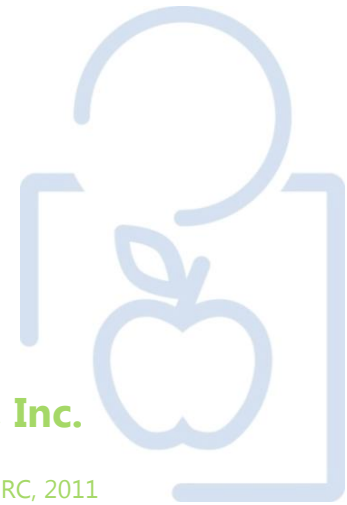
2011 PRC Community Health Report

Sponsored by

San Juan Regional Medical Center &
San Juan Regional Rehabilitation Hospital

San Juan County, New Mexico



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INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2008, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in San Juan County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs 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 Needs 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.

This assessment was conducted on behalf of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

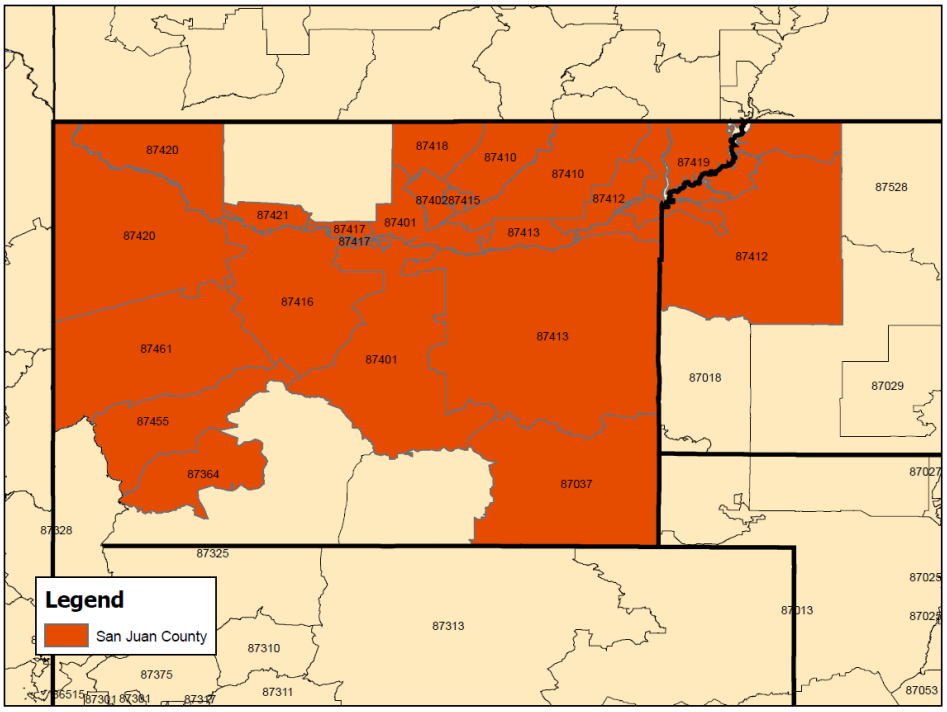
PRC Community Health Survey

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 health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by San Juan Regional Medical Center, San Juan Regional Rehabilitation Hospital and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as the residential ZIP Codes predominantly associated with San Juan County (including 87401, 87402, 87410, 87412, 87413, 87415, 87416, 87417, 87418, 87419, 87420, and 87421). A geographic description is illustrated in the following map.



Sample Approach & Design

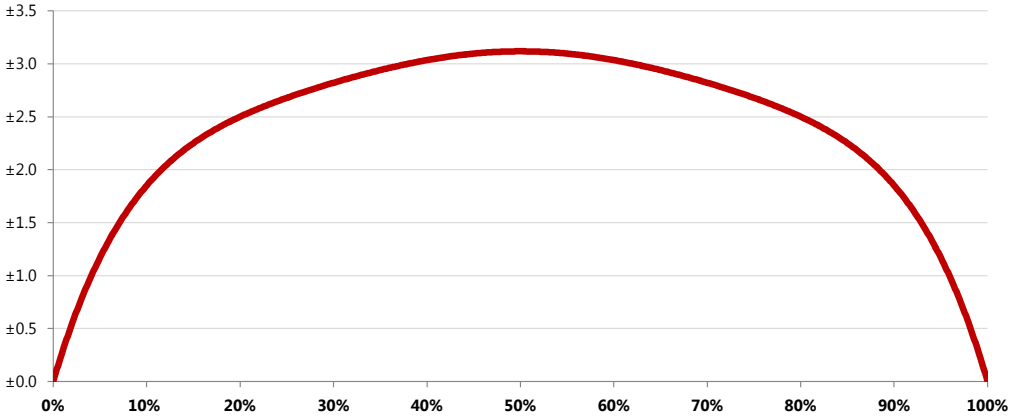
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — 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 age 18 and older in 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.

Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

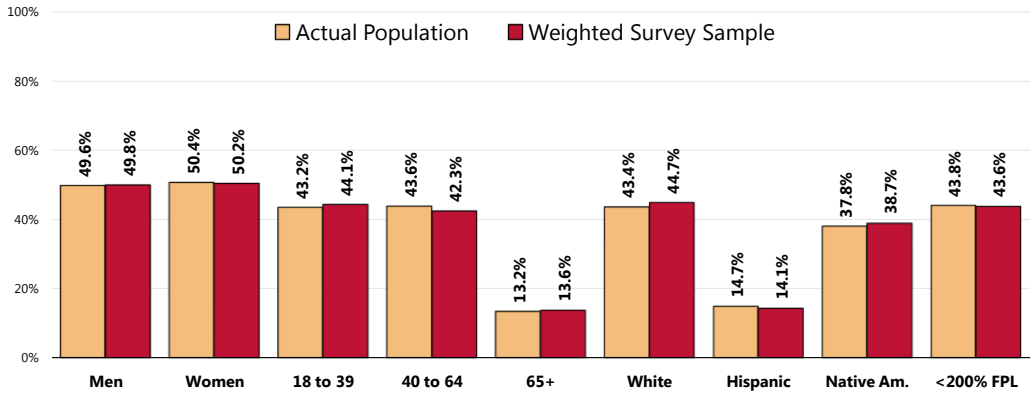
Sample Characteristics

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 geographic distribution and 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 charts outline the characteristics of the San Juan County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 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.]

Population & Sample Characteristics

(San Juan County, 2011)



Sources:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Groups

As part of the community health assessment, there were five focus groups held August 17-19th, 2011. The focus group participants included 49 key informants, including physicians, other health professionals, business leaders, and other community leaders. In addition, one group was dedicated specifically to those who provide services to Native Americans in the community.

A list of recommended participants for the focus groups was provided by San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital. 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. Participants included several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions; organizations represented include:

- Adult Protective Services
- Aztec Municipal School District
- Basin Coordinated Health Care
- Bureau of Indian Education - Special Education
- Childhaven

- City of Bloomfield
- City of Farmington
- Dentist - Private Practice
- ECHO, Inc.
- Farmington Family Practice
- Farmington Municipal Schools
- FFP
- Four Corners Spine and Pain
- Good Samaritan
- Guardian Angel Home Health
- Horizon Home Care
- Navajo Ministries, Inc.
- Northwest New Mexico Hospice and Healthcare
- Partners Assisted Living Services
- Physician - Anesthesia
- Physician - GI
- Physician - Private Practice
- Physician - Radiation Oncology
- Physician - Urology
- PMS/CACFP/Head Start
- San Juan College of Nursing
- San Juan County Commissioner
- San Juan County Indigent
- Sexual Assault Services of NW New Mexico
- SIR CHR
- SJHP Neurosciences
- SJHP Pediatrics
- SJRMC Emergency Department
- Target Stores
- Webb Auto Group

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 insure they would have a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. 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.

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- New Mexico Department of Health
- New Mexico Department of Public Safety
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Benchmark Data

Trending

An identical survey was administered in San Juan County in 2008 by PRC on behalf of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report. Historical data for secondary data indicators are also included for the purposes of trending.

New Mexico Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 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 US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded

in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

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 Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	• Lack of Healthcare Coverage/Insurance Instability • Supplemental Coverage (Medicare Recipients) • Barriers to Access/Difficulties Obtaining Care (Adults and Children) • Having a Specific Source for Care • Seeking Healthcare Outside the Community
Cancer	• Prostate Cancer Death Rate • Cervical Cancer Screenings
Diabetes	• Diabetes Death Rate • Use of Insulin
Family Planning	• Births to Unwed Mothers • Births to Teens
Immunization & Infectious Diseases	• Tuberculosis Incidence • Hepatitis C
Injury & Violence Prevention	• Death Rates (Unintentional Injury/Motor Vehicle/Homicide) • Violent Crime (Rate & Prevalence) • Domestic Violence
Maternal, Infant & Child Health	• Timely Prenatal Care • Family Planning
Mental Health & Mental Disorders	• Prevalence of Major (Diagnosed) Depression • High Stress Levels • Depressed Adults Seeking Professional Help • Suicide Rate
Nutrition & Weight Status	• Healthy Weight/Overweight
Oral Health	• Recent Dental Exams
Respiratory Diseases	• Death Rates (CLRD, Pneumonia/Influenza)
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence • Hepatitis B Incidence • Prevalence of 3+ Sexual Partners (Unmarried 18-64)
Substance Abuse	• Death Rates (Cirrhosis/Liver Disease and Drug-Induced) • Prevalence of Illicit Drug Use
Tobacco Use	• Use of Smokeless Tobacco
Vision	• Prevalence of Blindness/Trouble Seeing

Prioritization

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.

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants (outlined below). These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Substance Abuse**
   - Mentioned resources available to address this issue: Four Winds, Totah Behavioral Health Authority, Masada House, Navajo Brethren in Christ Mission, San Juan County Meth Pilot Project/DWI Center, Alcoholics Anonymous Programs, San Juan County Partnership, Residential Treatment Centers, Presbyterian Medical Services, Indian Health Services, San Juan Safe Communities Initiative, San Juan Regional Medical Center

2. **Access/Affordable Health Care/Insurance**
   - Mentioned resources available to address this issue: Medicaid, Medicare, Insurance, San Juan Regional Medical Center

3. **Mental Health**
   - Mentioned resources available to address this issue: Shiprock Behavioral Health Inpatient Facility, Federally Qualified Health Centers, Counselors, Psychiatrists

4. **Diabetes**
   - Mentioned resources available to address this issue: Community Health Workers, Navajo Nation Special Diabetes Project, Indian Health Services, Physicians, Diabetes Project support and medical care through Senior Citizen Center, Presbyterian Medical Services

5. **Collaboration**
   - Mentioned resources available to address this issue: San Juan Regional Medical Center, Schools, Indian Health Services, Navajo Nation

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2008.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in San Juan County, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

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 trending, as well as comparisons between the San Juan County and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether San Juan County compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	**29.1**	23.0	14.9	0.0	24.1
% [65+] With Medicare Supplement Insurance	**62.6**		75.5		63.7
% [Insured] Insurance Covers Prescriptions	**93.8**		93.9		87.5
% [Insured] Went Without Coverage in Past Year	**15.2**		4.8		20.0
% Difficulty Accessing Healthcare in Past Year (Composite)	**46.8**		37.3		55.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	**17.6**		14.3		18.0
% Cost Prevented Getting Prescription in Past Year	**18.5**		15.0		24.7
% Cost Prevented Physician Visit in Past Year	**21.8**		14.0		22.1
% Difficulty Getting Appointment in Past Year	**26.0**		16.5		27.2
% Difficulty Finding Physician in Past Year	**16.3**		10.7		14.9
% Transportation Hindered Dr Visit in Past Year	**10.7**		7.7		13.8
% Skipped Prescription Doses to Save Costs	**17.6**		14.8		21.8
% Difficulty Getting Child's Healthcare in Past Year	**8.8**		1.9		4.9
% [Age 18+] Have a Specific Source of Ongoing Care	**69.7**		76.3	95.0	76.2
% [Age 18-64] Have a Specific Source of Ongoing Care	**69.5**		75.1	89.4	75.3
% [Age 65+] Have a Specific Source of Ongoing Care	**71.3**		82.6	100.0	81.9
% Have Had Routine Checkup in Past Year	**67.5**		67.3		59.2

% Child Has Had Checkup in Past Year	**85.1**		87.0		77.9
% Two or More ER Visits in Past Year	**8.4**		6.5		8.3
% Seek Healthcare Services Outside the Community	**34.7**				24.7
% Rate Local Healthcare "Fair/Poor"	**28.8**		15.3		30.1
	- blank - data not available	better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	**San Juan County**	**San Juan County vs. Benchmarks**			
		vs. NM	**vs. US**	**vs. HP2020**	**TREND**
% [50+] Arthritis/Rheumatism	**30.8**		35.4		34.9
% [50+] Osteoporosis	**8.0**		11.4	5.3	10.5
% Sciatica/Chronic Back Pain	**17.2**		21.5		17.7
% Migraine/Severe Headaches	**18.6**		16.9		20.3
% Chronic Neck Pain	**7.8**		8.3		9.2
	- blank - data not available	better	similar	worse	

Cancer	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	**157.0**	159.6	181.0	160.6	192.3
Lung Cancer (Age-Adjusted Death Rate)	**39.6**	36.5	51.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	**29.6**	25.0	23.9	21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	**18.7**	21.3	23.5	20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	**17.8**	15.8	17.2	14.5	
% Skin Cancer	**5.4**		8.1		5.0
% Cancer (Other Than Skin)	**6.8**		5.5		5.8
% [Men 50+] Prostate Exam in Past 2 Years	**69.6**		70.5		61.0
% [Women 40+] Mammogram in Past 2 Years	**67.6**	71.0	74.8		62.2
% [Women 50-74] Mammogram in Past 2 Years	**73.2**	75.2	79.9	81.1	59.5
% [Women 21-65] Pap Smear in Past 3 Years	**75.2**	80.4	84.7	93.0	79.3
% [Age 50+] Sigmoid/Colonoscopy Ever	**68.8**	61.3	72.0		51.2
% [Age 50+] Blood Stool Test in Past 2 Years	**26.0**	15.8	28.3		17.8
% [Age 50-75] Colorectal Cancer Screening	**67.7**			70.5	
	- blank - data not available	better	similar	worse	

Chronic Kidney Disease	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	9.4	12.7	14.5		10.6
	- blank - data not available	better	similar	worse	

Diabetes	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	38.1	31.4	23.5	19.6	37.7
% Diabetes/High Blood Sugar	10.2	8.5	10.1		11.5
% [Diabetics] Taking Insulin/Medication	63.5		77.7		75.7
	- blank - data not available	better	similar	worse	

Dementias, Including Alzheimer's Disease	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	12.8	16.8	22.7		14.4
	- blank - data not available	better	similar	worse	

Educational & Community-Based Programs	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	24.8		22.2		24.0
	- blank - data not available	better	similar	worse	

Environmental Health	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Had Illness Due to Indoor Contaminants	15.8				15.0
% Had Illness Due to Outdoor Contaminants	16.0				14.9
% Have Mold in the Home Larger Than a Dollar Bill	6.0				9.9
	- blank - data not available	better	similar	worse	

Family Planning	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% of Births to Unwed Mothers	55.5	52.7	39.6		50.6
% Births to Teenagers	15.8	15.5	10.4		17.8
	- blank - data not available	better	similar	worse	

General Health Status	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	17.8	18.3	16.8		18.2
% Activity Limitations	18.8	23.0	17.0		18.3
	- blank - data not available	better	similar	worse	

Hearing & Other Sensory or Communication Disorders	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	9.6		9.6		9.9
	- blank - data not available	better	similar	worse	

Heart Disease & Stroke	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	**162.8**	170.7	200.9	152.7	199.9
% Heart Attack	**4.0**	4.4			6.4
Stroke (Age-Adjusted Death Rate)	**43.3**	38.4	44.2	33.8	47.7
% Angina/Coronary Heart Disease	**4.2**	4.0			4.5
% Heart Disease (Heart Attack, Angina, Coronary Disease)	**5.9**		6.1		7.7
% Stroke	**2.9**	2.6	2.7		4.2
% Blood Pressure Checked in Past 2 Years	**93.9**		94.7	94.9	93.0
% Told Have High Blood Pressure (Ever)	**32.0**	26.6	34.3	26.9	29.8
% [HBP] Taking Action to Control High Blood Pressure	**89.6**		89.1		88.7
% Cholesterol Checked in Past 5 Years	**83.4**	72.0	90.7	82.1	81.7
% Told Have High Cholesterol (Ever)	**24.2**	34.2	31.4	13.5	27.0
% [HBC] Taking Action to Control High Blood Cholesterol	**79.0**		89.1		69.6
% 1+ Cardiovascular Risk Factor	**84.8**		86.3		88.5
	- blank - data not available	better	similar	worse	

HIV	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.0	1.9	4.6	3.3	
HIV/AIDS Incidence per 100,000	2.4	6.7	12.5	13.0	2.2
% [Age 18-44] HIV Test in the Past Year	29.4		19.9	16.9	24.8
	- blank - data not available	better	similar	worse	

Immunization & Infectious Diseases	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Measles per 100,000	0.0	0.0	0.0		
Mumps per 100,000	0.0	0.0	0.4		
Rubella per 100,000	0.0	0.0	0.0		
Pertussis per 100,000	1.9	5.4	2.6		12.2
Hepatitis C, non-A non-B Incidence per 100,000	39.0	16.6			34.7
% [Age 65+] Flu Shot in Past Year	66.6	69.3	71.6	90.0	63.4
% [High-Risk 18-64] Flu Shot in Past Year	53.4		52.5	90.0	26.6
% [Age 65+] Pneumonia Vaccine Ever	67.5	68.6	68.1	90.0	73.3
% [High-Risk 18-64] Pneumonia Vaccine Ever	46.1		32.0	60.0	24.4
Tuberculosis Incidence per 100,000	5.1	2.6	4.4	1.0	4.7
% Ever Vaccinated for Hepatitis B	46.5		38.4		40.3
	- blank - data not available	better	similar	worse	

Injury & Violence Prevention	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	**87.2**	67.0	39.7	36.0	70.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)	**35.2**	21.6	14.3	12.4	34.6
% "Always" Wear Seat Belt	**84.8**		85.3	92.4	85.9
% Child [Age 0-4] "Always" Uses Auto Child Restraint	**97.9**		91.6		99.7
% Child [Age 5-17] "Always" Uses Seat Belt	**94.1**		91.6		94.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	**95.4**		91.6		96.0
% Child [Age 5-17] "Always" Wears Bicycle Helmet	**41.8**		35.3		29.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	**10.6**	14.5	10.3	9.2	12.0
Homicide (Age-Adjusted Death Rate)	**10.7**	7.7	6.1	5.5	5.1
Violent Crime per 100,000	**696.0**	644.4	450.3		607.8
% Victim of Violent Crime in Past 5 Years	**6.2**		1.6		6.3
Domestic Violence Offenses per 100,000	**13.3**	10.8			9.3
% Ever Threatened With Violence by Intimate Partner	**14.6**		11.7		16.5
% Victim of Domestic Violence (Ever)	**18.9**		13.5		15.5
Child Abuse Offenses per 1,000 Children	**8.4**	10.0	10.3		4.8

- blank - data not available	better	similar	worse

Maternal, Infant & Child Health	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% No Prenatal Care in First Trimester	**46.7**	43.9		22.1	44.1
% of Low Birthweight Births	**6.1**	7.3	8.2	7.8	6.2
Infant Death Rate	**5.3**	6.1	6.9	6.0	6.0
	- blank - data not available	better	similar	worse	

Mental Health & Mental Disorders	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	**13.2**		11.7		10.2
% Major Depression	**15.4**		11.7		10.2
% Symptoms of Chronic Depression (2+ Years)	**29.1**		26.5		28.9
Suicide (Age-Adjusted Death Rate)	**18.6**	18.8	11.1	10.2	17.9
% Have Ever Sought Help for Mental Health	**25.0**		24.4		20.6
% [Those With Major Depression] Seeking Help	**69.7**		82.0	75.1	73.0
% Typical Day Is "Extremely/Very" Stressful	**14.5**		11.5		9.2
% Child [Age 5-17] Takes Prescription for ADD/ADHD	**2.2**		6.5		11.4
	- blank - data not available	better	similar	worse	

Nutrition & Weight Status	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	**48.5**		48.8		42.0
% Eat 2+ Servings of Fruit per Day	**63.2**		60.5		63.9
% Eat 3+ Servings of Vegetables per Day	**39.8**		40.1		33.6
% Medical Advice on Nutrition in Past Year	**38.3**		41.9		40.8
% Healthy Weight (BMI 18.5-24.9)	**27.0**		31.7	33.9	33.6
% Overweight	**71.0**	60.7	66.9		65.1
% Obese	**29.0**	25.6	28.5	30.6	27.1
% Medical Advice on Weight in Past Year	**23.8**		25.7		26.0
% [Overweights] Counseled About Weight in Past Year	**29.6**		30.9		28.7
% [Obese Adults] Counseled About Weight in Past Year	**46.4**		47.4	31.8	44.7
% [Overweights] Trying to Lose Weight Both Diet/Exercise	**43.0**		38.6		34.6
% Children [Age 5-17] Overweight	**39.5**		30.7		35.0
% Children [Age 5-17] Obese	**23.6**		18.9	14.6	17.2
	- blank - data not available	better	similar	worse	

Oral Health	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	**61.8**	67.2	66.9	49.0	59.6
% Child [Age 2-17] Dental Visit in Past Year	**73.7**		79.2	49.0	78.8
% Have Dental Insurance	**57.1**		60.8		52.3
	- blank - data not available	better	similar	worse	

Physical Activity	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% [Employed] Job Entails Mostly Sitting/Standing	**49.1**		63.2		55.6
% No Leisure-Time Physical Activity	**20.6**	21.6	28.7	32.6	29.1
% Meeting Physical Activity Guidelines	**50.9**	53.3	42.7		48.0
% Moderate Physical Activity	**29.3**		23.9		32.7
% Vigorous Physical Activity	**42.5**	32.3	34.8		36.1
% Medical Advice on Physical Activity in Past Year	**41.3**		47.8		44.6
	- blank - data not available	better	similar	worse	

Respiratory Diseases	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	**46.2**	44.8	41.5		54.9
Pneumonia/Influenza (Age-Adjusted Death Rate)	**20.3**	17.0	18.1		28.9
% Nasal/Hay Fever Allergies	**30.8**		27.3		38.8
% Sinusitis	**14.8**		19.4		14.4
% Chronic Lung Disease	**6.8**		8.4		11.5
% [Adult] Currently Has Asthma	**7.5**	9.7	7.5		9.2
% [Child 0-17] Currently Has Asthma	**8.3**		6.8		7.6
	- blank - data not available	better	similar	worse	

Sexually Transmitted Diseases	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	**87.8**	64.2	109.3		19.5
Primary & Secondary Syphilis Incidence per 100,000	**1.1**	2.8	4.3		3.9
Chlamydia Incidence per 100,000	**610.9**	523.0	319.6		358.8
Hepatitis B Incidence per 100,000	**4.3**	6.4	1.3		6.4
% [Age 18-64 Unmarried] 3+ Sexual Partners in Past Year	**14.5**		7.1		14.7
% [Unmarried 18-64] Using Condoms	**37.7**		18.9		45.5
	- blank - data not available	better	similar	worse	

Substance Abuse	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	**16.4**	16.2	9.0	8.2	16.8
% Current Drinker	**39.8**	48.5	58.8		42.0
% Chronic Drinker (Average 2+ Drinks/Day)	**4.4**	4.4	5.6		3.1
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	**14.5**	11.1	16.7	24.3	11.7
% Drinking & Driving in Past Month	**0.8**		3.5		1.4
% Driving Drunk or Riding with Drunk Driver	**3.4**		5.5		3.8
Drug-Induced Deaths (Age-Adjusted Death Rate)	**13.1**	22.7	12.2	11.3	9.3
% Illicit Drug Use in Past Month	**4.7**		1.7	7.1	1.3
% Ever Sought Help for Alcohol or Drug Problem	**10.1**		3.9		8.8
	- blank - data not available	better	similar	worse	

Tobacco Use	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Current Smoker	19.1	18.5	16.6	12.0	21.4
% Someone Smokes at Home	11.1		13.6		13.7
% [Non-Smokers] Someone Smokes in the Home	3.7		5.7		3.5
% [Household With Children] Someone Smokes in the Home	11.9		12.1		9.9
% [Smokers] Received Advice to Quit Smoking	60.7		63.7		44.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	50.2		56.2	80.0	63.0
% Smoke Cigars	4.8		4.2	0.2	4.9
% Use Smokeless Tobacco	4.9		2.8	0.3	5.2
	- blank - data not available	better	similar	worse	

Vision	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	10.5		6.9		8.5
% Eye Exam in Past 2 Years	54.5		57.5		46.8
	- blank - data not available	better	similar	worse	

GENERAL HEALTH STATUS

Overall Health Status

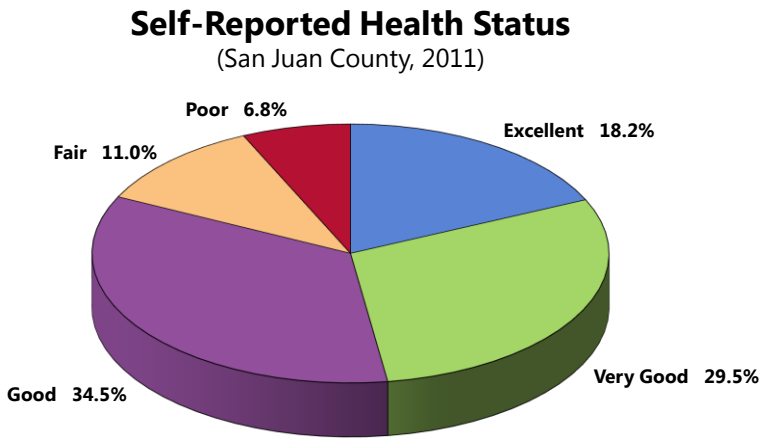
Self-Reported Health Status

The initial inquiry of the 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 total of 47.7% of San Juan County adults rate their overall health as "excellent" or "very good."

- Another 34.5% gave "good" ratings of their overall health.



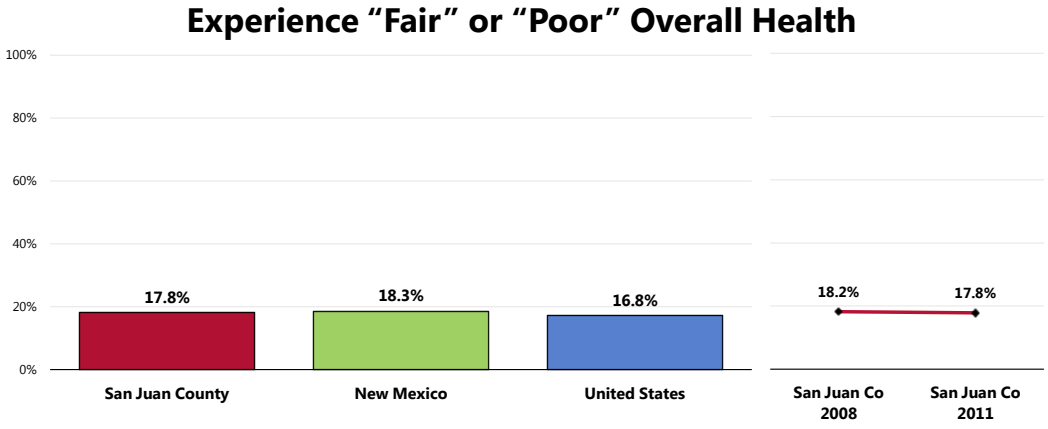
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 17.8% of San Juan County adults believe that their overall health is "fair" or "poor."

- Similar to statewide findings.
- Similar to national percentage.
- No statistically significant change has occurred when comparing "fair/poor" overall health reports to 2008 survey results.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-level data are provided.
- Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [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): 2010 New Mexico data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

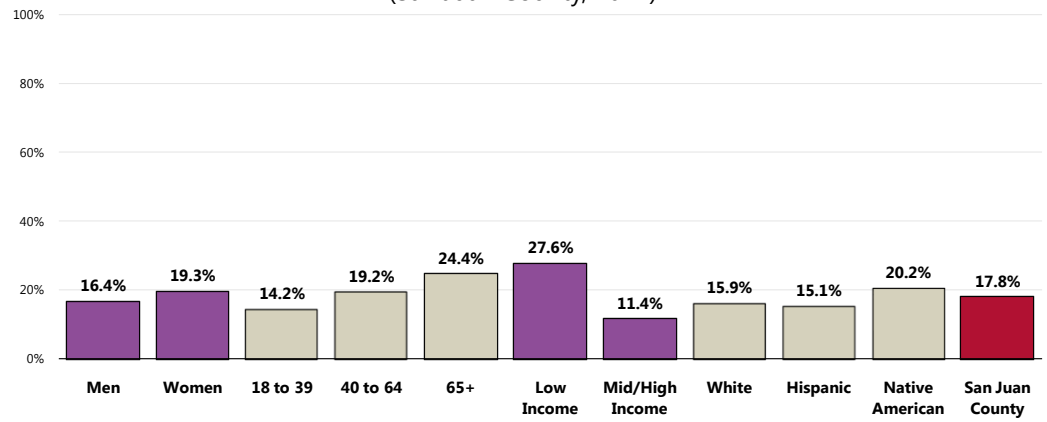
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

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

- Those age 65 and older.
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Overall Health

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

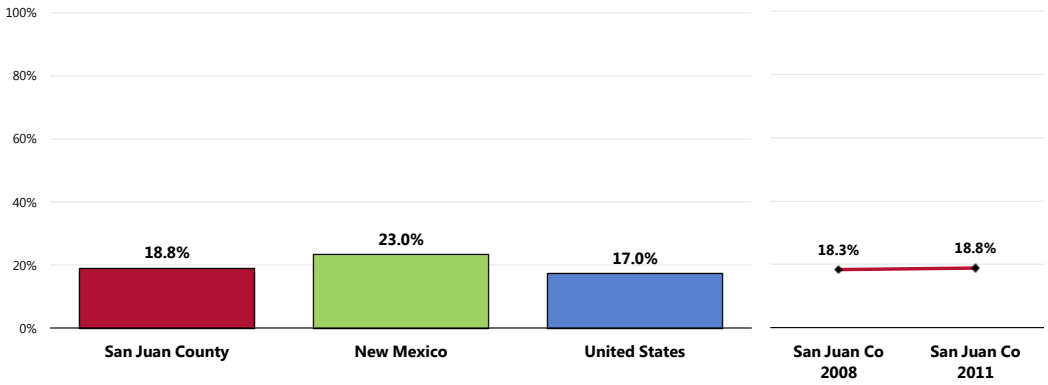
– Healthy People 2020 (www.healthypeople.gov)

A total of 18.8% of San Juan County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- Similar to the national prevalence.
- Statistically unchanged since 2008.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [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): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

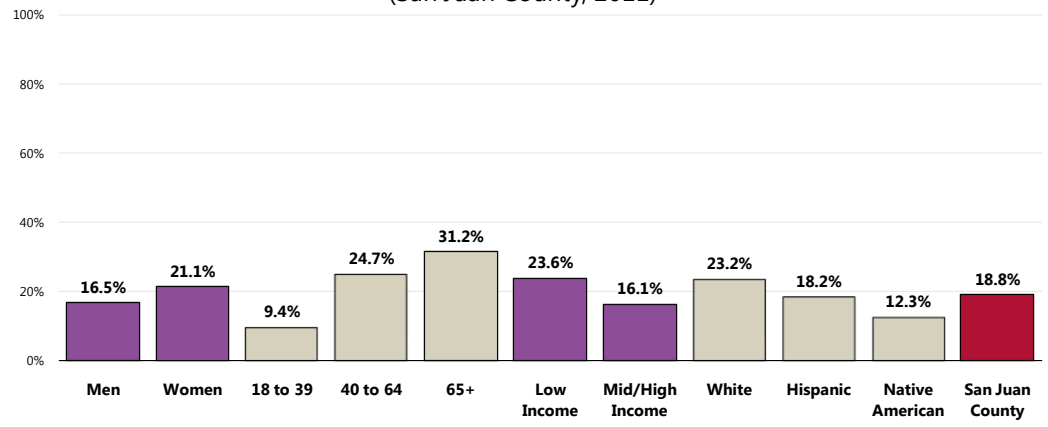
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Low-income residents and Whites are more likely to report activity limitations.

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

(San Juan County, 2011)



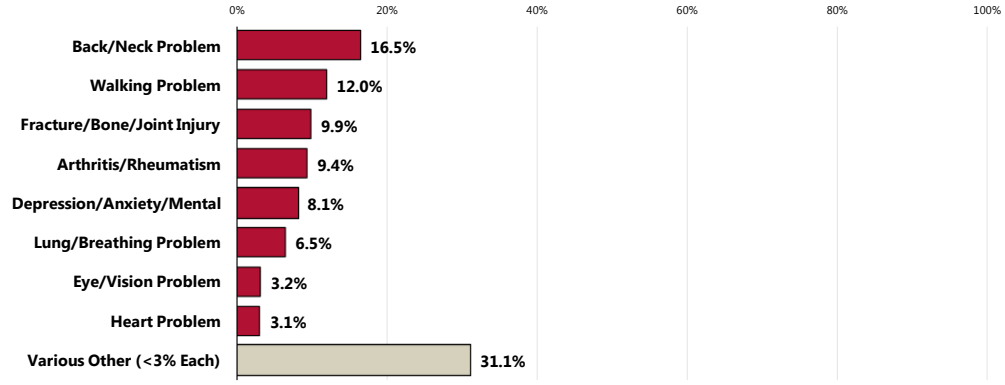
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of those respondents reporting activity limitations.

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 challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

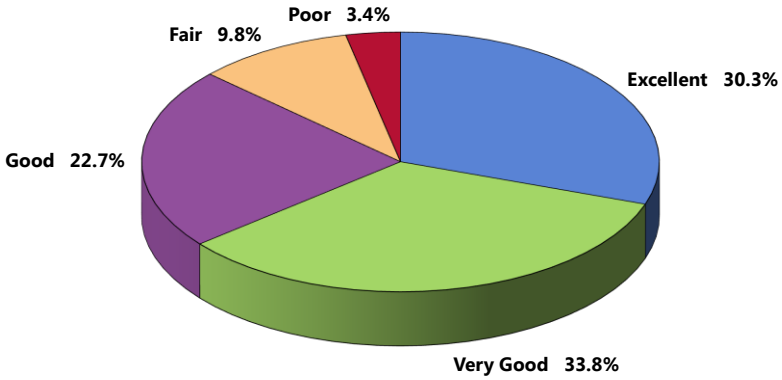
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 64.1% of San Juan County adults rate their overall mental health as "excellent" or "very good."

- Another 22.7% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(San Juan County, 2011)

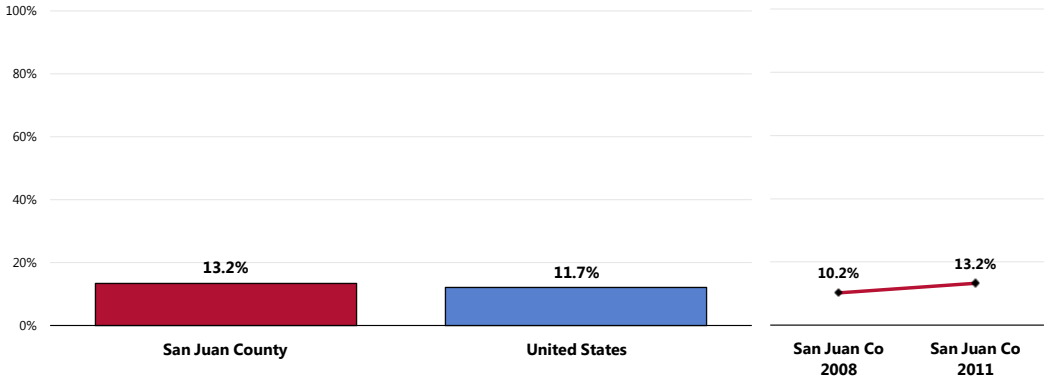


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

A total of 13.2% of San Juan County adults, however, believe that their overall mental health is "fair" or "poor."

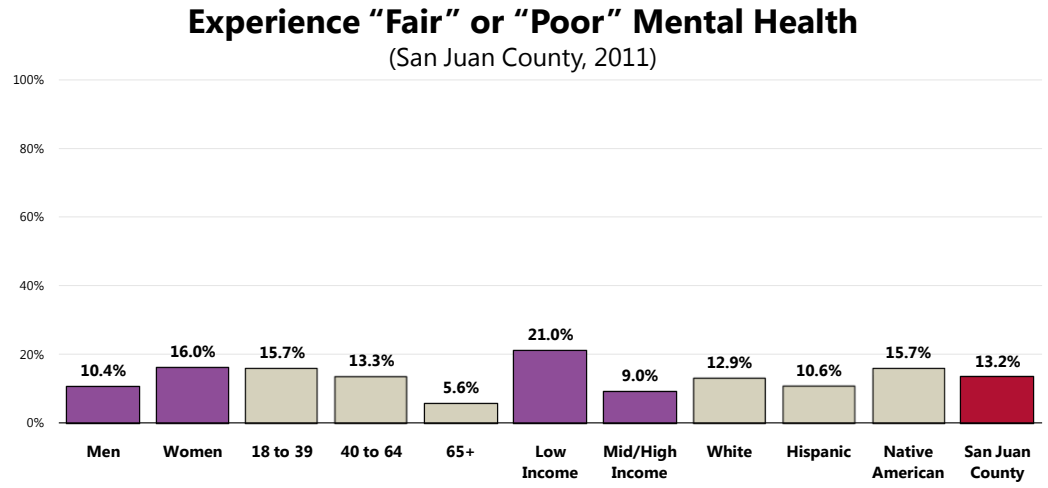
- Similar to the "fair/poor" response reported nationally.
- Marks a statistically significant increase since 2008.

Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 112]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Women, adults under 65, and lower-income respondents are more likely to report experiencing "fair/poor" mental health than their demographic counterparts.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
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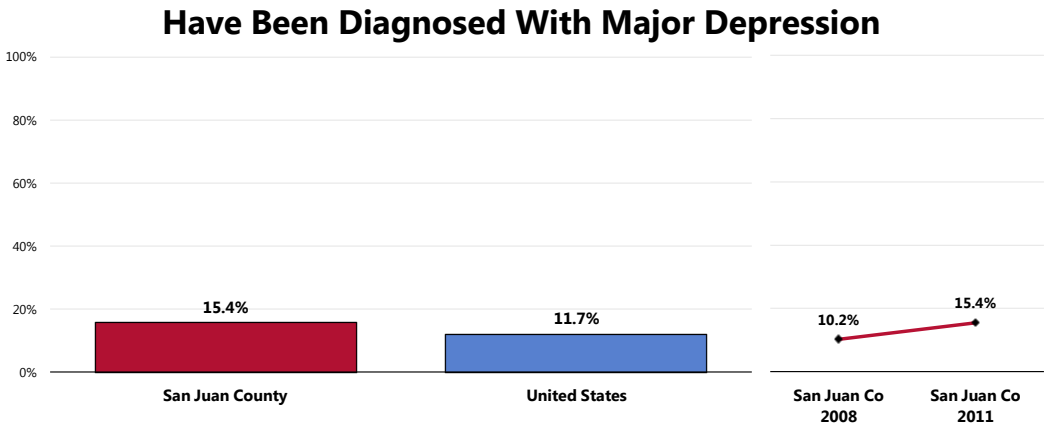
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Major Depression

A total of 15.4% of San Juan County adults have been diagnosed with major depression by a physician or other healthcare professional.

- Less favorable than the national finding.
- Denotes a statistically significant increase since 2008.



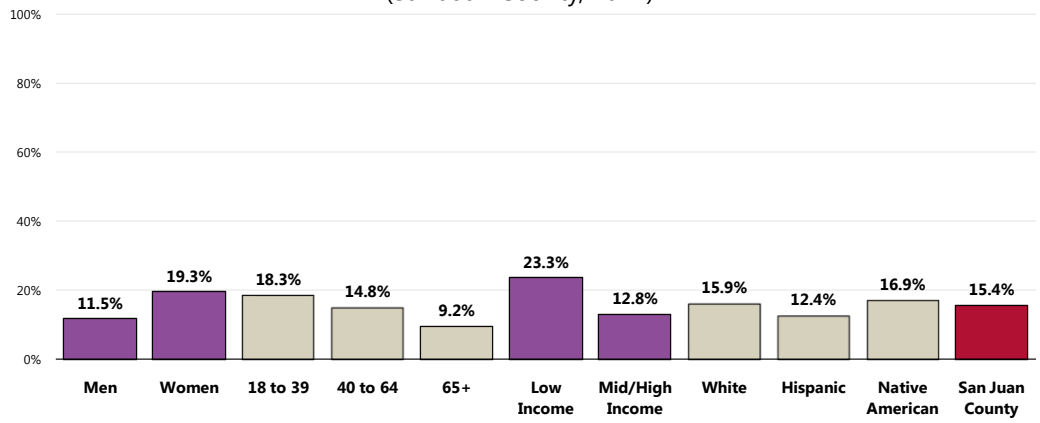
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

- Women.
- Adults under 65.
- Community members living at lower incomes.

Have Been Diagnosed With Major Depression

(San Juan County, 2011)



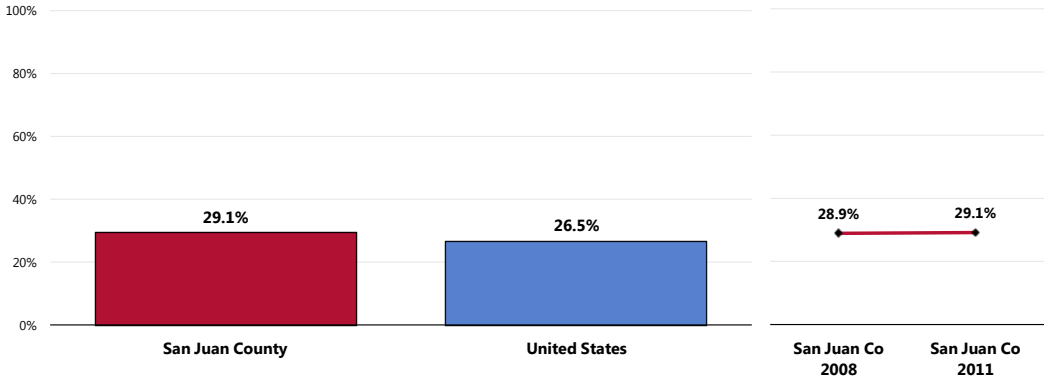
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 29.1% of San Juan County adults 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 (chronic depression)**.**

- Comparable to national findings.
- Comparable to that reported in San Juan County in 2008.

Have Experienced Symptoms of Chronic Depression



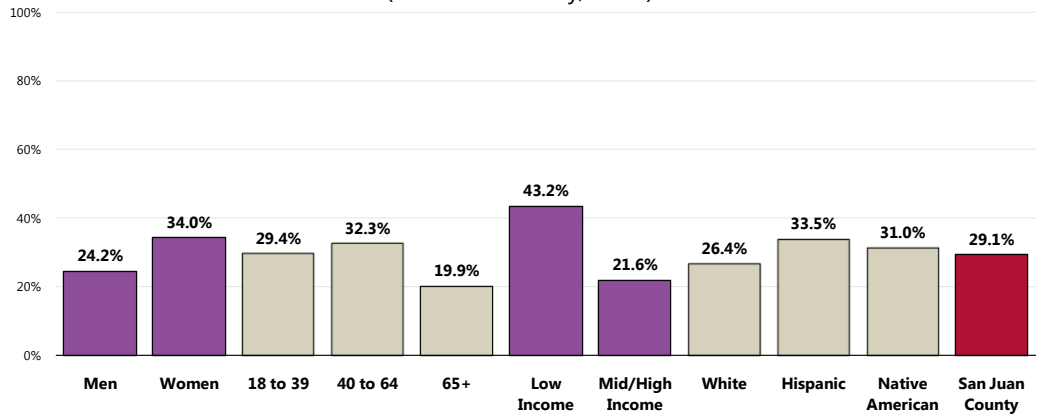
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Women
- Adults under age 65.
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

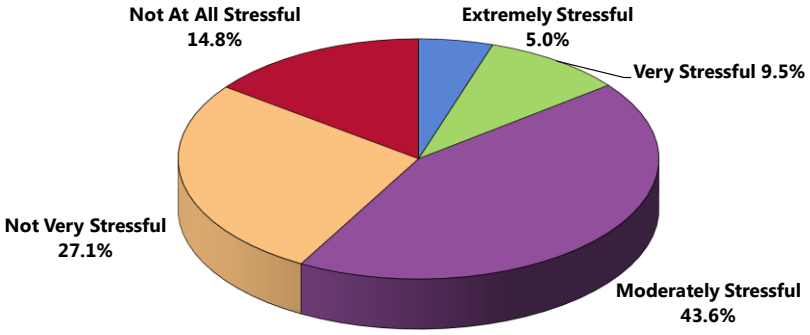
RELATED ISSUE:
See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than 4 in 10 San Juan County adults consider their typical day to be "not very stressful" (27.1%) or "not at all stressful" (14.8%).

- Another 43.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(San Juan County, 2011)

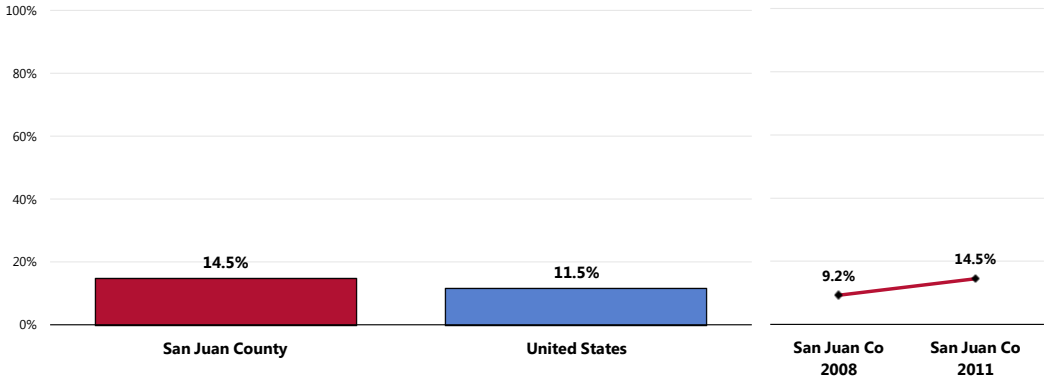


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

In contrast, 14.5% of San Juan County adults experience "very" or "extremely" stressful days on a regular basis.

- Less favorable than national findings.
- Indicates a statistically significant increase since 2008.

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

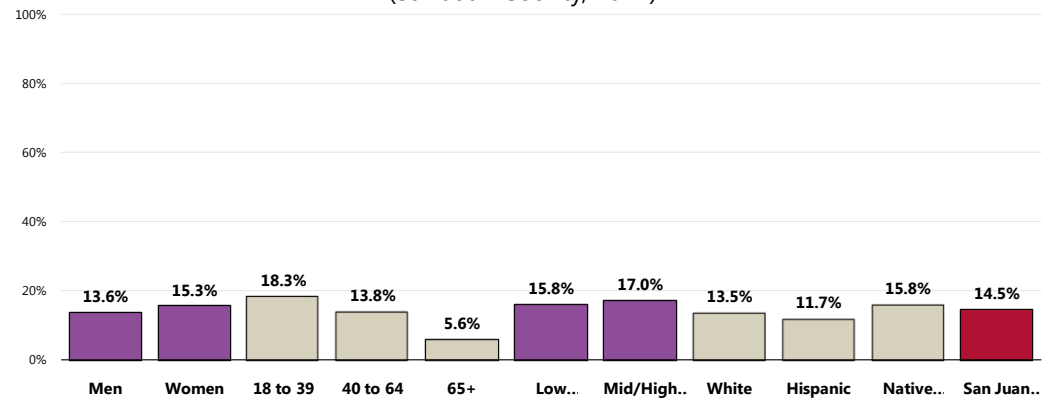


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among adults under 65 in San Juan County.

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

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

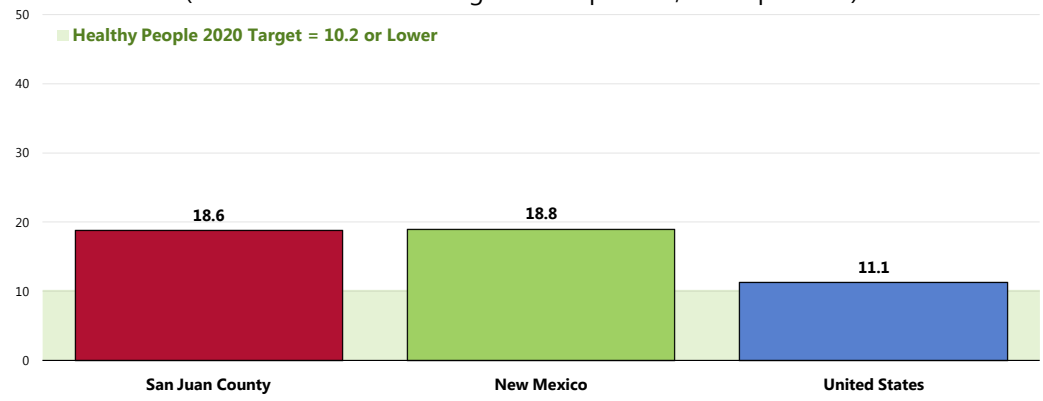
Suicide

Between 2005 and 2007, there was an annual average age-adjusted suicide rate of 18.6 deaths per 100,000 population in San Juan County.

- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

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



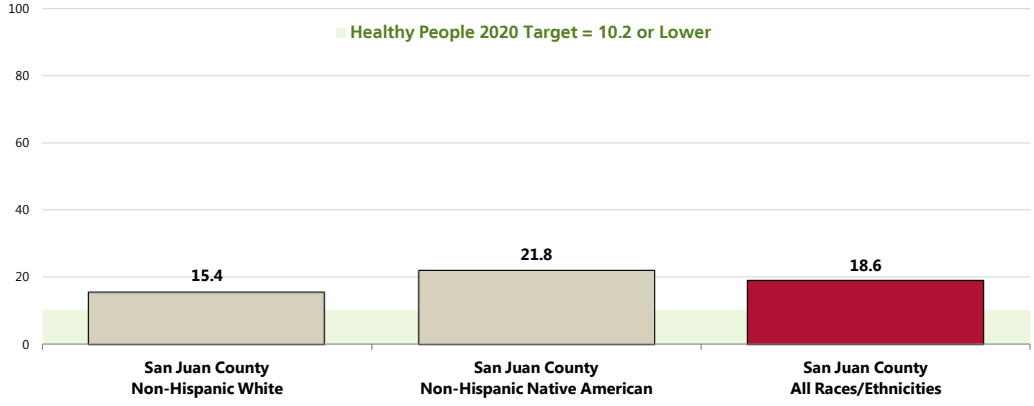
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The suicide rate in San Juan County is higher among Native Americans than among Whites.

Suicide: Age-Adjusted Mortality by Race

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

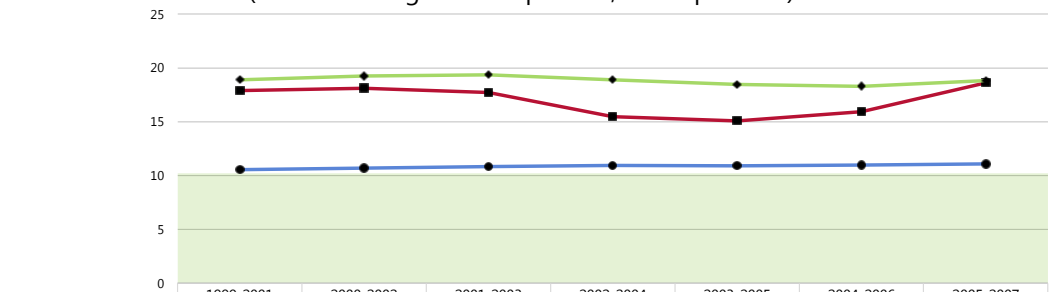


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

- San Juan County suicide rates have fluctuated, but are currently similar to what was reported in 1999-2003 reporting periods.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2
San Juan County	17.9	18.1	17.7	15.5	15.1	15.9	18.6
New Mexico	18.9	19.3	19.4	18.9	18.5	18.3	18.8
US	10.5	10.7	10.8	10.9	10.9	11.0	11.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

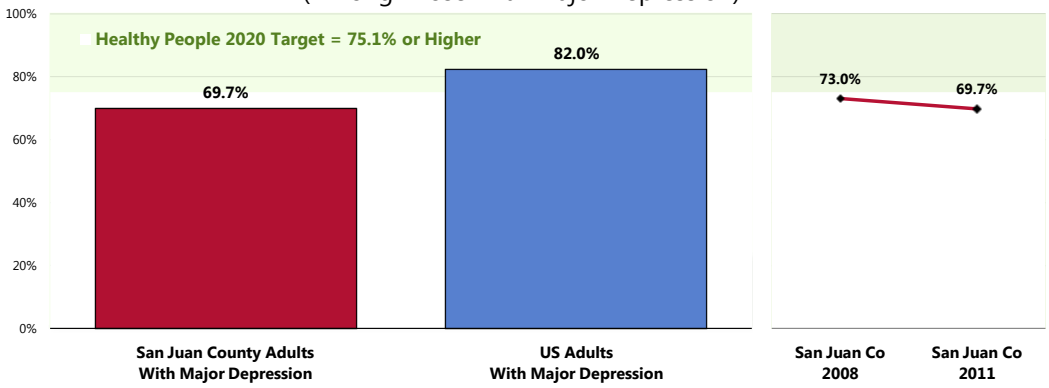
Mental Health Treatment

"Diagnosed depression" includes respondents reporting a past diagnosis of major depression by a physician.

Among adults with diagnosed depression, 69.7% acknowledge that they have sought professional help for a mental or emotional problem.

- Less favorable than national findings.
- Statistically similar to the Healthy People 2020 target of 75.1% or higher.
- There has been no statistically significant change since 2008 among adults with recognized depression.

Have Sought Professional Help for a Mental or Emotional Problem
(Among Those With Major Depression)



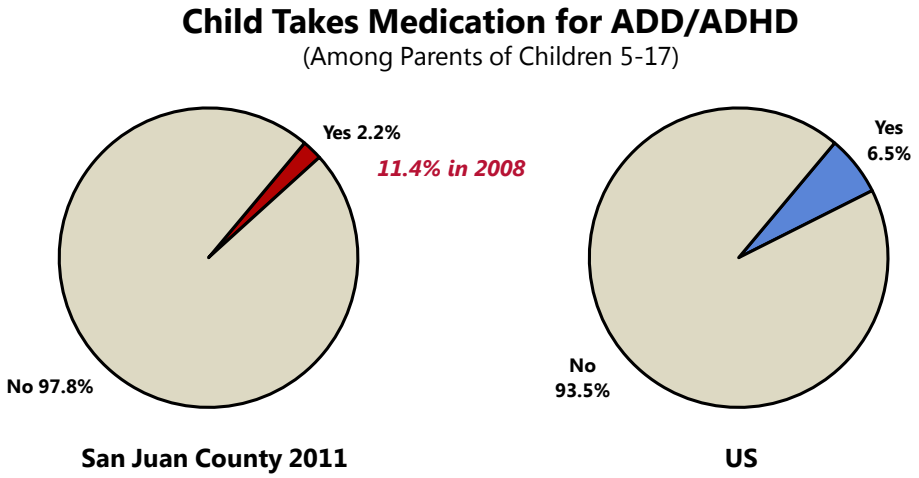
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-9.1]

Notes:
- Asked of those respondents with major depression diagnosed by a physician.
- Trend data represent those adults with "recognized depression," including those who have been diagnosed with major depression OR have experienced 2+ years of depression at some point in their lives.

Children & ADD/ADHD

Among San Juan County adults with children age 5 to 17, 2.2% report that their child takes medication for ADD/ADHD.

- More favorable than the national prevalence.
- Much lower than the 2008 prevalence.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community. The main issues discussed include:

- Lack of services, specifically psychiatrists
- School bullying
- Access

During the focus groups, issues surrounding mental health care coverage came up several times. Focus group members discussed at length the **lack of services** available to the mentally ill, specifically child psychiatrists. One respondent noted:

> *"In my community, we lack psychiatrists within our facility. And it's just not Shiprock in general; it also includes Gallup as well. We don't have the psychiatrist services for students or for adults who have the ADHD symptoms or any other symptoms." Provider of Services to Native Americans*

Another described:

> *"The Crown Point agency out of Crown Point, New Mexico, that's also one of the facilities I work with because I have students in that area. They don't have a psychologist right now, or a psychiatrist, so they're referring all these students that are needing assistance with ADHD or whatever, they're referring to Shiprock. So that's where our problem is, we just need the psychiatrists." Provider of Services to Native Americans*

Other focus group participants from the schools are concerned that the grant money paying for counselors in the schools will run out soon and there are no plans to reapply for additional funding. The respondents fear once the grant is depleted, those counselors (schools) will leave. Additionally, participants are concerned with **school bullying**. Individuals felt that bullying leads to mental health issues and sometimes suicidal ideation. They would like to see some way to curb the bullying that is happening. One suggested:

> *"With the mental health piece is that we're seeing a lot of depression and suicide ideation in the schools, which are, can be directly related to the bullying issue in schools…cyber bullying." Other Health Professional*

A number of respondents found it difficult to find a provider who accepts Medicare/ Medicaid and noted individuals without any type of insurance fared worse. One respondent summed it up as a cyclical issue:

> *"A lot of our parents of the kids that we work with don't qualify for Medicaid, and so then it is a payment issue as well as a stigma issue. So then, just wellness in the whole family, it really falters." Other Health Professional*

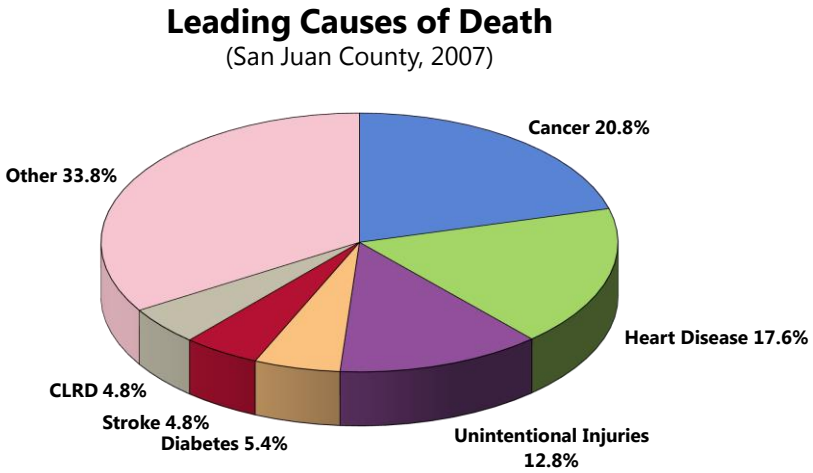
Additionally, focus group members discussed **access** to mental health services. For those who need mental health services and cannot access them in the Farmington area, they must travel to Albuquerque or Las Cruces. Members discussed that for many families whose children travel for services, transportation becomes a problem. Often times children are transported alone and care is so far away that the parents cannot afford to visit.

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (including heart disease and stroke**) and cancers accounted for more than 40% of deaths in San Juan County in 2007.**



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region 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 2020* targets.

The following chart outlines 2005-2007 annual average age-adjusted death rates per 100,000 population for selected causes of death in San Juan County.

For infant mortality data, see "Birth Outcomes & Risks" in the **Births** section of this report.

Age-adjusted mortality rates in San Juan County are better than national rates for heart disease, cancer, Alzheimer's disease, kidney disease, and HIV/AIDS.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, San Juan County rates fail to satisfy any, with the exception of HIV/AIDS.

Age-Adjusted Death Rates for Selected Causes

(2005-2007 Deaths per 100,000)

	San Juan County	NM	US	HP2020
Diseases of the Heart	**162.8**	**170.7**	**200.9**	**152.7***
Malignant Neoplasms (Cancers)	**157.0**	**159.6**	**181.0**	**160.6**
Unintentional Injuries	**87.2**	**67.0**	**39.7**	**36.0**
Chronic Lower Respiratory Disease (CLRD)	**46.2**	**44.8**	**41.5**	n/a
Cerebrovascular Disease (Stroke)	**43.3**	**38.4**	**44.2**	**33.8**
Diabetes Mellitus	**38.1**	**31.4**	**23.5**	**19.6***
Motor Vehicle Crashes	**35.2**	**21.6**	**14.3**	**12.4**
Pneumonia/Influenza	**20.3**	**17.0**	**18.1**	n/a
Intentional Self-Harm (Suicide)	**18.6**	**18.8**	**11.1**	**10.2**
Cirrhosis/Liver Disease	**16.4**	**16.2**	**9.0**	**8.2**
Drug-Induced	**13.1**	**22.7**	**12.2**	**11.3**
Alzheimer's Disease	**12.8**	**16.8**	**22.7**	n/a
Homicide/Legal Intervention	**10.7**	**7.7**	**6.1**	**5.5**
Firearm-Related	**10.6**	**14.5**	**10.3**	**9.2**
Kidney Disease	**9.4**	**12.7**	**14.5**	n/a
HIV/AIDS	**1.0**	**1.9**	**4.6**	**3.3**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

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

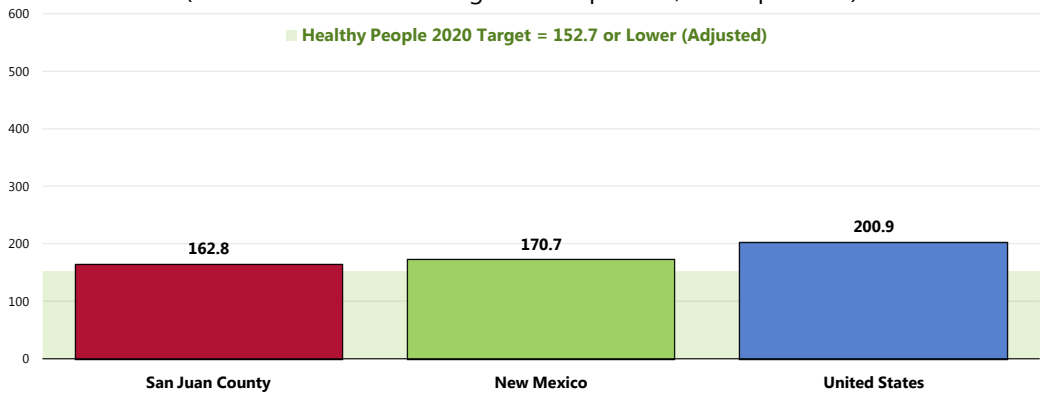
Heart Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted heart disease mortality rate of 162.8 deaths per 100,000 population in San Juan County.

- Similar to the statewide rate.
- More favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

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



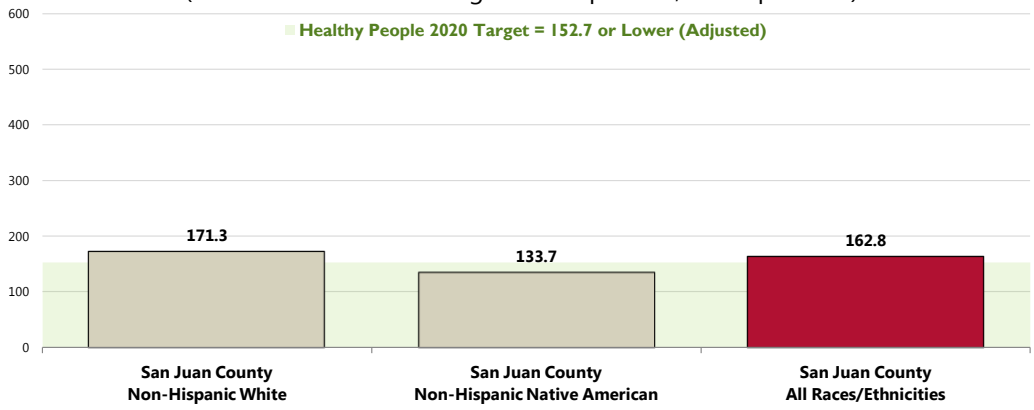
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

By race, the heart disease mortality rate is notably higher among Whites when compared with Native Americans in San Juan County.

Heart Disease: Age-Adjusted Mortality by Race

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



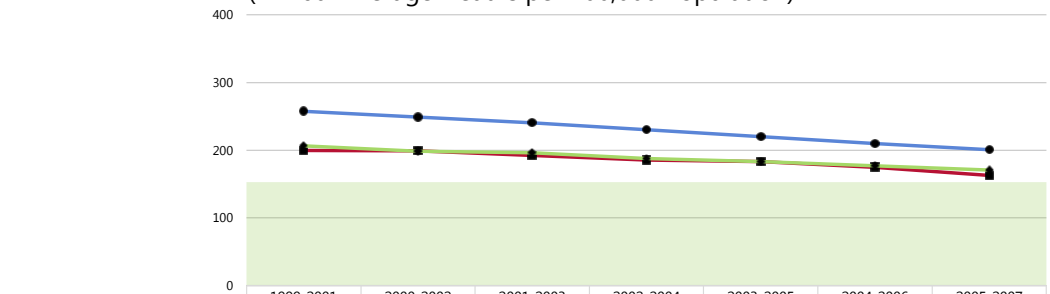
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- Heart disease mortality rates have decreased in San Juan County, echoing the decreasing trends across New Mexico and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	152.7	152.7	152.7	152.7	152.7	152.7	152.7
San Juan County	199.9	198.9	192.4	185.6	183.0	174.7	162.8
New Mexico	206.3	198.3	196.3	187.7	183.2	177.0	170.7
US	257.3	249.0	240.4	230.3	220.4	209.7	200.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

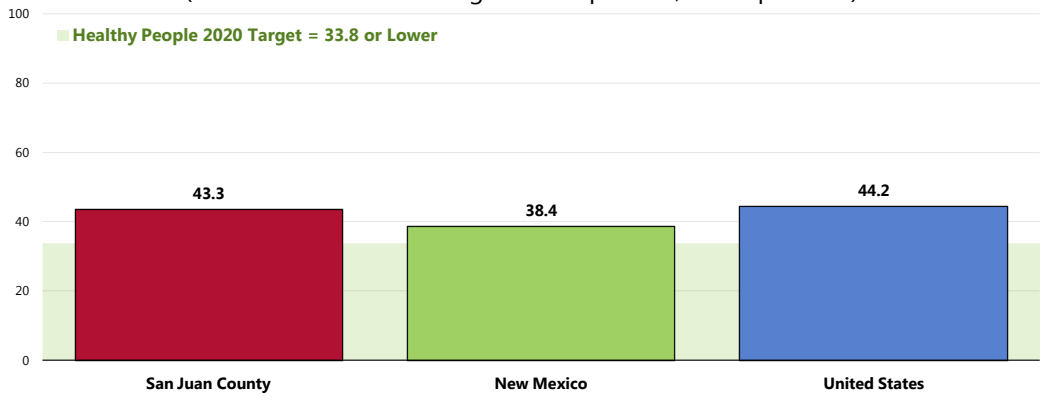
Stroke Deaths

Between 2005 and 2007, there was an annual average age-adjusted stroke mortality rate of 43.3 deaths per 100,000 population in San Juan County.

- Less favorable than the New Mexico rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality

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



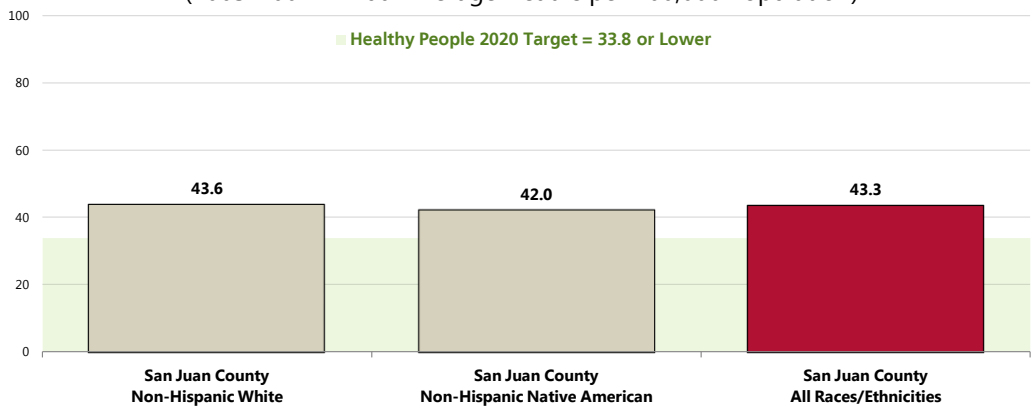
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

Stroke mortality does not vary significantly by race in San Juan County.

Stroke: Age-Adjusted Mortality by Race

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



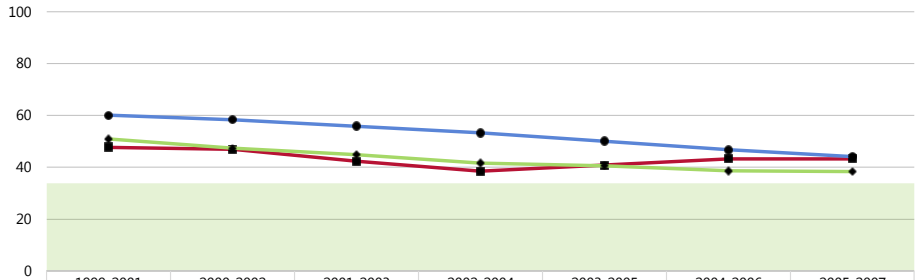
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The San Juan County stroke rate declined during the early 2000s, but has since increased slightly. Nationally and statewide, rates have consistently declined.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8
San Juan County	47.7	46.9	42.3	38.5	40.9	43.3	43.3
New Mexico	50.9	47.3	44.9	41.6	40.6	38.6	38.4
United States	60.1	58.4	55.9	53.3	50.1	46.8	44.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

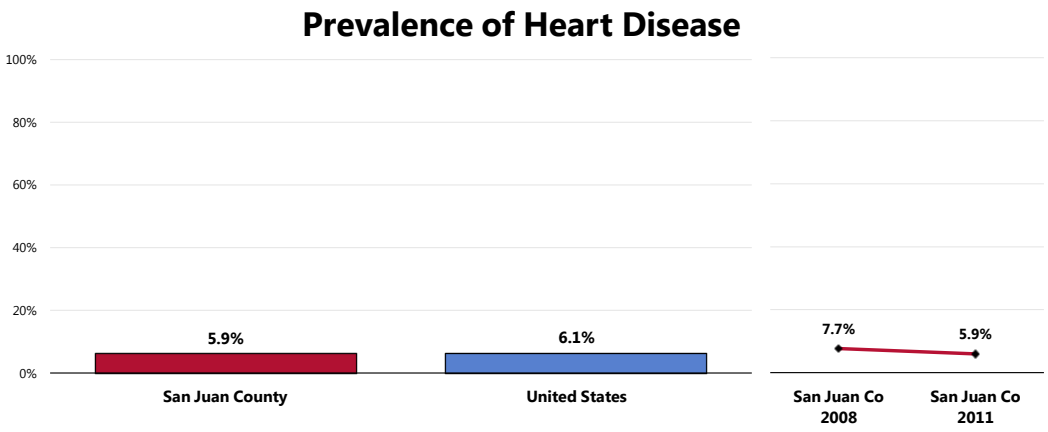
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Statistically unchanged since 2008.

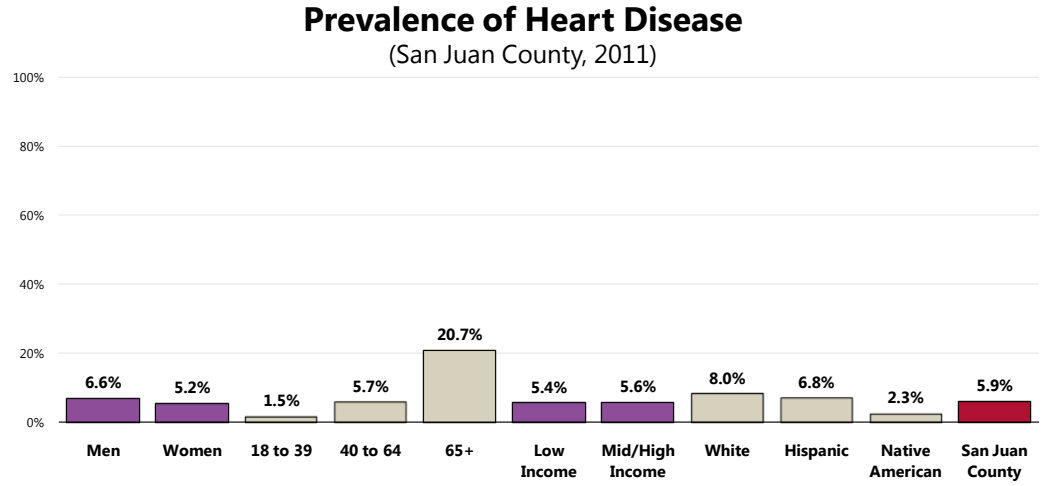


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- Adults age 65+.
- Whites, when compared with Native Americans.



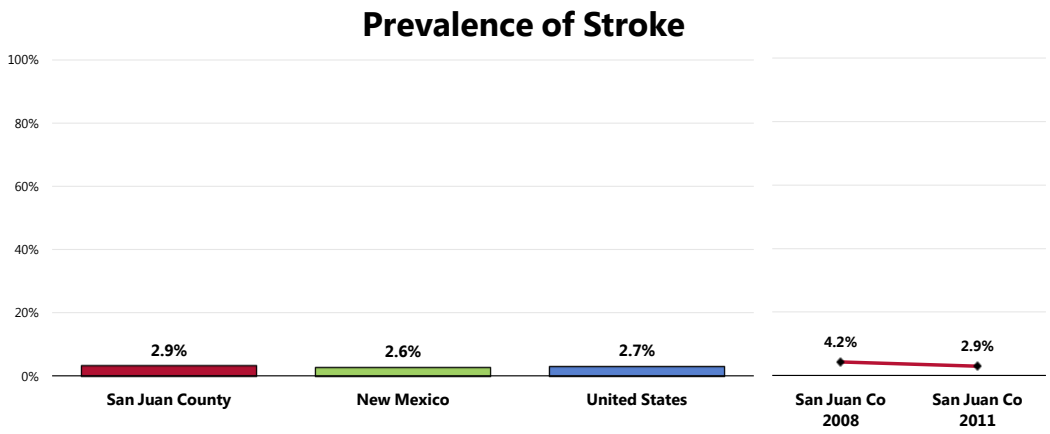
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- No significant change since 2008.

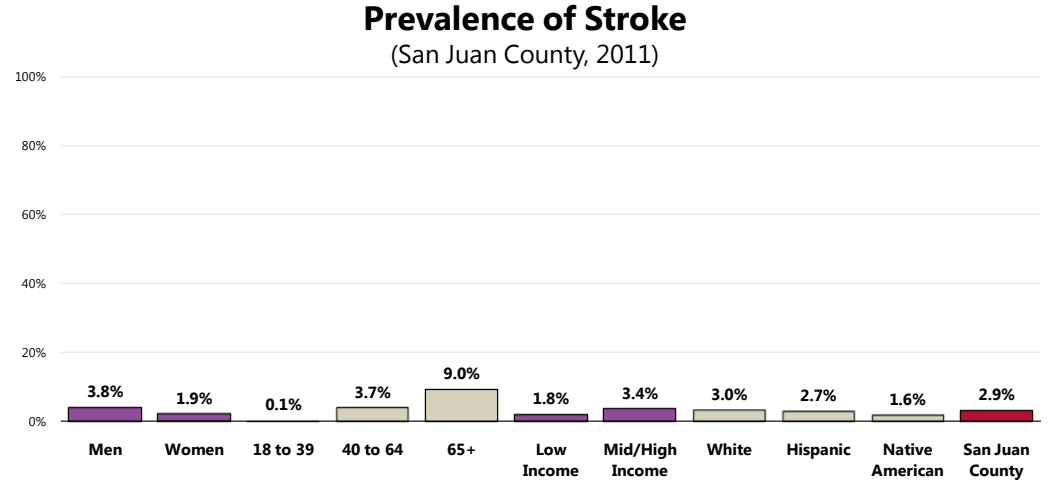


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 42]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Seniors (age 65+).



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

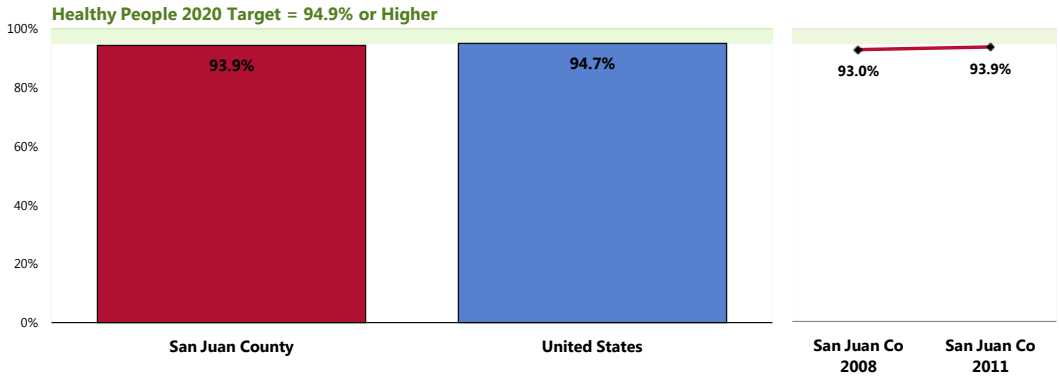
– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 93.9% of San Juan County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).
- Statistically unchanged since 2008.

Have Had Blood Pressure Checked in the Past Two Years



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

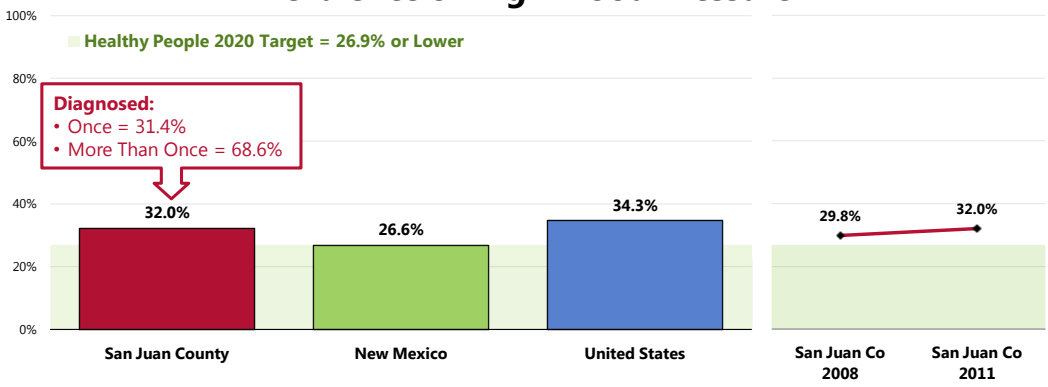
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 32.0% of adults have been told at some point that their blood pressure was high.

- Less favorable than the New Mexico prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Statistically unchanged since 2008.
- Among hypertensive adults, 68.6% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 48, 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): 2009 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

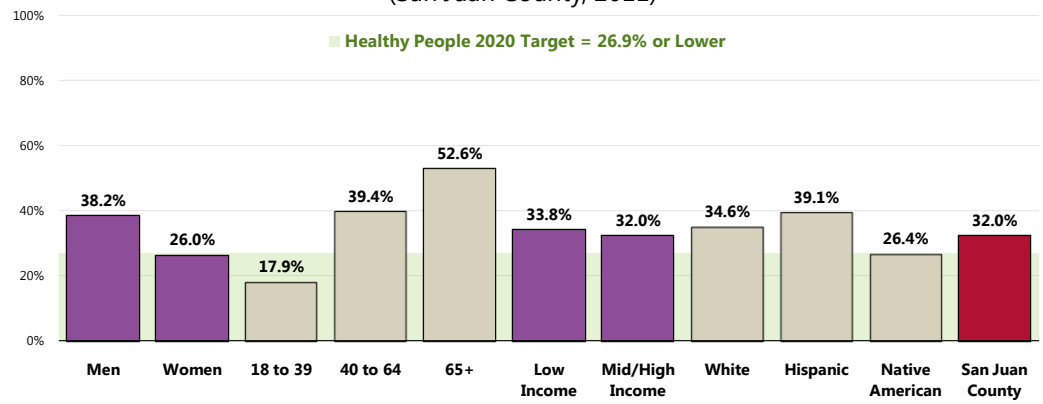
Note that 3.7% of San Juan County adults report not having high blood pressure, but: 1) have never had their blood pressure tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older.
- Whites and Hispanics.

Prevalence of High Blood Pressure

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respondents reporting high blood pressure were further asked:

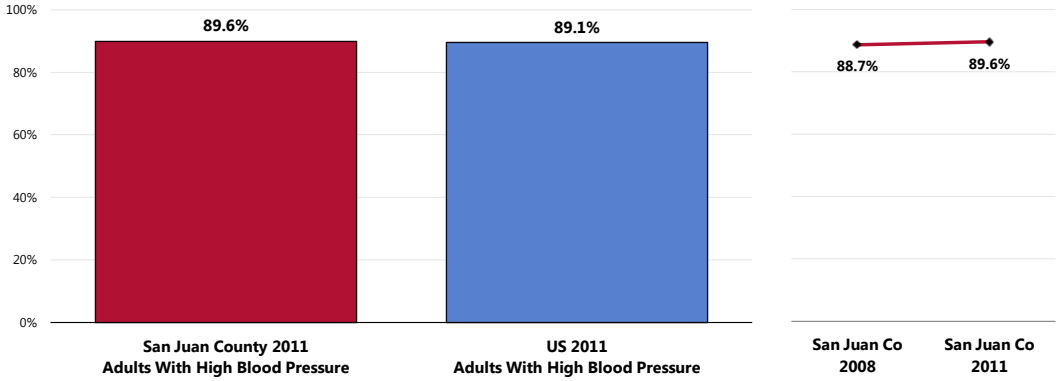
"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Hypertension Management

Among respondents who have been told that their blood pressure was high, 89.6% report that they are currently taking actions to control their condition.

- Nearly identical to national findings.
- Statistically unchanged since 2008.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

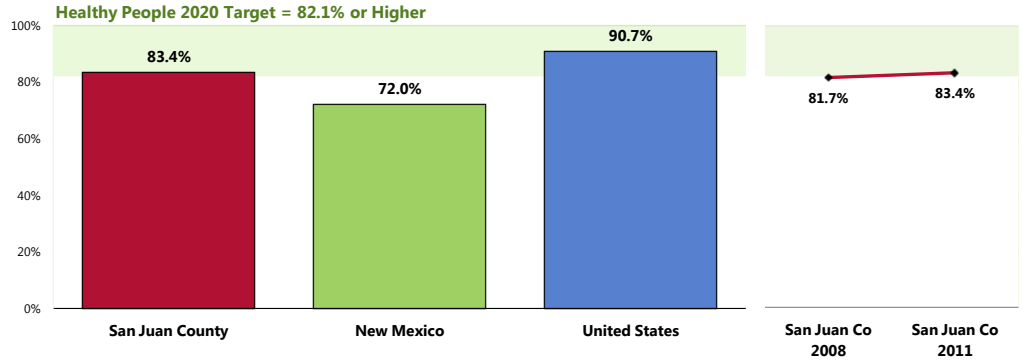
High Blood Cholesterol

Blood Cholesterol Testing

A total of 83.4% of San Juan County adults have had their blood cholesterol checked within the past five years.

- More favorable than New Mexico findings.
- Less favorable than the national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).
- Statistically unchanged since 2008.

Have Had Blood Cholesterol Levels Checked in the Past Five Years



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [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): 2009 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

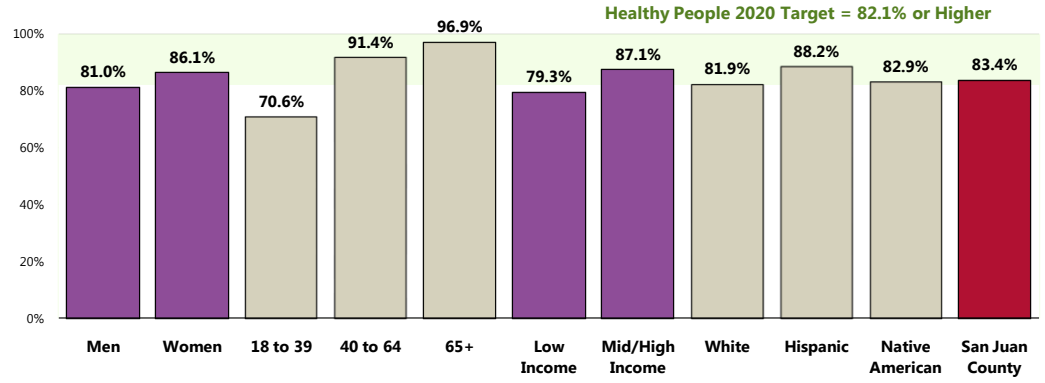
Notes:
- Asked of all respondents.

The following demographic segments report lower screening levels:

- Men.
- Adults under age 40.
- Residents with lower incomes.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

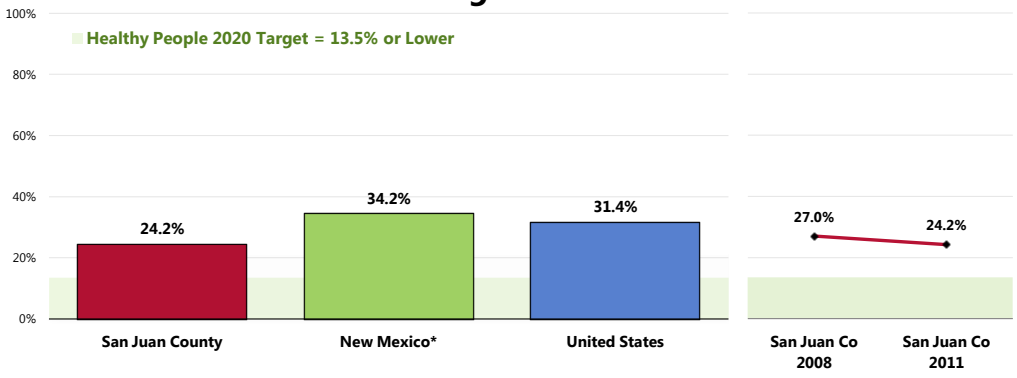
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 24.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the New Mexico findings.
- More favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).
- Statistically unchanged since 2008.

Prevalence of High Blood Cholesterol



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

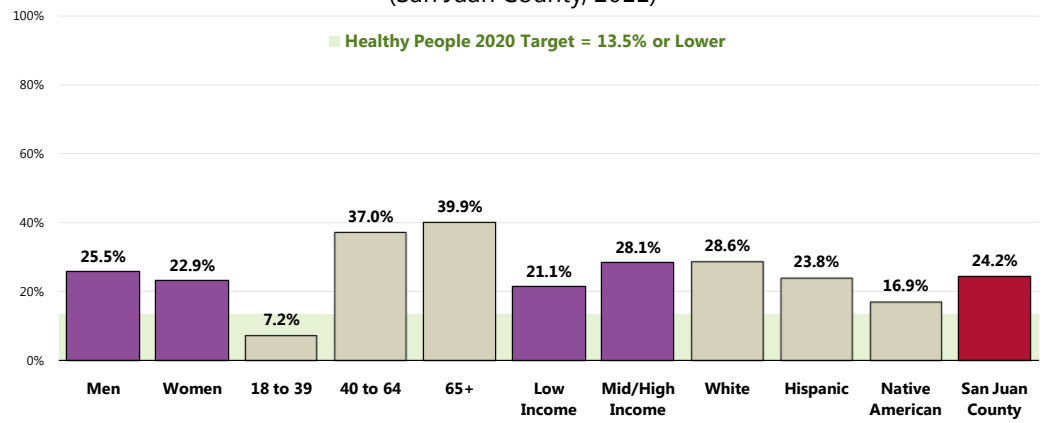
Notes:
- Asked of all respondents.
- *The NM data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 22.1% of San Juan County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- High blood cholesterol is more often noted among adults age 40+, upper-income residents, and Whites.
- Keep in mind that "unknowns" are relatively high in men, young adults, lower-income residents, Whites and Native Americans.

Prevalence of High Blood Cholesterol

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

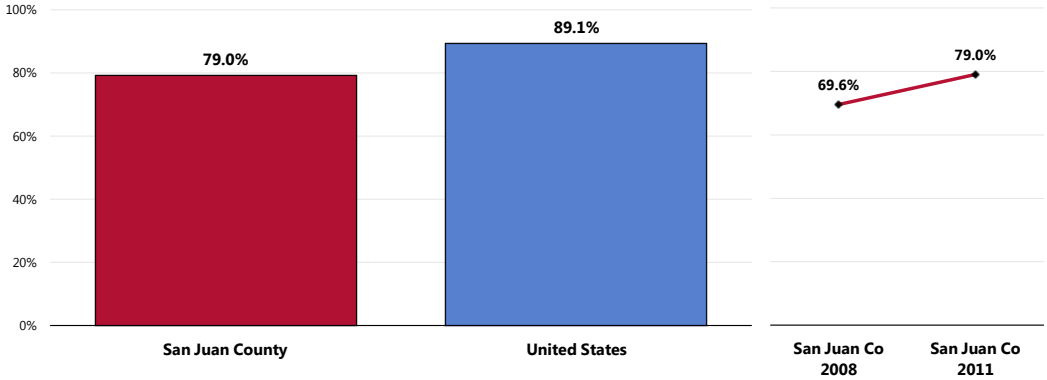
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 79.0% report that they are currently taking actions to control their cholesterol levels.

- Less favorable than found nationwide.
- Marks a statistically significant increase since 2008.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults with High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, 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

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 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 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 US

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.

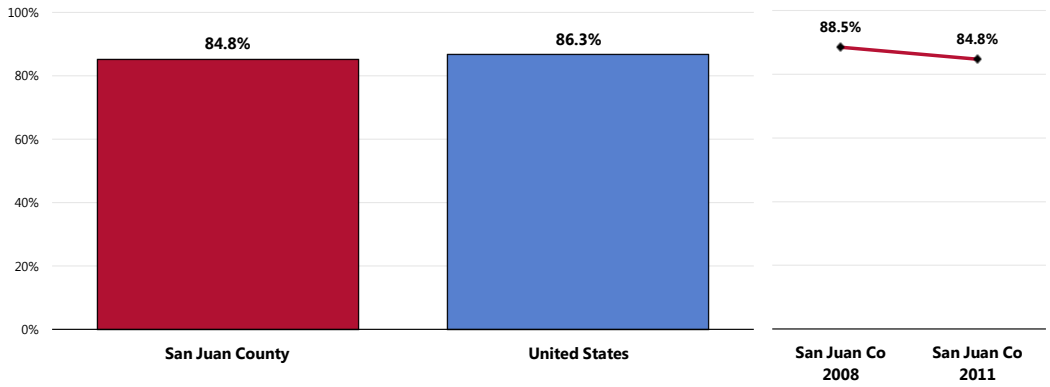
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

A total of 84.8% 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.

- ● Similar to national findings.
- Denotes a statistically significant decrease since 2008.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

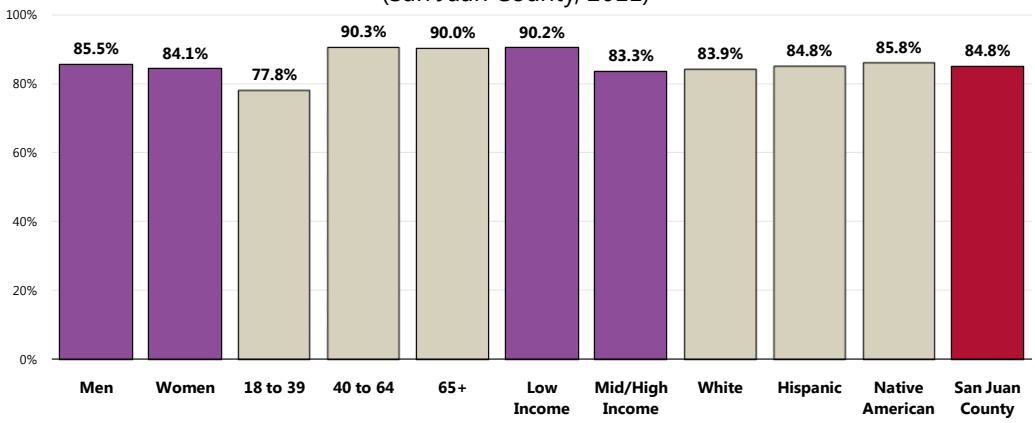
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Those age 40 and older.
- Lower-income residents.

Present One or More Cardiovascular Risks or Behaviors

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

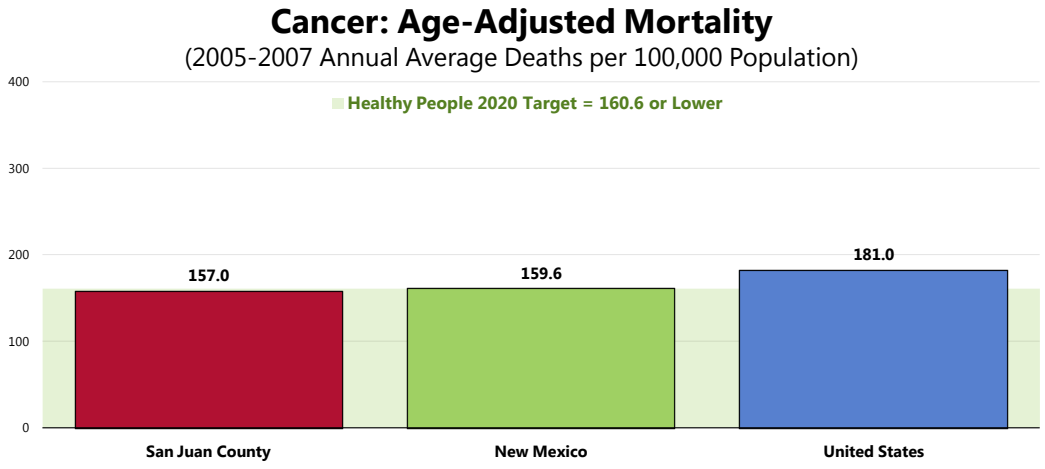
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2005 and 2007, there was an annual average age-adjusted cancer mortality rate of 157.0 deaths per 100,000 population in San Juan County.

- Similar to the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 160.6 or lower.



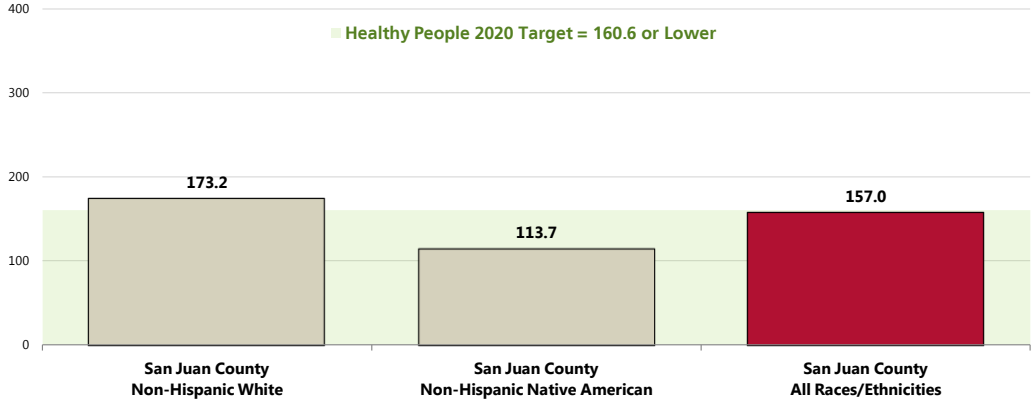
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The county's cancer mortality rate is notably higher among Whites than among Native Americans.

Cancer: Age-Adjusted Mortality by Race

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



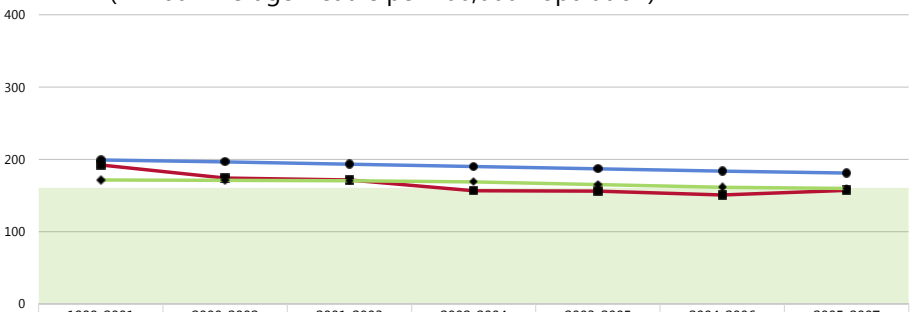
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The cancer mortality rate has <u>decreased</u> over the past decade in San Juan County; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6
San Juan County	192.3	174.1	171.4	156.5	156.0	150.6	157.0
New Mexico	171.2	171.1	170.4	168.6	165.2	161.3	159.6
United States	198.9	196.5	193.3	189.9	186.7	183.6	181.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- 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.
- State and national data are simple three-year averages.

Lung cancer is by far the leading cause of cancer deaths in San Juan 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 2005-2007 annual average age-adjusted death rates):

- The San Juan County **lung cancer** death rate is higher than the state rate but lower than the national rate.
- The San Juan County **prostate cancer** death rate is higher than both the state and national rates.
- The San Juan County **female breast cancer** death rate is lower than both the New Mexico and US rates.
- The San Juan County **colorectal cancer** death rate is higher than the state rate and similar to the national rate.

Note that the San Juan County lung and female breast cancer death rates satisfy the related Healthy People 2020 targets, while the prostate and colorectal cancer rates fail to satisfy the respective goals.

Age-Adjusted Cancer Death Rates by Site

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

	San Juan County	NM	US	HP2020
Lung Cancer	**39.6**	**36.5**	**51.6**	**45.5**
Prostate Cancer	**29.6**	**25.0**	**23.9**	**21.2**
Female Breast Cancer	**18.7**	**21.3**	**23.5**	**20.6**
Colorectal Cancer	**17.8**	**15.8**	**17.2**	**14.5**

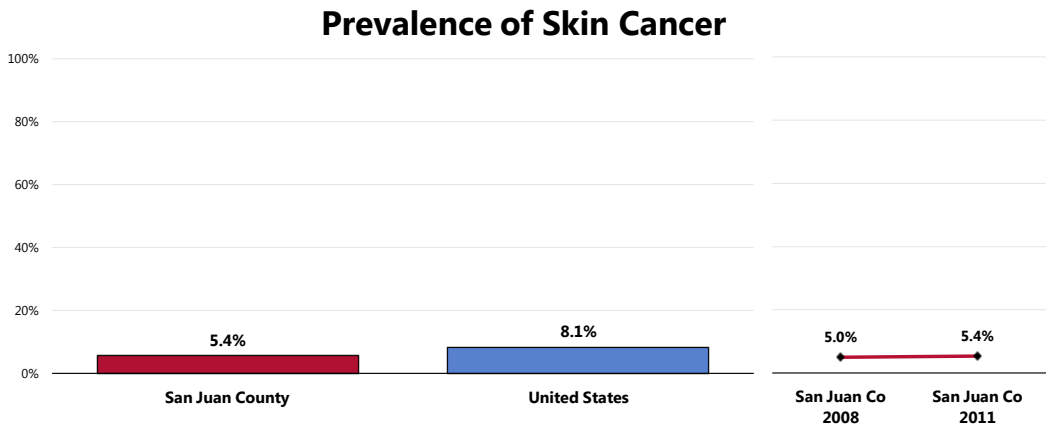
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Prevalence of Cancer

Skin Cancer

A total of 5.4% of surveyed San Juan County adults report having been diagnosed with skin cancer.

- More favorable than the national average.
- The prevalence of skin cancer has remained statistically unchanged since 2008.

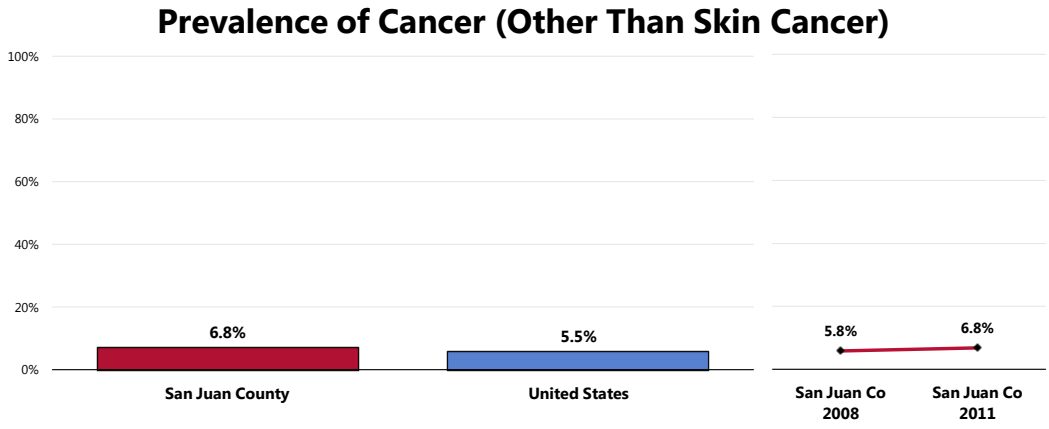


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Other Cancer

A total of 6.8% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.
- The prevalence of cancer has remained unchanged since 2008.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

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

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 the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

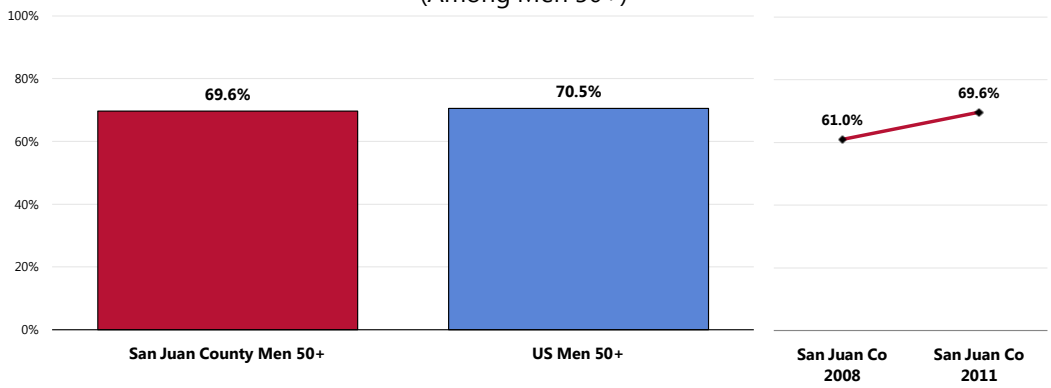
PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, 7 in 10 (69.6%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.
- Denotes a statistically significant increase since 2008.

Have Had a Prostate Screening in the Past Two Years

(Among Men 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all male respondents 50 and older.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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

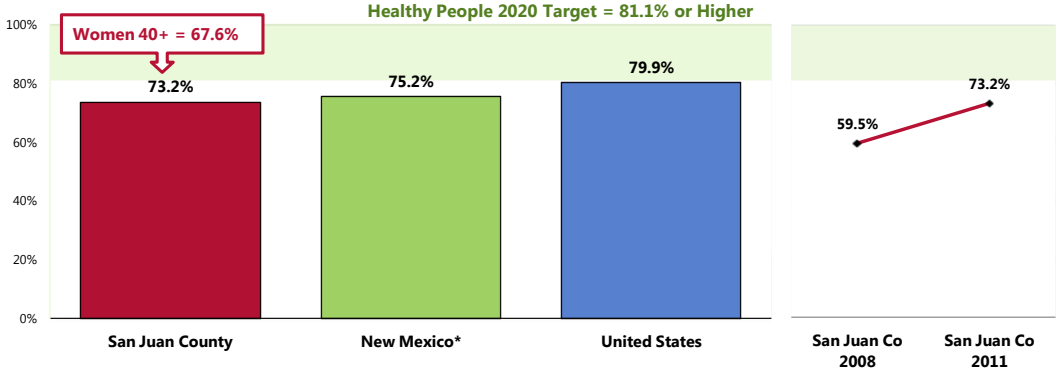
Mammography

Among women age 50-74, 73.2% have had a mammogram within the past two years.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Marks a statistically significant increase since 2008.
- Among women 40+, 67.6% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 141-142]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

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

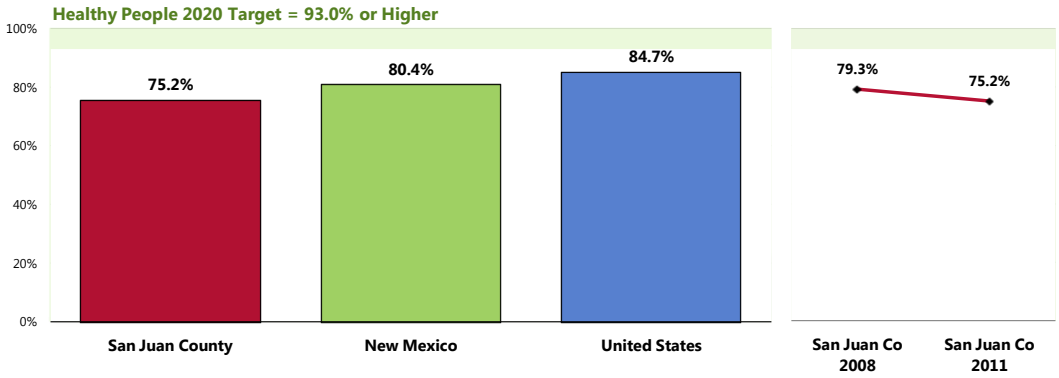
Pap Smear Testing

Among women age 21 to 65, 75.2% have had a Pap smear within the past three years.

- Less favorable than New Mexico findings (which represents all women 18+).
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Statistically unchanged since 2008.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the NM percentage represents all women age 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

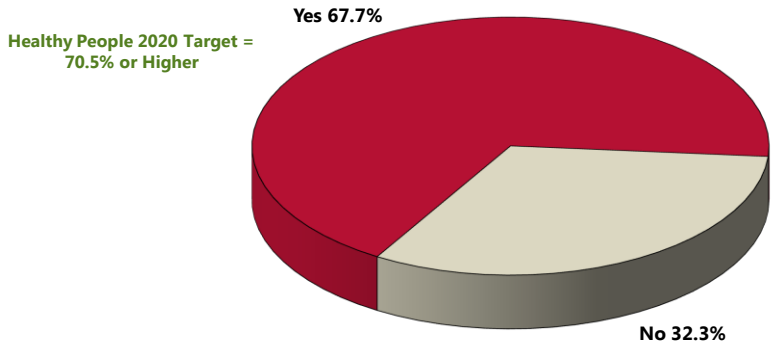
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 67.7% have had appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening
(Among San Juan County Adults 50-75, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 147]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

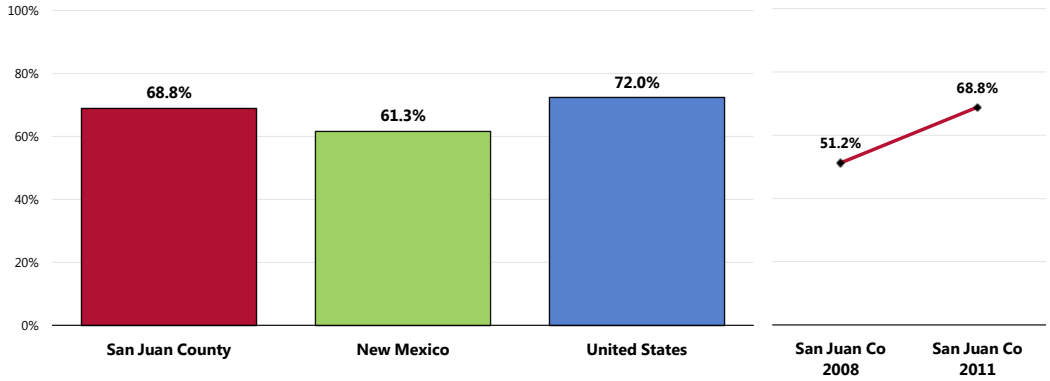
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, more than two-thirds (68.8%) have had a sigmoidoscopy or colonoscopy at some point in their lives.

- More favorable than New Mexico findings.
- Similar to national findings.
- Denotes a statistically significant increase from the 2008 survey findings.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [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): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

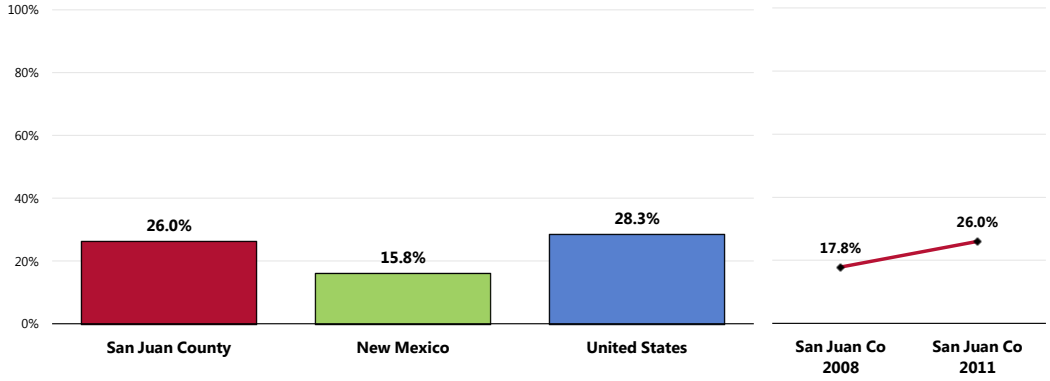
Blood Stool Testing

Among adults age 50 and older, 26.0% have had a blood stool test (aka "fecal occult blood test") **within the past two years.**

- More favorable than New Mexico findings.
- Comparable to national findings.
- Marks a statistically significant increase since 2008.

Have Had a Blood Stool Test in the Past Two Years

(Among Adults 50+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

COPD. COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 individuals died from COPD, a number very close to that reported for lung cancer deaths (approximately 158,600) in the same year. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD.

Genetic factors strongly influence the development of the disease. For example, not all smokers develop COPD. Quitting smoking may slow the progression of the disease. Women and men are affected equally, yet more women than men have died of COPD since 2000.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

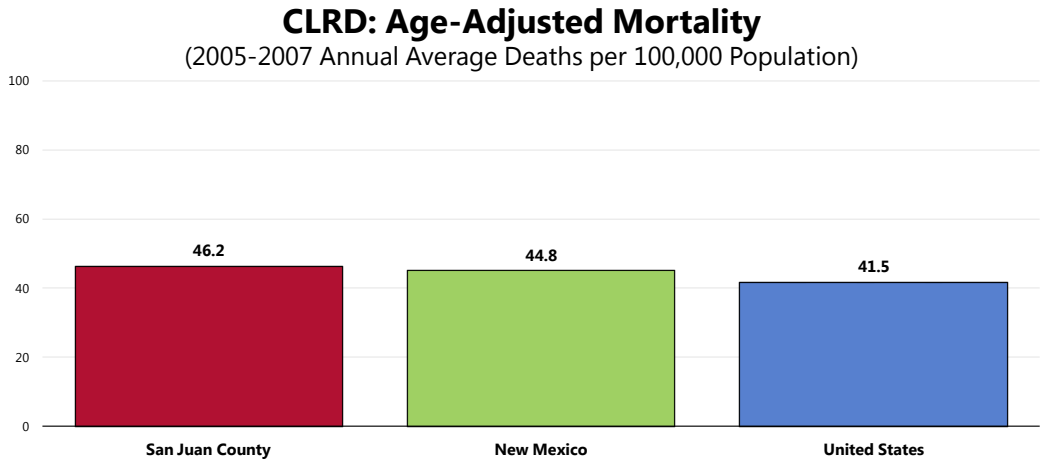
Age-Adjusted Respiratory Disease Deaths

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2005 and 2007, there was an annual average age-adjusted CLRD mortality rate of 46.2 deaths per 100,000 population in San Juan County.

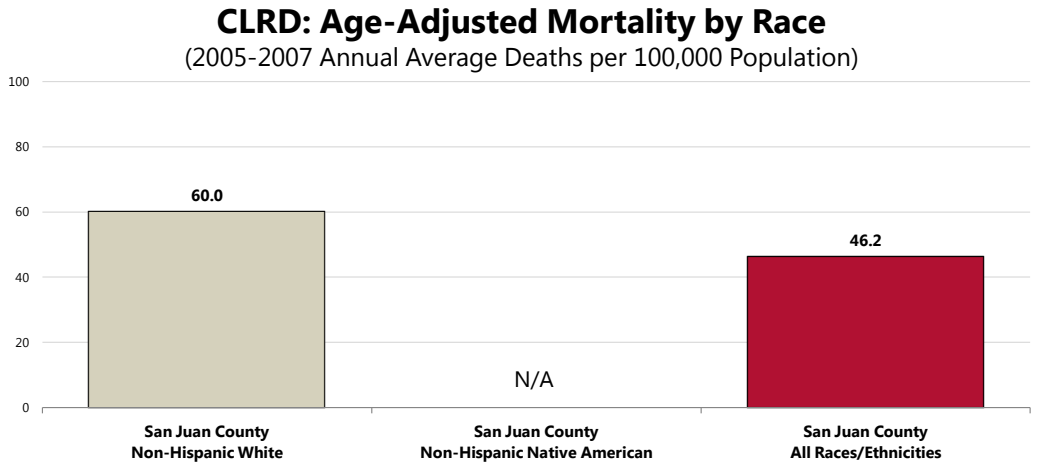
- Similar to that found statewide.
- Less favorable than the national rate.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

A CLRD mortality rate was not available for Native Americans in San Juan County.



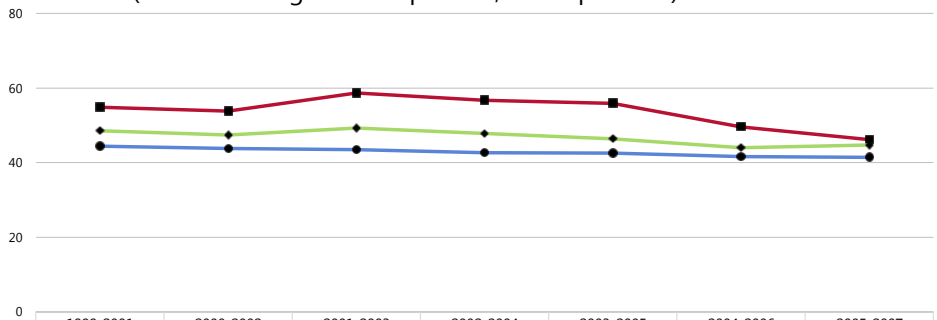
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

- Despite fluctuations, CLRD mortality in San Juan County has overall decreased over the past several years, mirroring the trends reported both statewide and nationwide.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
San Juan County	54.9	53.8	58.7	56.7	55.9	49.6	46.2
New Mexico	48.6	47.4	49.3	47.8	46.4	44.0	44.8
United States	44.4	43.8	43.5	42.6	42.6	41.6	41.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- State and national data are simple three-year averages.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

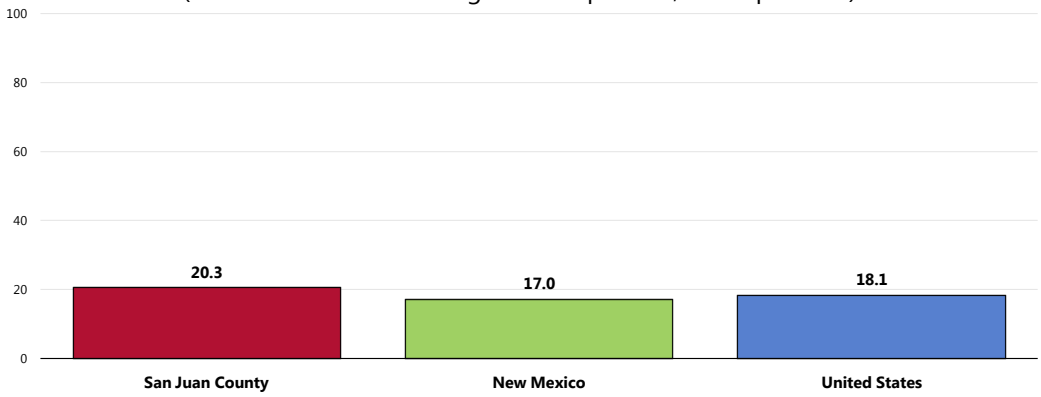
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2005 and 2007, there was an annual average age-adjusted pneumonia/influenza mortality rate of 20.3 deaths per 100,000 population in San Juan County.

- Higher than found statewide.
- Higher than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

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



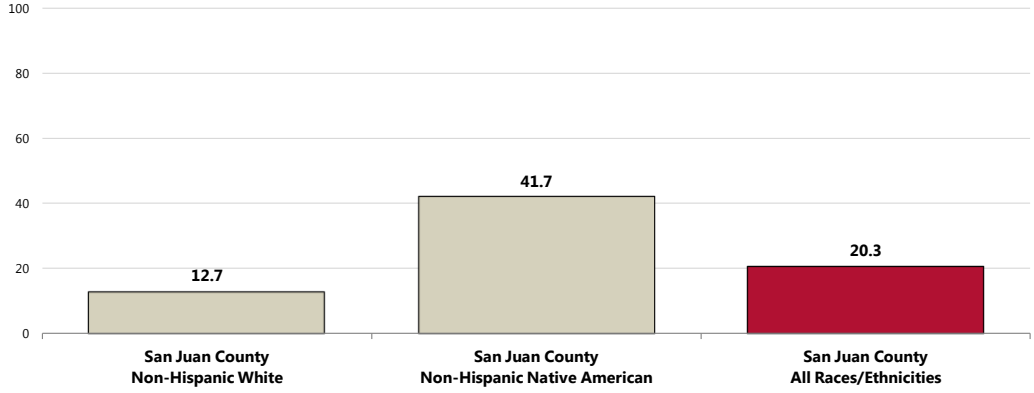
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The pneumonia/influenza mortality rate in San Juan County is more than three times higher among Native Americans than among Whites.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

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



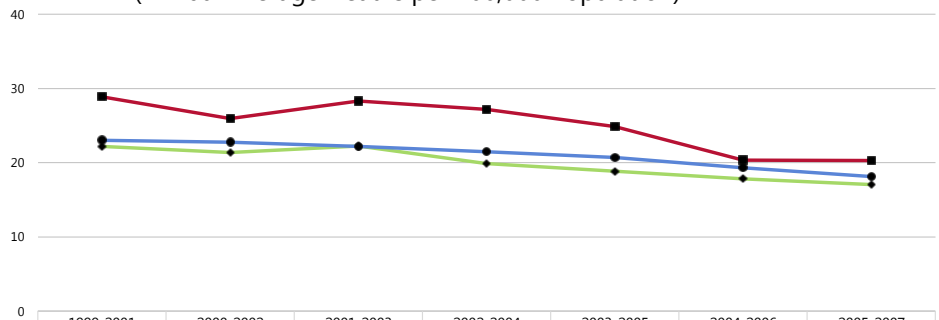
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.

San Juan County and New Mexico death rates have decreased over time. Nationally, pneumonia/influenza death rates have decreased as well.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
San Juan County	28.9	26.0	28.3	27.2	24.9	20.4	20.3
New Mexico	22.2	21.4	22.3	19.9	18.8	17.8	17.0
United States	23.0	22.8	22.2	21.5	20.7	19.3	18.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- State and national data are simple three-year averages.

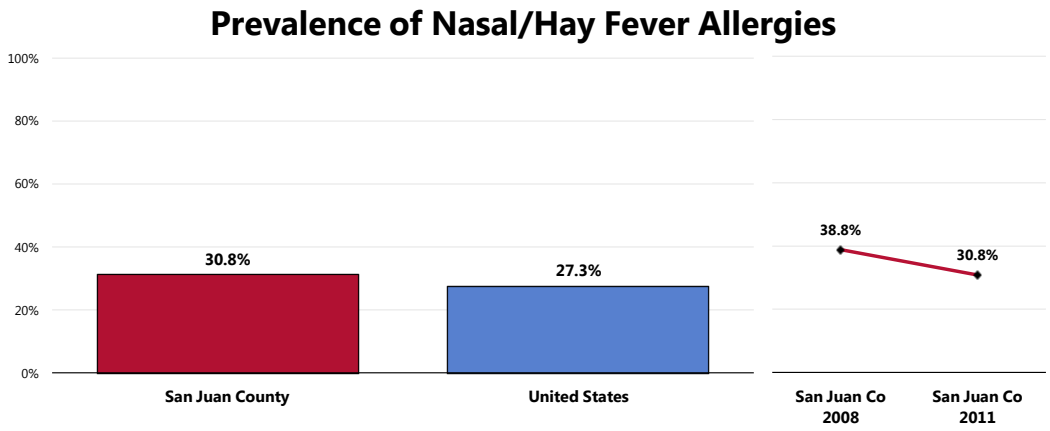
Prevalence of Respiratory Conditions

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

Nasal/Hay Fever Allergies

A total of 3 in 10 San Juan County adults (30.8%) currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.
- Marks a statistically significant decrease since 2008.

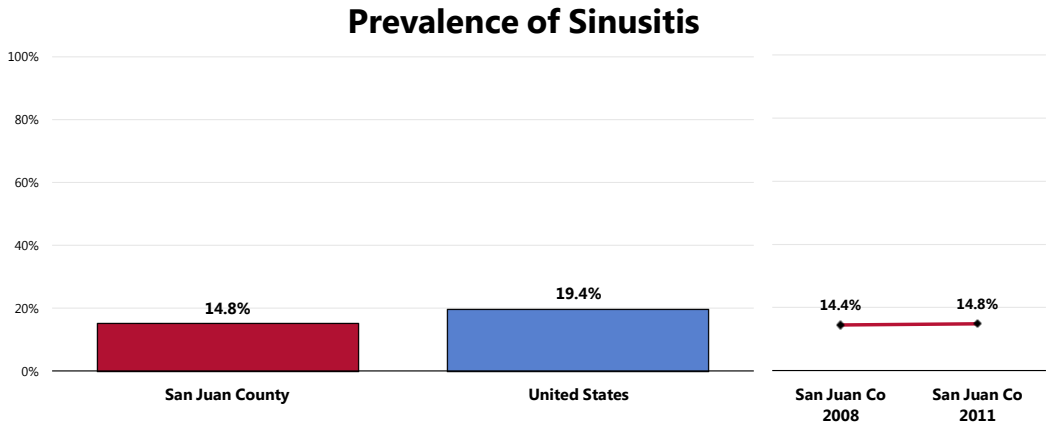


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Sinusitis

A total of 14.8% of San Juan County adults suffer from sinusitis.

- More favorable than the national prevalence.
- Nearly identical to the 2008 survey findings.

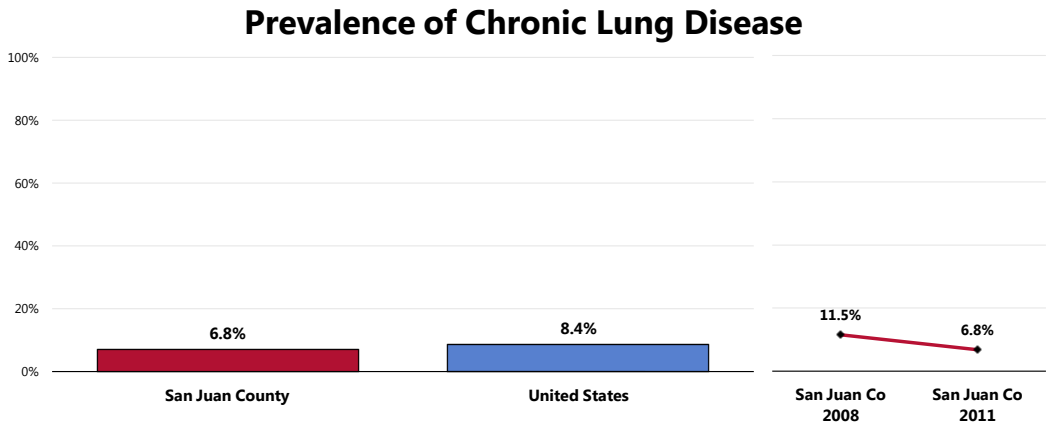


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Chronic Lung Disease

A total of 6.8% of San Juan County adults suffer from chronic lung disease.

- Similar to the national prevalence.
- Denotes a statistically significant <u>decrease</u> from 2008 survey findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

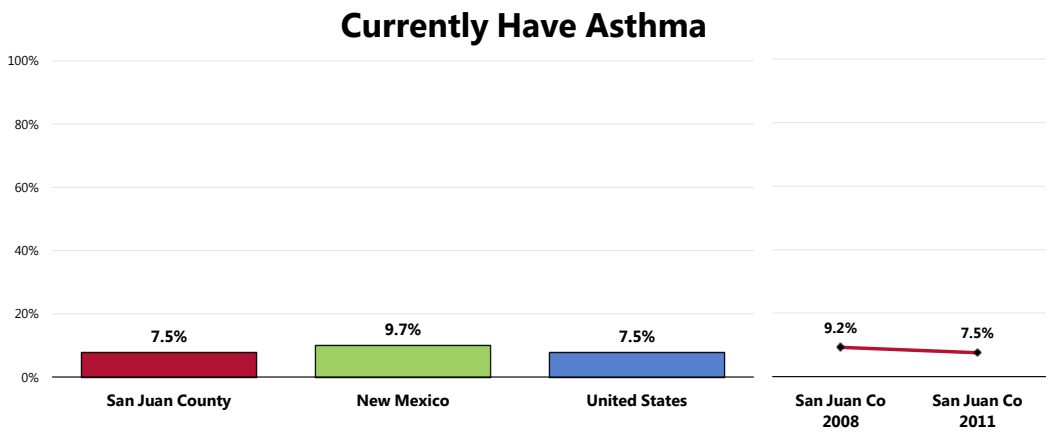
Notes:
- Asked of all respondents.

Asthma

Adults

A total of 7.5% of San Juan County adults currently suffer from asthma.

- More favorable than the statewide prevalence.
- Similar to the national prevalence.
- No significant change since 2008.

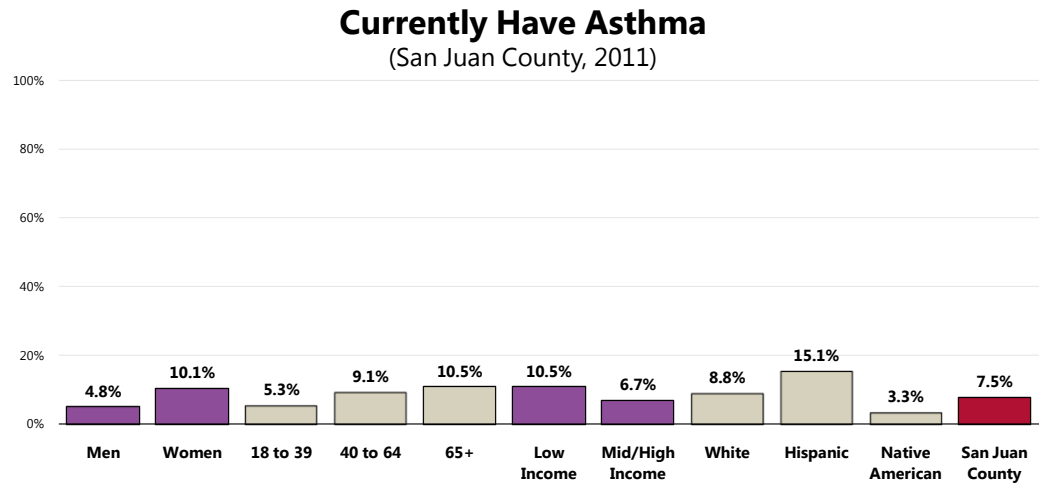


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.

The following adults are more likely to suffer from asthma:

- Women.
- Adults age 40 and older.
- Whites and Hispanics.

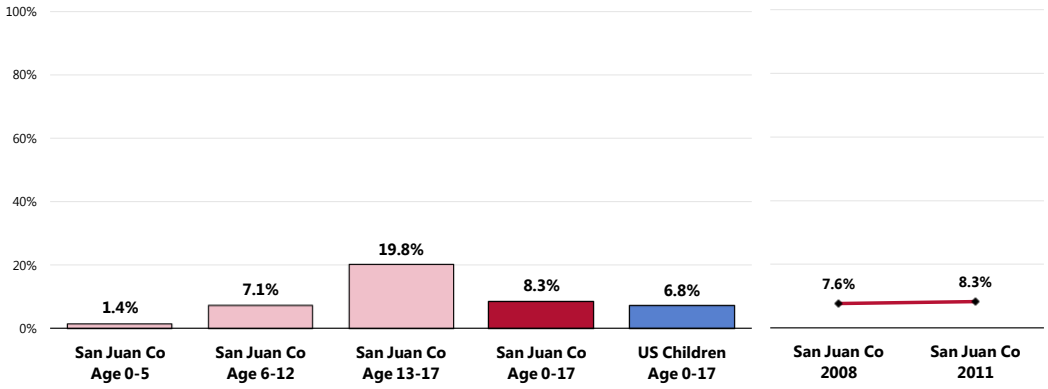


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among San Juan County children under age 18, 8.3% currently have asthma.

- Similar to national findings.
- Note the positive correlation between asthma and child's age in San Juan County.
- No change in asthma prevalence among children since 2008.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

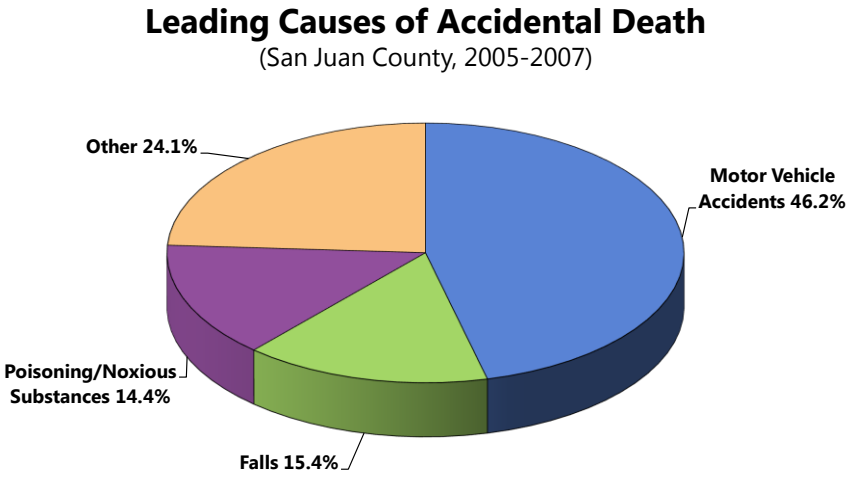
Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, falls, and poisoning accounted for over three in four accidental deaths in San Juan County between 2005 and 2007.



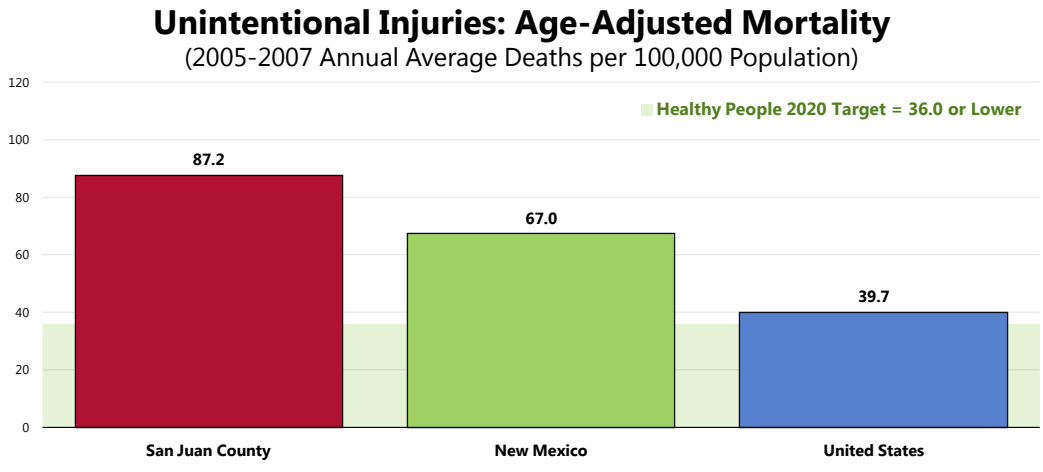
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2005 and 2007, there was an annual average age-adjusted unintentional injury mortality rate of 87.2 deaths per 100,000 population in San Juan County.

- Less favorable than the New Mexico rate.
- Less favorable than the national rate.
- More than twice the Healthy People 2020 target (36.0 or lower).

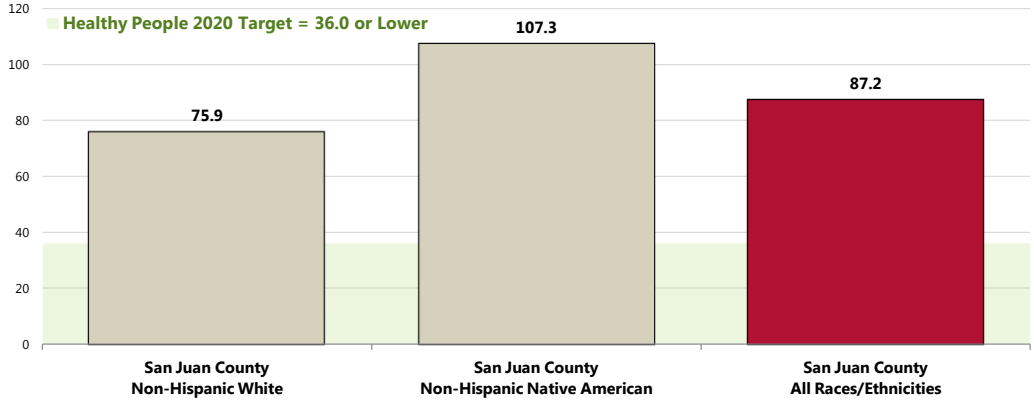


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: • 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.
• Local, state and national data are simple three-year averages.

Mortality rates are notably higher among Native Americans when compared with Whites in San Juan County.

Unintentional Injuries: Age-Adjusted Mortality by Race

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



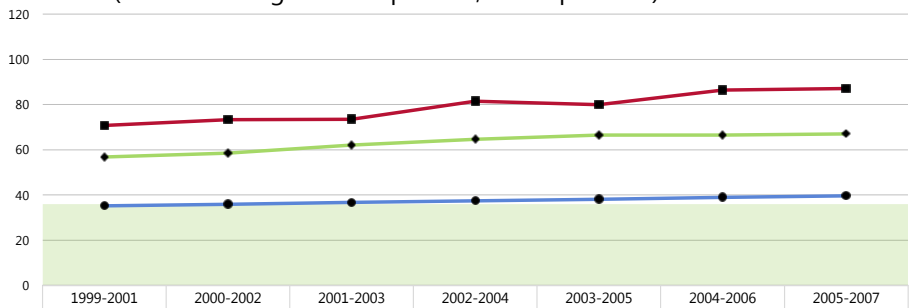
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

There is an overall upward trend in unintentional injury mortality rates in San Juan County, echoing the slowly increasing trends reported in New Mexico and the US overall.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0
San Juan County	70.7	73.4	73.5	81.5	80.0	86.4	87.2
New Mexico	56.8	58.6	62.0	64.7	66.5	66.6	67.0
United States	35.3	35.8	36.7	37.4	38.1	39.0	39.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

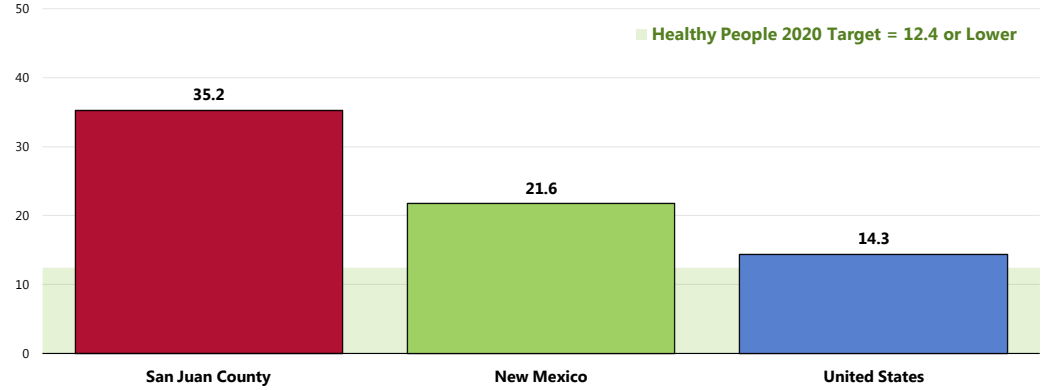
Age-Adjusted Motor-Vehicle Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted motor vehicle crash mortality rate of 35.2 deaths per 100,000 population in San Juan County.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

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



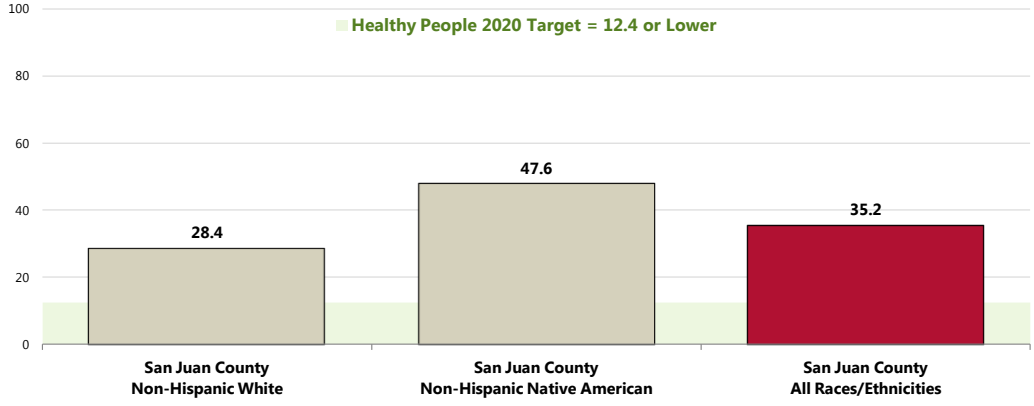
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The San Juan County motor vehicle crash mortality rate is higher among Native Americans than among Whites.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race

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



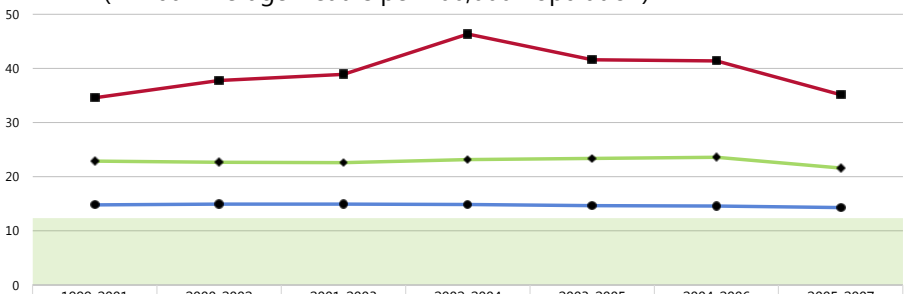
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

- After peaking in the 2002-2004 reporting period, mortality rates in San Juan County decreased in recent years. Rates have decreased slightly across New Mexico and the US over the past decade.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4
San Juan County	34.6	37.8	38.9	46.4	41.6	41.4	35.2
New Mexico	22.9	22.7	22.6	23.2	23.4	23.6	21.6
United States	14.8	15.0	14.9	14.9	14.7	14.6	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

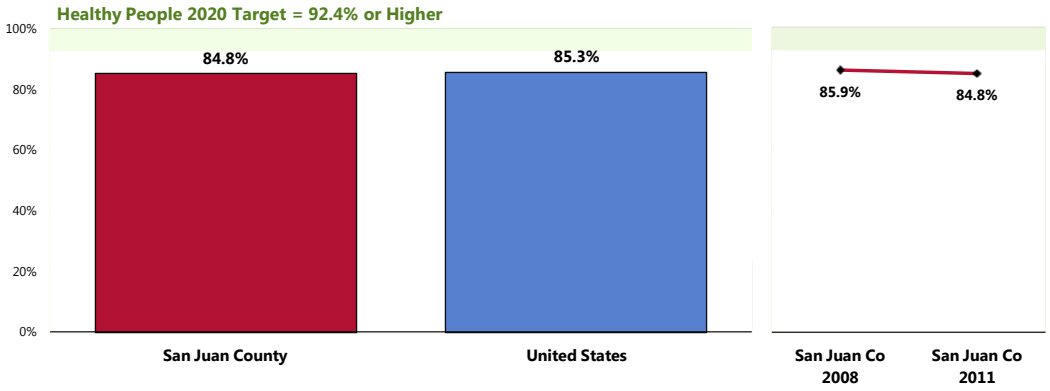
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Seat Belt Usage - Adults

Most San Juan County adults (84.8%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- No significant change since 2008.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

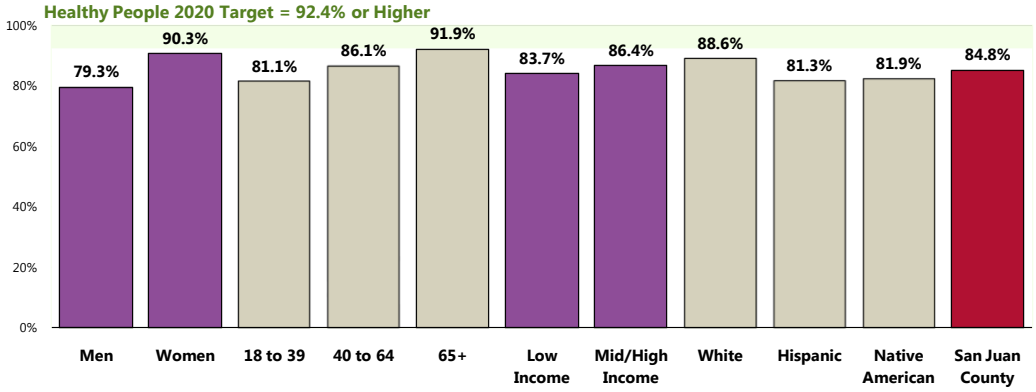
Notes:
- Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Young adults.
- Hispanics and Native Americans.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

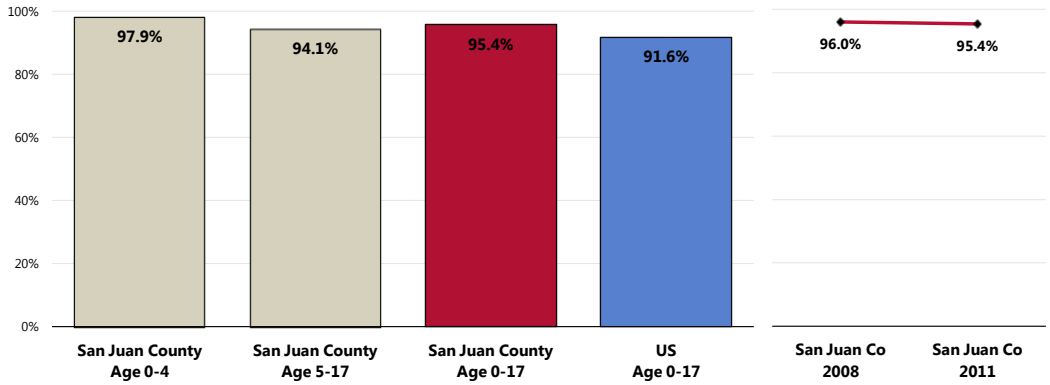
Seat Belt Usage - Children

A full 95.4% of San Juan County parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Statistically unchanged since 2008 (children age 0-17).
- Among children under age 5, 97.9% are reported to consistently use appropriate seat belts/safety seats, similar to the US prevalence.
- Among children age 5-17, 94.1% report consistent safety belt usage, similar to that found nationally.

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

(Among Parents of Children Age 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 132, 152-153]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

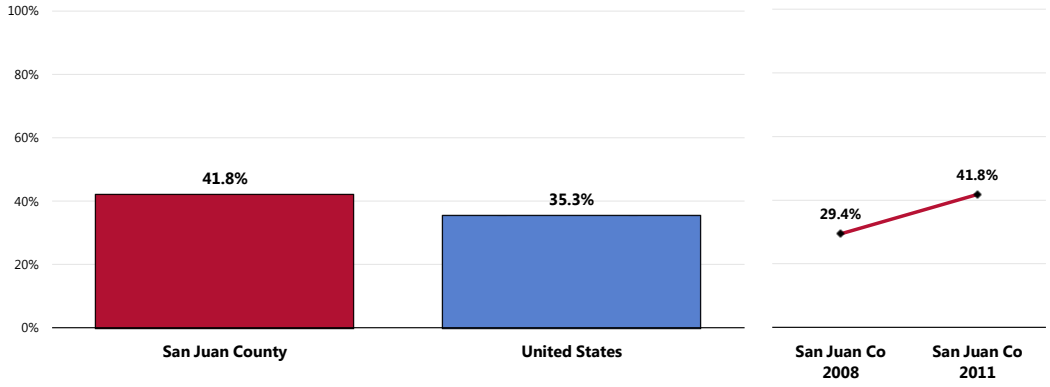
Bicycle Safety

Just over 4 in 10 San Juan County children age 5 to 17 (41.8%) are reported to "always" wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- Denotes a statistically significant increase since 2008.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5 to 17 at home.

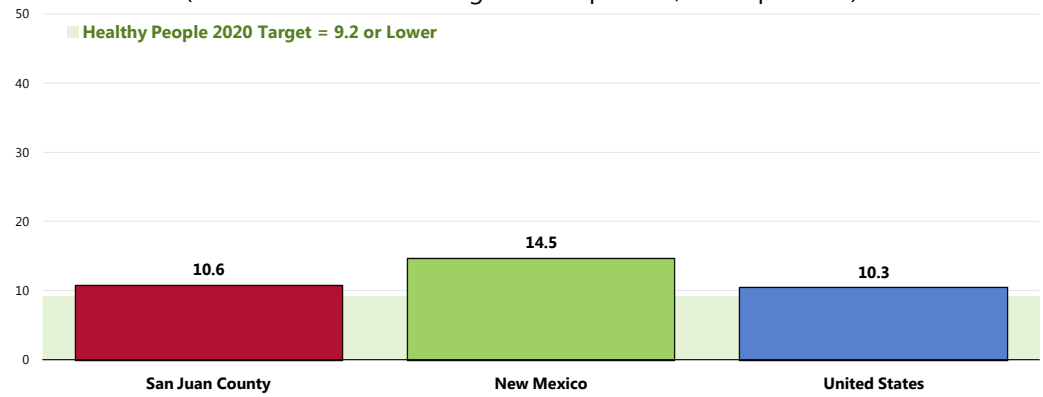
Age-Adjusted Firearm-Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted rate of 10.6 deaths per 100,000 population due to firearms in San Juan County.

- Lower than found statewide.
- Nearly identical to that reported nationally.
- Fails to satisfy the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

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



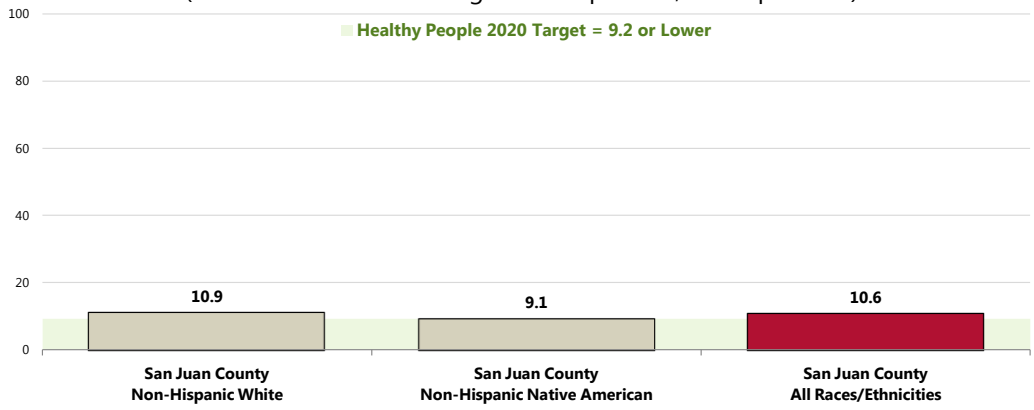
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- 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 US Standard Population.
- Local, state and national data are simple three-year averages.

The San Juan County firearm-related mortality rate is slightly higher among Whites than among Native Americans.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

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



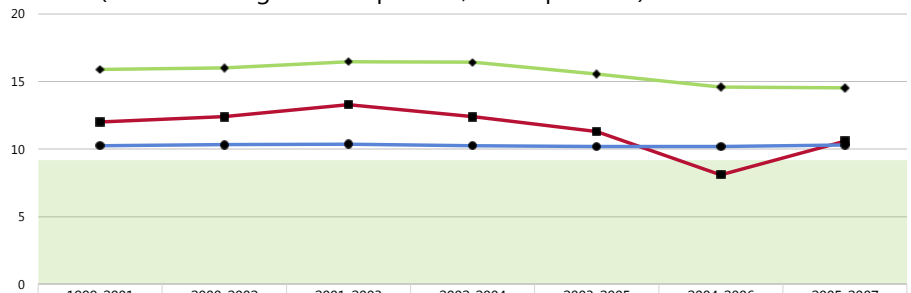
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- 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 US Standard Population.
- Local, state and national data are simple three-year averages.

Overall, mortality rates in San Juan County decreased over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	9.2	9.2	9.2	9.2	9.2	9.2	9.2
San Juan County	12.0	12.4	13.3	12.4	11.3	8.1	10.6
New Mexico	15.9	16.0	16.5	16.4	15.6	14.6	14.5
US	10.3	10.3	10.4	10.3	10.2	10.2	10.3

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- 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 US Standard Population.
- Local, state and national data are simple three-year averages.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

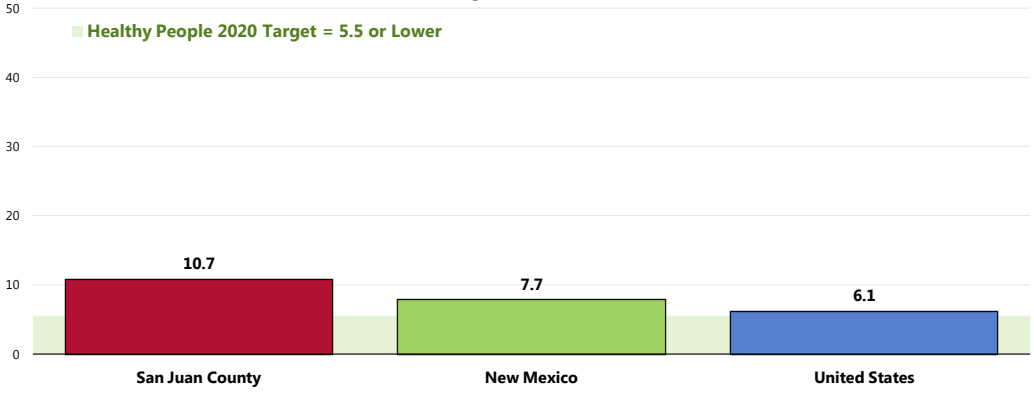
Between 2005 and 2007, there was an annual average age-adjusted homicide rate of 10.7 deaths per 100,000 population in San Juan County.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:
See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

Homicide: Age-Adjusted Mortality

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



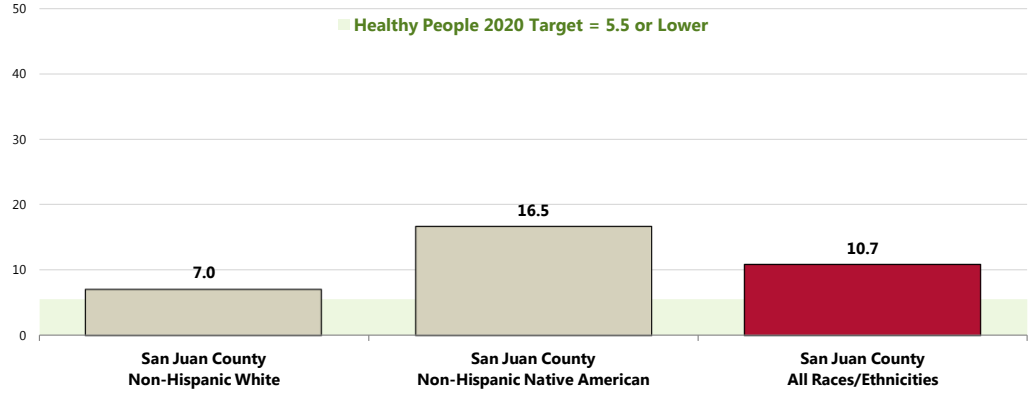
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-29]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The county homicide rate is more than twice as high among Native Americans as among Whites.

Homicide: Age-Adjusted Mortality by Race

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



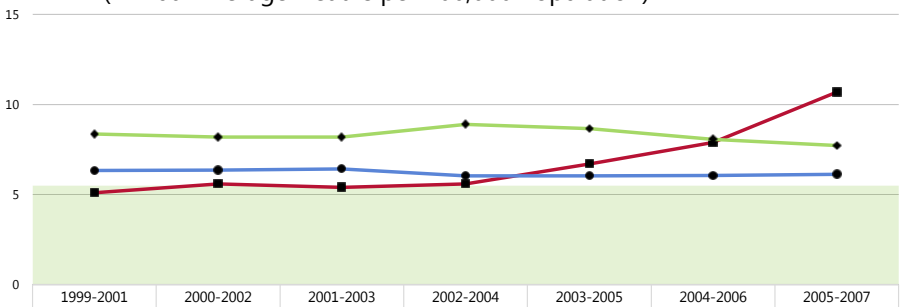
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-29]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

San Juan County homicide rates have increased, particularly since 2005; state and national rates decreased slightly during this time.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	5.5	5.5	5.5	5.5	5.5	5.5	5.5
San Juan County	5.1	5.6	5.4	5.6	6.7	7.9	10.7
New Mexico	8.4	8.2	8.2	8.9	8.7	8.1	7.7
United States	6.3	6.4	6.4	6.0	6.0	6.1	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-29]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

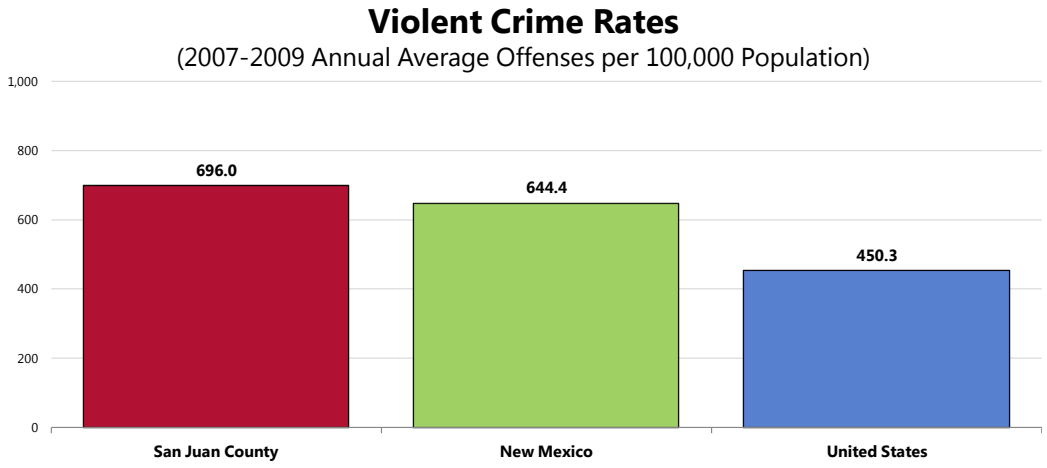
Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

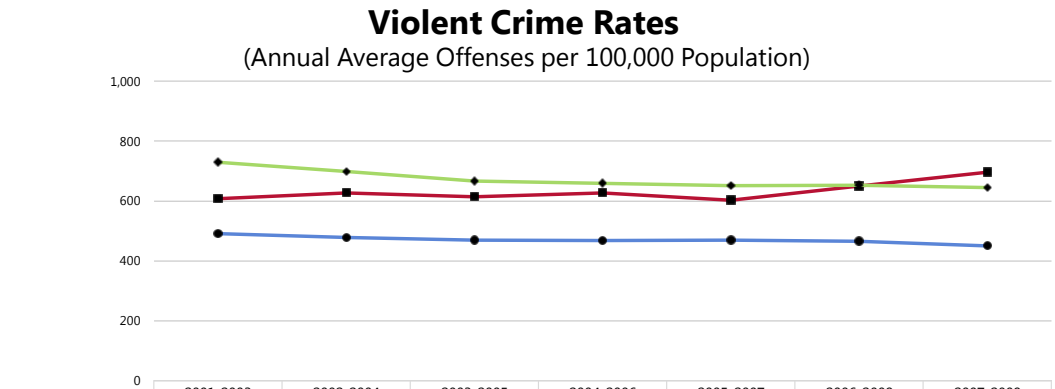
Between 2007 and 2009, there was an annual average violent crime rate of 696.0 offenses per 100,000 population in San Juan County.

- Higher than the New Mexico rate for the same period.
- Much higher than the national rate.



Sources: • New Mexico Department of Public Safety.
• Crime in the US.
Notes: • Rates are offenses per 100,000 population among agencies reporting.

San Juan County violent crime rates have increased in the most recent reporting years; in contrast, state and national rates have decreased.



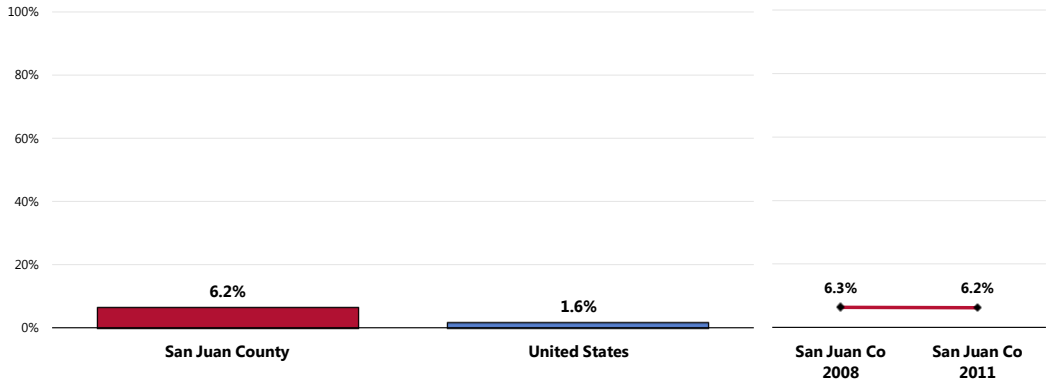
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
San Juan County	607.8	626.9	614.0	627.1	602.3	649.6	696.0
New Mexico	729.7	698.5	666.9	658.9	651.1	652.4	644.4
United States	491.6	477.8	469.3	468.6	469.8	465.0	450.3

Sources: • New Mexico Department of Public Safety.
• Crime in the US.
Notes: • Rates are offenses per 100,000 population among agencies reporting.

A total of 6.2% of San Juan County adults acknowledge being the victim of a violent crime in the past five years.

- Much higher than national findings.
- No change to report since 2008.

Victim of a Violent Crime in the Past Five Years



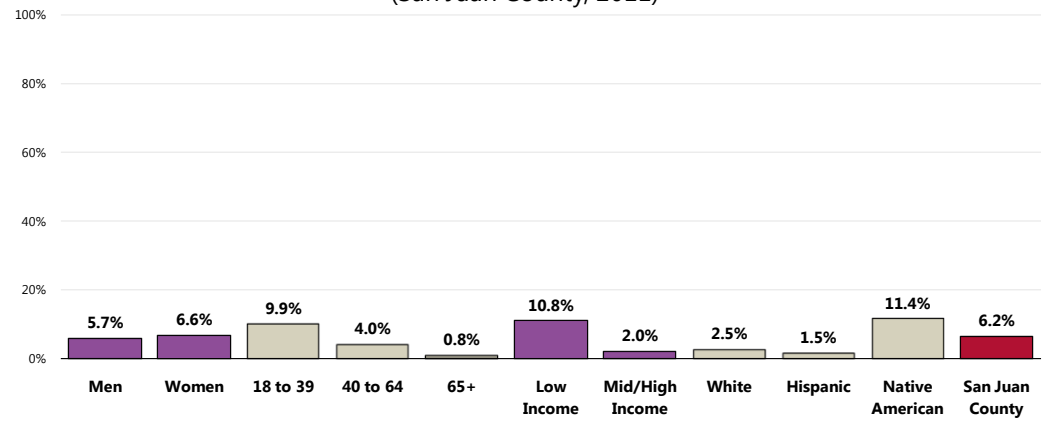
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Reports of violence are notably higher among young adults, residents living in the lower income category, and Native Americans.

Victim of a Violent Crime in the Past Five Years

(San Juan County, 2011)

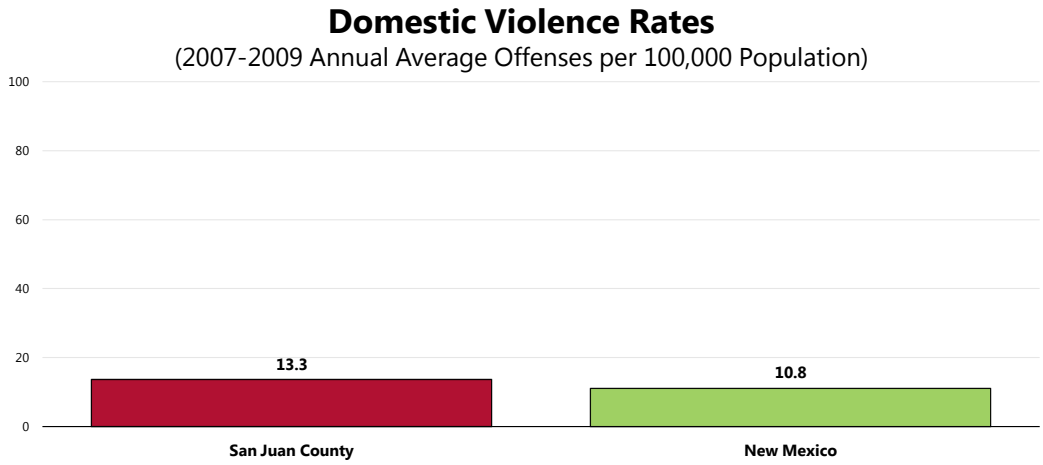


Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

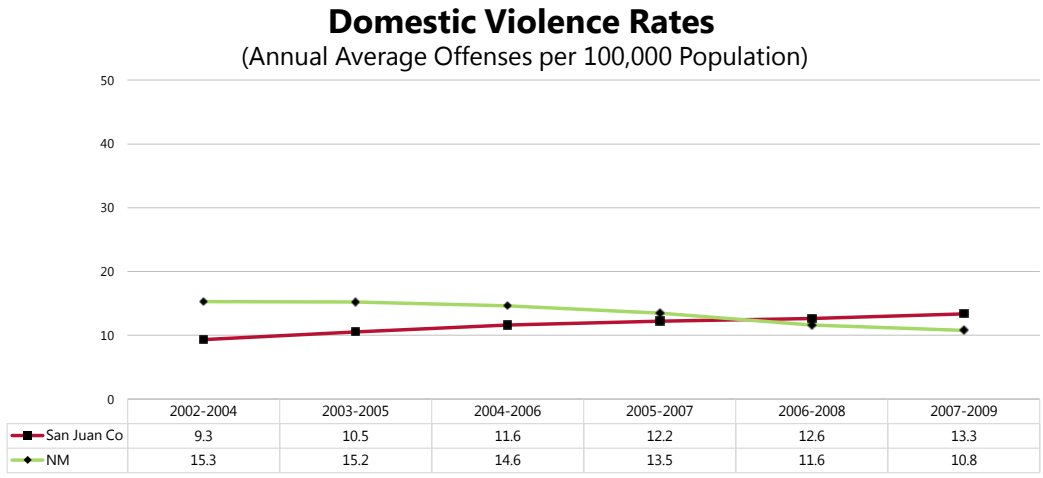
Between 2007 and 2009, there was an annual average domestic violence rate of 13.3 offenses per 100,000 population in San Juan County.

- Higher than the New Mexico rate for the same period.



Sources: • NM Department of Public Safety.
Notes: • Rates are domestic calls for assistance per 100,000 population .

- Domestic violence rates have increased steadily over time in San Juan County. In contrast, New Mexico rates show a downward trend.



	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
San Juan Co	9.3	10.5	11.6	12.2	12.6	13.3
NM	15.3	15.2	14.6	13.5	11.6	10.8

Sources: • NM Department of Public Safety.
Notes: • Rates are domestic calls for assistance per 100,000 population .

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

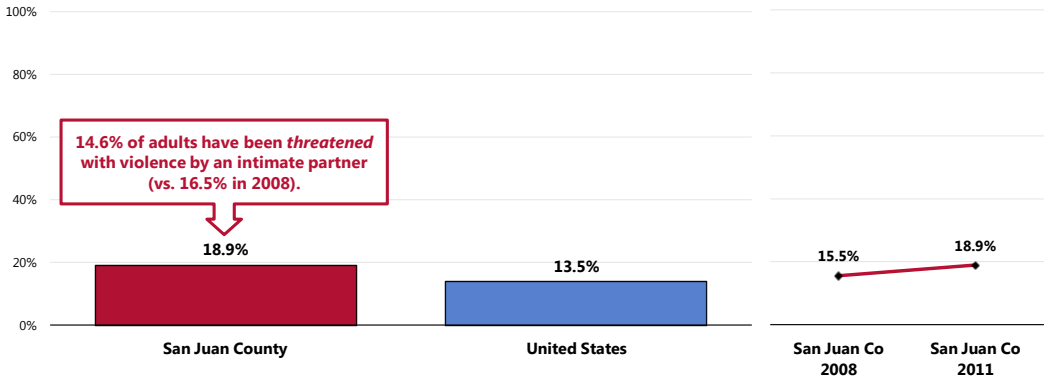
A total of 14.6% of San Juan County adults report that they have ever been threatened with physical violence by an intimate partner.

- Similar to that reported nationally.
- No significant change since 2008 (not shown).

A total of 18.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Less favorable than national findings.
- Marks a statistically significant increase from 2008 survey findings.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



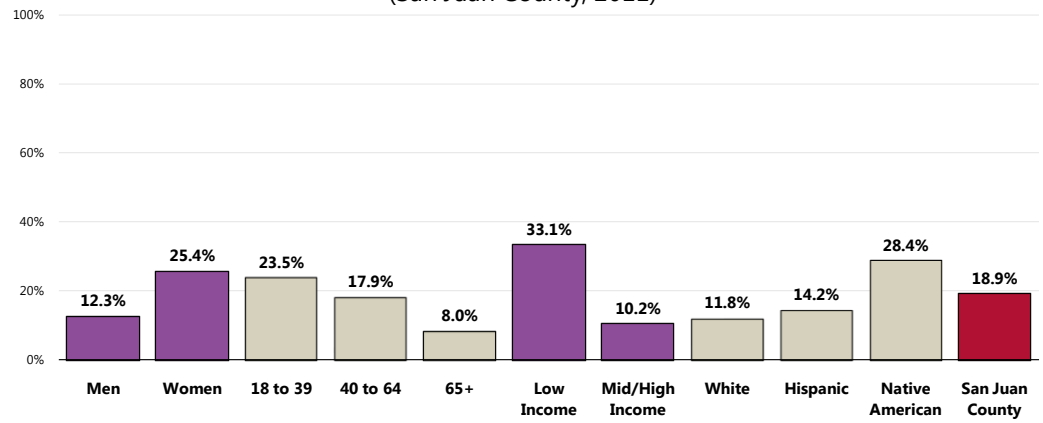
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59-60]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Reports of domestic violence are higher among:

- Women.
- Adults under 65.
- Those with lower incomes.
- Native American respondents.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

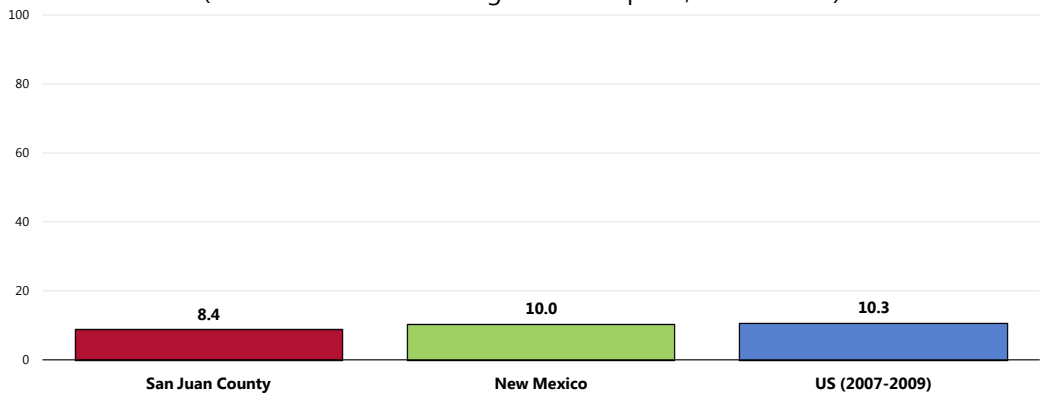
Child Abuse Rates

Between 2008 and 2010, there was an annual average child abuse offense rate of 8.4 offenses per 1,000 children in San Juan County.

- Lower than the New Mexico rate.
- Lower than the US rate.

Reported Child Abuse Rates

(2008-2010 Annual Average Offenses per 1,000 Children)

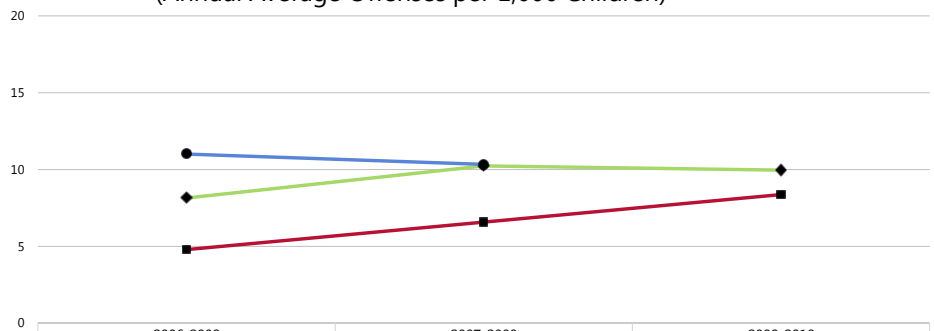


Sources: • NM Department of Public Safety.
Notes: • Rates are reports of child abuse per 1,000 children.

Reported child abuse rates have increased in the county in recent years.

Reported Child Abuse Rates

(Annual Average Offenses per 1,000 Children)



	2006-2008	2007-2009	2008-2010
San Juan County	4.8	6.6	8.4
New Mexico	8.1	10.2	10.0
United States	11.0	10.3	

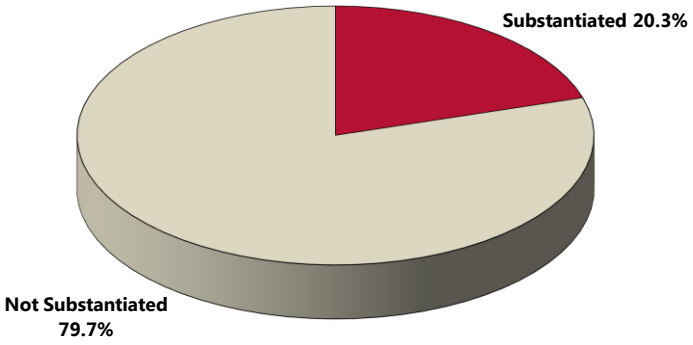
Sources: • NM Department of Public Safety.
Notes: • Rates are domestic calls for assistance per 100,000 population .

Cases of Child Abuse

Among the 3,159 reported child abuse cases in San Juan County (2010), 20.3% were substantiated cases of abuse (a substantiated case is one in which an allegation of mistreatment has been confirmed according to the level of evidence required by state law or state policy).

Substantiated Cases of Child Abuse

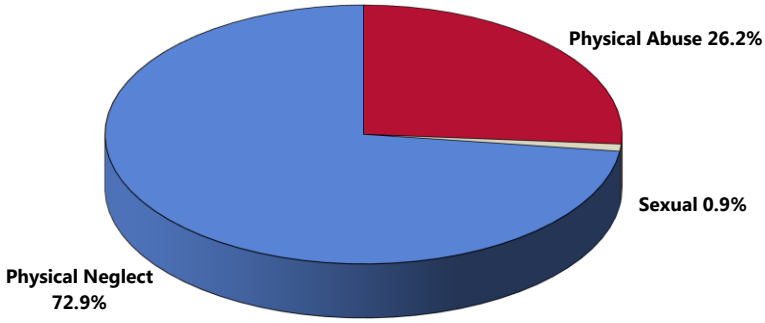
(San Juan County, 2010)



Sources: • New Mexico Department of Public Safety.
Notes: • Numbers are a percentage of all reported child abuse allegations (3,159 for the county in 2010).

- Among the substantiated child abuse cases for the county in 2010, 72.9% were considered to be cases of physical neglect, while 26.2% were physical abuse and 0.9% was sexual in nature.

Specific Type of Child Abuse
(Among Substantiated Cases; San Juan County, 2010)



Sources: • New Mexico Department of Public Safety.
Notes: • Numbers are a percentage of all substantiated child abuse cases (641 for the county in 2010).

Related Focus Group Findings: Injury & Violence

Many focus group participants are concerned with injury and violence in the community. The main issues included:

- Alcohol
- Domestic Violence
- Emergency Response Workers

According to participants a major contributor to injury and violence in the community is **alcohol**. Injuries sustained can be self-inflicted or from an individual under the influence of alcohol. Participants also noted that **domestic violence** is an issue and that alcohol can increase the intensity of intimate partner violence. One participant described:

> *"Domestic violence and sexual assault is much higher than what everybody thinks, and it ties directly into alcoholism and drug abuse. In almost every case we see, there's alcohol involved." Other Health Professional*

In addition, focus group participants noted there is some concern there is a lack of **emergency response workers** available to deal with all of the community's needs.

> *"The lack of emergency personnel with the Fire Department, and I'm speaking of all the San Juan County Fire Departments within San Juan County." Provider of Services to Native Americans*

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

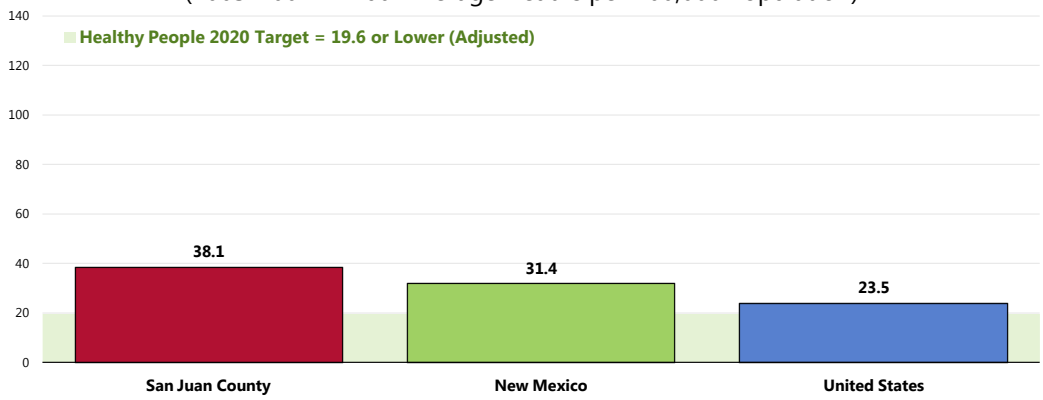
Age-Adjusted Diabetes Deaths

Between 2005 and 2007, there was an annual average age-adjusted diabetes mortality rate of 38.1 deaths per 100,000 population in San Juan County.

- Less favorable than that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).

Diabetes: Age-Adjusted Mortality

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



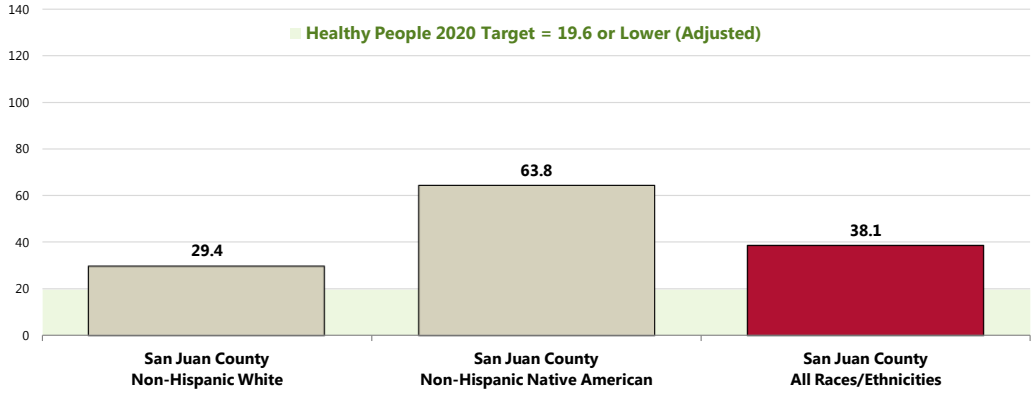
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

The diabetes mortality rate in San Juan County is more than twice as high among Native Americans as among Whites.

Diabetes: Age-Adjusted Mortality by Race

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



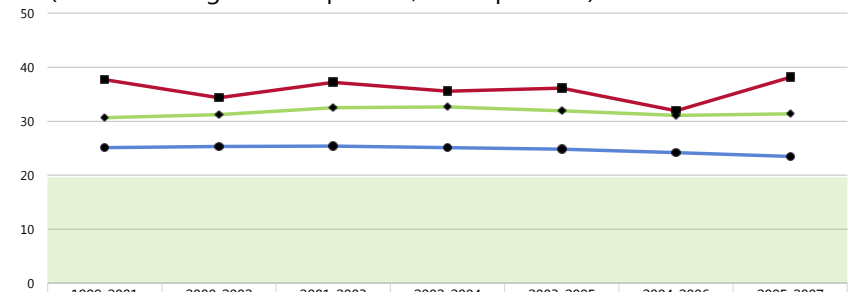
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- 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 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- No clear diabetes mortality trend is apparent in San Juan County; the most recent rate is similar to that reported in 1999-2001.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	19.6	19.6	19.6	19.6	19.6	19.6	19.6
San Juan County	37.7	34.4	37.2	35.6	36.1	32.0	38.1
New Mexico	30.7	31.2	32.5	32.6	32.0	31.1	31.4
United States	25.1	25.3	25.4	25.1	24.8	24.2	23.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- 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.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

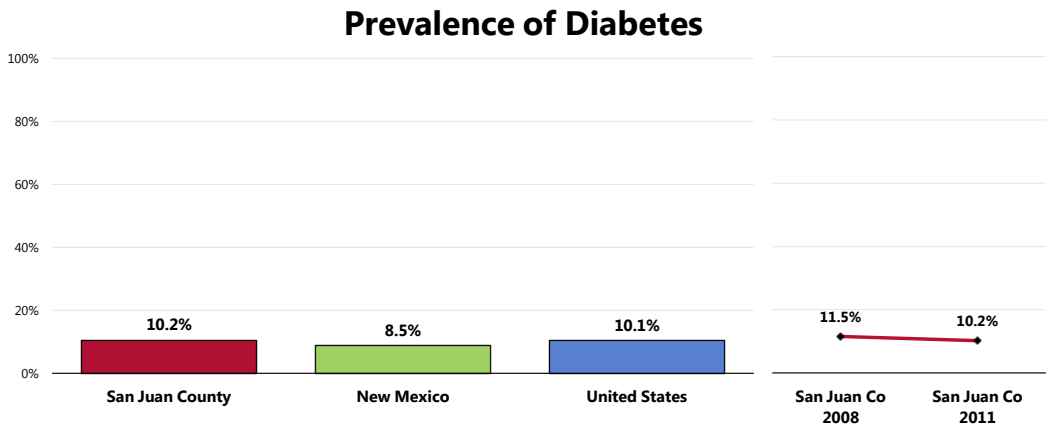
Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in the community. The main disease discussed was **diabetes**. Focus group participants felt that diabetes is the most prevalent chronic disease in the community. The participants believe that diabetes is linked to lower levels of exercise and obesity. Other diseases mentioned include renal failure, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), heart disease, hepatitis C, alcoholism, asthma and kidney failure.

Prevalence of Diabetes

A total of 10.2% of San Juan County adults report having been diagnosed with diabetes.

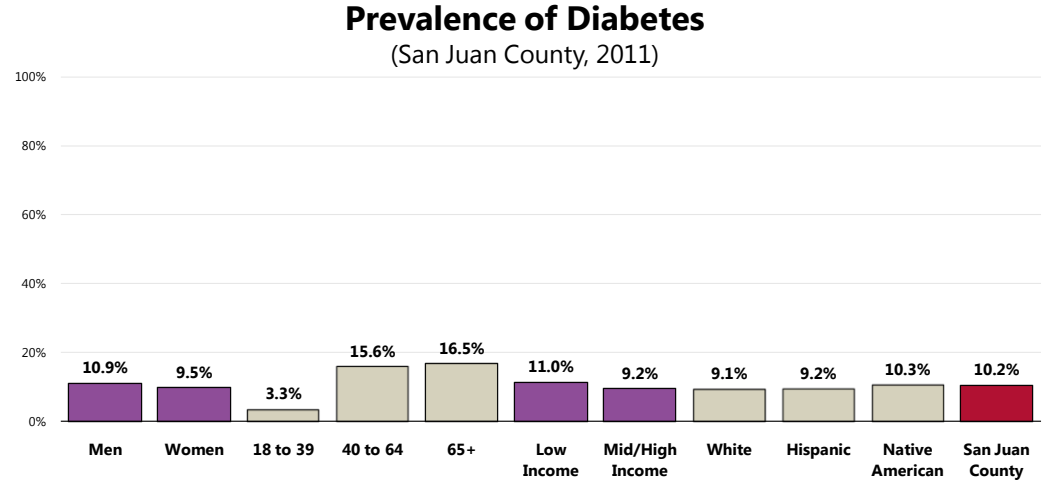
- Similar to the proportion statewide.
- Similar to the national proportion.
- Statistically unchanged since 2008.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

San Juan County adults age 40+ are more likely than young adults to be diabetic.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

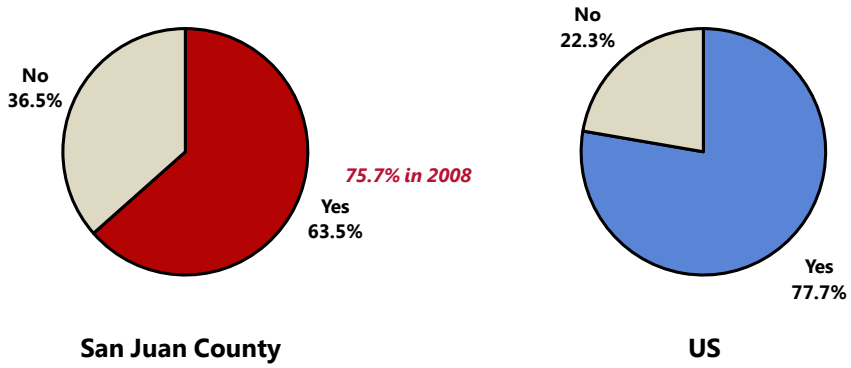
Diabetes Treatment

Among adults with diabetes, most (63.5%) are currently taking insulin or some type of medication to manage their condition.

- Lower than national findings.
- Statistically similar to that reported among diabetics in 2008.

Taking Insulin or Other Medication for Diabetes

(Among Diabetics)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all diabetic respondents.

Alzheimer's Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

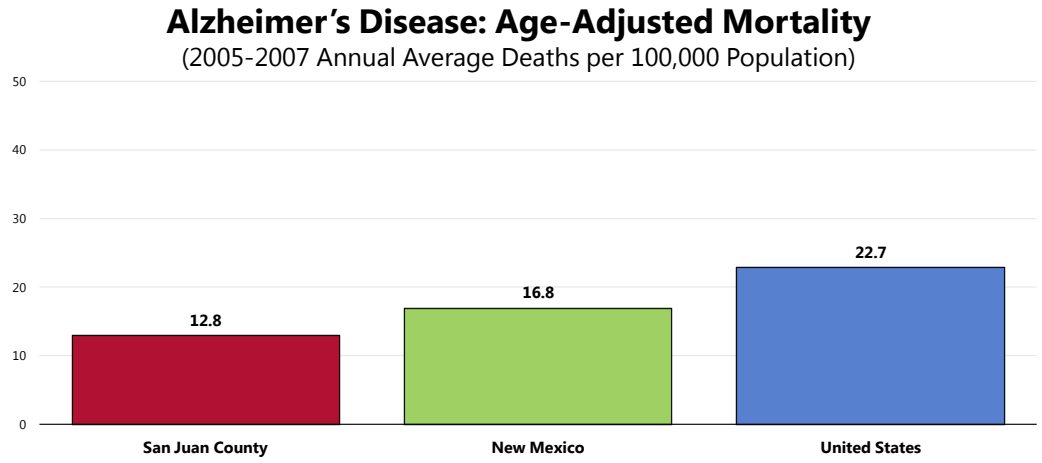
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted Alzheimer's disease mortality rate of 12.8 deaths per 100,000 population in San Juan County.

- More favorable than the statewide rate.
- More favorable than the national rate.



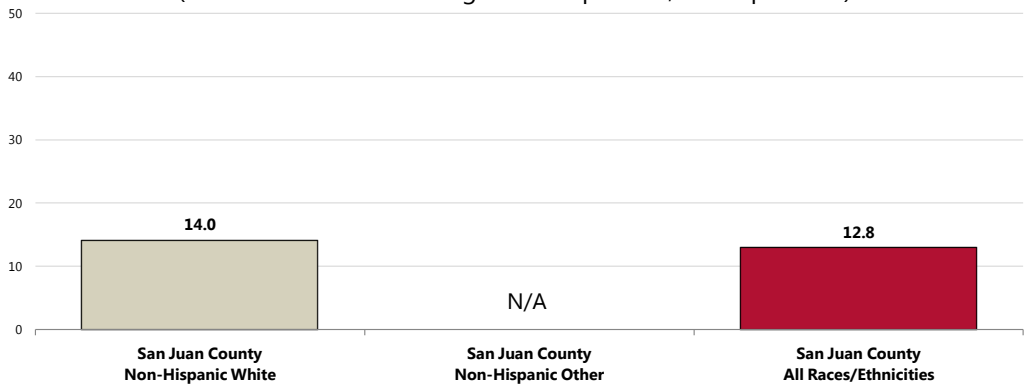
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The recent Alzheimer's disease mortality rate was only available among Whites in San Juan County.

Alzheimer's Disease: Age-Adjusted Mortality by Race

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



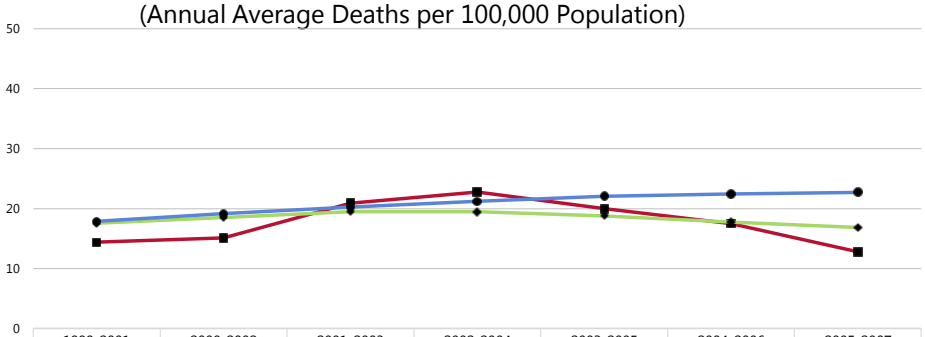
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes: • 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.
• Local, state and national data are simple three-year averages.

After increasing in the early 2000s, Alzheimer's disease mortality rates have since decreased in San Juan County. A similar trend is apparent across New Mexico, while US rates have increased steadily over the past several years.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
San Juan County	14.4	15.1	20.9	22.8	20.0	17.5	12.8
New Mexico	17.5	18.5	19.5	19.5	18.8	17.8	16.8
United States	17.9	19.2	20.3	21.2	22.1	22.5	22.7

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes: • 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.

Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

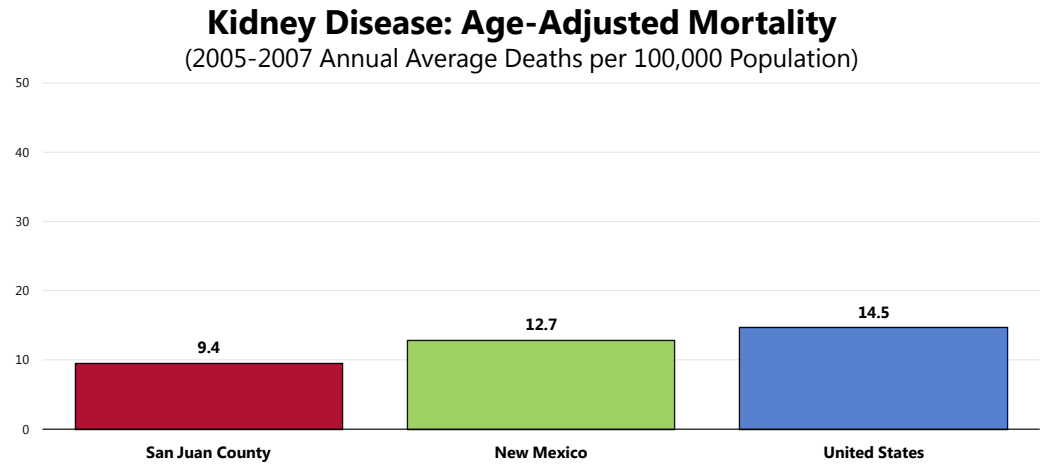
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted kidney disease mortality rate of 9.4 deaths per 100,000 population in San Juan County.

- More favorable than the rate found statewide.
- More favorable than the national rate.



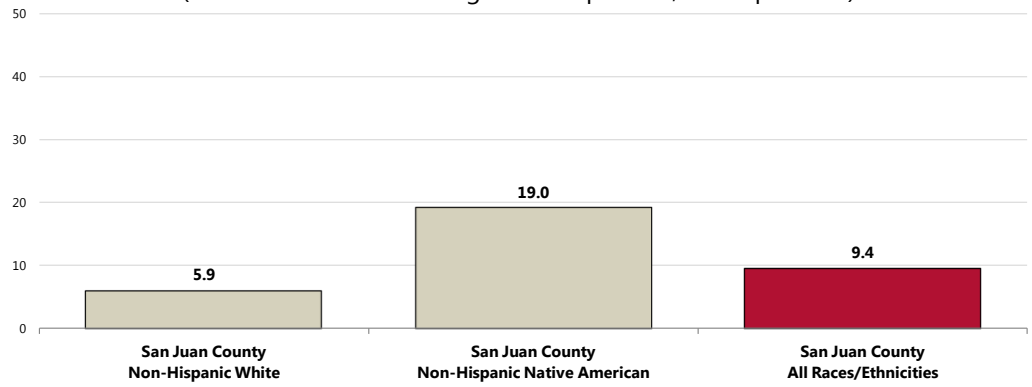
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The kidney disease mortality rate in San Juan County is more than three times as high among Native Americans as among Whites.

Kidney Disease: Age-Adjusted Mortality by Race

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



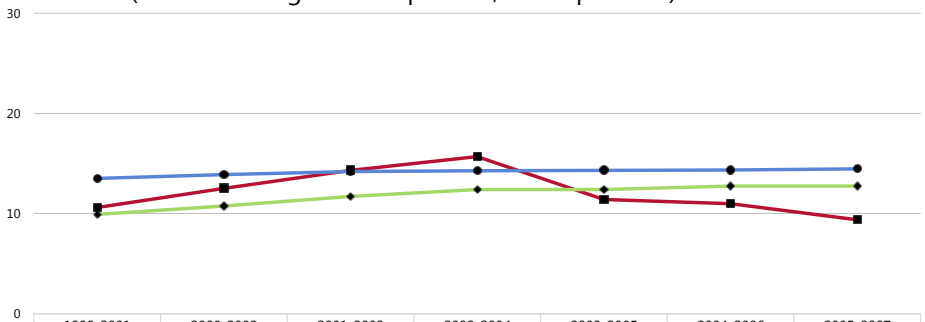
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- Local, state and national data are simple three-year averages.

After increasing in the early 2000s, the San Juan kidney disease death rate has since decreased. Across New Mexico and the US overall, rates have increased steadily over the past decade.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
San Juan County	10.6	12.5	14.3	15.7	11.4	11.0	9.4
New Mexico	9.9	10.8	11.7	12.4	12.4	12.7	12.7
United States	13.5	13.9	14.2	14.3	14.3	14.4	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.

Notes:
- 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.
- State and national data are simple three-year averages.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

RELATED ISSUE:
See also *Activity Limitations* in the **General Health Status** section of this report.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

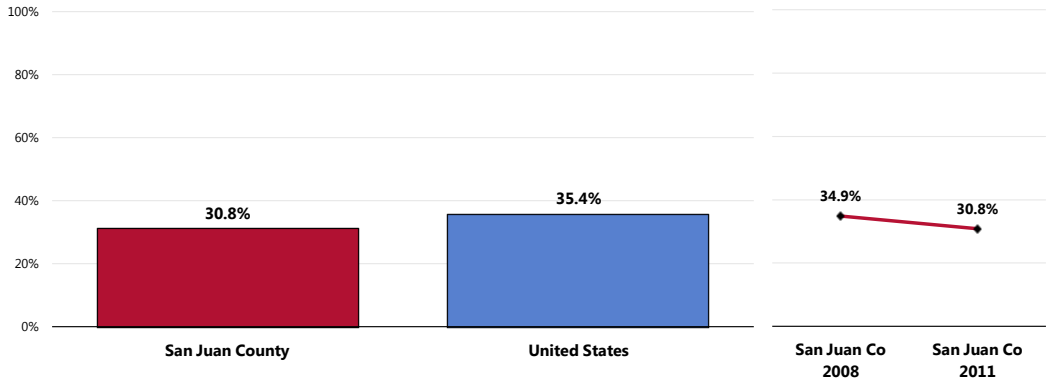
Prevalence of Arthritis/Rheumatism

A total of 30.8% of San Juan County adults age 50 and older report suffering from arthritis or rheumatism.

- Similar to that found nationwide.
- The prevalence of arthritis/rheumatism among adults 50+ is statistically similar to that reported in 2008.

Prevalence of Arthritis/Rheumatism

(Among Adults 50+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents 50 and older.

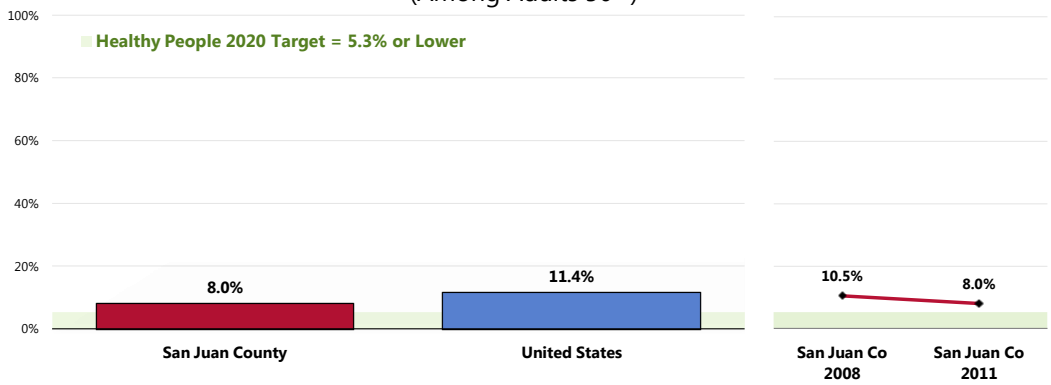
Prevalence of Osteoporosis

A total of 8.0% of survey respondents age 50 and older have osteoporosis.

- More favorable than that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Statistically unchanged since 2008.

Prevalence of Osteoporosis

(Among Adults 50+)



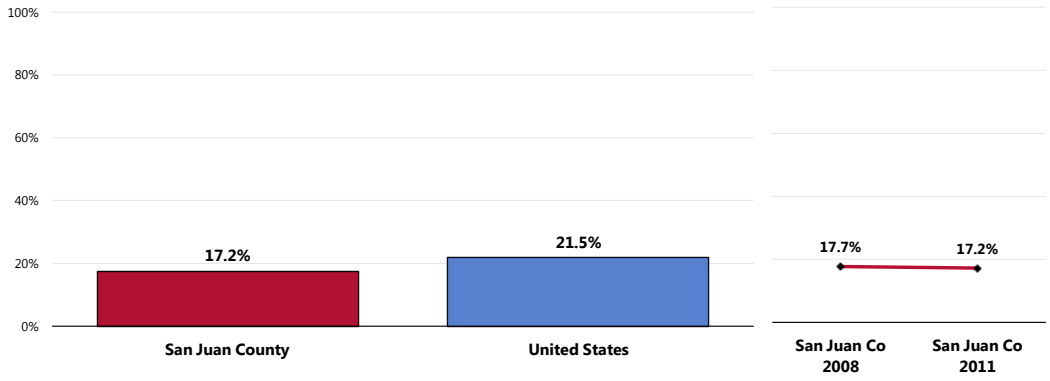
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: • Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 17.2% of survey respondents suffer from chronic back pain or sciatica.

- More favorable than that found nationwide.
- No change to report since 2008.

Prevalence of Sciatica/Chronic Back Pain



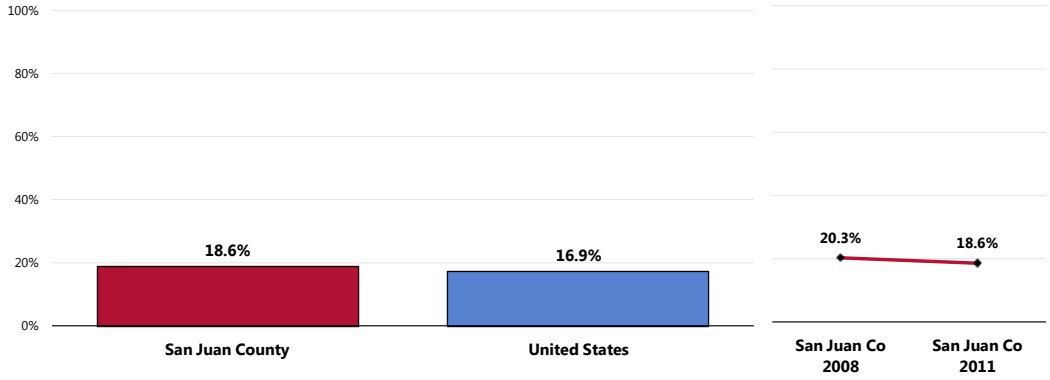
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 18.6% of survey respondents report suffering from migraines or severe headaches.

- Similar to that found nationwide.
- Similar to that reported in San Juan County in 2008.

Prevalence of Migraines/Severe Headaches

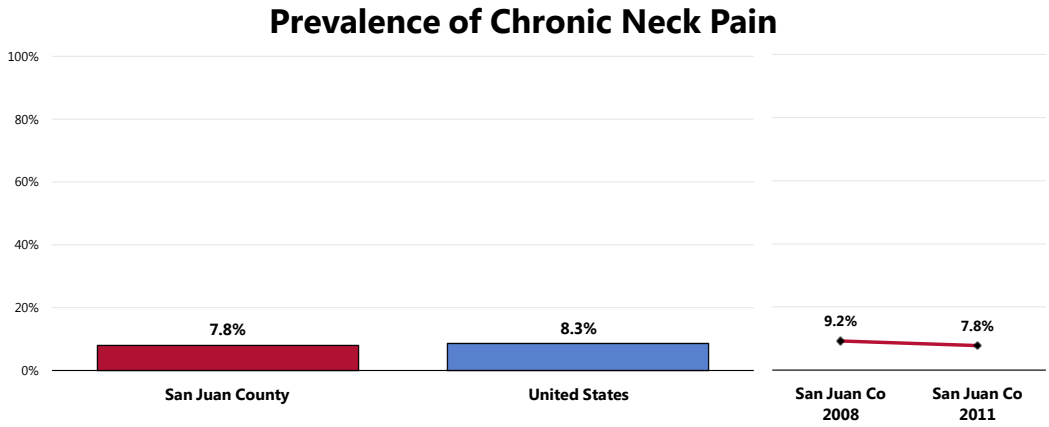


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 38]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 7.8% of survey respondents currently suffer from chronic neck pain.

- Comparable to that found nationwide.
- Comparable to the 2008 prevalence.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

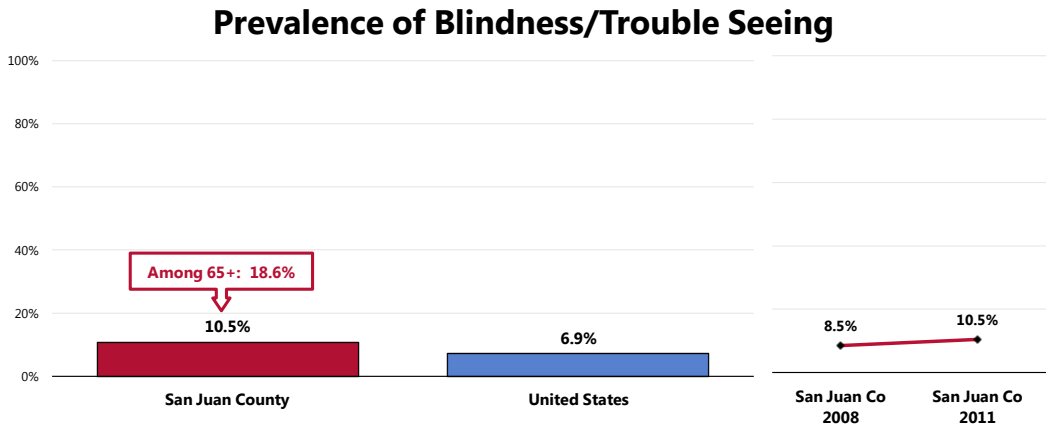
– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 10.5% of San Juan County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Less favorable than found nationwide.
- Similar to 2008 survey findings.
- Among San Juan County adults age 65 and older, 18.6% have vision trouble.

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

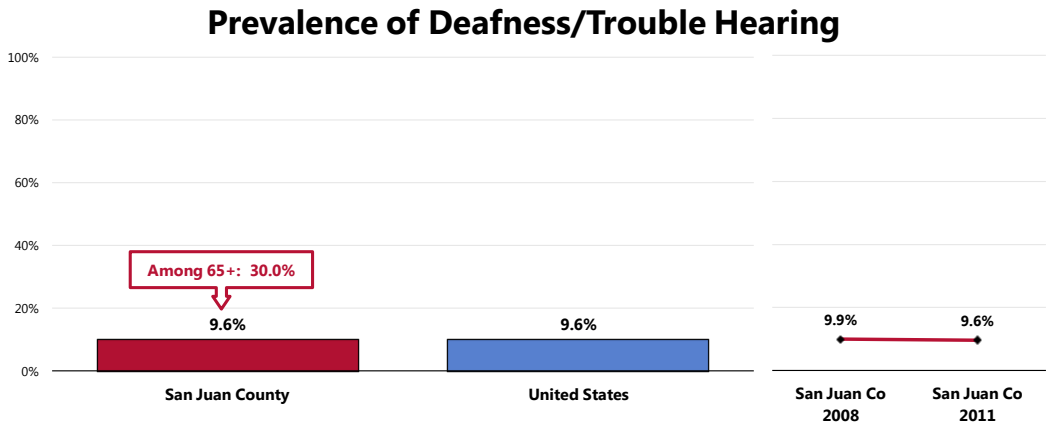
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 9.6% of San Juan County adults report being deaf or having difficulty hearing.

- Identical to that found nationwide.
- Statistically unchanged since 2008.
- Among San Juan County adults age 65 and older, 30.0% have partial or complete hearing loss.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Disability

Many participants discussed care for individuals with disabilities in the community. The main issues included:

- Children With Disabilities
- Resources

During the focus groups, individuals spoke about **children with disabilities**. Participants would like to see nurses available to work with the schools to identify the needs of the students with disabilities. Focus group members noted that disabled students currently receive a referral to St. Michael's, which is a two-hour drive from Farmington. Participants would like to see **resources** become available in their community. For the Native American population, there is a Native American Disability Rights fund which allows this population additional resources and services.

Environmental Health

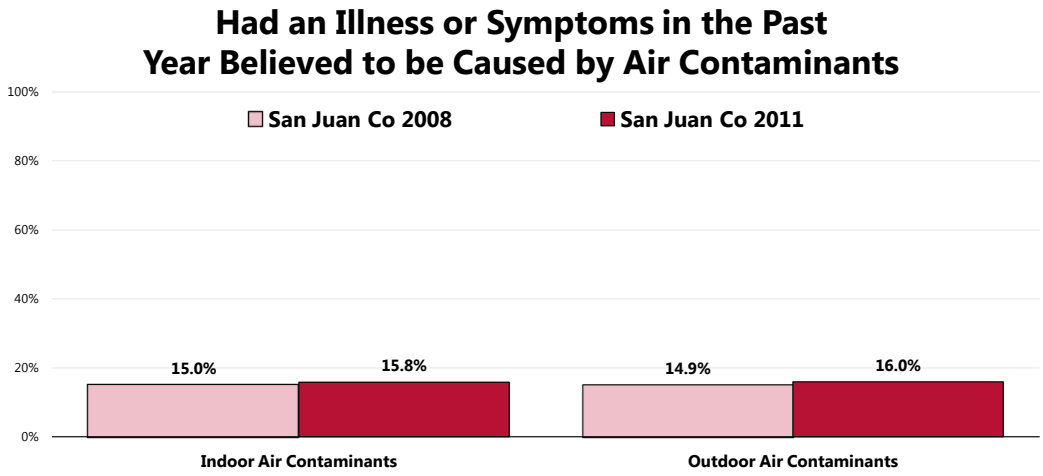
Air Contaminants

A total of 15.8% of survey respondents report experiencing an illness in the past year which was caused by indoor contaminants (such as dust, mold, smoke or chemicals).

- Unchanged from the prevalence reported in 2008.

A similar prevalence (16.0%) of community members report experiencing an illness in the past year which was caused by outdoor contaminants (such as smog, automobile exhaust, or chemicals).

- Similar to 2008 survey findings.



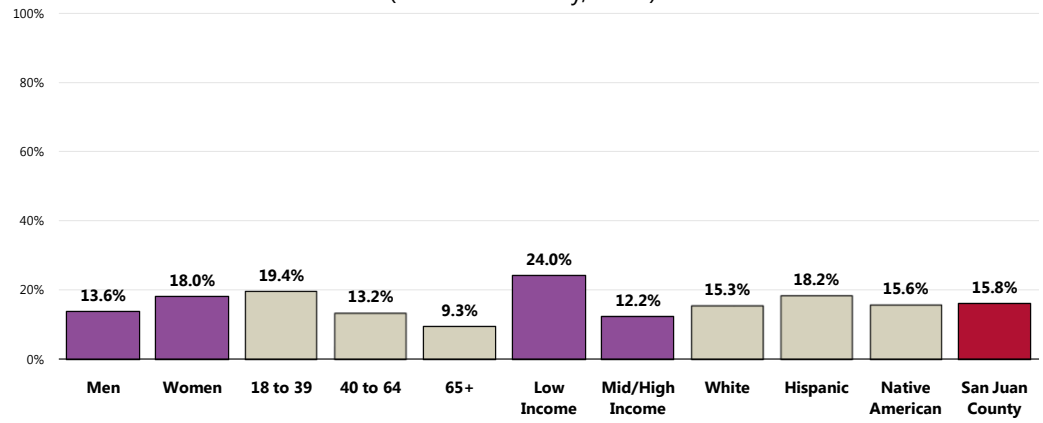
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 54-55]

Notes:
- Asked of all respondents.
- Examples of indoor contaminants include dust, mold, smoke and chemicals.
- Examples of outdoor contaminants include smog, automobile exhaust and chemicals.

San Juan County adults more likely to experience illness caused by indoor contaminants include young adults and those living at lower income levels.

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

(San Juan County, 2011)

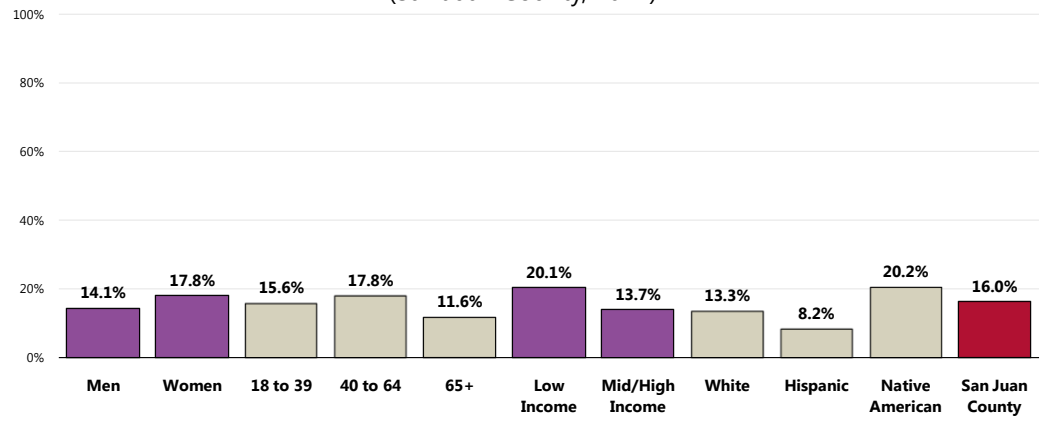


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Examples of indoor contaminants include dust, mold, smoke and chemicals.

San Juan County adults more likely to experience illness caused by outdoor contaminants include young adults, those living at lower income levels, and Native Americans.

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

(San Juan County, 2011)



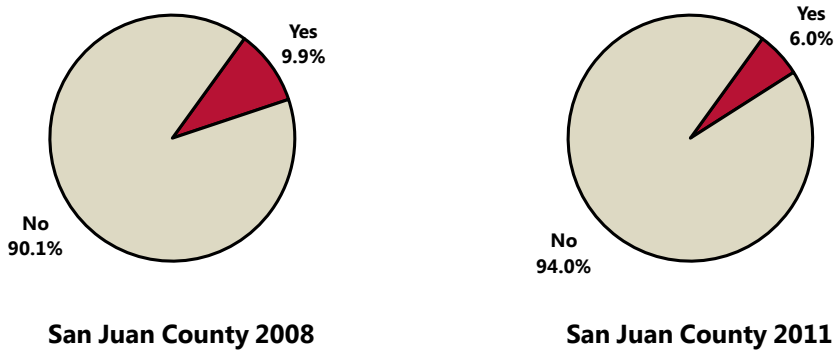
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Examples of outdoor contaminants include smog, automobile exhaust and chemicals.

A total of 6.0% of survey respondents report having an area of mold in the home at least as big as a dollar bill.

Denotes a statistically significant decrease since 2008.

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

(San Juan County 2008-2011)



San Juan County 2008 **San Juan County 2011**

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all respondents.

INFECTIOUS DISEASE

Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

– Healthy People 2020 (www.healthypeople.gov)

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Measles, Mumps, Rubella

Between 2008 and 2010, there were no reported cases of measles, mumps or rubella in San Juan County.

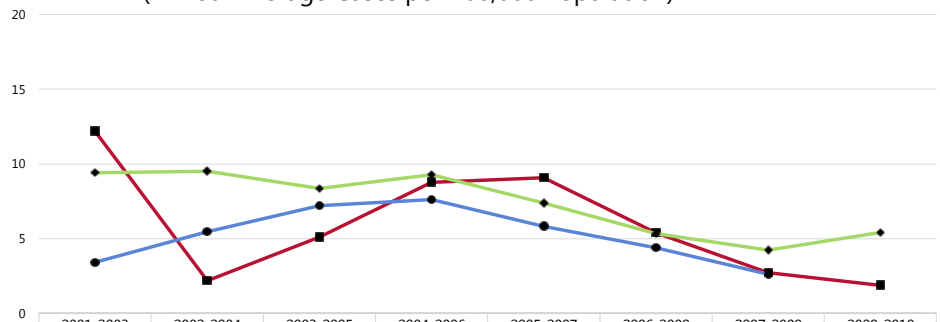
Pertussis

Between 2008 and 2010, the annual average pertussis incidence rate (new cases per year) was 1.9 cases per 100,000 population in San Juan County.

- Below the New Mexico incidence rate.
- Below the national incidence rate for the 2007-2009 reporting period.
- Incidence has fluctuated considerably over the past several years.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
San Juan County	12.2	2.2	5.1	8.8	9.1	5.4	2.7	1.9
New Mexico	9.4	9.5	8.4	9.3	7.4	5.3	4.2	5.4
United States	3.4	5.5	7.2	7.6	5.8	4.4	2.6	

Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

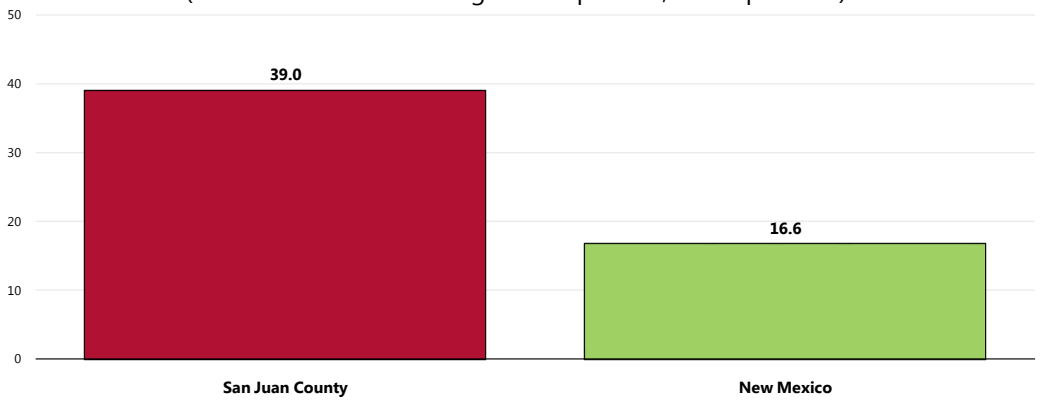
Acute Hepatitis C

San Juan County experienced a hepatitis C incidence rate of 39.0 per 100,000 population between 2008 and 2010 (rates include acute, chronic and past infections).

- More than twice the statewide rate.

Hepatitis C (Acute) Incidence

(2008-2010 Annual Average Cases per 100,000 Population)



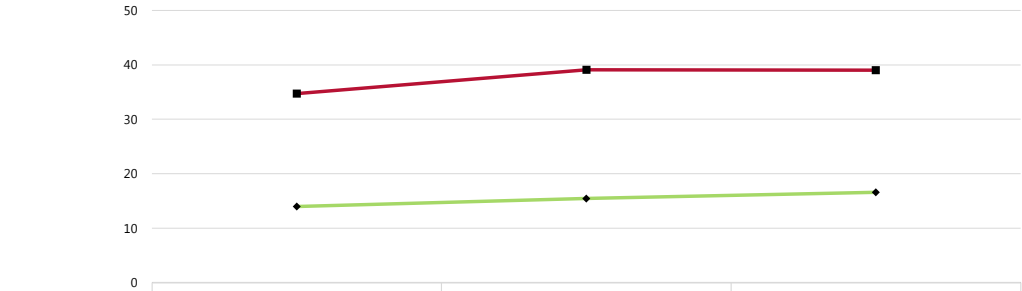
Sources:
- New Mexico Department of Health.

Notes:
- Rates are annual average new cases per 100,000 population.
- Rates include acute, chronic, and past infections.

- Incidence has increased in San Juan County in recent years and has been well above the state rate during this time.

Hepatitis C (Acute) Incidence

(Annual Average Cases per 100,000 Population)



	2005-2007	2006-2008	2007-2009
San Juan County	34.7	39.1	39.0
New Mexico	14.0	15.4	16.6

Sources: • New Mexico Department of Health.
Notes: • Rates are annual average new cases per 100,000 population.
• Rates include acute, chronic, and past infections.

Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

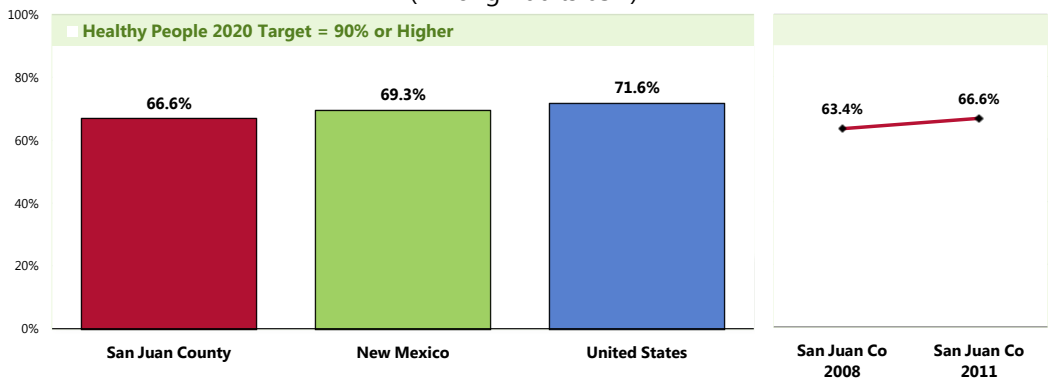
Flu Vaccinations

Among San Juan County seniors, two-thirds (66.6%) received a flu shot (or FluMist) within the past year.

- Statistically similar to the New Mexico finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Statistically unchanged since 2008.

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

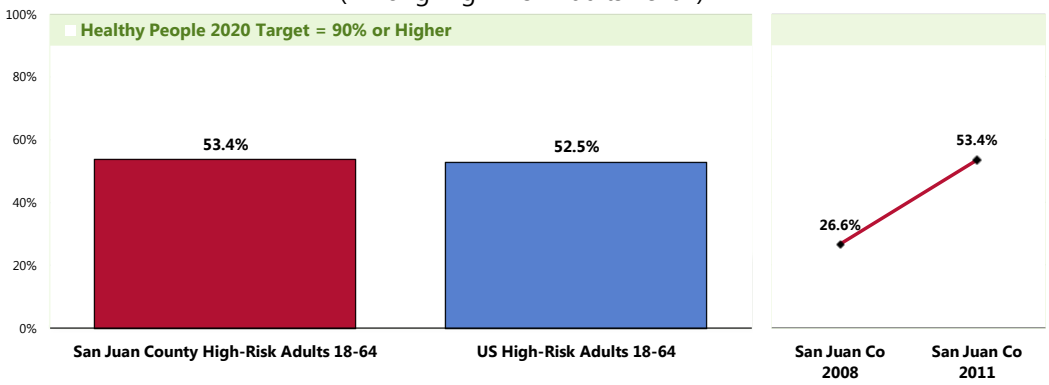
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 53.4% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Marks a statistically significant increase since 2008.

Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.6]

Notes:
- Reflects high-risk respondents age 18-64.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

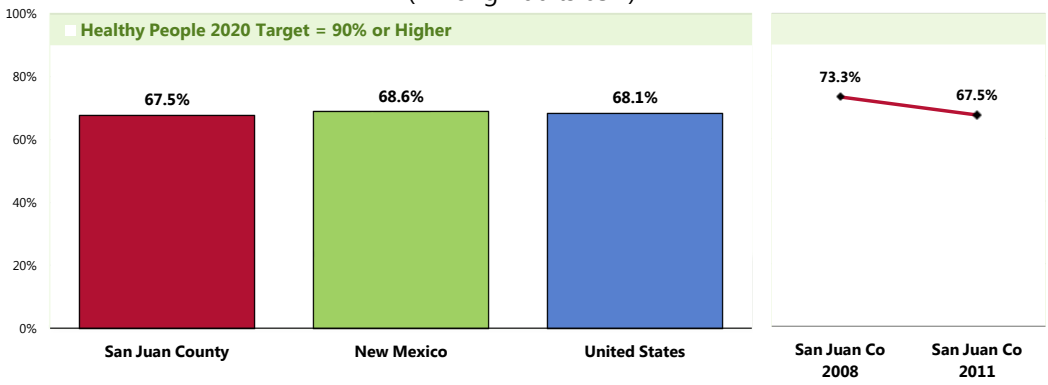
Pneumonia Vaccination

Among adults age 65 and older, 67.5% have received a pneumonia vaccination at some point in their lives.

- Comparable to the New Mexico finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically unchanged since 2008.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

Notes:
- Reflects respondents 65 and older.

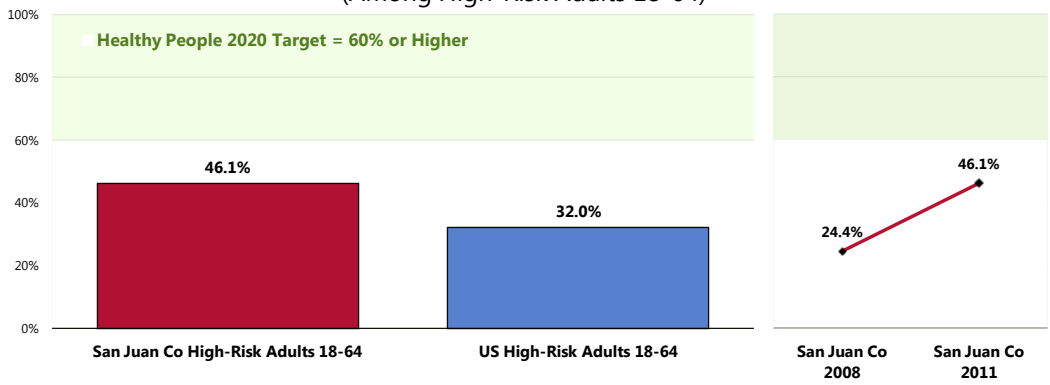
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 46.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- More favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Denotes a statistically significant increase from 2008 survey findings.

Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

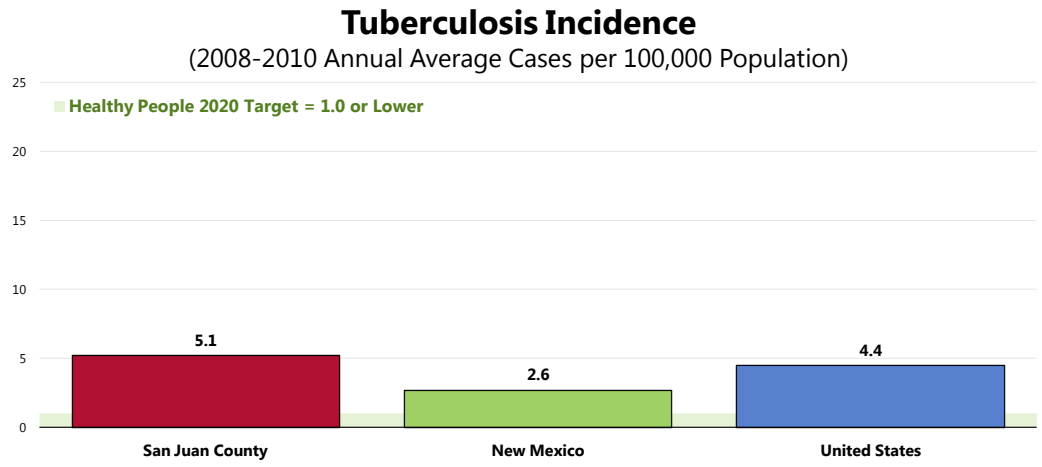
Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

Between 2008 and 2010, the annual average tuberculosis incidence rate (new cases per year) was 5.1 cases per 100,000 population in San Juan County.

- Above the New Mexico incidence rate.
- Just above the national incidence rate.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).



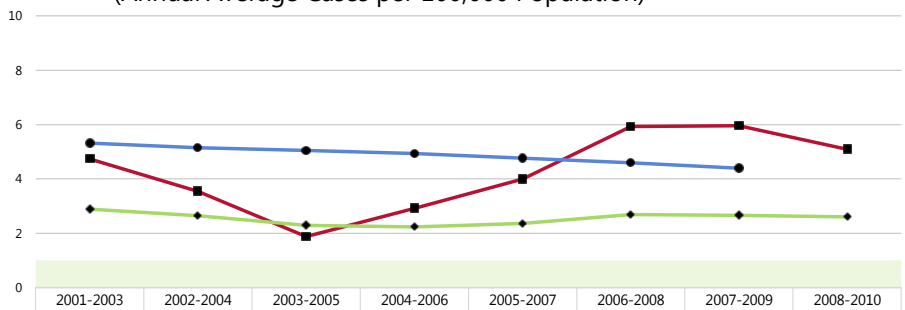
Sources:
- New Mexico Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

Notes:
- Rates are annual average new cases per 100,000 population.
- US rate reflects 2007-2009 data.

Tuberculosis incidence increased overall in the past decade in San Juan County. In contrast, a decreasing trend is noted across the US during this time, and the state rate has been fairly stable.

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	1	1	1	1	1	1	1	1
San Juan County	4.7	3.5	1.9	2.9	4.0	5.9	6.0	5.1
New Mexico	2.9	2.6	2.3	2.2	2.4	2.7	2.7	2.6
United States	5.3	5.2	5.1	4.9	4.8	4.6	4.4	

Sources:
- New Mexico Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

Notes:
- Rates are annual average new cases per 100,000 population.

HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

– Healthy People 2020 (www.healthypeople.gov)

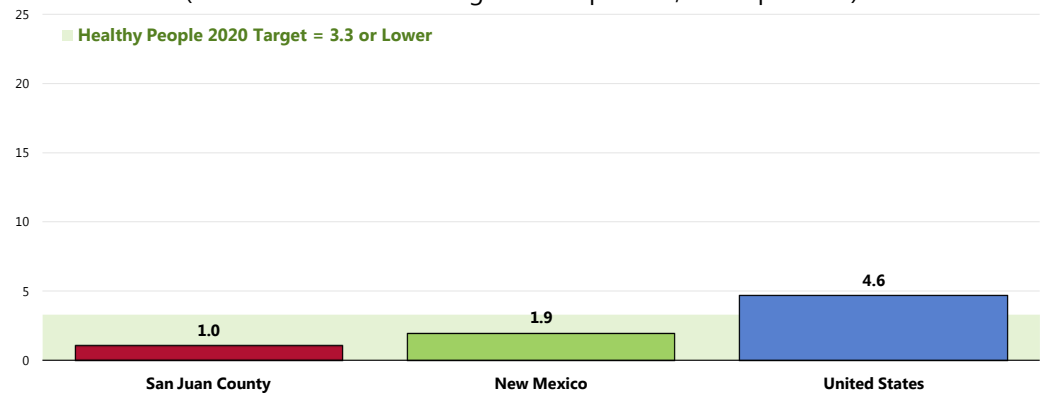
Age-Adjusted HIV/AIDS Deaths

Between 1999 and 2007, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.0 death per 100,000 population in San Juan County.

- Lower than found statewide.
- Much lower than the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(1999-2007 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

HIV & AIDS Cases

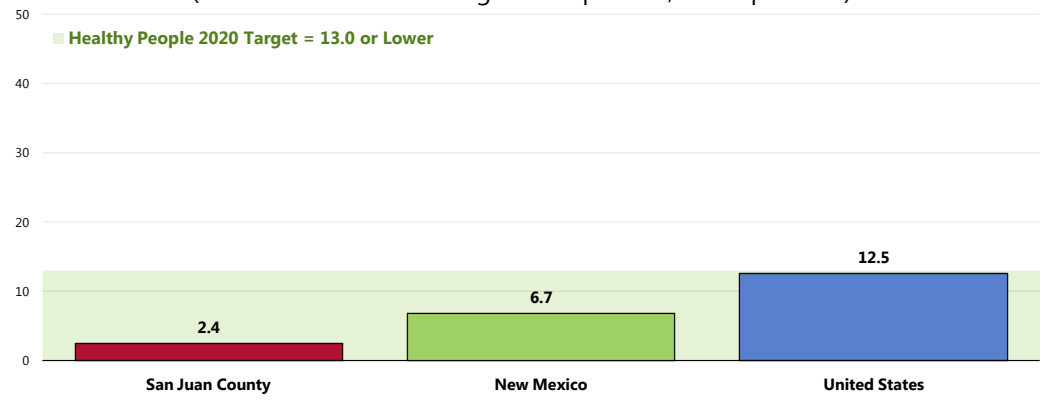
HIV Incidence

There was an annual average of 2.4 HIV cases per 100,000 population in San Juan County between 2008 and 2010.

- Lower than the statewide rate.
- Much lower than the US rate.
- Satisfies the Healthy People 2020 target of 13.0 or lower.

HIV Incidence

(2008-2010 Annual Average Cases per 100,000 Population)



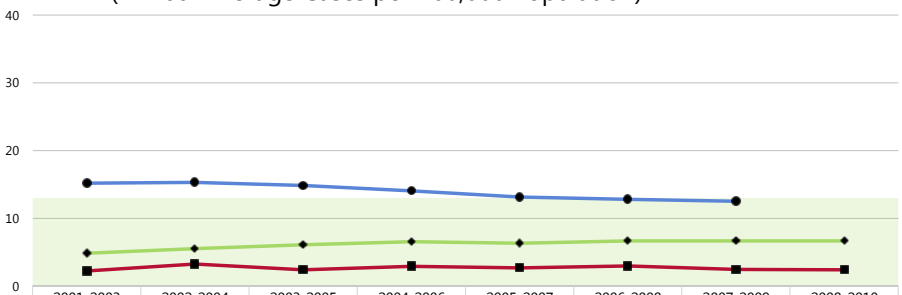
Sources:
- New Mexico Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-4]

Notes:
- Rates are annual average new cases per 100,000 population.
- Includes persons who were initially diagnosed with HIV infection (including those concurrently diagnosed with AIDS) while residing in New Mexico.

- HIV incidence has remained fairly steady over the past several years, while the statewide rate has increased. Nationally, rates have decreased overall.

HIV Incidence

(Annual Average Cases per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
San Juan County	2.2	3.3	2.4	2.9	2.7	3.0	2.4	2.4
New Mexico	4.9	5.6	6.1	6.5	6.3	6.7	6.7	6.7
United States	15.2	15.3	14.9	14.1	13.1	12.8	12.5	

Sources:
- New Mexico Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-4]

Notes:
- Rates are annual average new cases per 100,000 population.
- Includes persons who were initially diagnosed with HIV infection (including those concurrently diagnosed with AIDS) while residing in New Mexico.

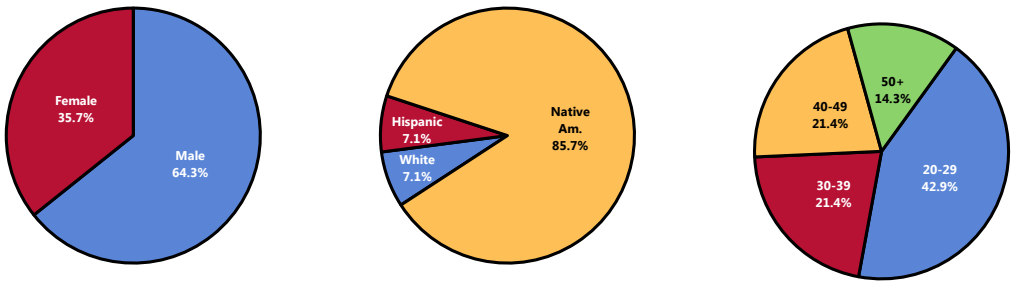
HIV Characteristics

The following chart provides an illustration of the demographic characteristics of incident HIV cases in San Juan County. Note:

- **Male** residents account for nearly two in three new cases.
- **Native American** residents made up the vast majority of new HIV cases.
- Nearly two-thirds of cases are among those **age 20 to 40**.

Characteristics of Incident HIV Cases

(San Juan County; 2008-2010)



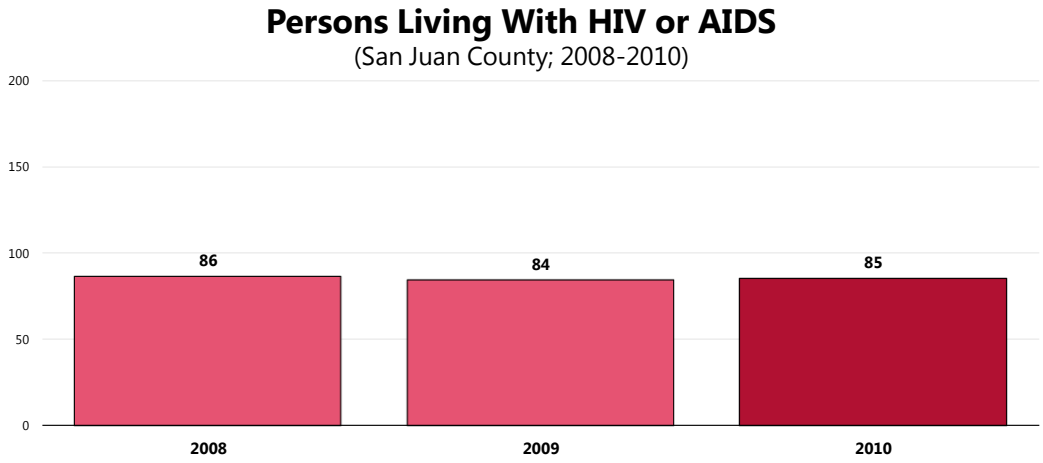
Gender **Race/Ethnicity** **Age**

Sources:
- New Mexico Department of Health.

Notes:
- White and Native American race breakouts are non-Hispanic.
- Includes persons who were initially diagnosed with HIV infection (including those concurrently diagnosed with AIDS) while residing in New Mexico.

Persons Living With HIV or AIDS

In 2010, 69 persons were reported to be living with HIV or AIDS in San Juan County.

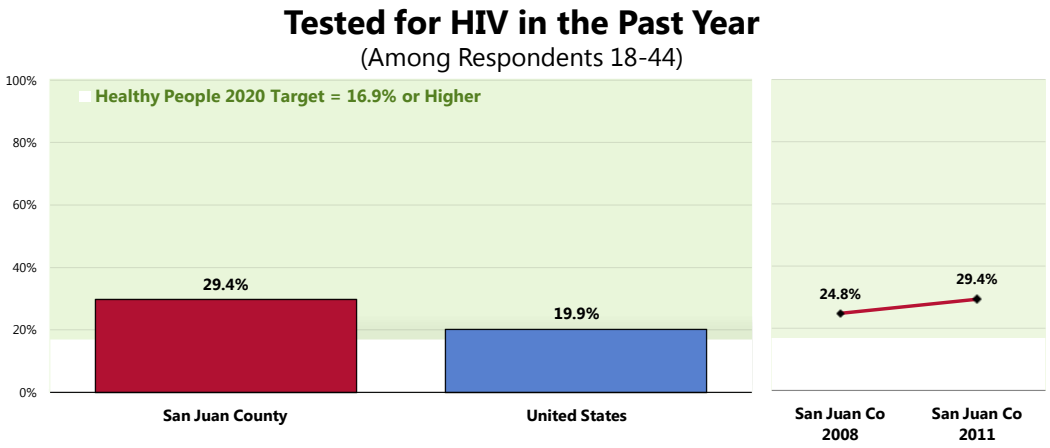


Sources: • New Mexico Department of Health.

HIV Testing

Among San Juan County adults age 18-44, 29.4% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- More favorable than the proportion found nationwide.
- Satisfies the Healthy People 2020 target of 16.9% or higher.
- Testing has remained stable since 2008.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

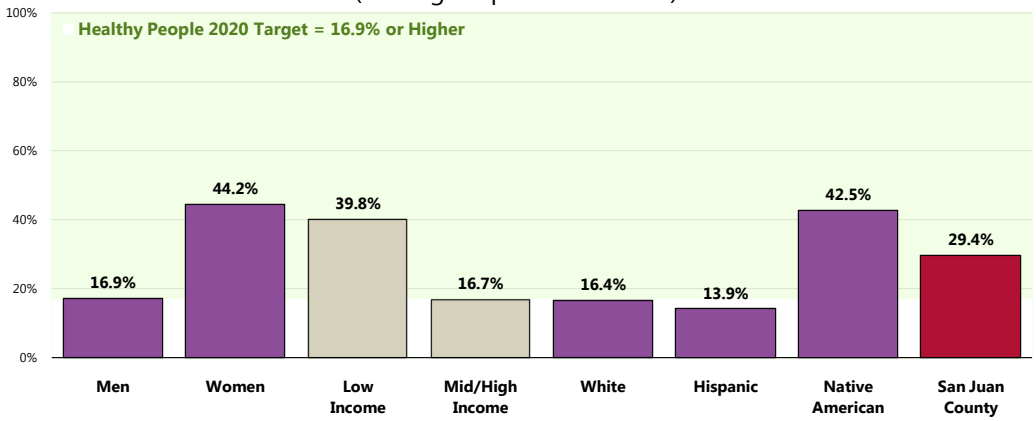
Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

By demographic characteristics, persons (age 18-44) less likely to have been tested for HIV in the past year include:

- Men.
- Residents living in the higher income segment.
- Whites and Hispanics.

Tested for HIV in the Past Year

(Among Respondents 18-44)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

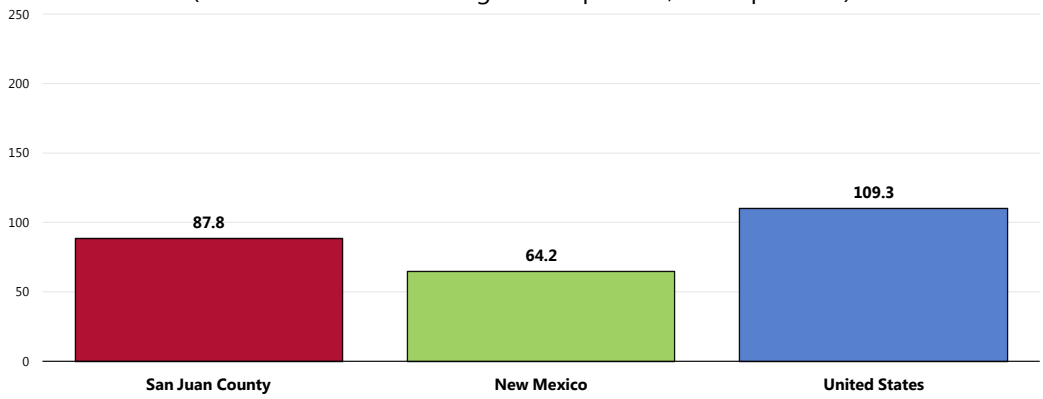
Gonorrhea

Between 2008 and 2010, the annual average gonorrhea incidence rate was 87.8 cases per 100,000 population in San Juan County.

- Higher than the New Mexico incidence rate.
- Lower than the national incidence rate.

Gonorrhea Incidence

(2008-2010 Annual Average Cases per 100,000 Population)

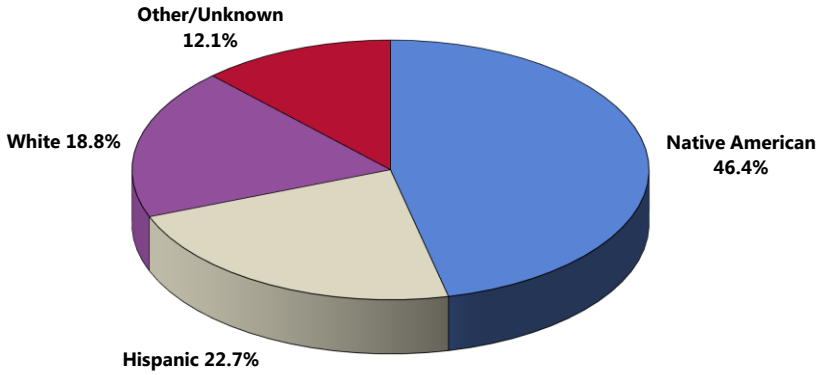


Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Nearly half (46.4%) of 2008-2010 San Juan County gonorrhea cases were among Native Americans, followed by Hispanics (22.7% of cases) and Whites (18.8%).

Gonorrhea Incidence by Race

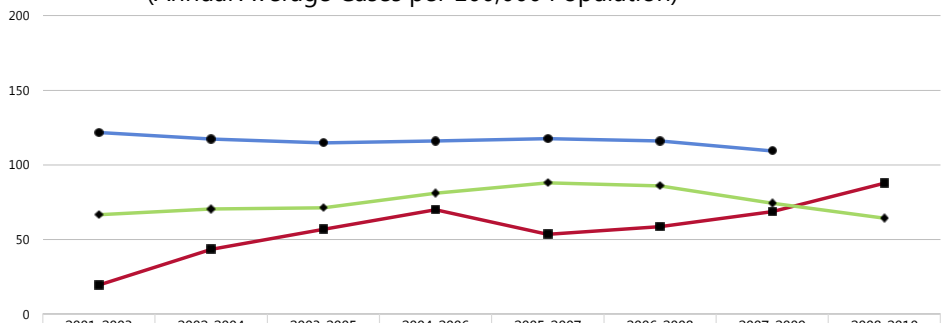
(San Juan County; 2008-2010)



Sources: • New Mexico Department of Health.
Notes: • Numbers are a percentage of all gonorrhea cases reported.
• White and Native American race breakouts are non-Hispanic.

- Gonorrhea rates increased between the 2001-2003 and 2008-2010 reporting periods in San Juan County. Across New Mexico, rates increased as well, while gonorrhea incidence decreased across the US during this time.

Gonorrhea Incidence
(Annual Average Cases per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
San Juan County	19.5	43.4	56.7	69.9	53.4	58.5	68.6	87.8
New Mexico	66.5	70.3	71.2	81.0	88.1	85.8	74.3	64.2
United States	121.7	117.2	114.8	115.9	117.4	116.1	109.3	

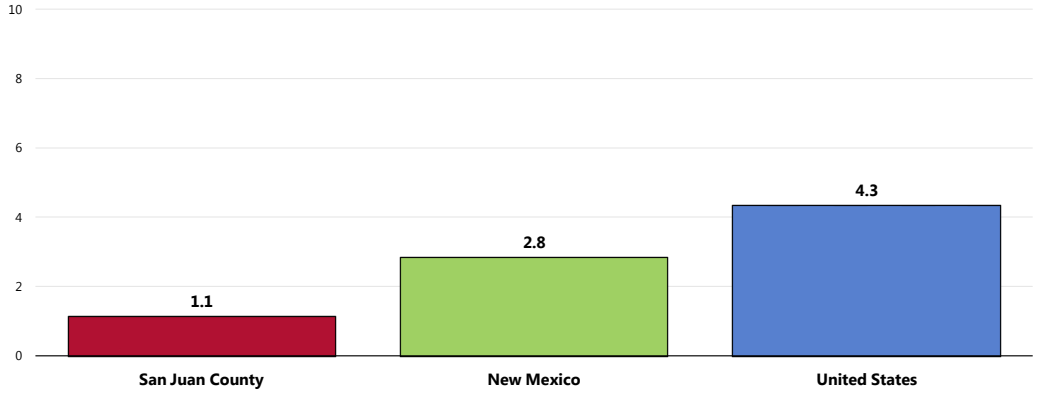
Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Syphilis

Between 2008 and 2010, the annual average primary/secondary syphilis incidence rate was 1.1 cases per 100,000 population in San Juan County.

- Lower than the New Mexico incidence rate.
- Lower than the national incidence rate.

Primary/Secondary Syphilis Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

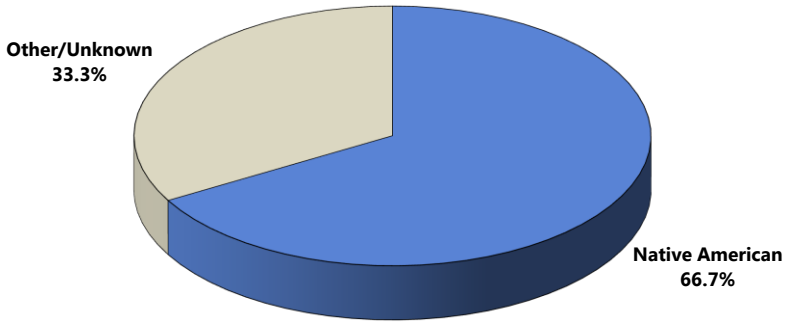


Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Two-thirds of 2008-2010 San Juan County syphilis cases were among Native Americans.

Primary/Secondary Syphilis Incidence by Race

(San Juan County; 2008-2010)

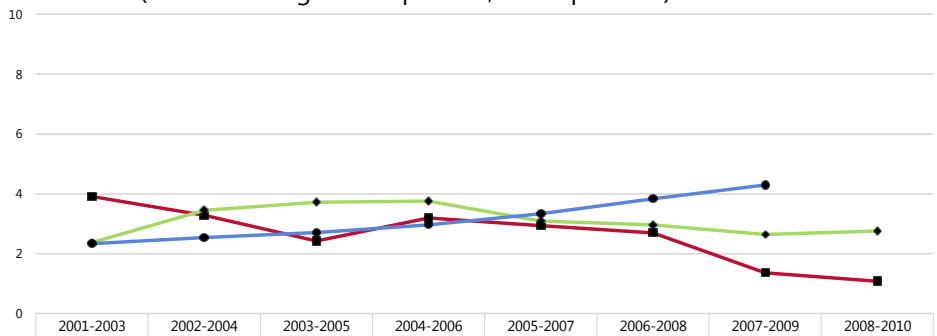


Sources: • New Mexico Department of Health.
Notes: • Numbers are a percentage of all syphilis cases reported (three cases reported between 2008-2010).
• White and Native American race breakouts are non-Hispanic.

Syphilis incidence has decreased in San Juan County in recent years. In contrast, the state and national rates increased steadily over the past decade.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
San Juan County	3.9	3.3	2.4	3.2	2.9	2.7	1.4	1.1
New Mexico	2.4	3.4	3.7	3.8	3.1	3.0	2.6	2.8
United States	2.3	2.5	2.7	3.0	3.3	3.8	4.3	

Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

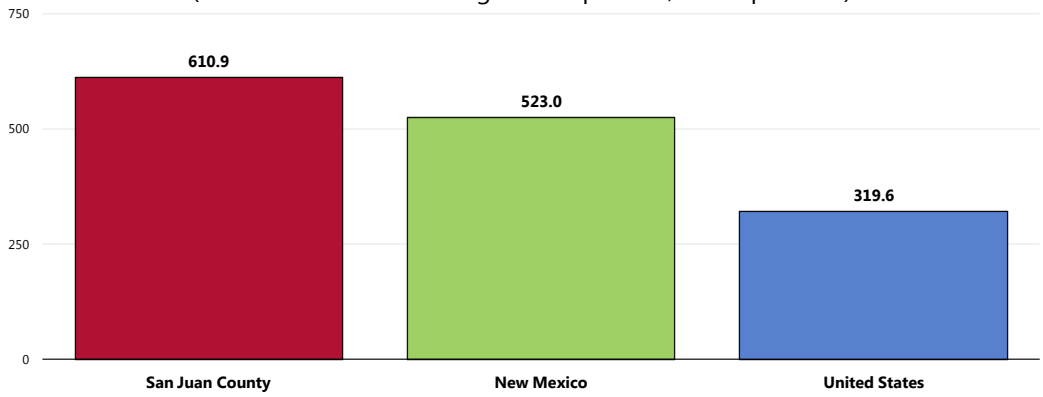
Chlamydia

Between 2008 and 2010, the annual average chlamydia incidence rate was 610.9 cases per 100,000 population in San Juan County.

- Less favorable than the New Mexico incidence rate.
- Less favorable than the national incidence rate.

Chlamydia Incidence

(2008-2010 Annual Average Cases per 100,000 Population)



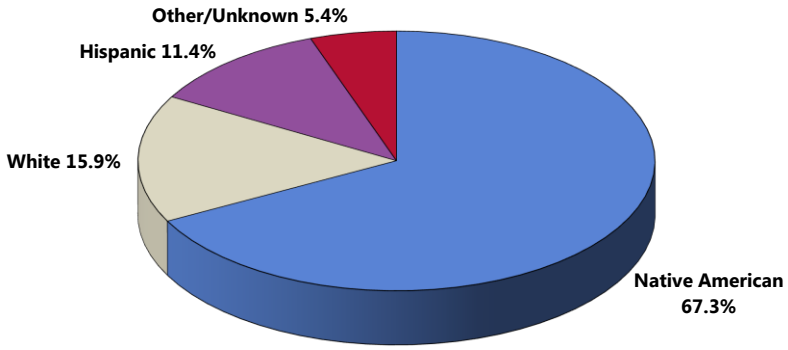
Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Just over two-thirds of 2008-2010 San Juan County chlamydia cases were among Native Americans, followed by Whites (15.9% of cases) and Hispanics (11.4%).

Chlamydia Incidence by Race

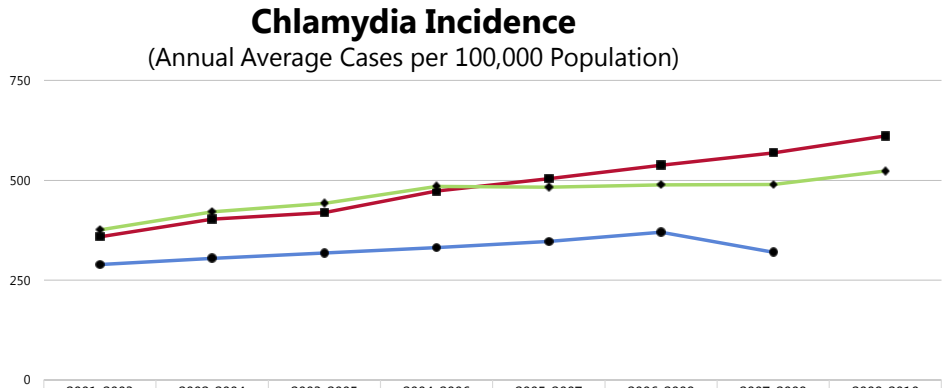
(San Juan County; 2008-2010)



Sources:
- New Mexico Department of Health.

Notes:
- Numbers are a percentage of all chlamydia cases reported.
- White and Native American race breakouts are non-Hispanic.

Chlamydia incidence increased steadily over the past decade in San Juan County, echoing the statewide trend. Across the US, incidence rates increased, although less dramatically.



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
San Juan County	358.8	403.0	419.2	472.9	504.3	537.5	568.6	610.9
New Mexico	376.3	420.8	442.0	484.5	482.9	488.9	490.0	523.0
United States	289.4	304.4	317.8	331.1	347.1	370.0	319.6	

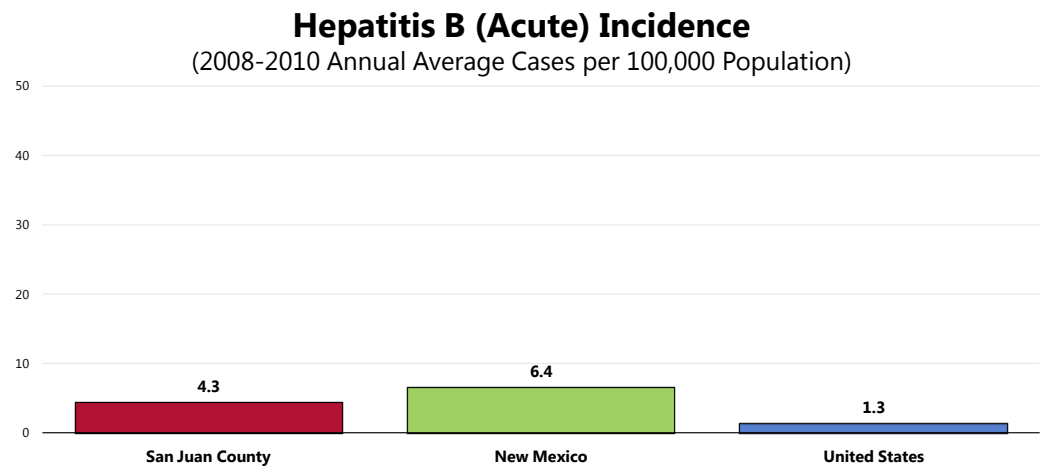
Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Acute Hepatitis B

Hepatitis B Incidence

Between 2008 and 2010, the hepatitis B incidence rate in San Juan County was 4.3 per 100,000 population.

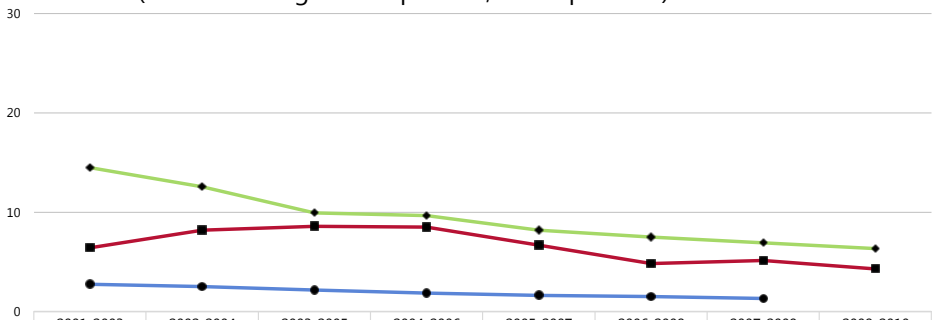
- More favorable than the statewide rate.
- Less favorable than the national rate.



Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

- Decreasing in recent years, echoing the downward trend reported both statewide and nationwide.

Hepatitis B (Acute) Incidence
(Annual Average Cases per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
San Juan County	6.4	8.2	8.6	8.5	6.7	4.8	5.2	4.3
New Mexico	14.5	12.5	10.0	9.6	8.2	7.5	6.9	6.4
US	2.7	2.5	2.2	1.8	1.6	1.5	1.3	

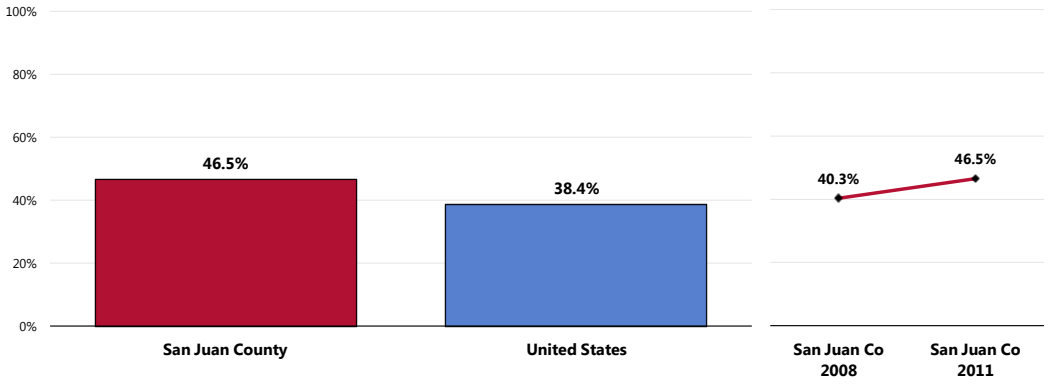
Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Hepatitis B Vaccination

Based on survey data, more than 4 in 10 residents (46.5%) report having received the hepatitis B vaccine.

- More favorable than what is reported nationwide.
- Marks a statistically significant increase in testing since 2008.

Have Ever Received the Hepatitis B Vaccination

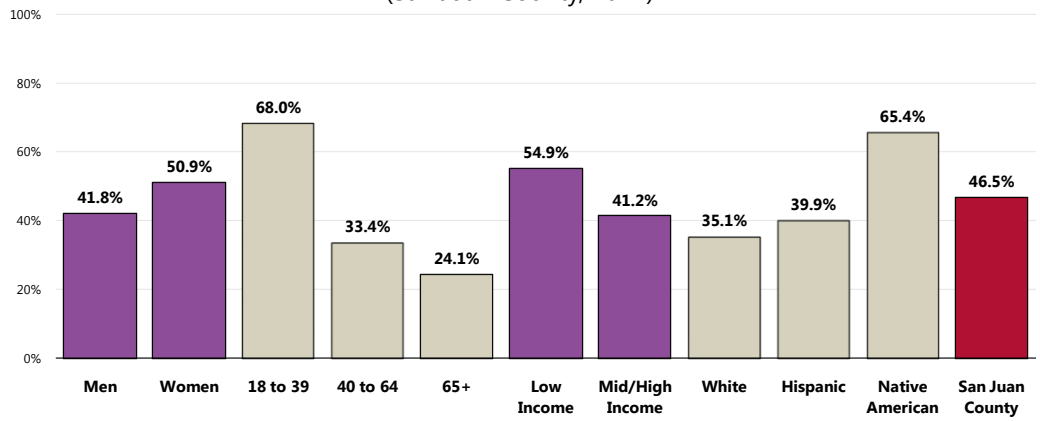


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 78]
• PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Adults less likely to have received the hepatitis B vaccination include men, those aged 40+, upper-income residents, Whites and Hispanics.

Have Ever Received the Hepatitis B Vaccination

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

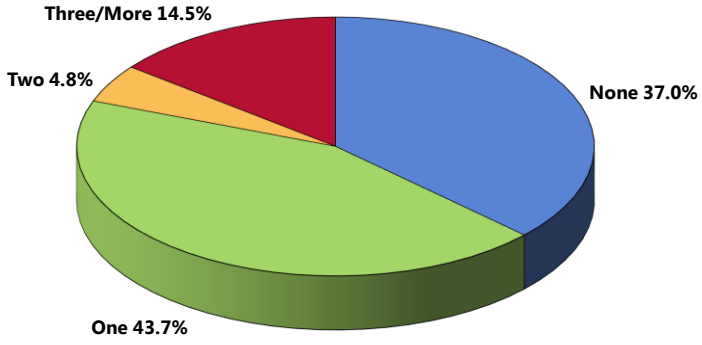
Safe Sexual Practices

Sexual Partners

Among unmarried San Juan County adults under 65, the vast majority cites having one (43.7%) or no (37.0%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults 18-64; San Juan County, 2011)



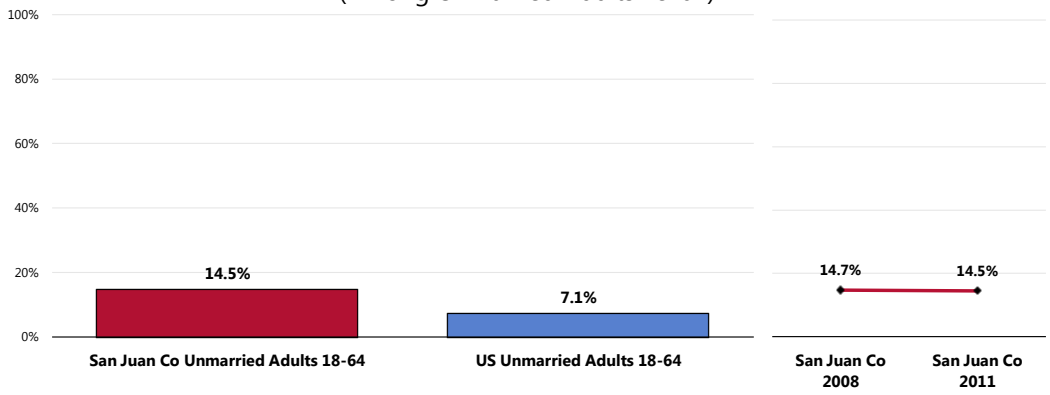
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 14.5% report three or more sexual partners in the past year.

- Twice the prevalence reported nationally.
- Nearly identical to 2008 survey findings.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

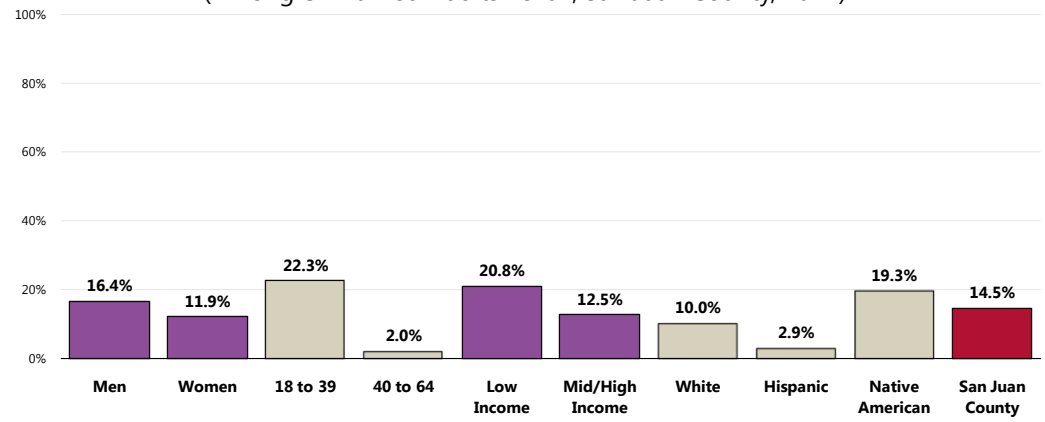
Notes:
- Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Lower-income residents.
- Native Americans.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64; San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]

Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

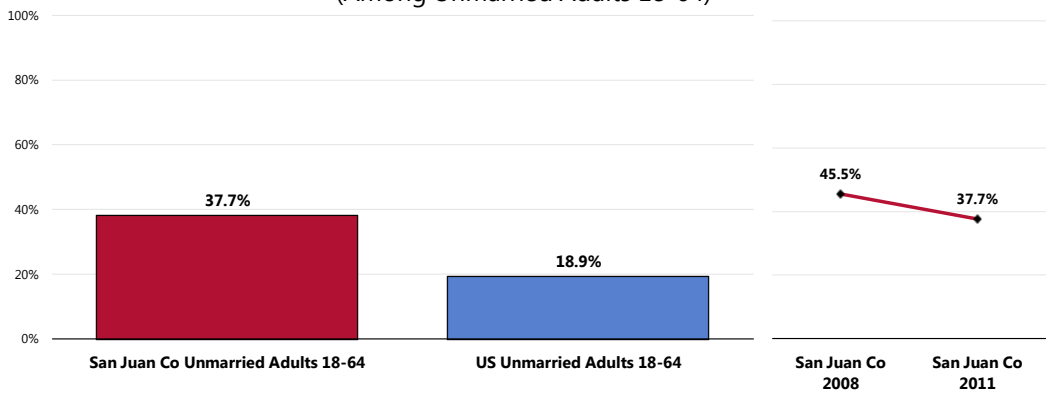
Condom Use

Among San Juan County adults who are under age 65 and unmarried, 37.7% report that a condom was used during their last sexual intercourse.

- Much higher than national findings.
- Statistically unchanged since 2008.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 99]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

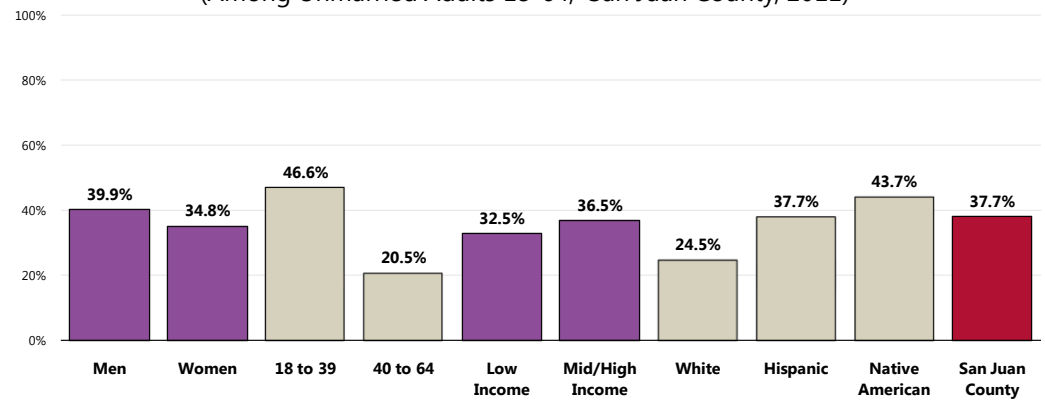
Notes:
- Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Residents age 40 through 64.
- Whites.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

BIRTHS

Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

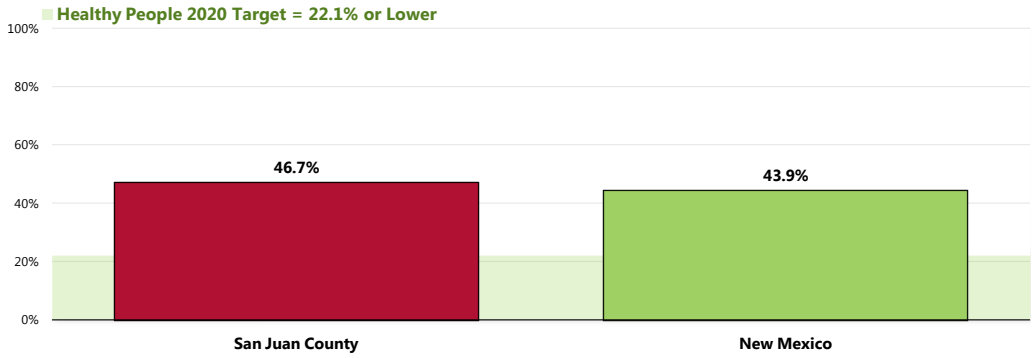
Early and continuous prenatal care is the best assurance of infant health.

Between 2006 and 2008, 46.7% of all San Juan County births did not receive prenatal care in the first trimester of pregnancy.

- Less favorable than the New Mexico proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2006-2008)



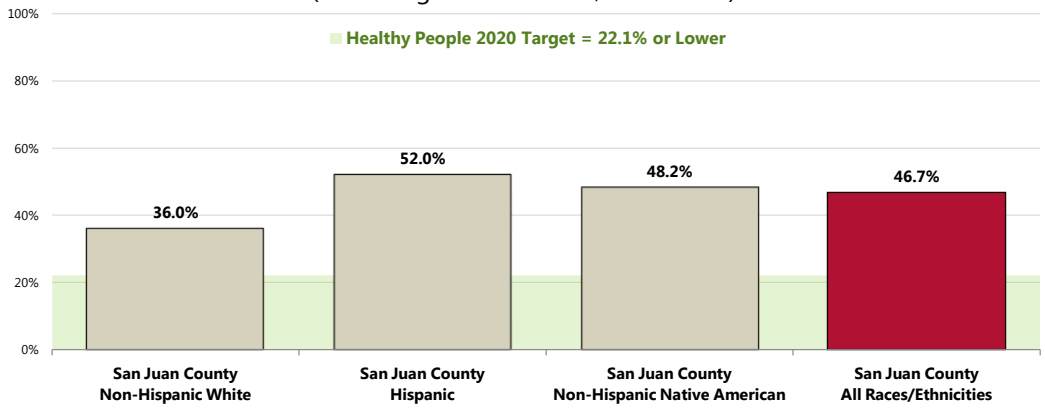
Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- Numbers are a percentage of all live births within each population.
- US percentage reflects 2004-2006 data.

Lack of prenatal care is more prevalent among Hispanics and Native Americans in San Juan County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2008-2010)



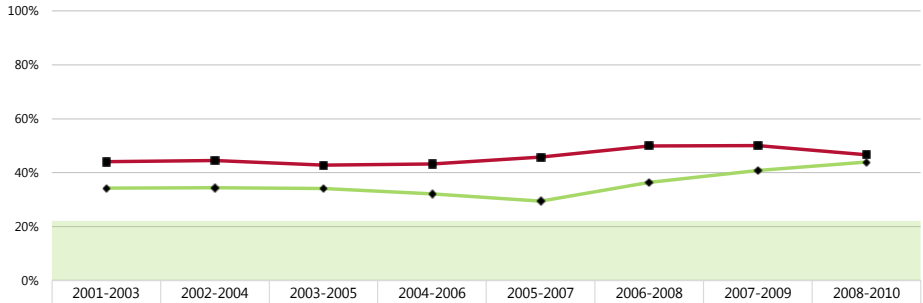
Sources:
- New Mexico Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Lack of prenatal care has increased in San Juan County in the past decade, echoing the increasing trend reported across New Mexico.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%
San Juan County	44.1%	44.5%	42.8%	43.2%	45.8%	50.0%	50.1%	46.7%
New Mexico	34.3%	34.4%	34.1%	32.1%	29.5%	36.4%	40.9%	43.9%

Sources:
- NM Department of Health Services.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Birth Outcomes & Risks

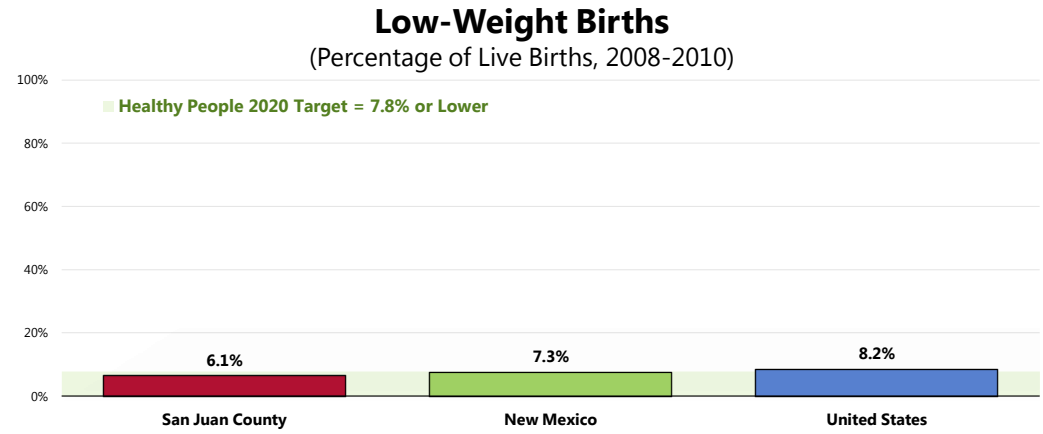
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births

A total of 6.1% of 2008-2010 San Juan County births were low-weight.

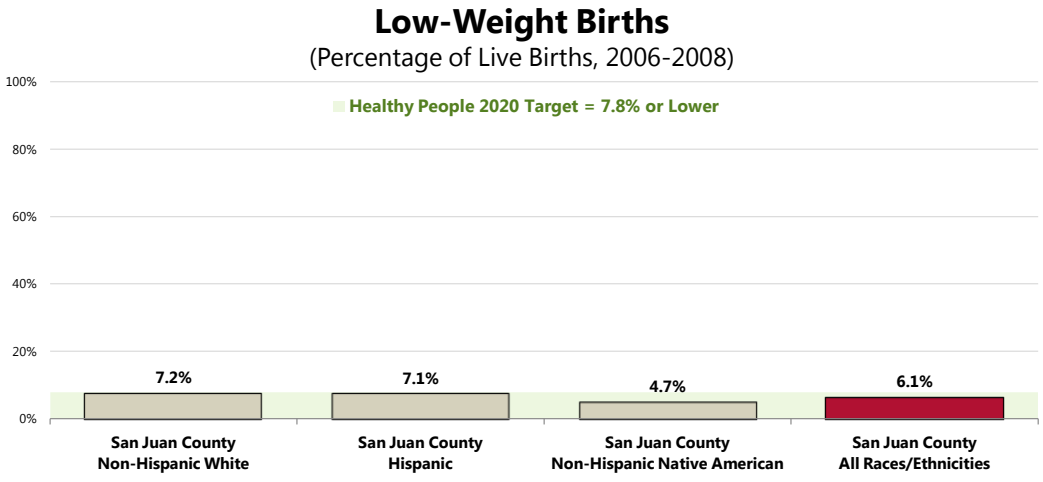
- Better than the New Mexico proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).



Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Notes:
- Numbers are a percentage of all live births within each population.
- US percentage reflects 2006-2008 data.

Low-weight births are notably more prevalent among Whites and Hispanics in San Juan County.



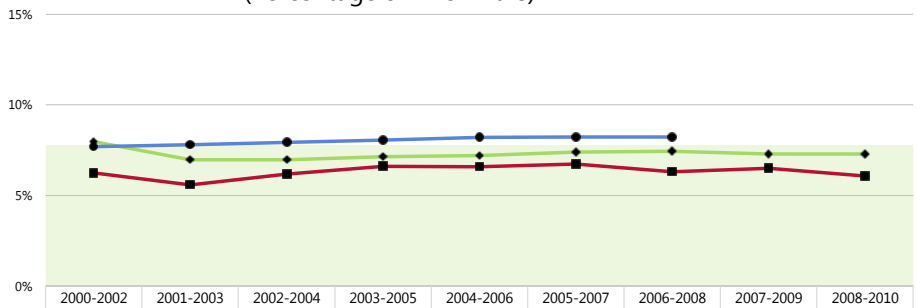
Sources:
- New Mexico Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

The proportion of low-weight births has been relatively stable over the past decade; statewide, the percentage has trended downward. In contrast, the US proportion has increased.

Low-Weight Births

(Percentage of Live Births)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
San Juan County	6.2%	5.6%	6.2%	6.6%	6.6%	6.7%	6.3%	6.5%	6.1%
New Mexico	8.0%	7.0%	7.0%	7.1%	7.2%	7.4%	7.4%	7.3%	7.3%
United States	7.7%	7.8%	7.9%	8.1%	8.2%	8.2%	8.2%		

Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

Infant Mortality

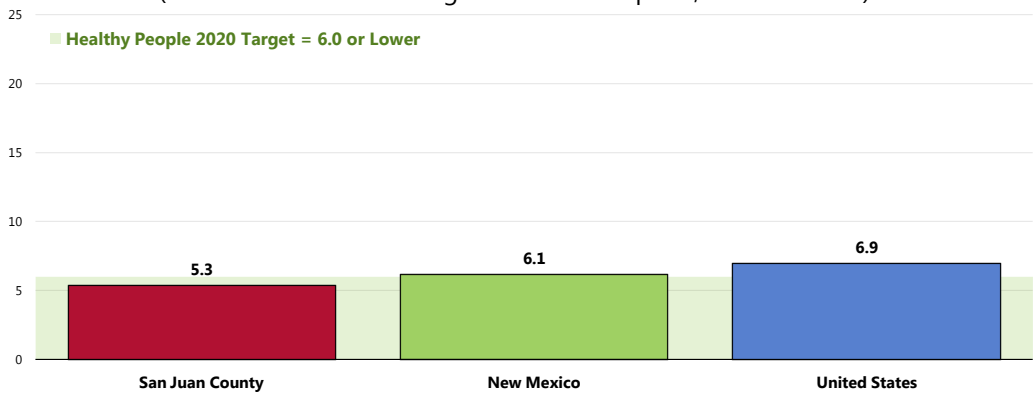
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2005 and 2007, there was an annual average of 5.3 infant deaths per 1,000 live births.

- More favorable than the New Mexico rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)



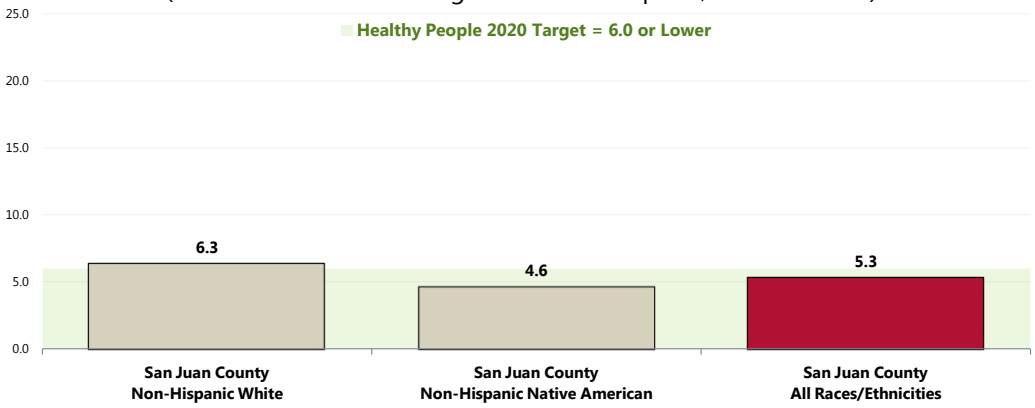
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Infant mortality rates are higher among births to White mothers.

Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)



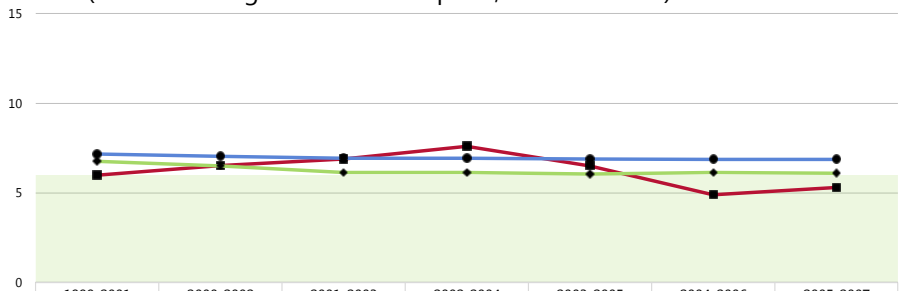
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Infant mortality rates have decreased across San Juan County, New Mexico, and the US overall.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	6.0	6.0	6.0	6.0	6.0	6.0	6.0
San Juan County	6.0	6.5	6.9	7.6	6.5	4.9	5.3
New Mexico	6.8	6.5	6.1	6.1	6.1	6.1	6.1
United States	7.2	7.0	6.9	6.9	6.9	6.9	6.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

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.

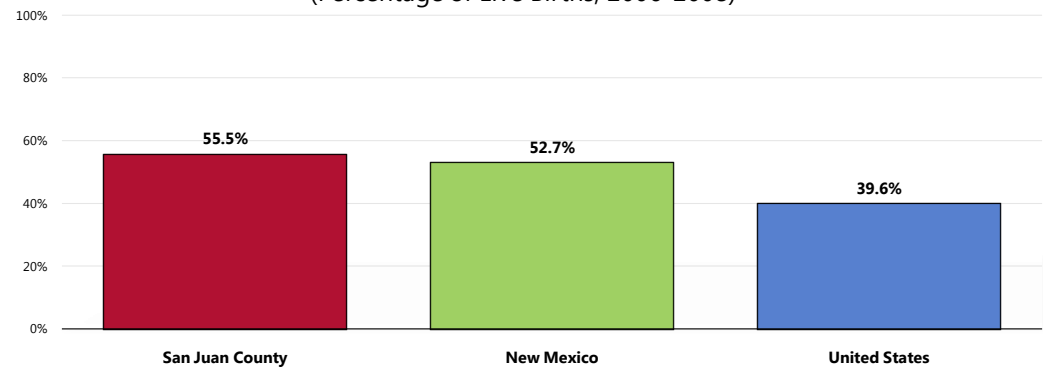
Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A full 55.5% of 2006-2008 San Juan County births were to unwed mothers.

- Higher than the proportion reported statewide.
- Higher than that found nationally.

Births to Unwed Mothers

(Percentage of Live Births, 2006-2008)

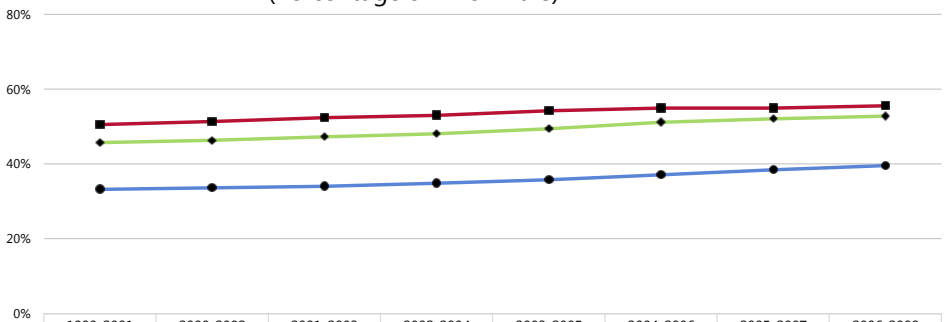


Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

The percentage of births to unwed mothers in San Juan County increased steadily over the past decade, as did the percentages reported statewide and nationwide as well.

Births to Unwed Mothers

(Percentage of Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
San Juan County	50.6%	51.4%	52.3%	53.0%	54.2%	55.0%	54.9%	55.5%
New Mexico	45.7%	46.3%	47.2%	48.1%	49.4%	51.1%	52.1%	52.7%
United States	33.2%	33.6%	34.0%	34.8%	35.8%	37.1%	38.4%	39.6%

Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

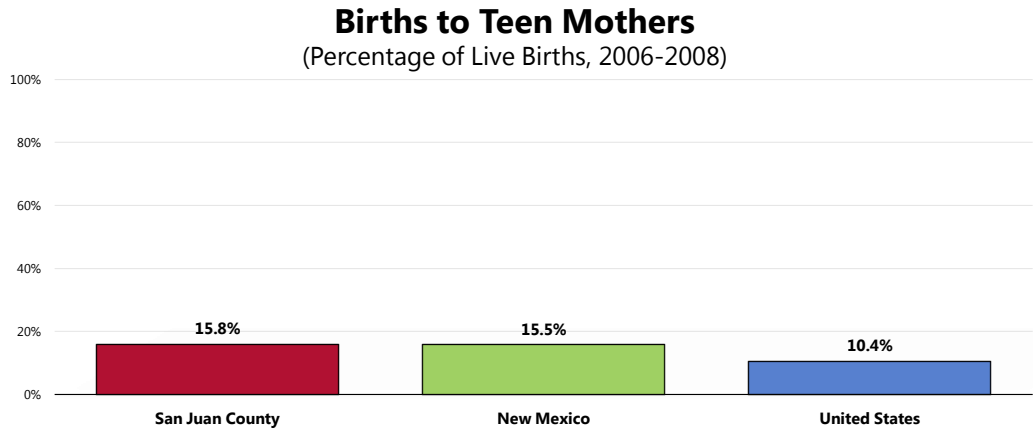
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 15.8% of 2006-2008 San Juan County births were to teenage mothers.

- Nearly identical to the New Mexico proportion.
- Higher than the national proportion.



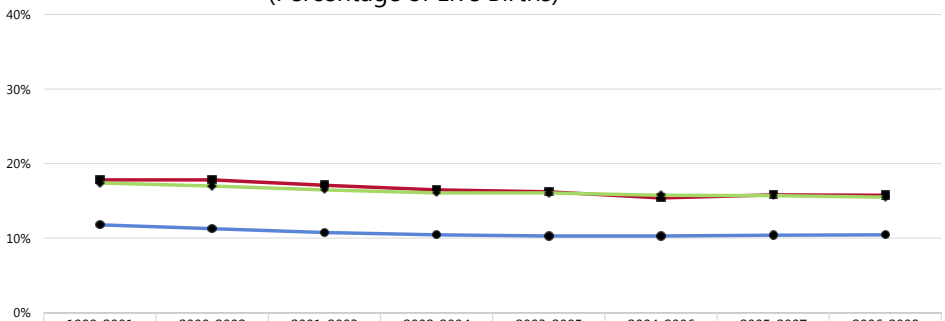
Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- US percentage reflects 2004-2006 data.

The percentage of teen births has decreased steadily over the past decade in San Juan County, echoing the decreases reported for New Mexico and the US overall.

Births to Teen Mothers

(Percentage of Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
San Juan County	17.8%	17.8%	17.1%	16.5%	16.2%	15.4%	15.8%	15.8%
New Mexico	17.4%	17.0%	16.5%	16.1%	16.0%	15.7%	15.7%	15.5%
United States	11.8%	11.3%	10.8%	10.4%	10.3%	10.3%	10.4%	10.4%

Sources:
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

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

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 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.

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 US healthcare and public health systems has become more urgent.

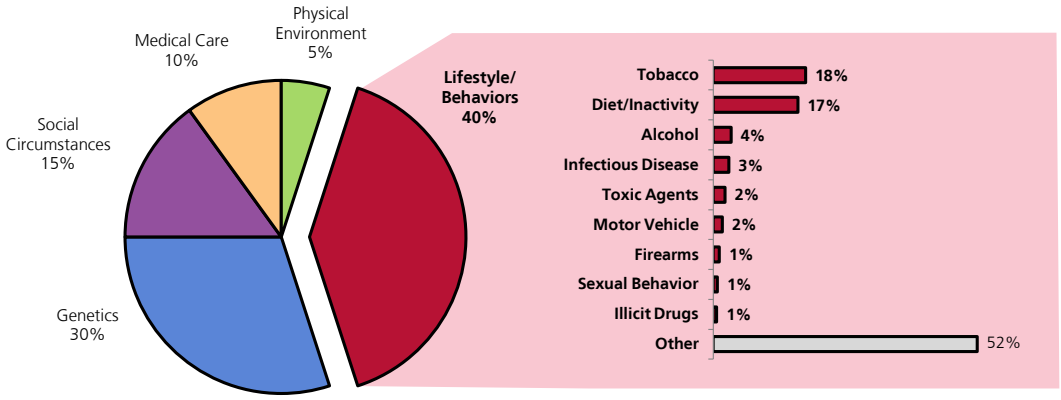
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

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(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

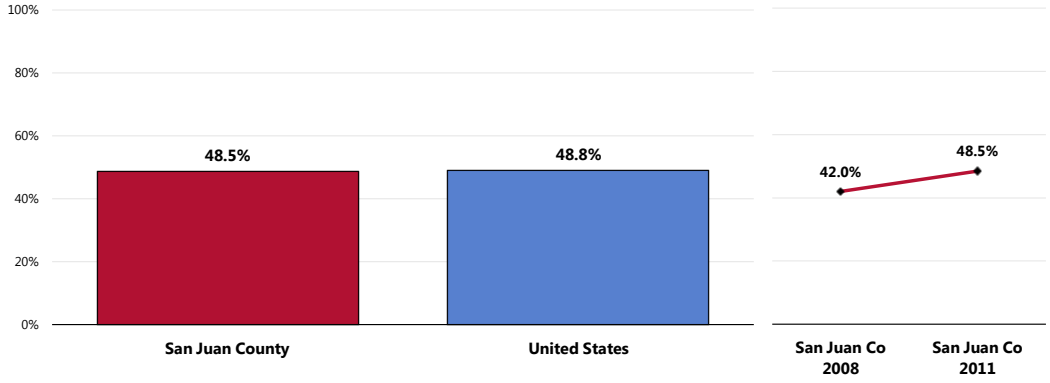
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 48.5% of San Juan County adults report eating five or more servings of fruits and/or vegetables per day.

- Nearly identical to national findings.
- Fruit/vegetable consumption has increased significantly since 2008.

Consume Five or More Servings of Fruits/Vegetables Per Day



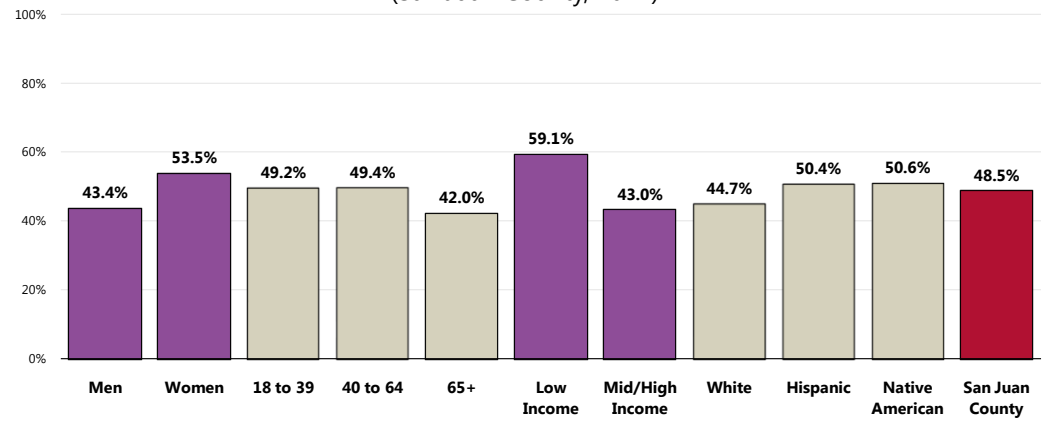
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men and adults in the higher income category are less likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Fruits

The majority (63.2%) of San Juan County adults reports eating at least two servings of fruit per day.

- Comparable to US findings.
- Unchanged since 2008.

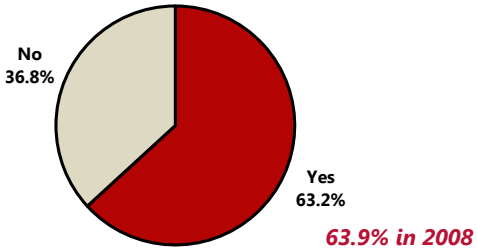
Vegetables

A total of 39.8% of survey respondents reports eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Similar to national findings.
- Marks a statistically significant increase since 2008.

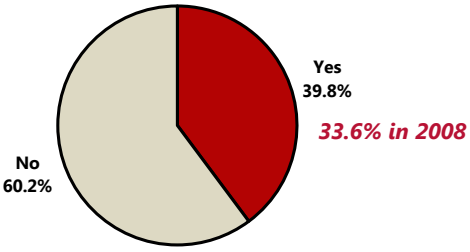
Fruit & Vegetable Consumption

(San Juan County, 2011)



Consume Two or More Servings of Fruits/Fruit Juices Per Day

US=60.5%



Consume Three or More Servings of Vegetables Per Day, With One-Third Dark Green or Orange

US=40.1%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

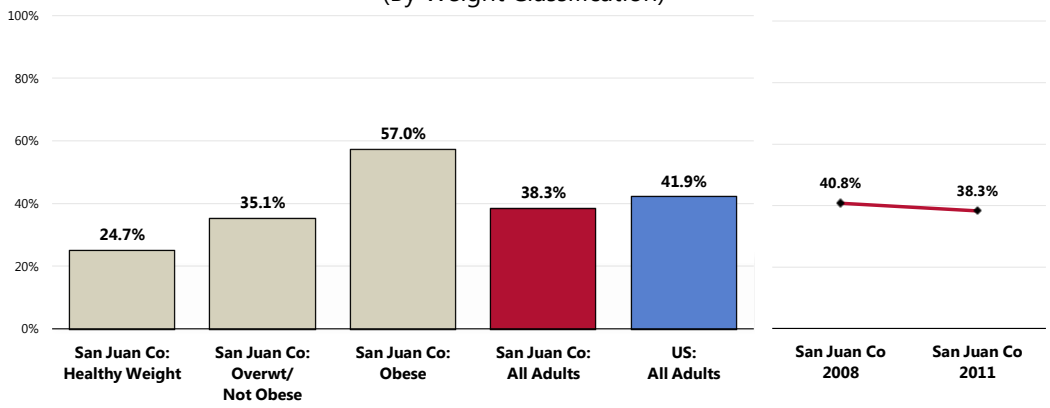
Health Advice About Diet & Nutrition

A total of 38.3% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- Statistically unchanged since 2008.
- Note: Among obese respondents, 57.0% report receiving diet/nutrition advice (meaning that 43.0% did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Nutrition & Exercise

Many focus group participants discussed nutrition and exercise. The main findings include:

- Lack of Time
- Expense
- Outdoor Recreation

Focus group participants noted that poor nutrition habits stem from a variety of sources in the community. Participants discussed that many people **lack time** to prepare a healthy meal for their family because they are working two jobs. This time constraint leads them to choose whatever seems to be the fastest. Many times the fastest option is also perceived as the **least expensive**. In addition, lower-income families purchase pre-packaged foods because they are cheaper than fresh fruits and vegetables. One member noted:

> *"We know a lot of people that are holding down two jobs trying to support a family, and so, if mom's doing that, nobody's really cooking in that home. And so it's whatever's fast, cheap, and convenient, which is all junk." Other Health Professional*

Furthermore, many homes on the reservation do not have electricity, so keeping fresh food is difficult. Specifically, one participant described:

> *"You still don't have electricity and running water in some homes on the reservation. So storage of fresh product is a big issue." Other Health Professional*

In general, focus group members agree that Farmington does a nice job of promoting exercise and ways to keep healthy. There are many **outdoor recreation** opportunities, including parks, trails, and community-sponsored walks. Team sports are also quite popular in the community.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

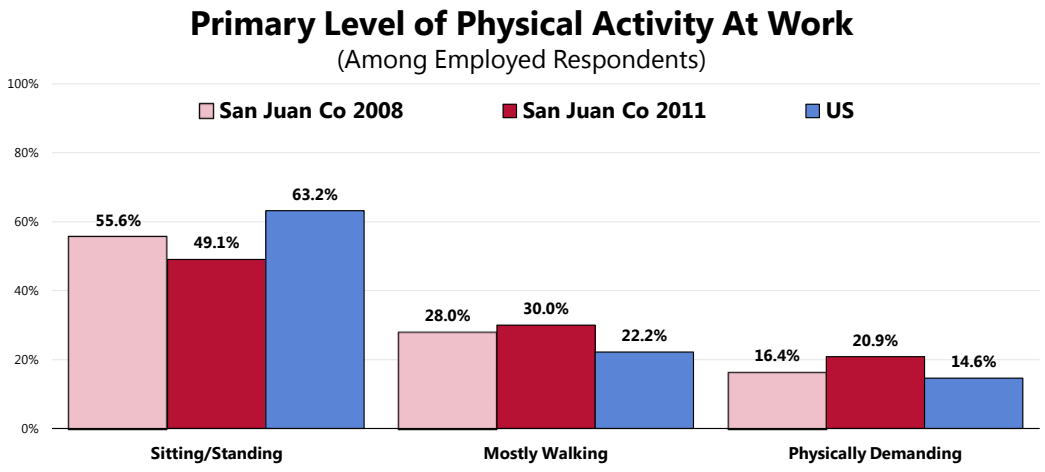
People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just under one-half (49.1%) of employed respondents reports that their job entails mostly sitting or standing, more favorable than the US figure.
- 30.0% report that their job entails mostly walking (higher than that reported nationally).
- 20.9% report that their work is physically demanding (higher than reported nationally).
- Over time, the proportion of adults who are sedentary on the job has decreased significantly, while the proportion of adults with physically-demanding work has increased significantly (both positive findings).



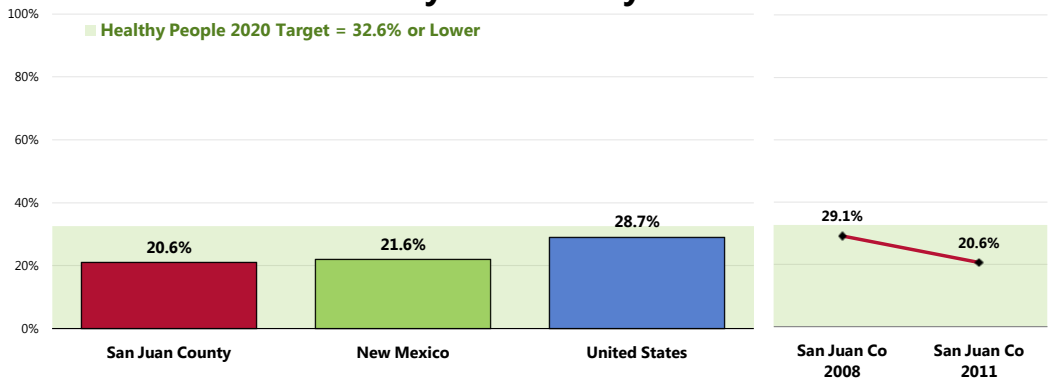
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 20.6% of San Juan County adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Denotes a statistically significant decrease (a positive change) since 2008.

No Leisure-Time Physical Activity in the Past Month



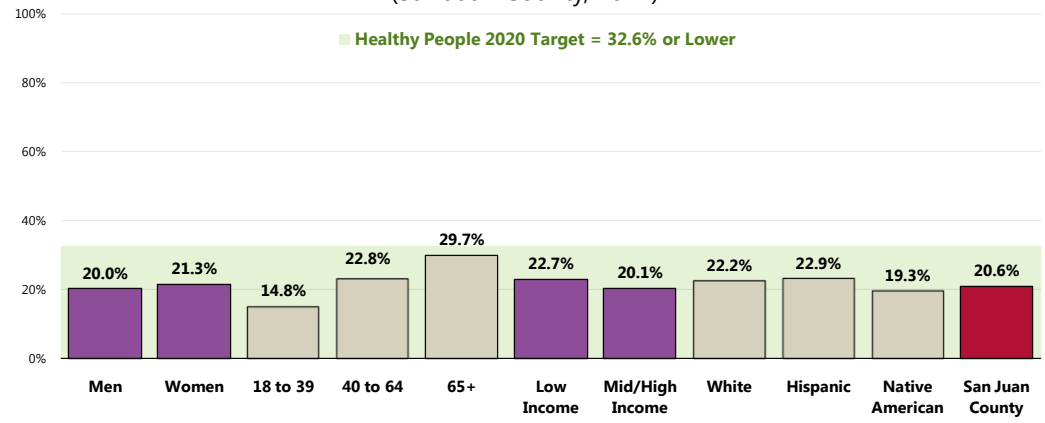
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area increases with age (note the positive correlation).

No Leisure-Time Physical Activity in the Past Month

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

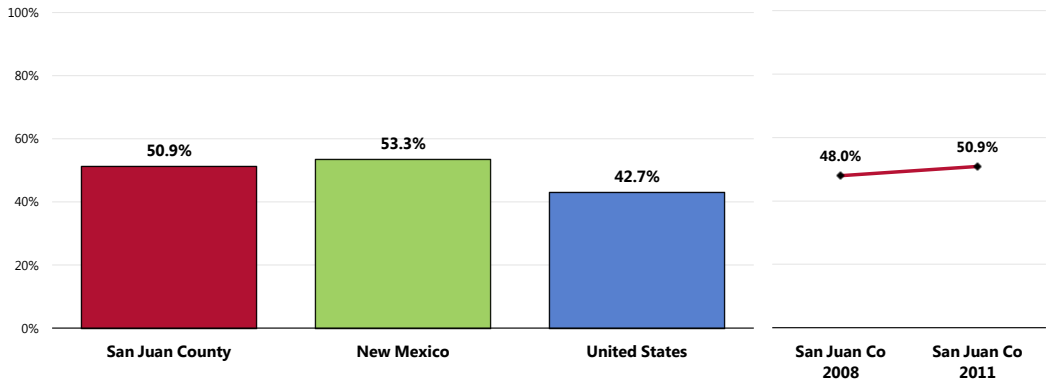
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

One-half (50.9%) of San Juan County adults participates in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to statewide findings.
- More favorable than national findings.
- Statistically unchanged since 2008.

Meets Physical Activity Recommendations



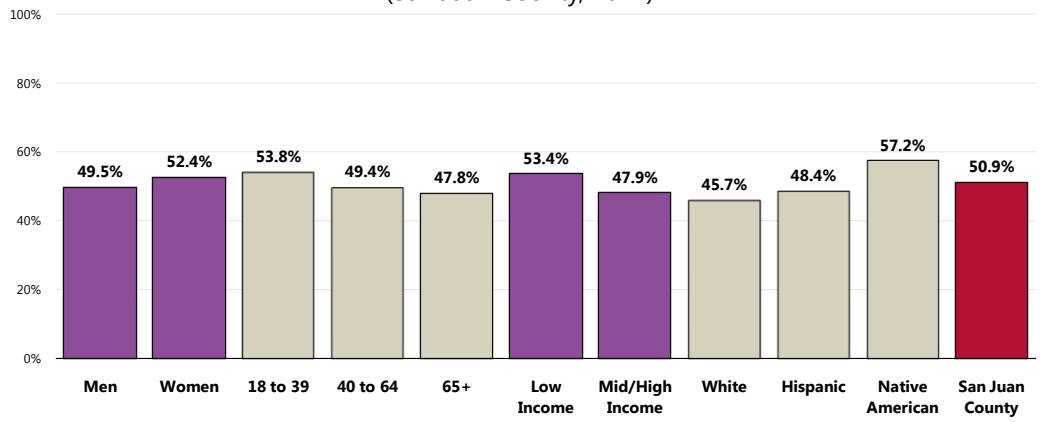
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 New Mexico data.

Notes:
- 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.

Whites and Hispanics are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- 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.

Moderate & Vigorous Physical Activity

The individual indicators of moderate physical activity, vigorous physical activity, and strengthening activities are shown here.

In the past month:

29.3% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

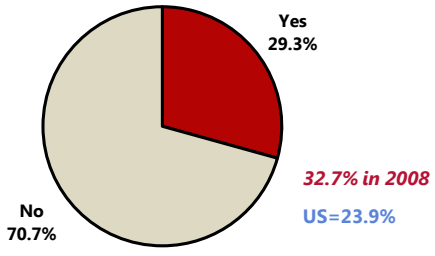
- More favorable than the national percentage.
- Statistically unchanged since 2008.

42.5% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

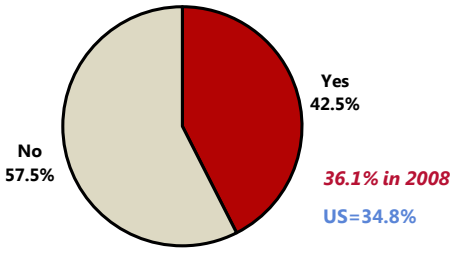
- More favorable than statewide figure.
- More favorable than the nationwide figure.
- Marks a statistically significant increase since 2008.

Moderate & Vigorous Physical Activity

(San Juan County, 2011)



Moderate Physical Activity



Vigorous Physical Activity

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 169-170]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

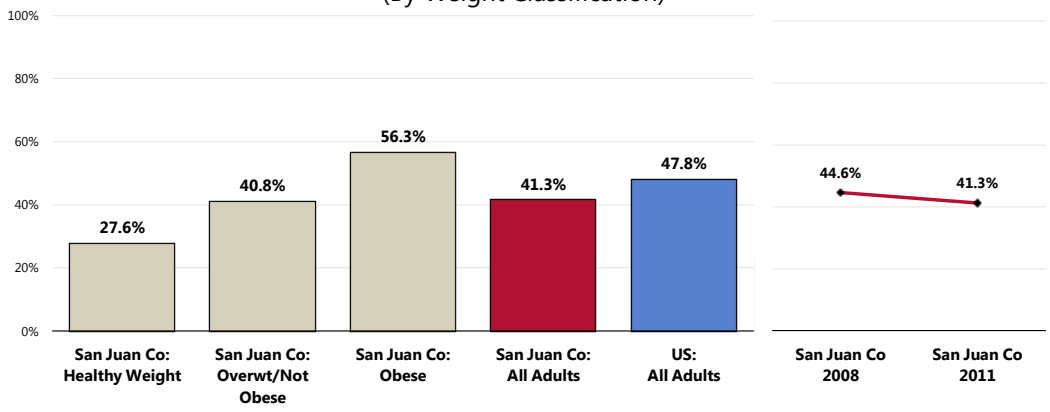
Health Advice About Physical Activity & Exercise

A total of 41.3% of San Juan County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Less favorable than the national average.
- Unchanged from the 2008 survey findings.
- Note: 56.3% of obese San Juan County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

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.

– 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/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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.

Adult Weight Status

Healthy Weight

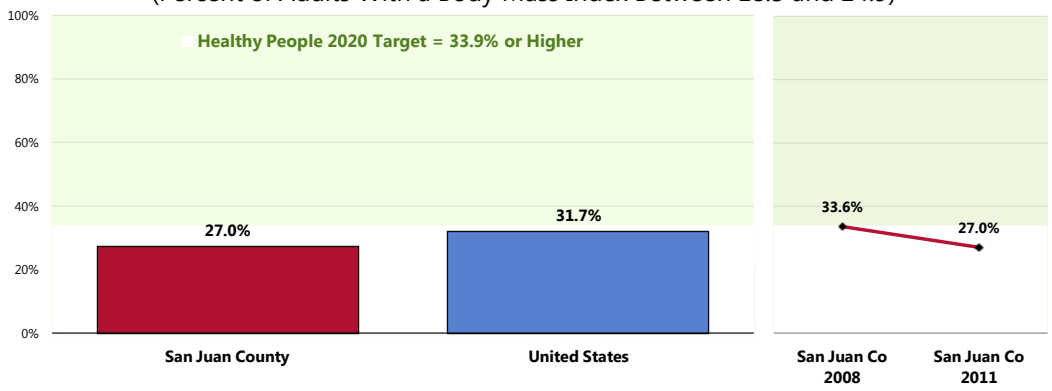
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 27.0% of San Juan County adults are at a healthy weight.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Marks a statistically significant decrease since 2008.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 175]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, 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

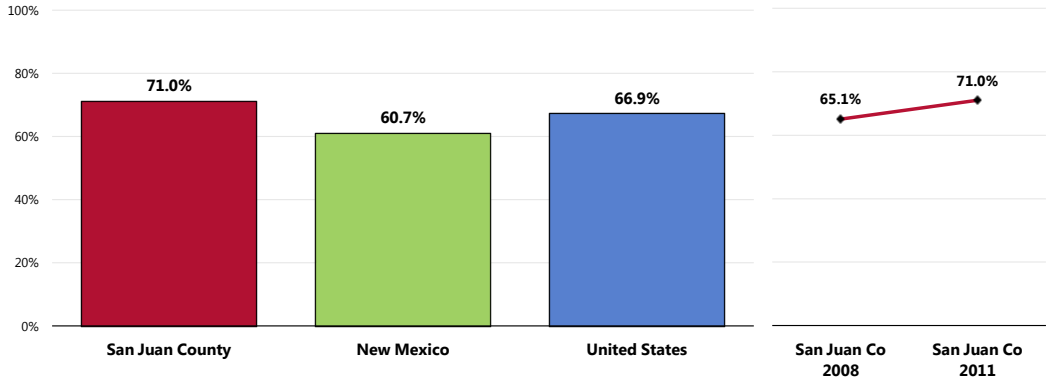
Here, "overweight" includes those respondents with a BMI value ≥25.

More than 7 in 10 San Juan County adults (71.0%) are overweight.

- Less favorable than the New Mexico prevalence.
- Less favorable than the US overweight prevalence.
- Denotes a statistically significant increase since 2008.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 175]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.

Notes:
- Based on reported heights and weights, 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.

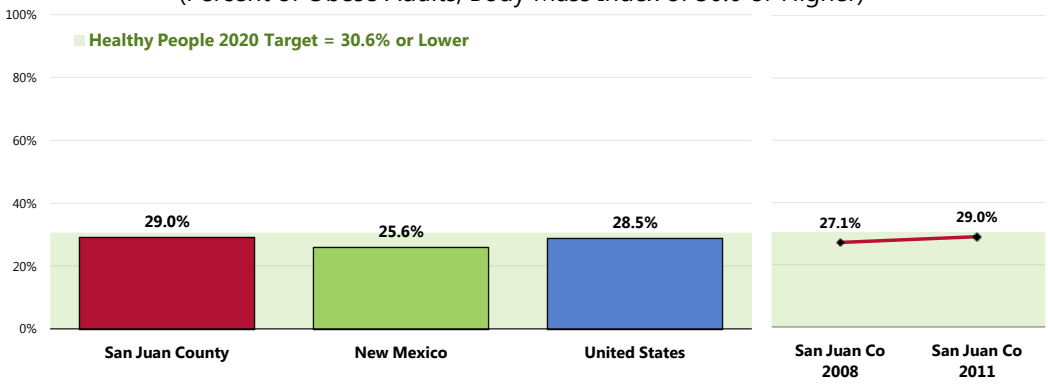
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, 29.0% of San Juan County adults are obese.

- Less favorable than New Mexico findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
- No change to report since 2008.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 175]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.

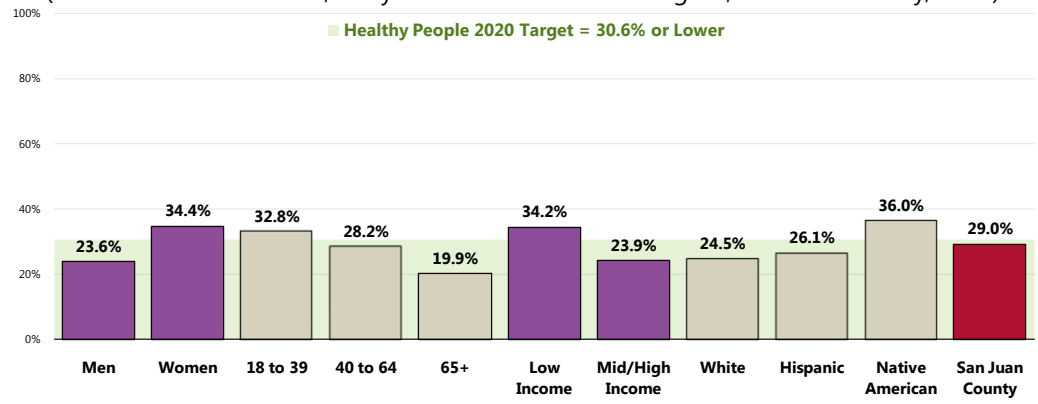
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Women.
- Young adults.
- Respondents with lower incomes.
- Native Americans.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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, regardless of gender.

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions.

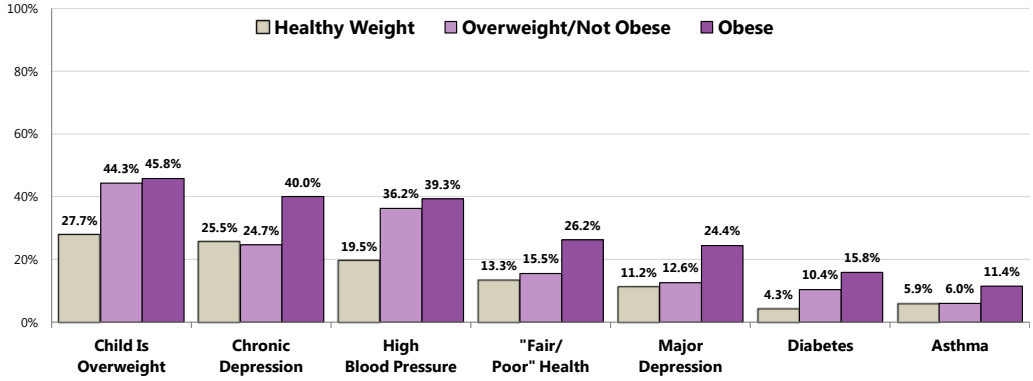
Among these are:

- Chronic depression.
- Hypertension (high blood pressure).
- "Fair" or "poor" physical health.
- Major depression.
- Diabetes.
- Asthma.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues

(By Weight Classification; San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 35, 45, 113, 138, 148, 179]
Notes: • Based on reported heights and weights, asked of all respondents.

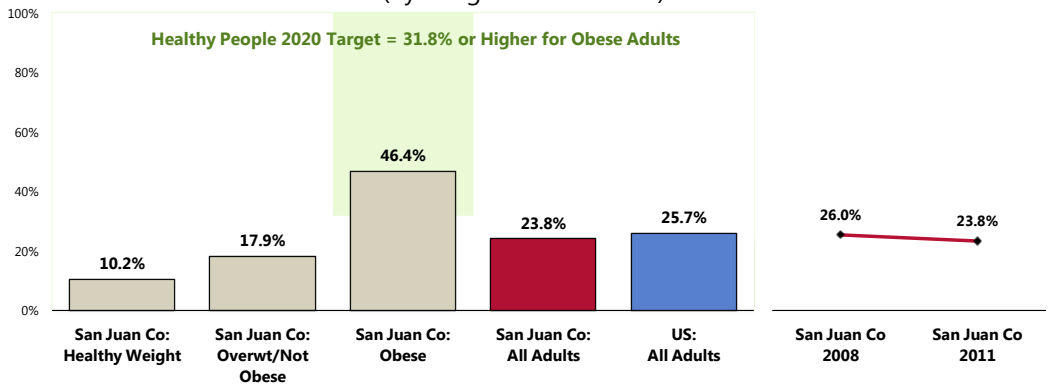
Health Advice

A total of 23.8% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Statistically unchanged from that reported in 2008.
- Note that 46.4% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half has not).
  - This satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111, 177-178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-6.2]

Notes:
- Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

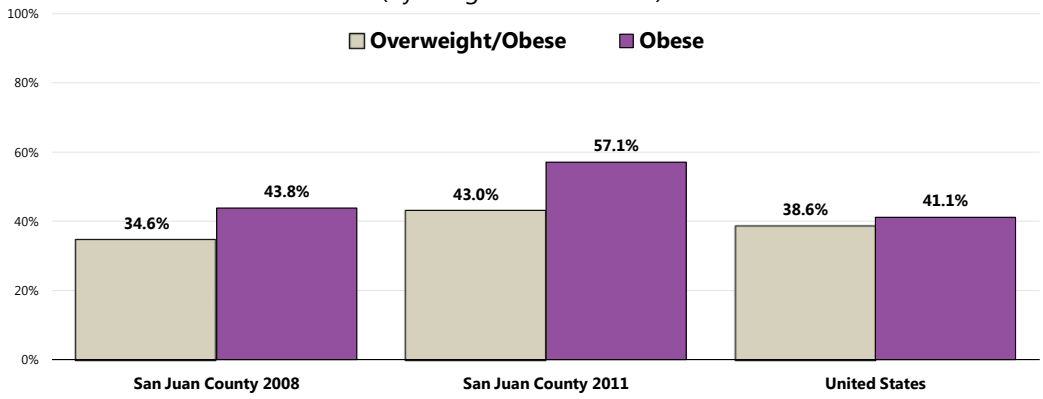
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 43.0% 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.

- Similar to national findings.
- Significantly higher than that reported among overweight adults in 2008.
- Note: 57.1% of obese San Juan County adults report that they are trying to lose weight through a combination of diet and exercise, higher than what is found nationally and to what was reported in San Juan County in 2008.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 176]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight ..... <5th percentile
- Healthy Weight ..... ≥5th and <85th percentile
- Overweight ..... ≥85th and <95th percentile
- Obese ..... ≥95th percentile

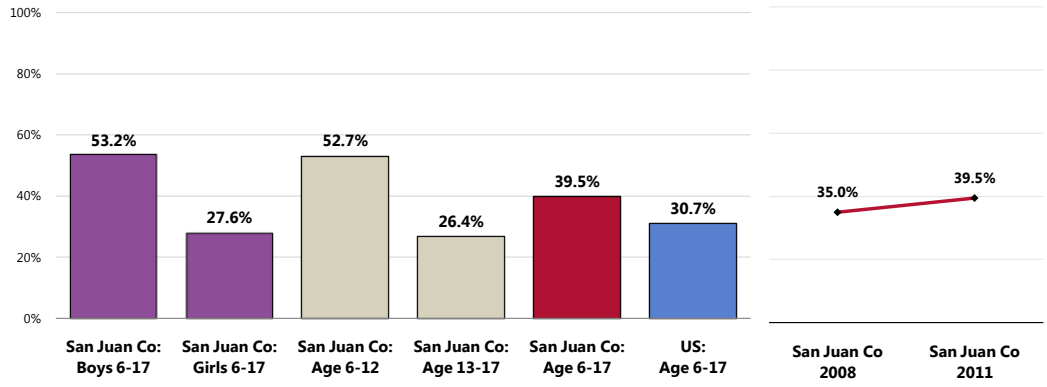
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 39.5% of San Juan County children age 6 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to that found nationally.
- Statistically unchanged since 2008.
- Notably higher among boys and children age 6-12.

Child Total Overweight Prevalence

(Percent of Children 6-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

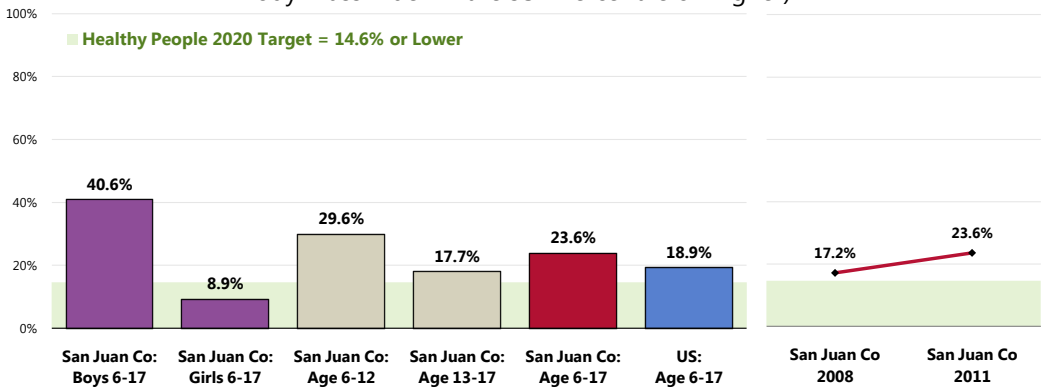
Notes:
- Asked of all respondents with children age 6-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 23.6% of San Juan County children age 6 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically unchanged since 2008.
- Much higher among boys and children age 6-12.

Child Obesity Prevalence

(Percent of Children 6-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 6-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

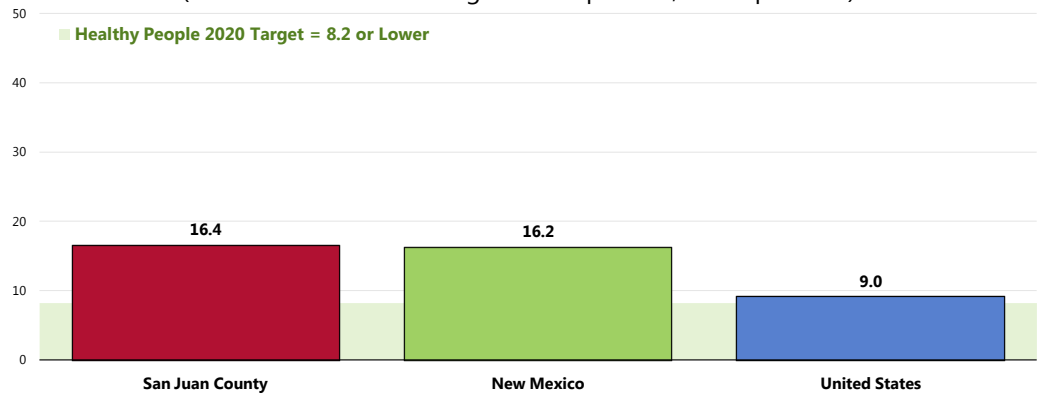
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 16.4 deaths per 100,000 population in San Juan County.

- Nearly identical to the statewide rate.
- Much higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

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



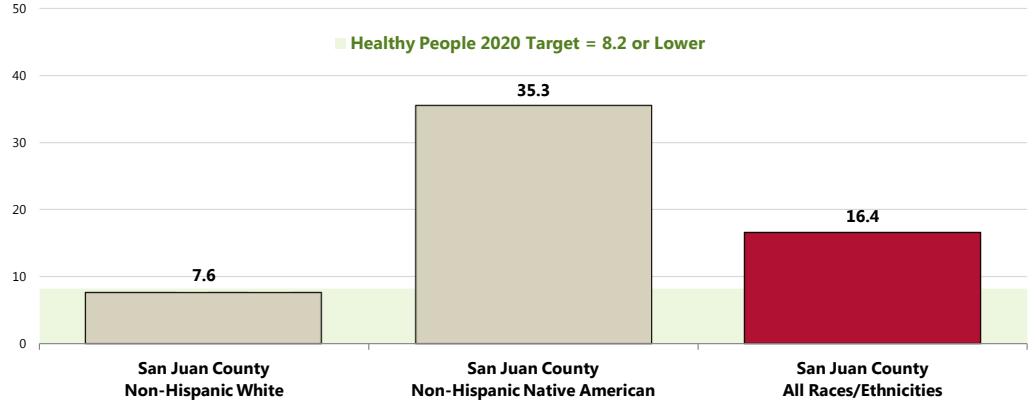
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

The cirrhosis mortality rate is more than four times as high among Native Americans as among Whites in San Juan County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

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



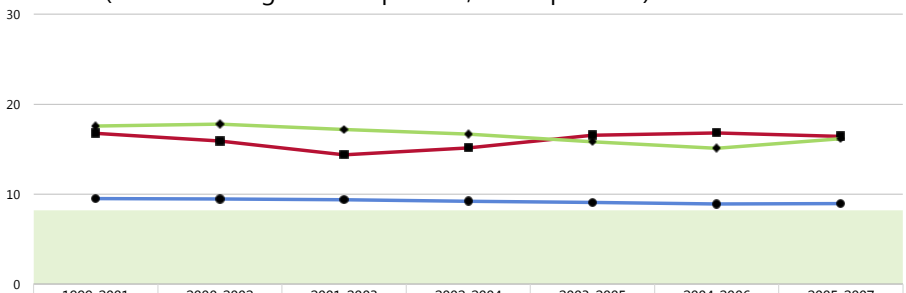
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- 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.
- Local, state and national data are simple three-year averages.

Mortality rates have fluctuated in the county, showing no clear trend. Statewide and nationwide, rates have decreased slightly.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	8.2	8.2	8.2	8.2	8.2	8.2	8.2
San Juan County	16.8	15.9	14.4	15.2	16.6	16.8	16.4
New Mexico	17.6	17.8	17.2	16.7	15.8	15.1	16.2
United States	9.5	9.5	9.4	9.2	9.1	8.9	9.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- 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.
- State and national data are simple three-year averages.

High-Risk Alcohol Use

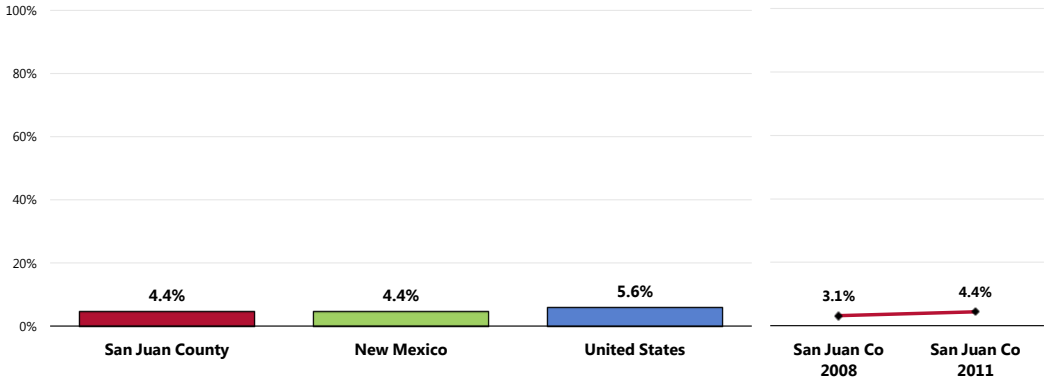
Chronic Drinking

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.

A total of 4.4% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Identical to the statewide proportion.
- Similar to the national proportion.
- Statistically unchanged since 2008.

Chronic Drinkers

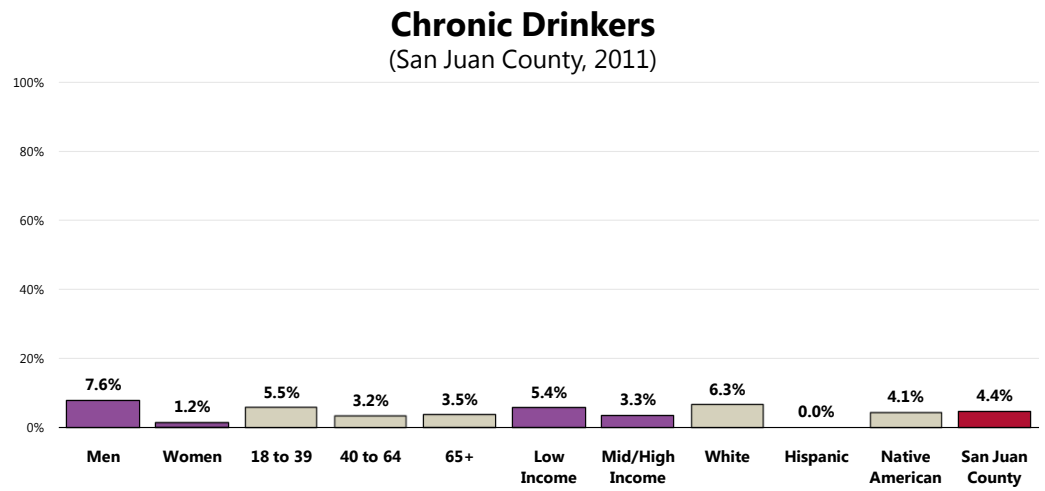


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 185]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

Chronic drinking is more prevalent among males and Whites.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge drinkers include:

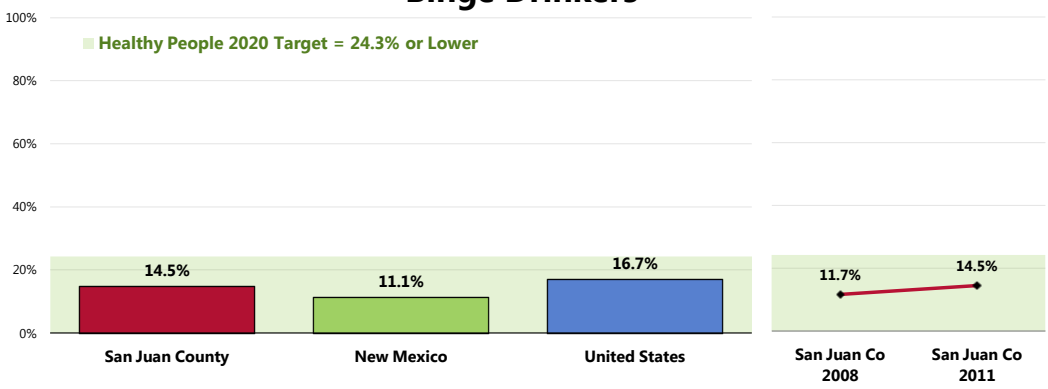
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during

Binge Drinking

A total of 14.5% of San Juan County adults are binge drinkers.

- Higher than New Mexico findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Statistically unchanged from the 2008 percentage.

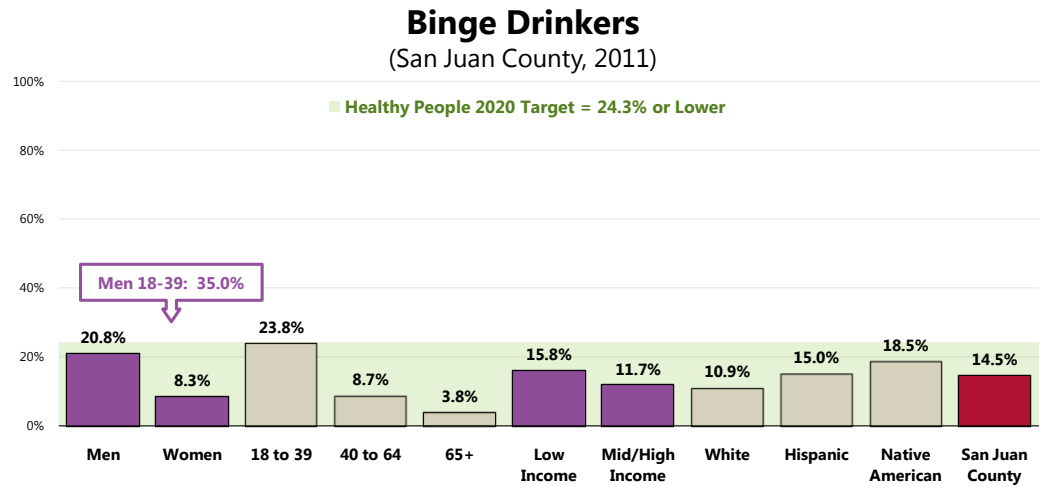


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 186]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 40.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

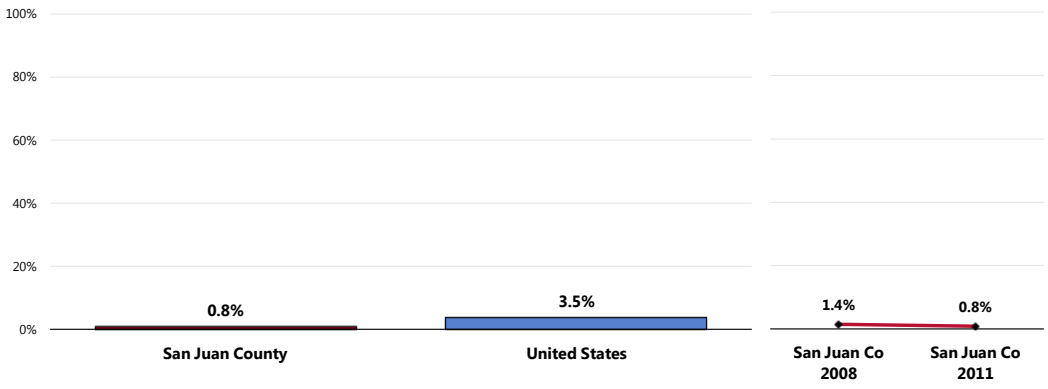
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Just 0.8% of San Juan County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Much lower than the national findings.
- The drinking and driving prevalence has not changed significantly since 2008.

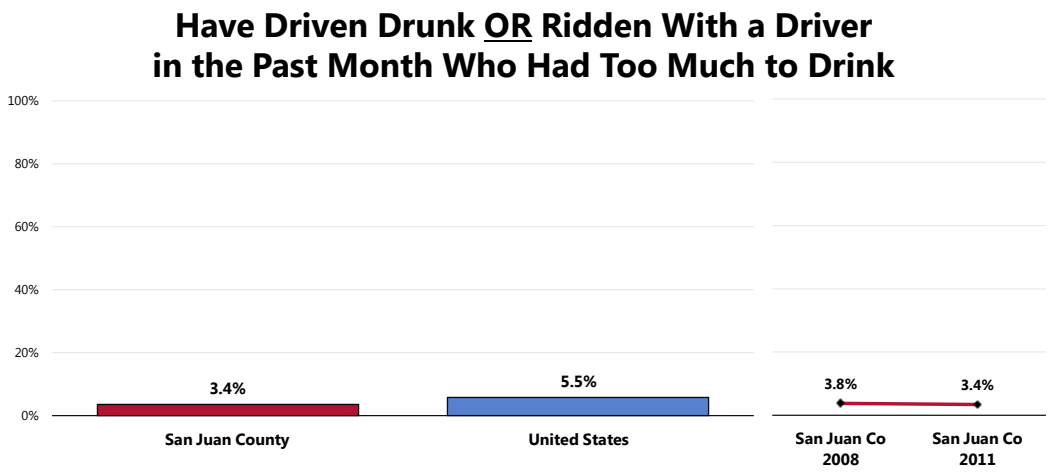


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

A total of 3.4% of San Juan County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- More favorable than the national findings.
- Statistically unchanged since 2008 in San Juan County.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

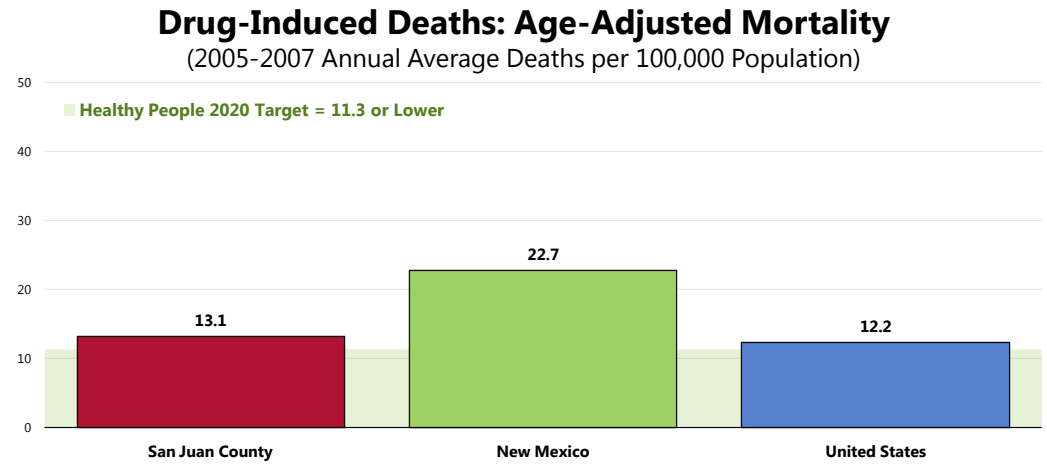
Notes:
- Asked of all respondents.

Drug Use

Age-Adjusted Drug-Induced Deaths

Between 2005 and 2007, there was an annual average age-adjusted drug-induced mortality rate of 13.1 deaths per 100,000 population in San Juan County.

- More favorable than the statewide rate.
- Just above the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).



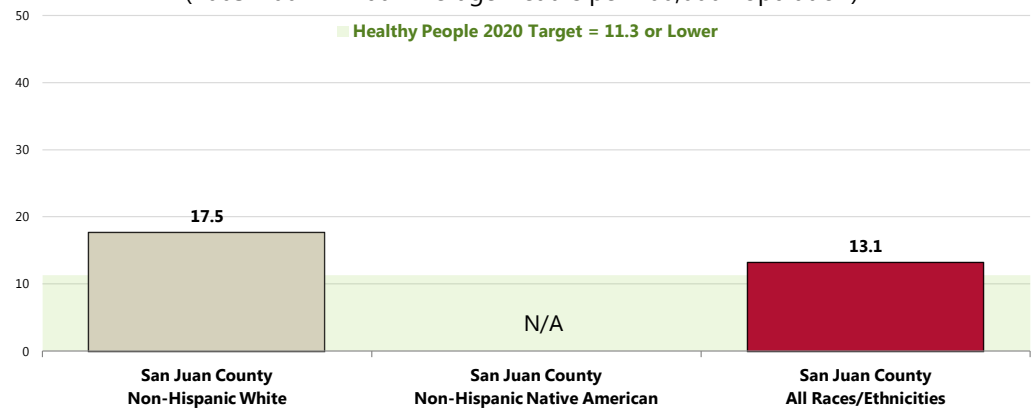
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- 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 US Standard Population.
- Local, state and national data are simple three-year averages.

A drug-induced mortality rate was only available among Whites in San Juan County.

Drug-Induced Deaths: Age-Adjusted Mortality by Race

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



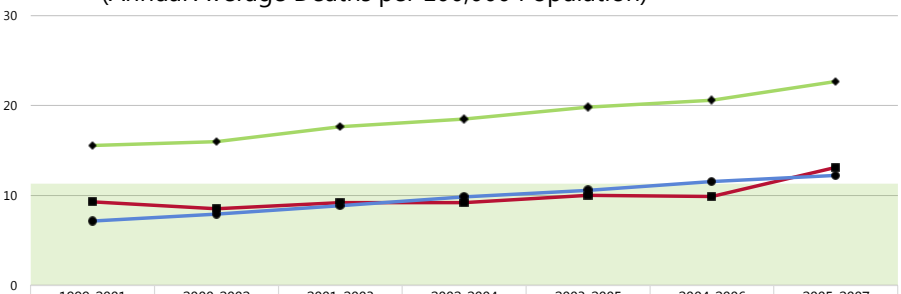
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- 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 US Standard Population.
- County, state and national data are simple three-year averages.

Mortality rates have increased in San Juan County in the past decade. The same can be said for New Mexico and US rates overall.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	11.3	11.3	11.3	11.3	11.3	11.3	11.3
San Juan County	9.3	8.5	9.2	9.2	10.0	9.9	13.1
New Mexico	15.5	16.0	17.6	18.5	19.8	20.6	22.7
United States	7.2	7.9	8.9	9.8	10.6	11.5	12.2

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted September 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- 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 US Standard Population.
- County, state and national data are simple three-year averages.

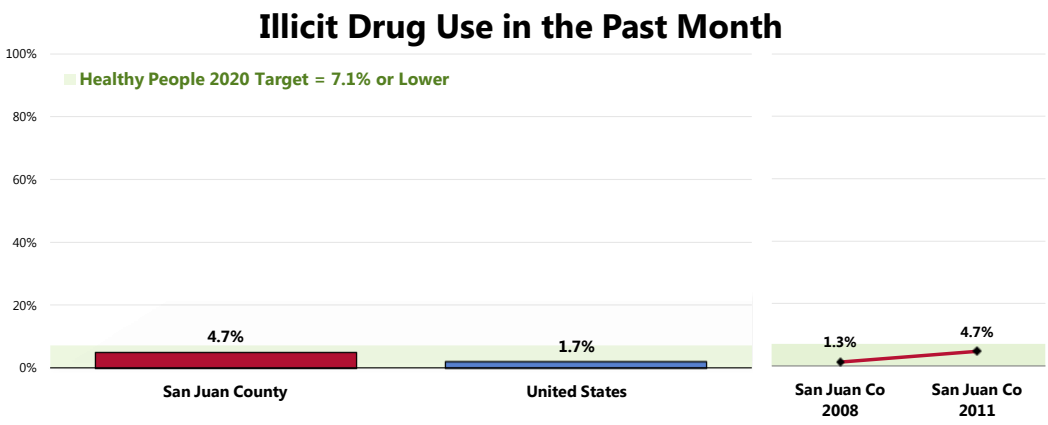
Illicit Drug Use

A total of 4.7% of San Juan County adults acknowledge using an illicit drug in the past month.

- Less favorable than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Marks a statistically significant increase since 2008.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely



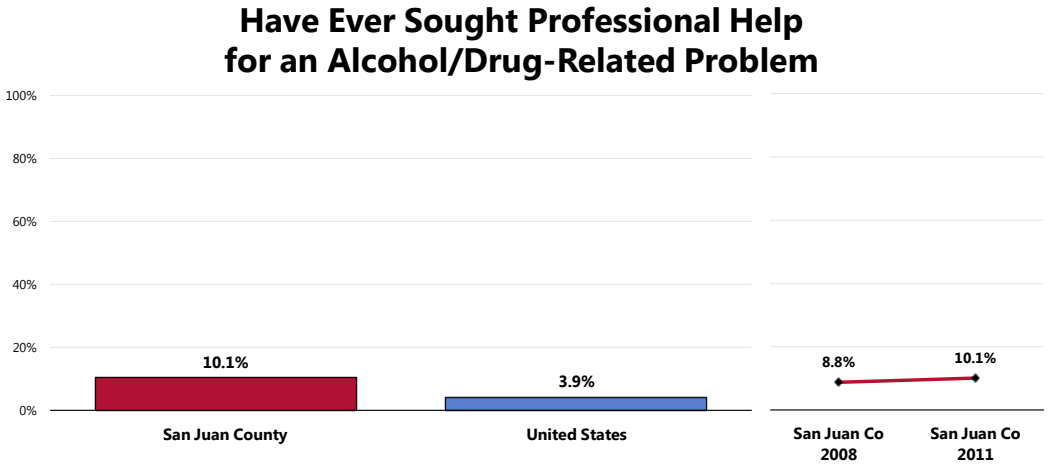
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 73]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 10.1% of San Juan County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Higher than national findings.
- Statistically unchanged since 2008.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 74]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Related Focus Group Findings: Substance Abuse

A number of focus group participants are concerned with substance abuse in the community. The main issues discussed surrounding substance abuse include:

- Lack of resources, specifically inpatient facilities
- Foster Care

A number of focus group participants are concerned with substance abuse in the community. Participants described a **lack of resources** available to fight substance abuse and addiction. Only one inpatient facility in Shiprock was mentioned, and members described the limited number of beds available. For those who do receive inpatient treatment, there is no transitional care available afterward. Totah Behavioral Health Authority (TBHA) was also mentioned as a case management resource, but it only provides outpatient services and members did not feel it provided the intense care many need.

> *"It's the lack of psychiatrists. We have a psychiatrist coming down from Durango maybe -- I think he's there once a week -- but anything more serious, they have to travel. And there's no inpatient psychiatric unit at San Juan Regional." Other Health Professional*

Another noted:

> *"We don't have any adequate addiction programs nearby to take care of this large community. I mean one week in a hospital for a chronic drinking since age five, you know, it's a waste of time and money. I mean there are no good resources." Physician*

Focus group members also described **foster care** concerns for newborns of drug-addicted mothers. Respondents felt there were limited substance abuse treatment options for the mother. One respondent described the need for substance abuse treatment encompassing the entire family unit, not just the new mother.

> *"These are usually very enmeshed families that have huge problems, not just with a mother. It involves a grandmother that may be alcoholic, and it involves a father that's also on the meth. And then there are other children in the home that are older and are seeing this lifestyle." Physician*

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

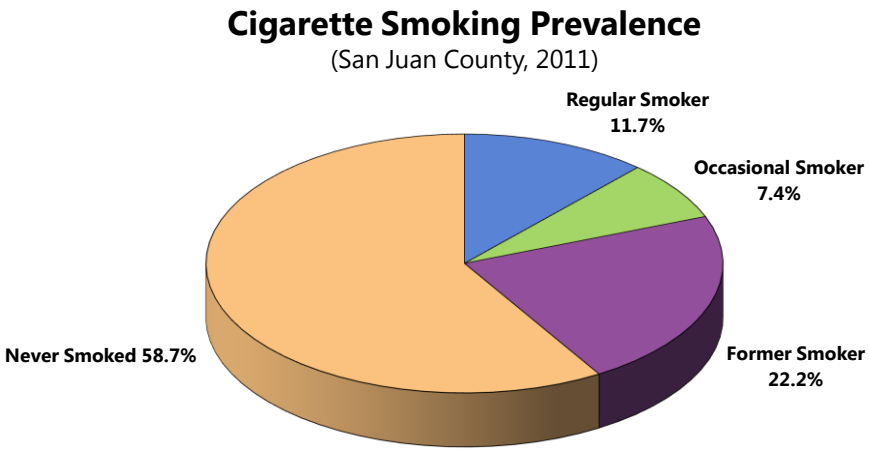
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

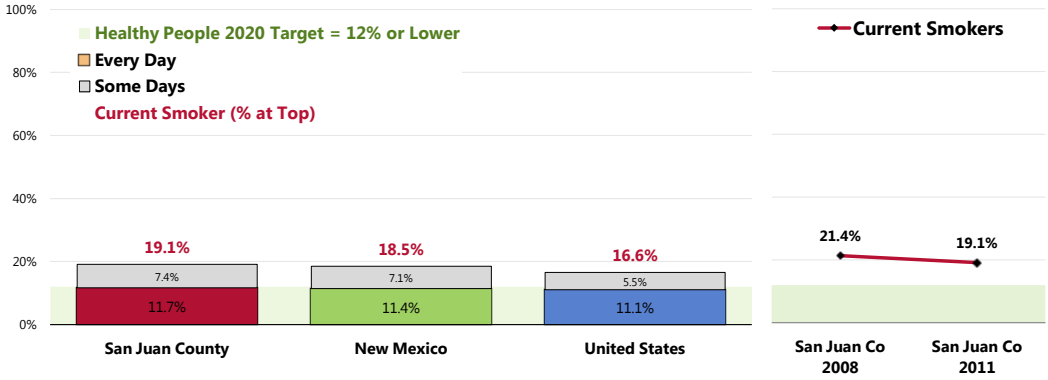
A total of 19.1% of San Juan County adults currently smoke cigarettes, either regularly (11.7% every day) or occasionally (7.4% on some days).



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- The current smoking percentage is statistically unchanged since 2008.

Current Smokers



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

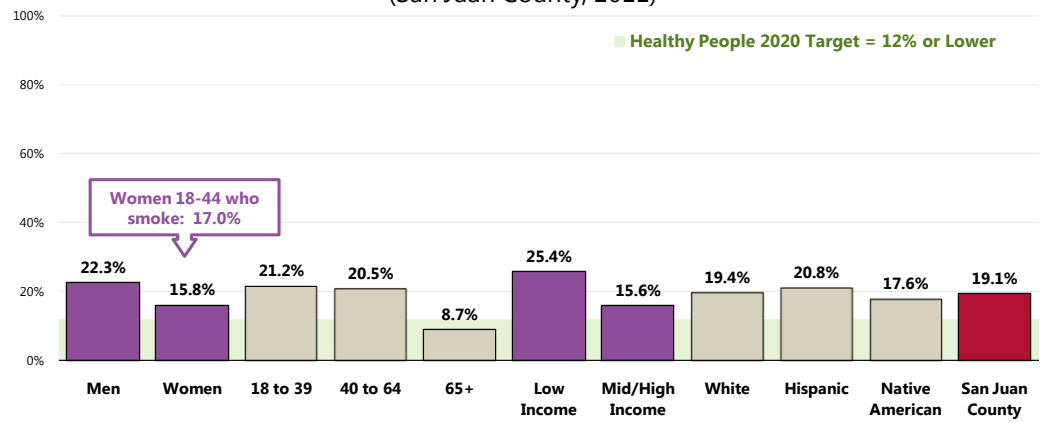
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

- Men.
- Adults under 65.
- Lower-income residents.
- Also, 17.0% 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, 2011)



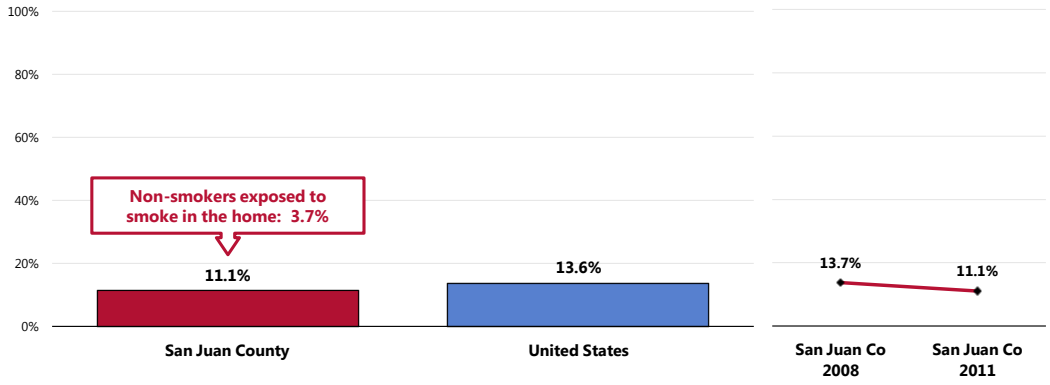
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 180-181]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 11.1% of San Juan County adults (including smokers and non-smokers) **report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.**

- Similar to national findings.
- Statistically unchanged since 2008.
- Note that 3.7% of San Juan County non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home



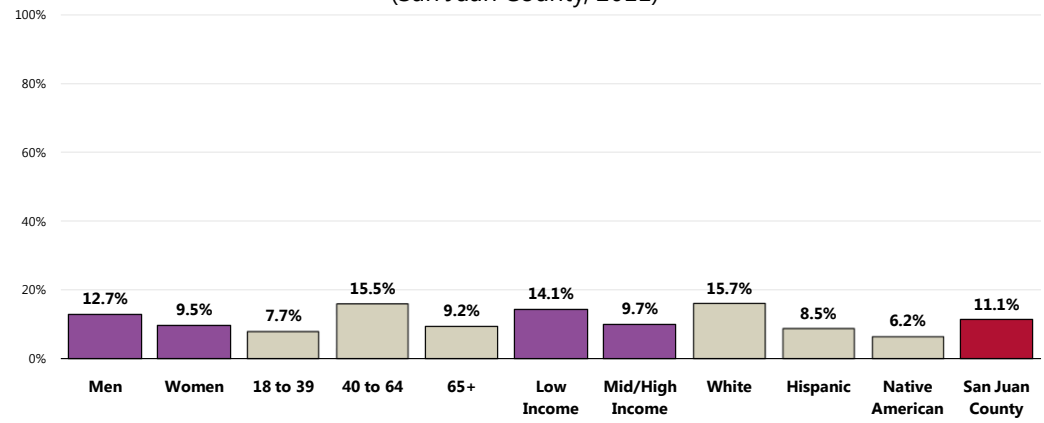
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 65, 182]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- 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.

- Notably higher among adults age 40 to 64 and Whites in San Juan County.

Member of Household Smokes At Home

(San Juan County, 2011)

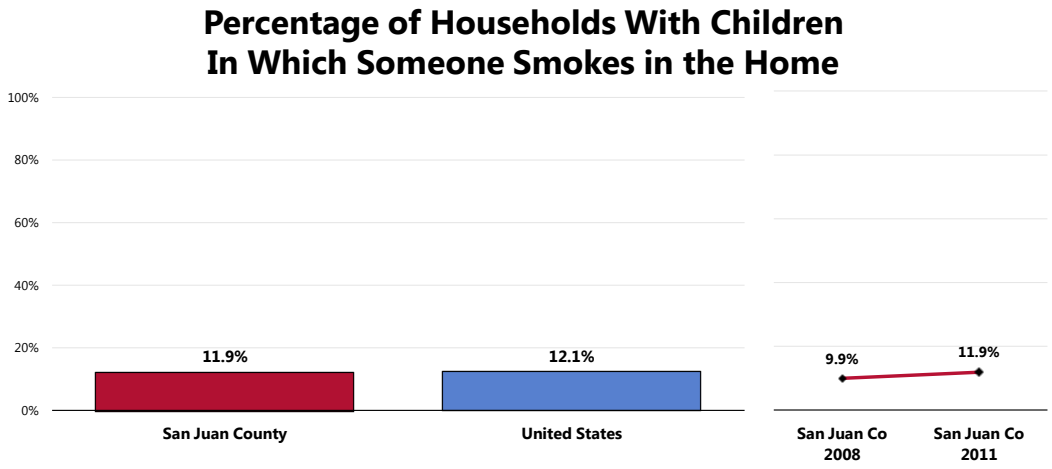


Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "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.

Among households with children, 11.9% have someone who smokes cigarettes in the home.

- Similar to national findings.
- Statistically unchanged since 2008.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- 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.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

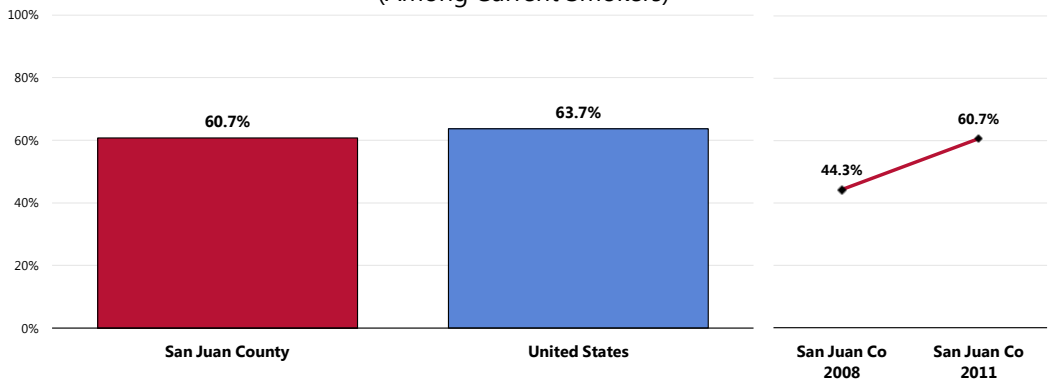
Health Advice About Smoking Cessation

A total of 60.7% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.
- Denotes a statistically significant increase since 2008.

Advised by a Healthcare Professional in the Past Year to Quit Smoking

(Among Current Smokers)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

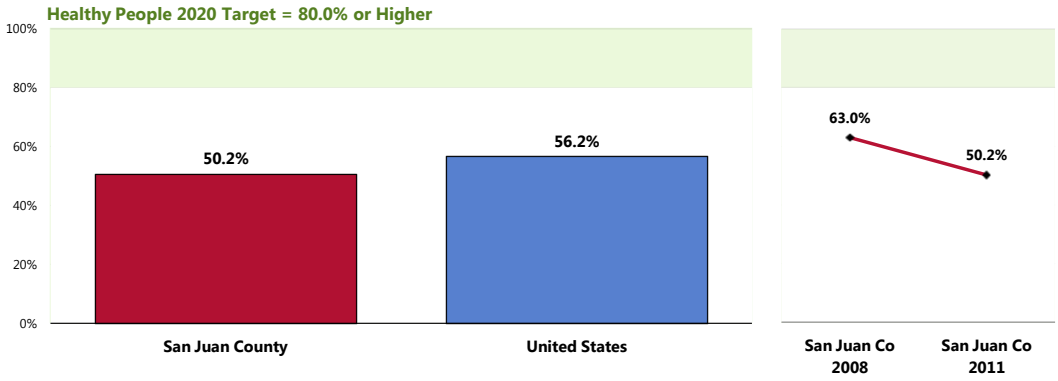
Smoking Cessation Attempts

One-half (50.2%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- Denotes a statistically significant decrease from 2008 survey findings.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

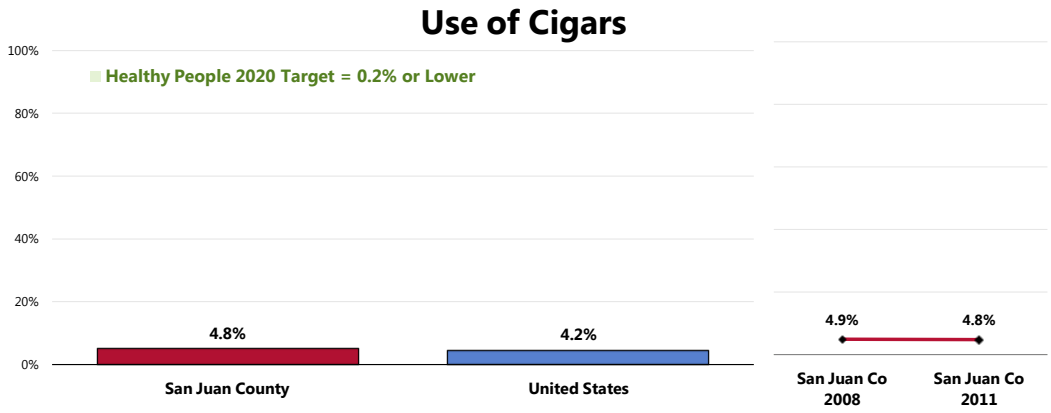
Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Cigars

A total of 4.8% of San Juan County adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Statistically unchanged since 2008.



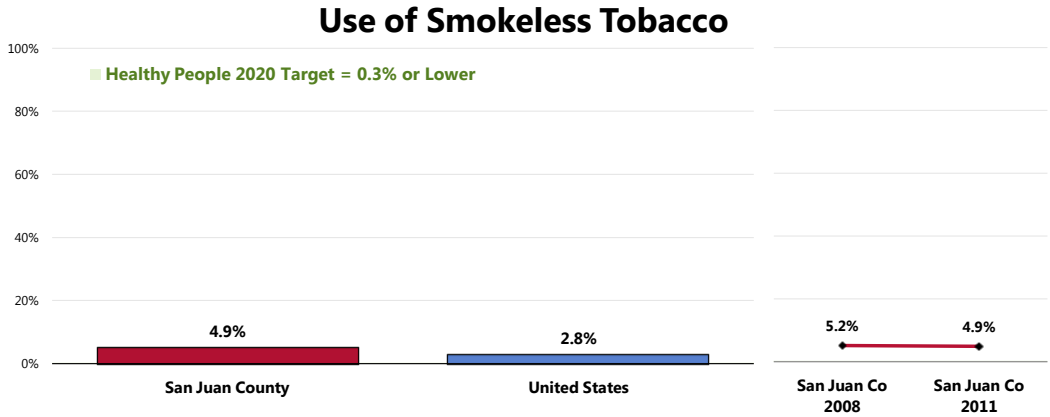
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

A total of 4.9% of San Juan County adults use some type of smokeless tobacco every day or on some days.

- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar to 2008 findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issues discussed included:

- Cigarette smoking
- Smokeless tobacco

Focus group participants feel that **cigarette smoking** continues to be an issue in the community. Participants mentioned seeing people smoking everywhere, from the casinos to malls, although the participants did note seeing less smoking in outdoor spaces due to the ban on smoking in public spaces. The members noted that even though society has been inundated about the harmful effects of tobacco, people still smoke.

There is a concern for the high rates of **smokeless tobacco** use in the community. According to focus group participants, there are no resources available to help people quit using smokeless tobacco.

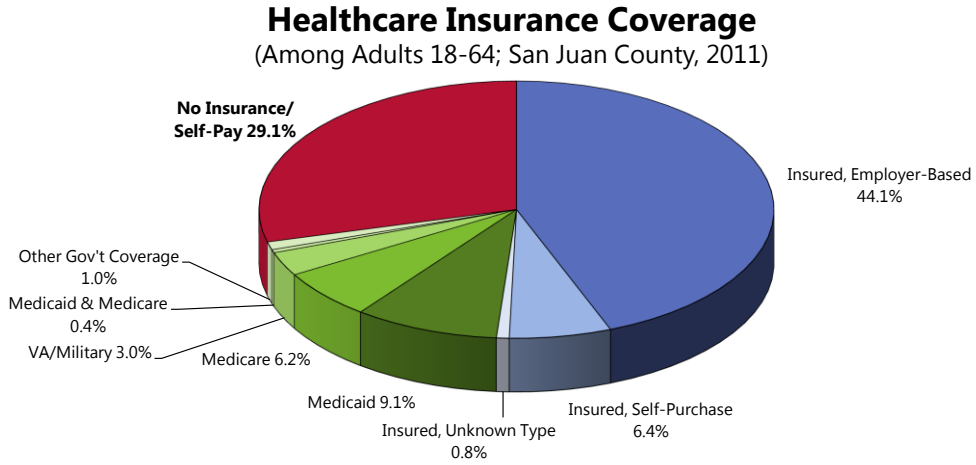
ACCESS TO HEALTH SERVICES

Health Insurance Coverage

Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

One-half (50.5%) of San Juan County adults age 18 to 64 reports having healthcare coverage through private insurance. Another 19.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

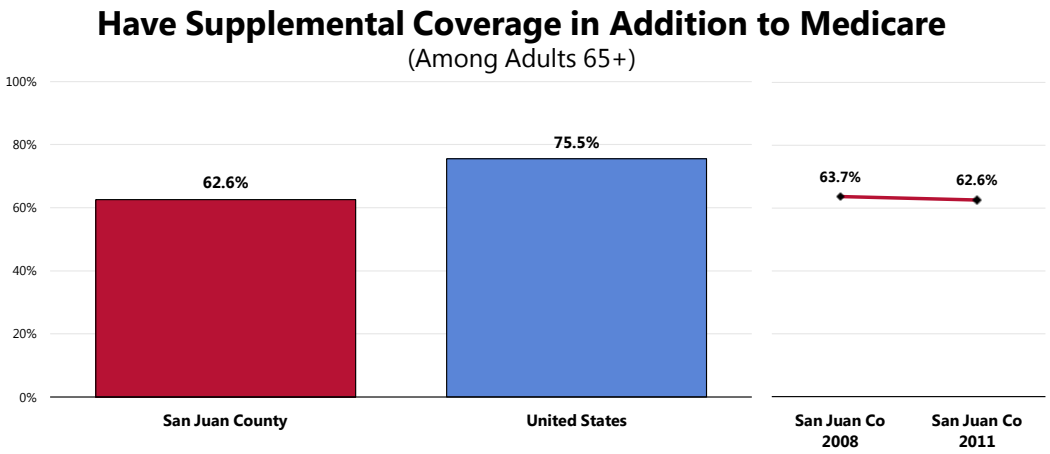


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
Notes: • Reflects respondents age 18 to 64.

Supplemental Coverage

Among Medicare recipients, the majority (62.6%) has additional, supplemental healthcare coverage.

- Lower than that reported among Medicare recipients nationwide.
- Statistically similar to the proportion reported in 2008.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents age 65+.

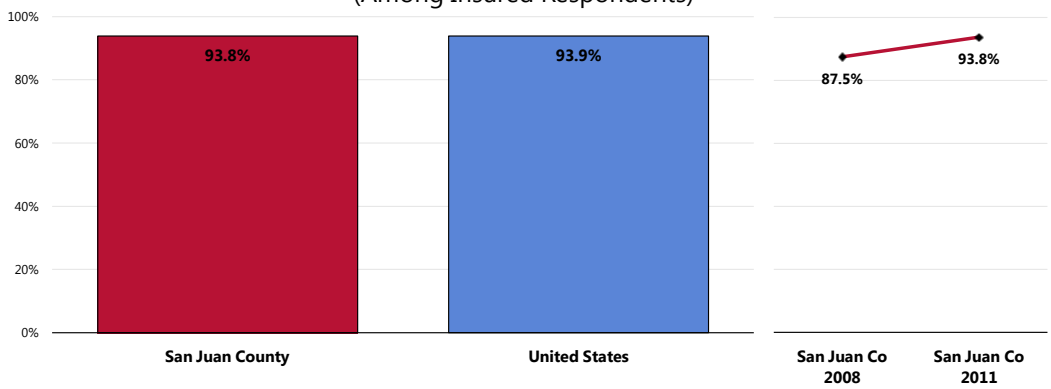
Prescription Drug Coverage

Among insured adults, 93.8% report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence.
- Denotes a statistically significant increase since 2008.

Health Insurance Covers Prescriptions at Least in Part

(Among Insured Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

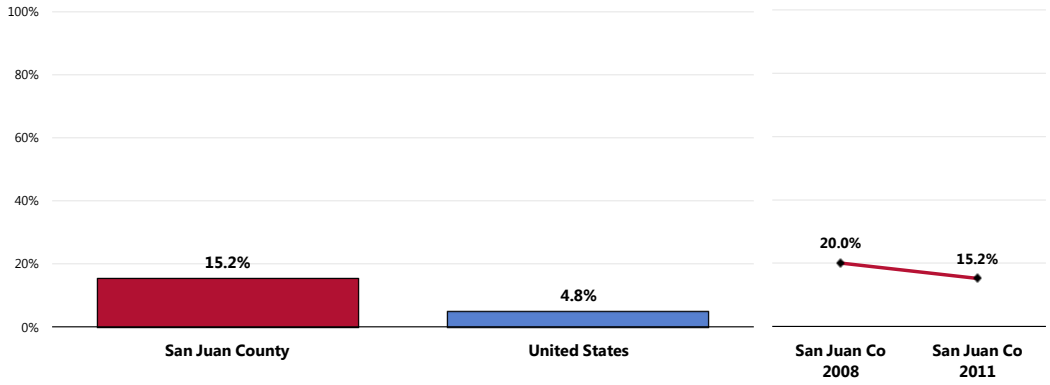
Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in San Juan County, 15.2% report that they were without healthcare coverage at some point in the past year.

- Three times the US prevalence.
- Marks a statistically significant decrease in insurance instability.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

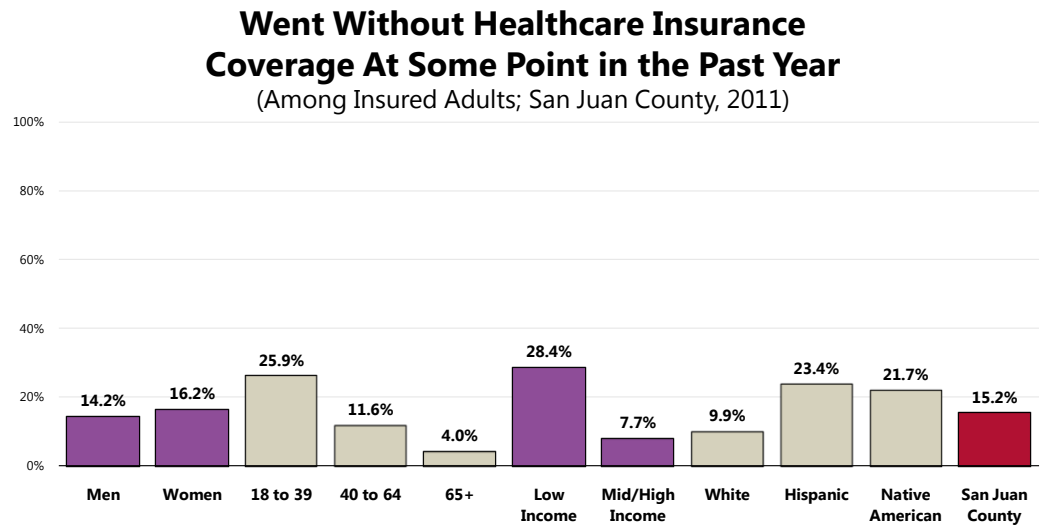
(Among Insured Adults)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.
- Lower-income residents.
- Non-Whites.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

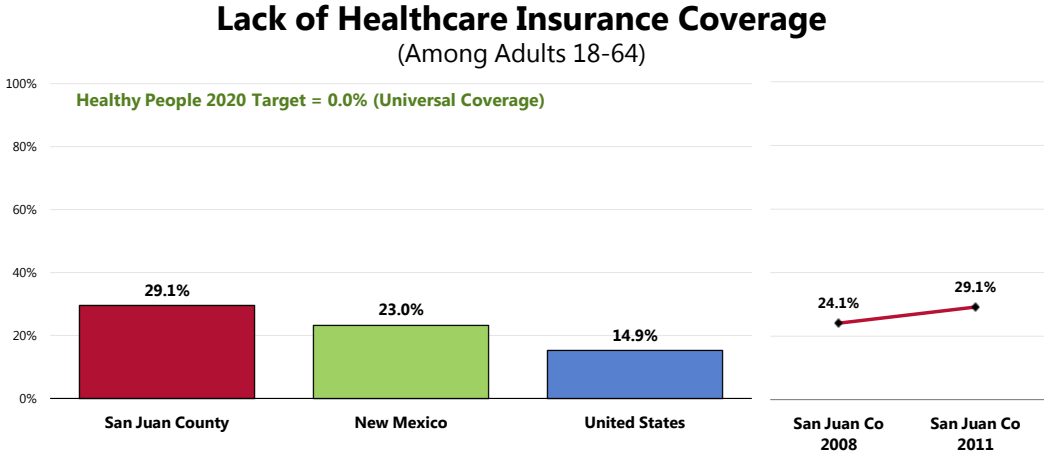
Notes:
- Asked of all insured respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults under 65, 29.1% report having no insurance coverage for healthcare expenses.

- Higher than state and national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- A statistically significant increase from 2008 findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 188]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

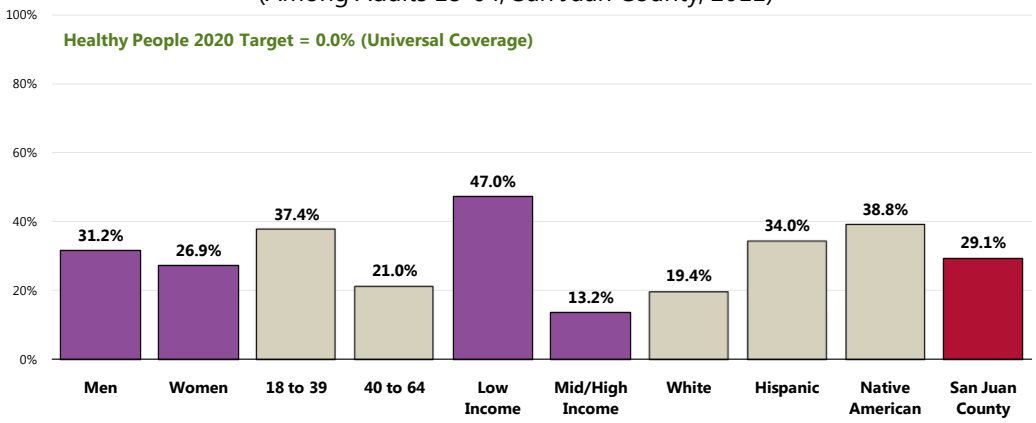
Notes:
- Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- Adults under 40.
- Residents living at lower incomes (note the 47.0% uninsured prevalence among low-income adults).
- Non-Whites.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; San Juan County, 2011)



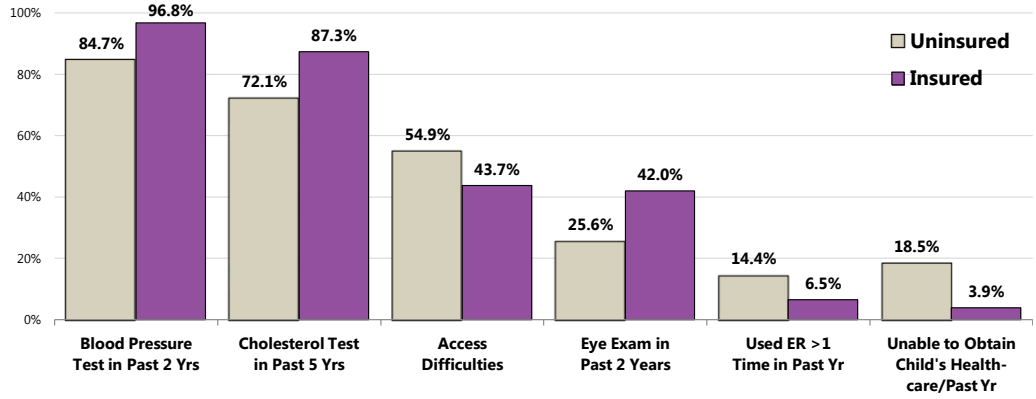
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in San Juan County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare. Uninsured adults are also more likely to have used an ER more than once for care in the past year.

Preventive Healthcare

(By Insured Status; San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22, 25, 50, 53, 125, 192]

Notes:
- Asked of all respondents.

Related Focus Group Findings: Insurance

Many focus group participants are concerned with insurance coverage in the community. The main issue discussed was:

- Cost

Focus group participants perceive there to be a lack of insurance coverage in the community. Insurance premium are very **costly** and there are only a few employers who offer health insurance. Therefore, many people elect not to purchase health insurance for themselves. Often those who do carry insurance are not fully covered and must pay some out-of-pocket expenses. For many people this out-of-pocket cost is too high, especially when it comes to specialized services such as radiation or chemotherapy. One suggestion was:

> *"We don't have a lot of big employers in this county. Hospitals probably either number one… Schools system, right a long there and some oil companies. But it's a big retail business and so a lot of people elect not to have insurance." Business Leader*

Business owners who offer insurance have seen an increase in their employer cost, which often times gets pushed onto the employees. One participant recalled:

> *"From the employer's standpoint, I know that over the last five years, we've averaged about seven and a quarter percent a year increasing our insurance." Other Health Professional*

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

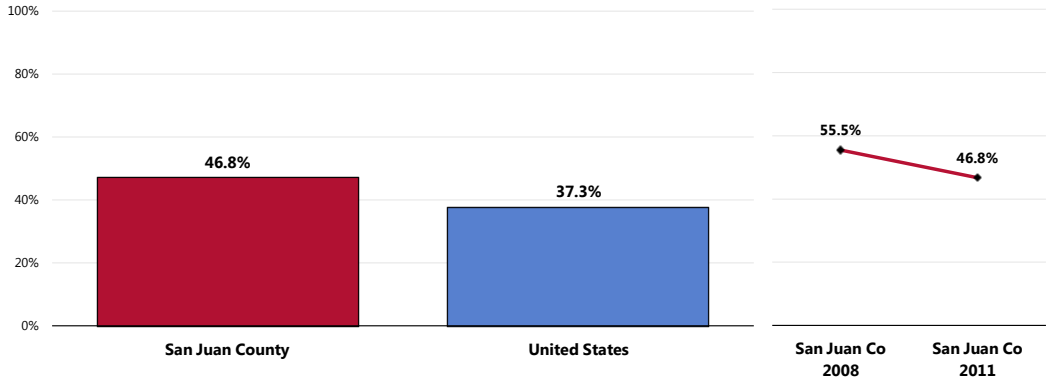
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 46.8% of San Juan County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- Marks a statistically significant decrease since 2008.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

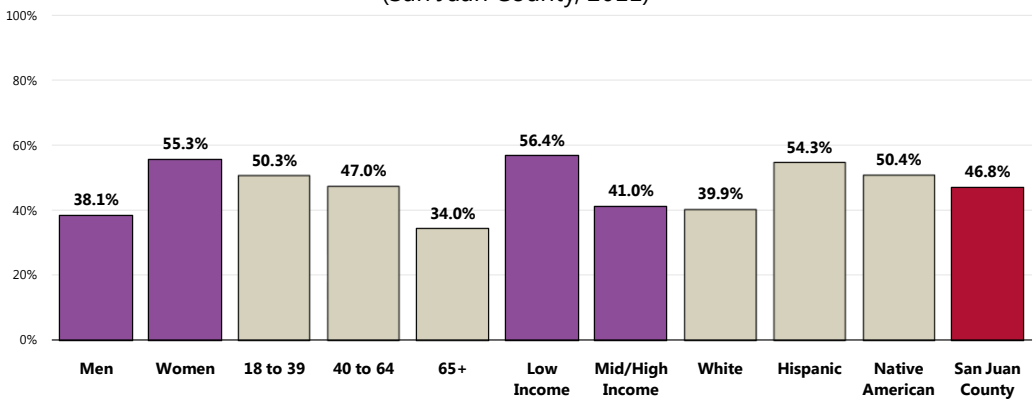
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Lower-income residents.
- Non-Whites.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

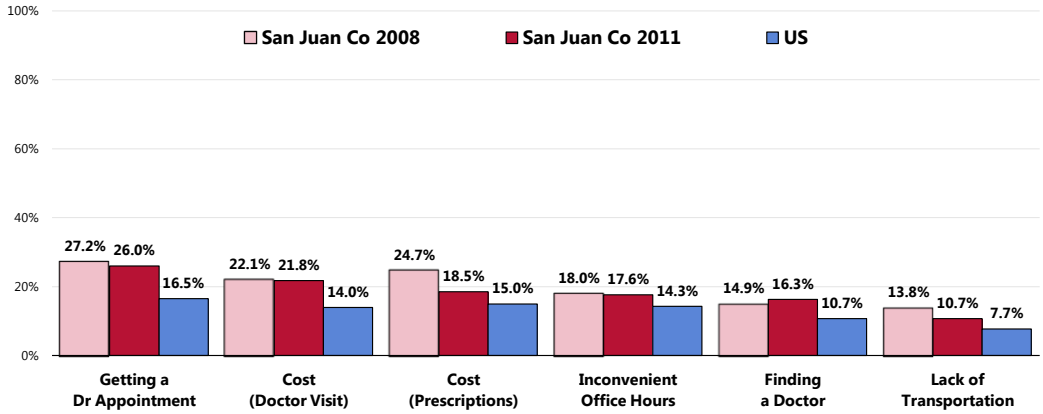
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, obtaining a medical appointment impacted the greatest share of San Juan County adults (26.0% say that cost prevented them from obtaining a visit to a physician in the past year).

- The proportion of San Juan County adults impacted was statistically worse than that found nationwide for each of the tested barriers.
- Compared to baseline 2008 data, San Juan County has seen a significant decrease in access problems with regard to the barriers of **cost of prescription medications** and **lack of transportation**.

Barriers to Access Have Prevented Medical Care in the Past Year

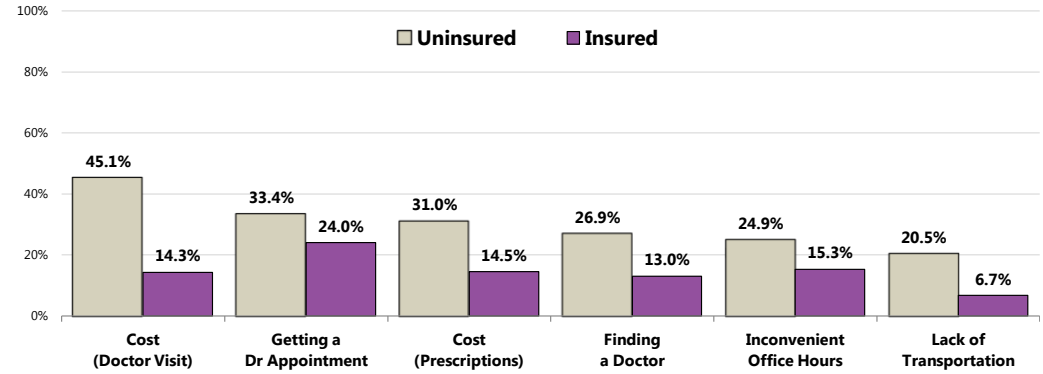


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- As might be expected, San Juan County adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access

(By Insured Status, Adults 18+; San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
Notes: • Asked of all respondents.

Related Focus Group Findings: Transportation

Focus group members described several transportation options available in the community, both public and private. The main issues discussed regarding transportation were:

- Accessibility
- Length of time

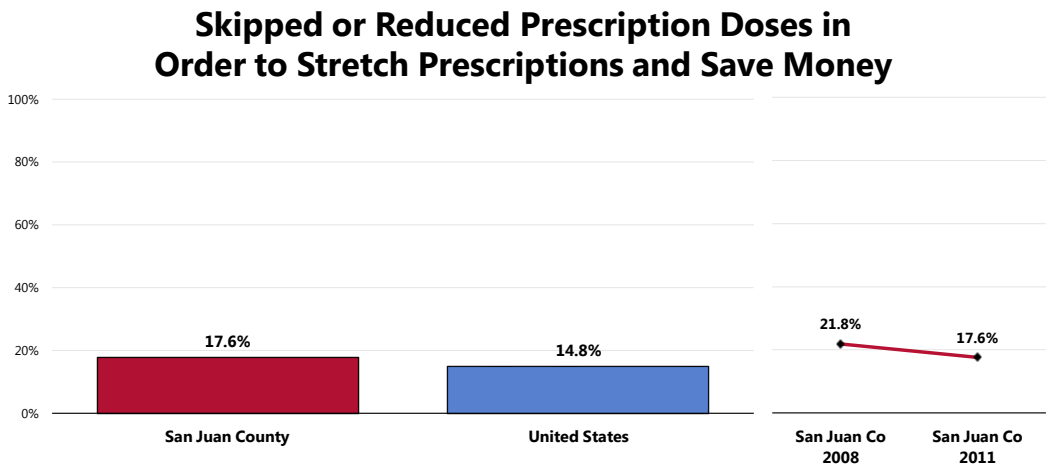
Several focus group respondents discussed the Red Apple Flyer bus service as a good option for transportation, if the rider is able-bodied. This option may not be appropriate for individuals who have issues with walking, as the routes do not go into residential areas. The bus is **accessible** throughout the day, but has limited hours on evenings, weekends and holidays. Focus group members noted there are vans paid for by Medicare, but **time** is an issue. Individuals are dropped off for an appointment, but then must wait hours for a return trip home. Other transportation resources that were mentioned include Safe Ride, Dial-a-Ride, and Care Express, as well as a hospital-run community van. Some participants mentioned that those options often require advanced booking due to high demand. One member described:

> *"There's Safe Ride, there's Dial-a-Ride, I mean, we obviously do transportation -- it's a patchwork quilt. It's not inclusive." Other Health Professional*

Prescriptions

Among all San Juan County adults, 17.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Marks a statistically significant decrease since 2008.



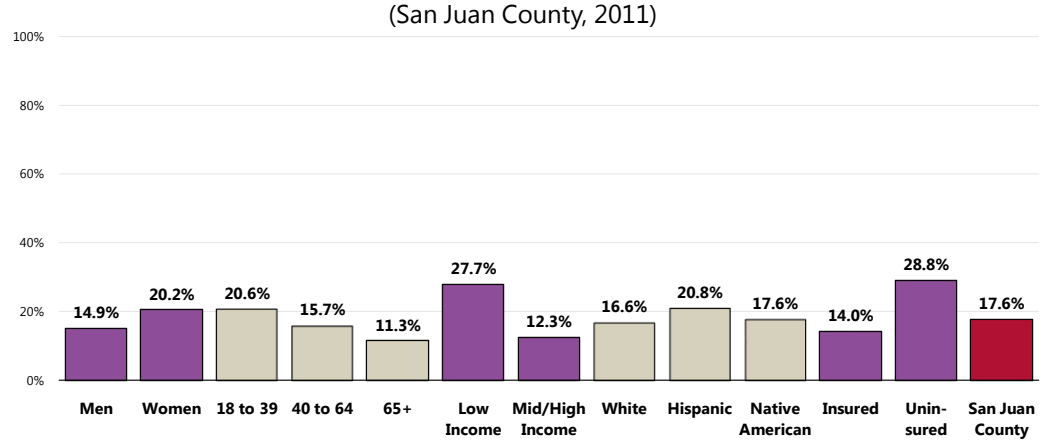
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Young adults.
- Respondents with lower incomes.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

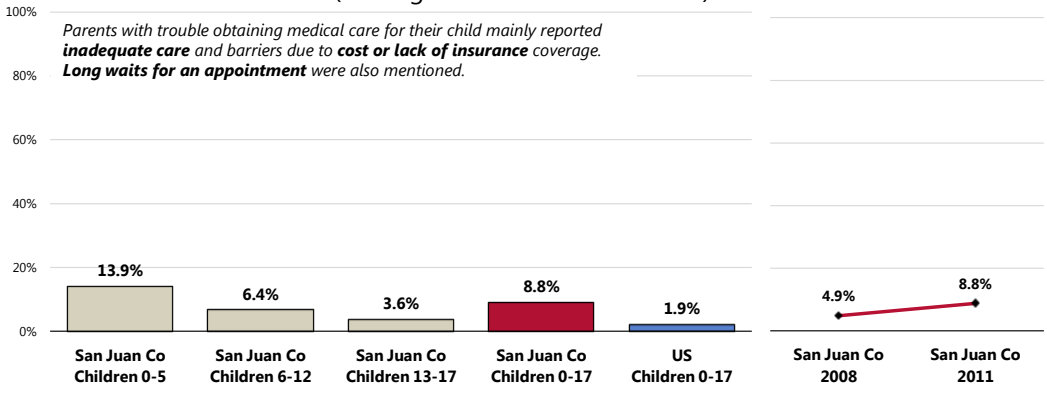
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 8.8% 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.

- Much higher than what is reported nationwide.
- Statistically unchanged since 2008.
- Highest (13.9%) among parents of children under age 6.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 125-126]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- Primary care physicians
- Medicare/Medicaid and Uninsured
- Emergency room overutilization
- Language barriers
- Technology

Focus group members had many concerns regarding access to healthcare in the community. One of those concerns is the perceived shortage of **primary care physicians**. All of the focus groups, aside from the physician group, felt that there are not enough primary care physicians in the community. Participants discussed long waiting times before an initial appointment. However, the physician focus group disagreed mentioning that one particular office had over 60 new patient slots unfilled during the previous month. A non-physician felt:

> *"Unless you particularly know a physician that will just work you in, it can be very difficult. It's getting almost impossible to find new physicians that accept Medicare." Other Health Professionals*

A number of respondents feel there are not enough physicians who accept **Medicare/Medicaid** in the community; nor are there enough clinics providing low cost options for those who lack **insurance coverage**. Focus group members discussed the low reimbursement rate for Medicare, citing that as a reason many physicians do not accept Medicare patients.

> *"More and more are saying they won't take on any new Medicare business because of the reimbursement provisions." Community Leader*

Those considered to be working/middle class are of concern to many focus group participants. Another member described the out-of-pocket cost, for individuals who did not qualify for governmental assistance, but did not have insurance through an employer.

> *"What about some of us who are in the middle, who are paying…huge money every day for our insurance but can't really afford the deductible or the doctor?" Other Health Professional*

Focus group participants also discussed how individuals who cannot find a physician often end up in the **emergency room** along with the uninsured population. Members noted a limited number of after-hour clinics that accept Medicare/Medicaid. For the many individuals who cannot afford to take time off, the ER becomes their primary care provider. Participants would like to see school health clinics available in all schools, not just on the reservation, so that parents do not have to worry about taking time off of work to get their child to a doctor. One respondent noted:

> *"Young families, the wife doesn't work for the school or some large company. They just don't have healthcare insurance. So their healthcare… is the emergency room." Business Leader*

Participants are also concerned by people who do not access preventative screenings or annual physicals. Some participants feel not everyone in the community takes advantage of the free screenings available throughout the year, and then refuse to see the doctor unless they become extremely ill. One member described:

> *"They grew up in an era that said you don't do that unless you're dying. You go to the hospital to die, you don't go to get, you know, well and get preventative care." Other Health Professional*

Another concern discussed in the focus groups was **language**. Participants worried that some of the younger Native Americans may not know their native language proficiently; therefore, the translation of health information may be incorrect. Members noted there are still translators available in clinics and hospitals, but during home visits a younger family member is often relied upon to translate. In addition to the Native American population, the Hispanic population also needs translators. For both populations many times locating a translator is not difficult, but when one is unavailable the health information may not be translated correctly.

The physician focus group has a particular concern with the available **technology**, specifically the CT scanners. According to participants, one CT scanner was recently installed in an off-site clinic. These focus group members were concerned that the CT scanner would be underutilized at the clinic because the hospital is much busier and only has one CT scanner at this time. If the hospital CT scanner breaks, patients must be transported to the clinic to have their scan done and additional staff must be present to accommodate the emergency scan. The physicians would like to see both CT scanners in the hospital. A member recalled:

> *"So often we are trying to figure out how we're going to get a critical patient in for our own CT scanner, which when it breaks down, what do we do? We shuttle patients back and forth in an ambulance …. a really poor use of a very expensive piece of equipment." Physician*

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

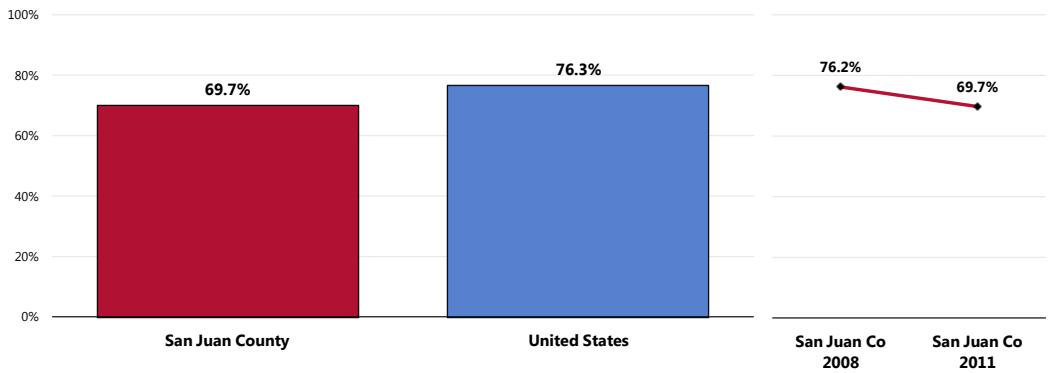
Specific Source of Ongoing Care

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

A total of 69.7% of San Juan County adults were determined to have a specific source of ongoing medical care.

- Lower than national findings.
- Marks a statistically significant decrease since 2008.
- Among adults age 18-64, 69.5% have a specific source for ongoing medical care, less favorable than national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 71.3% have a specific source for care, less favorable than the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 189-191]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.3, 5.4]

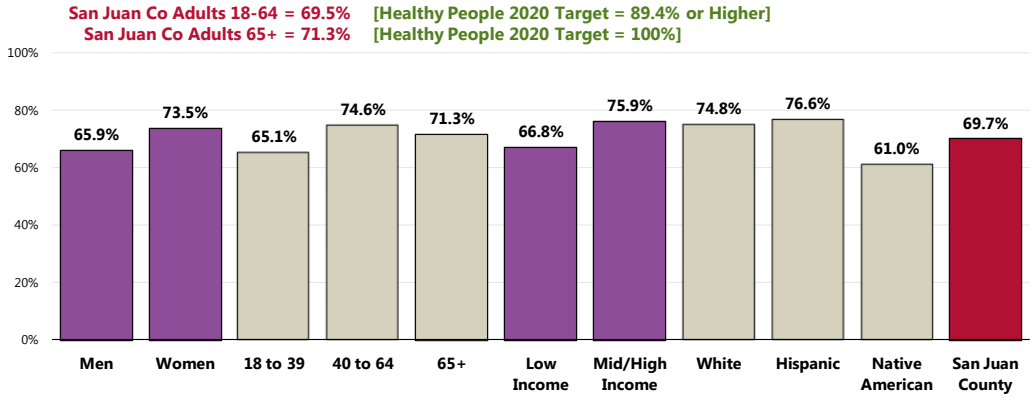
Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Men.
- Adults under age 40.
- Lower-income adults.
- Native Americans.

Have a Specific Source of Ongoing Medical Care

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.3, 5.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

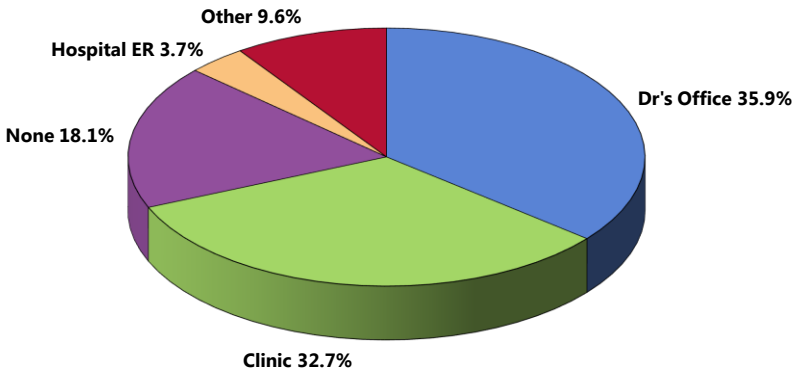
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (35.9%) identified a particular doctor's office. Another 32.7% say they usually go to some type of clinic, while 3.7% rely on a hospital emergency room.

Note that 18.1% of survey respondents do not have a regular place for medical care.

Particular Place Utilized for Medical Care

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17-18]

Notes:
- Asked of all respondents.

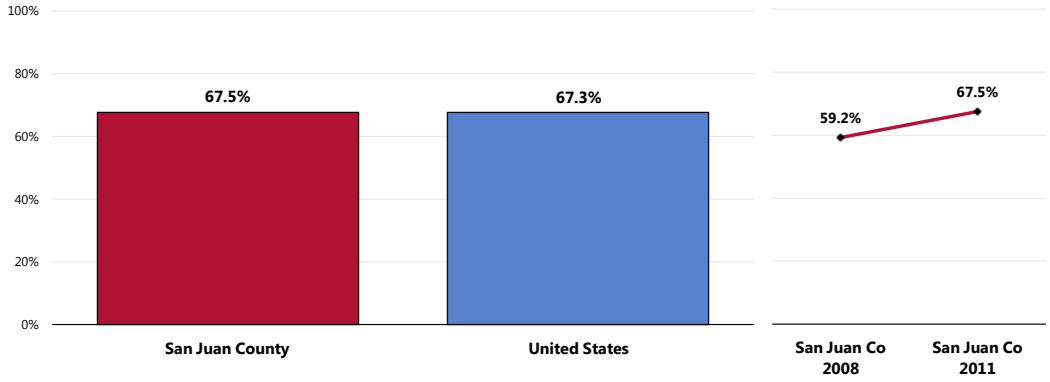
Utilization of Primary Care Services

Adults

Just over two-thirds (67.5%) of adults visited a physician for a routine checkup in the past year.

- Nearly identical to national findings.
- Denotes a statistically significant increase since 2008.

Have Visited a Physician for a Checkup in the Past Year

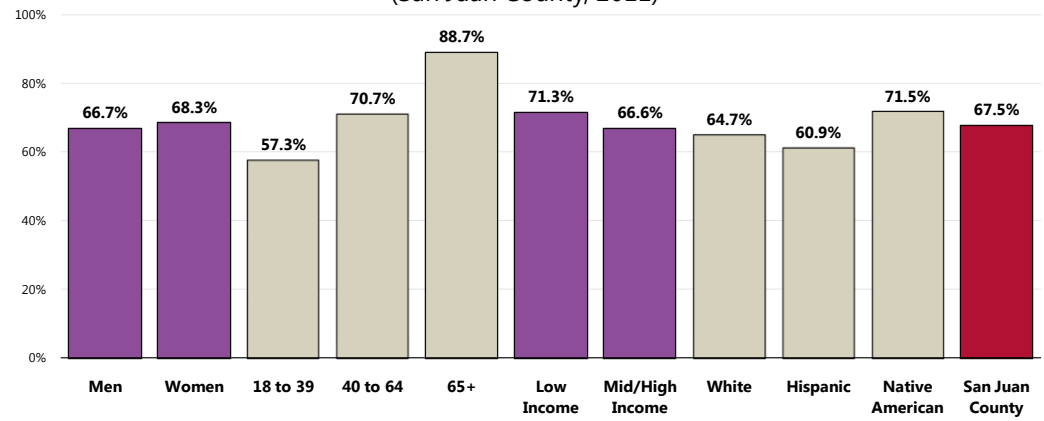


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(San Juan County, 2011)



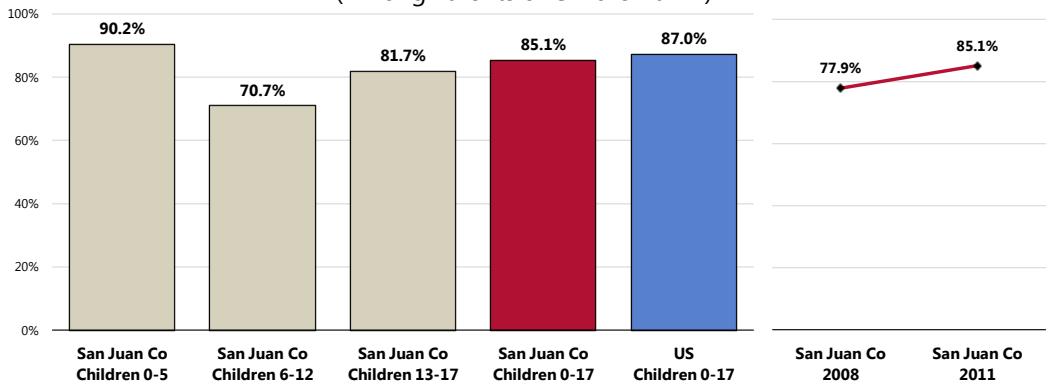
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among surveyed parents, 85.1% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Note that routine checkups are highest among children under age 6.
- Indicates a statistically significant increase since 2008.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



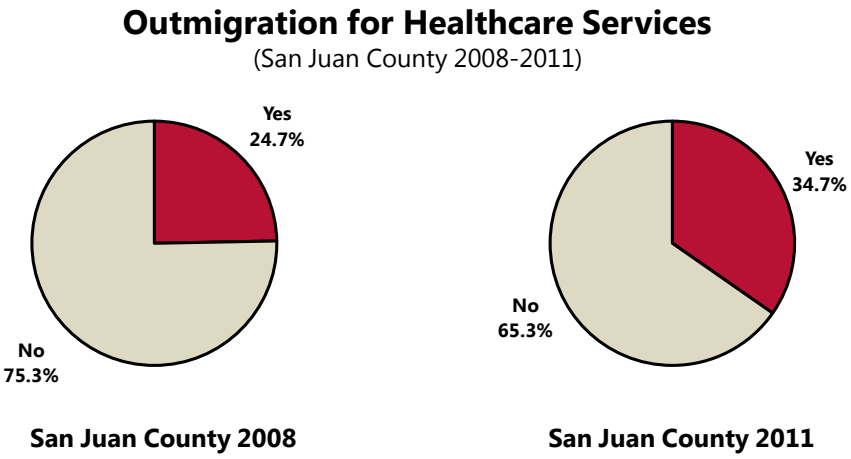
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Outmigration for Healthcare Services

A total of 34.7% of San Juan County adults currently seek healthcare services outside the community.

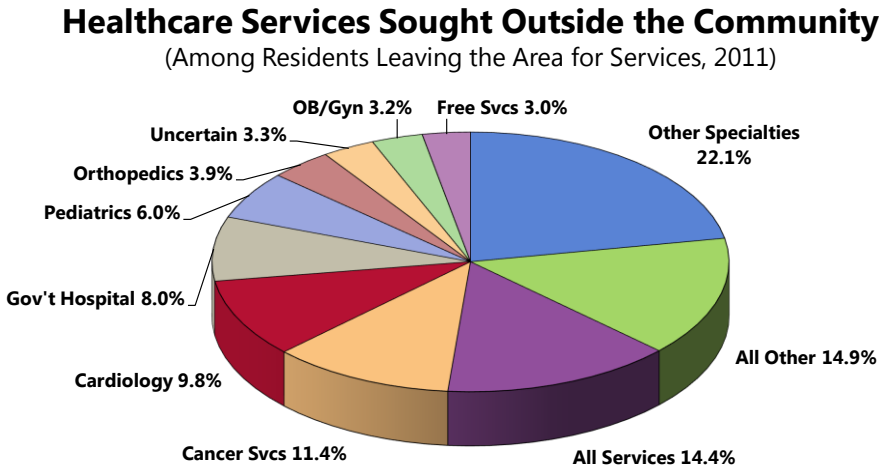
- Marks a statistically significant increase since 2008.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.

When asked to specify the type of healthcare services sought outside the community, many specific specialties were mentioned, including those for cancer, cardiology, pediatrics, orthopedics, and obstetrics/gynecology.

- Further, 14.4% of these respondents leave the community for **all** of their healthcare services, while 8.0% leave the community for a **government** hospital and 3.0% are seeking **free** healthcare services.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of those respondents who leave the community for healthcare services.

Related Focus Group Findings: Specialties

Many focus group participants discussed medical specialties available in the community. The main discussion centered on:

- Limited number of specialists
- Provider retention
- Marketing of services

Most of the focus group participants believe that certain specialties have **a limited number** of providers; neurology, pediatrics, cardiology, and ear, nose, and throat doctors were specifically mentioned. This lack of specialists can lead to long waiting times before an appointment is available. A respondent described:

> *"We had a difficult time with neurology. I think once you get into see them I think your care is there. But getting that initial appointment can sometimes take a long time." Business Leader*

Participants would also like to see additional dialysis facilities. Those who live on the reservation often receive their treatment in Farmington, which can be a 200-mile trip.

Many respondents feel that **retaining providers** is extremely important; however, the physician focus group could not come to a consensus on how to retain physicians in these specialties. Focus group members would like to see more outreach for the specialties that are not perceived to be in the community. Additionally, members reported that there will be quite a few doctors in the community who will retire in the next five years and there need to be plans in place to fill these positions, so that healthcare is not compromised. One respondent noted:

> *"There's a large population in our medical staff that is close to retirement age. You know, in five to ten years there's going to be people gone and you have to be able to sustain what we already have." Physician*

A number of respondents feel improved **marketing** regarding the excellent care available in the community would be beneficial. Respondents noted that many people travel to Durango for care when treatment is actually available in the Farmington area. One suggested that:

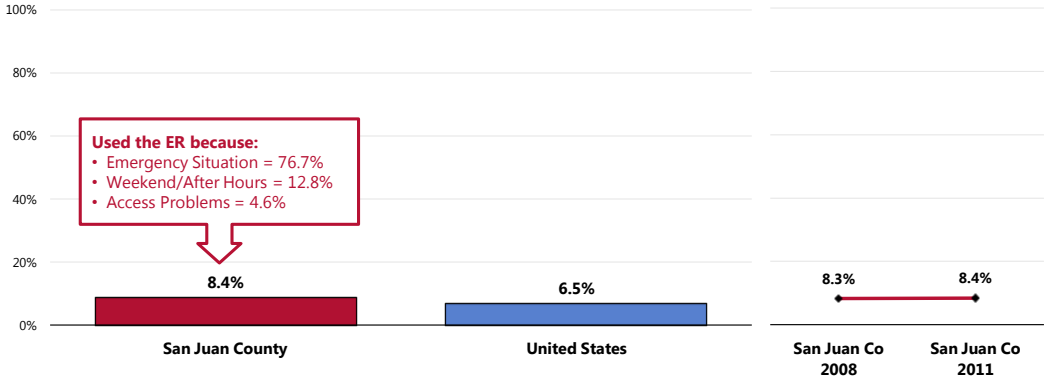
> *"There are the specialty doctors here at the hospital, very talented individuals that have been brought in from out of this area. And there's not a need to seek care elsewhere." Community Leader*

Emergency Room Utilization

A total of 8.4% of San Juan County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Comparable to 2008 survey findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year



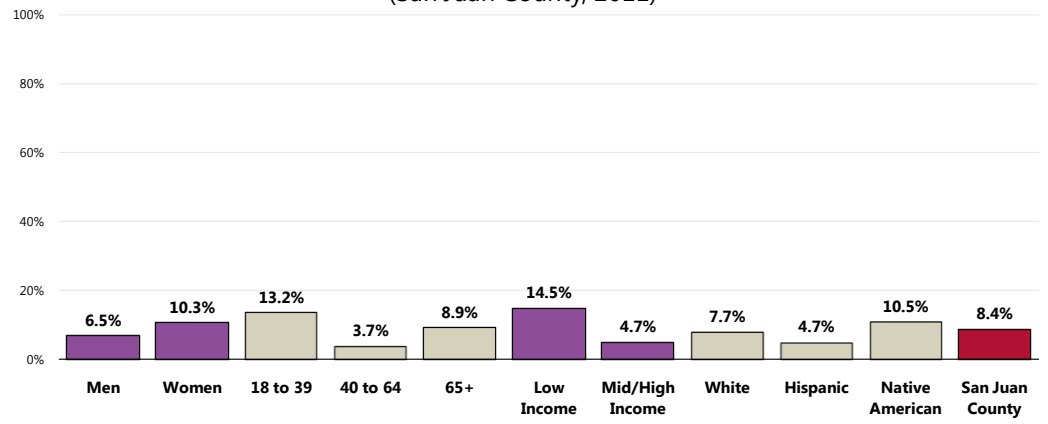
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 25-26]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Of those using a hospital ER, 76.7% say this was due to an **emergency or life-threatening situation**, while 12.8% indicated that the visit was during **after-hours or on the weekend**. A total of 4.6% cited **difficulties accessing primary care** for various reasons.

- Women, adults under 40, seniors and low-income adults are more likely to have used the ER more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Emergency Care

Many focus group participants discussed emergency care. The main findings include:

- Time
- Reason for use

A number of respondents were divided on the length of **time** required to wait in the emergency room. Some participants felt the wait time was relatively short, while others disagree and noted it really depends on the time of year.

Participants reached the consensus that many people who go to the emergency room do it for non-emergency **reasons**. Participants would like to see more education in the community regarding what constitutes emergency room utilization. One participant who had recently visited the ER described:

> *"It was parents of sick kids. It wasn't emergencies. And I know that… they're trying that campaign right now, emergency versus urgency." Other Health Professional*

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

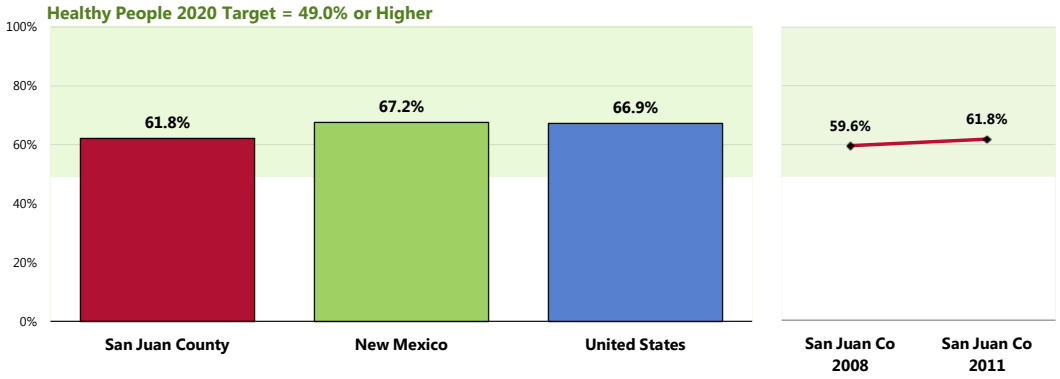
Dental Care

Adults

Just over 6 in 10 San Juan County adults (61.8%) have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Statistically unchanged since 2008.

Have Visited a Dentist or Dental Clinic Within the Past Year



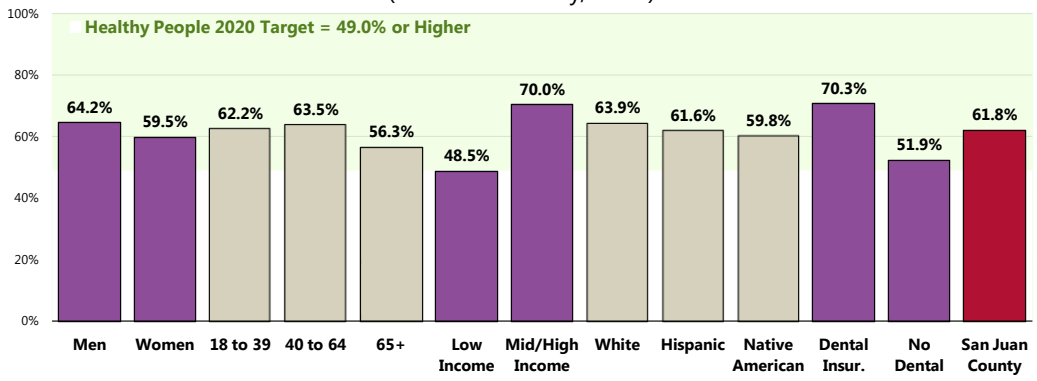
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 New Mexico data.

Notes:
- Asked of all respondents.

- Those with lower incomes report much lower utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
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- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

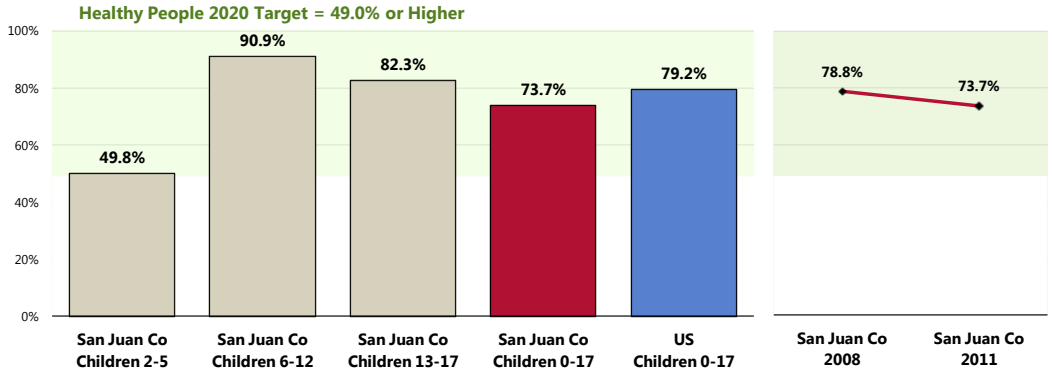
Children

A total of 73.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- As may be expected, regular dental care is notably lower among children under 6.
- Statistically unchanged since 2008.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



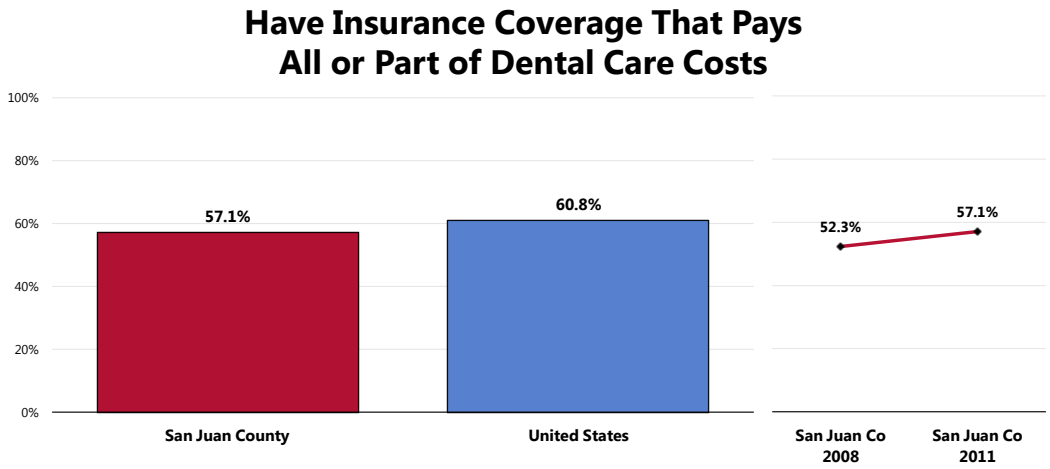
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

Over one-half of San Juan County adults (57.1%) have dental insurance that covers all or part of their dental care costs.

- Similar to national finding.
- Marks a statistically significant increase since 2008.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Insurance
- Pediatric Oral Health

According to focus group participants, there are many oral health resources available in the community (including a number of local dentists), although focus group members feel that dental care options are readily available for both insured adults and uninsured children. Adults without any kind of **insurance** and those with Medicaid have the most difficulty accessing affordable dental care. However, participants noted that the college does offer low-cost or free basic dental care which can be taken advantage of by anyone. In addition, dental hygienists travel to the schools and provide basic cleanings and if further work needs to be done, the children receive referrals to local dentists. One member described:

> *"There are definitely services out there -- I mean, the college offers some very nice services, and then we also have "Give Kids a Smile" Day, where our local dentists donate certain days." Other Health Professional*

Another noted that oral health service(s) information dissemination may be lacking:

> *"I think there are a lot of dental services here; whether they're accessed because people know about them is another issue." Other Health Professional*

Focus group participants also spoke about **oral health in children** under the age of 5. The participants feel this demographic is often not seen by a dentist because parents do not realize the importance of keeping teeth healthy. Participants would like to see education in the community regarding healthy teeth in pre-school age children.

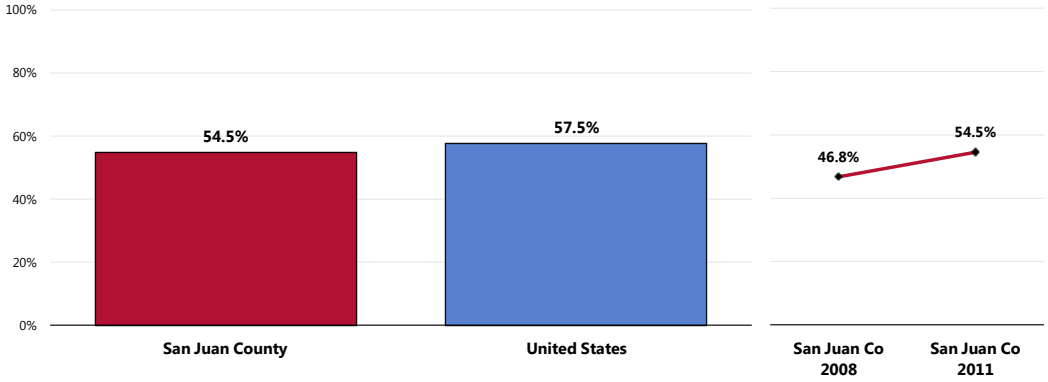
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

A total of 54.5% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Indicates a statistically significant increase since 2008.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



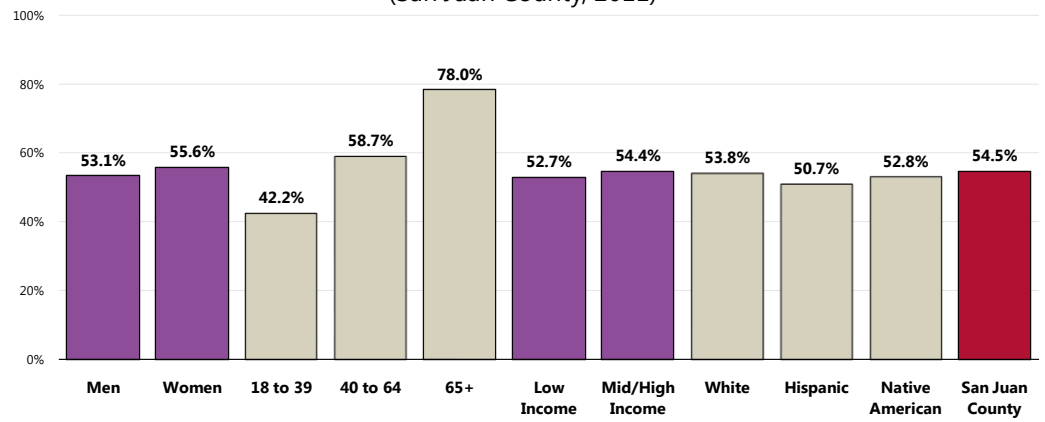
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Recent vision care in San Juan County is more often reported among:

- Adults age 40 and older (note the positive correlation between age and recent eye exams).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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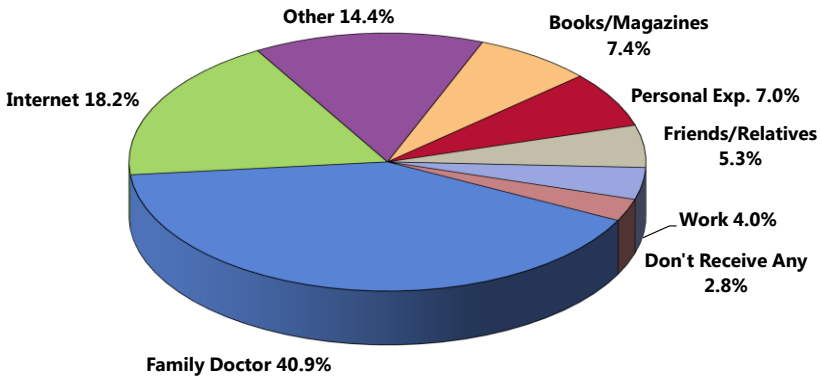
HEALTH EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 40.9% of San Juan County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 18.2%.
  - Other sources mentioned include books and magazines (7.4%), personal experience (7.0%), friends and relatives (5.3%), and work (4.0%).
- Just 2.8% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(San Juan County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: • Asked of all respondents.

Related Focus Group Findings: Collaboration

All participants agree that there is excellent collaboration happening in the community between businesses, schools, organizations and health facilities. The two specific examples of collaboration were:

- San Juan Regional Medical Center
- Schools and Native American Reservations

Focus group participants feel there is excellent collaboration happening in the community between businesses, schools, organizations and health facilities. The members cited the **San Juan Regional Medical Center** outreach opportunities made available to the community, specifically classes regarding diabetes or depression. In addition, community businesses work with the hospital on a program called Full Engagement Training (FET) which focuses on the mental, physical, spiritual and emotional health to improve productivity in the workplace and people's lives. A member described:

> *"Well, there are a lot of outreach programs that the hospital has. I think from the infectious disease, emergency room, kid things, you know, bicycle helmets, all that kind of stuff, those are active things they have." Physician*

Another noted:

> *"I feel like the schools have an excellent communication and cooperative effort with a number of the agencies: PMS, San Juan Peds, the juvenile justice system, I mean, Child Haven... We've got a really, really good rapport with all of those agencies, and we feed into each other to offer these services to kids." Other Health Professional*

Participants also cited collaborative efforts between the **schools and Native American** populations. One member recalled a time when Indian Health Services worked to provide weekly fluoride rinses for students at the schools in Bloomfield because of the lack of fluoride in the water.

One concern that was brought up was the difficulty many Native Americans have when being referred to San Juan Regional Medical Center from Northern Navajo Medical Center. According to participants, there have been instances where referrals were not completed correctly, so billing errors occurred. Participants would like to see this breakdown in communication repaired.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

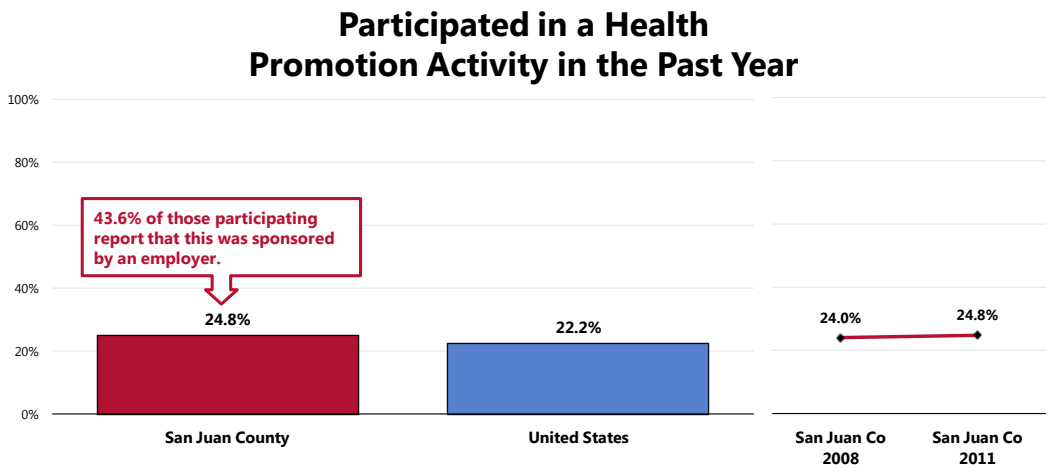
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

One-fourth (24.8%) 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.

- Similar to the national prevalence.
- Unchanged since the 2008 survey was conducted.
- Note that 43.6% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.



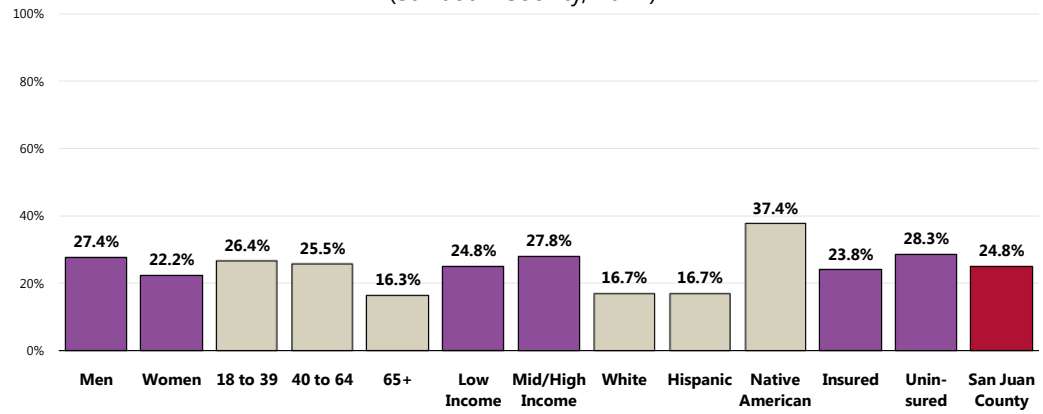
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 119-120]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

Note that adults under 65 and Native Americans more often report participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

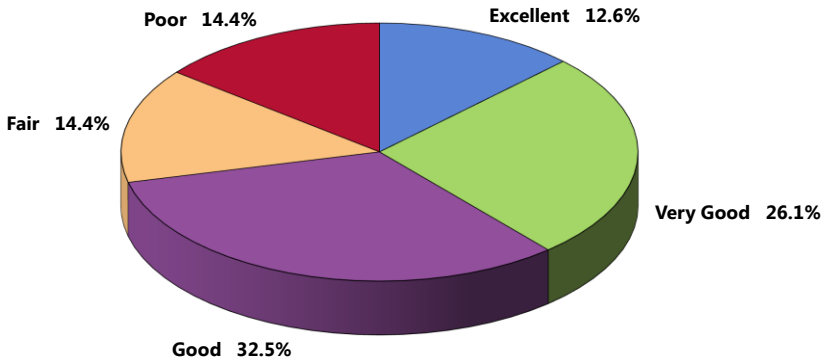
LOCAL HEALTHCARE

Perceptions of Local Healthcare Services

Just under 4 in 10 San Juan County adults (38.7%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 32.5% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(San Juan County, 2011)

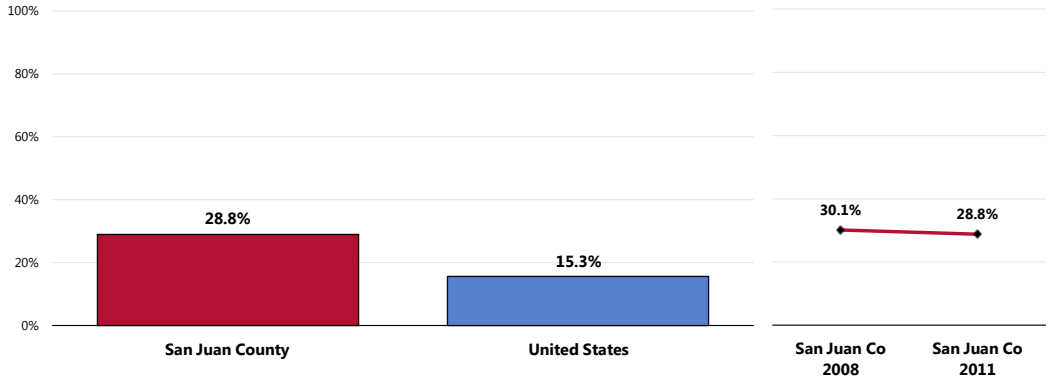


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 28.8% of residents characterize local healthcare services as "fair" or "poor."

- Nearly twice that reported nationally.
- Statistically similar to 2008 findings.

Perceive Local Healthcare Services as "Fair/Poor"



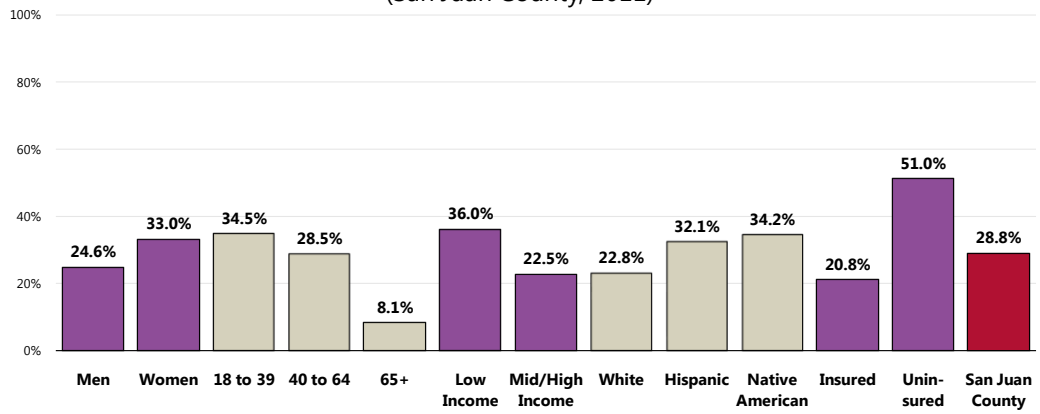
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Women.
- Adults under age 65.
- Residents with lower incomes.
- Hispanics and Native Americans.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(San Juan County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

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- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

OTHER ISSUES

Other Key Informant Focus Group Issues

Education

Focus group participants discussed education. The main findings include:

- Financial barriers

Focus group members discussed the **financial** barriers which surround attending college. The members mentioned that a limited number of college scholarships are available to the Native American (Navajo) students. Participants would like to see the funding for those scholarships increase so that additional students could receive the chance to attend a university.

Elderly

Many focus group participants discussed elderly care in the community. The main issues included:

- Geriatric providers and specialists
- Prescriptions

According to focus group participants, the number of seniors in the community will be increasing in the coming years. Proper planning needs to occur in order to best meet the needs of this growing population. Currently, there is a lack of **geriatric providers** in the community (particularly geriatric specialists). This limited number of providers means that many elderly community members are referred to Albuquerque for care. Unfortunately, travel then becomes an issue for some of those individuals. Many seniors are not able to drive themselves and their families do not have the time, so care can be limited. One focus group member described:

> *"There is no simple way for someone who doesn't drive or have a family member who drives to get to Albuquerque. It's not even a matter of money, it's a matter of how do you get from here to there, that you're better off if you don't have money, because you can qualify for some of the programs." Other Health Professional*

Participants also noted concern with the elderly receiving their prescriptions and not fully understanding the pharmacists' instructions. For some Native Americans, English is a second language, which creates a barrier to understanding. Participants worried this miscommunication may lead some to take their prescriptions improperly.

Veterans

Many focus group participants discussed veteran care in the community. The main issues included:

- Specialists
- Transportation

Focus group participants are concerned the only care available to veterans in Farmington is primary care and that veterans must seek care elsewhere if a **specialist** is warranted. One member described:

> *"There's a Veteran's care center here that takes normal doctor's appointments, but anything other than that primary care piece it doesn't offer." Provider of Services to Native Americans*

Transportation also becomes an issue because the Veterans Administration offers very limited transportation options, so if someone needs to be seen by a physician outside of Farmington, it can become an issue getting to/from that appointment.

Culture

Many focus group participants discussed culture and its relationship to healthcare. The two cultures highlighted were:

- Native Americans
- Undocumented Hispanics

Several focus group participants mentioned **Native American** beliefs as barriers for receiving healthcare. Participants reported that some insurance companies will not cover the cost of a medicine man, yet so many Native Americans use one instead of (or in addition to) a traditional doctor. Members would like to see some way to bridge the Native American's way of thinking with that of Anglo Americans. There is also concern that the Native American population is very laid back when dealing with their health; therefore, the severity of their illness may not be recognized and behavior change is difficult.

Another population that was discussed was **undocumented Hispanics**. There are increasing numbers of this group in the community and many do not receive healthcare services, for fear of deportation.

Housing

Focus group participants are concerned with the lack of affordable, quality housing available in the community. The main issue discussed surrounding housing was:

- Cost

Several focus group participants discussed the high **cost of housing**. Many people are unable to afford their own housing and move several families into one home. One respondent noted:

> *"They do still live together, grandparents, parents, and parents as kids down to their kids, so you have 20 in one household, in a three-bedroom house." Provider of Services to Native Americans*

Participants also believe the lack of housing is a deterrent for physicians and many leave the community. Participants would like to see more housing built on the reservation particularly for providers, in order to increase the provider retention rates.