2011 PRC Community Health Report

Sponsored by

KNAPP Medical Center

Primary Service Area
Hidalgo County, Texas

PRC Experience Excellence

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INTRODUCTION

The PRC Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our community residents.

Project Overview

Project Goals

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the primary service area of Knapp Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

Methodology

This assessment incorporates data from three distinct sources: quantitative primary research (the PRC Community Health Survey); qualitative primary research (key informant focus groups);and quantitative secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

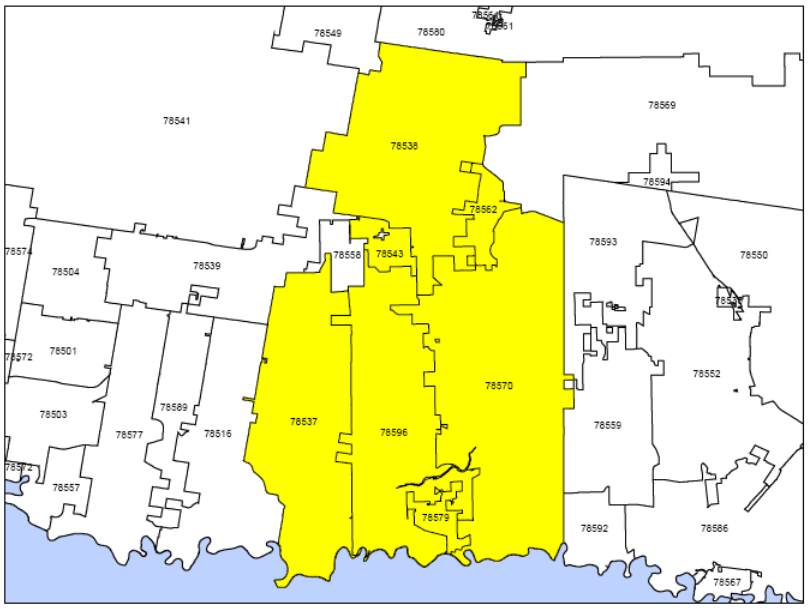
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Area" in this report) includes ZIP codes comprising the Primary Service Area of Knapp Medical Center, including: 78537, 78538, 78543, 78562, 78570, 78579, 78596, and 78599. A geographical description of the Total Area is illustrated in the following map.



Secondary data indicators (public health/vital statistics data) are provided at the county level (Hidalgo County, Texas).

Sample Approach & Design

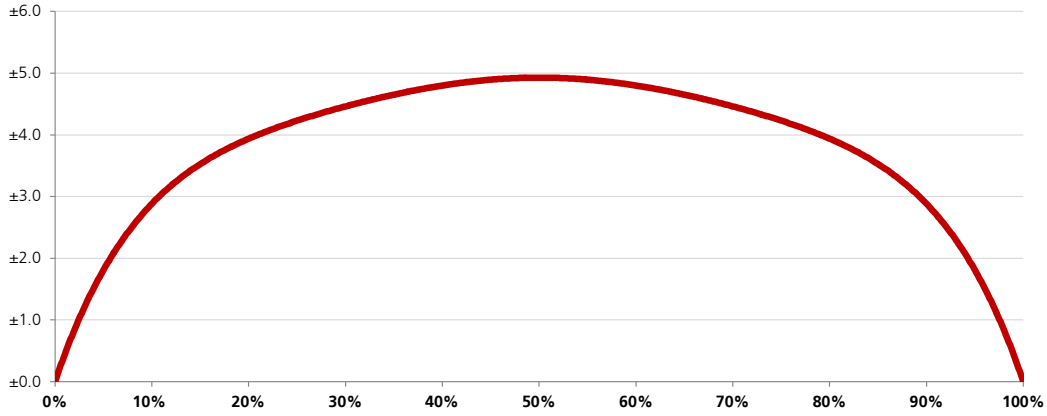
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing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

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in the Total Area. 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 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



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

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

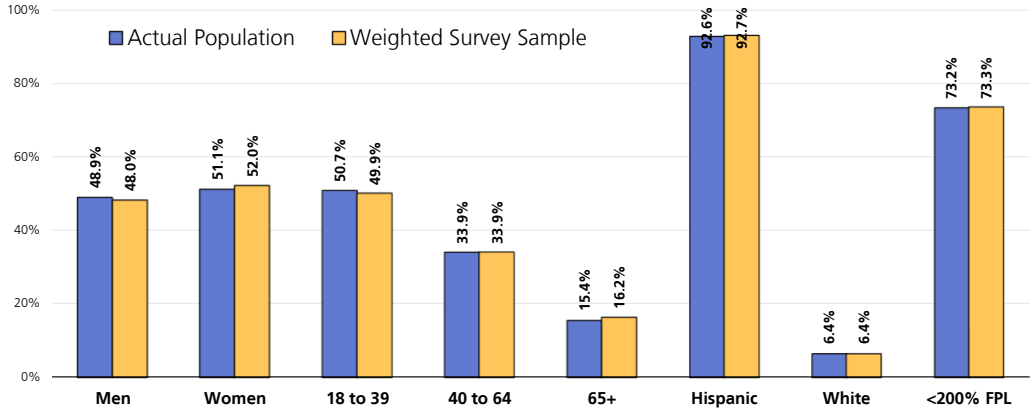
Sample Characteristics

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

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

Population & Sample Characteristics

(Total Area, 2011)



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

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower)*. In sample segmentation: "<200% FPL" (or less than twice the Federal Poverty Level) refers to community members living in a household with defined poverty status, along with those households living just above the poverty level, earning up to twice the poverty threshold; and "200%+" refers to those households living on incomes which are twice or more the federal poverty level.

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

Key Informant Focus Groups

As part of the community health assessment, there were 4 focus groups held in the defined community. These focus groups included meetings with 44 key informants in the community, including physicians, other health professionals, social services providers, employers and other community leaders.

A list of recommended participants for the focus groups was provided by Knapp Medical Center. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout. Final participation rates are segmented below.

DATE	TIME	GROUP	PARTICIPANTS
July 27, 2011	7 am	Other Healthcare Professionals	11
July 27, 2011	Noon	Physicians	7
July 28, 2011	7 am	Community Leaders	6
July 28, 2011	Noon	Social Services	20

The focus group sessions were recorded on audio tapes from which verbatim comments in the report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

Public Health, Vital Statistics & Other Data

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

- Texas Department of State Health Services
- Texas Department of Family and Protective Services
- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on the US Census)
- National Center for Health Statistics

Note that secondary data reflect county-level data.

Benchmark Data

Texas Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

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

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). 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 Identified Through This Assessment	
Access to Healthcare	• Insurance Coverage & Instability • Barriers to Healthcare Access • Prescription Affordability • Specific Source of Ongoing Medical Care • Routine Medical Checkups (Adults) • ER Utilization • Ratings of Local Healthcare Services
Cancer	• Age-/Gender-Appropriate Screenings
Diabetes	• Prevalence of Diabetes
Family Planning	• Births to Teenagers
Heart Disease & Stroke	• Blood Pressure Screenings • Cholesterol Screenings
HIV Testing	• HIV Testing
Immunization & Infectious Disease	• Mumps Incidence • Pertussis Incidence • Tuberculosis Incidence • Flu Vaccinations (High-Risk Adults Under 65) • Pneumonia Vaccinations (Adults 65+)
Injury & Violence Prevention	• Use of Bike Helmets (Children 5-17) • Violent Crime Victimization
Mental Health	• "Fair/Poor" Mental Health • Chronic Depression • Seeking Professional Help
Nutrition & Overweight	• Fruit & Vegetable Consumption • Overweight & Obesity (Adults & Children)
Oral Health	• Dental Care (Adults) • Dental Insurance Coverage
Physical Activity	• Moderate & Vigorous Physical Activity • Screen Time (Children)
Substance Abuse	• Drug Abuse & Availability of Treatment Services (From Key Informant Focus Groups)
Tobacco Use	• Cigar Smoking
Vision	• Blindness/Trouble Seeing • Recent Eye Exams

Top Community Health Concerns Among Community Key Informants

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

Top-Ranked Priorities as Identified by Key Informants

1. **Health Education**
   - *Mentioned resources available to address this issue: billboards, health fairs, outreach programs, schools, hospitals, health care providers*
2. **Diabetes & Obesity**
   - *Mentioned resources available to address this issue: schools, Knapp Medical Center Diabetes Center*
3. **Substance Abuse**
   - *Mentioned resources available to address this issue: Alcoholics Anonymous (AA), church support groups, Mothers Against Drunk Driving (MADD)*
4. **Mental Health**
   - *Mentioned resources available to address this issue: church support groups, suicide hotline, Tropical Texas Behavioral Health, Doctors Hospital at Renaissance, South Texas Behavioral Health, Rio Grande State Center/South Texas Health Care System (RGSC)*
5. **Uninsured, Underinsured & Indigent Populations**
   - *Mentioned resources available to address this issue: local, state and federal governments*
6. **Collaboration**

Summary Tables: Comparisons With Benchmark Data

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since YEAR1. *Note that survey data reflect the ZIP Code-defined Total Area.*

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

The following tables provide an overview of quantitative indicators in the Total Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Total Area results are shown in the larger, blue column.

■ The columns to the right of the Total Area column provide comparisons between the Total Area and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

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

Access to Health Services	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	50.3	26.8	14.9	0.0
% [65+] With Medicare Supplement Insurance	33.6		75.5	
% [Insured] Insurance Covers Prescriptions	85.5		93.9	
% [Insured] Went Without Coverage in Past Year	18.3		4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	47.2		37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.1		14.3	
% Cost Prevented Getting Prescription in Past Year	30.9		15.0	
% Cost Prevented Physician Visit in Past Year	27.5		14.0	
% Difficulty Getting Appointment in Past Year	15.5		16.5	
% Difficulty Finding Physician in Past Year	16.8		10.7	
% Transportation Hindered Dr Visit in Past Year	14.5		7.7	
% Skipped Prescription Doses to Save Costs	22.9		14.8	
% Difficulty Getting Child's Healthcare in Past Year	5.5		1.9	
% [Age 18-64] Have a Specific Source of Ongoing Care	60.4		75.1	89.4
% [Age 65+] Have a Specific Source of Ongoing Care	57.5		82.6	100.0
% Have Had Routine Checkup in Past Year	61.5		67.3	
% Child Has Had Checkup in Past Year	93.0		87.0	
% Two or More ER Visits in Past Year	15.3		6.5	
% Rate Local Healthcare "Fair/Poor"	31.3		15.3	
		better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	38.8		35.4	
% [50+] Osteoporosis	13.5		27.6	5.3
% Sciatica/Chronic Back Pain	15.1		21.5	
% Migraine/Severe Headaches	16.2		16.9	
% Chronic Neck Pain	9.3		8.3	
		better	similar	worse

Cancer	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	122.0	173.9	181.0	160.6
Lung Cancer (Age-Adjusted Death Rate)	26.9	49.0	51.6	45.5
Prostate Cancer (Age-Adjusted Death Rate)	13.8	22.2	23.9	21.2
Female Breast Cancer (Age-Adjusted Death Rate)	16.9	22.6	23.5	20.6
Colorectal Cancer (Age-Adjusted Death Rate)	10.1	16.6	17.2	14.5
% Skin Cancer	1.4		8.1	
% Cancer (Other Than Skin)	2.1		5.5	
% [Men 50+] Prostate Exam in Past 2 Years	58.2		70.5	
% [Women 50-74] Mammogram in Past 2 Years	69.5	72.8	79.9	81.1
% [Women 21-65] Pap Smear in Past 3 Years	69.0	79.4	84.7	93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	49.3	61.6	72.0	
% [Age 50+] Blood Stool Test in Past 2 Years	35.1	14.9	28.3	
		better	similar	worse

Chronic Kidney Disease	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	14.7	15.3	14.5	
		better	similar	worse

Diabetes	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	24.3	26.7	23.5	19.6
% Diabetes/High Blood Sugar	15.3	9.7	10.1	
% [Diabetics] Taking Insulin/Medication	71.5		77.7	
		better	similar	worse

Dementias, Including Alzheimer's Disease	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	9.9	25.4	22.7	
		better	similar	worse

Family Planning	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% of Births to Unwed Mothers	39.1	40.8		
% Births to Teenagers	6.4	4.9	3.2	
		better	similar	worse

General Health Status	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	34.2	17.4	16.8	
% Activity Limitations	13.6	18.9	17.0	
		better	similar	worse

Educational & Community-Based Programs	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% Attended Health Event in Past Year	19.4		22.2	
		better	similar	worse

Hearing & Other Sensory or Communication Disorders	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% Deafness/Trouble Hearing	6.9		9.6	
		better	similar	worse

Heart Disease & Stroke	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	180.3	200.6	200.9	152.7
% Heart Attack	2.6	3.1		
Stroke (Age-Adjusted Death Rate)	29.4	49.1	44.2	33.8
% Angina/Coronary Heart Disease	3.0	4.4		
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.7		6.1	
% Stroke	1.4	2.8	2.7	
% Blood Pressure Checked in Past 2 Years	83.8		94.7	94.9
% Told Have High Blood Pressure (Ever)	32.9	29.1	34.3	26.9
% [HBP] Taking Action to Control High Blood Pressure	91.6		89.1	
% Cholesterol Checked in Past 5 Years	82.4	72.0	90.7	82.1
% Told Have High Cholesterol (Ever)	28.1	40.9	31.4	13.5
% [HBC] Taking Action to Control High Blood Cholesterol	87.9		89.1	
% 1+ Cardiovascular Risk Factor	88.4		86.3	
		better	similar	worse

HIV	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
HIV (Age-Adjusted Death Rate)	2.2	2.2	4.6	3.3
HIV/AIDS Incidence per 100,000	9.2	17.2	12.6	13.0
% Ever Tested for HIV	40.7			
% [Age 18-64] Ever Tested for HIV	45.3		55.5	
% [Age 18-44] HIV Test in the Past Year	26.6		19.9	16.9
		better	similar	worse

Immunization & Infectious Diseases	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Measles per 100,000	0.0	0.0	0.0	
Mumps per 100,000	0.8	0.0	0.3	
Rubella per 100,000	0.0	0.0	0.0	
Pertussis per 100,000	5.5	8.8	4.5	
% [Age 65+] Flu Shot in Past Year	67.0	67.2	71.6	90.0
% [High-Risk 18-64] Flu Shot in Past Year	37.8		52.5	90.0
% [Age 65+] Pneumonia Vaccine Ever	42.7	68.5	68.1	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	23.5		32.0	60.0
Tuberculosis Incidence per 100,000	11.1	6.2	4.4	1.0
% Ever Vaccinated for Hepatitis B	36.3		38.4	
% [Age 18-64 Unmarried] 3+ Sexual Partners in Past Year	11.3		7.1	
		better	similar	worse

Injury & Violence Prevention	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	**25.2**	40.9	39.7	36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	**14.9**	16.1	14.3	12.4
% "Always" Wear Seat Belt	**85.6**		85.3	92.4
% Child [Age 5-17] "Always" Uses Seat Belt	**92.2**		91.6	
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	**93.6**		91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	**19.4**		35.3	
Firearm-Related Deaths (Age-Adjusted Death Rate)	**6.4**	10.8	10.3	9.2
% Firearm in Home	**15.9**		37.9	
% [Homes With Children] Firearm in Home	**13.5**		34.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	**7.7**		16.9	
Homicide (Age-Adjusted Death Rate)	**4.9**	6.3	6.1	5.5
Violent Crime per 100,000	**374.9**	504.2	450.3	
% Victim of Violent Crime in Past 5 Years	**5.6**		1.6	
Domestic Violence Offenses per 100,000	**820.3**	794.8		
% Ever Threatened With Violence by Intimate Partner	**6.6**		11.7	
% Victim of Domestic Violence (Ever)	**7.8**		13.5	
Child Abuse Offenses per 100,000	**11.1**	10.6		
		better	similar	worse

Maternal, Infant & Child Health	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% Received Prenatal Care in First Trimester	56.9	59.5		77.9
% of Low Birthweight Births	7.8	8.2	8.2	7.8
Infant Death Rate	5.2	6.4	6.9	6.0
		better	similar	worse

Mental Health & Mental Disorders	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	24.9		11.7	
% Major Depression	13.3		11.7	
% Symptoms of Chronic Depression (2+ Years)	37.9		26.5	
Suicide (Age-Adjusted Death Rate)	5.4	10.6	11.1	10.2
% Have Ever Sought Help for Mental Health	8.6		24.4	
% [Those With Major Depression] Seeking Help	38.9		82.0	75.1
% Typical Day Is "Extremely/Very" Stressful	8.7		11.5	
% Child [Age 5-17] Takes Prescription for ADD/ADHD	5.6		6.5	
		better	similar	worse

Nutrition & Weight Status	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	**41.7**		48.8	
% Eat 2+ Servings of Fruit per Day	**55.2**		60.5	
% Eat 3+ Servings of Vegetables per Day	**31.5**		40.1	
% Medical Advice on Nutrition in Past Year	**39.0**		41.9	
% Healthy Weight (BMI 18.5-24.9)	**18.2**		31.7	33.9
% Overweight	**80.4**	66.5	66.9	
% Obese	**44.2**	31.7	28.5	30.6
% Perceive Self as Somewhat/Very Overweight	**58.0**			
% Medical Advice on Weight in Past Year	**28.6**		25.7	
% [Overweights] Counseled About Weight in Past Year	**33.4**		30.9	
% [Obese Adults] Counseled About Weight in Past Year	**41.7**		47.4	31.8
% [Overweights] Trying to Lose Weight Both Diet/Exercise	**38.6**		38.6	
% Children [Age 5-17] Overweight	**53.1**		30.7	
% Children [Age 5-17] Obese	**37.6**		18.9	14.6
% [Parents] Perceive Child [2-17] "Somewhat/Very" Overwt	**26.1**			
% [Parents] Have Been Told That Child [2-17] Is Overweight	**13.4**		3.2	
		better	similar	worse

Oral Health	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	37.1	61.7	66.9	49.0
% Child [Age 2-17] Dental Visit in Past Year	85.2		79.2	49.0
% Have Dental Insurance	25.7		60.8	
		better	similar	worse

Physical Activity	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	47.6		63.2	
% No Leisure-Time Physical Activity	32.5	26.6	28.7	32.6
% Meeting Physical Activity Guidelines	30.5	48.1	42.7	
% Moderate Physical Activity	13.3		23.9	
% Vigorous Physical Activity	26.5	28.6	34.8	
% Medical Advice on Physical Activity in Past Year	43.2		47.8	
% Child [Age 5-17] Watches TV 3+ Hours per Day	28.3		19.7	
% Child [Age 5-17] Uses Computer 3+ Hours per Day	15.4		9.9	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	59.5		43.4	
		better	similar	worse

Respiratory Diseases	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	21.0	41.4	41.5	
Pneumonia/Influenza (Age-Adjusted Death Rate)	16.0	17.6	18.1	
% Nasal/Hay Fever Allergies	16.6		27.3	
% Sinusitis	8.9		19.4	
% Chronic Lung Disease	5.7		8.4	
% Adults Asthma (Ever Diagnosed)	9.9	12.8		
% [Adult] Currently Has Asthma	4.8	7.4	7.5	
% Child [Age 2-17] Asthma (Ever Diagnosed)	8.7			
% [Child 2-17] Currently Has Asthma	5.4		6.8	
		better	similar	worse

Sexually Transmitted Diseases	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	20.5	126.1	109.3	
Primary & Secondary Syphilis Incidence per 100,000	0.1	5.8	4.3	
Chlamydia Incidence per 100,000	363.9	392.6	391.6	
Hepatitis B Incidence per 100,000	0.6	2.4	1.3	
% Unmarried Adults Using Condoms (18-64)	52.3		37.2	
		better	similar	worse

Substance Abuse	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	14.6	15.3	14.5	8.2
% Current Drinker	33.4	49.9	58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	3.6	4.9	5.6	
% Binge Drinker (5+ Drinks/Occasion Men, 4+ Women)	17.1	14.7	16.7	24.3
% Drinking & Driving in Past Month	3.7		3.5	
% Rode With Drunk Driver in Past Month	5.2			
% Driving Drunk or Riding with Drunk Driver	6.7		5.5	
Drug-Induced Deaths (Age-Adjusted Death Rate)	3.4	10.1	12.2	11.3
% Illicit Drug Use in Past Month	3.4		1.7	7.1
% Ever Sought Help for Alcohol or Drug Problem	2.3		3.9	
		better	similar	worse

Tobacco Use	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% Current Smoker	13.8	15.8	16.6	12.0
% Someone Smokes at Home	12.6		13.6	
% [Non-Smokers] Someone Smokes in the Home	8.3		5.7	
% [Household With Children] Someone Smokes in the Home	9.4		12.1	
% Smoke Cigars	7.9		4.2	0.2
% Use Smokeless Tobacco	2.8		2.8	0.3
		better	similar	worse

Vision	Total Area	Total Area vs. Benchmarks		
		vs. TX	vs. US	vs. HP2020
% Blindness/Trouble Seeing	**15.1**		6.9	
% Eye Exam in Past 2 Years	**50.1**		57.5	
		better	similar	worse

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

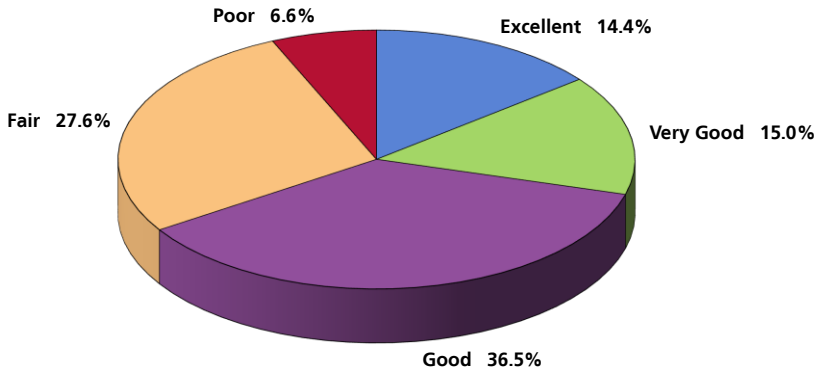
"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 29.4% of Total Area adults rate their overall health as "excellent" or "very good."

- Another 36.5% gave "good" ratings of their overall health.

Self-Reported Health Status

(Total Area, 2011)



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

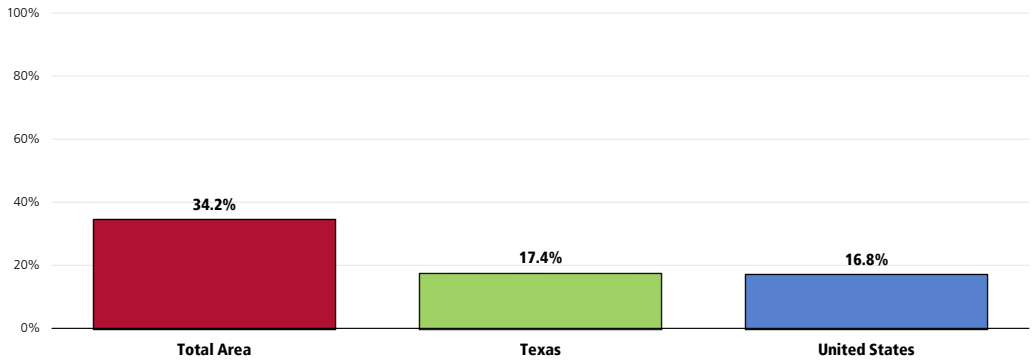
However, 34.2% of Total Area adults believe that their overall health is "fair" or "poor."

- Roughly twice as high as statewide findings.
- More than twice as high as the national percentage.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.

Experience "Fair" or "Poor" Physical Health



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 5]
• Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

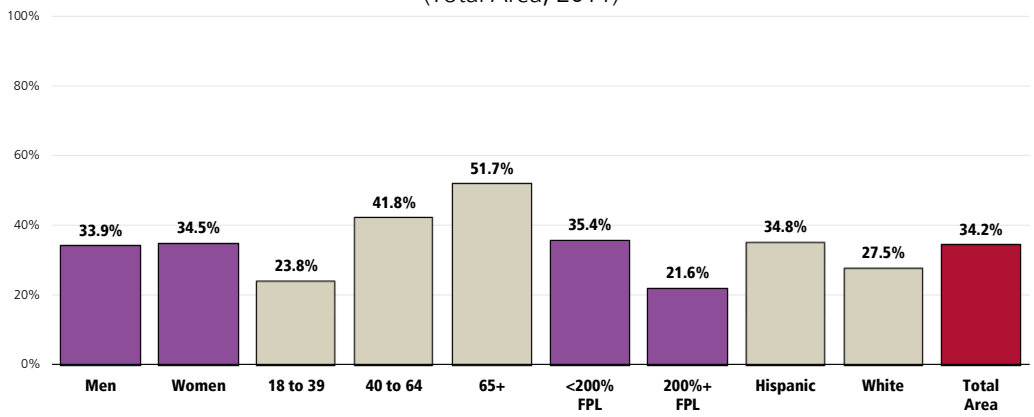
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

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

- Those aged 40 and older.
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Physical Health

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 5]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Activity Limitations

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

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

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

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

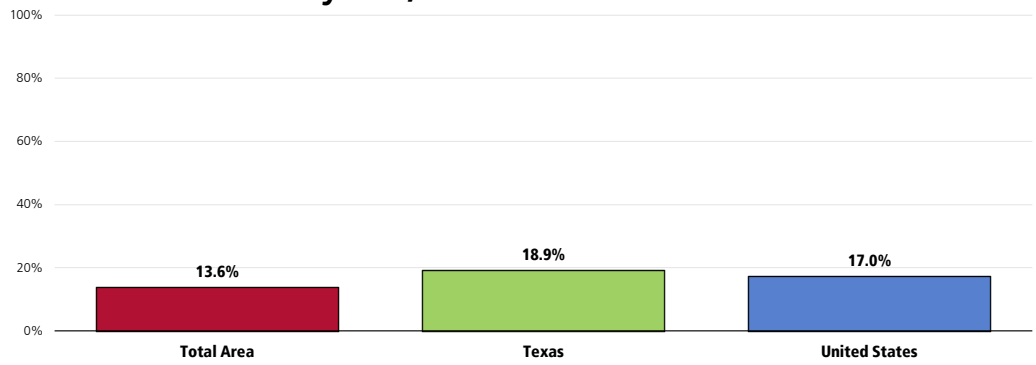
– Healthy People 2020 (www.healthypeople.gov)

A total of 13.6% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than prevalence statewide.
- Statistically similar to the national prevalence.

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

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



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 116]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.

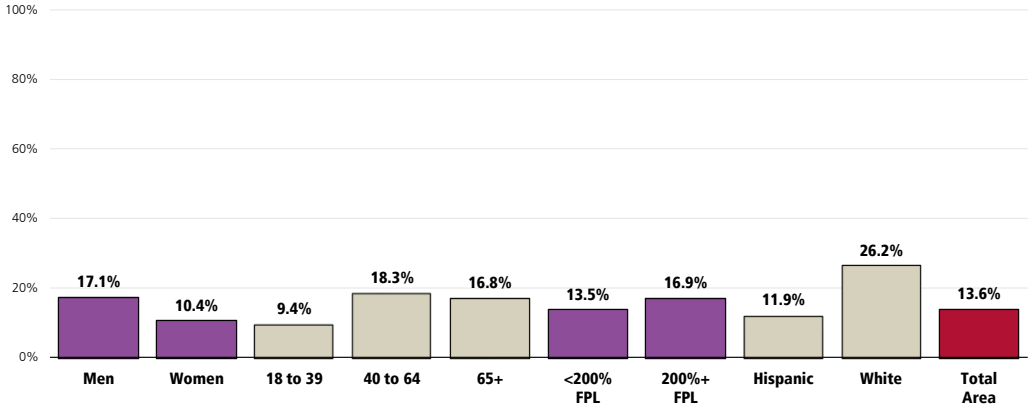
Notes:
- Asked of all respondents.

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

- Adults aged 40+ are much more often limited in activities.
- Non-Hispanic Whites are more likely than Hispanics to report activity limitations.

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

(Total Area, 2011)



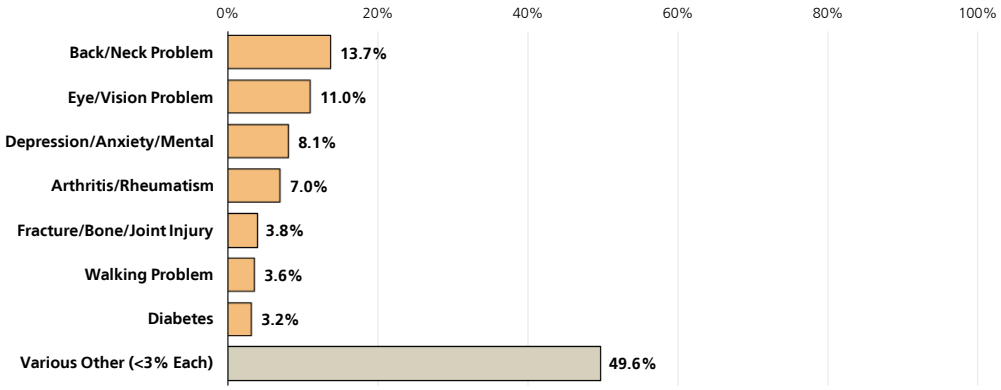
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 116]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Among persons reporting activity limitations, these are often attributed to musculoskeletal issues, such as back/neck problems, arthritis and fractures, bone/joint injuries, or problems walking. However, uncommonly high percentages of adults with activity limitations mentioned problems with vision, depression/other mental health issues, and diabetes.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Total Area, 2011)



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

Mental Health & Mental Disorders

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

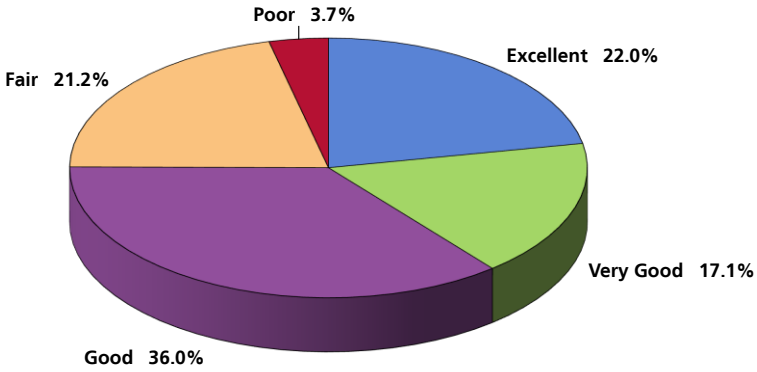
Self-Reported Mental Health Status

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

A total of 39.1% of Total Area adults rate their overall mental health as "excellent" or "very good."

- Another 36.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2011)

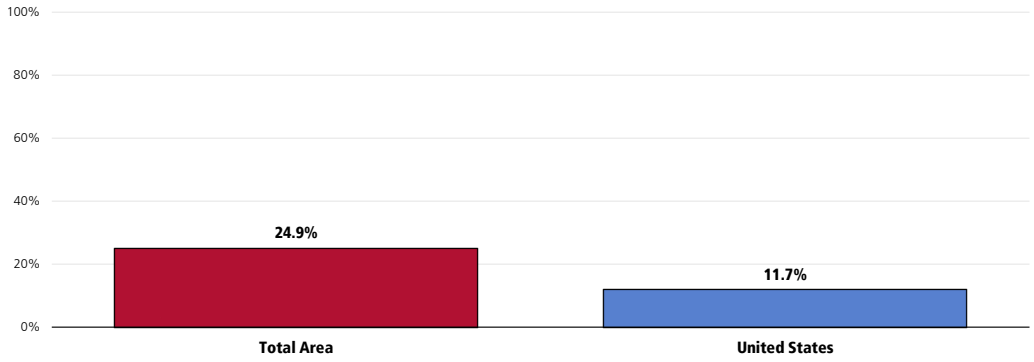


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 112]
Notes: • Asked of all respondents.

A full one-fourth (24.9%) Total Area adults, however, believes that their overall mental health is "fair" or "poor."

- More than double the "fair/poor" response reported nationally.

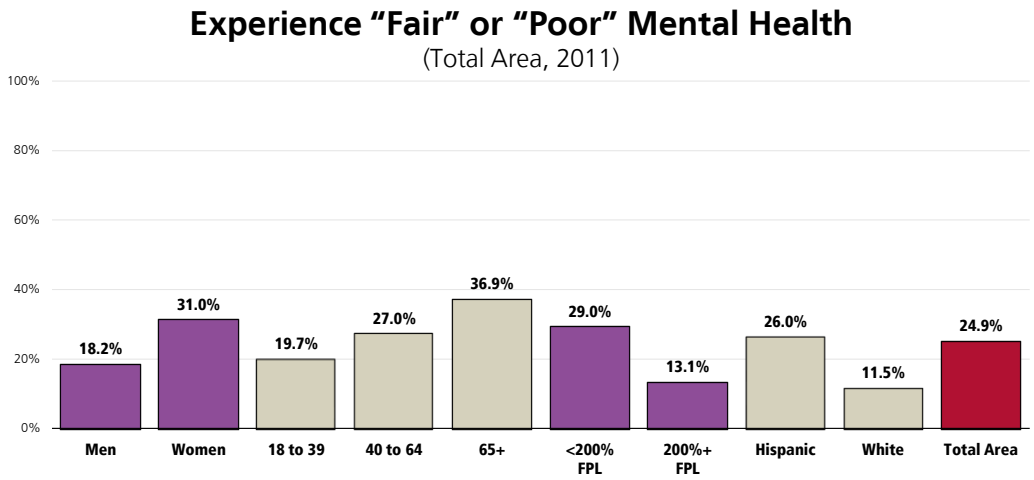
Experience "Fair" or "Poor" Mental Health



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

The following population segments are more likely to give low ratings of their mental health status:

- Women.
- Adults 65+.
- Residents living on lower incomes.
- Hispanics.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 112]

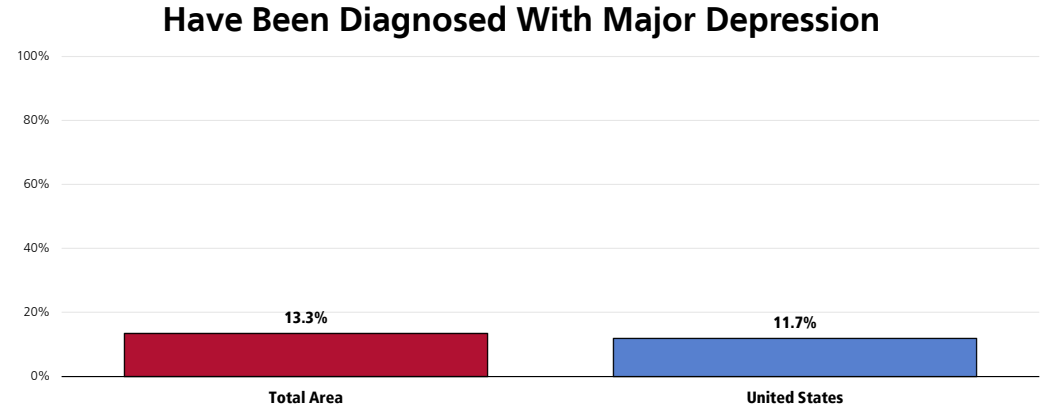
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Depression

Major Depression

A total of 13.3% of Total Area adults have been diagnosed with major depression by a physician or other healthcare professional.

- Similar to the national finding.

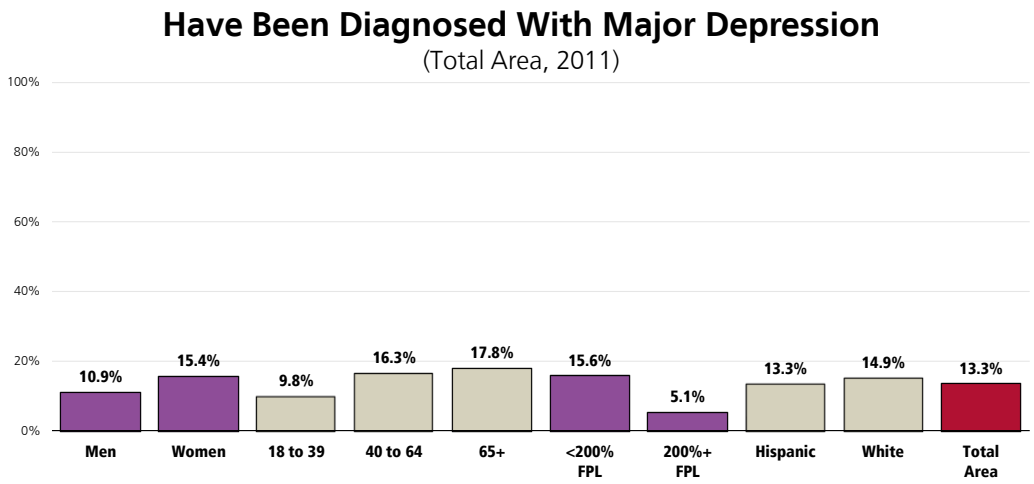


Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 33]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

The prevalence of major depression is notably higher among:

- Community members living below the 200% poverty threshold.

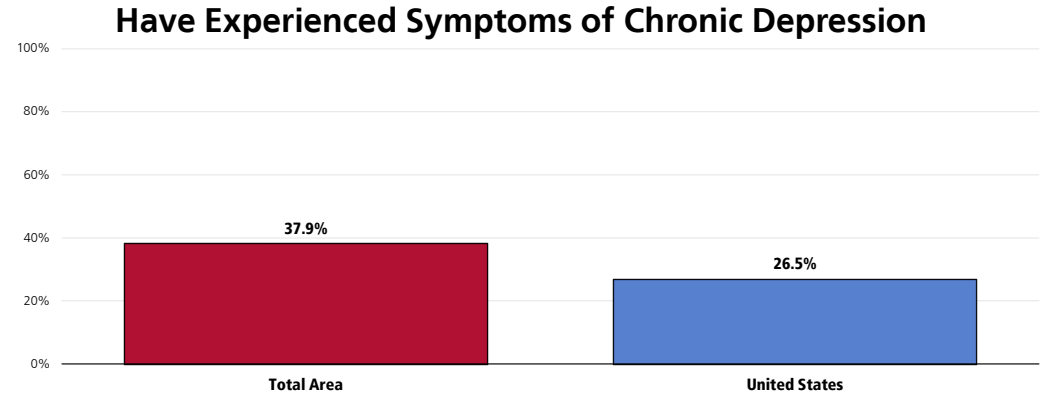


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 33]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Symptoms of Chronic Depression

A total of 37.9% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression)**.**

- Much higher than national findings.



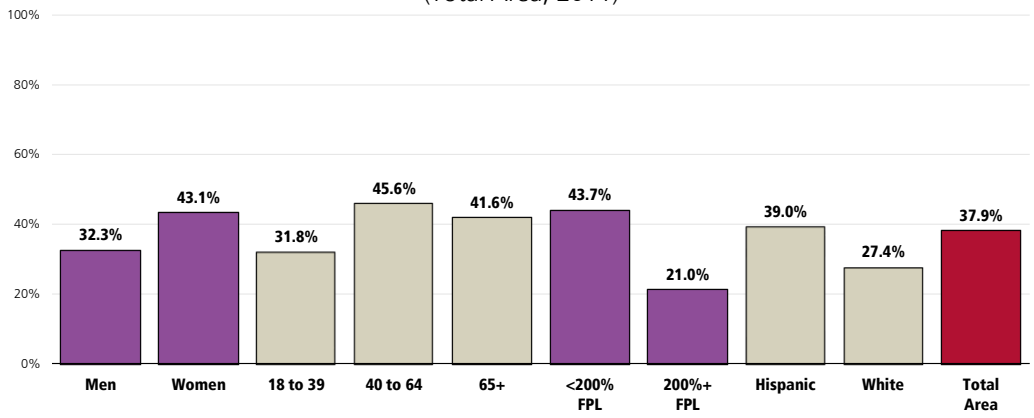
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 113]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

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

- Women.
- Adults aged 40+.
- Adults living below the 200% poverty threshold.

Have Experienced Symptoms of Chronic Depression

(Total Area, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 113]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Stress

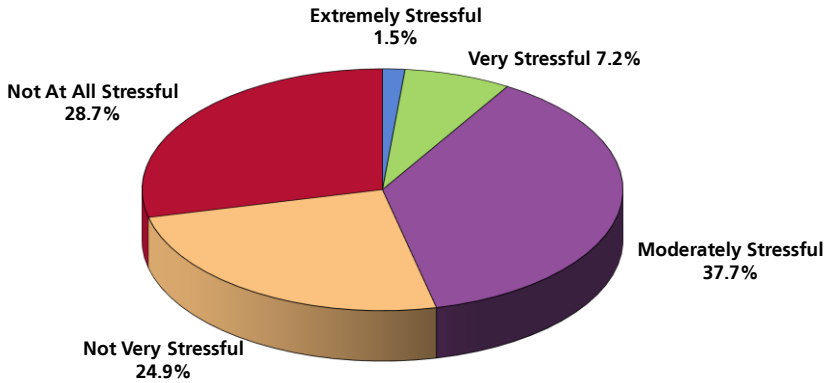
RELATED ISSUE:
See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than one-half of Total Area adults consider their typical day to be "not very stressful" (24.9%) or "not at all stressful" (28.7%).

- Another 37.7% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Total Area, 2011)

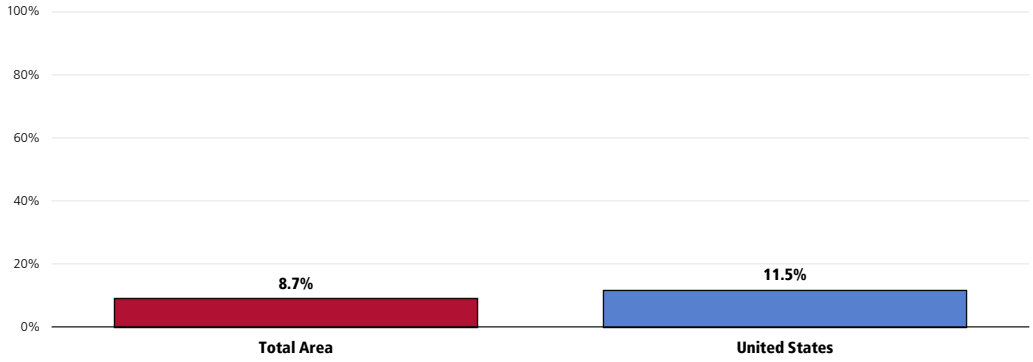


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 114]
Notes: • Asked of all respondents.

In contrast, 8.7% of Total Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.

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



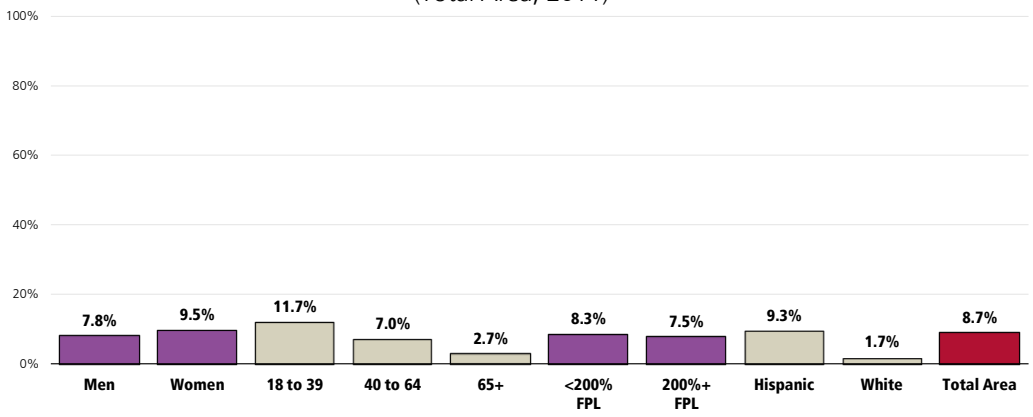
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 114]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Note that high stress levels are more prevalent among adults under 40 and Hispanics.

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

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 114]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

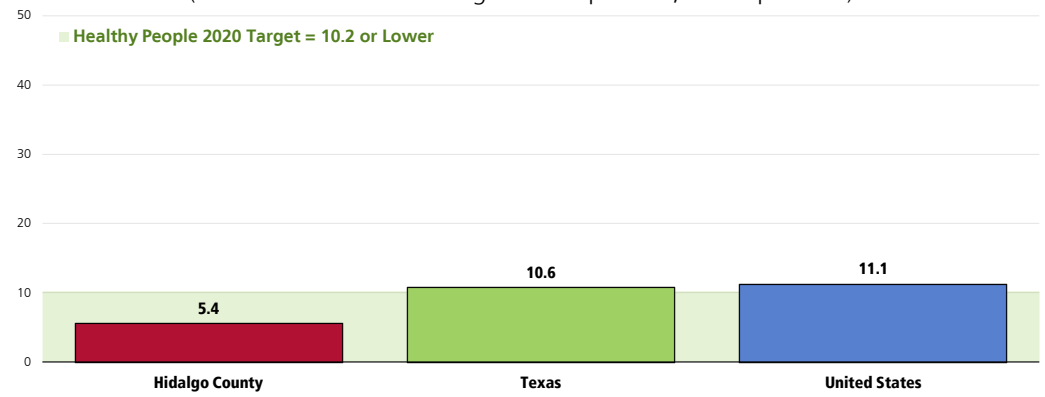
Suicide

Between 2005 and 2007, there was an annual average age-adjusted suicide rate of 5.4 deaths per 100,000 population in Hidalgo County.

- Much lower than the statewide rate.
- Much lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

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



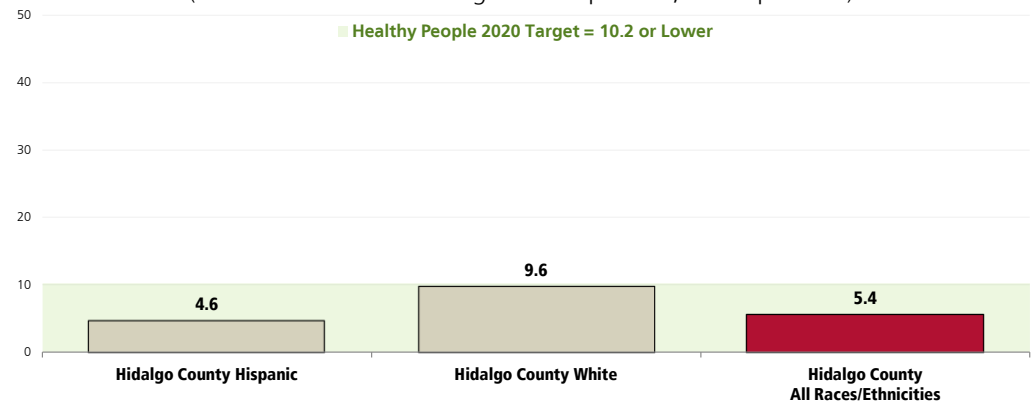
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

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

Suicide rates are considerably higher among Whites than among Hispanics in Hidalgo County.

Suicide: Age-Adjusted Mortality by Race

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



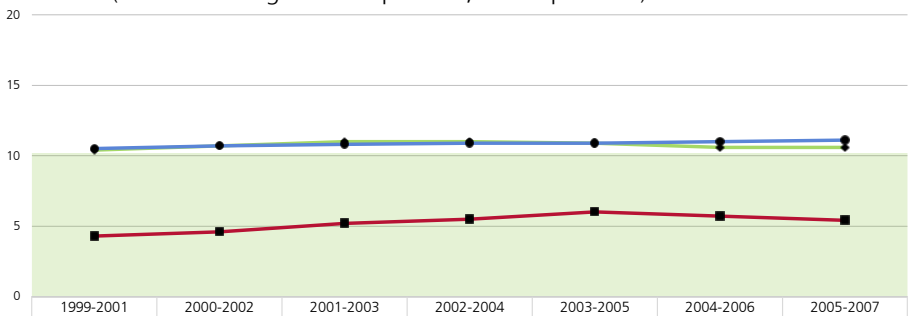
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

County suicide rates have overall trended upward, echoing state and national trends.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2
Hidalgo County	4.3	4.6	5.2	5.5	6.0	5.7	5.4
Texas	10.4	10.7	11.0	11.0	10.9	10.6	10.6
United States	10.5	10.7	10.8	10.9	10.9	11.0	11.1

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

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

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

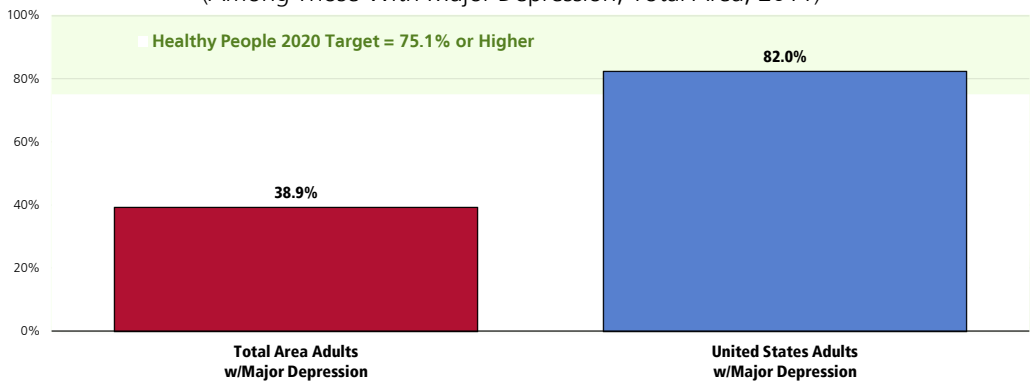
Mental Health Treatment

Among adults with diagnosed depression, just 38.9% acknowledge that they have sought professional help for a mental or emotional problem.

- Much lower than national findings.
- Far from satisfying the Healthy People 2020 goal of 75.1% or higher.

Have Sought Professional Help for a Mental or Emotional Problem

(Among Those With Major Depression; Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 140]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MHMD-9.1]

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

Related Focus Group Findings: Mental Health Treatment

Participants agree that there is a tremendous need for mental health services in the community particularly for youth. There are limited facilities available to treat patients on an inpatient basis and though there are several outpatient centers available, the community has a need for more.

According to participants, there are social workers and counselors available in the schools to help identify needs in students, but once those needs are identified it is often difficult finding placement for those students who need the help.

Participants commented that very often help is not obtained until someone has tried to hurt him/herself and ends up in the emergency room. Additionally, mental health services are very costly and can be out of reach for most of the community, even for those with insurance.

There was mention of a new program through Home Health that allows for a personal care provider to come into the home and care for children under 21 on Medicaid who have a mental challenge. This service offers the parents the ability to leave the house to go to work or attend to other family needs.

Some participants feel as though there is a need for social workers and chaplains in the hospital to counsel patients and families. So much of that counseling falls upon the doctors at the hospitals when it would best be suited for someone who is trained to handle counseling.

> *"It's a difficult issue for parents and families to deal with and sometimes it's a family affair. So it's really, really challenging for educators, for social workers, for anybody in the community who is trying to work with the kids because resources are so limited."*
>
> *"Patients come to the ER with an overdose and they get admitted and treated and then they get sent to the in-patient facility and they are part of the system from then on. But it has to take a major problem like that to get them involved because there is not enough psychiatrists or at least, in my specialty, enough psychiatrists comfortable treating kids and adolescents to satisfy the needs."*
>
> *"I think there's a big need for mental health services. Especially for teens. Those resources for us in the valley have really dwindled. And there's a lot of need for kids to have good mental health care. They just don't have the services. "*
>
> *"It seems like mental health services seem to be – it seems like we are an underserved community when it comes to mental health issues, that there are not resources available or they are priced out of the reach of people that tend to come and see it."*

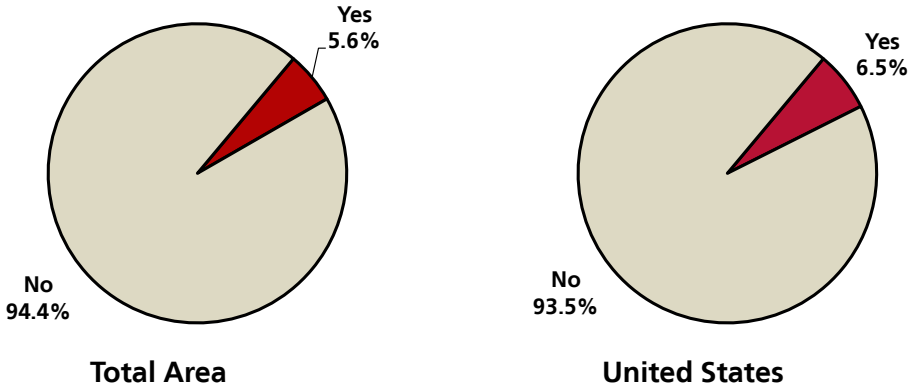
Children & ADD/ADHD

Among Total Area adults with children age 5 to 17, 5.6% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.

Child Takes Medication for ADD/ADHD

(Among Total Area Parents of Children Aged 5-17, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 131]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

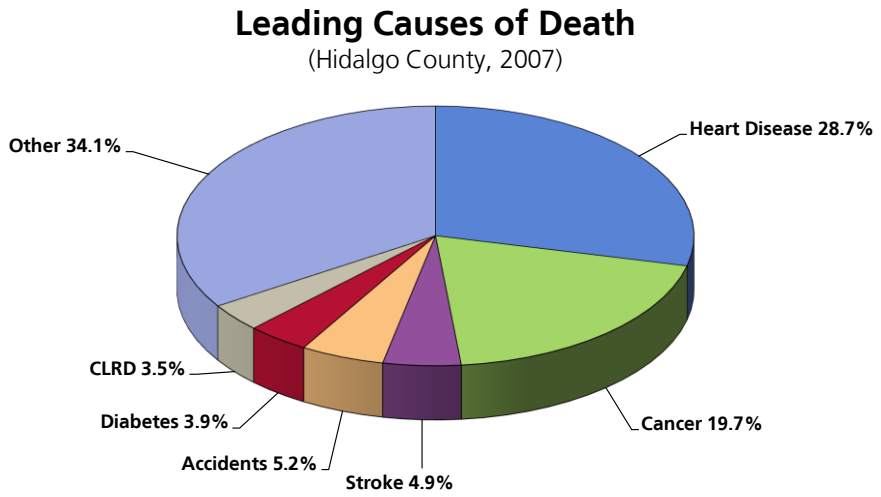
Notes:
- Asked of all respondents with children aged 5 to 17.

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (including stroke) and cancers accounted for just over one-half of all deaths in Hidalgo County in 2007.



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

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

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

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

Age-adjusted mortality rates in Hidalgo County are similar to or better than national rates for each of the causes of death illustrated below.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, the following fail to satisfy the goals: heart disease, diabetes mellitus, motor vehicle accidents, and cirrhosis/liver disease.

Age-Adjusted Death Rates for Selected Causes

(2005-2007 Deaths per 100,000)

	Hidalgo County	Texas	US	HP2020
Diseases of the Heart	180.3	200.6	200.9	152.7*
Malignant Neoplasms (Cancers)	122.0	173.9	181.0	160.6
Cerebrovascular Disease (Stroke)	29.4	49.1	44.2	33.8
Unintentional Injuries	25.2	40.9	39.7	36.0
Diabetes Mellitus	24.3	26.7	23.5	19.6*
Chronic Lower Respiratory Disease (CLRD)	21.0	41.4	41.5	n/a
Pneumonia/Influenza	16.0	17.6	18.1	n/a
Motor Vehicle Crashes	14.9	16.1	14.3	12.4
Kidney Disease	14.7	15.3	14.5	n/a
Cirrhosis/Liver Disease	14.6	15.3	14.5	8.2
Alzheimer's Disease	9.9	25.4	22.7	n/a
Firearm-Related	6.4	10.8	10.3	9.2
Drug-Induced	3.4	10.1	12.2	11.3
Intentional Self-Harm (Suicide)	5.4	10.6	11.1	10.2
Homicide/Legal Intervention	4.9	6.3	6.1	5.5
HIV/AIDS *	2.2	2.2	4.6	3.3

Data extracted June 2011.

- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- County, state and national data are simple three-year averages. *HIV/AIDS data is 1999-2007.

Cardiovascular Disease

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

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

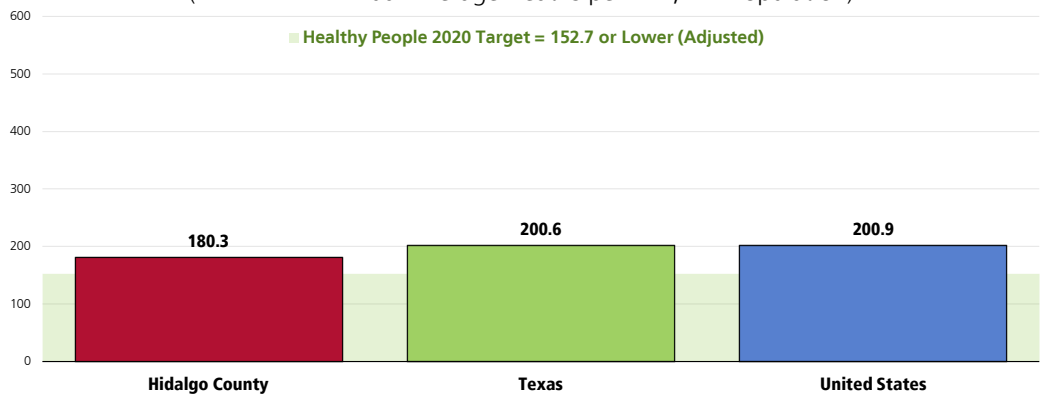
Heart Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted heart disease mortality rate of 180.3 deaths per 100,000 population in Hidalgo County.

- Lower than the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 objective (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

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



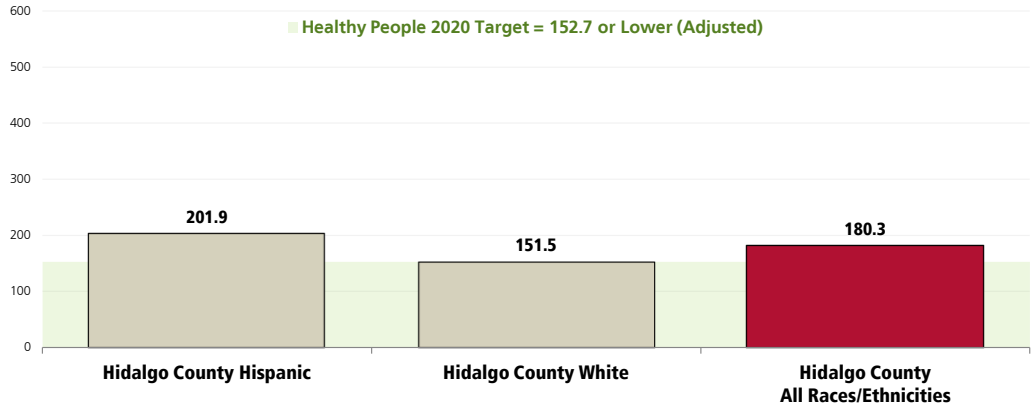
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

By race/ethnicity, heart disease mortality rates are higher among Hispanics when compared with Whites in Hidalgo County.

Heart Disease: Age-Adjusted Mortality by Race

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



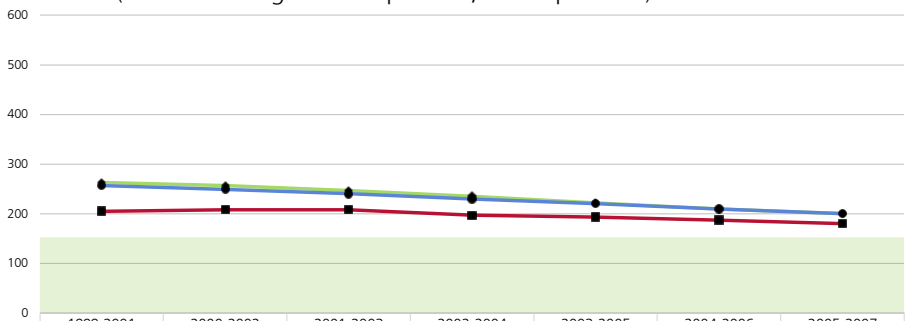
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart disease mortality rates have decreased in Hidalgo County, echoing the decreasing trends across Texas and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	152.7	152.7	152.7	152.7	152.7	152.7	152.7
Hidalgo County	205.1	208.2	208.2	197.1	193.4	187.8	180.3
Texas	263.2	256.9	247.2	235.2	222.2	209.8	200.6
United States	257.3	249.0	240.4	230.3	220.4	209.7	200.9

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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

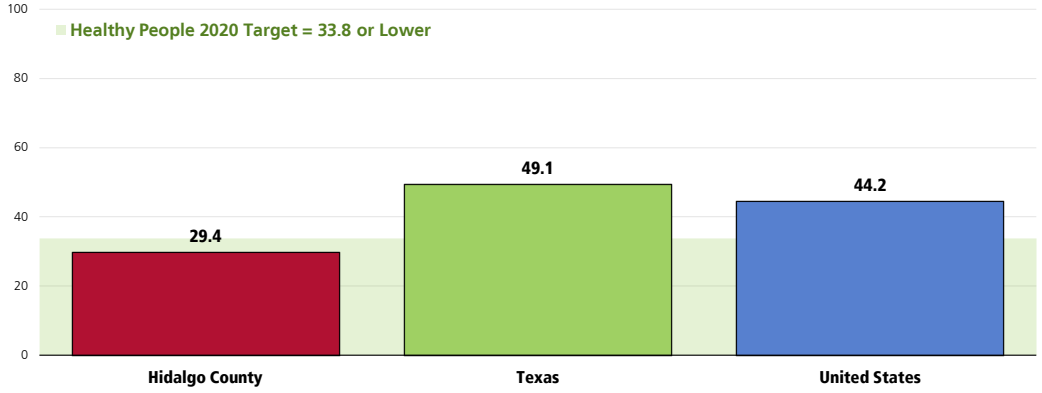
Stroke Deaths

Between 2005 and 2007, there was an annual average age-adjusted stroke mortality rate of 29.4 deaths per 100,000 population in Hidalgo County.

- More favorable than the Texas rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality

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



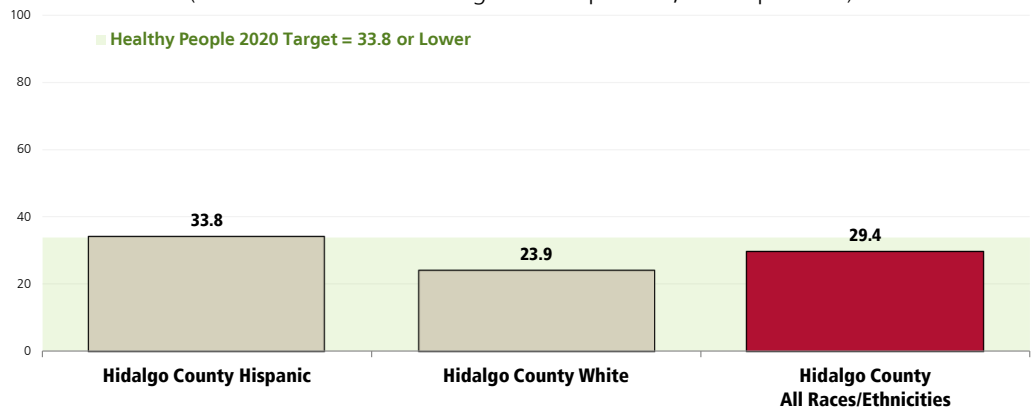
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-3]

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

Stroke mortality is higher among Hispanics than Whites in Hidalgo County.

Stroke: Age-Adjusted Mortality by Race

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



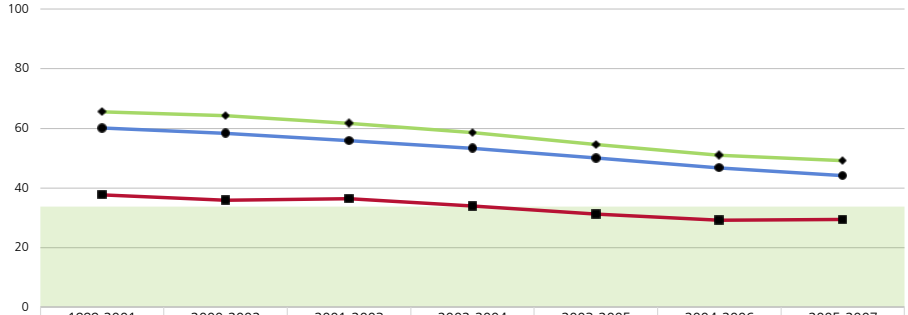
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Stroke rates have declined in recent years, echoing the trends reported across Texas and the US overall.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8
Hidalgo County	37.6	35.9	36.4	34.0	31.3	29.2	29.4
Texas	65.5	64.2	61.6	58.5	54.5	51.0	49.1
United States	60.1	58.4	55.9	53.3	50.1	46.8	44.2

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

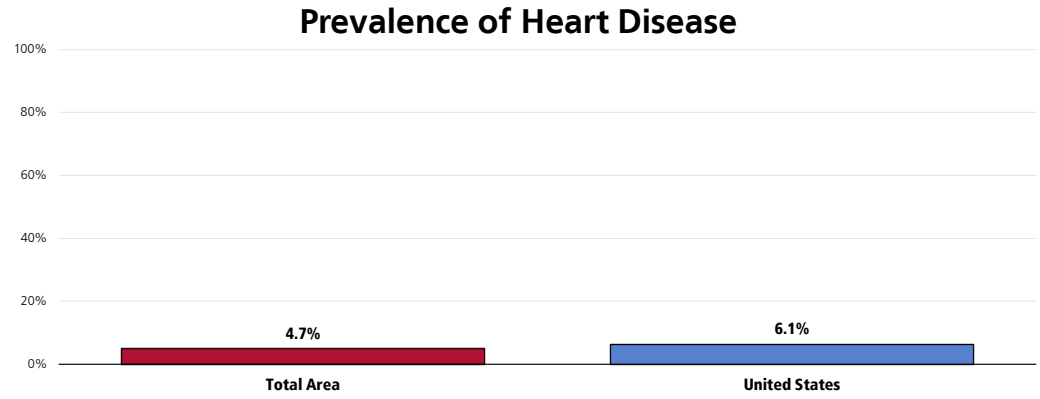
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.

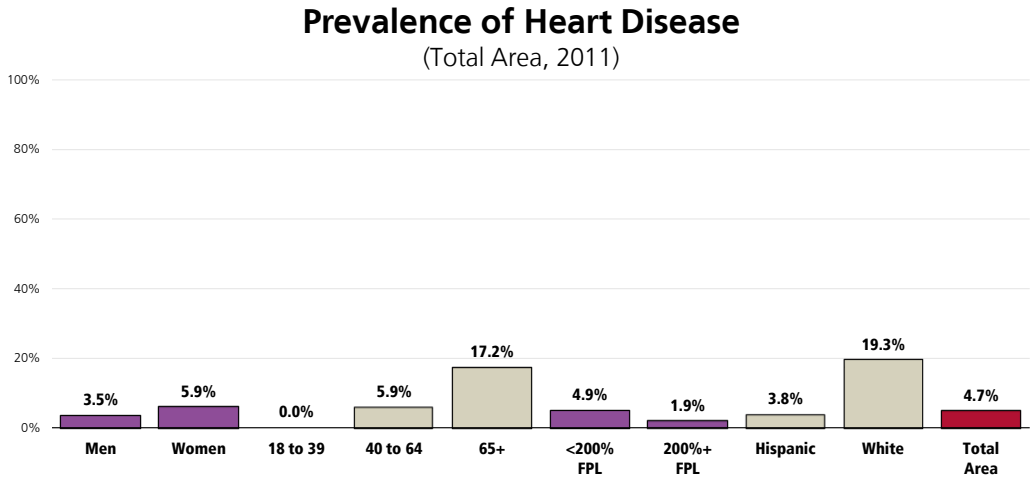


Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 141]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

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

- Adults 65+.
- Whites.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 141]

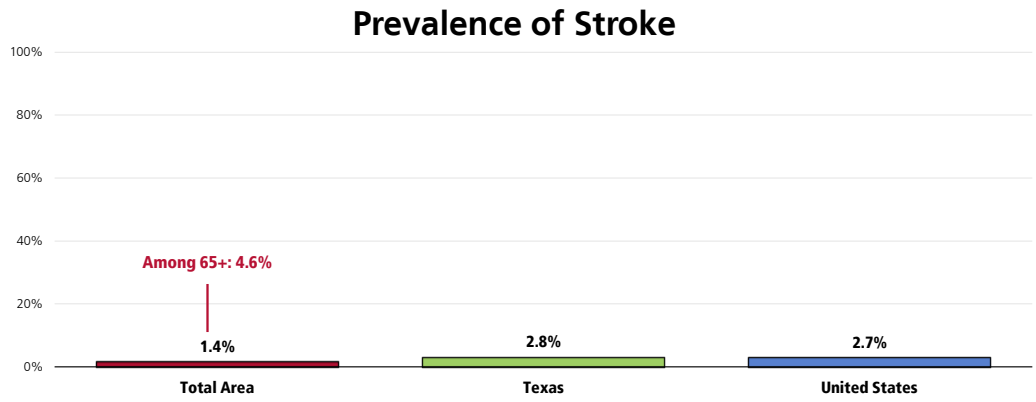
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Prevalence of Stroke

Just 1.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Lower than statewide findings.
- Statistically similar to national findings.

Note: Among residents age 65 and older, 4.6% have had a stroke.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 40]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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

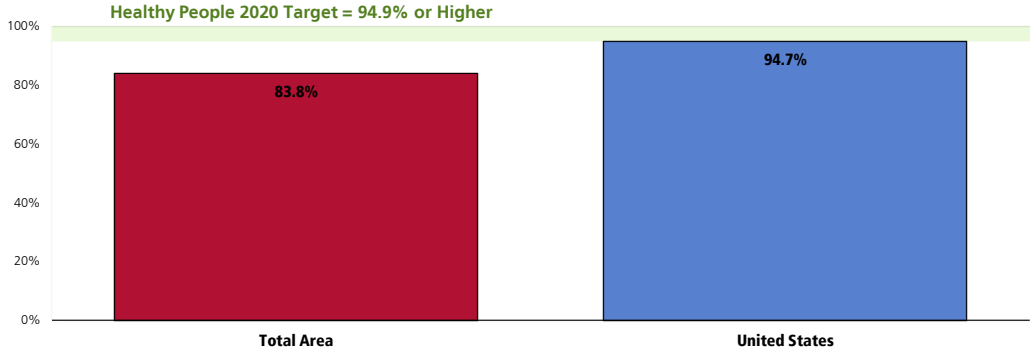
– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 83.8% of Total Area adults have had their blood pressure tested within the past two years.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (94.9% or higher).

Have Had Blood Pressure Checked in the Past 2 Years



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 49]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-4]

Notes:
- Asked of all respondents.

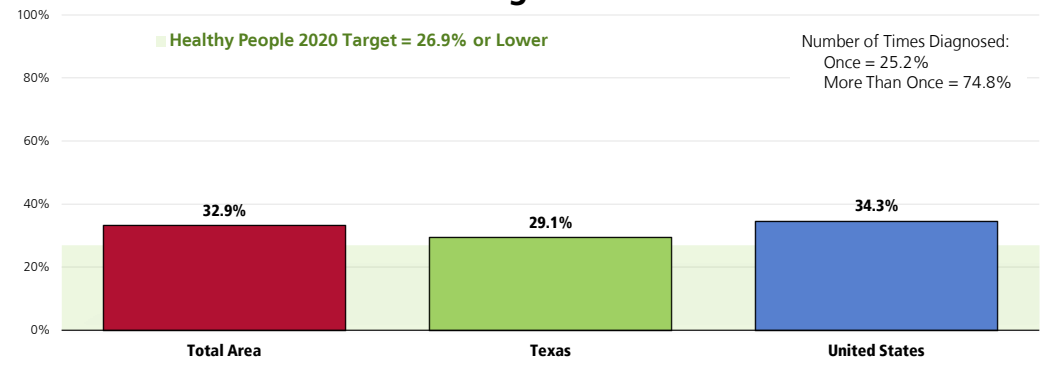
Prevalence of Hypertension

A total of 32.9% of adults have been told at some point that their blood pressure was high.

- Comparable to the Texas prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

Among hypertensive adults, 74.8% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 47, 142]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-5.1]

Notes:
- Asked of all respondents.

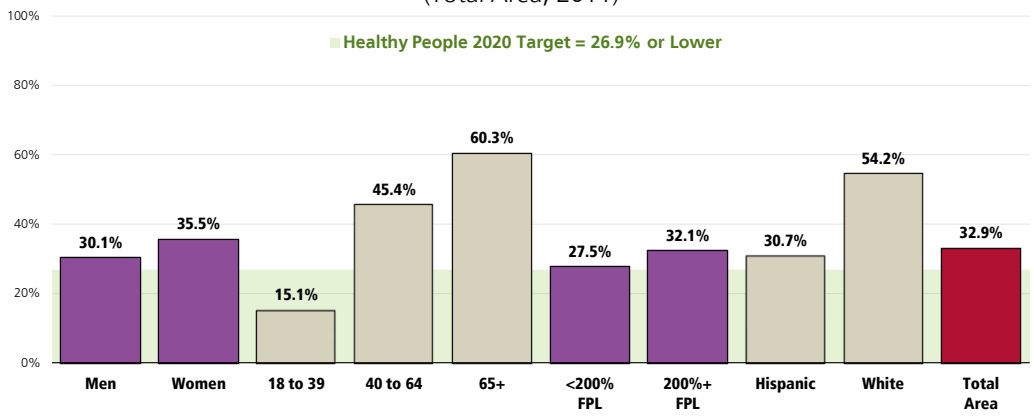
Note that 7.4% of Total Area adults have not had their blood pressure tested in the past 5 years, if ever. For these individuals, prevalence is unknown.

Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+.
- Whites.

Prevalence of High Blood Pressure

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 142]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Hypertension Management

Respondents reporting high blood pressure were further asked:

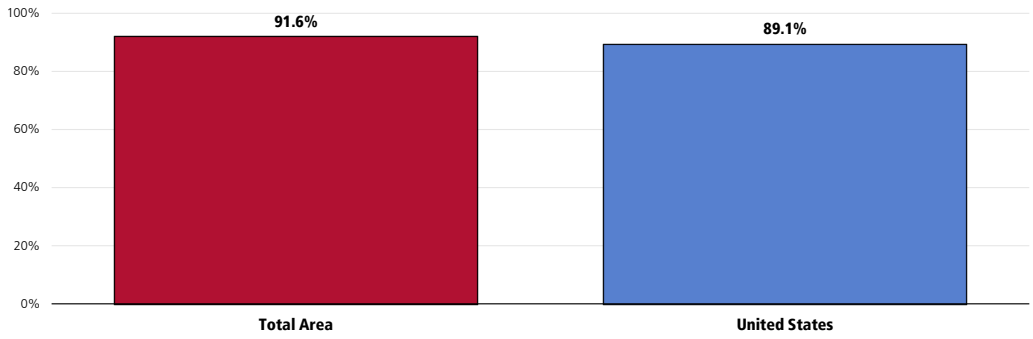
"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 91.6% report that they are currently taking actions to control their condition.

- Similar to national findings.

Taking Action to Control Hypertension

(Among Total Area Adults with High BP, 2010)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 48]
- Professional Research Consultants. PRC National Health Survey. 2011.

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

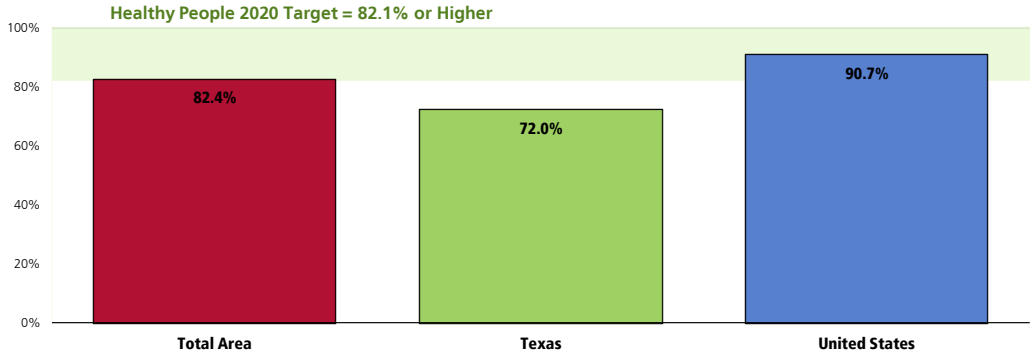
High Blood Cholesterol

Blood Cholesterol Testing

A total of 82.4% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Texas findings.
- Less favorable than the national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).

Have Had Blood Cholesterol Levels Checked in the Past 5 Years



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-6]

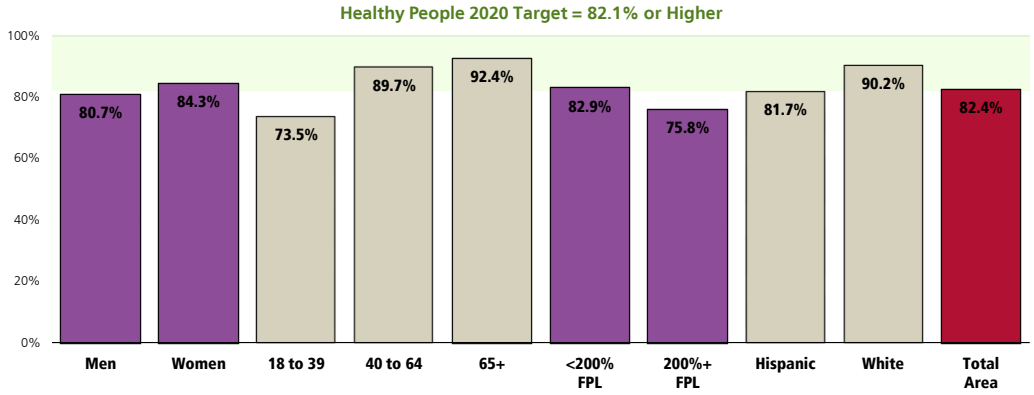
Notes:
- Asked of all respondents.

The following demographic segments report lower screening levels:

- Adults under the age of 40.
- Hispanics.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 52]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-6]

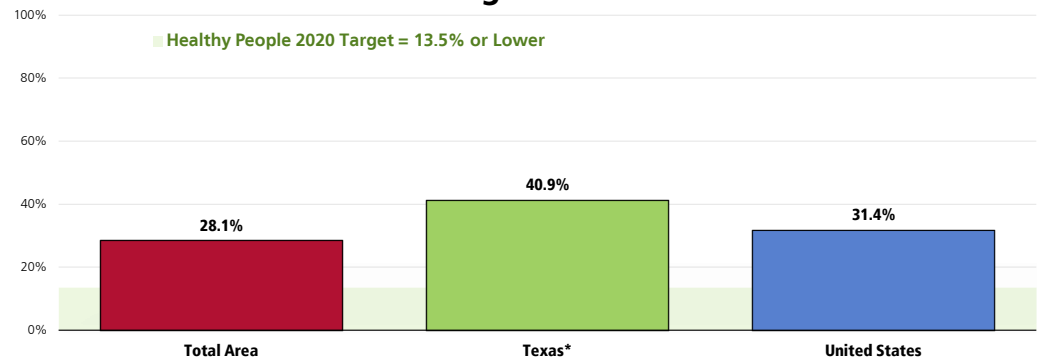
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Self-Reported High Blood Cholesterol

A total of 28.1% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Texas findings.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 143]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-7]

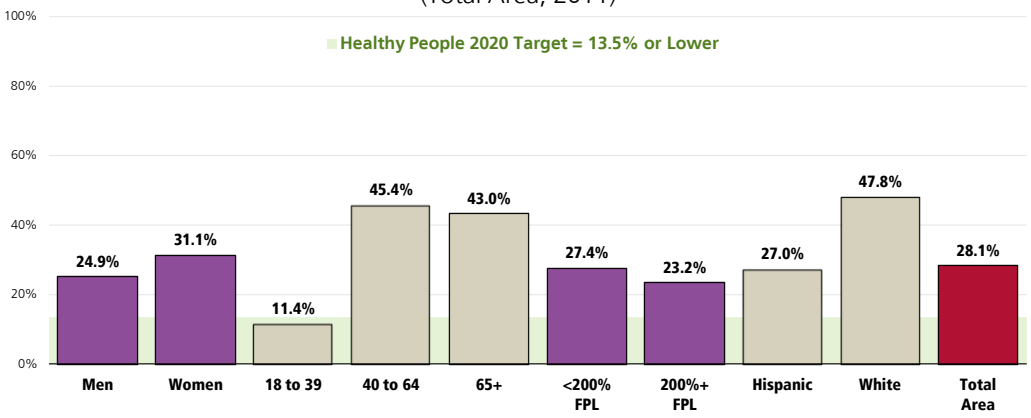
Notes:
- Asked of all respondents.
- *The Texas data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 20.9% of Total Area adults have not had their blood cholesterol checked in the past 5 years, if ever. For these individuals, prevalence is unknown.

- Adults 40 and older are more likely to report high levels of blood cholesterol.
- Whites report a much higher prevalence than Hispanics.
- Keep in mind that "unknowns" are relatively high in young adults and Hispanics.

Prevalence of High Blood Cholesterol

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 143]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HDS-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

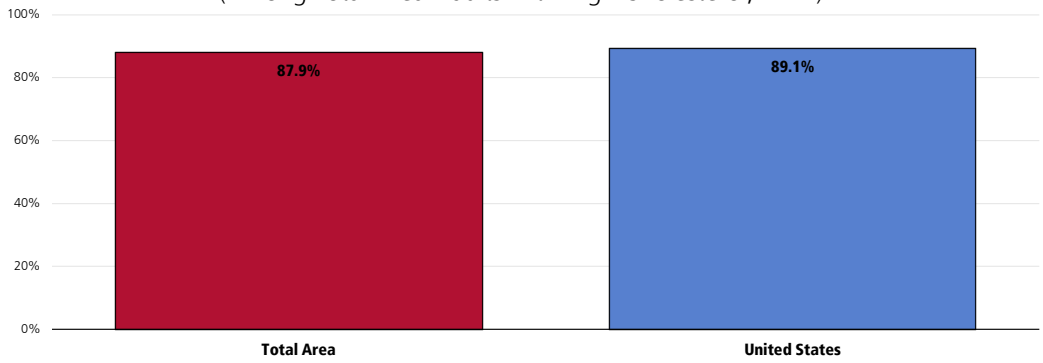
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 87.9% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.

Taking Action to Control High Blood Cholesterol Levels

(Among Total Area Adults with High Cholesterol, 2010)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 51]
- Professional Research Consultants. PRC National Health Survey. 2011.

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

Total Cardiovascular Risk

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

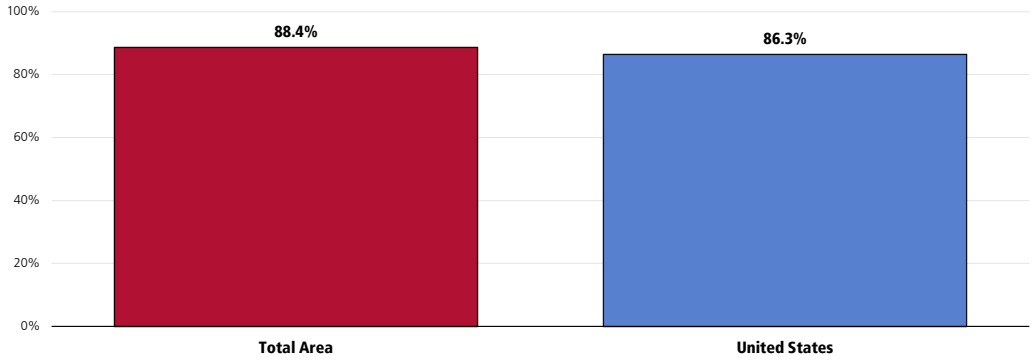
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 88.4% of Total Area 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.

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

Present One or More Cardiovascular Risks or Behaviors

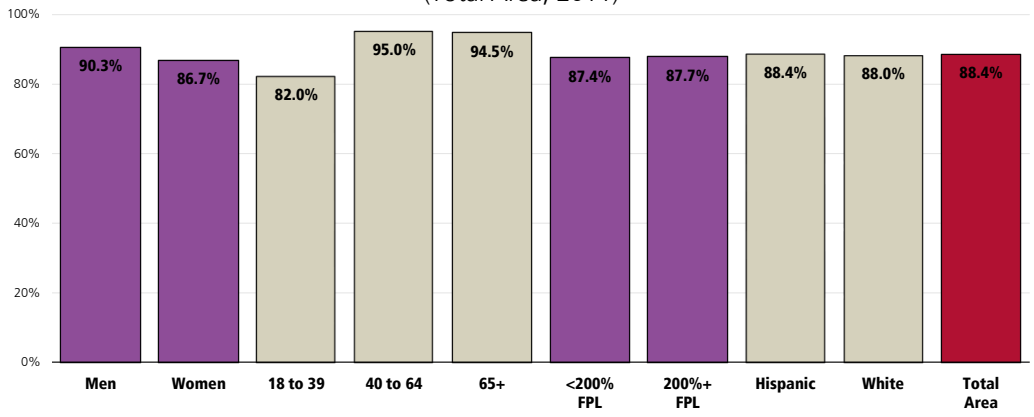


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 144]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.
Notes: • Cardiovascular risk is defined as having no leisure-time physical activity OR regular/occasional smoking OR hypertension OR high blood cholesterol OR being overweight/obese.

Adults aged 40 and older are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors

(Total Area, 2011)



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

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Notes:
- Cardiovascular risk is defined as having no leisure-time physical activity OR regular/occasional smoking OR hypertension OR high blood cholesterol OR being overweight/obese.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Cancer

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

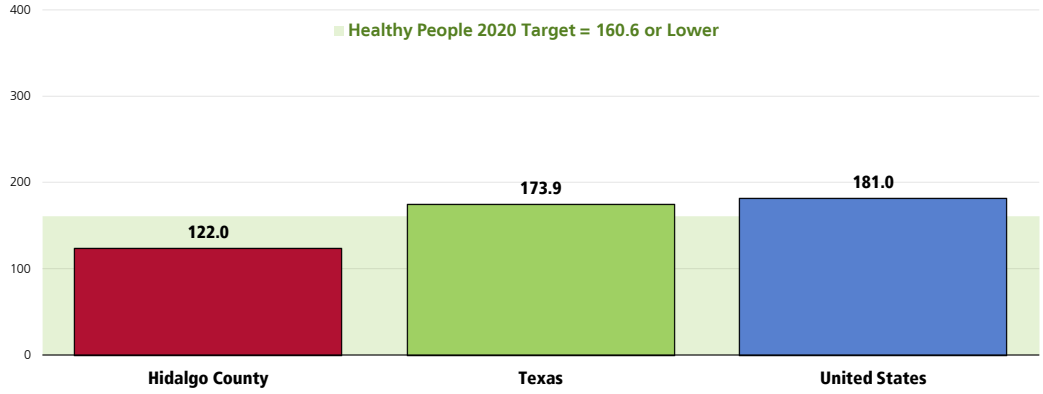
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2005 and 2007, there was an annual average age-adjusted cancer mortality rate of 122.0 deaths per 100,000 population in Hidalgo County.

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

Cancer: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)



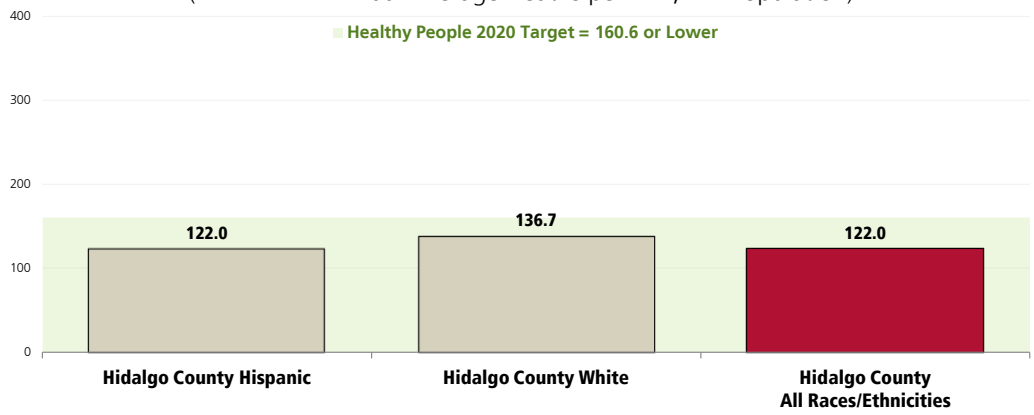
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

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

Cancer mortality rates are slightly higher among Whites than among Hispanics.

Cancer: Age-Adjusted Mortality by Race

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



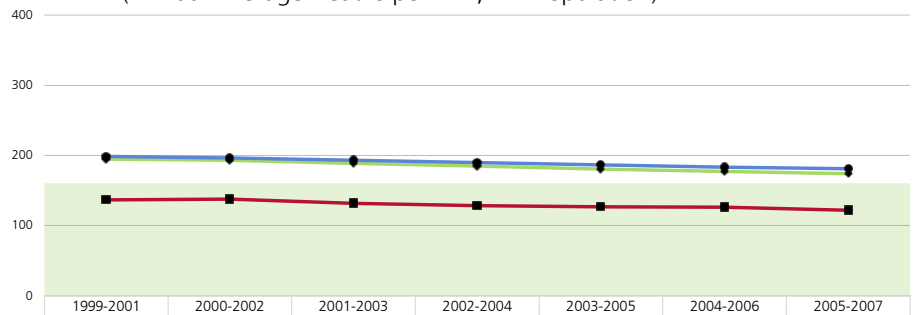
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Cancer mortality rates have <u>decreased</u> over the past decade in Hidalgo County; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Hidalgo County	136.9	137.6	131.9	128.7	126.7	126.2	122.0
Texas	194.7	193.0	189.0	185.1	180.4	177.2	173.9
United States	198.9	196.5	193.3	189.9	186.7	183.6	181.0

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective C-1]

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

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Hidalgo County for both men and women.

Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2005-2007 annual average age-adjusted death rates):

- **Each** Hidalgo County cancer death rate is more favorable than both the state and national rates.
- **Each** of the Hidalgo County cancer death rates detailed below satisfies the related Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site

(2005-2007)

	Hidalgo County	Texas	US	HP2020
Lung Cancer	26.9	49.0	51.6	45.5
Female Breast Cancer	16.9	22.6	23.5	20.6
Prostate Cancer	13.8	22.2	23.9	21.2
Colorectal Cancer	10.1	16.6	17.2	14.5

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

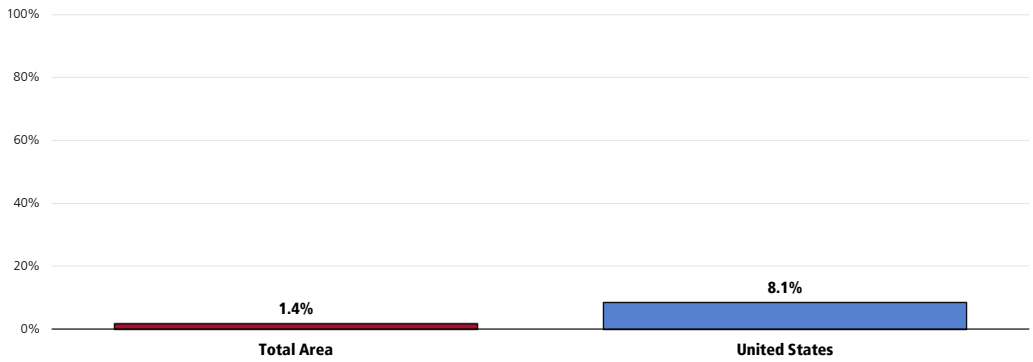
Prevalence of Cancer

Skin Cancer

Just 1.4% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Much lower than the national average.

Prevalence of Skin Cancer



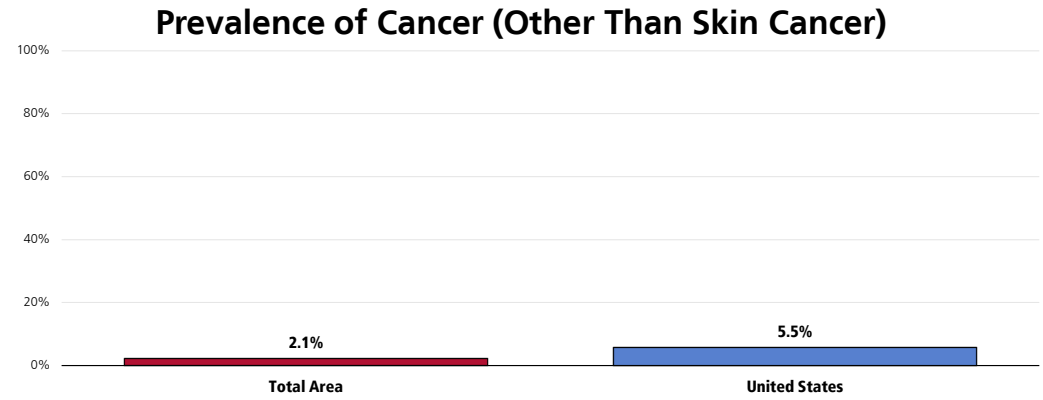
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 31]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Other Cancer

A total of 2.1% of respondents have been diagnosed with some type of (non-skin) cancer.

- Less than half the national prevalence.



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 30]
• Professional Research Consultants, Inc. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Cancer Risk

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

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

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

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

Cancer Screenings

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

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

Prostate Cancer Screenings

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

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

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

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

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

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

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

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

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

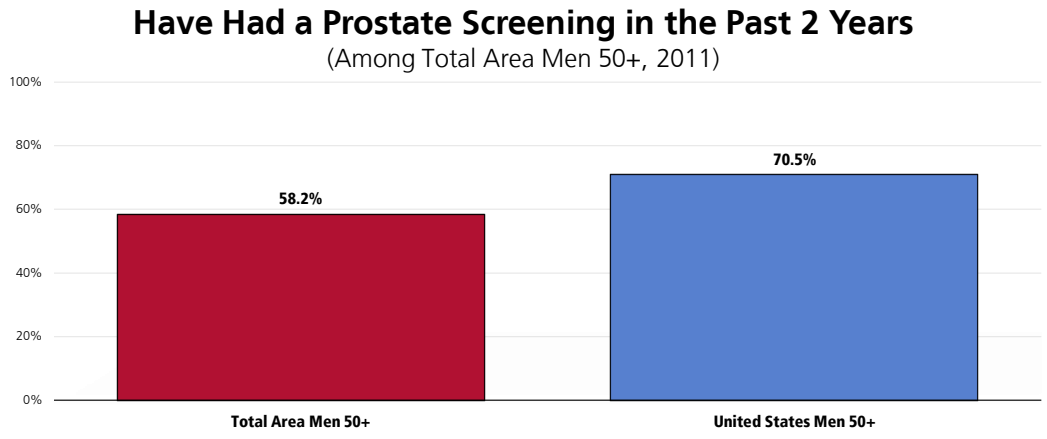
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

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

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, 58.2% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Lower than national findings.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 148]
- Professional Research Consultants. PRC National Health Survey. 2011.

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

Female Breast Cancer Screening

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

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

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

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

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

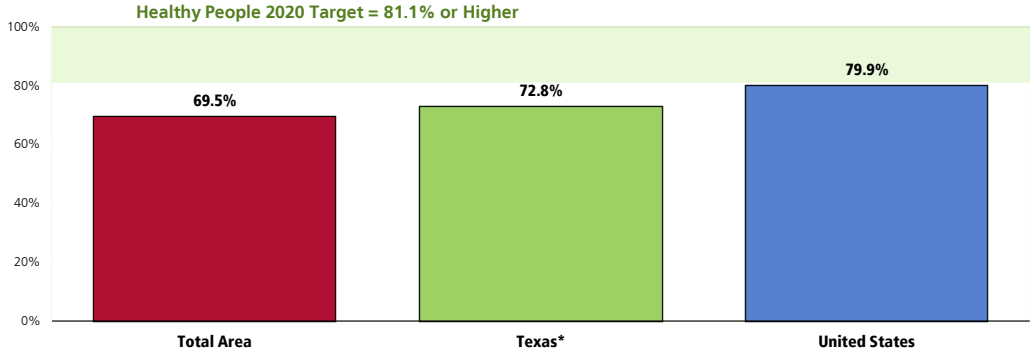
Mammography

Among women age 50-74, 69.5% have had a mammogram within the past two years.

- Similar to statewide findings.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).

Have Had a Mammogram in the Past Two Years

(Among Total Area Women 50-74, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 146]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective C-17]

Notes:
- Asked of all female respondents aged 50 to 74 and older.
- *Note that state data reflects all women 50 and older (compared with women 50-74 represented in the county and US figures.

Cervical Cancer Screenings

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

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

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

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

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

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

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

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

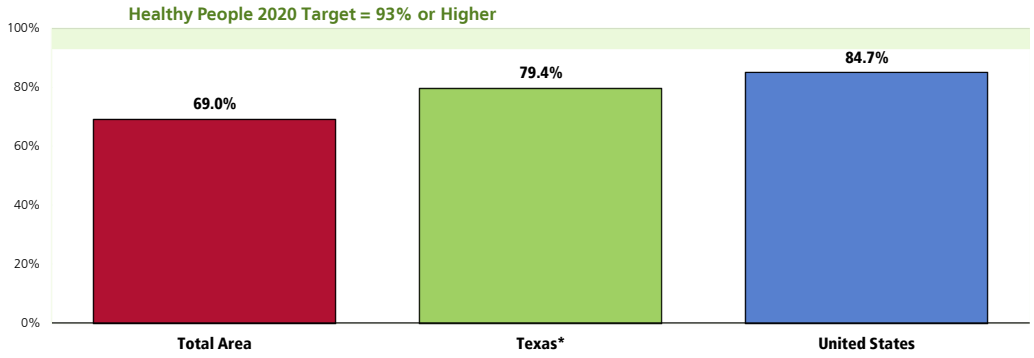
Pap Smear Testing

Among women aged 21 through 65, 69.0% have had a Pap smear within the past three years.

- Lower than Texas findings (which references all women 18+).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past 3 Years

(Among Total Area Women 21-65, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 147]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective C-15]

Notes:
- Asked of female respondents aged 21 to 65.
- *Note that the Texas percentage represents all women aged 18 and older.

Colorectal Cancer Screenings

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

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

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

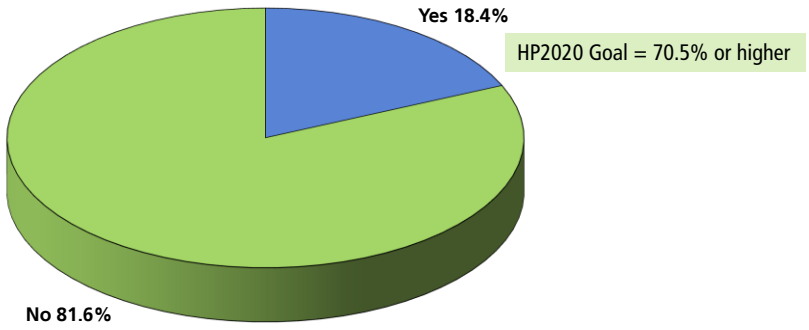
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among adults age 50-75, 18.4% have had appropriate colorectal cancer screening (fecal occult blood testing in the past two years; sigmoidoscopy/ colonoscopy within the past 10 years; and some type of screening [fecal occult blood testing or sigmoidoscopy/colononscoppy] in the past year)**.**

- Far from satisfying the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening

(Total Area Adults 50-75, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective C-16]

Notes:
- Asked of all respondents aged 50 through 75.
- Includes adults age 50-75 who meet the following criteria: sigmoidoscopy/colonoscopy in the past 10 years; and fecal occult blood testing in the past two years; and some type of screening (fecal occult blood testing/sigmoidoscopy/colonoscopy) in the past year.

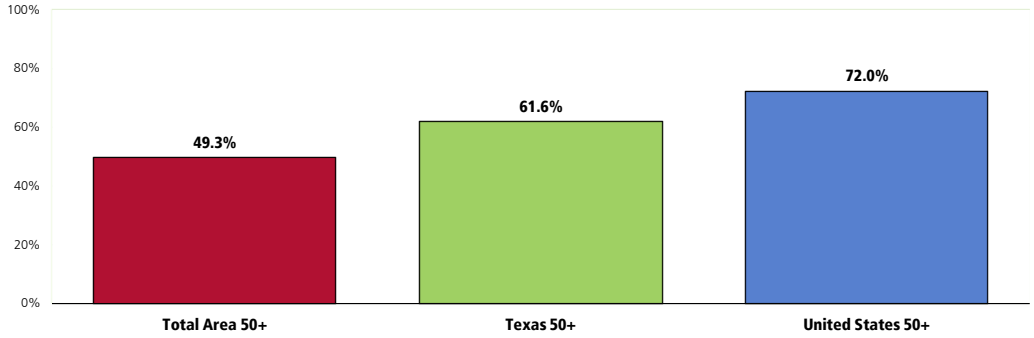
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, 49.3% have had a sigmoidoscopy or colonoscopy at some point in their lives.

- Less favorable than Texas findings.
- Less favorable than national findings.

Have Ever Had a Sigmoidoscopy/Colonoscopy Exam

(Among Total Area Adults 50+, 2010)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 149]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.

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

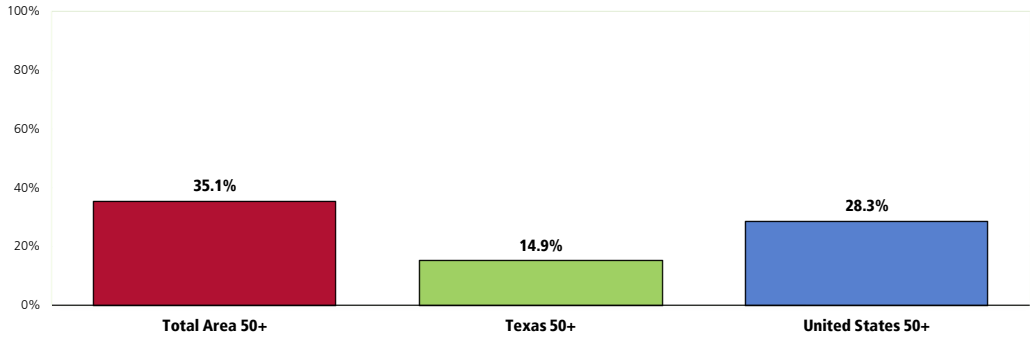
Blood Stool Testing

Among adults age 50 and older, 35.1% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- More favorable than Texas findings.
- Statistically comparable to national findings.

Have Had a Blood Stool Test in the Past 2 Years

(Among Total Area Adults 50+, 2010)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 150]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.

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

Respiratory Disease

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

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

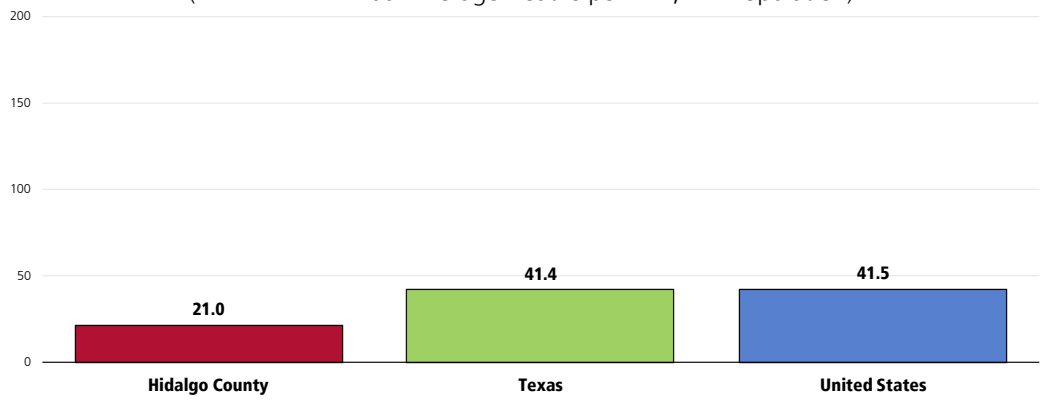
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2005 and 2007, there was an annual average age-adjusted CLRD mortality rate of 21.0 deaths per 100,000 population in Hidalgo County.

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

CLRD: Age-Adjusted Mortality

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



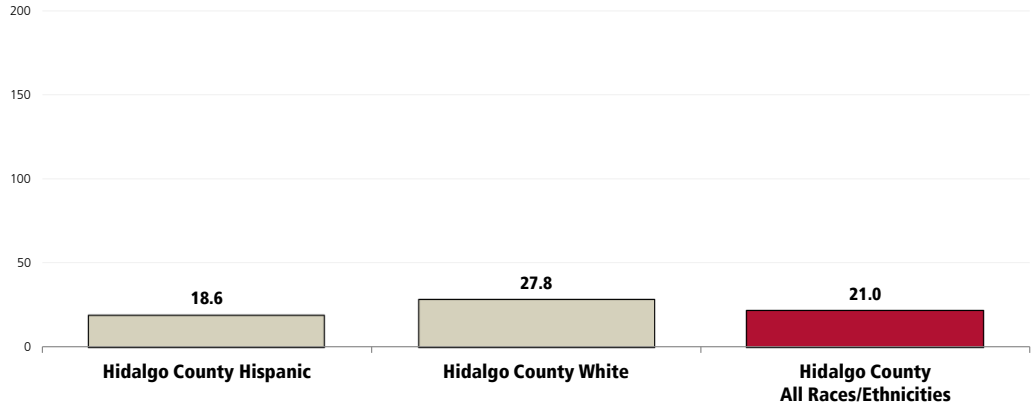
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

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

CLRD mortality appears higher among Whites than among Hispanics in Hidalgo County.

CLRD: Age-Adjusted Mortality by Race

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



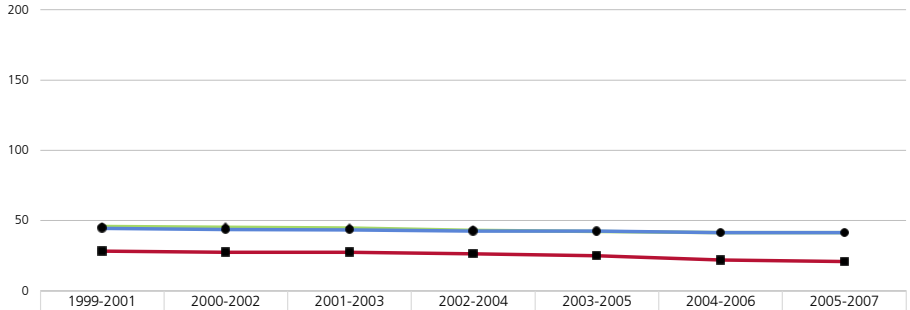
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

CLRD mortality in the county has decreased over time, mirroring the trends reported both statewide and nationwide.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Hidalgo County	28.4	27.5	27.6	26.4	25.0	21.9	21.0
Texas	46.0	45.4	44.8	43.1	42.4	41.4	41.4
United States	44.4	43.8	43.5	42.6	42.6	41.6	41.5

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

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

Pneumonia/Influenza Deaths

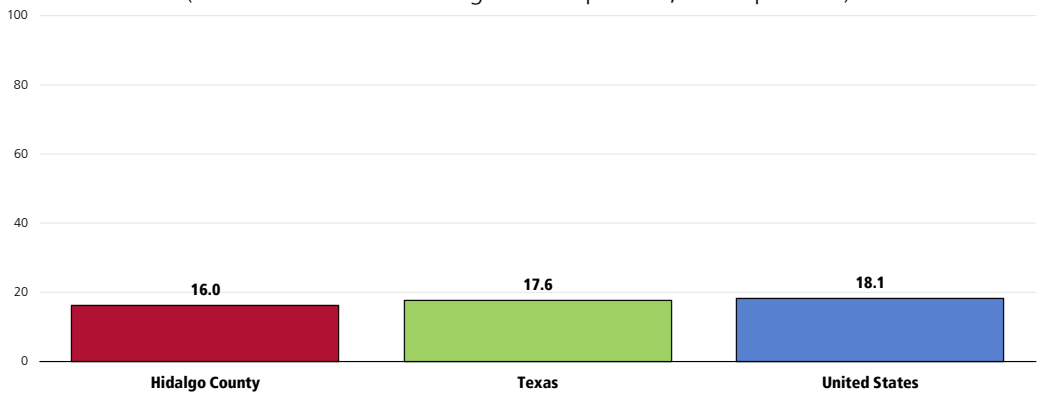
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2005 and 2007, there was an annual average age-adjusted pneumonia/influenza mortality rate of 16.0 deaths per 100,000 population in Hidalgo County.

- Just below that found statewide.
- Just below the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

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



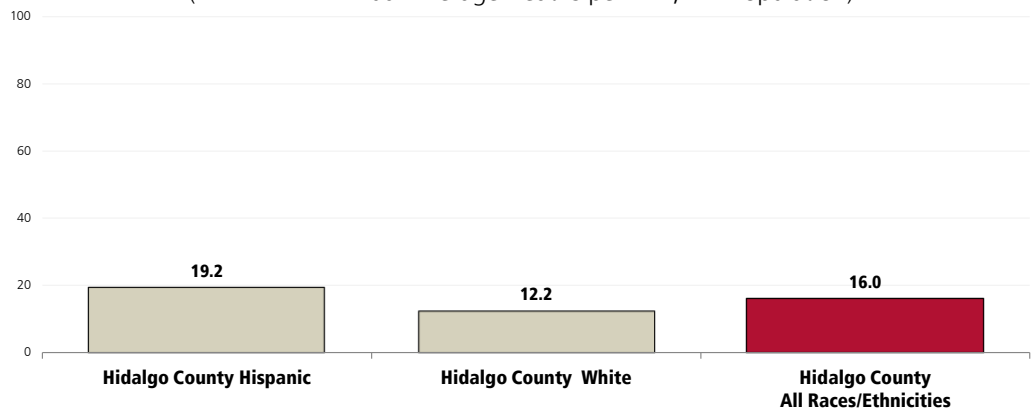
Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

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

The pneumonia/influenza mortality rate in Hidalgo County is higher among Hispanics.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

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



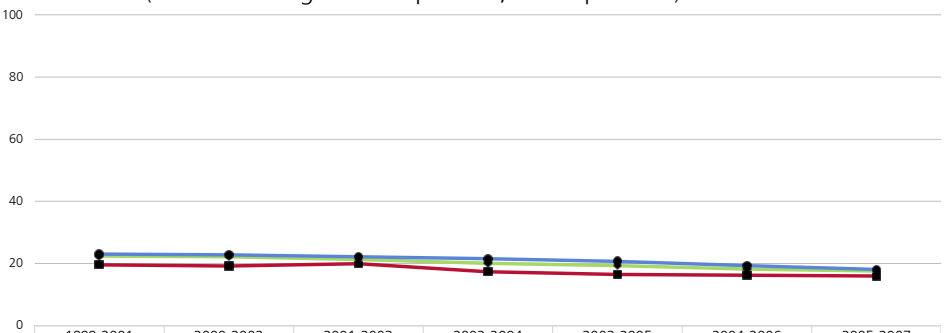
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Hidalgo County pneumonia/influenza mortality rates have decreased in recent years. Statewide and nationally, pneumonia/influenza death rates have decreased as well.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Hidalgo County	19.5	19.2	19.9	17.4	16.4	16.2	16.0
Texas	22.4	22.2	21.4	20.0	19.3	18.2	17.6
United States	23.0	22.8	22.2	21.5	20.7	19.3	18.1

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

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

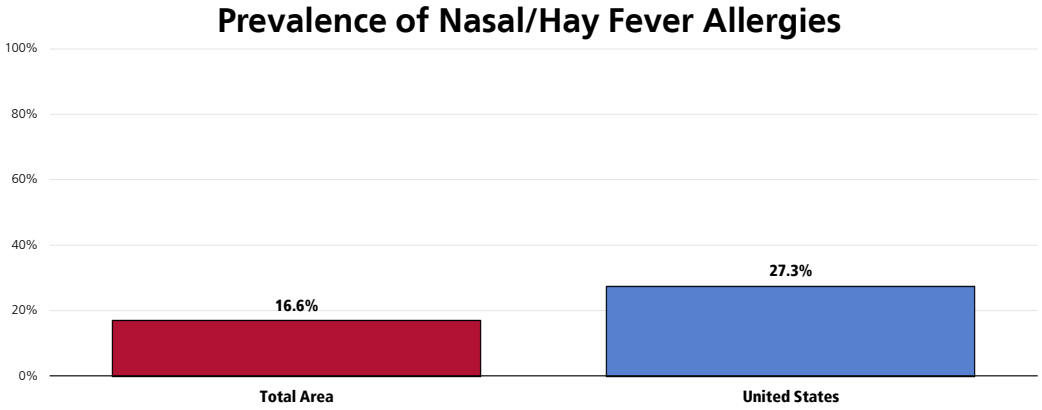
Prevalence of Respiratory Conditions

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

Nasal/Hay Fever Allergies

A total of 16.6% of Total Area adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Much lower than the national prevalence.



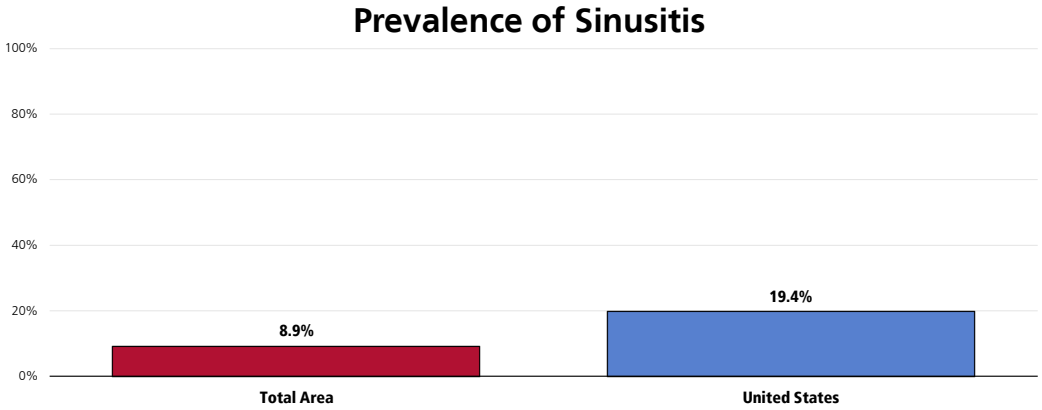
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 35]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Sinusitis

A total of 8.9% of Total Area adults suffer from sinusitis.

- Much more favorable than the national prevalence.



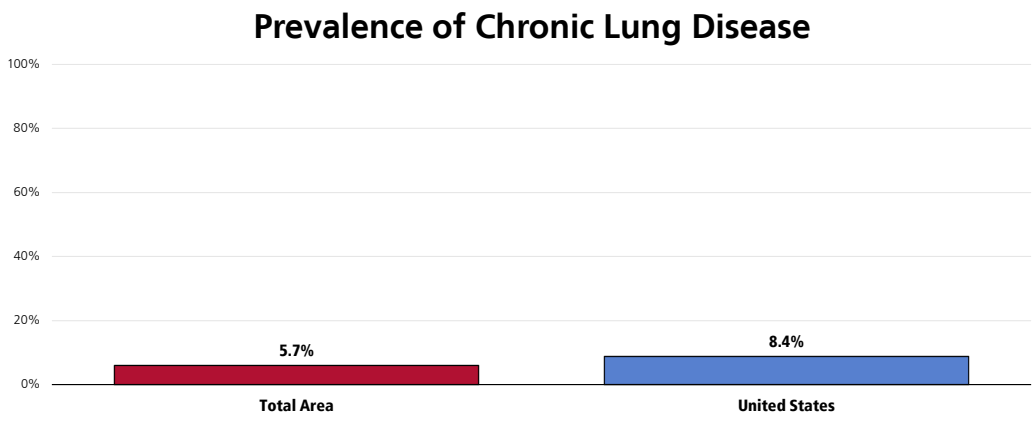
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 34]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Chronic Lung Disease

A total of 5.7% of Total Area adults suffer from chronic lung disease.

- Statistically similar to the national prevalence.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 25]
- Professional Research Consultants. PRC National Health Survey. 2011.

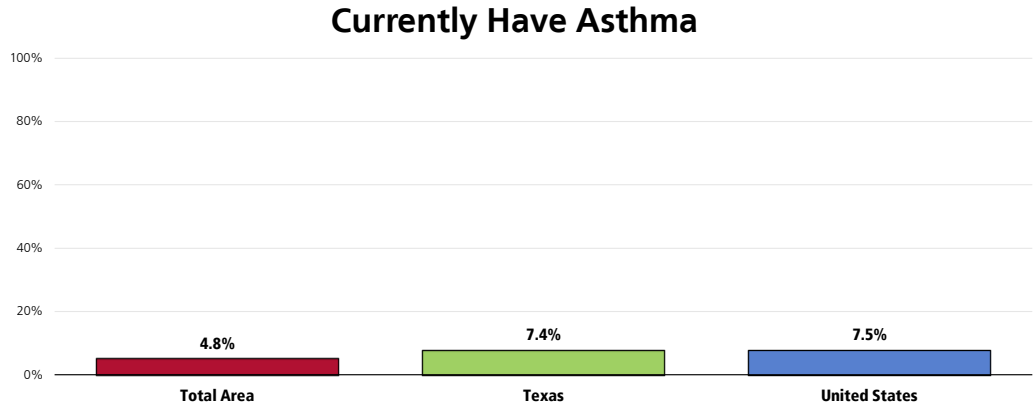
Notes:
- Asked of all respondents.

Asthma

Adults

A total of 4.8% of Total Area adults currently suffer from asthma.

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



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 152]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.

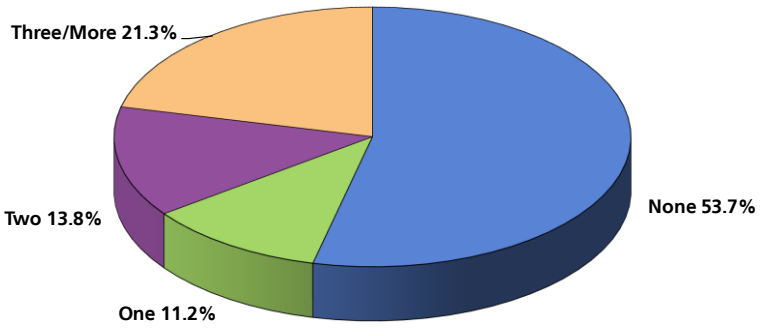
Notes:
- Asked of all respondents.

Among Total Area asthmatic adults, more than one-half (53.7%) report that they did not experience any days in the past year on which their activities were affected by asthma.

- In contrast, 21.3% of asthmatics report that their activities were affected by asthma on three or more days in the past year.

Number of Days on Which Asthma Affected Activities Last Year

(Total Area Adults With Asthma, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 43]
Notes: • Asked of all respondents with asthma.

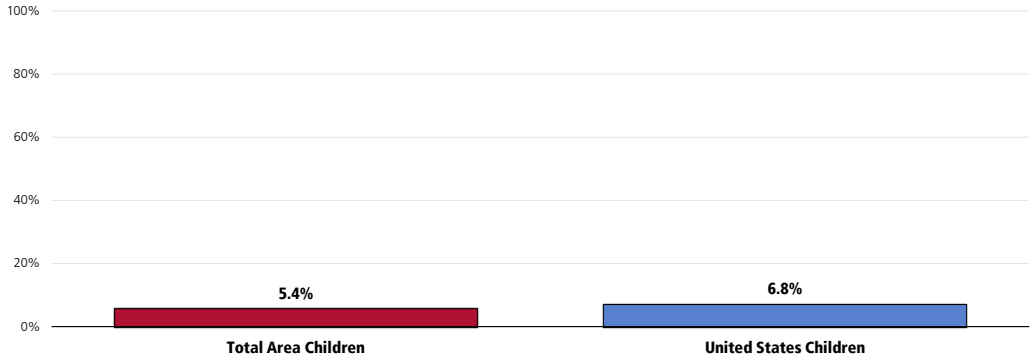
Children

Among Total Area children aged 2-17, 5.4% currently have asthma.

- Similar to national findings.

Child Has Asthma

(Among Parents of Children 2-17)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 153]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents with children aged 2 through 17.

Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

– Healthy People 2020 (www.healthypeople.gov)

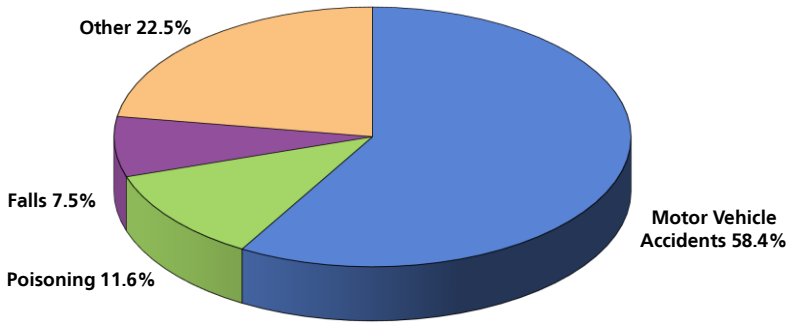
Leading Causes of Accidental Death

Motor vehicle accidents accounted for 58.4% of accidental deaths in Hidalgo County in 2007.

- Poisoning/noxious substances and falls accounted for another 19.1% of accidental deaths.

Leading Causes of Accidental Death

(Hidalgo County, 2007)



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

Unintentional Injury

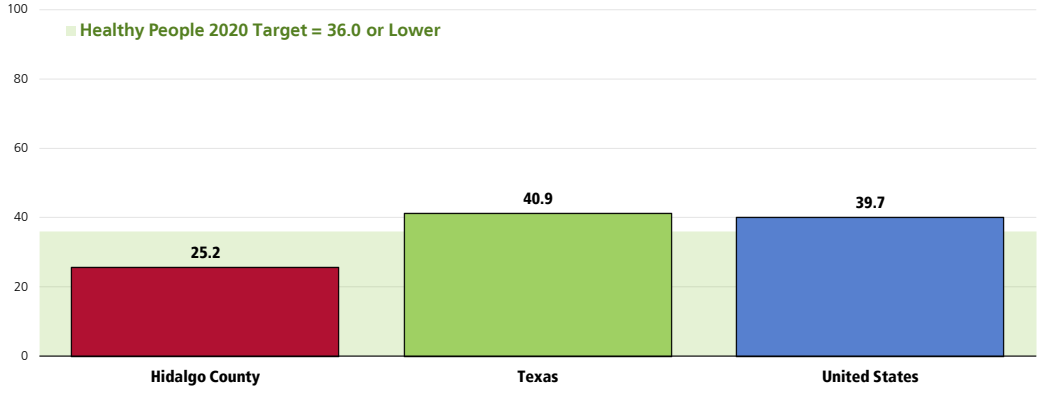
Age-Adjusted Unintentional Injury Deaths

Between 2005 and 2007, there was an annual average age-adjusted unintentional injury mortality rate of 25.2 deaths per 100,000 population in Hidalgo County.

- More favorable than the Texas rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.0 or lower).

Unintentional Injuries: Age-Adjusted Mortality

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

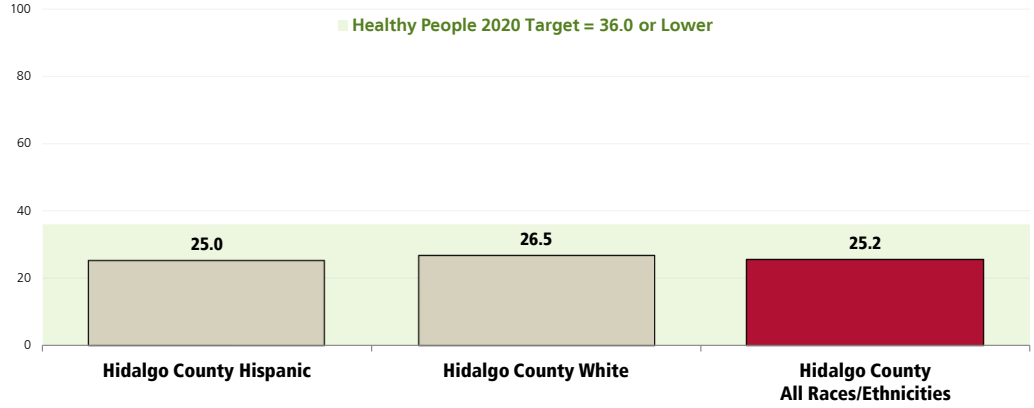


Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IVP-11]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• County, state and national data are simple three-year averages.

Mortality rates are similar between Hispanics and Whites in Hidalgo County.

Unintentional Injuries: Age-Adjusted Mortality by Race

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



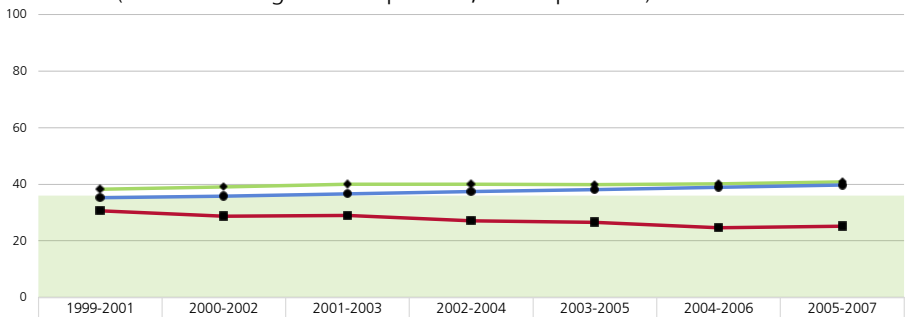
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

There is an overall downward trend in unintentional injury mortality rates in the county; in contrast, accident mortality has increased both statewide and nationwide in recent years.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Hidalgo County	30.6	28.7	28.9	27.0	26.5	24.7	25.2
Texas	38.2	39.1	40.0	40.0	39.9	40.1	40.9
United States	35.3	35.8	36.7	37.4	38.1	39.0	39.7

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

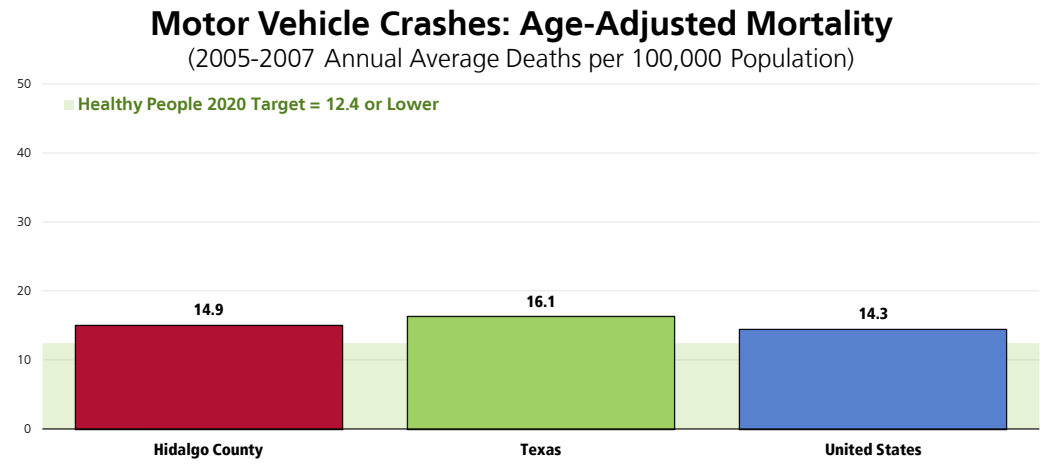
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted motor vehicle crash mortality rate of 14.9 deaths per 100,000 population in the county.

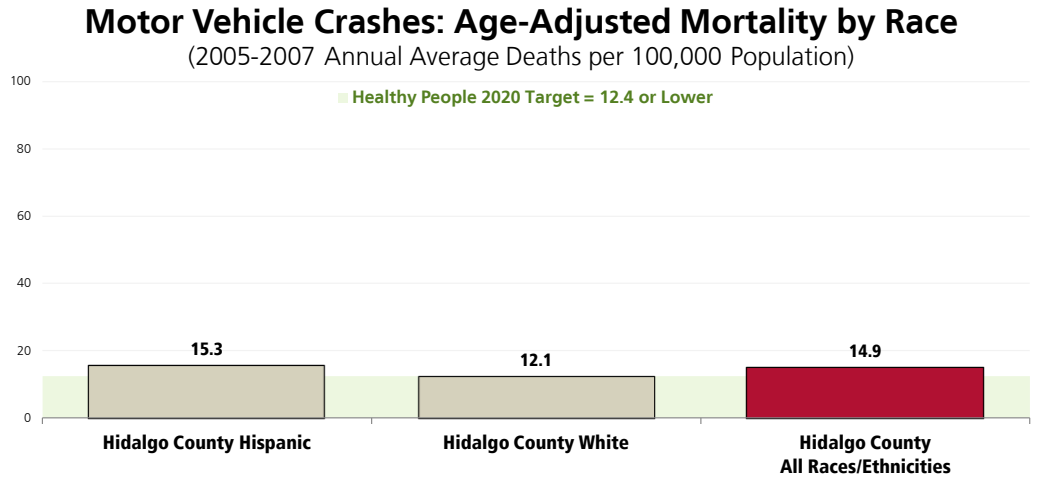
- Lower than found statewide.
- Similar to that found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).



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

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

The motor vehicle crash mortality rate is slightly higher among Hispanics than among Whites in Hidalgo County.



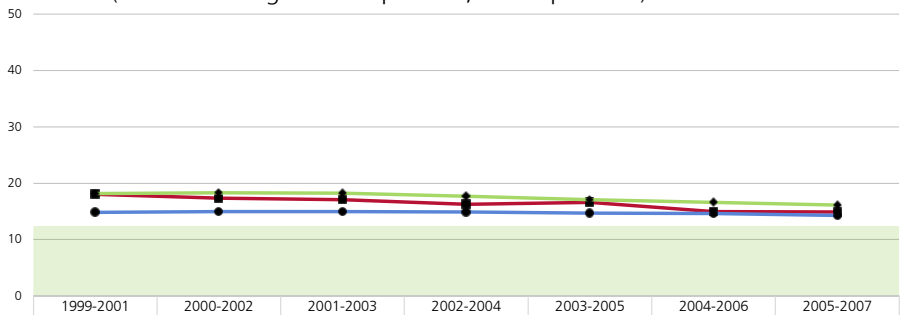
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

- Mortality rates decreased over the past decade for Hidalgo County, for Texas, and for the US overall.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4
Hidalgo County	18.0	17.3	17.1	16.2	16.6	14.9	14.9
Texas	18.1	18.3	18.2	17.7	17.1	16.6	16.1
United States	14.8	15.0	14.9	14.9	14.7	14.6	14.3

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

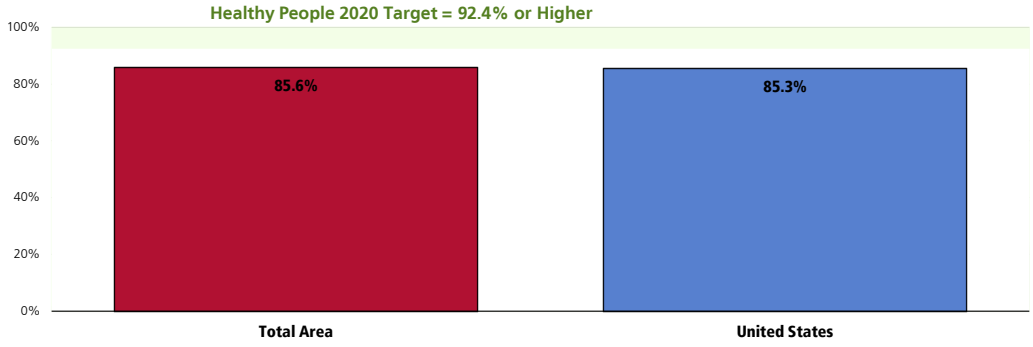
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.

Seat Belt Usage - Adults

According to survey results, most Total Area adults (85.6%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Nearly identical to that found nationally.
- Fails to satisfy the Healthy People 2020 objective of 92.4% or higher.

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



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 53]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IPV-15]

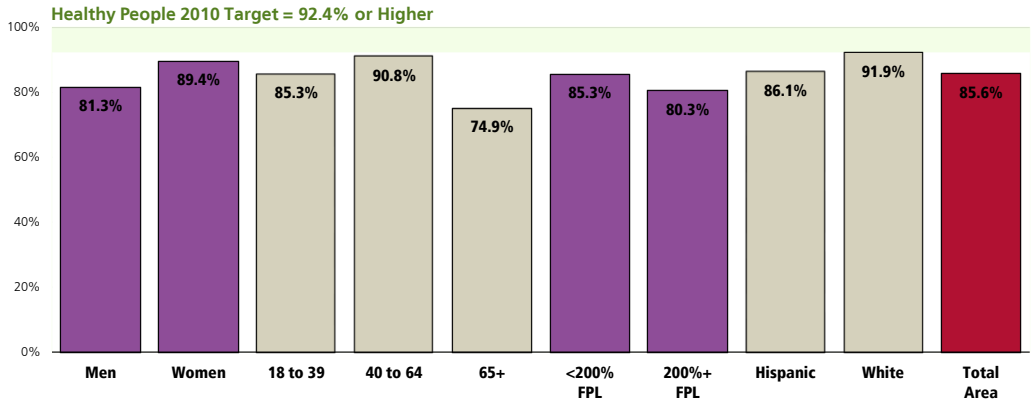
Notes:
- Asked of all respondents.

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

- Men.
- Adults 65+.

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

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 53]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IPV-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

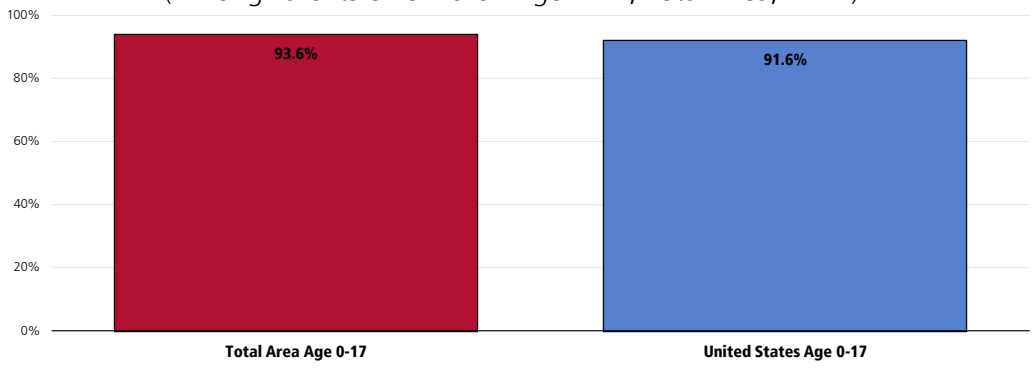
Seat Belt Usage - Children

A full 93.6% of Total Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.

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

(Among Parents of Children Age 0-17; Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 132, 156-157]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children under 18 at home.

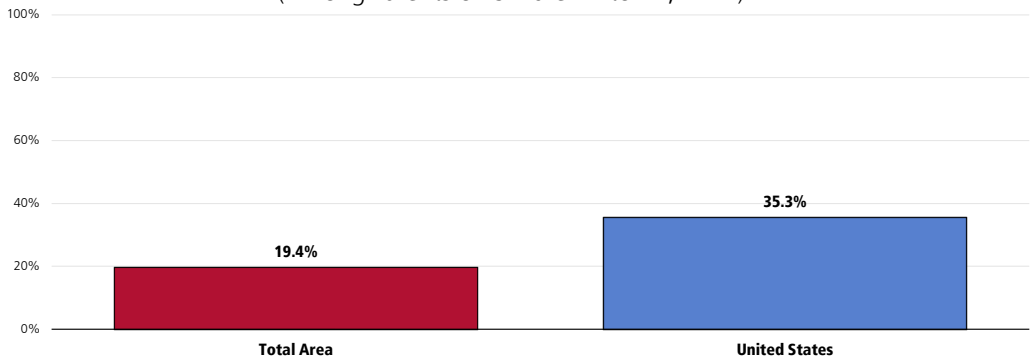
Bicycle Safety

Less than 1 in 5 (19.4%) Total Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Much lower than the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children 5 to 17, 2011)



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

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

Firearm Safety

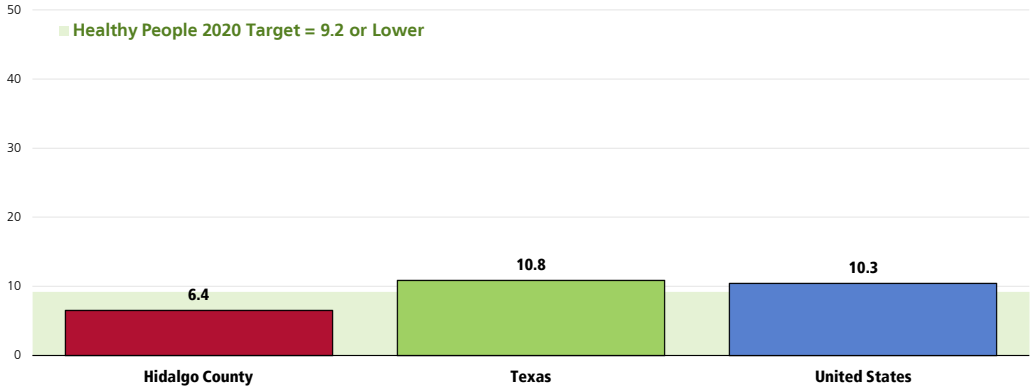
Firearm-Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted firearms-related mortality rate of 6.4 deaths per 100,000 population in Hidalgo County.

- Lower than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

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



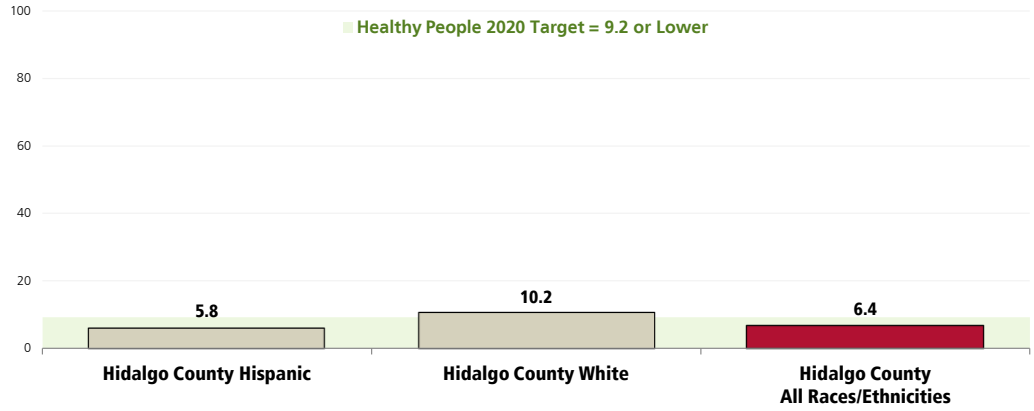
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

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

The Hidalgo County firearms-related mortality rate is higher among Whites than among Hispanics.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

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



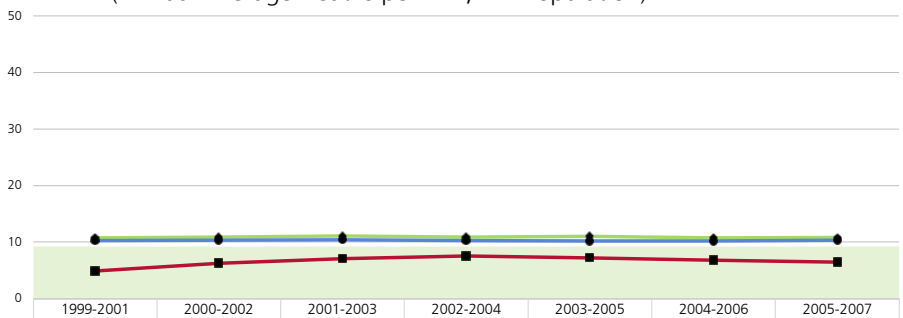
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Mortality rates in the county increased over the past decade. Rates remained stable, in contrast, both statewide and nationwide.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	9.2	9.2	9.2	9.2	9.2	9.2	9.2
Hidalgo County	4.9	6.3	7.1	7.5	7.2	6.8	6.4
Texas	10.8	10.9	11.1	10.9	11.0	10.8	10.8
United States	10.3	10.3	10.4	10.3	10.2	10.2	10.3

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

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

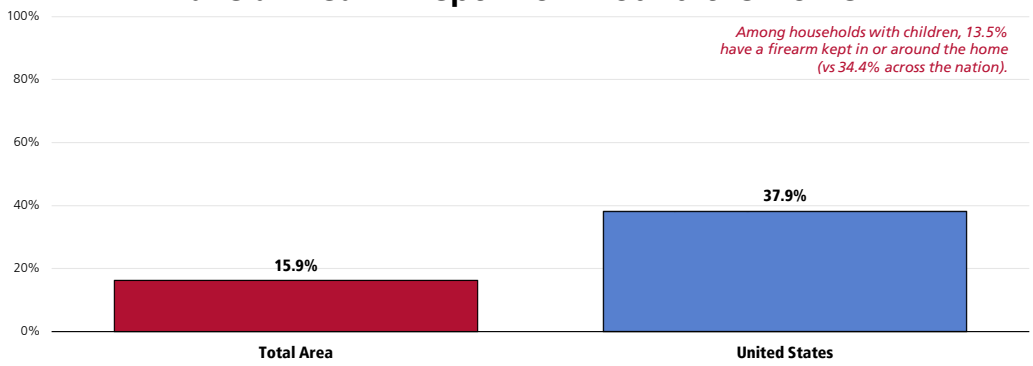
Survey respondents were further asked about the presence of weapons in the home:

"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, just 15.9% of Total Area adults have a firearm kept in or around their home.

- Much lower than the national prevalence.
- Among Total Area households with children, 13.5% have a firearm kept in or around the house (more favorable than reported nationally).

Have a Firearm Kept in or Around the Home



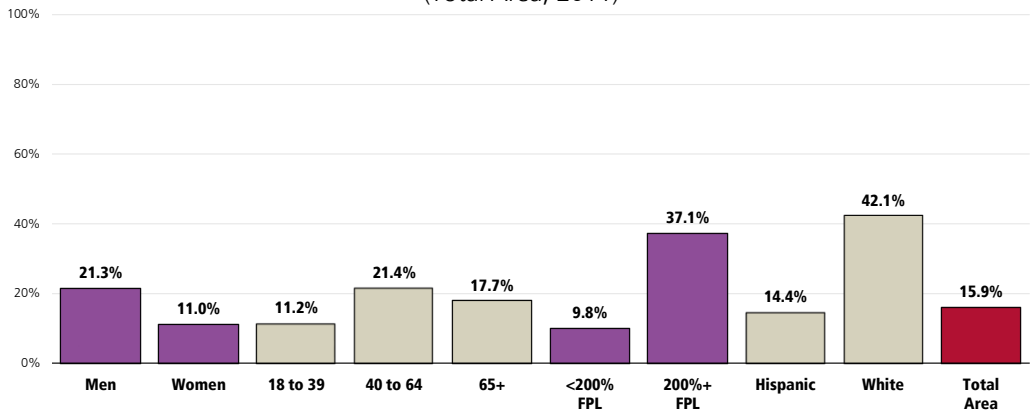
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Items 57, 154]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

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

- Men.
- Adults between the ages of 40 and 64.
- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House

(Total Area, 2011)



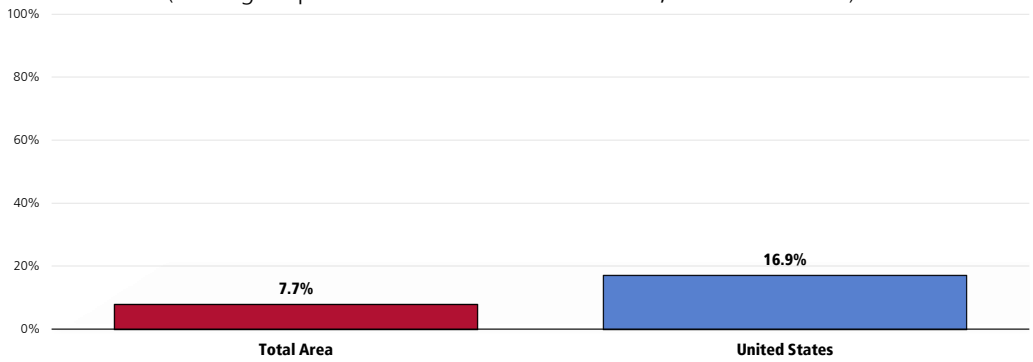
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 57]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Among Total Area households with firearms, 7.7% report that there is at least one weapon that is kept unlocked and loaded.

- More favorable than that found nationally.

Household Has an Unlocked/Loaded Firearm

(Among Respondents With Firearms at Home; Total Area 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 155]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with firearms in or around the home.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

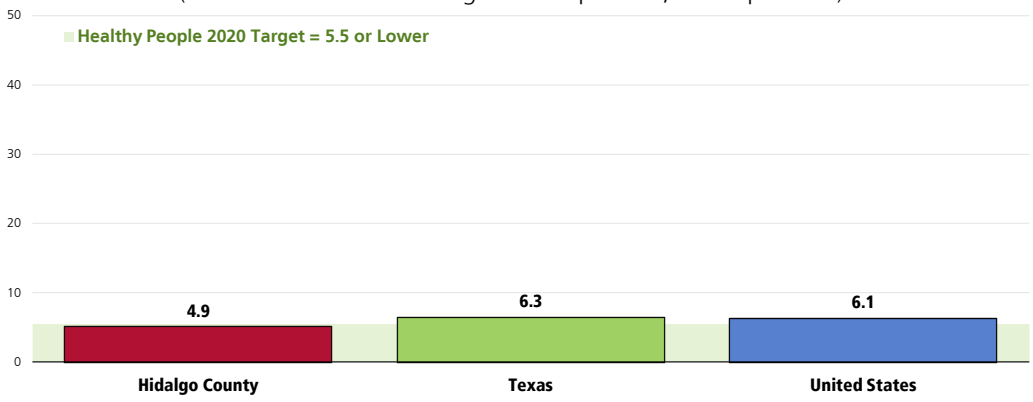
Between 2005 and 2007, there was an annual average age-adjusted homicide rate of 4.9 deaths per 100,000 population in Hidalgo County.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

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

Homicide: Age-Adjusted Mortality

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



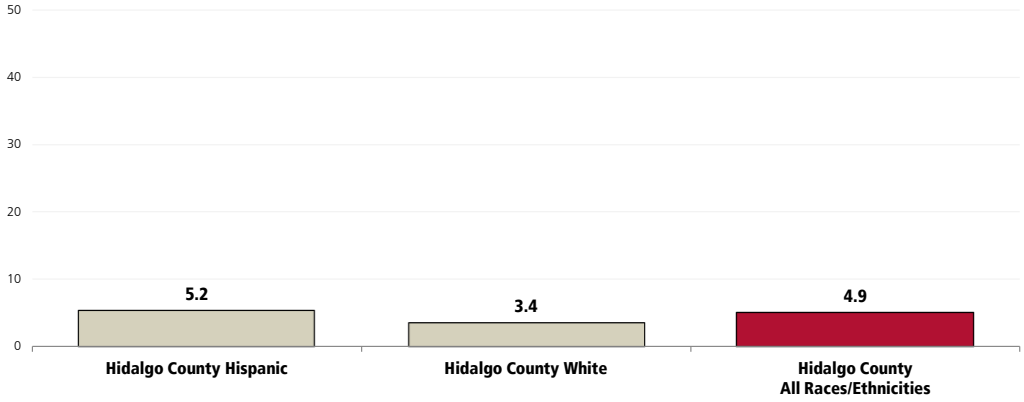
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- All Total Area homicide death rates are unreliable due to the low number of deaths in the community.

Homicide rates are slightly higher among Hispanics in Hidalgo County.

Homicide: Age-Adjusted Mortality by Race

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



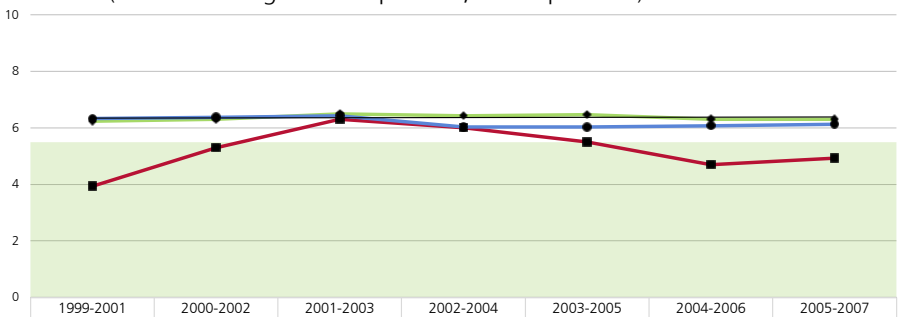
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (IPV-29).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Since the 1999-2001 reporting period, homicide rates in Hidalgo County have shown no clear trend.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	5.5	5.5	5.5	5.5	5.5	5.5	5.5
Hidalgo County	3.9	5.3	6.3	6.0	5.5	4.7	4.9
Texas	6.2	6.3	6.5	6.4	6.5	6.3	6.3
United States	6.3	6.4	6.4	6.0	6.0	6.1	6.1

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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
- All Total Area homicide death rates are unreliable due to the low number of deaths in the county.

Violent Crime

Violent Crime Rates

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

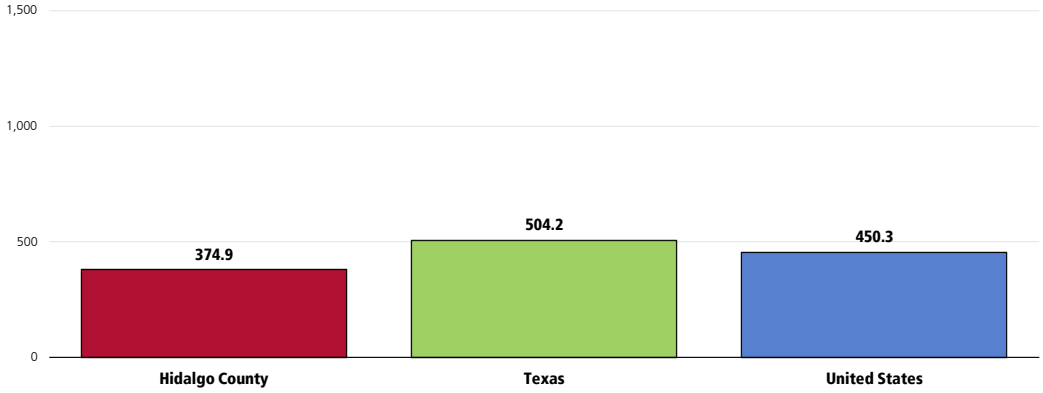
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2007 and 2009, there was an annual average violent crime rate of 374.9 offenses per 100,000 population in Hidalgo County.

- More favorable than the Texas rate for the same period.
- More favorable than the national rate.

Violent Crime Rates

(2007-2009 Annual Average Offenses per 100,000 Population)

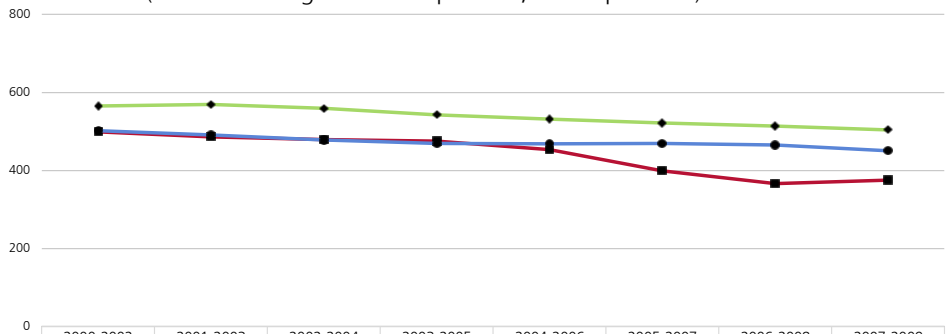


Sources: • Texas Department of Family and Protective Services
: • US Department of Justice, Federal Bureau of Investigation, Crime in the US
Notes: • Rates are offenses per 100,000 population among agencies reporting.

Crime rates have declined appreciably in recent years, mirroring the state and national trends.

Violent Crime Rates

(Annual Average Offenses per 100,000 Population)



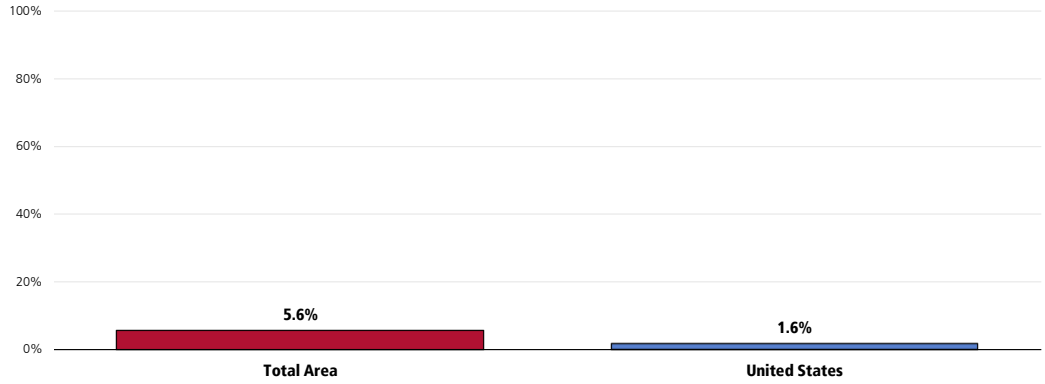
	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Hidalgo County	498.7	486.4	478.9	475.0	453.5	399.1	366.1	374.9
Texas	565.2	569.0	559.0	542.3	531.3	521.5	514.0	504.2
United States	501.8	491.6	477.8	469.3	468.6	469.8	465.0	450.3

Sources: • Texas Department of Family and Protective Services
: • US Department of Justice, Federal Bureau of Investigation, Crime in the US
Notes: • Rates are offenses per 100,000 population among agencies reporting.

A total of 5.6% of Total Area adults acknowledge being the victim of a violent crime in the past five years.

- Much higher than national findings.

Have Been the Victim of a Violent Crime in the Past 5 Years



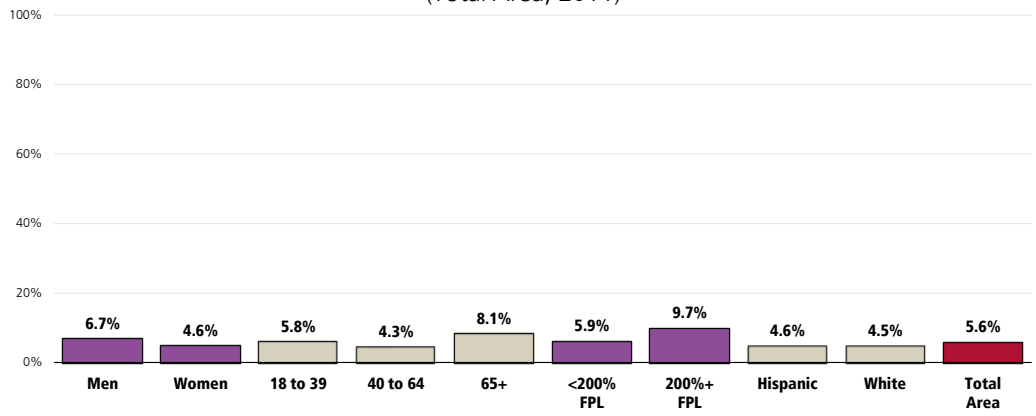
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 54]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

No statistical differences in reports of victimization by demographic characteristics.

Have Been the Victim of a Violent Crime in the Past 5 Years

(Total Area, 2011)



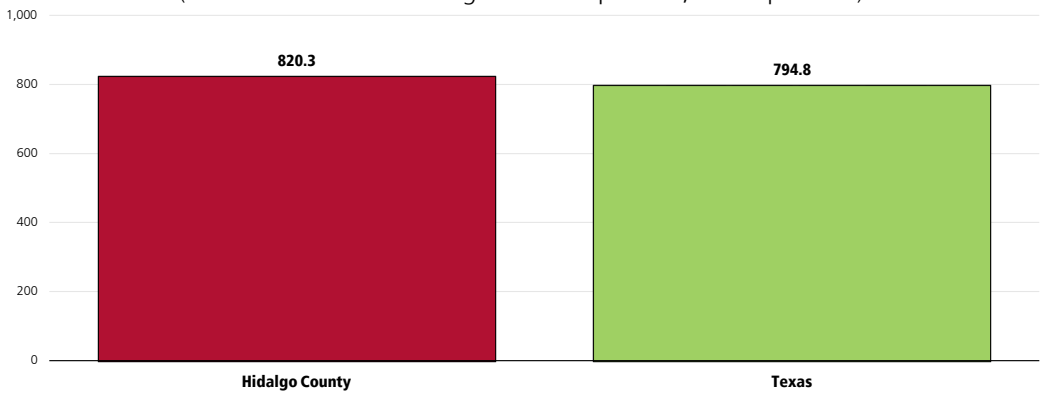
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 54]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Between 2007 and 2009, there was an annual average domestic violence rate of 820.3 offenses per 100,000 population in Hidalgo County.

- Comparable to the Texas rate for the same period.

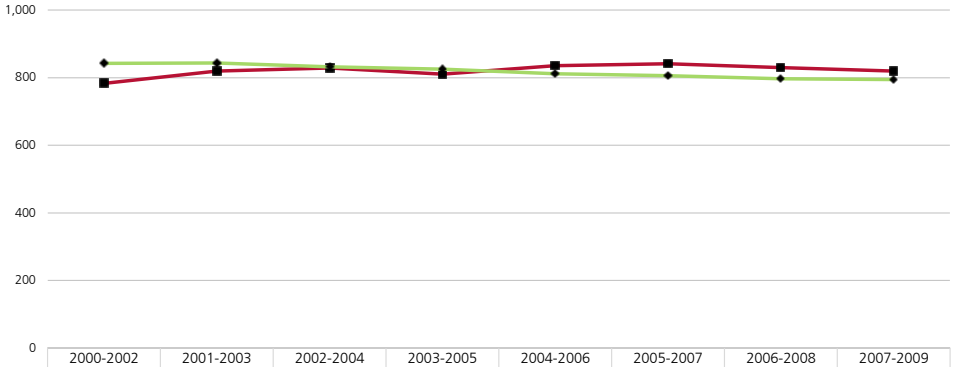
Domestic Violence Rates
(2007-2009 Annual Average Offenses per 100,000 Population)



Sources: • Texas Department of Family and Protective Services
Notes: • Rates are offenses per 100,000 population .

- Domestic violence rates increased in Hidalgo County between the 2000-2002 and 2007-2009 reporting periods. In contrast, Texas rates have been on the decrease.

Domestic Violence Rates
(Annual Average Offenses per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Hidalgo County	782.8	819.8	829.2	810.6	835.7	841.9	830.2	820.3
Texas	842.4	843.5	832.4	825.3	812.0	806.1	797.0	794.8

Sources: • Texas Department of Family and Protective Services
Notes: • Rates are offenses per 100,000 population .

Respondents were told:

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

Self-Reported Family Violence

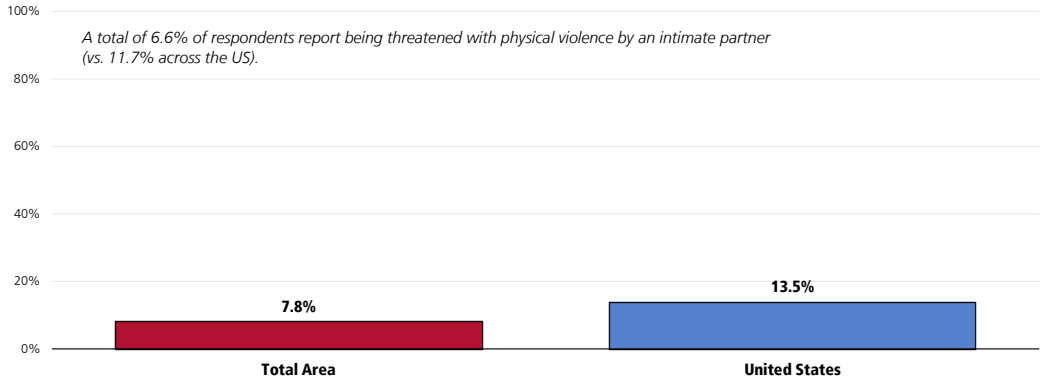
According to survey adults, a total of 6.6% of Total Area adults report that they have ever been threatened with physical violence by an intimate partner.

- More favorable than that reported nationally.

A total of 7.8% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.

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

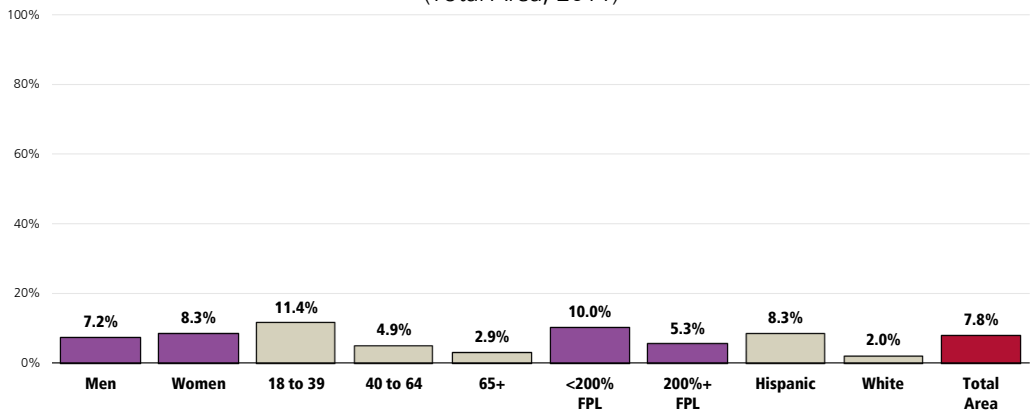


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Items 55-56]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Young adults (under 40).
- Hispanics.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Total Area, 2011)



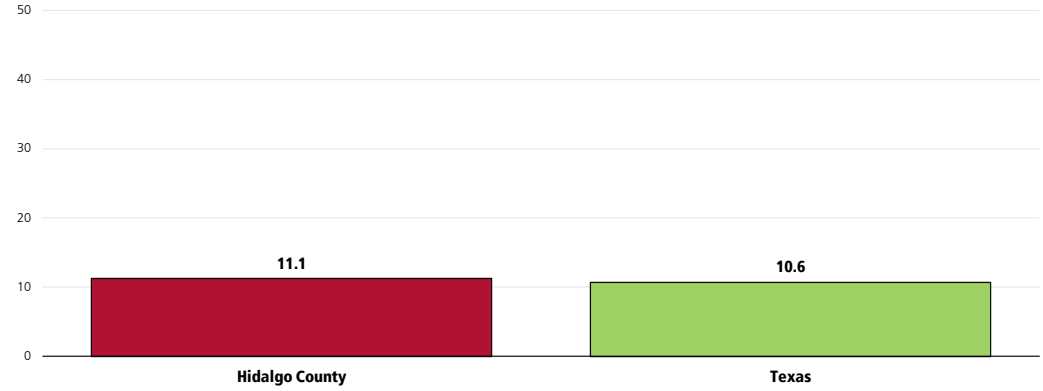
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 56]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Between 2008 and 2010, there was an annual average child abuse offense rate of 11.1 per 1,000 children in Hidalgo County.

- Similar to the Texas rate for the same period.

Reported Child Abuse Case Rates

(2008-2010 Confirmed Victims of Child Abuse/Neglect per 1,000 Children)

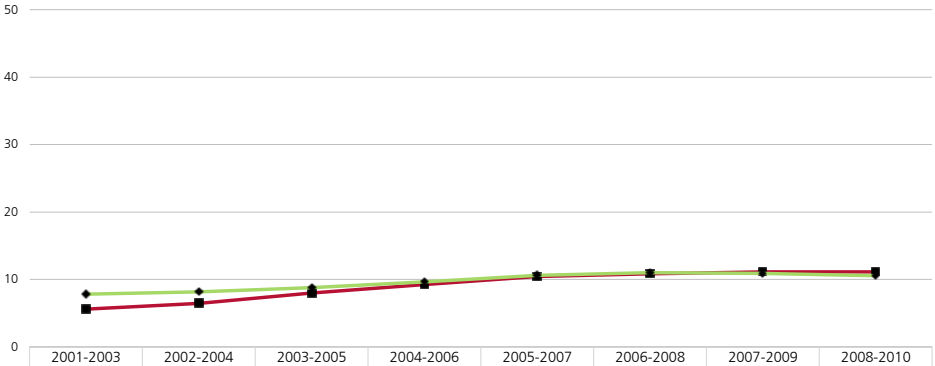


Sources: • Texas Department of Family and Protective Services
Notes: • Rates represent reported cases per 1,000 population .

- Reported child abuse rates have increased steadily in the county in recent years, similar to what is seen statewide.

Reported Child Abuse Case Rates

(Annual Average Confirmed Victims of Child Abuse/Neglect per 1,000 Children)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Hidalgo County	5.6	6.4	8.0	9.2	10.4	10.8	11.1	11.1
Texas	7.8	8.1	8.8	9.6	10.6	11.0	10.9	10.6

Sources: • Texas Department of Family and Protective Services
Notes: • Rates represent reported cases per 1,000 population .

Related Focus Group Findings: Violence

The main concern with focus group participants regarding injury and violence seemed to be the violence crossing over the border from Mexico. Because of the gangs and drugs that are coming across the border, there is an increase in violence according to the participants.

Participants also mentioned the number of vehicles that are stolen. There are signs posted around the community warning people about stolen vehicles, but still there are certain makes of vehicles that come up missing quite often in the community.

Another concern for participants is domestic violence. There seems to be so much of it in the community. Some participants believe it is cultural and that women feel as though the abuse is something they must put up with instead of reporting it and getting the help they need and deserve. Participants also mentioned child abuse as being quite prevalent in the community. There is a child fatality review board that does review each child death to determine if there is something to be learned from it that could prevent that same death in another child.

> *"There's a lot of violence here, I'll tell you. Now with this cross the border thing with a lot of these gangs and drug cartels and all that, you see an increase in that as well."*
>
> *"Car theft is high here in this area."*
>
> *"There's a lot of domestic violence. "*
>
> *"There's a lot of child abuse as well."*

Diabetes

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

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

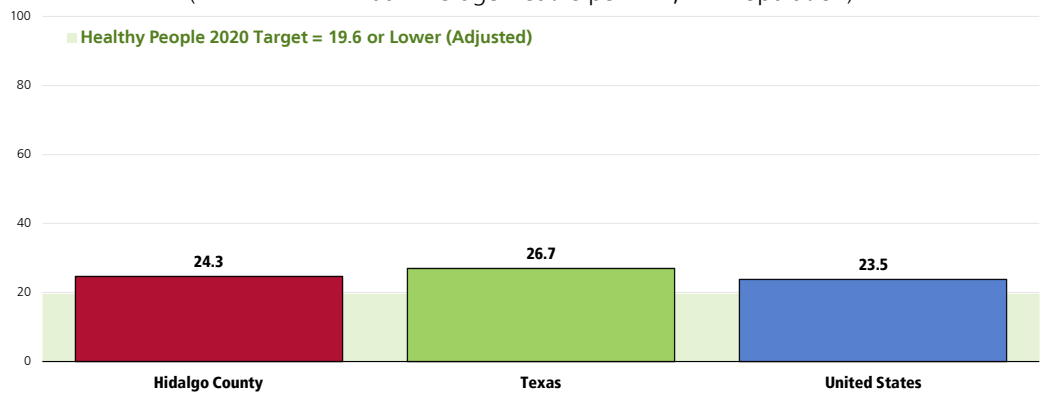
Age-Adjusted Diabetes Deaths

Between 2005 and 2007, there was an annual average age-adjusted diabetes mortality rate of 24.3 deaths per 100,000 population in Hidalgo County.

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

Diabetes: Age-Adjusted Mortality

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



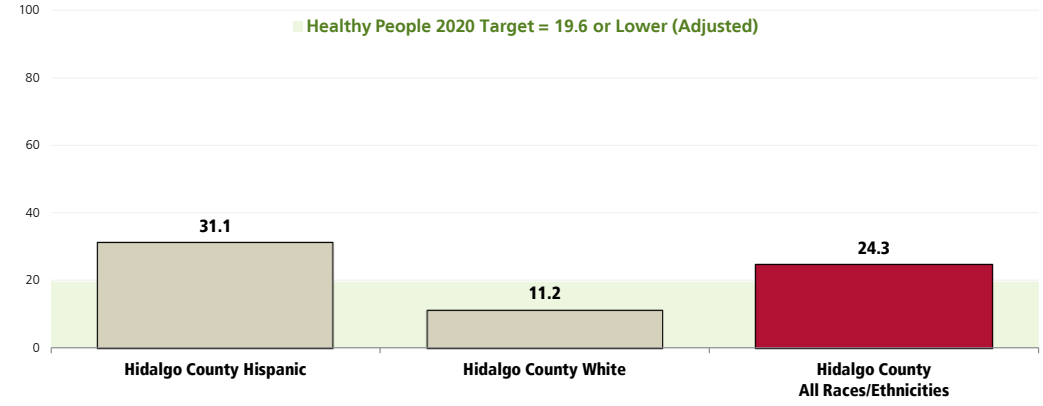
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes mortality rates in the county are notably higher among Hispanics than among Whites.

Diabetes: Age-Adjusted Mortality by Race

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



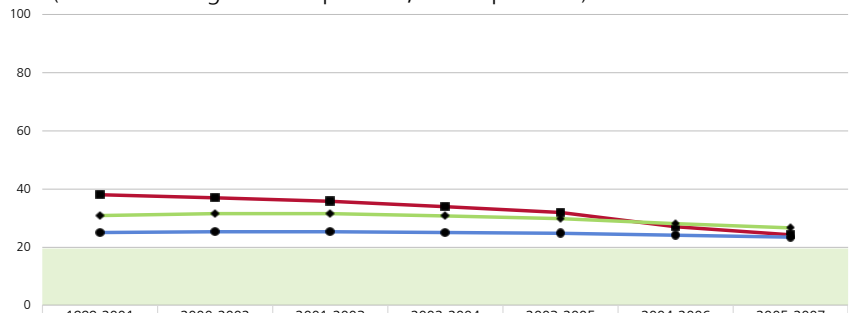
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.
- The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
- The Hispanic and Non-Hispanic Other death rates are unreliable due to the low number of deaths within each population.

Diabetes mortality has decreased in the county in recent years. Rates have decreased both statewide and nationwide as well, although less dramatically.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	19.6	19.6	19.6	19.6	19.6	19.6	19.6
Hidalgo County	38.0	37.1	35.8	34.0	32.0	27.1	24.3
Texas	30.9	31.6	31.6	30.8	29.8	28.1	26.7
United States	25.1	25.3	25.4	25.1	24.8	24.2	23.5

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

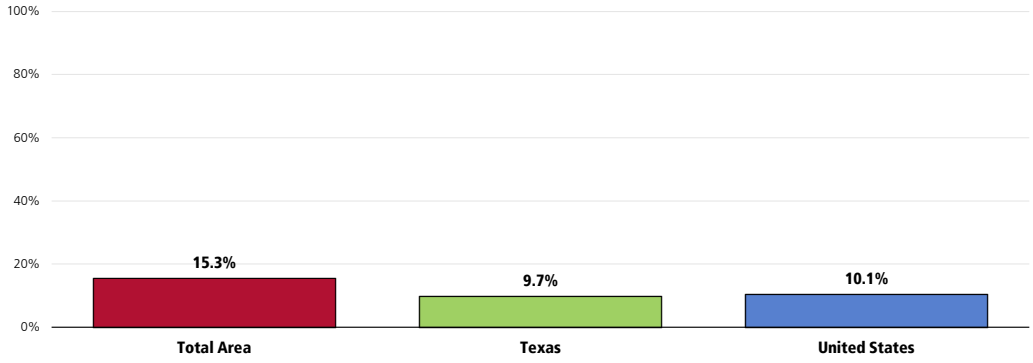
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- State and national data are simple three-year averages.
- The Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 15.3% of Total Area adults report having been diagnosed with diabetes.

- Less favorable than the proportion statewide.
- Less favorable than the national proportion.

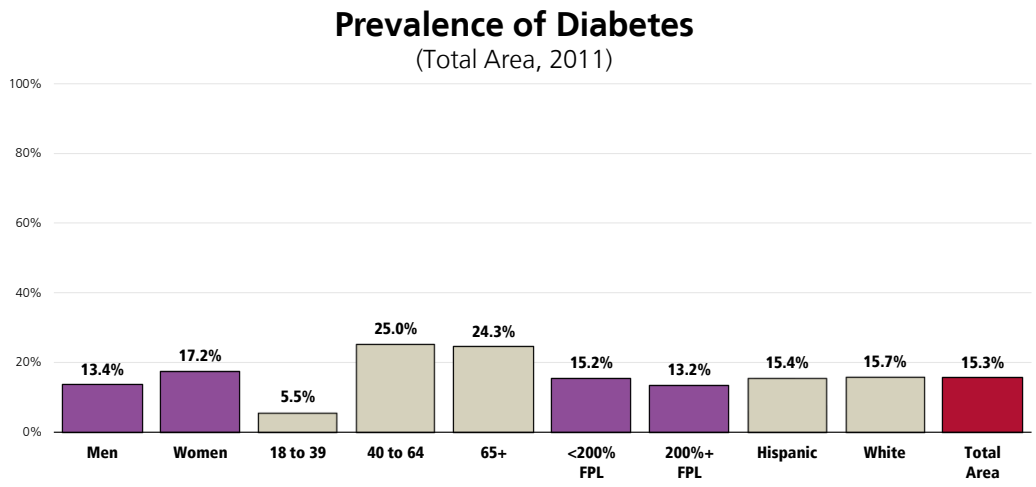
Prevalence of Diabetes



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 44]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.

Notes:
- Asked of all respondents.

A higher prevalence of diabetes is reported among adults aged 40 and older in the Total Area.



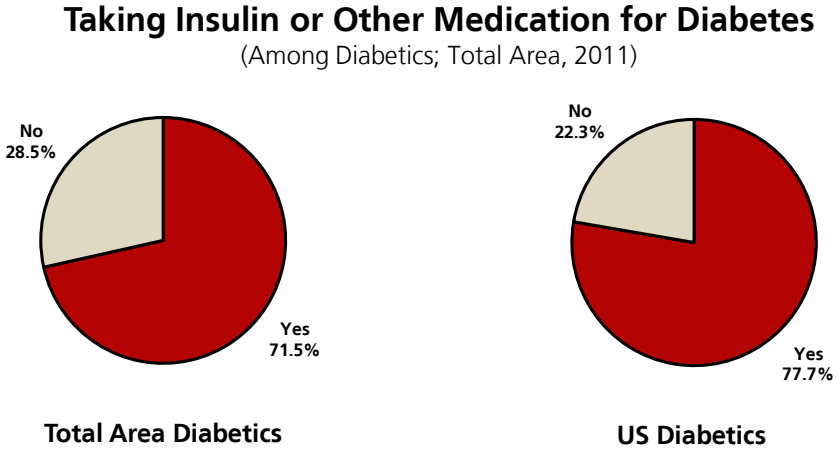
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 44]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Diabetes Treatment

Among adults with diabetes, most (71.5%) are currently taking insulin or some type of medication to manage their condition.

- Statistically similar to national findings.



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

Notes:
- Asked of all diabetic respondents.

Alzheimer's Disease

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

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

– Healthy People 2020 (www.healthypeople.gov)

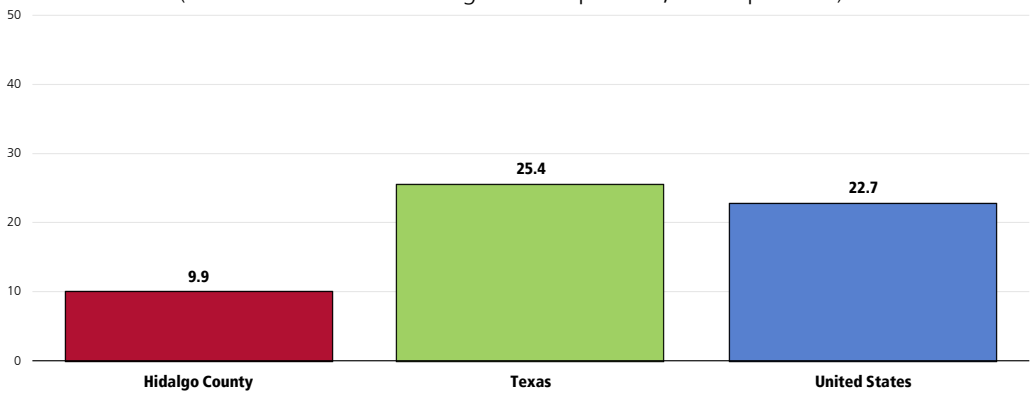
Age-Adjusted Alzheimer's Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted Alzheimer's disease mortality rate of 9.9 deaths per 100,000 population in Hidalgo County.

- Much more favorable than the statewide rate.
- Much more favorable than the national rate.

Alzheimer's Disease: Age-Adjusted Mortality

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



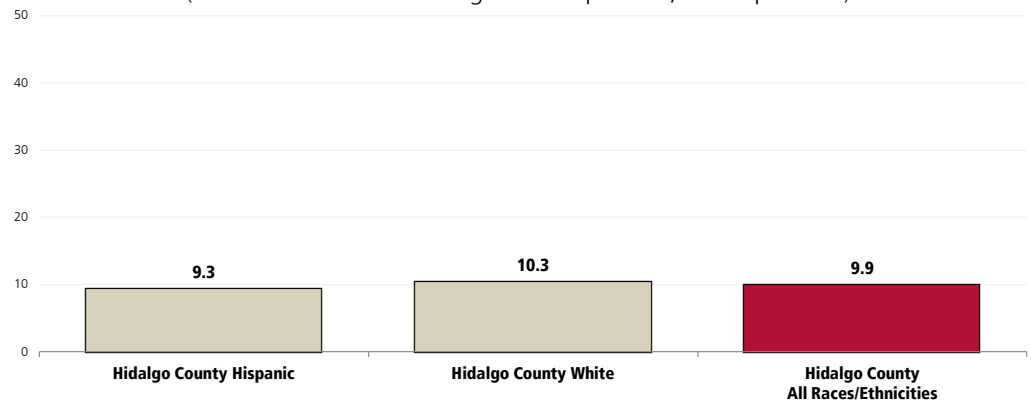
Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

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

Alzheimer's disease mortality rates are fairly comparable by race.

Alzheimer's Disease: Age-Adjusted Mortality by Race

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



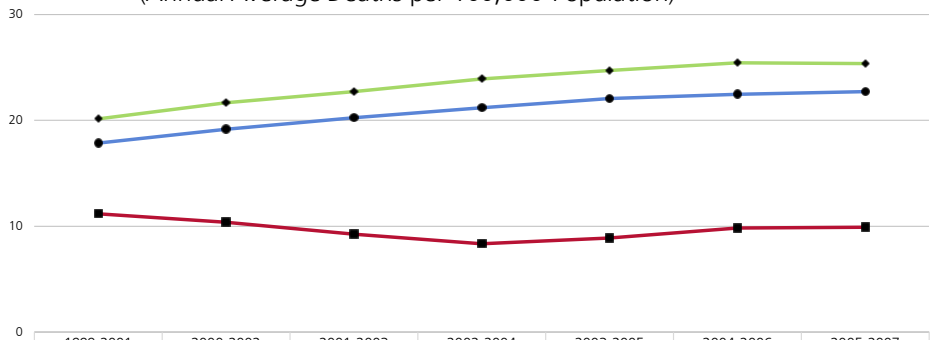
Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• County, state and national data are simple three-year averages.
• Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Hidalgo County Alzheimer's mortality rates have increased in recent years, after decreasing in the early 2000s; in contrast, state and national rates have increased consistently.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Hidalgo County	11.2	10.4	9.3	8.4	8.9	9.8	9.9
Texas	20.1	21.7	22.7	23.9	24.7	25.4	25.4
United States	17.9	19.2	20.3	21.2	22.1	22.5	22.7

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

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

Kidney Disease

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

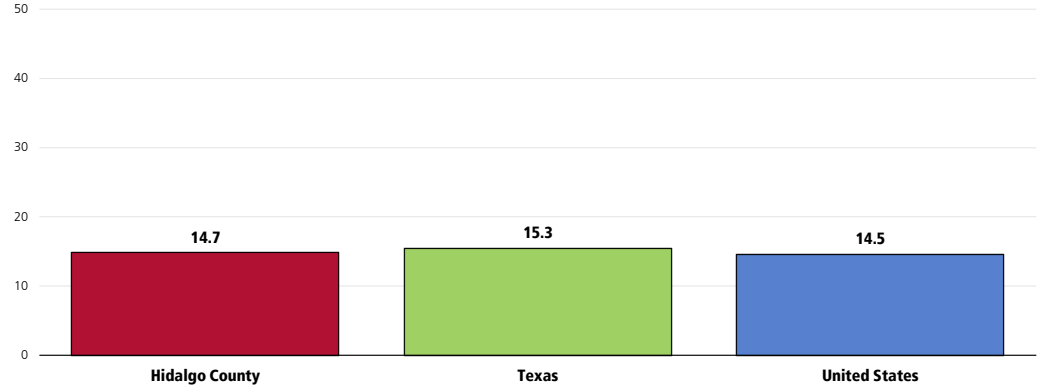
Age-Adjusted Kidney Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted kidney disease mortality rate of 14.7 deaths per 100,000 population in Hidalgo County.

- Similar to the rate found statewide.
- Similar to the national rate.

Kidney Disease: Age-Adjusted Mortality

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



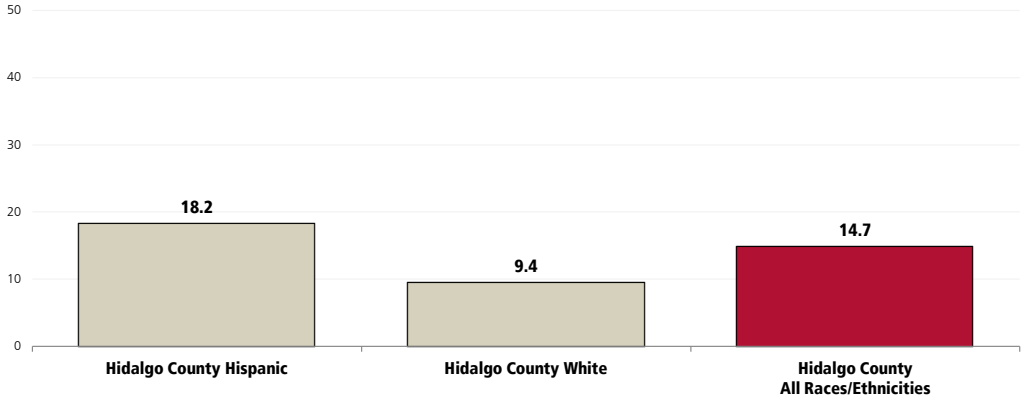
Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

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

The kidney disease mortality rate in Hidalgo County is twice as high among Hispanics as it is among Whites.

Kidney Disease: Age-Adjusted Mortality by Race

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



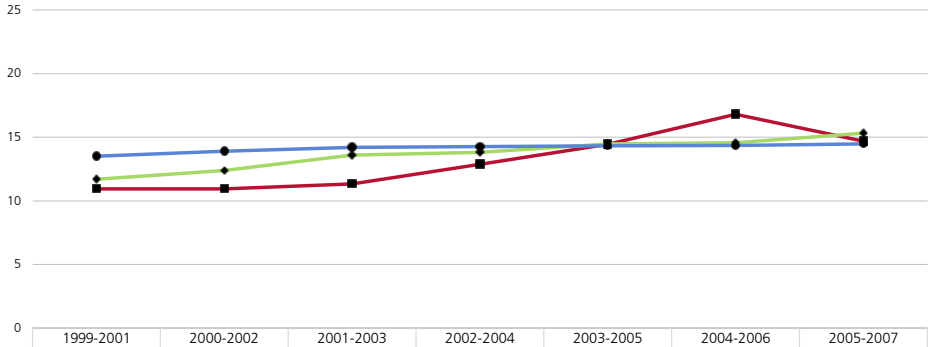
Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• County, state and national data are simple three-year averages.
• Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Between1999 and 2007, the age-adjusted kidney disease death rate increased in the county, as did the Texas rate. The US rate increased during this time as well, although less sharply.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Hidalgo County	10.9	10.9	11.3	12.9	14.4	16.8	14.7
Texas	11.7	12.4	13.6	13.8	14.5	14.6	15.3
United States	13.5	13.9	14.2	14.3	14.3	14.4	14.5

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

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

Potentially Disabling Conditions

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

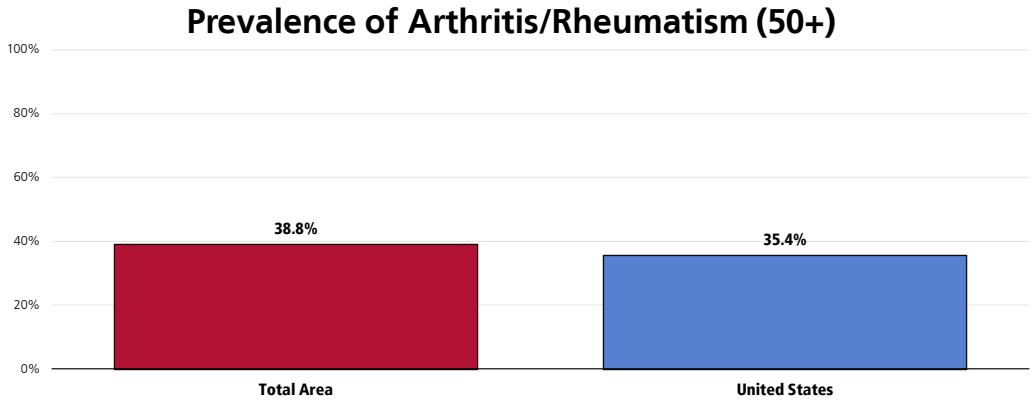
Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

Nearly 40% of Total Area adults aged 50 and older report suffering from arthritis or rheumatism.

- Similar to that found nationwide.

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



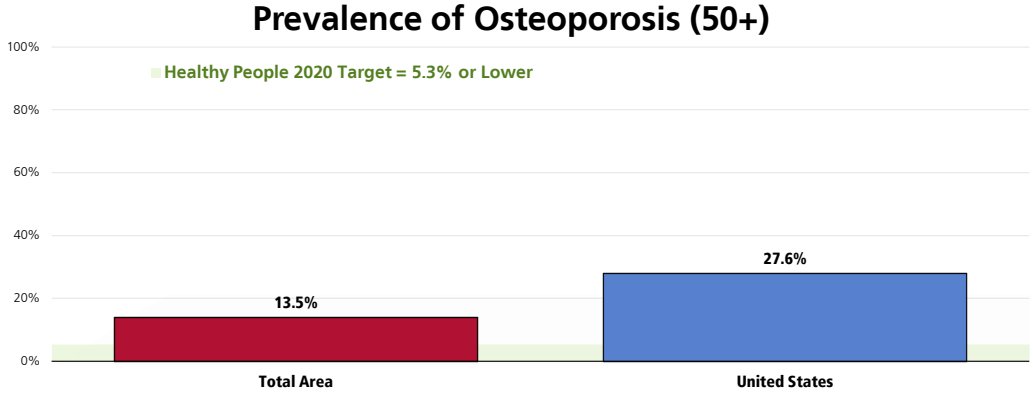
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 158]
- Professional Research Consultants. PRC National Health Survey. 2011.

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

Prevalence of Osteoporosis

A total of 13.5% of survey respondents age 50 and older have osteoporosis.

- More favorable than that found nationwide.
- Fails to satisfy the Healthy People 2020 objective of 5.3% or lower.



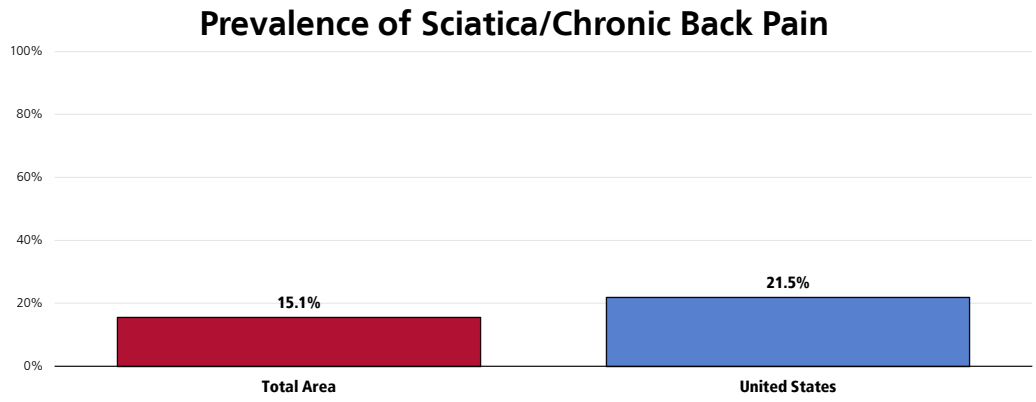
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 159]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective AOCBC-10]

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

Prevalence of Sciatica/Chronic Back Pain

A total of 15.1% of survey respondents suffers from chronic back pain or sciatica.

- More favorable than that found nationwide.



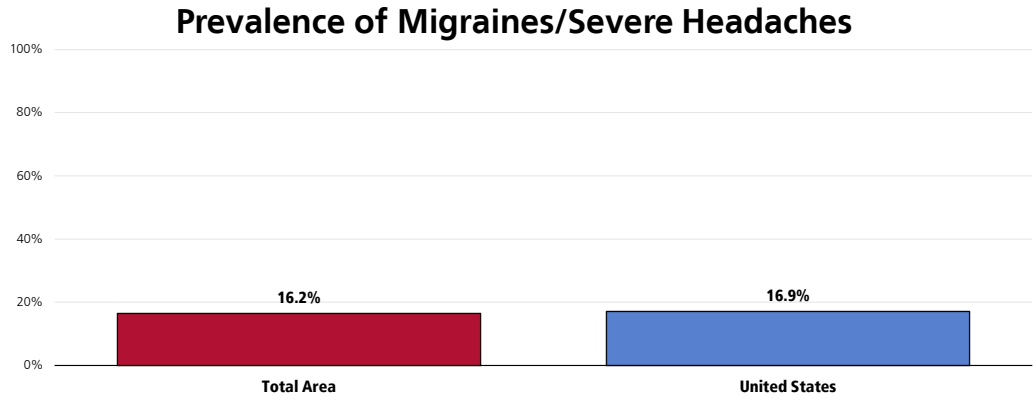
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 29]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 16.2% of survey respondents reports suffering from migraines or severe headaches.

- Nearly identical to that found nationwide.



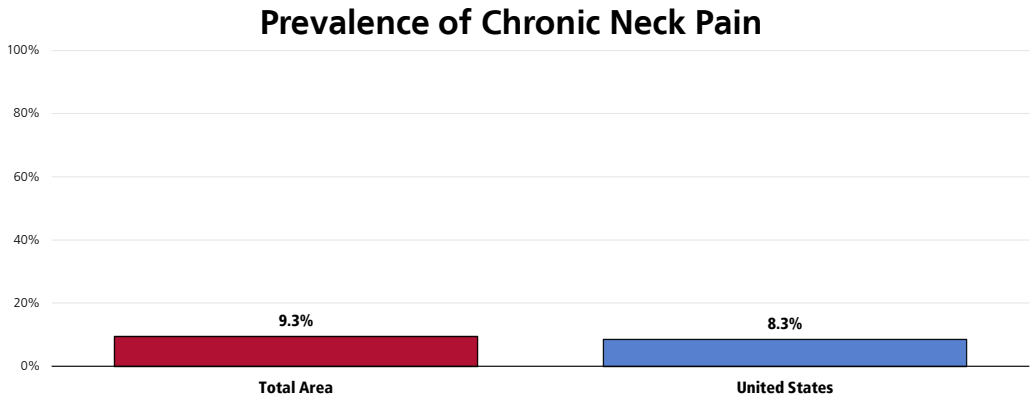
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 36]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 9.3% of survey respondents currently suffer from chronic neck pain.

- Comparable to that found nationwide.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 37]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Vision & Hearing Impairment

Vision Trouble

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

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

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

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

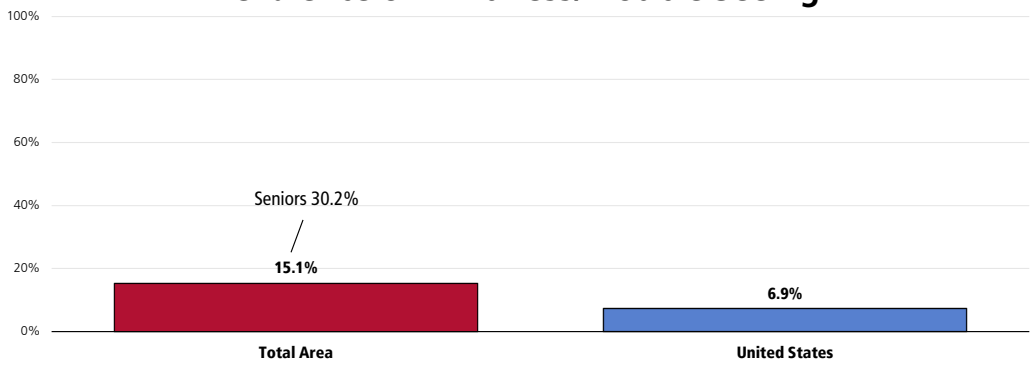
– Healthy People 2020 (www.healthypeople.gov)

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

A total of 15.1% of Total Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Much less favorable than found nationwide.
- Among Total Area adults age 65 and older, the prevalence doubles.

Prevalence of Blindness/Trouble Seeing



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 26]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Hearing Trouble

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

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

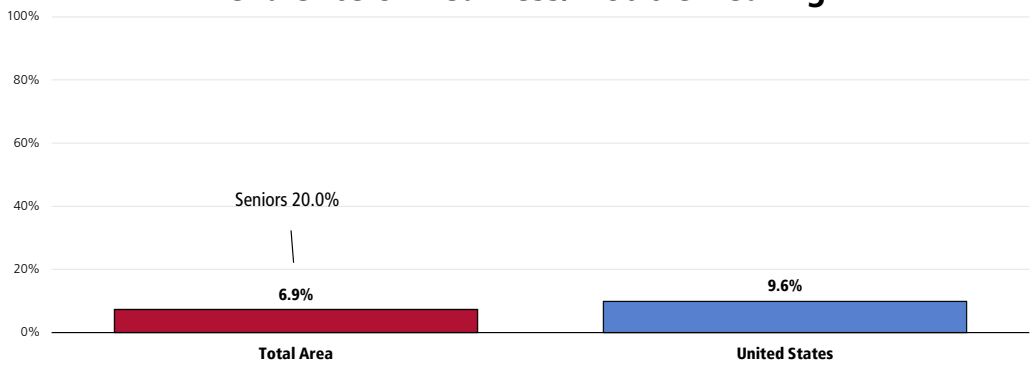
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 6.9% of Total Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Among Total Area adults 65+, 1 in 5 has partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



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

Notes:
- Asked of all respondents.

INFECTIOUS DISEASE

Vaccine-Preventable Conditions

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

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

Measles, Mumps, Rubella & Pertussis

Between 2007 and 2009, there were no reported cases of measles or rubella in Hidalgo County. The annual average mumps rate during this time period was 0.8 cases per 100,000 population (higher than state and national rates).

In contrast, the county pertussis rate was 5.5.

- Lower than the Texas rate.
- Higher than the US rate.

Reported Case Rates for Vaccine-Preventable Diseases

(2007-2009)

	Hidalgo County	Texas	US*
Measles	**0.0**	**0.0**	**0.0**
Mumps	**0.8**	**0.0**	**0.3**
Rubella	**0.0**	**0.0**	**0.0**
Pertussis	**5.5**	**8.8**	**4.5**

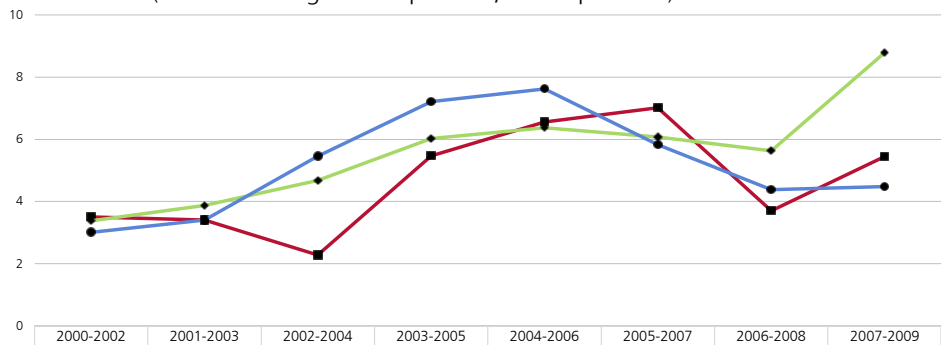
Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- US measles cases include only those infected while in the United States.
- US data is 2006 to 2008.

- Pertussis incidence has fluctuated in Hidalgo County in recent years, increasing overall. The same can be said for both state and national pertussis incidence rates.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Hidalgo County	3.5	3.4	2.3	5.5	6.6	7.0	3.7	5.5
Texas	3.4	3.9	4.7	6.0	6.4	6.1	5.6	8.8
United States	3.0	3.4	5.5	7.2	7.6	5.8	4.4	4.5

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

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

Influenza & Pneumonia Vaccination

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

– Healthy People 2020 (www.healthypeople.gov)

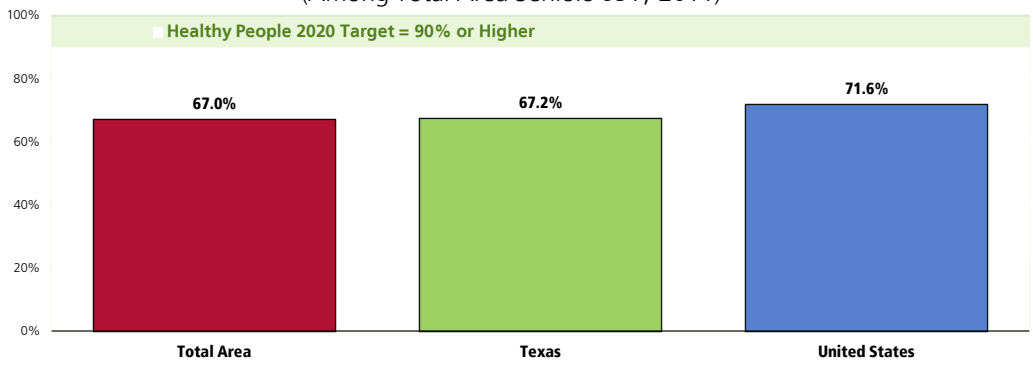
Flu Vaccinations

Among Total Area adults 65+, 67.0% received a flu shot (or FluMist vaccine) within the past year.

- Nearly identical to Texas findings.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year

(Among Total Area Seniors 65+, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 160]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IID-12.7]

Notes:
- Asked of all respondents aged 65 and older.
- Includes FluMist® as a form of vaccination.

High-Risk Adults

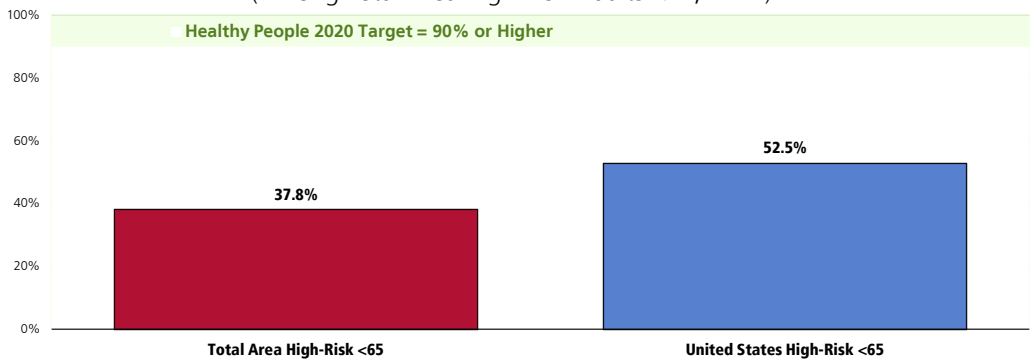
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 37.8% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist) within the past year.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

Have Had a Flu Vaccination in the Past Year

(Among Total Area High-Risk Adults <65, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 161]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IID-12.6]

Notes:
- Asked of all high-risk respondents under 65.
- "High-Risk" includes adults aged 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist® as a form of vaccination.

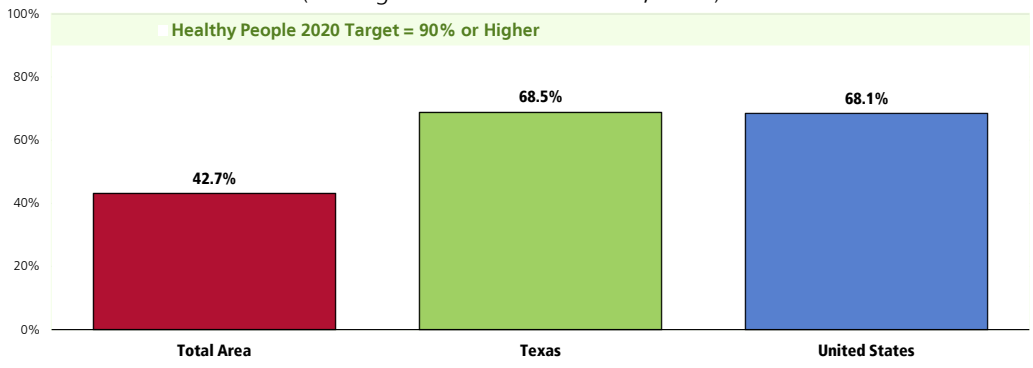
Pneumonia Vaccination

Among adults age 65 and older, 42.7% have received a pneumonia vaccination at some point in their lives.

- Lower than the Texas finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 objective of 90% or higher.

Have Ever Had a Pneumonia Vaccine

(Among Total Area Seniors 65+, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 162]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IID-13.1]

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

High-Risk Adults

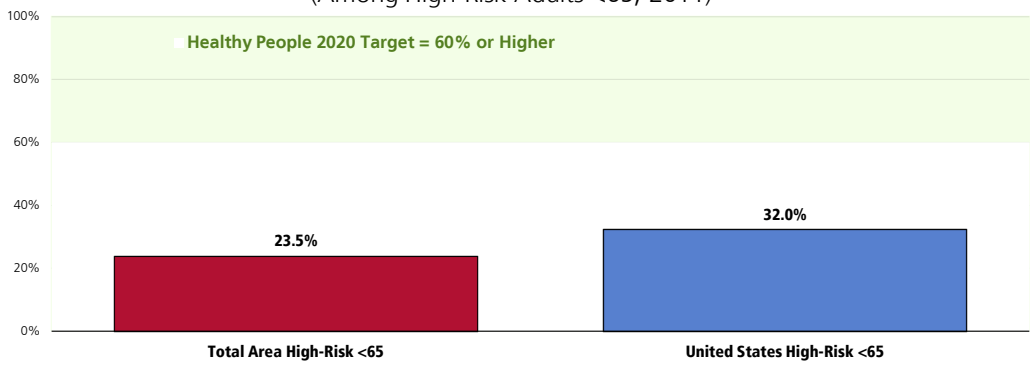
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 23.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults <65, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 163]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IID-13.2]

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

Tuberculosis

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

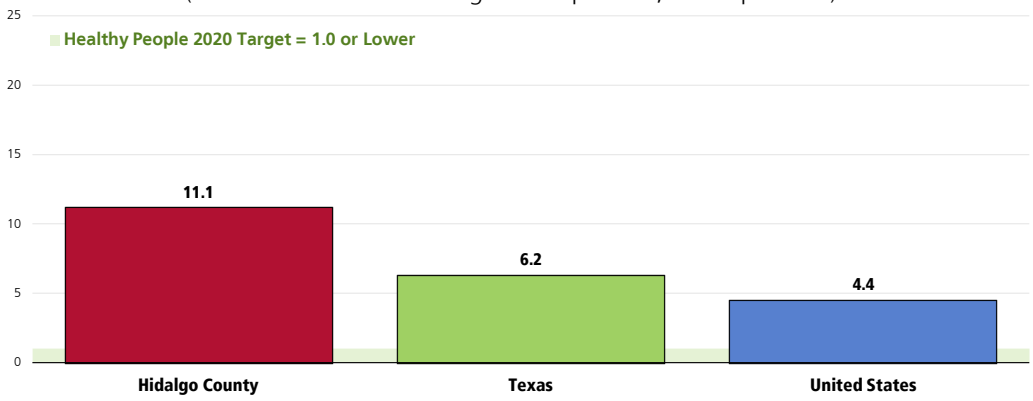
– Healthy People 2020 (www.healthypeople.gov)

Between 2007 and 2009, the annual average tuberculosis incidence rate (new cases per year) in the county was 11.1 cases per 100,000 population.

- Well above both the Texas and the US incidence rates.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).

Tuberculosis Incidence

(2007-2009 Annual Average Cases per 100,000 Population)



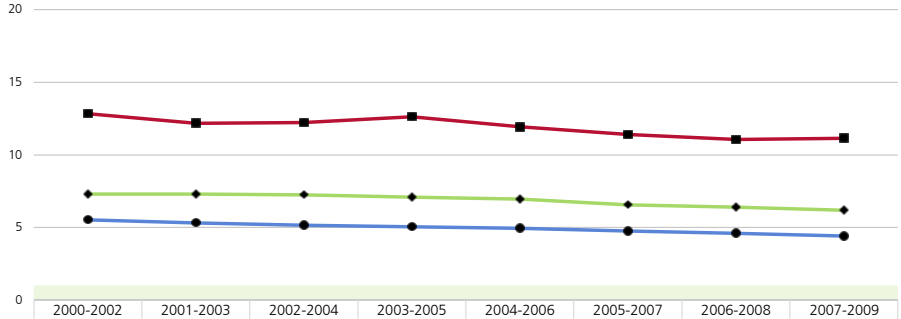
Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IID-29]

Notes:
- Rates are annual average new cases per 100,000 population. National data is 2006-2008 as 2009 rates are not yet available.

Tuberculosis incidence has decreased in recent years in Hidalgo County. This decreasing trend is noted across the state and US as well.

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Healthy People 2020	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Hidalgo County	12.8	12.2	12.2	12.6	11.9	11.4	11.1	11.1
Texas	7.3	7.3	7.2	7.1	6.9	6.6	6.4	6.2
United States	5.5	5.3	5.2	5.1	4.9	4.8	4.6	4.4

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective IID-29]

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

HIV

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

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

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

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

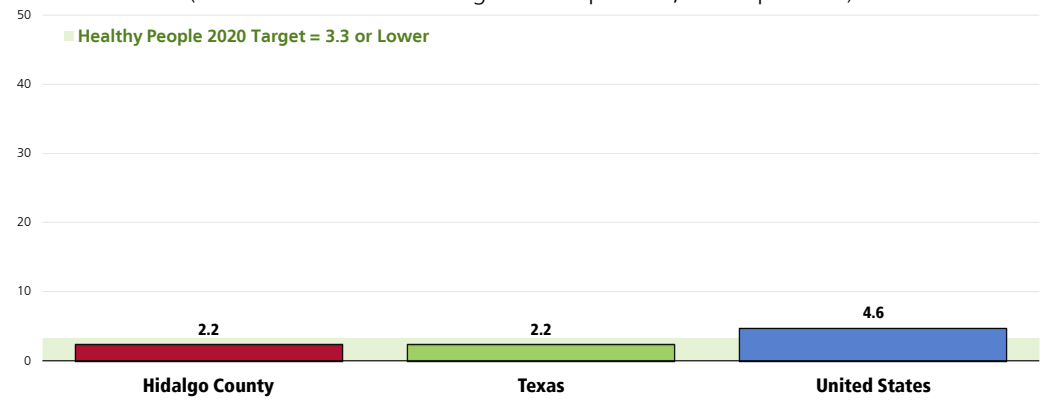
Age-Adjusted HIV/AIDS Deaths

Between 1999 and 2007, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.2 deaths per 100,000 population in Hidalgo County.

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

HIV/AIDS: Age-Adjusted Mortality

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



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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that individual county rates are unreliable due to low number of deaths.
- All Total Area HIV death rates are unreliable due to the low number of deaths in the county (rates represent deaths between 1999 and 2007).

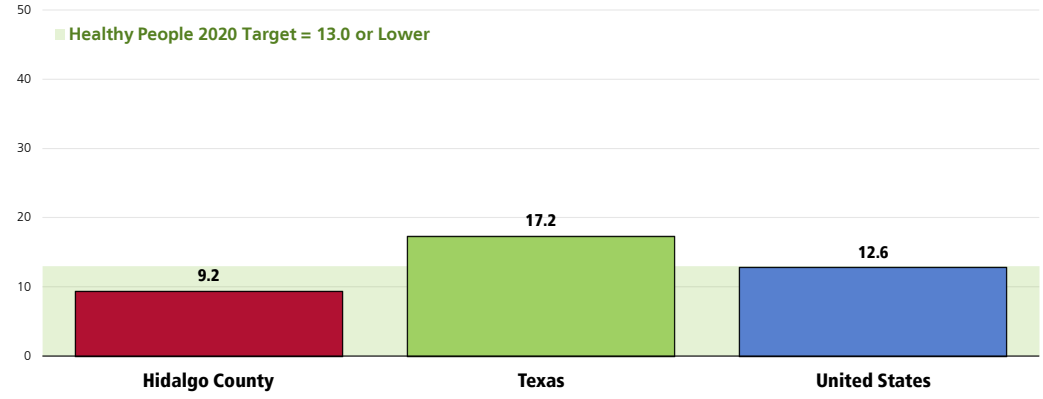
HIV/AIDS Incidence

Regarding HIV/AIDS incidence, between 2007 and 2009, there was an annual average of 9.2 cases per 100,000 population in Hidalgo County.

- More favorable than the Texas rate.
- More favorable than the US rate.
- Satisfies the Healthy People 2020 target of 13.0 or lower.

HIV/AIDS Incidence

(2007-2009 Annual Average Cases per 100,000 Population)



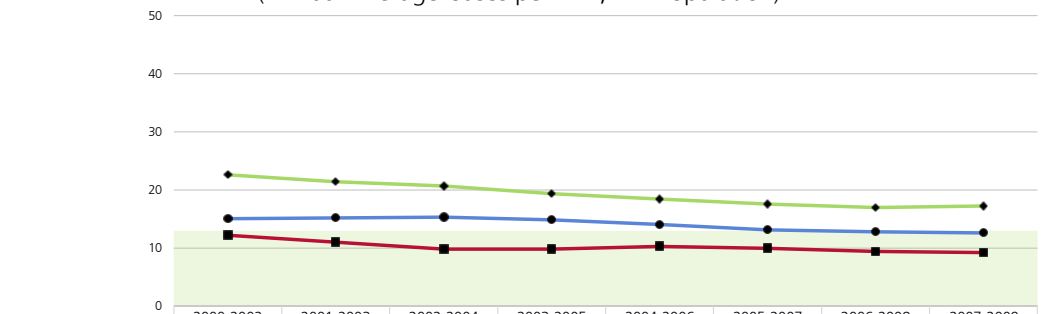
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HIV-4]

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

HIV/AIDS incidence has decreased in Hidalgo County in the past decade, echoing the downward trends reported both statewide and nationwide.

HIV/AIDS Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Healthy People 2020	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Hidalgo County	12.2	11.0	9.9	9.8	10.3	10.0	9.5	9.2
Texas	22.6	21.4	20.7	19.4	18.4	17.6	17.0	17.2
United States	15.0	15.2	15.3	14.9	14.1	13.1	12.8	12.6

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HIV-4]

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

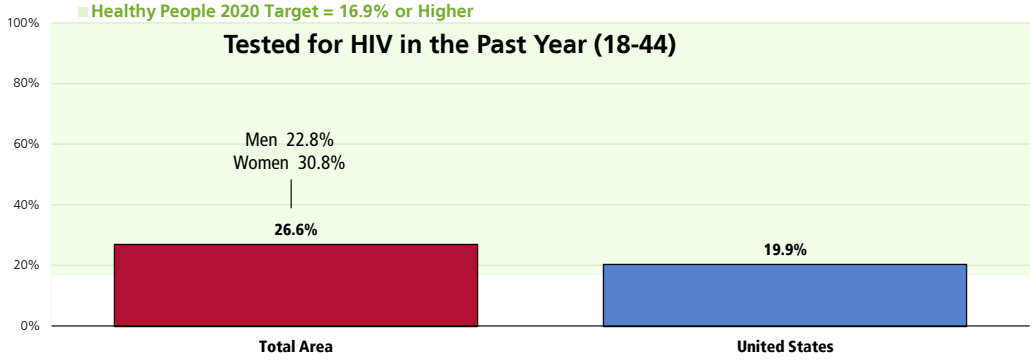
HIV Testing

Among Total Area survey respondents aged 18-44, 26.6% report that they have been tested for human immunodeficiency virus (HIV).

- Statistically similar to the proportion found nationwide.
- Satisfies the Healthy People 2020 target of 16.9% or higher.
- No statistically significant difference by gender.

HIV Testing

(Among Respondents Aged 18 to 44, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 166]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective HIV-14.1]

Notes:
- Asked of all respondents aged 18 to 44.
- Note that the Healthy People 2020 objective is for those aged 15 through 44.

Sexually Transmitted Diseases

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

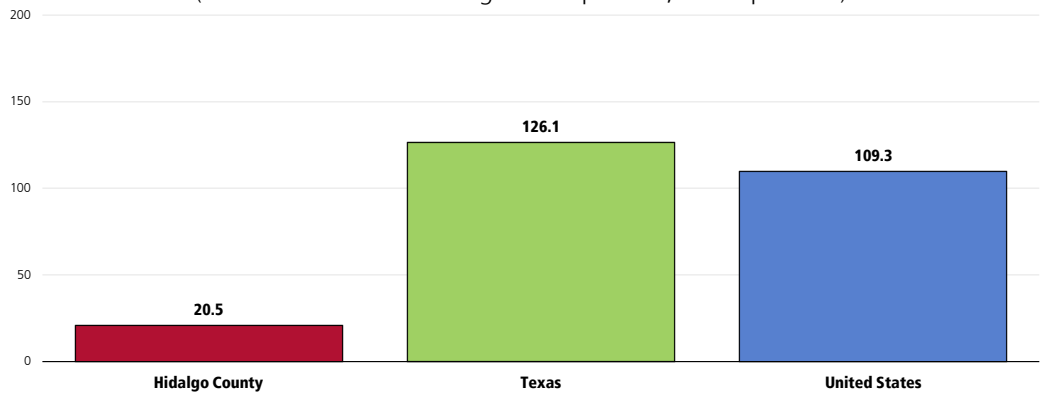
Gonorrhea

Between 2007 and 2009, the annual average gonorrhea incidence rate was 20.5 cases per 100,000 population in Hidalgo County.

- Dramatically lower than the Texas incidence rate.
- Dramatically lower than the national incidence rate.

Gonorrhea Incidence

(2007-2009 Annual Average Cases per 100,000 Population)



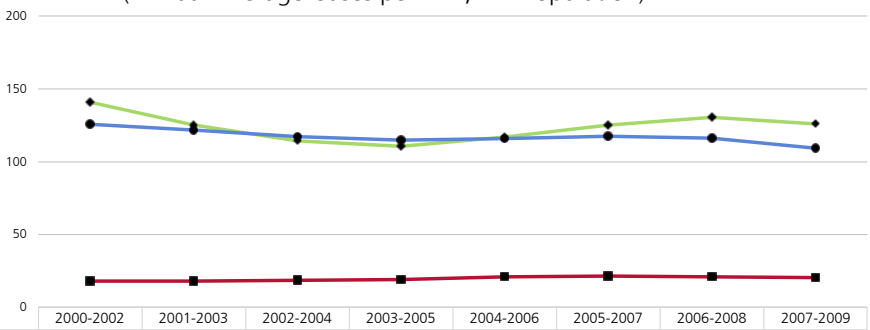
Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population. US data is 2006-2008.

Gonorrhea rates increased slightly between the 2000-2002 and 2007-2009 reporting periods in Hidalgo County, although it remains well below state and national rates.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Hidalgo County	18.1	18.1	18.7	19.1	20.9	21.5	21.0	20.5
Texas	140.9	125.3	114.3	110.7	116.9	125.2	130.5	126.1
United States	125.8	121.7	117.2	114.8	115.9	117.4	116.1	109.3

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

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

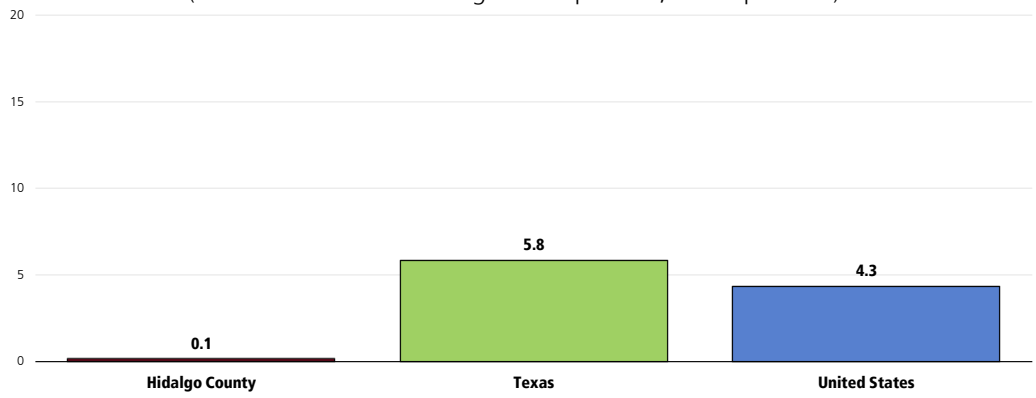
Syphilis

Between 2007 and 2009, the annual average primary/secondary syphilis incidence rate was just 0.1 case per 100,000 population in the county.

- Much lower than the Texas incidence rate.
- Much lower than the national incidence rate.

Primary/Secondary Syphilis Incidence

(2007-2009 Annual Average Cases per 100,000 Population)

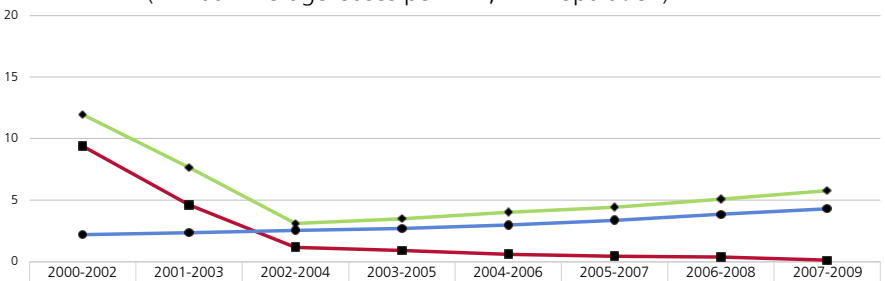


Sources: • Texas Department of State Health Services
• Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Notes: • Rates are annual average new cases per 100,000 population. US data is 2006-2008.

Syphilis incidence has decreased in Hidalgo County over the past decade. In contrast, the statewide and nationwide rates increased steadily in recent years.

Primary/Secondary Syphilis Incidence

(Annual Average Cases per 100,000 Population)



	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Hidalgo County	9.4	4.6	1.2	0.9	0.6	0.4	0.4	0.1
Texas	11.9	7.6	3.1	3.5	4.0	4.4	5.1	5.8
United States	2.2	2.3	2.5	2.7	3.0	3.3	3.8	4.3

Sources: • Texas Department of State Health Services
• Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Notes: • Rates are annual average new cases per 100,000 population.

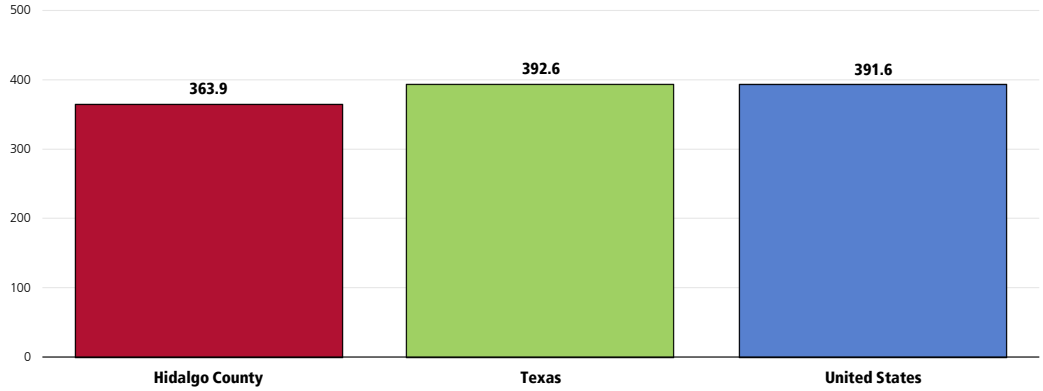
Chlamydia

Between 2007 and 2009, the annual average chlamydia incidence rate was 363.9 cases per 100,000 population in the county.

- More favorable than the Texas incidence rate.
- More favorable than the national incidence rate.

Chlamydia Incidence

(2007-2009 Annual Average Cases per 100,000 Population)



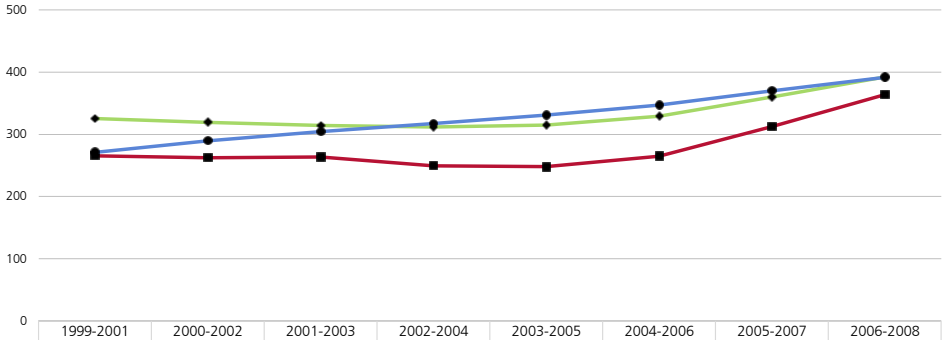
Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Notes:
- Rates are annual average new cases per 100,000 population. US data is 2006-2008.

Chlamydia incidence increased steadily between the 1999-2001 and 2006-2008 reporting periods in Hidalgo County, as did the state and national incidence rates.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Hidalgo County	265.3	262.6	263.4	249.3	247.9	264.9	312.7	363.9
Texas	325.6	319.5	314.3	311.8	315.3	329.5	360.3	392.6
United States	270.8	289.4	304.4	317.8	331.1	347.1	370.0	391.6

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

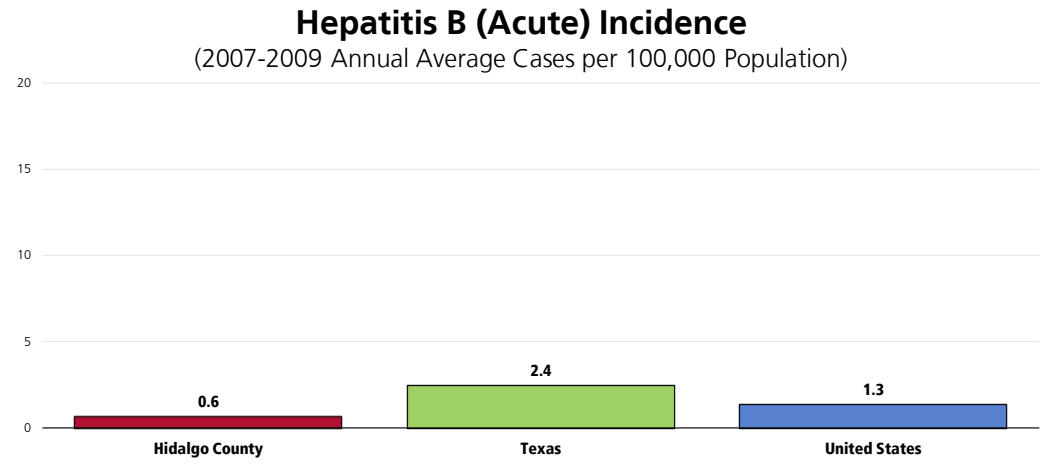
Notes:
- Rates are annual average new cases per 100,000 population.

Acute Hepatitis B

Hepatitis B Incidence

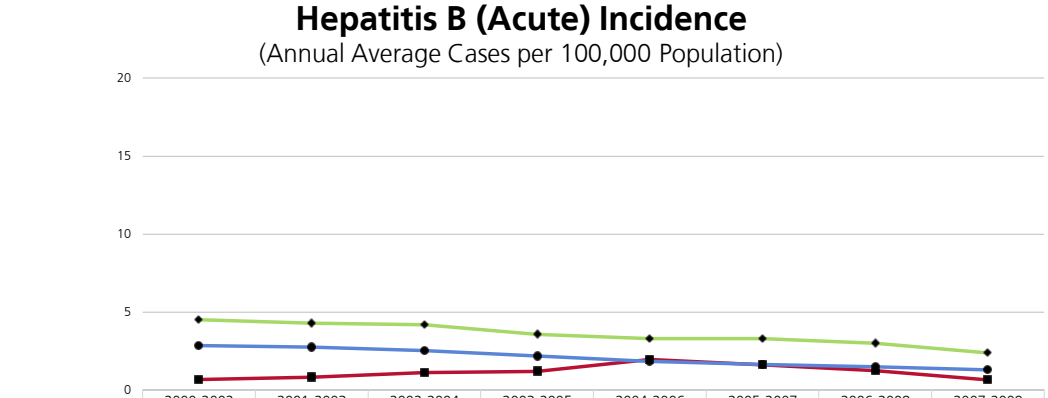
Between 2007 and 2009, there were just 0.6 hepatitis B cases per 100,000 population in Hidalgo County.

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



Sources: • Texas Department of State Health Services
• Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Notes: • Rates are annual average new cases per 100,000 population. US data is 2006-2008.

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



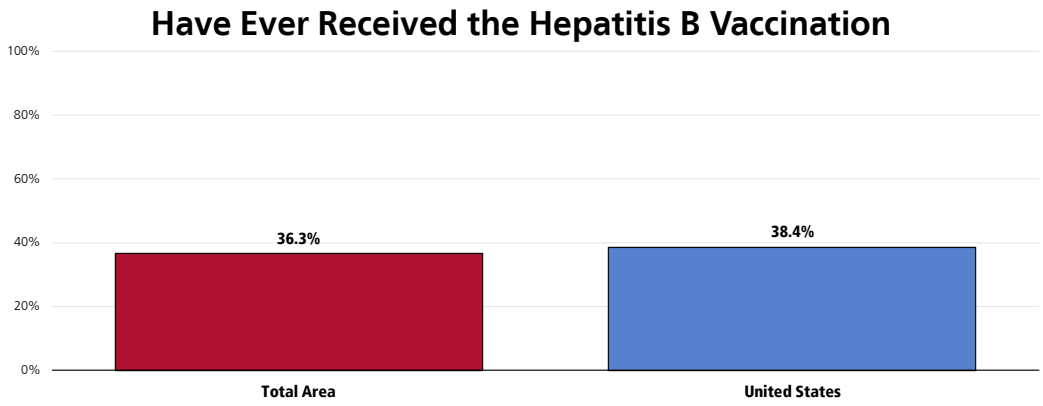
	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Hidalgo County	0.7	0.8	1.1	1.2	2.0	1.6	1.2	0.6
Texas	4.5	4.3	4.2	3.6	3.3	3.3	3.0	2.4
United States	2.9	2.7	2.5	2.2	1.8	1.6	1.5	1.3

Sources: • Texas Department of State Health Services
• Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Notes: • Rates are annual average new cases per 100,000 population.

Hepatitis B Vaccination

Based on survey data, over one-third (36.3%) of residents report having received the hepatitis B vaccine.

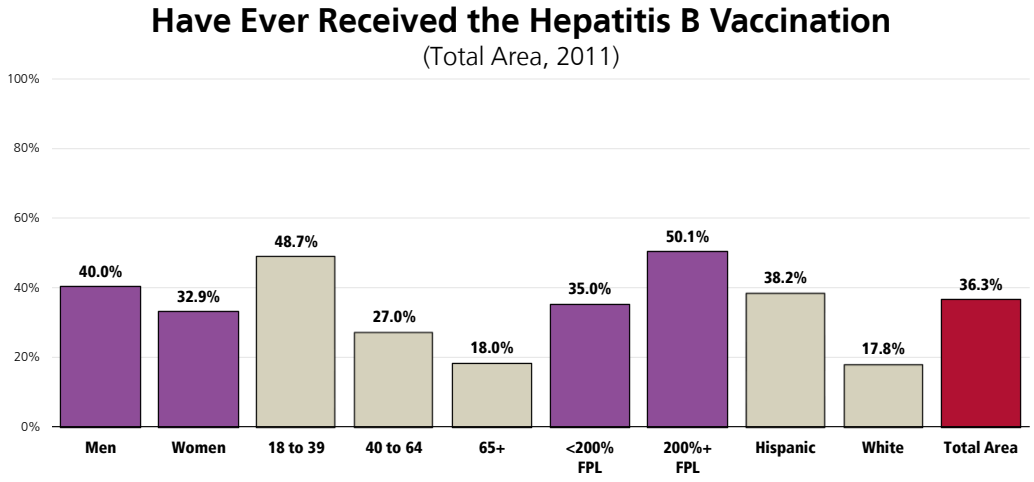
- Similar to what is reported nationwide.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 77]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, residents living at higher incomes are much more likely than those with lower incomes to have received the hepatitis B vaccine.
- Hispanics are more likely than Whites to have been vaccinated.



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]

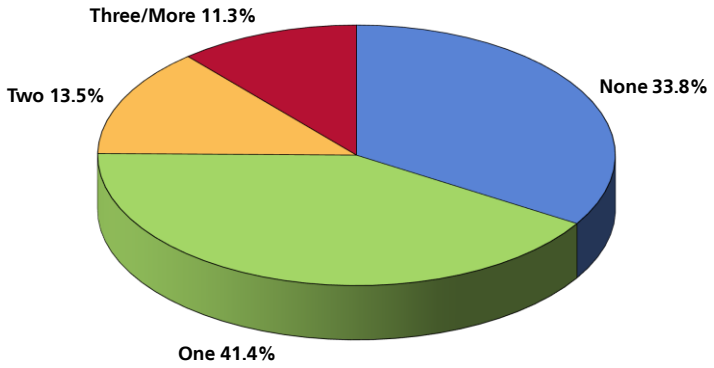
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Safe Sexual Practices

Sexual Partners

Among unmarried Total Area adults under 65, the majority cites having one (41.4%) or no (33.8%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Unmarried Respondents Aged 18-64, 2011)

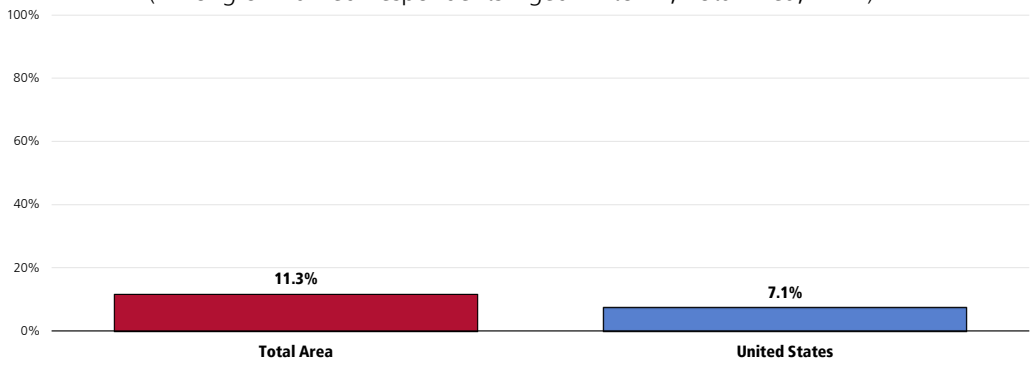


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 97]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 11.3% report three or more sexual partners in the past year.

- Comparable to what is reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Respondents Aged 18 to 64; Total Area, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 97]
• Professional Research Consultants, Inc. PRC National Health Survey. 2011.
Notes: • Asked of all unmarried respondents under the age of 65.

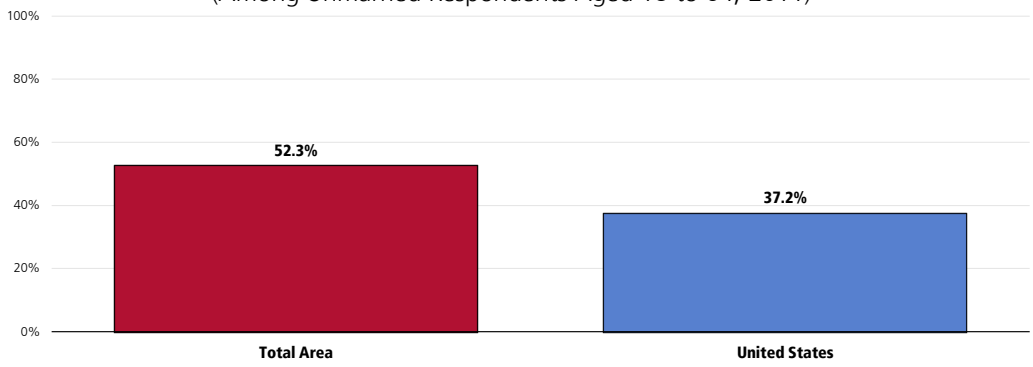
Condom Use

Among Total Area adults who are under age 65 and unmarried, 52.3% report using a condom during their last sexual intercourse.

- Higher than national findings.

Used Condom During Last Sexual Intercourse

(Among Unmarried Respondents Aged 18 to 64, 2011)



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

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

BIRTHS

Prenatal Care

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

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

– Healthy People 2020 (www.healthypeople.gov)

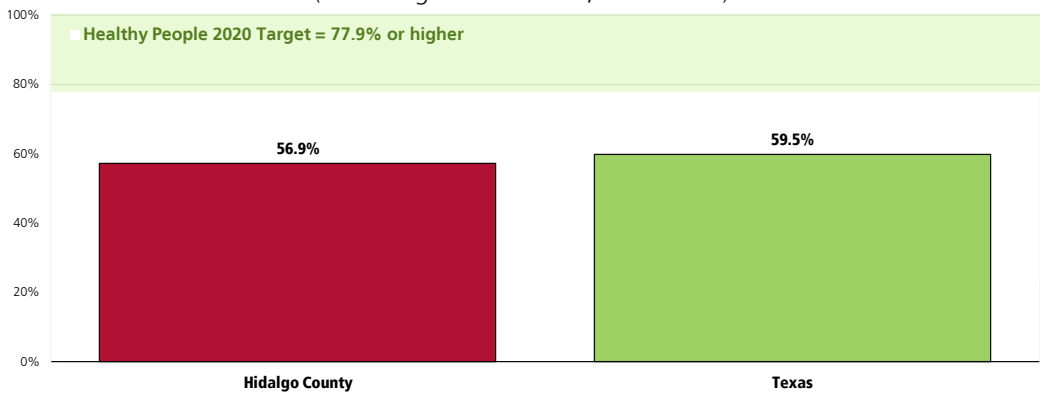
Early and continuous prenatal care is the best assurance of infant health.

Between 2006 and 2008, 56.9% of all Hidalgo County births received prenatal care in the first trimester of pregnancy.

- Similar to the Texas proportion.
- Well below the Healthy People 2020 target (77.9% or higher).

Mothers Receiving Prenatal Care in the First Trimester

(Percentage of Live Births, 2006-2008)



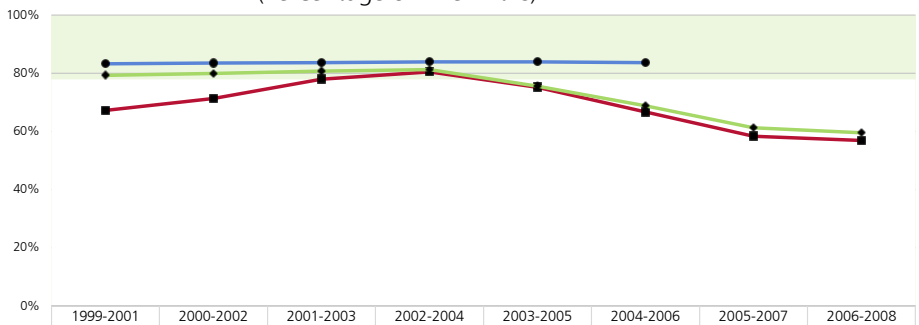
Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-10.1]

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

Receipt of prenatal care has decreased in Hidalgo County in recent years, mirroring the state trend.

Mothers Receiving Prenatal Care in the First Trimester

(Percentage of Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2020	77.9%	77.9%	77.9%	77.9%	77.9%	77.9%	77.9%	77.9%
Hidalgo County	67.2%	71.3%	77.9%	80.4%	75.2%	66.6%	58.3%	56.9%
Texas	79.3%	79.9%	80.7%	81.2%	75.6%	68.8%	61.2%	59.5%
United States	83.2%	83.4%	83.7%	83.8%	83.9%	83.7%		

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-10.1]

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

Birth Outcomes & Risks

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

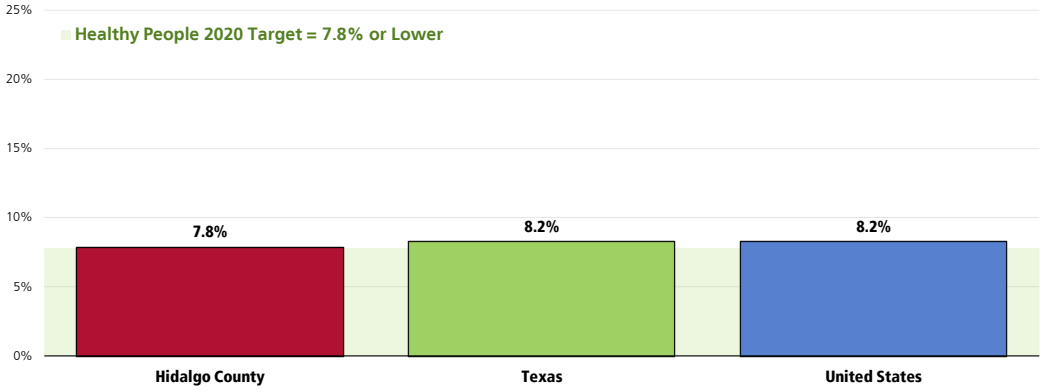
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births

A total of 7.8% of 2006-2008 Hidalgo County births were low-weight.

- Better than the Texas proportion.
- Better than the national proportion.
- Identical to the Healthy People 2020 target (7.8% or lower).

Low-Weight Births
(Percentage of Live Births, 2006-2008)

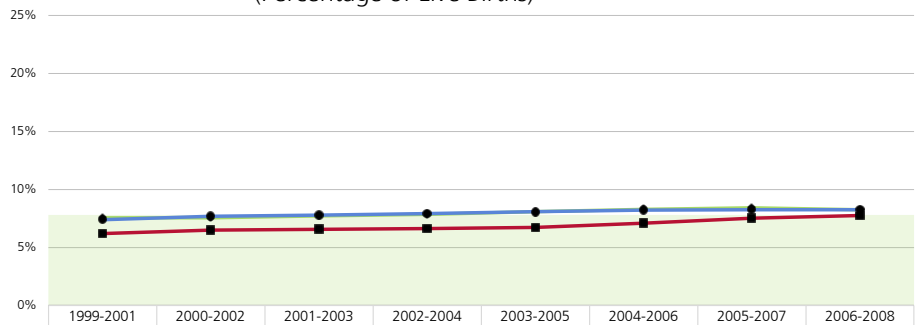


Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-8.1]

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

The proportion of low-weight births has trended upward in Hidalgo County in recent years; the same can be said for both Texas and the US.

Low-Weight Births
(Percentage of Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
Hidalgo County	6.2%	6.5%	6.6%	6.6%	6.7%	7.1%	7.5%	7.8%
Texas	7.6%	7.6%	7.7%	7.9%	8.1%	8.3%	8.4%	8.2%
United States	7.4%	7.7%	7.8%	7.9%	8.1%	8.2%	8.2%	8.2%

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-8.1]

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

Infant Mortality

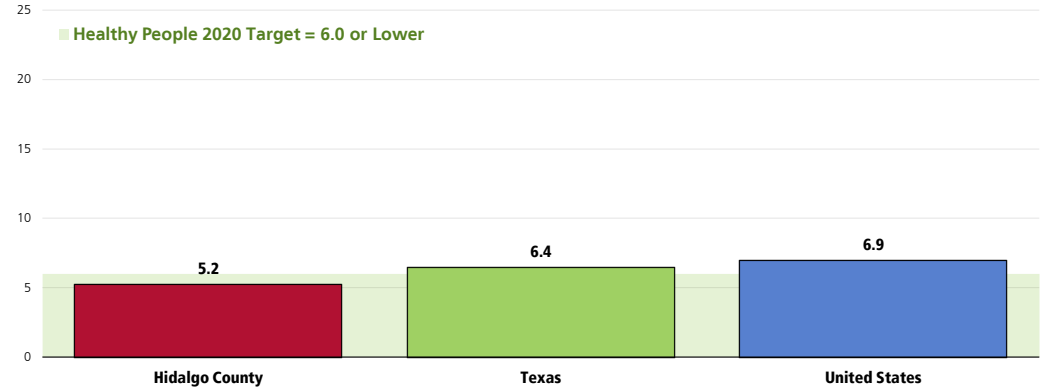
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2005 and 2007, there was an annual average of 5.2 infant deaths per 1,000 live births in Hidalgo County.

- More favorable than the Texas rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)



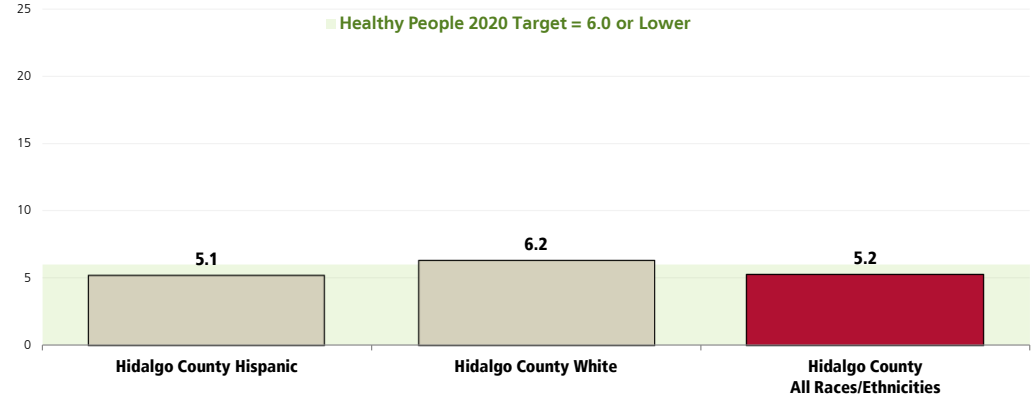
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Infant mortality is higher among Whites than among Hispanics in the county.

Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)



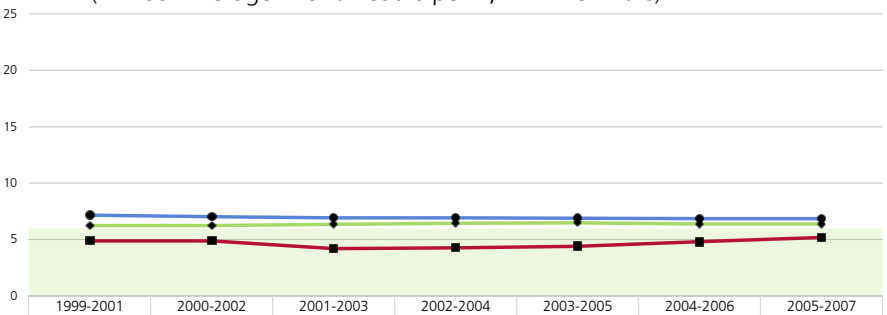
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- The Hispanic and Non-Hispanic Other death rates are unreliable due to the low number of deaths within each population.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Infant mortality rates have increased in recent year in the county, echoing the trend reported for Texas. Across the US, rates decreased slightly during this time.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Hidalgo County	4.9	4.9	4.2	4.3	4.4	4.8	5.2
Texas	6.2	6.2	6.4	6.5	6.5	6.4	6.4
United States	7.2	7.0	6.9	6.9	6.9	6.9	6.9

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

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

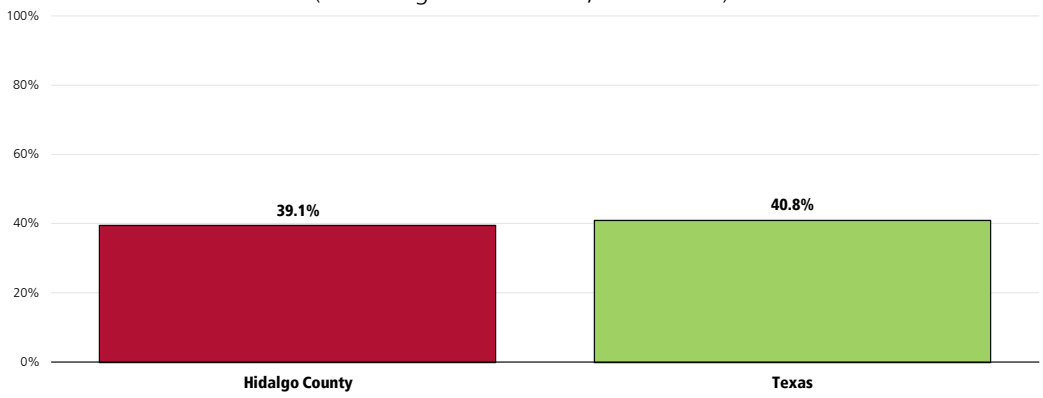
Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 39.1% of 2006-2008 births were to unwed mothers.

- Similar to the 40.8% statewide.

Births to Unwed Mothers

(Percentage of Live Births, 2006-2008)

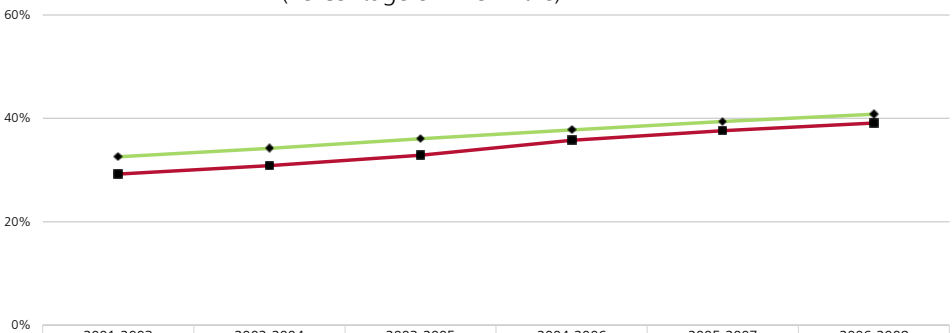


Sources: • Texas Department of State Health Services
Note: • Numbers are a percentage of all live births within each population.

The percentage of births to unwed mothers in Hidalgo County increased considerably over the past decade, mirroring the state trend.

Births to Unwed Mothers

(Percentage of Live Births)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Hidalgo County	29.2%	30.9%	32.9%	35.7%	37.6%	39.1%
Texas	32.6%	34.2%	36.0%	37.8%	39.4%	40.8%

Sources: • Texas Department of State Health Services
Note: • Numbers are a percentage of all live births within each population.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

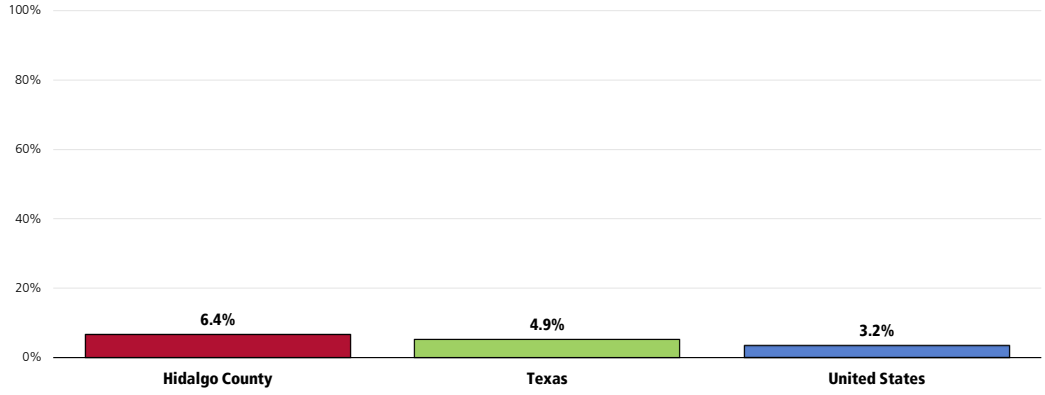
– Healthy People 2020 (www.healthypeople.gov)

A total of 6.4% of 2006-2008 Hidalgo County births were to teens under age 18.

- Higher than the Texas proportion.
- Higher than the national proportion.

Births to Teen Mothers 17 and Younger

(Percentage of Live Births, 2006-2008)



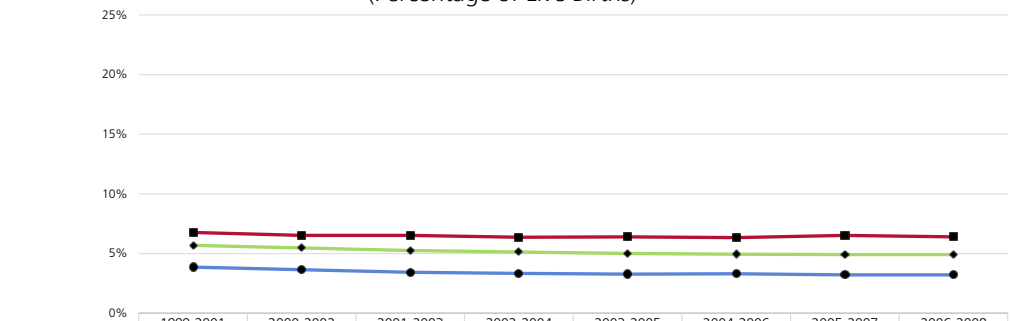
Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, National Vital Statistics System.

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

The proportion remained fairly stable over the past decade in the county.

Births to Teen Mothers 17 and Younger

(Percentage of Live Births)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Hidalgo County	6.8%	6.5%	6.5%	6.4%	6.4%	6.3%	6.5%	6.4%
Texas	5.7%	5.5%	5.3%	5.1%	5.0%	4.9%	4.9%	4.9%
United States	3.9%	3.6%	3.4%	3.3%	3.3%	3.3%	3.2%	3.2%

Sources:
- Texas Department of State Health Services
- Centers for Disease Control and Prevention, National Vital Statistics System.

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

Related Focus Group Findings: Teen Pregnancy

According to focus group participants, teen pregnancy is a norm in the community. Some participants feel that a big reason for the high rate of teen pregnancy is the huge Catholic population who don't want to talk about family planning or sexual issues out of fear of promoting sexual activity. But, other participants see a cycle that is so hard to break. So many girls who get pregnant in their teens never rise out of their poverty status. That so often leads to their children following in the footsteps of their parents.

Participants really would like to see parents become more involved with educating their children about sex. The community can only do so much and participants feel as though parents are the best resource for decreasing teenage pregnancy in the community.

There is a daycare offered at one of the high schools for students who have children. The daycare is very limited but the school district does realize that if there is no daycare, so many more teenage mothers would drop out of school. The schools also provide counseling help to teenage mothers who need daycare but couldn't get their child into the daycare at the high school.

> *"There's a real reluctance on the part of parents to talk to their children and the parents to allow officials, like school officials, social workers or anybody to talk to their children about this."*
>
> *"And it's not an issue with them getting prenatal care, the issue is why they are getting pregnant."*
>
> *"Daycare is an issue. Because if we lose a girl, we almost always lose them because there is no daycare." [referring to dropping out of school]*

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

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

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

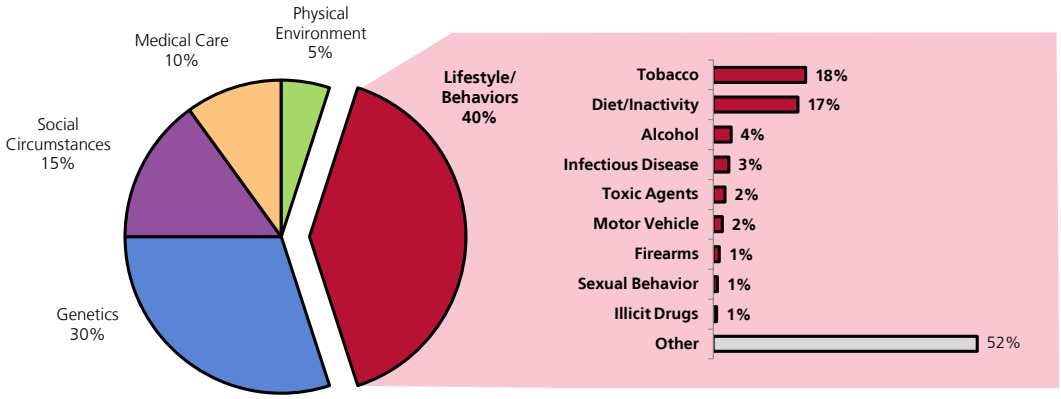
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

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

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

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

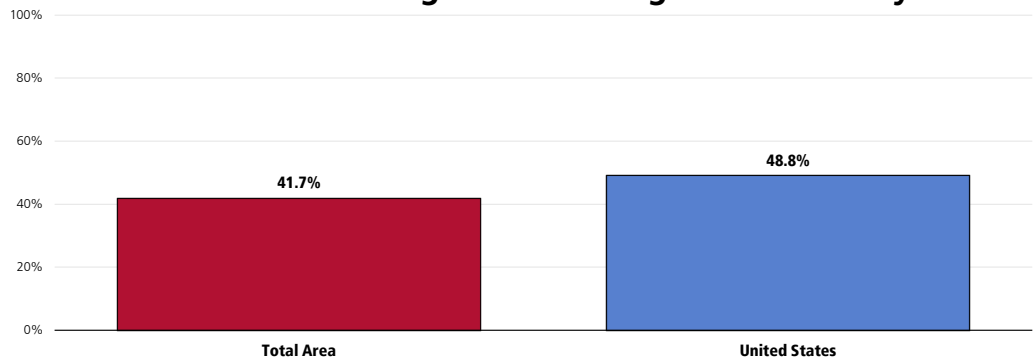
Daily Recommended Servings of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 41.7% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

Consume 5+ Servings of Fruits/Vegetables Per Day



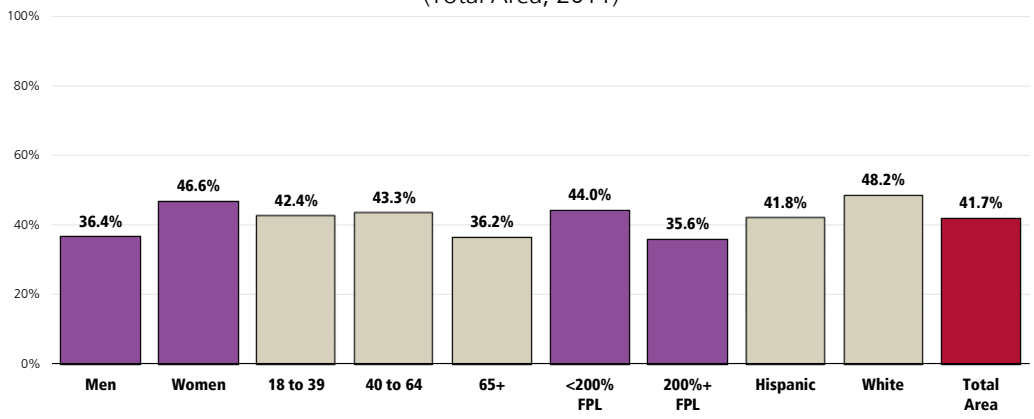
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 168]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables.

Consume 5+ Servings of Fruits/Vegetables Per Day

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 168]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- For this issue, respondents were asked to recall their food intake on the previous day.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Fruits

The majority (55.2%) of Total Area adults reports eating at least two servings of fruit per day.

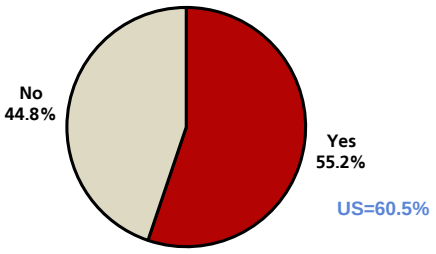
- Similar to national findings.

Vegetables

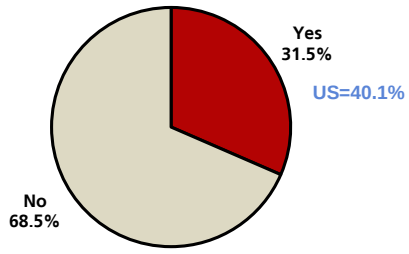
A total of 31.5% of survey respondents reports eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Less favorable than national findings.

Fruits/Vegetable Consumption
(Total Area, 2011)



Consume 2+ Servings of Fruits/Fruit Juices Per Day



Consume 3+ Servings of Vegetables Per Day, One-Third of Which Are Dark Green or Orange

Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 169-170]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

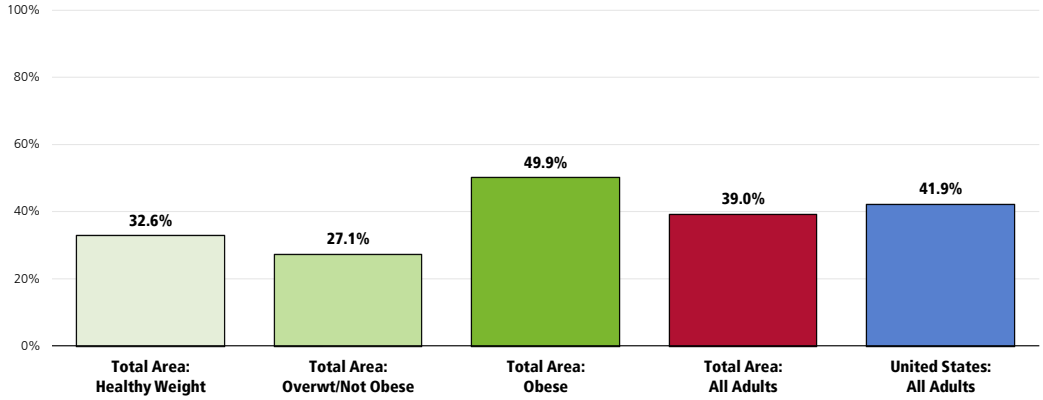
Health Advice About Diet & Nutrition

A total of 39.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- Note: Among obese respondents, 49.9% report receiving diet/nutrition advice (meaning that one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 18]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Related Focus Group Findings: Nutrition & Chronic Diseases

When asked about chronic diseases, participants mentioned heart disease, hypertension, diabetes, obesity, alcoholism and depression as being the most common chronic diseases in the community.

Most participants agreed that nutrition was at fault for the majority of the chronic diseases mentioned.

> *"Go in any of these Stripe stores out in north of town and you'll see those kids buying huge soda pops and huge bags of junk food."*

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

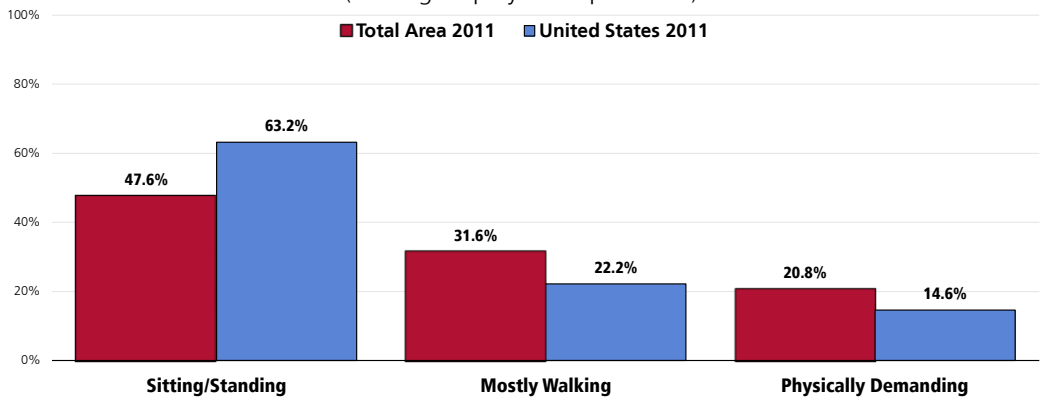
– Healthy People 2020 (www.healthypeople.gov)

Level of Activity at Work

Total Area employed respondents report above-average levels of physical activity at work.

- Less than one-half of employed respondents (47.6%) report that their job entails mostly sitting or standing, much lower than the US figure.
- 31.6% report that their job entails mostly walking (higher than that reported nationally).
- 20.8% report that their work is physically demanding (higher than reported nationally).

Primary Level of Physical Activity At Work
(Among Employed Respondents)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 103]
- Professional Research Consultants. PRC National Health Survey. 2011.

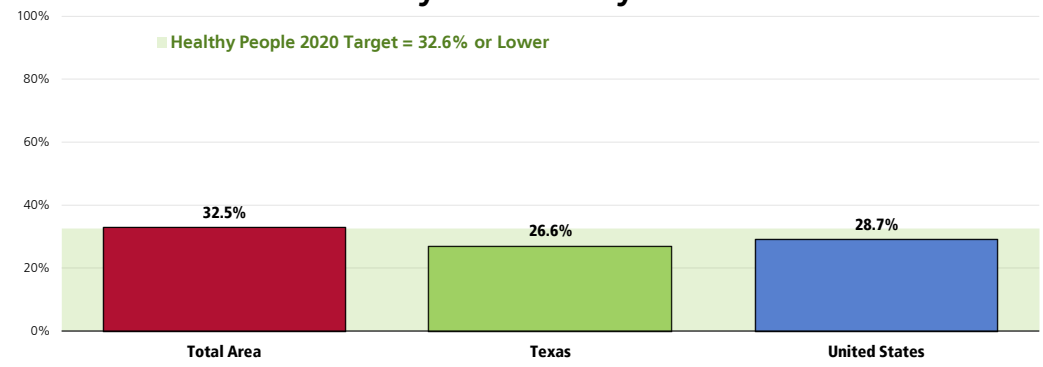
Notes:
- Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 32.5% of Total Area adults report no leisure-time physical activity in the past month.

- Less favorable than statewide findings.
- Statistically similar to national findings.
- Similar to the Healthy People 2020 objective (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month



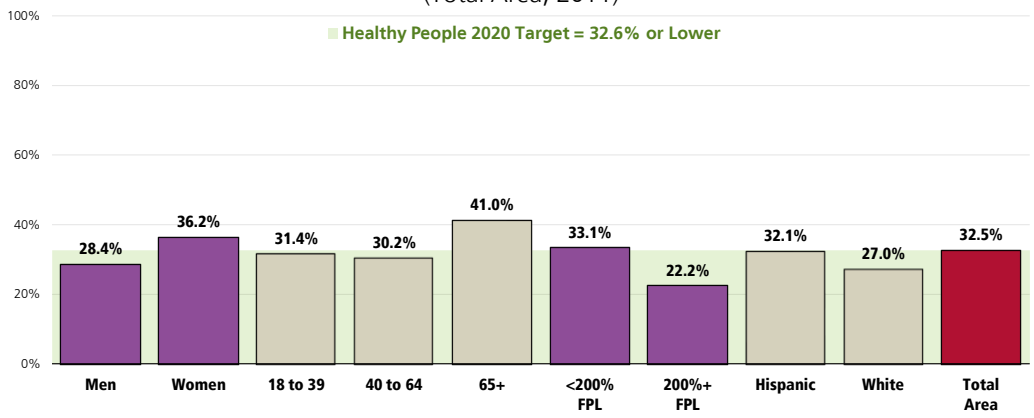
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 104]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective PA-1]

Notes:
- Asked of all respondents.

No statistically significant differences to note when viewed by demographic characteristics.

No Leisure-Time Physical Activity in the Past Month

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 104]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

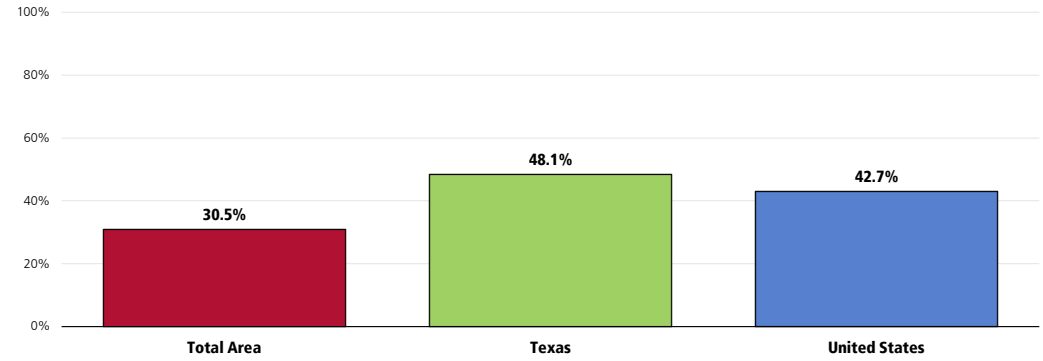
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 30.5% of Total Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than statewide findings.
- Less favorable than national findings.

Meets Physical Activity Recommendations



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 171]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009 Texas Data.

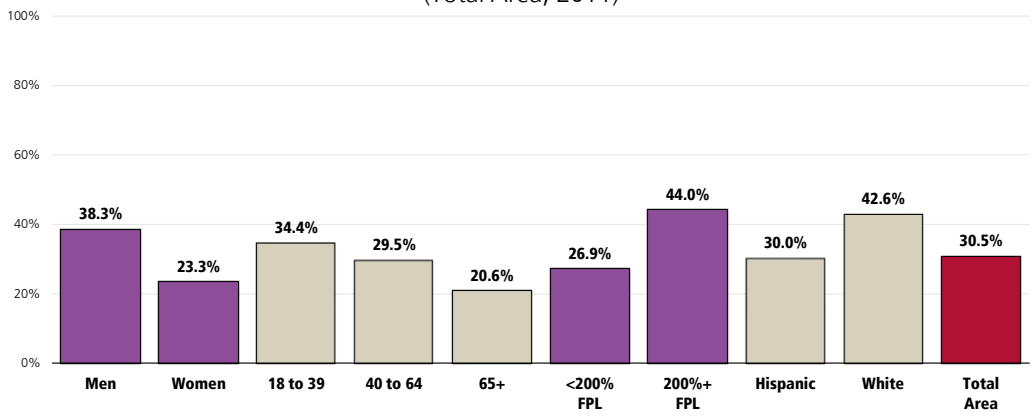
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Women.
- Adults 65+.
- Residents with lower incomes.

Meets Physical Activity Recommendations

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 171]

Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Moderate & Vigorous Physical Activity

The individual indicators of moderate physical activity, vigorous physical activity, and strengthening activities are shown here.

In the past month:

A total of 13.3% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time)**.**

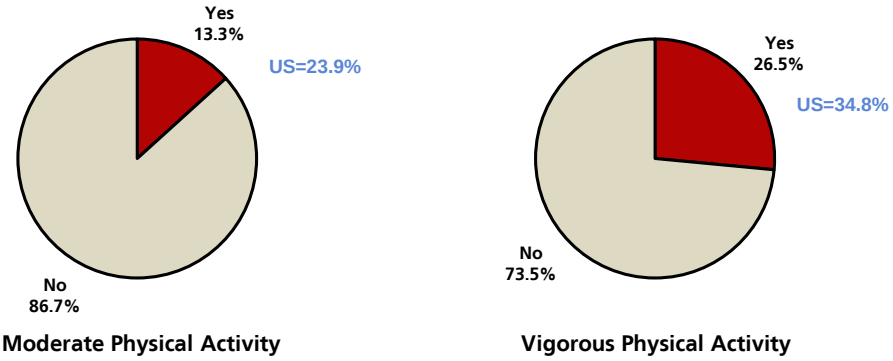
- Less favorable than the national level.

A total of 26.5% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Less favorable than the nationwide figure.
- Note that the percentage reporting vigorous physical activity is similar to the statewide proportion of 28.6% (not shown below).

Moderate & Vigorous Physical Activity

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 173-174]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

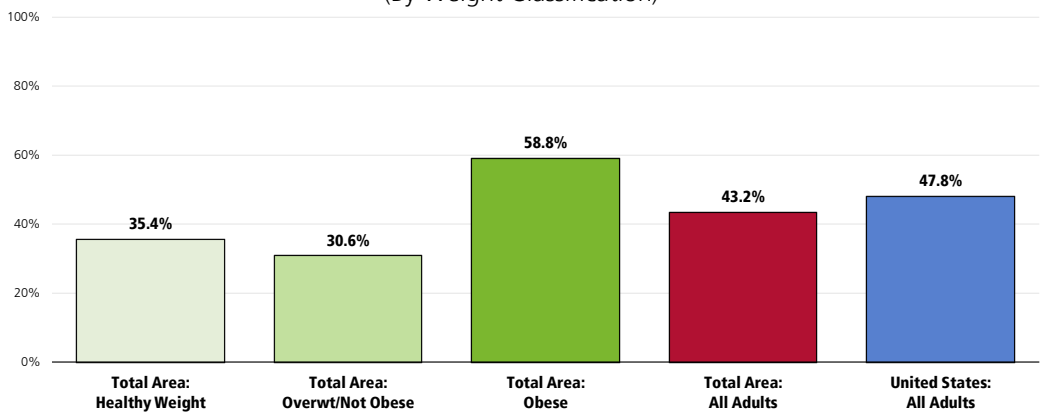
Health Advice About Physical Activity & Exercise

A total of 43.2% of Total Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.
- Note: 58.8% of obese Total Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 19]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

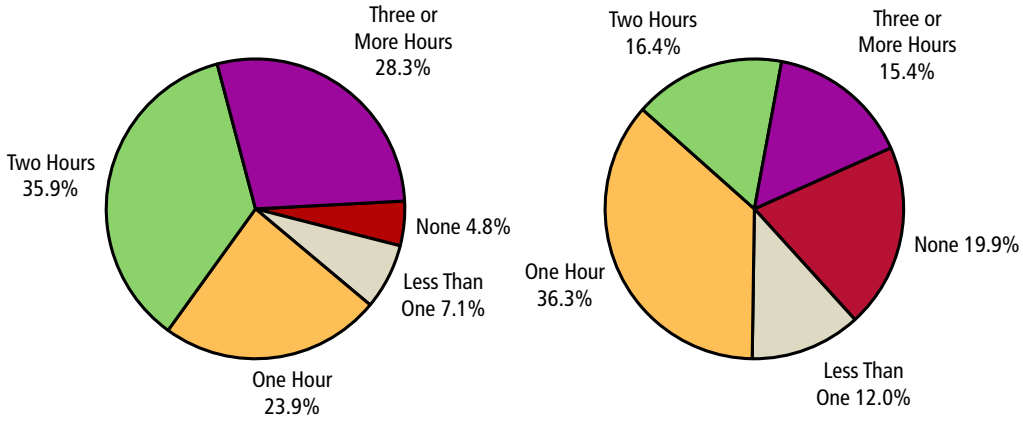
Children's Screen Time

Among children aged 5 through 17, 28.3% average three or more hours of television per day, and 15.4% spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.)**.**

- Similar to the US prevalence for both television and other screen time.
- In contrast, 35.8% of children aged 5-17 spend **one hour or less** watching television on an average day, and 68.2% spend **one hour or less** on other screen time.

Children's Screen Time

(Among Parents of Children Ages 5-17; Overall, 2011)



Number of Hours/Day of Television

Number of Hours/Day of Other Screen Time
(i.e., video games and computer/Internet entertainment)

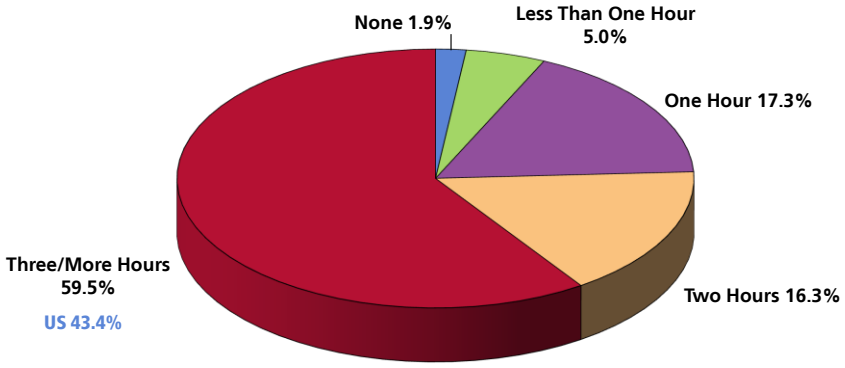
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey [Items 138-139]
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

When combined, 59.5% of Total Area children spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Less favorable than the nationwide figure.

Children's Total Screen Time Per Day

(Total Area Children 5-17, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 177]
• Professional Research Consultants, Inc. PRC National Health Survey.
Notes: • Asked of all respondents with children between the ages of 5 and 17.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of □30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of □30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

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

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

Adult Weight Status

Healthy Weight

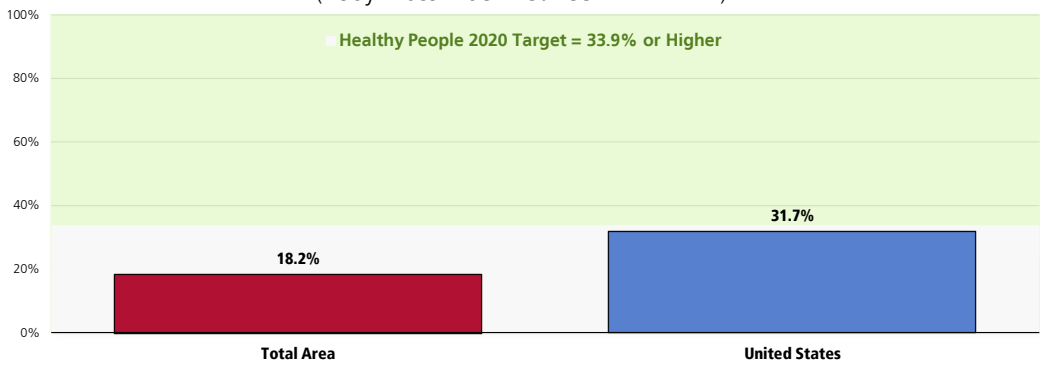
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, only 18.2% of Total Area adults are at a healthy weight.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

Healthy Weight

(Body Mass Index Between 18.5-24.9)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 179]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

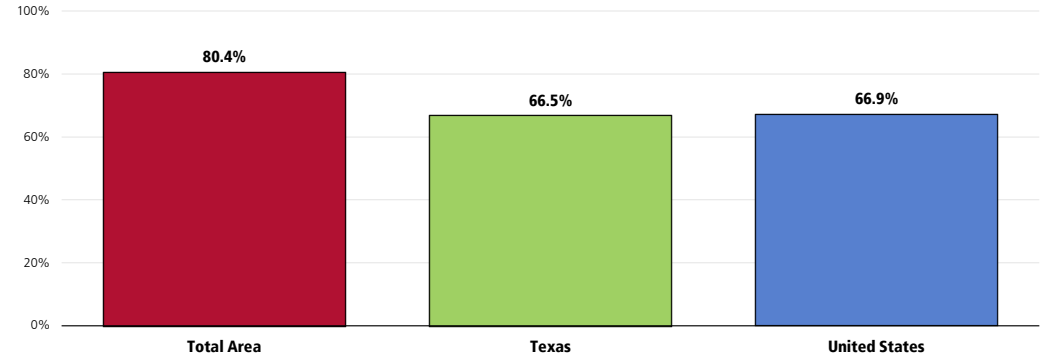
Here, "overweight" includes those respondents with a BMI value ≥25.

A full 80.4% of Total Area adults are overweight.

- Much higher than the Texas prevalence.
- Much higher than the US overweight prevalence.

Prevalence of Total Overweight

(Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 179]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

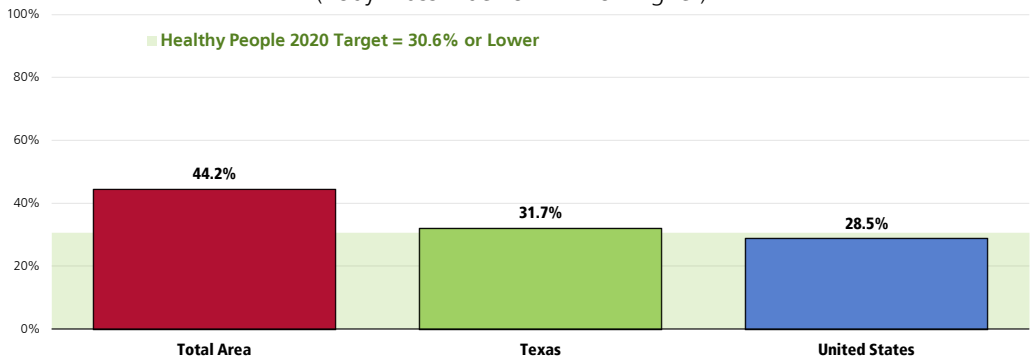
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, 44.2% of Total Area adults are obese.

- Much less favorable than Texas findings.
- Much less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 179]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective NWS-9]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.

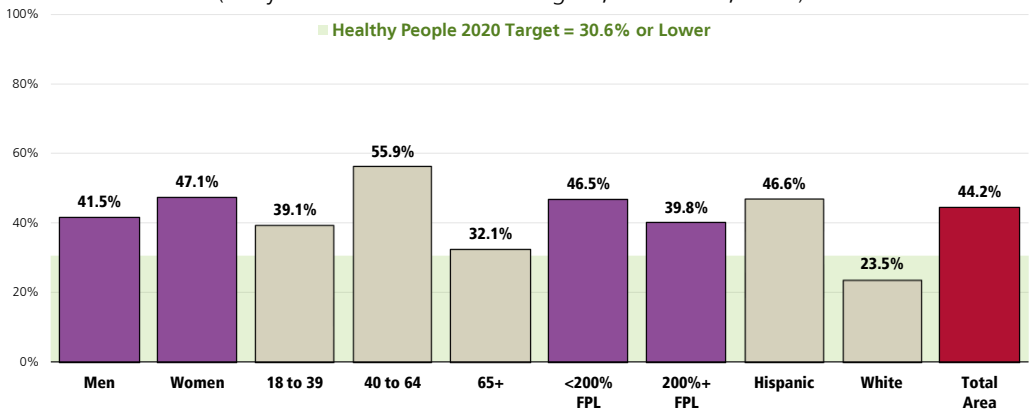
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Adults between the ages of 40 and 64 (over 50%).
- Hispanics.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Total Area, 2011)



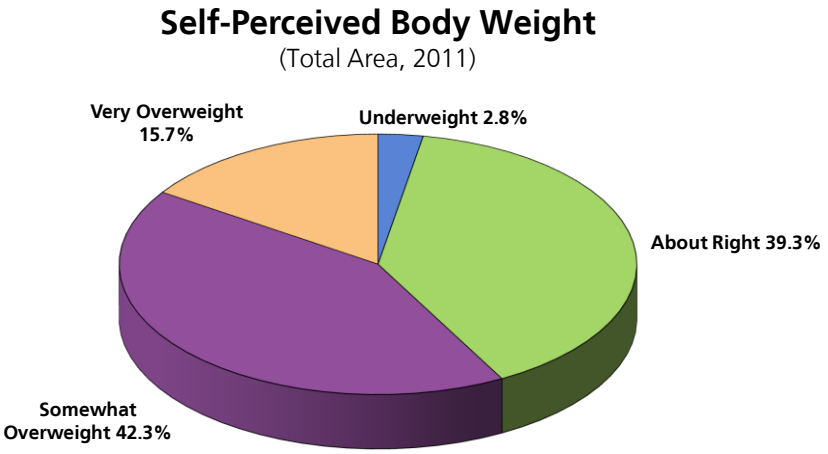
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 179]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective NWS-9]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Self-Perceived Body Weight

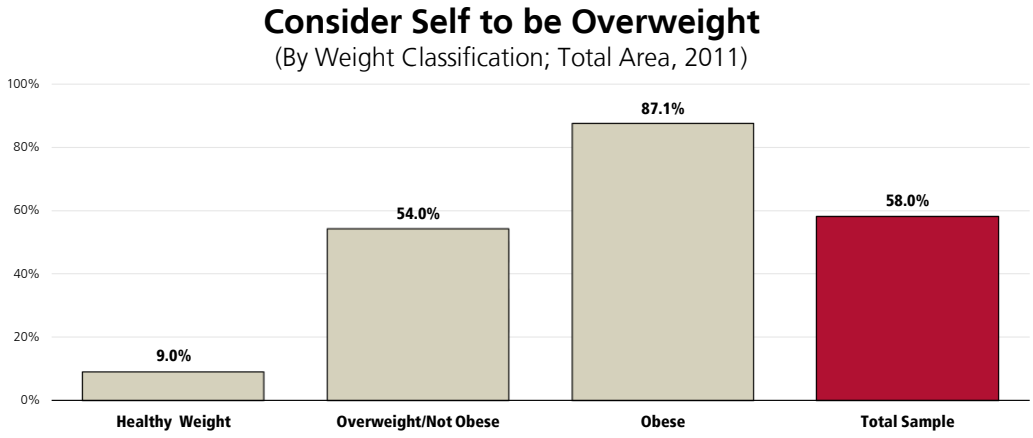
When asked to consider their own bodyweight, 39.3% of Total Area residents consider themselves to be "about right."

- In contrast, 42.3% of adults consider themselves to be "somewhat overweight" and 15.7% consider themselves to be "very overweight."



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 111]
Notes: • Asked of all respondents.

Note that only 54.0% of overweight Total Area adults consider themselves to be "very" or "somewhat overweight."



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 111]
Notes: • Based on reported heights and weights, asked of all respondents.
• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

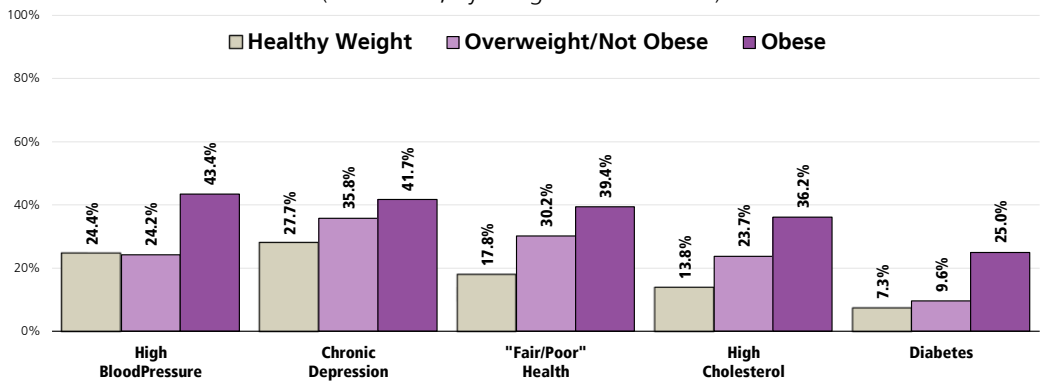
Relationship of Overweight With Other Health Issues

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

Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are: Hypertension (high blood pressure), chronic depression, "fair/poor" health, high cholesterol, and diabetes.

Relationship of Overweight With Other Health Issues
(Total Area; By Weight Classification)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 5, 28, 32, 35, 44, 113, 143, 143]

Notes:
- Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

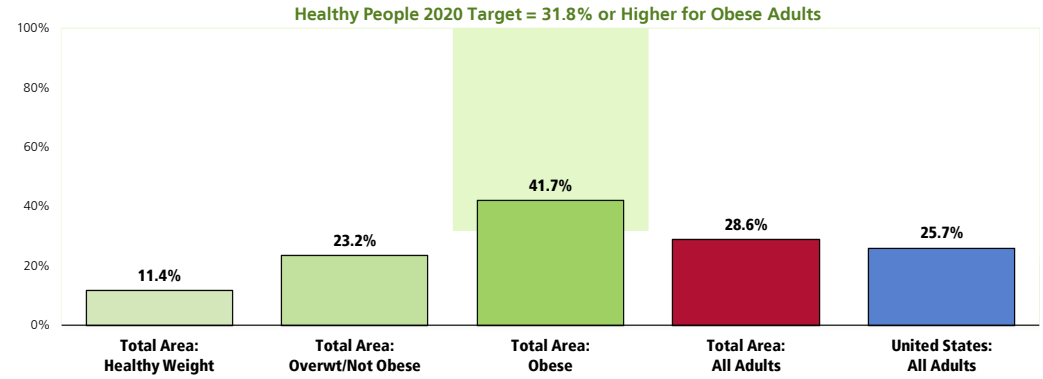
A total of 28.6% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.

Note that 41.7% of obese adults have been given advice about their weight by a health professional in the past year (while nearly 60% have not).

- This satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 110, 181-182]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective NWS-6.2]

Notes:
- Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

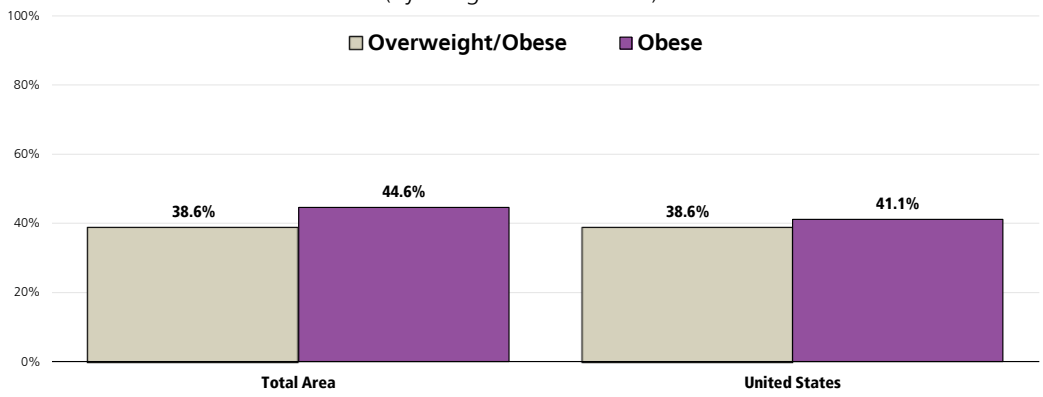
A total of 38.6% of Total Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Identical to national findings.

Note: 44.6% of obese Total Area adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(By Weight Classification)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 180]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Based on reported heights and weights, asked of all respondents.

Related Focus Group Findings: Exercise & Nutrition

The concerns with nutrition are the lack of inexpensive fresh foods and the plethora of cheap unhealthy foods. The Mexican culture is one that cooks with very high fat, high calorie foods that lead to weight gain when not eaten in moderation. Additionally, so many people are getting take out foods rather than preparing a healthy meal at home. Participants also mentioned that the Mexican culture sees chubby children as healthy children. More education regarding healthy living is needed in the community to change the poor nutrition habits that have developed.

Participants would like to see more of the community exercising but realize that there are challenges in that area. Unfortunately the community is not one that is full of walking trails or even sidewalks. The colonias can be dangerous, so many people prefer not to go out in the evening when they would have the chance to exercise. There was also mention that there are too few parks in the community.

Of the parks that are available, participants did mention that they seem to be in use regularly and that there are several gyms in the community that seem to attract many people.

> *"And again, it boils down to the fact that easy, cheap food is related to high calorie, fatty foods and there is not a serious commitment from anybody to teach or understand that if we make healthy food cheaper, hopefully we will change the mind of a lot of people. But it's cultural as well. There is a lot of culture involved in this and educating our families is a big, big challenge."*
>
> *"And the colonias would have very limited – and there are safety issues in the colonias. And the roads aren't the kind you can walk on because they are going to be rutted and wet and muddy and dark."*
>
> *"I know Knapp offers some education programs, but I'm not sure if that information is distributed well enough. I don't know how their attendance is, but I know they offer some – but education for sure is needed, more accessible and maybe more of it."*
>
> *"Everybody has such a crazy lifestyle. It's easier to drive through Wendy's and get a bag of 5 burgers for $5 bucks than to go home and cook a healthy meal."*
>
> *"But there are a lot of people taking those Zumba classes and the parks are full, any time of the day. So that's sort of a good sign."*

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

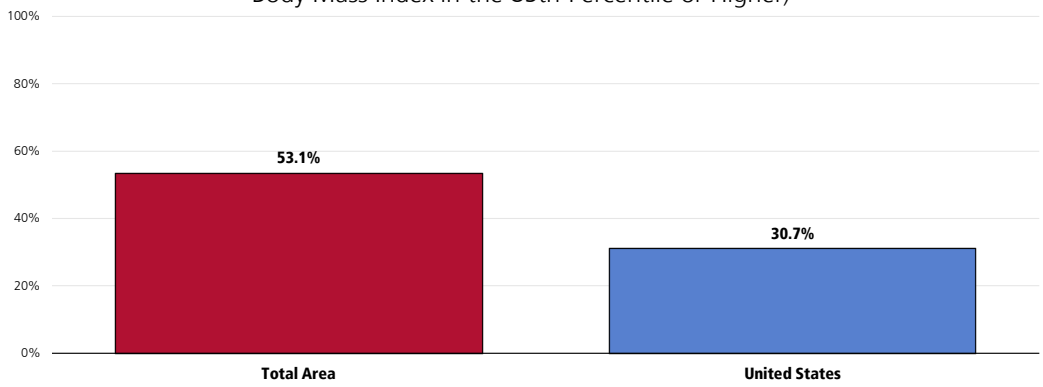
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, more than one-half (53.1%) of Total Area children age 6 to 17 are overweight or obese (≥85th percentile)**.**

- Dramatically higher than found nationally.

Child Total Overweight Prevalence

(Percent of Children 6-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 183]
- Professional Research Consultants. PRC National Health Survey. 2011.

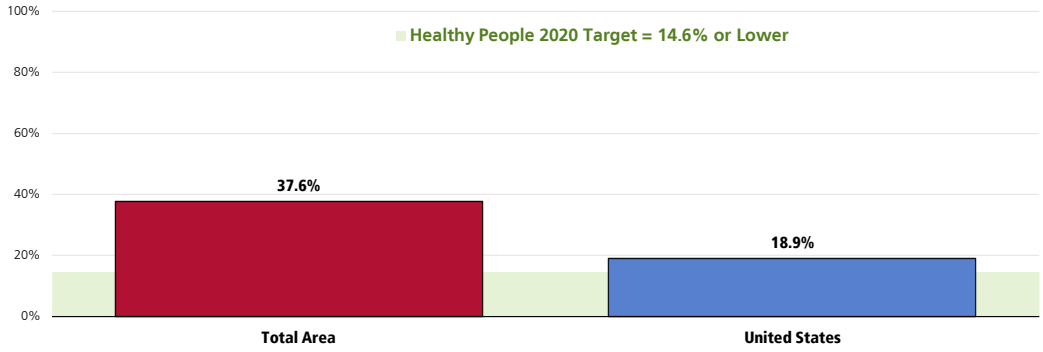
Notes:
- Asked of all respondents with children aged 6-17 at home.
- Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

A total of 37.6% of Total Area children age 6 to 17 are obese (≥95th percentile).

- Twice the national percentage.
- Far from satisfying the Healthy People 2020 target (14.6% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children 6-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 183]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective NWS-10.4]

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

Further note that:

- Only 26.1% of parents of children age 6-17 consider their child to be "somewhat" or "very overweight."
- Only 13.4% have been told that their child is overweight by a health professional or someone at school in the past year.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

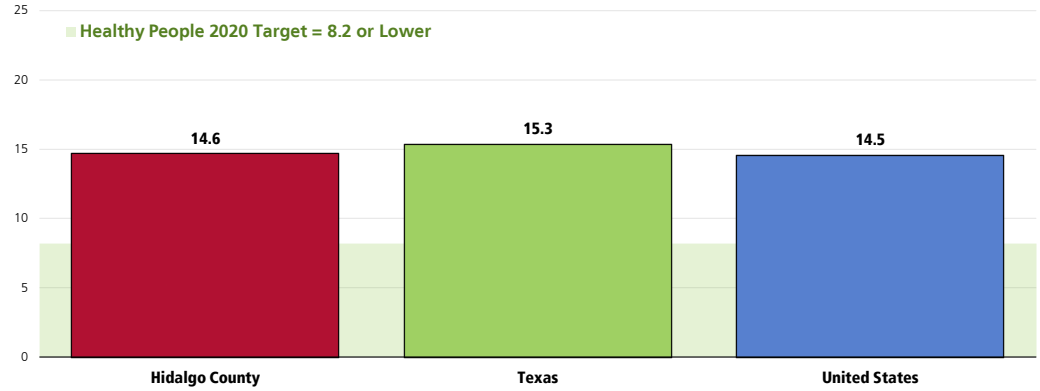
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 14.6 deaths per 100,000 population in Hidalgo County.

- Similar to the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

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



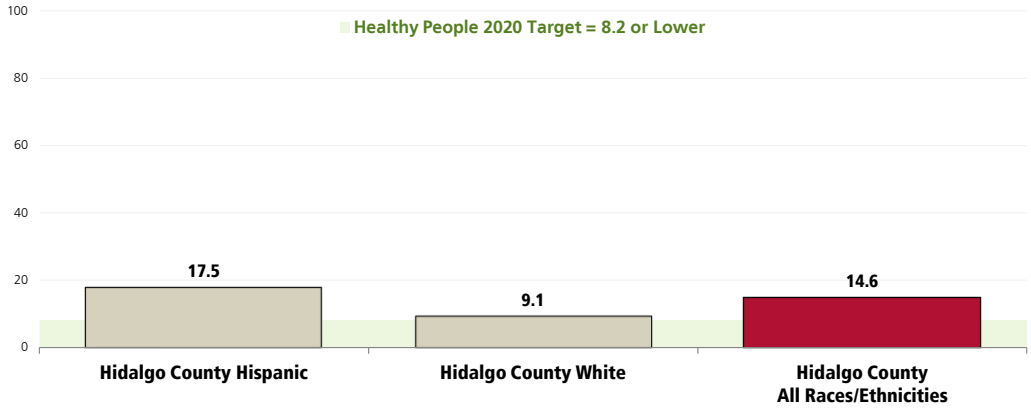
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

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

Cirrhosis mortality rates are notably higher among Hispanics than among Whites in Hidalgo County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

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



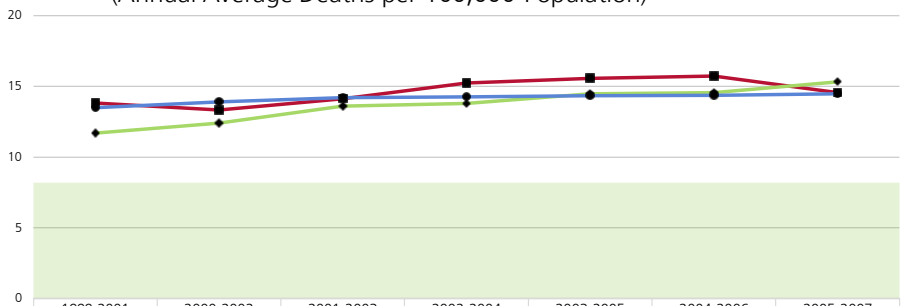
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Mortality rates increased overall in the county in the past decade; the same can be said for state and national rates.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Hidalgo County	13.8	13.3	14.1	15.2	15.6	15.7	14.6
Texas	11.7	12.4	13.6	13.8	14.5	14.6	15.3
United States	13.5	13.9	14.2	14.3	14.3	14.4	14.5

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

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

High-Risk Alcohol Use

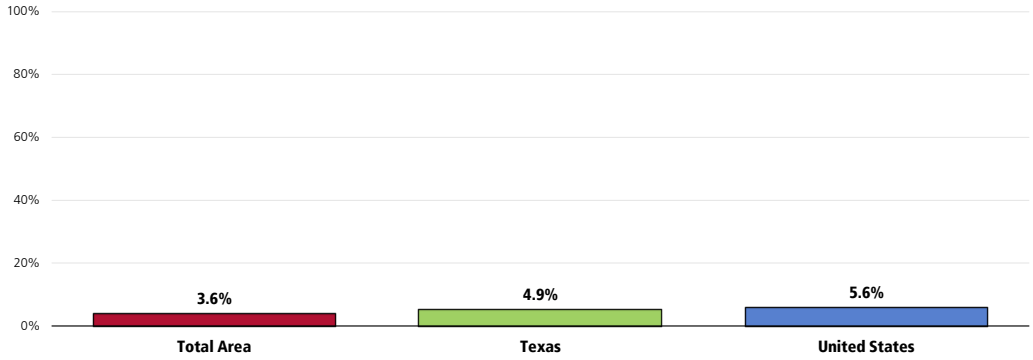
Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 3.6% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.

Chronic Drinkers

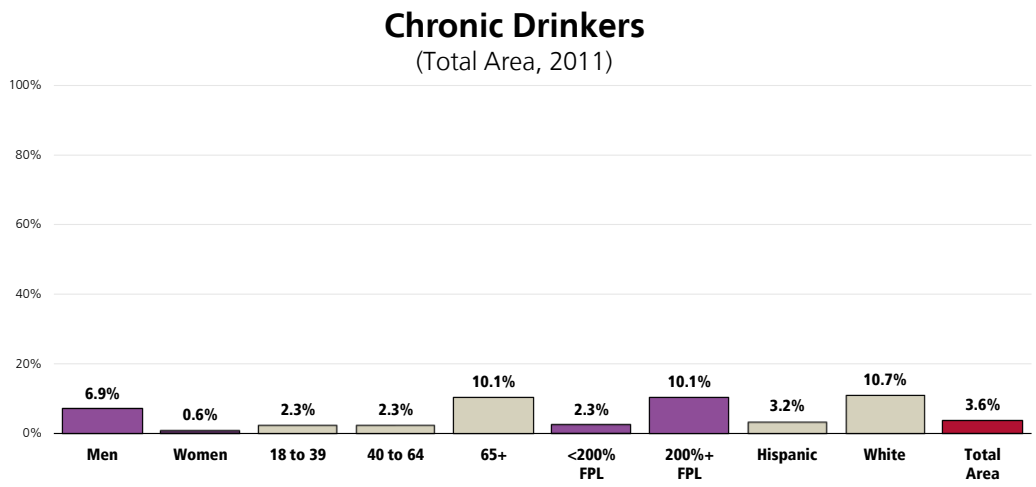


Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 189]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

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

Chronic drinking is more prevalent among men, adults 65+, higher-income residents, and Whites.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 189]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Binge Drinking

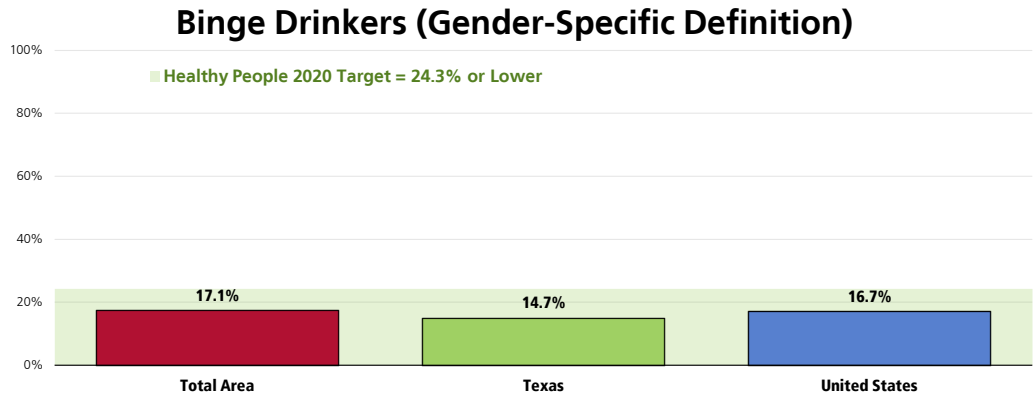
Binge drinkers include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 17.1% of Total Area adults are binge drinkers.

- Similar to Texas findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

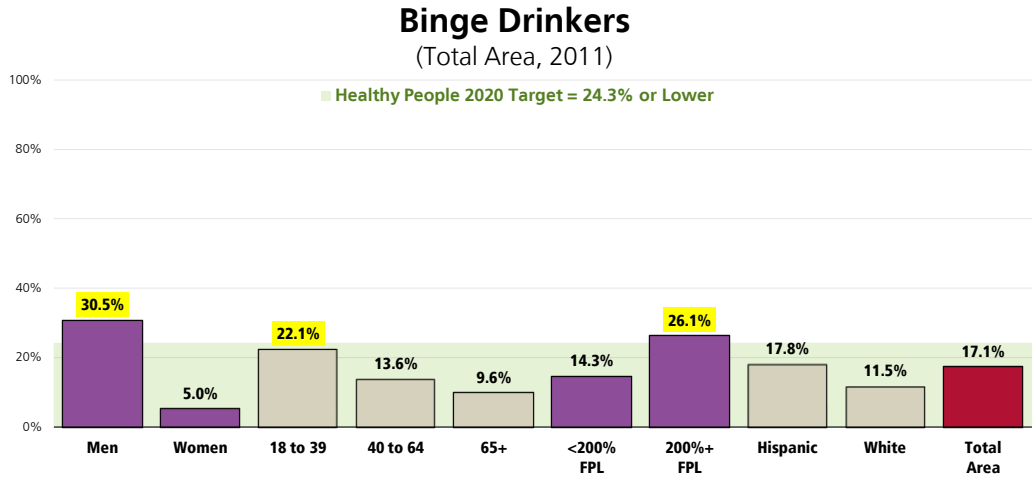


Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 190]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion. In 2006, this definition did not distinguish by gender and represents the percentage of men and women consuming 5+ alcoholic drinks on one occasion.

Binge drinking is more prevalent among:

- Men.
- Adults under age 40.
- Higher-income residents.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective SA-14.3]

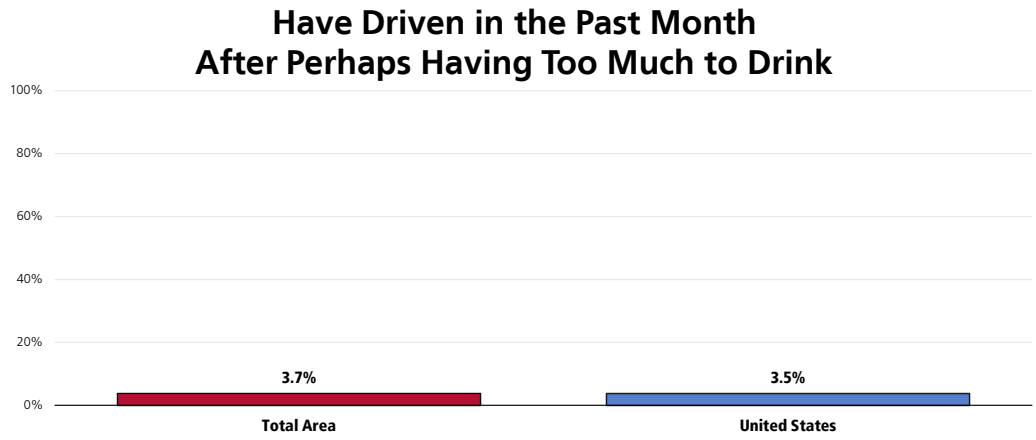
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 3.7% of Total Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.



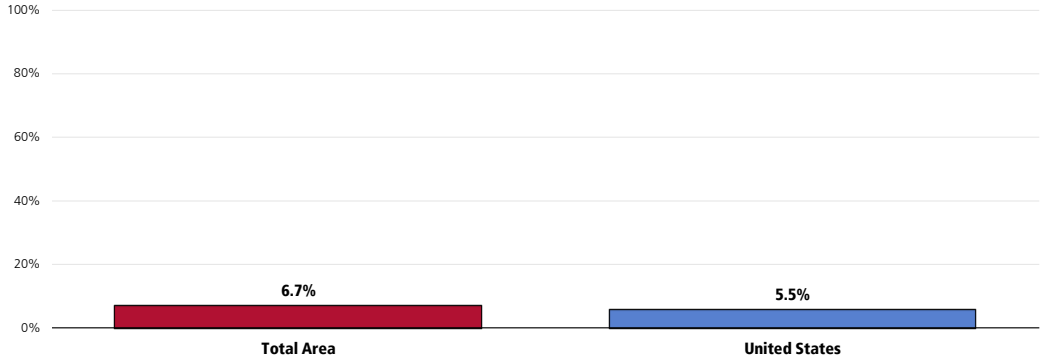
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 70]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

A total of 6.7% of Total Area adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Similar to the national findings.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 191]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

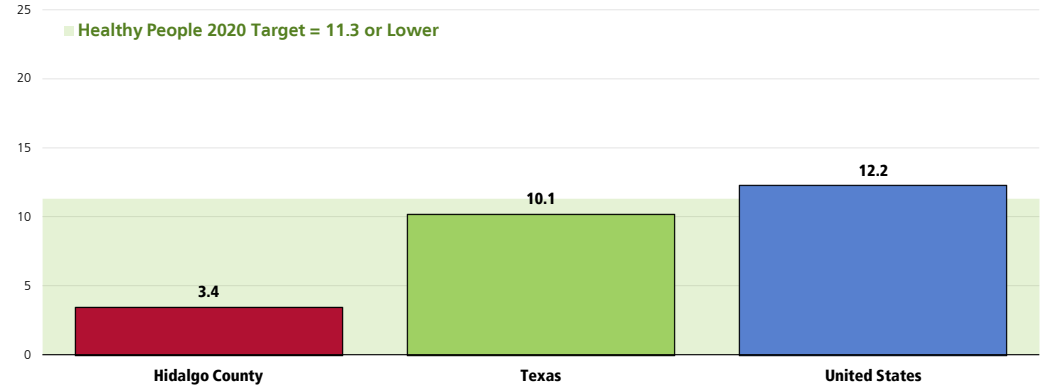
Age-Adjusted Drug-Induced Deaths

Between 2005 and 2007, there was an annual average age-adjusted drug-induced mortality rate of 3.4 deaths per 100,000 population in the Total Area.

- Much more favorable than the statewide rate.
- Much more favorable than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

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



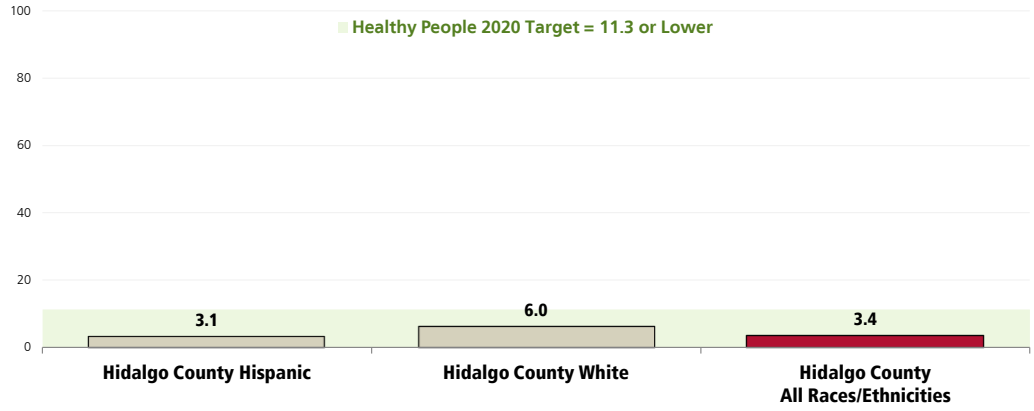
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov.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

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

Drug-induced mortality rates are higher among Whites than among Hispanics in Hidalgo County.

Drug-Induced Deaths: Age-Adjusted Mortality by Race

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



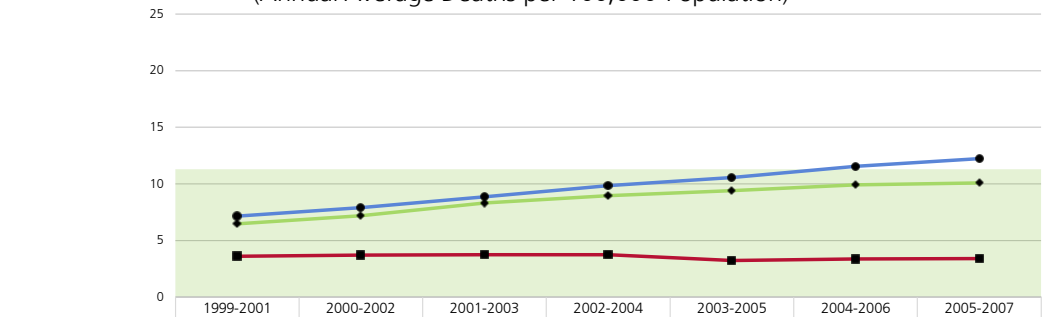
Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted June2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- County, state and national data are simple three-year averages.
- Note that the number for "White" residents represent Non-Hispanic Whites in Hidalgo County.

Across Hidalgo County, drug-induced mortality rates decreased slightly over the past decade. Statewide and nationwide, rates increased steadily during this time.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	11.3	11.3	11.3	11.3	11.3	11.3	11.3
Hidalgo County	3.6	3.7	3.7	3.7	3.2	3.4	3.4
Texas	6.5	7.2	8.3	9.0	9.4	9.9	10.1
United States	7.2	7.9	8.9	9.8	10.6	11.5	12.2

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

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

Illicit Drug Use

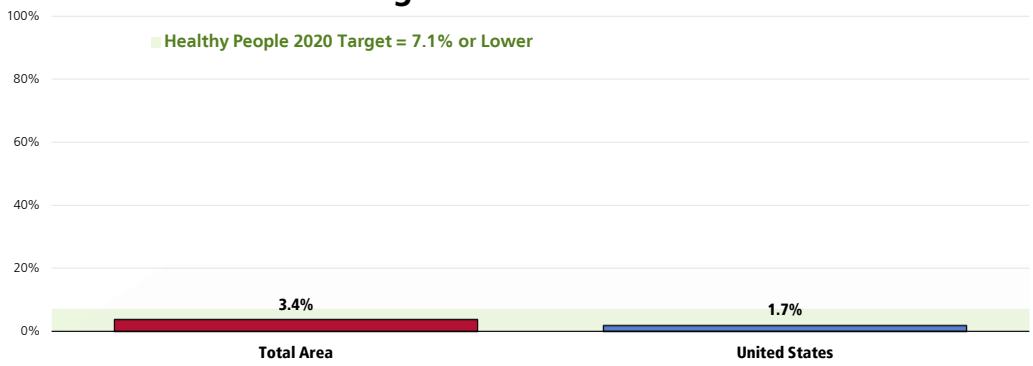
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 3.4% of Total Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 objective of 7.1% or lower.

Illicit Drug Use in the Past Month



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 72]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective SA-13.3]

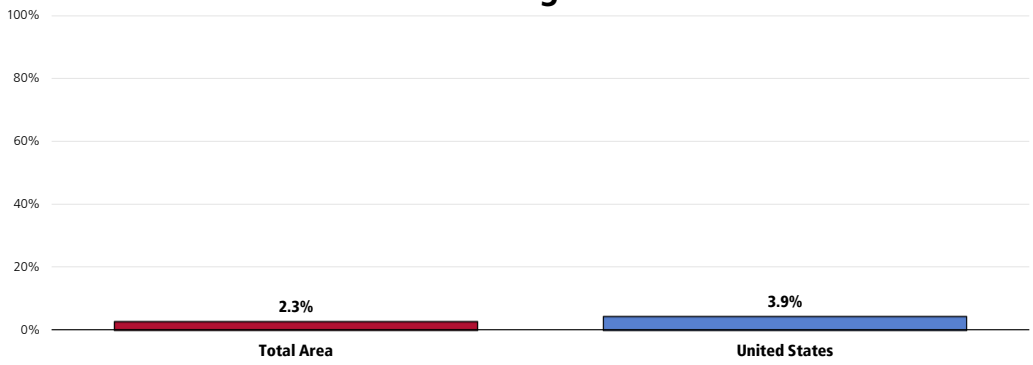
Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 2.3% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

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



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 73]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Related Focus Group Findings: Substance Abuse

Participants spoke about many issues regarding substance abuse. One of their main concerns is the accessibility of prescription drugs for teenagers who are buying them in Mexico and selling them at school or on the street. Additionally, students are abusing over-the-counter medications by simply taking them in larger doses.

There is also concern about alcoholism in the community. Participants mentioned the ease of obtaining alcohol for youth as well as how often adults are consuming alcohol.

Unfortunately, according to participants, there are very few drug rehab services in the area. Students who have private insurance or Medicaid, can get services through outside counseling agencies and are able to get the services at school. However, for those without any kind of insurance, there are few options. If someone is in need of long-term residential care, it's limited.

> *"It's inexcusable that we have no drug rehab services here."*
>
> *"And for addiction, that's very limited resources for kids who have addiction issues. "*
>
> *"They can walk across to the pharmacies in Progresso and you can purchase prescription drugs over the counter there and they sell them for $2.00 a tablet in the schools."*
>
> *"There are also teenagers abusing over the counter medications also."*

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

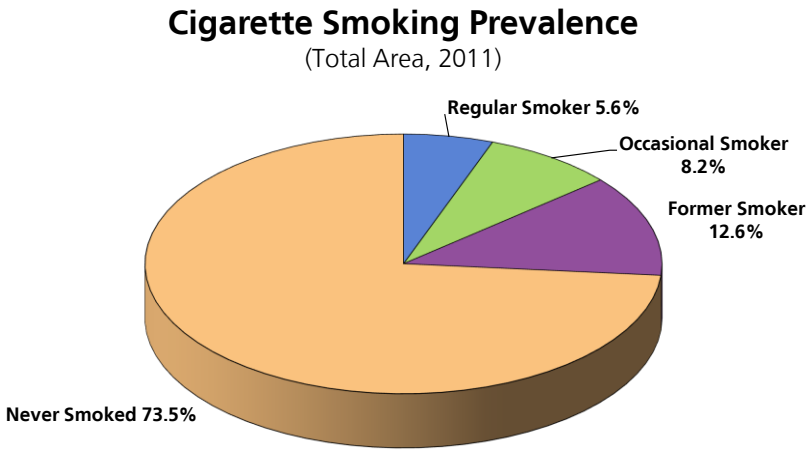
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

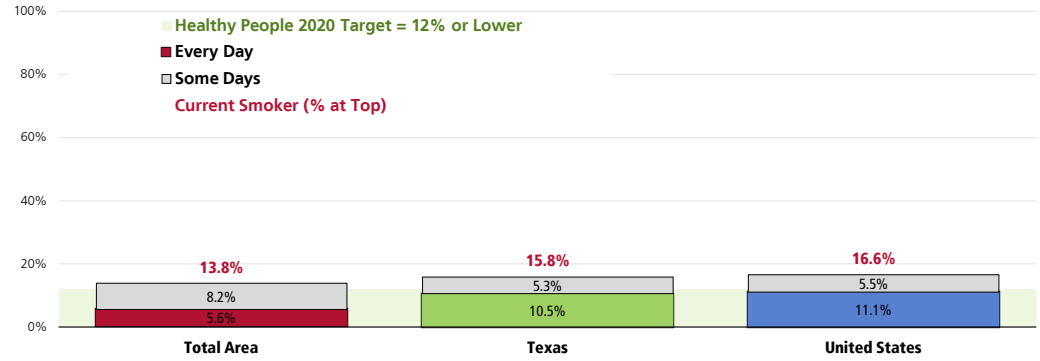
A total of 13.8% of Total Area adults currently smoke cigarettes, either regularly (5.6% every day) or occasionally (8.2% on some days).



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 184]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

Current Smokers



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 184]
- Professional Research Consultants. PRC National Health Survey. 2011.
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

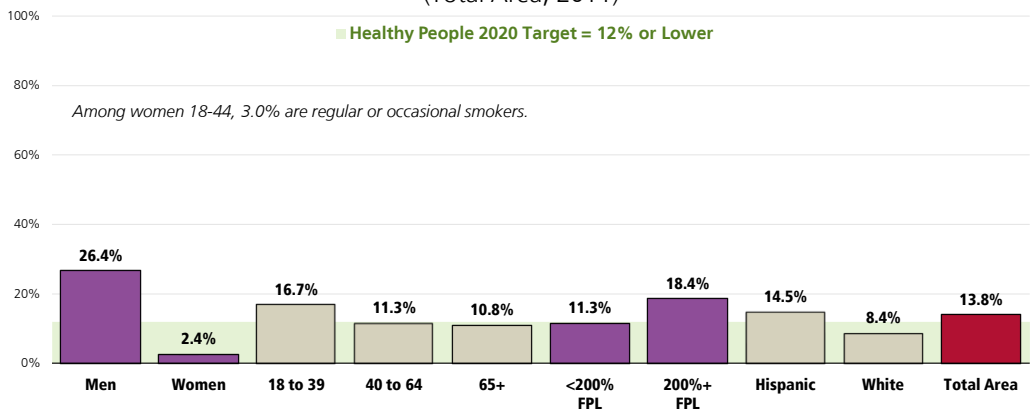
Cigarette smoking is 11 times more likely among Total Area men than women.

Note also:

Just 3.0% of women of child-bearing age (ages 18 to 44) currently smoke. This low percentage is favorable 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

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 184-185]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective TU-1.1]

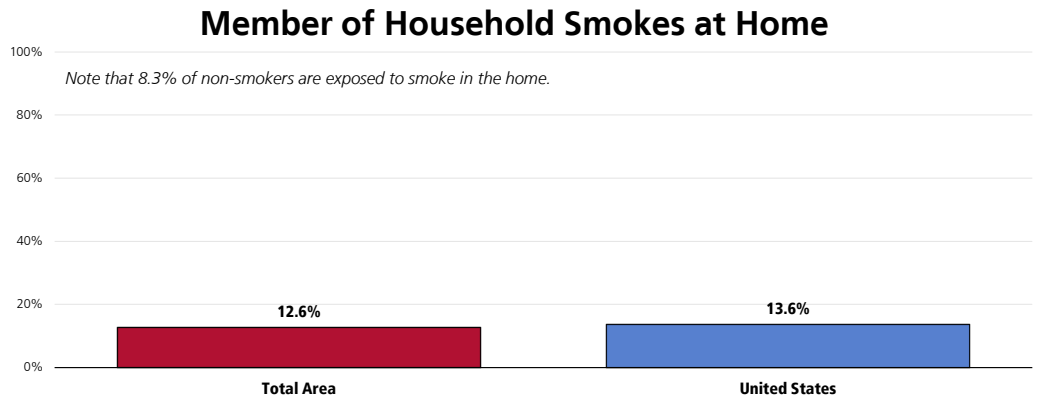
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Environmental Tobacco Smoke

A total of 12.6% of Total Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Comparable to national findings.

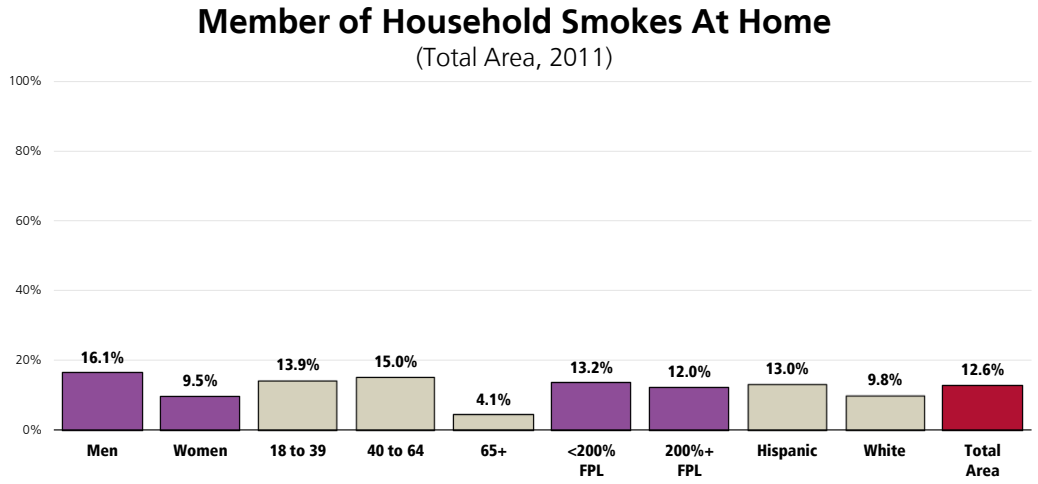
- Note that 8.3% of Total Area non-smokers are exposed to cigarette smoke at home.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 64, 186]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents under age 65.

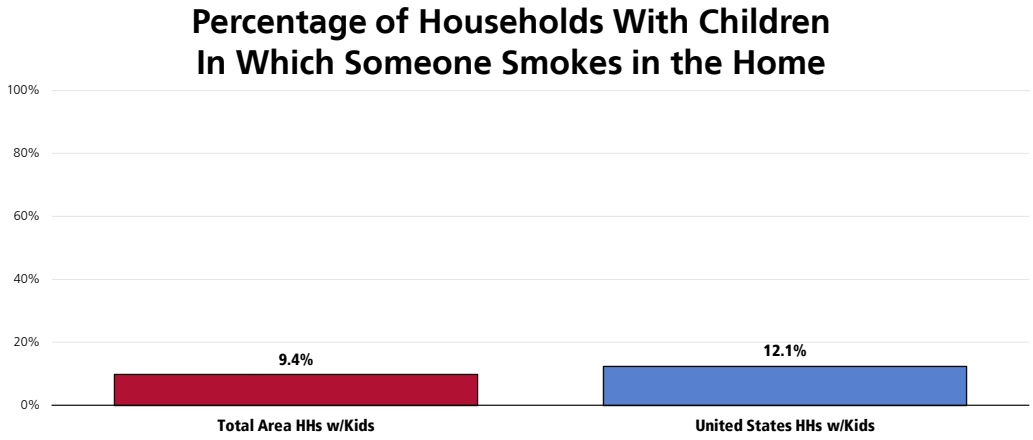


Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 64]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Among households with children, 9.4% have someone who smokes cigarettes in the home.

- Similar to national findings.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 187]
- Professional Research Consultants. PRC National Health Survey. 2011.

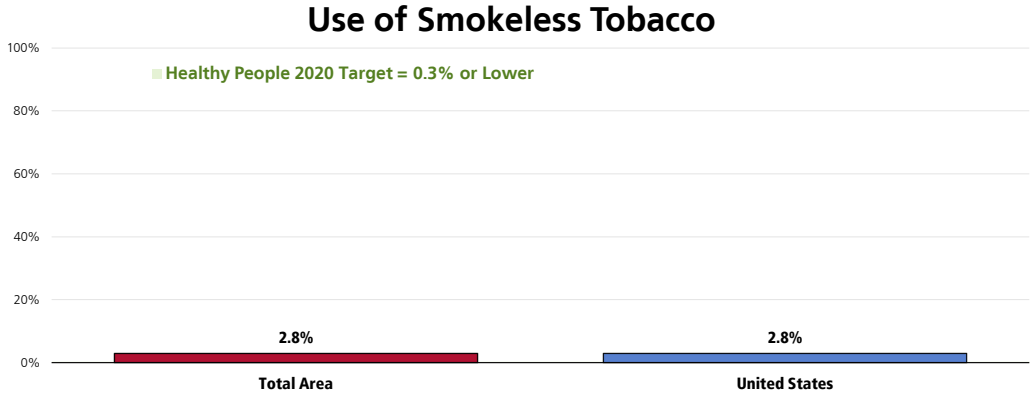
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Smokeless Tobacco Use

A total of 2.8% of Total Area adults use some type of smokeless tobacco every day or on some days.

- Identical to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).



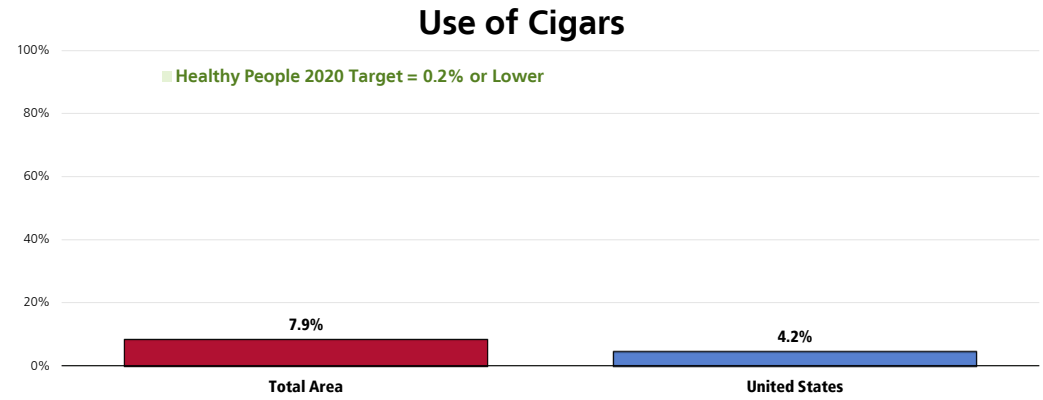
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 65]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Cigars

A total of 7.9% of Total Area adults use cigars every day or on some days.

- Higher than the national percentage.
- Far from satisfying the Healthy People 2020 target (0.2% or lower).



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 66]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective TU-1.3]

Notes:
- Asked of all respondents.

Related Focus Group Findings: Tobacco

Participants were mixed on the prevalence of tobacco usage in the community. Some feel as though cigarette smoking has decreased in the population while others feel as though it has increased in the youth population. There was agreement that smokeless tobacco is very popular in the community.

> *"It's very rampant down here, I think with the kids."*
>
> *"There's a lot of tobacco use, but not the smoking kind."*

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

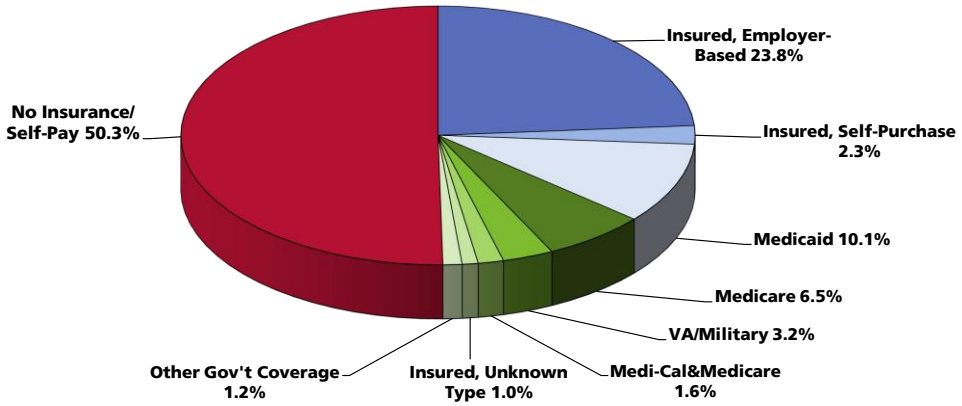
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 26.1% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 22.6% report coverage through a government-sponsored program (e.g., MediCal, Medicaid, Medicare, military benefits)**.**

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Total Area, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 192]
Notes: • Reflects respondents aged 18 to 64.

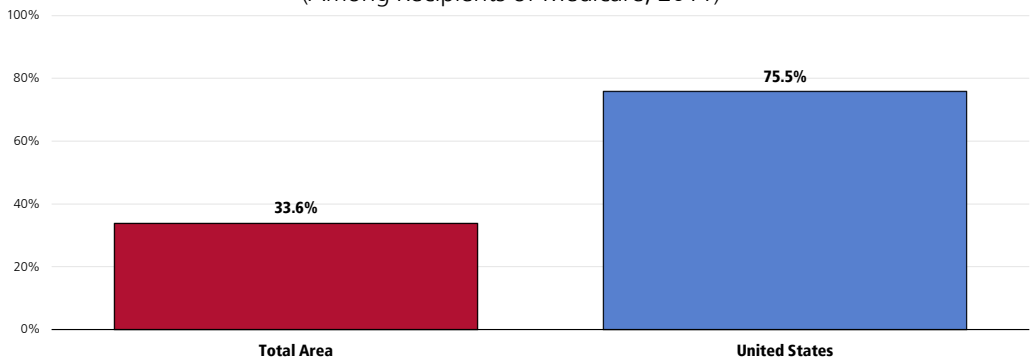
Supplemental Coverage

Among Medicare recipients, only one-third (33.6%) has additional, supplemental healthcare coverage.

- Less than half that reported among Medicare recipients nationwide.

Have Additional Supplemental Coverage

(Among Recipients of Medicare, 2011)

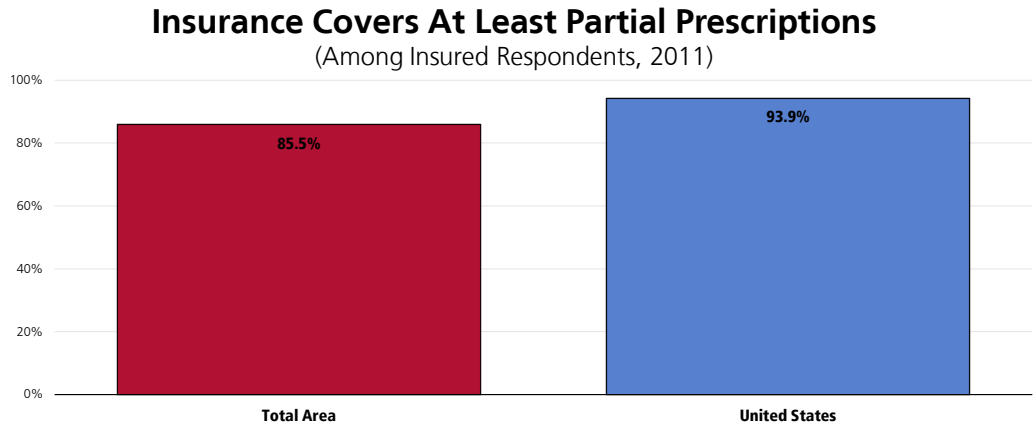


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 86]
• Professional Research Consultants, Inc. PRC National Health Survey. 2011.
Notes: • Asked of all respondents with Medicare coverage.

Prescription Drug Coverage

Among insured adults, 85.5% report having prescription coverage as part of their insurance plan.

- Less favorable than the national prevalence.



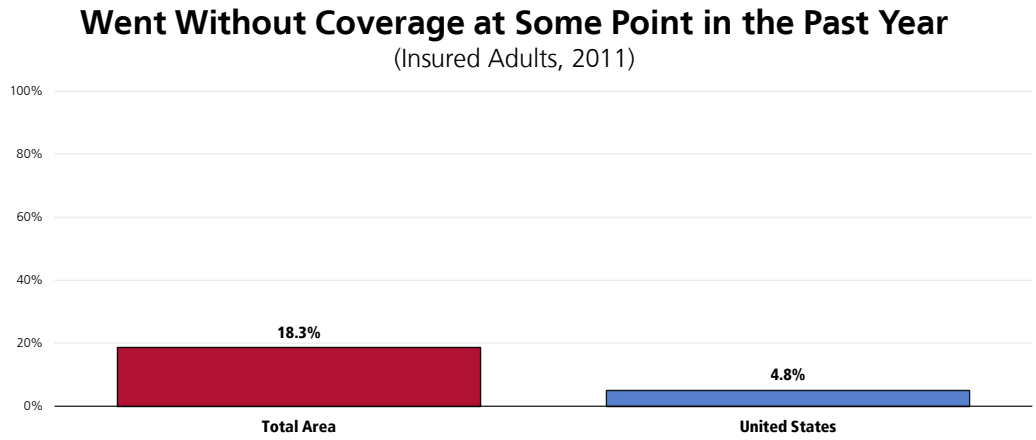
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 87]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with healthcare insurance coverage.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in the Total Area, 18.3% report that they were without healthcare coverage at some point in the past year.

- Much higher than the US finding.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]
- Professional Research Consultants. PRC National Health Survey. 2011.

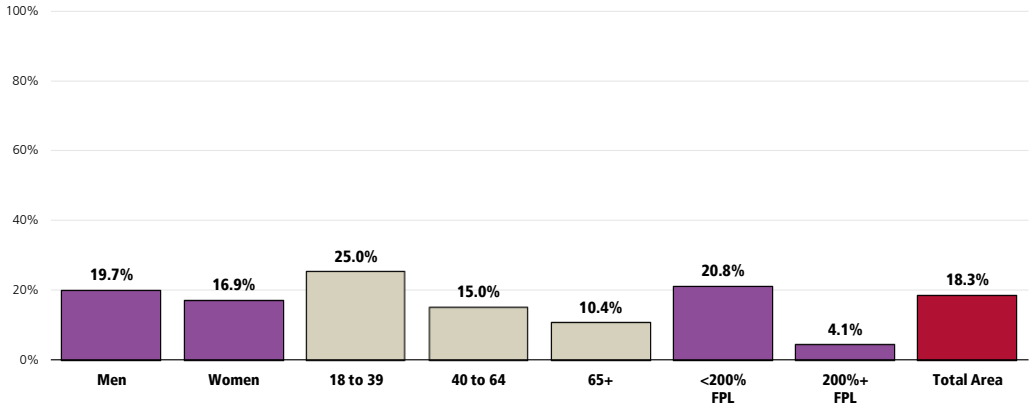
Notes:
- Asked of all respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.
- Lower-income residents.

Went Without Coverage at Some Point in the Past Year

(Insured Adults, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 88]

Notes:
- Asked of insured respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Lack of Health Insurance Coverage

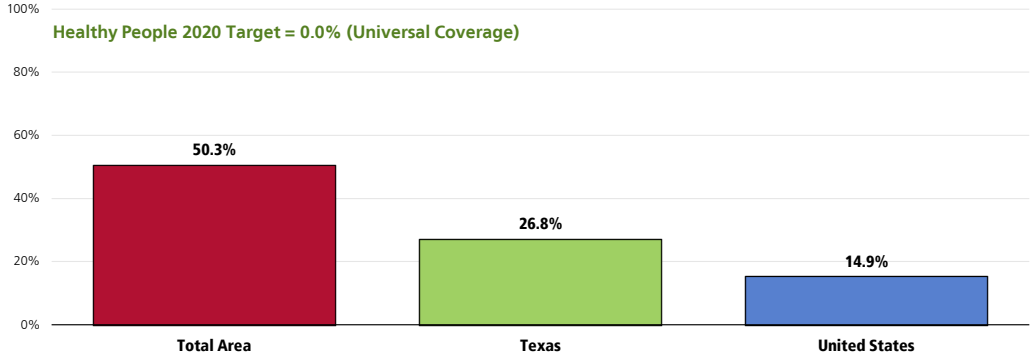
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults aged 18 to 64, a full one-half (50.3%) report having no insurance coverage for healthcare expenses.

- Nearly twice as high as state findings.
- More than three times higher than the national proportion.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Total Area Adults Under 65, 2011)



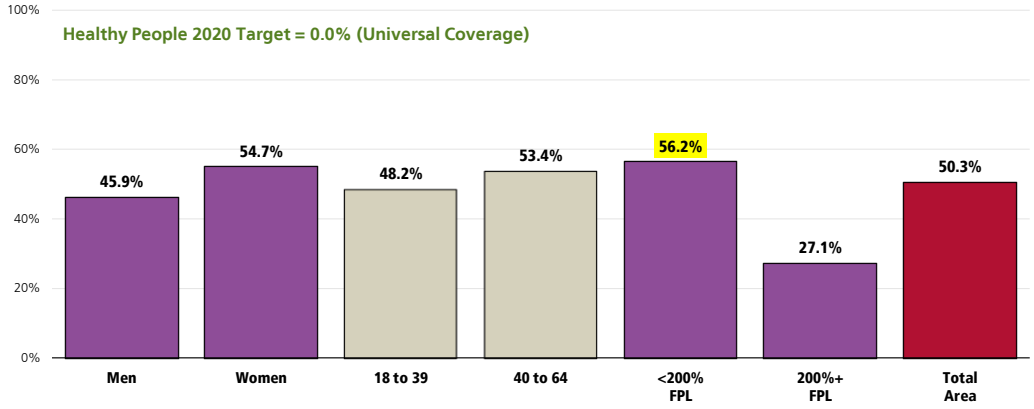
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 192]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective AHS-1]

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

Residents living at lower incomes are much more likely to be without healthcare insurance coverage (note the 56.2% uninsured prevalence among adults living below the 200% poverty threshold).

Lack of Healthcare Insurance Coverage

(Total Area Adults Under 65, 2011)



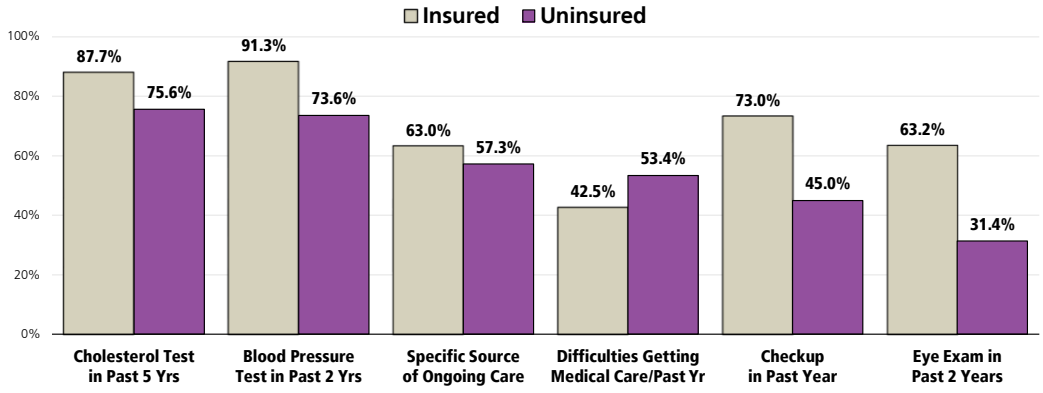
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 192]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

As might be expected, uninsured adults in the Total Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare

(By Insured Status; Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 17, 20, 49, 52, 194, 196]

Notes:
- Asked of all respondents.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

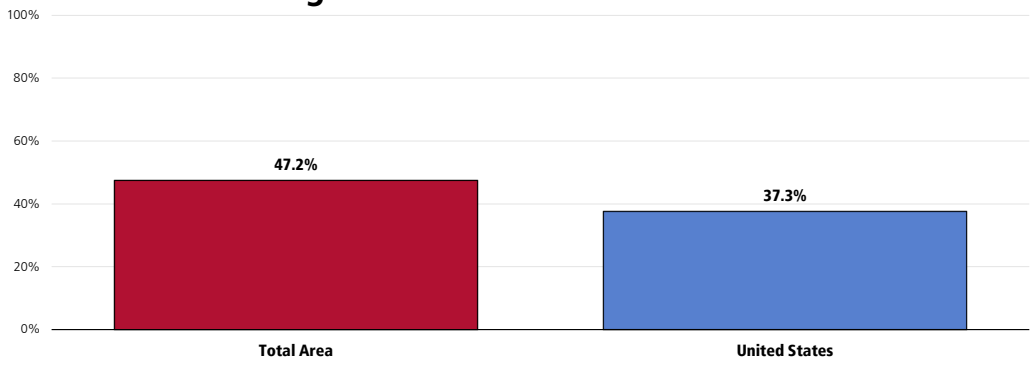
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 47.2% of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.

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



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 196]
- Professional Research Consultants. PRC National Health Survey. 2011.

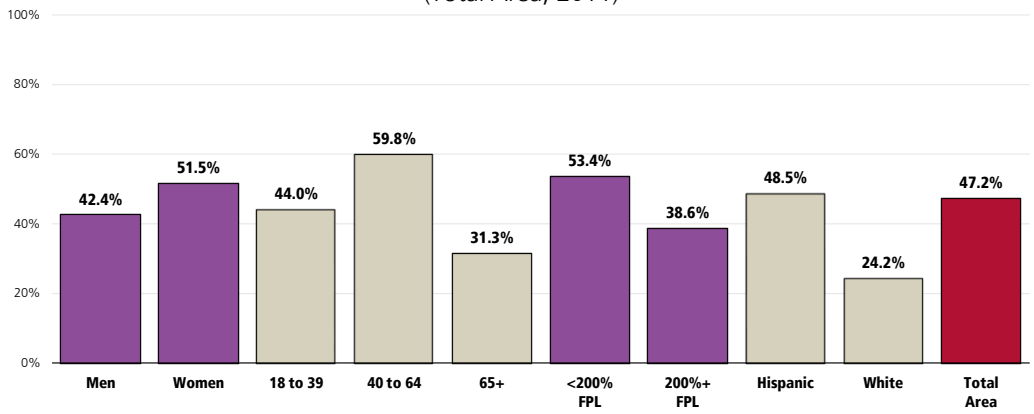
Notes:
- Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults aged 40 through 64.
- Lower-income residents.
- Hispanics.

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

(Total Area, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 196]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Related Focus Group Findings: Access to Healthcare

According to participants, there are many obstacles that people must face when trying to access healthcare. Those who make too much to have Medicaid/Medicare but don't make enough to buy their own health insurance are increasing in number and are having a difficult time getting healthcare that is affordable. There are some clinics that provide care for a relatively inexpensive cost but as one participant said, "Even $25 is too much for some people." Those who are on Medicare/Medicaid also struggle at times getting an appointment. There are more people on assistance than providers who are willing to take Medicare/Medicaid that it becomes difficult to get an appointment in a timely manner. According to participants, the wait for an appointment can be up to a month long. Many people don't want to wait that long so they end up not going at all.

Those who are here illegally often stay away from healthcare providers out of fear of being caught. Those people often end up in the emergency room once their illness has progressed to a stage where they are extremely ill.

There are also those who simply don't trust the physicians here so they go back to Mexico to get treatment. Sometimes, that treatment makes matters worse and the people end up sicker when they return than they were when they went.

Because the poverty level is so high in the community, physicians are seeing social issues stemming from a lack of education that in turn causes illness and a lack of compliance. Some houses, particularly those in the Colonias, have many, many people living in them in conditions that aren't fit for humans so when someone goes to the doctor for an illness and returns home, it doesn't take long for the illness to return.

Access to chemotherapy is a concern for participants. There are so many uninsured people who simply can't afford the chemotherapy treatments. Some find a doctor or a hospital willing to give free care, but that is so limited. And chemotherapy is so expensive that it wouldn't be realistic for it to be provided for free to everyone in

need. Additionally, it was mentioned that along the same lines people are being turned away from obtaining needed organ transplants because they have no insurance and have no way to pay for the medications needed for the rest of their lives.

Participants also mentioned the cost of medications and the choice so many people must make between buying food or buying their medications. Often times people will buy the cheaper, less healthy food so they can afford their prescriptions. One participant did mention that pharmaceutical companies do provide medications very low-cost or free for those who qualify. But, people must go online to register and many people are unaware that this program exists.

> *"It's also frustrating for individuals, even if they find that they have high blood pressure and they have diabetes or whatever, because where are they going to get treatment if they are not US Citizens."*
>
> *"And that is a frustration – or it takes two weeks or a month to get an appointment."*
>
> *"Yeah, the working poor that have no insurance because their job doesn't have insurance or they are not old enough to be on Medicare."*
>
> *"For certain tests that they don't have the money for but they don't have insurance so how are they going to get that done?"*
>
> *"They may get the first treatment while they are in the hospital, but what happens next week or three weeks from now when they need that second, third, fourth treatment? There is no money available for them. How do you say to a chemo patient, I don't know of any resources for you?"*

Related Focus Group Findings: Undocumented Residents

The undocumented population is one population which focus group participants have great concern for. Many of these people are not receiving timely medical care out of fear of being reported to the police. This is a group that is easily taken advantage of and is less likely to press charges against someone who has wronged them. This particular group lacks money, insurance and transportation—all things needed to receive adequate medical care.

> *"We would just talk to people and they were afraid to go to the clinic because they thought as soon as they ask for a social security number and if they don't have it, we're going to report them."*
>
> *"We have a big population of people who are working in the crops and everything and they are low in education and that's an immigrant fact."*
>
> *"They are afraid to ask for it then because oops, they'll find out we're not citizens."*
>
> *"Which I think is part of the big reason why that part of our community is so victimized. People know but they are afraid to come forward, afraid to pursue or afraid to say anything."*

Barriers to Healthcare Access

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

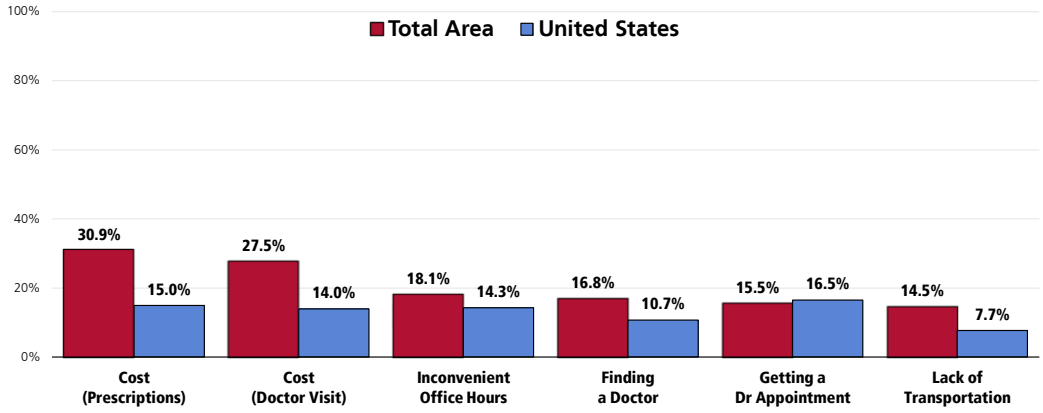
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of a prescription medication impacted the greatest share of Total Area adults (30.9% say that cost prevented them from obtaining a needed prescription in the past year).

Nearly as many (27.5%) **report not seeing a doctor when needed in the past year because they could not afford it.**

- The proportion of Total Area adults impacted was statistically less favorable than that found nationwide for each of the tested barriers, with the exception of difficulty obtaining an appointment.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 7-12]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents.

Related Focus Group Findings: Transportation

According to participants, the public transportation options in the area are very limited. Residents of the community who do not have their own transportation are often having to wait long lengths of time to get from one place to another using the public transportation in the community. Additionally, the stops that are made aren't always convenient to neighborhoods requiring riders to sometimes walk long distances to get from the bus stop to their destination.

Another concern is that many residents don't understand how to read the bus map and schedule so they are afraid to use the public transportation that is available to them. A suggestion given was to hold an education session on how to read the bus schedule and use the map.

For those who have limited income and can't afford the cost of public transportation, the United Way does provide transportation vouchers to those who live in the city as well as rural communities, no questions asked. According to participants, the vouchers are used quite often and have helped numerous people who otherwise wouldn't be able to access transportation.

> *"It doesn't have a sign where you can stop by and actually see the times and things like that. So it makes it more difficult for people to understand." [referring to the public bus system]*

"There's no public transportation, so if you are on a limited income and money for the car is going to be to get to work, money for the car is not going to be to go anyplace extra."

"The United Way has a program to provide vouchers for people who need to go see doctors and things. But again, it's very limited and it's that one agency."

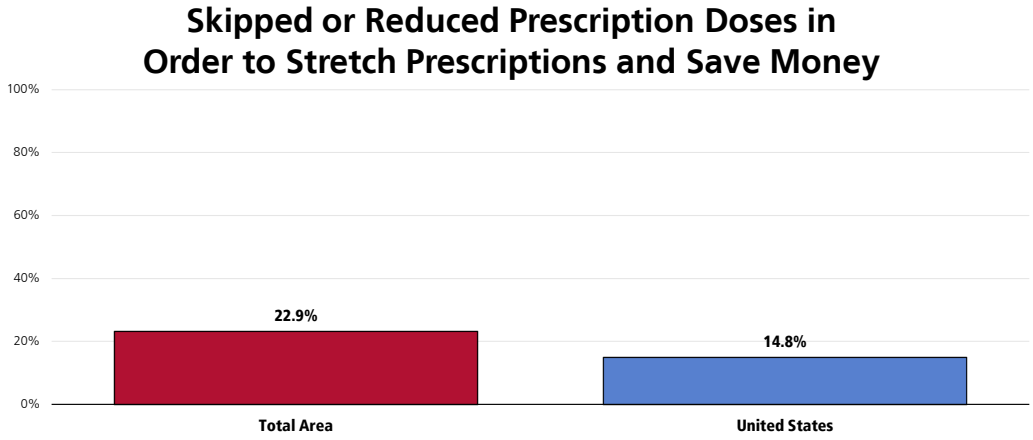
"We get all of the different transportation agencies around the valley, coming from the island and from Brownsville, McCallon transportation and there are minimal fees in some places. Other places, Medicaid might cover what differences resources might cover. You just gotta look for a way it could be covered. But there are resources."

"So that's something that comes up, how we would be able to get one centralized location where we could teach the people on how to access the transportation."

Prescriptions

Among all Total Area adults, 22.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.



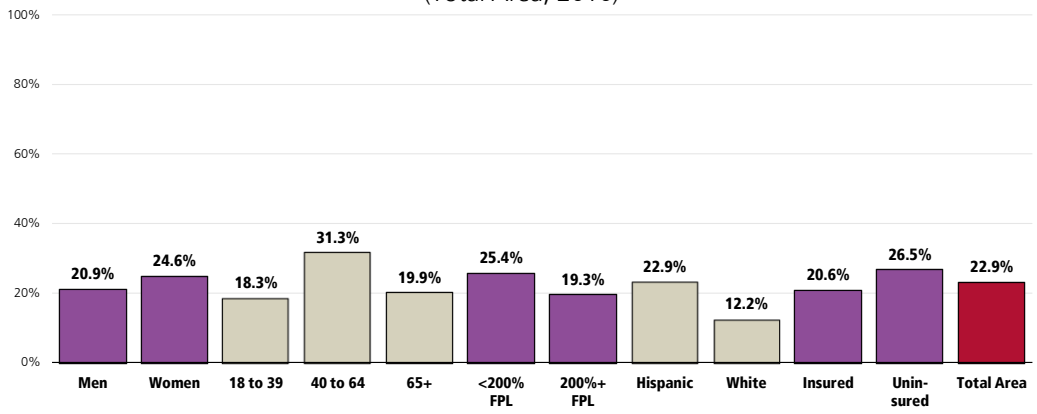
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey [Item 13]
• Professional Research Consultants, Inc. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

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

- Adults age 40 to 64.
- Hispanics.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Total Area, 2010)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Related Focus Group Findings: Prescriptions

Participants were concerned about the number of people who go to Mexico for medications instead of seeing a doctor in the community and getting a prescription for their ailment. Though the medications they are getting in Mexico are taking care of the pain, they are not taking care of the disease process. By the time a person is seen by a physician in the community there are often multiple diagnoses.

Physicians are also concerned that children are taking antibiotics that their parents obtained in Mexico, but the children aren't completing the regimen so they become resistant to that antibiotic. According to physicians, a large number of the pediatric population in the community is resistant to 2 out of 3 pediatric antibiotics because of this.

> *"Some will only do the things that their grandparents or great-grandparents taught."*
>
> *"So then when it gets really chronic, it's when these people are hitting our hospitals and going yeah, I've been taking all of these medications from Mexico."*

Accessing Healthcare for Children

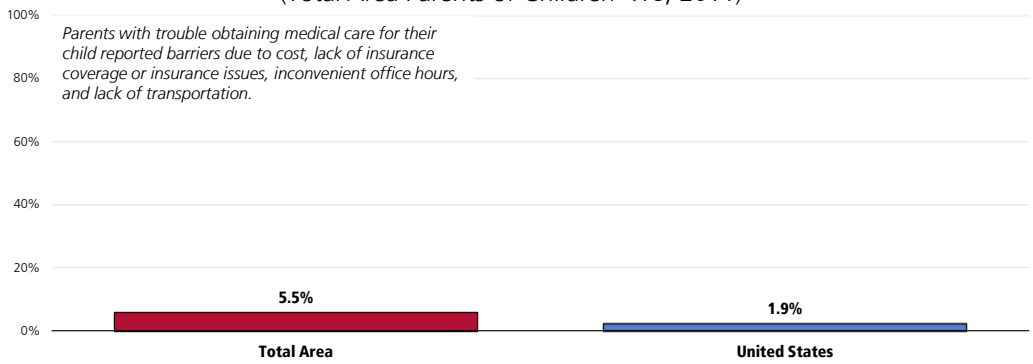
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 5.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Total Area Parents of Children <18, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 125-126]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children under 18 at home.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited insurance acceptance issues, inconvenient office hours, and lack of transportation.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

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.

Specific Source of Ongoing Care

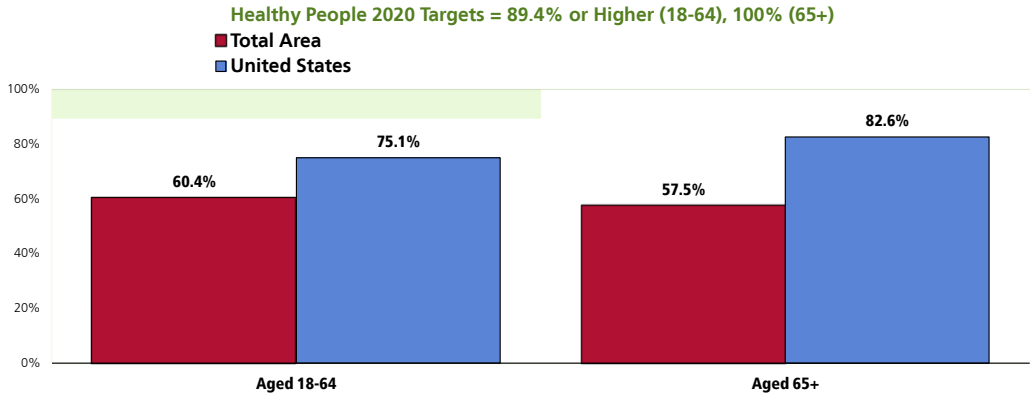
A total of 59.8% of Total Area adults were determined to have a specific source of ongoing medical care.

- Less favorable than national findings.

- Among adults age 18-64, 60.4% have a specific source for ongoing medical care, less favorable than national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4%or higher).

- Among adults 65+, 57.5% have a specific source for care, less favorable than the proportion reported among adults 65+ nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for adults 65+.

Have a Specific Source of Ongoing Medical Care



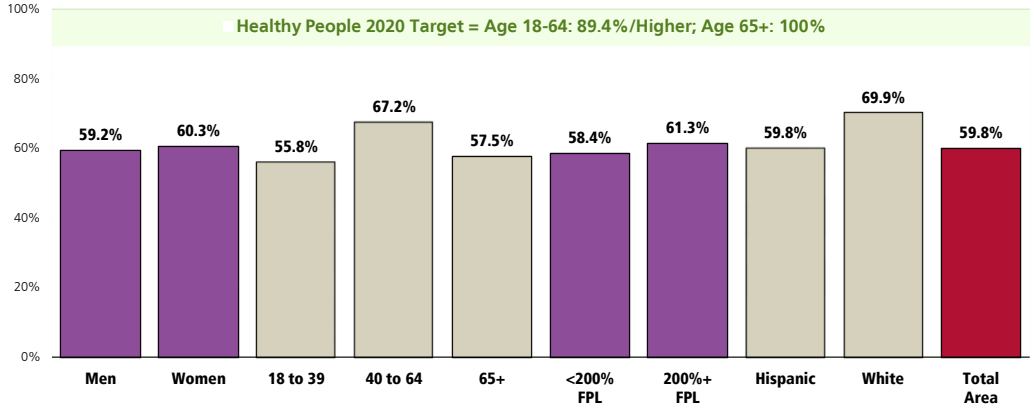
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 193-195]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objectives AHS-5.3, 5.4]

Notes:
- Asked of all respondents.

When viewed by demographic characteristics, no significant differences are reported.

Have a Specific Source of Ongoing Medical Care

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objectives AHS-5.3, 5.4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Type of Place Used for Medical Care

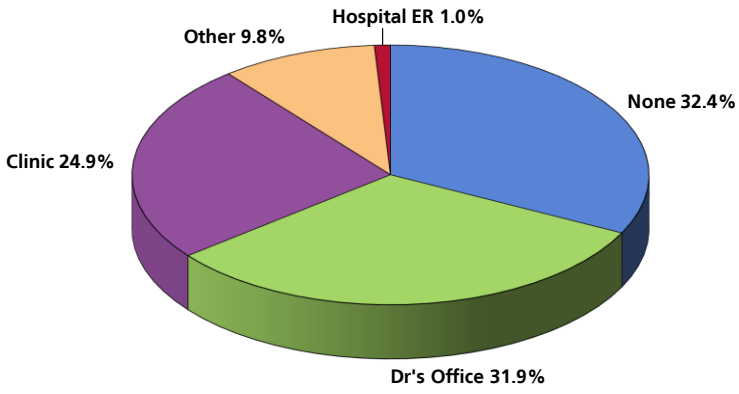
When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (31.9%) identified a particular doctor's office.

A total of 24.9% say they usually go to some type of clinic.

While only 1.0% say they rely on a hospital emergency room, 32.4% do not have a particular place which they use for medical care.

Particular Place Utilized for Medical Care

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 15-16]

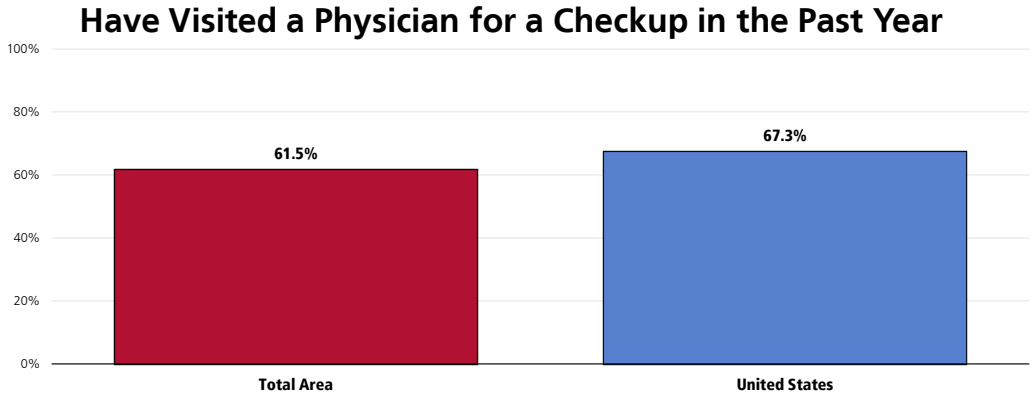
Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

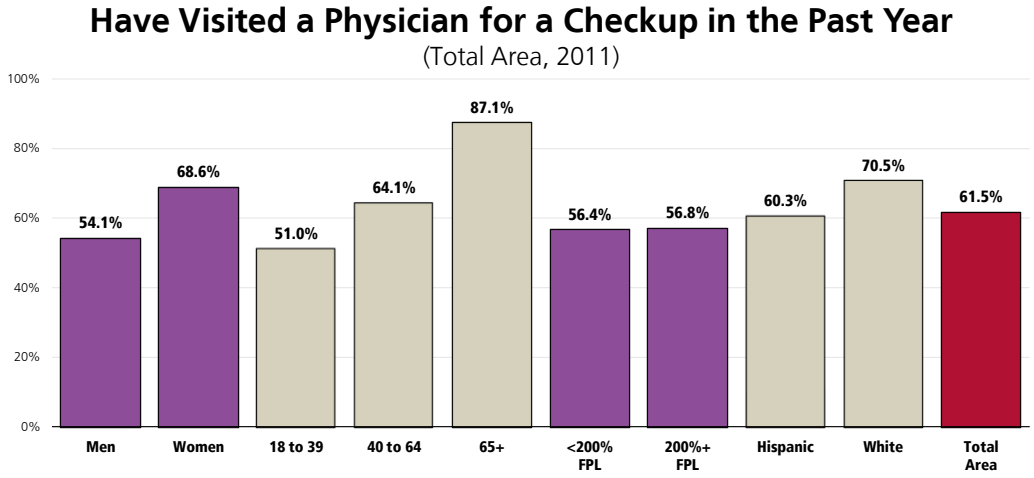
A total of 61.5% of adults visited a physician for a routine checkup in the past year.

- Less favorable than national findings.



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Men and adults under age 40 are <u>less likely</u> to have received routine care in the past year (note the positive correlation with age).

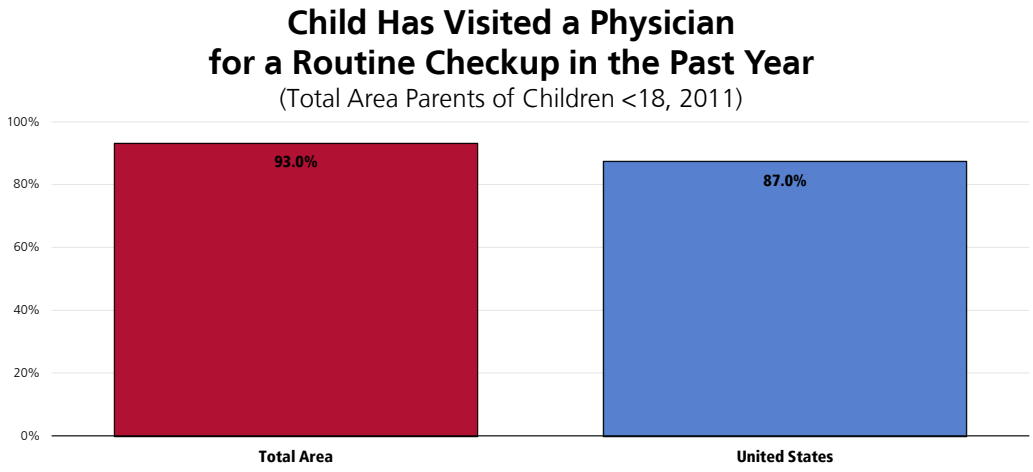


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 17]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Children

Among surveyed parents, 93.0% report that their child has had a routine checkup in the past year.

- More favorable than national findings.



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 127]
- Professional Research Consultants. PRC National Health Survey. 2011.

Notes:
- Asked of all respondents with children under 18 at home.

Specialty Medical Care

Related Focus Group Findings

When asked about specialty care, focus group participants mentioned several specialties that are lacking in the area including GIs, hematologists, behavioral science, psychiatry, infectious disease, endocrinologists, gastroenterologists, and pediatric neurologists. Some participants mentioned that there have been attempts in the past to get some of the specialty fields filled, but so often when that happens the specialist suddenly is on call in the emergency room and the phone is ringing all day and all night and then the practice is limited until that specialist finally leaves. Participants see a need for specialists to be able to strike a balance in their personal and work lives so that there is an interest in staying in the community.

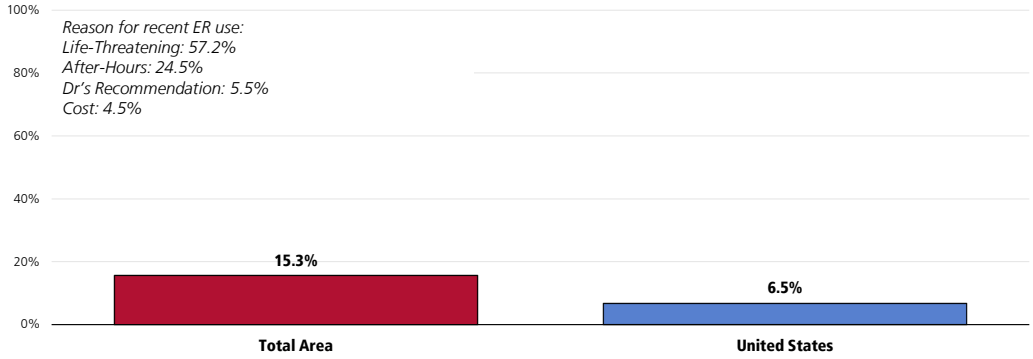
> *"In everything, we need to refer these patients either McCallon, Harlingen or whatever, or even San Antonio or something."*
>
> *"I know there's a lot of monetary constraints that's going to be hitting the hospital, but if we're going to be a better hospital, the services need to improve and they need to allocate money for different services, whether it's a stroke center or OB or surgery and look where we can be profitable and competitive as we go forward."*
>
> *"There will always be patients that need to be transferred somewhere else for surgery or whatever, but if we can develop resources to keep as many of our patients here, that's a big gain for everybody involved."*

Emergency Room Utilization

A total of 15.3% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- More than twice the national figure.

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



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 23-24]
- Professional Research Consultants. PRC National Health Survey. 2011.

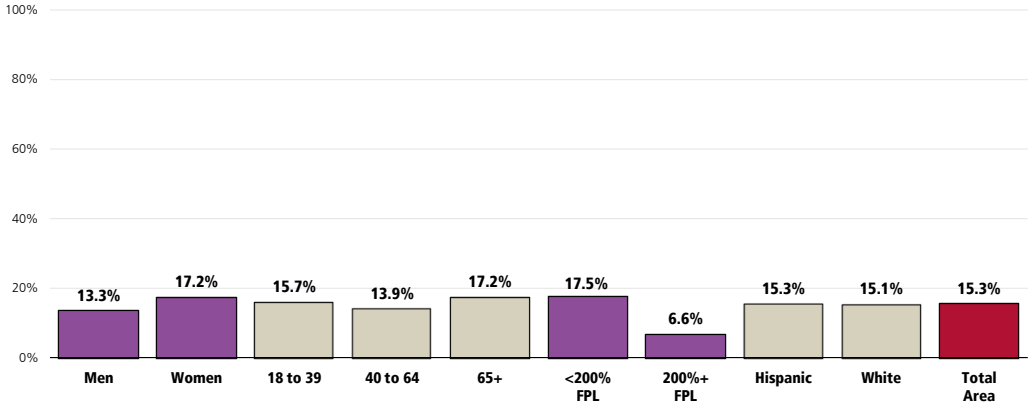
Notes:
- Asked of all respondents.

Of those using a hospital ER, 57.2% say this was due to an **emergency or life-threatening situation**, while 24.5% indicated that the visit was during **after-hours or on the weekend**. Another 5.5% cited a **physician's recommendation**, and 4.5% used the ER because of **cost**.

- As might be expected, ER use is highest among residents with lower incomes.

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

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 23]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

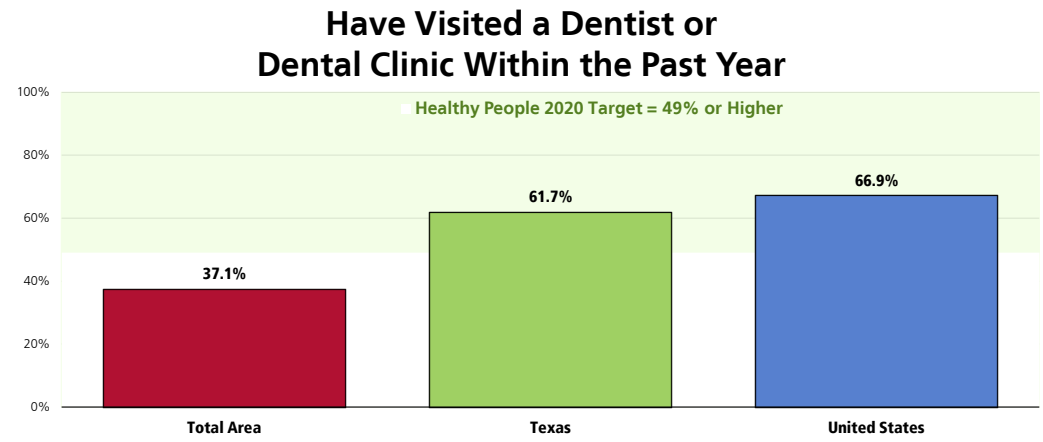
– Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

Only 37.1% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Much lower than statewide findings.
- Much lower than national findings.
- Fails to satisfy the Healthy People 2020 target (49% or higher).



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 21]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective OH-7]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010 Texas Data.

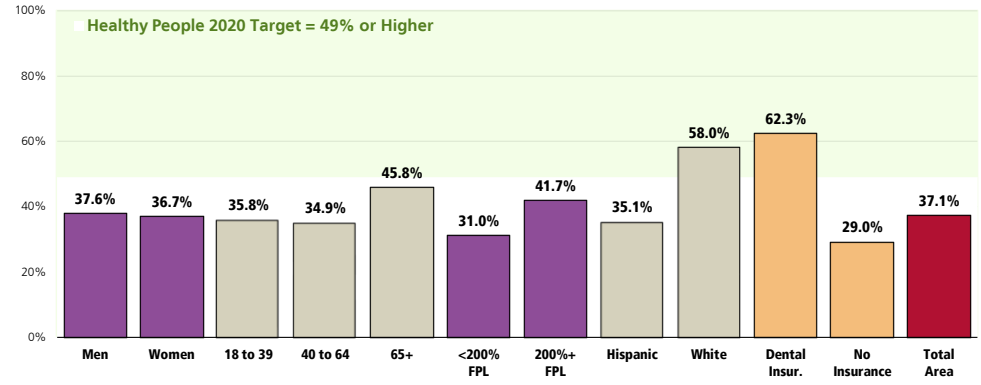
Notes:
- Asked of all respondents.

Note the following:

- ~~Hispanics~~Hispanics are much less likely than Whites to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

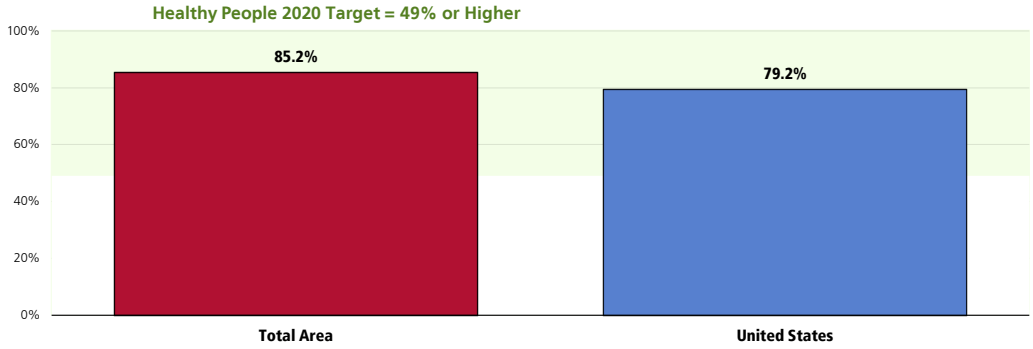
Children

A total of 85.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

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

(Asked of Adults With Children Aged 2-17; Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 128]
- Professional Research Consultants. PRC National Health Survey. 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010 http://www.healthypeople.gov. [Objective OH-7]

Notes:
- Asked of all respondents with children aged 2 through 17.

Related Focus Group Findings: Oral Health

Focus group participants agreed that those in the community without an ability to pay for dental care, very often travel to Mexico to have their teeth cared for. It seems that there are fewer going to Mexico for dental care because of the violence, but those adults who have no insurance and little money still travel to Mexico.

For those children who have Medicaid, there is an abundance of providers who will care for those patients. For those without Medicaid or dental insurance there have been some programs that offer free dental care, but those are lacking recently.

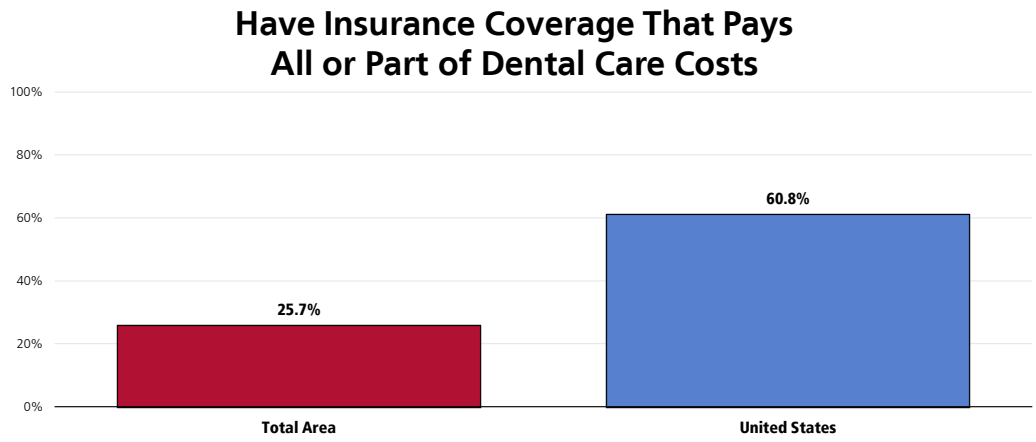
Several participants commented on the lack of breast feeding and the dental problems that go along with that. They would like to see a breast feeding initiative in the community citing that breast feeding would prevent bottle cavities, trauma, disfigurement.

> *"But everybody here – again, everything boils down to education. I tell all of the parents about the bottles, about the pacifier, but they keep having it until like 5 years of age."*
>
> *"There is Mexico. They are good and they are cheap."*
>
> *"Now, the children do get – the children we work with do get a lot of dental care through Medicaid."*

Dental Insurance

Only one-fourth of Total Area adults (25.7%) has dental insurance that covers all or part of their dental care costs.

- Less than one-half the national proportion.

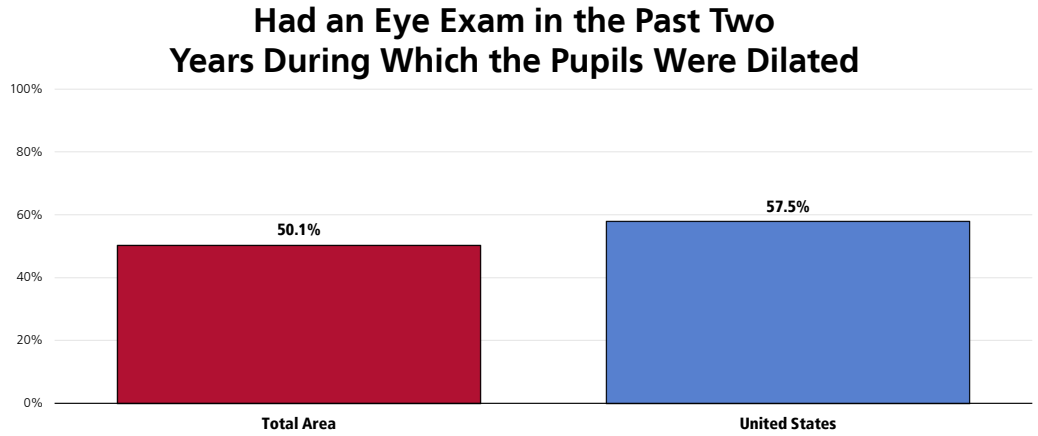


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 22]
• Professional Research Consultants, Inc. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Vision Care

One-half (50.1%) of residents had an eye exam in the past two years during which their pupils were dilated.

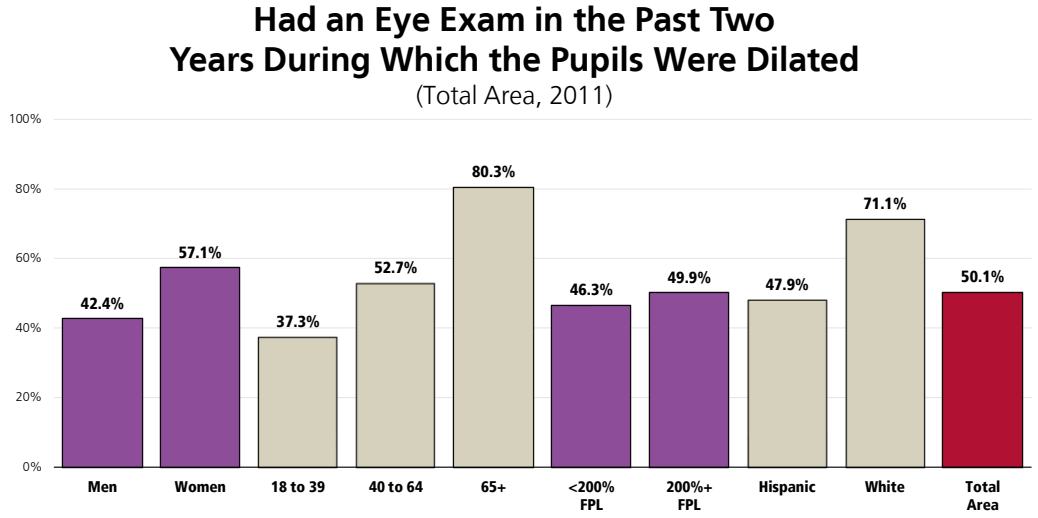
- Statistically less favorable than national findings.



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 20]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Recent vision care in the Total Area is less often reported among:

- Men.
- Young adults.
- Hispanics.



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 20]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
• Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

HEALTH EDUCATION & OUTREACH

Healthcare Information

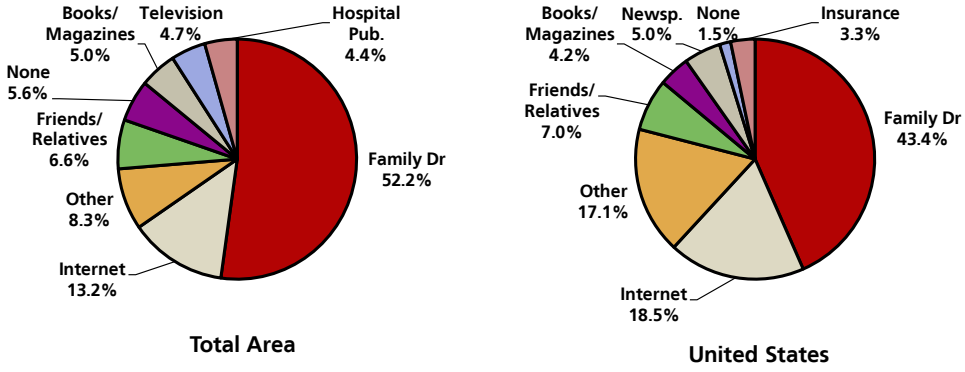
Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 52.2% of Total Area adults cited their **family physician** as their primary source of healthcare information (higher than national findings).
- The **Internet** received the second-highest response, with 13.2% (lower than found nationally.
  - Other sources mentioned include friends and relatives (6.6%), books and magazines (5.0%), television (4.7%), and hospital publications (4.4%).
- A total of 5.6% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information

(Total Area, 2011)



Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 118]
• Professional Research Consultants, Inc. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

Education

Related Focus Group Findings

The topic of education is one that all participants feel is extremely important because there seems to be such a lack of education in the community. There are so many people who have no idea which medications they are taking are duplicates of other medications that they are taking. They don't know what kinds of questions to ask their doctor about health. There is concern that parents aren't educated enough in healthy lifestyles including nutrition and exercise in order to help their children lead healthy lifestyles. Participants would like to see education in prevention for the community so that residents don't get to the point that they require more costly healthcare.

> *"Lack of education is practically – you can see it from the teenagers, you can see it from parenting, you can see it for all of this populations."*
>
> *"A lot of preventative – we still need to do a lot of education of our parents in the community, in terms of diet, nutrition, resources, availability."*

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

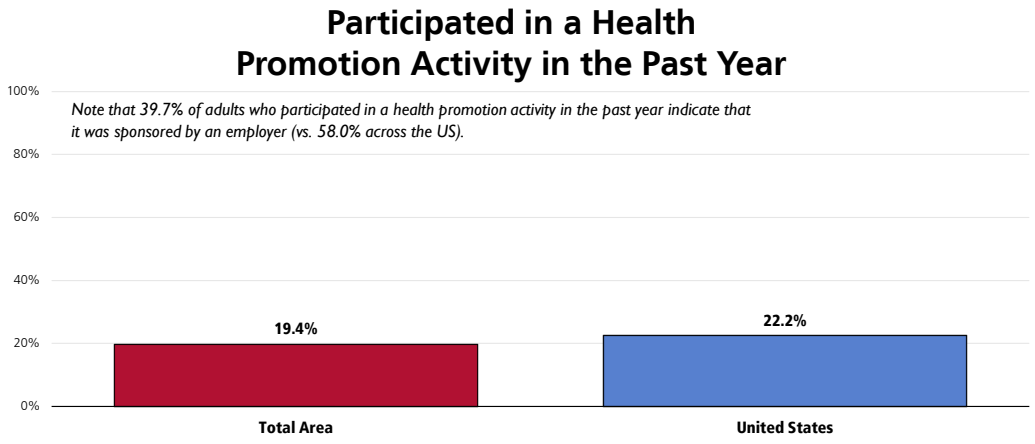
Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

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

- Comparable to the national prevalence.
- Note that 39.7% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer (lower than the 58.0% among adults nationwide).



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Items 119-120]
- Professional Research Consultants, Inc. PRC National Health Survey. 2011.

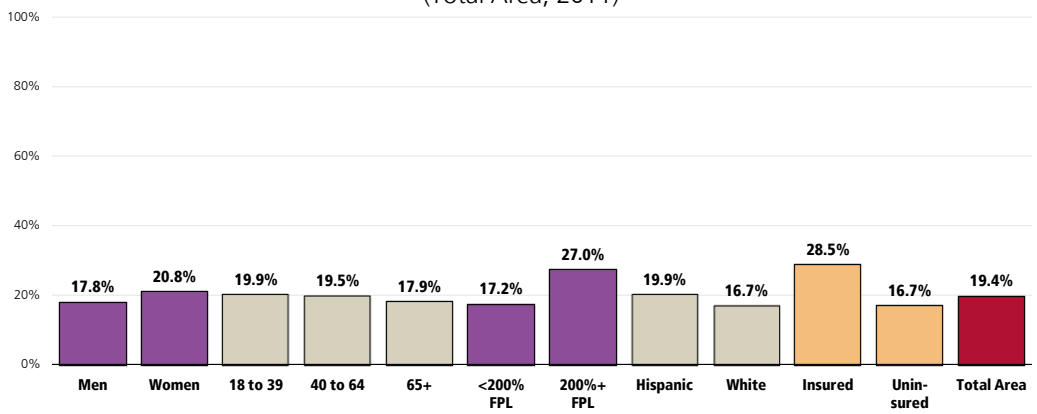
Notes:
- Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

- Note that the uninsured population less often reports participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 119]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

PERCEPTIONS OF HEALTHCARE

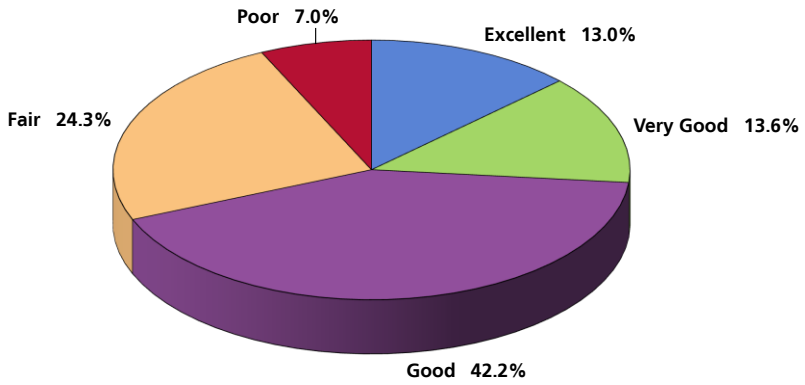
Ratings of Local Healthcare Services

Just over one-fourth of Total Area adults (26.6%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Much lower than found nationally.
- Another 42.2% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(Total Area, 2011)

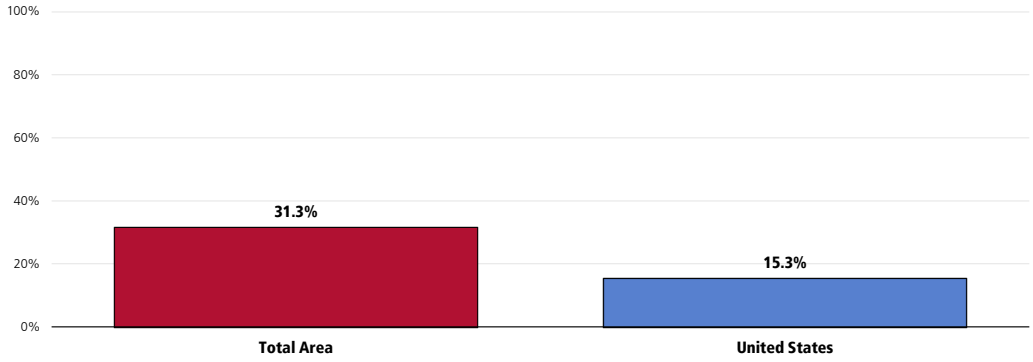


Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 6]
Notes: • Asked of all respondents.

However, a full 31.3% of residents characterize local healthcare services as "fair" or "poor."

- More than twice that reported nationally.

Perceive Local Healthcare Services as "Fair" or "Poor"



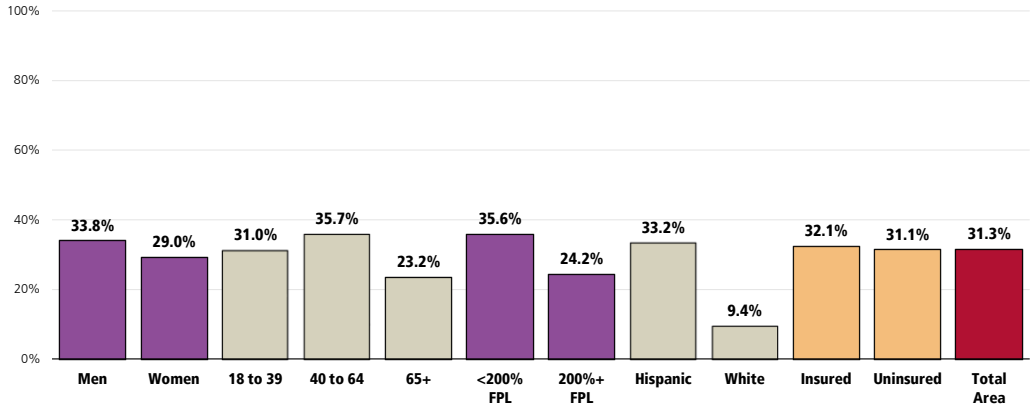
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 6]
• Professional Research Consultants. PRC National Health Survey. 2011.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults age 18 to 64.
- Residents with lower incomes.
- Hispanics.

Perceive Local Healthcare Services as "Fair" or "Poor"

(Total Area, 2011)



Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 6]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
- Note that percentages for "White" respondents represent Non-Hispanic Whites in the Total Area.

Collaboration

Related Focus Group Findings

Focus group participants were divided on the topic of collaboration. According to participants there is collaboration in regards to physicians communicating very well with each. Doctors in the community are willing to put their patients first and call another doctor for help with a particular patient whether it be to get that patient in right away or to get advice on how to treat a patient. Unfortunately, some participants are concerned with the doctors who are stakeholders in Doctors Hospital Renaissance and their unwillingness to allow a patient to choose to go to a different hospital.

Additionally, participants feel as though Knapp Medical Center has so many excellent programs offered in regards to healthy living and disease conditions but they're not marketed enough. People aren't aware that so many of these education opportunities exist until there is truly a need. It was also stated that there are some who do know what is available but simply don't have the transportation to get there. Participants would like to see more of those outreach programs going out into the community and becoming more readily accessible to those with very limited resources.

There are some organizations in the community who do go into the colonias and spend time educating the population in those areas, but there is always a need for more. Participants do realize that there will always be those people who simply do not have the interest in their own health until there is a need to take care of their health.

> *"And they are always willing to call me and I think that's one thing that I see here that now the doctors get along well and they work together."*
>
> *"So many of our people, so many live north of town in neighborhoods that have been set up. And they can't get into places so they need more care to go out into the neighborhoods and into where the people are living because they can't get here to the hospital, to the sessions that are held here."*
>
> *"There's a program that's funded by the Presbyterian Church and they spend a lot of time doing prenatal care in the neighborhoods and they basically use women who grew up in the area and who go out and teach women how to take care of themselves and teach prenatal care and once the babies are born, they will go ahead and take them into basic education program."*