

2009 PRC
HEALTH & QUALITY
OF LIFE SURVEY
Mesa County, Colorado

Sponsored By

- St. Mary's Hospital & Regional Medical Center
- Marillac Clinic
- Mesa County Health Department
- United Way of Mesa County
- Rocky Mountain Health Plans
- Colorado West Regional Mental Health
- Mesa County School District 51
- Western Colorado Area Health Education Center
- Western Healthcare Alliance
- Counseling and Education Center
- Mesa County Meth Task Force

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INTRODUCTION

Project Overview

Project Goals

This *2009 Community Health & Quality of Life Survey*, a follow-up to similar surveys conducted locally since 1994, is a systematic, data-driven approach to determining the health status, behaviors, perceptions and needs of residents in Mesa County. Subsequently, this information may be used to formulate strategies to improve community health and wellness.

A PRC Community Health & Quality of Life Survey 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 & Quality of Life Survey will serve as a tool toward reaching three basic goals:

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

Methodology

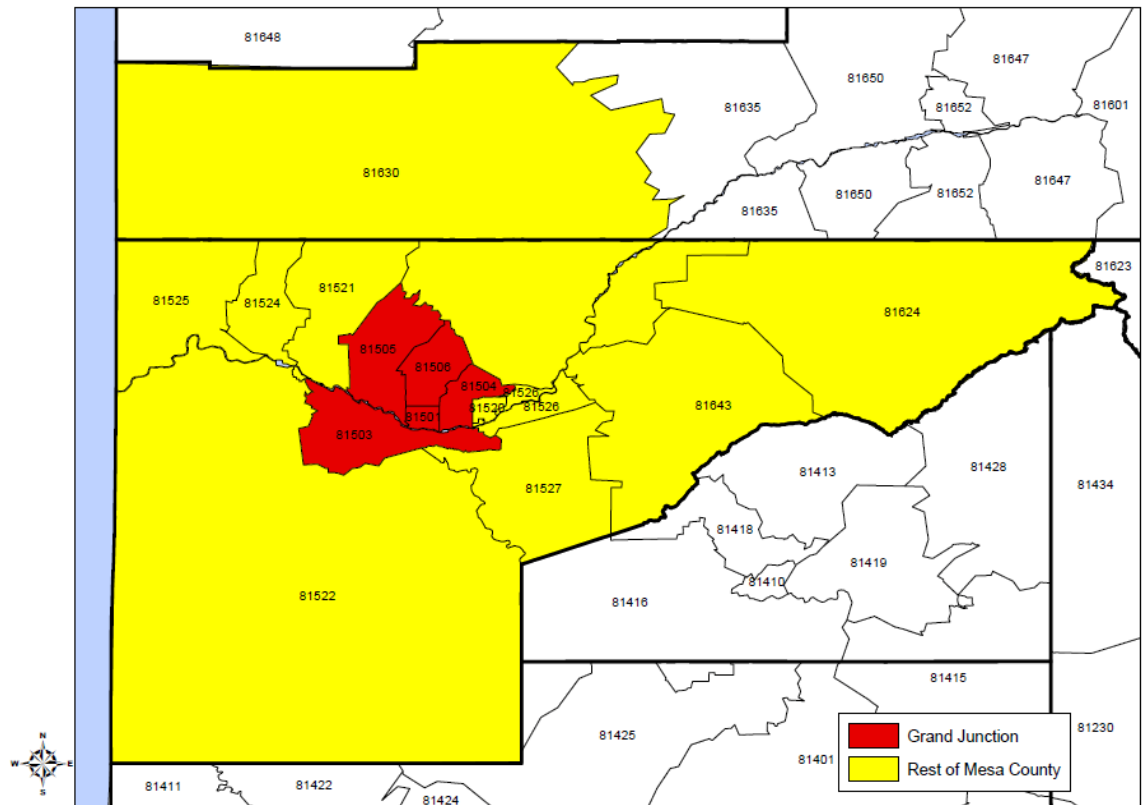
2009 PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to national health promotion and disease prevention objectives and other recognized health issues. It is very similar to surveys administered by PRC in Mesa County in 1994, 1997, 2001 and 2005.

Community Defined for This Survey

The study area for this effort is defined as Mesa County, Colorado, segmented into the two sub-areas of Grand Junction and the remainder of the county, as illustrated in the following chart.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2009 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

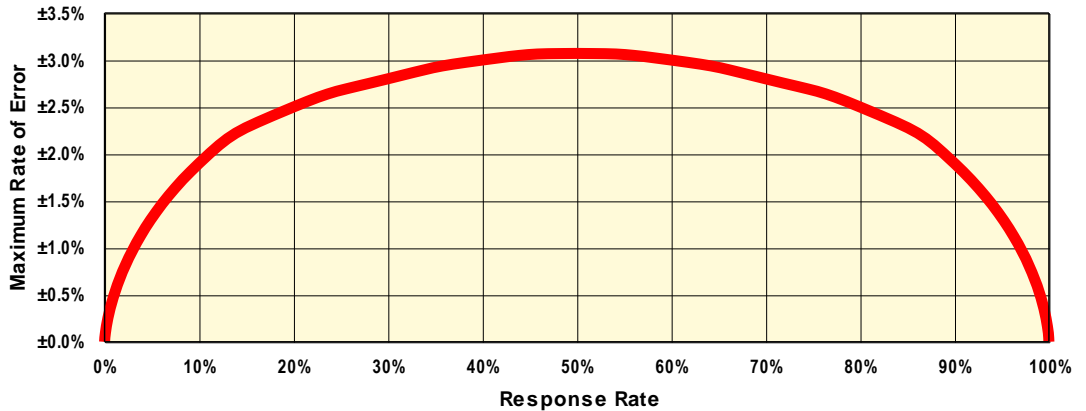
The sample design used for this effort consisted of a random sample of 1,000 individuals aged 18 and older in the defined communities. Once these data were collected, the sample was weighted in proportion to the actual population distribution at the ZIP Code level so that area estimates reflect the area as a whole. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

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 $\pm 3.1\%$ 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.

Example 1: For example, 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% ($10\% \pm 1.9\%$) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% ($50\% \pm 3.1\%$) of the total population would respond "yes" if asked this question.

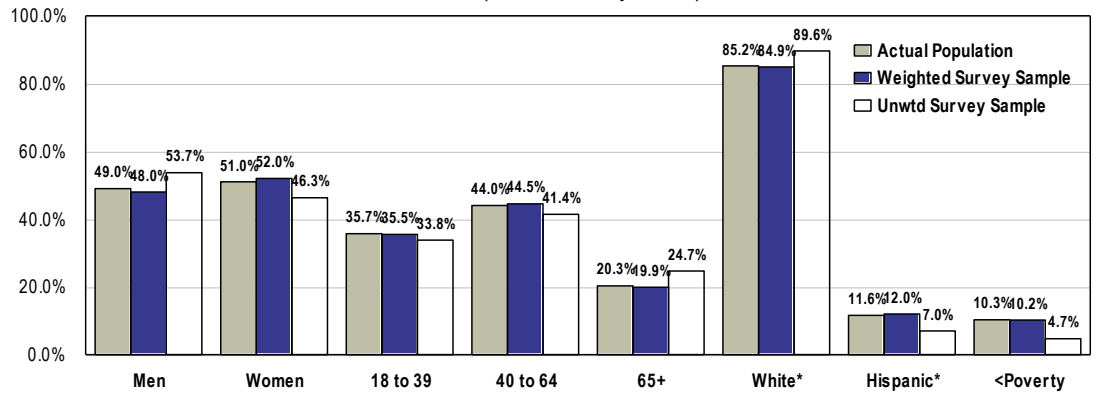
Sample Characteristics

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 demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population and Sample Characteristics

(Mesa County, 2009)



- Sources:
- Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
 - 2009 PRC Community Health Survey, Professional Research Consultants.
 - Hispanic can be of any race.
 - *White and Black or African American sample percentages do not include Hispanic respondents who did not offer a race response.

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 2008 guidelines place the poverty threshold for a family of four at \$21,200 annual household income or lower). In sample segmentation: “Below FPL” (or “Below the Federal Poverty Level”) refers to community members living in a household with defined poverty status; “100-199% FPL” includes those households living just above the poverty level, earning up to twice the poverty threshold; and “200%+ FPL” refers to households with incomes more than twice the poverty threshold defined for their household size.

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

Mesa County Trends

Note also that, for comparative purposes, survey findings from the 1994, 1997, 2001 and 2005 surveys (conducted in Mesa County by PRC) are included where possible and applicable throughout the report.

Colorado Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2010

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



SUMMARY OF SURVEY FINDINGS

Comparison With National Benchmarks

Self-Reported Health Status

Favorable Compared to National Benchmarks

In comparison with national findings, Mesa County adults' self-reported assessments of their own physical and mental health are more favorable than what is reported nationwide. Further, county residents are less likely to report high levels of stress when compared with US adults, and adults with recognized depression are more likely than those nationally to report seeking professional help.

Death, Disease & Disability

Favorable Compared to National Benchmarks

In comparison with national findings, there are many positive indicators relative to injury and disease in Mesa County. Note that with regard to **cardiovascular disease**, a lower prevalence of stroke is reported in Mesa County.

With regard to **respiratory disease**, Mesa County children exhibit a lower prevalence of asthma when compared with children nationwide.

With regard to **immunization and infectious disease**, pneumonia vaccinations are more prevalent among seniors in Mesa County when compared with the national proportion.

Unfavorable Compared to National Benchmarks

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

- ❑ **Cancer.** Mesa County residents are more likely than adults nationwide to suffer from skin cancer, and women across the county are less likely to have had a Pap smear in the past three years when compared with US women.
- ❑ **Disability.** Mesa County residents are more likely than adults nationwide to suffer from some type of activity limitation.
- ❑ **Injury Control.** The prevalence of Mesa County homes with firearms (including households with children) exceeds that reported nationally.
- ❑ **Domestic Violence.** Survey respondents in Mesa County are more likely than adults nationally to report that they have been physically threatened by an intimate partner in the past year. Residents are also more likely than US adults to have been physically abused by a partner in the past year.

Modifiable Health Risks

Favorable Compared to National Benchmarks

In comparison to national averages, positive findings relating to modifiable health risk behavior in Mesa County include: lower proportions of overweight/obese residents (including overweight children aged 6-17); higher percentages of physical activity (including moderate and vigorous exercise); and a lower prevalence of individuals who reportedly drove drunk or rode with a drunk driver last year.

Unfavorable Compared to National Benchmarks

In contrast, note the following negative findings:

- ❑ **Advice on Overweight.** The Mesa County ratio of overweight adults advised to lose weight by a healthcare professional is lower than the prevalence reported nationally.
- ❑ **Substance Abuse.** Residents of Mesa County are more likely than adults nationwide to have had a drink in the past month.
- ❑ **Smoking Cessation.** Smokers in Mesa County are less likely than their national counterparts to have attempted to quit smoking at least once in the past year.
- ❑ **Tobacco Use.** Community members are more likely to use **smokeless tobacco** when compared with their US counterparts.

Access to Healthcare Services

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. While the levels for access limitations in Mesa County as a whole are comparable to the US for many of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income residents.

Favorable Compared to National Benchmarks

Positive survey findings related to access in Mesa County include a lower prevalence of adults reporting that cost prevented a prescription medication in the past year. Also, community residents are less likely than adults nationwide to have used an ER more than once in the past year.

Unfavorable Compared to National Benchmarks

On the other hand, note the following negative findings in comparison with national benchmarks:

- ❑ **Difficulty Finding a Physician.** Survey respondents are more likely than adults nationwide to acknowledge having difficulty finding a physician when needed in the past year.
- ❑ **Difficulty Obtaining Appointment.** Mesa County residents are more likely than US adults to report difficulty obtaining a medical appointment in the past year.
- ❑ **Dental Care.** Parents were less likely to note that their child received dental care in the past year when compared with children nationwide. Further, a lower prevalence of adults in Mesa County has dental insurance when compared with US residents.

Community Life

In evaluating community health as it relates to quality of life in Mesa County, many positive findings are evident.

Favorable Compared to National Benchmarks

In comparison with national findings, Mesa County adults are more likely to own a home; more likely to own a computer and/or have Internet access; and more likely to feel able to affect the community's quality of life as an individual.

Further, survey respondents were less likely to give low ratings of the community as a place to live and as a place in which to raise a family. Adults were also less likely to indicate that their current financial situation is worse than it was last year, and respondents in Mesa County are more likely than adults nationwide to have someone to turn to when in need.

Unfavorable Compared to National Benchmarks

- **Change in Quality of Life.** Nearly one-fourth of survey respondents report that the quality of life in the community has grown worse over time (significantly higher than the national finding).

Significant Trends

Positive Trends Since 1994

- ☐ Advice by Health Professionals about Exercise
- ☐ Arthritis/Rheumatism
- ☐ Bike Helmets
- ☐ Cholesterol Screening
- ☐ Computer Ownership/Access
- ☐ Dental Insurance
- ☐ Fruit and Vegetable Consumption
- ☐ Hypertension & Cholesterol Management
- ☐ Impact of Methamphetamine Use
- ☐ Perception of Public Education
- ☐ Perception of the Community as a Place to Live
- ☐ Physical Activity/Exercise
- ☐ Pneumonia Vaccinations (Seniors and High-Risk Adults)
- ☐ Rules on Smoking in the Home
- ☐ Seat Belt Usage (Adults and Children)
- ☐ Social Support

Negative Trends Since 1994

- ☐ Activity Limitations
- ☐ Asthma
- ☐ Cardiovascular Risk Factors
- ☐ Chronic Depression
- ☐ Chronic Lung Disease
- ☐ Chronic/Binge Drinking
- ☐ Cost as a Barrier to Access
- ☐ Diabetes
- ☐ Difficulty Accessing Healthcare
- ☐ Drinking and Driving
- ☐ High Cholesterol
- ☐ Hypertension
- ☐ Lack Healthcare Insurance
- ☐ Lack of Leisure-Time Physical Activity
- ☐ Overweight/Obesity
- ☐ Pap Smears
- ☐ Perception of Community as a Place to Raise a Family
- ☐ Perception of Community's Quality of Life Over Time
- ☐ Personal Financial Situation
- ☐ Sciatica/Chronic Back Pain
- ☐ Tolerance For Other Viewpoints/Lifestyles

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 & Quality of Life Survey and the guidelines set forth in *Healthy People 2010*. From these data, opportunities for health improvement exist in the area with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity

Death, Disease & Disability

- ☐ Activity Limitations
- ☐ Blood Pressure & Cholesterol
- ☐ Chronic Disease
 - Asthma & Chronic Lung Disease
 - Chronic Depression
 - Diabetes
- ☐ Cervical Cancer Screening
- ☐ Domestic Violence
- ☐ Firearms in the Home
- ☐ Skin Cancer

Modifiable Health Risks

- ☐ Alcohol Abuse
 - Binge Drinking
 - Chronic Drinking
 - Drinking & Driving
- ☐ Cigarette Smoking Cessation
- ☐ Leisure-Time Physical Activity
- ☐ Overweight & Obesity
- ☐ Smokeless Tobacco

Access to Healthcare Services

- ☐ Barriers to Access
 - Cost/Health Insurance Coverage
 - Physician/Appointment Availability
- ☐ Oral Health
 - Children’s Dental Care
 - Dental Insurance Coverage

Community Life

- ☐ Perceived Deterioration in Quality of Life
- ☐ Perceptions of Personal Finances
- ☐ Perceptions of the Community as a Place to Raise a Family
- ☐ Perceptions of Tolerance

Selecting Health & Quality of Life Priorities

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

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

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

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

Summary Tables

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

Reading the Summary Tables

- In the following charts, Mesa County results are shown in the larger, blue column.
- The green columns [to the left of Mesa County column] provide comparisons between the geographic subareas, identifying differences as “better than” (☀️), “worse than” (☁️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Mesa County column provide comparisons between Mesa County and any available state and national findings, as well as Healthy People 2010 targets. Again, symbols indicate whether Mesa County compares favorably (☀️), unfavorably (☁️), or comparably (☁️) to these external data.

COMMUNITY LIFE

QUALITY OF LIFE INDICATORS	Sub-Areas vs. Each Other		Mesa County	Mesa County vs. Benchmarks			
	Grand Junction	Rest of Mesa County		TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
% Quality of Life in Community Has Grown Worse	☁️ 24.7	☁️ 23.9	24.4	☁️ 16.0		☁️ 9.8	
% Community Rating as a Place to Live is "Fair/Poor"	☁️ 7.5	☁️ 6.9	7.3	☀️ 10.8		☀️ 14.4	
% Own Home	☁️ 81.4	☁️ 77.9	80.4	☁️ 78.9		☀️ 71.8	
% Rating as a Place to Raise a Family is "Fair/Poor"	☁️ 10.6	☁️ 9.8	10.4	☁️ 7.1		☀️ 16.2	
% Have Computer in Home	☁️ 87.0	☁️ 87.1	87.0	☀️ 52.5		☀️ 83.3	
% Have Internet Access	☁️ 86.3	☁️ 86.2	86.3	☀️ 42.8		☀️ 83.9	
% Rating of Schools Preparing Children is "Fair/Poor"	☁️ 29.0	☁️ 29.6	29.2	☀️ 35.7		☁️ 31.4	
% Compared to Last Year Financial Situation is "Worse"	☁️ 28.9	☁️ 26.1	28.1	☁️ 18.7		☀️ 32.3	
% Sought Assistance With Basic Needs in Past Year	☁️ 7.3	☁️ 9.7	7.9	☁️ 8.4			
% Spirituality Plays Roles in Daily Decision-Making	☁️ 64.6	☁️ 59.4	63.2	☁️ 65.4			
% Have Someone to Turn to "Little/None of the Time"	☁️ 5.8	☁️ 4.6	5.5	☀️ 8.2		☀️ 12.6	
% Tolerance for Other Viewpoints/Lifestyles "Fair/Poor"	☁️ 27.2	☁️ 26.7	27.0	☁️ 21.9		☁️ 28.6	
% Feel Able to Affect Community's Quality of Life	☁️ 80.3	☁️ 83.6	81.2	☁️ 83.8		☀️ 68.6	
	Note: Each sub-area is compared against the other.			-blank- no data	☀️ favorable	☁️ unfavorable	☁️ similar

HEALTH

Access to Healthcare Services	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Lack Health Insurance (Aged 18-64)	17.4	19.6
% Difficulty Accessing Healthcare in Past Year	41.4	39.4
% Difficulty Finding Physician in Past Year	18.4	17.0
% Difficulty Getting Appointment in Past Year	22.4	25.2
% Cost Prevented Physician Visit in Past Year	17.5	19.9
% Cost Prevented Getting Rx in Past Year	13.6	17.3
% Cost Prevented Dental Visit in Past Year	23.0	21.8
% Skipped Rx Doses to Save Costs	14.9	21.1
% Difficulty Getting Child's Healthcare in Past Year	6.9	9.1
% Unable to Get Medical Care for Child Due to Cost	5.3	12.5
% Have a Specific Source of Ongoing Care	80.0	74.9
% Have Had Routine Checkup in Past Year	67.3	55.7
% Child Has Had Checkup in Past Year	87.9	88.2
% Gone to ER More Than Once in Past Year	5.9	4.8
% Rate Local Healthcare "Excellent/Very Good"	51.8	48.3
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
18.0	14.0	20.1	17.7	0.0
40.8	33.1		42.4	7.0
18.0			12.9	
23.2			18.9	
18.2	7.3		18.2	
14.6		19.7		
22.7	18.7			
16.6	16.2		17.5	
7.6	6.8		7.7	
7.8	5.5			
78.6	77.0		76.8	96.0
64.1	65.6		65.2	
87.9	91.3		91.3	
5.7	6.9		10.6	
50.9			47.7	
-blank-no data favorable unfavorable similar				

Arthritis, Osteoporosis & Chronic Pain	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Arthritis/Rheumatism	23.1	21.3
% Osteoporosis	6.2	7.6
% Sciatica/Chronic Back Pain	20.1	23.3
% Migraine/Severe Headaches	15.5	15.2
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
22.6	29.1	23.3	24.2	
6.6	6.9		6.7	
21.0	15.2		22.2	
15.4	17.3		16.8	
-blank-no data favorable unfavorable similar				

Cancer	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Skin Cancer	8.1	4.5
% Cancer (Other Than Skin)	8.0	5.1
% Sigmoid/Colonoscopy Ever (Aged 50+)	68.8	58.8
% Mammogram in Past 2 Years (Women 40+)	75.0	65.7
% Pap Smear in Past 3 Years (Women)	77.0	69.5
% Prostate Exam in Past 2 Years (Men 50+)	79.7	77.1
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
7.1	8.2		4.6	
7.2	5.2		5.8	
66.2	61.5	57.2	64.8	50.0
72.6	77.5		74.6	70.0
74.8	84.1		81.3	90.0
79.1	77.6		73.7	
-blank-no data favorable unfavorable similar				

Diabetes	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Diabetes/High Blood Sugar	10.4	8.0
% (Diabetics) Taking Insulin/Medication	81.6	72.1
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
9.7	4.8	5.3	11.1	
79.4			84.2	
-blank-no data favorable unfavorable similar				

Disability	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Activity Limitations	26.4	25.4
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
26.1	16.2	16.7	21.8	
-blank-no data favorable unfavorable similar				

Education & Community-Based Programs	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Attended Health Event in Past Year (Aged 65+)	16.5	16.1
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
16.4			13.3	90.0
-blank-no data favorable unfavorable similar				

Heart Disease & Stroke	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Chronic Heart Disease	6.6	4.6
% Stroke	2.4	4.4
% Blood Pressure Checked in Past 2 Years	95.1	90.5
% Told Have High Blood Pressure	33.1	32.4
% Taking Action to Control High Blood Pressure	94.3	91.5
% Cholesterol Checked in Past 5 Years	87.8	80.8
% Told Have High Cholesterol	31.3	28.4
% Taking Action to Control High Blood Cholesterol	87.3	89.0
% 1+ Cardiovascular Risk Factor	84.0	86.4
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
6.0	5.4		6.3	
2.9	2.2	1.8	4.9	
93.8	93.8		94.5	95.0
32.9	21.3	21.2	34.0	16.0
93.5	86.8		90.9	95.0
86.0	72.4	73.8	87.0	80.0
30.5	20.2		30.5	17.0
87.8	67.9		90.4	
84.7	78.9		85.1	
-blank-no data favorable unfavorable similar				

Immunization & Infectious Disease	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Flu Shot in Past Yr (Aged 65+)	79.8	63.2
% Flu Shot in Past Yr (High-Risk Aged 18-64)	49.3	32.9
% Pneumonia Vaccine Ever (Aged 65+)	84.1	65.0
% Pneumonia Vaccine Ever (High-Risk Aged 18-64)	37.7	36.0
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
76.0		76.4	73.2	90.0
43.5			43.7	60.0
79.8	55.1	72.5	69.7	90.0
37.1	26.1		36.1	60.0
-blank-no data favorable unfavorable similar				

Injury & Violence	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% "Always" Wear Seat Belt	86.4	78.7
% Child (Aged 0-4) "Always" Uses Auto Child Restraint	100.0	97.6
% Child (Aged 5-17) "Always" Uses Seat Belt	94.3	87.2
% Child (Aged 0-17) "Always" Uses Seat Belt/Car Seat	95.6	89.1
% Child "Always" Wears Bicycle Helmet (Aged 5-16)	52.7	47.1
% Firearm in Home	52.0	63.1
% Homes With Children With a Firearm	56.3	65.3
% Homes w/Unlocked Loaded Firearm	16.9	15.9
% Physically Threatened By Partner in Past Year	17.1	16.7
% Physically Abused By Partner in Past Year	17.0	21.4
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
84.3	58.5		83.5	92.0
99.3			97.4	100.0
91.8			93.0	92.0
93.5	87.5		94.3	
50.7	38.4		41.7	
55.1	57.2		35.3	
59.3			31.2	
16.6			15.2	16.0
17.0			14.6	
18.2			15.0	
-blank-no data favorable unfavorable similar				

Mental Health & Mental Disorders	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% "Fair/Poor" Mental Health	8.5	7.9
% Major Depression	12.1	12.6
% Chronic Depression (2+ Years)	29.0	21.2
% Bipolar/Manic Depressive	2.2	4.4
% Typical Day Is "Extremely/Very" Stressful	10.3	11.1
% Child Takes Rx for ADD/ADHD	6.9	2.5
% Contemplated Suicide in the Past	10.0	8.2
% Depressed Persons Seeking Help	59.1	68.3
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
8.4	9.3		12.9	
12.2	9.5		9.7	
26.8	20.8		30.3	
2.9	2.9			
10.5	10.8		13.4	
5.3	2.6		6.3	
9.5	11.5			
61.1			43.0	50.0
-blank-no data favorable unfavorable similar				

Nutrition & Overweight	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Eat 5+ Servings of Fruit or Vegetables per Day	42.8	34.4
% Eat 2+ Servings of Fruit per Day	63.1	57.0
% Received Advice on Nutrition in Past Year	38.0	36.0
% Unhealthy Weight (BMI <18.5 or 25+)	61.3	67.6
% Overweight	59.5	67.2
% Obese	20.8	32.7
% Overweights Advised to Lose Weight	28.2	21.3
% Children (Aged 6-17) Overweight	14.4	14.3
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
40.5	33.5		43.5	
61.4	54.7		58.4	75.0
37.5	34.2		38.2	
63.1	53.1	55.6	68.0	40.0
61.7	42.0	55.7	67.4	
24.2	5.0	19.3	29.0	15.0
26.1			33.4	
14.4	17.7		26.1	
-blank-no data favorable unfavorable similar				

Oral Health	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Have Visited Dentist in Past Yr (18+)	63.1	55.5
% Child (Aged 2-17) Has Visited Dentist in Past Year	78.5	78.0
% Have Dental Insurance	52.2	47.0
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
61.1	64.7	70.3	63.5	56.0
78.2	79.0		85.1	56.0
50.7	45.0		61.7	
-blank-no data favorable unfavorable similar				

Physical Activity & Fitness	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% No Leisure-Time Physical Activity	27.7	27.7
% Meeting Physical Activity Recommendations	48.5	45.5
% Vigorous Physical Activity	37.6	35.6
% Moderate Physical Activity	27.8	29.4
% Received Advice on Exercise in Past Year	44.2	39.0
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
27.7	23.8		28.8	20.0
47.6	40.8		38.5	
37.0	28.7	32.6	28.0	30.0
28.2	26.8	40.8	22.6	30.0
42.7	38.3		42.7	
-blank-no data favorable unfavorable similar				

Physical Health	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% "Fair/Poor" Physical Health	13.3	11.5
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
12.8	11.9	13.3	17.4	
-blank-no data favorable unfavorable similar				

Respiratory Disease	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Asthma	11.2	15.7
% Child Has Asthma	10.0	7.9
% Chronic Lung Disease	6.6	11.4
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
12.4	6.3	12.9	13.6	
9.3	9.8		19.2	
7.9	3.3		9.9	
-blank-no data favorable unfavorable similar				

Substance Abuse	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Current Drinker	60.6	56.0
% Chronic Drinker	6.0	7.7
% Binge Drinker	15.5	15.7
% Drinking & Driving in Past Month	3.2	4.7
% Driving Drunk or Riding with Drunk Driver	5.3	5.9
% Illicit Drug Use in Past Month	2.9	2.5
% Sought Help for Alcohol or Drug Problem	4.9	3.8
% Have Been Impacted By Meth Use	14.0	12.9
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
59.3		62.2	52.6	
6.4	2.9	5.6	4.5	
15.5	12.3	17.3	17.8	6.0
3.6	1.2		3.8	
5.5	5.5		8.6	
2.8	3.1		2.9	2.0
4.6	5.7		5.5	
13.7	17.2			
-blank-no data favorable unfavorable similar				

Tobacco Use	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Current Smoker	19.5	18.3
% Have Quit Smoking 1+ Days in Past Year (Smokers)	42.7	39.9
% Use Smokeless Tobacco	7.6	5.1
% Smoking Not Allowed Anywhere In Home	82.9	82.9
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
19.2	22.2	18.7	19.2	12.0
41.8	43.8		57.0	75.0
6.9	5.6		4.0	0.4
82.9	69.6			
-blank-no data favorable unfavorable similar				

Vision & Hearing	Sub-Areas vs. Each Other	
	Grand Junction	Rest of Mesa County
% Blindness/Trouble Seeing	9.0	10.7
% Deafness/Trouble Hearing	11.5	11.4
% Eye Exam in Past 2 Years	59.0	53.6
Note: Each sub-area is compared against the other.		

Mesa County	Mesa County vs. Benchmarks			
	TREND (vs. 1994)	vs. CO	vs. US	vs. HP2010
9.5	8.3		9.1	
11.5	14.0		11.7	
57.5	56.3		59.2	
-blank-no data favorable unfavorable similar				

Health Status

Physical Health

Self-Reported Health Status

The initial inquiry of the 2009 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 majority of Mesa County adults (56.2%) rate their overall physical health as "excellent" or "very good."

- Another 31.0% of survey respondents gave "good" ratings of their overall health.

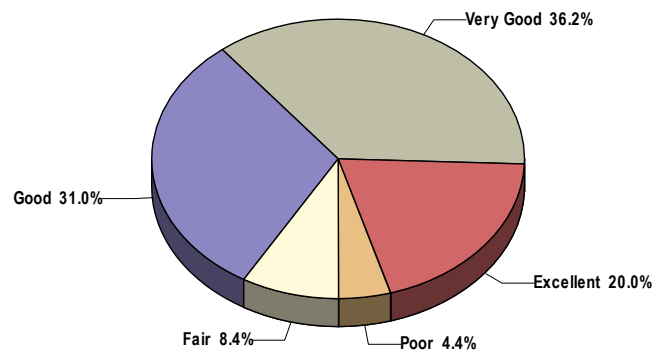
In contrast, 12.8% of adults believe that their overall health is "fair" or "poor."

- Similar to Colorado findings (13.3% "fair/poor").
- More favorable than the national percentage (17.4% "fair/poor").
- No statistical difference by service area.

Statistically unchanged since the 1994 survey was conducted in Mesa County.

Self-Reported Health Status

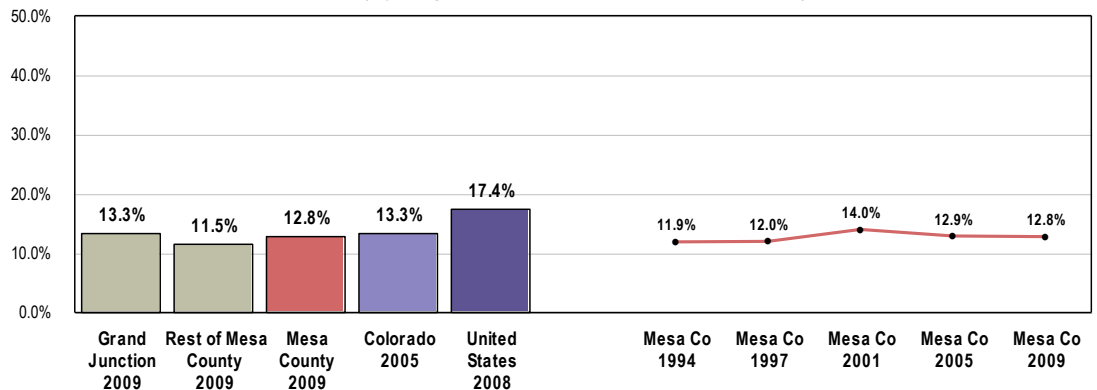
(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 5]
 Note: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

(By Region, 2009; 1994-2009 Trend Data)



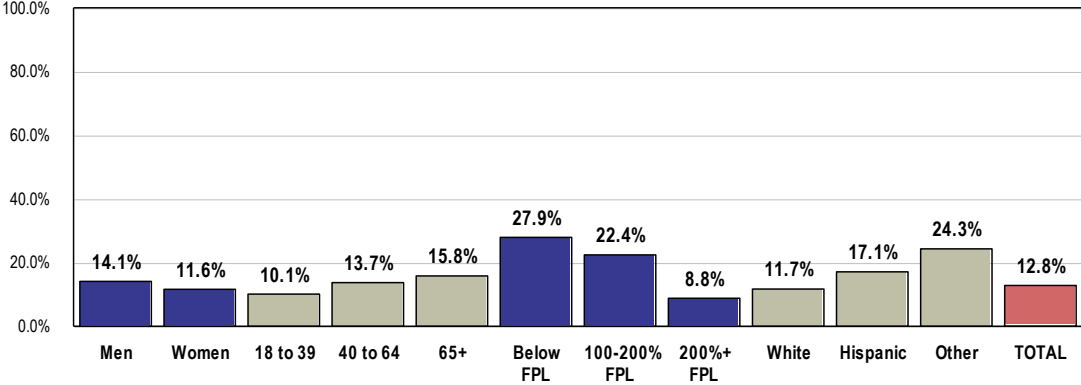
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

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

- 👥 Seniors, when compared with adults under 40.
- 👥 Those living near or below the federal poverty level (a “fair/poor” response more than three times that found among adults with incomes over 200% of poverty).
- 👥 Non-Whites.

Experience "Fair" or "Poor" Overall Health

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 5]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.
 • Percentages reflect combined "fair" and "poor" responses.

Activity Limitations

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

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

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

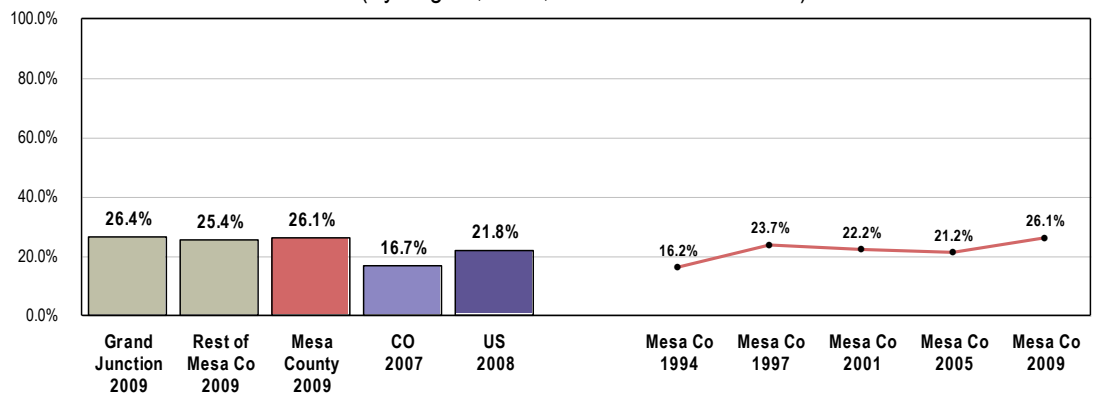
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

More than one in four Mesa County adults (26.1%) is limited in some way in some activities due to a physical, mental or emotional problem.

- ☉ Much higher than the 16.7% prevalence reported in Colorado.
- ☉ Much higher than the 21.8% reported nationally.
- ✦ Statistically similar by service area.
- ☒ Denotes a statistically significant increase in activity limitations since 1994.

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

(By Region, 2009; 1994-2009 Trend Data)



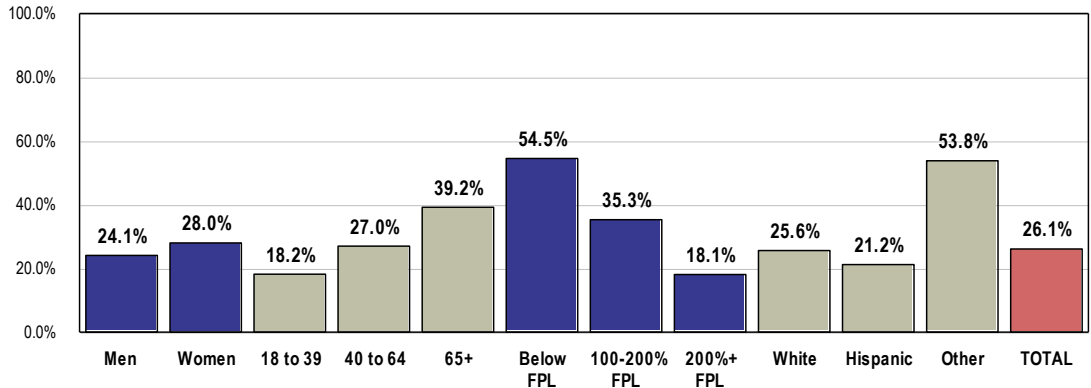
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2007 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

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

- 👤 Adults aged 40 or older are more often limited in activities.
- 👤 Activity limitations are much more prevalent among adults living below the 200% poverty threshold.

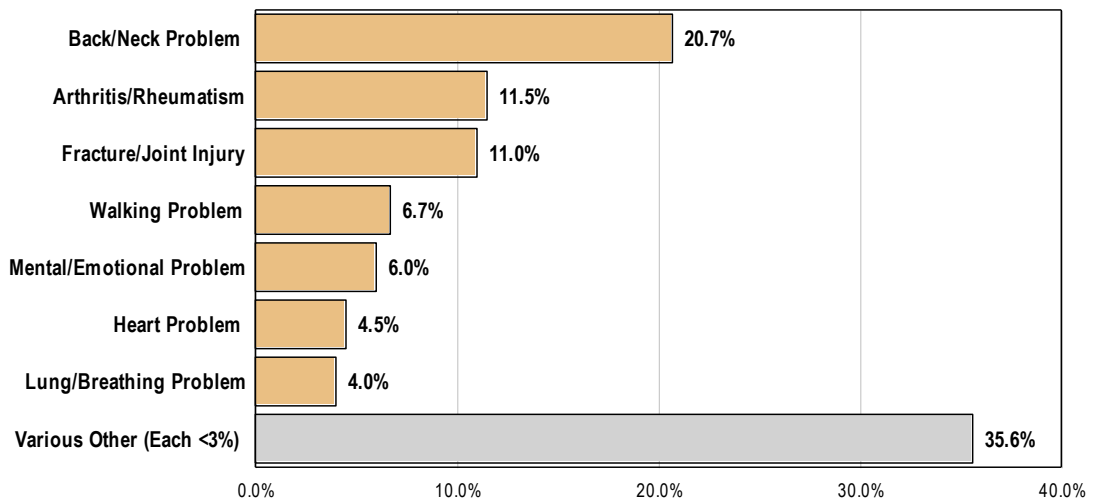
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 112]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

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

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 113]
 Note: • Reflects those respondents who experience activity limitations.

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

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

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

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

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

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

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

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

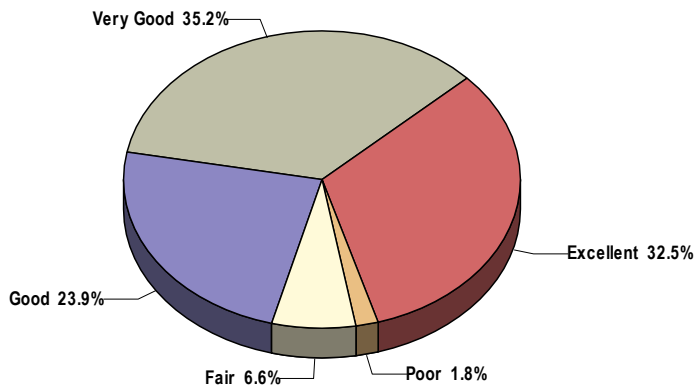
Self-Reported Mental Health Status

Two-thirds of Mesa County adults (67.7%) rate their overall mental health as “excellent” or “very good.”

- ☐ Another 23.9% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status

(Mesa County, 2009)



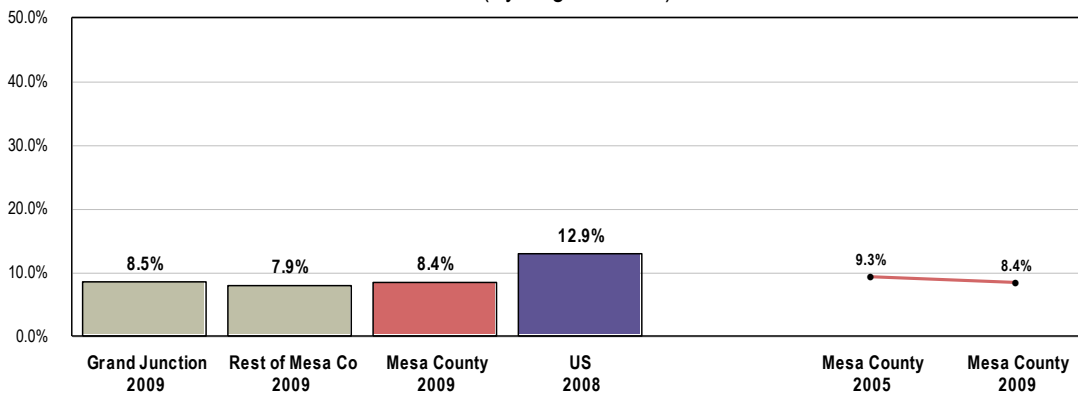
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 105]
 Note: • Asked of all respondents.

However, 8.4% of adults believe that their overall mental health is “fair” or “poor.”

- ☑ More favorable than the 12.9% “fair/poor” reported across the nation.
- ✦ Statistically similar by service area.
- ☒ Statistically unchanged over time.

Experience "Fair" or "Poor" Mental Health

(By Region, 2009)



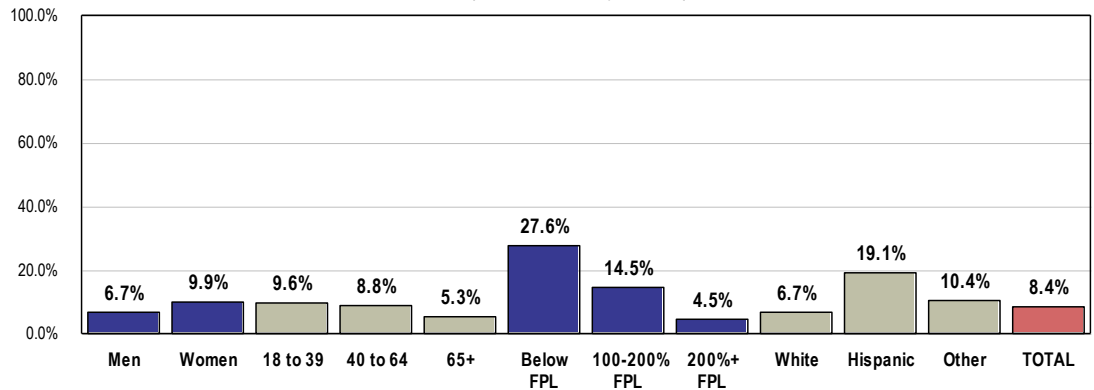
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 105]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

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

- 👥 Adults under 65.
- 👥 Those living at lower incomes.
- 👥 Hispanics.

Experience "Fair" or "Poor" Mental Health

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 105]

Note: • Asked of all respondents.

• "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Depression & Suicide

Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Major Depression

Across Mesa County, 12.2% of adults report that they have been diagnosed with major depression by a physician at some point in their lives.

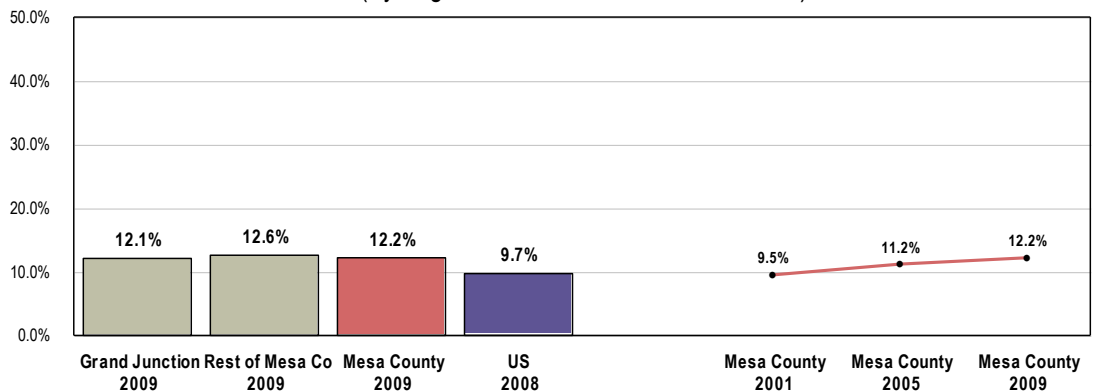
☑ Statistically similar to national findings (9.7%).

✦ Nearly identical by service area.

📅 Statistically unchanged over time.

Prevalence of Major Depression

(By Region, 2009; 2001-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 36]

• 2008 PRC National Health Survey, Professional Research Consultants.

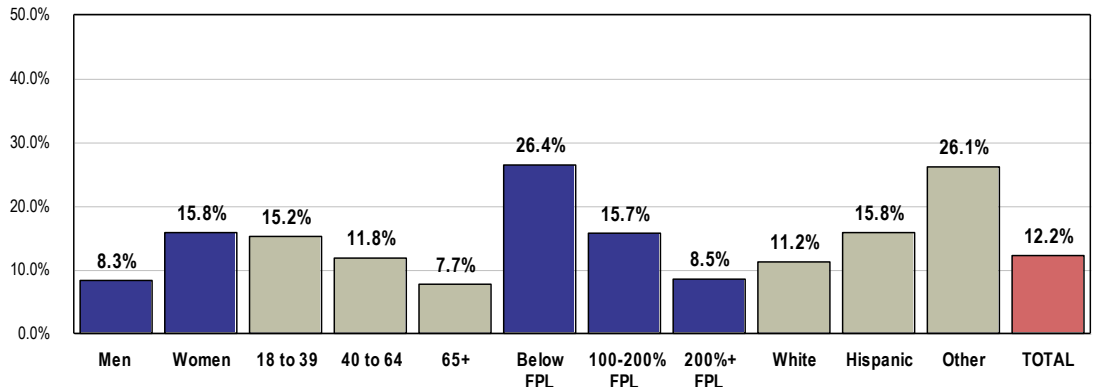
Notes: • Asked of all respondents.

• In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.

By key demographic characteristics, note the following findings:

- 👥 Women report a higher prevalence of major depression than do men.
- 👥 Adults under 40 more often report a diagnosis of major depression than do older adults.
- 👥 Note the negative correlation between income and depression.
- 👥 [Keep in mind the sample sizes when making comparisons by race.]

Prevalence of Major Depression (Mesa County, 2009)



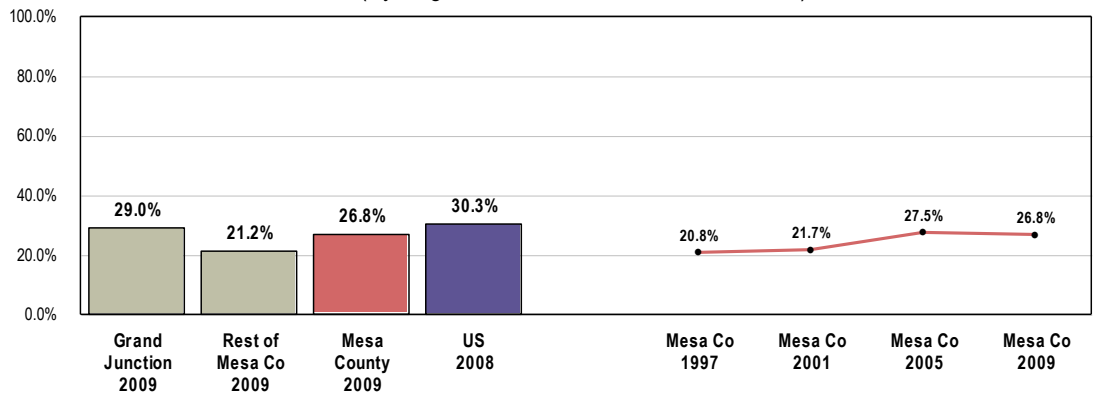
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 36]
 Notes: • Asked of all respondents.
 • In this case, the term "major depression" refers to self-reported major depression as diagnosed by a physician.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Chronic Depression

Over one in four Mesa County adults (26.8%) report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- 📊 Statistically similar to national findings (30.3%).
- 📈 Less favorable in Grand Junction when compared with the rest of Mesa County.
- 📈 Marks a statistically significant increase over time.

Have Experienced Chronic Depression (By Region, 2009; 1997-2009 Trend Data)



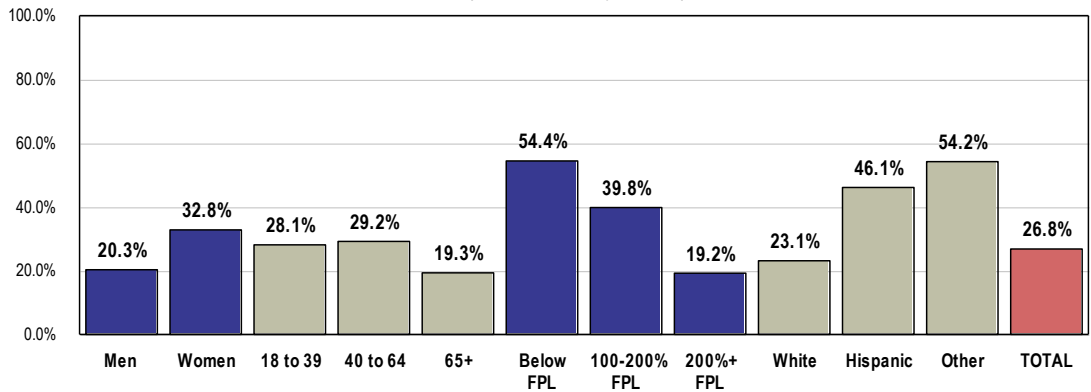
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 106]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.
 • In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.

The following chart illustrates differences found among key demographic groups. Note that self-reported prevalence of chronic depression is notably higher among:

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

Have Experienced Chronic Depression

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 106]

- Notes:
- Asked of all respondents.
 - In this case, the term "chronic depression" refers to periods of self-reported depression lasting two years or longer.
 - "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

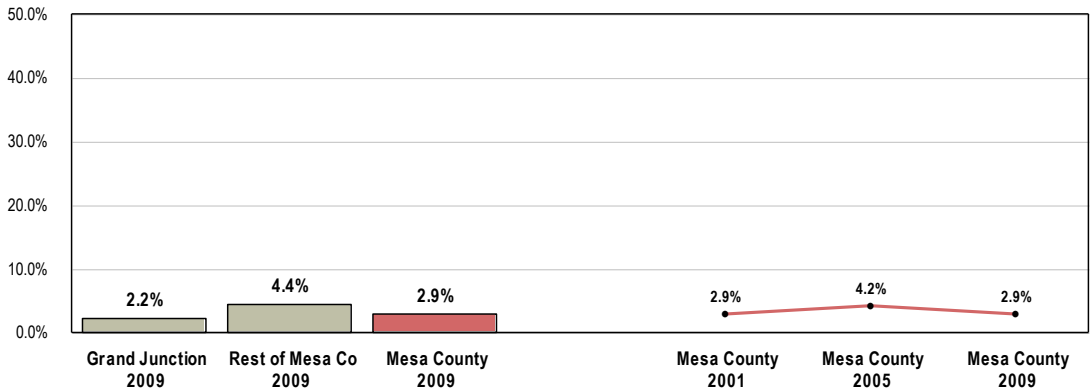
Bipolar Disorder/Manic Depression

A total of 2.9% of survey respondents have experienced bipolar disorder or manic depression.

- ✦ Statistically similar by service area.
- ☑ Unchanged from the 2.9% reported across the county in 2001.

Have Experienced Bipolar Disorder/Manic Depression

(Mesa County, 2009; 2001-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 35]

- Notes:
- Asked of all respondents.

Suicide

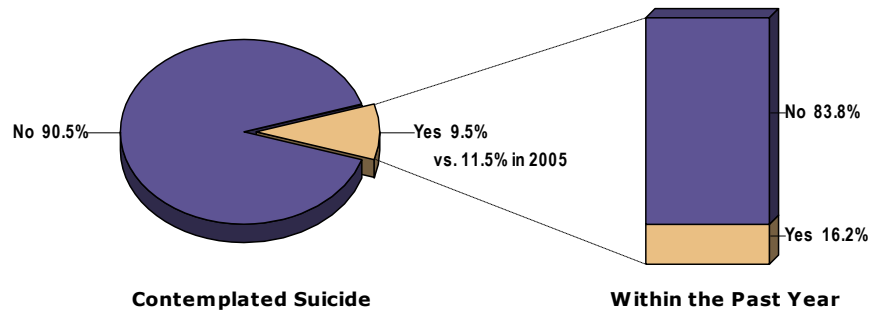
Among Mesa County survey respondents, 9.5% acknowledge having contemplated suicide at some point in their lives.

- Statistically similar to the 11.5% reported in 2005.
- Statistically similar by service area (not shown).

Among those who have contemplated suicide, 16.2% indicate that it was within the past year.

Contemplated Suicide in the Past

(Mesa County, 2009)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 110-111]
Notes: • Asked of all respondents.

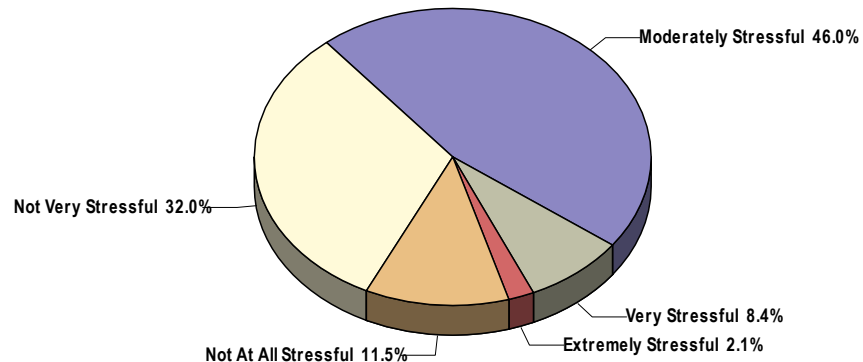
Stress

More than 4 in 10 (43.5%) Mesa County adults say their level of stress on a typical day is “not very stressful” (32.0%) or “not at all stressful” (11.5%).

- Nearly one-half (46.0%) reports “moderately stressful” typical days.

Perceived Level of Stress on a Typical Day

(Mesa County, 2009)



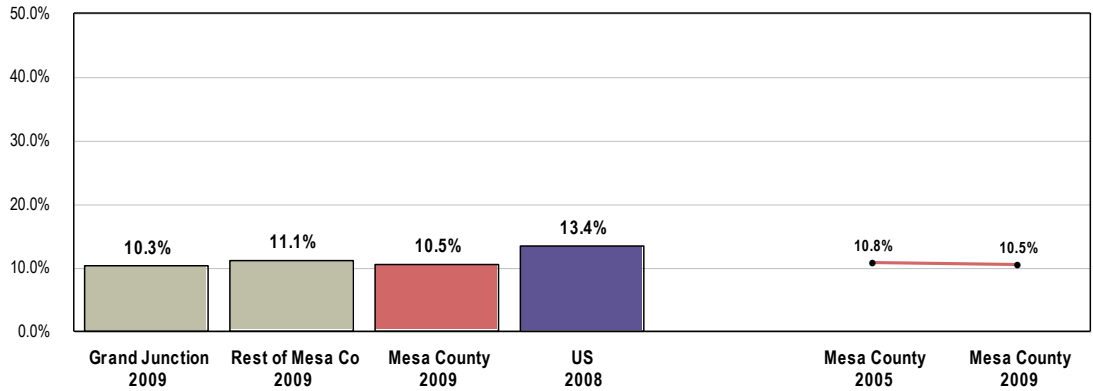
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 107]
Note: • Asked of all respondents.

In contrast, 10.5% say their typical day is “extremely” or “very” stressful.

- ☑ More favorable than national data (13.4%).
- + Similar by service area.
- ☑ Nearly identical to the 2005 prevalence reported across Mesa County (10.8%).

Perceive Most Days as “Extremely” or “Very” Stressful

(By Region, 2009)



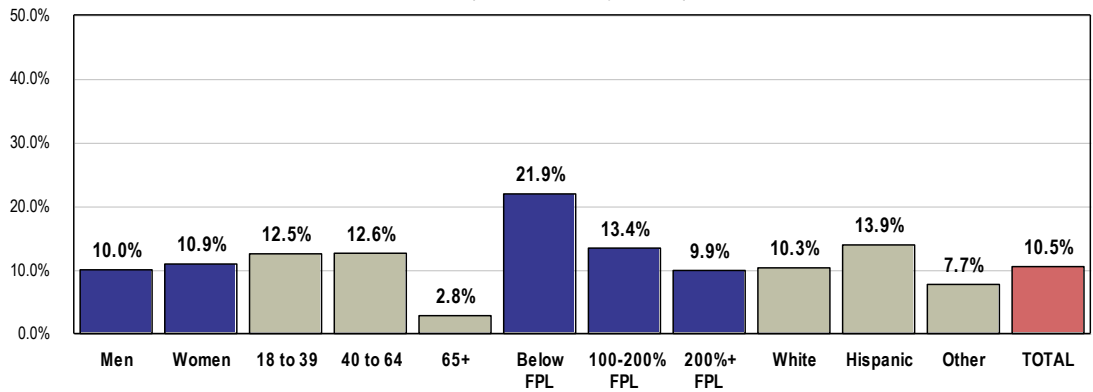
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 107]
• 2008 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• Percentages represent combined “extremely stressful” and “very stressful” responses.

Adults under 65 are more likely to perceive their days to be “extremely/very stressful.”

Perceive Most Days as “Extremely” or “Very” Stressful

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 107]
 Note: • Asked of all respondents.
 • Percentages represent combined “extremely stressful” and “very stressful” responses.
 • “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

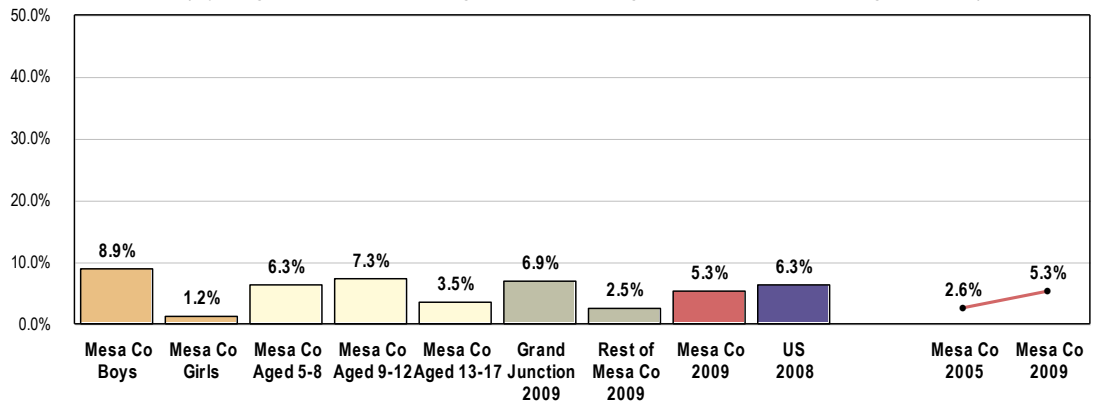
Children & ADD/ADHD

A total of 5.3% of Mesa County children take medication for Attention-Deficit/Hyperactivity disorder.

- ☑ Similar to national findings (6.3%).
- ✦ Similar by service area.
- ☒ Statistically unchanged over time.
- ☑ Notably higher among Mesa County boys (8.9%) than girls (1.2%).

Child Takes Medication for ADD/ADHD

(By Region, Gender and Age, 2009; Among Parents of Children Age 5 to 17)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 140]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents with children aged 5 through 17 at home.
 • “ADD/ADHD” refers to “Attention-Deficit Disorder” and “Attention-Deficit/Hyperactivity Disorder.”

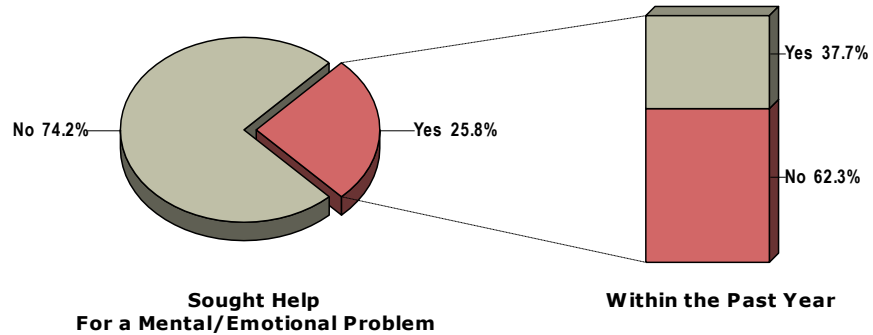
Mental Health Treatment

Among Mesa County respondents, 25.8% acknowledge that they have sought professional help for a mental or emotional problem.

- Among these adults, 37.7% sought professional help within the past year.

Have Sought Professional Help With a Mental or Emotional Problem

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Items 108, 109]
Note: • Asked of all respondents.

- More favorable than national findings (22.6%).
- Statistically similar by service area.
- Marks a statistically significant increase in seeking professional help since 1994.

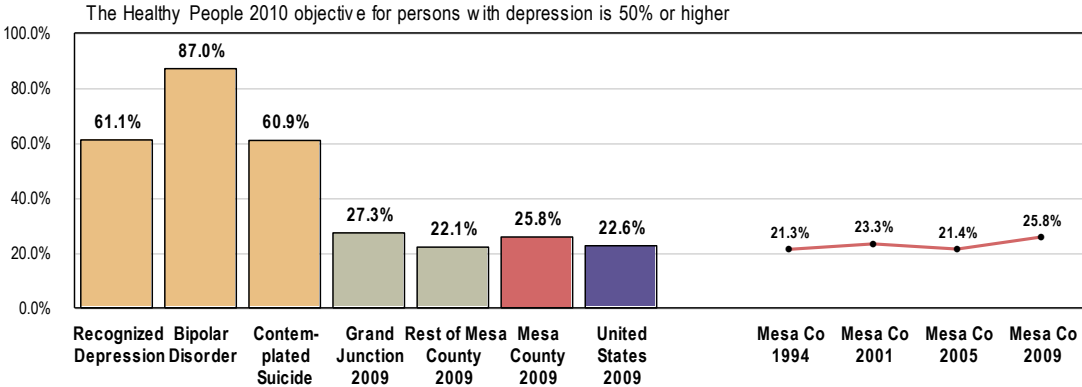
Among Mesa County respondents with recognized depression, 61.1% acknowledge that they have sought professional help for a mental or emotional problem.

- More favorable than national findings (43.0%; not shown).
- ✦ Statistically similar by service area.
- Satisfies the Healthy People 2010 objective of 50% or higher among adults with recognized depression.

Note also the 87.0% prevalence among respondents with bipolar disorder as well as the 60.9% among those who have contemplated suicide.

Have Sought Professional Help With a Mental or Emotional Problem

(By Region and Mental Status, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 108, 176]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 18-9b]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • In this case, the term recognized depression includes chronic or major depression.

(Related Issue: see also “Substance Abuse.”)

Death & Disability

Cardiovascular Disease

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

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

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

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

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

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

Prevalence of Heart Disease & Stroke

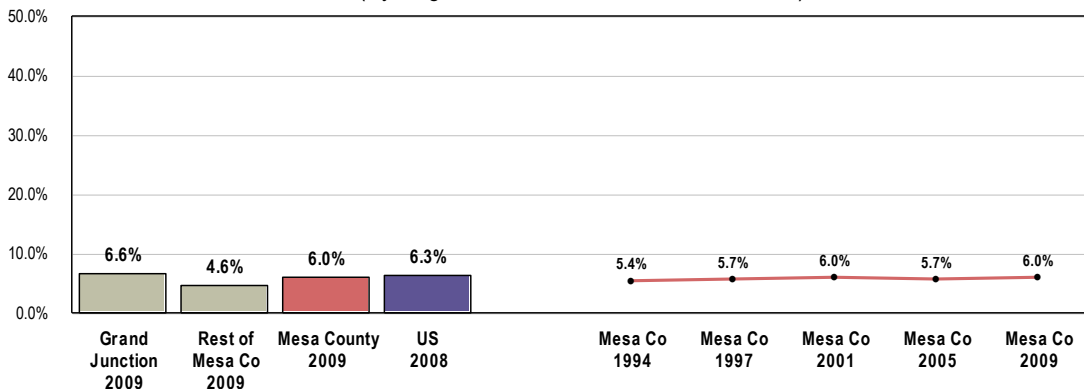
Prevalence of Heart Disease

A total of 6.0% of surveyed Mesa County adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- 📊 Statistically similar to the national percentage (6.3%).
- 📍 Similar by service area.
- 📅 Statistically unchanged over time.

Self-Reported Prevalence of Chronic Heart Disease

(By Region, 2009; 1994-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [Item 196]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, or a heart attack.

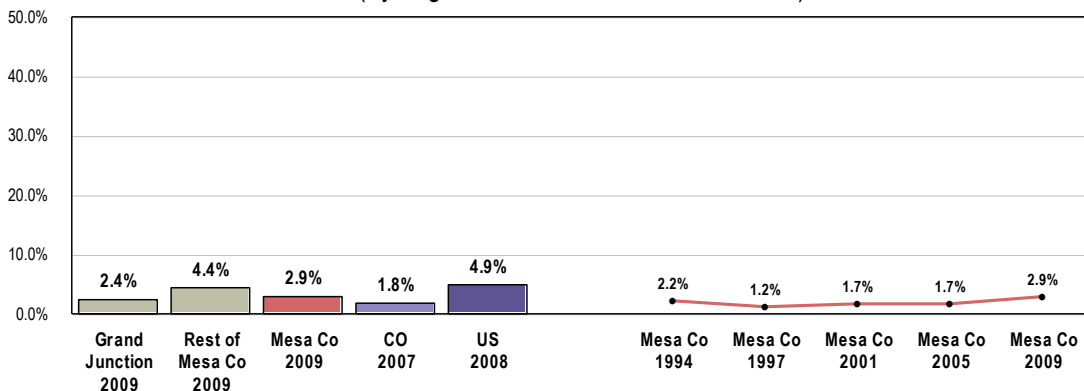
Prevalence of Stroke

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

- 📍 Less favorable than statewide findings (1.8%).
- 📍 More favorable than national findings (4.9%).
- 📍 Statistically similar by service area.
- 📍 No statistical change over time.
- 👥 Note: Among Mesa County residents aged 65 and older, 6.7% have had a stroke.

Self-Reported Prevalence of Stroke

(By Region, 2009; 1994-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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

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

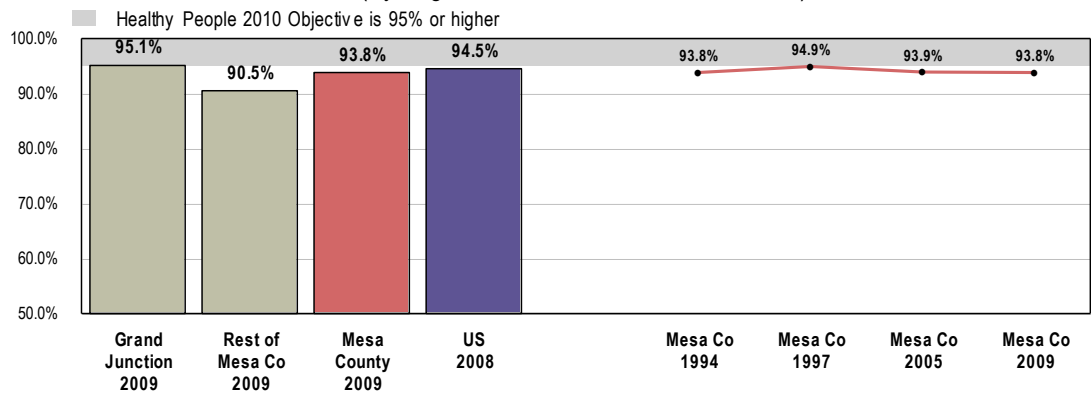
High Blood Pressure Testing

93.8% of Mesa County adults have had their blood pressure tested within the past two years.

- Similar to national findings (94.5%).
- Statistically similar to the Healthy People 2010 target (95% or higher).
- + More favorable (95.1%) in Grand Junction when compared with the rest of Mesa County (90.5%).
- Unchanged since 1994.

Have Had Blood Pressure Checked Within the Past Two Years

(By Region, 2009; 1994-2009 Trend Data)



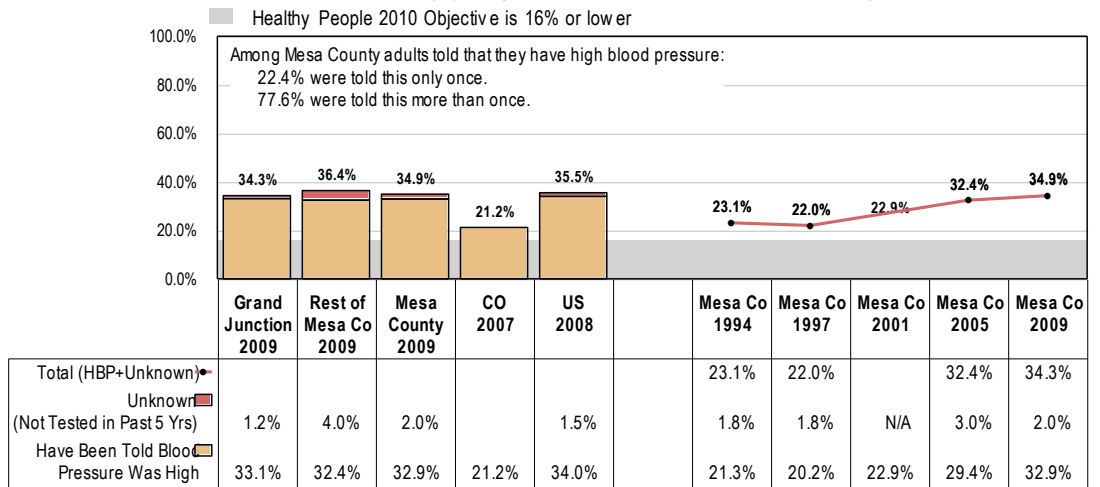
- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 51]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-12]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Reflects the total sample of respondents.
 - Excludes uncertain responses.
 - Was not asked in the 2001 Community Health Survey.

Prevalence of Hypertension

Nearly one-third (32.9%) of surveyed Mesa County adults have been told at some point that their blood pressure was high (an additional 2.0% have not been tested in the past five years).

- ☐ Less favorable than the Colorado prevalence (21.2%).
- ☐ Similar to national findings (34.0%).
- ☐ Twice the Healthy People 2010 target (16% or lower).
- ✦ Similar by service area.
- ☒ Marks a statistically significant increase over time.

Self-Reported Prevalence of High Blood Pressure (By Region, 2009; 1994-2009 Trend Data)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 48-49, 149]

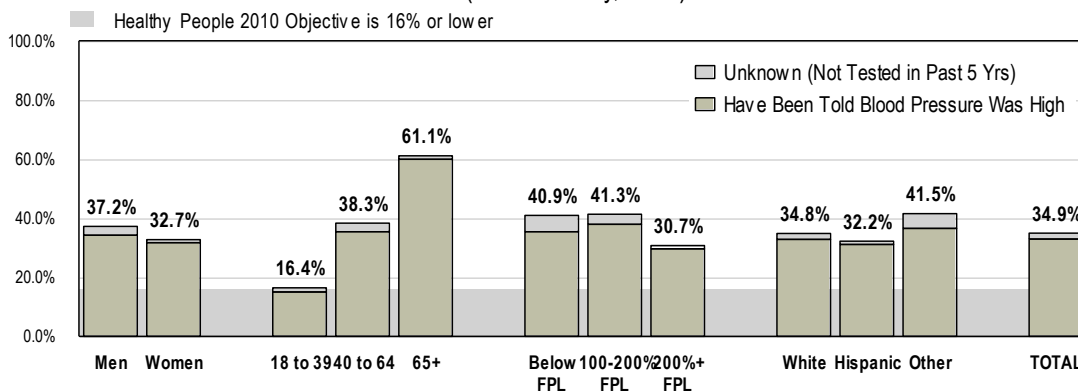
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Colorado data.
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:

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

Self-reported hypertension diagnoses correlate directly with age in Mesa County, as shown below.

Self-Reported Prevalence of High Blood Pressure (Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 149]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
 Note: • Reflects the total sample of respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

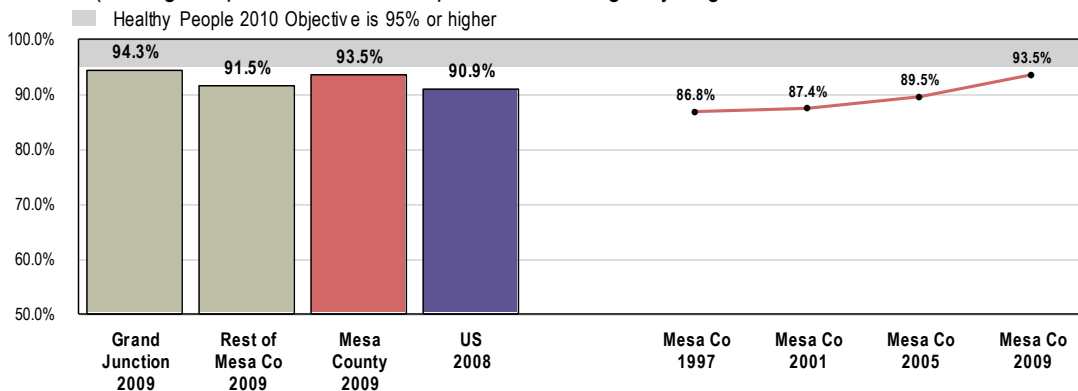
Hypertension Management

Among Mesa County respondents who have been told that their blood pressure was high, 93.5% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- ☑ Similar to national findings (90.9%).
- ☑ Similar to the Healthy People 2010 target of 95% or higher.
- ✦ Statistically similar by service area.
- ☑ Denotes a statistically significant increase since 1997.

Taking Action to Control High Blood Pressure

(Among Respondents With Multiple HBP Readings; By Region, 2009; 1997-2009 Trend Data)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 50]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-11]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of respondents who have been told more than once that their blood pressure was high.
 • In this case, the term "action" includes medication, change in diet, and/or exercising.

High Blood Cholesterol

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

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

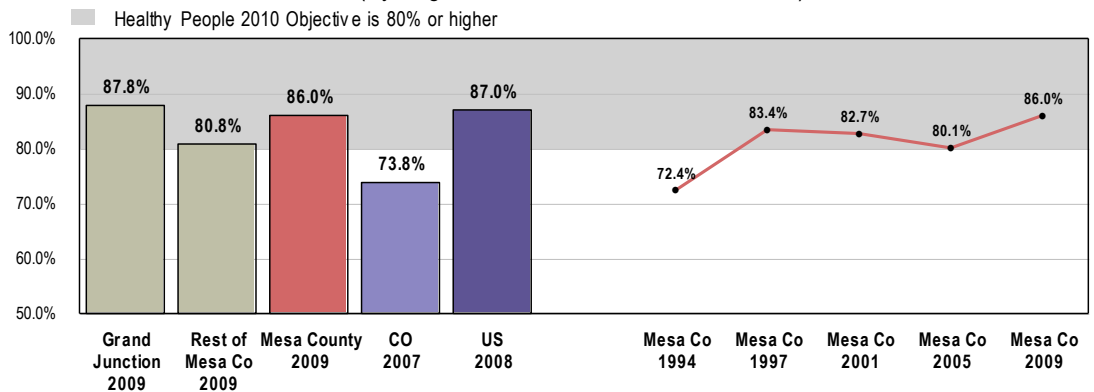
Blood Cholesterol Testing

A total of 86.0% of Mesa County adults have had their blood cholesterol checked within the past five years.

- ☑ More favorable than Colorado findings (73.8%).
- ☑ Similar to national findings (87.0%).
- ☑ Satisfies the Healthy People 2010 target (80% or higher).
- ✦ Higher (more favorable) in Grand Junction when compared with the remainder of the county (87.8% vs. 80.8%, respectively).
- 📈 Marks a statistically significant increase in cholesterol screenings since 1994.

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

(By Region, 2009; 1994-2009 Trend Data)



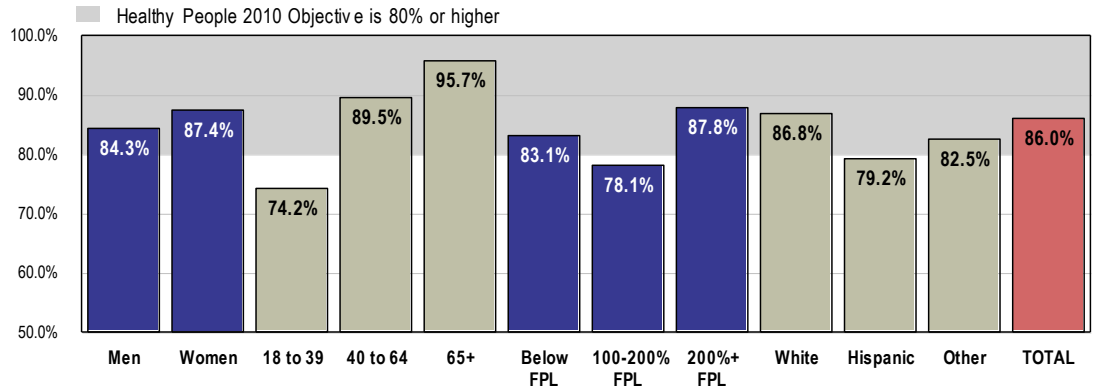
- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 54]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2006 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Reflects the total sample of respondents.
 - Excludes uncertain responses.

Note that testing levels are notably lower among:

- 👤 Younger adults.
- 👤 Adults living near or at the federal poverty level.

Have Had Blood Cholesterol Level Checked Within the Past Five Years

(Mesa County, 2009)



- Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants. [Item 54]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
- Note:
- Reflects the total sample of respondents.
 - "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

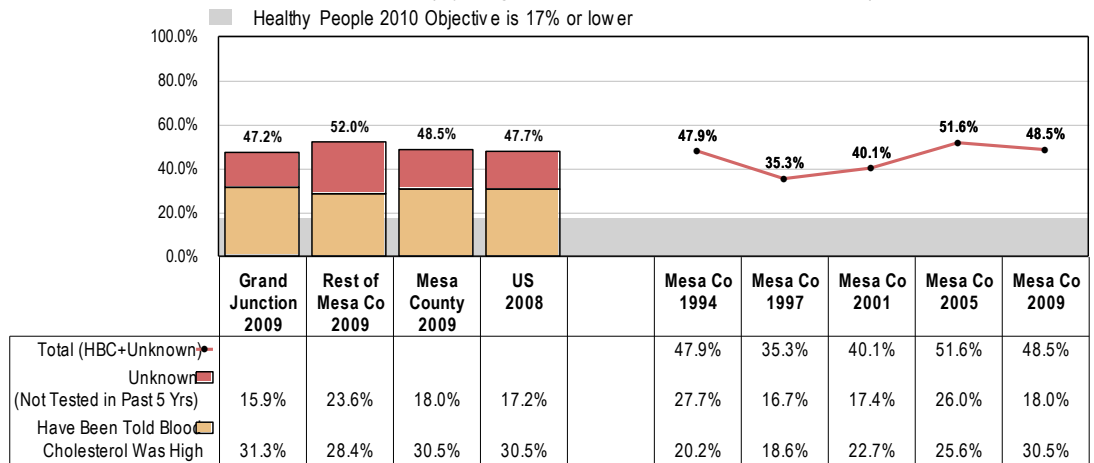
Self-Reported High Blood Cholesterol

In all, 30.5% of Mesa County adults have been told by a health professional that their cholesterol level was high (note that an additional 18.0% have not had their cholesterol tested in the past five years).

- 📍 Similar to the national prevalence (30.5%).
- 📍 Fails to satisfy the Healthy People 2010 target (17% or lower).
- 📍 Statistically similar by service area.
- 📍 Marks a *statistically significant increase* since 1994 (from 20.2% to 30.5%; note the corresponding decrease in lack of recent testing).

Self-Reported Prevalence of High Blood Cholesterol

(By Region, 2009; 1994-2009 Trend Data)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 150]

• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]

• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Reflects the total sample of respondents.

• HBC reflects adults who have been told they have high blood cholesterol.

• Unknown includes persons never tested, not tested within the past 5 years, or who were uncertain or did not respond to the testing question.

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

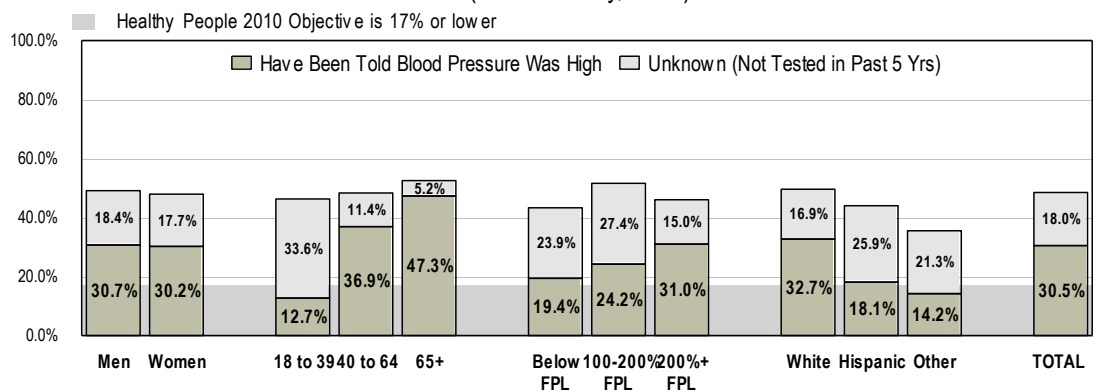
👥 Adults aged 40 and older.

👥 Whites.

👥 Note: “Unknowns” are relatively high in young adults, Hispanics, and low-income respondents.

Self-Reported Prevalence of High Blood Cholesterol

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Surveys, Professional Research Consultants. [Item 150]

• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]

Note: • Reflects the total sample of respondents.

• “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

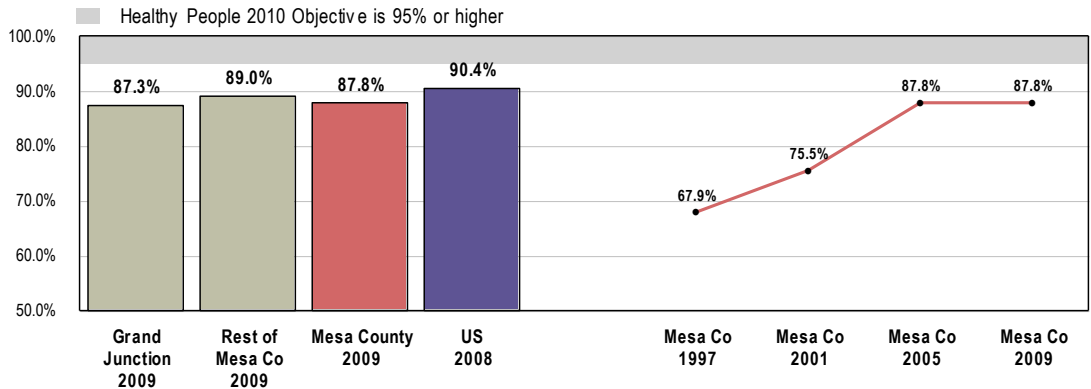
High Cholesterol Management

Among Mesa County adults who have been told that their blood cholesterol was high, 87.8% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- ☑ Comparable to national findings (90.4%).
- ✦ Comparable by service area.
- ☑ Marks a statistically significant increase since 1997.

Taking Action to Control High Blood Cholesterol

(Among Respondents With High Blood Cholesterol; By Region, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 53]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of respondents who have been told that their blood cholesterol was high.
 • In this case, the term "action" includes medication, change in diet, and/or exercising.

Total Cardiovascular Risk

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

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

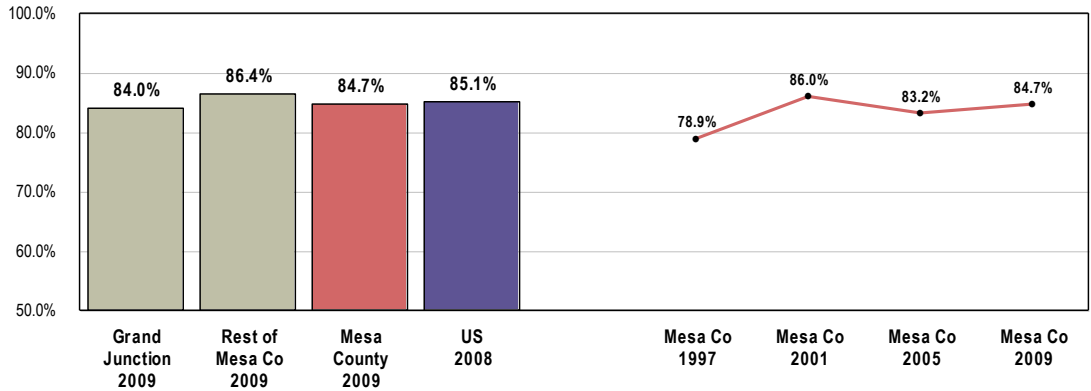
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

In all, 84.7% of Mesa 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 (85.1%).
- ✦ Similar by service area.
- ☑ Marks a statistically significant increase since 1997.

Present One or More Cardiovascular Risk Factors or Behaviors

(By Region, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 148]

• 2008 PRC National Health Survey, Professional Research Consultants.

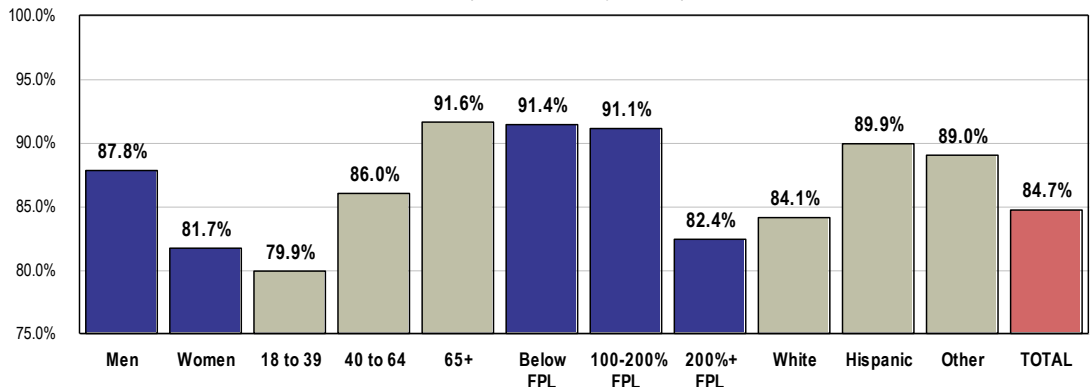
Note: • Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Mesa County adults more likely to exhibit cardiovascular risk factors include:

- 👤 Men.
- 👤 Adults aged 40 and older.
- 👤 Residents living on lower incomes.

Present One or More Cardiovascular Risk Factors or Behaviors

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 148]

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

• "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

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 US 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 US 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.)

Cancer

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

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

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

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

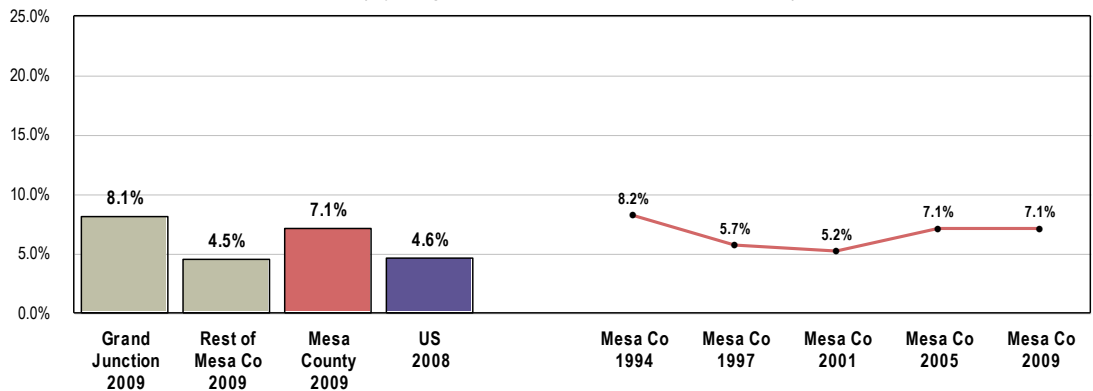
Prevalence of Cancer

A total of 7.1% of Mesa County adults report having been diagnosed with skin cancer.

- ☐ Much higher than the national average (4.6%).
- ✦ Particularly high (8.1%) in Grand Junction when compared with the rest of Mesa County (4.5%).
- ☒ Statistically unchanged since 1994.

Self-Reported Prevalence of Skin Cancer

(By Region, 2009; 1994-2009 Trend Data)



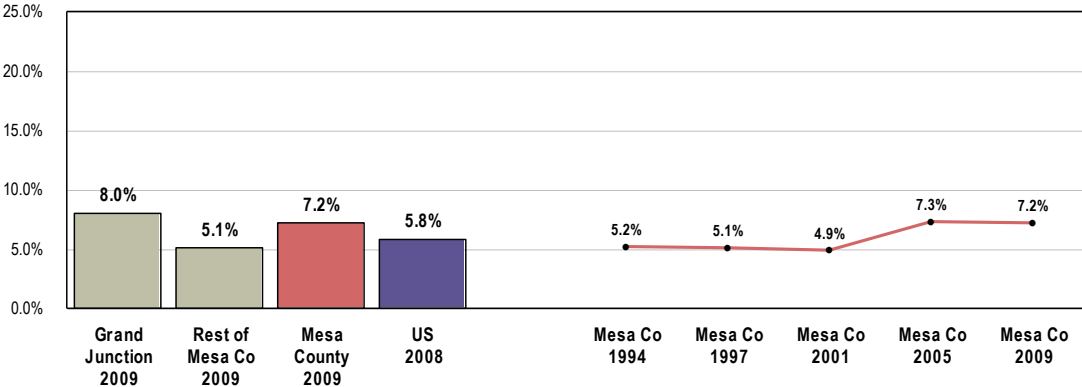
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 33]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Another 7.2% of Mesa County adults report having been diagnosed with another type of cancer (non-skin).

- ☑ Similar to the national average (5.8%).
- ✦ Similar by service area.
- ☒ Statistically unchanged over time.

Self-Reported Prevalence of Cancer (Not Skin Cancer)

(By Region, 2009; 1994-2009 Trend Data)

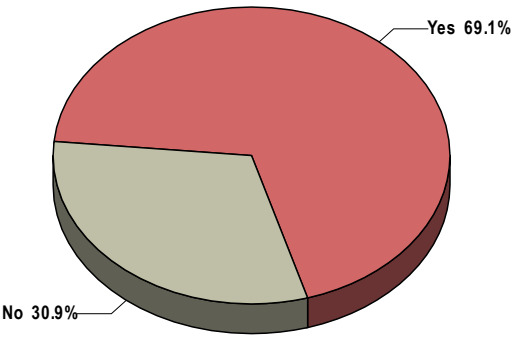


Source: • PRC Community Health Surveys, Professional Research Consultants. [Item 31]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Among residents who have experienced cancer, the majority (69.1%) feel their non-medical needs were met in addition to their medical treatments for cancer (including such things as survivorship issues, counseling, support groups, etc).

Feel Non-Medical Needs Were Met in Addition to Medical Treatments for Cancer

(Respondents Who Have Had Cancer; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 32]
 Note: • Asked of all respondents who have diagnosed with cancer.

Cancer Risk

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

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

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

Cancer Screenings

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

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

COLORECTAL CANCER

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

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

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

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

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

*For FOBT, the take-home multiple sample method should be used.

**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

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

– American Cancer Society

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

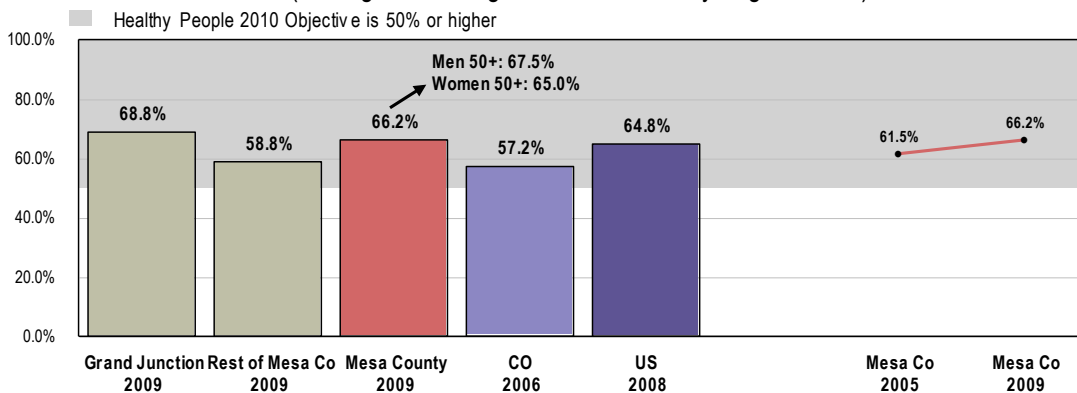
Sigmoidoscopy/Colonoscopy

Among Mesa County adults aged 50 and older, two-thirds (66.2%) had a sigmoidoscopy or colonoscopy at some point in their lives.

- ☑ Similar to Colorado findings (57.2%).
- ☑ Similar to national findings (64.8%).
- ☑ Satisfies the Healthy People 2010 target (50% or higher).
- ✦ More favorable in Grand Junction when compared with the rest of Mesa County.
- ☑ Statistically similar to the 61.5% reported across the county in 2005.
- ☑ Note: Includes 67.5% of Mesa County men 50+ and 65.0% of women 50+.

Have Ever Had a Sigmoidoscopy/Colonoscopy Examination

(Among Persons Aged 50 and Older; By Region, 2009)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 179]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-12b]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2006 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.

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

Female Breast Cancer Screening

FEMALE BREAST CANCER

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

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

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

Screenings for female breast cancer are recommended as outlined below:

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

– American Cancer Society

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

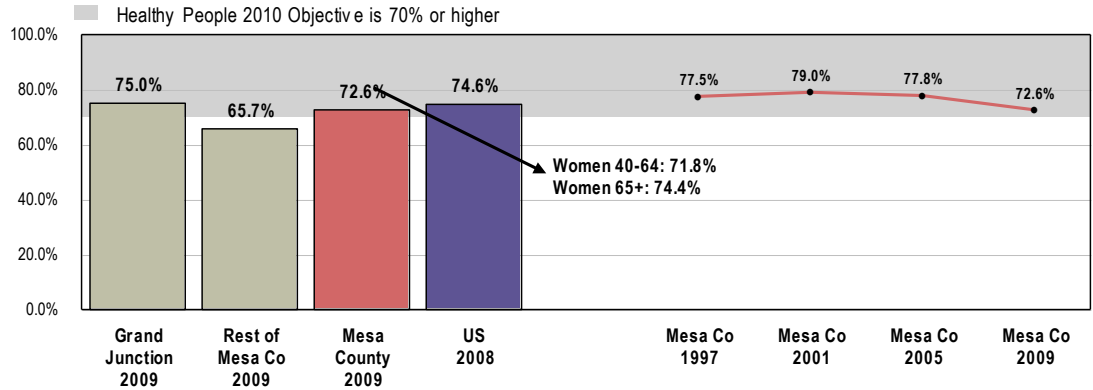
Mammography

Among Mesa County women aged 40 and older, 72.6% had a mammogram within the past two years.

- 📊 Similar to national findings (74.6%).
- 📊 Similar to the Healthy People 2010 target (70% or higher).
- 📍 Does not vary by service area.
- 📈 Statistically unchanged over time.
- 👥 Note that 74.4% of Mesa County women aged 65 and older had a mammogram in the preceding two years.

Have Had a Mammogram in the Past Two Years

(Among Women Aged 40 and Older; By Region, 2009; 1997-2009 Trend Data)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 177]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-13]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Reflects women aged 40 and over.

Cervical Cancer Screenings

Screenings for cervical cancer are recommended as outlined below:

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

– American Cancer Society

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

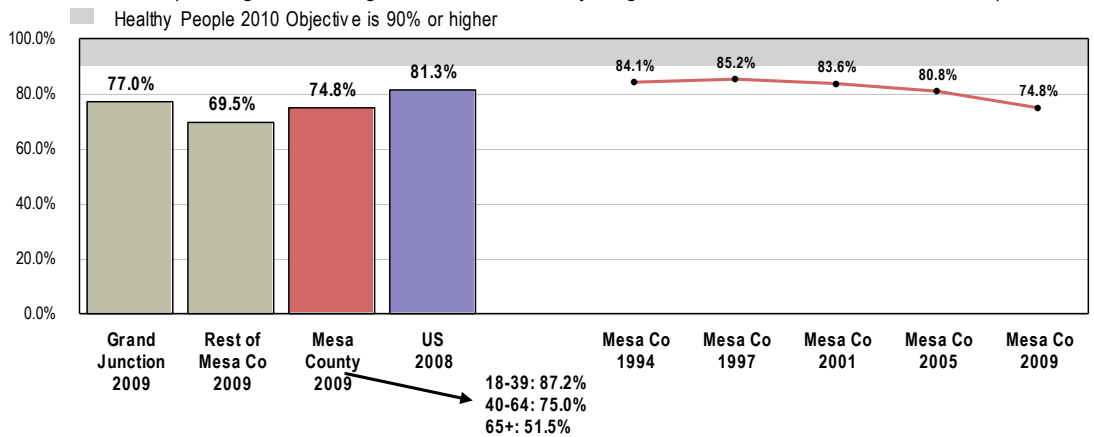
Pap Smear Testing

Among Mesa County women aged 18 and older, 74.8% had a Pap smear within the past three years.

- 📍 Less favorable than national findings (81.3%).
- 📍 Fails to satisfy the Healthy People 2010 target (90% or higher).
- ✦ Similar by service area.
- 📉 Denotes a statistically significant decrease since 1994.
- 👥 Note: Women under age 40 (87.2%) are close to satisfying the Healthy People 2010 target.

Have Had a Pap Smear Within the Past Three Years

(Among Women Aged 18 and Older; By Region, 2009; 1994-2009 Trend Data)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 94]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 3-11]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of all female respondents.

PROSTATE CANCER

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

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

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

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

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

– American Cancer Society

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

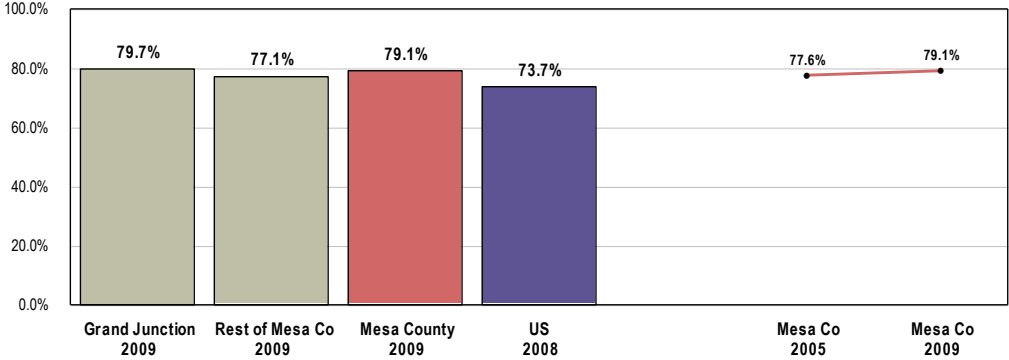
PSA Testing and/or Digital Rectal Examination

Among Mesa County men aged 50 and older, 79.1% 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 (73.7%).
- ✦ No statistical difference by service area.
- ☑ No significant change since 2005.

Have Had a Prostate-Specific Antigen (PSA) Test OR a Digital Rectal Exam in Past Two Years

(Among Men Aged 50 and Older; By Region, 2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 178]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects male respondents aged 50 and older.

Respiratory Disease

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

- Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.
 - COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.
- Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

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

Prevalence of Respiratory Conditions

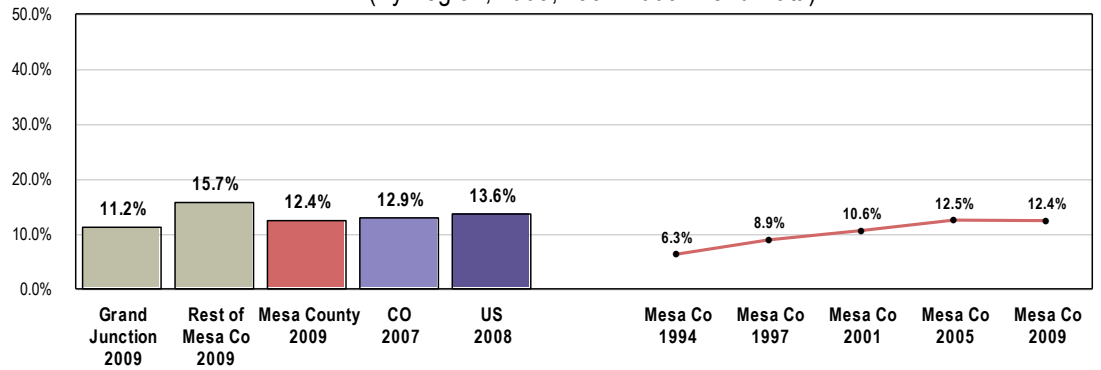
Survey respondents were next asked to indicate whether they suffer from respiratory conditions such as asthma and/or chronic lung disease.

A total of 12.4% of Mesa County adults have ever been diagnosed with asthma.

- 📊 Similar to both statewide (12.9%) and national (13.6%) prevalence reports.
- ✦ Statistically similar by service area.
- 📅 Twice the prevalence noted countywide in 1994.
- 👥 Note: Among adults reporting an asthma diagnosis at some point in their lives, more than two-thirds (68.8%) report that they still have asthma.

Self-Reported Asthma

(By Region, 2009; 1994-2009 Trend Data)



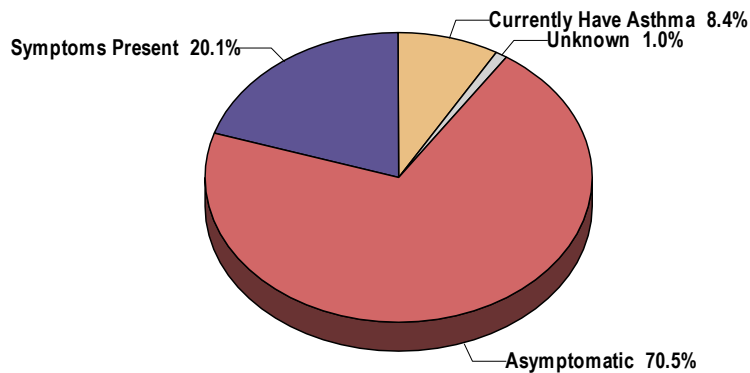
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 41]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

In a series of follow-up inquiries it was revealed that 8.4% of survey respondents currently still have asthma, while one-fifth (20.1%) suffer from asthma-like symptoms such as wheezing or shortness of breath.

Asthma Status

(Mesa County, 2009)



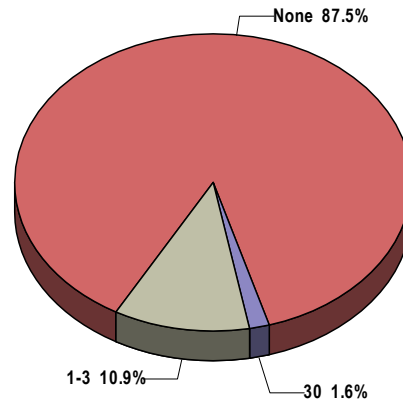
Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Items 44-45]
 Notes: • Reflects all adults.
 • "Symptoms present" represent adults who do not currently have asthma but report wheezy/whistling sounds without a cold or having an attack of wheezing that felt like shortness of breath.

Among survey respondents with asthma, the vast majority (87.5%) did not miss work or school in the past month because of their asthma.

- ☐ In contrast, 10.9% of asthmatic respondents missed between **one and three days** of work or school in the past month, and 1.6% indicated that they missed an **entire month** of work/school due to asthma.

Days Missed Work or School Due to Asthma

(Asthmatic Respondents; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 43]
 Note: • Asked of all asthmatic respondents.
 • Does not include asthmatic respondents who indicate that they do not attend work or school.

Asthma in Children

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

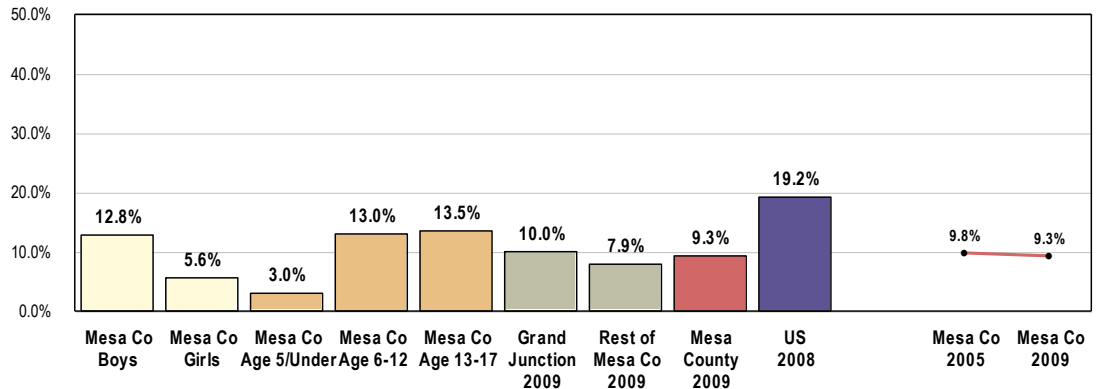
– Healthy People 2010, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Among children under 18, 9.3% are reported to have been diagnosed with asthma.

- Less than half the national figure (19.2%).
- Statistically similar by service area.
- **Unchanged over time.**
- Viewed by age and gender, asthma is notably higher among boys and children aged 6+.

Child Has Asthma

(Among Respondents With Children Aged 0-17; By Gender, Age, and Region, 2009; Trend 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 139]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of respondents with children aged 0-17.

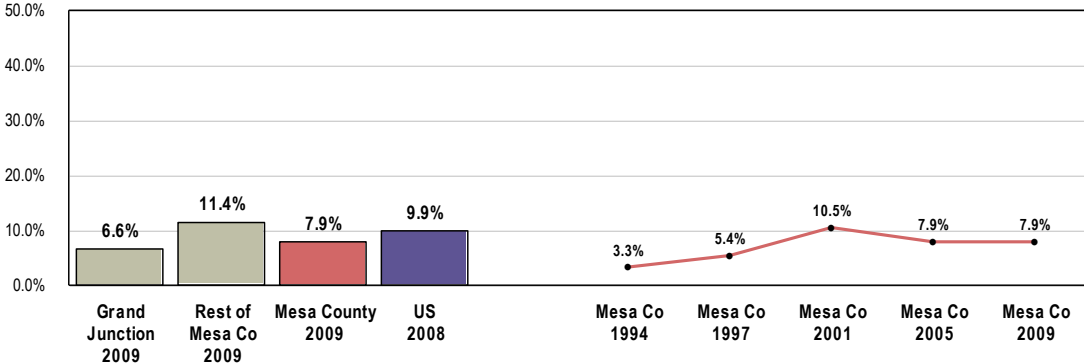
Chronic Lung Disease

A total of 7.9% of Mesa County adults suffer from chronic lung disease.

- Statistically similar to the 9.9% found nationally.
- + More favorable in Grand Junction when compared with the rest of Mesa County.
- Marks a statistically significant increase since 1994.

Self-Reported Chronic Lung Disease

(By Region, 2009; 1994-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item26]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Injury & Violence

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

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

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

Motor Vehicle Safety

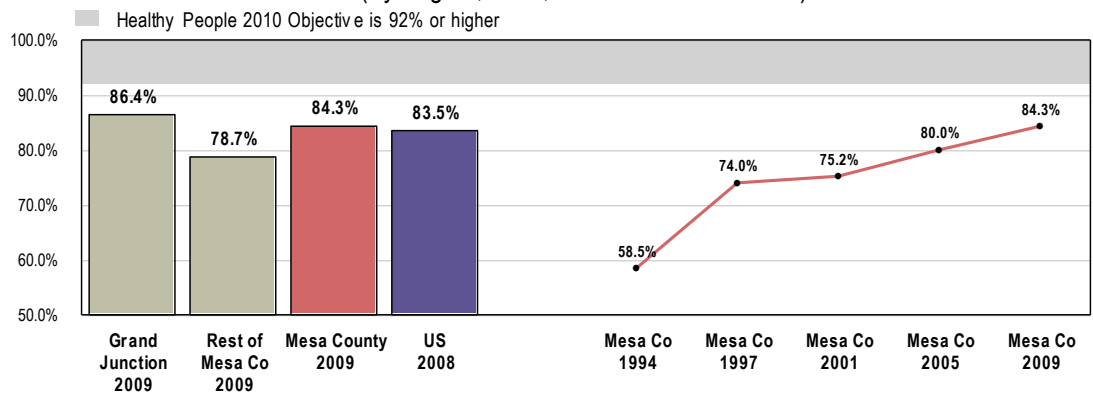
Seat Belt Usage - Adults

Most Mesa County adults (84.3%) report “always” wearing a seat belt when driving or riding in a vehicle.

- 📍 Similar to the 83.5% reported across the US.
- ✦ Notably higher in Grand Junction when compared with the rest of Mesa County.
- 📍 Fails to satisfy the Healthy People 2010 objective of 92% or higher.
- 📈 Marks a statistically significant increase over time.

Always Wear a Seat Belt When Driving or Riding in an Automobile

(By Region, 2009; 1994-2009 Trend Data)

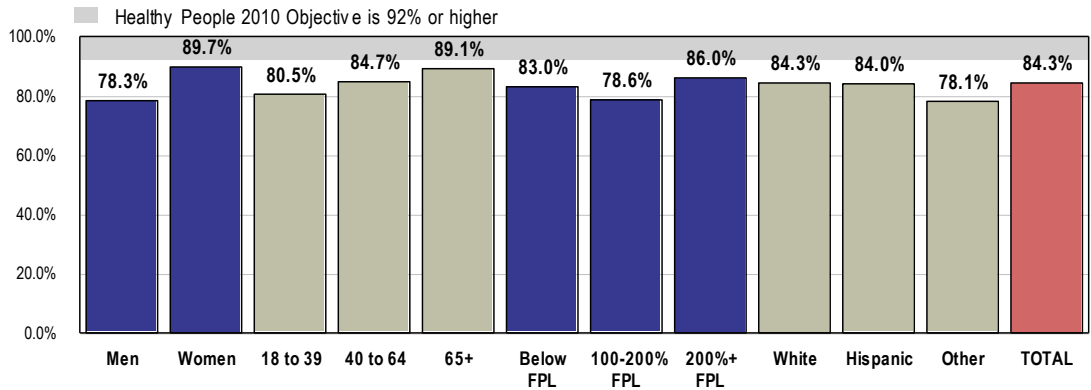


Sources: • PRC Community Health Surveys, Professional Research Consultants. [Item 55]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Mesa County men, young adults, and residents living just above the poverty level are less likely to report consistent seat belt usage.

Always Wear a Seat Belt When Driving or Riding in an Automobile

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 55]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19]
 Note: • Asked of all respondents.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

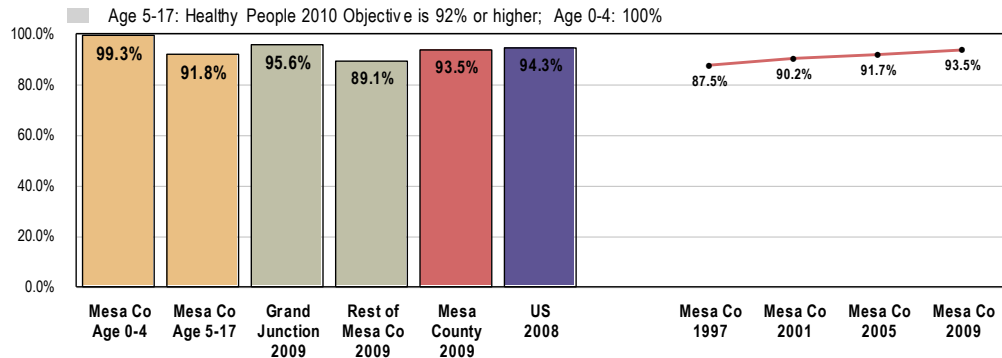
Seat Belt Usage - Children

A total of 93.5% of surveyed parents report that their child (under 18) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- ☑ Comparable to that found nationally (94.3%).
- ✦ Higher (95.6%) in Grand Junction when compared with the rest of the county (89.1%).
- 📈 Marks a statistically significant increase in usage over time.
- ☑ Higher among children under 5.

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

(Reflects Children Aged 0 to 17; By Region and Age, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [Items 143, 174, 175]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-19 and 15-20]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects respondents with children aged 0 to 17.

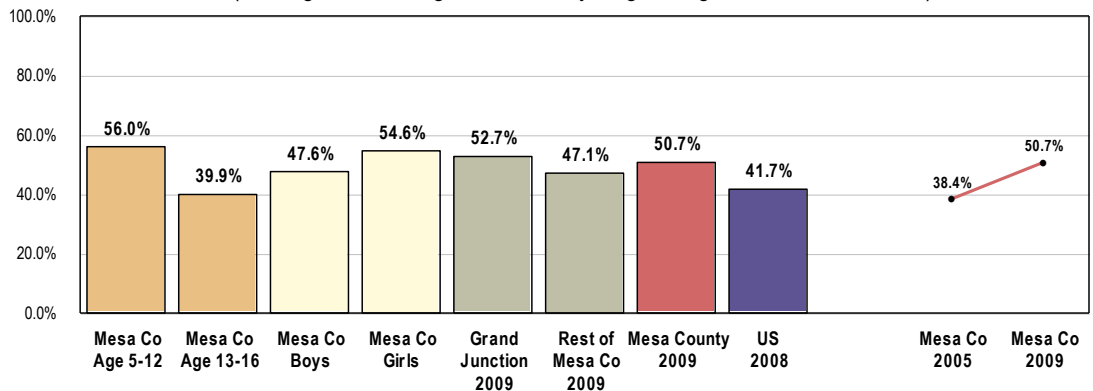
Bicycle Safety

One-half (50.7%) of Mesa County children aged 5 to 16 are reported to “always” wear a helmet when riding a bicycle.

- Similar to national findings (41.7%).
- ✦ No difference by service area.
- Marks a *statistically significant increase* since the 2005 survey was conducted.
- Note also that helmet usage drops off somewhat past age 12; the difference by gender is not statistically significant.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Children Aged 5 to 16; By Region, Age and Gender, 2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 144]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Reflects respondents with children aged 5 to 16.

Firearms Safety

Survey respondents were further asked about the presence of weapons in the home: “Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car?” For the purposes of this inquiry, “firearms” include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.

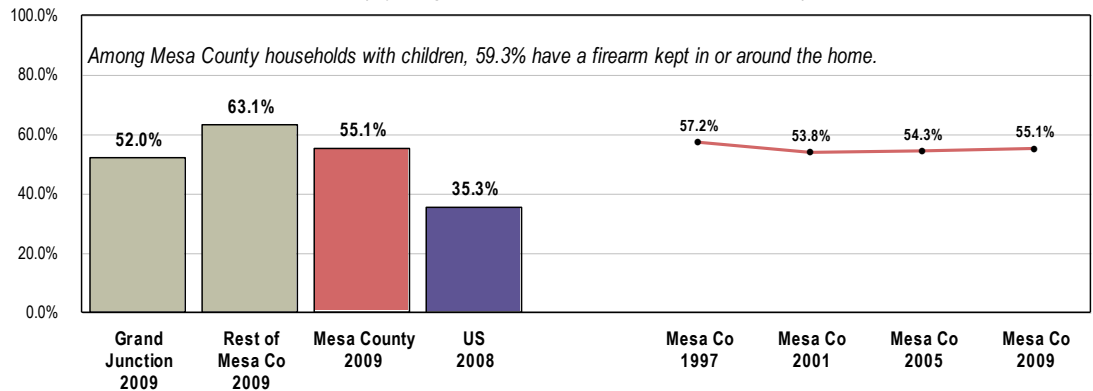
Overall, 55.1% of Mesa County adults have a firearm kept in or around their home.

- Much higher than the national prevalence (35.3%).
- ✦ Lower (more favorable) in Grand Junction when compared with the rest of the county.
- **Countywide gun ownership is statistically unchanged over time.**

👤 Among households with children, 59.3% report having a firearm in or around the home (less favorable than the 31.2% of US households with children).

Have a Firearm Kept in or Around the Home

(By Region, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [Items 58, 172]
 • 2008 PRC National Health Survey, Professional Research Consultants.

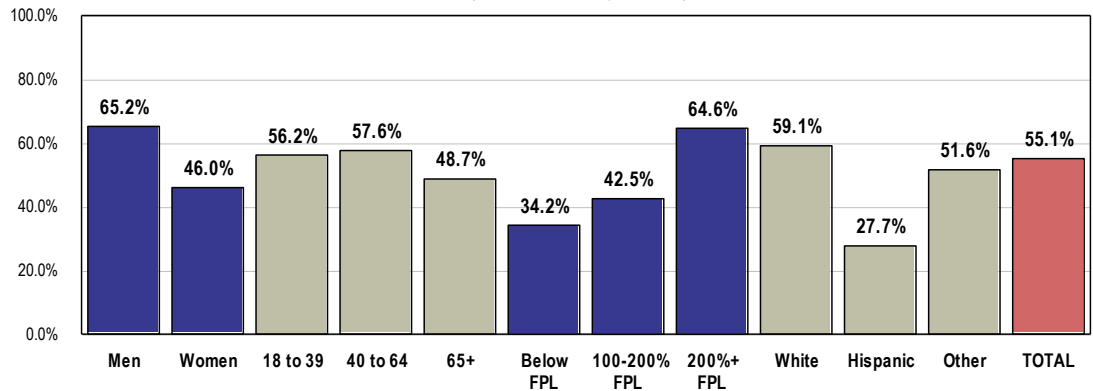
Notes: • Asked of all respondents.
 • In this case, the term "firearm" includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- 👤 Men.
- 👤 Adults under 65.
- 👤 Higher-income households.
- 👤 Non-Hispanic races.

Have a Firearm Kept in or Around the Home

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 58]

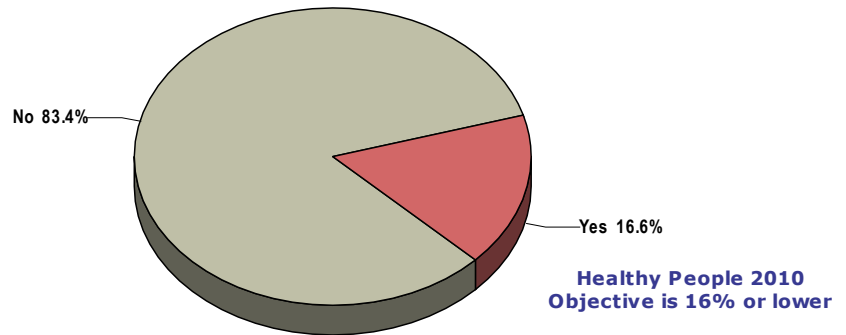
Notes: • Asked of all respondents.
 • In this case, the term "firearm" includes pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire. Guns can be in or around the home, including those kept in a garage, outdoor storage area, truck, or car.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Among Mesa County households with firearms, 16.6% report that there is at least one weapon that is kept unlocked and loaded.

- Similar to that found nationally (15.2%).
- No difference by service area (not shown).
- Similar to the *Healthy People 2010* target (16% or lower).

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home; Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 173]
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 15-4]

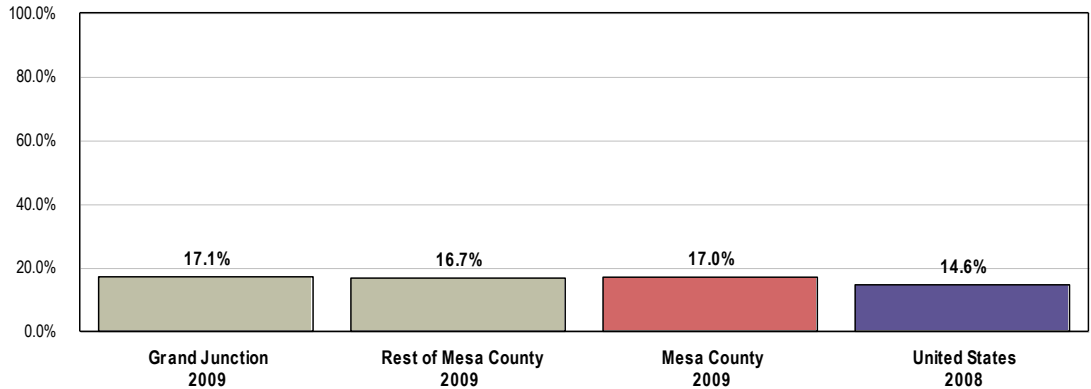
Note: • Among respondents reporting a firearm in or around the home.

Family Violence

Among surveyed adults, 17.0% acknowledge that they have been threatened with violence by an intimate partner.

- ▣ Notably higher than national findings (14.6%).
- ✦ Statistically similar by service area.

Have Been Threatened With Violence by an Intimate Partner (By Region, 2009)

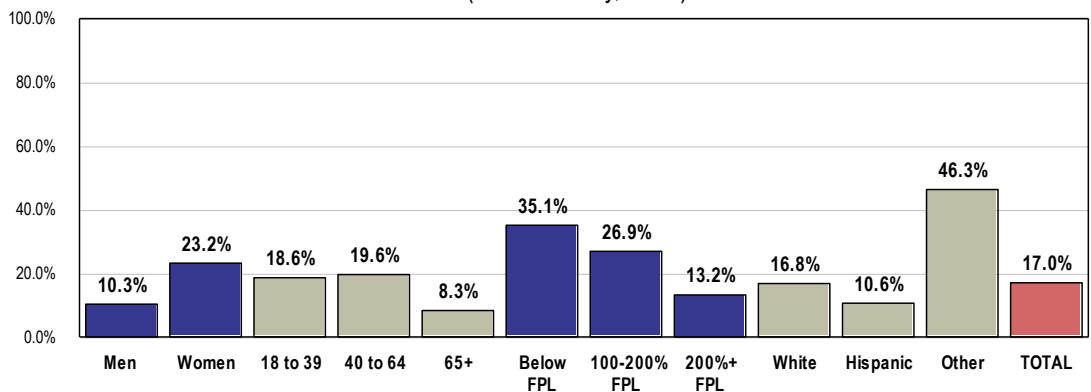


Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 56]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Threats of domestic violence were more often noted among the following population segments:

- 👥 Women.
- 👥 Adults under 65.
- 👥 Low-income households.
- 👥 Higher in “Other” race/ethnicities when compared with Whites and Hispanics.

Have Been Threatened With Violence by an Intimate Partner (Mesa County, 2009)



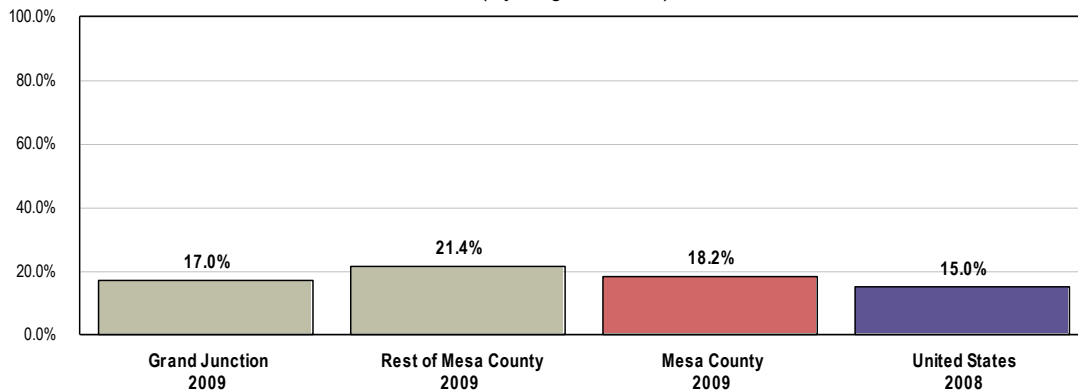
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 56]
 Note: • Asked of all respondents.
 • “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

A total of 18.2% of surveyed residents have been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- ☐ Less favorable than national findings (15.0%).
- ✦ Statistically similar by service area.

Have Been Hit, Slapped, Pushed, Kicked, or Otherwise Hurt by an Intimate Partner

(By Region, 2009)



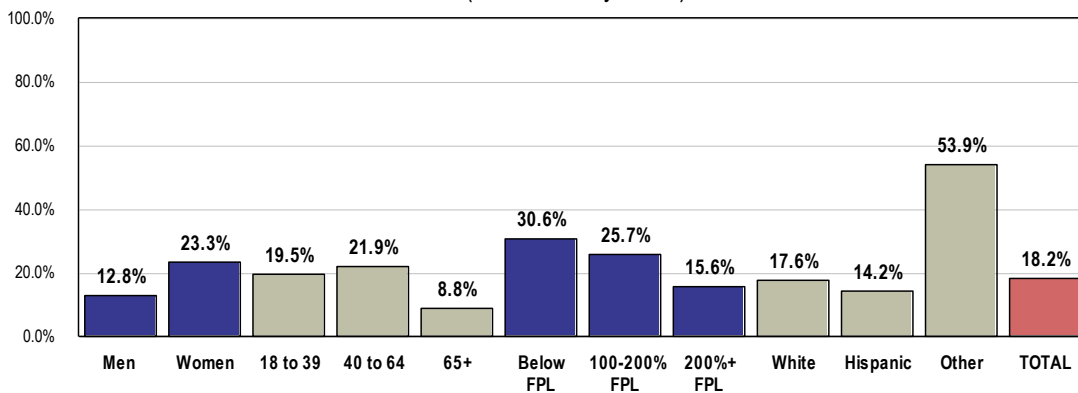
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 57]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Reports of domestic violence were more often noted among the following population segments:

- ☑ Women.
- ☑ Adults under 65.
- ☑ Low-income households.
- ☑ Higher in “Other” race/ethnicities when compared with Whites and Hispanics.

Have Been Hit, Slapped, Pushed, Kicked, or Otherwise Hurt by an Intimate Partner

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 57]
 Note: • Asked of all respondents.
 • “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

Diabetes

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

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

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

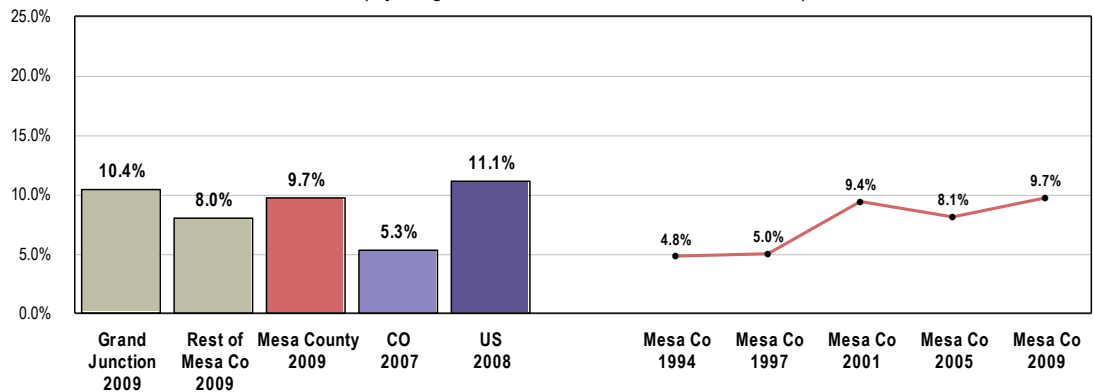
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Among surveyed Mesa County adults, 9.7% report having been diagnosed with diabetes.

- ☉ Less favorable than the proportion statewide (5.3%).
- ☉ Statistically similar to the national proportion (11.1%).
- ✦ No statistical difference by service area.
- ☒ Marks a statistically significant increase over time.

Self-Reported Prevalence of Diabetes

(By Region, 2009; 1994-2009 Trend Data)



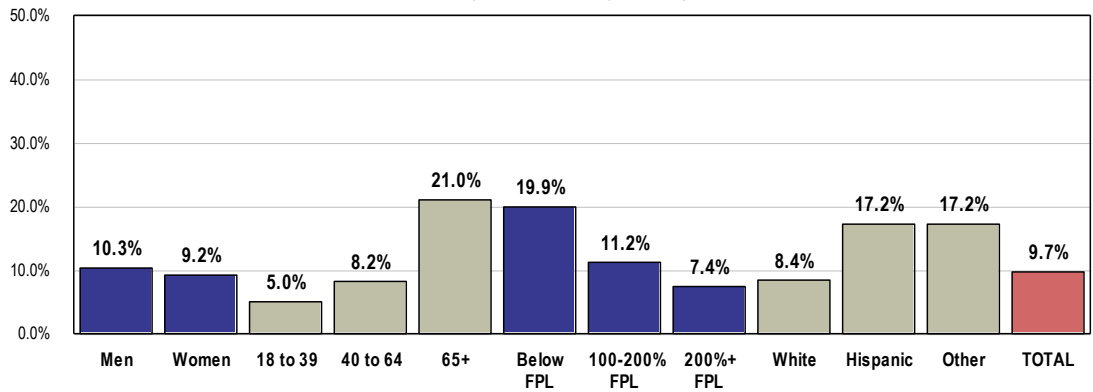
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 46]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.

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

- 👥 Note the positive correlation between age and diabetes among Mesa County residents.
- 👥 Higher in Hispanics and non-White races.

Self-Reported Prevalence of Diabetes

(Mesa County, 2009)



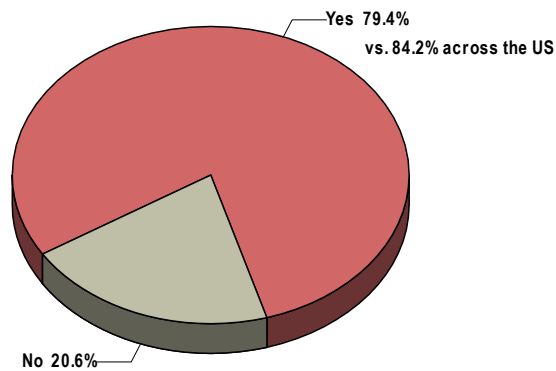
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 46]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Among Mesa County adults with diabetes, most (79.4%) are currently taking insulin or some type of medication to manage their condition.

- 📍 Similar to the 84.2% found nationally.
- 📍 Similar by service area (not shown).

Currently Taking Insulin or Other Medicine for Diabetes

(Mesa County, 2009; Among Reported Diabetics)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 47]
 Note: • Asked of those respondents who have been diagnosed with diabetes.

Arthritis, Osteoporosis & Chronic Pain

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

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

Prevalence of Arthritis & Osteoporosis

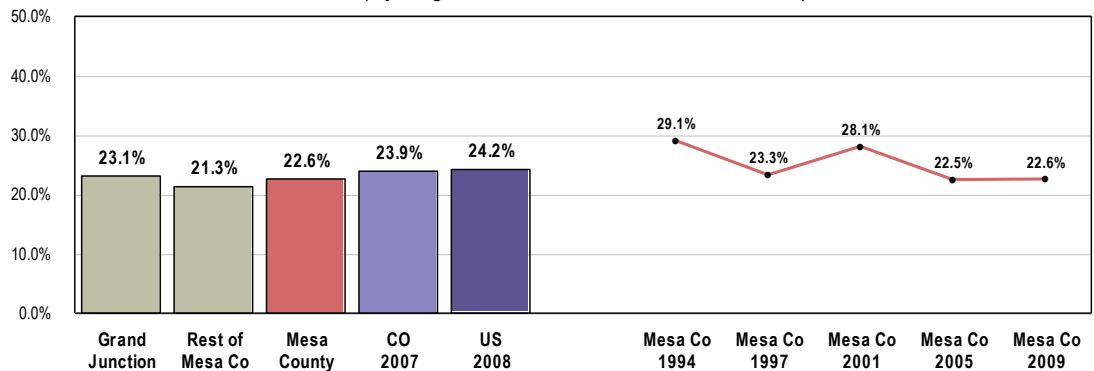
Arthritis & Rheumatism

In all, 22.6% of Mesa County adults report suffering from arthritis or rheumatism.

- ☑ Similar to the statewide prevalence (23.9%).
- ☑ Similar to that found nationwide (24.2%).
- ✦ No statistical difference by service area.
- 📉 Marks a statistically significant decrease since 1994.
- 👥 Among Mesa County adults aged 65 and older, the prevalence of arthritis or rheumatism is 49.7%.

Self-Reported Prevalence of Arthritis/Rheumatism

(By Region, 2009; 1994-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [Item 29]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.

Note: • Asked of all respondents.

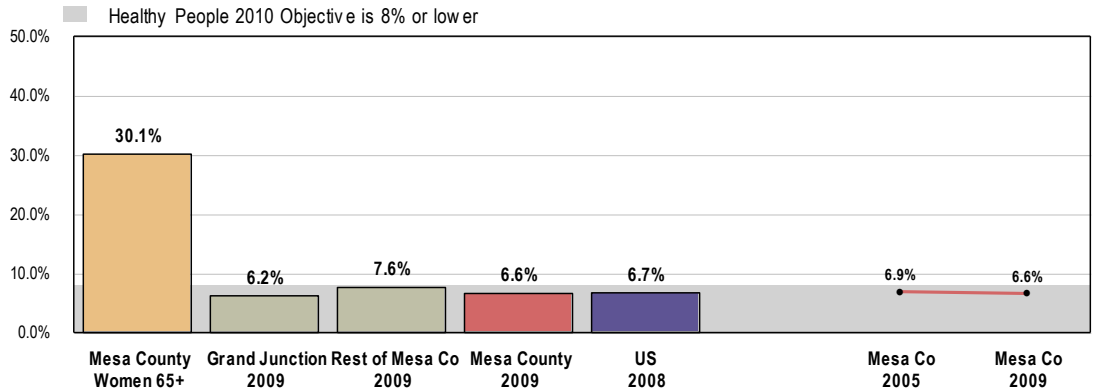
Osteoporosis

A total of 6.6% of Mesa County adults report suffering from osteoporosis.

- 📍 Nearly identical to the 6.7% reported nationally.
- 📍 Similar by service area.
- 📊 Statistically unchanged since the 2005 survey was conducted.
- 👥 Further note that osteoporosis is much more prevalent among women aged 65 and older (affecting 30.1% of this segment).

Self-Reported Prevalence of Osteoporosis

(By Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 34]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 2-9]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

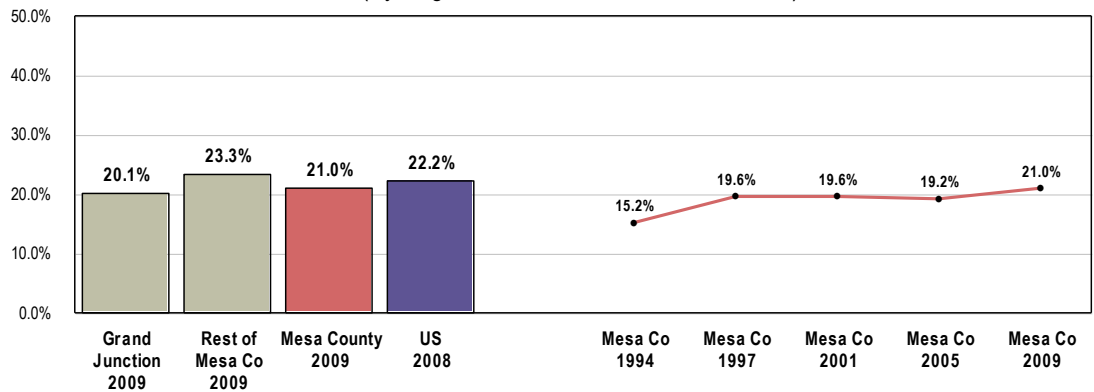
Prevalence of Chronic Pain

More than one in five Mesa County adults (21.0%) reports suffering from sciatica or chronic back pain.

- ☑ Comparable to that found nationwide (22.2%).
- ✦ Comparable between Grand Junction and the rest of the county.
- 📈 Marks a statistically significant increase in sciatica/chronic back pain since 1994.

Self-Reported Prevalence of Sciatica/Chronic Back Pain

(By Region, 2009; 1994-2009 Trend Data)



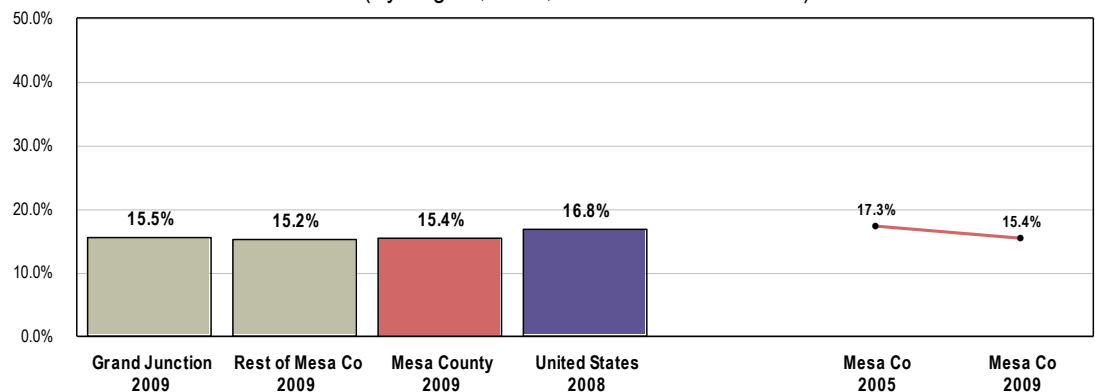
Source: • PRC Community Health Surveys, Professional Research Consultants. [Item 30]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

A total of 15.4% of county adults suffer from migraines or severe headaches.

- ☑ Similar to the 16.8% reported across the United States.
- ✦ Similar by service area.
- ☑ Statistically unchanged since 2005.

Self-Reported Prevalence of Migraines/Severe Headaches

(By Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 37]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Vision & Hearing

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

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

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

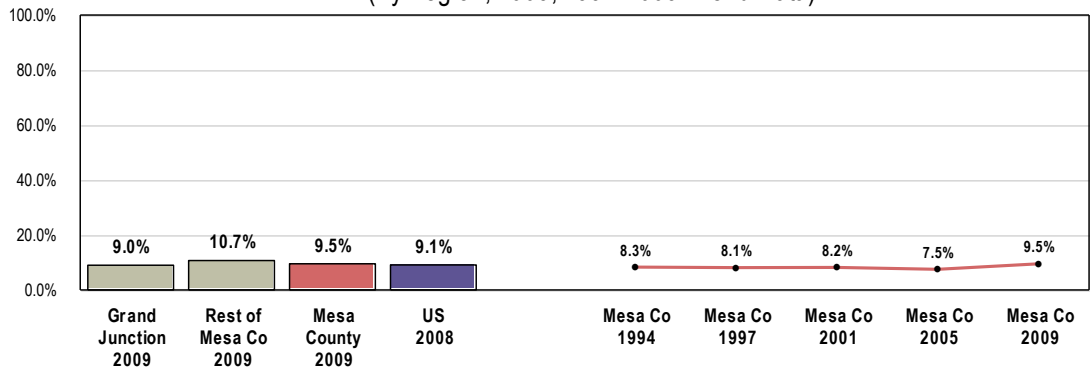
Vision Trouble

A total of 9.5% of Mesa County adults are blind, or have trouble seeing even when wearing corrective lenses.

- 📍 Similar to that found nationwide (9.1%).
- 📍 Similar by service area.
- 📈 Statistically unchanged over time.
- 👥 Among Mesa County adults aged 65 and older, 13.2% have vision trouble.

Self-Reported Prevalence of Vision Problems

(By Region, 2009; 1994-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 27]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

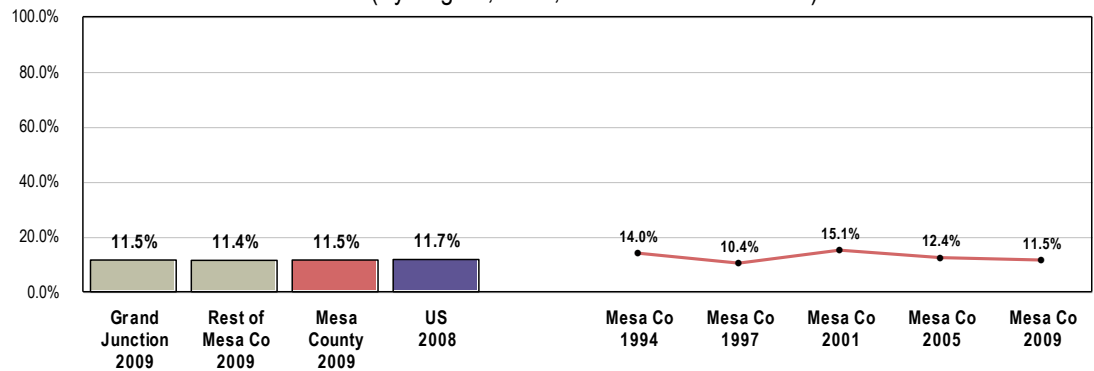
Hearing Trouble

In all, 11.5% of Mesa County adults report being deaf or having difficulty hearing.

- 📍 Nearly identical to the 11.7% reported across the US.
- ✦ No difference by service area.
- 📅 Statistically unchanged since 1994.
- 👥 Among Mesa County adults aged 65 and older, 29.4% have partial or complete hearing loss.

Self-Reported Prevalence of Hearing Problems

(By Region, 2009; 1994-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 28]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

Infectious Disease

Immunization & Infectious Disease

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

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

Influenza/Pneumonia Vaccination

Influenza Vaccination

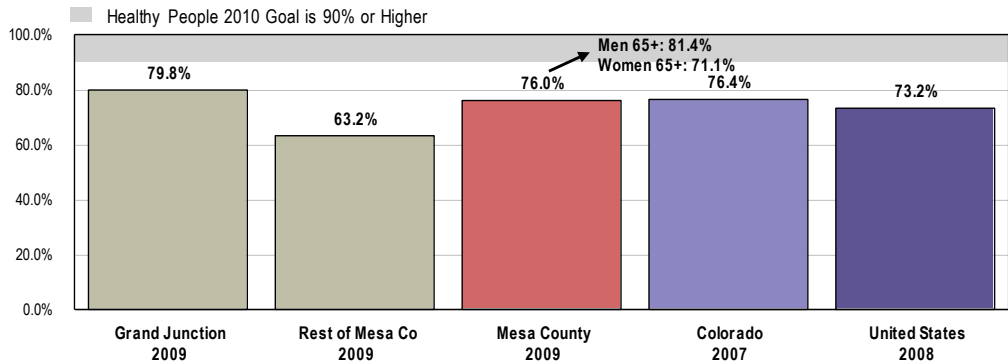
Seniors

Among Mesa County adults aged 65 and older, more than three-fourths (76.0%) received a flu shot within the past year.

- ☑ Nearly identical to the Colorado finding (76.4%).
- ☑ Similar to the national finding (73.2%).
- ☑ Fails to satisfy the Healthy People 2010 target (90% or higher).
- ✦ More favorable in Grand Junction when compared with the rest of the county.
- ☑ Includes 81.4% of men aged 65+ and 71.1% of women 65+.

Have Had a Flu Shot in the Past Year

(Among Adults Aged 65 and Older; By Region and Gender, 2009)



Sources:

- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 181]
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29a]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Colorado data.
- 2008 PRC National Health Survey, Professional Research Consultants.

Note:

- Reflects respondents aged 65 and older.

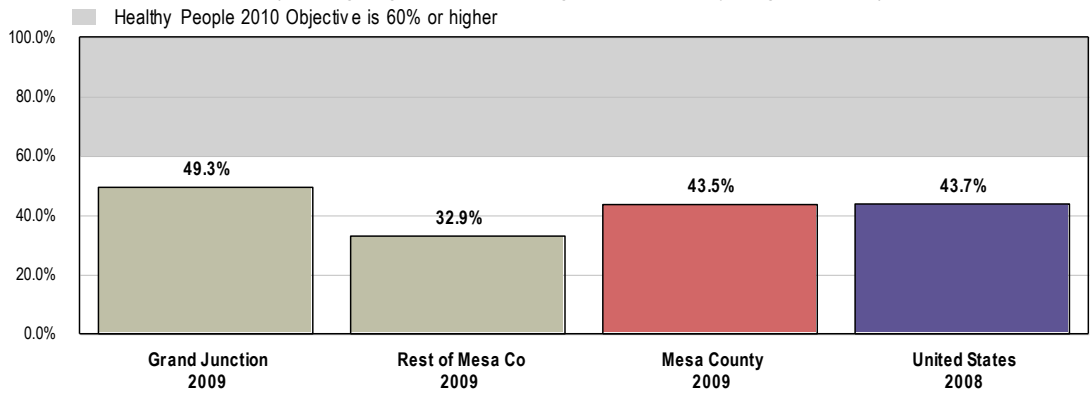
High-Risk Adults*

More than 4 in 10 (43.5%) Mesa County high-risk adults aged 18 to 64 received a flu shot within the past year.

- Nearly identical to the US prevalence (43.7%).
- Fails to satisfy the Healthy People 2010 target (60% or higher).
- ✦ More favorable in Grand Junction when compared with the rest of Mesa County.

Have Had a Flu Shot in the Past Year

(Among High-Risk Adults Aged 18 to 64; By Region, 2009)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 182]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29c]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Pneumonia Vaccination

Seniors

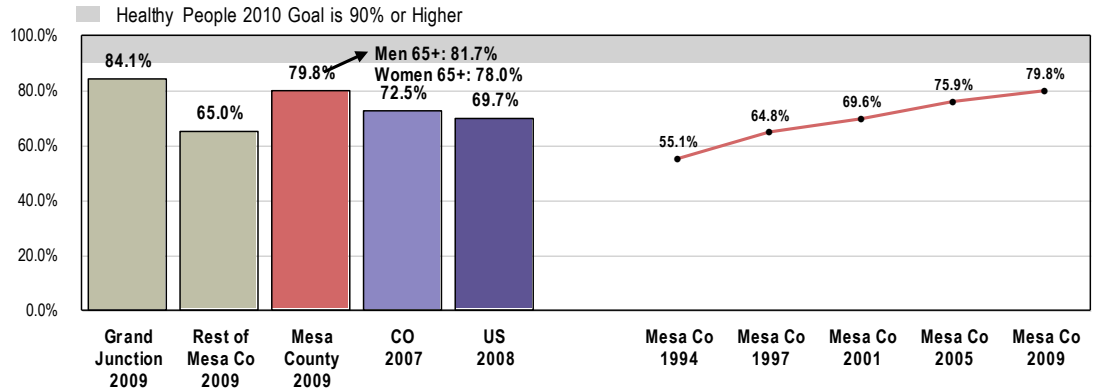
A total of 79.8% of Mesa County adults aged 65 and older have received a pneumonia vaccination at some point in their lives.

- More favorable than the Colorado finding (72.5%).
- More favorable than the national finding (69.7%).
- Fails to satisfy the Healthy People 2010 objective of 90% or higher.
- ✦ More favorable in Grand Junction when compared with the rest of the county.
- ▨ Marks a statistically significant increase in vaccinations since 1994.
- Includes 81.7% of county men aged 65+ and 78.0% of women 65+.

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

Have Ever Had a Pneumonia Vaccination

(Among Adults Aged 65 and Older; By Region and Gender, 2009; 1994-2009 Trend Data)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 183]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29b]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Reflects respondents aged 65 and older.

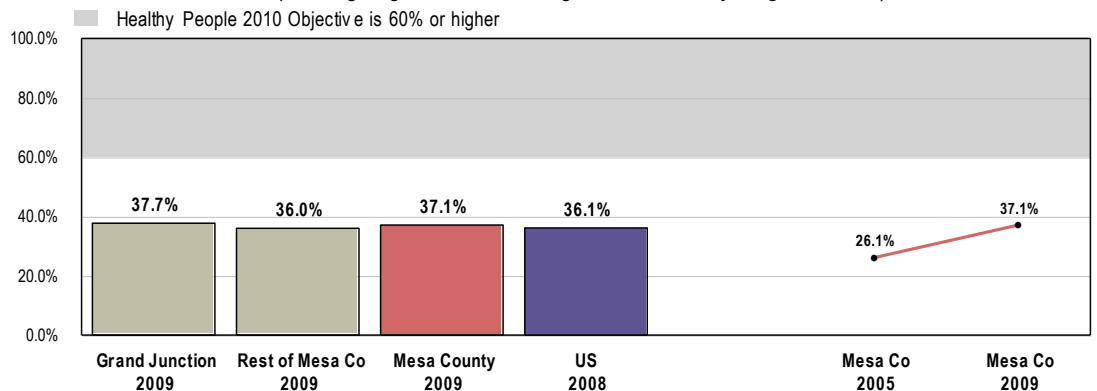
High-Risk Adults*

A total of 37.1% of Mesa County high-risk adults aged 18 to 64 have received a pneumonia vaccination at some point in their lives.

- ☑ Comparable to the 36.1% reported across the US.
- ☑ Fails to satisfy the Healthy People 2010 target (60% or higher).
- ✦ Comparable by service area.
- ☑ Denotes a statistically significant increase since 2005.

Have Ever Had a Pneumonia Vaccination

(Among High-Risk Adults Aged 18 to 64; By Region, 2009)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 184]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 14-29d]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

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

Modifiable Health Risks

Actual Causes Of Death

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

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

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

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

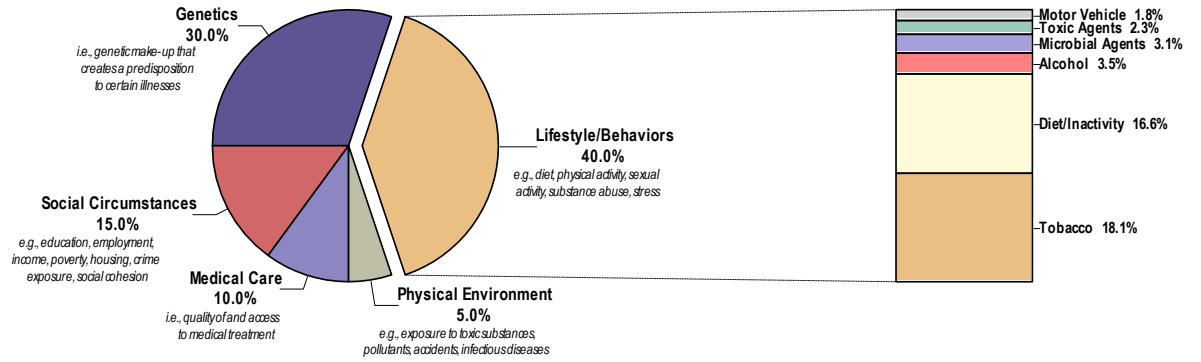
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity patterns** (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual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

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

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

Factors Contributing to Premature Deaths in the United States



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

Nutrition

Consumption of Fruits & Vegetables

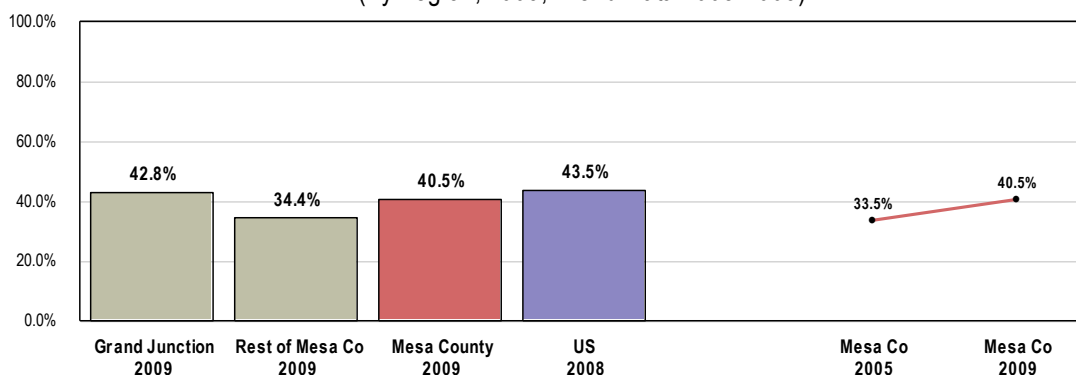
Daily Recommendation

A total of 40.5% of surveyed Mesa County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings (43.5%).
- ✦ More favorable in Grand Junction when compared with the rest of Mesa County.
- ▣ Marks a statistically significant increase in fruit/vegetable consumption over time.

Consume Five or More Servings of Fruits/Vegetables per Day

(By Region, 2009; Trend Data 2005-2009)



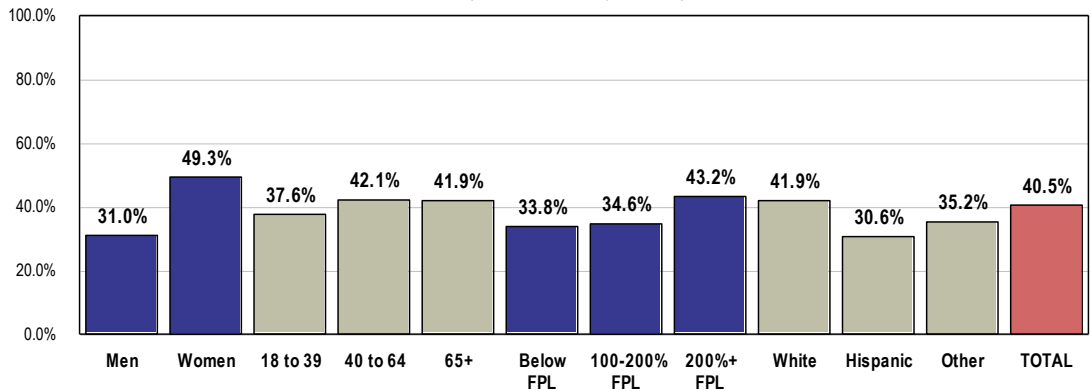
- Source:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 163]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

The following chart further examines fruit/vegetable consumption by various demographic characteristics. As shown, respondents less likely to eat five or more fruits/vegetables per day include:

- 👤 Men.
- 👤 Adults in the lower income range.
- 👤 Lower in Hispanics and non-White races.

Consume Five or More Servings of Fruits/Vegetables per Day

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 163]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

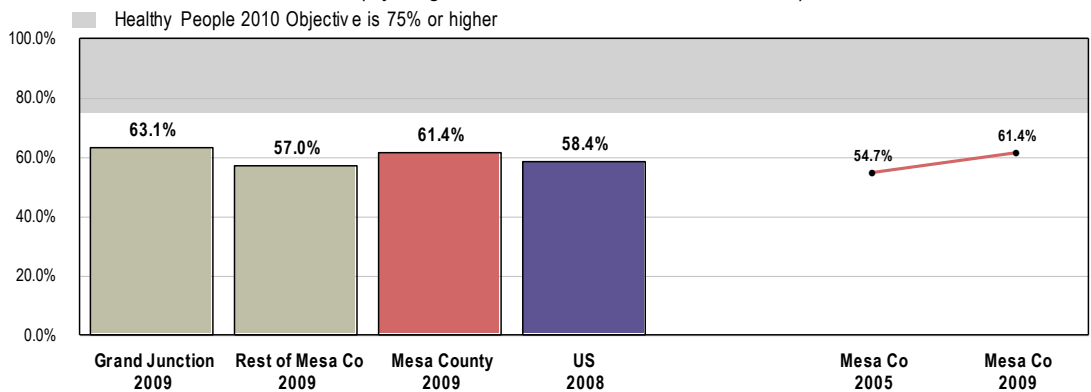
Fruits

More than 6 in 10 Mesa County adults (61.4%) report eating at least two servings of fruit per day.

- ☑ Similar to national findings (58.4%).
- ☑ Fails to satisfy the Healthy People 2010 target (75% or higher).
- ✦ Similar by service area.
- ☑ Marks a *statistically significant increase* in reported fruit consumption since 2005.

Consume Two or More Servings of Fruits per Day

(By Region, 2009; Trend Data 2005-2009)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 161]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall the foods they had eaten on the day prior to the interview.

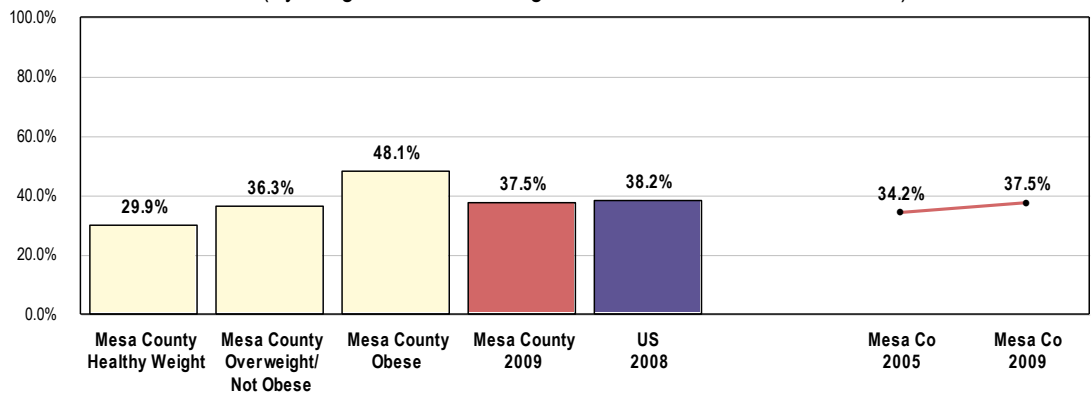
Health Advice About Diet & Nutrition

A total of 37.5% of Mesa County respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- 📍 Statistically comparable to national findings (38.2%).
- ✦ Comparable by service area (not shown).
- 📍 Statistically comparable to the 2005 prevalence (34.2%).
- 👥 Note: Among Mesa County obese respondents, 48.1% report receiving diet/nutrition advice.

Physician Has Asked About or Given Advice Regarding Diet and Nutrition in the Past Year

(By Weight Status and Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 18]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥ 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥ 30 kg/m², 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/m².

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI		
		BMI (kg/m ²)
Underweight		<18.5
Normal		18.5 – 24.9
Overweight		25.0 – 29.9
Obesity	Obesity Class	
	I	30.0 – 34.9
	II	35.0 – 39.9
Extreme Obesity	III	≥40
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.		

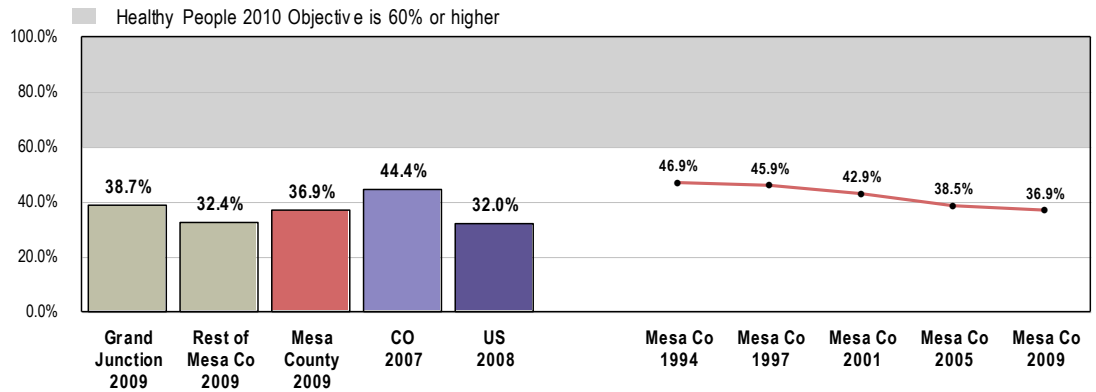
Healthy Weight

Based on self-reported heights and weights, 36.9% of Mesa County adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- ☉ Less favorable than the Colorado ratio (44.4%).
- ☉ More favorable than national findings (32.0%).
- ☉ Far from reaching the Healthy People 2010 target (60% or higher).
- ✦ No statistical difference by service area.
- 📊 Marks a statistically significant decrease in healthy weight levels since 1994.

Healthy Weight

(Body Mass Index Between 18.5 and 24.9; By Region, 2009; 1994-2009 Trend Data)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, [2009 Item 153]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Based on self-reported height and weight, asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Adults

In all, 61.7% of Mesa County adults are overweight (BMI ≥ 25).

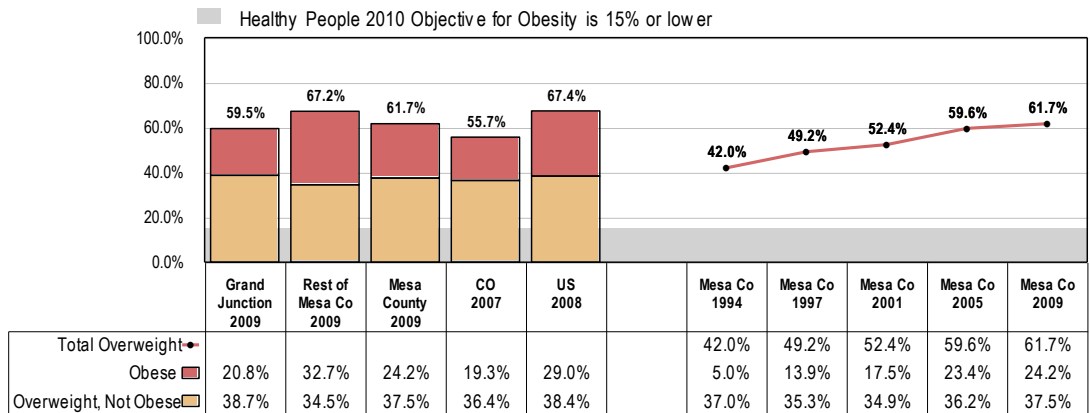
- ☉ Less favorable than the Colorado percentage (55.7%).
- ☉ More favorable than the 67.4% reported across the US.
- ✦ More favorable (lower) in Grand Junction when compared with the rest of the county.
- ☒ Marks a statistically significant increase in overweight since 1994.

Specifically, 24.2% of Mesa County adults are obese (BMI ≥ 30).

- ☉ Less favorable than the Colorado percentage (19.3%).
- ☉ More favorable than the 29.0% reported nationally.
- ☉ Fails to satisfy the Healthy People 2010 target (15% or lower).
- ✦ More favorable in Grand Junction when compared with the rest of the county.
- ☒ Denotes a statistically significant increase in obesity over time.

Prevalence of Overweight

(By Region, 2009; 1994-2009 Trend Data)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 153]

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2000 Colorado data.
- 2008 PRC National Health Survey, Professional Research Consultants.

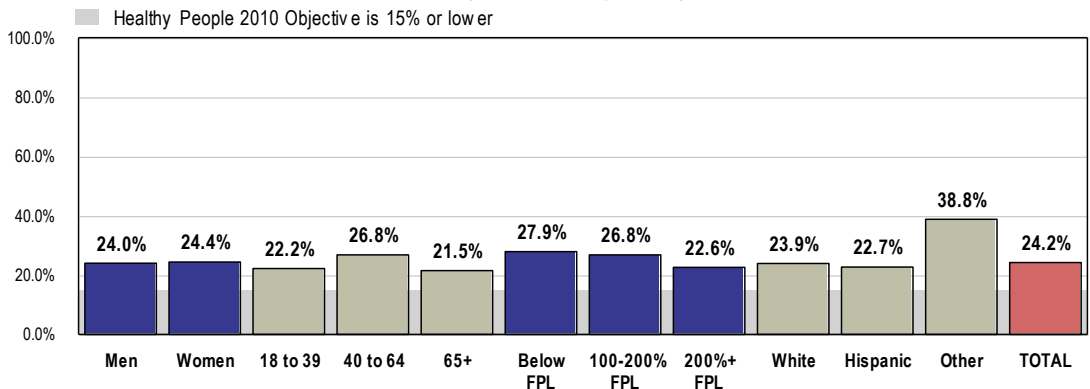
Notes: • Based on self-reported height and weight, asked of all respondents.

- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The following chart further examines Mesa County obesity by demographic characteristics. Note that none of the differences by population segment is statistically significant.

Prevalence of Obesity

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 153]

- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Notes: • Based on self-reported height and weight, 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.
- "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

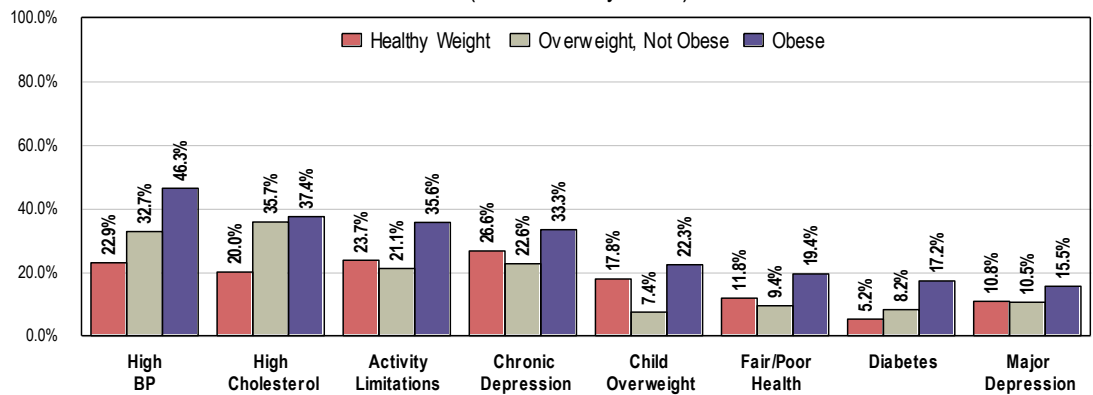
Among Mesa County community members, overweight and obese adults are more likely to report a number of adverse health conditions.

These include:

- ☐ Hypertension (high blood pressure).
- ☐ High cholesterol.
- ☐ Activity limitations.
- ☐ Chronic depression.
- ☐ “Fair” or “poor” physical health.
- ☐ Diabetes.
- ☐ Major depression.

In addition, Mesa County residents who are obese appear to be more likely to have children who are overweight.

Relationship of Overweight With Other Health Issues (Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Items 5, 36, 46, 106, 112, 149, 150] 156

Note: • Reflects responses among the total sample of respondents, segmented by their bodyweight category (categories are mutually exclusive).

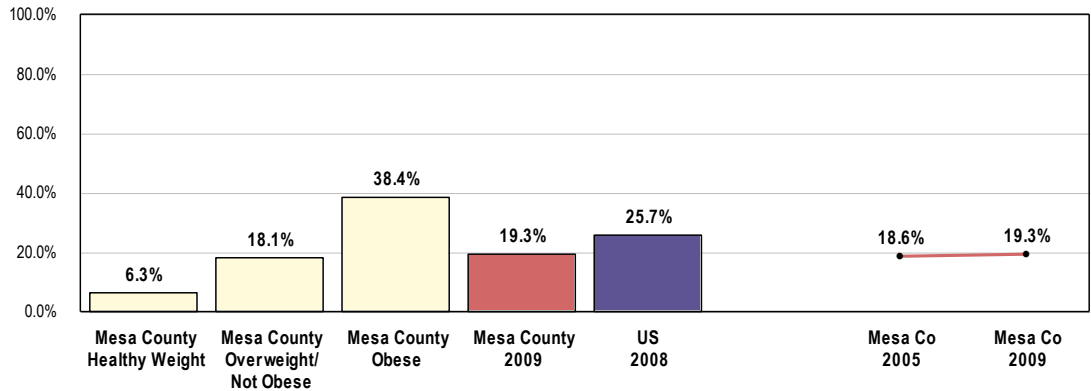
Health Advice About Weight Management

19.3% of Mesa County adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- ▣ Notably lower than national findings (25.7%).
- ▣ Statistically unchanged over time.
- 👥 Note that 38.4% of obese Mesa County adults have been given advice about their weight by a health professional in the past year.

Physician, Nurse or Other Health Professional Has Given Advice About Weight in the Past Year

(By Weight Status and Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 104]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Child Overweight

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender- and age-specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight	<5th percentile
At Risk of Overweight	85th to 95th percentile
Overweight	≥ 95 th percentile

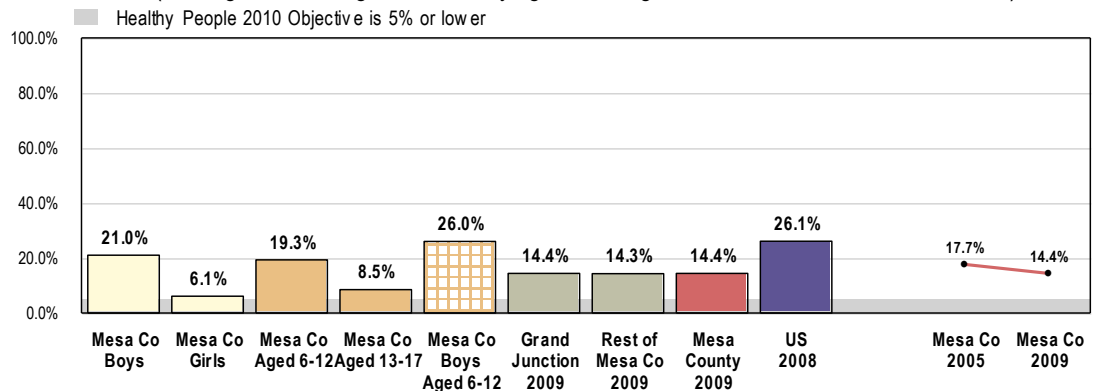
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

14.4% of Mesa County children aged 6 to 17 are overweight, based on heights/ weights reported by surveyed parents.

- ☑ Significantly lower than the national ratio (26.1%).
- + Nearly identical by service area.
- ☑ Statistically unchanged since the 2005 prevalence was recorded.
- ☑ Overweight prevalence is statistically significant by both gender and age among Mesa County children; note the 26.0% prevalence among county boys aged 6-12.

Child Overweight

(Among Children Ages 6 to 17; By Age and Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 156]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-3a-b]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents with children aged 6 to 17 at home.
 • Overweight among children is estimated based on children's' Body Mass Index status above the 95th percentile of U.S. growth charts by gender and age.

Physical Activity & Fitness

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.

The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

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

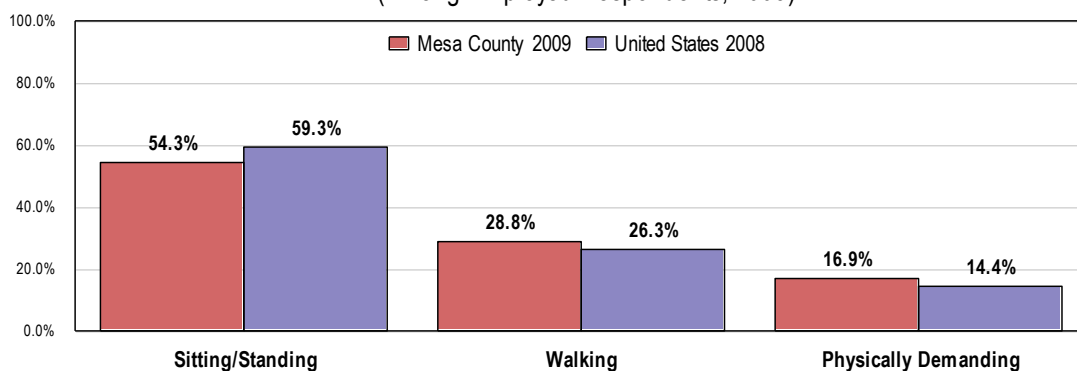
Work-Related Activity

A majority of employed Mesa County respondents report low levels of physical activity at work.

- 54.3% of employed Mesa County respondents report that their job entails mostly sitting or standing, notably lower than the US figure (59.3%).
- 28.8% report that their job entails mostly walking (comparable to the 26.3% reported nationally).
- 16.9% report that their work is physically demanding (comparable to the 14.4% reported across the nation).

Primary Level of Physical Activity at Work

(Among Employed Respondents, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 100]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all employed respondents.

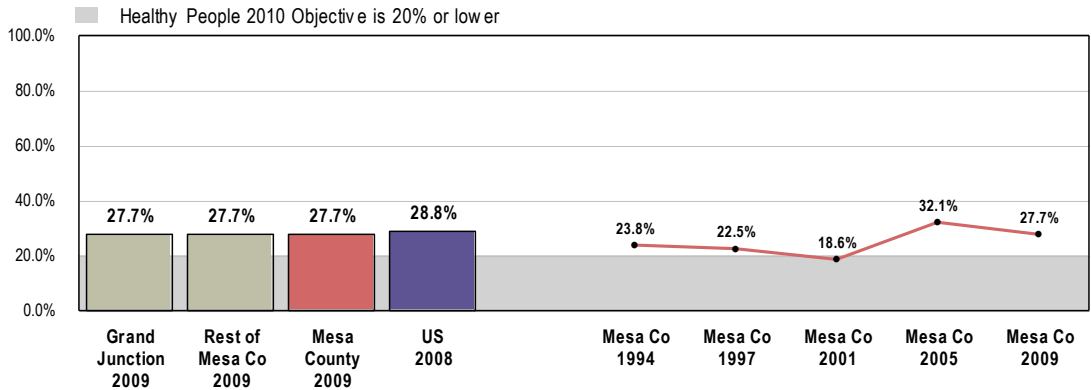
Leisure-Time Physical Activity

27.7% of adults report no leisure-time physical activity in the past month.

- Similar to national findings (28.8%).
- Fails to satisfy the Healthy People 2010 objective (20% or lower).
- ✦ Identical by service area.
- Marks a statistically significant increase in lack of leisure-time physical activity since 1994.

No Leisure-Time Physical Activity in the Past Month

(By Region, 2009; 1994-2009 Trend Data)



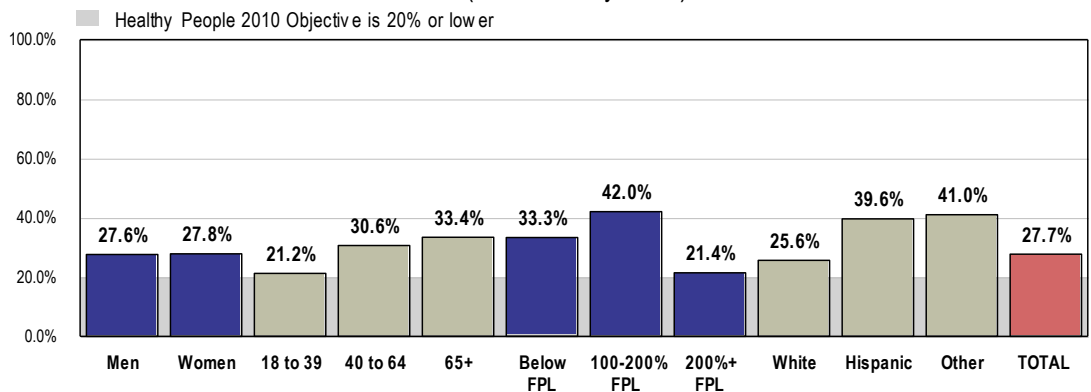
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 101]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

The following chart further examines physical inactivity by various demographic characteristics. Lack of leisure-time physical activity is much higher among the following Mesa County adults:

- 👥 Residents aged 40 and older.
- 👥 Adults living in the lower income breakouts.
- 👥 Non-Whites.

No Leisure-Time Physical Activity in Past Month

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 101]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-1]
 Note: • Asked of all respondents.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Activity Levels

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.

Costs

- The direct medical cost associated with physical inactivity was \$29 billion in 1987 and nearly \$76.6 billion in 2000.
 - The annual cost of obesity in the United States is about \$100 billion.
 - After controlling for physical limitations and socioeconomic status, researchers found that more than 12% of the annual medical costs of inactive people with arthritis is associated with their inactivity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Recommended Levels of Physical Activity

Mesa County adults should strive to meet either of the following physical activity recommendations:

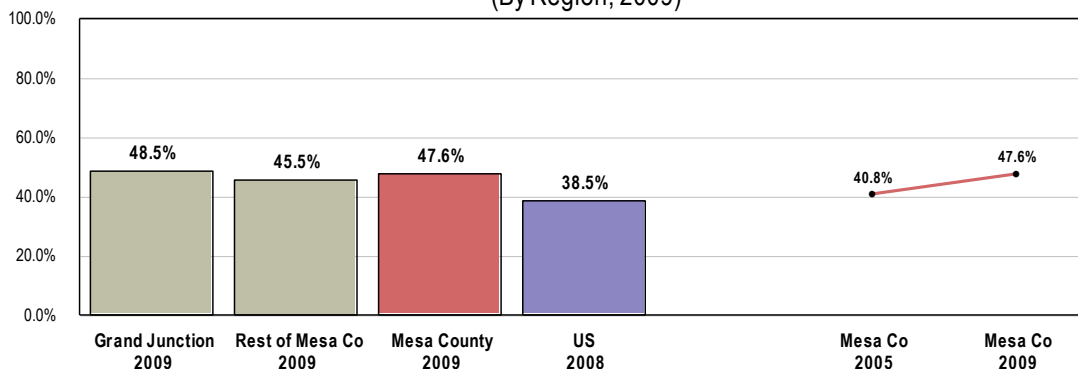
- ☑ Moderate-intensity physical activities (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.
 - Centers for Disease Control and Prevention/American College of Sports Medicine
- OR
- ☑ Vigorous-intensity physical activity (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.
 - Healthy People 2010

A total of 47.6% of Mesa County adults participate in regular, sustained moderate or vigorous physical activity.

- ☑ More favorable than national findings (38.5%).
- + Statistically similar by service area.
- ☑ Marks a *statistically significant increase* since 2005.

Meets Physical Activity Recommendations

(By Region, 2009)



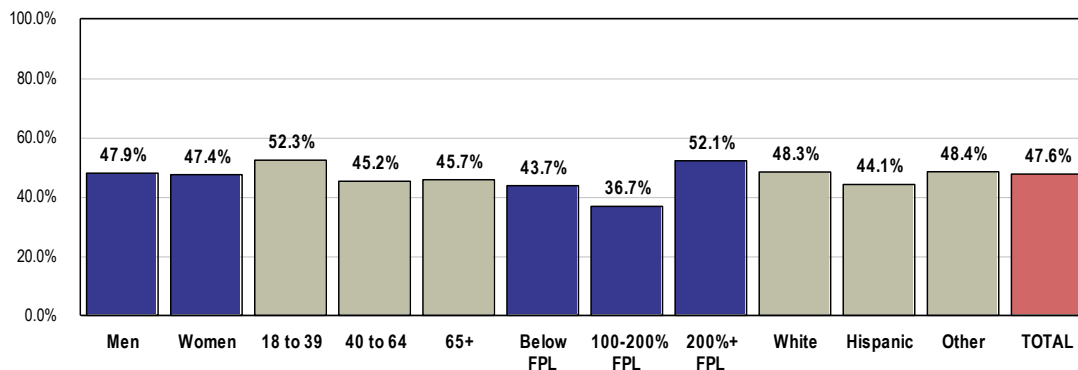
Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 160]
 • 2008 PRC National Health Survey, Professional Research Consultants.

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.

Mesa County residents living at lower incomes are less likely to meet the physical activity recommendations.

Meets Physical Activity Recommendations

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 160]

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.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown in the following chart.

In the past month:

28.2% of Mesa County adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

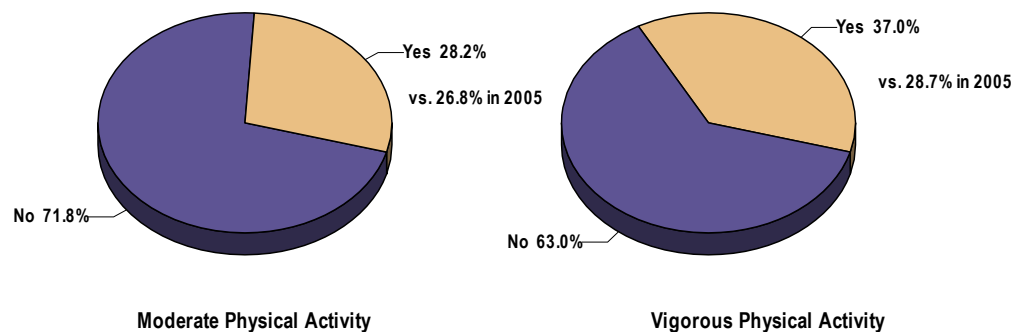
- ☑ Lower than state levels (40.8%) but more favorable than the US figure (22.6%).
- ☑ Near the Healthy People 2010 objective for moderate activity (30% or higher).
- ✦ Statistically similar by service area (not shown).
- 📊 No change from the 26.8% in 2005.

Another 37.0% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- ☑ More favorable than both the state (32.6%) and US (28.0%) figures.
- ☑ Satisfies the Healthy People 2010 objective for vigorous activity (30% or higher).
- ✦ Statistically similar by service area (not shown).
- ☑ More favorable than the 28.7% reported in 2005.

Moderate and Vigorous Physical Activity

(Mesa County, 2009; Trend Data 2005-2009)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 158-159]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Notes: • Asked of all respondents.
 • In this case the term "moderate physical activity" refers to exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for 30 minutes at a time, while "vigorous physical activity" includes 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.

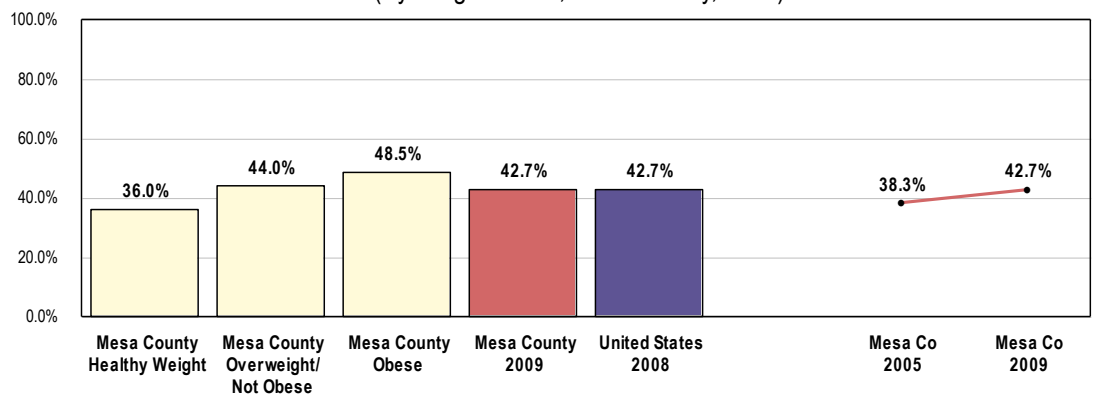
Health Advice About Physical Activity & Exercise

A total of 42.7% of Mesa County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- ☑ Identical to the national average (42.7%).
- ✦ Statistically similar by service area (not shown).
- ☑ Marks a *statistically significant increase* since 2005.
- 👤 Note: 48.5% of obese Mesa County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Physician Has Asked About or Given Advice Regarding Physical Activity/Exercise in Past Year

(By Weight Status; Mesa County, 2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 19]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Substance Abuse

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol ... Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences ... Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior ...

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections... Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs... Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997... Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

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

High-Risk Alcohol Use

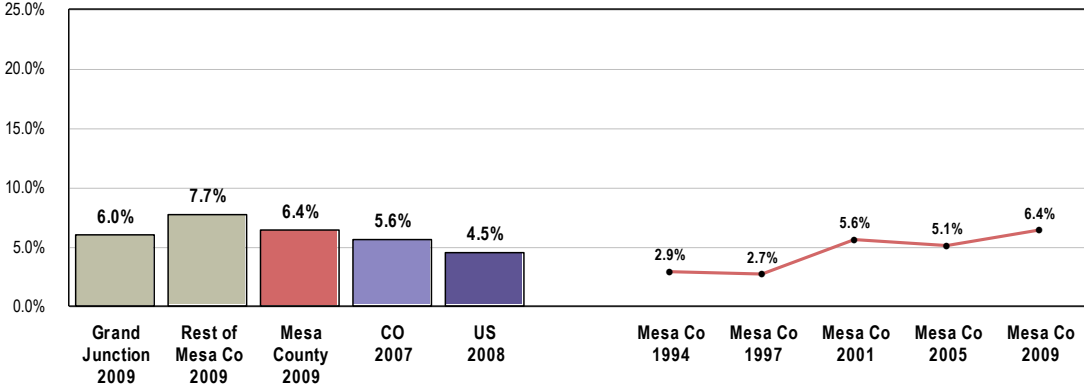
Chronic Drinking

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.

6.4% of Mesa County adults report an average of two or more drinks of alcohol per day in the past month.

- ☑ Comparable to the 5.6% across Colorado.
- ☑ Comparable to the 4.5% reported across the US.
- ✦ Statistically similar by service area.
- ☒ Denotes a statistically significant increase in chronic drinking over time.

Chronic Drinkers
(By Region, 2009; 1994-2009 Trend Data)

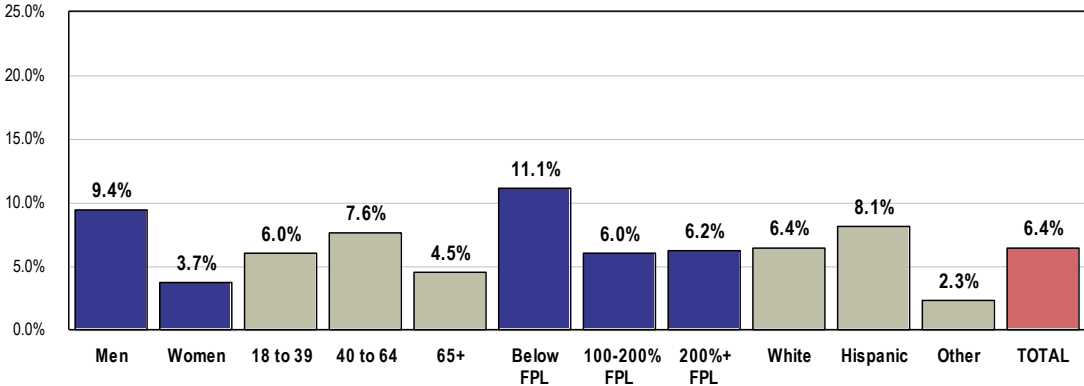


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 168]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.

Notes: • Reflects the total sample of respondents.
 • Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

In Mesa County, chronic drinking is more prevalent among the male population.

Chronic Drinkers
(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 168]

Notes: • Reflects the total sample of respondents.
 • Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Binge Drinking

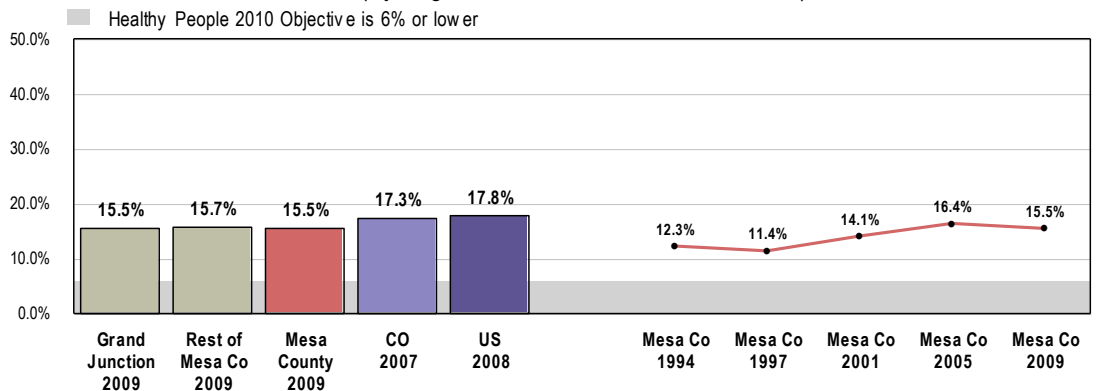
Binge drinkers include survey respondents who report that there was one or more times in the past month when they drank five or more drinks on a single occasion.

A total of 15.5% of Mesa County adults are binge drinkers.

- ☐ Comparable to the 17.3% in Colorado as well as the 17.8% across the US.
- ☐ Fails to satisfy the Healthy People 2010 target (6% or lower).
- ✦ Nearly identical by service area.
- ☒ Marks a statistically significant increase in binge drinking levels since 1994.

Binge Drinkers

(By Region, 2009; 1994-2009 Trend Data)

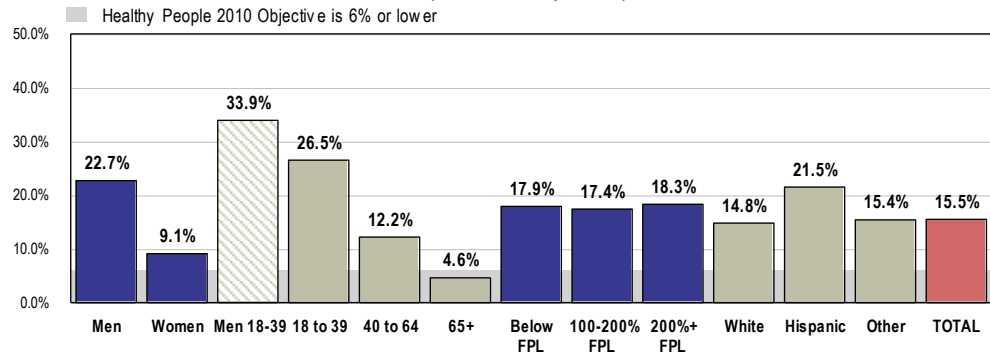


- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 169]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Reflects the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.

Most demographic groups fall outside the targeted Healthy People 2010 range. Binge drinking in Mesa County is more prevalent among men, especially those under 40.

Binge Drinkers

(Mesa County, 2009)



- Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants. [Item 169]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Reflects the total sample of respondents.
 - Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.
 - "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

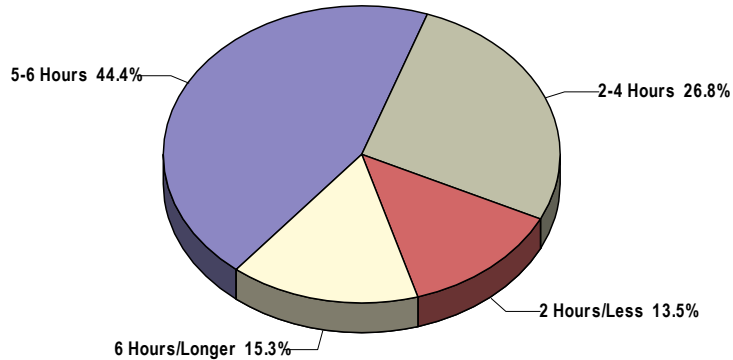
In a follow-up inquiry, binge drinkers in Mesa County were asked to indicate the duration of the recent drinking episode during which they consumed five or more drinks.

The largest share of responses among this population (59.7%) was for episodes lasting five or more hours.

- Another 26.8% acknowledged consuming five or more alcoholic beverages in a **two- to four-hour** time span, while 13.5% consumed the drinks in **two hours or less**.

Duration of Binge Drinking Episodes

(Among Those Reporting Five or More Drinks on an Occasion; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 68]
 Note: • Asked of all respondents reporting binge drinking behavior.

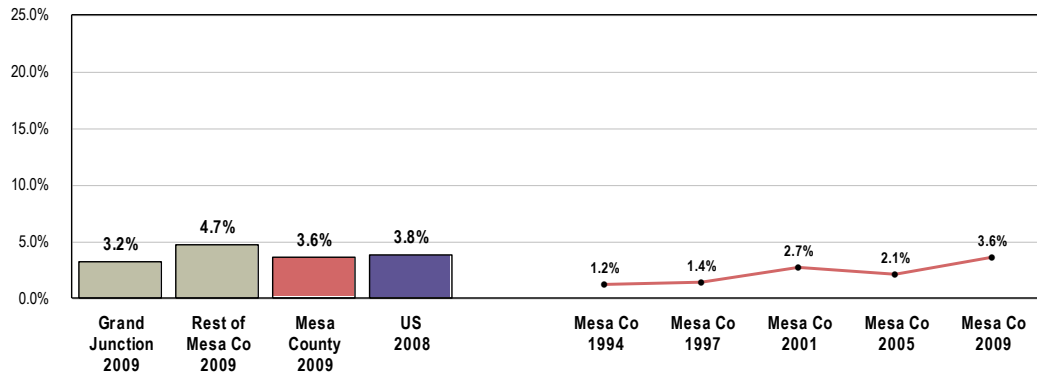
Drinking & Driving

A total of 3.6% of Mesa County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Nearly identical to the 3.8% prevalence reported nationally.
- Statistically similar by service area.
- Marks a statistically significant increase in drunk driving over time across the county.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

(By Region, 2009; 1994-2009 Trend Data)

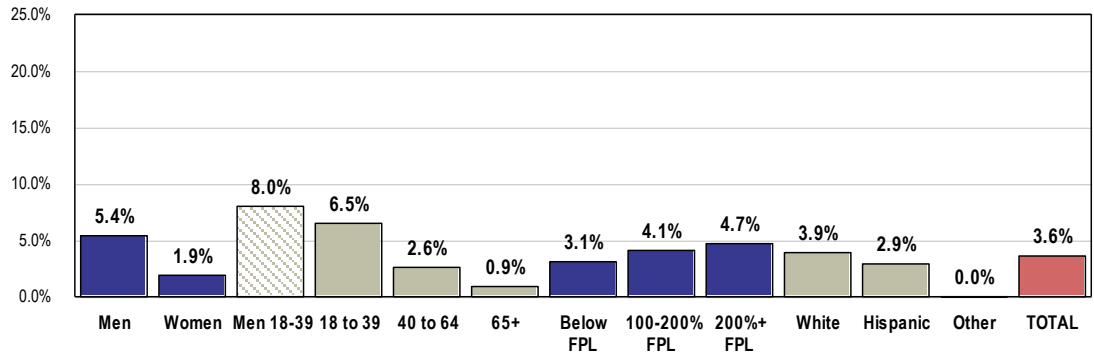


Source: • PRC Community Health Surveys, Professional Research Consultants. [Item 69]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Drinking and driving in Mesa County is more prevalent among:

- 👤 Men (especially those under 40).
- 👤 Young adults.

Have Driven During the Past Month After Having Had Too Much to Drink (Mesa County, 2009)

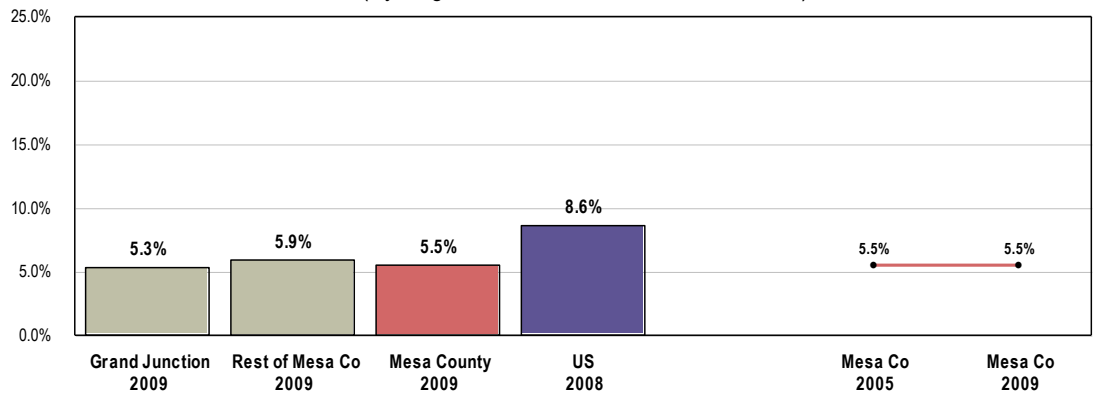


Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 69]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

A total of 5.5% of Mesa County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- 📍 More favorable than the 8.6% prevalence reported across the US.
- 📍 Comparable between the service areas.
- 📍 Unchanged over time.

Have Driven Drunk in the Past Month OR Ridden With a Driver Who Had Too Much to Drink (By Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 170]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Illicit Drug Use

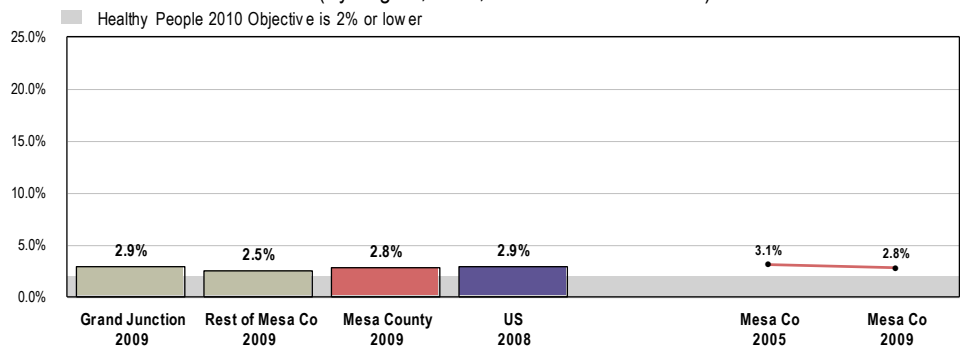
For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Just 2.8% of Mesa County residents acknowledge using an illicit drug in the past month.

- 📍 Nearly identical to the 2.9% reported across the nation.
- 📍 Comparable to the Healthy People 2010 objective of 2% or lower.
- ✦ Statistically similar by service area.
- 📅 **Unchanged over time.**

Self-Reported Illicit Drug Use in the Past Month

(By Region, 2009; Trend Data 2005-2009)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 71]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-10c]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - In this case, the term “illicit drug use” includes use of an illegal drug and/or use of a prescription drug without a physician’s orders.

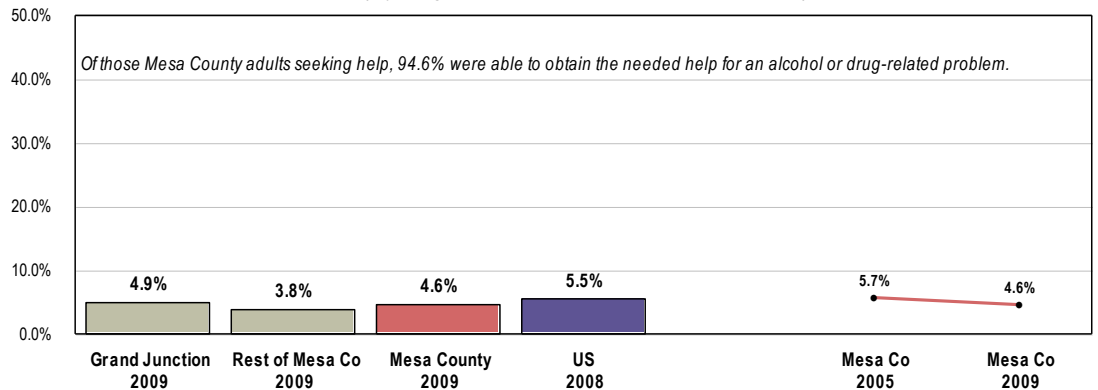
Substance Abuse Treatment

4.6% of Mesa County adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- ☐ Statistically similar to the 5.5% reported across the nation.
- ✦ Similar by service area.
- ☐ Statistically unchanged since 2005.
- ☐ Among those adults seeking help, 94.6% were able to obtain the help they needed.

Have Ever Sought Professional Help for an Alcohol- or Drug-Related Problem

(By Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 72, 73]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Impact of Methamphetamine Use

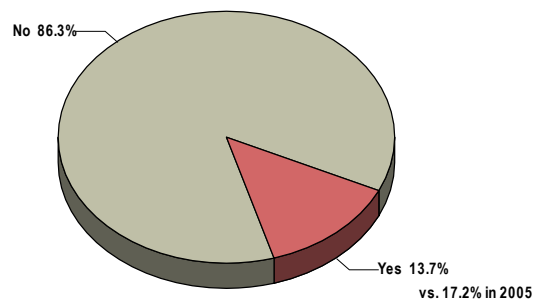
In a related inquiry, survey respondents were asked to indicate whether they have been affected by someone else's use of methamphetamines.

13.7% of Mesa County adults acknowledge that they have been affected by their own use or someone else's use of methamphetamines.

- ✦ Statistically similar by service area.
- ☐ Marks a *statistically significant decrease* since the 2005 survey was conducted.

Have Been Impacted By Own or Someone Else's Use of Methamphetamines

(Mesa County, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 74]
 Note: • Asked of all respondents.

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the US)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

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

Cigarette Smoking

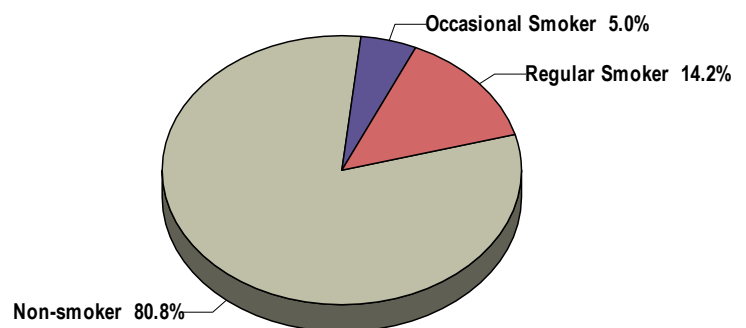
Cigarette Smoking Prevalence

A total of 19.2% of Mesa County adults currently smoke cigarettes, either regularly (14.2% every day) or occasionally (5.0% on some days).

- ☉ Similar to the 18.7% reported across Colorado.
- ☉ Identical to national findings (19.2%).
- ☉ Fails to satisfy the Healthy People 2010 target (12% or lower).
- ✦ Statistically similar by service area.
- ☒ The smoking prevalence is unchanged over time in Mesa County.

Cigarette Smoking Prevalence

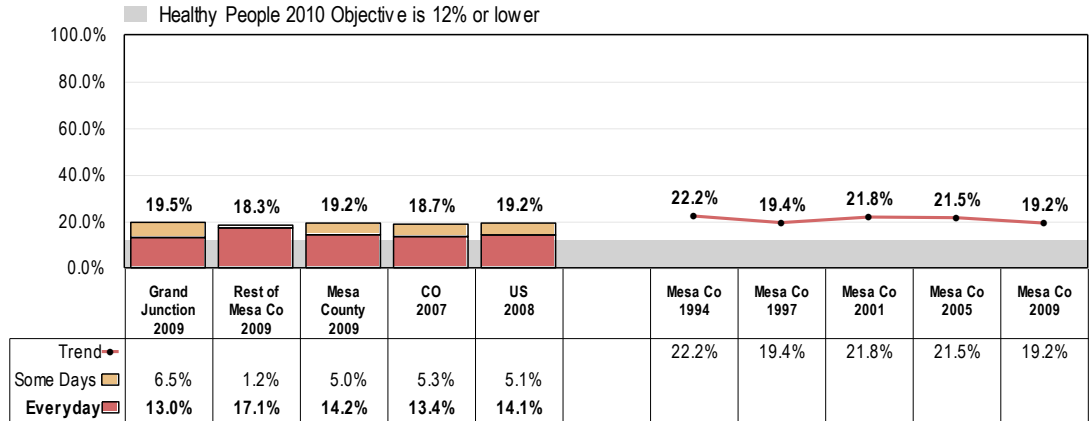
(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 61]
Note: • Asked of all respondents.

Current Smokers

(By Region, 2009; 1994-2009 Trend Data)



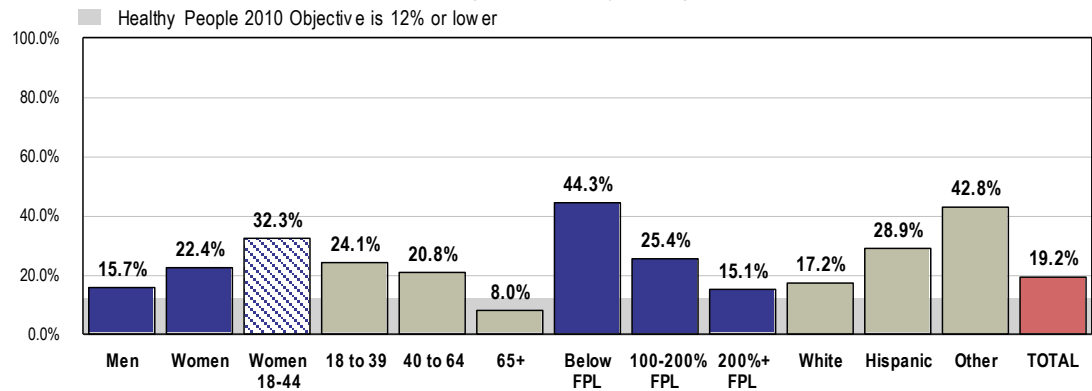
- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 61]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2007 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

The following chart looks at current smoking prevalence by various demographic characteristics. As shown, cigarette smoking is more prevalent among women, the under-65 population, residents living below the federal poverty level, and Non-Whites.

- Note also that 32.3% 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

(Mesa County, 2009)



- Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants. [Items 61, 165]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]
- Notes:
- Asked of all respondents.
 - Includes those who smoke everyday or on some days.
 - "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

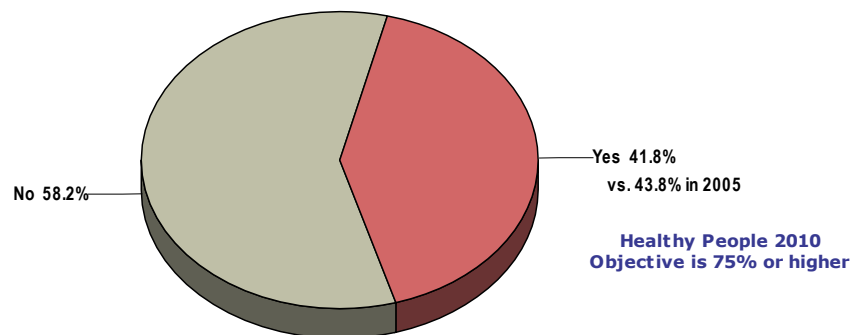
Smoking Cessation Attempts

41.8% of Mesa County regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- ❑ Less favorable than the national percentage (57.0%).
- ❑ Fails to satisfy the Healthy People 2010 target (75% or higher).
- + Statistically comparable by service area (not shown).
- ❑ Statistically unchanged since 2005 (43.8%).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Adults Who Smoke Cigarettes Every Day; Mesa County, 2009)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 62]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services, Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-5]
- Note:
- Asked of regular (everyday) smokers.

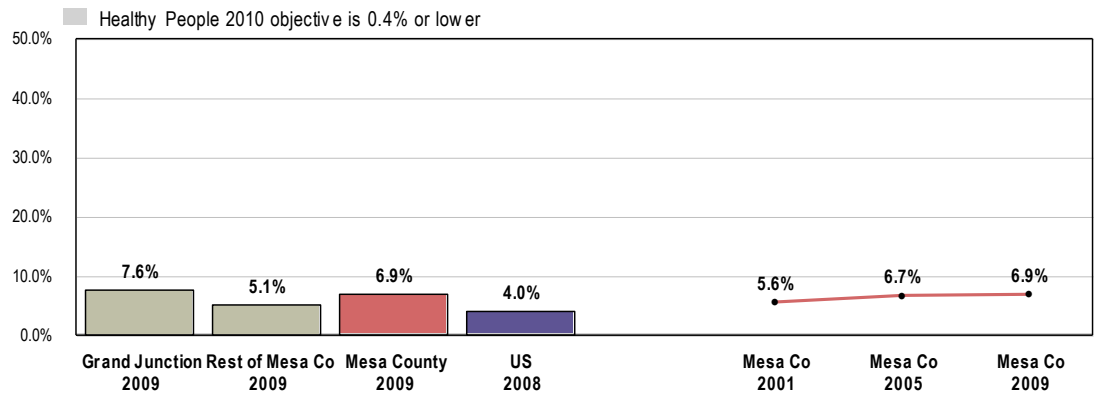
Other Tobacco Use

A total of 6.9% of Mesa County adults use chewing tobacco or snuff every day or on some days.

- ☒ Less favorable than the national percentage (4.0%).
- ☒ Fails to satisfy the Healthy People 2010 target (0.4% or lower).
- ✦ No significant difference by service area.
- ☒ Statistically unchanged over time.

Use of Smokeless Tobacco

(Mesa County, 2009; 2001-2009 Trend Data)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 64]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1b and 27-1c]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - Includes respondents who use chewing tobacco/snuff every day or on some days.

Smoking in the Home

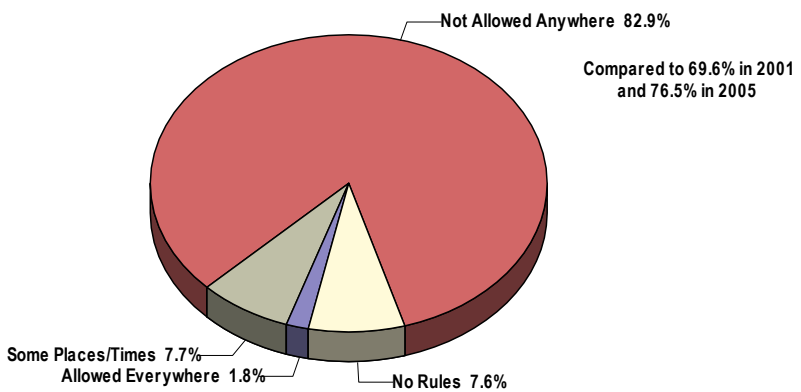
Survey respondents were next asked to indicate which of four statements regarding smoking in the home best applies to their own household. The statements included, “Smoking is not allowed anywhere,” “Smoking is allowed in some places at some times,” “Smoking is allowed everywhere,” and, “There are no rules about smoking in the home.”

The vast majority of respondents (82.9%) indicated that smoking is not allowed anywhere in the home.

- ✦ No difference by service area (not shown).
- ☒ Marks a *significant*, increasing trend over time.
- ☑ Another 7.7% of survey respondents allow smoking in some places in the home, at some times; note that 7.6% have no rules regarding smoking in the home.

Rules About Smoking in the Home

(Mesa County, 2009)

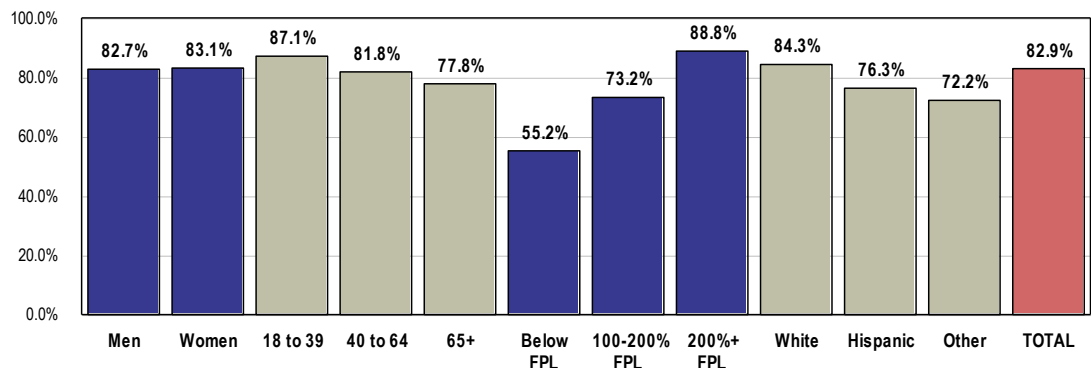


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 63]
 Note: • Asked of all respondents.

With regard to respondents indicating that smoking is not allowed anywhere at home, note the negative correlation with age as well as the positive correlation with income.

Smoking is Not Allowed Anywhere At Home

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 63]
 Note: • Asked of all respondents.

Access To Healthcare Services

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States... Limitations in access to care extend beyond basic causes, such as a shortage of healthcare providers or a lack of facilities. Individuals also may lack a usual source of care or may face other barriers to receiving services, such as financial barriers (having no health insurance or being underinsured), structural barriers (no facilities or healthcare professionals nearby), and personal barriers (sexual orientation, cultural differences, language differences, not knowing what to do, or environmental challenges for people with disabilities).

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

Health Insurance Coverage

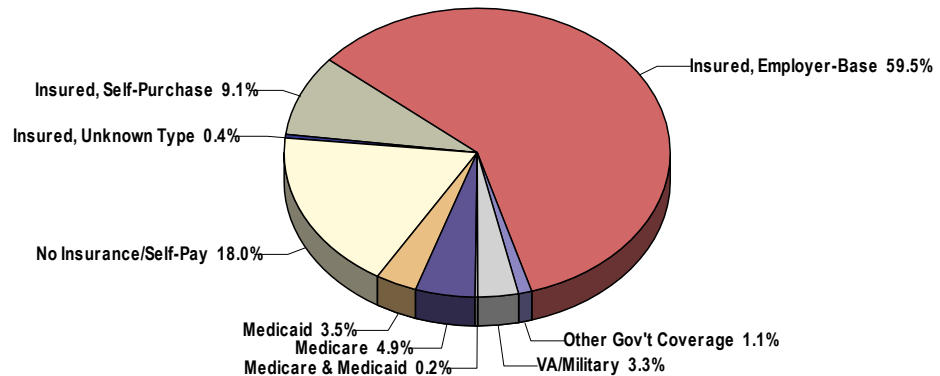
Type of Healthcare Coverage

The majority (68.6%) of Mesa County adults aged 18 to 64 report having healthcare coverage through private insurance.

Another 13.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage

(Among Adults Age 18 to 64; Mesa County, 2009)



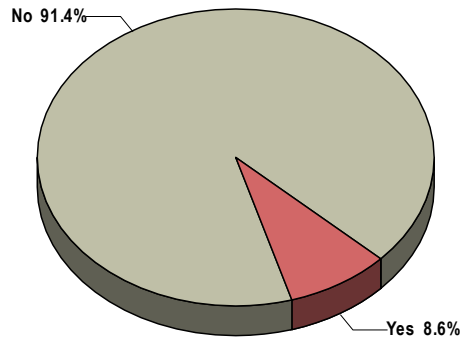
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 186]
Note: • Reflects respondents age 18 to 64.

Healthcare Deductibles

Among respondents with healthcare coverage, 8.6% report that they have a deductible greater than \$5,000.

Healthcare Coverage Has a Deductible Greater Than \$5,000

(Among Insured Adults; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 89]
Note: • Asked of all insured respondents.

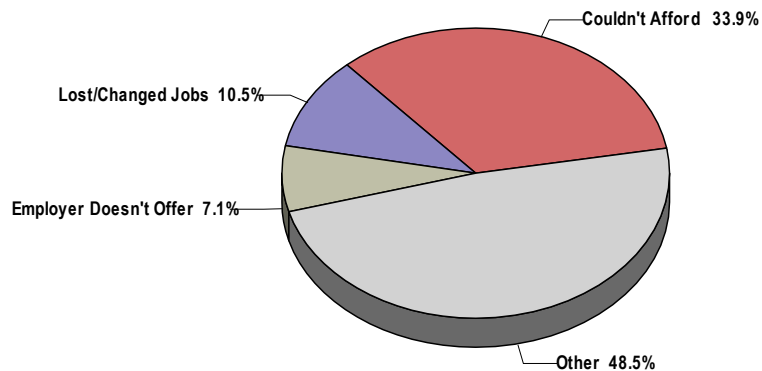
Prescription Drug Coverage

Among Mesa County adults without health insurance coverage, one-third (33.9%) indicated that they cannot afford the coverage.

- Another 10.5% do not have healthcare coverage because they **lost or changed their job**, and 7.1% reported that their employer **does not offer** health insurance coverage.

Main Reason Don't Have Health Insurance Coverage

(Among Uninsured Adults; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 90]
Note: • Asked of all uninsured respondents.

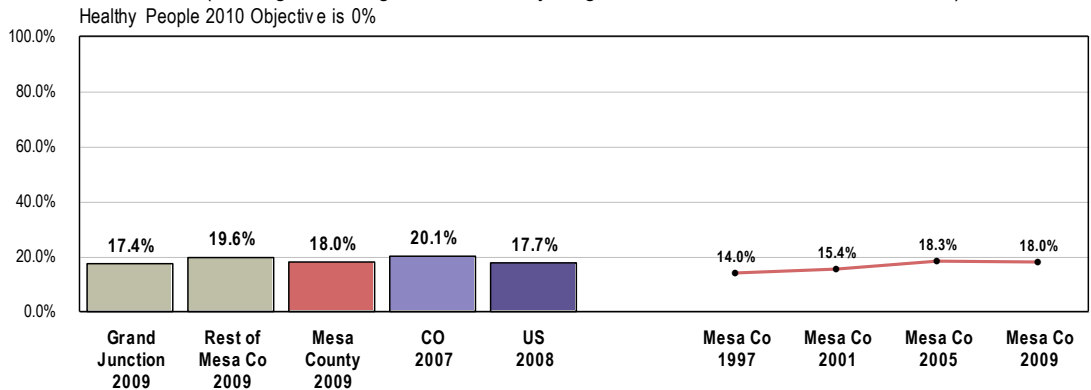
Lack of Health Insurance Coverage

Among Mesa County adults aged 18 to 64, 18.0% report having no insurance coverage for healthcare expenses.

- Similar to the Colorado (20.1%) and US (17.7%) figures.
- The Healthy People 2010 target is universal coverage (0% uninsured).
- + No significant difference by service area.
- Less favorable than 1997 findings (14.0%).

Lack Health Care Insurance Coverage

(Among Adults Aged 18 to 64; By Region, 2009; 1997-2009 Trend Data)



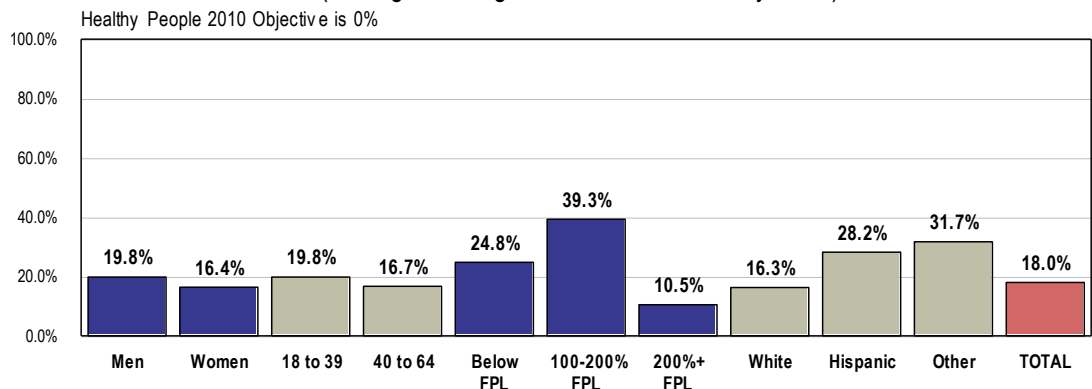
- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 186]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Colorado data.
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Reflects respondents aged 18 through 64.

The following population segments (under 65) are more likely to be without healthcare coverage:

- 👤 Residents living at lower incomes.
- 👤 Non-Whites.

Lack Health Care Insurance Coverage

(Among Adults Age 18 to 64; Mesa County, 2009)



- Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants. [Item 186]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-1]
- Note:
- Reflects respondents age 18 through 64.
 - "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

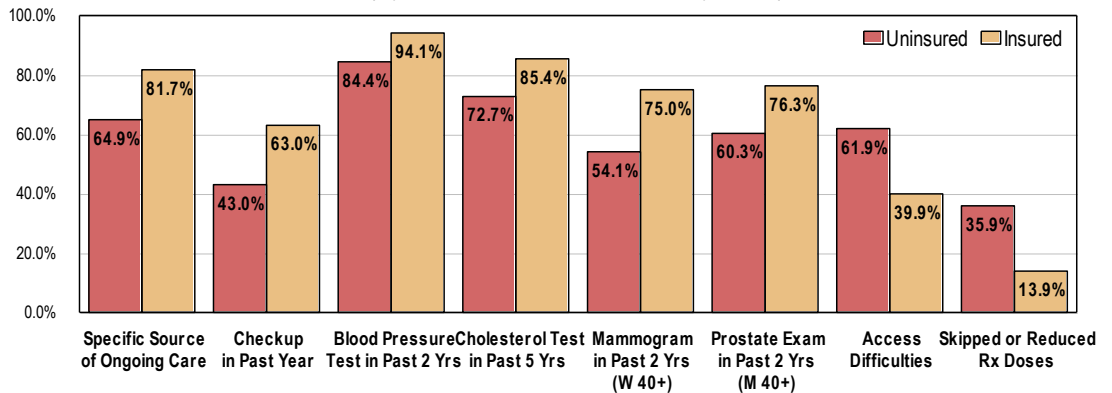
Impact of Poor Access

Persons without health insurance coverage are much less likely to have a regular medical care provider, receive routine care, or receive preventive healthcare screenings.

- Uninsured adults are also more likely to experience access difficulties, and are more likely to have skipped or reduced their prescription doses in order to save money.

Preventive Health Care

(By Insured Status; Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Items 11, 17, 51, 54, 94, 177, 178, 187] 188

Notes: • Reflects all respondents.

• Insured respondents include those with either private or government-sponsored insurance plans.

Difficulties Accessing Healthcare

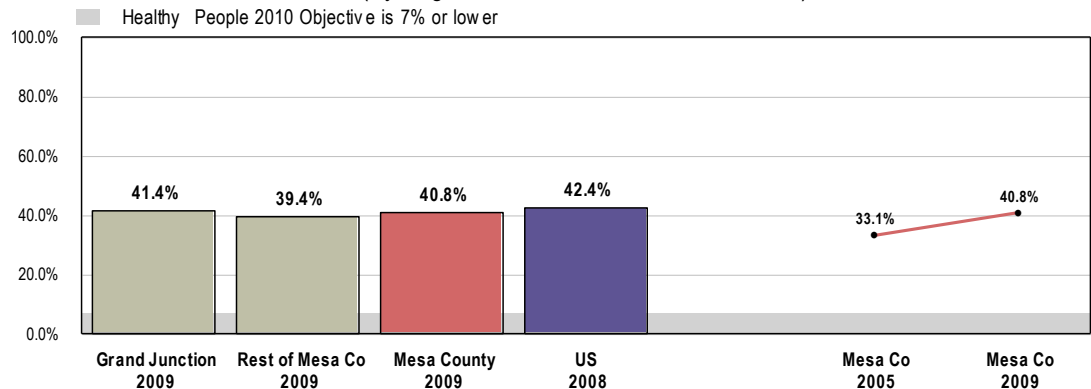
Difficulties Accessing Services

In all, 40.8% of Mesa County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings (42.4%).
- Fails to satisfy the Healthy People 2010 target (7% or lower).
- Similar by service area.
- Marks a statistically significant increase in difficulties over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(By Region, 2009; Trend Data 2005-2009)



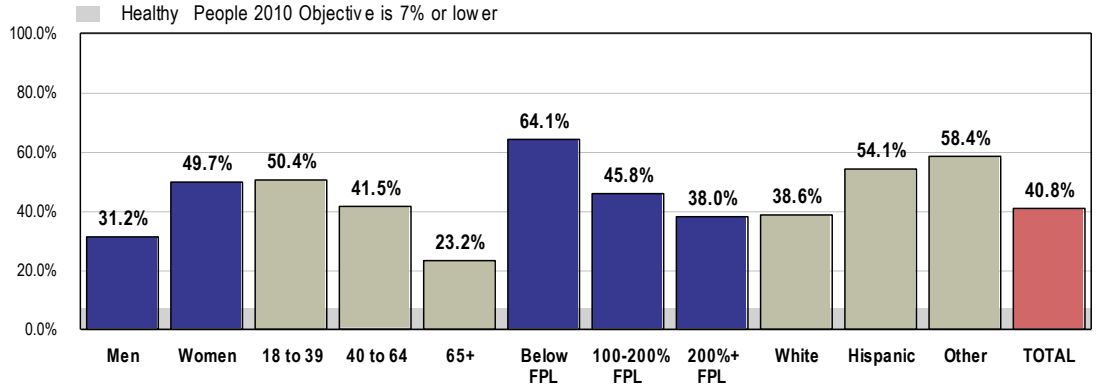
Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 188]
• 2008 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Includes difficulties related to availability, cost or other unspecified troubles/delays.

The following chart examines access difficulties by respondent demographics. Note:

- Women more often report access difficulties than do men.
- Adults under age 65 report difficulties accessing healthcare more often than older adults.
- As may be expected, adults living at lower incomes are more likely to experience difficulties or delays of some kind in receiving healthcare in the past year.
- Non-Whites are more likely than Whites to report experiencing difficulties accessing healthcare.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 188]

Note: • Asked of all respondents.

• Includes difficulties related to availability, cost, office hours, transportation or other unspecified troubles/delays.

• "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Barriers to Healthcare Access

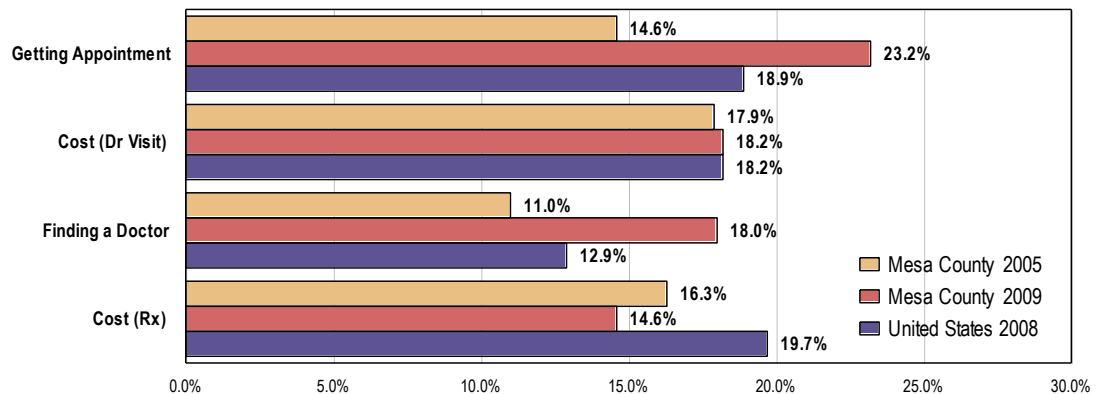
To better understand healthcare access barriers, survey participants were asked whether any of four types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year.

Of the tested barriers, obtaining an appointment impacted the greatest share of adults in Mesa County (23.2% say they were unable to obtain an appointment).

- ☐ The proportions of Mesa County adults impacted were statistically less favorable than those found nationwide for the following access barriers:
 - Trouble Obtaining an Appointment
 - Trouble Finding a Physician

Barriers to Access Have Prevented Medical Care in the Past Year

(Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 7-10]

• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of all respondents.

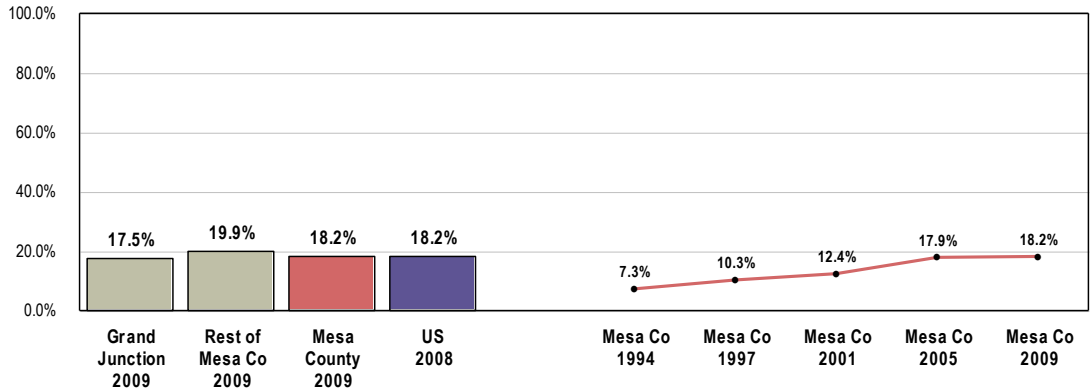
Cost as a Barrier

In all, 18.2% of Mesa County adults report that cost prevented them from obtaining a physician visit at some point in the past year.

- Identical to national findings (18.2%).
- ✦ Similar by service area.
- ▨ Marks a statistically significant increase in cost as a barrier in Mesa County since 1994.

Cost Prevented Physician Visit in the Past Year

(By Region, 2009; 1994-2009 Trend Data)



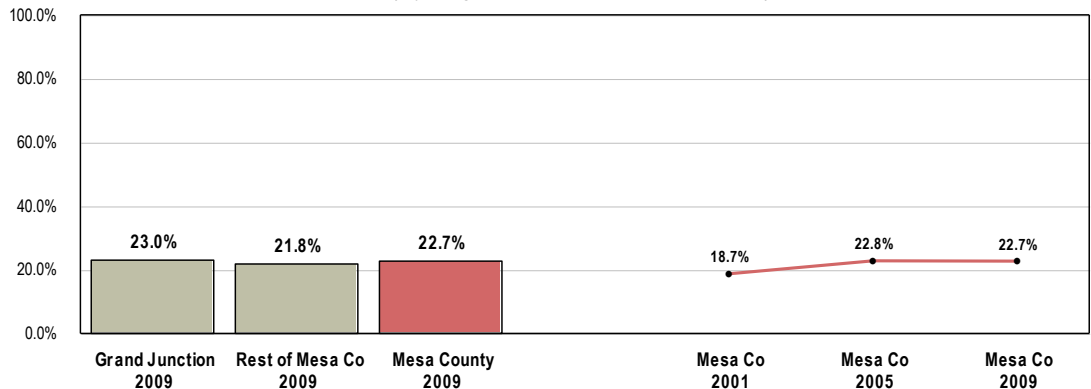
Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 9]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

In a related inquiry, 22.7% of survey respondents report that cost prevented a dental visit at some point in the past year.

- ✦ Statistically similar by service area.
- ▨ Denotes a statistically significant increase over time.

Cost Prevented Dental Visit in the Past Year

(By Region; 2001-2009 Trend Data)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 21]
 Notes: • Asked of all respondents.

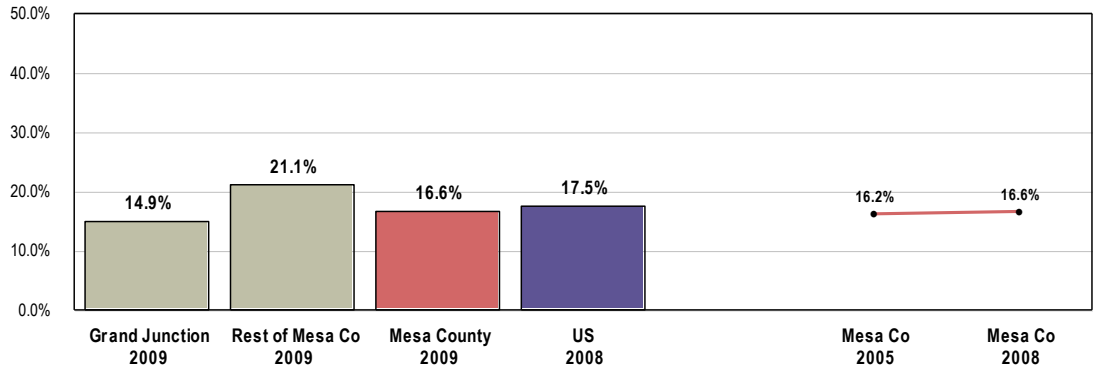
Prescriptions

Among all Mesa County adults, 16.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- ☑ Comparable to the 17.5% prevalence reported nationally.
- ✦ More favorable in Grand Junction when compared with the rest of Mesa County.
- ☑ Statistically unchanged since 2005.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(By Region, 2009; Trend Data 2005-2009)



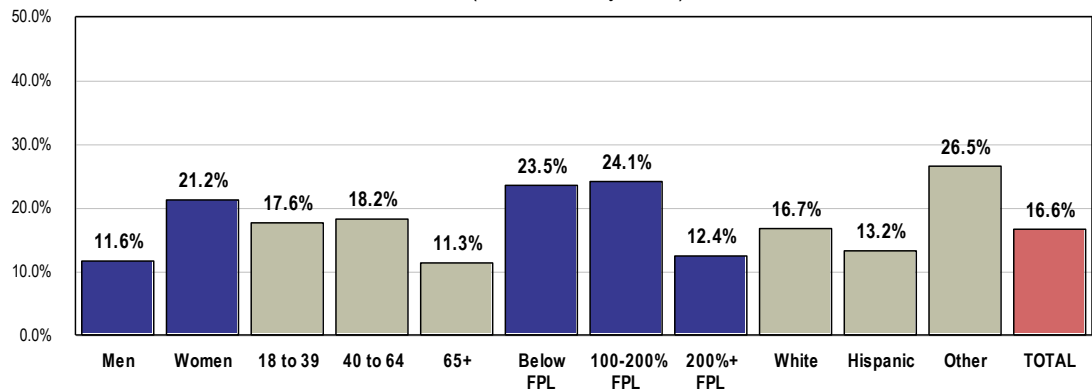
Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 11]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- 👥 Women.
- 👥 Adults under the age of 65.
- 👥 Respondents living below or just above the federal poverty level.
- 👥 Higher in “Other” race/ethnicities when compared with Whites and Hispanics.

Skipped or Reduced Doses in the Past Year in Order to Stretch Prescriptions and Save Money

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 11]
 Note: • Asked of all respondents.
 • “White” and “Black/Afr Am” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble in receiving medical care for a randomly-selected child in their household.

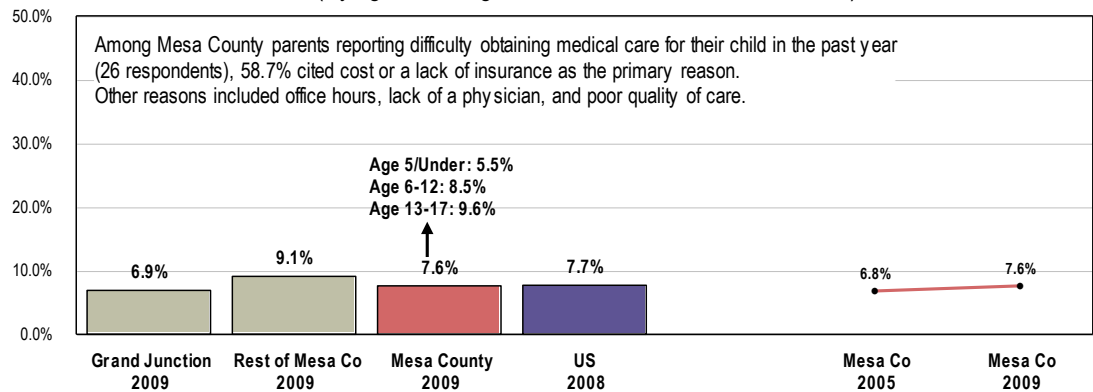
A total of 7.6% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- ☑ Nearly identical to the 7.7% reported nationwide.
- ✦ Statistically similar by service area.
- ☒ **Statistically unchanged over time.**
- ☑ No significant difference viewed by child's age.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason. Other reasons included office hours, lack of physicians, and quality of care.

Have Had Trouble Obtaining Medical Care for Child in the Past Year

(By Age and Region, 2009; Trend Data 2005-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 134-135]
 • 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of respondents with children under the age of 18.

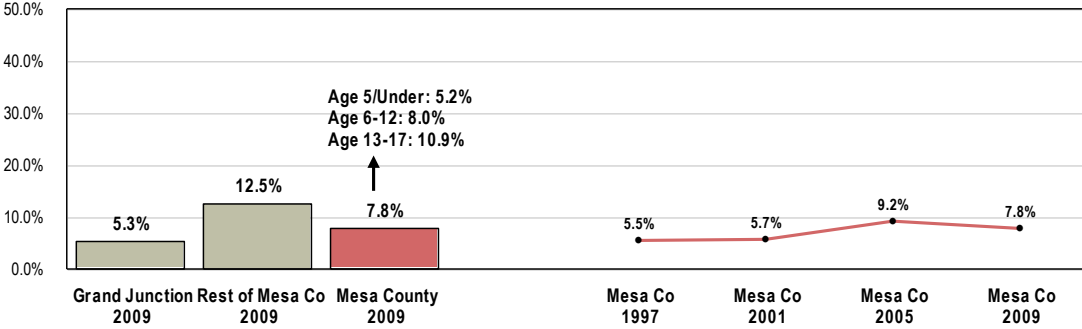
Surveyed parents were also asked if, within the past year, they were unable to take their child to a physician or other healthcare facility because of the cost of care.

A total of 7.8% of parents say there was a time in the past year when they were unable to take their child to a physician or other healthcare facility because of the cost of care.

- ✦ More favorable in Grand Junction when compared with the rest of Mesa County.
- ☒ Statistically unchanged over time.
- ☑ No statistical difference by child's age.

Unable to Take Child to Doctor or Healthcare Facility in the Past Year Because of Cost of Care

(By Age and Region, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 138]
 Note: • Asked of respondents with children under the age of 18.

Primary Care Services

Specific Source of Ongoing Care

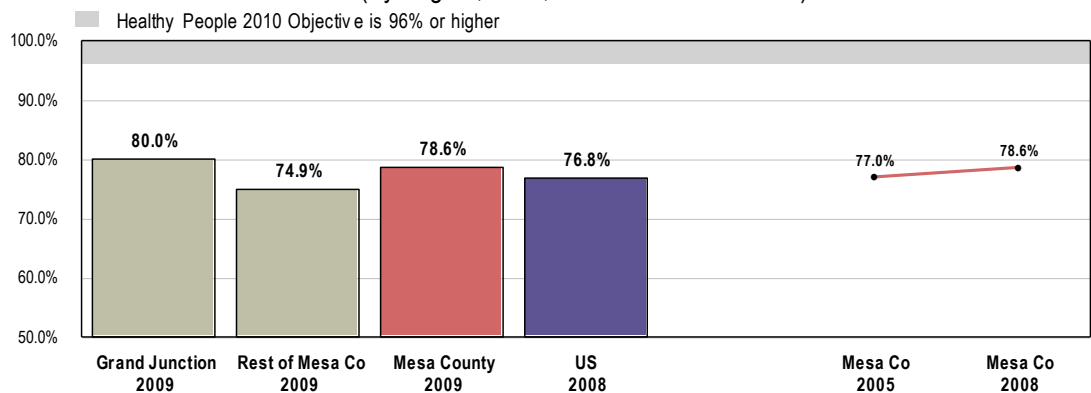
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

78.6% of Mesa County adults were determined to have a specific source of ongoing medical care.

- Similar to national findings (76.8%).
- Fails to satisfy the Healthy People 2010 target (96% or higher).
- + Statistically similar by service area.
- Statistically unchanged since 2005.

Have a Specific Source of Ongoing Medical Care

(By Region, 2009; Trend Data 2005-2009)



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 187]
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]
• 2008 PRC National Health Survey, Professional Research Consultants.

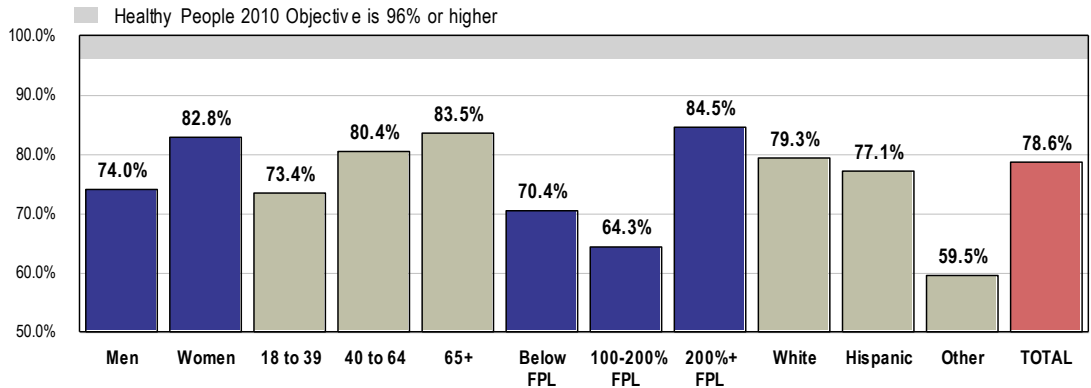
Notes: • Asked of all respondents.
• A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military/VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- 👤 Men.
- 👤 Adults under age 40.
- 👤 Residents living below 200% of the federal poverty level.
- 👤 "Other" race/ethnicities when compared with Whites and Hispanics.

Have a Specific Source of Ongoing Medical Care

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 187]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 1-4]

Notes: • Asked of all respondents.
 • A specific source of ongoing care includes having a doctor's office, clinic, urgent care/walk-in clinic, health center facility, hospital outpatient clinic, HMO (health maintenance organization)/pre-paid group, military or other VA healthcare, or some other kind of place to go if one is sick or needs advice about his/her health. A hospital emergency room is NOT considered a source of ongoing care in this instance.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Utilization of Primary Care Services

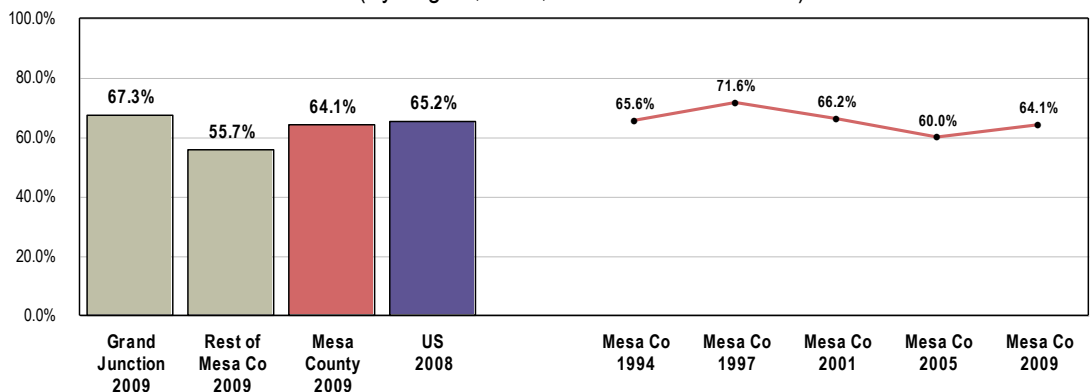
Adults

A total of 64.1% of Mesa County adults visited a physician for a routine checkup in the past year.

- Comparable to national findings (65.2%).
- ✦ More favorable in Grand Junction when compared with the rest of the county.
- ▣ Statistically unchanged across Mesa County since 1994.

Have Visited a Physician for a Routine Checkup Within the Past Year

(By Region, 2009; 1994-2009 Trend Data)

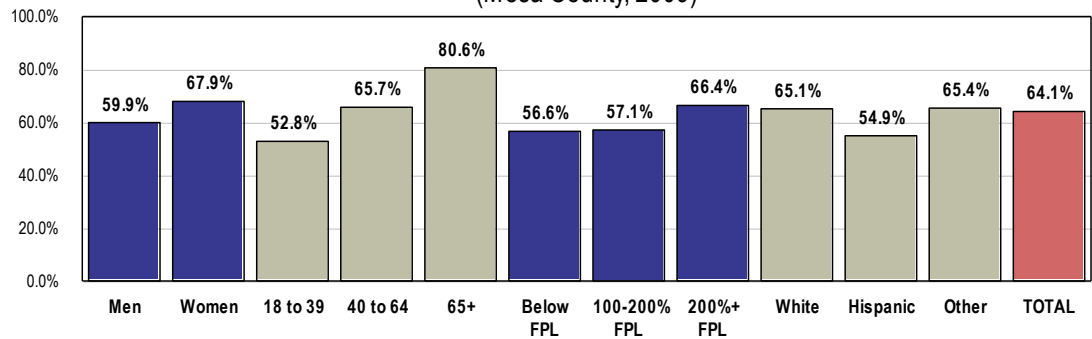


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 17]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Routine checkups increase with age in Mesa County, and are more prevalent among residents in the highest income breakout.

Have Visited a Physician for a Routine Checkup Within the Past Year

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 17]

Note: • Asked of all respondents.

• "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

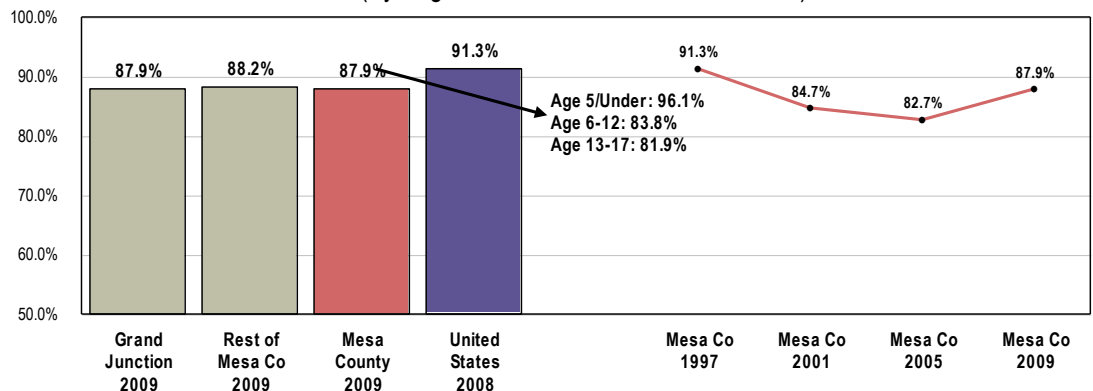
Children

Among surveyed parents, 87.9% report that their child had a routine checkup in the past year.

- ☑ Similar to national findings (91.3%).
- ✦ Nearly identical by service area.
- ☑ Statistically unchanged since 1997.
- ☑ Note that routine checkups are highest among Mesa County children under six.

Child Has Visited a Physician for a Routine Checkup Within the Past Year

(By Region, 2009; 1997-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 137]

• 2008 PRC National Health Survey, Professional Research Consultants.

Note: • Asked of respondents with children under the age of 18.

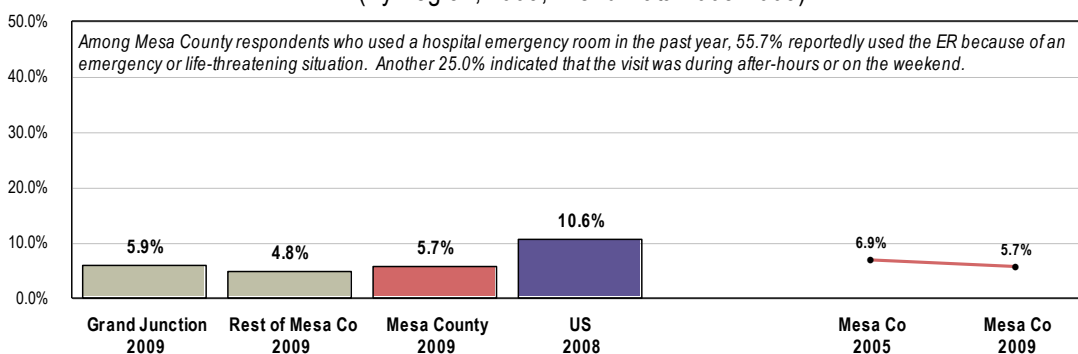
Emergency Room Services

A total of 5.7% of Mesa County adults have gone to a hospital emergency room more than once in the past year about their own health.

- ☑ Much lower (more favorable) than national findings (10.6%).
- ✦ Statistically similar by service area.
- 📊 No significant difference over time.
- ☑ Of those using a hospital ER, 55.7% say this was due to an emergency or life-threatening situation, while 25.0% indicated that the visit was during after-hours or on the weekend.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(By Region, 2009; Trend Data 2005-2009)

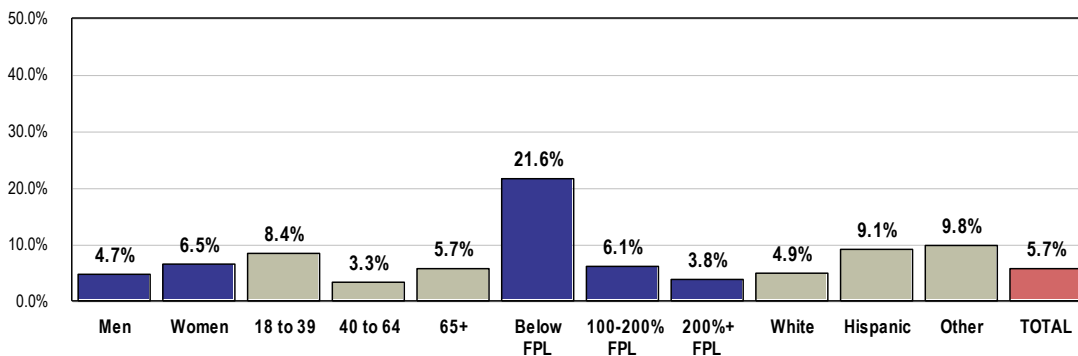


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 24-25]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

👥 Multiple ER visits were most often noted among young adults and residents living in poverty.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 24]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

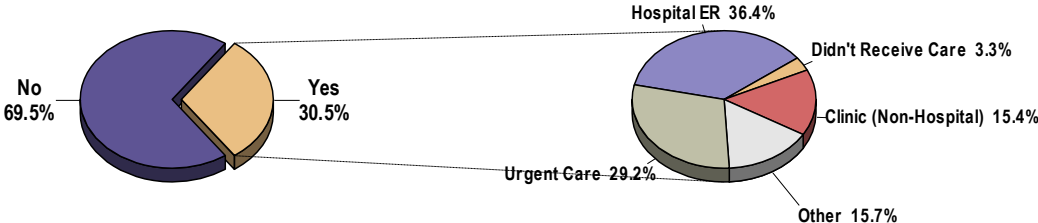
In a related inquiry, survey respondents were asked to indicate whether they needed medical care after-hours at some point in the past year.

A total of 30.5% of Mesa County adults needed medical care after-hours at some point in the past year.

- ☐ Among these adults, 36.4% sought care in a hospital ER, while 29.2% sought help in an urgent care center and 15.4% sought care in a non-hospital clinic.
- ☐ Note that 3.3% did not receive any care.

After-Hours Medical Care

(Mesa County, 2009)



Needed Medical Care After-Hours In the Past Year

Type of Facility Used for After-Hours Care

Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Items 15-16]
Note: • Asked of all respondents.

Dental Care

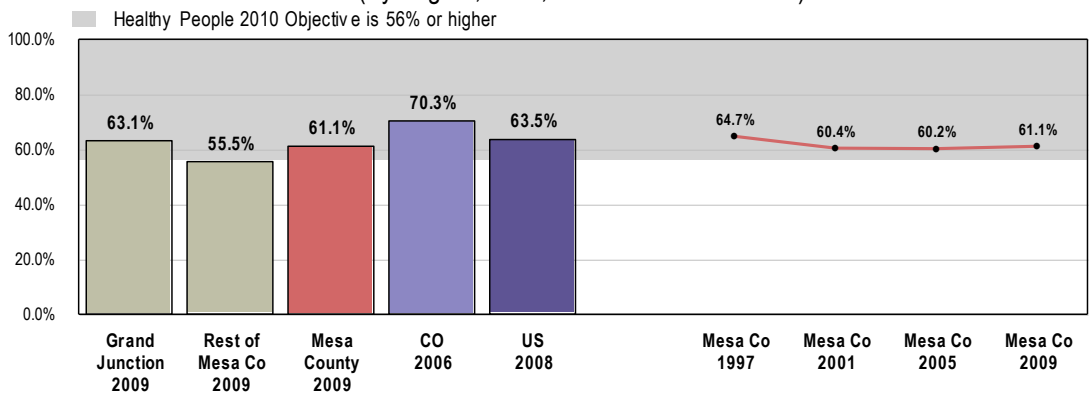
Adults

61.1% of Mesa County adults have visited a dentist or dental clinic (for any reason) in the past year.

- ☐ Less favorable than the 70.3% reported across Colorado.
- ☐ Statistically similar to national findings (63.5%).
- ☐ Satisfies the Healthy People 2010 target (56% or higher).
- ✦ More favorable in Grand Junction when compared to the rest of Mesa County.
- ☐ Statistically unchanged since 1997.

Have Visited a Dentist or Dental Clinic Within the Past Year

(By Region, 2009; 1997-2009 Trend Data)



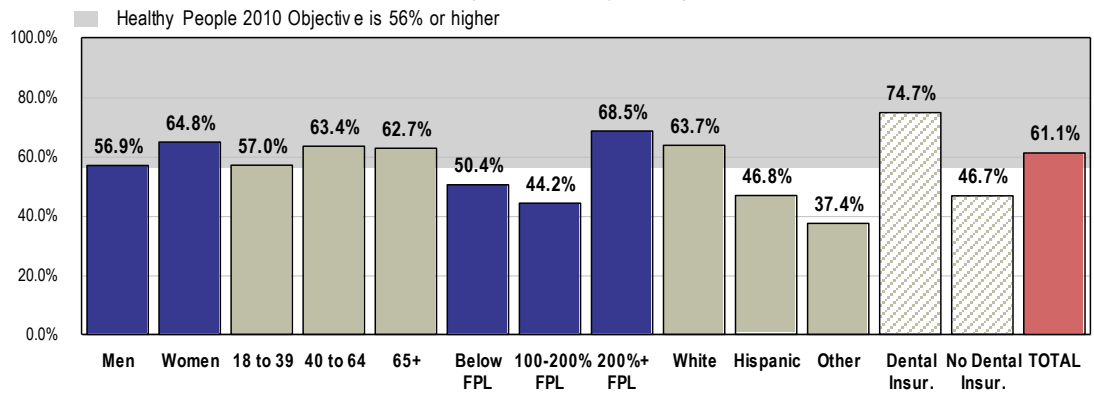
Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item23]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2000 Colorado data.
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Note the following:

- 👥 Women are more likely than men in Mesa County to report recent dental care.
- 👥 Persons living in the highest income breakout are report much higher utilization of oral health services (persons living below 200% of poverty fail to satisfy the Healthy People 2010 objective).
- 👥 Non-Whites show a particularly low proportion of recent dental visits.
- 👥 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

(Mesa County, 2009)



- Sources:
- 2009 PRC Community Health Survey, Professional Research Consultants. [Item 23]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
- Note:
- Asked of all respondents.
 - "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

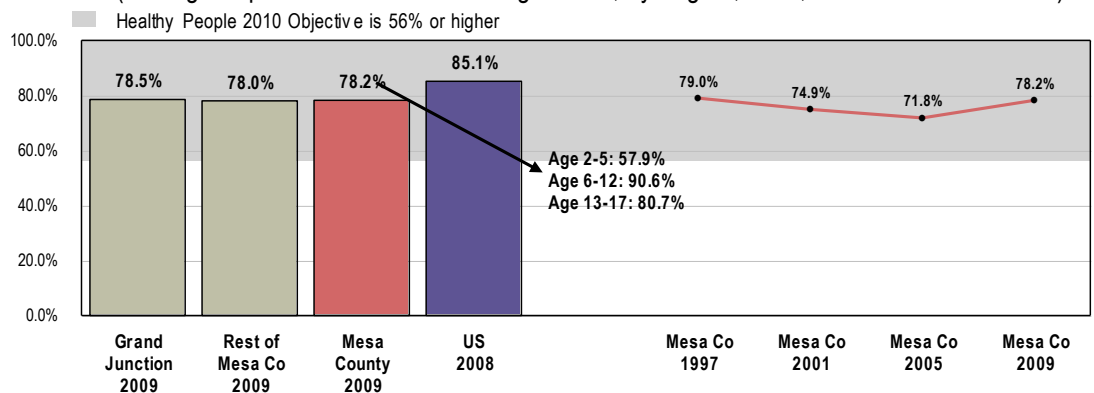
Children

78.2% of parents report that their child (aged 2 to 17) has been to a dentist or dental clinic within the past year.

- ☑ Less favorable than national findings (85.1%).
- ☑ Satisfies the Healthy People 2010 target (56% or higher).
- ✦ Nearly identical by service area.
- ☑ Statistically unchanged since 1997.
- 👤 As may be expected, regular dental care is lowest among children under six.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Respondents With Children Aged 2-17; By Region, 2009; 1997-2009 Trend Data)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants. [2009 Item 136]
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 21-10]
 - 2008 PRC National Health Survey, Professional Research Consultants.
- Note:
- Asked of respondents with children aged 2 to 17.

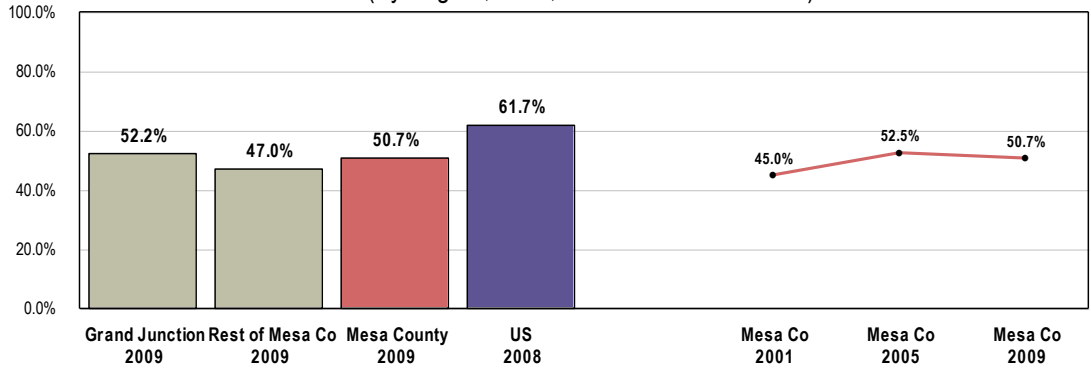
Dental Insurance

One-half (50.7%) of Mesa County adults have dental insurance that covers all or part of their dental care costs.

- ☐ Less favorable than national findings (61.7%).
- ✦ Does not vary significantly by service area.
- 📈 Marks a *statistically significant increase* in dental coverage since 2001.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(By Region, 2009; 2001-2009 Trend Data)



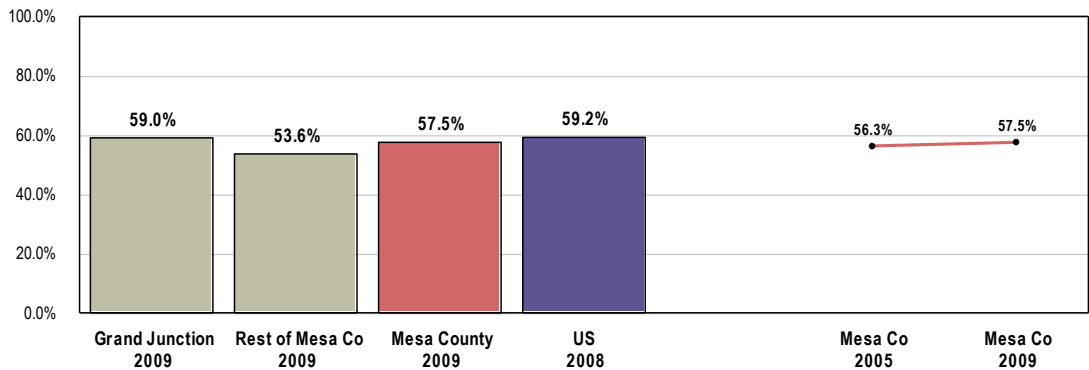
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item22]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

Vision Care

A total of 57.5% of Mesa County residents had an eye exam in the past two years during which their pupils were dilated.

- ☑ Statistically similar to national findings (59.2%).
- ✦ Statistically similar by service area.
- ☒ No significant change since the 2005 survey was conducted.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (By Region, 2009)

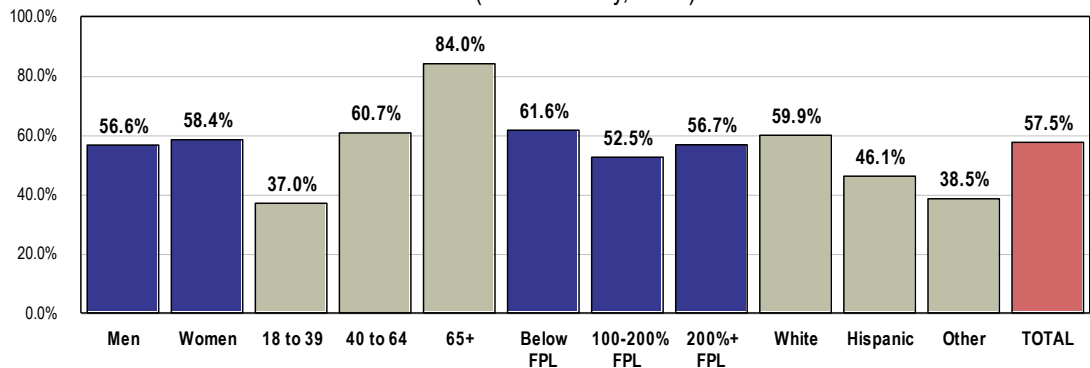


Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 20]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Recent vision care is more often reported among the following:

- 👥 Adults aged 40 and older.
- 👥 Whites.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Mesa County, 2009)



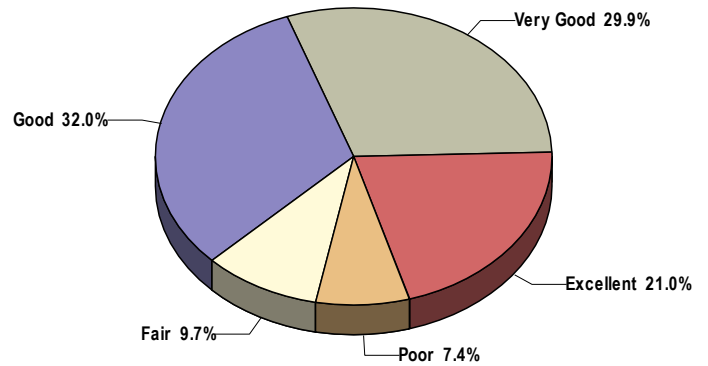
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 20]
 Note: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Ratings Of Local Healthcare Services

One-half of Mesa County adults (50.9%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Similar to the 47.7% reported nationally.
- ✦ Similar by service area (not shown).
- Another 32.0% of survey respondents gave “good” ratings of the overall healthcare services available in their community.

Rating of Overall Healthcare Services Available in the Community
(Mesa County, 2009)



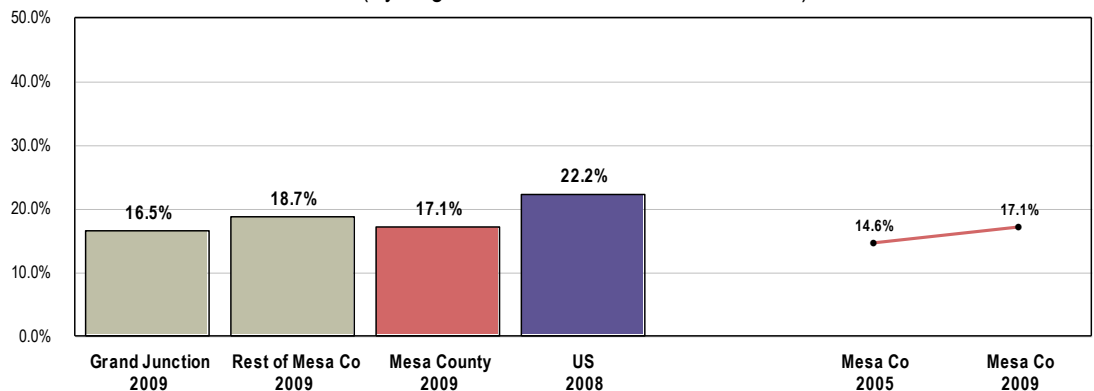
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 6]
Note: • Asked of all respondents.

However, 17.1% of Mesa County residents characterize local healthcare services as “fair” or “poor.”

- More favorable than the national findings (22.2%).
- ✦ Statistically similar by service area.
- No significant change since 2005.

Perceive Local Healthcare Services as "Fair/Poor"

(By Region, 2009; Trend Data 2005-2009)

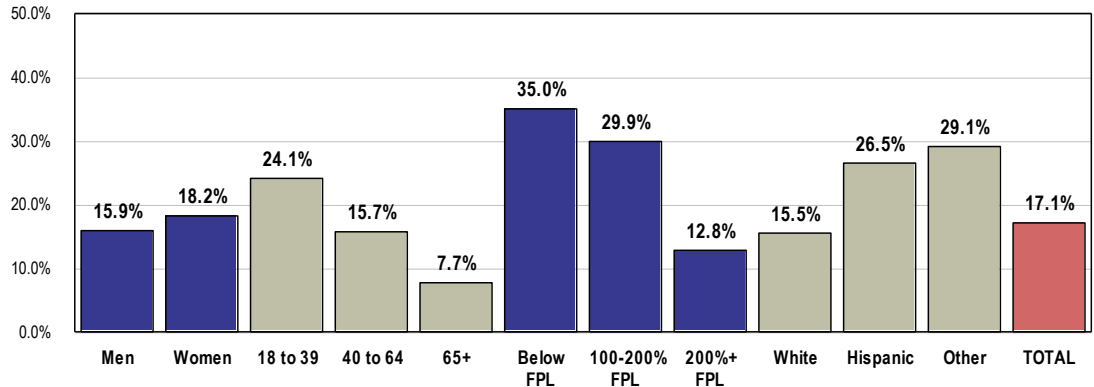


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 6]
• 2008 PRC National Health Survey, Professional Research Consultants.
Note: • Asked of all respondents.

👥 Note that young adults, residents living below 200% of the federal poverty level, and Non-Whites are more critical of local healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"

(Mesa County, 2009)



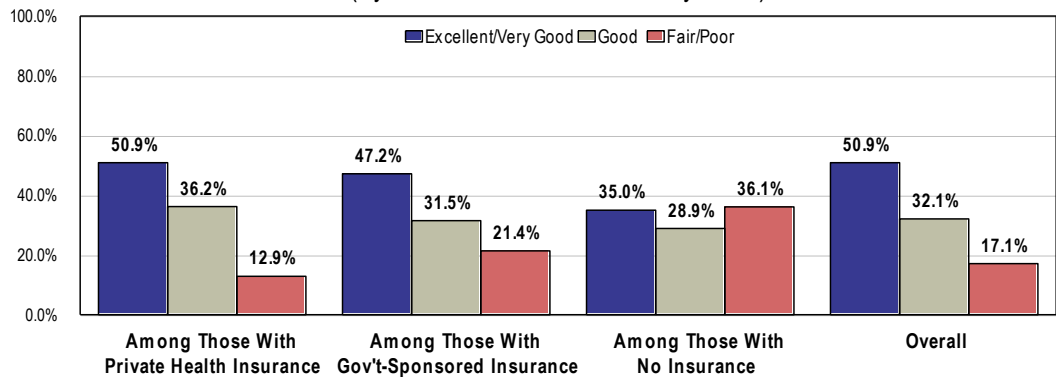
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 6]
 Notes: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

By Insurance Status

Note in the following chart the correlation between personal insurance status and ratings of local healthcare services. As may be expected, insured adults are more likely to give positive ratings of local healthcare than are the uninsured.

Ratings of Local Healthcare Services

(By Insured Status; Mesa County, 2009)



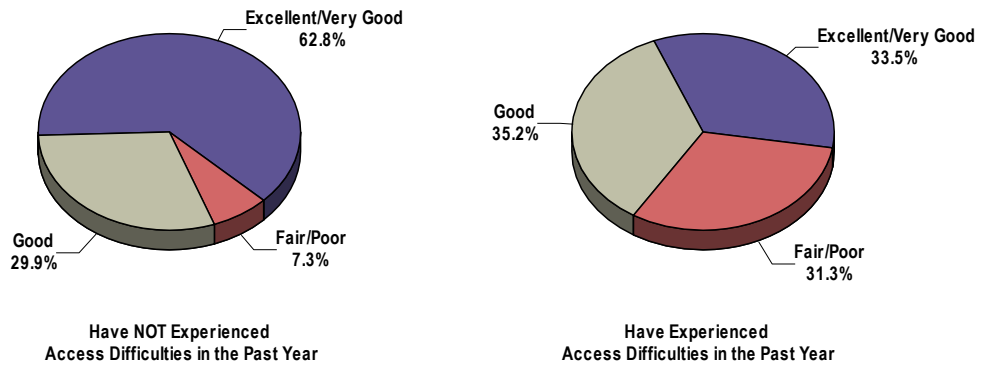
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 6]
 Notes: • Asked of all respondents.

By Prevalence of Access Difficulties

The next chart correlates access difficulties with ratings of local healthcare services. Mesa County residents with recent access difficulties gave much lower overall ratings of local healthcare services.

Ratings of Local Healthcare Services

(By Access Difficulties; Mesa County, 2009)



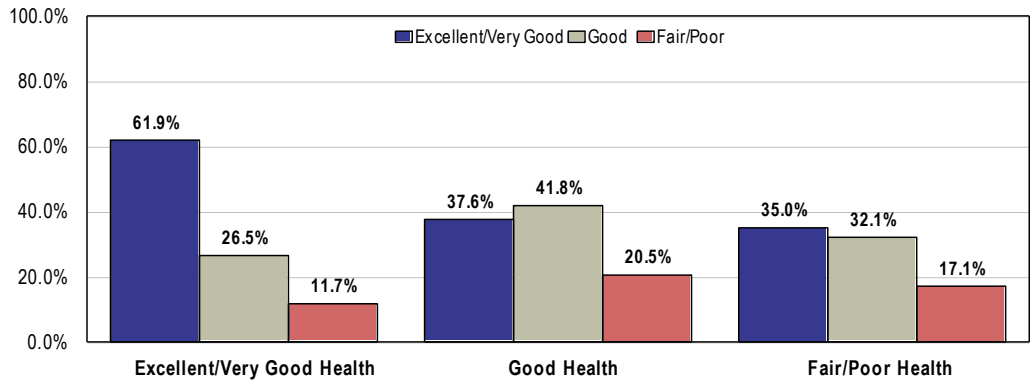
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 6]
 Notes: • Asked of all respondents.

By Personal Health Status

With regard to personal health status, adults in excellent or very good health standing gave higher ratings of their local healthcare services when compared with adults in poorer health.

Ratings of Local Healthcare Services

(By Self-Reported Health Status; Mesa County, 2009)



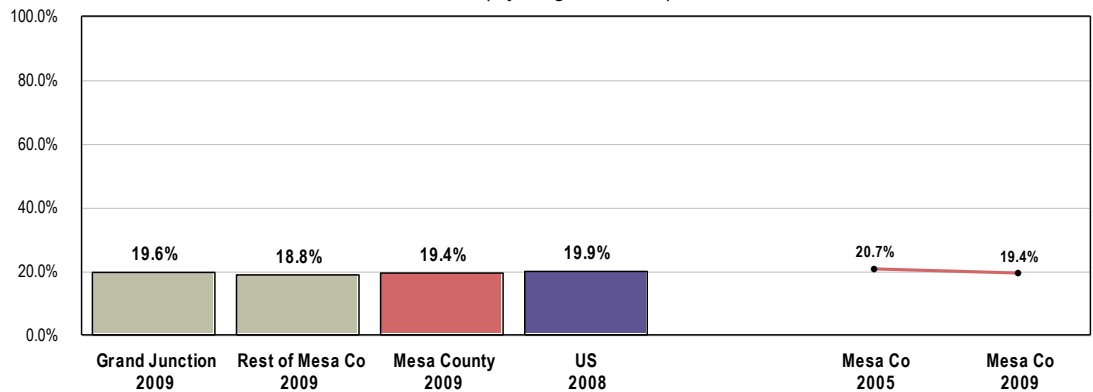
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 6]
 Notes: • Asked of all respondents.

Health Promotion Activities

A total of 19.4% of Mesa County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- ☑ Nearly identical to national findings (19.9%).
- ✦ No difference by service area.
- 📊 Statistically unchanged since 2005.

Participated in a Health Promotion Activity in the Past Year
(By Region, 2009)



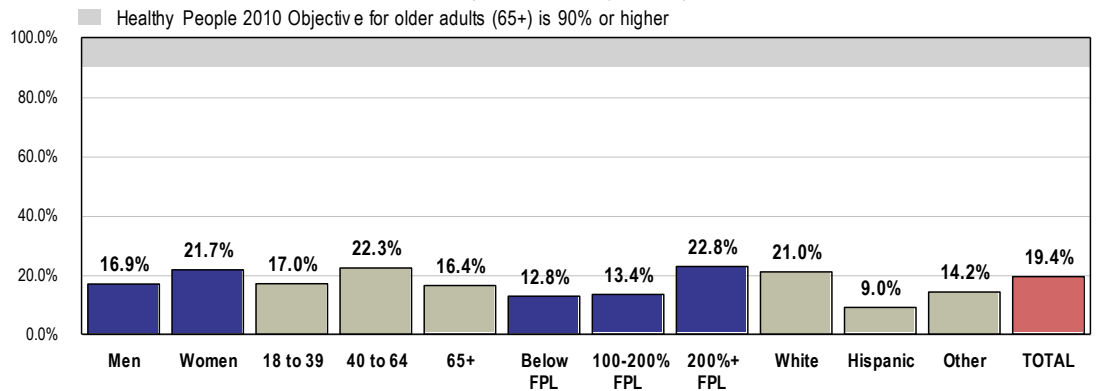
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 114]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

- 👥 Note that Whites and residents with higher incomes more often report participation in health promotion activities.
- 👥 Healthy People 2010 has set a target that 90% or more of older adults (65+) participate in health promotion activities — in Mesa County, only 16.4% of older adults acknowledged doing so in the past year (similar to the 13.3% nationally).
- ✦ By service area, there were no statistically significant differences.

Participated in a Health Promotion Activity in the Past Year

(Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 114]
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 7-12]

Note: • Asked of all respondents.
 • "White" and "Black/Afr Am" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

QUALITY OF LIFE

The following section addresses a variety of broader quality of life issues, such as residents' opinions about the community as a place to live and as a place to raise a family, as well as specific indicators about life in Mesa County.

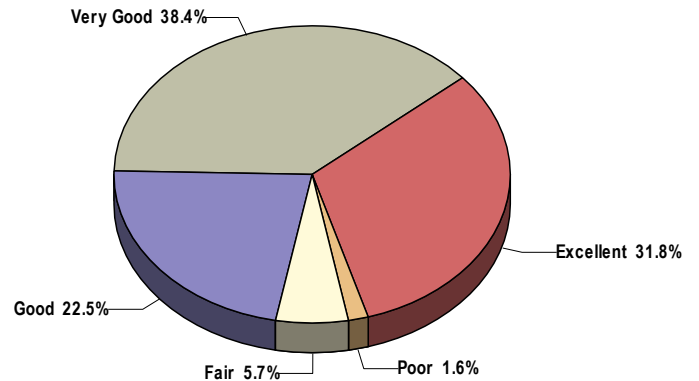
Overall Perceptions Of The Community

Perception of the Community As a Place to Live

A full 7 in 10 area residents (70.2%) consider Mesa County to be an "excellent" or "very good" place to live.

- Another 22.5% give "good" ratings of the community as a place to live.

Rating of the Community as a Place to Live
(Mesa County, 2009)



In contrast, 7.3% of survey respondents consider the community to be a "fair/poor" place to live.

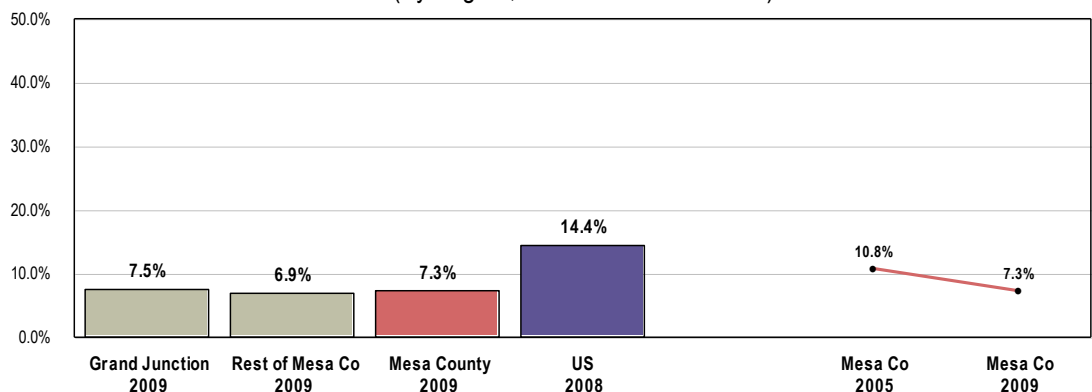
- Much better than the US prevalence (14.4%).
- Statistically similar by service area.

Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 115]
Note: • Asked of all respondents.

Denotes a statistically significant decrease (a positive finding) since 2005.

Perceive Community as a Place to Live as "Fair/Poor"

(By Region; 2005-2009 Trend Data)

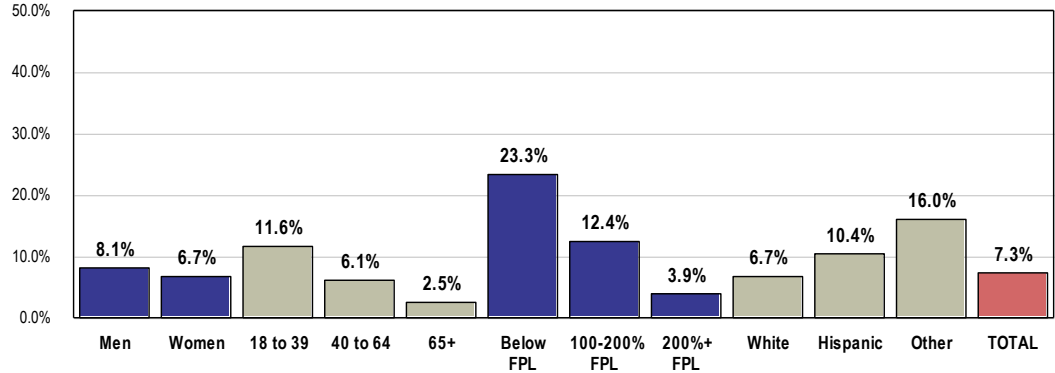


Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 115]
• 2008 PRC National Quality of Life Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Percentages represent combined "fair" and "poor" responses.

Residents who more often feel that community is a “fair/poor” place to live include:

- 👤 Young adults (those under 40).
- 👤 Respondents living at lower incomes, especially those below the federal poverty level.

Perceive Community as a Place to Live as "Fair/Poor" (Mesa County, 2009)



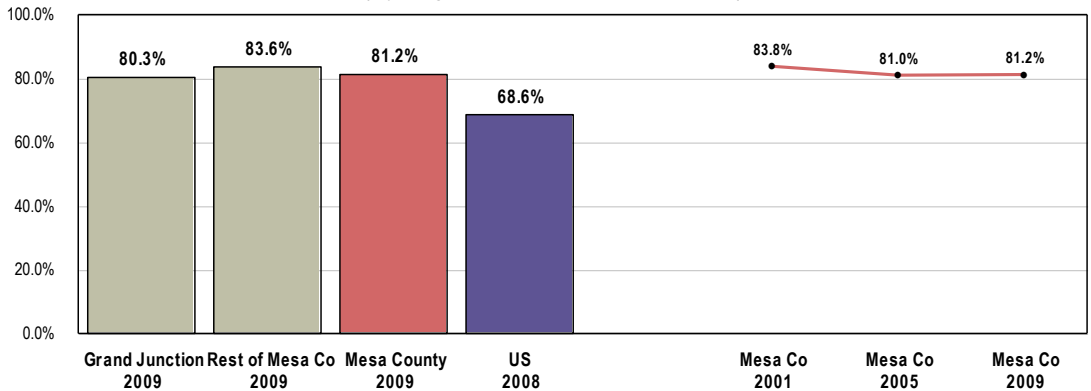
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 115]
 Notes: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Empowerment to Affect Quality of Life

Most local adults (81.2%) feel that they are able as an individual to affect their community's quality of life.

- 📊 Higher than national findings (68.6%).
- 📍 Similar by service area.
- 📈 **TREND: Similar to findings from 2001.**

Feel Able to Affect the Community's Quality of Life (By Region; 2001-2009 Trend Data)



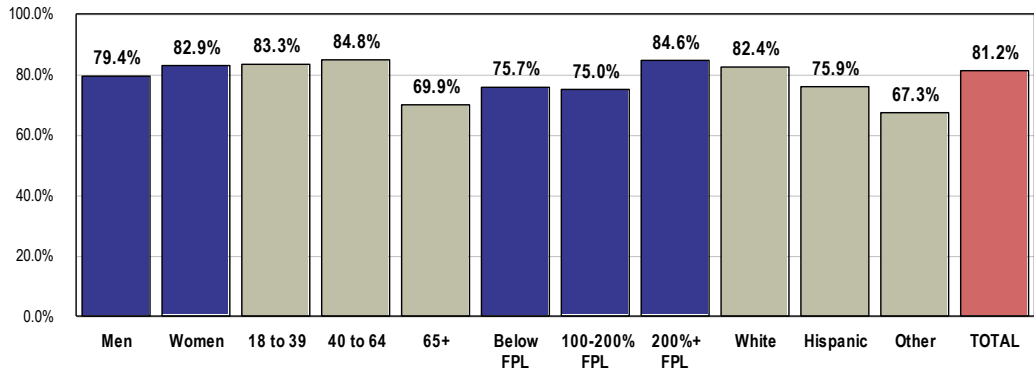
Source: • PRC Community Health Surveys, Professional Research Consultants. [Item 122]
 • 2008 PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Viewed demographically, local adults most likely to feel that they can affect the community's quality of life include:

- 👤 Adults under the age of 65.
- 👤 Those living at the highest income level.

Feel Able to Affect the Community's Quality of Life

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 122]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Community Characteristics

Perceived "Best" Attributes of the Community

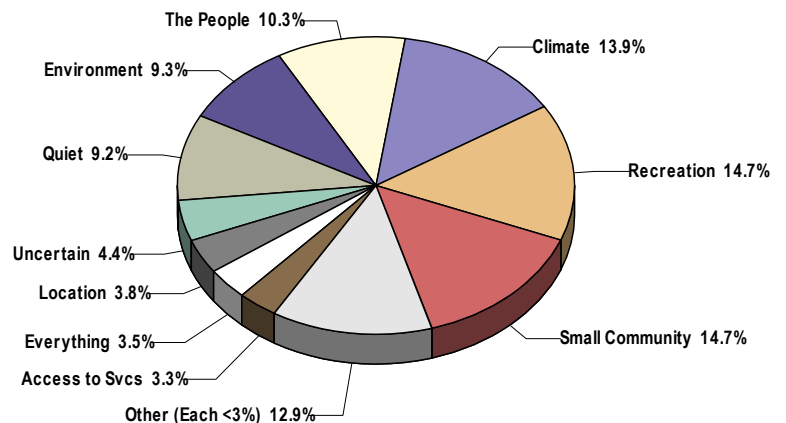
Small-community living, recreational options, and climate are among what residents see as the best things about living in Mesa County.

When asked to indicate what they perceive to be the "best" thing about living in the Mesa County community, the largest share of responses were found for:

- 📍 **Small community** (14.7%).
- 📍 **Recreation** (14.7%).
- 📍 **Climate** (13.9%).
- 📍 **The people** (10.3%).
- 📍 **The environment** (9.3%).
- 📍 **Quiet** (9.2%).

Perceived Best Aspect of Living in the Community

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 116]
 Note: • Asked of all respondents.

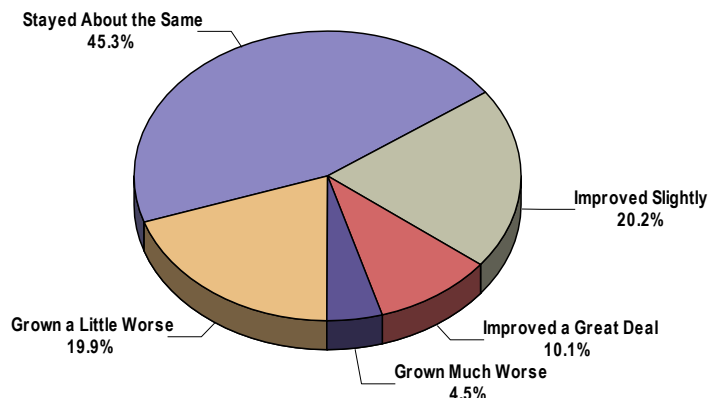
Perceived Change in Quality of Life Over Time

The greatest share of residents (45.3%) feel that quality of life has stayed about the same during the time they have lived in the community.

- 30.3% feel that quality of life has either “improved a great deal” (10.1%) or “improved slightly” (20.2%).
- In contrast, 24.4% perceive the community to have **worsened** (19.9% “a little worse”; 4.5% “much worse”).

How Quality of Life Has Changed While Living in the Community

(Mesa County, 2009)



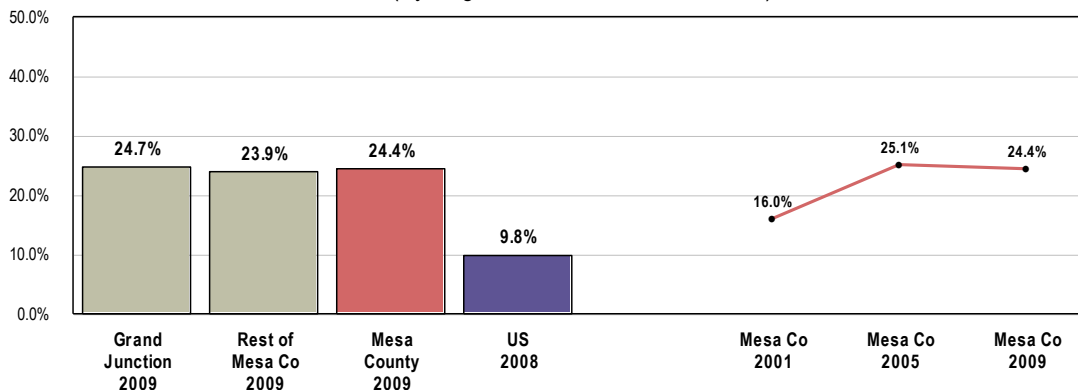
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 117]
 Note: • Asked of all respondents.

The proportion of respondents feeling that the quality of life in their community has grown worse over time is:

- More than twice the national prevalence (9.8%).
- Statistically similar by service area.
- Significantly worse than findings in 2001 (although similar to what was found in 2005).*

Quality of Life in the Community Has Grown “Little/Much” Worse Over Time

(By Region; 2001-2009 Trend Data)

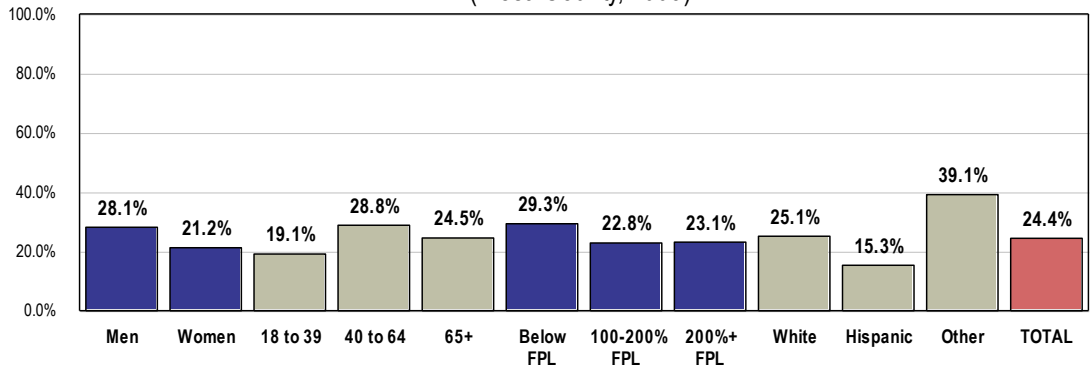


Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 117]
 • 2008 PRC National Quality of Life Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Residents more likely to feel that the quality of life in the community has grown worse include:

- ☺☺☺ Men.
- ☺☺☺ Residents aged 40 and older.
- ☺☺☺ “Other” race respondents (keeping in mind the small sample size).

Quality of Life in the Community Has Grown “Little/Much” Worse Over Time (Mesa County, 2009)



Sources: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 117]
Notes: • Asked of all respondents.
• “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

Residents' Top Concerns for the Community

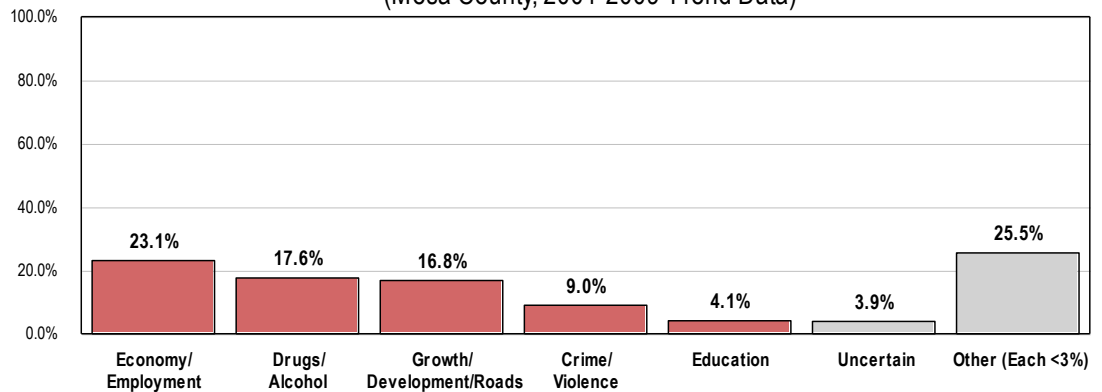
Respondents were asked to name what they consider to be the most important problem facing their community.

The economy/employment, drugs and alcohol, and community growth emerge as Mesa County residents' top concerns for the community.

- 23.1% mentioned comments relating to the **economy**.
- 17.6% mentioned **drugs or alcohol**.
- 16.8% mentioned issues relating to **growth and development**.
- Other mentioned responses include **crime/violence (9.0%)** and **education (4.1%)**.

Most Important Problem Facing the Community

(Mesa County, 2001-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants, [2009 Item 119]

Note: • Asked of all respondents.

• In 2005, alcohol was not mentioned as a number-one problem facing the community, the percentage is based solely on drug abuse responses.

Children & Families

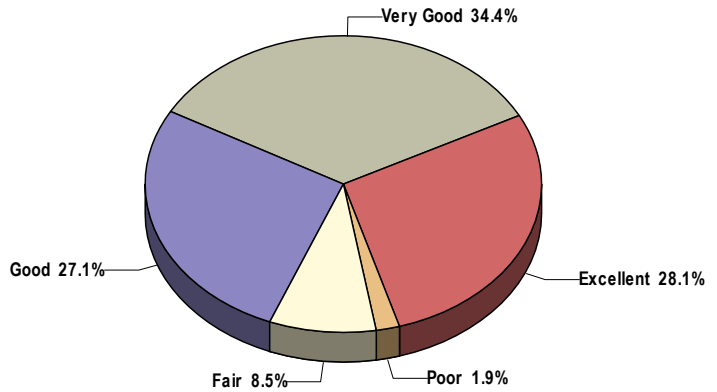
Community as a Place to Raise a Family

Most local adults (62.5%) view their community as an “excellent” or “very good” place in which to raise a family.

- Another 27.1% offered “good” responses.

Rating of Community as a Place to Raise a Family

(Mesa County, 2009)



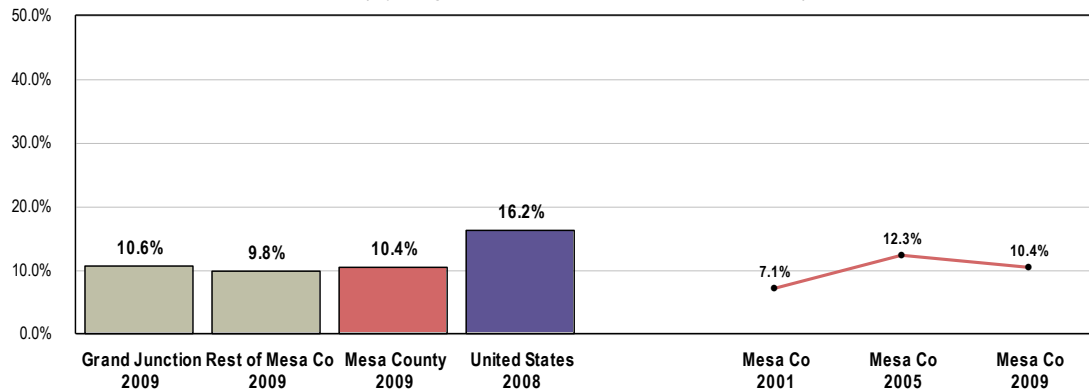
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 118]
 Note: • Asked of all respondents.

However, one in 10 (10.4%) see their community as a “fair” or “poor” place to raise a family.

- More favorable than national findings (16.2%).
- Statistically similar by service area.
- TREND:** Significantly higher than findings in 2001 (unfavorable trend, although similar to 2005 findings).

Perceive Community as a Place to Raise a Family as "Fair/Poor"

(By Region, 2009; 2001-2009 Trend Data)



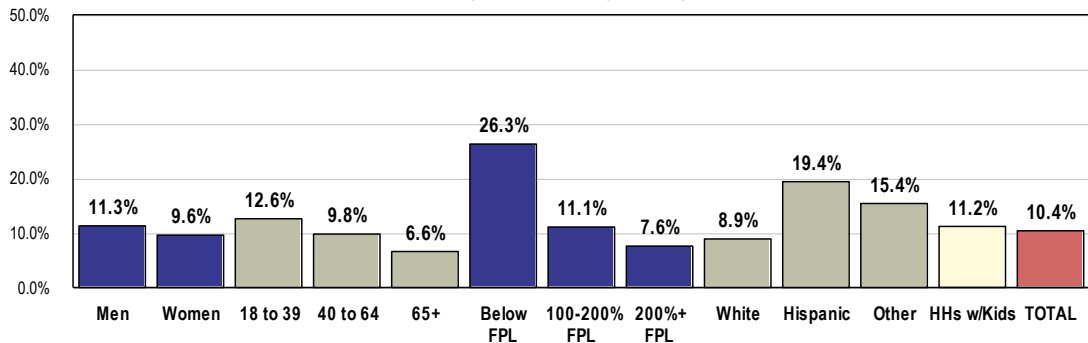
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 118]
 • 2008PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Residents more likely to perceive their community as a “fair/poor” place to raise a family include:

- 👤 Young adults aged 18 to 39.
- 👤 Residents living below the federal poverty level.
- 👤 Hispanics.
- 👤 Note the 11.2% response among households with children.

Perceive Community as a Place to Raise a Family as "Fair/Poor"

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 118]
 Notes: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Children's Activities

Local parents were next asked to indicate how many hours their child spends participating in community activities such as volunteering, sports, arts, scouting, youth groups, or after-school programs or projects.

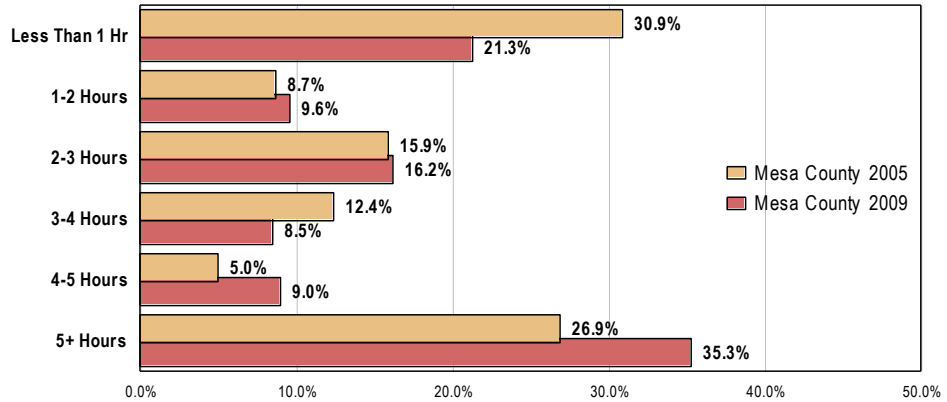
More than one-third (35.3%) of children spend five or more hours per week on community activities.

- In contrast, 21.3% of local children spend **less than one hour** per week on community activities.

- TREND:** This represents a *significant shift* toward more active children in the community.

Hours Per Week in Which Child Participates in Community Activities

(Mesa County, 2009)



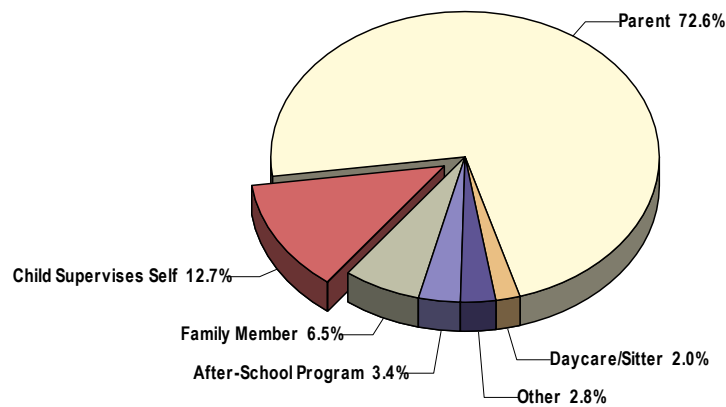
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 145]
 Note: • Asked of all respondents with children under 18.

After-School Supervision

Most Mesa County parents (72.6%) report that their child is supervised by a parent after school.

- ☐ Note that 12.7% report that the child typically **watches himself or herself**.
- ☐ Another 6.5% report that the child is supervised by another **family member**.
- ☐ 3.4% of children participate in an **after-school program**.

Person Who Supervises Child After School (Mesa County 2001-2009)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 146]
Note: • Asked of all respondents with children under 18.

Ratings of Public Education

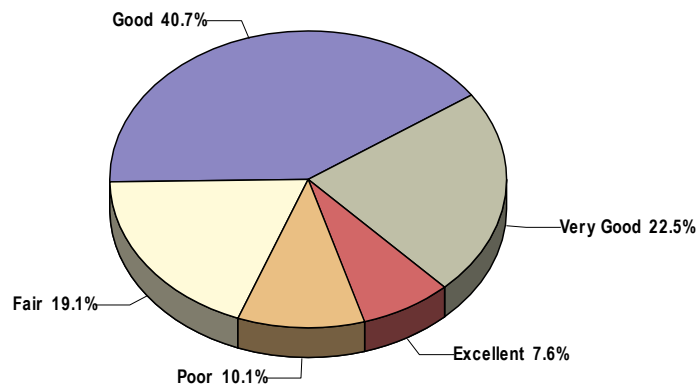
Survey respondents were next asked to rate the community's public schools' performance in terms of preparing children for college and/or the job market.

A total of 30.1% of local adults gave “excellent” or “very good” ratings of the job that public schools are doing in preparing children for the future.

- ☐ The largest share of responses (40.7%) was for “good” ratings.

Rating of Public Schools in Community on Preparing Children for College/Job Market

(Mesa County, 2009)



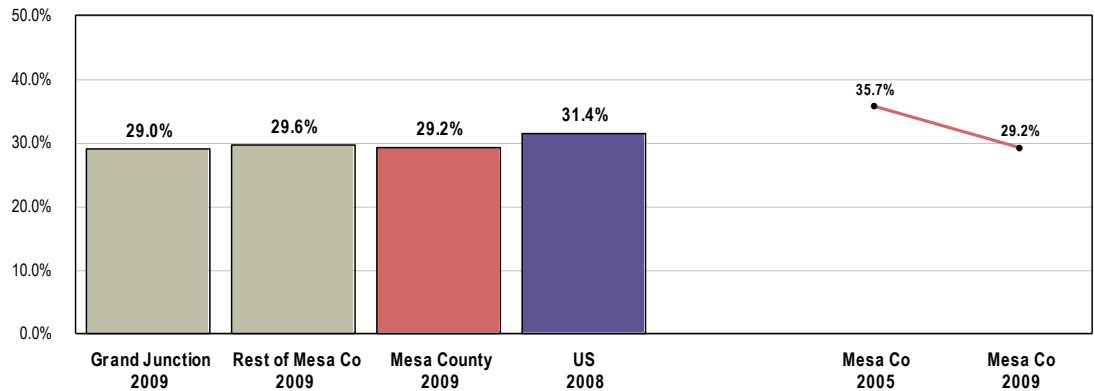
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 125]
Note: • Asked of all respondents.

In contrast, 29.2% of Mesa County adults gave “fair” to “poor” ratings of the public schools’ preparation of children for college and/or the job market.

- ☐ Similar to the 31.4% reported across the nation.
- + Nearly identical by service area.
- ☒ Marks a *statistically significant decrease* (a positive finding) over time across Mesa County.

Rate Public Schools in Community on Preparing Children for College/Job Market as "Fair/Poor"

(By Region; 2005-2009 Trend Data)



Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 125]

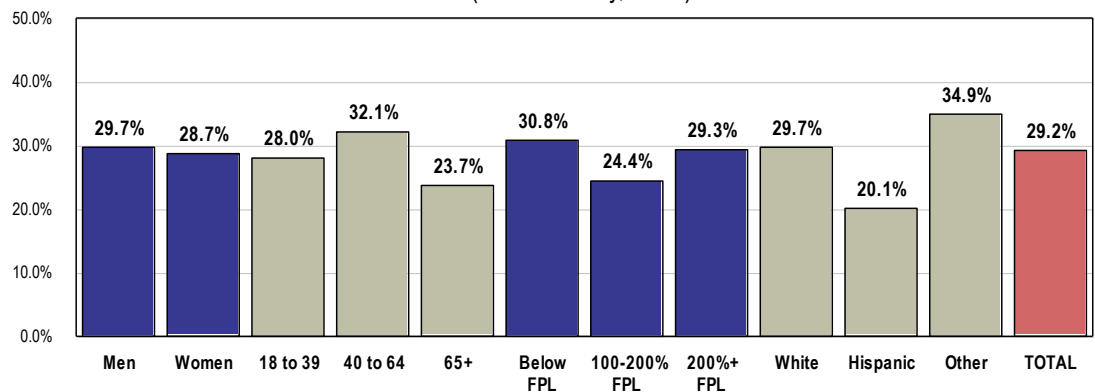
• 2008PRC Quality of Life Survey, Professional Research Consultants.

Note: • Asked of all respondents.

- 👥 Viewed demographically, local adults under 65 are more likely to give “fair/poor” ratings of the public schools’ preparation of children for the future.
- 👥 Hispanics are less likely to rate this as “fair” or “poor.”

Rate Public Schools in Community on Preparing Children for College/Job Market as "Fair/Poor"

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 125]

Notes: • Asked of all respondents.

• Percentages represent combined "fair" and "poor" responses.

• "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

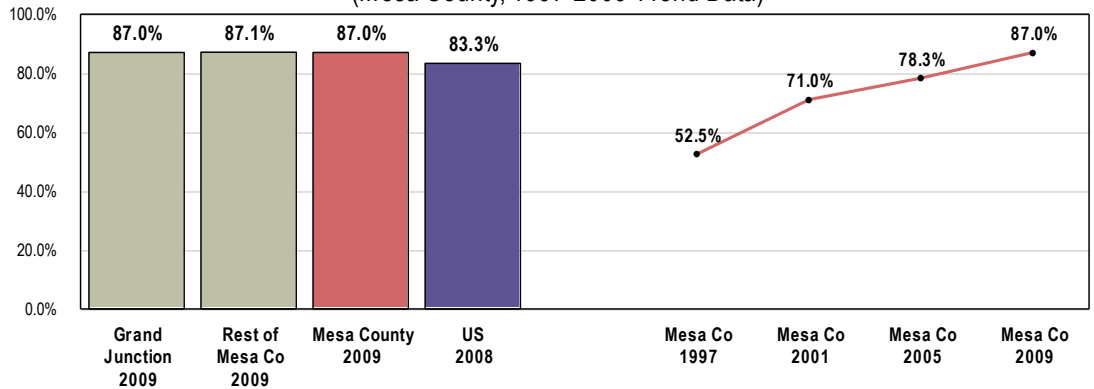
Household Computers

The vast majority (87.0%) of local adults currently has a computer in the home.

- ☑ More favorable than the 83.3% reported across the US.
- ✦ Nearly identical between Grand Junction and other parts of Mesa County.
- 📈 **TREND:** Continuing a steady, increasing trend in Mesa County.

Have Computer in Home

(Mesa County, 1997-2009 Trend Data)



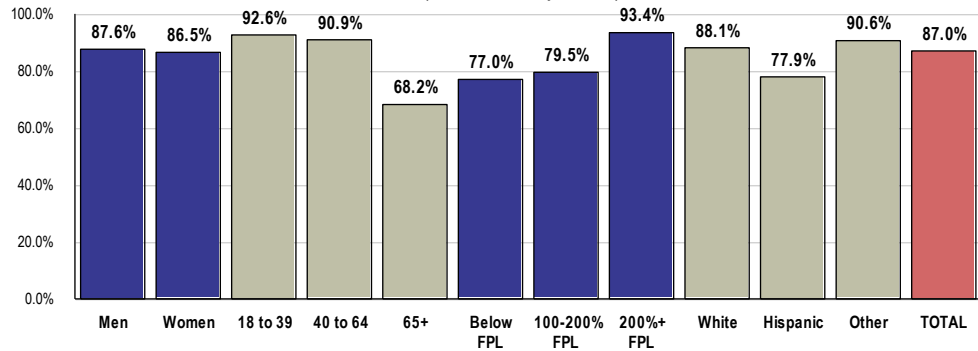
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 123]
 • 2008PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

Viewed demographically, local adults least likely to have a computer in the home include:

- 👥 Those aged 65 or older.
- 👥 Residents living below 200% of the federal poverty level.
- 👥 Hispanic respondents.

Have Computer in Home

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 123]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

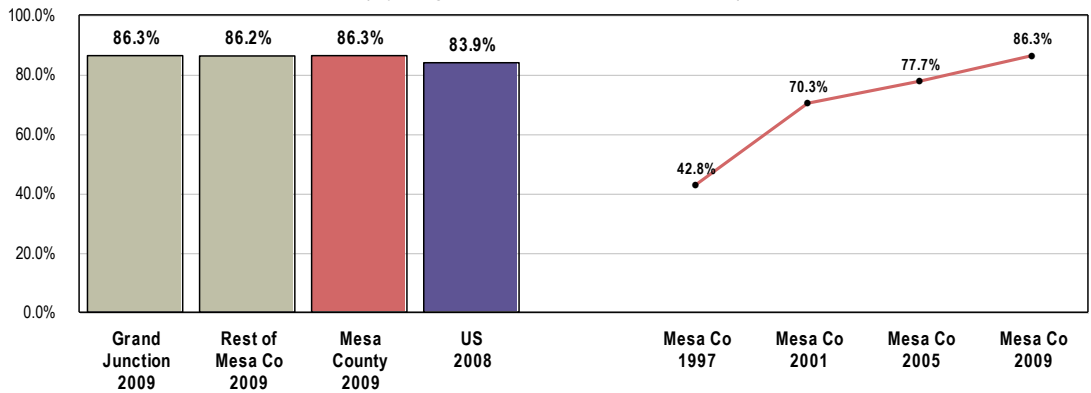
Internet Access

A full 86.3% of Mesa County adults have access to the Internet for personal use, either at home, work or school.

- 📍 Higher than the US prevalence (83.9%).
- ✦ Nearly identical by service area.
- 📈 Marks a statistically significant increase over time in Mesa County.

Have Internet Access

(By Region; 1997-2009 Trend Data)

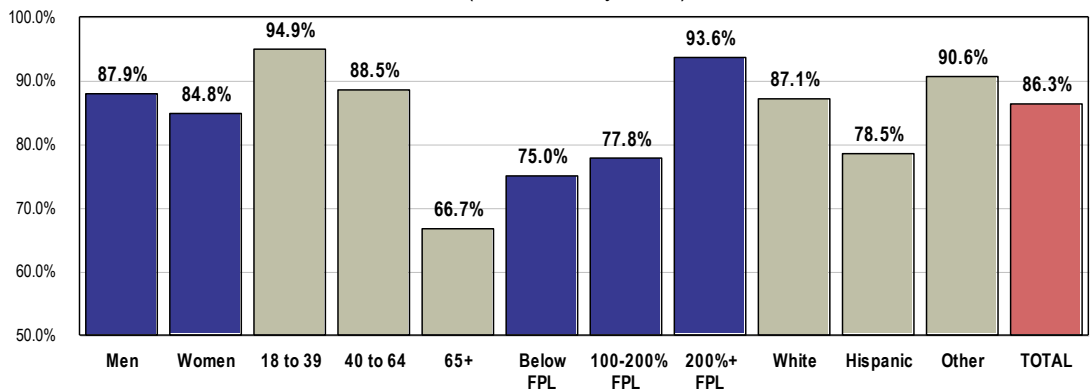


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 124]
 • 2008PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

- 👥 Note the negative correlation between Internet access and age in Mesa County, along with the positive correlation between Internet access and income.

Have Internet Access

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 124]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Personal Finances

The following section provides an outline of survey respondents' personal finances compared to one year ago, as well as their reliance on assistance for basic needs in the past year.

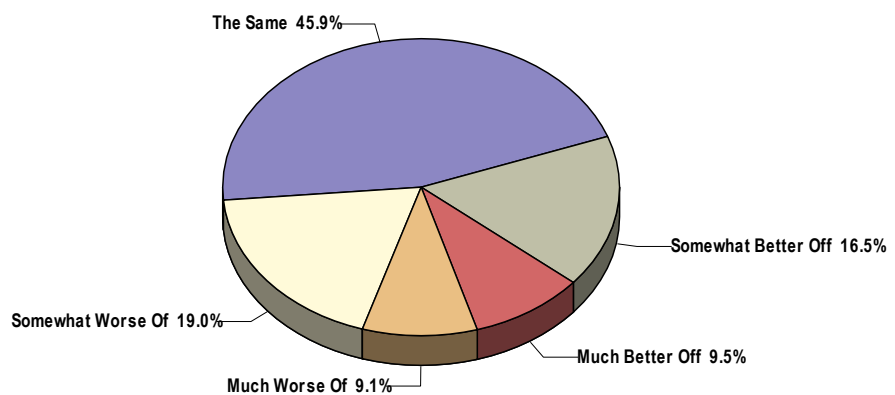
Financial Situation

More than one-fourth (26.0%) of local adults feels that they are doing financially “better” now than one year ago.

- ☐ Nearly one-half (45.9%) of local adults indicate that they are financially “the same” as last year.

Financial Situation Compared to One Year Ago

(Mesa County, 2009)



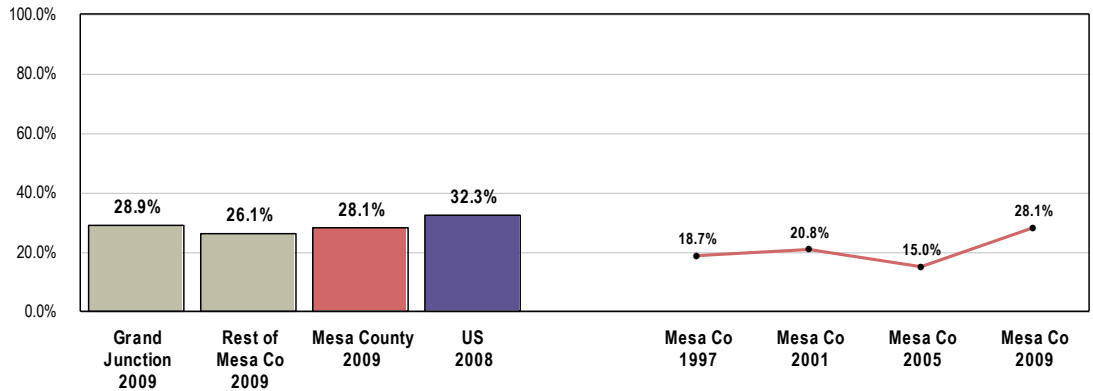
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 128]
Note: • Asked of all respondents.

In contrast, 28.1% of local adults are financially “worse off” than one year ago.

- ☐ More favorable than the 32.3% reported across the country.
- ✦ Statistically similar by service area.
- ☒ **TREND: Statistically higher (less favorable) than findings in Mesa County in 1997, with an even more dramatic increase occurring between 2005 and 2009.**

Financial Situation Compared to One Year Ago is "Worse"

(By Region, 2009; 1997-2009 Trend Data)

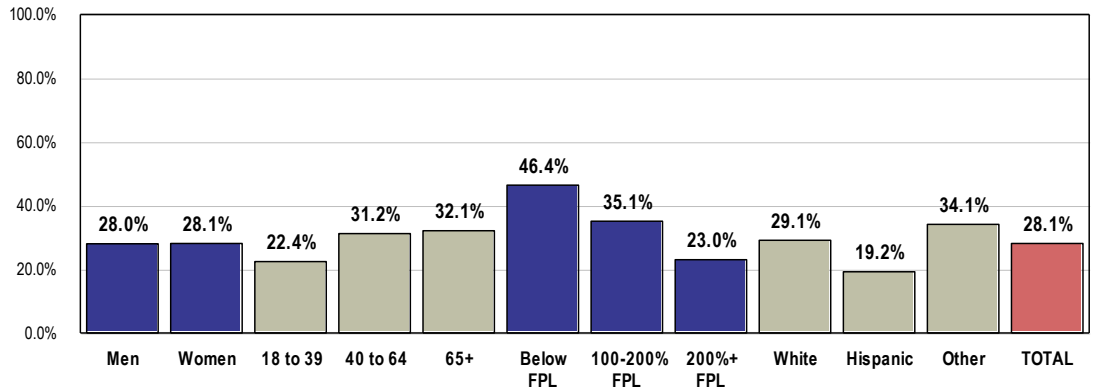


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 128]
 • 2008PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

👥 Residents aged 40 and older, those living at lower income levels, and non-Hispanic respondents are most likely to state their financial situation has worsened over the past year.

Financial Situation Compared to One Year Ago is "Worse"

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 128]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Assistance With Basic Needs

A total of 7.9% of Mesa County adults have sought assistance with basic needs (such as food, shelter or clothing) in the past year.

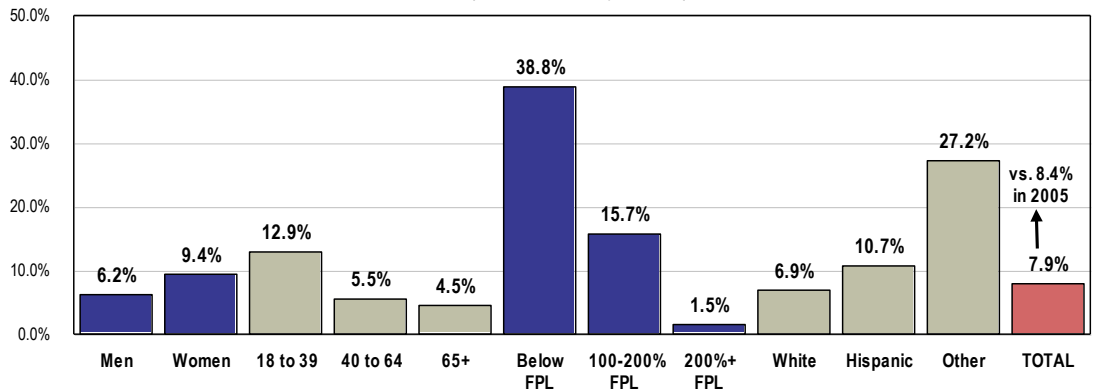
- ✦ Statistically similar by service area (not shown).
- ☒ No change statistically since the 2005 survey was conducted.

Those more likely to have sought assistance include:

- 👥 Women.
- 👥 Younger adults.
- 👥 Nearly 4 in 10 residents living below the federal poverty level.
- 👥 “Other” races/ethnicities when compared with Whites and Hispanics.

Sought Assistance With Basic Needs in Past Year

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 130]
 Notes: • Asked of all respondents.
 • “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

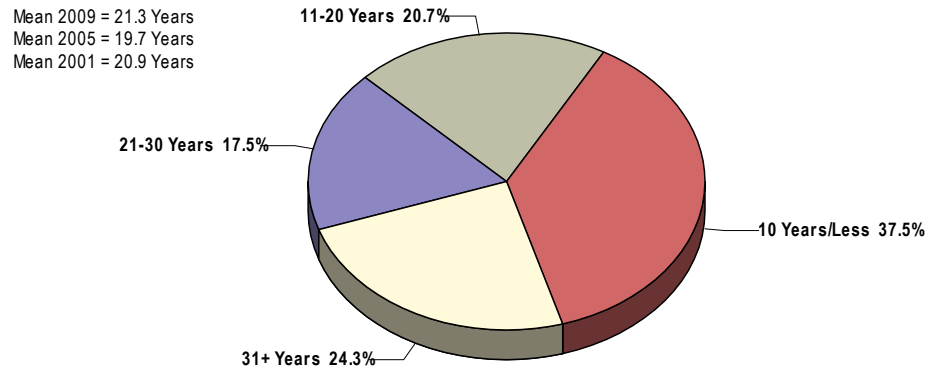
Length of Residence

Nearly one-fourth (24.3%) of local adults has lived in the community for **more than 30 years**. In contrast, 37.5% have been county residents for **10 years or less**.

- ☑ The average length of residence in the area is 21.3 years.

Length of Residence in the Community

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 84]
Note: • Asked of all respondents.

Home Ownership

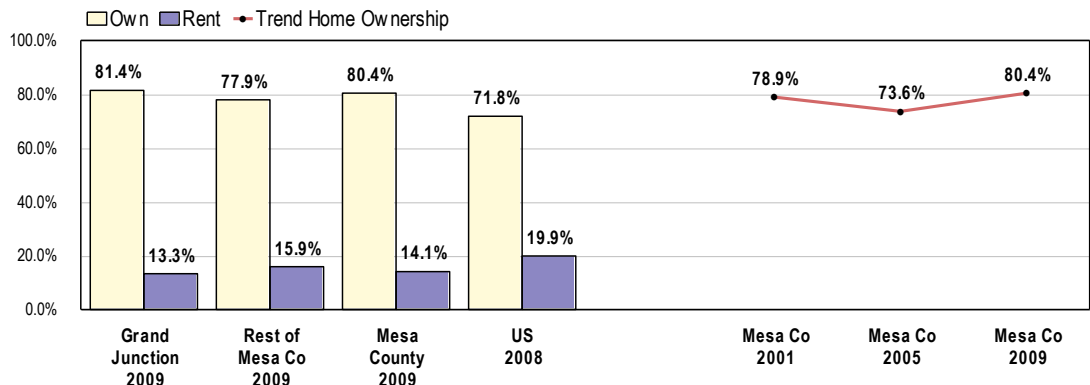
Among Mesa County residents, **80.4% currently own their own homes**, while **14.1% currently rent**.

The proportion of homeowners in Mesa County:

- ☑ Is higher than across the United States (71.8%).
- ✦ Is statistically similar by service area.
- ☒ **TREND: Is statistically unchanged since 2001.**

Ownership of Home

(Mesa County, 2009; 2001-2009 Trend Data)

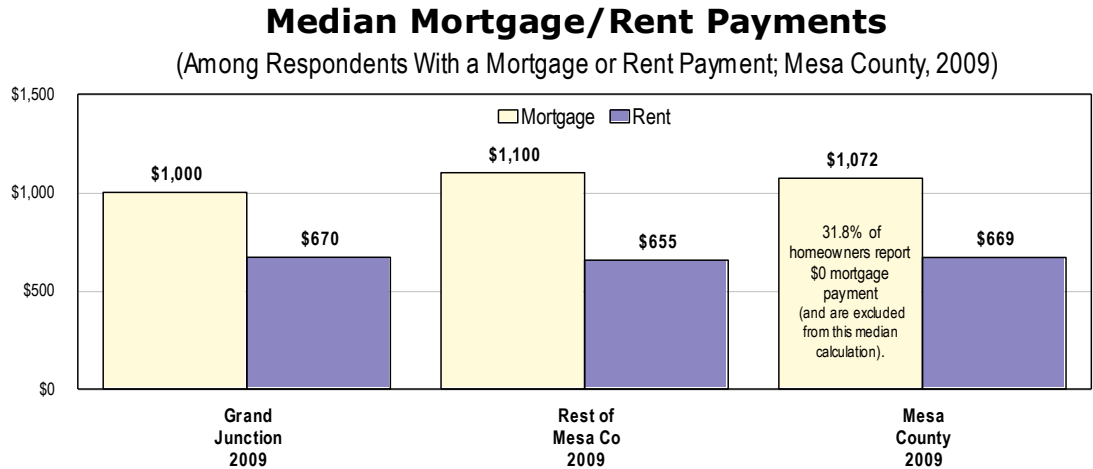


Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 85-86]
• 2008 PRC Quality of Life Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Rent & Mortgage Payments

Mesa County homeowners with mortgages typically pay \$1,072 per month (median response).

Renters typically pay \$669 per month for rent (median response).



Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Items 85-86]
• 2008PRC Quality of Life Survey, Professional Research Consultants.

Notes: • Reflects only respondents reporting a mortgage or rent payment (e.g., excluding those who own their own homes outright, live rent-free, or otherwise pay no monthly rent/mortgage).

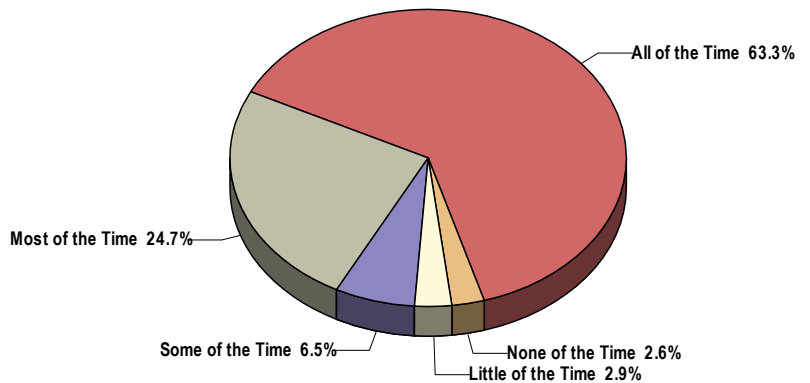
Social Environment

Social Support

94.5% of Mesa County adults indicate that they have someone to turn to at least “some of the time” if they or a family member were in trouble.

- In contrast, 2.9% of respondents report having someone to turn to “little of the time” while 2.6% have someone “none of the time” when in need.
- Note that the Mesa County proportion of adults who have someone to turn to “little/none of the time” (5.5%) is much lower than national findings (12.6%).
- ✦ The prevalence is statistically similar by service area.

Have Someone To Turn To if Needed or Wanted Help in Past Month
(Mesa County, 2009)

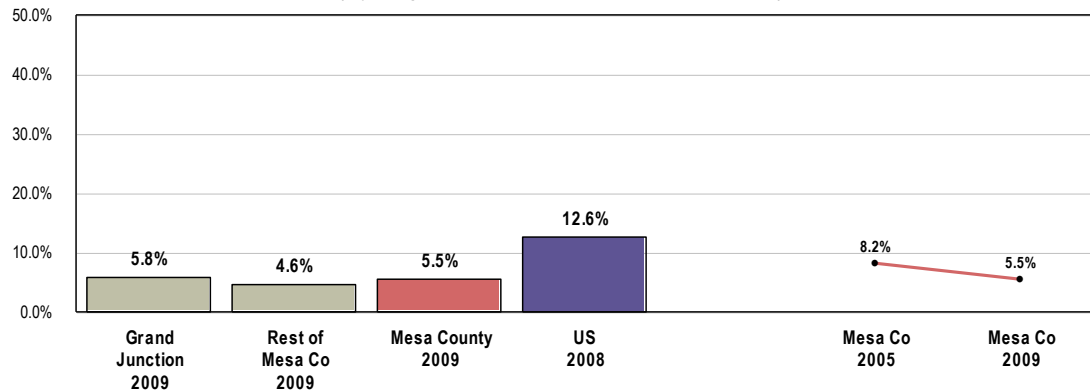


Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 121]
 Note: • Asked of all respondents.

■ Marks a statistically significant decrease (a positive finding) over time.

Have Someone To Turn To if Needed or Wanted Help in Past Month “Little/None of the Time”

(By Region, 2009; 2005-2009 Trend Data)



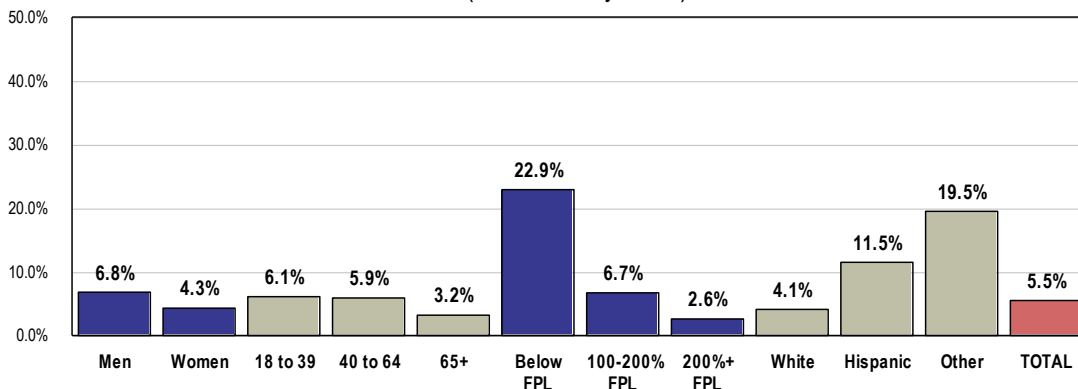
Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 121]
 • 2008 PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

As can be seen in the following chart, adults who have someone to turn to “little of the time” or “none of the time” more often include:

- ☹️ Those living below the federal poverty level.
- ☹️ “Other” races/ethnicities when compared with Whites and Hispanics.

Have Someone To Turn To if Needed or Wanted Help in Past Month “Little/None of the Time”

(Mesa County, 2009)



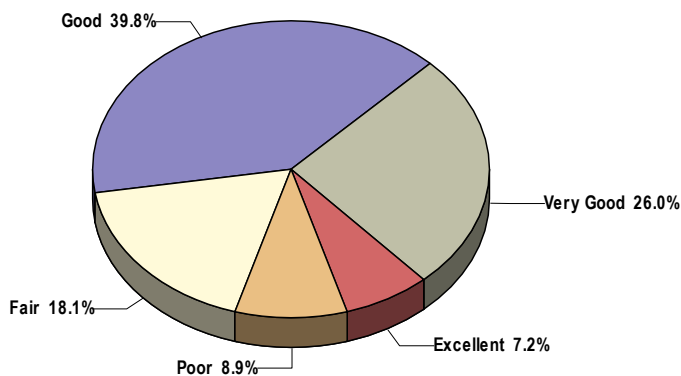
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 121]
 Notes: • Asked of all respondents.
 • “White” and “Other” reflect non-Hispanic race categorizations; “Hispanic” can be of any race.

Tolerance for People With Different Viewpoints or Lifestyles

One-third (33.2%) of adults gave “excellent” or “very good” ratings of local tolerance levels for people with different viewpoints or lifestyles, while 39.8% gave “good” ratings.

Rating of Tolerance in Community for People With Different Viewpoints or Lifestyles

(Mesa County, 2009)



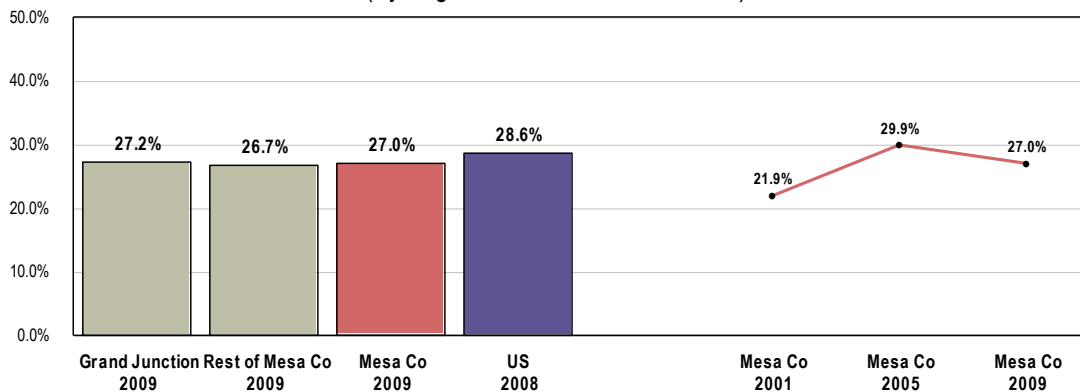
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 120]
 Note: • Asked of all respondents.

In contrast, 27.0% of local adults gave “fair” or “poor” ratings of local tolerance for people with different viewpoints or lifestyles.

- Similar to national findings (28.6%).
- ✦ Similar by service area.
- ▣ **TREND:** *Higher than findings in Mesa County in 2001 (despite a small decrease since 2005).*

Perceive Community Tolerance for People with Different Viewpoints or Lifestyles "Fair/Poor"

(By Region; 2001-2009 Trend Data)

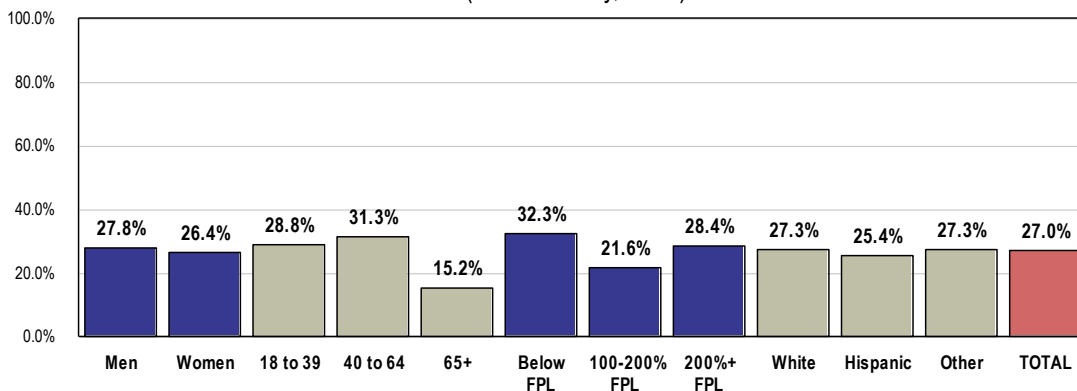


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 120]
 • 2008PRC Quality of Life Survey, Professional Research Consultants.
 Note: • Asked of all respondents.

👥 Viewed demographically, these adults more often include residents under 65.

Perceive Community Tolerance for People with Different Viewpoints or Lifestyles "Fair/Poor"

(Mesa County, 2009)



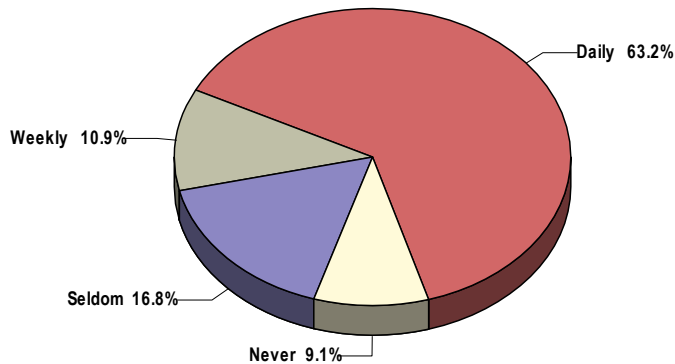
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 120]
 Notes: • Asked of all respondents.
 • Percentages represent combined "fair" and "poor" responses.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

Spiritual Values & Decision-Making

63.2% of Mesa County adults say that spiritual values play a role in their decision-making on a “daily” basis.

- ☑ 10.9% report that spirituality plays a “weekly” role in decision-making and 16.8% report that it “seldom” has an influence.
- ☑ The remaining 9.1% of local adults indicate that spiritual values do not play any role in their decision-making.

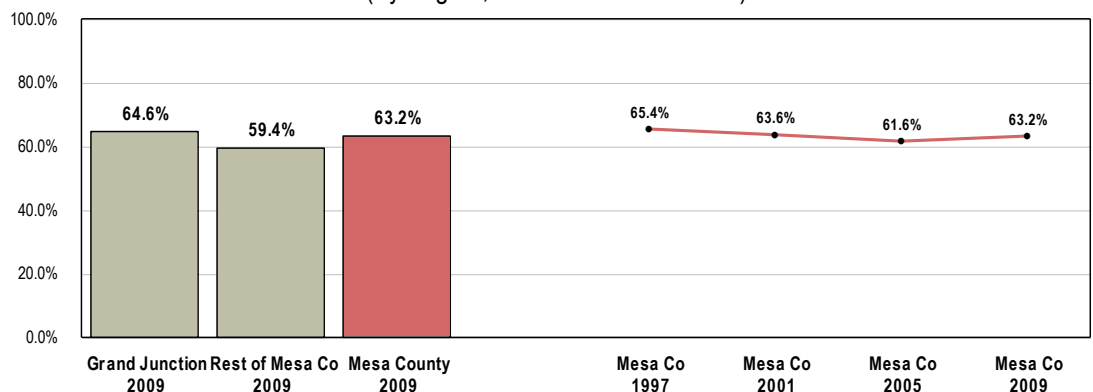
**Frequency With Which
Spiritual Values Play a Role in Decision-Making**
(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 126]
Note: • Asked of all respondents.

- ✦ The 63.2% of respondents indicating that spirituality plays a role in daily decision-making is similar by service area.
- ☒ **Statistically unchanged over time.**

**Spiritual Values Play A
Role in "Daily" Decision-Making**
(By Region; 1997-2009 Trend Data)

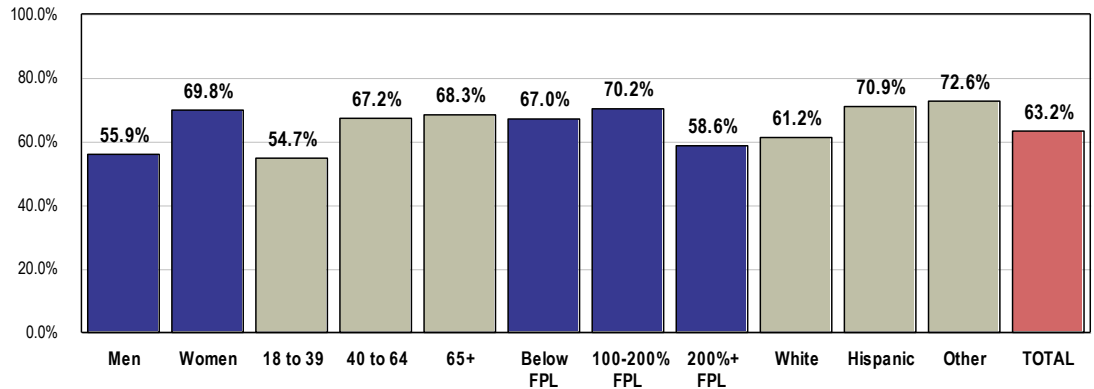


Source: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 126]
Note: • Asked of all respondents.

Adults most likely to report that spiritual values play a “daily” role in their decision-making include:

- 👥 Women.
- 👥 Adults aged 40 and older.
- 👥 Residents living at the lower incomes levels.

Spiritual Values Play A Role in "Daily" Decision-Making (Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 126]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

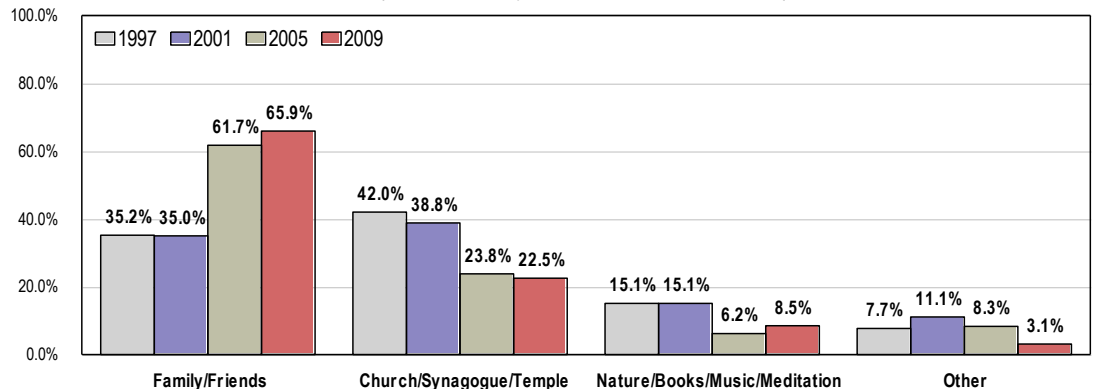
Spiritual Supports

Local adults were next asked to indicate their means of spiritual support, whether it be a church or synagogue, family and friends, nature, etc.

65.9% mentioned receiving spiritual support from family or friends, while **22.5%** mentioned a church/synagogue/temple and **8.5%** said that they receive support through nature or books, meditation or music.

☒ These findings are similar to the 2005 survey response distribution, but is very different from what was found in 1997 and 2001.

Chief Spiritual Support (Mesa County; 1997-2009 Trend Data)

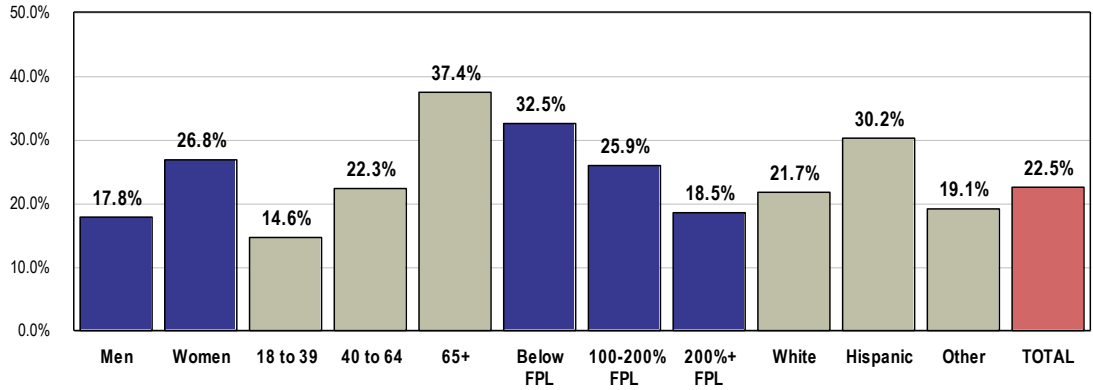


Sources: • PRC Community Health Surveys, Professional Research Consultants. [2009 Item 127]
 Notes: • Asked of all respondents.

- Viewed demographically, local adults most likely to rely on a church or synagogue for their spiritual support include women and those aged 40 and older (and especially those aged 65+).
- Hispanics more often report that a church, synagogue or temple is their chief spiritual support.

Church, Synagogue or Temple Is Chief Spiritual Support

(Mesa County, 2009)



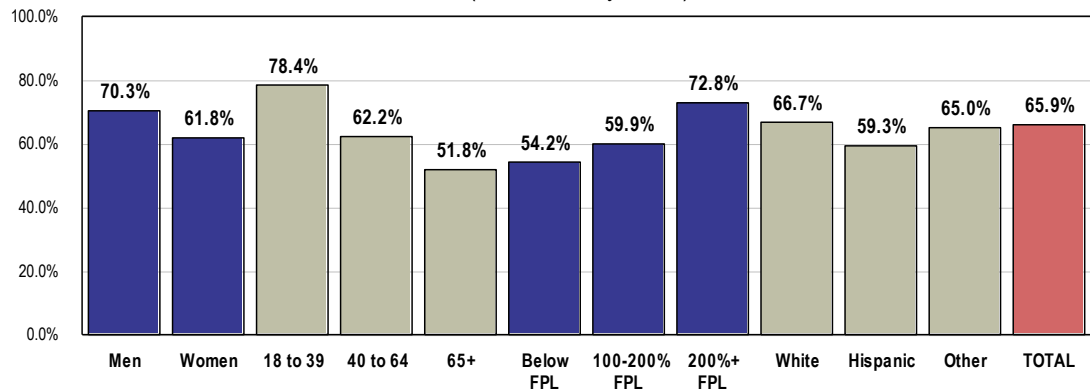
Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 127]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.

In contrast, adults more likely to rely on friends or family for their spiritual support include:

- Men.
- Young adults.
- Persons in the highest income bracket.

Family, Friends or Others Are Chief Spiritual Support

(Mesa County, 2009)



Source: • 2009 PRC Community Health Survey, Professional Research Consultants. [Item 127]
 Notes: • Asked of all respondents.
 • "White" and "Other" reflect non-Hispanic race categorizations; "Hispanic" can be of any race.