorable than statewide findings (76.5%).
- Less favorable than national findings (74.6%).
- Fails to satisfy the Healthy People 2010 target (70% or higher).
- Note that 53.2% of San Juan County women aged 65 and older had a mammogram in the preceding two years.

Have Had a Mammogram in the Past Two Years

(Among Women Aged 40 and Older)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 169
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 New Mexico data.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]

Note:
- Asked of women aged 40 and over.

Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or precancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

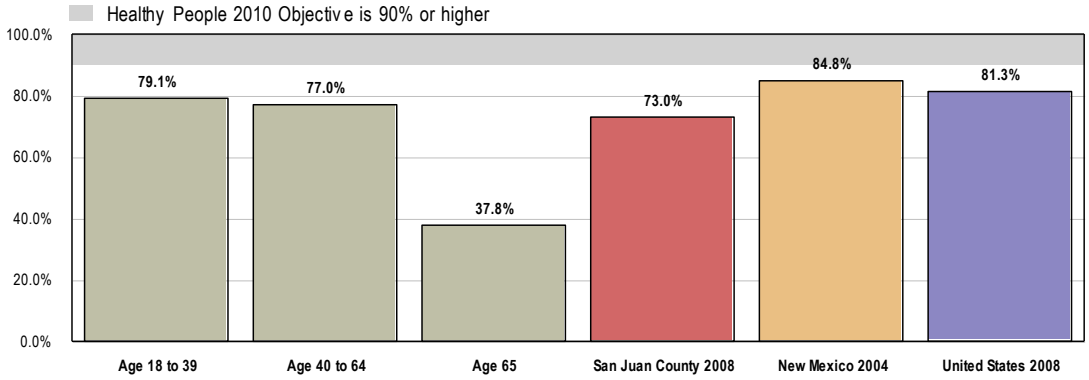
Pap Smear Testing

Among San Juan County women aged 18 and older, 73.0% had a Pap smear within the past three years.

- Less favorable than the New Mexico percentage (84.8%).
- Less favorable than national findings (81.3%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).
- Note: Note that the testing prevalence among women age 65 and older is half that reported among younger women.

Have Had a Pap Smear Within the Past Three Years

(Among Women Aged 18 and Older)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 93
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2004 New Mexico data.

Note:
- Asked of all female respondents.

Prostate Cancer Screenings

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Guideline Statement: Both prostate-specific antigen (PSA) testing and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

- Men who choose to undergo testing should begin at age 50 years. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at 45 years. *[Note: a first-degree relative is defined as a father, brother, or son.]*
- Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also not offering testing is not appropriate.
- Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.
- An abnormal Prostate-Specific Antigen (PSA) test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.
- The Digital Rectal Examination (DRE) of the prostate should be performed by healthcare workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.

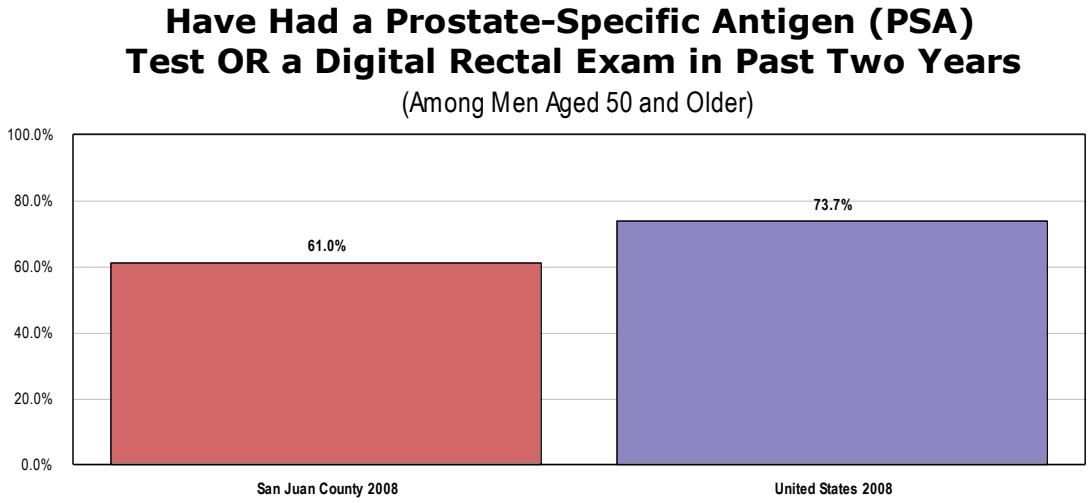
– American Cancer Society

Note that other organizations (e.g., American Academy of Family Physicians, American College of Physicians, National Cancer Institute, US Preventive Services Task Force) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among San Juan County men aged 50 and older, 61.0% had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Less favorable than national findings (73.7%).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 170
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of male respondents aged 50 and older.

Respiratory Disease

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in Americans]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

- Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.
- COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

[Note: Chronic lower respiratory disease (CLRD) was called chronic obstructive pulmonary disease (COPD) prior to 1999 with the issuance of the International Classification of Diseases, Tenth Revision (ICD-10). Healthy People 2010 refers to COPD rather than CLRD.]

Age-Adjusted Respiratory Disease Deaths

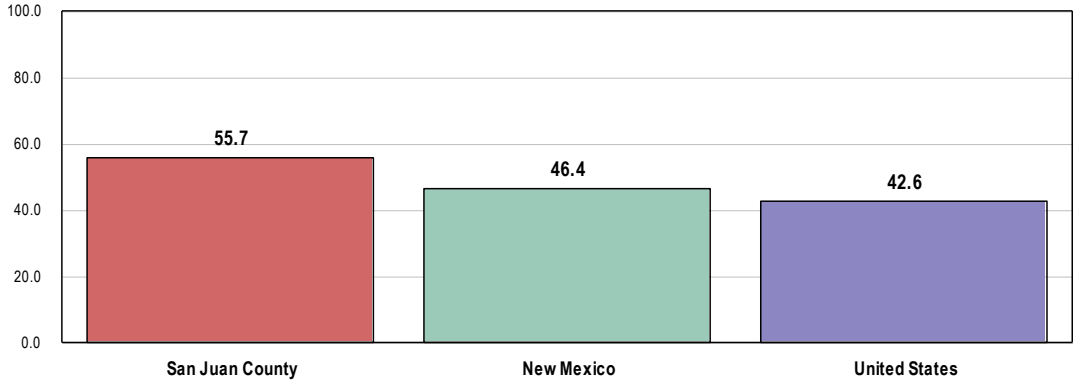
Chronic Respiratory Disease Deaths

Between 2003 and 2005, the annual average age-adjusted chronic lower respiratory disease death rate in San Juan County was 55.7 deaths per 100,000 population.

- Higher than the corresponding New Mexico rate (46.4).
- Higher than the U.S. rate (42.6).

Age-Adjusted Mortality: CLRD

(2003-2005 Annual Average Deaths per 100,000 Population)



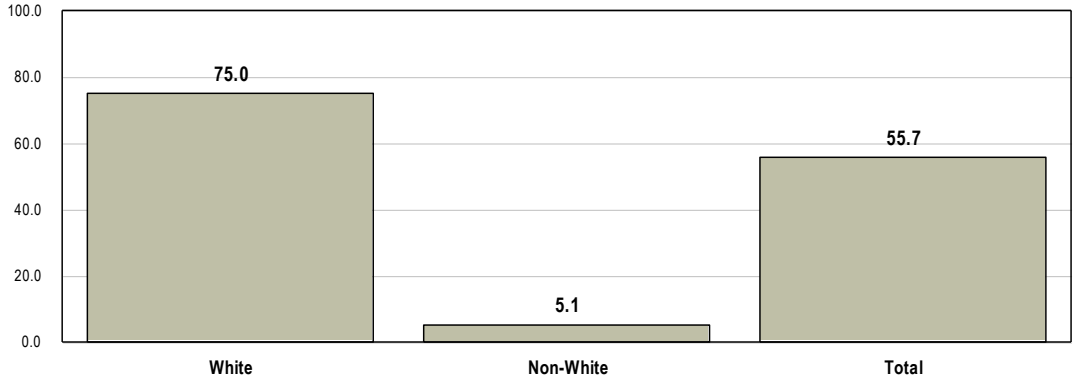
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Comparing San Juan County rates by race (White and Non-White, the vast majority of whom are Native Americans), Whites experienced a dramatically higher age-adjusted mortality rate from CLRD than Non-Whites.

Age-Adjusted Mortality: CLRD

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



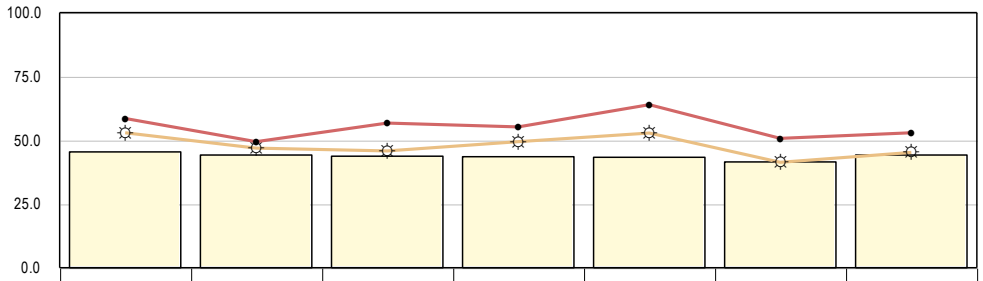
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The vast majority of Non-White deaths are attributed to Native Americans.

Overall, age-adjusted chronic lower respiratory disease death rates have trended downward over the past several years in each of the locales shown below.

Age-Adjusted Mortality: CLRD

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	58.5	49.4	56.7	55.2	63.9	50.7	52.9
New Mexico	52.9	46.9	45.8	49.4	52.8	41.3	45.2
United States	45.4	44.2	43.7	43.5	43.3	41.5	44.2

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

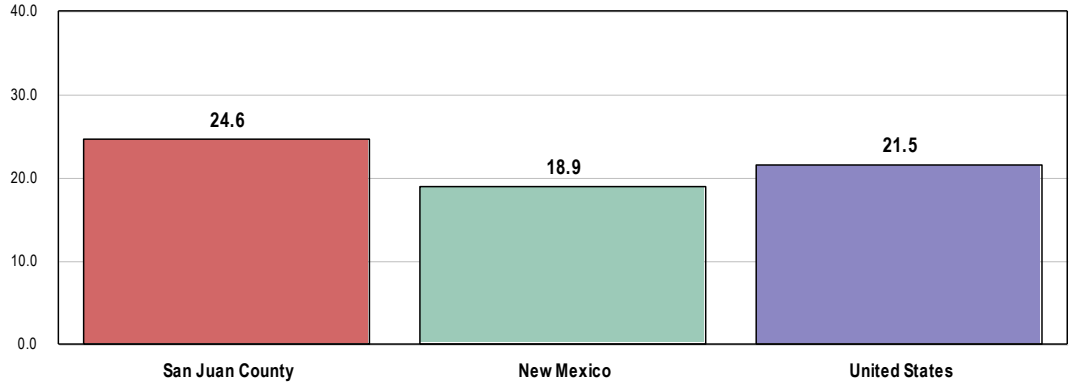
Pneumonia/Influenza Deaths

Between 2003 and 2005, the annual average age-adjusted pneumonia/ influenza death rate in San Juan County was 24.6 per 100,000 population.

- Much higher than the corresponding New Mexico rate (18.9).
- Higher than the national rate (21.5).

Age-Adjusted Mortality: Pneumonia/Influenza

(2003-2005 Annual Average Deaths per 100,000 Population)



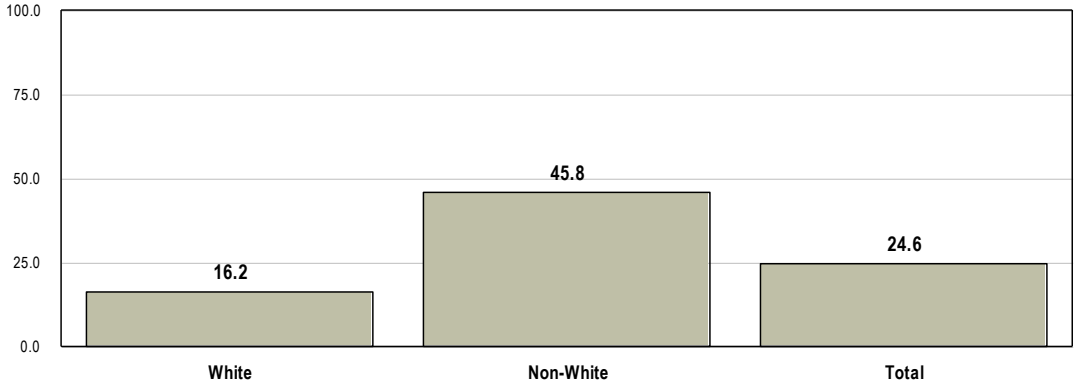
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- Age-adjusted pneumonia/influenza mortality rates are considerably higher among Non-Whites in San Juan County than among Whites.

Age-Adjusted Mortality: Pneumonia/Influenza

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



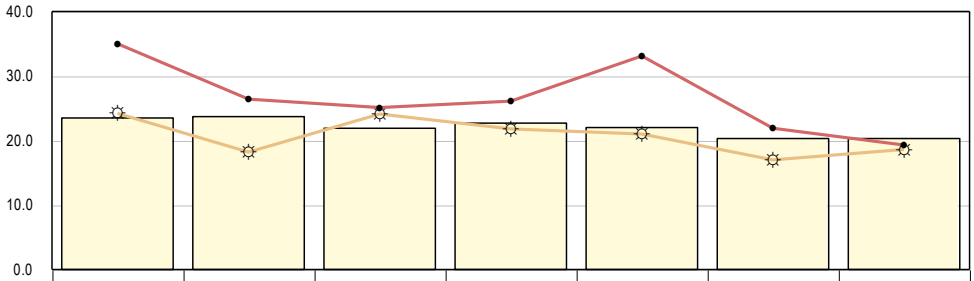
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.

Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Non-White deaths are primarily attributed to Native Americans.

- Between 1999 and 2005, age-adjusted pneumonia/influenza death rates have declined in San Juan County, similar to state and national trends.

Age-Adjusted Mortality: Pneumonia/Influenza

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	35.0	26.4	25.1	26.1	33.1	21.9	19.3
New Mexico	24.2	18.2	24.1	21.8	21.0	17.0	18.6
United States	23.5	23.7	21.9	22.7	22.0	20.3	20.3

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillanceand Informatics. Data extracted May 2008.

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease.")

Prevalence of Respiratory Conditions

Survey respondents were next asked to indicate whether they suffer from various respiratory conditions, including nasal/hay fever allergies, sinusitis, asthma, and/or chronic lung disease.

Nearly 4 in 10 San Juan County adults (38.8%) report suffering from nasal or hay fever allergies.

- Less favorable than national findings (28.4%).

Another 14.4% of survey respondents report suffering from sinusitis.

- More favorable than national findings (18.2%).

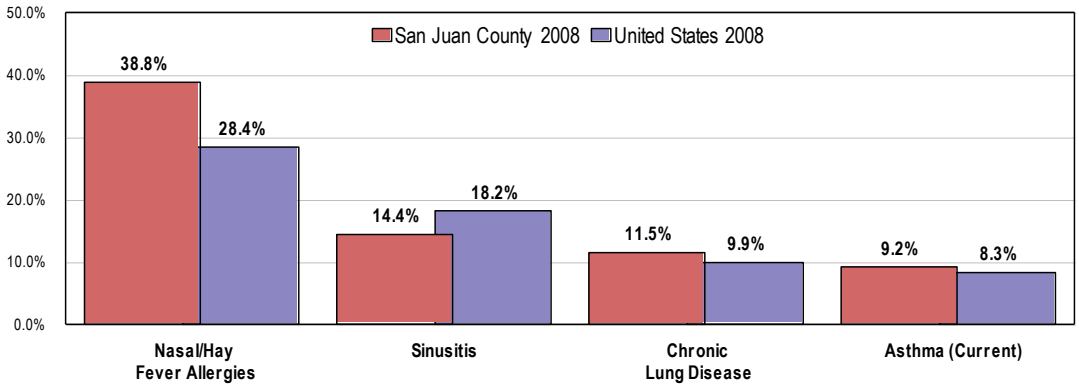
A total of 9.2% of San Juan County adults currently have asthma.

- Similar to the 8.3% reported across the U.S.

A total of 11.5% of San Juan County adults suffer from chronic lung disease.

- Statistically similar to the 9.9% found nationally.

Self-Reported Respiratory Conditions



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Items 27, 36, 37, 142]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.

Asthma in Children

While the number of adults with asthma is greater than the number of children with asthma, the asthma rate is rising more rapidly in preschool-aged children than in any other group.

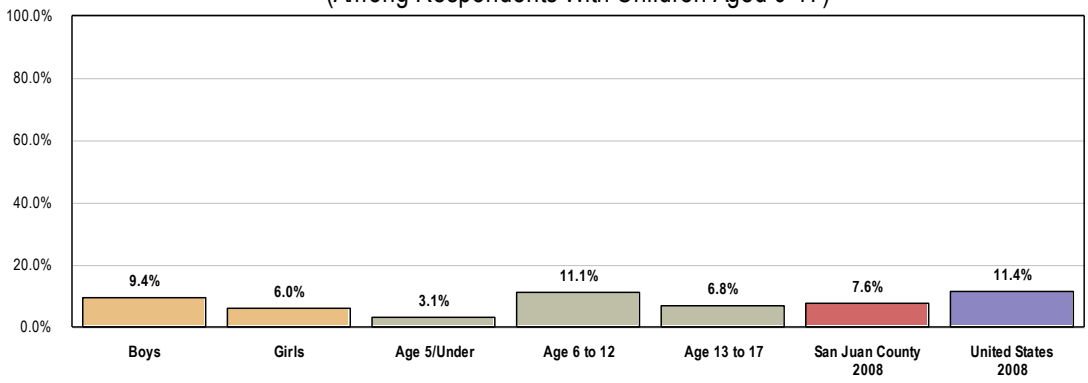
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Among San Juan County children under 18, 7.6% are reported to have been diagnosed with asthma.

- Statistically similar to national findings (11.1%).
- Viewed by gender, the difference in asthma prevalence is not statistically significant; by age, children aged 6 through 12 are more likely to suffer from asthma.

Child Has Asthma

(Among Respondents With Children Aged 0-17)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 143
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of respondents with children aged 0-17. Reflects children who have ever been diagnosed with asthma and whose parent states that they still have the condition.

Injury & Violence

The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many injuries are not "accidents," or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

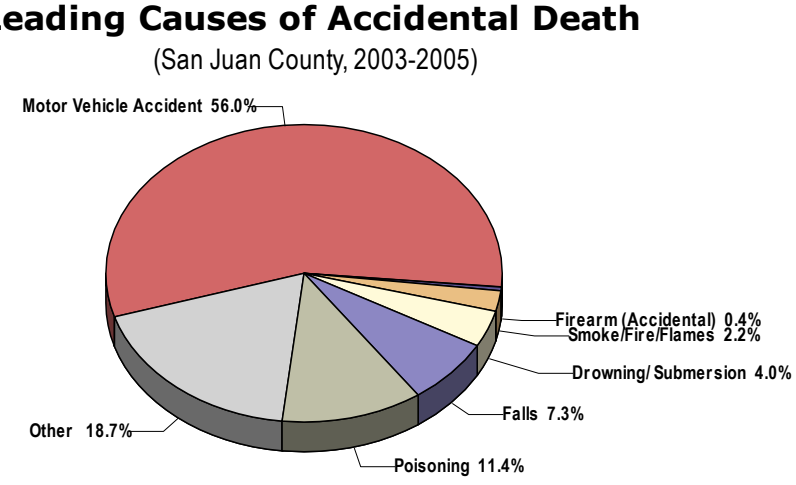
For ages 1 through 44 years, [U.S.] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children aged 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Unintentional Injury

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes (56.0%), poisoning (11.4%), falls (7.3%) and drowning (4.0%) were the top four causes of accidental deaths in San Juan County between 2003 and 2005.



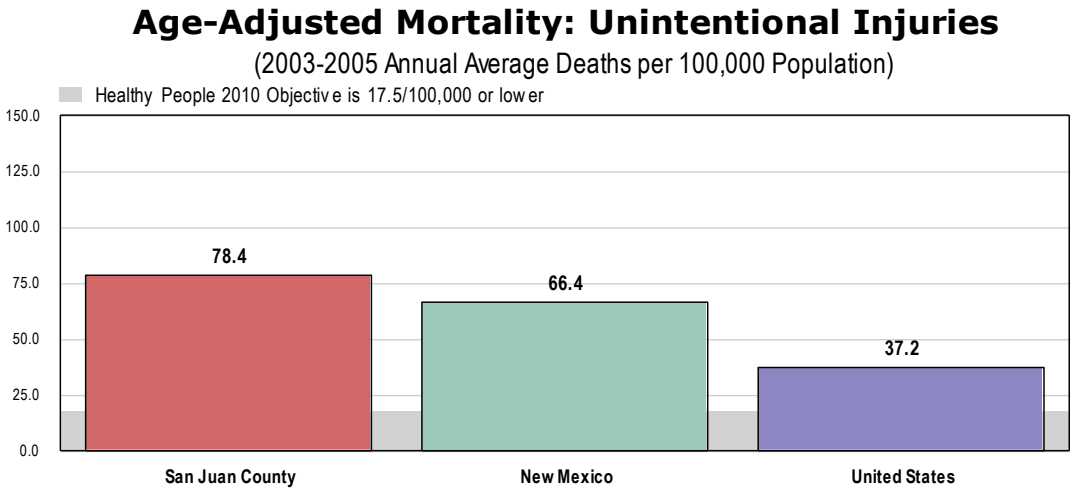
Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
Note: • Percentages are of the total accidental deaths in the San Juan County for 2003-2005.

(Related Issue: see also "Substance Abuse.")

Age-Adjusted Unintentional Injury Deaths

Between 2003 and 2005, the annual average age-adjusted unintentional injury death rate in San Juan County was 78.4 deaths per 100,000 population.

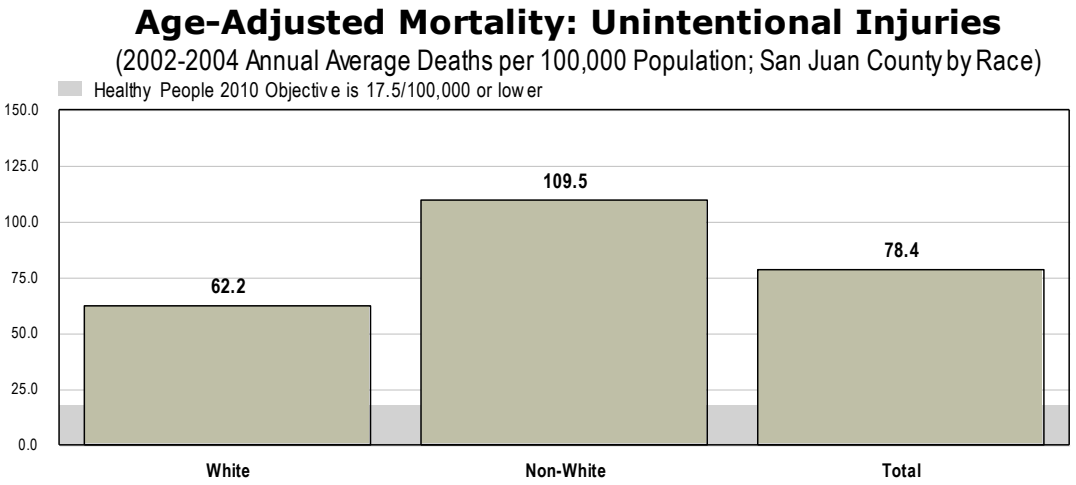
- Much higher than found statewide (66.4).
- More than twice that found nationally (37.2).
- More than four times the Healthy People 2010 objective (17.5 or lower).



Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, unintentional injury death rates are higher among Non-Whites than Whites in San Juan County.



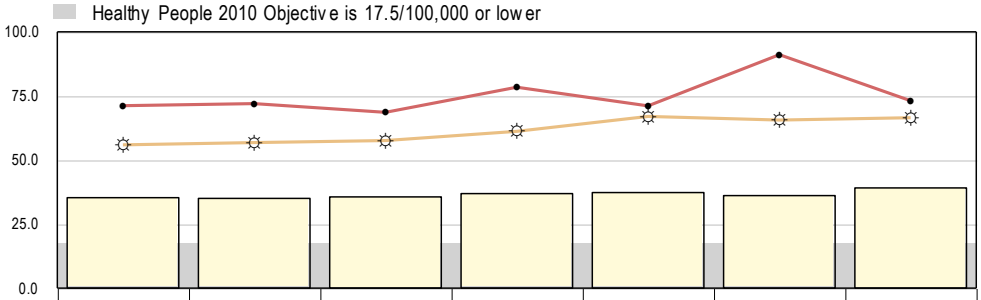
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The vast majority of Non-White deaths are attributed to Native Americans.

In recent years, San Juan County age-adjusted unintentional injury death rates have increased, especially in 2002 and 2004. State- and nationwide rates have also increased.

Age-Adjusted Mortality: Unintentional Injuries

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	71.2	72.0	68.6	78.4	71.1	91.1	73.1
New Mexico	55.9	56.8	57.6	61.2	67.0	65.6	66.5
United States	35.3	35.0	35.6	36.9	37.3	36.1	39.1

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Motor Vehicle Safety

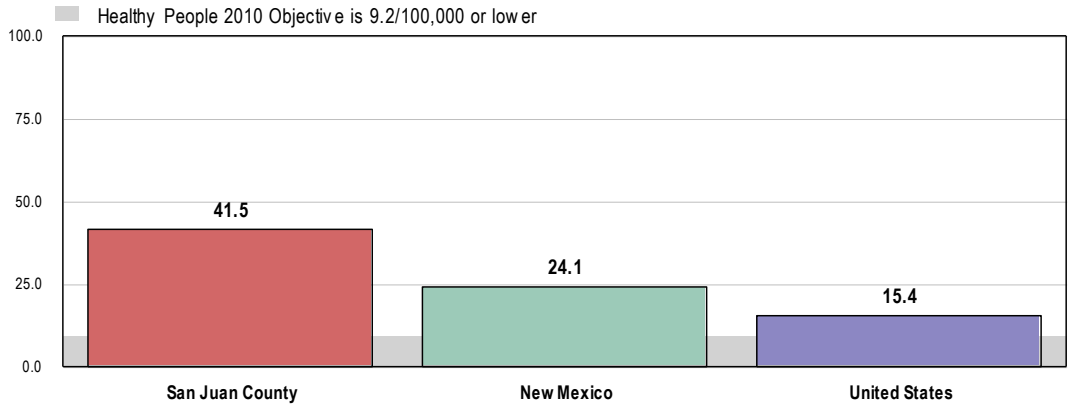
Age-Adjusted Motor-Vehicle Related Deaths

Between 2003 and 2005, the annual average age-adjusted motor vehicle crash death rate in the area was 41.5 deaths per 100,000 population.

- Less favorable than the New Mexico rate (24.1).
- Less favorable than the national rate (15.4).
- More than four times the Healthy People 2010 objective (9.2 or lower).

Age-Adjusted Mortality: Motor Vehicle Accidents

(2003-2005 Annual Average Deaths per 100,000 Population)



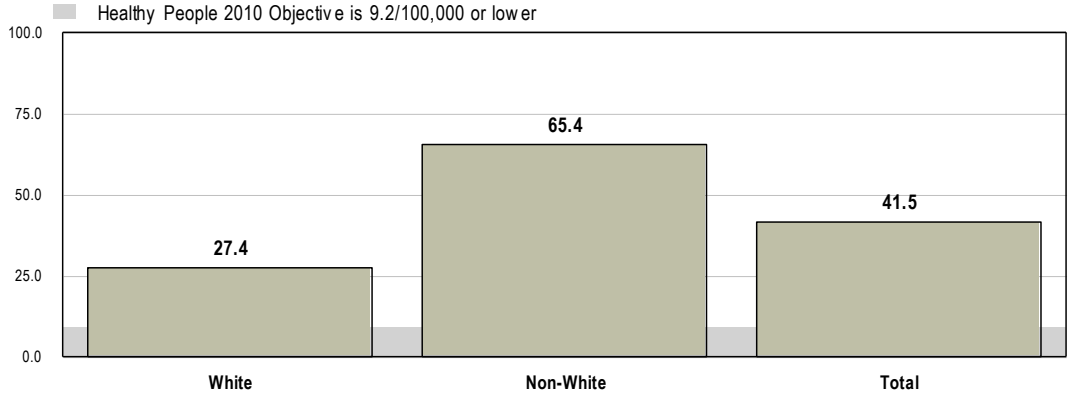
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-15a]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Motor vehicle accident mortality affects the Non-White population in San Juan County much more than Whites in the county.

Age-Adjusted Mortality: Motor Vehicle Accidents

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



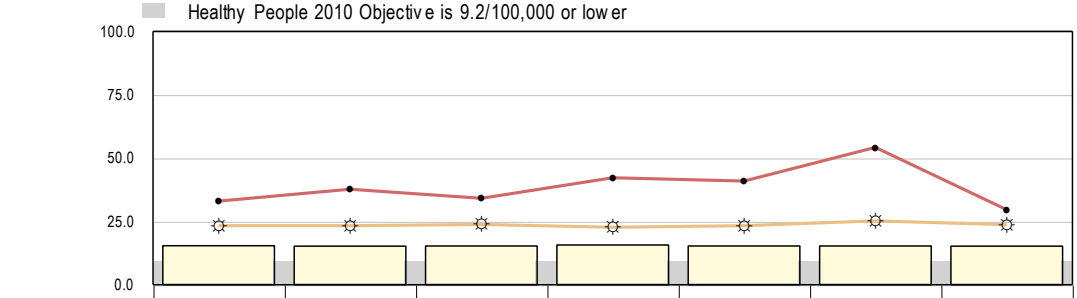
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-15a]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The vast majority of Non-White deaths are attributed to Native Americans.

Across San Juan County, motor vehicle accident deaths increased between 1999 and 2004 (decreasing in 2005). State and national rates remained stable during this time period.

Age-Adjusted Mortality: Motor Vehicle Accidents

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	33.0	37.7	34.1	42.2	40.9	54.2	29.6
New Mexico	23.3	23.3	23.8	22.7	23.3	25.2	23.7
United States	15.4	15.2	15.3	15.7	15.3	15.3	15.2

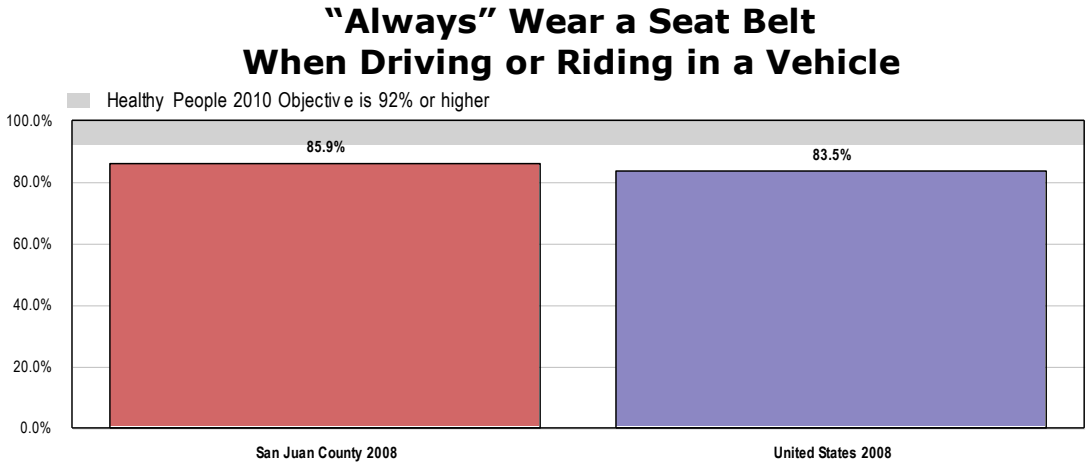
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-15a]

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Seat Belt Usage - Adults

Most San Juan County adults (85.9%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to that found nationally (83.5%).
- Fails to satisfy the Healthy People 2010 objective of 92% or higher.

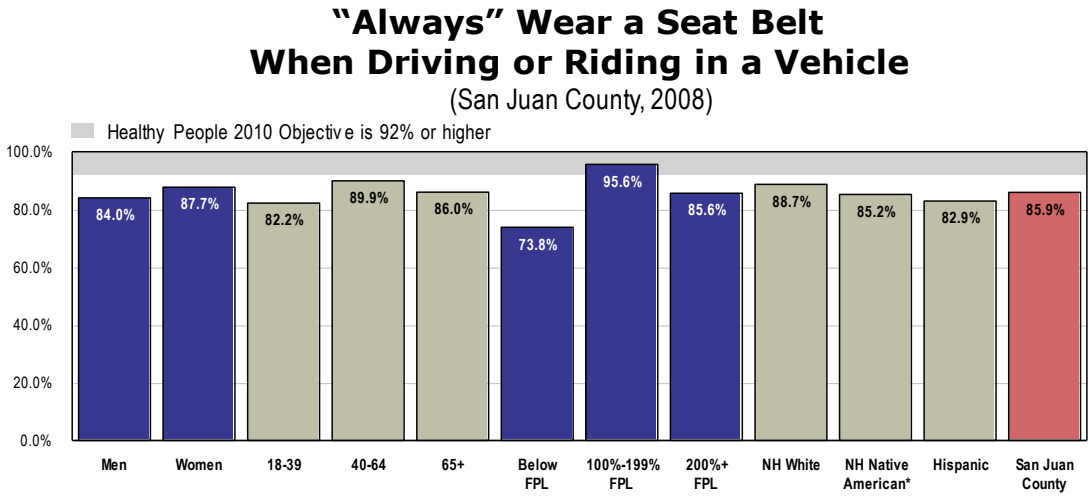


Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 57]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

Note:
- Asked of all respondents.

The following demographic segments are more likely to report consistent seat belt usage:

- Adults aged 40 through 64.
- Residents living just above the federal poverty level.



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 57]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

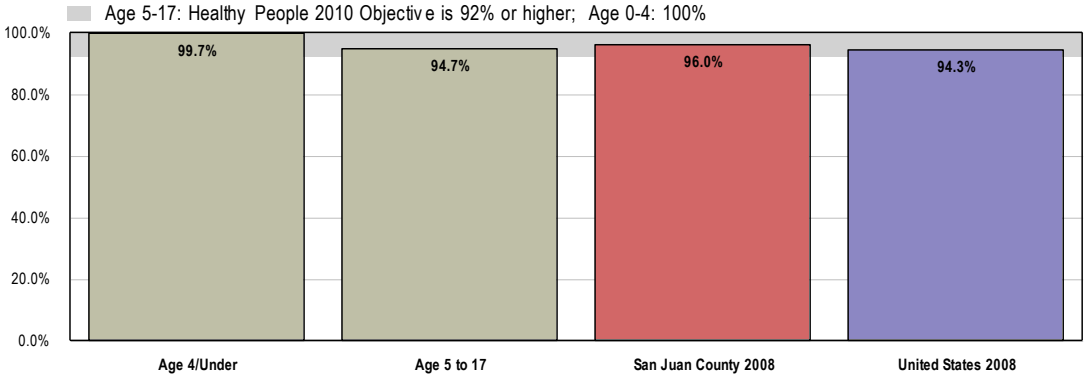
Seat Belt Usage - Children

A total of 96.0% of San Juan County parents report that their child (aged 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Similar to that found nationally (94.3%).
- The prevalence of consistent seat belt usage, when viewed by age, is comparable to that reported nationally and similar to the related Healthy People 2010 objectives.

Child "Always" Wear a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Children Aged 0 to 17 Years)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 132, 166-167]
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]

Note: • Asked of respondents with children aged 0 to 17 living in the household.

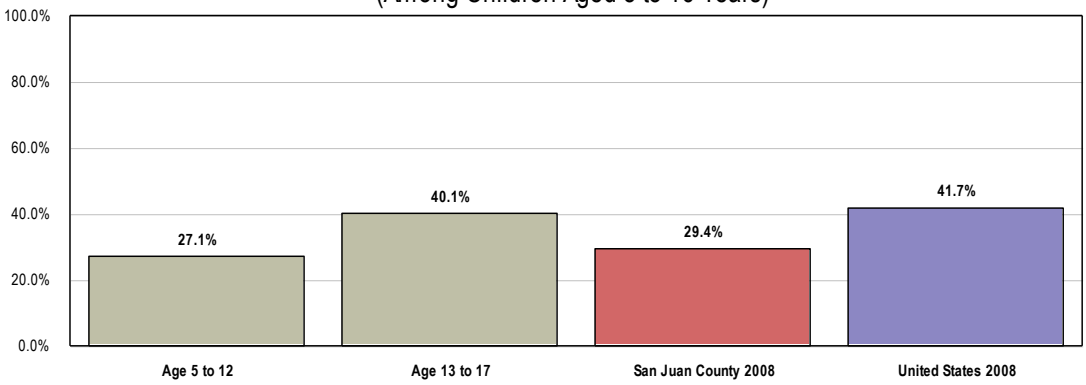
Bicycle Safety

Less than 3 in 10 (29.4%) San Juan County children aged 5 to 16 are reported to "always" wear a helmet when riding a bicycle.

- Less favorable than national findings (41.7%).
- Note also that helmet usage is higher among San Juan County teens.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Children Aged 5 to 16 Years)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 135]
• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of respondents with children aged 5 to 16.

Age-Adjusted Intentional Injury Deaths

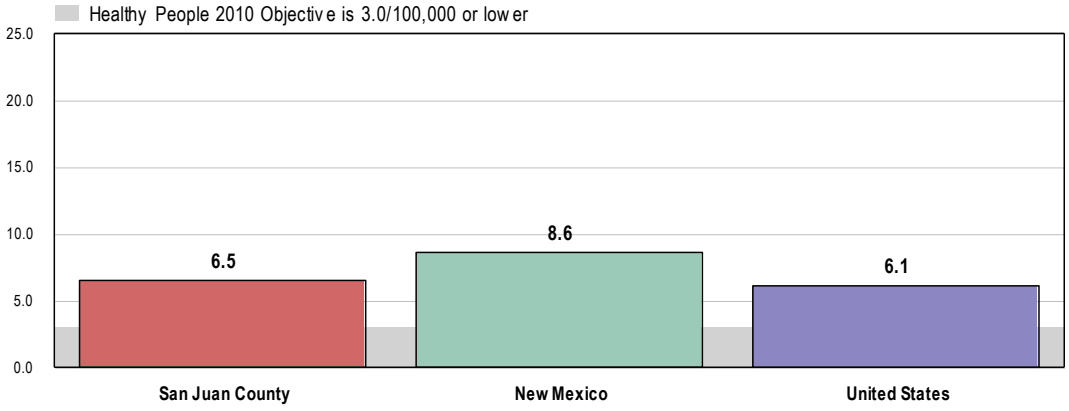
Homicide

Between 2003 and 2005, the annual average age-adjusted homicide death rate in the area was 6.5 deaths per 100,000 population.

- More favorable than the New Mexico rate (8.6).
- Less favorable than the national homicide rate (6.1).
- Fails to satisfy the Healthy People 2010 goal of 3.0 or lower.

Age-Adjusted Mortality: Homicide

(2003-2005 Annual Average Deaths per 100,000 Population)



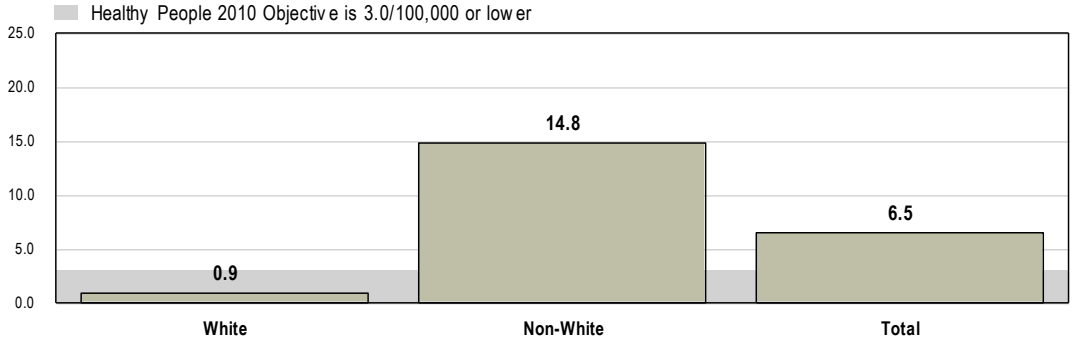
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

The San Juan County homicide death rate is exceptionally high (more than 16 times higher) among Non-Whites in the county when compared with Whites.

Age-Adjusted Mortality: Homicide

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



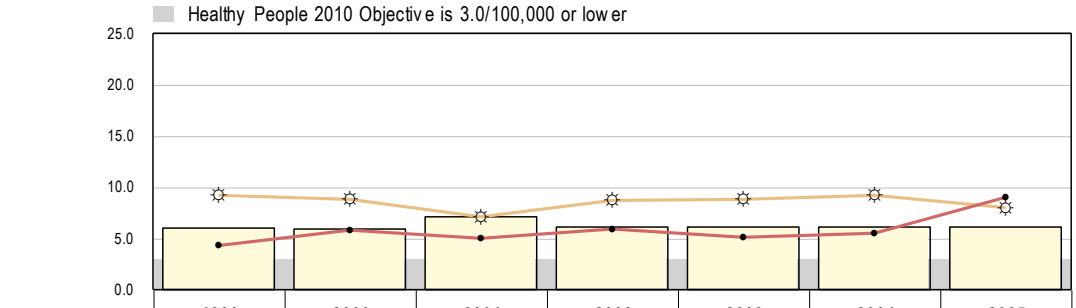
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-32]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The vast majority of Non-White deaths are attributed to Native Americans.

Homicide death rates in San Juan County jumped to 9.0 in 2005 after ranging from 4.3 to 5.9 in recent years. In contrast, state- and national rates remained relatively stable.

Age-Adjusted Mortality: Homicide

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	4.3	5.8	5.0	5.9	5.1	5.5	9.0
New Mexico	9.2	8.8	7.1	8.7	8.8	9.2	8.0
United States	6.0	5.9	7.1	6.1	6.1	6.1	6.1

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-32]
Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

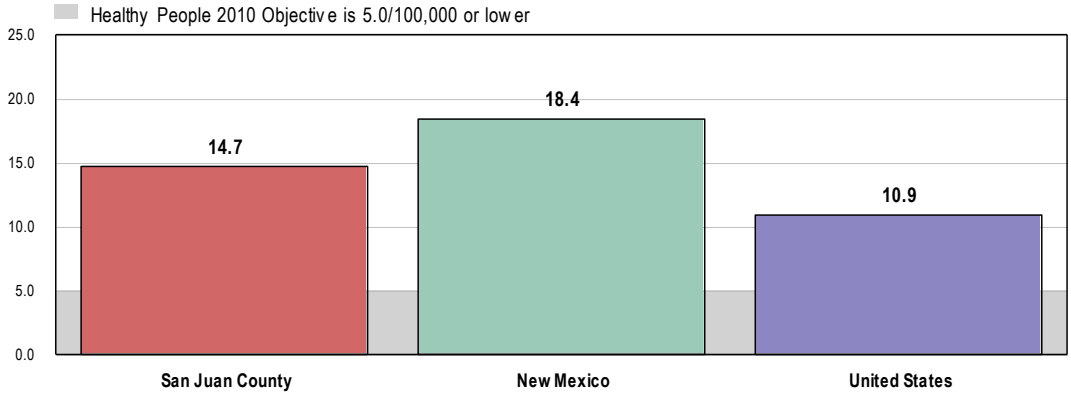
Suicide

Between 2003 and 2005, the annual average age-adjusted suicide death rate in San Juan County was 14.7 deaths per 100,000 population.

- More favorable than the statewide rate (18.4).
- Less favorable than the national rate (10.9).
- Nearly three times the Healthy People 2010 objective (5.0 or lower).

Age-Adjusted Mortality: Suicide

(2003-2005 Annual Average Deaths per 100,000 Population)

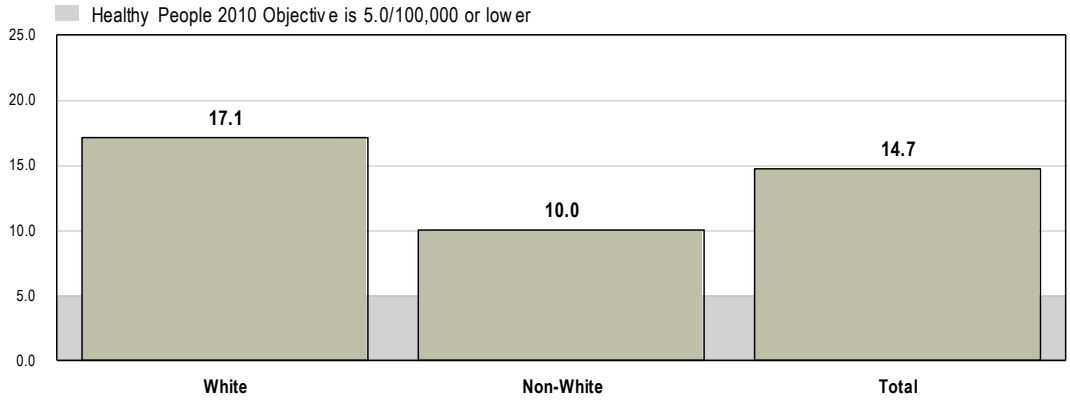


Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 18-1]
Note: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Suicide mortality rates in 2002-2004 were higher among Whites in San Juan County than among Non-Whites.

Age-Adjusted Mortality: Suicide

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



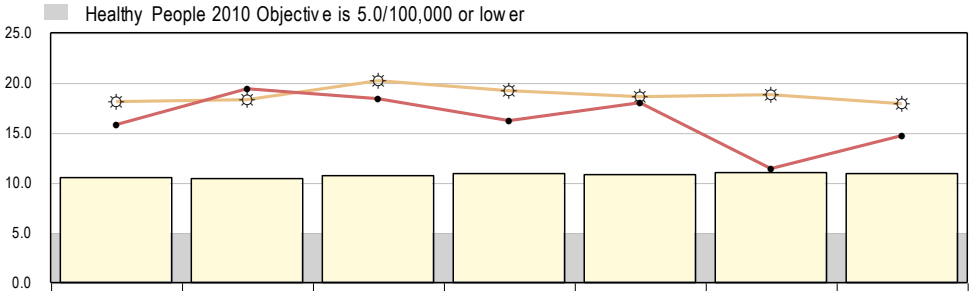
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-1]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The vast majority of Non-White deaths are attributed to Native Americans.

Over the past several years, no significant trend is apparent in suicide mortality in San Juan County.

Age-Adjusted Mortality: Suicide

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	15.8	19.4	18.4	16.2	18.0	11.4	14.7
New Mexico	18.1	18.3	20.2	19.2	18.6	18.8	17.9
United States	10.5	10.4	10.7	10.9	10.8	11.0	10.9

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 18-1]

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

(Related Issue: see also "Mental Health.")

Violent Crime

Violence claims the lives of many of the Nation's young persons and threatens the health and well-being of many persons of all ages in the United States. On an average day in America, 53 persons die from homicide, and a minimum of 18,000 persons survive interpersonal assaults, 84 persons complete suicide, and as many as 3,000 persons attempt suicide.

Youth continue to be involved as both perpetrators and victims of violence. Elderly persons, females, and children continue to be targets of both physical and sexual assaults, which are frequently perpetrated by individuals they know.

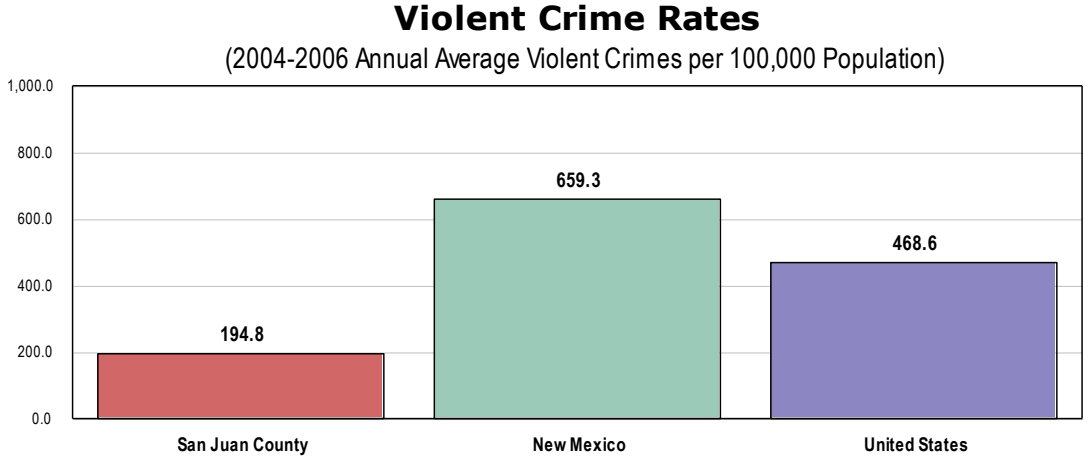
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Violent Crime Rates

The following chart illustrates the violent crime rates as reported in San Juan County between 2004 and 2006. Note that violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

In San Juan County, there was an annual average of 194.8 violent crimes per 100,000 population between 2004 and 2006.

- Much more favorable than the corresponding New Mexico rate (659.3).
- More favorable than that reported nationally (468.6).
- *However, note that this might not reflect data from all agencies; other indicators suggest higher incidence for some types of crimes.*



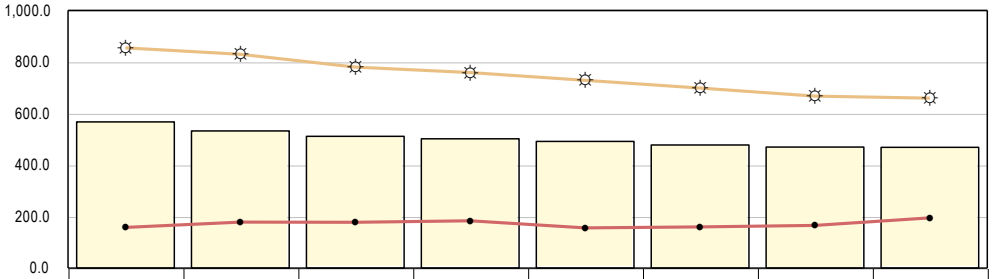
Source: • Crime in the United States
Note: • Rates are per 100,000 population.
• Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
• Note: it is possible that not all agencies report for a given year.

- Between the 1997-1999 and 2004-2006 reporting periods, the San Juan County violent crime rate ranged from a low of 156.0 to a high of 194.8.

– Note that violent crime rates are declining statewide and nationally.

Violent Crime Rates

(Annual Average Violent Crimes per 100,000 Population)



	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	157.7	178.6	177.5	183.5	156.0	159.7	165.5	194.8
New Mexico	854.8	829.8	779.8	758.6	728.9	698.4	667.4	659.3
United States	567.2	532.4	511.3	501.8	491.6	477.8	469.4	468.6

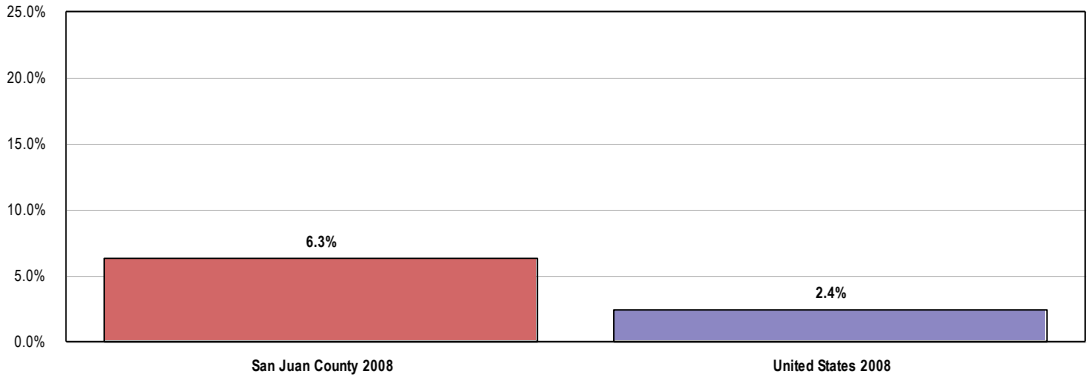
Source: • Crime in the United States
Note: • Rates are per 100,000 population.
• Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
• Note: it is possible that not all agencies report for a given year.

Self-Reported Violent Crime

Among surveyed adults, 6.3% acknowledged being the victim of violent crime in the past five years.

- Much higher than national findings (2.4%).

Victim of a Violent Crime in the Past Five Years



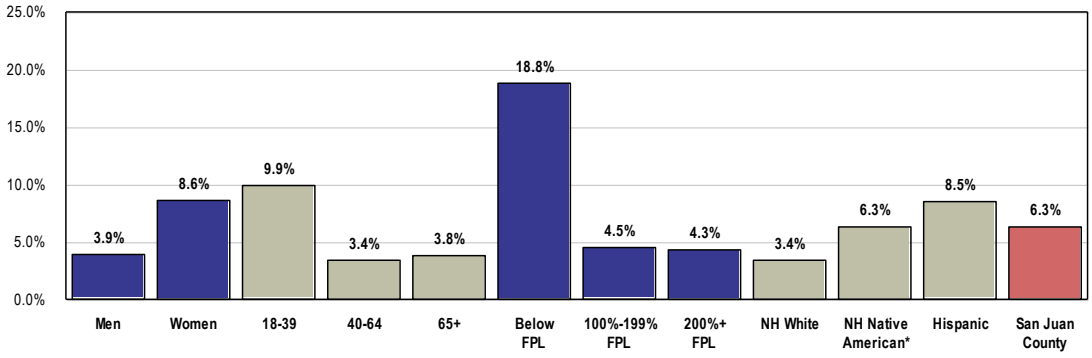
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 58
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

The following demographic segments are more likely to report crime victimization in the past five years:

- Women.
- Adults under 40.
- Residents living below the federal poverty level.
- Hispanics.

Victim of a Violent Crime in the Past Five Years

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 58]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Family Violence

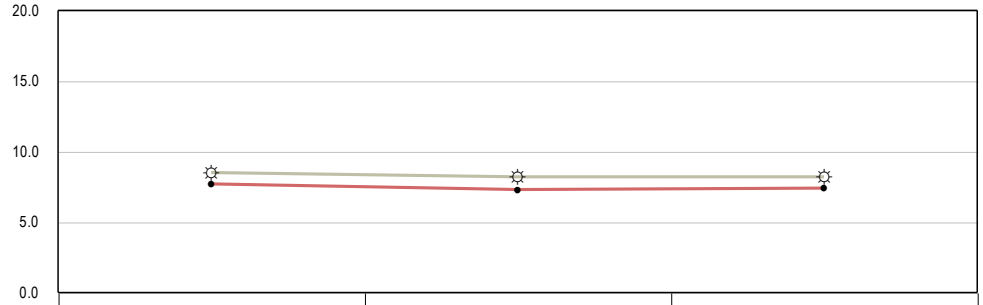
Child Abuse Reports

- The San Juan County rate of child abuse reports (expressed as the number of reports per 1,000 children) has dropped only slightly in the past few years.

– San Juan County rates are somewhat lower than New Mexico rates.

Reported Child Abuse Rates

(Annual Average Child Abuse Cases per 1,000 Children)



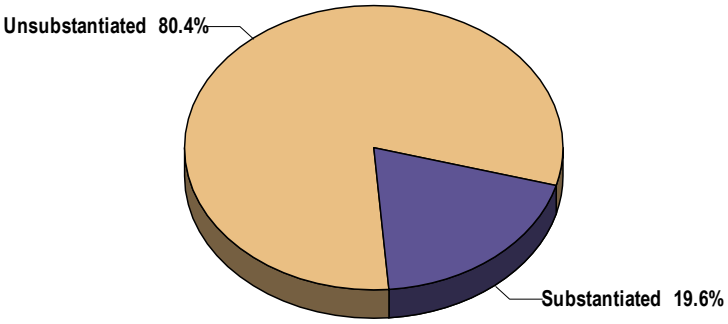
	2003-2005	2004-2006	2005-2007
San Juan County	7.7	7.3	7.4
New Mexico	8.5	8.2	8.2

Source: • New Mexico Children Youth and Family Department
Note: • Rates represent confirmed child abuse rates per 1,000 children.

– Among recent cases of abuse in San Juan County (between July and September of 2007), 19.6% were substantiated.

Percentage of Substantiated Reports

(San Juan County; July-September 2007, Qtr. 1)

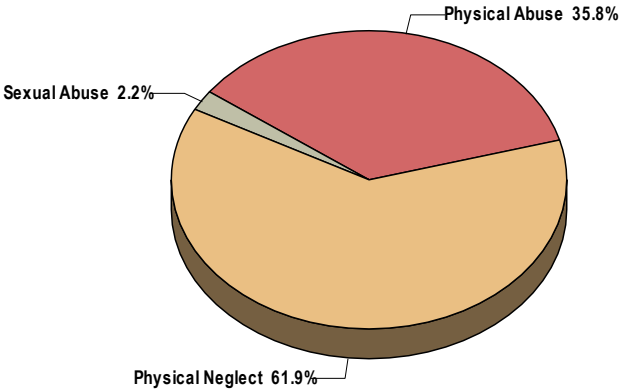


Source: • New Mexico Children Youth and Family Department
Note: • Numbers are percentages of reports.

– Among the substantiated reports of child abuse, 61.9% were classified as physical neglect, while 35.8% were categorized as physical abuse and 2.2% were sexual in nature.

Type of Substantiated Abuse

(San Juan County; July-September 2007, Qtr. 1)



Source: • New Mexico Children Youth and Family Department
Note: • Numbers are percentages of substantiated reports.

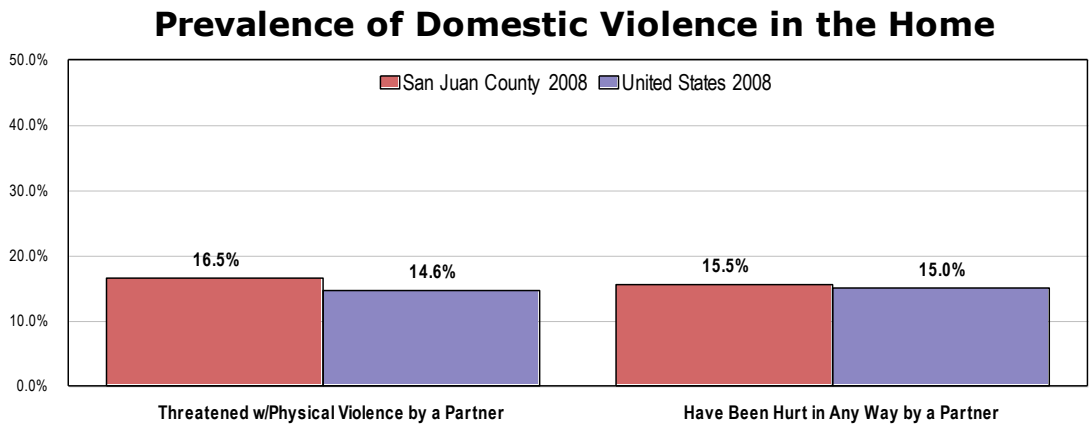
Self-Reported Domestic Violence

Among surveyed adults, 16.5% acknowledge that they have been threatened with physical violence by an intimate partner in the past five years.

- Statistically similar to national findings (14.6%).

Another 15.5% have been hurt in some way by an intimate partner in the past five years.

- Statistically similar to national findings (15.0%).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 59-60
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Related Focus Group Findings

Focus group discussions relating to injury and violence included topics ranging from elderly abuse to gangs and domestic violence. Community members are concerned about the inter-related problems of substance abuse and domestic violence.

> *"The number of people with poly substance when they come in as trauma patients is much higher here than what I saw when I trained in Omaha, Nebraska. Certainly you have drunk drivers everywhere, but it's more of the norm here. I mean we are truly surprised when someone is in a car wreck and does not test positive for drugs or alcohol."* — Physician
>
> *"As a chapter representative I see that there are a lot of young people who are in control over their parents' limited income and this is causing a lot of elderly abuse. The kids visit their parent or grandparent at the first of the month when they get their government check. They bring them to town and with their program money, they make the parents pay for everything (gas, vehicle payment, food and so on) and they leave them with a dollar for the rest of the month. It is very sad for our young people to be doing this to their own family members."* — Provider to the Native American Community
>
> *"Well the gangs have a big impact in our community and our society. It hit San Juan County, the gang issue, in the early 1990s. There have always been underground gangs, but we really started seeing them on the forefront from the 1990s till now. Sometimes it gets worse and we see an increase in cases of violence in our jails and in the juvenile facility. There are a lot of crimes that are gang-related."* — Community Leader
>
> *"There's a battered women shelter here and I know that there's court-ordered mandatory counseling on most people who are found guilty of domestic violence. But in my experience in law enforcement I would say that in at least 80 percent of the domestic violence calls that I responded to, the suspect had consumed some sort of mind-altering drug, whether it was alcohol or some other form of drug. Rarely*

did I see two sober people engage in domestic violence. So the need is still for alcohol and substance abuse treatment centers and counseling." — Community Leader

"Suicide is high with our kids due to drug abuse and neglect issues. All the things that we've mentioned: the poverty, the substance abuse, all those issues contribute to this rate of suicide. The kids are under a lot of pressures which are a lot different than when we were growing up. I think a lot of times the parents don't know how to financially run their home and lack in parenting skills. They don't know whether to buy food, buy prescriptions, buy gas for the car, or heat the home. They are so busy just trying to survive that they are not paying attention to their kids." — Healthcare/Social Services Provider

"Another service we are not providing good support for is for domestic violence cases of physical and sexual abuse with women and kids. We have a lot of this type of violence and there isn't any safe place for the victims to go to really get help. Child Haven does have sexual abuse consultants that actually investigate these cases; but we are just dealing with the top of the iceberg. We really need a large facility to handle all of the cases. It seems that without the help the kids are growing up to perpetuate what they learned as children because this was their life. Some of the stories I hear are pretty horrendous. I think people have become desensitized to the violence. I hear about one kid hitting another one in the cafeteria and people continue to eat like nothing is happening. Nobody goes to stop the fight." — Healthcare/Social Services Provider

Diabetes

Diabetes affects nearly 16 million Americans and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million Americans are unaware they have the disease.

- Among U.S. adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people aged 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.
- More than 18% of U.S. adults older than age 65 have diabetes.
- Diabetes affects more women than men.

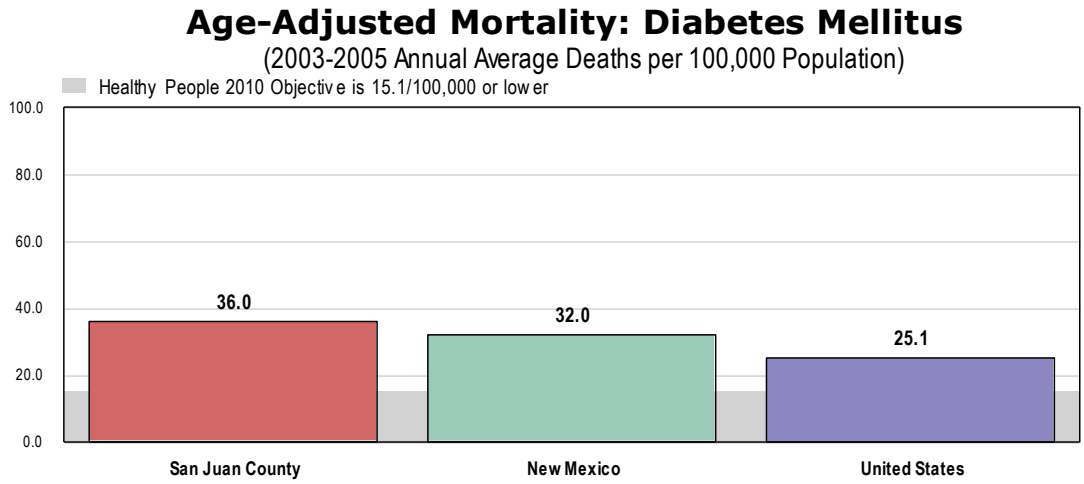
The direct and indirect costs of diabetes in America are nearly $100 billion a year.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Diabetes Mellitus Deaths

Between 2003 and 2005, there was an annual average of 36.0 age-adjusted diabetes mellitus deaths per 100,000 population in San Juan County.

- Higher than the statewide rate (32.0).
- Higher than the U.S. rate (25.1).
- More than twice the Healthy People 2010 objective of 15.1 or lower.



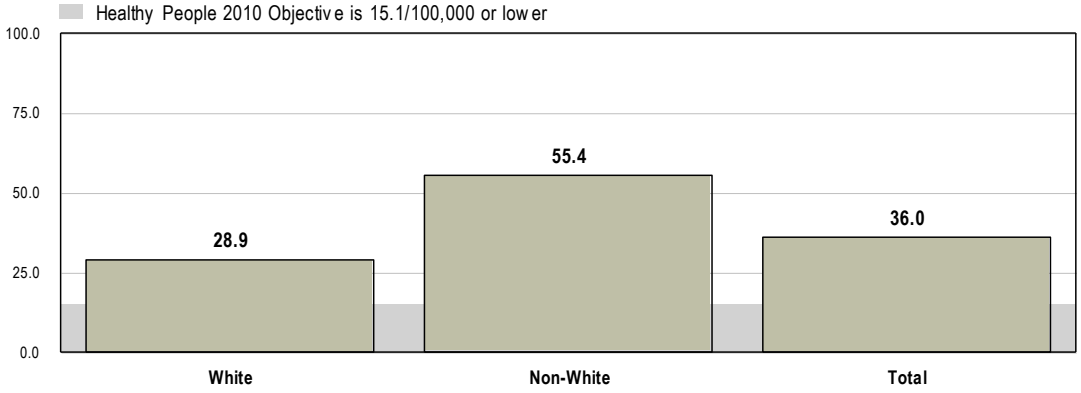
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

Diabetes mellitus deaths in San Juan County are twice as prevalent among Non-Whites than Whites.

Age-Adjusted Mortality: Diabetes Mellitus

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



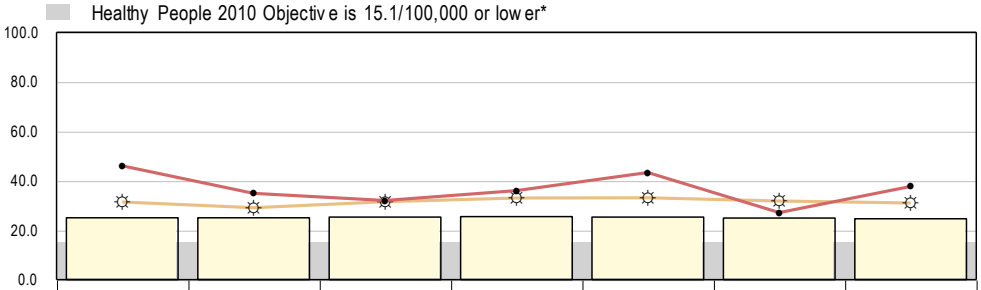
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].
- The vast majority of Non-White deaths are attributed to Native Americans.

Between 1999 and 2005, age-adjusted diabetes mellitus mortality rates varied from a high of 46.0 to a low of 27.1 in San Juan County; state- and nationwide, rates remained stable during this time frame.

Age-Adjusted Mortality: Diabetes Mellitus

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	46.0	34.9	32.0	36.0	43.3	27.1	37.7
New Mexico	31.4	29.1	31.5	33.0	33.1	31.8	31.0
United States	25.0	25.0	25.3	25.5	25.3	24.9	24.6

Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 15-13]

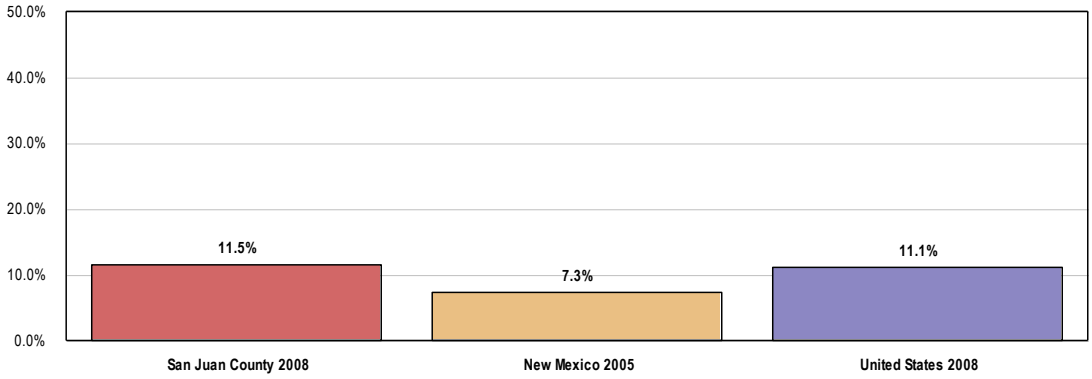
Note:
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].

Prevalence of Diabetes

Among surveyed San Juan County adults, 11.5% report having been diagnosed with diabetes.

- Less favorable than the proportion statewide (7.3%).
- Statistically similar to national proportion (11.1%).

Self-Reported Prevalence of Diabetes



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 45]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.

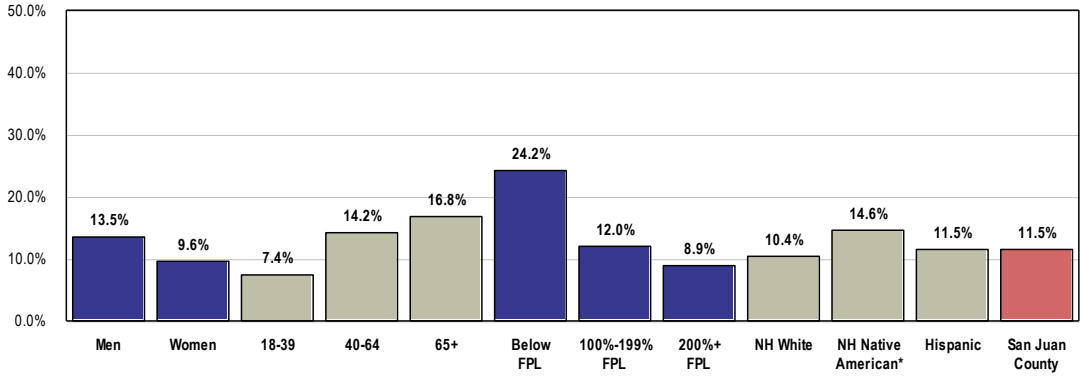
Note:
- Asked of all respondents. Excludes gestational diabetes.

A higher prevalence of diabetes is reported among the following demographic groups:

- Adults age 40 and older (note a positive correlation with age, with 16.8% of seniors with diabetes).
- Persons living below the poverty threshold.

Self-Reported Prevalence of Diabetes

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 45]

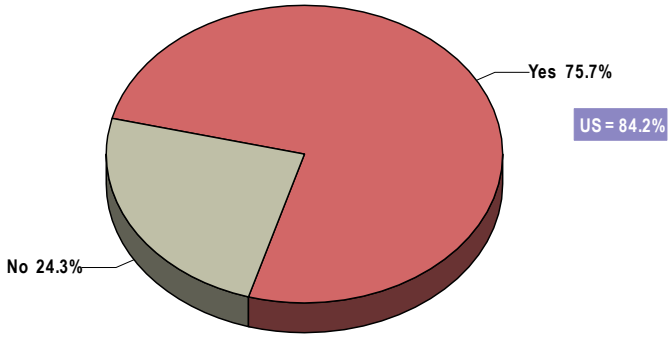
Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Among San Juan County adults with diabetes, most (75.7%) are currently taking insulin or some type of medication to manage their condition.

- Similar to the 84.2% found nationally.

Currently Taking Insulin or Other Medicine for Diabetes

(San Juan County, 2008; Among Adults With Diabetes)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 46
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of those respondents who have been diagnosed with diabetes.

Related Focus Group Findings

Focus group participants acknowledged diabetes as a major health issue among the community's residents, including those on the reservation.

> *"I think diabetes is a major health issue, not only on the reservation but also with the general population in this community. There is lack of education about diabetes and how to eat healthily to prevent it. It seems that fast food is big business in this area."* — Business Leader

> *"I want to talk about a TV commercial sponsored by San Juan Regional Medical Center, stating that diabetes was the biggest problem among Native Americans. They singled us out and we didn't appreciate that, since diabetes is a health issue across the entire U.S. population and not just with Native Americans."* — Provider to the Native American Community

Arthritis, Osteoporosis & Chronic Pain

The current and projected growth in the number of people aged 65 years and older in the United States has focused attention on preserving quality of life as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Prevalence of Arthritis & Osteoporosis

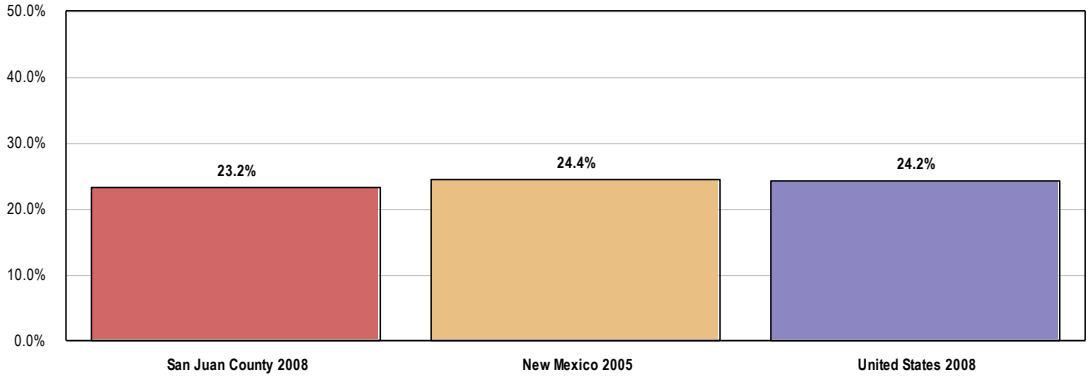
Arthritis & Rheumatism

In all, 23.2% of San Juan County adults report suffering from arthritis or rheumatism.

- Similar to the statewide prevalence (24.4%).
- Similar to that found nationwide (24.2%).

Among San Juan County adults aged 65 and older, the prevalence of arthritis or rheumatism is 51.1%.

Self-Reported Prevalence of Arthritis/Rheumatism



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 30]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.

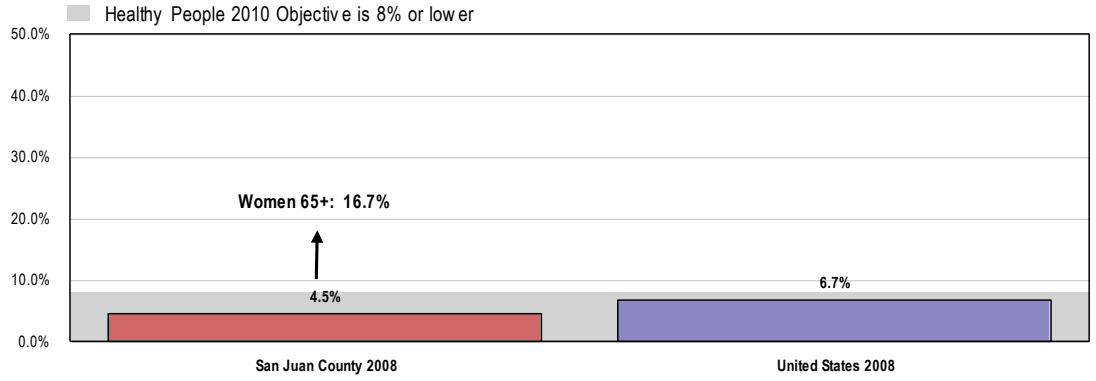
Note:
- Asked of all respondents.

Osteoporosis

A total of 4.5% of San Juan County adults report suffering from osteoporosis.

- Similar to the 5.3% reported across New Mexico.
- Lower than that found nationwide (6.7%).
- Further note that osteoporosis is much more prevalent among women aged 65 and older (affecting 16.7% of this segment).

Self-Reported Prevalence of Osteoporosis



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 34]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office, November 2000. [Objective 2-9]

Note:
- Asked of all respondents.

Prevalence of Chronic Pain

A total of 20.3% of county adults suffer from migraines or severe headaches.

- Less favorable than the 16.8% reported across the United States.

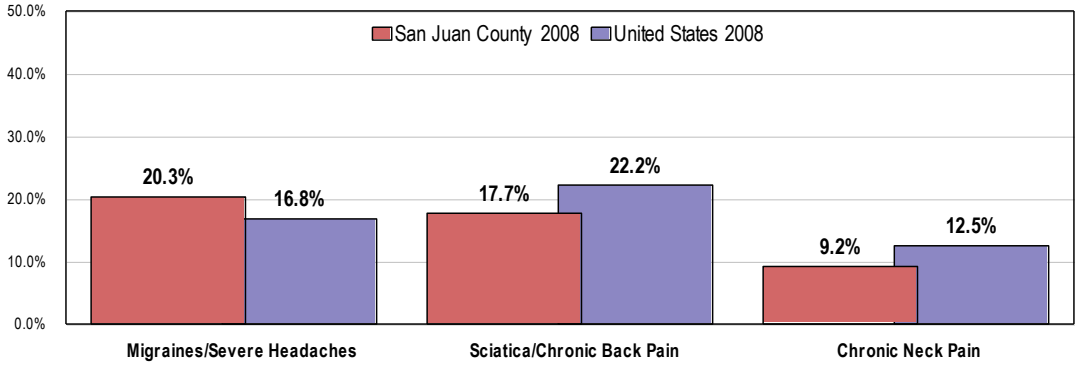
A total of 17.7% of San Juan County adults report suffering from sciatica or chronic back pain.

- More favorable than that found nationwide (22.2%).

A total of 9.2% of county adults suffer from chronic neck pain.

- More favorable than that found nationwide (12.5%).

Self-Reported Prevalence of Chronic Pain



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Items 31, 38-39]
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.

Disability & Secondary Conditions

An estimated 54 million persons in the United States, or nearly 20 percent of the population, currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the U.S.] are more than $300 billion, or 4 percent of the gross domestic product. This total cost includes $160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching $155 billion.

The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

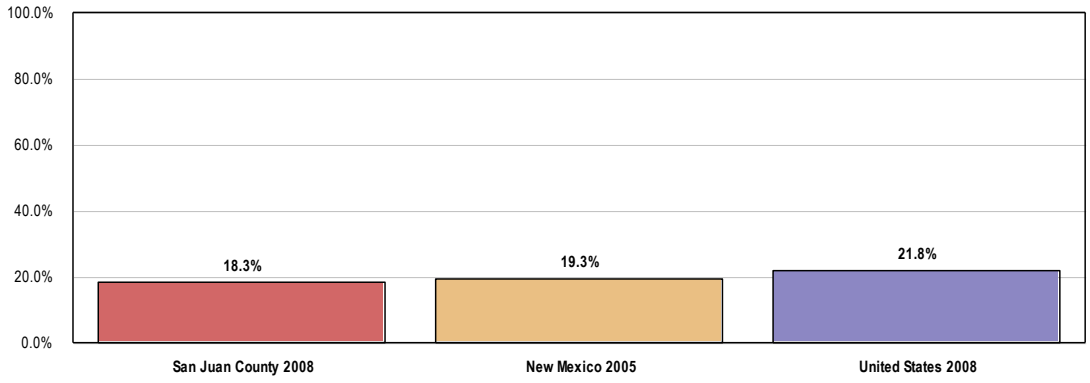
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Activity Limitations

A total of 18.3% of San Juan County adults is limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the 19.3% prevalence in New Mexico.
- More favorable than the 21.8% prevalence nationwide.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



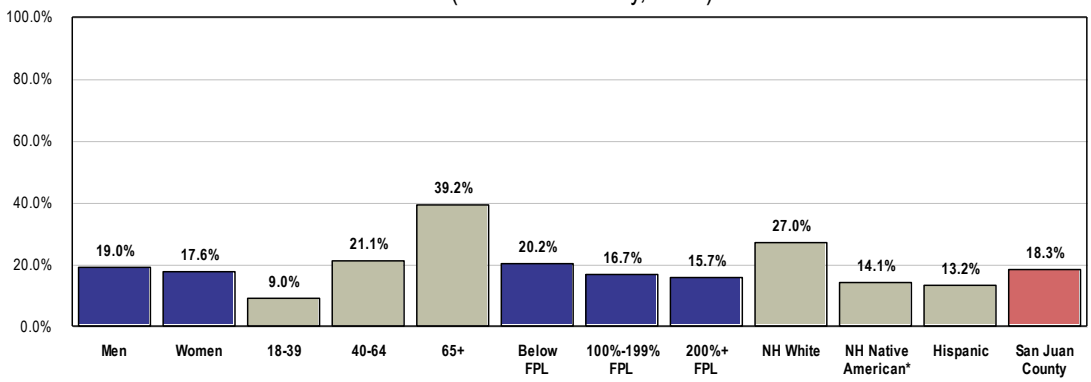
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.

In looking at responses by key demographic characteristics, San Juan County Whites are more often limited in activities; note also the positive correlation with age.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(San Juan County, 2008)

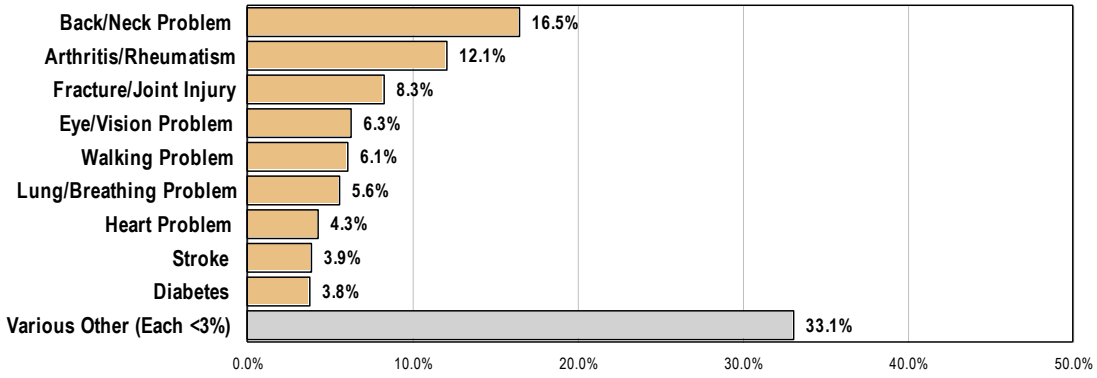


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 116]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, or fractures/joint injuries.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; San Juan County)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 117]
Note: • Reflects those respondents who experience activity limitations.

Vision & Hearing

Among the five senses, people depend on vision and hearing to provide the primary cues for conducting the basic activities of daily life. At the most basic level, vision and hearing permit people to navigate and to stay oriented within their environment. These senses provide the portals for language, whether spoken, signed, or read. They are critical to most work and recreation and allow people to interact more fully. For these reasons, vision and hearing are defining elements of the quality of life. Either, or both, of these senses may be diminished or lost because of heredity, aging, injury, or disease. Such loss may occur gradually, over the course of a lifetime, or traumatically in an instant.

Conditions of vision or hearing loss that are linked with chronic and disabling diseases pose additional challenges for patients and their families. From the public health perspective, the prevention of either the initial impairment or additional impairment from these environmentally orienting and socially connecting senses requires significant resources. Prevention of vision or hearing loss or their resulting disabling conditions through the development of improved disease prevention, detection, or treatment methods or more effective rehabilitative strategies must remain a priority.

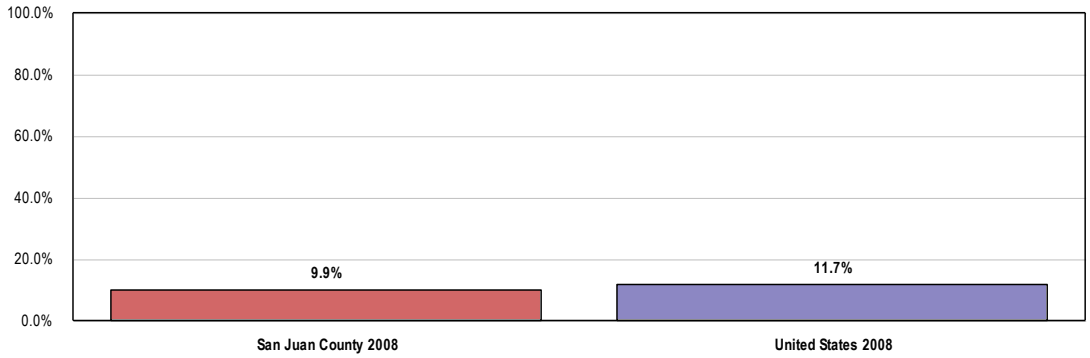
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Hearing Trouble

In all, 9.9% of San Juan County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide (11.7%).

Self-Reported Prevalence of Hearing Problems



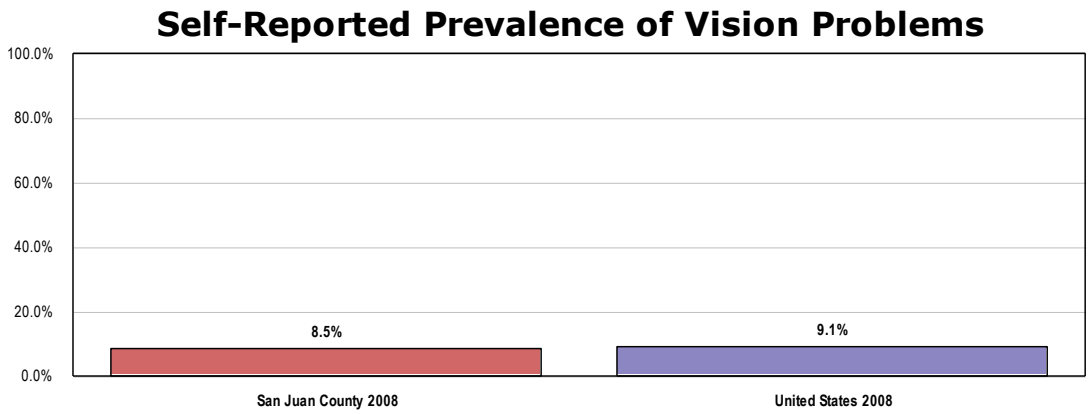
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 29
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

- Among San Juan County adults aged 65 and older, 28.6% have partial or complete hearing loss.

Vision Trouble

A total of 8.5% of San Juan County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to that found nationwide (9.1%).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 28]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

- Among San Juan County adults aged 65 and older, 15.7% have vision trouble.

Environmental Health

Air Contaminants

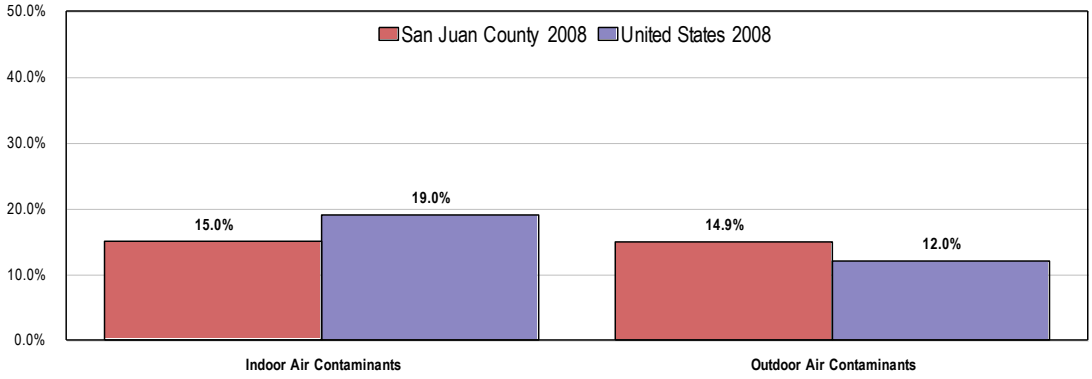
A total of 15.0% of San Juan County adults had an illness or symptom in the past year that they believed to be caused by *indoor* air contaminants (such as dust, mold, smoke or chemicals inside the home or office).

- More favorable than national findings (19.0%).

Another 14.9% of respondents reported an illness or symptom in the past year that they believed to be caused by <u>outdoor</u> contaminants (such as smog, automobile exhaust or chemicals).

- Comparable to that found nationwide (12.0%).

Had an Illness or Symptoms in the Past Year Believed to Be Caused by Air Contaminants

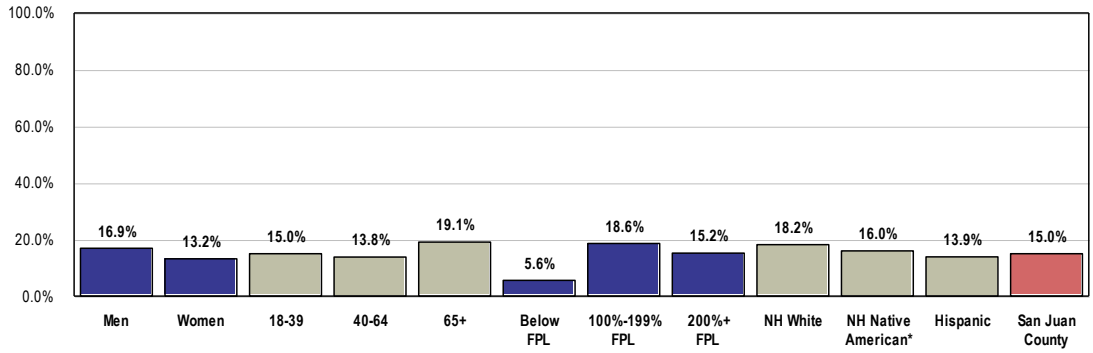


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 54-55]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• Examples of indoor air contaminants include dust, mold, smoke and chemicals.
• Examples of outdoor air contaminants include smog, automobile exhaust and chemicals.

- Adults living at higher incomes <u>more</u> often report symptoms from **indoor contaminants** in the past year.

Had an Illness or Symptoms in the Past Year Believed to Be Caused by Indoor Air Contaminants

(San Juan County, 2008)

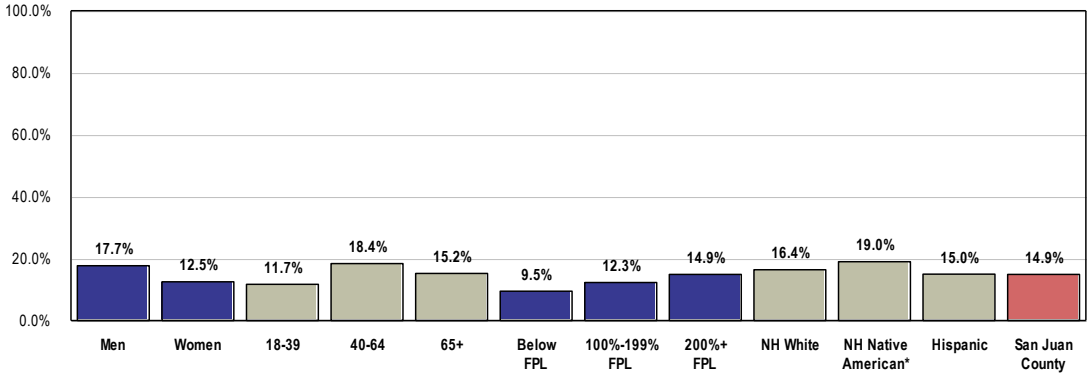


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 54]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• Examples of indoor air contaminants include dust, mold, smoke and chemicals.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities.

- Men and adults age 40 to 64 more often report symptoms from **outdoor contaminants** in the past year.

Had an Illness or Symptoms in the Past Year Believed to Be Caused by Outdoor Air Contaminants

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 55]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.

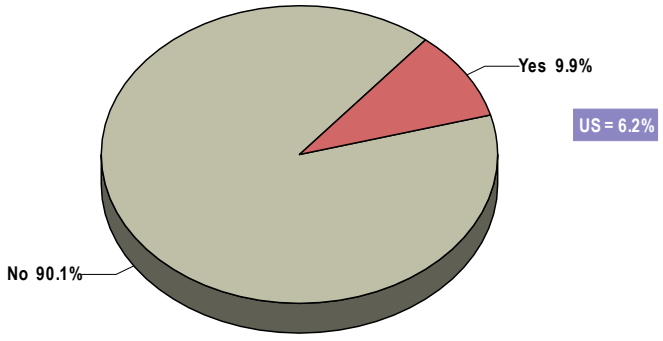
Mold in the Home

A total of 9.9% of respondents report having an area of mold in their homes that is greater than the size of a dollar bill.

- Less favorable than found nationwide (6.2%).

Have an Area of Mold in the Home Greater Than the Size of a Dollar Bill

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 56]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects the total sample of respondents.

Immunization & Infectious Disease

Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Vaccine-Preventable Disease Incidence

Measles, Mumps, Rubella

Between 2001 and 2003, there were no reported cases of measles or rubella in San Juan County. The rate of mumps for this time period was 0.3 per 100,000 population.

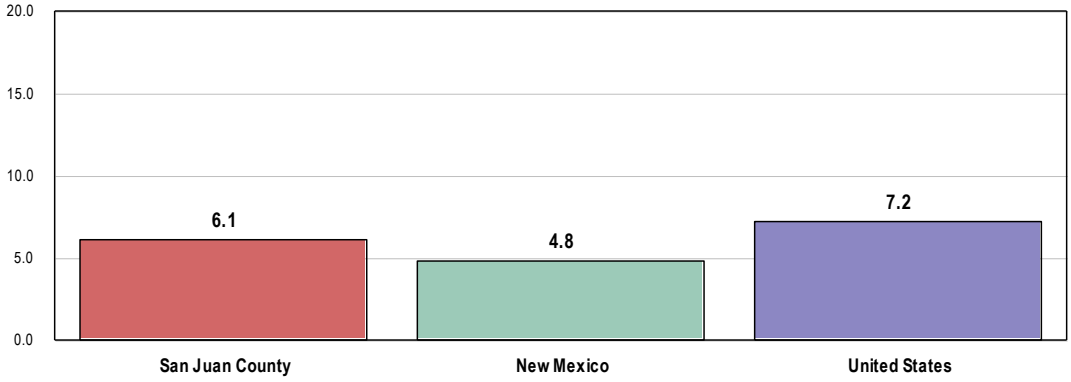
Pertussis

Between 2003 and 2005, the annual average pertussis incidence (new cases per year) in San Juan County was 6.1 per 100,000 population.

- Less favorable than the New Mexico incidence rate (4.8).
- More favorable than the national pertussis incidence rate (7.2).

Pertussis Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



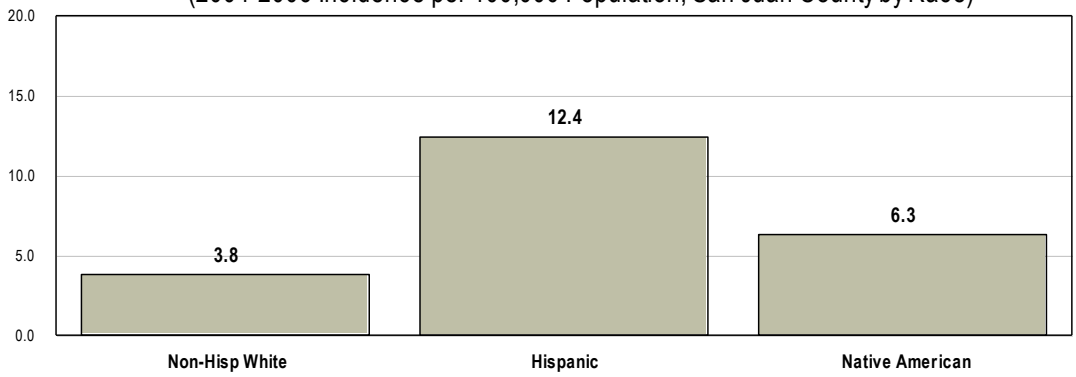
Source:
- New Mexico Department of Health
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office

Note:
- Rates are per 100,000 population.
- U.S. rate reflects 2003-2005 data.

Viewed by race, the Hispanic incidence rate in San Juan County is higher than that reported among Whites and Native Americans.

Pertussis Incidence

(2004-2006 Incidence per 100,000 Population; San Juan County by Race)

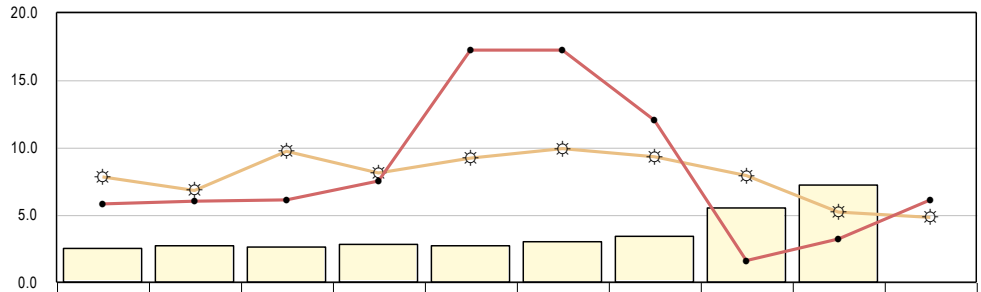


Source: • New Mexico Department of Health
Note: • Rates are per 100,000 population.

Pertussis incidence in San Juan County over the past decade has ranged from a high of 17.2 between 1999 and 2002 to a low of 1.6 between 2002-2004.

Pertussis Incidence

(Rates per 100,000 Population)



	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	5.8	6.0	6.1	7.5	17.2	17.2	12.0	1.6	3.2	6.1
New Mexico	7.8	6.8	9.7	8.1	9.2	9.9	9.3	7.9	5.2	4.8
United States	2.5	2.7	2.6	2.8	2.7	3.0	3.4	5.5	7.2	

Source: • New Mexico Department of Health
Note: • Rates are per 100,000 population.

Influenza Vaccination

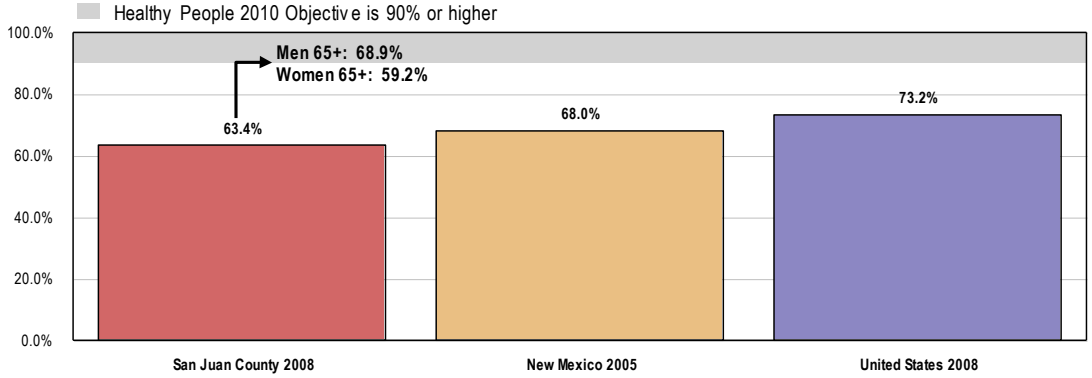
Seniors

Among San Juan County adults aged 65 and older, 63.4% received a flu shot within the past year.

- Similar to the New Mexico finding (68.0%).
- Less favorable than the national finding (73.2%).
- Fails to satisfy the Healthy People 2010 target (90% or higher).

Have Had a Flu Shot in the Past Year

(Among Adults Aged 65+)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 17]3
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c]

Note:
- Asked of all respondents aged 65 and older.

*High-Risk Adults**

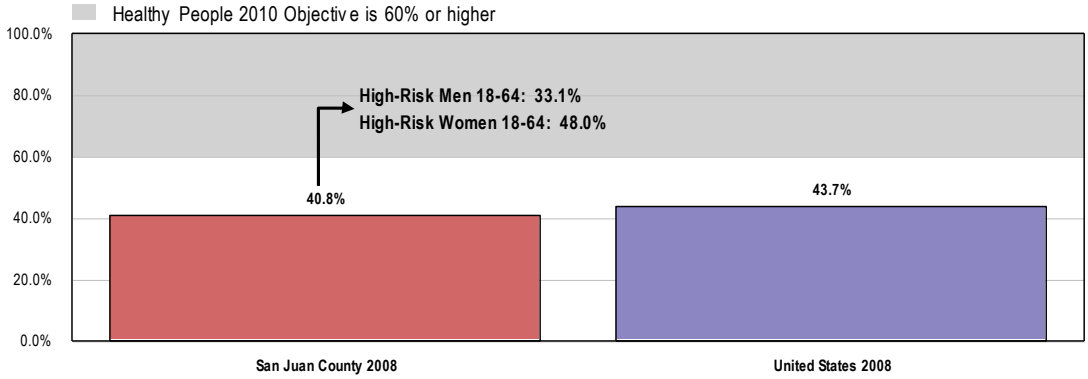
A total of 4 in 10 (40.8%) San Juan County high-risk adults aged 18 to 64 received a flu shot within the past year.

- Similar to national findings (43.7%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).

* "High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Have Had a Flu Shot in the Past Year

(Among High-Risk Adults Aged 18 to 64)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 17]4
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c]

Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

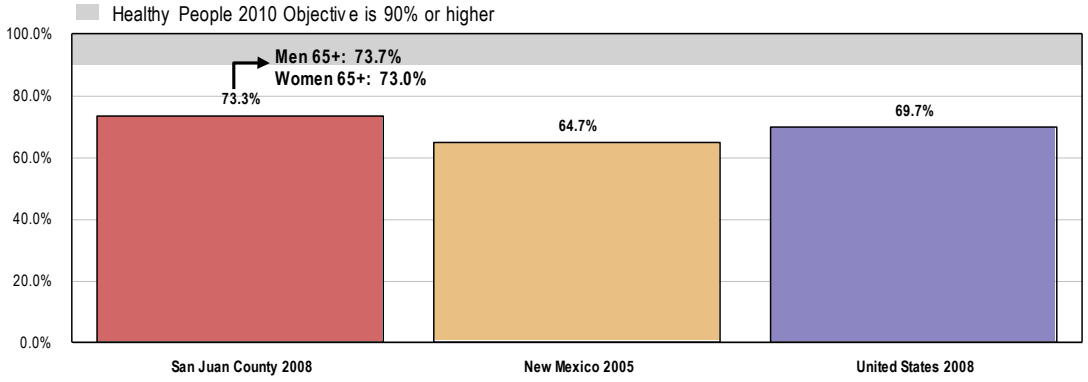
Seniors

A total of 73.3% of San Juan County adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- More favorable than the New Mexico finding (64.7%).
- Statistically comparable to the national finding (69.7%).
- Fails to satisfy the Healthy People 2010 objective of 90% or higher.

Have Ever Had a Pneumonia Vaccination

(Among Adults Aged 65+)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 17]5
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.

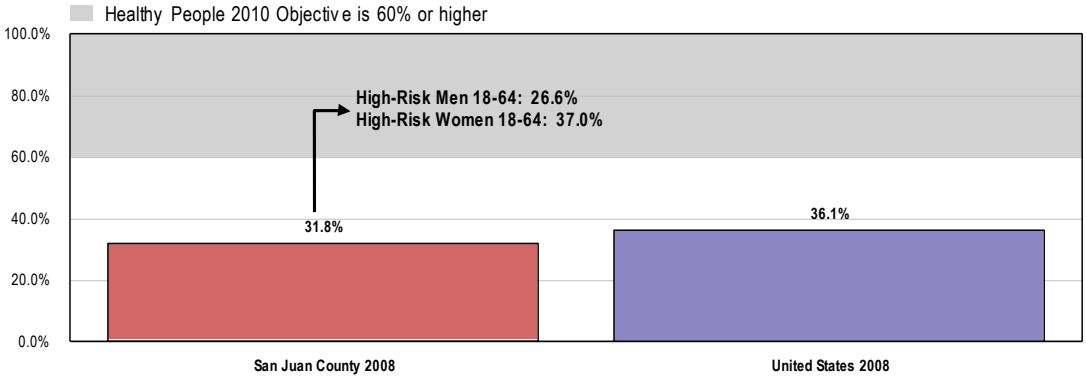
*High-Risk Adults**

A total of 31.8% of San Juan County high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- Similar to national findings (36.1%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).

Have Ever Had a Pneumonia Vaccination

(Among High-Risk Adults Aged 18 to 64)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 17]6
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29d]

Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 1996 and 1997.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in White men who have sex with men *declined*, whereas the proportion in females and males in other racial and ethnic populations *increased*, particularly among African Americans and Hispanics. AIDS cases also appeared to be *increasing* among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

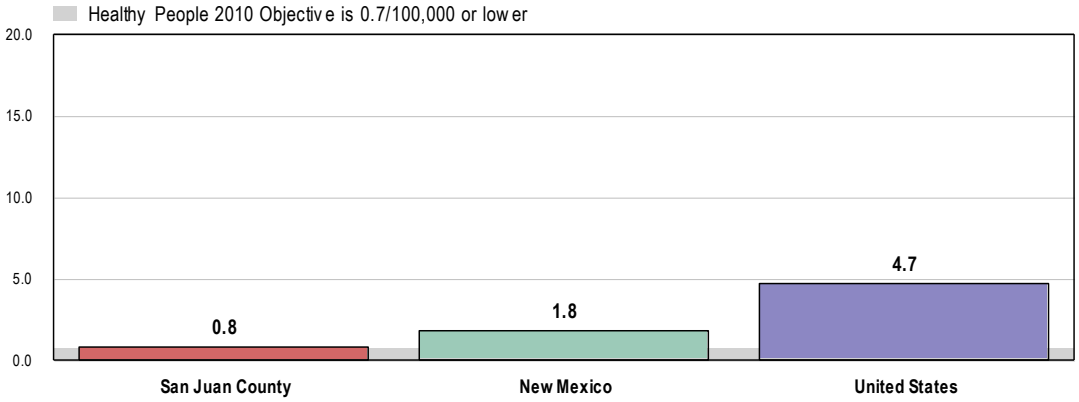
Age-Adjusted HIV/AIDS Deaths

Between 2002 and 2004, there was an annual average of just 0.8 HIV/AIDS deaths per 100,000 population in San Juan County.

- Below the statewide rate (1.8).
- Well below the mortality rate nationwide (4.7 per 100,000).
- Fails to satisfy the Healthy People 2010 objective (0.7 or lower).

Age-Adjusted Mortality: HIV

(2001-2003 Annual Average Deaths per 100,000 Population)



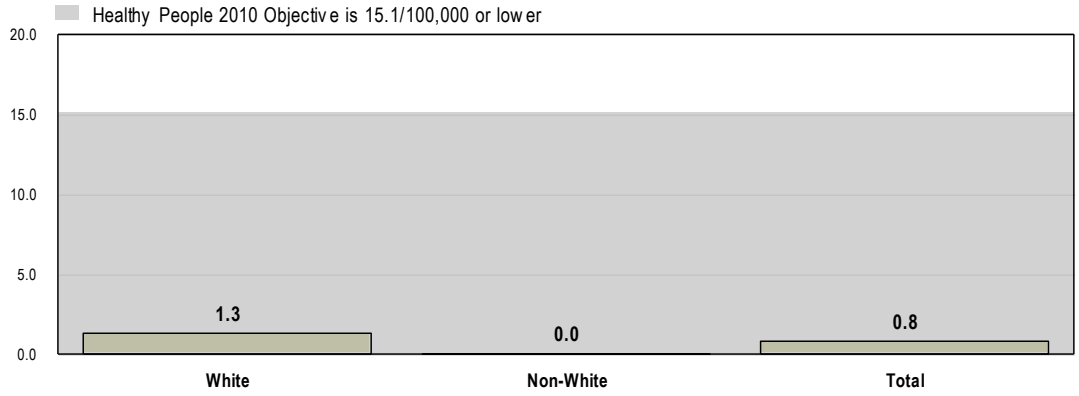
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-14]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

San Juan County HIV/AIDS deaths are predominantly in the White population.

Age-Adjusted Mortality: HIV

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-13]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *The Healthy People 2010 target for diabetes is adjusted to account for only diabetes mellitus coded deaths [Objective 5-5].
- The vast majority of Non-White deaths are attributed to Native Americans.

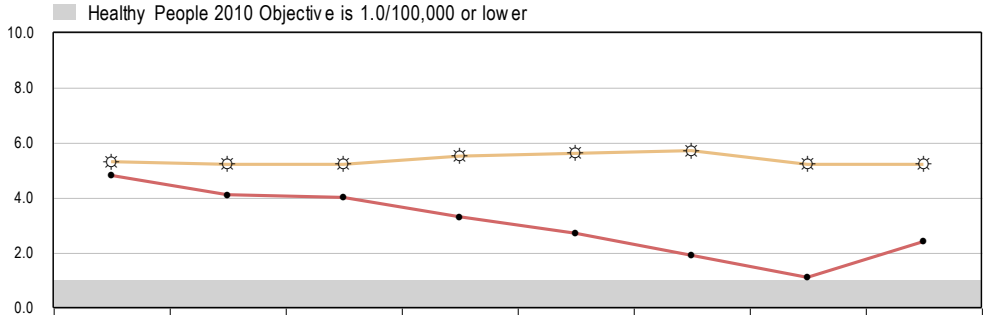
HIV/AIDS Cases

AIDS Case Rates

- The rate of new AIDS cases in San Juan County has declined considerably over the past decade, although an increase was noted in 200-5-2007 data.

AIDS Case Rates

(Annual Average Cases per 100,000 Population)



	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
San Juan County	4.8	4.1	4.0	3.3	2.7	1.9	1.1	2.4
New Mexico	5.3	5.2	5.2	5.5	5.6	5.7	5.2	5.2

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 13-1]
Note: • Represents cases in adolescents and adults (aged 13 years and older).
• Rates are per 100,000 population.

HIV/AIDS Characteristics

The following data represent characteristics of all persons living with HIV/AIDS in San Juan County between 2005 and 2007.

- Of the nine raw cases reported, Whites make up five.
- Seven in nine of the HIV/AIDS cases are among men.
- Among HIV/AIDS cases with a reported mode of transmission, five of the nine cases were contracted through men having sex with men (MSM).

San Juan County AIDS Cases

(2005-2007 Data)

Male	7
Female	2
White	5
Hispanic	1
Native American	3
MSM	5
IDU	1
Both	1
Hetero	2

Source: • New Mexico Department of Health
Note: • Represents raw case data

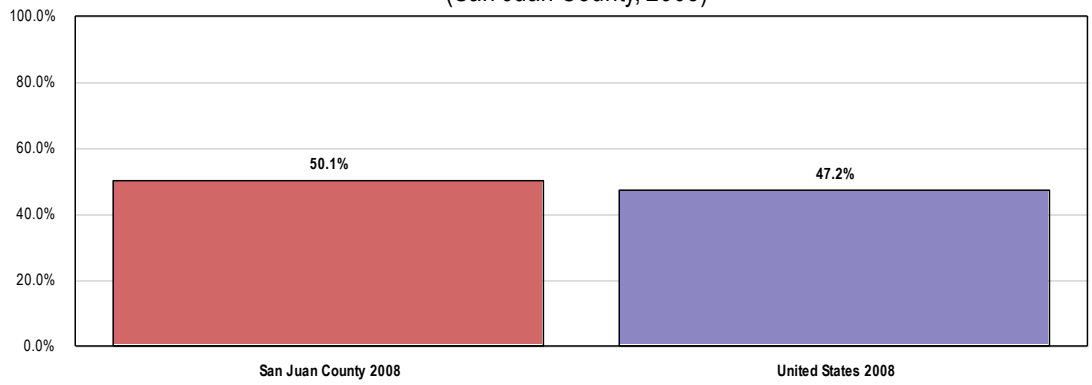
HIV Testing

Among San Juan County adults, 50.1% report that they have ever been tested for human immunodeficiency virus (HIV).

- Similar the proportion found nationwide (47.2%).
- Note that 20.6% of adults report that they had an HIV test within the past year (vs. 18.3% nationally).

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(San Juan County, 2008)



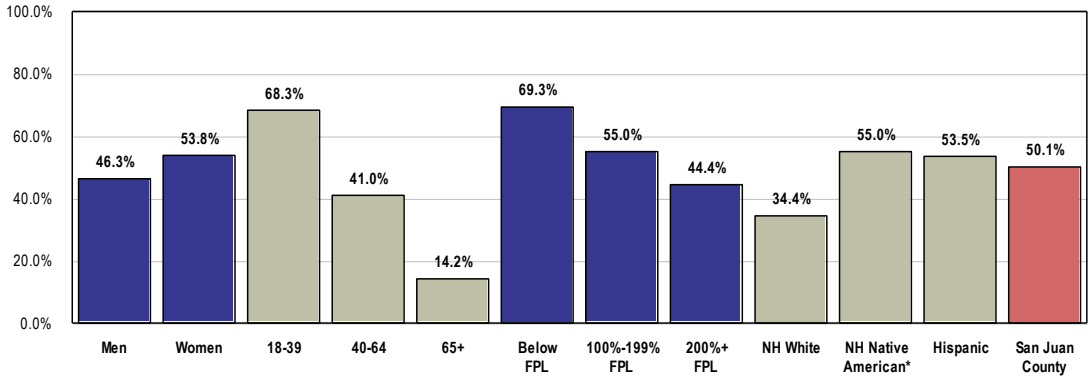
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 100]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

By demographic characteristics, these adults are more likely to have been tested:

- Women.
- Adults under 40.
- Residents living at lower income levels.
- Native Americans and Hispanics.

Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 100]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Safe Sexual Practices

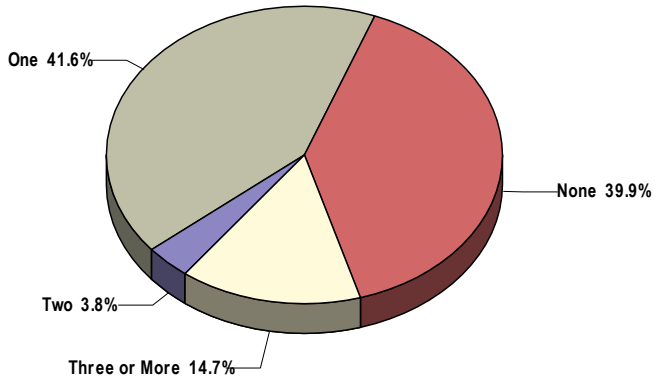
Sexual Partners

Among San Juan County adults aged 18 to 64, 4 in 10 (39.9%) did not have a sexual partner in the past year and 41.6% had only one.

- Note that 14.7% report three or more sexual partners within the past 12 months (similar to the 10.8% reported across the nation).

Number of Sexual Partners in the Past 12 Months

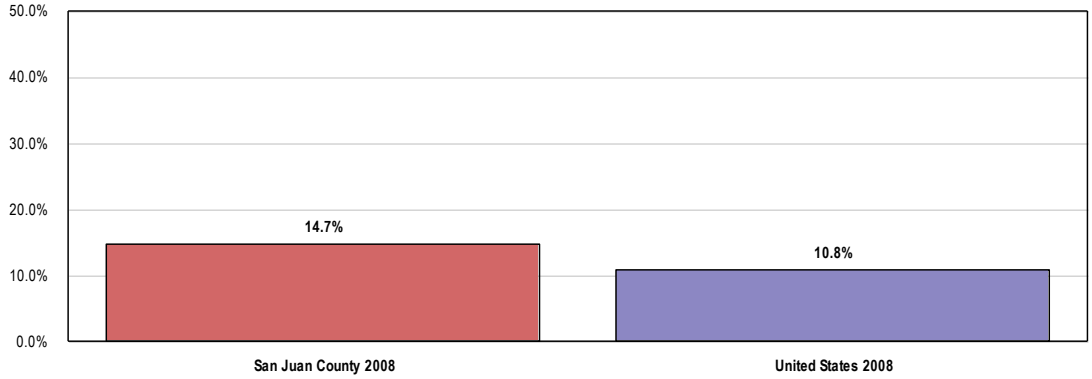
(Among Unmarried Respondents Aged 18 to 64)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 98]
Note: • Asked of non-married respondents age 18 through 64.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Respondents Aged 18 to 64)



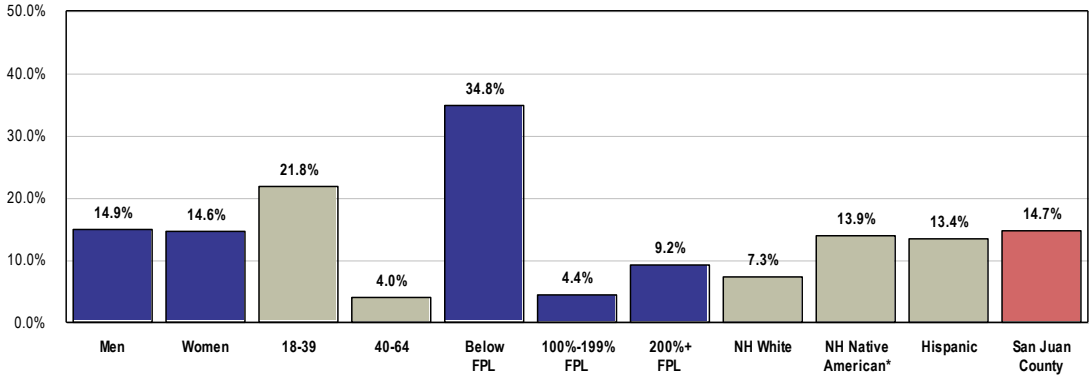
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 98
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of non-married respondents aged 18 through 64.

Respondents (aged 18 to 64) less likely to report three or more sexual partners in the past year include:

- Residents age 40 through 64.
- Those living below the federal poverty level.
- White respondents.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Respondents Aged 18 to 64; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 98]
Note: • Asked of non-married respondents aged 18 through 64.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

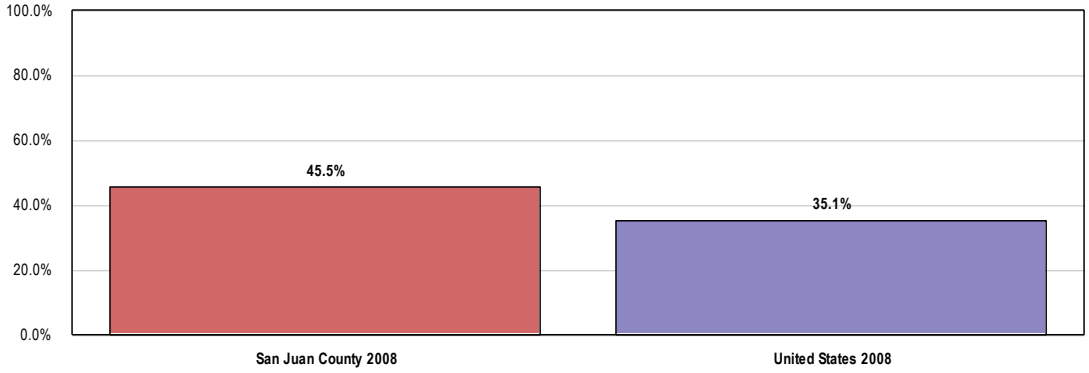
Condom Use

A total of 45.5% of San Juan County adults aged 18 to 64 report using a condom during their last sexual intercourse.

- More favorable than the 35.1% reported nationally.

Used a Condom During Last Sexual Intercourse

(Among Unmarried Respondents Aged 18 to 64)



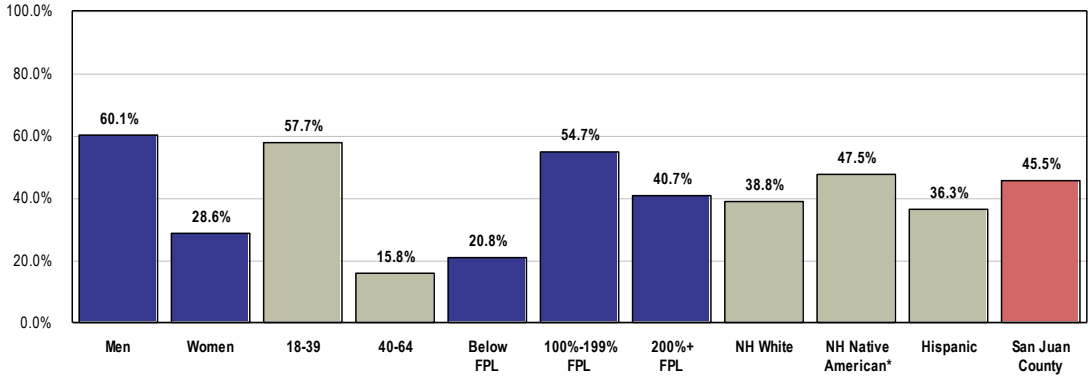
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 99
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of non-married respondents aged 18 through 64.

The following population segments are <u>less</u> likely to have used a condom during sexual intercourse:

- Women.
- Adults age 40 and older.
- Residents at either end of the income spectrum.

Used a Condom During Last Sexual Intercourse

(Among Unmarried Respondents Aged 18 to 64; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 99]
Note: • Asked of non-married respondents aged 18 through 64.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

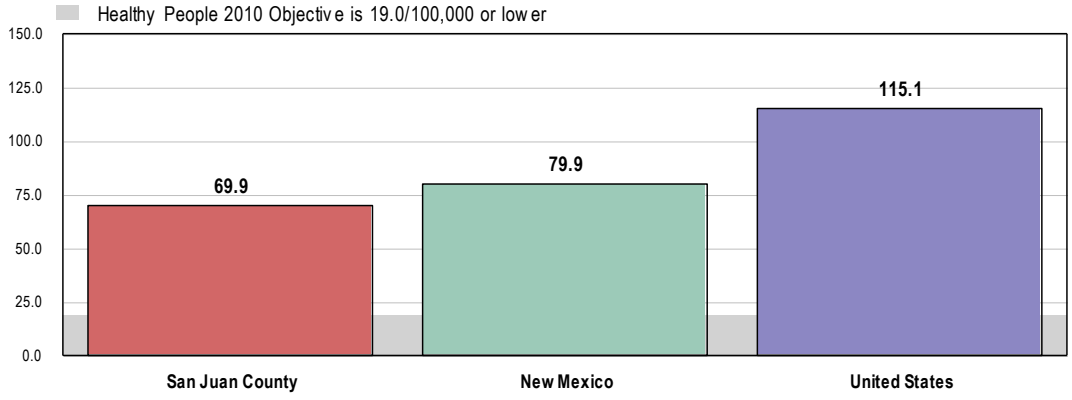
Gonorrhea

Between 2004 and 2006 in San Juan County, there was an annual average incidence of 69.9 cases of gonorrhea per 100,000 population.

- Better than found statewide (79.9).
- Better than found nationwide (115.1).
- Fails to satisfy the Healthy People 2010 objective of 19.0 or lower.

Gonorrhea Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



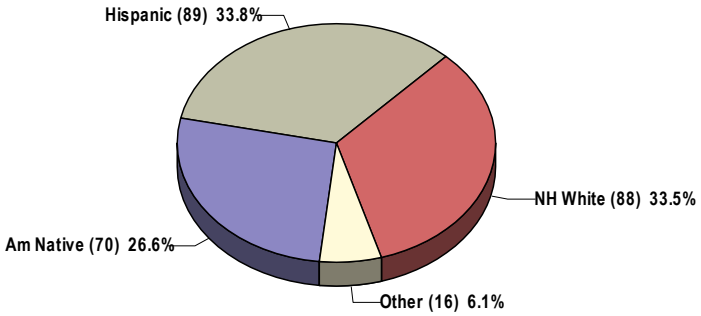
Source:
- New Mexico Department of Health
- National Center for Health Statistics.
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-2]

Note:
- Rates are per 100,000 population.
- The U.S. rate reflects 2003-2005 data.

Note that one-third (33.8%) of 2004-2006 San Juan County gonorrhea cases were in the Hispanic community, and another one-third (33.5%) were in the White community. Native Americans made up 26.6% of the 2004-2006 gonorrhea cases.

Number of Gonorrhea Cases by Race

(San Juan County; 2004-2006 Data)



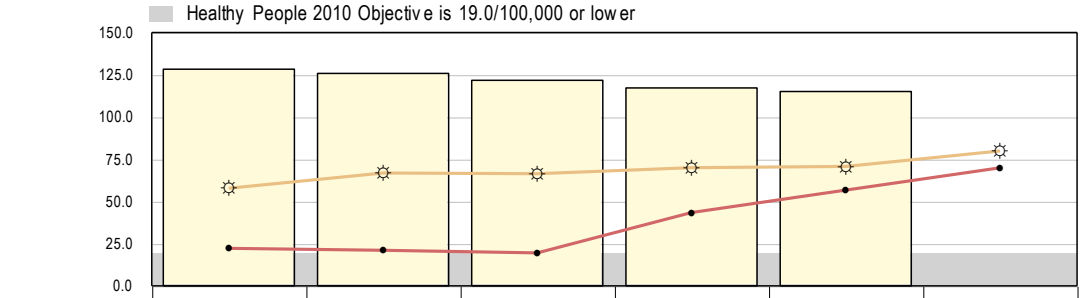
Source:
- New Mexico Department of Health

Note:
- Figures in parentheses represent actual case numbers.

- Gonorrhea incidence is increasing in San Juan County, as found across New Mexico; nationally, gonorrhea is decreasing.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	22.2	21.1	19.5	43.4	56.7	69.9
New Mexico	57.8	66.8	66.4	70.0	70.7	79.9
United States	128.3	125.8	121.7	117.2	115.1	

Source:
- New Mexico Department of Health
- Centers for Disease Control and Prevention.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 25-2]

Note:
- Rates are per 100,000 population.

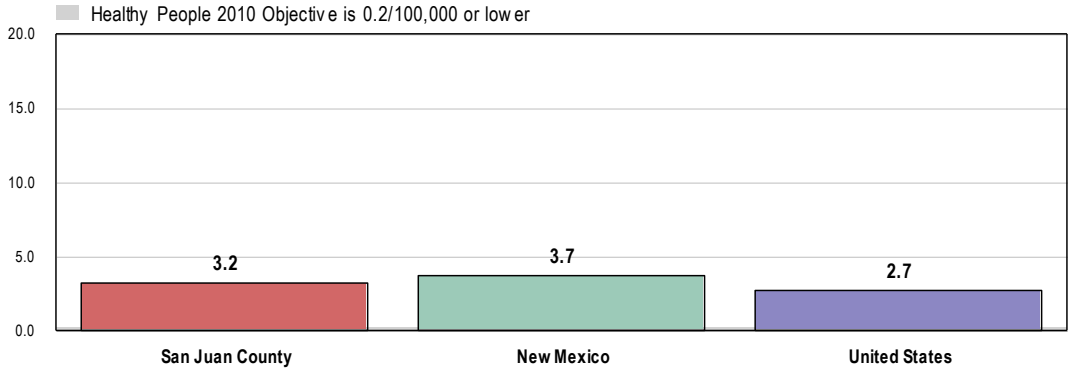
Syphilis

Between 2004 and 2006 in San Juan County, there was an annual average incidence of 3.2 cases of syphilis per 100,000 population.

- Better than found statewide (3.7).
- Less favorable than found nationally (2.7).
- Fails to satisfy the Healthy People 2010 objective (0.2 or lower).

Primary/Secondary Syphilis Incidence

(2004-2006 Annual Average Cases per 100,000 Population)



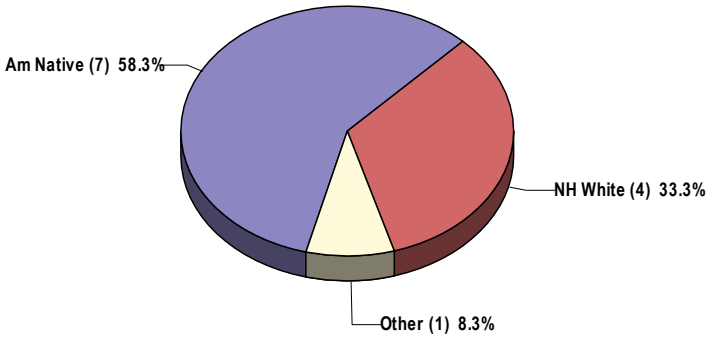
Source:
- New Mexico Department of Health
- National Center for Health Statistics.
- Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3]

Note:
- Rates are per 100,000 population.
- U.S. figure reflects 2003-2005 data.

Note that more than one-half (58.3%) of 2004-2006 San Juan County syphilis cases were in the Native American community, with another 33.3% attributed to the White population.

Number of Primary/Secondary Syphilis Cases by Race

(San Juan County; 2004-2006 Data)

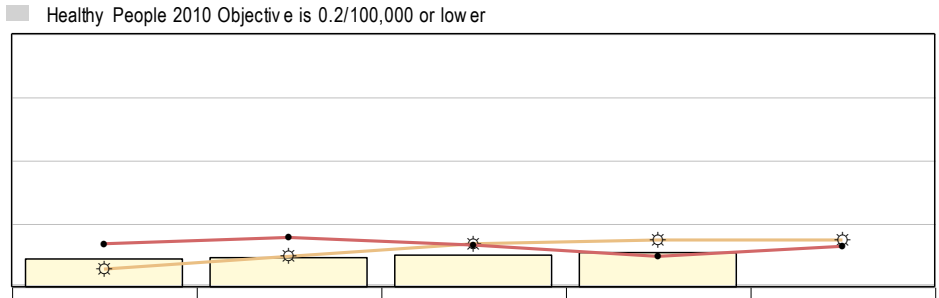


Source: • New Mexico Department of Health
Note: • Figures in parentheses represent actual case numbers.

Syphilis incidence has ranged from 2.4 to 3.9 in San Juan County between 2000 and 2006. State- and nationwide, incidence is increasing.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	3.4	3.9	3.3	2.4	3.2
New Mexico	1.4	2.4	3.4	3.7	3.7
United States	2.2	2.3	2.5	2.7	

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 25-3]
Note: • Rates are per 100,000 population.

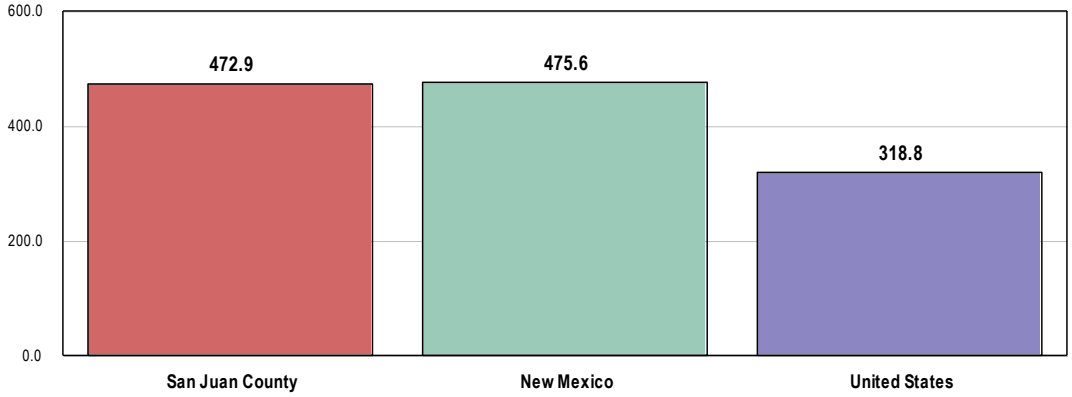
Chlamydia

Between 2004 and 2006 in San Juan County, there was an annual average incidence of 472.9 cases of chlamydia per 100,000 population.

- Similar to that found statewide (475.6).
- Worse than found nationally (318.8).

Chlamydia Incidence

(2004-2006 Annual Average Cases per 100,000 Population)

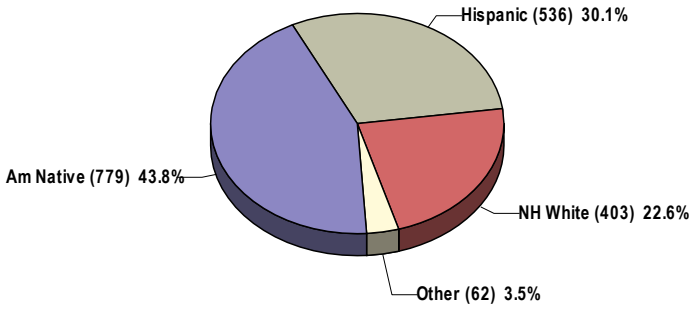


Source: • New Mexico Department of Health
• National Center for Health Statistics.
• Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
Note: • Rates are per 100,000 population.
• U.S. figure reflects 2003-2005 data.

A total of 43.8% of 2004-2006 San Juan County chlamydia cases were among Native Americans, while 30.1% were attributed to Hispanics and 22.6% were among Non-Hispanic Whites.

Number of Chlamydia Cases by Race

(San Juan County; 2004-2006 Data)

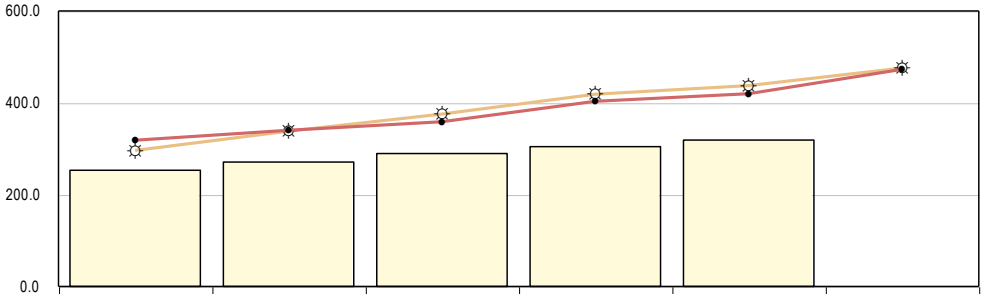


Source: • New Mexico Department of Health
Note: • Figures in parentheses represent actual case numbers.

Chlamydia incidence is increasing in San Juan County, as it is statewide and nationwide.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	318.4	340.2	358.8	403.3	419.7	472.9
New Mexico	296.2	338.3	375.4	418.6	437.5	475.6
United States	253.0	270.8	289.4	304.4	318.8	

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention.
Note: • Rates are per 100,000 population.

Hepatitis B

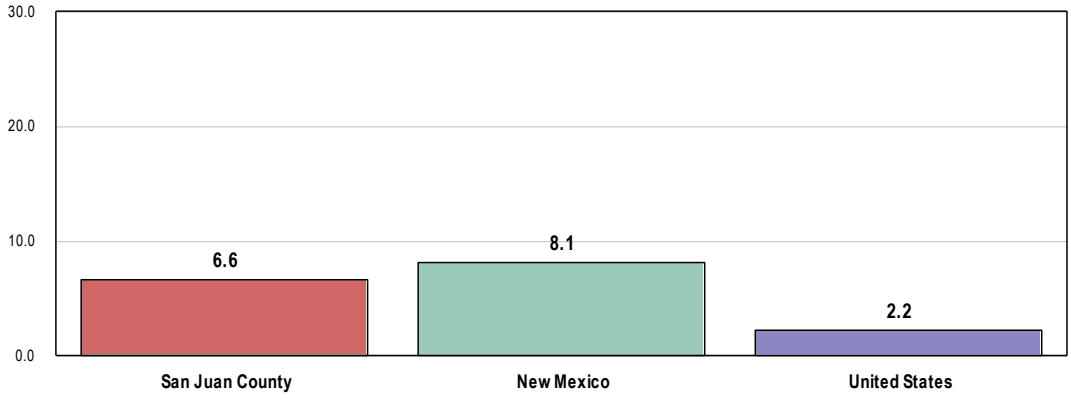
Incidence

Between 2005 and 2007 in San Juan County, there was an annual average incidence of 6.6 cases of hepatitis B per 100,000 population.

- Better than found statewide (8.1).
- Less favorable than the nationwide incidence rate (2.2).

Hepatitis B Incidence

(2005-2007 Annual Average Cases per 100,000 Population)

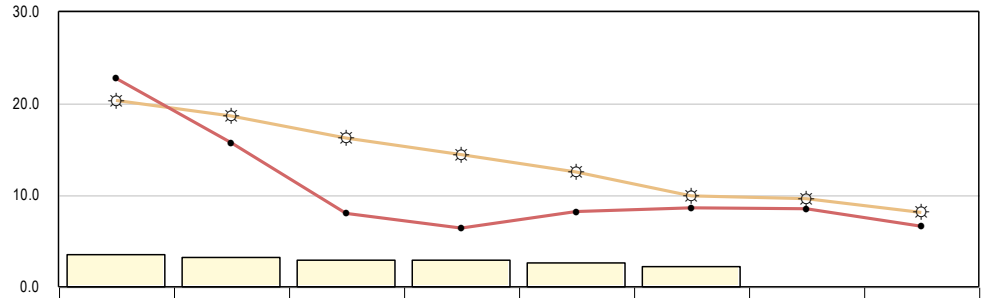


Source: • New Mexico Department of Health
• National Center for Health Statistics.
• Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. Summary of Select Notifiable Diseases.
Note: • Rates are per 100,000 population.
• U.S. rate reflects 2003-2005 data.

Overall, hepatitis B incidence is decreasing in San Juan County, as it is both state- and nationwide.

Hepatitis B Incidence

(Annual Average Cases per 100,000 Population)



	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
San Juan County	22.7	15.7	8.0	6.4	8.2	8.6	8.5	6.6
New Mexico	20.3	18.6	16.2	14.4	12.5	9.9	9.6	8.1
United States	3.5	3.2	2.9	2.9	2.6	2.2		

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention.
Note: • Rates are per 100,000 population.

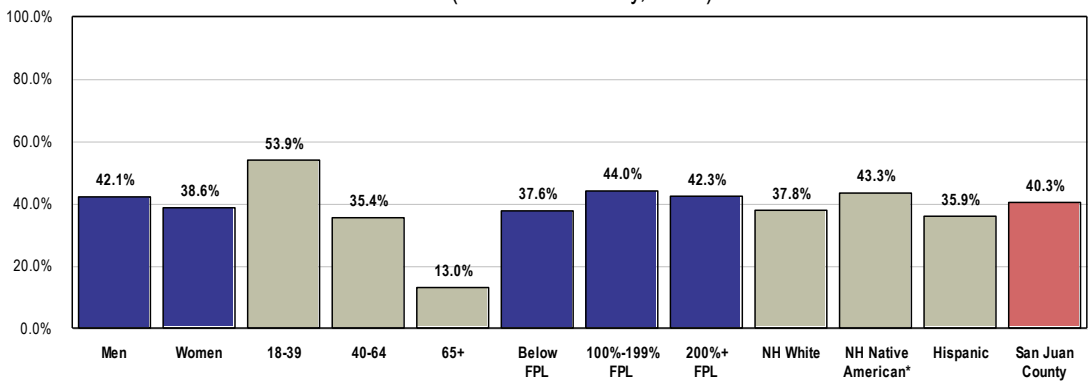
Vaccination

Among survey respondents, 40.3% have received the hepatitis B vaccination.

Note the negative correlation between age and hepatitis B vaccinations in San Juan County.

Have Received the Hepatitis B Vaccine

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 78]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Maternal, Infant & Child Health

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation … Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the U.S. infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between Whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of Whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities … The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline … Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Crude Birth Rates

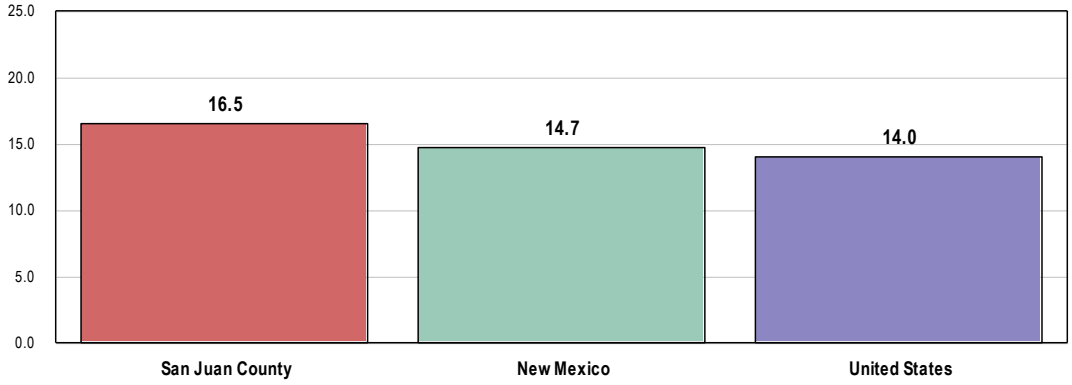
Crude birth rates represent an area's number of live births per 1,000 population.

Between 2004-2006, the San Juan County crude birth rate was 16.5 per 1,000 population.

- Higher than the 14.7 rate recorded across New Mexico.
- Higher than the 14.0 nationwide.

Crude Birth Rates

(2004-2006 Annual Average Births per 1,000 Population)

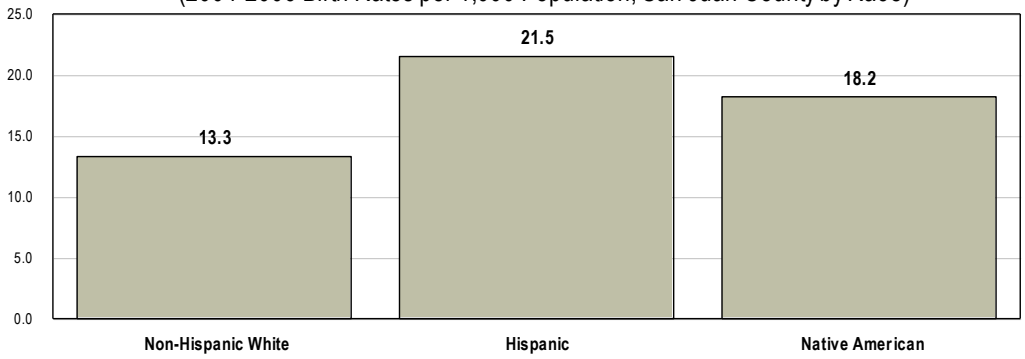


Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 population.
• U.S. figure reflects 2003-2005 data.

Crude birth rates are notably higher among the Hispanic and Native American populations in San Juan County when compared with Whites.

Crude Birth Rates

(2004-2006 Birth Rates per 1,000 Population; San Juan County by Race)

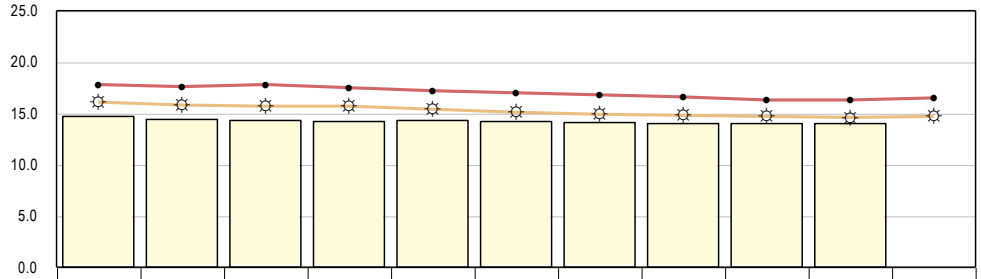


Source: • New Mexico Department of Health
Note: • Rates are per 1,000 population.

Crude birth rates are decreasing in San Juan County, mirroring the trends reported across New Mexico and the U.S. overall.

Crude Birth Rates

(Annual Average Births per 1,000 Population)



	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	17.8	17.6	17.8	17.5	17.2	17.0	16.8	16.6	16.3	16.3	16.5
New Mexico	16.1	15.8	15.7	15.7	15.4	15.1	14.9	14.8	14.7	14.6	14.7
United States	14.7	14.4	14.3	14.2	14.3	14.2	14.1	14.0	14.0	14.0	

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Rates are per 1,000 population.

Timely Prenatal Care

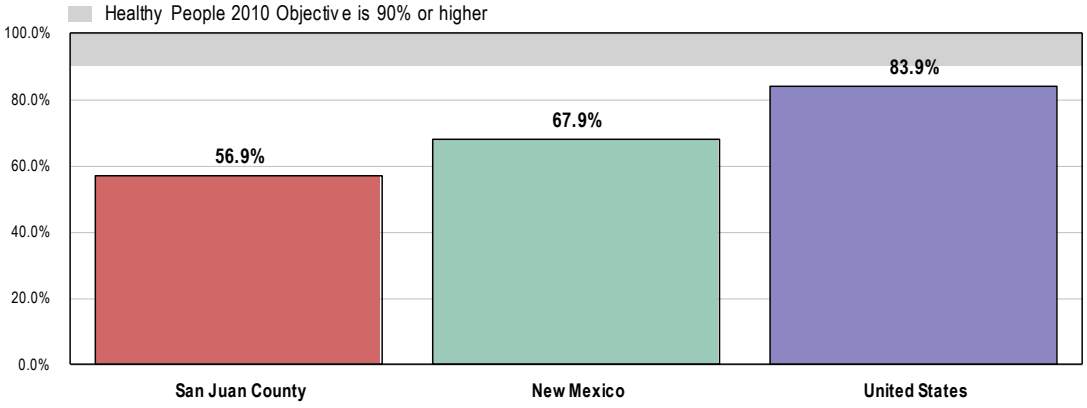
Early and continuous prenatal care is the best assurance of infant health.

Just over one-half (56.9%) of all 2004-2006 San Juan County births received prenatal care begun in the first trimester of pregnancy.

- Less favorable than the proportion statewide (67.9%).
- Less favorable than the proportion nationwide (83.9%).
- Fails to meet the Healthy People 2010 target (90% or higher).

Mothers Receiving Prenatal Care in the First Trimester

(2004-2006 Percentage of Live Births)



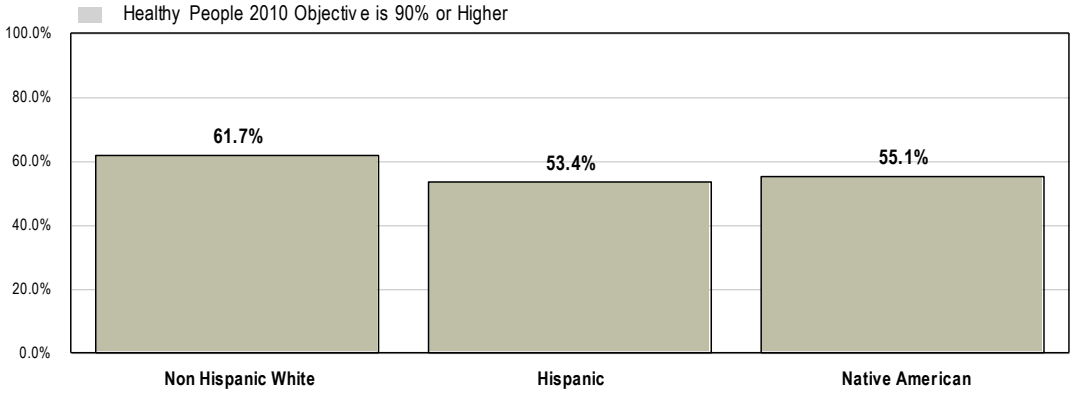
Source:
- New Mexico Department of Health
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 16-6a].

Note:
- Numbers are percentages of live births.
- U.S. figure reflects 2003-2005 data.

Timely prenatal care is notably lower among Hispanic and Native American mothers in San Juan County when compared with Whites.

Mothers Receiving Prenatal Care in the First Trimester

(2004-2006 Birth Rates per 1,000 Population; San Juan County by Race)



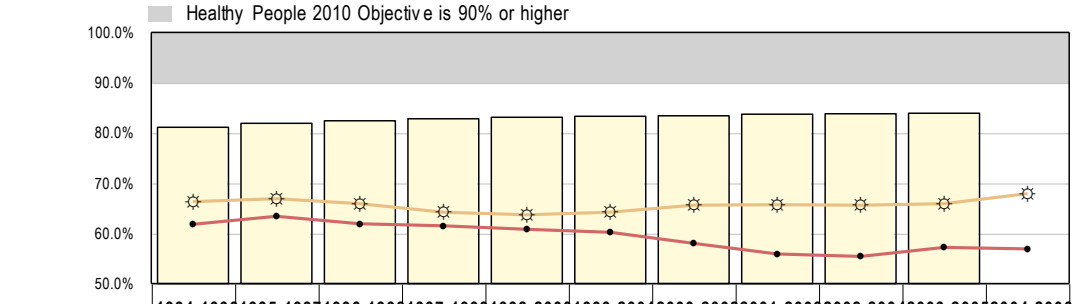
Source:
- New Mexico Department of Health
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 16-6a].

Note:
- Numbers are percentages of live births.

- The proportion of women receiving timely (first trimester) prenatal care has dropped in San Juan County since the 1994-1996 reporting period.

Mothers Receiving Prenatal Care in the First Trimester

(Percentage of Live Births)



	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	61.8%	63.4%	61.9%	61.5%	60.8%	60.2%	58.0%	55.9%	55.4%	57.2%	56.9%
New Mexico	66.3%	66.9%	65.9%	64.2%	63.7%	64.2%	65.6%	65.7%	65.6%	65.9%	67.9%
United States	81.1%	81.9%	82.4%	82.8%	83.1%	83.3%	83.4%	83.7%	83.8%	83.9%	

Source:
- New Mexico Department of Health
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-6a].

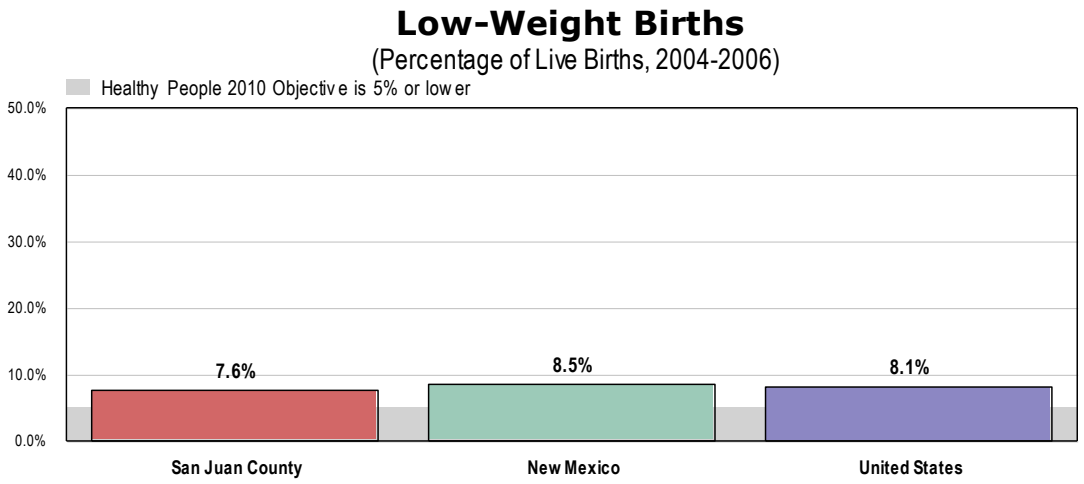
Note:
- Numbers are a percentage of all live births within each population.

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

An annual average of 7.6% of San Juan County births between 2004 and 2006 were of low birthweight.

- Better than the statewide proportion (8.5%).
- Better than the percentage nationwide (8.1%).
- Fails to satisfy the Healthy People 2010 target (5% or lower).



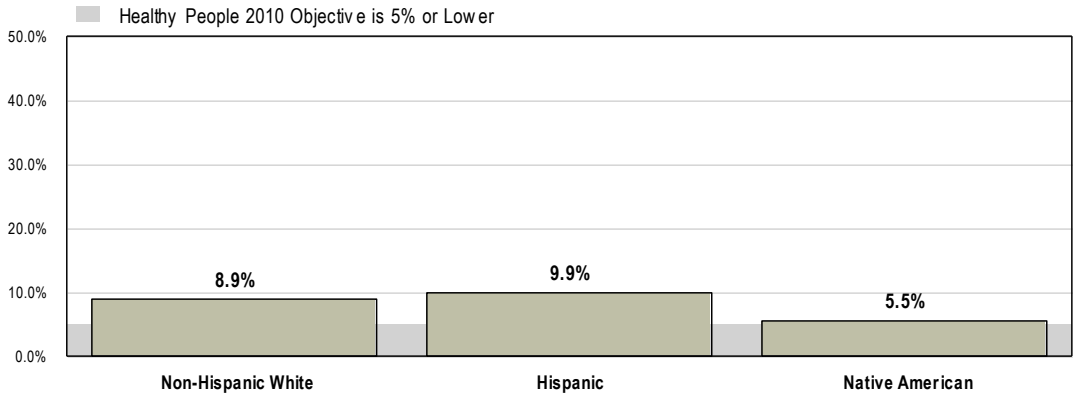
Source:
- New Mexico Department of Health
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Note:
- Numbers are percentages of live births.
- U.S. number reflects 2003-2005 data.

Note that low-weight births are more common among White and Hispanic mothers in San Juan County.

Low-Weight Births

(2004-2006 Birth Rates per 1,000 Population; San Juan County by Race)



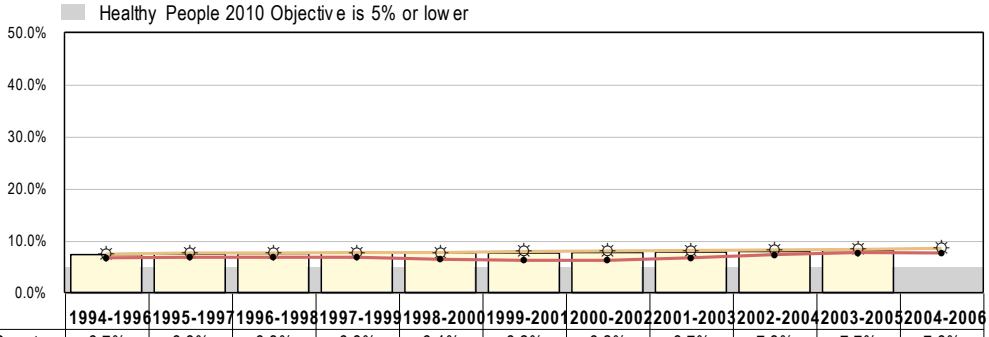
Source:
- New Mexico Department of Health
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

Note:
- Numbers are percentages of live births.

Low-weight births have increased steadily in San Juan County, echoing the trends reported both state- and nationwide.

Low-Weight Births

(Low-Weight Births as a Percentage of Live Births)



	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	6.7%	6.8%	6.8%	6.8%	6.4%	6.2%	6.2%	6.7%	7.3%	7.7%	7.6%
New Mexico	7.4%	7.6%	7.6%	7.7%	7.7%	7.9%	8.0%	8.1%	8.2%	8.3%	8.5%
United States	7.3%	7.4%	7.5%	7.6%	7.6%	7.6%	7.7%	7.8%	7.9%	8.1%	

Source:
- New Mexico Department of Health
- Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-10a].

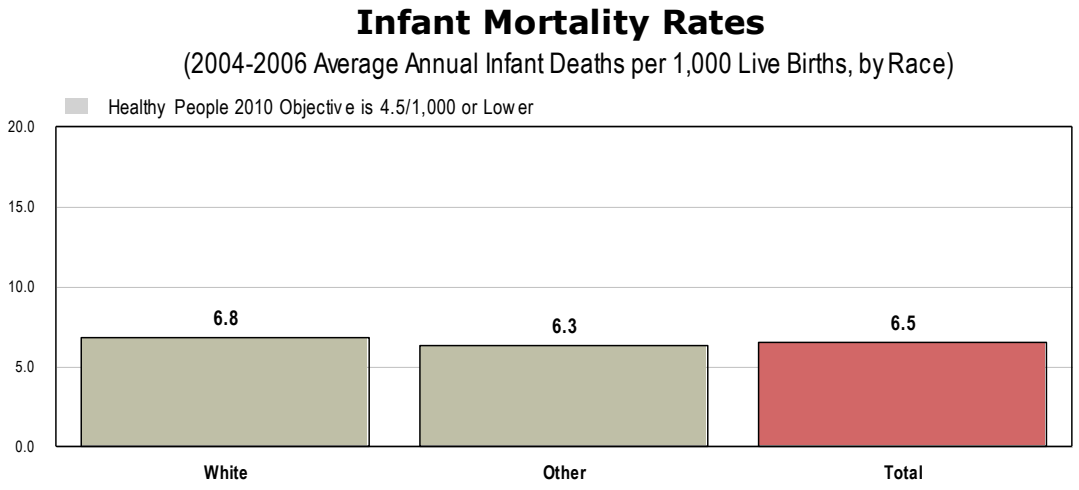
Note:
- Numbers are a percentage of all live births within each population.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

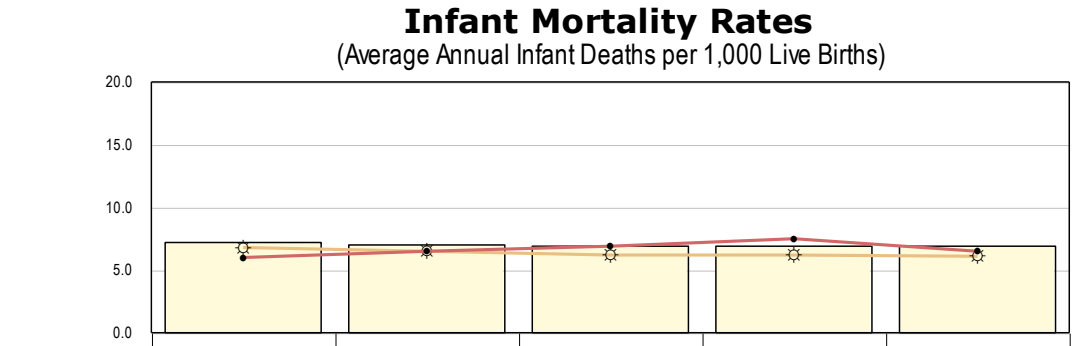
Between 2004 and 2006 in San Juan County, there was an annual average of 6.5 infant deaths per 1,000 live births.

- Higher (6.8) among Whites in San Juan County.



Source: • New Mexico Department of Health
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000 [Objective 16-1c].
Note: • Numbers are a percentage of all live births within each population.

- The 6.5 rate is less favorable than the 6.1 reported across New Mexico but more favorable than the 6.9 reported nationally.
- Infant mortality rates are improving in San Juan County; this downward trend can be seen across New Mexico and the U.S. overall as well.



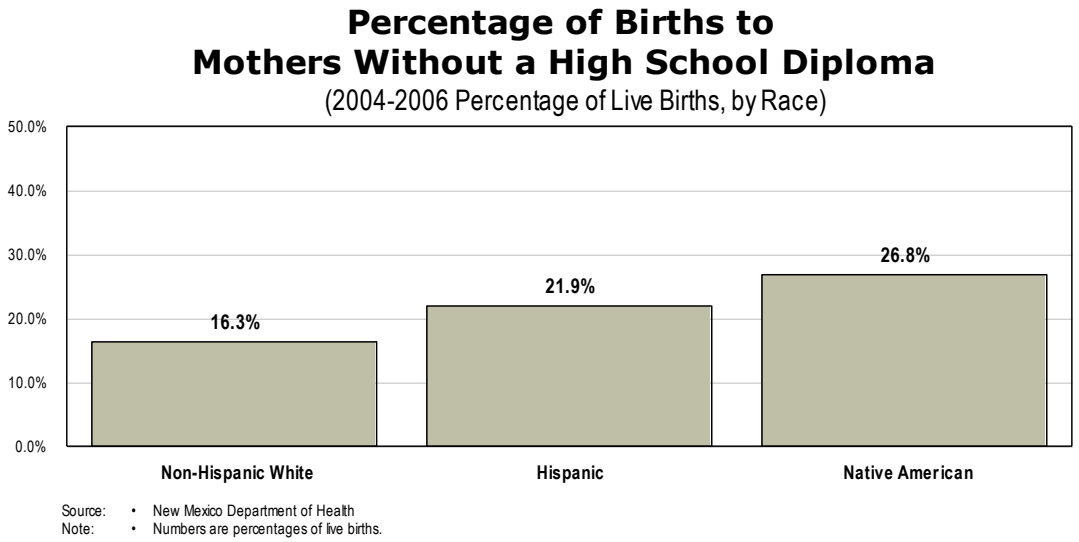
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005
San Juan County	6.0	6.5	6.9	7.5	6.5
New Mexico	6.8	6.5	6.2	6.2	6.1
United States	7.2	7.0	6.9	6.9	6.9

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Note: • Numbers are a percentage of all live births within each population.

Mothers With Low Educational Attainment

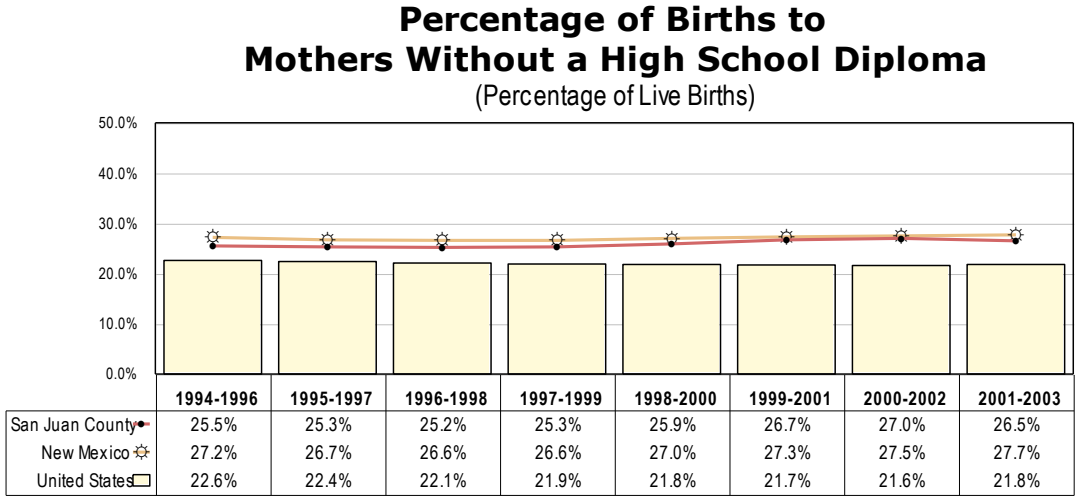
Between 2001 and 2003, more than one-fourth (26.5%) of births in San Juan County were to mothers without a high school diploma.

- Viewed by race (2004-2006 data), the proportion of births to mothers with low educational attainment ranged from 16.3% among Whites to 26.8% among Native Americans.



Source: • New Mexico Department of Health
Note: • Numbers are percentages of live births.

- The prevalence of births to mothers with low educational attainment has been relatively stable in San Juan County, echoing state and national trends.



	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003
San Juan County	25.5%	25.3%	25.2%	25.3%	25.9%	26.7%	27.0%	26.5%
New Mexico	27.2%	26.7%	26.6%	26.6%	27.0%	27.3%	27.5%	27.7%
United States	22.6%	22.4%	22.1%	21.9%	21.8%	21.7%	21.6%	21.8%

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Note: • Numbers are a percentage of live births.

Family Planning

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased … The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the U.S., the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

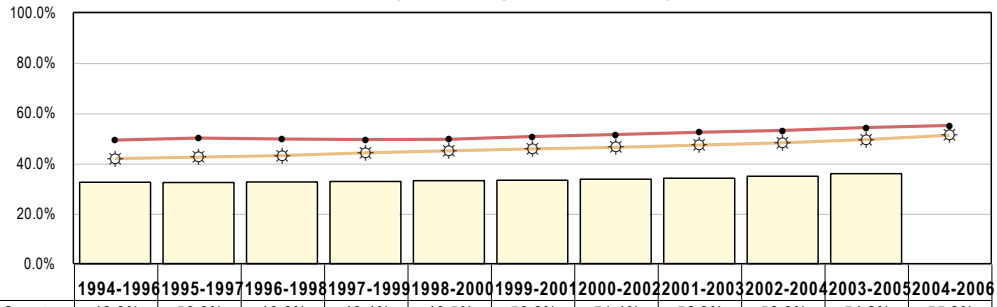
More than one-half (55.0%) of 2004-2006 San Juan County births were to unmarried mothers.

- Higher than the proportion statewide (51.1%).
- Higher than the proportion found nationwide (35.8% in 2003-2005).

Over the past several years, the proportions of births to unmarried women have increased (in San Juan County as well as at the state and national levels).

Percentage of Births to Unwed Mothers

(Percentage of Live Births)



	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	49.2%	50.0%	49.6%	49.4%	49.5%	50.6%	51.4%	52.3%	53.0%	54.2%	55.0%
New Mexico	41.8%	42.4%	43.0%	44.1%	44.9%	45.7%	46.3%	47.2%	48.1%	49.4%	51.1%
United States	32.4%	32.3%	32.5%	32.7%	33.0%	33.2%	33.6%	34.0%	34.8%	35.8%	

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Note: • Numbers are a percentage of live births.

Births to Teenage Mothers

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenaged mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

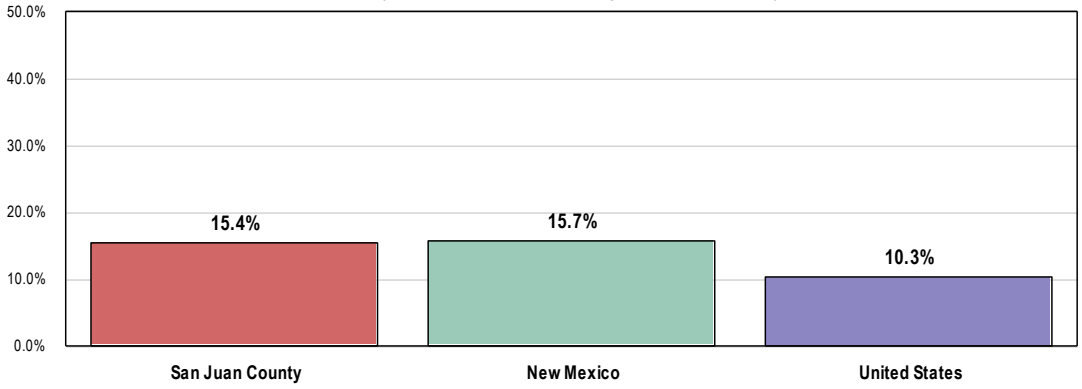
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Between 2004 and 2006, 15.4% of births in San Juan County were to girls under the age of 20.

- Similar to the 15.7% reported across New Mexico.
- Less favorable than the 10.3% reported nationally.

Births to Teens (Under Age 20)

(2004-2006 Percentage of Live Births)

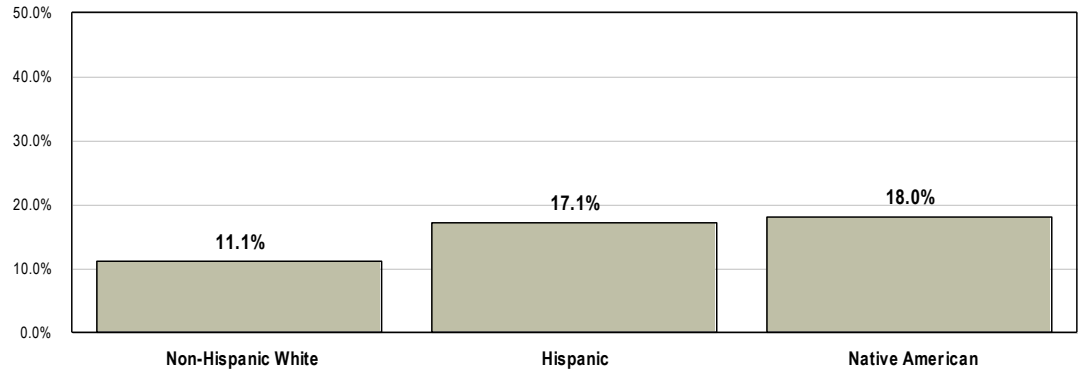


Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Note: • Numbers are percentages of live births.
• U.S. figure reflects 2003-2005 data.

Viewed by race, note that teen birth rates are higher among Hispanics and Native Americans than among White teens.

Births to Teens (Under Age 20)

(2004-2006 Percentage of Live Births; San Juan County by Race)

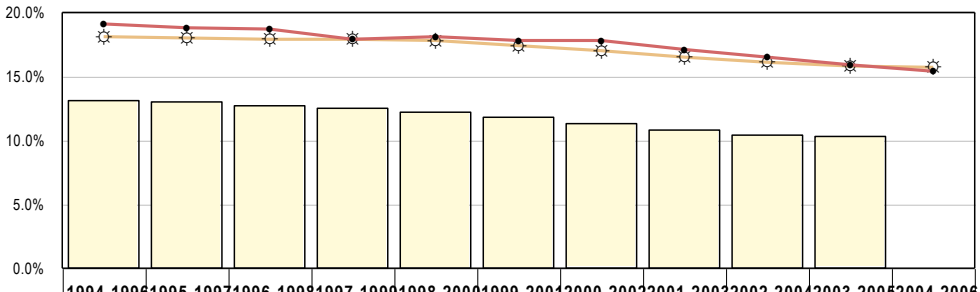


Source: • New Mexico Department of Health
Note: • Numbers are percentages of live births.

Teen birth rates are decreasing in San Juan County, echoing the decreasing trend reported across New Mexico and the nation as a whole.

Births to Teens (Under Age 20)

(Percentage of Live Births)



	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006
San Juan County	19.1%	18.8%	18.7%	17.9%	18.1%	17.8%	17.8%	17.1%	16.5%	15.9%	15.4%
New Mexico	18.1%	18.0%	17.9%	17.9%	17.8%	17.4%	17.0%	16.5%	16.1%	15.8%	15.7%
United States	13.1%	13.0%	12.7%	12.5%	12.2%	11.8%	11.3%	10.8%	10.4%	10.3%	

Source: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
Note: • Numbers are a percentage of all live births within each population.

Actual Causes Of Death

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the *actual* causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	*Tobacco use* *Elevated serum cholesterol* *High blood pressure*	*Obesity* *Diabetes* *Sedentary lifestyle*
Cancer	*Tobacco use* *Improper diet*	*Alcohol* *Occupational/environmental exposures*
Cerebrovascular disease	*High blood pressure* *Tobacco use*	*Elevated serum cholesterol*
Accidental injuries	*Safety belt noncompliance* *Alcohol/substance abuse* *Reckless driving*	*Occupational hazards* *Stress/fatigue*
Chronic lung disease	*Tobacco use*	*Occupational/environmental exposures*

Source: National Center for Health Statistics/U.S. Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

In particular, a 2002 study (an update to a landmark 1993 study), estimated that **as many as 40% of premature deaths in the United States are attributed to behavioral factors**. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.[1]

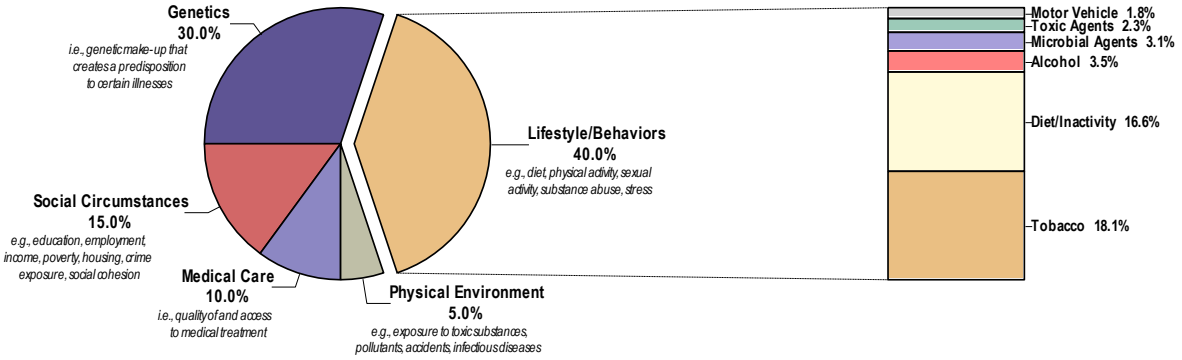
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity patterns** (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), **and illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, **poor diet and physical inactivity may soon overtake tobacco as the leading cause of death.** These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the U.S. healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." *JAMA*, 291(2004):1238-1245.

[1] "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.
"Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2004):1238-1245.

Nutrition & Overweight

Nutrition

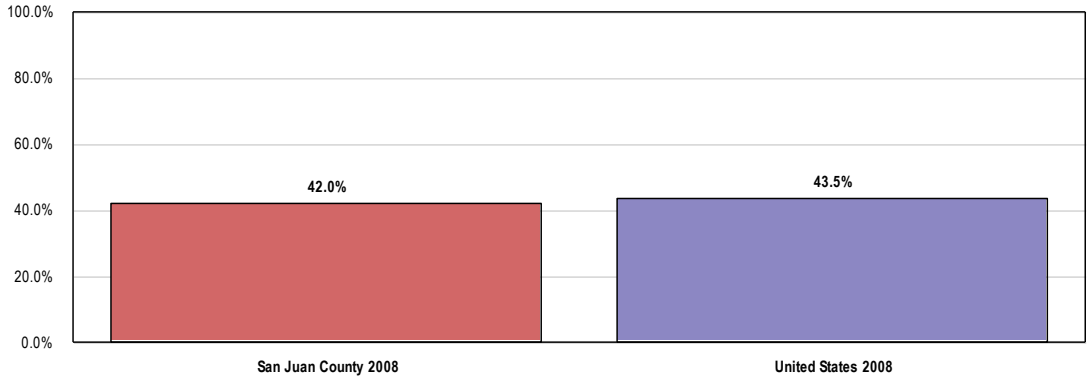
Consumption of Fruits & Vegetables

Daily Recommendation

A total of 42.0% of surveyed San Juan County adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to national findings (43.5%).

Consume Five or More Servings of Fruits/Vegetables per Day

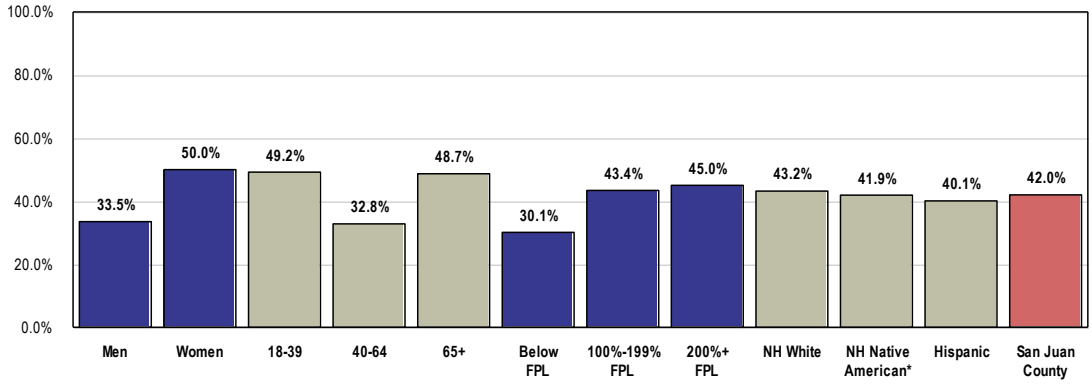


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 155]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

- Respondents less likely to eat five or more fruits/vegetables per day include men, adults age 40 through 64, and those living below the federal poverty level.

Consume Five or More Servings of Fruits/Vegetables per Day

(San Juan County, 2008)



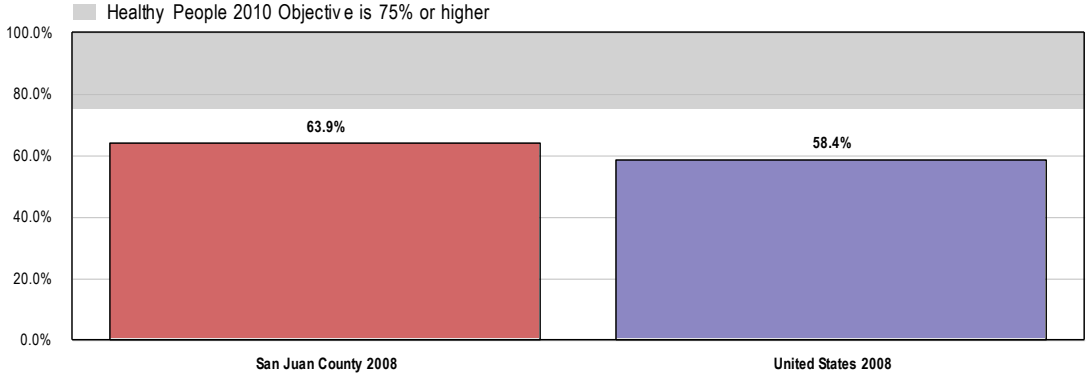
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 155]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Fruits

Nearly two in three San Juan County adults (63.9%) report eating at least two servings of fruit per day.

- More favorable than national findings (58.4%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Consume Two or More Servings of Fruits per Day



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 153
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]

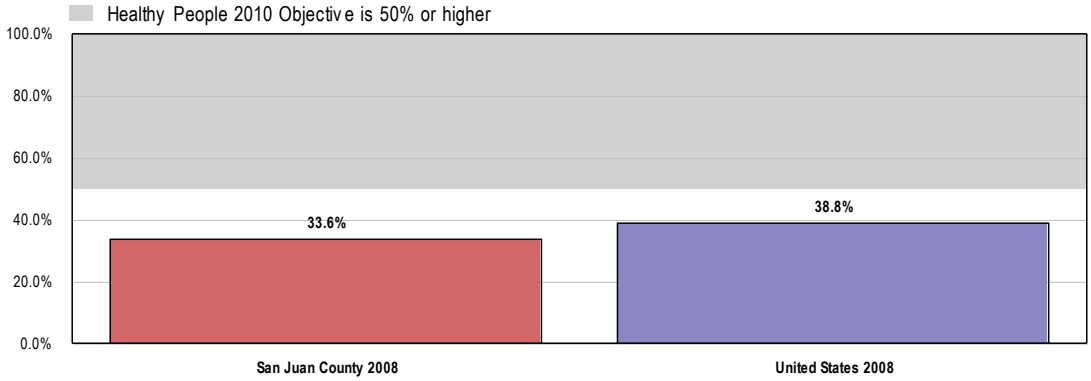
Note:
- Asked of all respondents.
- For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

Vegetables

One-third (33.6%) of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Less favorable than national findings (38.8%).
- Fails to satisfy the Healthy People 2010 target (50% or higher).

Consume Three or More Servings of Vegetables per Day, One-Third of Which Are Dark Green or Orange



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 154]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-6]

Note:
- Asked of all respondents.
- For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

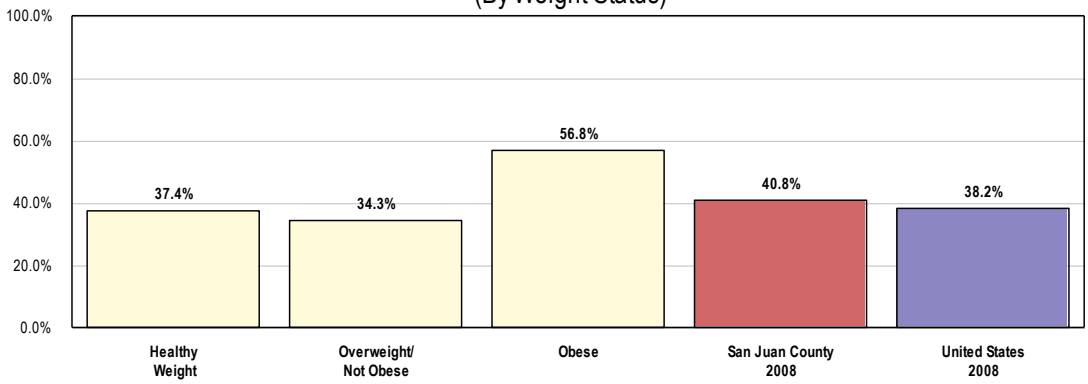
Health Advice About Diet & Nutrition

A total of 40.8% of San Juan County respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Statistically comparable to national findings (38.2%).
- Note: Among San Juan County obese respondents, 56.8% report receiving diet/nutrition advice.

Physician Has Asked About or Given Advice Regarding Diet & Nutrition in the Past Year

(By Weight Status)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 20
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of ≥ 30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of ≥ 30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI

		BMI (kg/m2)
Underweight		<18.5
Normal		18.5 – 24.9
Overweight		25.0 – 29.9
Obesity	Obesity Class	
	I	30.0 – 34.9
	II	35.0 – 39.9
Extreme Obesity	III	≥40

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

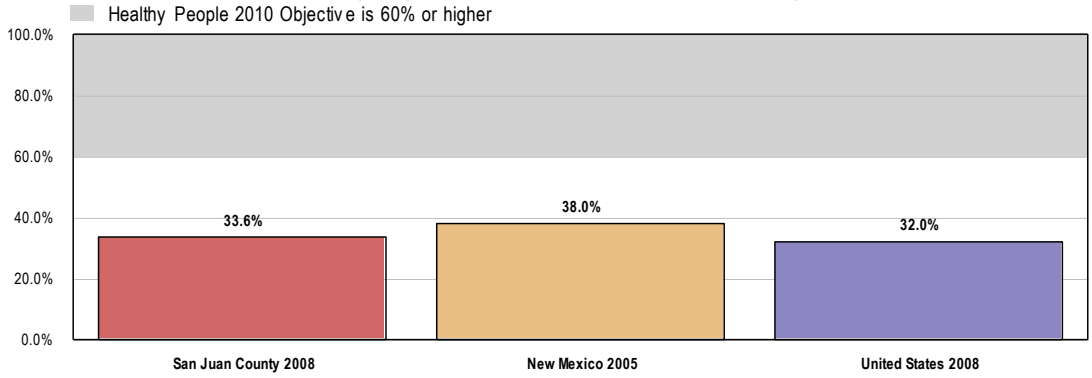
Healthy Weight

Based on self-reported heights and weights, 33.6% of San Juan County adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Less favorable than the New Mexico finding (38.0%).
- Similar to national findings (32.0%).
- Far from reaching the Healthy People 2010 target (60% or higher).

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 145
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Based on self-reported height and weight, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Adults

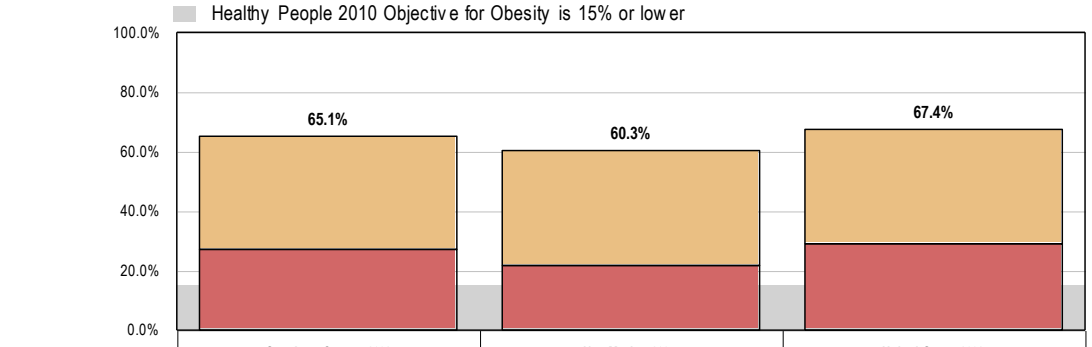
In all, 65.1% of San Juan County adults are overweight (BMI ≥25).

- Less favorable than the New Mexico percentage (60.3%).
- Similar to the U.S. overweight proportion (67.4%).

Specifically, 27.1% of San Juan County adults are obese (BMI ≥30).

- Less favorable than the New Mexico percentage (21.7%).
- Similar to U.S. findings (29.0%).
- Fails to satisfy the Healthy People 2010 target (15% or lower).

Prevalence of Overweight



	San Juan County 2008	New Mexico 2005	United States 2008
Overweight, Not Obese	38.0%	38.6%	38.4%
Obese	**27.1%**	**21.7%**	**29.0%**

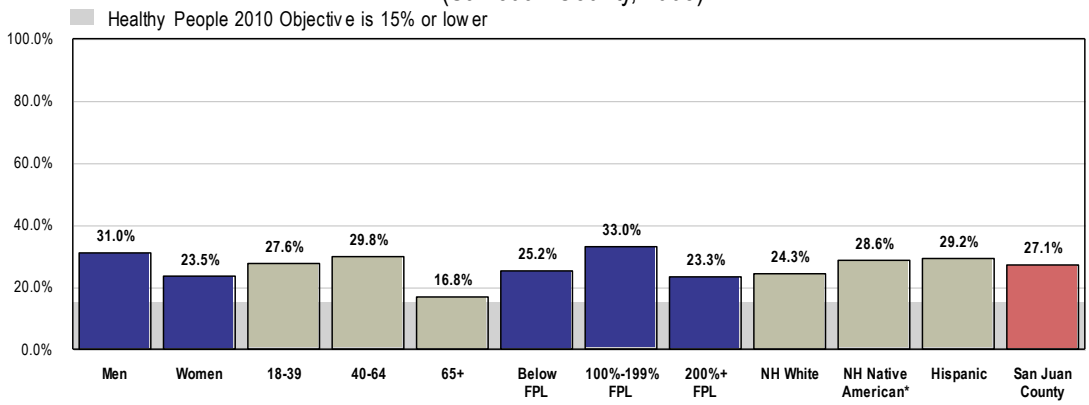
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 145
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Note:
- Based on self-reported height and weight, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The following chart further examines San Juan County obesity by demographic characteristics. Obesity is more prevalent among men, adults under 65, and residents living at 100-199% of the federal poverty level.

Prevalence of Obesity

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 145]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Note:
- Based on self-reported height and weight, asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Among San Juan County community members, overweight and obese adults are more likely to report a number of adverse health conditions.

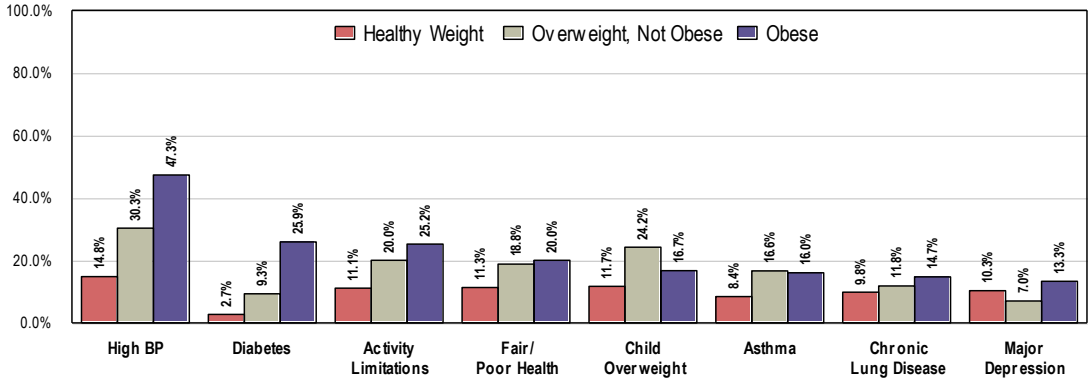
These include:

- Hypertension (high blood pressure).
- Diabetes.
- Activity limitations.
- "Fair" or "poor" physical health.
- Asthma.
- Chronic lung disease.
- Major depression.

In addition, San Juan County residents who are overweight/obese appear to be more likely to have children who are overweight.

Relationship of Overweight With Other Health Issues

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 5,27,35,39,43,45,116,138,]148
Note: • Reflects responses among all of respondents, segmented by their bodyweight category (categories are mutually exclusive).

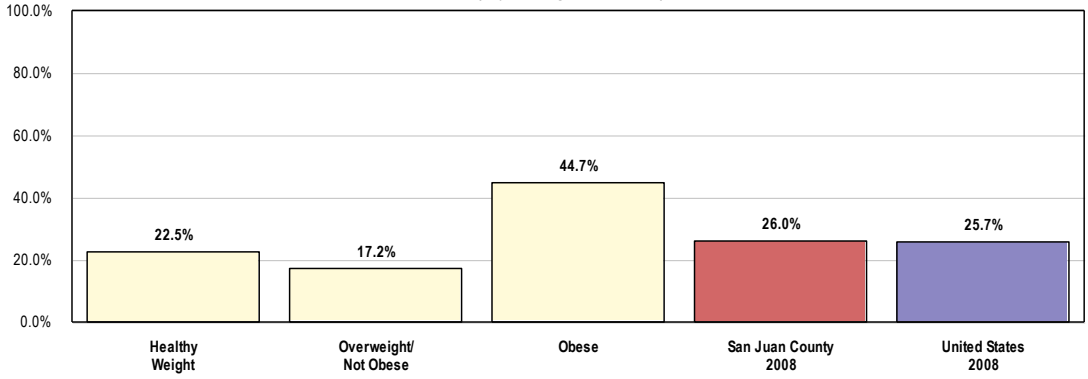
Health Advice About Weight Management

26.0% of San Juan County adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Nearly identical to the national findings (25.7%).
- Note that 44.7% of <u>obese</u> San Juan County adults have been given advice about their weight by a health professional in the past year.

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

(By Weight Status)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 11]1
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain. Total costs (medical costs and lost productivity) attributable to obesity alone amounted to an estimated $99 billion in 1995.

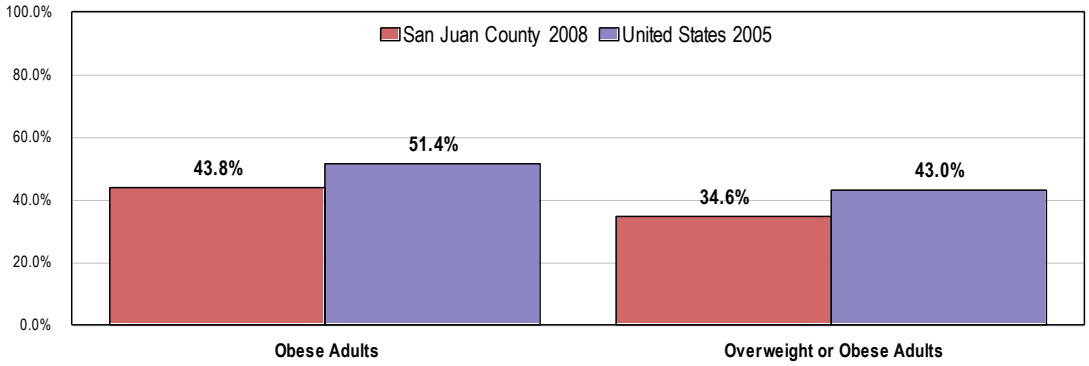
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

34.6% of San Juan County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Lower than the national findings among overweight adults (43.0%).
- Note: 43.8% of obese San Juan County adults report that they are trying to lose weight through a combination of diet and exercise.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Respondents Who Are Overweight; By Weight Status)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 14]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects responses among overweight respondents (categories are not mutually exclusive).

Child Overweight

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight	<5th percentile
At Risk of Overweight	85th to 95th percentile
Overweight	≥ 95th percentile

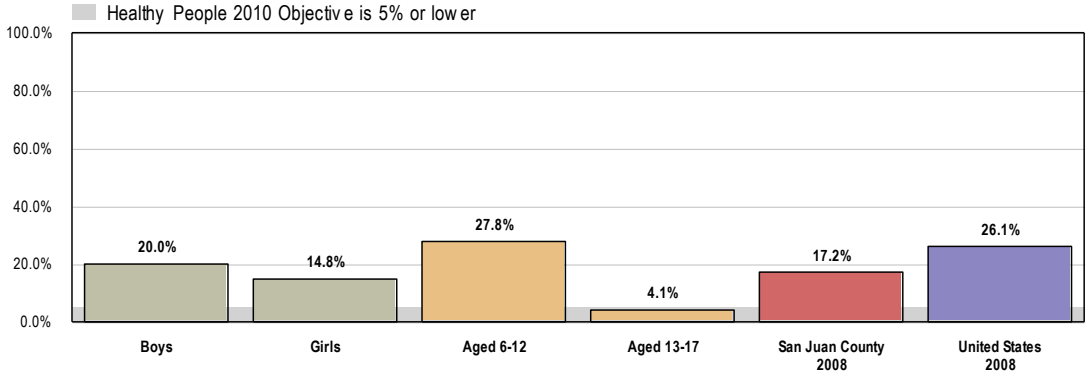
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

17.2% of San Juan County children aged 6 to 17 are overweight, based on heights/ weights reported by surveyed parents.

- Much lower than the national proportion (26.1%).
- Much higher (27.8%) among San Juan County children aged 6 to 12 than among teens (4.1%).

Child Overweight

(Among Children Ages 6 to 17)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 148
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC:U.S. Government Printing Office, November 2000. [Objective 19-3a-b]

Note:
- Asked of all respondents with children aged 6 to 17 at home.
- Overweight among children is estimated based on children's' Body Mass Index status above the 95th percentile of U.S. growth charts by gender and age.

Physical Activity & Fitness

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

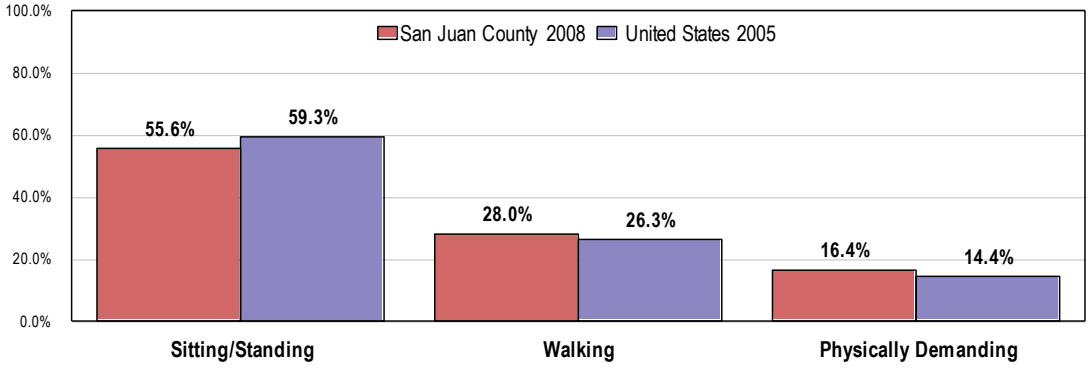
Work-Related Activity

A majority of employed San Juan County respondents report low levels of physical activity at work.

- 55.6% of employed San Juan County respondents report that their job entails mostly sitting or standing, comparable to the U.S. figure (59.3%).
- 28.0% report that their job entails mostly walking (similar to the 26.3% reported nationally).
- 16.4% report that their work is physically demanding (similar to the 14.4% reported across the nation).

Primary Level of Physical Activity at Work

(Among Employed Respondents)



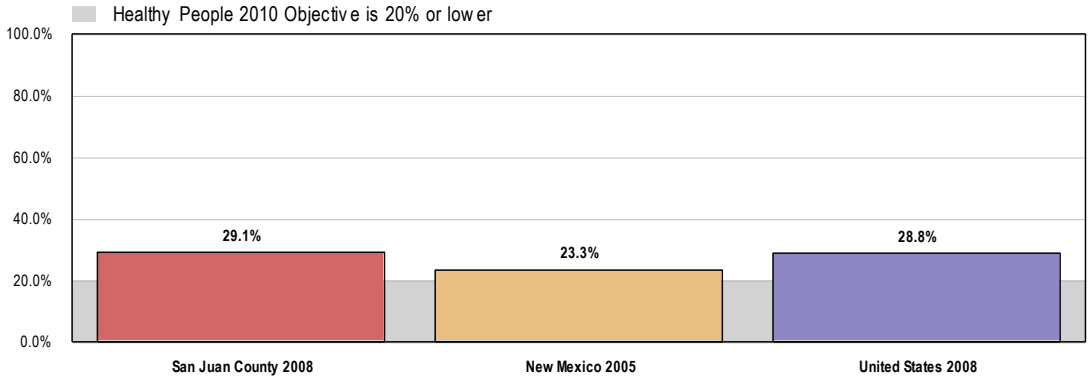
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 104
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all employed respondents.

Leisure-Time Physical Activity

29.1% of county adults report no leisure-time physical activity in the past month.

- Less favorable than the 23.3% across New Mexico.
- Similar to national findings (28.8%).
- Fails to satisfy the Healthy People 2010 objective (20% or lower).

No Leisure-Time Physical Activity in the Past Month



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 105
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

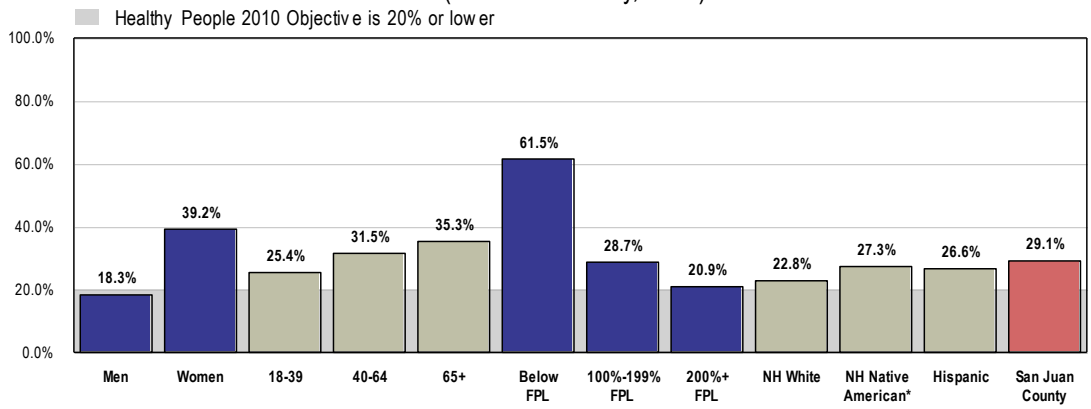
Note:
- Asked of all respondents.

The following chart further examines physical inactivity by various demographic characteristics. Lack of leisure-time physical activity is much higher among the following San Juan County adults:

- Women.
- Adults aged 65 and older.
- Residents living below the federal poverty level.

No Leisure-Time Physical Activity in Past Month

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 105]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Activity Levels

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was $29 billion in 1987 and nearly $76.6 billion in 2000.
- The annual cost of obesity in the United States is about $100 billion.
- After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Recommended Levels of Physical Activity

San Juan County adults should strive to meet either of the following physical activity recommendations:

- Moderate-intensity physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.
  - Centers for Disease Control and Prevention/American College of Sports Medicine

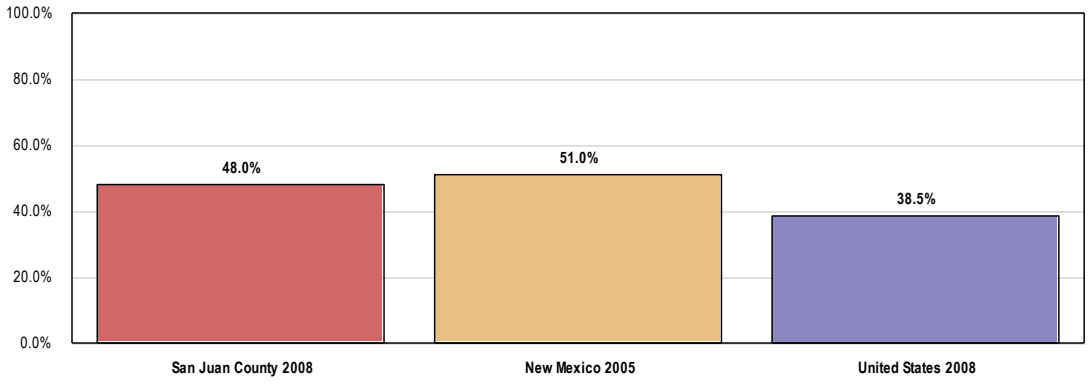
  OR

- Vigorous-intensity physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.
  - Healthy People 2010

A total of 48.0% of San Juan County adults participate in regular, sustained moderate or vigorous physical activity.

- Statistically similar to that found in New Mexico (51.0%).
- More favorable than national findings (38.5%).

Meets Physical Activity Recommendations



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 152
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.

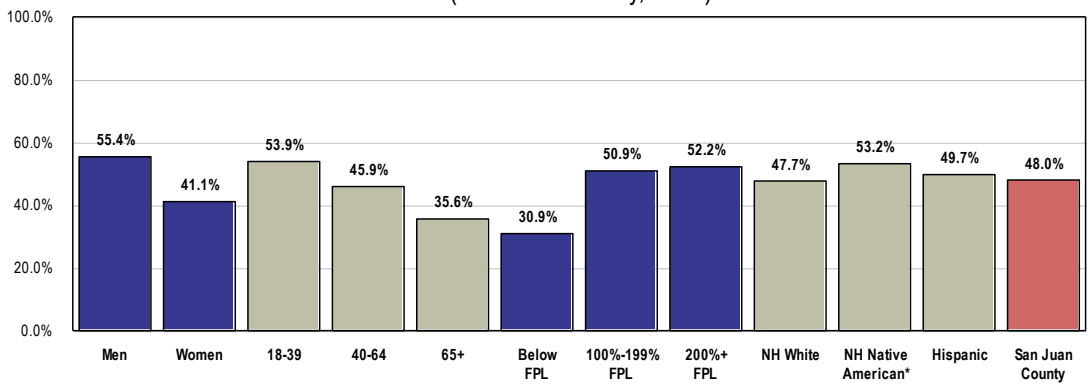
Note:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

San Juan County demographic groups less likely to meet the physical activity recommendations include:

- Women.
- Adults aged 65 and older.
- Residents living below the federal poverty level.

Meets Physical Activity Recommendations

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 152]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown in the following chart.

In the past month:

32.7% of San Juan County adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

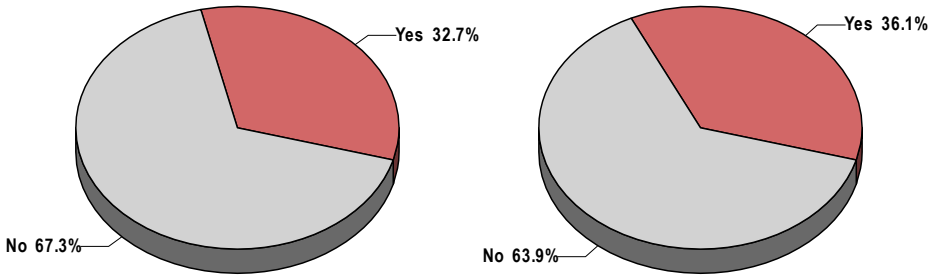
- Lower than the state level (37.7% in New Mexico, not shown).
- More favorable than the 22.6% reported nationally.
- Comparable to the Healthy People 2010 objective for moderate activity (30% or higher).

Another 36.1% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- More favorable than the 29.0% reported across New Mexico as well as the 28.0% reported nationally.
- Satisfies the Healthy People 2010 objective for vigorous activity (30% or higher).

Moderate & Vigorous Physical Activity

(San Juan County, 2008)



Moderate Physical Activity | Vigorous Physical Activity

Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Items 150-151
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Note:
- Asked of all respondents.
- In this case, the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time.
- The term "vigorous physical activity" includes activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times a week for20 minutes at a time.

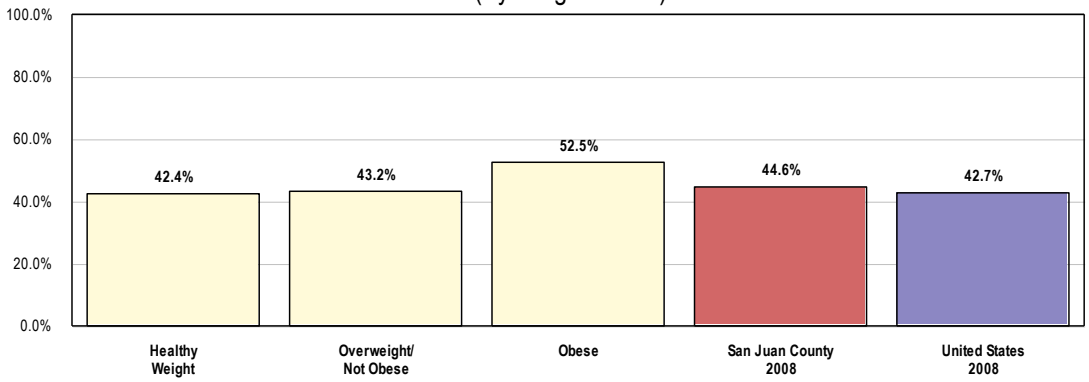
Health Advice About Physical Activity & Exercise

A total of 44.6% of San Juan County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the national average (42.7%).
- Note: 52.5% of obese San Juan County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year

(By Weight Status)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 21]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Substance Abuse

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was $276 billion. This represents more than $1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol … Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences … Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior …

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections… Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs… Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997… Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

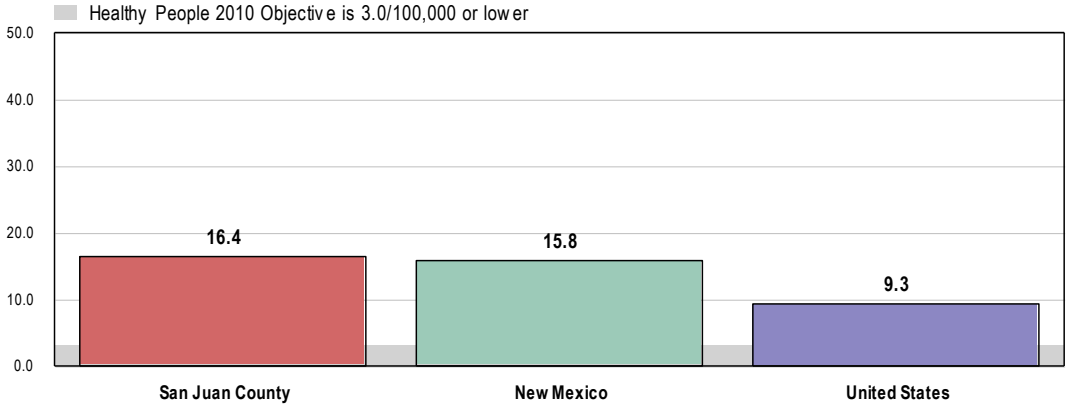
Cirrhosis/Liver Disease

Between 2003 and 2005, the San Juan County age-adjusted cirrhosis/liver disease death rate was 16.4 per 100,000 population.

- Similar to the 15.8 rate reported across New Mexico.
- Less favorable than the 9.3/100,000 rate found nationally.
- Fails to satisfy the Healthy People objective of 3.0/100,000 or lower.

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(2003-2005 Annual Average Deaths per 100,000 Population)



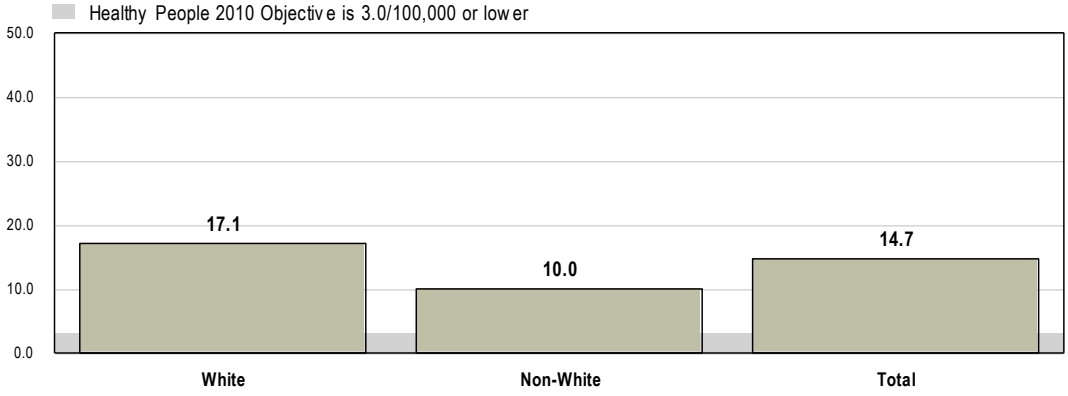
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office, November 2000. [Objective 26-2]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Viewed by race, the age-adjusted cirrhosis/liver disease death rate among Whites in San Juan County is much higher than that among Non-Whites.

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(2002-2004 Annual Average Deaths per 100,000 Population; San Juan County by Race)



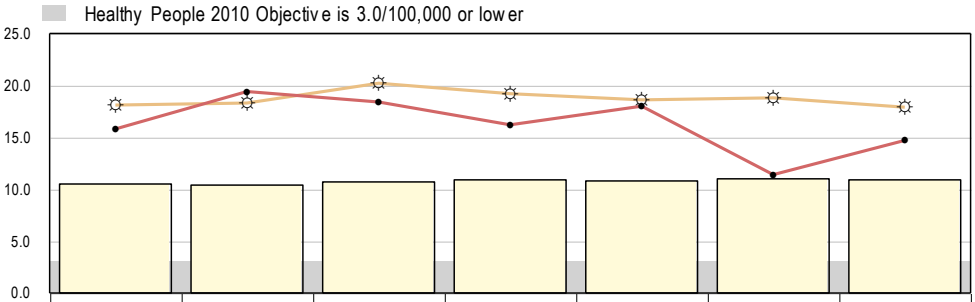
Source:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2008.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-2]

Note:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The vast majority of Non-White deaths are attributed to Native Americans.

- Cirrhosis/liver disease death rates have been largely stable in recent years across New Mexico and the nation as a whole; in San Juan County, rates range from 11.4 to 19.4 during this time period.

Age-Adjusted Mortality: Cirrhosis/Liver Disease

(Annual Average Deaths per 100,000 Population)



	1999	2000	2001	2002	2003	2004	2005
San Juan County	15.8	19.4	18.4	16.2	18.0	11.4	14.7
New Mexico	18.1	18.3	20.2	19.2	18.6	18.8	17.9
United States	10.5	10.4	10.7	10.9	10.8	11.0	10.9

Source: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program OfficeDivision of Public Health Surveillance and Informatics. Data extracted May 2008.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DUCS. Government Printing Office, November 2000. [Objective 26-2]

Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Self-Reported Alcohol Use

High-Risk Alcohol Use

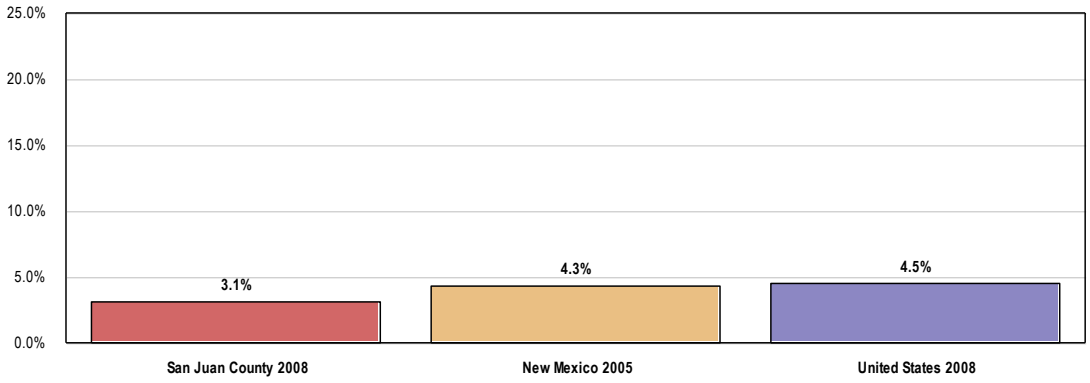
Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor.

3.1% of San Juan County adults report an average of two or more drinks of alcohol per day in the past month.

- More favorable than the 4.3% across New Mexico.
- Similar to national findings (5.3%).

Chronic Drinkers



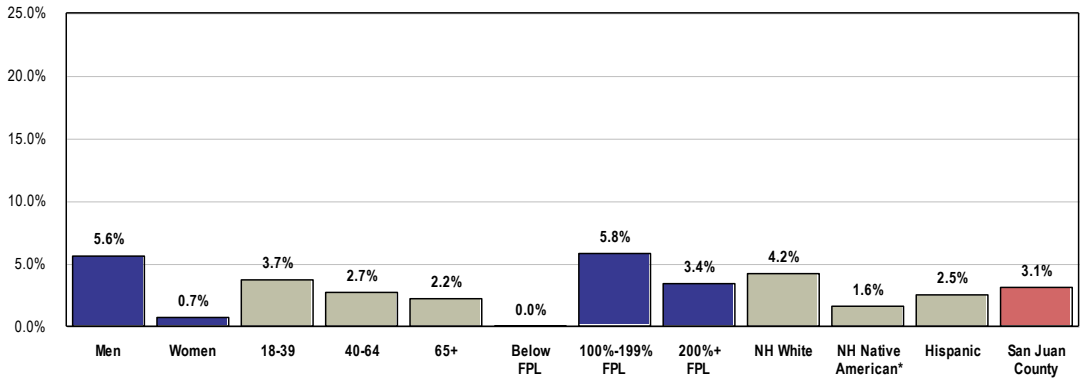
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 160
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.

Note:
- Asked of the total sample of respondents.
- Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

In San Juan County, chronic drinking is more prevalent among the male population.

Chronic Drinkers

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 160]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

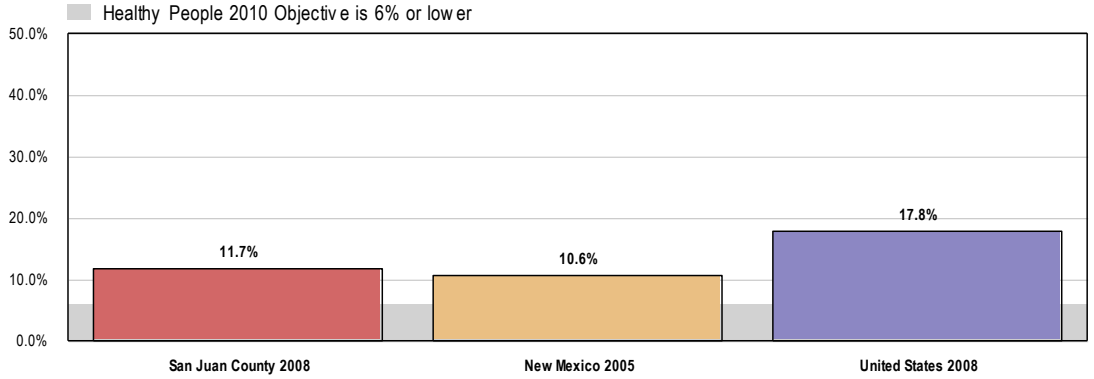
Binge Drinking

Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

A total of 11.7% of San Juan County adults are binge drinkers.

- Comparable to the 10.6% in New Mexico.
- More favorable than the 17.8% reported nationwide.
- Fails to satisfy the Healthy People 2010 target (6% or lower).

Binge Drinkers



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 161]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

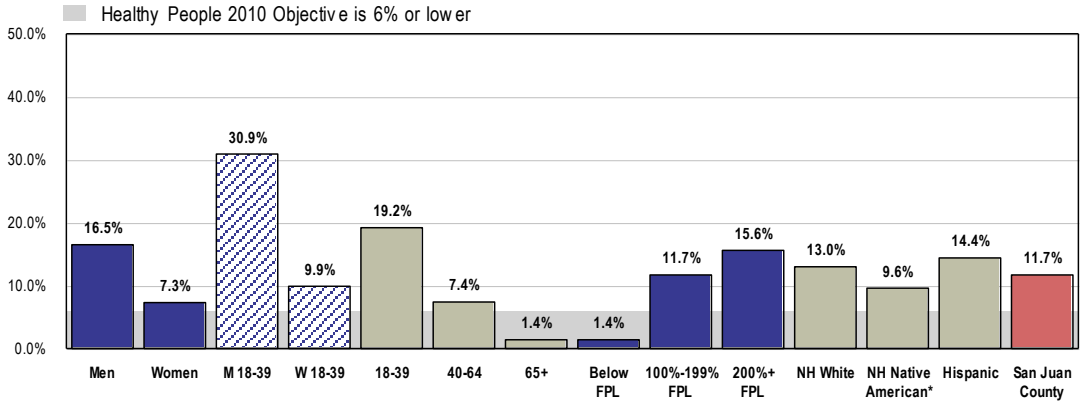
Note:
- Asked of the total sample of respondents.
- Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.

Most demographic groups fall outside the targeted Healthy People 2010 range. Binge drinking in San Juan County is more prevalent among:

- Men (especially those under 40).
- Adults under 65.
- Residents in the higher income segments.

Binge Drinkers

(San Juan County, 2008)



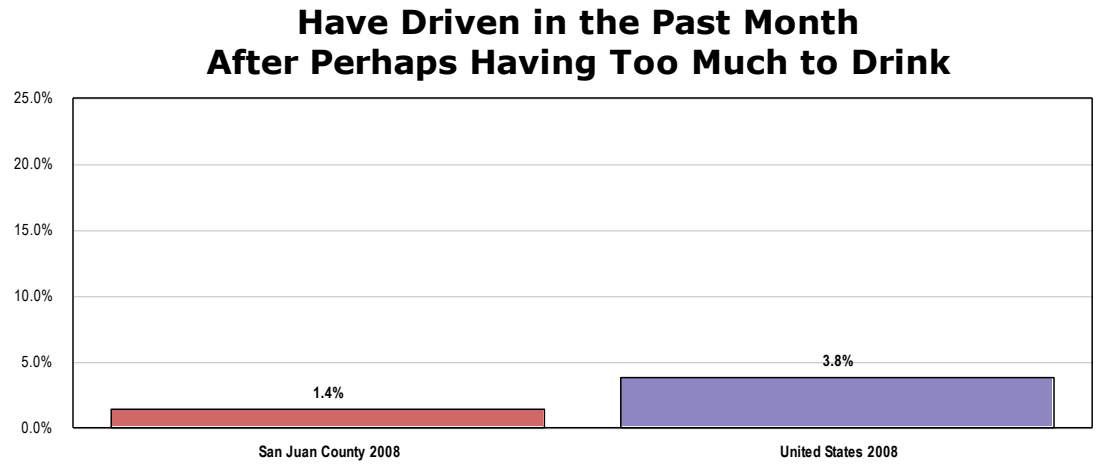
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 161]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Drinking & Driving

Just 1.4% of San Juan County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

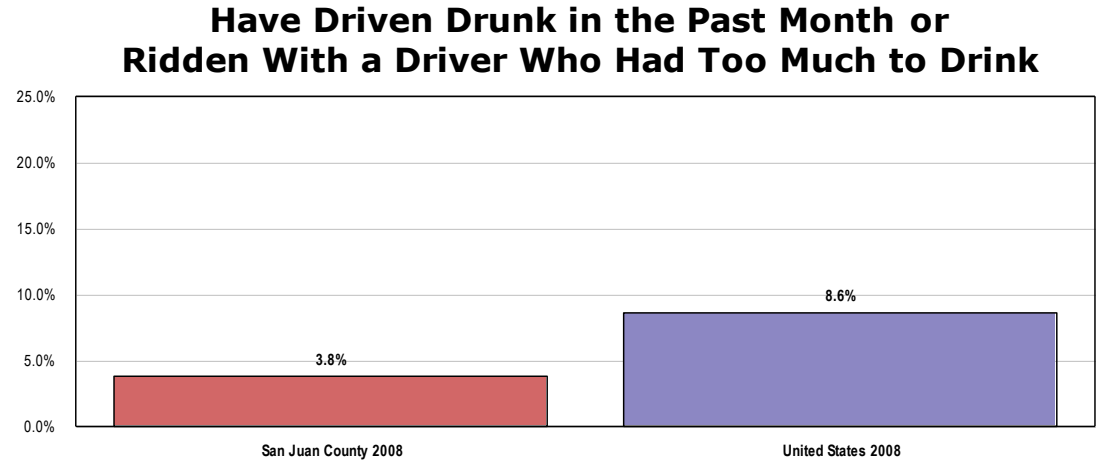
- More favorable than the 3.8% reported nationally.



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 71]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Another 3.8% of San Juan County adults acknowledge <u>either</u> drinking and driving <u>or</u> riding with a drunk driver in the past month.

- More favorable than the national findings (8.6%).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 162]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

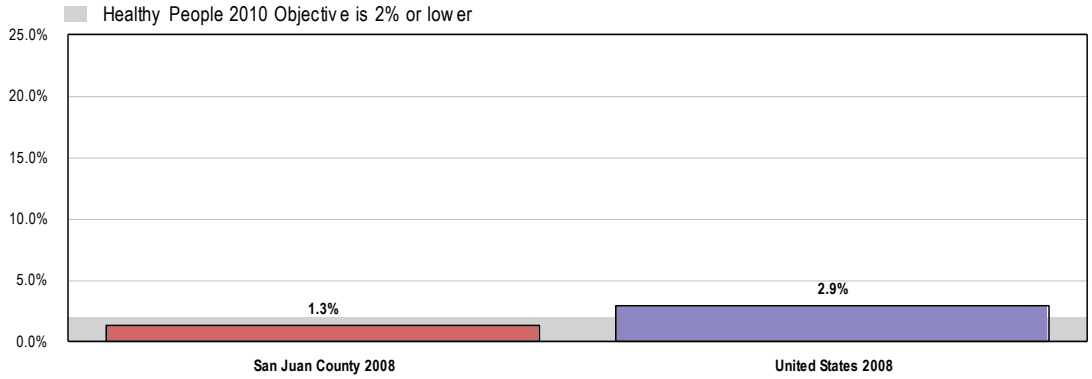
Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Just 1.3% of San Juan County residents acknowledge using an illicit drug in the past month.

- Statistically more favorable than the 2.9% reported across the nation.
- Comparable to the Healthy People 2010 objective of 2% or lower.

Self-Reported Illicit Drug Use in the Past Month



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 73
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]

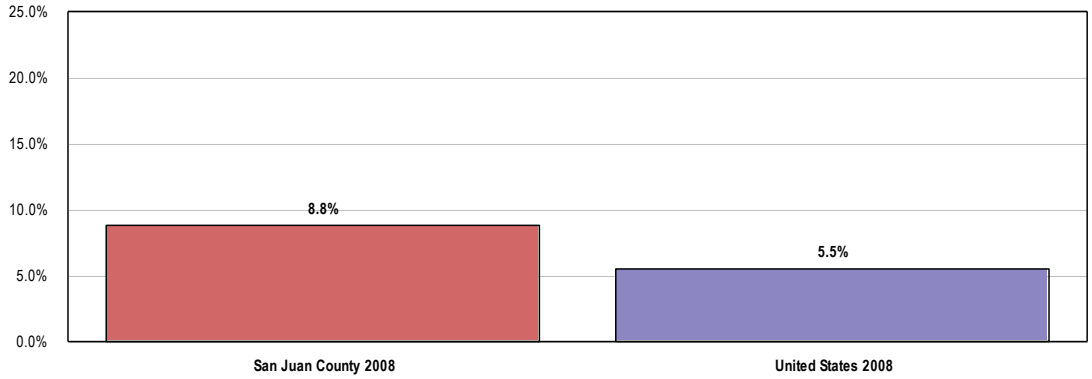
Note:
- Asked of all respondents.
- In this case, the term "illicit drug use" includes use of an illegal drug and/or use of a prescription drug without a physician's orders.

Substance Abuse Treatment

8.8% of San Juan County adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- More favorable than the 5.5% reported across the nation.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 74
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:
- Asked of all respondents.

Related Focus Group Findings

According to focus group participants, alcoholism and substance abuse are both huge problems in the community, especially on the reservation.

> *"Four Winds is a 30-day alcohol treatment center but it has a lot of court-ordered participation. And the perception is that the level of commitment when you're ordered by the court is far less than people who voluntarily want to get help. So a large segment at Four Winds consists of people who really don't want to be there."* — Physician
>
> *"Alcoholism is high. We live near a large Native American population which traditionally has always had problems with alcohol. So probably the amount of alcoholism in our community is higher than the national average."* — Physician
>
> *"We need mental health services and substance abuse services as well. There's no inpatient substance abuse treatment center in the county. It would be nice to have something besides the detox at the Salvation Army. There's no other option. If they don't accept a patient because he's been violent there in the past, there is nowhere to bring that intoxicated person even for just a place to sleep and be safe for that night."* — Community Leader
>
> *"Behavioral Health (through Presbyterian Medical Services) is trying to address the alcohol issue with the Navajo Nation. Our behavioral health clinic is very involved with the meth problem. What I see when I listen to them talk about their programs in management meetings is that they are very limited with the services they can provide. I think if they had unlimited resources they need to build a larger facility, or a clinic, or just be more involved instead of just tapping into the tip of the iceberg."* — Healthcare/Social Services Provider
>
> *"I think alcohol also plays a big part of our drug problem. On the reservation it's illegal to have alcohol on the reservation at all. So if you live on the reservation and you want to drink, you have to come in town. And that causes a problem with drinking and driving and people staying over because they don't want to try to drive back to the reservation. I think drugs come in two flavors here, and one is meth and the other is alcohol. I can understand the desire on the reservation not to allow alcohol; but it is not making the problem go away just shifting it into the towns. Native Americans are coming to Farmington to buy alcohol to take back to the reservation."* — Business Leader
>
> *"It's not even the meth labs, it's more people using and abusing meth. I don't think we really see an issue with labs. But we have the population working in the oil and energy plants and they seem to use both alcohol and meth heavily. Women are using meth also because we're seeing lots of babies born with methamphetamine in their systems."* — Healthcare/Social Services Provider

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]… If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least $50 billion per year [other sources estimate more than $75 billion in 1998 (about 8% of the personal healthcare expenditures in the U.S.)]; direct medical costs related to smoking during pregnancy are approximately $1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

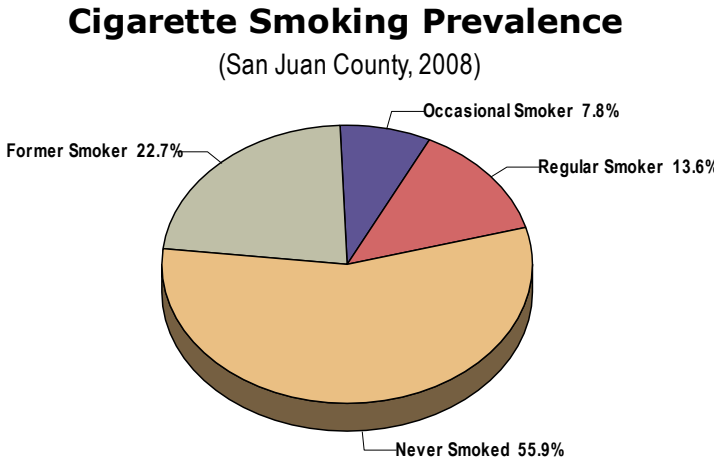
– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Cigarette Smoking

Cigarette Smoking Prevalence

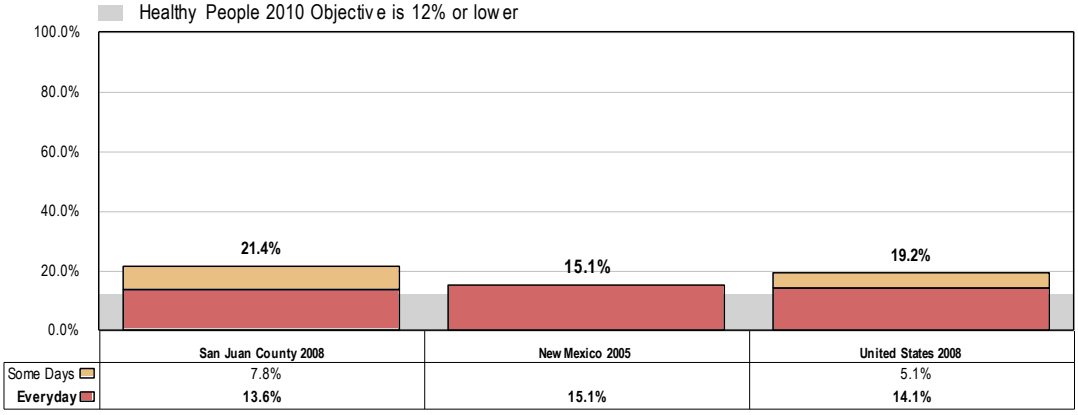
A total of 21.4% of San Juan County adults currently smoke cigarettes, either regularly (13.6% every day) or occasionally (7.8% on some days).

- Less favorable than the 15.1% reported across New Mexico.
- Similar to national findings (19.2%).
- Fails to satisfy the Healthy People 2010 target (12% or lower).



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 15]6
Note: • Asked of all respondents.

Current Smokers



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 156]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

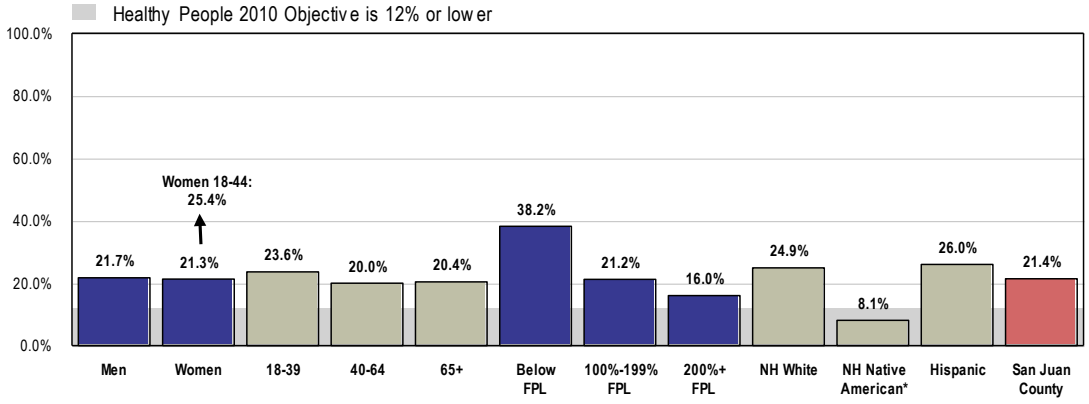
Note:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

The following chart looks at current smoking prevalence by various demographic characteristics.

- As shown, cigarette smoking is more prevalent among residents living below the federal poverty level; it is, however, particularly low among Native American respondents.
- Note also that 25.4% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Items 156-157]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members.
- White and Native American are non-Hispanic race categorizations.
- Includes those who smoke everyday or on some days.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

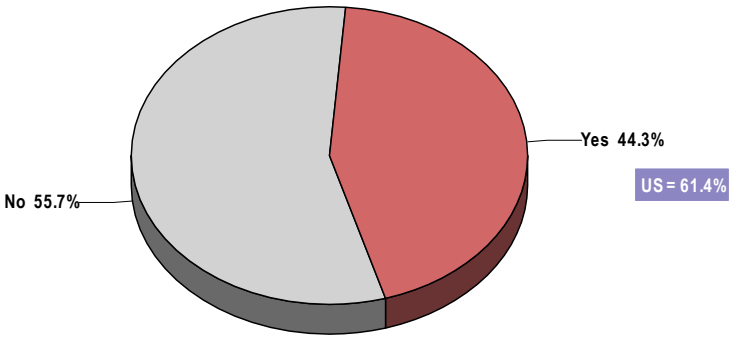
Health Advice About Smoking Cessation

44.3% of San Juan County smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Less favorable than the national percentage (61.4%).

Health Professional Has Recommended Quitting Smoking in the Past 12 Months

(Among Current Smokers; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 64
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of current smokers.

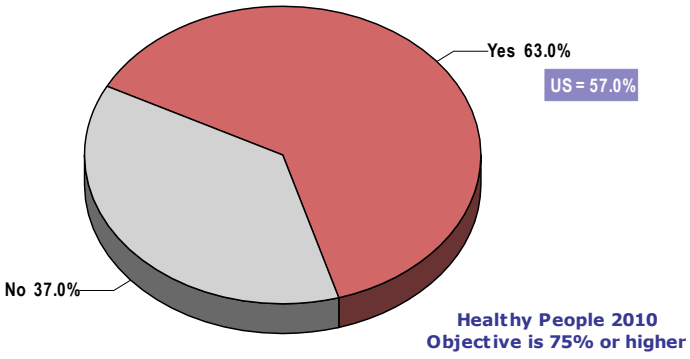
Smoking Cessation Attempts

63.0% of San Juan County regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the 56.8% among New Mexico smokers (not shown).
- Similar to the national percentage (57.0%).
- Fails to satisfy the Healthy People 2010 target (75% or higher).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Adults Who Smoke Cigarettes Every Day; San Juan County, 2008)



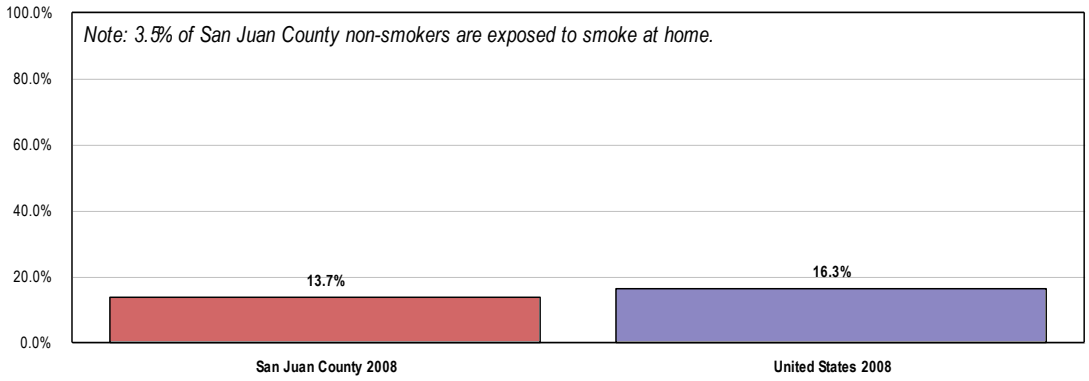
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 63
• 2008 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5]
Note: • Asked of regular (everyday) smokers.

Environmental Tobacco Smoke

In all, 13.7% of San Juan County adults report that a member of their house-hold has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to the national findings (16.3%).
- Note that 3.5% of San Juan County non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

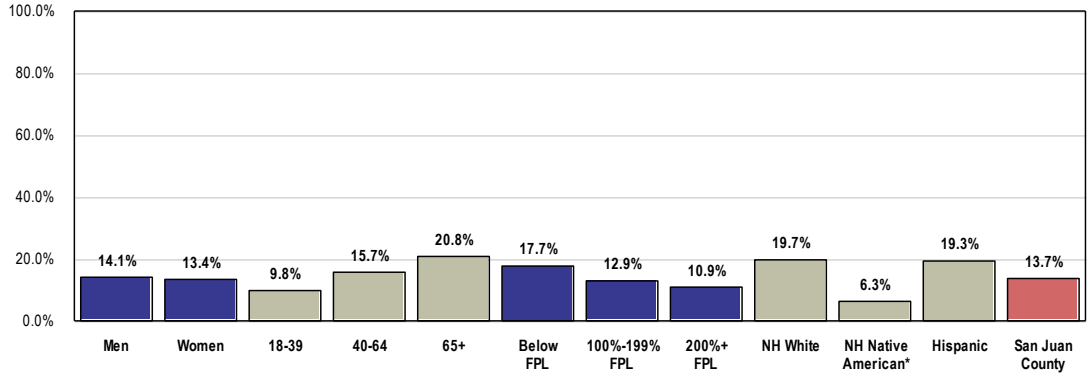


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 65
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

- Residents over 39, Whites, and Hispanics more often report that they live with a smoker in the home. This response is particularly <u>low</u> among Native American respondents.

Member of Household Smokes at Home

(San Juan County, 2008)



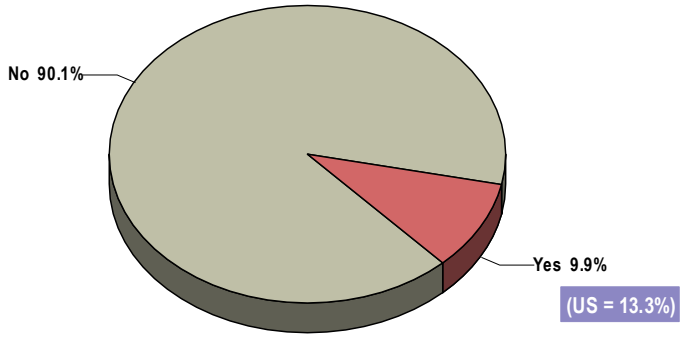
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 65]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Among San Juan County households with children, 9.9% have someone who smokes cigarettes in the home.

- Statistically similar to the 13.3% reported nationally.

Percentage of Households With Children In Which Someone Smokes in the Home

(Among Households With Children Under 18; San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 15]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-9]

Note:
- Reflects respondents with children aged 0 to 17 years old.
- "Smokes at home" refers to someone smoking cigarettes, cigars or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

A total of 4.9% of San Juan County adults smoke cigars every day or on some days.

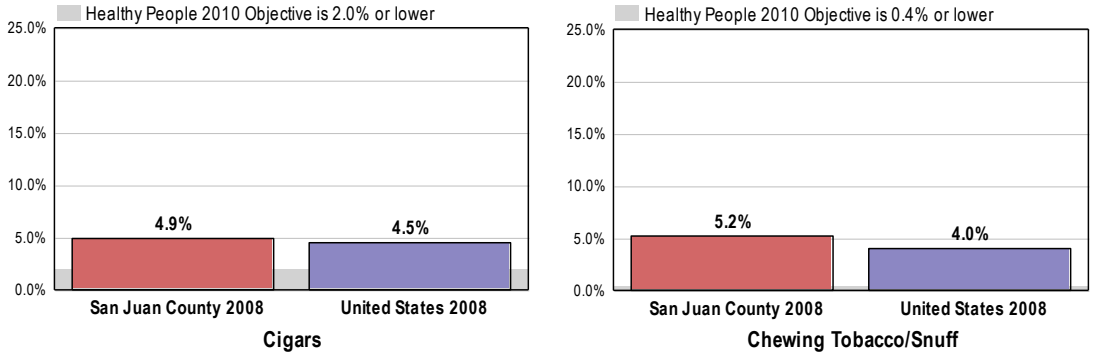
- Similar to the national findings (4.5%).
- Fails to meet the Healthy People 2010 target (2% or lower).

Another 5.2% of San Juan County adults use chewing tobacco or snuff every day or on some days.

- Similar to the 4.0% reported nationwide.
- Fails to satisfy the Healthy People 2010 target (0.4% or lower).

Use of Cigars or Smokeless Tobacco

(2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Items 66-67]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1b and 27-1c]

Note:
- Asked of all respondents.
- Includes respondents who smoke cigars or use chewing tobacco/snuff every day or on some days.

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States… Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

– Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Health Insurance Coverage

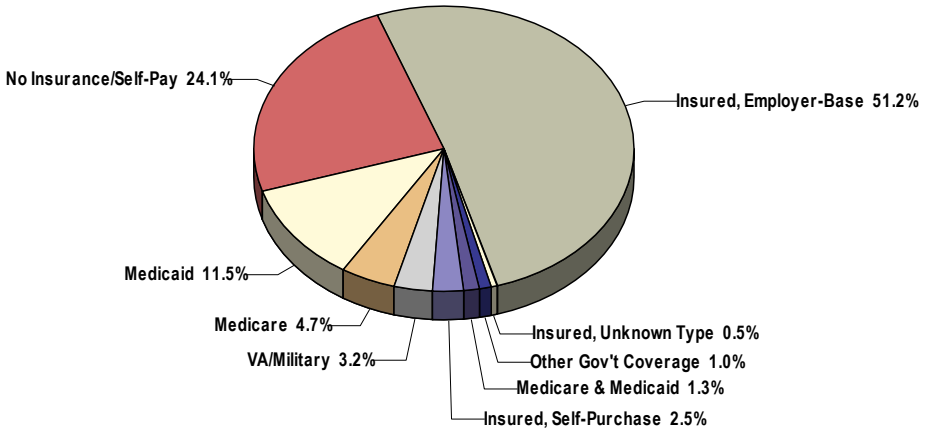
Type of Healthcare Coverage

The majority (53.7%) of San Juan County adults aged 18 to 64 report having healthcare coverage through private insurance.

Another 21.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 17]
Note: • Reflects respondents age 18 to 64.

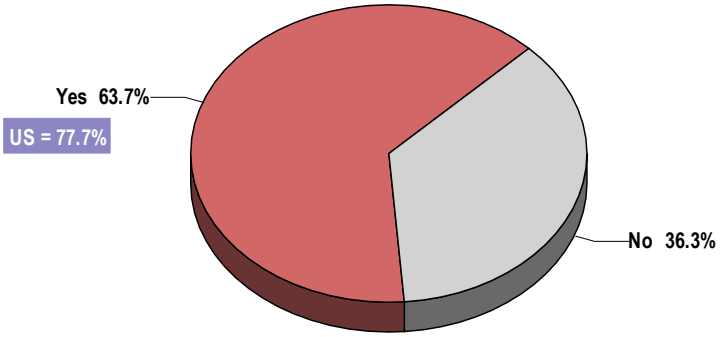
Supplemental Medicare Coverage

Among Medicare recipients, 63.7% report that they have additional supplemental insurance.

- Less favorable than the 77.7% among Medicare recipients nationwide.

Have Additional Supplemental Coverage

(Among Recipients of Medicare; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 87
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who currently receive Medicare.

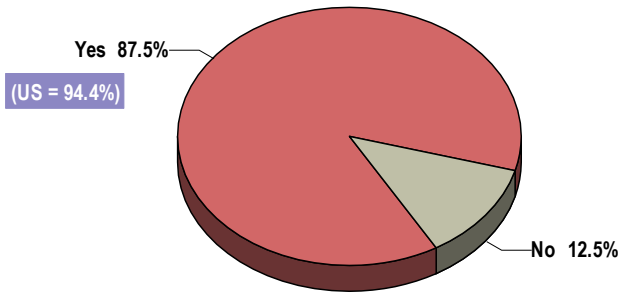
Prescription Drug Coverage

Among all adults with health insurance coverage, the vast majority (87.5%) report having prescription coverage as part of their insurance plan.

- Less favorable than the national prevalence (94.4%).

Current Health Insurance Provides Coverage for Prescriptions

(Among Those With Health Insurance Coverage; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 88
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects those respondents who have health insurance coverage.

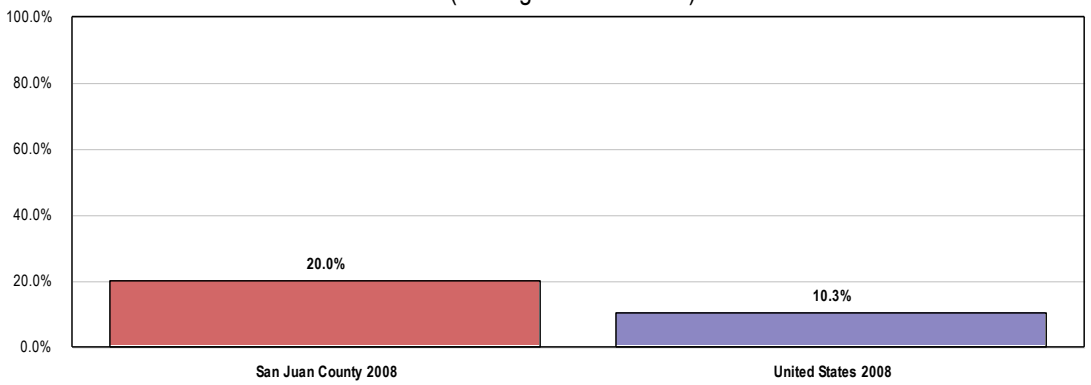
Recent Lack of Coverage

Further, among currently insured adults in San Juan County, 20.0% report that they were without healthcare coverage at some point in the past year.

- Nearly twice the U.S. findings (10.3%).

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults)

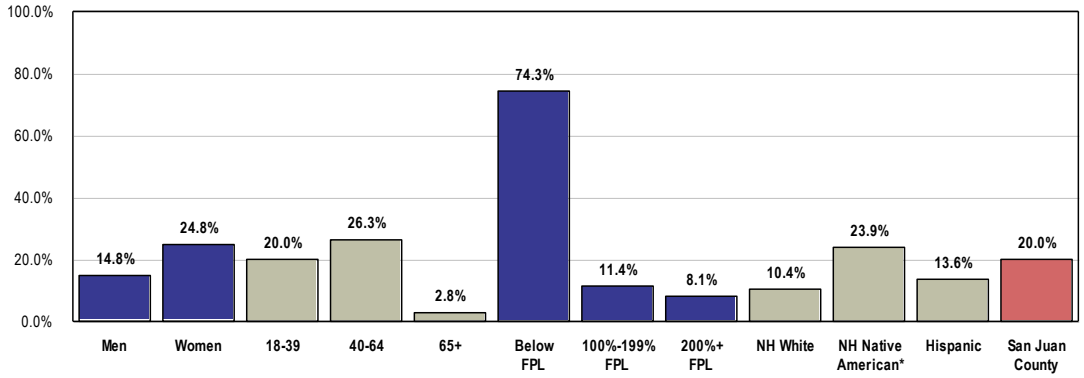


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 89]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Reflects respondents with healthcare coverage.

- Among insured adults: women, adults under 65, low-income residents and Native Americans are more likely to have gone without healthcare insurance coverage in the past year.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year

(Among Insured Adults; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 89]
Note: • Reflects adults with healthcare insurance coverage.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

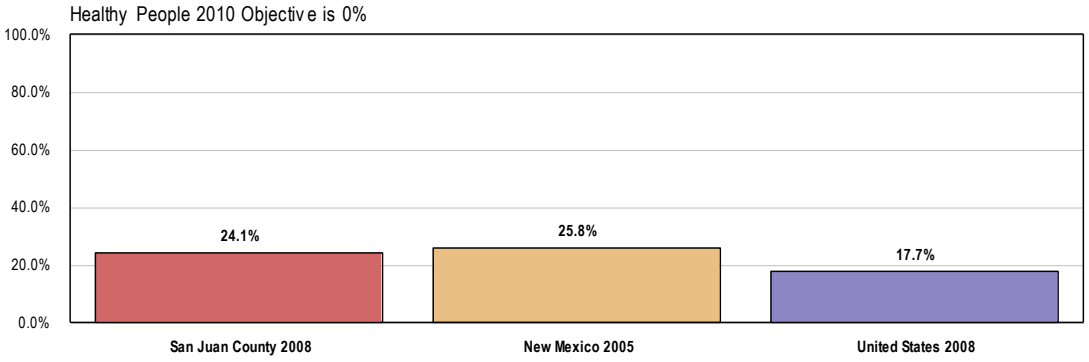
Lack of Health Insurance Coverage

Among San Juan County adults aged 18 to 64, 24.1% report having no insurance coverage for healthcare expenses.

- Similar to New Mexico (25.8%).
- Less favorable than national findings (17.7%).
- The Healthy People 2010 target is universal coverage (0% uninsured).

Lack Healthcare Insurance Coverage

(Among Adults Aged 18 to 64)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 177]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

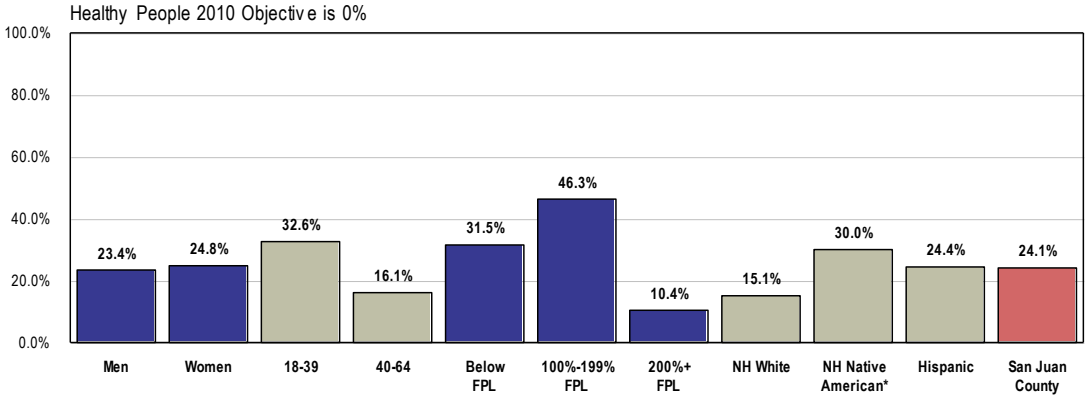
Note:
- Reflects respondents aged 18 through 64.

The following population segments (under 65) are more likely to be without healthcare insurance coverage:

- Adults under age 40.
- Residents living at lower incomes.
- Native American respondents.

Lack Healthcare Insurance Coverage

(Among Adults Age 18 to 64; San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 177]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]

Note:
- Reflects respondents age 18 through 64.
- FPL = Federal Poverty Level based on household income and number of household members.
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

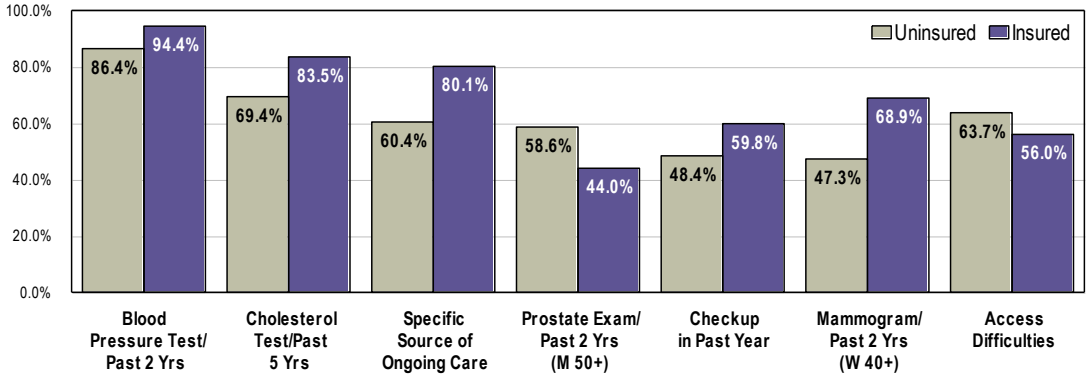
Impact of Poor Access

Persons without health insurance coverage are much less likely to have a regular medical care provider, receive routine care, or receive preventive healthcare screenings.

- As may be expected, uninsured adults are also more likely to experience access difficulties.

Preventive Healthcare

(By Insured Status; San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 19, 50, 53, 169-170, 178-179
Note: • Asked of all respondents.
• Insured respondents include those with either private or government-sponsored insurance plans.

Related Focus Group Findings

A large number of community residents don't have insurance or are under-insured. Many are caught between not having insurance and trying to qualify for Medicaid.

> *"A lot of the clients and patients are not insured, or are under-insured. Our own staff has opted out and is not paying for health insurance. If they do they are taking the minimal coverage because they can't afford the payments. This is basically a poor area and salaries are not that high."* — Healthcare/Social Services Provider

> *"I was going to say that when people come to this area from other states, they're horrified that we don't have the Medicaid that they had in other states. It's really sad to have to tell them they don't qualify for Medicaid. Also for people who are on Medicare, they don't get the Medicaid they need. It's a very difficult and frustrating situation."* — Healthcare/Social Services Provider

> *"Medicare usually doesn't pay for someone to come in the home to take care of them, and Medicaid will. So with the personal care option they can have someone come in and take care of them, but once they get on Medicare they don't do that, and that's what they desperately need: someone to come into the home and take care of them. This is the big challenge that we have with patients in dialysis: getting patients approved for Medicare or Medicaid. About 97 percent of our patients are Medicare or Medicaid, or Medicare only."* — Healthcare/Social Services Provider

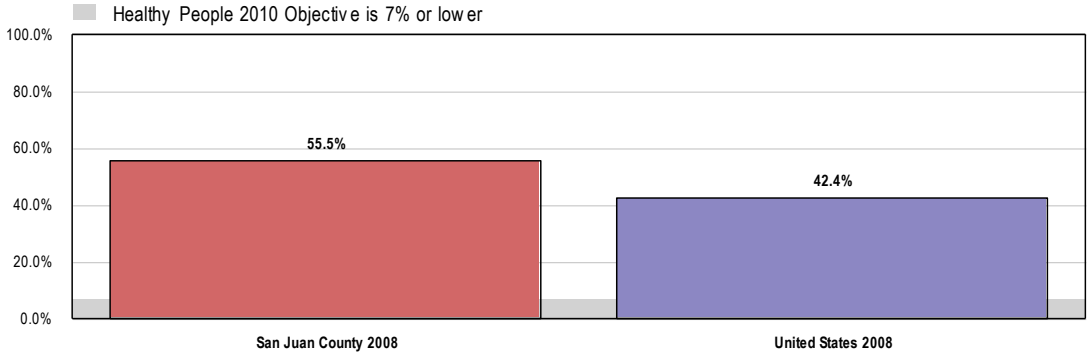
Difficulties Accessing Healthcare

Difficulties Accessing Services

In all, 55.5% of San Juan County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than the national findings (42.4%).
- Fails to satisfy the Healthy People 2010 target (7% or lower).

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 179]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

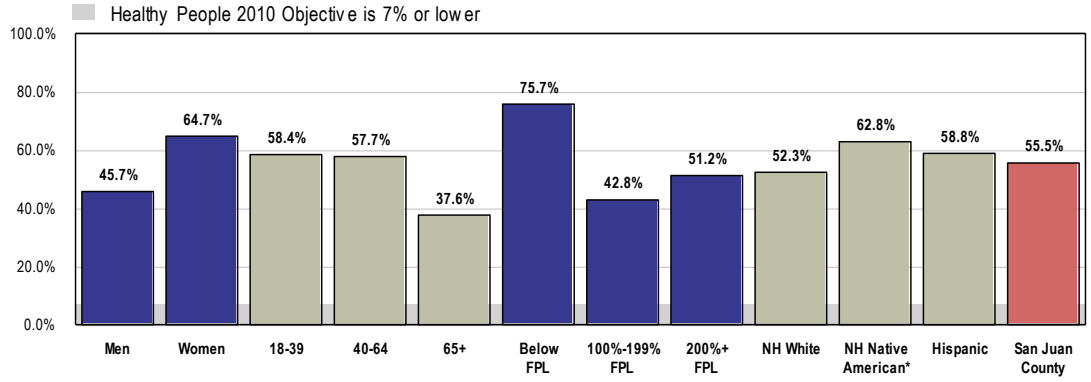
Note:
- Asked of all respondents.
- Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.

The following chart examines access difficulties by respondent demographics. Note:

- Women more often report access difficulties than do men.
- Adults under age 65 report difficulties accessing healthcare more often than older adults.
- As may be expected, adults living at lower incomes are more likely to experience difficulties or delays of some kind in receiving healthcare in the past year.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 179]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

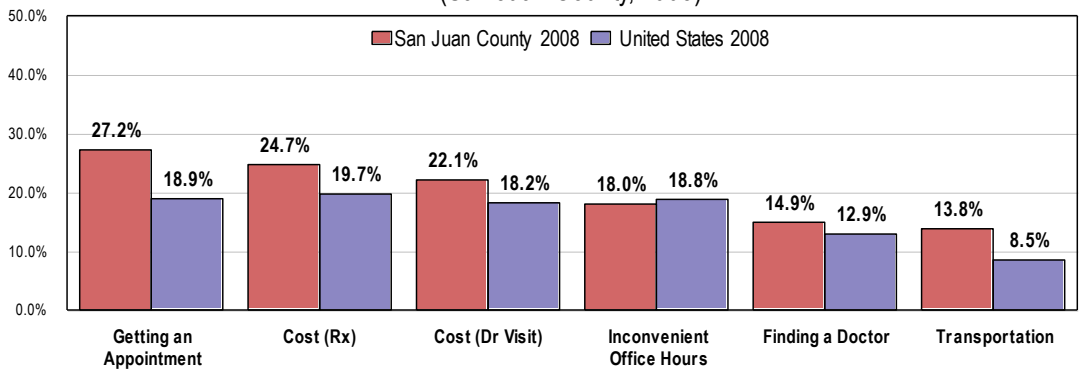
Of the tested barriers, obtaining an appointment impacted the greatest share of adults in San Juan County (27.2% say they were unable to obtain an appointment).

The proportions of San Juan County adults impacted were statistically less favorable than those found nationwide for each of the following:

- Trouble Obtaining an Appointment
- Trouble Affording a Prescription
- Trouble Affording a Physician Visit
- Transportation Prevented a Visit

Barriers to Access Have Prevented Medical Care in the Past Year

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 9-1]4
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Related Focus Group Findings

Transportation is an issue of concern in the community, despite the existence of the Red Apple buses. Focus group participants perceive a need for more vans to transport people to medical services.

> *"I think transportation still remains a barrier. We're thankful now that we have the Red Apple Transit Bus; but with the gas prices going up they are going to have to increase their fares. So again those families who are right on the poverty line, they're not going to spend the money to drive all the way into Farmington to go to an urgent care facility; they would rather go to some place closer if one were available."* — Community Leader

> *"I know just in my area of dialysis, the federal government will not allow us to reimburse the patients for transportation expenses when they have to come for services. So when our patients are in nursing homes, then the nursing home has to take the brunt of getting the patient back and forth for dialysis. Many family members do not have reliable transportation. We had to get a van for outpatient services. We go out and pick them up in Aztec and bring them here for dialysis and take them back because they just don't have any transportation to come here."* — Healthcare/Social Services Provider

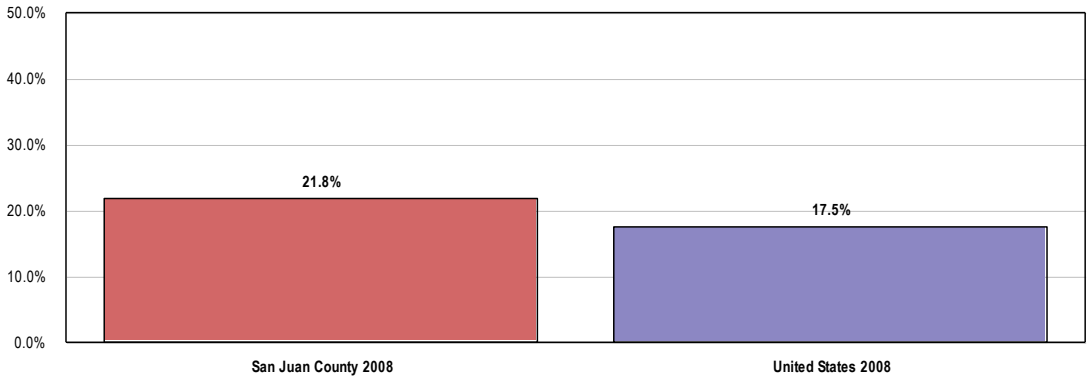
> *"I do believe that the lack of public transportation is a huge barrier to accessing care. This is a real problem for those people living outside of town or on the reservation."* — Business Leader

Prescriptions

Among <u>all</u> San Juan County adults, 21.8% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than the 17.5% reported nationwide.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money



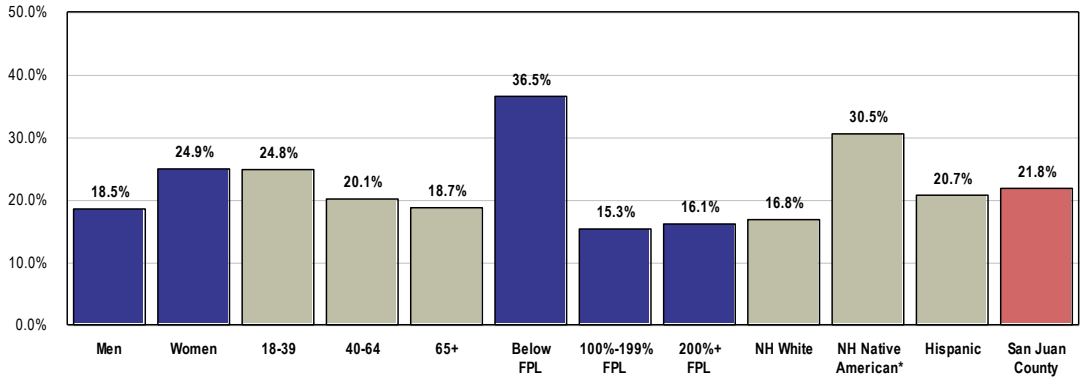
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 1]5
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents (regardless of whether a prescriptions was needed or used).

The following chart outlines adults improperly using prescription medicine to save money, segmented by demographic characteristics. Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Respondents living below the federal poverty level.
- Native Americans.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 15]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble in receiving medical care for a randomly-selected child in their household.

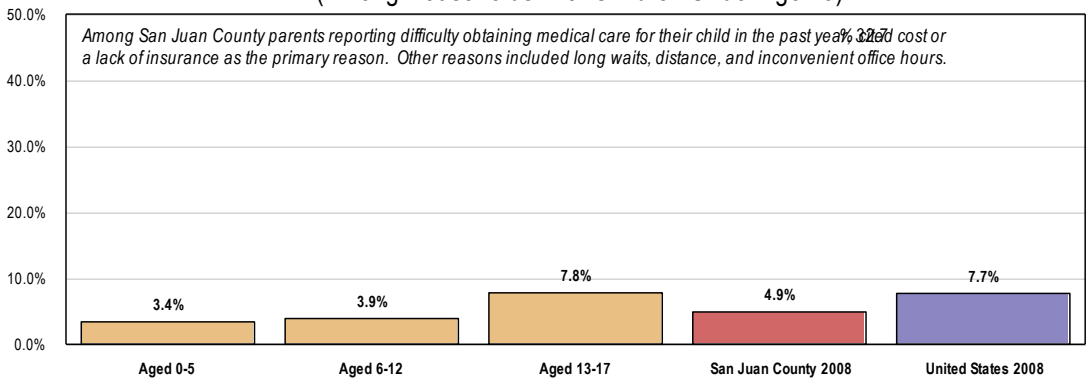
A total of 4.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to the 7.7% reported nationwide.
- Statistically comparable by child's age.

Among the parents experiencing difficulties, 32.7% cited **cost or a lack of insurance** as the primary reason. Other reasons included long waits, distance, and inconvenient office hours.

Have Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Households With Children Under Age 18)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 125-126]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children under the age of 18.

Primary Care Services

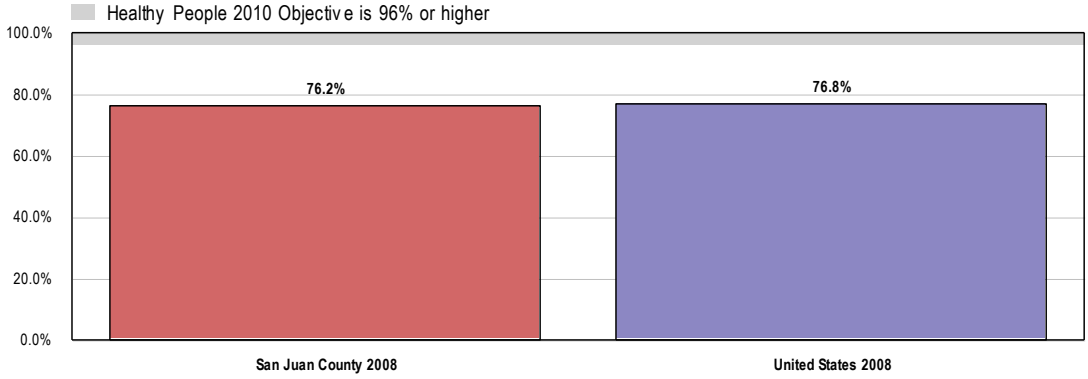
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

76.2% of San Juan County adults were determined to have a specific source of ongoing medical care.

- Nearly identical to national findings (76.8%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).

Have a Specific Source of Ongoing Medical Care



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 17]8
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

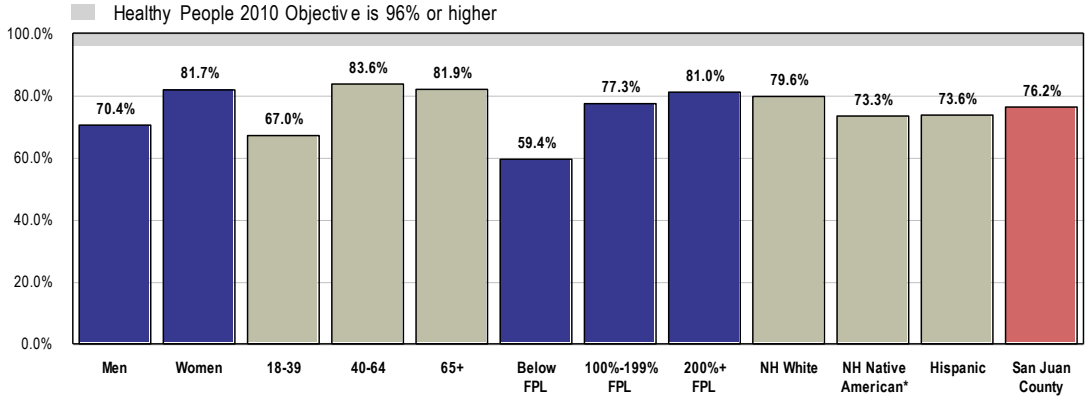
Note:
- Asked of all respondents.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under the age of 40.
- Residents living below the federal poverty level.

Have a Specific Source of Ongoing Medical Care

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 178]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

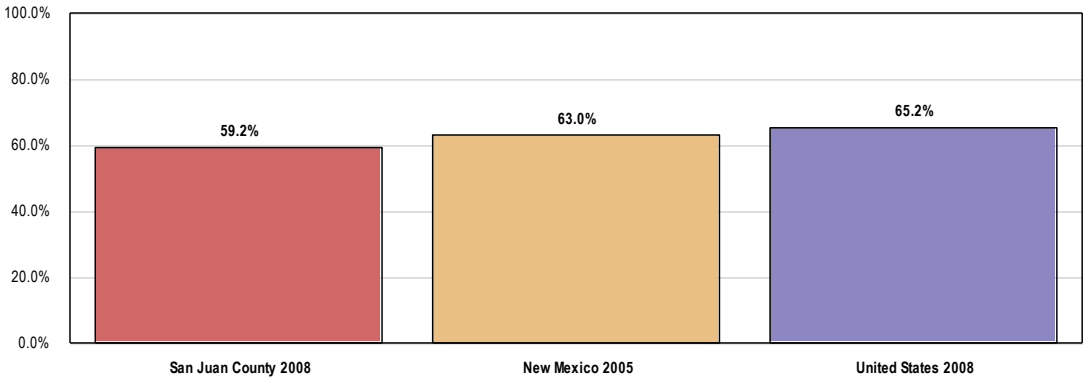
Utilization of Primary Care Services

Adults

A total of 59.2% of San Juan County adults visited a physician for a routine checkup in the past year.

- Less favorable than the 63.0% reported across New Mexico.
- Less favorable than national findings (65.2%).

Have Visited a Physician for a Routine Checkup Within the Past Year



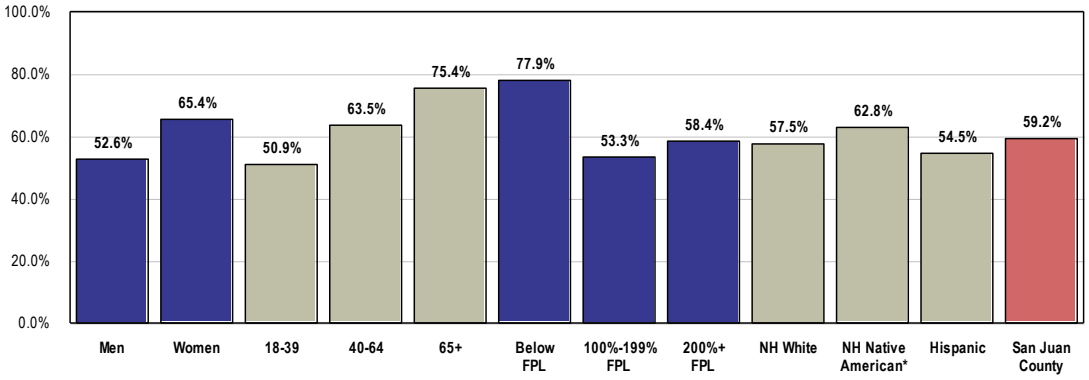
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 19
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.

Note:
- Asked of all respondents.

- Routine checkups in San Juan County are higher among women, increase with age, and are higher among adults living in poverty.

Have Visited a Physician for a Routine Checkup Within the Past Year

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 19]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

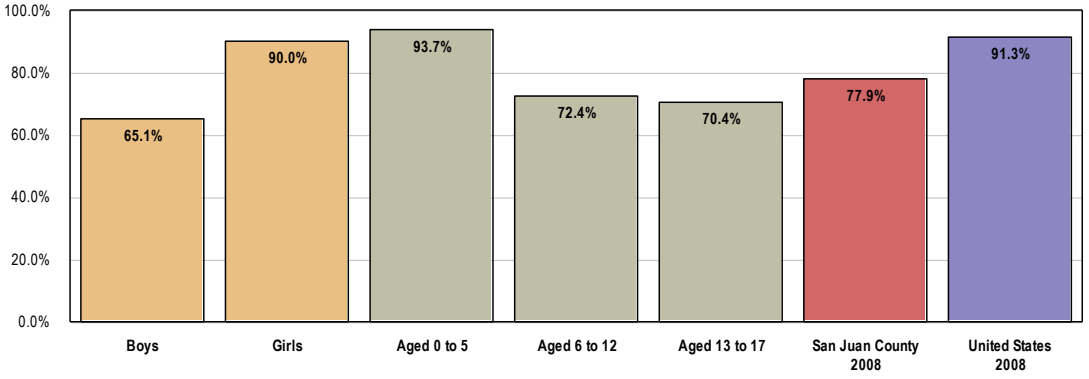
Children

Among surveyed parents, 77.9% report that their child had a routine checkup in the past year.

- Much lower than national findings (91.3%).
- Note that routine checkups are highest among San Juan County girls and children under six.

Child Has Visited a Physician for a Routine Checkup Within the Past Year

(Among Households With Children Under the Age of 18)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 127]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of respondents with children under the age of 18.

Outmigration for Healthcare

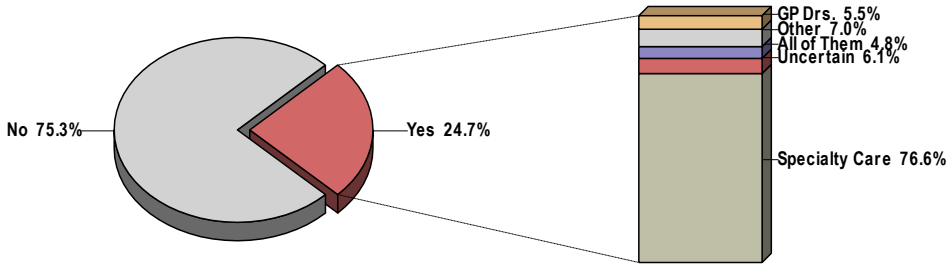
To better understand perceived availability of local healthcare services, survey participants were asked if they or a member of their household left San Juan County for medical care at any point in the past year.

Overall, one-fourth (24.7%) of residents left San Juan County to receive medical care elsewhere.

- The vast majority of these residents left the county in order to receive some type of specialty care.

Outmigration for Healthcare Services

(San Juan County, 2008)



Currently Leave San Juan County for Certain Healthcare Services

Specific Services Not Available in San Juan County

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 7-3
Note: • Asked of all respondents.

Related Focus Group Findings

The community suffers from a lack of healthcare providers, physicians, primary care and specialists. Focus group participants frequently discussed the difficulty of recruiting and retaining physicians in the area; comments included concern over big-city spouses who are unwilling to move to the area, or are unhappy upon moving to the community. ER waits are especially lengthy because of the lack of local primary care physicians; residents are seeking their regular medical care in the emergency room.

> *"Right now there are a lot of people who don't have a way to access care in our community because they don't have a physician. If they already have a doctor they probably can get the care they need. But most people right now don't have a doctor and what is worse: they can't get a doctor. I think this is really a huge problem."* — Physician
>
> *"What makes the shortage of physicians even worse is if you are a Medicare or Medicaid patient wanting to find a doctor. Most primary care practices are closed to both private insurance and federal-funded insurance programs."* — Physician
>
> *"When I see a new diabetic or somebody with a significant cholesterol problem or metabolic syndrome, part of the referral process is to have them go to a nutritionist. As far as I know there is only one outpatient hospital nutritionist; unfortunately only about ten percent of the referrals actually show up for their appointment. It is not a sustainable business in this community."* — Physician

"I think there's not enough time for patients. I think there's a gap between the time that they are seen by the physician and the time that they're able to see the provider for education, and the longer that gap becomes the less likely they are going to follow-up with the referral. We do have a certified diabetic educator in our office who is a physician's assistant, and if we're able to get patients to her within a week or so, things tend to work better." — Physician

"We can't get good doctors out here because all the good doctors like to have their own private practices. They can make more money practicing off the reservation. We're opening a new clinic in the Four Corners area and we're having a hard time getting good professional and technical people to move there." — Provider to the Native American Community

"There are only two oncologists in the area right now. This is a big need because we do have a high incident of cancers and these two oncologists are overloaded." — Provider to the Native American Community

"The waiting time in the ER is kind of ridiculous. If a person is dying they still have to sit there and wait several hours. Once they are seen by the ER doctor, there is a lack of follow-up care because these doctors can't provide aftercare and they don't have any physicians locally to refer the patients to after the visit to the ER." — Provider to the Native American Community

"There was another concern about lack of cardiologists. People who have heart problems have to go all the way to Albuquerque to receive care." — Provider to the Native American Community

"I think the first one that comes to mind is the fact that people go to the emergency room for routine medical care and it's just really hard to get in. I heard people say that they waited 4-6 hours to be seen." — Community Leader

"One of the other problems is the number of doctors who do not take Medicare/Medicaid. That is a real concern for our older citizens. Signs are posted on almost every physician's door that their office is closed to these types of patients." — Community Leader

"The other thing is and it just seems to come in cycles, is the lack of doctors – a shortage of doctors. I don't think we've ever experienced this problem like I've heard it lately. Even if we have specialists the practices are closed and you can't get in even with private insurance." — Community Leader

"I'm from Aztec and we just don't have accessible healthcare close by. What is happening in our schools is that our school nurse becomes the primary care provider. The kids' parents are sending kids to school with pink eye, colds, sometimes broken arms. The parents are sending the kids to the school nurse to treat them. So our school nurses have become frontline providers in many instances." — Community Leader

"I think getting back to the emergency room thing. The hospital has started this advertisement campaign: is it an emergency, or is it routine medical care? The reason is to alleviate the non-emergency cases in the ER. In fact one Sunday we went to the ER with my son and we just turned around and went right home because I counted 45 to 48 people sitting in the ER." — Community Leader

"The hospital right now is in the process of building an urgent care center in the old post office building in Aztec. I understand it should open in June, giving us another facility to bring in some more physicians to try to alleviate the shortage that we have right now. Also I understand that nurse practitioners can run a clinic for minor medical problems like colds, so maybe this will also help with the physician shortage." — Community Leader

"We're losing doctors in this area. A lot of the local physicians, including those in the Durango area, are not accepting Medicare patients. So this is becoming a huge issue." — Healthcare/Social Services Provider

"We're losing nephrologists in this area. Right now we're down to three nephrologists and we had seven two years ago. We also need specialists in all areas like cardiologists, adult psychiatrists, pediatricians, primary care, and internists." — Healthcare/Social Services Provider

"Although the population of the state of New Mexico has increased significantly over the last 20 years, we still only have one medical school. It's UNM Medical School and I'll bet you that the number of physicians that they're graduating over the same 20-year period has not increased that much. We are in the process of looking into this to see if it is true because that medical school provides most of the

physicians for New Mexico. Of course some of the graduates are going to leave here, but generally a good portion of those students are New Mexicans and I think they want to stay here." — Business Leader

"The federal reimbursement for New Mexico is very low (only 72%). We don't have any incentives to attract physicians to this area because we have low federal reimbursement, physicians have to pay gross receipt tax, pay nine percent in personal income tax, and move to a small rural community where social security or Medicare is a good portion of their patient population. Also with the shortage of docs, they are working themselves to death because they are always on call and never get to see their families. So moving across the border to Texas, Arizona, Colorado, where they would automatically get an increase of anywhere from 10 to 25 percent in income becomes very attractive." — Business Leader

"If by chance a patient is on Social Security or Medicare loses their physician, it could take a year to two years to find someone who will take them. It's a huge issue." — Business Leader

"At the urgent care center or emergency room, there are 3- to 4-hour waiting times. I had agents who were sick over the holiday. When they walked in there were people just sick and laying around all over the waiting room. They decided to go home because they were going to have three to four hours to be seen. The message that we get from the ER staff is to call 911 and have an ambulance come and pick you up because then you get in right away." — Business Leader

"It seems that everything we're doing is making the whole system more expensive and we have to get away from that. We have to fix the system because every time we use the ER when we could have another facility or physician treat us, or we use the ambulance when we could drive to the facility ourselves; it is just adding to the cost of healthcare. I understand when one is sick we just want to get better but we have to figure out a way to get care which is not the most expensive type of care. The hospital needs to look at providing more walk-in clinics to help out the ER." — Business Leader

"I think we really need to talk about physician's assistants and nurse practitioners. We need more of them to handle some of the smaller stuff and help out with the physician's shortage. One of the things I'm pitching to the city is looking at the use of nurse practitioners for our employees so they don't have to go to the doctor for everything or use their health insurance, since the city would pay for this visit." — Business Leader

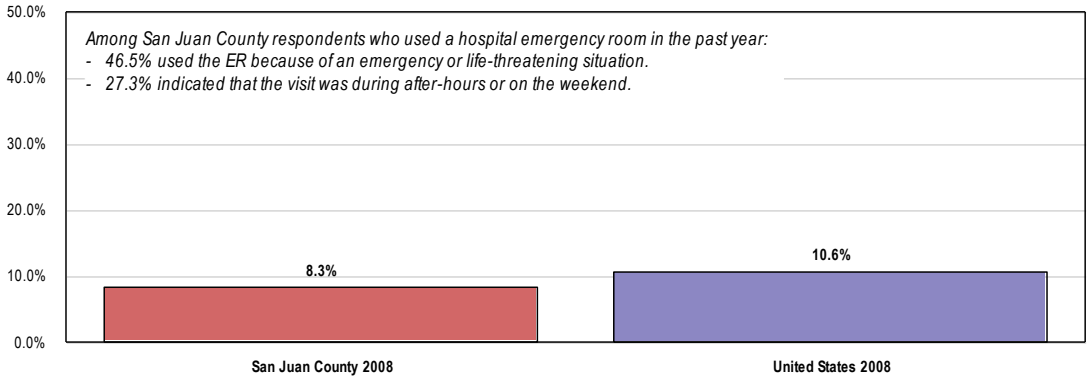
"In New Mexico now pharmacists can treat patients and also prescribe medicine." — Business Leader

Emergency Room Services

A total of 8.3% of San Juan County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings (10.6%).
- Of those using a hospital ER, 46.5% say this was due to an emergency or life-threatening situation, while 27.3% indicated that the visit was during after-hours or on the weekend.

Have Used a Hospital Emergency Room More Than Once in the Past Year

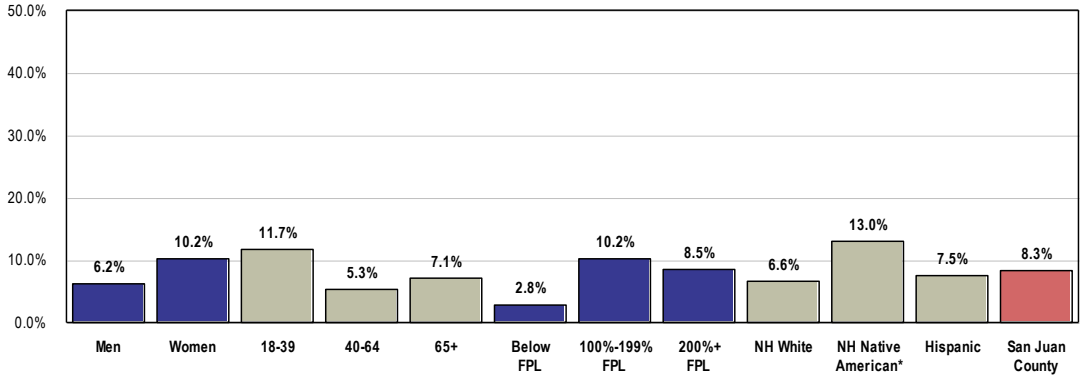


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 25-26]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

- Multiple ER visits among residents of San Juan County were most often noted among women, adults under age 40, and residents living above the federal poverty level.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(San Juan County, 2008)



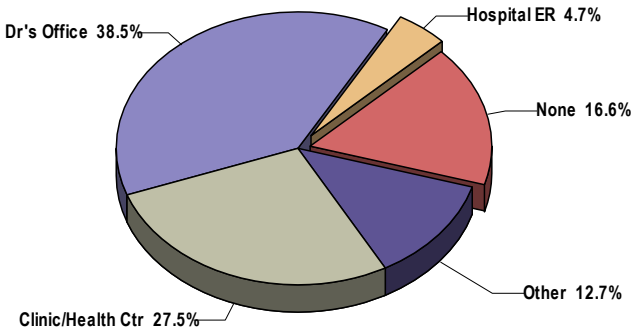
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 25]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Note that 38.5% of San Juan County adults are most likely to report relying on a doctor's office for their regular medical care; 27.5% usually go to a clinic or health center.

- 4.7% say that they rely on a **hospital emergency room** for their medical care.
- Note that 16.6% do not consider themselves to have a regular source for medical care.

Source of Medical Care

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 17-18
Note: • Asked of all respondents.

Oral Health

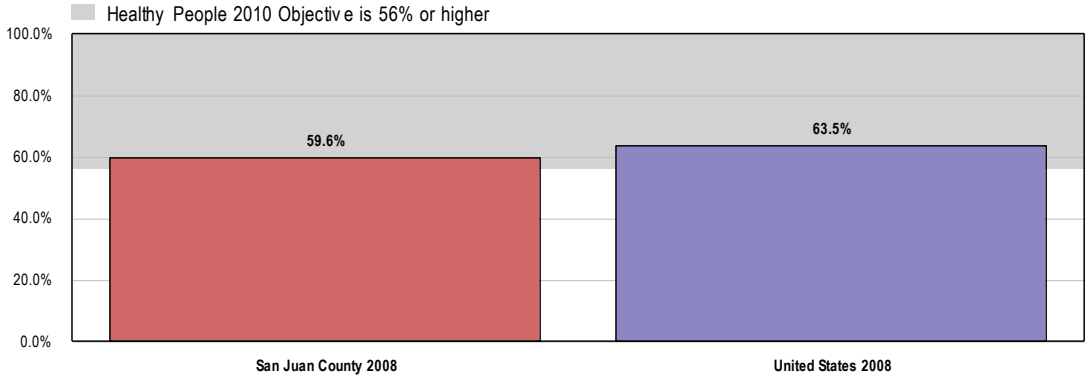
Dental Care

Adults

A total of 6 in 10 (59.6%) San Juan County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Statistically similar to national findings (63.5%).
- Satisfies the Healthy People 2010 target (56% or higher).

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 23]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

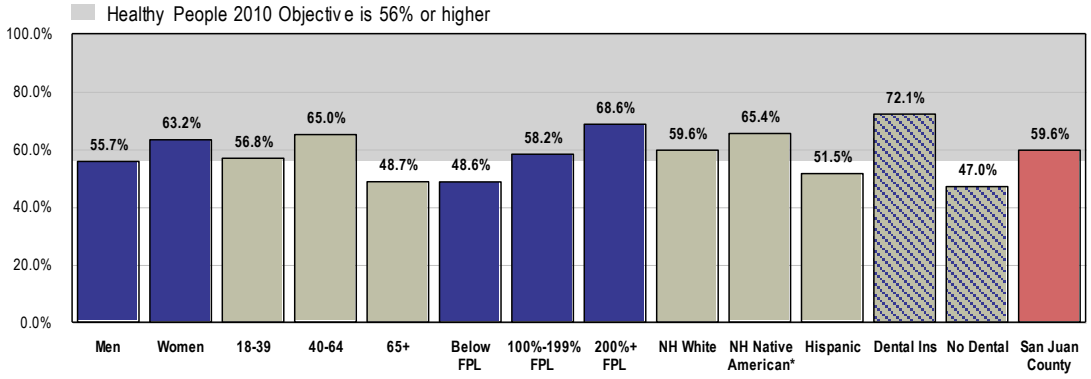
Note:
- Asked of all respondents.

Note the following:

- San Juan County women are more likely than men to have received dental care in the past year.
- Adults between 40 and 64 are more likely to report routine dental checkups.
- Persons living in the highest income category report much higher utilization of oral health services (persons living below poverty fail to satisfy the Healthy People 2010 objective).
- Persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic for Any Reason Within the Past Year

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 23]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

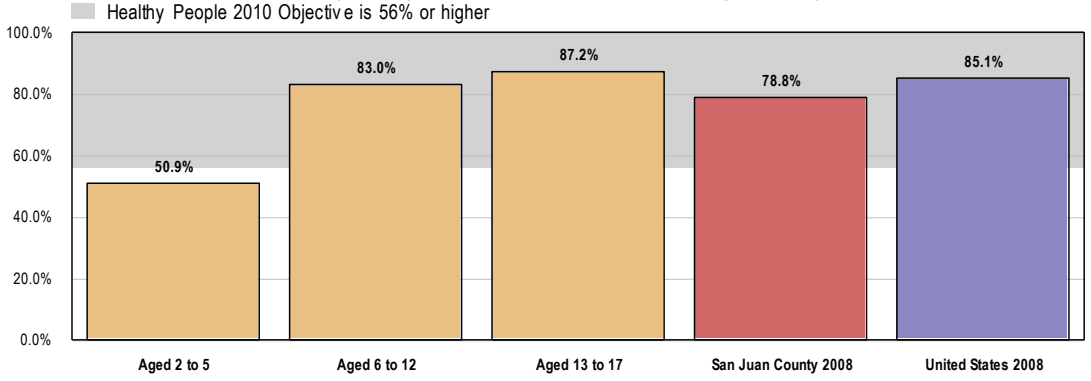
Children

78.8% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than the national findings (85.1%).
- Satisfies the Healthy People 2010 target (56% or higher).
- As might be expected, regular dental care is lowest among children under six.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Households With Children Aged 2-17)



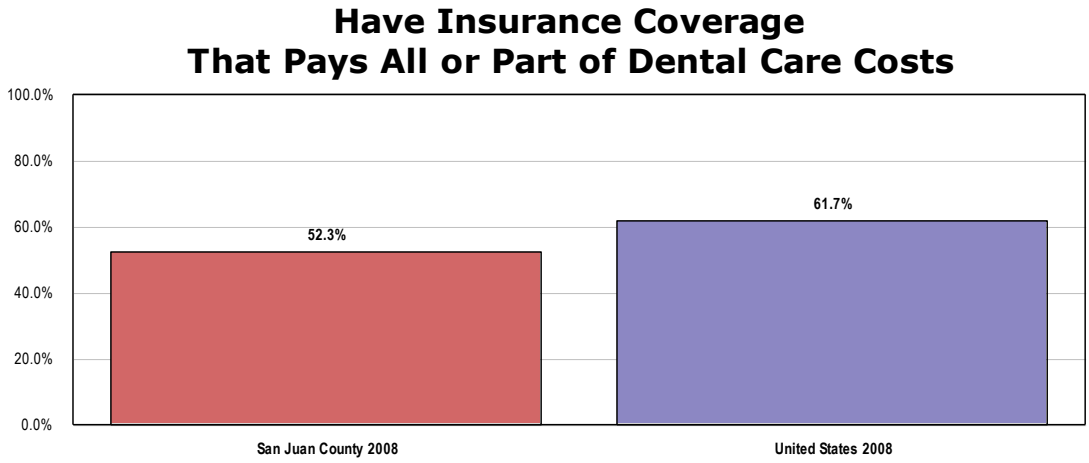
Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 128
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DCS. Government Printing Office, November 2000. [Objective 21-10]

Note:
- Asked of respondents with children aged 2 to 17.

Dental Insurance

More than one-half (52.3%) of San Juan County adults have dental insurance that covers all or part of their dental care costs.

- Less favorable than national findings (61.7%).



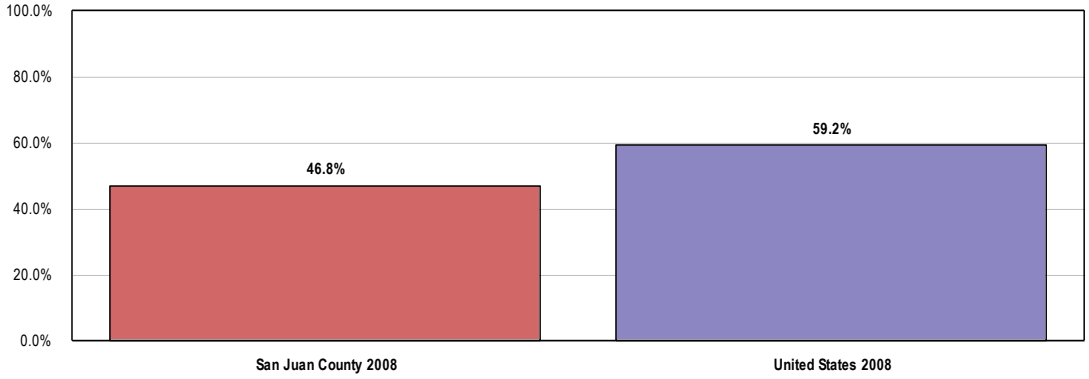
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 24
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Vision Care

A total of 46.8% of San Juan County residents had an eye exam in the past year during which their pupils were dilated.

- Less favorable than national findings (59.2%).

Have Had a Dilated Eye Examination Within the Past Two Years



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 22]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2005 New Mexico data.

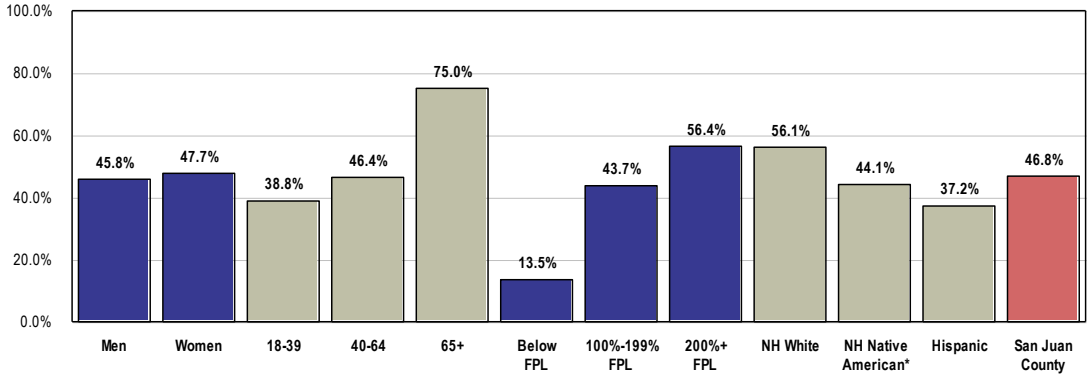
Note:
- Asked of all respondents.

Recent vision care is more often reported among the following:

- Adults aged 65 and older.
- Residents living at higher income levels.
- Whites.

Have Had a Dilated Eye Examination Within the Past Two Years

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 22]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Perceptions Of Local Healthcare Services

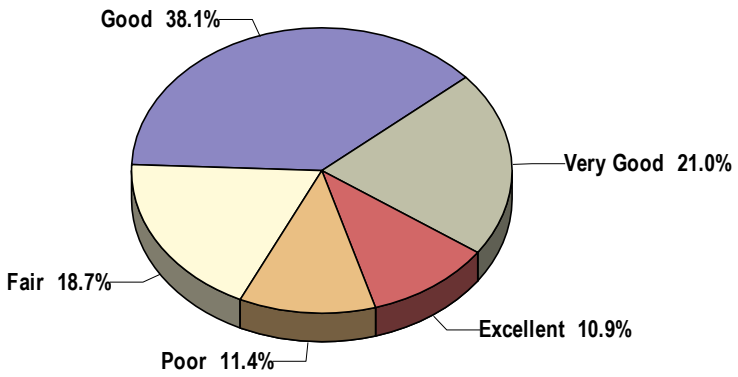
Ratings of Local Healthcare Services

Just under one-third of San Juan County adults (31.9%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Less favorable than the 47.7% reported nationally.
- Another 38.1% of survey respondents gave "good" ratings of the overall healthcare services available in their community.

Rating of Overall Healthcare Services Available in the Community

(San Juan County, 2008)

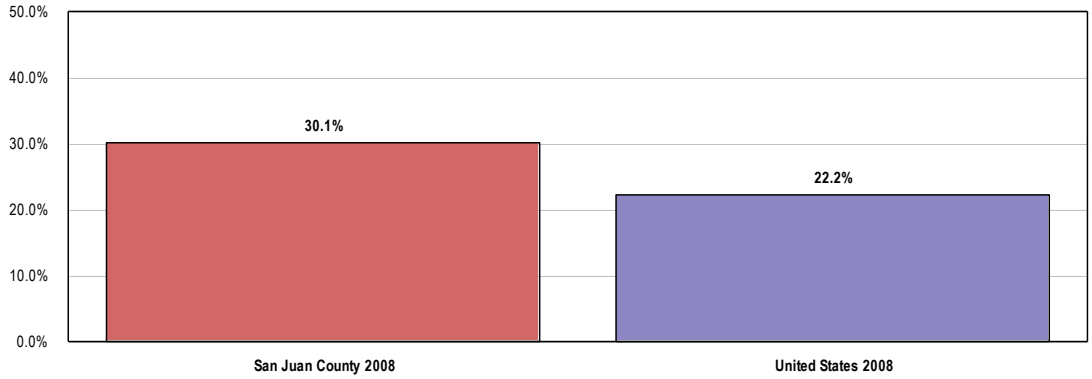


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item]6
Note: • Asked of all respondents.

However, 30.1% of San Juan County residents characterize local healthcare services as "fair" or "poor."

- Less favorable than the national findings (22.2%).

Perceive Local Healthcare Services as "Fair/Poor"

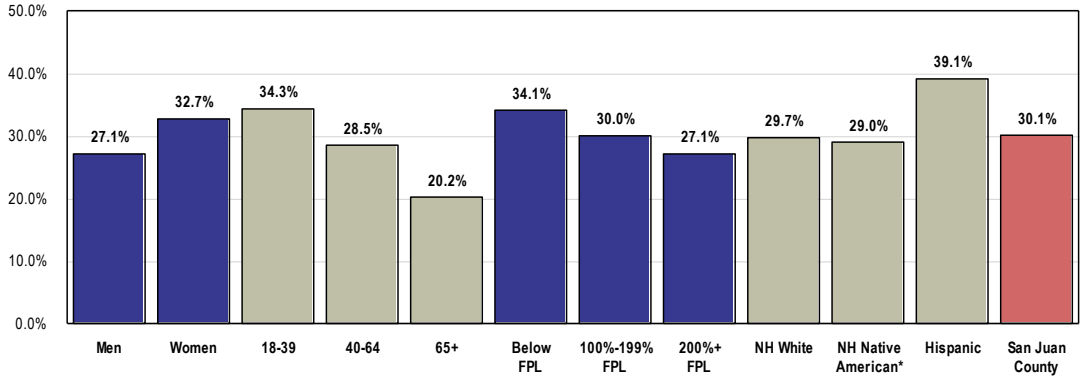


Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item]6
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Note that adults under the age of 65 and Hispanics are more critical of local healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"

(San Juan County, 2008)



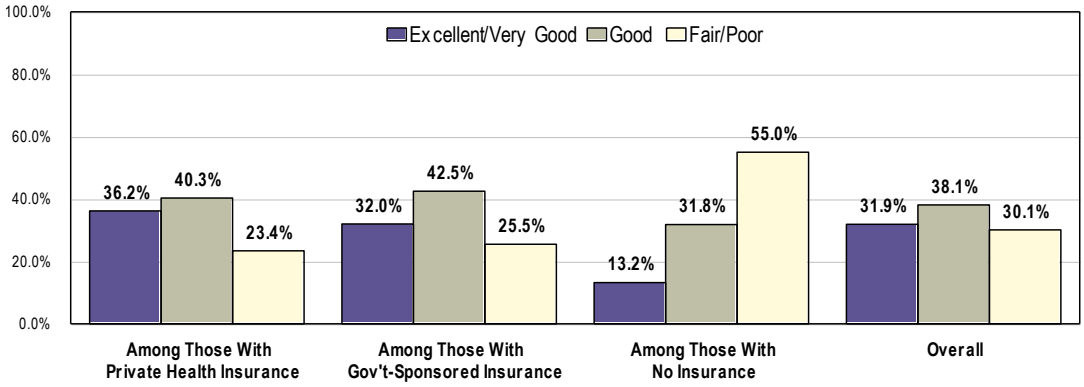
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 6]
Note: • Asked of all respondents.
• FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
• White and Native American are non-Hispanic race categorizations.
• Percentages represent combined "fair" and "poor" responses.
• * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

By Insurance Status

Note in the following chart the correlation between personal insurance status and ratings of local healthcare services. As may be expected, insured adults are more likely to give positive ratings of local healthcare than are the uninsured.

Ratings of Local Healthcare Services

(By Insured Status; San Juan County, 2008)



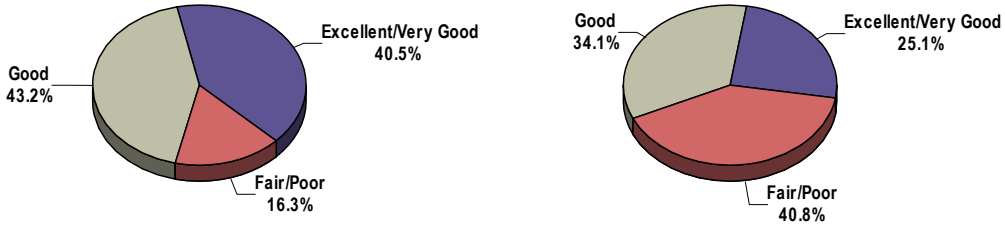
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 6]
Note: • Asked of all respondents.

By Prevalence of Access Difficulties

The next chart correlates access difficulties with ratings of local healthcare services. San Juan County residents with recent access difficulties gave much lower overall ratings of local healthcare services.

Ratings of Local Healthcare Services

(By Access Difficulties; San Juan County, 2008)



Have NOT Experienced Access Difficulties in the Past Year

Have Experienced Access Difficulties in the Past Year

Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item]6
Note: • Asked of all respondents.

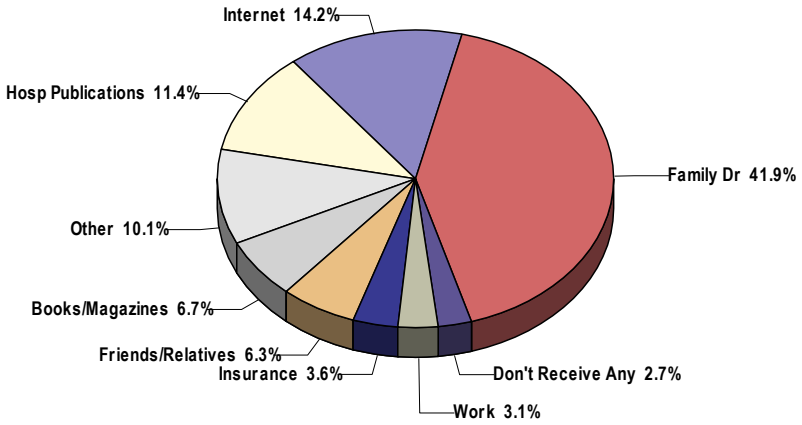
Healthcare Information Sources

Family physicians remain residents' primary source of healthcare information.

- Just over 4 in 10 (41.9%) San Juan County adults cited their **family physician** as their primary source of healthcare information, higher than the 36.1% across the United States.
- The **Internet** received the second-highest response (14.2%), lower than the 17.4% nationally.
- Other sources mentioned include **hospital publications** (11.4%), **books and magazines** (6.7%), **friends and relatives** (6.3%), **insurance** (3.6%), and **work** (3.1%).
- Note that 2.7% of survey respondents reportedly do not receive any healthcare information.

Primary Source of Healthcare Information

(San Juan County, 2008)



Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Item 118]
Note: • Asked of all respondents.

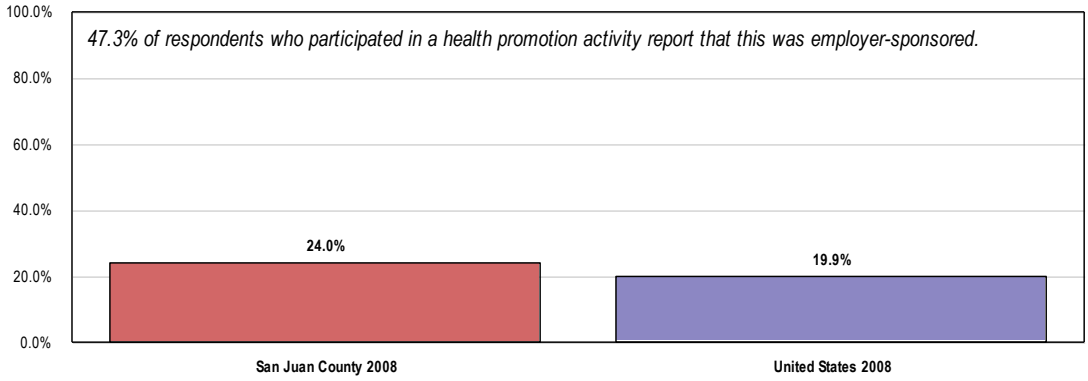
Educational & Community-Based Programs

Participation in Health Promotion Activities

A total of 24.0% of San Juan County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Higher than the national prevalence (19.9%).
- Note that 47.3% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year



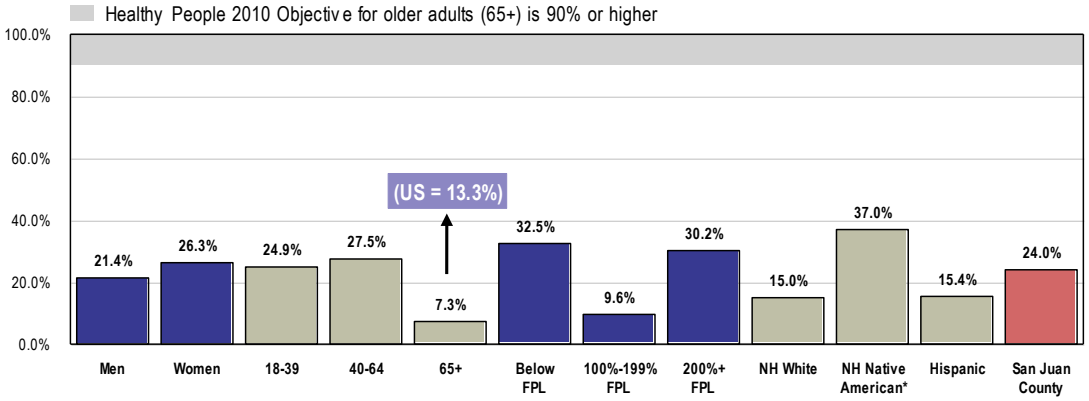
Source: • 2008 PRC Community Health Survey, Professional Research Consultants. [Items 119-120]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

- Note that adults under 65, residents at both ends of the income spectrum, and Native Americans more often report participation in health promotion activities.
- Healthy People 2010 has set a target that 90% or more of older adults (65+) participate in health promotion activities — in San Juan County, only 7.3% of older adults acknowledged doing so in the past year (compared to 13.3% nationally).

Participated in a Health Promotion Activity in the Past Year

(San Juan County, 2008)



Source:
- 2008 PRC Community Health Survey, Professional Research Consultants. [Item 119]
- 2008 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 7-12]

Note:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [U.S. Dept. of Health & Human Services poverty guidelines].
- White and Native American are non-Hispanic race categorizations.
- * NH Native American data include 31 supplemental interviews conducted among Native American residents in selected communities. These additional interviews are not reflected in the total sample or other demographic data columns for San Juan County.

Related Focus Group Findings

Group participants stressed the need to educate children in healthy living practices, with a focus on prevention. Focus group members also consider education on parenting skills to be needed in the area. Additionally, there is a perception that local schools have lowered their literacy standards.

> *"I think we need to educate the children on the importance of good nutrition and fitness early on. We need to start in elementary school and continue through high school. If we wait it is going to be too late. I think we also need classes in parenting skills, asthma and diabetes; but these adult classes need to be held out in the community where it is easy for parents to attend and at a time of day that is acceptable for most people, which would encourage them to come. If you could get a core group of people that would come, you could build upon that."* — Physician

> *"I think there is a lower standard among the high schools in this community. I have a teenage stepson who is illiterate, and he is graduating from high school. All of his friends are illiterate also. I am defining literacy as being able to read and write at the newspaper level. This illiteracy seems to be acceptable because they are graduating with mid-level grades."* — Physician

> *"Our kids at this point don't need to understand what they're doing in terms of their education or the classes they're taking. They just need to know how to take a test in order to pass the test. And that's what our teachers are starting to do with our children. The children may not know how to read, but they sure can pass a test and that's what they're learning in our schools. The teachers get rated on how the kids do on those tests."* — Physician

> *"There may be resources that our government funded, private resources that are available that we're not aware of, perhaps through the churches. Maybe this just shows my ignorance, but I was recently informed of a resource through the Salvation Army for alcohol and substance abuse and I had not yet tapped into it. But I'm not sure if anyone else is aware of those kinds of things."* — Physician

> *"I think that all the health service providers, including San Juan Regional Hospital, should get together to discuss what is going on regarding healthcare in the community. There are a lot of things going on at our hospital that would be nice to know ahead of time. I think they need to get together and talk about the availability of funds and how they are going to be dispersed out into the community."* — Provider to the Native American Community

"Some of our Navajo women are having hysterectomies and a lot of them do not ask questions as to why they are having the operation. I think they should have a second opinion from another doctor before they have it. Then after the operation, there should be a support group to help them through this major operation and check to make sure they are doing okay." — Provider to the Native American Community

"What I would like to see is San Juan Regional Medical Center be involved with the local colleges and state universities to pick up more Navajo students in the healthcare field. I think all of the local petroleum companies do that already to recruit engineers. The hospital personnel need to go out and encourage the Navajo students to continue their education, maybe set up scholarships to help them out." — Provider to the Native American Community

"I know there is some healthcare communication from the hospital through the radio stations in Navajo. This has been going on for a lot of years and it gets the message to the right places out in the reservation." — Provider to the Native American Community

"The You Matter Program in our school district has been a very powerful experience during which teen role models are working directly with younger kids. It's more like a positive role model program where they speak to groups of kids and talk about being drug-free, and tobacco-free, and alcohol-free. And that connection of youth to youth is really powerful. There have been some really nice benefits, unintended benefits. For example, one of the kids wore his Boy Scout uniform for his picture, sending a nice message that Boy Scouts is a cool thing to do, and a good organization to join. A lot of our athletic teams now are going into schools and reading to kids, or working in classrooms. So there are good things going on in the community." — Community Leader

"We have a huge wellness initiative with the hospital right now. All of our administrators have been through a six-month course. We have a pilot program in one of the elementary schools. Their leadership team has already gone through the course, and now the entire school will go through it." — Community Leader

"I think word-of-mouth is how people find out about services. The Chamber does a good job. I know we send a lot of information there. Monarch Marketing does a kids' corner quarterly on all the activities for kids. The college has brochures. San Juan Medical Services has an excellent newsletter where they send out quarterly information publicizing all of the medical facilities and services available. Presbyterian Medical Services also does a number of flyers as far as advertising those types of services." — Community Leader

"The San Juan United Way has an online list of all of their services, including a description of the services, phone numbers and who to contact. It is kind of a one-stop referral shop; whether you need utility assistance or counseling, you can find it all there." — Community Leader

"We keep pushing surveys or information asking people to go to our website, and yet there are a large number of people who do not have access to the Internet, or do not know how to use it. They still want to see it in writing, so they can put it on the fridge. So a lot of people aren't as advanced as we think they are and they rely on the written word." — Community Leader

"Helpline is a resource in this community and the Chamber does put out a resource guide listing all healthcare services. It looks pretty good when you look at it but I still think the general public doesn't know how to utilize it or have access to it." — Healthcare/Social Services Provider

"The sad thing about nutrition is the fact that what I call institutional food (pastas, and potatoes, breads, and all the starchy foods) are the cheapest foods. Once you start getting into the proteins and the vegetables, and things like that, they're the most expensive. So people on a limited income are purchasing what makes them full and satisfies their hunger without thinking about nutrition. Some of them would need to learn how to cook vegetables and certain kinds of meat, and even learn to buy what is healthy; but I think it's really a financial issue." — Healthcare/Social Services Provider

"I think it's time, too. People want things that are quick. They don't want to take the time to cook something healthy. Nobody cooks. Statistically Americans eat out five nights a week. That's huge and that's costly both financially and nutritionally." — Healthcare/Social Services Provider

"I don't think we're giving the kids the right tools they need to make healthy eating decisions. I go into a school where for some of these children this may be the best meal of the day and it's kind of a mixed bag. They try really hard to give fresh fruit and fresh vegetables, but then you offset that with a piece of

meat that's not very recognizable and a little bit fatty. I just think sometimes for our younger people, we don't have the programs in place to explain what maybe healthy eating is all about and maybe the other meal that they eat is fast food. Nobody seems to be cooking in their homes anymore." — Business Leader

"There needs to be a change in the curriculum. Because of the heavy demands of No Child Left Behind, the schools don't have time to add any lifestyle programs. However, the chamber was able to add a program called 'Choices,' a very important program teaching kids about the impact that making choices has in their lives. I think it is a great teaching source so that they can get an idea of what it takes to raise a family, how much it's going to cost to live, or if they were going be working for this amount of money what could they afford to eat and so on." — Business Leader

"Bridges is a parenting program helping people with parenting skills and also teaching them to create sport teams." — Business Leader

"One of the programs we want to put in place is called Bridges. And Bridges is actually a parenting program that focuses on how to do exactly what you're talking about; put a team together with the focus in mind of building that kid, and teaching them the lessons that sports can teach them for later on in life without all of the aggressive behavior like you have to win at all costs and not everybody gets to play. The program teaches how to deal with the at-risk and difficult kids. Bridges is one of those programs we are trying to put in place to address the parenting issue." — Business Leader

"I think I would put into that category into the Full Engagement Program because that would cover everything from food, the nutrition you get from the food, how to prepare it, exercise, and even how to have a little bit of downtime in your life to compensate for the daily stress. It's a very broad program offered to high school kids, but I think it would be fabulous to offer something similar to the public. I don't know how or how to pay for it, I just know it is a great program." — Business Leader

"There's a new school program called Safe Schools Healthy Students, a family wellness program which started with a $5 million grant which is being administered by student assistants. The focus of it is to create better homes so that there's a seamless integration between what happens at school and what happens at home. So far we are spending very little of that money. We're going out looking at all the different things that are available and doing a lot of communication, networking and getting them to do outreach. For example, San Juan College is offering some parenting programs which they're going to make available everywhere. I believe the hospital is going to be a part of this program." — Business Leader

Seniors

Related Focus Group Findings

Focus group participants perceive several unmet needs among the senior population in San Juan County. High blood pressure is a big problem: many seniors can't get the medications they need because of the cost, and those who do are often not told how to take the medication, resulting in prescription misuse.

Other needs include affordable housing and a focus on the large retirement population which is booming in the area. Isolation among seniors is also a great concern.

> *"Certainly affordable housing is a definite need, as is rental property. Along with the increase in the elderly population, we are going to need more geriatric doctors to take care of these people."* — Community Leader
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> *"I think a lot of young retirees are moving into this community. I don't think we are getting the real elderly. I think we are getting those who were able to retire from their positions in their late forties early fifties. Their kids have just left or they still have kids in college. Those are the people that I meet. They have retired here, but they're younger than I am."* — Community Leader
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> *"Well, we always look at our schools. We're not increasing in enrollment, yet the population in Farmington is increasing. So they're not bringing the children. We've remained flat for nine years."* — Community Leader
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> *"We have a huge problem with physicians following up with their patients once they go into a nursing home. Even those who specialize in geriatric care are too busy to come and take care of the patients. We have two geriatric specialists and one has recently really cut back, and the other one is really, really busy."* — Healthcare/Social Services Provider
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> *"We have a lot of retirees moving here but also there are a lot of families who moved here who are now having to move mom, or dad, or both out here to be with them, but yet they work and so here are the displaced parents who are alone because they don't know anyone here. Another problem is the fact that very few doctors will take them as new patients. So the family moves them here and now they don't have any doctors to follow up with their medical care."* — Healthcare/Social Services Provider
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> *"I have people who could be in an assisted living facility but don't have the funds to afford it because in New Mexico it's strictly private pay. So it's either long-term care or you'd better have the money to pay for assisted living. There is nothing in between. They really aren't okay for subsidized housing because they still need some assistance, but they would do well in assisted living with some support if they had the funds to pay for it."* — Healthcare/Social Services Provider
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> *"A lot of the elderly are forced to liquidate their assets to pay for long-term care and there's always a waiting list. If tomorrow you decide that you can't live in your home anymore and you need to go someplace, you are out of luck because there isn't any immediate place to go because there are waiting lists even if you had the money."* — Healthcare/Social Services Provider
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> *"For the dialysis patients, we see them three times a week for about five, six hours at a time and for many of them, their social group is made up of the patients in the waiting room. They look forward to seeing us for the social interaction with the other patients and other family members because this is the only social interaction they get during the week, or anytime in their life and this is a really sad situation."* — Healthcare/Social Services Provider
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> *"I think we lack a place where there's affordable housing or living for the elderly. The city just conducted a survey and we received a very low ranking (in the 43-44 percent) saying this is not a good*

place for retirees. But there was nothing that said why it isn't a good place. The only thing we could identify is that usually for retirees one of the first things to look at is available healthcare. I really think we have good available healthcare; we just don't have enough physicians. However, we were recently identified as one of the top 100 cities in cost of living and most desirable places to live. But affordable housing is the biggest problem." — Business Leader

Youth

Related Focus Group Findings

Concerns regarding the younger population in San Juan County include teen pregnancy, the high school dropout rate, drug and alcohol use, and a general lack of parental guidance.

> *"It seems to be culturally acceptable to be a pregnant 14-year-old in this community. Whereas in other places that's a secret, that's a bad thing, people are embarrassed. In this community it seems to be normal and I think that's a real problem."* — Physician
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> *"I think we have a very high drop-out rate compared to other communities. When I try to talk with them in the office and offer them a lot of reading material, I really don't believe they can read it."* — Physician
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> *"Along the same lines when I ask teenagers in my preventative visits what are your goals? What do you want to accomplish with your life? I would say that it's very, very rare, less than ten percent that a child in the 13-, 14-, 15-year-old range has any idea of what he or she wants to accomplish with their life. And that again tells me that there's a lack of education and also a lack of parenting skills."* — Physician
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> *"One of the problems brought to our attention was the high incidence of meth use in this area. According to all of the dealers, the reservation is an easy target for meth use, trafficking and labs because of the lack of enforcement. If you get caught with meth in the reservation, it's just a misdemeanor. I think that's one of the areas we already started addressing at our local level."* — Provider to the Native American Community
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> *"I've seen 12-, 13-year-olds having babies who never had any prenatal care or post-maternity care. A lot of them were hiding their pregnancy but when it comes time to deliver the baby, they call the fire department or the ambulance to take them to the ER, they deliver the baby and then go home with the baby to stay home by themselves. They don't have a legal guardian so in many instances we don't know what happened to the mom or baby. Sometimes we see them again and they don't have the child anymore and we wonder what happened to it. There is a huge need for follow-up care."* — Provider to the Native American Community
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> *"I think that teen pregnancy is up. We sure see a lot of them in Shiprock. Parents don't want anybody teaching their kids about sex education so the schools here don't teach it in the classroom. It is supposed to be the parents' responsibility, but in a lot of cases the parents drop the ball and the kids are not learning about sex education at home or at school."* — Provider to the Native American Community
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> *"I think our biggest problem among our youth is substance abuse: mainly meth and alcohol. Also we have a high rate of suicide. We have seen a lot of gang activity but it's not addressed in this area unless you're involved in law enforcement. It's just something that's glossed over by the rest of the community."* — Healthcare/Social Services Provider
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> *"I think that teen pregnancy is just as high. It seems like I see a lot of pregnancies."* — Healthcare/Social Services Provider
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> *I have a son in high school with four buddies who are all expecting children."* — Healthcare/Social Services Provider
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> *"In home care what we're seeing with the babies, apart from being born with meth in their system, is that with their moms this is the third or fourth baby and the mom's are only 19- or 20-years-old. I am also finding that being pregnant is not a bad thing anymore; as a matter of fact, it is viewed as a status symbol. The high schools are providing daycare so these kids can graduate and the rest of the kids think this is really cool."* — Healthcare/Social Services Provider
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> *"We have baseball, softball, a lot of activities. I think particularly our parks and recreation department has really focused on making those activities available to the kids. However, the one thing that's kind of missing and one of the things we're trying to address in the neighborhoods is the inability to pay to play in some of our lower socioeconomic communities. Kids need shoes, cleats, uniforms, and so on. I think we could probably do a better job of getting all of the kids to play and not just the ones who are*

privileged enough to be able to afford to play. This is going to be a big focus in the neighborhoods." — Business Leader

"We have select teams. And if you don't have an outstanding youth you don't get on the team, and you don't get good coaching, and you don't have good facilities. And if you're one of the ones that doesn't meet the draw then you're kind of cast aside, and then it's up to the parents to get those children organized to play sports. This creates a problem with their loss of self-esteem because they never win because the select teams are of the cream of the crop and they're usually the winners. So it's defeating the purpose of organized sports to help with that personal image that kids should have about their own self-esteem. What happens is that these kids just give up and they go back to being sedentary and playing their games on TV. It's a shame. We have an awful lot of that, and I've seen it year after year. It's just a hard barrier to break and it goes all the way to sports in high school." — Business Leader

"I think we have a significant issue with sub-cultural activities. And by that I'm talking about street gangs. I'm talking about gothic, car clubbers and anything that isn't your normal run-of-the-mill recognized youth activities. I'm not going to overplay that by saying that it's a huge amount of our youth that are involved in these activities, but typically those at-risk youth. These are the kids who live in neighborhoods where gangs and drugs exist and they are at risk of becoming involved with some of these things. A lot of these kids are being raised by other kids without a lot of parenting. I think that's something that we really need to try to address." — Business Leader

"I think the downside to all this is that there is too much rural space where a lot of our kids start to hang out and do the wrong things like drugs and alcohol. I think this is why so many of our young people get themselves into a lot of problems, by just hanging out." — Community Leader

"When I speak of the diabetes I speak of the number of children we have in our district with diabetes. Our health professionals are saying that we seem to have a very large number of young children with diabetes. It seems to me we have a lot of overweight people and especially overweight kids, which eventually will lead to diabetes." — Community Leader

"I think the complacency toward smoking pot is a big problem. "I only smoked a little pot." That is a prevalent attitude of teenagers. It seems like the more you put emphasis on meth or on cocaine they're saying, "Well, what's the big deal? I only smoke pot." Well, research hasn't shown that pot is good for your health. Alcohol is also a big problem with our high school kids." — Community Leader

Native Americans

Related Focus Group Findings

With regard to the Native American population, the following issues arose in focus group discussions: diabetes, cancer, isolation among the elderly, and a changing population on the Navajo reservation.

> *"The diabetes I see in the native population, I think it could be a cultural thing because I don't think they assimilate the fat the same way as the Caucasian population does. I used to live near a reservation in Canada and their rate of diabetes was high, and I think it's got something to do with how their body, how their metabolism assimilated fats. They also eat a lot of mutton which is very high in fats."* — Healthcare/Social Services Provider
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> *"When I was a field nurse on the reservation, I saw a large population of older folks that had no place to go. Some of them had no families and lived alone. There isn't an assisted living facility out on the reservation so these folks have no place to go."* — Healthcare/Social Services Provider
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> *"I think it warrants research here as to exactly what is going on with the pollution from the power plants, because you get a different story from the power industry. Their story is that the stuff coming out of those stacks is cleaner than anywhere else. It's been a lifetime argument in this community because we are not a large population and the rate of cancer is very high. It has to be due to the environment. I know some of the cancer we are seeing in the older Navajo population and in their children is from the uranium years ago. We had three patients in the last year with mesothelioma. These were fellows in their 60s, but they used to work in the energy business. As far as the uranium goes, this is a slow progressing disease, and now it's showing up in their children. The parents said they used to play in the tailings area and it's in the water; how much has gone into the soil and into the water table, nobody knows. So I think that warrants investigation."* — Healthcare/Social Services Provider
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> *"The Native American population (for the first time in their life) has had the ability to earn a living and they're coming off the reservation. Their background and view of the future is different than the Anglo view and it's not wrong, it's just different. So the level of satisfaction we see in the Anglo population is at least the same in the Native American population. And if we feel good today then life is good versus the anticipation for tomorrow. As we go forward and that group becomes in a leadership role I think that the complexion of this community and its priorities is going to change significantly. I think that's also going to compound in the recruiting of jobs and professions for this community. I don't know if it's good or bad. It's just going to be a cultural divide that's going to be very unique to Farmington because of our proximity to a large Native American population. Our typical blue collar class and their leadership is going to be challenged in the future."* — Physician
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> *"I agree because I think that's a very good point, and if you look around our hospital there are two or three Native American nurses over 50. And if you talk to them, they were boarding school-raised and their family was shocked when they went to nursing school and didn't go back home. And then when you look at nursing in the 30-year-old range there is large proportion of Native American nurses. You would hope as the next generation comes up they're going to be the physicians and the physician assistants."* — Physician