

TAOS COUNTY
COMMUNITY HEALTH PROFILE

FY 2009

Taos C.A.R.E.S. Health Council

C.A.R.E.S. = Community Action Resource Enhancement Strategies

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II. EXECUTIVE SUMMARY

The Taos County Community Health Profile provides current and historic information and statistics about Taos County and insights into the health and well being of Taos County residents. It is intended as a base line for tracking specific health indicators, a foundation for prioritization and planning and a means to evaluate community strengths, strategies and activities. It includes trend charts, interpretation of available data and an analysis of community, family, individual and school risk and protective factors to mitigate the negative effects of those risks. Selected highlights of the Health Profile include the following:

Community Description Highlights

Geographic.

- With a small airport lacking commercial airline service, no rail service, and a two-lane state highway connecting it with the rest of the country, Taos County is relatively isolated.
- Most social and professional services are located in the Town of Taos, yet the majority of the county population, approximately 84% live outside the town's limits.

Population.

- Both the historical and projected population growth rate exceeds New Mexico and the United States.
- Taos County has an older population than NM in all age categories beginning with age 35.
- Taos County has over 10% more of the population reporting "Hispanic" as their race compared to New Mexico (53.3% v. 41.4%).

Education.

- High school graduation rates are below the state average and only a handful of area schools are currently in compliance with No Child Left Behind federal mandates.
- State Assessments indicate that by 11th grade less than half of students rank "at or above proficiency" in Math or Science.
- 77.7% of the students sometimes or usually came to class without finishing homework
However, these same students also reported that
- 70.2% get mostly A's and B's
- 79.4% do their best work at school
- 86.6% plan to continue their education after high school.
- In addition, according to the 2007 NM YRRS, Taos County students reported a lower overall perception of "protective factors" in the school compared to statewide responses:

Income and Poverty.

- Taos County ranks "significantly worse" than the state in median household income
- In 2007, approximately 17.6% of Taos County residents lived in poverty (17.9% in NM; 13.0% in U.S.) and,
- 26.7% of Taos County children under the age of 18 lived in poverty (25.2% in NM; 18.0% in U.S.)
- Measurements indicating financial need are showing increases: food stamp recipients (31.7% increase since 2008), TANF cash assistance (35.3% increase since 2008).

- Unemployment is increasing -- 8.6 in 2009 -- 4.7 in 2007.

Other Economic Information.

- Land use could be one of the most important issues affecting Taos County.
- Housing continues to be among the most expensive in the state. In the third quarter of 2008, the average sales price for a residence (including condominiums) in Taos County was \$331,353, and the median price was \$300,000. Compared with the rest of New Mexico, only Santa Fe and Los Alamos reported a higher median price in this same time period.

Community Health Status Highlights

Births.

- In 2006, 60.8% of all births in Taos County were to single mothers.
- 18.3% of all births to teen mothers age 15 to 19 years were 2nd. children, and,
- 91.4% of teen mothers, age 15 to 19 years were single.

Even though Taos County has a lower rate of teenage pregnancy than the statewide average, it is still higher than the nationwide rate. In addition, even though 2004 – 2006 average was better than baseline ('01-'03) average; rate in 2006 was 56.0

Mortality.

- Generally one would expect a community with an older population to have a higher death rate; however, beginning at age 35 and as percentage of population, Taos County has an older population than the state of New Mexico in every age group but experiences a lower death rate.

Leading Causes of Death.

- Taos County residents experience death from accidents and suicide at higher rates than New Mexico and the United States

Chronic Disease.

- Oral Health – Although the rate of dentists per 1,000 population in Taos (0.50) exceeded the statewide rate (0.44), not all residents are able to access dental services. Specifically there is a lack of dentists who will accept Medicaid patients. Therefore availability does not equate to access for this critical area of health.

Infectious Disease.

- Pertussis -- In December 2008, the New Mexico Department of Health published a “health advisory” of an increase in Pertussis cases in North-Central New Mexico, including Taos County.
- Hantavirus -- Between 1975 and 2006 there were 73 reported cases of hantavirus in the state of New Mexico; 5 were reported in Taos County during this time period. An additional and ultimately lethal case of hantavirus was reported in Taos County in 2007.

STDs

- Teenagers accounted for 42% of all Chlamydia and Gonorrhea cases reported in Taos County in 2007. NM-YRRS results indicated that 30.9% of Taos County students who are sexually active do not use a condom.

Injury Deaths - Overall.

- In 2006, 39 deaths in Taos County were attributable to injury, both unintentional and intentional. This is equivalent to an overall injury death rate of 117.9, compared with a rate of 92.0 statewide.

Motor-Vehicle Crash Deaths

- Between the years 2002 – 2006 Taos County experienced a motor vehicle crash death rate of 36.2 (+/-9.4) compared with a statewide rate of 21.5 and a national rate of 14.6. According to the New Mexico Indicator-Based Information System, Taos County ranks “significantly worse” than the state for motor vehicle traffic crash deaths.

Suicide.

- In 2006, the statewide death rate attributable to suicide was 17.1 (compared to 10.9 nationwide); it was 40.8 in Taos County. Between the years 2002 – 2006, Taos County experienced a suicide death rate of 29.8 compared with the statewide rate of 18.0 and the nationwide rate of 10.9. According to the New Mexico Department of Health Indicator-Based Information System Taos County ranks “significantly worse” than the state in the rate of suicide deaths.

Results from the 2007 High School Risk and Resiliency Survey for Taos County, grades 9 – 12, indicate that within the 12 months prior to the survey:

- 20.5% of students seriously considered suicide (compared with 14.5% nationwide)
- 18.0% of students had made a suicide plan.
- 13.4% had attempted suicide (compared with 6.9% nationwide).
- 5.9% had made a suicide attempt that resulted in an injury, poisoning or overdose that had to be treated medically.

Firearm-related Deaths.

- In 2006, eleven deaths in Taos County were attributable to firearms, resulting in a firearm related death rate of 34.0 compared with the statewide rate of 13.9 that same year.

Tobacco/Illicit Drug Use/Alcohol.

- Taos rates for youths who are current smokers exceeds both the state (24.2%) and nationwide (20.0%) rates. According to the New Mexico Department of Health Indicator-Based Information System, Taos County ranks “marginally worse” than the state average for current smoking prevalence among youth.
- Marijuana use among high school students indicates that Taos County exceeds state averages for (1) current marijuana use -- 30.3% (statewide -- 25.0%); (2) use of marijuana before age 13 – 24.7% (statewide – 18.2%); and, (3) use of marijuana on school property – 11.5% (statewide – 7.9%)
- Between the years 2002 – 2006, the alcohol induced death rate for Taos County was 22.8 (+/-7.4) compared to the statewide rate of 16.9 and the national rate of 7.0. According to the New Mexico Department of Health Indicator-Based Information System, Taos County ranks “marginally worse” than the state rate in alcohol-induced

deaths. Further, between the years 1999 – 2003, the death rate related to alcohol in Taos County exceeded the state of New Mexico in every category: chronic disease, chronic liver disease, injury, and motor vehicle crash.

Health-Related Services Highlights

Capacity.

- Taos County trails the state in the rate of health related professionals, including, nurses, pharmacists and physicians. The national benchmark rate for physicians is 2.42, the statewide rate is 1.54 and the rate in Taos County is 1.26.

Barriers to Service

- An estimated 32.6% of Taos County residents do not have health insurance.
- Gaps in Medicaid coverage include dental and comprehensive coverage for undocumented clients.

Health Disparities Highlights

Mortality Rates (1999 – 2003)

- The “all alcohol-related” death rate for the entire county population was 68.8; the rate for Native Americans was 150.6; the rate for Hispanics was 76.6.
- The “drug- related” death rate for Hispanics was 21.9 compared to 19.0 for the total population of Taos County.

The white, non-Hispanic population of Taos County experienced both smoking-related and deaths from suicide at a higher rate than the general population:

- Suicide – White, Non-Hispanic – 21.4 (compared with 13.6 countywide)
- Smoking-related death – White, Non-Hispanic – 104.6 (compared with 92.0 countywide)

Prenatal Care.

- In 2006, 27.3% of babies born to American Indian mothers received low or no prenatal care (compared with 12.2% of babies born to all Taos County mothers).

Student Achievement Data

- In 2008 – ‘09, the Hispanic student population enrolled in the Taos Municipal School District scored below the overall district average in every category (Reading, Math and Science) and at every point (elementary, middle school and high school) in the evaluation process.

III. INTRODUCTION

A. The Taos C.A.R.E.S. Health Council

In 2001, the County Maternal Child Health Council (CMCH) and the Taos Regional Action Coalition began the process of merging to become a comprehensive health coalition, now known as the Taos *Community Action Resource Enhancement Strategies* (C.A.R.E.S.) Health Council.

The mission of the Taos C.A.R.E.S. Health Council is to unite community efforts and coordinate resources that will enhance the health and well being of area residents by doing the following:

- Providing an environment that fosters regional involvement and true collaboration,
- Assessing the health needs of our communities,
- Engaging in community-based comprehensive health planning,
- Disseminating information on state and federal funding opportunities,
- Advocating for comprehensive community health issues in a way that benefits Taos County,
- Providing linkage and sharing information with and among community partners in health, such as local government, the Union-Colfax-Taos Local Collaborative (UCTLC), the Behavioral Health Planning Council, the Taos Public Health Office and the Taos Municipal Schools, and,
- Expanding to incorporate and collaborate with previously “unlikely” partners such as local justice system and law enforcement.

In pursuit of its goals, the Taos C.A.R.E.S. Health Council is committed to developing a broad based membership, representing the diverse ethnic groups, geographical areas, interest sectors, political entities and leadership of Taos County.

Each year, the Taos County Commissioners approve the roster of the Taos C.A.R.E.S. Health Council. The 2008 - 2009 membership includes the following organizations/agencies:

Bridges Project for Education
Casa de Corazon;
Clean Air Works;
Community Against Violence;
Community Wellness Center;
DreamTree Project;
Evolving Creative Opportunities Art Center;
Golden Willow Retreat Center;
Holy Cross Hospital;
Juvenile Probation and Parole Office (JPPO) - 8th Judicial District;
Movimiento;
National College of Midwifery and Women’s Birth Center;
NM Aging and Long-Term Services Department/Adult Protective Services;
NM Department of Health and its related programs/divisions (Children’s Medical Services, Families First, Aging and Long-Term Services Division, Taos Public Health Office);
Northern New Mexico Boys and Girls Club;
Picuris-Peñasco Health Coalition
Rocky Mountain Youth Corps;
School- Based Health Centers;
School-Based Tobacco Prevention Program;
Taos Alive
Taos Community Foundation;
Taos County Administration;
Taos County Commissioners;
Taos County Driving While Intoxicated (DWI) Council;

Taos County Economic Development Corporation;
Taos County Juvenile Justice Board;
Taos Early Childhood Community Network
Taos M.E.N. Engaged in Nonviolence
Taos Municipal Schools;
Taos Pueblo Head Start;
TeamBuilders,
The Fred Fund;
Tri County Behavioral Health Collaborative;
University of New Mexico (UNM) Taos Early Childhood Resource Center;
UNM/Health and Human Services;
Youth Heartline;
and other concerned community members (public health consultants, education consultants, and others).

B. Definition of Health

Health in Taos County is defined not only as an absence of disease, but the presence of a wide range of conditions that support quality of life for both the larger community and the individual. This includes public safety, transportation, clean water, support services, access to education and employment.

In response to this definition, the Taos County Community Health Profile recognizes that physical, emotional, economic, environmental and spiritual ingredients contribute to the health of a community.

C. Purpose of Profile

This community assessment and prioritization is part of the New Mexico Department of Health's "Community Health Improvement Process." This Community Health Profile provides a comprehensive assessment of factors affecting health and wellness in Taos County. The Community Health Profile includes indicators of socio-demographic characteristics, health status, quality of life, health risk and health resources that can inform priorities and interpretation of data on specific health issues. Data in this profile represents both primary data, collected through community surveys and focus groups, and secondary data derived from state, federal and private sources. The purpose of this Community Health Profile is to serve as a resource for community members, health and social service organizations, non-profits, grant writers and any other parties interested in the resources and health status of Taos County.

The Taos County Community Health Profile recognizes and identifies many community strengths and resources. These include the continued existence of old cultures and traditions, a history of relationship with the land, the presence of extended families, the presence of many locally owned businesses, a non-profit hospital, local physicians, large areas of open and agricultural land, natural resources including federal Bureau of Land Management (BLM) lands, parks, rivers, ski areas, forests and federally protected wild and scenic areas, organic farming projects, a local Farmers' Market, two local newspapers, one local cable TV station and four local radio stations, public and private schools, a local university offering certificates, bachelor's degrees, and some

graduate programs, a diverse number of spiritual congregations and a long history of personal and public creative expression.

In addition to identifying health and wellness challenges, the Health Profile discusses the resources in Taos County and the diverse approaches that County residents use to support the community's well being, thus providing insight into the areas that call for ongoing or renewed community attention. The richness of human resources in Taos County is also demonstrated by a wide variety of civic and art-oriented organizations and over 240 non-profits which bring needed fiscal resources to the area, offer programs for youth and adults that address many health and wellness issues as well as enhancing community life and a growing number of active partnerships and collaborations aimed at combining resources, avoiding duplication and making a positive difference in the lives and well-being of residents and visitors.

D. Profile Development

The Taos C.A.R.E.S. Health Council used a variety of methods to create this Community Health Profile and arrive at community health priorities. The first step involved researching and assembling all available secondary data relevant to Taos County published by federal, state and private organizations. The Reference section and footnotes throughout provide a complete list of these resources. The next step involved soliciting and collecting primary data from health council members. Next, gaps in data were acknowledged and sources of information were identified to provide a more comprehensive and accurate portrayal of the health of Taos County.

Taos C.A.R.E.S. Health Council then facilitated community-wide meetings, to solicit feedback and commentary with respect to this data. Health priorities for Taos County were discussed using agreed upon criteria including urgency, impact on the community, ability and willingness to address the problem, current actions or investment involving the problem, and, relationship to state priorities. Local communities included in the assessment process included the Town of Taos, Picuris Pueblo, Taos Pueblo, Peñasco and Questa.

This Community Health Profile is also available at www.taoscares.org and as a link at www.taoschamber.com. If there is difficulty accessing these documents, please contact Terry Hull, the Taos CARES Coordinator, at <hullterry@ymail.com>.

IV. COMMUNITY DESCRIPTION

Taos County has a history of geographic isolation. The conditions created by this isolation have inspired the development of a multi-textured, resilient and creative community, as well as produced specific challenges for area residents. The layered influences of decades of colonization and integration have also presented particular challenges to the residents of Taos County. While Taoseños are proud of the tri-cultural character and colorful history of their community, the high rate of immigration into the community by a relatively wealthy and older population has resulted in the creation of distinct subcultures that are less integrated into the traditional cultures of Taos. As a result it has been said that there are “two Taoses” – one that is enjoyed by an affluent population that takes advantage of a lifestyle that includes luxury residences, expensive restaurants, skiing, a golf course, and, a wide variety of cultural and artistic events; and, one in

which over 17% live in poverty, over 30% do not have health insurance and the median income is “significantly worse” than the state average.

Taos County is the historical home of the Northern Tiwa people. For centuries, it has also been home to Spanish settlers and Anglo settlers. Taos has also been home to other cultural peoples, such as the Asian laborers and the Crypto-Jews who helped build the historical infrastructure in the County. In addition to the federal, state, and local governments, Taos County is home to two other sovereign governments, Taos Pueblo and Picuris Pueblo.

Taos Pueblo is the only living Native American community designated both a World Heritage Site by UNESCO and a National Historic Landmark. The multi-storied adobe buildings have been continuously inhabited for over 1000 years. Approximately 150 people live within the Pueblo full time. Other families owning homes in the North or South buildings live in summer homes near their fields, and in more modern homes outside the old walls but still within Pueblo land. There are over 1900 Taos Indians living on Taos Pueblo lands.¹

The Picuris tribe has occupied their present location since 750 AD, when their ancestors abandoned their previous larger village, an area outside of Taos, currently known as Pot Creek. In 1689, Spain extended a land grant to the Picuris tribe, which was reconfirmed in 1821 under Mexican law. After the Mexican-American War, the U.S. Congress, following the 1848 Treaty of Guadalupe Hidalgo, once again reconfirmed the Picuris Land Grant. The Picuris Pueblo is the smallest, with a population of approximately 86 people,² and most physically isolated of New Mexico’s 19 Pueblo tribes. It is located about 24 miles southeast of Taos. The Pueblo tribes were granted the right to vote in 1948.³

A. Geographic Description

Taos County includes 1,444,480 acres of land. Half of this acreage is federally controlled, whereas 6.7% is state owned, 4.3% is Native American land, and 38.2% is privately owned.⁴ The Taos Land Trust protects over 2500 acres south of Taos at the Taos Valley overlook.⁵

The Taos Pueblo tribe retains tribal ownership of approximately 4% of the land in the county. In the early 1970s, Taos Pueblo was successful in their legal activities to have Blue Lake and some surrounding land returned to the tribe under President Nixon’s leadership. Picuris Pueblo has a land area of approximately 0.45 square miles.⁶

The Town of Taos, with an estimated 2007 population of 5,265⁷, is the largest incorporated town in Taos County, which also includes the incorporated towns of Red River, Taos Ski Valley, and Questa. Unincorporated areas include Amalia, Costilla, Ojo Caliente, Pilar, Peñasco, Ranchos de Taos, Talpa, Tres Piedras and Valdez. The majority of the county’s physical assets, including

¹ www.taospueblo.com

² 2000 Census, US Census Bureau

³ <http://www.laplaza.org/penasco/picuris/picuris.html>

⁴ Taos County Assessor.

⁵ www.taoslandtrust.org

⁶ <http://newmexico.hometownlocator.com/nm/taos/picuris-pueblo.cfm#18>

⁷ US Census Bureau Population Estimates

health care and social services facilities, are located in Taos. However, the majority of Taos County residents live in the outlying areas of the county and must travel long distances and sometimes difficult terrain to access services. The cost of travel, cost of time off work, and loss of productivity all are additional burdens to the community.

B. Population Description

1. Population Estimates

According to the United States (U.S.) Census Bureau, in 2006, New Mexico (NM) had an estimated resident population of 1.9 million; also, New Mexico was the 16th. fastest growing state in the country for the period 2000 – 2006.⁸ The US Census Bureau 2008 estimated population for Taos County was 31,546 persons⁹; however, the UNM Bureau of Business and Economic Research estimated the Taos County 2008 population at 32,494.¹⁰

Table 1: Taos County Incorporated Locations and Population – 2008¹¹

Taos County	31,546
Questa	1,907
Red River	515
Taos	5,551
Taos Ski Valley	58
Unincorporated Locations	23,515

The population of Taos County was estimated to have increased by 5.2% from 2000 to 2008. The population from 2000 - 2007 represented a total increase of 1,629 persons, 963 from natural increases and 789 from migration.¹² Further, 423 of the migration numbers were estimated to be attributable to international migration.¹³ The estimated 2007 population for Taos County was 31,608 persons of all ages and it is projected to increase to 35,097 by 2010 and 39,442 by 2020.¹⁴ This represents an increase of almost 25% between 2007 and 2020. These estimates exceed the

⁸ Source: 2005 and 2006 population estimates from the U.S. Census Bureau, Population Division, NST-EST2006-1, released 12/22/06.

⁹ U.S. Census Bureau; State & County QuickFacts; <http://quickfacts.census.gov/qfd/states/35/35055.html>

¹⁰ UNM, Bureau of Business and Economic Research, Population Estimates and Projections Program, last revised 7/17/09. <http://bber.unm.edu/demo/bberpopest.htm>

¹¹ <http://bber.unm.edu/demo/citypopest5.htm>

¹² Table 4: Cumulative Estimates of the Components of Population Change for Counties of New Mexico: April 1, 2000 to July 1, 2007 (CO-EST2007-04-35) Source: Population Division, U.S. Census Bureau Release Date: March 20, 2008

¹³ **Net international migration includes the international migration of both native and foreign-born populations. Specifically, it includes: (a) the net international migration of the foreign born, (b) the net migration between the United States and Puerto Rico, (c) the net migration of natives to and from the United States, and (d) the net overseas movement of the Armed Forces population.

¹⁴ US Census Bureau Population Estimates; 2000 - 2006 Population Estimates: University of New Mexico, Bureau of Business and Economic Research, <http://www.unm.edu/~bber/>

overall growth predicted for that same time period both in New Mexico (18.5%); and, the United States (12.2%).¹⁵

Table 2: Population Estimates¹⁶

	2005	2006	2007	2010	2020
Taos	31,930	31,832	31,608	35,097	39,442
New Mexico	1,968,347	2,010,787	Not available	2,112,986	2,383,116

Table 3: Population Changes 1996 -- 2006¹⁷

Area	1996 Population	2006 Population	1996-2006 Percent Change
Taos County	27,410	31,396	14.5%
New Mexico	1,752,326	1,942,302	10.8%
United States	269,394,284	298,754,819	10.9%

2. Age

The age distribution of a population is related to several health measures, such as the prevalence of chronic disease and the demand for family planning and immunization services. Younger populations, that is, those with a higher percentage of children and young adults, will appear to be healthier when looking at death and hospitalization rates that have not been age-adjusted.

- New Mexico Department of Health, Indicators, Population Over 65 (2008)

From 2000 to 2030 the median age in the state of New Mexico is expected to increase from 34.6 to 44.8. The percentage of the New Mexico population age 65 and over is projected to increase from 11.6% in 2000 to 26.4% in 2030.¹⁸

In Taos County it was estimated in 2008¹⁹ that:

- 20.3% of the population was under 18 years old (25.3% in New Mexico).
- 63.4% were between the ages of 18 and 65 (61.6% in New Mexico).
- 16.3% of the population was 65 years or older (13.1% in New Mexico).

¹⁵ Source: 2005 and 2006 population estimates Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. <http://www.unm.edu/~bber/>.

¹⁶ U.S. Census Bureau and Bureau of Business and Economic Research, University of New Mexico

¹⁷ New Mexico Population Source: Bureau of Business and Economic Research (BBER) Population Estimates and Projections, University of New Mexico. <http://www.unm.edu/~bber/>.

U.S. Population Source: U.S. Census Bureau. Population Division, NST-EST2006-01, released December 22, 2006. www.census.gov. Final 2006 U.S. births and deaths not available at time of publication

¹⁸ U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. <http://www.census.gov/popest/estimates.php>

¹⁹ U.S. Census Bureau, State & County QuickFacts, last revised 04-Sept-2009.. <http://quickfacts.census.gov/qfd/states/35/35055.html>

In 2007, there were 7,259 persons under the age of 20 years in Taos County who made up approximately 23% of the total population (same age group accounted for 28.4% of overall state population). In 2008 the racial and ethnic break-down were estimated as follows:²⁰

- 54.9% -- Hispanic
- 37.2% -- White
- 7.4% -- Native American
- 0.7% -- Black/African American
- 0.5% -- Asian
- 1.3% -- Multi-Racial

The number of persons under the age of 20 years in Taos County has steadily decreased from 8,032 in 2000 to 7,259 in 2007²¹. This represents a decrease of approximately 9% .

From 2000 to 2005, Taos County experienced the following changes in the indicated age groups (the five age groups with the greatest increases are highlighted):

Table 4: Taos County by Age Group - 2005²²

	2000	2005	5 year % change
Under 5 years	1,728	1,794	3.8%
5 – 9 years	1,972	1,671	-15.3%
10 – 14 years	2,279	1,895	-16.8%
15 - 19 years	2,053	2,117	3.1%
20 – 24 years	1,380	1,916	38.8%
25 – 29 years	1,637	1,539	-6.0%
30 – 34 years	1,901	1,707	-10.2%
35 – 39 years	2,322	1,978	-14.8%
40 – 44 years	2,367	2,447	3.4%
45 – 49 years	2,730	2,559	-6.3%
50 – 54 years	2,566	2,930	14.2%
55 – 59 years	1,842	2,667	44.8%
60 – 64 years	1,500	1,964	30.9%
65 – 69 years	1,212	1,463	20.7%
70 – 74 years	879	1,187	35.0%
75 – 79 years	694	749	7.9%
80 – 84 years	476	588	23.5%
85 and over	441	551	24.9%

In 2006, when comparing percentages of the population, Taos County had an older population in all age categories beginning at age 35 than the state of New Mexico.

²⁰ U.S. Census Bureau, State & County QuickFacts, last revised 04-Sept-2009
<http://quickfacts.census.gov/qfd/states/35/35055.html>

²¹ Kids Count Data Book 2008. Available at www.nmvoices.org

²² U.S. Census Bureau, table created by Bureau of Business and Economic Research, University of New Mexico

Table 5: Population in Percentages by Age -- 2006²³

	Under 1 year	1 to 4	5 to 14	15 to 17	18 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85 and older
New Mexico	1.4	5.5	13.5	4.7	2.9	7.7	12.4	13.3	14.8	11.4	6.7	4.1	1.5
Taos	1.2	4.4	10.8	4.5	1.8	6.5	10.0	13.5	17.2	15.2	8.7	4.3	1.8

This older population is further evidenced by labor statistics that indicate the percentage of workers in Taos County aged 55 and over increased from 25.3% to 33.2% between the years of 2001 and 2004.²⁴ Generally, Taos is facing both an aging demographic of local residents and migration from a wealthy older population. The younger population is declining and will continue to decline.²⁵ This trend is important because an older population has social and economic characteristics that will challenge policy makers. Specifically, in New Mexico (compared to the national average), older populations are more likely to be women, minority, live in poverty, and report a disability.²⁶ The challenge will be to care for a low income population as they age while still developing opportunities to attract youth.

3. Gender

The following table shows population distribution by gender in Taos County based on 2006 population estimates.

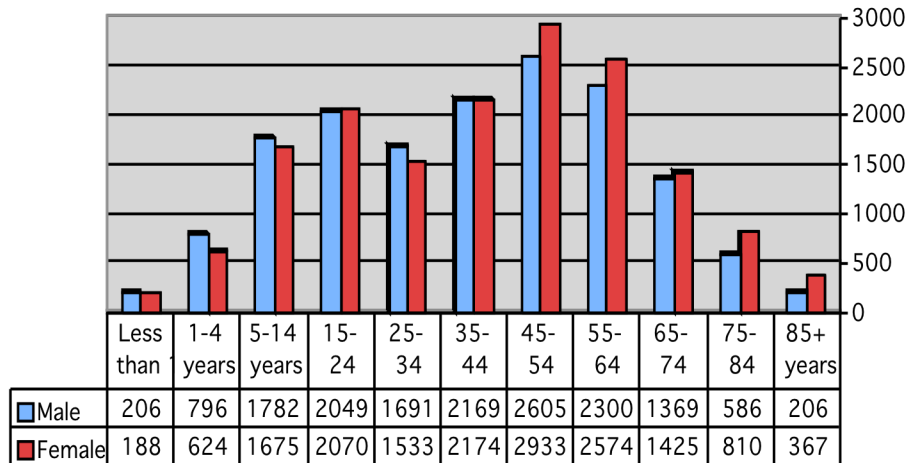
²³ Source: Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. Released 2008. <http://www.unm.edu/~bber/>.

²⁴ Taeuber, Cynthia and Matthew R. Graham, 2008. The Geographic Distribution and Characteristics of Older Workers in New Mexico: 2004. LED Older Workers Profile, LED-0W04-NM. U.S. Census Bureau, Washington, D.C.

²⁵ Taos Business Asset and Leakage Study, Detailed Results, 2007, Bureau of Business and Economic Research and UNM-Taos.

²⁶ Humes, Karen, The Council of State Governments – Book of the States, 2005.

Table 6: Population Distribution by Gender – Taos County; 2006 Estimates²⁷



Beginning at age 45, women begin to outnumber men. Disparities in gender influence health and other service needs such as prenatal and birth care, injury rates and various forms of cancer as well as prevalence of illness related to smoking. Activities presenting health issues may also vary by gender.

4. Race & Ethnicity

New Mexico's population is very diverse, which sometimes leads to barriers to obtaining culturally sensitive health care. Because of this and other social factors, there are real disparities in the health of New Mexicans of various race/ethnic groups. Reducing racial- and ethnically-based health disparities is an overarching goal of the U.S. Public Health Services/ Healthy People 2010 initiative.

- New Mexico Department of Health, Indicator Report for Race/Ethnicity (2008)

The categorization of the estimated 2006 Taos county population by race and ethnicity²⁸ was:

- 17,131 (53.3%) people of Hispanic heritage,
- 12,024 (37.4%) as White, Non-Hispanic,
- 2,435 (7.6%) as Native American,
- 254 (0.8%) as Black or African American, and,

²⁷ Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. Released 2008. <http://www.unm.edu/~bber/>.

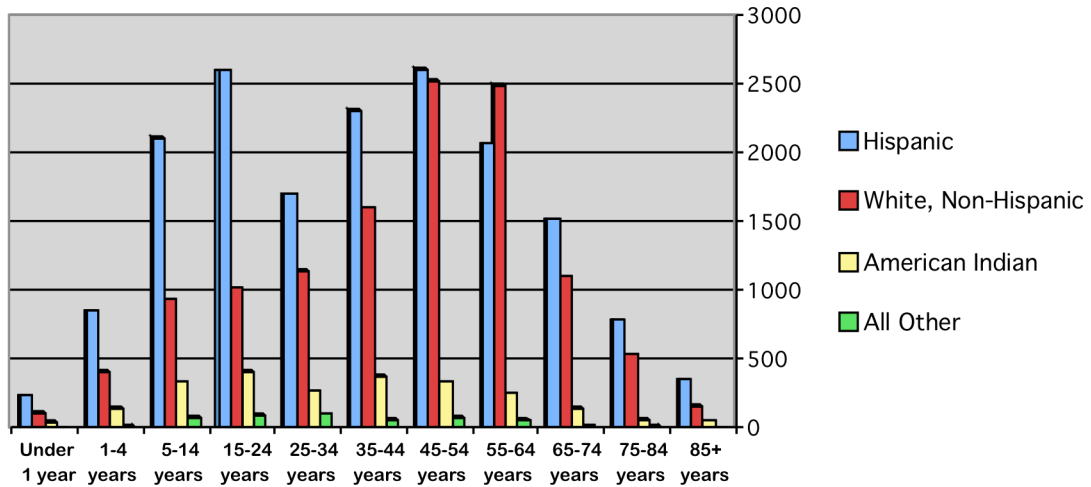
²⁸ The following Race groups are used by the US Census and defined for official use by the US Office of Management and Budget: White, Black/African American, American Indian and Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Some Other Race.

Ethnicity is a term that describes a group of people with a common tradition and a sense of identity that functions as a subgroup within the larger society. Ethnicity is a term that describes, for example, the cultural practices, language, cuisine and traditions used to distinguish groups of persons—it is not a term used to describe biological or physical differences. In New Mexico, the most common (and officially used) ethnicity designations are Hispanic and Non-Hispanic (popular term-Anglo). Community Health Assessment and Planning Guidebook” New Mexico Dept. of Health, 2005.

- 288 (0.9%) as Asian or Pacific Islander.²⁹

According to Taos County QuickFacts 2006, 1.2% of Taos County residents reported two or more races.³⁰

**Table 7: Population Distribution by Race/Ethnicity and Age -- Taos County
2006 Estimates³¹**



The following table shows the Taos County population by race/ethnicity for the year 2006 compared to New Mexico. Taos County has over 10% more of the population reporting “Hispanic” as their race compared to New Mexico (53.3% v. 41.4%).

**Table 8: Population Distribution by Race/Ethnicity -- Taos County and New Mexico 2006
Estimates³²**

	Hispanic	White, Non-Hispanic	American Indian	Black or African American	Asian or Pacific Islander
Taos	53.3%	37.4%	7.6%	0.8%	0.9%
New Mexico	41.4%	43.2%	11.1%	2.7%	1.7%

5. Education

²⁹ BBER population Estimates, UNM, released 2007

³⁰ U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/35/35055.html>

³¹ BBER population Estimates, UNM, released 2007

³² Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. <http://www.unm.edu/~bber/>.

http://ibis.health.state.nm.us/indicator/view_numbers/NMPopDemoRacEth.NM.html

A good education leads to good health in several ways. First, the more schooling people have, the more money they earn which enables them to purchase better housing in safer neighborhoods, healthier food, better medical care and health insurance, and more education. Each of these factors is associated with improved health. Each one allows individuals to move up the occupational and income ladder, giving them more prestige and power, both of which are associated with better health. High school completion is also the gateway into college, which offers even greater benefits than high school alone. Second, education facilitates healthier behavior choices by offering learners access to health information and tools to acquire help and resources, such as smoking cessation programs. Third, education helps people to acquire social support, strengthen social networks, and mitigate social stressors. The more education people have the more social support they have. Education helps people to gain a sense of control over their lives, an outcome associated with better health.

- New Mexico Department of Health, Indicator Report for Educational Attainment (2008)

According to the 2000 Census, 79.1% of Taos County residents over the age of 25 had a high school diploma; 25.9% over the ages of 25 had a baccalaureate degree or higher.³³

a) Enrollment, Graduation and Drop-Out rates for Area Schools.

Total student enrollment for 2008 – 2009 by school district³⁴ was:

- Mesa Vista – 418
- Penasco – 517
- Questa – 538
- Taos – 3,073

The high school graduation rate³⁵ for Taos County for the class of 2008 was:

- Chrysalis Alternative – 2.7%
- Mesa Vista – 29.4%
- Penasco – 68.7%
- Questa – 80.5%
- Taos – 41.7%
- statewide rate was 60.3%³⁶

The high school drop-out rate for Taos County for 2007 – 2008 by district was:

- Mesa Vista – 0.0%
- Penasco – 0.7%
- Questa – 1.3%
- Taos – 2.4%
- Statewide the rate was 3.6.³⁷

³³ U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/35/35055.html>;

http://ibis.health.state.nm.us/indicator/view_numbers/NMPopDemoEduc.Cnty.html

³⁴ New Mexico Public Education Department, Total Student Enrollment Report, 2008 - 2009

³⁵ Designated 1st year for 4-year cohort graduation requirement for New Mexico. This does not include 5th year graduates or students passing the GED.

³⁶ New Mexico Public Education Department, Graduation Rate, Class of 2008.

³⁷ High School Dropout Rate is the percent of high school students who dropout each year between ninth and twelfth grade. A dropout is defined as an individual who meets the following criteria:

- Was enrolled in school at some time during the previous school year;

b) Student Achievement Data

The New Mexico Standards Based Assessments is the approved testing instrument used to assess student achievement in New Mexico public schools. For the school year 2008 – 2009, the percent of students *at or above proficiency* by the 11th grade were as follows³⁸:

Mesa Vista High School

- Reading – 71.4%
- Math – 17.9%
- Science – 17.9%

Penasco High School:

- Reading – 42.5%
- Math – 10%
- Science – 32.5%

Questa High School:

- Reading – 45.0%
- Math – 25.0%
- Science – 20.0%

Taos High School:

- Reading – 62.4%
- Math – 41.9%
- Science – 35.5%

Statewide:

- Reading – 54.5%
 - Math – 40.5%
 - Science – 45.8%
-

- Was not enrolled at the beginning of the current year;
- Has not graduated from high school or completed a state- or district-approved educational program, and,
- Does not meet any of the exclusionary conditions:
 - Transfer to another public school district, private school, or state- or district-approved education program; or,
 - Temporary absence due to suspension or illness, or death.

(Source: New Mexico Public Education Department, Drop-Out Report 2007 – 2008;

www.ped.state.nm.us/IT/fs/dropout/2007-08%20Dropout%20Report.pdf)

³⁸ <http://www.ped.state.nm.us/AssessmentAccountability/AcademicGrowth/NMSBA.html>

c) No Child Left Behind

According to the New Mexico Public Education Department, in 2009, the following Taos County schools missed Annual Yearly Progress³⁹ requirements by one measure or more under the No Child Left Behind Act of 2001:

- Arroyo del Norte Elementary
- Taos High School
- Ojo Caliente Elementary
- Mesa Vista Middle School
- Mesa Vista High School
- El Rito Elementary
- Penasco Elementary
- Penasco High School

Annual Yearly Progress Status for all Taos County Schools, 2009 - 2010:⁴⁰

Anansi Charter School – Met
Taos Arroyo Del Norte Elementary -- Not Met
Taos Chrysalis Alternative -- Not Met
Taos Enos Garcia Elementary -- Not Met
Taos Ranchos De Taos Elementary -- Not Met
Taos Cyber Magnet – Not Met
Taos High -- Not Met
Taos Middle School -- Not Met
Taos Municipal Charter – Met
Taos Vista Grande -- Met
Penasco Elementary – Not Met
Penasco High -- Not Met
Penasco Middle -- Met
Mesa Vista El Rito Elementary – Not Met
Mesa Vista High -- Not Met
Mesa Vista Middle – Not Met
Mesa Vista Ojo Caliente Elementary – Not Met
Questa Alta Vista Elementary -- Met
Questa Alta Vista Intermediate -- Not Met
Questa High School -- Met
Questa Junior High -- Met
Questa Red River Valley -- Met
Questa Rio Costilla Elementary -- Met
Questa Roots and Wings -- Met

³⁹ Annual Yearly Progress represents the annual academic proficiency targets in reading and math that the state, school districts and schools must reach to be considered on track with the federally mandated goal of 100% proficiency by school year 2013-14.

⁴⁰ <http://www.ped.state.nm.us/ayp2009/index.html>

d) Truancy

Truancy is an early indicator for difficulties in school and that a young person may be likely to engage in risky behavior. According to the New Mexico Public Education Department,⁴¹ the percent of Taos County students considered “habitually truant” for the school year 2006 – 2007 (by school district) was:

- Mesa Vista – 29.5%
- Peñasco – 11.6%
- Questa – 26.4%
- Taos – 1.5%

e) Youth Risk and Resiliency Survey -- Academic Measures

According to the New Mexico Risk and Resiliency Survey results for Taos County students, in 2007,

- 9.3% skipped school once a week or more on average
- 37.7% sometimes or usually came to class without a paper or pencil
- 77.7% sometimes or usually came to class without finishing homework

However, these same students also reported that

- 70.2% get mostly A’s and B’s
- 79.4% do their best work at school
- 86.6% plan to continue their education after high school.

f) Literacy

On January 8, 2009, the National Center for Education Statistics (NCES) released the National Assessment of Adult Literacy: Indirect County and State Estimates of the Percentage of Adults at the Lowest Literacy Level for 1992 and 2003.⁴² This study provides estimates on the percentage of adults - for all states and counties in the U.S. - who lack basic prose literacy skills. This new data is currently the only available snapshot of adult literacy rates for individual states and counties. In Taos County, (which at that time had a population size of 24,552) for those 16 years of age or older, 17% were lacking basic prose literacy skills. This means that an estimated 17% of young and older adults in Taos County lacked the basic reading, writing, and math skills needed to balance a check book, read a bus schedule, and/or complete a job application. Taos County low literacy rates for young and older adults are just slightly higher than the state of New Mexico and national estimates of 16% and 14.5% respectively). These estimates are for adults who score at the lowest literacy proficiency on a 4-point scale, either because they scored below the basic level in prose or could not be tested due to language barriers. In other words, ESL learners are included in this estimate.

The UNM-Taos Literacy Center serves adults and youth at least 16 years of age who have reading, writing, math and/or English speaking skills that are not yet college ready (below a GE 12.9). In FY 07-08, 71% of students were adult literacy students (including those preparing for GED), and 29% were ESL students. 41% of the adult literacy students enter the program with reading, writing, and/or math skills below a 6th grade level. The student profile is relatively

⁴¹ Truancy Report for School Year 2006 - 2007.

⁴² (<http://nces.ed.gov/naal/estimates/index.aspx>).

young with 62% of the total number of students served between the ages of 16-24, 30% between the ages of 25-44, and 7% over the age of 45. Race/ethnicity of students show that the majority, 69%, are Hispanic, 20% Anglo, 9% Native American, and remaining 2% are Asian (1 student), African American (2 students), and/or Pacific Islander (1 student). Gender of students was literally equally split, with 50% male, 50% female.

The Literacy Center at UNM-Taos Data for 2004-2008				
Program Year	2004-05	2005-06	2006-07	2007-08
Total # of Students	239	263	360	331
# of GED Graduates	39	36	47	62
# of Students Who Enter College	-	13	19	33

g) UNM-Taos

UNM Taos reported a Fall 2008 enrollment of 1,416 students (an increase of 222 students over Fall 2007),⁴³ and, a Spring 2009 enrollment of 1,454 (an increase of 199 students over Spring 2008). The increase was in part attributed by UNM-Taos administrators to the unstable economy and lay-offs in the area.⁴⁴

In 2004, approximately 41% of the student body was Hispanic, 38% was White, and, 7% was Native American.⁴⁵

6. Income

Income is strongly related to health status. Low-income persons tend to have poorer health status, in part because they cannot always afford good health care. However, some people have low income levels because chronic mental or physical illness limits their ability to complete educational goals and earn a good income.

- New Mexico Department of Health, Indicator Report: Income (2008)

In 2007, New Mexico was ranked 46th. in per capita personal income at an estimated \$30,604, approximately 80% of the average United States per capita personal income of \$38,564.⁴⁶ The per capita personal income in Taos County in 2007 was estimated at \$28,858.⁴⁷

⁴³ UNM-Taos Report, Sept. 2008, <http://taos.unm.edu/campusvoice/?p=12>

⁴⁴ Taos News, February 26, 2009.

⁴⁵ <http://www.citytowninfo.com/school-profiles/university-of-new-mexico-taos-branch>">UNM Taos

⁴⁶ U.S. Department of Commerce, Bureau of Economic Analysis, Released March 26, 2008. Bureau of Business & Economic Research, UNM / bber@unm.edu

⁴⁷ U.S. Department of Commerce, Bureau of Economic Analysis, Released March 26, 2008.

Table 9: Per Capita Income for Taos County and New Mexico; 2000 - 2007⁴⁸

	2000	2001	2002	2003	2004	2005	2006	2007
Taos County	\$18,013	\$20,119	\$20,809	\$21,998	\$23,660	\$26,689	\$28,696	\$28,858
New Mexico	\$22,143	\$24,132	\$24,310	\$24,945	\$26,326	\$27,854	\$29,275	\$30,604

It should be noted that per capita income is calculated as the total personal income of all residents of the specified area divided by the resident population of that area. Therefore, it could be skewed by residents with incomes that are not truly representative of the local population. For example, as noted in the section on population, Taos County has experienced an influx of relatively wealthy older individuals who are not dependent on the local economy for their income, this influx would make per capita income appear greater than the local economy would actually support.

According to the *Investing in the Future* report⁴⁹, commissioned by the Town of Taos, income inequality has worsened notably in Taos over the past decade with the bottom 45% of the population receiving only 18% of all household income, while the top 10% captured 38%. *It's almost as if there are two Taoses.*⁵⁰

**Table 10: Median Household Income for Taos County and New Mexico
2000 - 2007⁵¹**

	2000	2001	2002	2003	2004	2005	2006	2007
Taos County	\$26,976	\$26,982	\$27,380	\$28,836	\$29,508	\$31,100	\$32,263	\$33,409
New Mexico	\$35,093	\$33,733	\$34,827	\$35,091	\$37,838	\$37,603	\$40,610	\$41,509

According to the New Mexico Department of Health Indicator-Based Information System (NM-IBIS), Taos County ranks “significantly worse” than the state in median household income.⁵²

7. Poverty

Poverty takes into account both income and family size, and has both immediate and long-lasting effects on health. Income provides an assessment of the financial resources available to individual persons or families for basic necessities (e.g., food, clothing, and health care) to maintain or improve their well-being. Persons living in poverty are worse off than persons in more affluent households for many of the indicators tracked by the New Mexico Department of Health. Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and well-being, including developmental

⁴⁸ New Mexico: U.S. Department of Commerce, Bureau of Economic Analysis, Released January 2009; Survey of Current Business; Taos: <http://www.unm.edu/~bber/econ/co-pci.htm>, released April 2008.

⁴⁹ *Investing in the Future, A Framework for the Sustainable Economic Development of the Greater Taos Community*, May 2006. Available at the Town of Taos website. <http://www.taosgov.com/>

⁵⁰ *Id.* at p. 63.

⁵¹ U.S. Census Bureau: Small Area Income and Poverty Estimates, Released December 2008

⁵² <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

delays and infant mortality. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment.

- New Mexico Department of Health, Indicator Report: Persons and Children Living in Poverty (2008)

The total percentage of people living in poverty in New Mexico using the three-year average for 2006-2008 is at 16.7 percent compared to 16.3 percent in 2005-2007. New Mexico has the fourth highest rate in the US , behind Mississippi (20.5 percent) , District of Columbia (17.6 percent), and Louisiana (17.1 percent).⁵³

In 2007, approximately 17.6% of Taos County residents lived in poverty⁵⁴ and, 26.7% of Taos County children under the age of 18 lived in poverty. According to the New Mexico Department of Health Indicator-Based Information System (NM-IBIS), Taos County ranks “marginally worse” than the state for child poverty.⁵⁵

Table 11: Persons Living In Poverty by Year⁵⁶

	2005		2006		2007	
	All ages	Children	All ages	Children	All Ages	Children
Taos	19.8%	28.7%	18.3%	27.9%	17.6%	26.7%
New Mexico	18.4%	26.0%	18.3%	25.6%	17.9%	25.2%
United States	13.3%	18.5%	13.3%	18.3%	13.0%	18.0%

Bare Bones Budget

Many have argued that the federal poverty level, which often determines if a person is eligible for social services, does not adequately measure the true extent of financial need. This is because the formula was created in the 1960s when a person’s largest expense was food. Today many other expenditures, such as housing, medical care and childcare have outpaced the inflation level of groceries. To obtain a more accurate and realistic cost of living, New Mexico Voices for Children produced a Bare Bones Budget based on actual family costs in 52 New Mexico communities.

In 2002, out of the 52 communities selected, Taos was estimated to have the 7th highest cost of living overall; the 4th. highest cost of housing; and, the 3rd. highest childcare costs. In Taos, a Bare Bones Budget for a family of four (2 adults, 2 children) was estimated to be 202% of the federal poverty level.⁵⁷

As of September 2009,

⁵³ 2008 U.S. Census Current Population Survey (CPS)

⁵⁴ The poverty level for a family of four in 2005 was \$19,350. In 2006, it was \$20,000. In 2007, it was \$20,650; and in 2008 it was \$21,200.

⁵⁵ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

⁵⁶ Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, Small Area Estimates Branch. www.census.gov, released December 2008.

⁵⁷ <http://www.nmvoices.org/bbb.htm>

- There were 2,215 Supplemental Nutrition Assistance cases in Taos County, representing 4,634 recipients (14.7% of the population). This represented an annual increase of 31.7% from 2008 (compared with 32% increase statewide).
- There were 157 TANF Cash Assistance cases in Taos County representing 378 recipients (1.2% of the population) a 35.3% annual increase (compared with 25.8% increase statewide).
- There were 67 TANF mandatory participants.
- There were 78 General Assistance cases.
- 2,277 households in Taos County received low-income energy assistance.
- 155 children received childcare assistance, representing a 3.1% annual decrease.

In 2008⁵⁸,

- There were 4,392 persons under the age of 21 enrolled in Medicaid in Taos County.
- There were 221 persons enrolled in the State Children’s Health Insurance Program in Taos County.

Table 12: Income Support Division Caseload – September 2009 -- Taos County⁵⁹

Supplemental Nutrition Assistance Cases	TANF Cases	Education Works Cases	General Assistance Cases	Medical Assistance Cases
2215	157	6	78	4,108

Table 13: Percentage of Students Receiving Free/Reduced Lunches – 2009⁶⁰

	Mesa Vista	Peñasco	Questa	Taos	New Mexico
Enrollment	402	527	437	3,196	315,610
% receiving free/reduced lunches	71.4%	83.9%	80.3%	83.9%	61.7%
% receiving free lunches	54.0%	74.4%	54.0%	79.3%	51.8%
% receiving reduced lunches	17.4%	9.5%	26.3%	4.7%	9.9%

More than 9,000 (9,600) people received Women, Infants, and Children (WIC) benefits in Taos County in 2006, and Food Supplement (CSFP) was provided to 3,547 participants during the same year.⁶¹ WIC offers supplemental foods to women, infants, and children who qualify for the program as well as nutrition education and counseling, breastfeeding support and education, food preparation demonstrations, and referrals to various community resources.

⁵⁸ Kids Count Data Book 2008. Available at www.nmvoices.org

⁵⁹ Monthly Statistical Reports, New Mexico HSD, October 2009 issue; Available at <http://www.hsd.state.nm.us/isd/reports.html>

⁶⁰ New Mexico Public Education Department; www.ped.state.nm.us/IT/fs/11/08.09.free.lunch.pdf

⁶¹ Taos Public Health Office.

Approximately 1,800 children in Taos County are under the age of 5 and an estimated 26.7% of children in Taos County live in poverty. Based on these figures, approximately 480 children in this age group should qualify for child-care subsidies. However, in 2008, only 160 children received child-care subsidies as a form of low-income assistance.⁶²

8. Other Economic Information

a) Employment/Unemployment Rates

The total civilian labor force in Taos County for September 2009 was 17,787, of which 16,231 were employed and 1556 were unemployed. The unemployment rate was 8.7 %.⁶³

The average weekly wage for Taos County in 1st Quarter 2009 was \$529 (the statewide average was \$723). This would be equivalent to \$13.23 per hour or \$27,508 per year, assuming a 40-hour week worked the year around. In 1st Quarter 2009 the largest major industry sector was Accommodation and Food Services (with 17 percent of the employment), followed by Health Care and Social Assistance (with 15 percent), and Retail Trade (44 & 45) (with 12 percent). The largest major occupational group was Office and Administrative Support Occupations (with 15 percent of the estimated employment), followed by Sales and Related Occupations (with 10 percent), and Food Preparation and Serving Related Occupations (with 9 percent).⁶⁴

⁶² Early Childhood Resource Center, UNM, Taos New Mexico

⁶³ Unemployment rates do not include people who have received their maximum unemployment benefits (a specific number of weeks) or those persons whose sporadic or short-term employment makes them ineligible for benefits. New Mexico Department of Labor, County Unemployment Rate Rankings, http://www.dol.state.nm.us/pdf/lmr/M_news_pdf.pdf

⁶⁴ NMDWS, Economic Research and Analysis Bureau.

<http://laser.state.nm.us/lmi/area/areaprofiledata.asp?session=areadetail&geo=3504000055&mode=1>

Table 14: Labor force, total employed, total unemployed and unemployment rates Taos County: 2000 - 2008⁶⁵; 2009⁶⁶

Year	Period	labor force	employment	unemployment	unemployment rate
2000	Annual	15,384	14,336	1,048	6.8
2001	Annual	15,790	14739	1,051	6.7
2002	Annual	16,678	15,561	1,117	6.7
2003	Annual	16,974	15,717	1,257	7.4
2004	Annual	17,028	15,744	1,284	7.5
2005	Annual	17,234	16,048	1,186	6.9
2006	Annual	17,558	16,559	999	5.7
2007	Annual	17,537	16,721	816	4.7
2008	Annual	17,634	16,756	878	5.0
2009	(Sept.)	17,602	16,096	1506	8.7

Table 15: Labor Force, Employment and Unemployment Statistics for Taos County and New Mexico – as of Sept. 2009⁶⁷

Area	Civilian Work Force	Number Employed	Number Unemployed	Unemployment Rate
Taos County	17,787	16,231	1,556	8.7%
New Mexico	956,153	884,931	71,222	7.4%

Table 16: Taos County --Largest Five Industry Employers

Average number employed and Number of establishments

1st. Quarter 2009⁶⁸

	Accommodation and Food Services	Health Care and Social Assistance	Retail Trade	Arts, Entertainment & Recreation	Education Services
Number employed	2,007	1,668	1,387	1,073	1,050
No. of establishments	158	130	209	40	38

⁶⁵ New Mexico Department of Workforce Solutions (NMDWS) LAUS unit in conjunction with US Bureau of Labor Statistics; <http://www.dws.state.nm.us/LMI/dws-data.html>

⁶⁶ UNM-BBER, Current Economic Indicators, http://bber.unm.edu/bber_cei.html

⁶⁷ NMDWS LAUS unit in conjunction with US Bureau of Labor Statistics;

<http://www.dws.state.nm.us/LMI/dws-data.html>

⁶⁸ <http://laser.state.nm.us/lmi/area/areadetailreportx.asp?session=areadetail&geo=3504000055>

According to a recent independent study, fewer than 35% of Taos County residents are employed in formal or “covered” jobs that are reported to the state for unemployment coverage. This indicates that fewer Taos County residents are active in the formal labor force and/or more residents are under-employed than persons from the rest of the state and country. In either case, the community of Taos depends on fewer workers to support it than do other communities.⁶⁹ In addition, many jobs, particularly those in accommodation and food services, the construction industry and retail are among the lowest paying jobs and typically do not offer benefits such as health insurance, sick pay or annual leave, however, these industries continue to play a major role in Taos County employment opportunities.⁷⁰ In addition, these types of occupations arguably have the least job security in a depressed economy.

b) Agriculture and Land Use

In 2007 there were approximately 637 full-time farms in Taos County. Although the total number of farms increased by 41 since 2002, the average size of farm declined from 1,029 acres in 2002 to 717 acres in 2007. During this same time period the average amount of federal assistance per farm decreased 58%. In 2007, the average market value of production per farm was \$9,406 with livestock sales accounting for 61% of agricultural market value and crop sales accounting for the remaining 39%. Taos County ranked 31st out of 33 New Mexico counties in value of agricultural products sold.⁷¹

In 2007, 256 principal operators of farms in Taos County identified farming as their primary occupation.⁷²

Local food production and family farms.

De la Tierra a la Cosecha is a collaborative project of the Taos County Economic Development Corporation, Taos Land Trust and the Taos Valley Acequia Association. This organization promotes profitable family farming and ranching and local food security by helping local landowners keep their farms intact and undeveloped and encouraging the production of local food for local consumption.

c) Building Permits and Real Property Values

The following table illustrates the number of building permits issued in Taos County since 2000.

⁶⁹ Investing in the Future, A Framework for the Sustainable Economic Development of the Greater Taos Community, May 2006. Available at the Town of Taos website. <http://www.taosgov.com/>

⁷⁰ Employer Survey, New Mexico Health Policy Commission in conjunction with New Mexico State University, 2005 Annual Report – Health Policy Commission, p. 5.

⁷¹ USDA, 2007 Census of Agriculture www.agcensus.usda.gov

⁷² NMDWS, Economic Research and Analysis, Quarterly Census of Employment, 2007.

Table 17: Building Permits issued in Taos County: 2000 – 2007.⁷³

Year	2000	2001	2002	2003	2004	2005	2006	2007
Number	230	40	30	210	70	70	70	30
Value ⁷⁴ \$ 000s	15,916	14,742	21,261	21,777	33,486	34,244		

Between the years of 2003 and 2006, taxable real property values in Taos County consistently increased from \$453,589,000 to \$574,528,00 (values were not available for 2007)⁷⁵

d) Gross Receipts

Taxable gross receipts⁷⁶ for Taos County have steadily increased over the last several years⁷⁷:

2004 -- \$589,760,511

2005 – \$619,002,504 (5% increase from 2004)

2006 – \$656,518,471 (6.1% increase from 2005)

e) Housing

In 2006, 18,633 housing units were available in Taos County.⁷⁸ In the third quarter of 2008, the average sales price for a residence (including condominiums) in Taos County was \$331,353, and the median price was \$300,000.⁷⁹ This is well above most other areas in the state; only Santa Fe and Los Alamos reported a higher median price in this same time period. For the first quarter of 2008, the average home price in Taos was \$379,016 while the average price statewide was \$156,293.⁸⁰

Housing is the largest single expense for most households and an important indicator of the cost of living in a particular community. The ratio of the median housing price to the median household income is a common measure of the cost of living in a community. Between 2000-2005, this ratio for Taos was 7.7; a ratio of 4.0 is considered unaffordable.⁸¹ In 2007 the ratio for Taos was 7.8.⁸²

The migration into the community of older, wealthier individuals, as well as the popularity of second homes in this area are factors likely impacting the cost of owning or renting a home in

⁷³ Labor Analysis Statistics and Economic Research, New Mexico Department of Workforce Solutions, <http://laser.state.nm.us/>

⁷⁴ Source: Taos County Planning Department

⁷⁵ Labor Analysis Statistics and Economic Research, New Mexico Department of Workforce Solutions, <http://laser.state.nm.us/>

⁷⁶ Taxable gross receipts are total sales less all applicable exemptions and deductions. Deductions are designed to make the gross receipts tax reach only receipts from sales to final users.

⁷⁷ New Mexico Taxation and Revenue Department

⁷⁸ U.S. Census Bureau: Taos County QuickFacts <http://quickfacts.census.gov/qfd/states/35/35055.html>

⁷⁹ Taos County Association of Realtors, <http://taosmls.net/stats.html>

⁸⁰ Realtors Association of New Mexico, 2008 3rd quarter home sales statistics

⁸¹ Investing in the Future, A Framework for the Sustainable Economic Development of the Greater Taos Community, May 2006. Available at the Town of Taos website. <http://www.taosgov.com/>

⁸² <http://taosmls.net/stats.html> Median sales price - \$260,967; median income \$33,409.

Taos County, Higher land values may also account for the sale of large sections of agricultural and open land for housing and other development purposes and higher property taxes may have motivated the sale of some family-owned properties. According to the Taos Business Asset and Leakage Study, land use may be one of the most important issues facing Taos County. The rate of construction combined with extremely high real estate prices and an aging population is altering the character of the area.⁸³

f) Fair Trade Designation

In early 2008 the Town of Taos earned the designation as a Fair Trade Town U.S.A. – the fifth in the nation and the first in the west. According to the Town of Taos press release issued July 10, 2008, Fair Trade is a rigorous third party certification guaranteeing excellent products for consumers: goods produced in a sustainable fashion; safe and healthy working conditions; no slave, forced or child labor; the encouragement of long-term relationships between producers and buyers; and an internal structure for producers that allow decisions about profits to be made democratically.

g) Economic Development.

There is universal agreement in the community that the economic growth of the region needs to be conscientious of, appropriate to, and supportive of all residents, and address the full complement of needs of residents, regardless of social or economic position. As such, development efforts in Taos should not be measured in terms of gross economic measures such as tax revenues generated or jobs created alone, without concern for their character or their quality. Development in Taos needs to be assessed in a more comprehensive manner, taking into account community progress in terms of improving the economic, physical, social/cultural and environmental health of all residents. Furthermore, development efforts should be assessed most critically and designed most intentionally in terms of their impact on the most vulnerable members of the community, including children and youth, ancianos, and those with fewer economic resources.

-- Investing in the Future, A Framework for the Sustainable Economic Development of the Greater Taos Community.⁸⁴

The three critical priorities cited in the Investing in the Future study for economic development in the greater Taos community were:

- Leadership – including a common vision and effective systems for management;
- Culture – including protecting “living heritage” cultures, greater solidarity among the social and geographic communities, effective integration of new residents; and,
- Sustainability – including responsible growth and equitable prosperity for all residents.

This same study identified the following industries as beneficial for future economic development of Taos: Health Care, Retirement Support Services, Agriculture, Affordable Housing, Technology – Enabled Outsourcing, Event Based Recreation, Responsible Destination Management Training, and Cultural Training and Youth Development. In 2007, a “Business Asset and Leakage Study”

⁸³ Business Asset and Leakage Study, Detailed Results, June 2007, Bureau of Business and Economic Research and UNM-Taos

⁸⁴ This report was an independent study commissioned by the Town of Taos and released May 2006. It is available on the Town of Taos website. <http://www.taosgov.com/>

of the Taos area was issued by the Bureau of Business and Economic Research and UNM-Taos. This study concluded that industries with growth potential included professional and technical services, as well as information, finance and educational services.

Some industries with promising “industry multipliers”⁸⁵ for the Taos area include (1) motion picture and video; (2) social organizations; (3) cattle and ranching; and (4) museums and performing arts. Future labor needs, issues and training include (1) work ethic; (2) trade skills including mechanical, construction and welding; (3) customer service training; and (4) technical and professional skills. According to the New Mexico Department of Workforce Solutions, the “professional and technical services” sector in Taos County has grown from an average of 239 employed in 2001 to 513 employed in this sector by the second quarter of 2008.⁸⁶

“Leakages” occur when purchases that could have been made locally are made elsewhere. This is also an area of potential economic development that deserves closer attention in the Taos community. Businesses report purchasing only 46% of goods and services locally and residents report purchasing 44.4% locally. These local purchases include mostly food, entertainment and professional services. Furniture, clothes, vehicles and construction supplies are often purchased elsewhere. Top reasons for non-local purchases: non-availability, poor selection and cost.

9. Immigrants

In 2004, the number of non-citizen foreign-born persons reached 21.1 million, representing 7.3% of the U.S. civilian population. Non-citizen foreign-born persons may be either legal or illegal U.S. residents. They are disproportionately low-income and uninsured.⁸⁷ They are also more likely to face other barriers to accessing health care including ineligibility for many government-sponsored programs and difficulty in finding providers who speak their language and provide culturally sensitive care.⁸⁸

In 2005, an estimated 16% of all children in New Mexico (approximately 88,000) lived in immigrant families.⁸⁹ These are children who are foreign-born or who have at least one foreign-born parent. An estimated 57% of immigrant parents in New Mexico have difficulty speaking English, and, as a result, these families live in linguistic isolation,⁹⁰ which is a contributing factor to child poverty. A child’s involvement in school can be hampered when he or she is linguistically isolated and it is harder for the family to adapt to the mainstream culture and find

⁸⁵ An industry multiplier is an estimate of the total increase caused by a one unit increase in output, employment or labor income. For example, an employment multiplier of 2.3 means that for every 1 job created in this industry, a total of 2.3 jobs are created areawide.

⁸⁶ Source: NMDWS, Economic Research and Analysis Bureau, Employment and Wages by Industry, Second Quarter 2008. <http://www.dws.state.nm.us/LMI/dws-data.html>

⁸⁷ Kaiser Commission on Medicaid and the Uninsured. Immigrants’ health care coverage and access. Washington, DC: Kaiser Family Foundation. 2003

⁸⁸ Ku L, Matani S. Left out: Immigrants’ access to health care and insurance. *Health Aff* 2001; 20(1):247–565

⁸⁹ Population Reference Bureau’s analysis of the 2005 American Community Survey. Kids Count.

⁹⁰ A linguistically isolated household is one in which those over the age of 14 have difficulty speaking English.

employment.⁹¹ In addition, a disproportionate number of immigrant parents have less than a 9th grade education, and, greater percentages of immigrant families face economic insecurity, live in poverty, and receive limited health care services.⁹²

Although accurate population counts of immigrants in Taos County were not available, it is clear that many do live, work and attend school in the area. According to the New Mexico Youth Risk and Resiliency Report for 2007, 14.6% of Taos County students speak English in their homes less than half the time and 8.6% report being born outside of the country. Therefore, any conversation regarding the needs of Taos County citizens must include an assessment of the special needs of immigrant families.

Community Against Violence –Immigrant Study

In January 2007, Community Against Violence conducted focus groups and distributed surveys to Spanish-speaking immigrants with funding from the Office of Injury Prevention, New Mexico Department of Health. Among its findings, the study concluded that, “there is a well-established immigrant community in Taos that is enhanced with new immigrants arriving regularly.” Respondents overwhelmingly indicated that racism and discrimination were the major problems facing Spanish-speaking immigrants in Taos. Specific issues identified by the respondents included:

1. Anxiety with respect to law enforcement and immigration authorities. Many stated they would not call the police if a crime were being committed due to fear of arrest or deportation.
2. Discrimination in business and service areas, including, denial of services and lack of translation/interpretation.
3. Lack of information regarding available services.

10. Uninsured and Underinsured

Lack of health insurance coverage has been associated with delayed access to health care and increased risk of chronic disease and mortality. People without health insurance are much less likely than those with insurance to receive recommended preventive services and medications, are less likely to have access to regular care by a personal physician and are less able to obtain needed health care services. Consequently, the uninsured are more likely to succumb to preventable illnesses, more likely to suffer complications from those illnesses, and more likely to die prematurely.

-- New Mexico Department of Health, Health Insurance Coverage in New Mexico

Nationwide, both the percentage and the number of people without health insurance increased in 2006. The percentage without health insurance increased from 15.3% in 2005 to 15.8% in 2006, and the number of uninsured increased from 44.8 million to 47.0 million.⁹³ The current estimate of uninsured Americans is 17.8%. The percentage and the number of children under 18 years old without health insurance increased to 11.7% and 8.7 million in 2006 (from 10.9% and 8.0 million, respectively, in 2005). With an uninsured rate in 2006 at 19.3%, children in poverty were more likely to be uninsured than all children.

⁹¹ Immigration in New Mexico, A Kids Count Special Report, October 2007, p. 6.

⁹² Immigration in New Mexico, A Kids County Special Report, Oct. 2007

⁹³ <http://www.census.gov/prod/2007pubs/p60-233.pdf> , pages 18-19.

Using a three-year average from 2004 - 2006, New Mexico had the second highest rate (21%) of persons without health insurance in the country.⁹⁴ The three-year, 2006-2008 average showed that people without health coverage in New Mexico increased to 23.0 percent (450,000 people).⁹⁵ The New Mexico Department of Health estimates that 25.8% of New Mexicans under the age of 65 currently do not have insurance. This same report indicated that approximately 34.1% of Taos County residents in this same age group do not have health insurance coverage.⁹⁶

**Table 18: Seven-Year Trend on Percent of Uninsured Population
New Mexico and the United States⁹⁷**

Year	U.S.	New Mexico
2000	13.7	23.7
2001	14.1	20.2
2002	14.7	20.6
2003	15.1	21.9
2004	14.9	19.8
2005	15.3	20.3
2006	15.8	22.9

a) Medicaid

Medicaid is a joint state and federal program, which pays for health care services on behalf of low-income individuals who meet specific criteria. Eligibility for Medicaid is usually determined by the Income Support Division (ISD) Office of the Human Services Department (HSD), in some cases by Children Youth and Families Department (CYFD) or Social Security Administration (SSA).

As of June 2009, the New Mexico HSD reported that 464,942 persons were eligible for Medicaid. This is a 3.8% annual increase.⁹⁸ 7,305 persons in Taos County were eligible for Medicaid during this same time period.⁹⁹

b) Medicare.

Medicare is a federal health insurance program that provides benefits to individuals age 65 and older, regardless of income or medical history. The program was expanded in 1972 to include individuals under age 65 with permanent disabilities and people suffering from end-stage renal disease (ESRD). In 2001, Medicare eligibility expanded further to cover people with Lou

⁹⁴ *Income, Poverty and Health Insurance Coverage in the United States: 2006*, U.S. Census Bureau, published August 2007. <http://www.census.gov/prod/2007pubs/p60-233.pdf>, page 24

⁹⁵ 2008 U.S. Census Current Population Survey (CPS)

⁹⁶ NMDH, IBIS Community Snapshot for Taos County, updated 10/28/09; <http://ibis.health.state.nm.us/indicator/view/HlthInsurCover.Uninsured.Cnty.html>.

⁹⁷ Source: <http://www.census.gov/hhes/www/hlthins/historic/hihist4.html>

⁹⁸ New Mexico Health Policy Commission, Quick Facts 2008.

⁹⁹ New Mexico Human Services Department, Medical Assistance, Reports, Eligibility Report – All Clients by County, http://www.hsd.state.nm.us/mad/pdf_files/Reports/AllClientDistributionbyCo.pdf

Gehrig's disease. In 2007, nearly 44 million people rely on Medicare for their health insurance coverage: 37 million people age 65 and over and 7 million people under age 65 with disabilities.¹⁰⁰

As of September 2007, approximately 271,905 (13.91%) New Mexicans were enrolled in Medicare. In Taos County, 5,301 persons or 16.65% of the population were enrolled in Part A and/or Part B during this same time period.¹⁰¹

c) Indian Health Services

On October 30, 2008, the Taos News reported that Holy Cross Hospital was owed \$1.75 million dollars for care to Taos Pueblo tribal members by the federal Indian Health Services (IHS). The published story stated that the IHS was considered to be "chronically under-funded" by Congress. The Director of the New Mexico Hospital Association said that 17 out of the association's 39 hospitals reported approximately \$24 million dollars past due from IHS.¹⁰²

d) County Financing of Health Care

Thirty of New Mexico's thirty-three counties (including Taos) collect and distribute tax revenues to local hospitals and indigent health care programs.¹⁰³

e) Uncompensated Health Care

In 2008, there were a total of 2,363 visits by Taos County patients to UNM Hospitals and Clinics. 277 of these were classified as charity cases and 184 patients were uninsured. The uncompensated cost of care provided by UNM for Taos County residents was approximately \$1,082,223.¹⁰⁴

11. Homeless

According to the National Coalition for the Homeless, two trends are largely responsible for the rise in homelessness over the past 20-25 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty.¹⁰⁵

While the number of homeless persons in Taos County is not currently available, homelessness is recognized as a critical problem in our community. In response to this need, the Taos Coalition to

¹⁰⁰ The Henry J. Kaiser Family Foundation, Medicare, Medicare: A Primer—March 2007, <http://www.kff.org/medicare/7615.cfm>

¹⁰¹ Centers for Medicare and Medicaid Services, Enrollment Database, 2007 (status as of 9/1/06), query run by Dave Drake of the New Mexico Medical Review Association.

¹⁰² Taos News, 10/30/08

¹⁰³ Counties are authorized to collect and expend the funds under NMSA 1978, Article 27-5, the Indigent Hospital and County Health Care Act and NMSA 1978, Article 7-20, the County Health Care Gross Receipts Tax.

¹⁰⁴ Taos County Health Report Card 2009, UNM, Health Sciences Center <http://hsc.unm.edu/community/CountyReportCards/documents/CountyReports09.pdf>.

¹⁰⁵ National Coalition for the Homeless; Why are people homeless? June 2008 <http://www.nationalhomeless.org/publications/facts/why.html>

End Homeless was created and has been very active in securing emergency and transitional housing for men, women and children. In 2007, the Coalition raised \$400,000 to purchase the Budget Host Inn on Paseo del Pueblo Sur to house women with children. In addition, a temporary men's shelter was installed in front of the county government offices on Albright. On February 4, 2009, the Planning and Zoning Commission for the Town of Taos approved a building permit for a permanent 15 bed men's shelter to be located at Salazar and Herdner roads. However, this approval was met with protest from area residents who promise to appeal the decision.

Also, Community Against Violence shelters women and children who are victims of homelessness due to violence, and Dreamtree offers relief to homeless youth and a transitional shelter for youth whose homes are not currently safe.

Dreamtree has 16 available beds and served 26 clients in 2007 and 30 clients in 2006. Most of the youth they serve have been in detention, treatment centers, foster homes or otherwise abusive and/or dysfunctional homes. In addition to shelter, Dreamtree provides meals, case management, life skills training, therapy, educational and employment support and referrals to other community support services. They also offer parent support groups and LGBTQ (lesbian, gay, bisexual, transgender, queer) support for youth in the Taos community.

C. Community Assets and Wellness

1. Natural

Taos County offers an abundance of natural beauty and outdoor seasonal activities when conditions permit the use of forests and rivers. Taos, Sipapu, Red River, and nearby Angel Fire host private ski resorts, offering opportunities for winter sports. There are also many groomed and un-groomed cross-country skiing opportunities. The Wild and Scenic area, as well as National Forest and BLM land holdings, offer hiking, camping and rock-climbing. Rafting, kayaking, canoeing, fishing and hunting are also available, contributing to the attraction of Taos County as a leading tourism destination. In addition, area parks are available for jogging, picnics, tennis and softball.

2. Social

Most of the larger community-sponsored recreation centers are found in the Town of Taos. This includes auditoriums, museums, movie theatres, the Taos Public Library, Taos Youth and Family Centers, Taos Civic Center, and the Taos Plaza. Smaller community recreation centers exist in Questa, Red River, and the outlying areas. Taos County also boasts a golf course located at the Taos Country Club.

3. Cultural

There are over 80 unique galleries in Taos.¹⁰⁶ Museums include the Harwood Museum, Taos Art Museum at the Fechin House, Millicent Rodgers Museum, Blumenschein Home and Museum, La Hacienda de los Martinez, and the Kit Carson Home and Museum.

¹⁰⁶ Taos Chamber of Commerce Official Website, www.taoschamber.com

4. Educational

a) Daycare Facilities and Pre-School Education

In 2008, total capacity for registered and licensed childcare facilities in Taos County totaled 1,096 spaces; there were 17 licensed centers, 1 licensed group home and 1 licensed home.¹⁰⁷ Slightly over 50% of these licensed centers ranked 2 stars or above according to the STARS quality rating system.¹⁰⁸ Los Angelitos is a local agency that provides intervention services for children under 3 years old.

In Taos County, Head Start is available in: Llano Quemado, Questa, San Cristobal, Taos Pueblo and Vadito (the only *early* Head Start). The Town of Taos does not have a Head Start program and so Town residents are served by the program in Llano Quemado. La Puerta and Las Estrellitas are programs in the public schools that provide services for special needs and developmental delays among preschool children. In 2008, Taos County had four state funded New Mexico Pre-K sites that provided half-day services to 4 year olds. Anansi Day School also accepts preschool children.

b) Grade School and High School Education

In addition to the public education school system, charter and private schools are also found throughout Taos County and many students are home-schooled.

UNM-Taos Adult Basic Education (ABE) Program offers instruction in basic literacy, General Education Development (GED) preparation in both Spanish and English, and English as a Second Language (ESL) for adult students who are at least 16 years of age.

c) Higher Education

The Taos Campus of the University of New Mexico serves Taos County and Northern New Mexico. UNM-Taos offers associate degree and certificate programs, and, bachelor and master degree programs through the Extended University program. The School of Nursing offers bachelor, master and PhD programs online. UNM-Taos was awarded a New Mexico HED grant to initiate an Associate Degree in Nursing program at UNM-Taos. This program is projected for the fall of 2009, pending approval of the New Mexico Board of Nursing. Holy Cross Hospital (HCH) will collaborate with UNM-Taos on the program implementation.

Other educational institutions offering degree or certificate programs for higher education in Taos County include the National College of Midwifery, the Taos Institute of the Arts, and the Taos School of Massage.

In addition, the Cultural Institute at Southern Methodist University's campus in Taos, New Mexico offers weekend classes including: Seminar on Taos Artists, The Los Alamos Nuclear

¹⁰⁷ Early Childhood Resource Center, UNM, Taos New Mexico.

¹⁰⁸ 9 licensed centers ranked one star; 7 ranked two stars and 3 ranked four stars. One star means that the facility meets minimum licensing regulations; the higher the STAR ranking, the higher the level of quality. <http://www.newmexicokids.org/pages/library/stars/index.htm>

Project, Women Writers of the Southwest, Archaeological Field Study, Digital Photography, and Fly-Fishing.

5. Events

From live theater, chamber music performances, art shows and poetry readings to fiestas, outdoor concerts, arts and crafts fairs and balloon events, Taos is alive with festivals and entertainment. Area events include: Taos Balloon Festival, Spring and Fall Arts Festivals, Wool Festival, Wine Tasting Events, Ski Events, Taos Plaza Live, Taos Rodeo, Taos Fiesta, Taos Solar Music Festival, and numerous running, cycling and winter sport events.

6. Social Assistance

Approximately 130 health care and social assistance organizations operate in Taos County filling *essential roles* in supporting the health and well-being of Taos County residents. Efforts towards collaboration continue to develop among many of these agencies that address related or similar needs.

A myriad of services are offered by these organizations in Taos County, including agricultural and educational projects and programs; youth development and leadership programs; and, alternative health, business development and networking opportunities.

Please see the Taos C.A.R.E.S Health Council **Health and Community Services Directory** at www.taoscares.com for a listing of non-profit and other service organizations and agencies in Taos County.

7. Youth Focused Recreation, Community Involvement and Creative Opportunities.

Many of the avenues for youth recreation and involvement are concentrated in the Town of Taos. There are school-, volunteer-, non-profit-, and Town-sponsored recreational opportunities, as well as a Youth and Family Center which includes an ice skating rink, skateboard park, and a new public pool, tennis and basketball courts, soccer fields and baseball diamonds. The villages of Red River and Questa also offer some centralized locations for youth recreation and various other recreational opportunities. Outlying areas, challenged by limited revenue to support such activities, tend to rely on models that do not utilize large facilities, such as clubs, school organized events, volunteer organizations, 4-H Club, schools and church activities.

Taos County is fortunate to have several after-school programs for youth, including Girltime, ECO Arts Center, Rocky Mountain Youth Corps, Movimiento, Wise Fool, Boys & Girls Clubs, 4-H Clubs, Big Brothers/Big Sisters, Girl Scouts, and Boy Scouts, Discovery Program. After-school programs keep children of all ages safe and out of trouble because they meet family needs by providing responsible adult supervision of children during non-school hours. They also offer rewarding, challenging, and age-appropriate activities in a safe, structured, positive environment.

Additionally, Taos County has several mentorship and apprenticeship programs with local artists, writers and craftspeople. Among these are Taos Business & Education Collaborative (offering

business internships and job-shadow days for high school youth) and S.O.M.O.S. (offering mentorship in writing and poetry).

8. Senior Life

Ancianos operates senior centers in Taos, Amalia, Questa and Chamisal. and offers meals five days a week, a *Meals on Wheels* program, transportation, recreational programs, health insurance and benefits assistance, a Foster Grandparents program, Senior Companions program and Senior Olympics. Taos Living Center, located in the Town of Taos, is a 100-bed facility that also offers outpatient rehabilitation services. Plaza de Retiro is a life-time care facility and retirement home. Similar services are offered in Red River and Questa. Taos Pueblo also has a Senior Citizen and Foster Grandparents Program. Chesed, a Stone Soup Collaborative, hosted by the Taos Jewish Center in partnership with several County organizations, offers seniors a selection of free or low-cost enrichment opportunities such as writing groups, yoga, walking and exercise groups

9. Effects of Gentrification.

Although Taos enjoys an abundance of community assets, not all are enjoyed equally by Taos County residents and so this description would not be complete without discussing the effects of gentrification. Gentrification is a general term for the arrival of wealthier people in an existing modest or low income area that results in a related increase in rents and property values, and changes in the community's character and culture. The social, economic, and physical impacts of gentrification are often exacerbated by differences in race, class, and culture. Earlier residents may feel embattled, ignored, and excluded from their own communities. New arrivals are often mystified by accusations that their very arrival in the area and/or efforts to improve local conditions are perceived as hostile or even racist.

In Taos, the influx of artists and wealthier transplants have resulted in a community filled with art galleries, cultural events and a myriad of leisure opportunities as well as upscale residential developments. Unfortunately, the benefits of these changes are often enjoyed disproportionately by the new arrivals, while the established residents find themselves economically and socially marginalized. In particular, the following types of changes have occurred in Taos:

Demographics: An increase in median income, a decline in the proportion of racial minorities, and an increase in the proportion of older residents.

Real Estate Markets: Large increases in rents and home prices and a change in land use from agricultural to commercial and luxury residential development.

Culture and Character: New ideas about what is desirable and attractive, including standards (either informal or legal) for architecture, landscaping, public behavior, noise, and nuisance. In addition, cultural values and traditions are often not respected and sometimes diminished, resulting in loss, frustration and displacement.

V. COMMUNITY HEALTH STATUS

A. Maternal Child Health (MCH) Indicators

1. Birth Rate

In 2006, New Mexico's birth rate¹⁰⁹ declined from a rate of 19.1 births per 1,000 population in 1985 to 14.9, but increased from 14.6 in 2005.¹¹⁰ There were 370 births in Taos County in 2006; 184 male births and 186 female births. This approximates a birth rate of 14.2 and accounts for 1.2% of all births in New Mexico. The birth rate in Taos County has not varied significantly from 2002 – 2006, except in the year 2003 when it reached 12.2.

Table 19: Birth Rate and Numbers of Births in Taos County 2002 – 2006¹¹¹

2002		2003		2004		2005		2006	
Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
350	11.3	382	12.2	362	11.5	363	11.4	370	11.5

The table below illustrates the numbers and percents of births by mother's race/ethnicity.

Table 20: Numbers and Percents of Births by Mother's Ethnicity - 2006¹¹²

Location	All Races	American Indian		Asian Pacific Islander		African American		Hispanic		White	
	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Taos	370	33	8.9	3	0.8	2	0.5	234	63.2	98	26.5
NM	29,918	3,961	13.2	549	1.8	599	2.0	16,212	54.2	8,594	28.7

2. Birthing Options

Although the majority of New Mexicans are attended by medical doctors when giving birth, in 2007 almost thirty percent turned to certified nurse midwives, as shown in the following table.

¹⁰⁹ Birth rates are per 1,000 population for specified county. Percent by county or region is percent of all births in New Mexico.

¹¹⁰ Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. Released 2008. <http://www.unm.edu/~bber/>.

¹¹¹ Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. Released 2008. <http://www.unm.edu/~bber/>.

¹¹² Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. Released 2007. <http://www.unm.edu/~bber/>

Table 21: Percents of Births by Year and Attendant Type -- New Mexico

	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Medical Doctor	69.9%	69.2%	69.9%	68.6	69.4%	70.3%	71.3%	72.6%	76.7%	79.7%
Certified Nurse Midwife	28.7%	29.0%	27.8%	29.2%	28.6%	28.1%	27.0%	25.8%	21.7%	18.8%

In Taos, out of 335 births in 2006, 279 mothers were attended by medical doctors, 54 were attended by a licensed midwife, 1 was attended by a certified nurse midwife, and 1 was unspecified. 280 of these births occurred in a hospital, 48 occurred in a free standing birthing center, and, 6 occurred at home.¹¹³

Northern New Mexico Midwifery Center

The Northern New Mexico Midwifery Center is a non-profit organization that serves northern New Mexico and southern Colorado and is staffed by three midwives (CPM's, LM's) and their apprentices. The practice is unique in the United States in that it is the only community in the United States where nearly 30% of all births occur naturally outside of the hospital. The concepts of self-care, client freedom of choice, and informed consent are the cornerstones of the practice. The midwives are deeply committed to creating an environment where families can safely bring their babies into the world with love, respect and honor and believe *“the Midwifery Model of Care is the optimal way to improve the health status of mothers and babies and thereby reduce infant and maternal morbidity and mortality.”* The Northern New Mexico Midwifery Center is located at 1331 Maestas Road; Taos NM 87571. Tel. (505) 758-1216; Fax. (505) 758-2683 www.midwiferycenter.org.

3. Births by Age of Mother

New Mexico women ages 20 – 34 had the highest percent of births in the period 2002 – 2006. The percent of mothers ages 40-49 increased from 1.3% in 1990 to 2.1% in 2006.

The following chart shows the number of births in Taos County from 2004 - 2006, grouped according to the age of the mothers.

¹¹³ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008.

Table 22: Number of Births Grouped by Age of Mothers in Taos County -- 2004 - 2006¹¹⁴

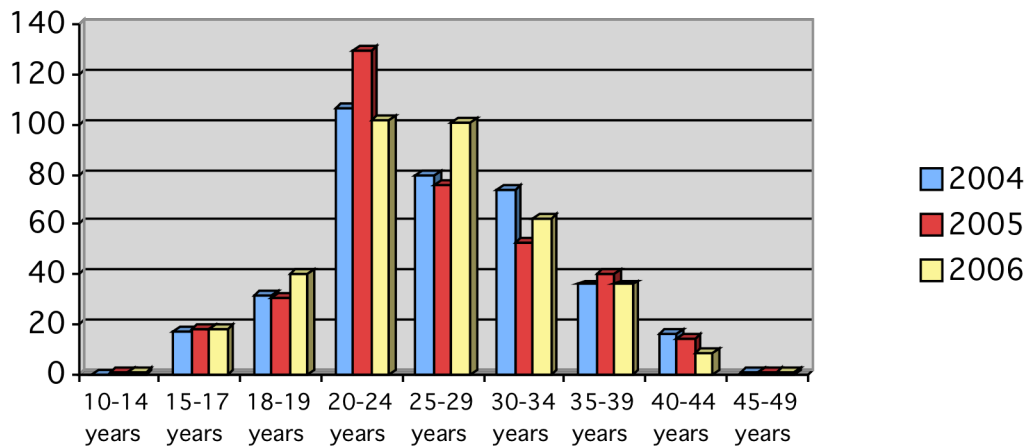


Table 23: Number and (Percentage) of Live Births by Age Group -- Taos County and New Mexico - 2006.¹¹⁵

Age of mother	<15	15-19	20-24	25-29	30-34	35-39	40-49	50+
Taos County	1 (0.3%)	58 (15.7%)	102 (27.6%)	101 (27.3%)	62 (16.8%)	36 (9.7%)	10 (2.7%)	0
New Mexico	6 (0.2%)	4,627 (15.5%)	9,276 (31.0%)	7,848 (26.2%)	4,988 (16.7%)	2,494 (8.3%)	616 (2.1%)	1

4. Births to Single Mothers

More than half (51.2%) of New Mexico births were to single mothers in 2006. The percent of single mothers in New Mexico has more than doubled in the last 22 years, and went up 9.2% between 2002 and 2006.¹¹⁶

In 2006, there were 225 births to single mothers in Taos County, representing over 60% of all births in Taos County. This rate has increased from 2002, when about 55% of all births in Taos County were to single mothers.

¹¹⁴ Data Sources: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

¹¹⁵ Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. <http://www.unm.edu/~bber/>.

¹¹⁶ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics (2008).

Table 24: Number and Percentage of Births to Single Mothers -- Taos County, 2002 - 2006.¹¹⁷

2002		2003		2004		2005		2006	
#	%	#	%	#	%	#	%	#	%
191	54.6	227	59.4	197	54.4	209	57.6	225	60.8

In 2006, 91.4% of teen mothers, age 15 to 19 years in Taos County were single.¹¹⁸

5. Births to Teen Mothers

Teen mothers have less education, earn less, and frequently live in poverty. Births to teens mean an increased need for publicly funded care before and after birth, increased public assistance throughout life, reduced parent income and tax payments, poorer health status of children, greater use of foster care, increased rates of incarceration, and lower lifetime income for children of teen mothers.¹¹⁹

Although the teen birth rate¹²⁰ nationwide declined by 35% between 1991 and 2005¹²¹, New Mexico's teen birth rate is the third highest in the nation and continues to be higher than the national rate.¹²² In New Mexico, the rate of teen births ages 15 to 19 is more than 60% higher than the national rate¹²³; and, in 2006 was 0.7% higher than in 2002. There was an increase of 2.3% between 2005 and 2006.¹²⁴ In response, the New Mexico Teen Pregnancy Coalition and the New Mexico Department of Health Family Planning Program instituted "Challenge 2010 – Reduce the teen birth rate¹²⁵ in New Mexico by 15%." According to the 2007 update, Taos met the 2007 goal because the average teen birth rate between 2003 – 2005 for Taos County was at least 6% lower than the baseline birth rate (average birth rate from 2001 – 2003). However, Taos County experienced a teen birth rate of 56.0 in 2006; and, 15.7% of all births in Taos County that year were to mothers between 15 and 19 years old.¹²⁶ There were 53 births in Taos County to mothers age 15 – 17 between the years of 2004 to 2006.¹²⁷

¹¹⁷ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics (2008).

¹¹⁸ Id.

¹¹⁹ Adolescent Health Data Report, 2008, NMDOH

¹²⁰ Teen Birth Rate is the number of births to females in the age group per 1,000 of the age group female population.

¹²¹ The National Campaign to Prevent Teen and Unplanned Pregnancy, November 2006.

<http://www.teenpregnancy.org/resources/data/genfact.asp>.

¹²² New Mexico Teen Pregnancy Coalition Press Release - May 2007, *The New Mexico Teen Pregnancy Coalition Encouraging Teens to Stop, Think and Take Action*.

<http://www.nmtpc.org/natday/2007PressRelease.pdf>

¹²³ Racial and Ethnic Health Disparities Report Card; NMDOH, 2nd. ed.

¹²⁴ Bureau of Business and Economic Research (BBER), Population Estimates, University of New Mexico

¹²⁵ Birth Rates: Births per 1000 females, age 15-17 / 15-19

¹²⁶ Bureau of Business and Economic Research (BBER) Population Estimates, University of New

Mexico. <http://www.unm.edu/~bber/>.

¹²⁷ County Health Highlights Report, NM-IBIS, Birth Measures.

Table 25: Teen Birth Rate -- Ages 15 to 19¹²⁸

	2006	2005	2004 – 2006 average	2003 – 2005 average	2002 – 2004 average	2001 – 2003 average
Taos County	56.0	45.5	48.3	49.3	49.0	52.6
New Mexico	61.7	60.3	60.6	60.7	60.4	61.5
United States	41.9	40.5	42.6	41.6	43.3	43.0

Table 26: Teen Birth Rates – Ages 15 to 17¹²⁹

	2004 – 2006 average	2003 – 2005 average	2002 – 2004 average	2001 – 2003 average
Taos County	24.37	26.8	25.2	28.7
New Mexico	35.5	36.2	35.9	36.2
United States	22.1*	22.3*	22.6	23.4

*2005 & 2006 rate for U.S. not available

Table 27: Number of Births by Mother's Age – 2006 & 2005 (Taos County)

	10 – 14 years	15 – 17 years	18 – 19 years
2006	1	18*	40**
2005	1	18	31

*equivalent to birth rate of 24.8

**equivalent to birth rate of 128.6

Also, in Taos County in 2006,

- 18.3% of all births to teen mothers age 15 to 19 years were 2nd. children, and,
- 91.4% of teen mothers, age 15 to 19 years were single.¹³⁰

According to the 2007 Youth Risk and Resiliency Survey (YRRS)¹³¹,

- 50.9% of students in Taos County have engaged in sexual intercourse
- 34.1% are sexually active (indicated had sexual intercourse within 30 days of survey)
- 30.9% did not use a condom
- 26.4% had alcohol or drugs before sex
- 9.5% reported using no method of birth control

¹²⁸ NM Vital Records and Health Statistics; Bureau of Business and Economic Research (BBER) Population Estimates

¹²⁹ Birth Certificate Data, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

¹³⁰ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008.

¹³¹ See commentary regarding 2007 YRRS Results for Taos County in Appendix A.

Taos has two School Based Health Centers, one at Taos High and one at Taos middle school where many teens receive full reproductive health services including emergency contraception, condoms and other birth control. In addition, The Community Wellness Center provides support, education and clinical services for pregnant and parenting teens. These services include psychosocial, individual, and group/family therapy and weekly meetings that include support group, skills development and group therapy. Teens are referred to this program through local schools and other service providers.

6. Birth-Weight

a) Low birth weight

A birth weight of less than 2500 grams (5 pounds, 8 ounces) is considered low birth weight, while less than 1500 grams (3 pounds, 5 ounces) is considered very low birth weight. Birth weight is an important predictor of infant survival. Low birth weight is a factor in approximately two-thirds of infant deaths nationally. Low birth weight newborns are also more likely to have serious health problems and increased risks of long-term disabilities.¹³²

Nationwide, the percentage of low birth-weight infants was 8.2% in 2005¹³³. In New Mexico, the percentage of low birth-weight infants increased from 8.5% in 2005 to 8.9% in 2006. Since 1990, the proportion of low birth-weight infants has increased by 21.9%. The percentage of low birth-rate infants born to Hispanic mothers has increased from 8.2% in 2004, to 8.4% in 2005 to 9.1% in 2006. American Indians have also experienced a slight but steady increase as illustrated in the table below.

Table 28: Percent of Low Birth-Weight Births by Mother's Race/Ethnicity New Mexico 2004 – 2006¹³⁴

	2004	2005	2006
American Indian or Alaska Native	7.3	7.6	7.9
Asian or Pacific Islander	9.1	9.8	9.5
Black or African American	13.4	14.8	13.9
Hispanic	8.2	8.4	9.1
White	8.1	8.7	8.7

¹³² New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

¹³³ CDC, National Center for Health Statistics, NVSR Vol. 55, No. 1, released September 29, 2006 and NVRS Vol. 56, No. 6, released December 5, 2007. 2006 U.S. data were not available at time of publication.

¹³⁴ Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

The 2004 – 2006 average of low birth weight births in Taos County was 9.4%.¹³⁵ In 2006, 11.35% of births in Taos County were to low birth-weight babies, compared with 11% in 2005.¹³⁶ In 2006, 1.35% of the babies born in Taos County were classified as very low birth-weight babies¹³⁷

Table 29: Percent of Low Birth Weight by Mother’s Age -- Taos County and New Mexico, 2004 - 2006

	All Ages	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 49
Taos	9.4	0.0	6.4	12.2	9.3	9.0	5.4	11.9
New Mexico	8.5	9.5	9.2	8.6	7.6	8.1	10.0	12.7

b) High birth weight

High birth weight is an indicator with importance in New Mexico considering the risk of diabetes in our communities. High birth weight measures greater than or equal to 4000grams. A woman with a history of gestational diabetes or delivery of a baby weighing >9 pounds is at risk of developing type-2 diabetes. In addition, if the baby has macrosomia (generally defined as a weight of 4000 g or more), he or she is at risk for obesity and also for developing type-2 diabetes later on in life. It should be noted that there is no widely agreed- upon weight definition. Any evaluation of fetal weight must be considered in the context of gestational age.¹³⁸

The following table shows the number and percent of high birth weight infants born in Taos County and New Mexico for the years 2004 – 2006.

Table 30: Number and Percent of High Birth Weight Infants -- Taos County and New Mexico 2004 -- 2006¹³⁹

	2004		2005		2006	
	%	#	%	#	%	#
New Mexico	5.7	1,625	5.6	1,605	5.3	1,591
Taos	4.1	15	4.4	16	4.6	17

The above table indicates that while New Mexico has seen a decrease in high weight births from 2004 – 2006, both the number and percent of high birth weight infants has increased in Taos County for the same time period.

¹³⁵ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

¹³⁶ 2007 Kids Count Data book. http://www.nmvoices.org/kidscount_publications.html

¹³⁷ New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

¹³⁸ “Diabetes in the Life Cycle and Research,” Vol. 4. 2003. Editor M. Franz. Published by the American Association of Diabetes Educators, Chicago Illinois. Diabetes Care Journal, Supplement 1, January 2003 Vol. (26).”

¹³⁹ New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

7. Prenatal Care

Women who receive early and consistent prenatal care (PNC) enhance their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy because prenatal care during the first trimester is an important part of early identification of health problems for mothers and their unborn infants. New Mexico's traditional measure of prenatal care is the modified Kessner Index which defines level of prenatal care using a combination of the month prenatal care began and the number of prenatal visits.¹⁴⁰ According to this index, low level of care is defined as care that begins in the third trimester with less than five or no prenatal care visits. A high level of care is defined as care that began during the first trimester (first three months) of pregnancy with nine or more prenatal care visits occurring during that period. Mid level care is defined as care that began during the first trimester with 5-8 prenatal visits, or care beginning in the fourth to sixth month of pregnancy with 5 or more visits.

In 2006, 54.7% of mothers in New Mexico received a high level of prenatal care, 27.6% received a mid level of prenatal care, while 11.5% received a low level or no prenatal care.¹⁴¹

In 2008, an estimated 66.8% of babies born to Taos County mothers received prenatal care in the first trimester (compared with 70.5% statewide).¹⁴² A more thorough classification of care in 2006 revealed that an estimated 47.8% of babies born to Taos County mothers received a high level of prenatal care, 34.6% received a mid level of prenatal care, and, 12.2% received a low level or no prenatal care. Twenty (20) Taos County mothers received unknown prenatal care. Of those who received low or no prenatal care, 20.7% were teen mothers age 15 to 19, and, 27.3% were American Indian or Alaska Native.¹⁴³

8. Congenital Anomalies

During 2004 to 2006, congenital anomalies were reported on 2.0% of New Mexico resident birth certificates. Congenital anomalies not readily apparent at birth may not be reported on the birth certificate. The percentage of New Mexico live births for 2004 through 2006 with congenital anomalies was lowest for infants whose mothers were ages 10-14 (0.5%), 20-24 (1.8%) and 25-29 (1.8%), while the highest percentage was for infants whose mothers were age 40 or older (3.0%).¹⁴⁴

¹⁴⁰ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008, Technical Appendix, p. 181. There are three primary ways that prenatal care is measured: the trimester prenatal care began, the Kessner Index, and the Kotelchuck Index. These measures primarily rely on when prenatal care was initiated and the number of prenatal visits.

¹⁴¹ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

¹⁴² Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.

<http://ibis.health.state.nm.us/view?xslt=html/community/ReportPage.xslt&xml=community/GeoCnty.xml&community=55&indicatorSetName=AllIndicators>

¹⁴³ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008.

¹⁴⁴ Id.

Between 2001 and 2003, there were 21 births reported with congenital anomalies in Taos County (1.9% of all births). Between 2004 and 2006 there were 28 births reported with congenital anomalies (2.6% of all births).¹⁴⁵

9. Abortion

In New Mexico, reporting of legal induced abortion became law in 1977. The number of reported abortions in New Mexico in 2006 was 5,764. The abortion ratio is the number of abortions reported for every 1,000 live births. In 2004 the national abortion rate was 229.0; in New Mexico it was 200.8, 12.3% lower than the national rate.¹⁴⁶ In 2006, 20-24 year olds had the highest proportion of abortions (35.5%) in New Mexico. It is difficult to provide an accurate abortion rate for Taos County residents because these patients would likely go outside the county to have the procedure performed.

10. Childhood Immunization

By two years of age, it is recommended that all children should have received 4 doses of diphtheria-tetanus-pertussis (DTaP), 3 doses of polio, 1 dose of measles-mumps-rubella (MMR), 3 doses of Hepatitis B, 3 doses of Haemophilus Influenza, type B (Hib), and 1 dose of Varicella vaccine. The New Mexico Department of Health estimated that in 2008, 67% of children in Taos County had received these immunizations¹⁴⁷

B. Mortality

1. Number of Deaths

In 2006, 15,231 New Mexico resident deaths were reported. The age-adjusted death rate¹⁴⁸ was 761.2 deaths per 100,000 standard population, representing a 1.2% decrease from 2005. The vast majority of deaths (68.3%) were to individuals 65 or older.

In 2006, Taos County experienced 251 deaths, slightly higher than the previous nine-year average of 219. This resulted in an age-adjusted death rate of 698.5.¹⁴⁹

Table 31: Number of Deaths and Death Rates¹⁵⁰ -- Taos County (1999 – 2006)¹⁵¹

	1999	2000	2001	2002	2003	2004	2005	2006
No. of	207	208	236	240	242	220	238	251

¹⁴⁵ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008.

¹⁴⁶ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008, p. 25.

¹⁴⁷ New Mexico Department of Health, 2008 Department of Health Provider CASA Immunization Coverage Surveys; http://ibis.health.state.nm.us/indicator/view_numbers/Immun431331CASA.Cnty.html

¹⁴⁸ Age-adjusted death rates are the numbers of deaths per 100,000 U.S. standard population.

¹⁴⁹ Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. Released 2008. <http://www.unm.edu/~bber/>

¹⁵⁰ per 100,000 standard population

¹⁵¹ Id.

Deaths								
Death Rate	727.5	702.7	769.6	759.2	761.8	654.5	683.1	698.5

Generally one would expect a community with an older population to have a higher death rate; however, beginning at age 35 and as percentage of population, Taos County has an older population than the state of New Mexico in every age group beginning at age 35 but experiences a lower death rate.¹⁵²

2. Fetal Deaths

Fetal mortality rates are the numbers of fetal deaths per 1,000 live births. The fetal death rate for the United States was 6.4 in 2002 and decreased to 6.1 in 2004. For the state of New Mexico, the fetal death rate was 3.2 in 2002 and decreased to 2.3 by 2006.¹⁵³ In Taos, the fetal death rate has ranged from 5.7 in 2002, to 8.2 in 2005 to 2.7 in 2006; however the number of fetal deaths was very low – between 1 and 3 in each reported year.¹⁵⁴

3. Infant Deaths

The infant death rate is an important indicator of the health of a population and a worldwide indicator of health status and social well-being. The leading causes of infant deaths include conditions in the perinatal period (includes disorders of short gestation and can reflect the overall state of maternal health, as well as the quality and accessibility of primary health care for pregnant women), and birth defects.

- New Mexico Department of Health, Indicator –Based Information System – Infant Mortality (2009).

Infant mortality rates are the number of infant deaths under 1 year of age per 1,000 live births. The 2002 – 2006 infant mortality rate for New Mexico was 5.9¹⁵⁵; the rate for these same years for Taos County was 6.0 with a total number of infant deaths for this time period of 11.¹⁵⁶ There were four infant deaths in Taos County in 2006, all female.¹⁵⁷ According to the New Mexico Indicator-Based Information System, Taos County ranked “marginally worse” than the state for infant mortality.¹⁵⁸

4. Maternal Mortality

A maternal death is defined as the death of a woman while pregnant or within 42 days of pregnancy, excluding external injury deaths. Maternal mortality rates are the number of maternal

¹⁵² See population description – age, Section IV(B)(2) herein.

¹⁵³ New Mexico requires reports on deaths where fetal weight is 500 grams or more.

¹⁵⁴ Rates based on fewer than 20 events may be statistically unreliable and should be interpreted with caution. Data Source: CDC, National Center for Health Statistics (NCHS).

¹⁵⁵ For New Mexico, the rate numerator is total infant deaths for 2002-2006, divided by 5; the denominator is the number of 2004 live births.

¹⁵⁶ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health; Rates based on fewer than 20 events may be statistically unreliable and should be interpreted with caution.

¹⁵⁷ New Mexico Bureau of Vital Records and Health Statistics

¹⁵⁸ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

deaths per 100,000 live births.¹⁵⁹ The average maternal mortality rate for New Mexico for the years 2002 – 2006 was 12.0; however, there was only one maternal death reported for New Mexico residents in 2006 resulting in a maternal mortality rate of 3.3 for that year. Specific statistics for Taos County were not available.

C. Leading Causes of Death

According to the New Mexico Department of Health, death rates by leading causes of death show areas where health improvement and prevention programs should be targeted to affect the most people. In 2006, the five leading causes of death¹⁶⁰ for New Mexico residents were: 1) heart disease; 2) cancer (malignant neoplasms); 3) accidents (unintentional injuries); 4) chronic lower respiratory diseases; and 5) stroke (cerebrovascular disease). Overall, New Mexico resident death rates in age groups 5 – 54 were higher than those of the United States.¹⁶¹ For children ages 1-4, the three leading causes of death were Accidents (Unintentional Injuries), Congenital Malformations, and Assault (Homicide). For the 5-14 age group, the three leading causes were Accidents (Unintentional Injuries), Cancer (malignant neoplasms) and Suicide. Suicide was the second leading cause of death, after Unintentional Injuries, for both the 15- 24 and the 25-44 age groups of both sexes combined. However, among females in the 25-44 age group, the second leading cause of death was Malignant Neoplasms.¹⁶²

There were 251 deaths in Taos County in 2006.¹⁶³ The five leading causes of death for Taos County residents in 2006¹⁶⁴ were:

- 1) Cancer (60 deaths);
- 2) Heart disease (44 deaths);
- 3) Accidents (24 deaths);
- 4) Suicide (13 deaths); and,
- 5) Diabetes (9 deaths).

Taos County residents experience death from accidents and suicide at higher rates than New Mexico and the United States.¹⁶⁵

¹⁵⁹ The rate numerators are total maternal deaths for the specified 5-year period divided by 5. Rate denominators are the 2004 births for 2002 – 2006.

¹⁶⁰ Beginning with 1999 data, cause of death has been coded according to the tenth revision of the World Health Organization's International Classification of Diseases (ICD-10). The International Classification of Diseases (ICD) is a system of classification developed in partnership with the World Health Organization (WHO) and WHO Collaborating Centers. WHO member nations are required to use this classification system for comparability in the collection and classification of health statistics. In order to keep up with advances in medical science, revisions to the ICD are made almost every ten years since it first went into effect in 1900.

¹⁶¹ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008; BBER, Population Estimates, UNM, released 2008

¹⁶² New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

¹⁶³ County Health Highlights, NM-IBIS, Mortality Measures (2009).

¹⁶⁴ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

¹⁶⁵ However, as with many population statistics, rates based on fewer than 20 events may be statistically unreliable and should be interpreted with caution.

Table 32: Death Rates¹⁶⁶ for Five Leading Causes of Death in Taos County (2006) Comparisons with the United States (2005) and New Mexico (2006)¹⁶⁷

Cause of Death	Taos (2006)	New Mexico (2006)	United States (2005)
Cancer	164.3	153.7	183.8
Heart Disease	117.3	167.8	211.1
Accidents	72.9	64.0	39.1
Suicide	40.8	17.1	10.9
Diabetes	24.7	27.5	24.6

D. Chronic Disease Indicators

1. Heart Disease

Definition: Any disorder that affects the heart's ability to function normally; the most common cause is narrowing or blockage of the arteries which supply blood to the heart itself.

Risk and Protective Factors: Diet, exercise, smoking, high blood pressure, high cholesterol, diabetes and body weight are factors that can increase or decrease the risk of developing heart disease. Environmental influences such as workplace policies and/or programs to encourage physical activity, restriction of smoking, nutritious eating habits, etc. can also be considered in the risk and resiliency category.

-- Community Health Profile Detailed Guidelines, 2005, Department of Health

According to the CDC, heart disease is the leading cause of death in the U.S. and is a major cause of disability. Almost 700,000 people die of heart disease in the U.S. each year, approximately 29% of all U.S. deaths. Heart disease is a term that includes several specific heart conditions. The most common heart disease in the U.S. is coronary heart disease, which can lead to heart attack.¹⁶⁸

Heart disease is the leading cause of death in New Mexico and is a major source of disability. In 2006, diseases of the heart accounted for over 21% of all deaths in New Mexico. New Mexico ranks 4th. in the nation for cardiovascular deaths, an improvement from 1990 when it ranked 1st. In 2005, heart disease caused 46 deaths in Taos County.¹⁶⁹ In 2006, heart disease was the 2nd. leading cause of death and caused 44 deaths in Taos County, equivalent to a death rate of 117.3 (compared with 167.8 statewide and 211.1 nationally). Between the years 2004 – 2006, the death

¹⁶⁶ Death rates are the number of deaths per 100,000 U.S. standard population

¹⁶⁷ U.S. Data Source: CDC, National Center for Health Statistics. NVSR, Vol 56, Number 10, released April 24, 2008. <http://www.cdc.gov/nchs/>. 2006 U.S. data not available at time of publication. Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. <http://www.unm.edu/~bber/>.

¹⁶⁸ Centers for Disease Control and Prevention, Diseases & Conditions, Heart Disease, <http://www.cdc.gov/heartdisease/index.htm>

¹⁶⁹ Bureau of Vital Records and Health Statistics, *New Mexico Selected 2005 Health Statistics Annual Report*

rate for heart disease in Taos County averaged 120.6 (+/- 22) compared with a state rate of 172.4 and a national rate of 211.1 for this same time period.¹⁷⁰ According to the Department of Health Indicator-Based Information System, Taos County ranks “significantly better” than the state in death rate for heart disease.¹⁷¹

2. Cancer

Definition: Cancer is the uncontrolled growth of abnormal cells that have mutated from normal tissues and can prevent normal function of organs or spread throughout the body. There are multiple causes of cancer; a few are known, such as tobacco use, excessive exposure to sunlight, radiation, some viruses and chemicals. However, the causes of many cancers are unknown. Lung cancer is the most common cause of cancer deaths. Gender and age play important roles in the presence, as well as types of, cancer.

Risk and Protective Factors: Risky behaviors are smoking or chewing tobacco, secondhand smoke (environmental tobacco smoke or ETS) excessive sunlight exposure, poor nutrition, inadequate physical activity, and heavy drinking. Screenings, such as breast examination, mammography, pap smear and colonoscopy, may help detect cancers at their early, most treatable stages and are preventive health behaviors.

– Community Health Profile Detailed Guidelines, 2005, Department of Health

The Department of Health indicates that four cancers (breast, colorectal, lung, prostate) account for more than half of New Mexico’s cancer burden. From 2000 to 2004, these four cancers accounted for nearly 19,974 of the 38,106 newly diagnosed cases of cancer and 7,066 of the 14,997 deaths in New Mexico.¹⁷² Prostate (men) and breast cancer (women) had the highest occurring rates for all ethnicities.¹⁷³ From 2000 to 2004, more than 7,995 males and 7,002 females died of cancer in New Mexico. Cancer accounts for roughly one of every five deaths in the state each year.¹⁷⁴ The projected number of new cancer cases diagnosed in New Mexicans for 2007 is 8,030. The projected number of cancer deaths among New Mexicans for 2007 is 3,270. The population of New Mexico is aging, and because cancer occurs more often in older persons, the burden of cancer is expected to grow. The increase in the number of people living with cancer will place a growing demand on the healthcare system and on all cancer control efforts in New Mexico.¹⁷⁵

¹⁷⁰ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health; Population Estimates: University of New Mexico, Bureau of Business and Economic Research, <http://www.unm.edu/-bber/>

¹⁷¹ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

¹⁷² New Mexico Department of Health, Comprehensive Cancer Program, *New Mexico Cancer Facts & Figures, 2007*.

¹⁷³ University of New Mexico, Health Sciences Center, Cancer Research and Treatment Center, New Mexico Tumor Registry. <http://hsc.unm.edu/som/nmtr/Rank10.htm>

¹⁷⁴ New Mexico Department of Health, Comprehensive Cancer Program, *New Mexico Cancer Facts & Figures, 2007*. http://www.cancernm.org/cancercouncil/pdf/NMCFF_Facts-figures07.pdf

¹⁷⁵ New Mexico Department of Health, Comprehensive Cancer Program, New Mexico Cancer Plan 2007 – 2011. http://hsc.unm.edu/chdp/Assets/index/FINAL_NMCancerPlanforWeb.pdf

In 2006, cancer was responsible for 60 deaths and was the number one cause of deaths in Taos County. Between the years 2002 – 2006 the cancer death rate in Taos County was 159.7 (+/-19.7) compared to the state rate of 161.2 and the national rate of 183.8 for this same time period.¹⁷⁶

3. Cerebrovascular Disease (Stroke)

Definition: A generic term for all disorders in which an area of the brain is momentarily or permanently affected by restricted blood flow or bleeding and one or more of the cerebral blood vessels are involved. Strokes are a common result of such disease.

Risk and Protective Factors: Diet, exercise, body weight, smoking, hypertension and excessive alcohol use are factors that influence the risk of as well as avoiding developing such diseases.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

Stroke is the third leading cause of death in the U.S. and the leading cause of serious long-term disabilities, including, paralysis, speech impediments and emotional problems. Treatments are available that can reduce the damage caused by a stroke for some victims; however, these treatments need to be given soon after the symptoms start.¹⁷⁷ Although strokes can occur at any age, nearly three quarters of all strokes occur in people over the age of 65. The risk of having a stroke more than doubles each decade after the age of 55.¹⁷⁸ Stroke is the 5th leading cause of death in New Mexico.¹⁷⁹ In 2005, stroke was the cause of 10 deaths in Taos County, equivalent to a death rate of 19.3 (compared with 32.2 statewide and 46.6 nationally).¹⁸⁰ In 2006, the number of deaths attributable to stroke decreased to 7 in Taos County, but the age-adjusted death rate¹⁸¹ remained at 19.3.¹⁸²

4. Diabetes

Definition: Diabetes is a condition marked by high levels of sugar in the blood (high blood glucose), caused by too little insulin (a hormone produced by the pancreas to regulate blood sugar), the body's difficulty in using the insulin, or both.

Risk and Positive Factors: As with most chronic illnesses, risk factors are excess body weight, hypertension, high blood levels of triglycerides (a type of fat molecule), high blood cholesterol, non-nutritious dietary habits, inadequate physical activity habits as well as environmental conditions that encourage beneficial or not-so-beneficial behaviors. Non- modifiable risk factors

¹⁷⁶ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health; Population Estimates: University of New Mexico, Bureau of Business and Economic Research. <http://www.unm.edu/~bber/>.

¹⁷⁷ Centers for Disease Control and Prevention, Diseases & Conditions, Stroke, <http://www.cdc.gov/stroke/index.htm>

¹⁷⁸ Id.

¹⁷⁹ New Mexico Department of Health, Indicator Reports for Stroke Death.

http://ibis.health.state.nm.us/indicator/view/CardioVasDiseaseStrokeDeath.Year.NM_US.html

¹⁸⁰ Bureau of Vital Records and Health Statistics, *New Mexico Selected 2005 Health Statistics Annual Report*.

¹⁸¹ Age adjusted rates make fairer comparisons among groups with different age distributions. The death rate is calculated per 100,000 persons

¹⁸² Heart Disease and Stroke in New Mexico, A Comprehensive Report (2009), NMDOH.

for diabetes include: having a parent, brother, or sister with diabetes; age above 45 years; racial/ethnic heritage such as Hispanic, American Indian, or African American; and, having gestational diabetes. Making healthy food choices, working at moving your weight into a healthy range and increasing physical activity can help delay or prevent the onset of type 2 diabetes.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

Diabetes was the 6th leading cause of death in New Mexico in 2005 and was the underlying cause of 623 deaths for NM residents. Deaths due to diabetes are an indicator that people are not controlling their diabetes well. Complications, which are very costly, include cardiovascular disease, blindness, end stage kidney disease, and lower extremity amputations. The risks of cardiovascular disease and stroke are 2 to 4 times higher in people with diabetes. About 65% of deaths in people with diabetes nationwide are due to these conditions. According to the American Diabetes Association, nearly 21 million children and adults (7% of the population) have diabetes. Of this 20.8 million, 14.6 million cases are diagnosed while 6.2 million cases are undiagnosed. Fifty-four million people are said to have pre-diabetes.¹⁸³

The New Mexico Department of Health's second edition of the *Racial and Ethnic Health Disparities Report Card* indicates:

- The New Mexico's diabetes death rate is higher than that of the U.S.
- African Americans, Hispanics and American Indians all have higher rates than Whites.¹⁸⁴

The diabetes death rate¹⁸⁵ for Taos County from 2002 – 2006 was estimated to be 32.2 (+/- 8.9); the statewide diabetes death rate for this same time period was 32.1 and nationally was 24.6.¹⁸⁶ Diabetes is an important issue for Taos County. Hispanic and Native American populations are at higher risk for Diabetes (Type II) and these groups comprise over 60% of Taos County residents. At the 2008 Picuris-Penasco health fair, attendees ranked “Diabetes” as their number one health concern. According to the New Mexico Department of Health Indicator-Based Information System, Taos County ranks “marginally worse” than the state for the diabetes death rate.¹⁸⁷

5. Oral Health

Definition: The health of teeth and gums affect the health of the entire person. Oral health means being free of chronic oral-facial pain conditions, oral cancers & lesions, and birth defects such as cleft lip and palate, to name a few. The functions of these tissues allow us to chew, swallow, speak, smell, taste, touch, chew, convey feelings and emotions and provide protection against microbial infections. Disease of teeth and gums are largely caused by plaque, a sticky combination of bacteria and food. Unremoved plaque hardens over time into tartar; both can

¹⁸³ American Diabetes Association, All About Diabetes, Diabetes Statistics, <http://www.diabetes.org/diabetes-statistics.jsp>

¹⁸⁴ New Mexico Department of Health, Office of Policy and Multicultural Health, Racial and Ethnic Health Disparities Report Card, <http://www.health.state.nm.us/OPMH/2007ReportCard.pdf>

¹⁸⁵ per 100,000 population

¹⁸⁶ New Mexico Death Data: Bureau of Vital Records and Health Statistics, New Mexico Department of Health, U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics <http://www.cdc.gov/nchs/>

¹⁸⁷ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

cause tooth decay. Plaque and tartar can lead to bad breath, abscess, pain, cavities, gingivitis (swollen, bleeding gums) or periodontitis (destruction of supporting ligaments and bone). Dental disease can also lead to other health problems, from preterm labor to heart disease.

Risk and Protective Factors: Risky behaviors include inadequate daily tooth brushing and flossing, not getting regular teeth cleaning and exams by dentists/ hygienists, and eating a lot of sugary foods or liquids. Daily tooth brushing and flossing at least twice a day, dental sealants for children at appropriate ages, eating nutritious foods and reducing the amount of foods with refined sugars eaten.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

New Mexico Oral Health Indicators¹⁸⁸

A significant dental workforce shortage exists in the United States. The number of practicing general dentists relative to the population has continued to decline since the 1990s. At the same time, enrollment at dental schools decreased from 6,301 in 1978 to 4,612 in 2004. Further, the demand for dental care is likely to rise. Improved health and nutrition, the growth of community water fluoridation and more consistent dental care indicates that when the baby boomer population reaches retirement age they will have more of their natural teeth. Therefore, they will demand more dental care than previous generations. However, the fact that Medicare provides almost no dental benefits will make it more difficult for many to access care.¹⁸⁹

The NMOHSS *Annual Report 2006* provides data for NM on the eight basic indicators of the National Oral Health Surveillance System (NOHSS). The three indicators reported for adults include:

- dental visits,
- teeth cleaning, and
- tooth loss.

The five indicators reported for children (3rd graders) include:

- caries experience,
- sealants,
- untreated decay,
- incidence of cancer of the oral cavity and pharynx, and
- state-level data on water fluoridation.

Among New Mexico's adults surveyed in 2004, oral health surveillance indicators produced the following results:

- 66.4% visited a dentist during the past 12 months, an increase since 1999. This exceeded the Healthy People 2010 target of 56%, but was below the national median of 71%.
- 66.3% had their teeth cleaned within the past year, an increase since 1999.
- 43.0% had lost six or more teeth from tooth decay or gum disease, a decrease since 1999.

¹⁸⁸ Health Systems Bureau and Office of Oral Health. *New Mexico Oral Health Surveillance System Annual Report 2006*. Santa Fe, NM: Health Systems Bureau, Public Health Division, NM Department of Health, 2006. <http://www.health.state.nm.us/epi/pdf/AnnualNMOHSS.pdf>

¹⁸⁹ PEW Center on the States. (May 2009). *Help Wanted: A Policy Maker's Guide to New Dental Providers*. http://www.pewcenteronthestates.org/uploadedFiles/Dental_Report_final_Low%20Res.pdf

According to the New Mexico Health Policy Commission¹⁹⁰, in 2008 there were 912 licensed dentists in New Mexico, a 3% increase over 2007; however, the number of dentists reaching retirement age will soon exceed the number of new dentists entering the work force.¹⁹¹ In 2008 the rate of dentists per 1,000 population in New Mexico was 0.44, the rate in Taos County for this same time period was 0.46.¹⁹² There were 15 licensed dentists in Taos County in 2008 and 13 licensed dental hygienists.¹⁹³ Although the rate of licensed dentists in Taos County slightly exceeded the statewide rate, it is not clear that all licensed dentists were actively practicing. In addition, regardless of the number of practicing dentists, not all residents are able to access dental services. Anyone who cannot physically travel to a dental office to receive care can be considered underserved, since the primary model of dental care is ambulatory-only.¹⁹⁴ Also, there is a lack of dentists in Taos County who will accept Medicaid patients. Therefore availability does not equate to access for this critical area of health.

6. Mental/Behavioral Health

Behavioral health disorders are common in the U.S. and internationally. An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable behavioral health disorder in a given year.¹⁹⁵

In New Mexico, one-fourth to one-third of the population who experience behavioral health disorders will require public payment for their care (Medicaid, Medicare, IHS, and other sources of state and federal payment). Substance abuse and addiction disorders constitute a significant problem for New Mexicans. The *Behavioral Health Needs and Gaps in New Mexico* report estimated that 500,000 New Mexicans have behavioral health disorders, and that the number of people affected by each of those current or potential consumers of behavioral health services is many times higher.¹⁹⁶ An estimated 19,000 children and adolescents in New Mexico suffer from a severe emotional disturbance, and, 71,000 adults have a serious mental illness.¹⁹⁷

The Behavioral Health Collaborative was created by Governor Bill Richardson and the New Mexico State Legislature during the 2004 Legislative Session. The Legislation allows several state agencies and resources involved in behavioral health prevention, treatment and recovery to work as one in an effort to improve mental health and substance abuse services in New Mexico. This cabinet-level group represents 15 state agencies and the Governor's office. The vision of the Collaborative is to be a single statewide behavioral health delivery system in which funds are

¹⁹⁰ GADS Report, Selected Health Professionals in New Mexico, 2008.

¹⁹¹ GADS Report, Selected Health Professionals in New Mexico, 2008

¹⁹² GADS Report, Selected Health Professionals in New Mexico, 2008.

¹⁹³ New Mexico Regulation and Licensing Department

¹⁹⁴ The PEW Center on the States. (May 2009). *Help Wanted: A Policy Maker's Guide to New Dental Providers*. Retrieved 8/18/09

from http://www.pewcenteronthestates.org/uploadedFiles/Dental_Report_final_Low%20Res.pdf

¹⁹⁵ National Institute of Mental Health Website, The Numbers Count: Mental Disorders in America. <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>

¹⁹⁶ New Mexico Behavioral Health Collaborative. *Need2006*.

http://www.bhc.state.nm.us/pdf/NM_NARID.pdf

¹⁹⁷ New Mexico Behavioral Health Collaborative. *Needs Assessment, Resource Inventory, and Demographics Report*. October 2006. http://www.bhc.state.nm.us/pdf/NM_NARID.pdf

managed effectively and efficiently and to create an environment in which the support of recovery and development of resiliency is expected, mental health is promoted, the adverse affects of substance abuse and mental illness are prevented or reduced, and behavioral health consumers are assisted in participating fully in the lives of their communities.¹⁹⁸ The Behavioral Health Purchasing Collaborative has established 16 local collaboratives defined by judicial districts. Taos County is in the 8th Judicial District and therefore is part of the Union, Colfax and Taos Local Collaborative (UCTLC) or LC number 8.

An important role of each local collaborative is to identify gaps in services at the local level. Representatives of each collaborative then report their findings to the Statewide Behavioral Health Planning Council that then reports collective findings to the Behavioral Health Purchasing Collaborative. The Purchasing Collaborative purchases the delivery of behavioral health services to fill these identified gaps from a statewide Single Entity (currently Value Options).

LC-8 has defined its mission: *To utilize partnerships to foster best practices, unify decision making to create a culturally and socially diverse comprehensive continuum of care to empower the voices of the people in the communities of Union, Colfax, and Taos counties*

LC-8 meets on bi-monthly basis to provide updated information to its members, receive input on gaps in services, establish legislative priorities for the area and recommend funding opportunities to the Behavioral Health Purchasing Collaborative.

E. Infectious Disease Indicators

Disease resulting from the action of disease-causing organisms, such as bacteria, viruses and parasitic worms. They may be spread by direct contact with an infected person or animal, by ingesting contaminated food or water, by insects like mosquitoes or ticks, or by contact with contaminated matter like animal droppings or even contaminated air.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

1. Food borne infectious diseases

Definition: Food-borne means the disease-causing agents/ organisms exist in and transported from person to person via food. Different bacteria, Campylobacter jejuni, Salmonella, Escherichia coli and Shigella, cause infections in the small intestine; the infections are named after the disease-causing bacteria. Norovirus illness is another common food-borne disease, and causes 'stomach flu' or gastroenteritis.

Risk and Protective Factors: Environmental conditions and people's habits are both important in the spread and control of these infections. Risk factors are drinking untreated or contaminated water or food; unsanitary conditions in food preparation, in food/ water handling and storage areas and bathrooms; recent travel to areas with unsanitary food services; recent family illness with E. coli. Another risk factor for Shigella, besides food- related issues, is living in crowded and/or unsanitary conditions. Preventive behaviors include: avoiding improperly prepared foods; practicing sanitary food preparation and handling; and, storing foods properly. Good hand washing is important, including when handling eggs and poultry.

¹⁹⁸ NM Human Services department, Behavioral Health Collaborative <http://www.bhc.state.nm.us/>

- Community Health Profile Detailed Guidelines, 2005, Department of Health

New Mexico Department of Health (NMDOH) identified and helped to control nine norovirus outbreaks in 2006: two were in long-term care facilities; two in assisted living facilities; one in a behavioral health facility; one in a school; one in a healthcare facility; one in a dental practice; one at an international conference.¹⁹⁹ In early August 2006, NMDOH staff noted an increased number of *S. sonnei* (salmonella) cases in Doña Ana County. In September 2006 patients inflicted with this same strain began to appear in other parts of the state; however no cases were reported in Taos County during this time period.²⁰⁰

2. Pertussis

Definition: Pertussis, or whooping cough, is a highly contagious respiratory illness and can occur at any age. Pertussis spreads from person-to-person by breathing in infected respiratory droplets produced from a cough or sneeze, or by direct contact with respiratory secretions of an infected person. It produces spasms of coughing that may end in a characteristic, high-pitched, deep inspiration (the "whoop").

Risk and Protective Factors: A DTaP vaccine (diphtheria, tetanus, pertussis) vaccine helps protect children against this disease. Vaccination starts in infancy with a booster dose before school entry. Preventive antibiotic medication should be given to close contacts of persons infected with pertussis, regardless of vaccination status.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

National epidemics of pertussis occur approximately every 3-4 years and the same trend is seen in New Mexico. Two 'booster' tetanus, diphtheria and pertussis vaccines (Tdap) were licensed late in 2005 in the United States for adolescents and adults. What are likely to be much improved diagnostic laboratory tests for pertussis will be validated and available for use in the relatively near future. With booster vaccines now available and improved techniques for laboratory diagnosis on the horizon, it will be especially important to follow rates of pertussis in New Mexico.²⁰¹ In December 2008, the New Mexico Department of Health published a "health advisory" of an increase in Pertussis cases in North-Central New Mexico, including Taos County.

3. Sexually Transmitted Diseases: Chlamydia, Gonorrhea, Syphilis

Definition: Diseases that are transmitted by sexual contact are termed sexually transmitted diseases (STDs) or sexually transmitted infections (STIs). STDs are common in the US; the most common are chlamydia, syphilis and gonorrhea. These diseases may be acquired jointly. Risk and Protective Factors: Having multiple sexual partners (including over a lifetime), unsafe sexual practices (including no or inconsistent condom use), and having a partner who has had any STD in the past are risk factors. Having a monogamous sexual relationship with a person known to have no STD, using condoms (either the male or female type), getting periodically screened if sexually active, and treatment of partners to prevent re-infection will decrease risk for acquiring STD. Not having intercourse is the only way to absolutely prevent chlamydia.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

¹⁹⁹ Infectious Diseases in New Mexico, 2006 Annual Report, NMDOH (2007).

²⁰⁰ Id at page 23.

²⁰¹ Infectious Diseases in New Mexico, 2006 Annual Report, NMDOH (2007).

According to the Centers for Disease Control and Prevention, in 2006,

- Chlamydia -- New Mexico was fourth in the nation with a rate of 509.7 per 100,000 population. Rates by state ranged from 152.4 cases in New Hampshire to 681.8 cases in Alaska. Thirty states, the District of Columbia, and Guam had chlamydia case rates higher than 300 cases per 100,000 population..²⁰²
- Gonorrhea – New Mexico was 26th in the nation in reported cases per 100,000 population with a rate of 89.9. Alaska (681.8) was the highest and New Hampshire (152.4) the lowest.²⁰³
- Syphilis – New Mexico had 79 cases in 2006, was ranked 9th in the nation in the rate per 100,000 population, and had a rate of 4.1 per 100,000.²⁰⁴

The New Mexico Department of Health reported the following 2006 sexually transmitted disease data for New Mexico. This data is slightly different, but very close to the Centers for Disease Control and Prevention figures noted above.

Table 35: New Mexico Cases of STDs by Type and Gender – 2006²⁰⁵

Type of STD	Male	Female	Total
Chlamydia	2,371	7,463	9,839
Gonorrhea	730	1,002	1,732
Syphilis	17	9	26

Table 36: Taos County Cases of STDs by Type and Gender – 2007 - 2004²⁰⁶

	2007		2006		2005		2004	
	Male	Female	Male	Female	Male	Female	Male	Female
Chlamydia	26	99	20	87	45	121	30	78
Gonorrhea	6	8	4	8	10	15	9	21
Syphilis*								

* Only one case of syphilis was reported in Taos County during this time period (in 2007); gender was not specified.

Table 37: Taos County Cases of STDs by Type and Age Group – 2007 - 2004²⁰⁷

	2007		2006		2005		2004	
	Chlm.	Gonor	Chlm.	Gonor	Chlm.	Gonor	Chlm.	Gonor
<15	1	0	2	0	8	4	1	0

²⁰² Centers for Disease Control and Prevention, www.cdc.gov/std/stats/tables/table2.htm

²⁰³ Centers for Disease Control and Prevention, <http://www.cdc.gov/std/stats/tables/table12.htm>

²⁰⁴ Centers for Disease Control and Prevention, <http://www.cdc.gov/std/stats/tables/table24.htm>

²⁰⁵ New Mexico Department of Health, Health Data, Infectious Disease, Sexually Transmitted Disease, <http://www.health.state.nm.us/std.html>

²⁰⁶ New Mexico Department of Health, STD Program, as of 7/15/08

²⁰⁷ New Mexico Department of Health, STD Program, as of 7/15/08

15-19	52	6	38	7	78	10	45	13
20-24	37	5	35	4	44	7	45	13
25-29	19	3	14	0	15	1	12	1
30-34	12	0	6	0	14	1	4	2
>34	4	0	12	1	7	2	1	1

Chlm. = Chlamydia; Gonor.=Gonorrhea

According to the New Mexico Youth Risk and Resiliency Survey (YRRS), 2007, Taos County high school students report that:

- 34.1% are currently sexually active (sexual intercourse within the past 3 months)
- 50.9% have had sexual intercourse
- 7.5% have had intercourse before age 13
- 13.3% have had sexual intercourse with 4 or more people
- 26.4% of those who are sexually active used alcohol or drugs before sex
- 30.9% of those who are sexually active do not use a condom

4. Sexually Transmitted Diseases: HIV/AIDS

Definition: The human immunodeficiency virus (HIV) causes a viral infection that gradually damages or destroys cells of the immune system. HIV is transmitted through infected blood and bodily secretions and most commonly occurs during illicit intravenous drug use and sexual intercourse. Most persons infected with HIV will progress to AIDS if not treated. Risk and Protective Factors: Risky behaviors include unprotected (no condoms used) sex with: persons suspected or known to have HIV infection, persons who have multiple sex partners, commercial sex workers, injection drug users; using IV drugs, sharing needles or syringes; or, anal intercourse or oral contact with the anus. While safer sex behaviors may reduce the risk of acquiring HIV, abstinence is the only sure way to prevent sexual transmission of this virus.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

According to the CDC Aids/HIV Surveillance Report²⁰⁸, as of December 31, 2005 there were 872 adults or adolescents living with HIV infection and 1,208 adults, adolescents or children living with AIDS in New Mexico. Statewide, there were 93 new AIDS cases in 2006.²⁰⁹ According to the New Mexico Youth Risk and Resiliency Report for 2007, 84.5% of Taos County students had ever been taught about HIV/AIDS in school.

5. Zoonotic Diseases: Rabies, Hantavirus, and Plague.

²⁰⁸ Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2005. Vol. 17. Rev ed. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2007:[inclusive page numbers]. Also available at:

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>.

²⁰⁹ HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States, 2006, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, Department of Health and Human Services, 2008. Available at:

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/pdf/2006SurveillanceReport.pdf>

Diseases transmitted from animals to people include plague, hantavirus, West Nile Virus, tularemia and rabies. In New Mexico during 2006 there was an increased incidence of human plague, hantavirus and tularemia cases compared to the average, while fewer West Nile cases were reported than the previous three years.²¹⁰ New Mexico continues to lead the nation in total number of human plague and hantavirus cases. New Mexico had eight human plague cases in 2006 with two fatalities, the highest number of cases since 1998. There were eight cases of hantavirus pulmonary syndrome (HPS) with three fatalities in 2006. This was the highest number of HPS cases since 2000.²¹¹

HANTAVIRUS PULMONARY SYNDROME

According to the CDC, Hantavirus pulmonary syndrome (HPS) is a deadly disease contracted from rodents. Humans can contract the disease when they come into contact with infected rodents or their urine and droppings. HPS was first recognized in 1993 and has since been identified throughout the United States. Although rare, HPS is potentially deadly.²¹² Through March 26, 2007, the CDC reported a total of 465 cases of HPS in the U.S. since 1993. 35% of all reported cases have resulted in death. Over half of the confirmed cases have been reported from areas outside the Four Corners area. About three-quarters of patients with HPS have been residents of rural areas.²¹³

In New Mexico, the major reservoir for hantavirus is the deer mouse (*Peromyscus maniculatus*). Deer mice do not get sick from the virus and excrete it in their feces, urine and saliva. Aerosolization of these excretions can infect people who breathe in the infectious material, causing illness approximately one to five weeks later. Between 1975 and 2006 there were 73 reported cases of hantavirus in the state of New Mexico; 5 were reported in Taos County during this time period.²¹⁴

As of July 3, 2007, the New Mexico Department of Health reported²¹⁵:

- There have been two cases of Hantavirus pulmonary syndrome in NM residents;
- The first case occurred in an adult woman from Taos County who has died;
- The second case occurred in an adult man from San Miguel County who is recovering; and
- There have been a total of 75 cases in the state with 31 deaths.

F. Environmental Health Indicators

The interactions between people and their environment directly affect the health and quality of life of people as well as the health of the environment. Different government agencies monitor the presence of specific regulated substances (i.e., pollutants) that could be hazards to humans, other living resources and ecological system. Such monitoring shows us whether

²¹⁰ Infectious Diseases in New Mexico, 2006 Annual Report, NMDOH (2007).

²¹¹ Infectious Diseases in New Mexico, 2006 Annual Report, NMDOH (2007), p. 53.

²¹² Centers for Disease Control and Prevention, Diseases & Conditions, Hantavirus Pulmonary Syndrome, <http://www.cdc.gov/ncidod/diseases/hanta/hps/index.htm>

²¹³ Centers for Disease Control and Prevention, Diseases & Conditions, Hantavirus Pulmonary Syndrome, Case Information, <http://www.cdc.gov/ncidod/diseases/hanta/hps/noframes/caseinfo.htm>

²¹⁴ Infectious Diseases in New Mexico, 2006 Annual Report, NMDOH (2007).

²¹⁵ New Mexico Department of Health, Health Alerts in New Mexico, Hantavirus, <http://www.health.state.nm.us/epi/hanta.html>

exposure to harm might happen or has happened; however, it is difficult, in many cases, to show that actual harmful effect has been produced in humans. It is complex issue to show human health effect from monitoring or exposure data; the chain and/or web of events and interactions is not straightforward. Additionally, the measurement of human illness and health status outcomes is a different system than the system of measurement of pollutants (and thus possible exposure to pollutants) in the environment.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

According to a 2008 report published by the UNM Health Sciences Center, Taos County ranked 25th in the state (out of 33 counties) with respect to “physical environment.” In this report, the physical environment measurement was determined by the amount of criteria air pollutants and asthma hospitalizations.²¹⁶ There remains a general concern among Taos County residents that existing regulations be strengthened and enforced and that current conservation methods currently at their disposal such as composting, recycling and water conservation be utilized to the fullest extent possible.

1. Environmental Protection Agency Reports

According to records maintained by the Environmental Protection Agency, the following number and types of facilities are located in Taos County (broken down by zip code):

Table 38: EPA Numbers and Types of Facilities Located in Taos County - 2008

	Air Pollutant Source	Hazardous Waste Handler	Permit to Discharge Waste Water into Rivers	Superfund Site
87571 (Town of Taos)	11	16	5	
87556 (Questa)	2	3	1	1 (Molycorp)
87553 (Penasco)	1		1	
87557 (Ranchos de Taos)	3	4		
87558 (Red River)		2	5	
87525 (Taos Ski Valley)			2	
87515 (Carson)			1	
87524 (Costilla)	2			
87529 (El Prado)	2	1	1	
87531 (Pilar)		1		
87579 (Vadito)			1	
87577 (Tres Piedras)	3	3	1	

2. Industrial Contamination of Water, Soil and Air

Chevron Mining (Molycorp – Water and Soil Contamination):

²¹⁶ New Mexico County Health Rankings (2008), UNM Health Sciences Center; <http://hsc.unm.edu/som/iph/>

Chevron Mining. mines molybdenum ("moly") a few miles east of Questa, New Mexico. The mine itself dates back to the 1920's. In 1965, Molycorp (since purchased by Chevron) began open pit operations and in 1983 returned to underground mining. The pit and hundreds of millions of tons of heavy-metal laced, acid-generating waste rock excavated from it are located on several hundred acres between Questa and the town of Red River. Contaminated water is released from tailings ponds and penetrates into ground water. As a result, drinking-water wells near the tailings ponds have been condemned. This contamination of land, ground water and the Red River has caused health issues to people, livestock, and crops all the way from the mine site to the village of Questa. In May 2000, the Molycorp molybdenum mine was placed on the National Priorities List (Superfund) by the Environmental Protection Agency. Recent work on the problem has been lead by Amigos Bravos, a Taos-based citizen organization.

Chevron Mining/Molycorp and Air Quality:

The residents of Questa and Red River are most affected by tailings and other airborne particles resulting from mining. Schools in Questa have been closed on occasion due to dust and tailings in the air. Community members reveal that clouds of tailings often blanket the town. Asthma and other upper respiratory ailments in that area have not been specifically tracked.

3. Air Quality

The cleanliness of air impacts health. Air quality often is categorized as indoor and outdoor (ambient). Industrial and commercial discharges, as well as common daily practices by individuals (such as driving, smoking) contribute significantly to decreased air quality. Some air pollutants have known serious health effects on humans (and other species), while for other pollutants the link between pollutant and human illness is unclear or not known.

Risk and Protective Factors: Some groups, such as people with asthma, emphysema or other chronic respiratory problems, have lower tolerance for air pollution. All persons, but especially more sensitive groups, can decrease their risk by staying indoors if the outside air pollution is high and/or stay away from indoor air pollution such as cigarette smoke, wood smoke, animal dander, mold, and paints, glues and other construction materials. Many communities use indoor air ordinances as a policy intervention for decreasing indoor air pollution from cigarette smoke. Occupational asthma, i.e., asthma induced by air-borne substances at work, can be often alleviated by removal from exposure.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

a) Outdoor Air

Air is polluted by driving cars and trucks, burning coal, oil, and other fossil fuels, and manufacturing chemicals that add gases and particles to the air. The average adult breathes over 3,000 gallons of air every day. Children breathe even more air per pound of body weight and are more susceptible to air pollution. Many air pollutants and toxic compounds remain in the environment for long periods of time and are carried by the winds hundreds of miles from their origin. People exposed to high enough levels of certain air pollutants may experience burning in their eyes, an irritated throat, or breathing difficulties. Long-term exposure to air pollution can cause cancer and long-term damage to the immune, neurological, reproductive, and respiratory systems.

Taos County citizens have expressed concerns about outdoor air quality focused around the effects of dust, wood smoke, trash burning, and auto emissions

According to the New Mexico Youth Risk and Resiliency Report for 2007, 27.1% of students in Taos County schools had ever been told by a doctor or nurse that they have asthma; and, 7.4% were currently suffering from asthma.

b) Indoor Air

Radon, indoor smoking in public places, and fumes from chemical toxins, wood-burning stoves, and hair dressers were some of the concerns about indoor air pollution.

Clean Air Works in Taos works to educate the public and private sector on the dangers of second hand smoke and, in 2007, assisted implementation of the Dee Johnson Clean Indoor Air Act (which prohibits smoking in public buildings) in the Town of Taos. Current projects include training for prenatal care providers and LGBTQ (lesbian, gay, bisexual, transgender, queer) tobacco cessation programs.

4. Water Quality and Supply

Water that is safe for people to ingest, to bathe with, to swim in, to irrigate with, to fish from and do other forms of recreational use, and to support fish and wildlife is critical to health. Water quality work is vast: keeping sources (streams or underground aquifers) of drinking water from being contaminated, treating drinking water, fish consumption advisories, managing & treating wastewater, supporting economic and recreational uses,, to name a few. Water pollutant examples are sewage (or components of), heavy metals and organic compounds.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

The EPA reports that Taos County is served by two watersheds: Mora and the Upper Rio Grande.

In light of years of drought and development, Taos County faces issues regarding available water supplies for residents who use water for households, livestock, gardening, and agriculture, as well as businesses who use water for car washes, golf courses, etc. Other important considerations related to drought include its effect on soil and the increased possibilities of fires and the related erosion of soil and silting of water supplies.

While there are currently no household water-use regulations in Taos County, personal conservation of water (fixing dripping faucets, xeriscaping, low water-use toilets, low water-use, showers recycling household water, and reducing planting that requires high water maintenance) is paramount, where conservation makes the best use of the water available. Conservation of water used in the commercial setting (by businesses, construction companies, government agencies, etc.,) can also be instituted as a means to reduce the use of water.

In 2008 the Taos Regional Water Plan was accepted by the New Mexico Interstate Stream Commission. According to the Plan, surface water supplies 90 percent of the region's water, and more than 90 percent of the surface water is used for agricultural irrigation, which has been insufficient to meet historical demands during periods of drought. Private and community drinking water systems rely mainly on groundwater supplies. The basin is closed to new

appropriations based on the Rio Grande Compact and the State Engineer’s policies, so new uses are limited by the availability of transferable water rights.

According to a January 2009 report in the Taos News, members of a water technical committee formed under the Taos Regional Water Plan have requested funding from the Taos County Commissioners for long-term monitoring of water levels in domestic wells. This committee argues that the Plan attempted to quantify the supply of surface and groundwater in the Taos basin and make predictions of future supply and demand but most of the calculations in the Plan are “assumptions, correlations or educated guesses.”²¹⁷

G. Injury, Violence, Substance Abuse Indicators

1. Injury

In 2006, 39 deaths in Taos County were attributable to injury, both unintentional and intentional. This is equivalent to an overall injury death rate of 117.9, compared with a rate of 92.0 statewide.

The table below provides a break-down of these deaths compared with statewide rates.

Table 39: Number of Deaths and Death Rates for Injury - New Mexico and Taos, 2006²¹⁸

	Total Injuries		Motor Vehicle accidents		Other Accidents		Suicide		Homicide	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
New Mexico	1,830	92.0	455	22.7	812	41.3	347	17.1	137	6.9
Taos	39	117.9	12	40.2	12	32.7	13	40.8	2	4.2

Motor vehicle traffic crash deaths tied with poisoning for the leading cause of injury death in New Mexico in 2006. The most important factors contributing to motor vehicle crash injuries are failure to use seat belts, excessive speed, and driving under the influence of alcohol or drugs. Between the years 2002 – 2006 Taos County experienced a motor vehicle crash death rate of 36.2 (+/-9.4) compared with a statewide rate of 21.5 and a national rate of 14.6.²¹⁹ According to the New Mexico Indicator-Based Information System, Taos County ranks “significantly worse” than the state for motor vehicle traffic crash deaths.²²⁰

2. Violence

²¹⁷ The Taos News, Jan. 8-14, 2009, p. B7

²¹⁸ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

²¹⁹ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

²²⁰ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

a) Violent Deaths (homicides, suicides, workplace, firearm-related, etc.)

Definition: Violent deaths are self-inflicted (suicide), inflicted by others (homicide), or because of unintentional injury (accidents). They can occur anywhere, including in the workplace. Vehicles, alcohol, illicit drug and/or firearms may be involved.

Risk and Protective Factors: National and state survey systems, such as the Youth Risk and Resiliency Survey (YRRS) and the National Longitudinal Adolescent Health Study (Add Health), gather information on youth knowledge, attitudes and behavior. These surveys show us what risk factors and resiliency factors influence the likelihood of youth to be involved in violent behavior, including suicide attempts. There's a long list of risk and protective factors; these differ slightly somewhat for girls as for boys. Studies of national Add Health results give us information about the most important risk and resiliency factors for specific behaviors such as violent behavior. How risk and resiliency interact (that is, how and by how does protective factors offset risk) is also being studied via Add Health data. The NM YRRS allow us to look at which of these factors operate at the county or local level. Unfortunately, there is no parallel systematic survey of adult attitudes and behavior that would give us data on risk and protective factors for abuse and violence.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

(1) Homicide

The average annual homicide rate in New Mexico was 8.53 per 100,000 population between 2000 and 2006, 27% higher than the average U.S. rate of homicide between 2000 and 2005 (6.22 per 100,000 population). Homicide is the third leading cause of death for 15-34 year olds and is the fourth leading cause of death for ages 5-14 year olds in New Mexico. In the U.S., it is the second leading case of death for 15-24 year olds. Over six thousand years of potential life are lost to homicide in New Mexico each year. Homicide deaths also affect the surviving family, friends, and community. In addition to the medical and funeral costs, the trauma, grief, and bereavement experienced by these individuals have long-lasting impacts that affect many aspects of their lives.²²¹

In 2006 the death rate attributable to homicide in New Mexico was 6.9; in Taos County it was 4.2.²²²

(2) Suicide

While the overall suicide rate in the US has remained relatively stable over the last 10 years, the suicide rate in New Mexico remains nearly 60% higher than the national rate and is a leading cause of death in the state.²²³ In New Mexico, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. In 2005, suicide was the fourth leading cause of death among persons ages 35-54 years. Mental disorders increase the risk for both

²²¹ New Mexico Department of Health, Indicator Report for Homicide in New Mexico.
http://ibis.health.state.nm.us/indicator/view/Homicide.Year.NM_US.html

²²² Age-adjusted death rates are the numbers of deaths per 100,000 U.S. standard populations. Population Source: Bureau of Business and Economic Research (BBER), University of New Mexico.
<http://www.unm.edu/~bber/>

²²³ New Mexico Department of Health. *Racial and Ethnic Disparities Health Report Card*, August 2007.
<http://www.health.state.nm.us/opmh/2007ReportCard.pdf>

attempted suicide and suicide; approximately 90% of suicide victims have a diagnosable mental health condition, most commonly a mood or substance use disorder.²²⁴ In 2006, the statewide death rate attributable to suicide was 17.1 (compared to 10.9 nationwide); it was 40.8 in Taos County.²²⁵ Between the years 2002 – 2006, Taos County experienced a suicide death rate of 29.8 compared with the statewide rate of 18.0 and the nationwide rate of 10.9.²²⁶ According to the New Mexico Department of Health Indicator-Based Information System for these years Taos County ranked “significantly worse” than the state in the rate of suicide deaths.²²⁷ However, the number of suicides in Taos County has decreased from a total of 13 in 2006, to 12 in 2007, to only 5 in 2008; and, only 2 suicides in 2008 that occurred in Taos County were residents.²²⁸

Additional information from the Office of the Medical Investigator in Taos County conclude:

- The median age of male suicides for the years 2005 – 2007 was 42; for females it was 50.
- Between the years 2005 – 2008 one-half, or 25, of the suicides in Taos County were committed by gunshot; 10 during this same time period were committed by jumping from the Rio Grande Gorge Bridge.

Suicides at the Rio Grande Gorge Bridge

The Rio Grande Gorge Bridge, completed in 1965, is on both the Register of Historic Places and the State Register of Cultural Properties. The state recognized the bridge in part because of its design to withstand 90 mph winds and because it offered the only route to cross the gorge between Embudo and the Colorado border. Unfortunately, over the years, the bridge has been the site of numerous suicides. Therefore, in February 2009, Governor Richardson asked state engineers at the New Mexico Department of Transportation to study ways to prevent suicides at the Rio Grande Gorge Bridge.

Suicide Risk Among Youth

According to the New Mexico Department of Health, adolescent suicide is a public health problem of considerable magnitude in New Mexico. For both 2005 and 2006, suicide was the second leading cause of death in youth 15-24 years of age, with 66 deaths reported in 2006. Over the last 10 years, suicide death rates in this age group have remained relatively stable, with New Mexico's rate²²⁹ (20.1) for the years 2005 - 2007 being about twice the national rate (10.0) for that same time period. Mental disorders increase the risk for both attempted suicide and suicide. High school youth in New Mexico report higher rates of suicidal thoughts and attempted suicide compared to the U.S rate. Substance users, including alcohol and other drugs, are also more likely

²²⁴ New Mexico Department of Health, Indicator Report for Suicide Deaths (2008); http://ibis.health.state.nm.us/indicator/view/SuicDeath.Year.NM_US.html

²²⁵ Age-adjusted death rates are the numbers of deaths per 100,000 U.S. standard population. New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008
Population Source: Bureau of Business and Economic Research (BBER), University of New Mexico. <http://www.unm.edu/~bber/>.

²²⁶ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

²²⁷ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

²²⁸ Taos County Office of the Medical Investigator; (as reported by Tri-County Community Services.)

²²⁹ Suicide Death Rate - is the average number of suicide deaths among 15-24 year olds in the three-year period per 100,000 of the age group population.

to consider and attempt suicide.²³⁰ The top three methods used in suicides of young people include firearm (47%), suffocation (37%), and poisoning (8%).²³¹

Results from the 2007 High School Risk and Resiliency Survey for Taos County, grades 9 – 12, indicate that within the 12 months prior to the survey:

- 20.5% of students seriously considered suicide (compared with 14.5% nationwide)
- 18.0% of students had made a suicide plan.
- 13.4% had attempted suicide (compared with 6.9% nationwide).
- 5.9% had made a suicide attempt that resulted in an injury, poisoning or overdose that had to be treated medically.

Community Efforts

Several agencies and coalitions combine efforts toward suicide prevention in Taos County, including, Tri-County Community Services, the Taos County Suicide Prevention Coalition, and the Fred Fund. These entities hold monthly meetings and initiate community events to increase suicide awareness and prevention.

(3) Workplace.

In 2006 the statewide death rate attributable to workplace injury was 2.3, it was 3.7 in Taos County for that same year.²³²

(4) Firearm-related.

In 2006, eleven deaths in Taos County were attributable to firearms, resulting in a firearm related death rate of 34.0 compared with the statewide rate of 13.9 that same year.²³³

b) Domestic and Sexual Violence

The National Coalition Against Domestic Violence describes domestic violence as an act of abusive behavior (by the means of intimidation, assault, battery, sexual assault, etc.) perpetrated by an intimate partner against another. It is an epidemic that affects individuals regardless of age, socio-economic status, race, religion, nationality or educational background. Violence against women encompasses a systematic pattern of dominance and control through emotionally abusive and controlling behavior. Domestic violence results in physical injury, psychological trauma, and in some cases death. The consequences of domestic violence have the potential to become intergenerational and last a lifetime.²³⁴

²³⁰ New Mexico Department of Health, Indicator Report for Suicide Death (2009); http://ibis.health.state.nm.us/indicator/view/SuicDeathYouth.Year.NM_US.html

²³¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Suicide*. <http://www.cdc.gov/ncipc/dvp/Suicide/youthsuicide.htm>

²³² New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

²³³ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008.

²³⁴ National Coalition Against Domestic Violence, *Domestic Violence Facts*. <http://www.ncadv.org/files/domesticviolencefacts.pdf>, 2007.

According to the Survey of Violence Victimization in New Mexico conducted in 2007, 1 in 4 (24%) New Mexican adults, and 1 in 3 adult females (32%) will be victims of domestic violence in their lifetime. One-third of domestic violence cases reported to law enforcement resulted in injury to the victim; and 18% of the total homicides in New Mexico were related to domestic violence. According to the National Coalition Against Domestic Violence, as of 2003, New Mexico was ranked third in the country for incidents of domestic violence. The rate of fatal intimate partner violence is higher among American Indian/Alaska Native women with a rate 4.9 per 100,000 than White (rate of 1.8 per 100,000) or Hispanic (rate of 1.7 per 100,000) women.²³⁵

In Taos County, 270 persons reported an incident of domestic violence in 2007.²³⁶

Also, according to the most recent data available from the New Mexico Pregnancy Risk Assessment (PRAMS)²³⁷ in Taos County between 2000 – 2003,

- 7.5% (+/-3.8) of mothers reported being physically abused by their partner during the 12 months before pregnancy.
- 7.1% (+/-3.9) of mothers reported being physically abused by their partner during pregnancy.

Generally, sex crime trends for Taos County between 2003 – 2005 show a slight decrease from a high of 19 “criminal sexual penetration” crimes reported to law enforcement in 2003 to 9 reported in 2005. In 2005 80% of these offenders were adults and 57% of the victims were 18 years or younger.

Community Efforts.

Community Against Violence (CAV), an agency that provides crisis intervention and other services to survivors of family violence, served 463 clients between July 2008 and February 2009 (300 women, 101 children, and 8 men; CAV also served 54 offenders through the domestic violence offender re-education program).

c) Child Abuse and Neglect

The National Child Maltreatment Victim Rate²³⁸ for 2005 and 2006 was 12.1. New Mexico had a statewide rate of 14.4 in 2005 and 11.6 in 2006.²³⁹ During 2008, in Taos, Union and Colfax counties, which comprise the Eighth Judicial District, 117 children in foster care were provided advocacy services by “Court Appointed Special Advocates” known as CASAs. The Taos CASA program is offered through Youth Heartline. Youth Heartline also served 85 clients, including children who have survived abuse or trauma and their caretakers through the Family

²³⁵ National Coalition Against Domestic Violence, New Mexico Domestic Violence Facts.

<http://www.ncadv.org/files/NewMexico.pdf>

²³⁶ New Mexico Department of Health, The New Mexico Interpersonal Violence Data Central Repository, nmcsaas@swep.com;

http://ibis.health.state.nm.us/indicator/view_numbers/InjuryDomViol.Cnty.html

²³⁷ PRAMS is a survey sponsored by the New Mexico Department of Health that surveys new mothers within two to six months after delivery, asking about experiences, attitudes, and behaviors related to infant and maternal health. http://www.nmhealth.org/phd/prams/other_report.htm

²³⁸ Victims per 1,000 children.

²³⁹ 2006 National Child Maltreatment Statistics, National Center on Child Abuse Prevention Research, www.preventchildabuse.org

Empowerment Program; and, 650 clients through the Child Personal Safety Project which educates children, teachers and other adults about child safety.

d) Youth Violence

The following table illustrates the results of the New Mexico Youth Risk and Resiliency Survey, 2007, administered to Taos County high school students regarding behaviors associated with violence.

**Table 40: Behaviors Associated with Violence -- Taos County: 2001, 2003, 2005, 2007
Grades 9 – 12, NM YRRS**

	Carried weapon**	Carried gun*	Carried weapon on school property**	Physical fight***	Skipped school because felt unsafe*	Threatened/injured with weapon on school property***
2001	33.4	10.8	11.6	31.0	8.1	7.9
2003	29.1	13.8	12.6	36.7	14.1	11.9
2005	28.8	9.9	11.0	33.0	5.9	11.3
2007	24.8	12.2	7.7	35.8	10.0	7.3

* In the past 30 days

** Such as a gun, knife, or club in the past 30 days

*** In the past 12 months

In addition, the YRRS results also indicated that, in the past 12 months, 7.9% of students surveyed had hit their boyfriend or girlfriend, and, 6.6% had been physically forced to have sexual intercourse.

A Juvenile Justice Board, involving juvenile justice agencies, service providers, business people and community members, was formed in 2004, with a grant from the NM Children, Youth, and Families Department and the Juvenile Justice Advisory Council (JJAC). The Taos County Juvenile Justice Board adheres to evidence-based program strategies that address high-risk youth through juvenile probation diversion and alternative to detention. Major components include the following programs: (1) Restorative justice circles; (2) Intensive community monitoring; (3) Learning Lab (to assist suspended students with education needs); (4) Girls Circle; and (5) Early Intervention citations for truant students. During 2007 and 2008:

- 46 youth were kept out of detention, allowed to stay in school, return to their families, and be part of the community while being intensively monitored. The rate for completing the program and not re-offending has been 76% and 60%.
- 24 youth were able to continue their education at the learning lab and gain valuable life skills after being suspended long term from school. 90% completed the program and have not re-offended.
- 46 youth, their families and affected community members participated in restorative justice circles to repair the harm done. The rate for completing the program and not re-offending has been 94% and 74%.
- 24 girls were given an opportunity to participate in Girls Circle and learn relationship and life skills.

- More than 300 students and their families were given an intervention to stop truancy and 70 were placed on behavioral contracts that allow for both parental and student accountability.

The number of referrals to the Taos County Juvenile Probation Office has decreased through the years as follows: 479 in 2005; 443 in 2006; 325 in 2007; and 296 in 2008.

3. Substance Abuse

Risk and Protective Factors: Any use of alcohol and/or illicit drugs among youth is often seen as a risk behavior in itself as well as a risk factor for violence, suicide and other injury. Abuse, such as binge drinking, is definitely considered a risk behavior. Protective factors for youth, such as adults who monitor youth behavior tend to help youth avoid substance abuse, ameliorate possible harmful effects of such behavior and/or recover more quickly from substance abuse effects.

- Community Health Profile Detailed Guidelines, 2005, Department of Health

a) Tobacco

(1) Tobacco Use Generally.

Cigarette smoking results in 5.5 million years of potential life lost in the U.S. annually. The total economic costs associated with cigarette smoking are estimated at \$7.18 per pack of cigarettes sold. For 1997 – 2001, total costs associated with cigarette smoking was estimated to be \$167 billion dollars a year.²⁴⁰ According to the New Mexico Department of Health, 19.3% of NM adults are current smokers²⁴¹, compared to 18.3% nationally. About half of all lifetime smokers will die early because of their decisions to smoke. In New Mexico, about 2,100 people die from tobacco use annually and another 54,976 are living with tobacco-related diseases. Smoking rates are highest among adults who are young (18-24 years), low-income (under \$20,000/yr), low education (less than high school diploma), the unemployed, the uninsured, and among lesbian, gay, and bisexual individuals. Annual smoking-related costs in New Mexico are \$976 million (\$483 million in direct medical costs and \$493 million in lost productivity).²⁴²

Between 1999 and 2003, there were 145 smoking-related deaths in Taos County, resulting in a death rate of 0.92, below the state death rate of 119.2.²⁴³ The estimated percent of adults who smoked²⁴⁴ in Taos County in 2002 was 19.3.²⁴⁵ According to the Behavioral Risk Factor

²⁴⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Fact Sheet – Economic Facts about U.S. Tobacco Use and Tobacco Production*. July 2007.

http://www.cdc.gov/tobacco/data_statistics/Factsheets/economic_facts.htm

²⁴¹ The state rate represents a significant decrease since 2001 (23.8%).

²⁴² 2009 New Mexico Tobacco Data Highlights (Sept. 2009); www.nmtupac.com; 2004-2006 Behavioral Risk Factor Surveillance System (BRFSS), multi-year aggregate data, as reported in Padilla JL. Adults and Tobacco in New Mexico: 2008 Report. Chronic Disease Prevention and Control Bureau, New Mexico Department of Health, Albuquerque, NM, October 2008; 2006 New Mexico Adult Tobacco Survey (ATS), NM Department of Health.

²⁴³ New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, NMDOH

²⁴⁴ Estimate of percent of people in population group who have smoked \geq 100 cigarettes in life, and smoked in past month.

Surveillance System Survey, taken between the years 2003 – 2005, approximately 20.7% of the adult population of Taos County currently smoked every day or some days.²⁴⁶

Also, according to the most recent data available from the New Mexico Pregnancy Risk Assessment (PRAMS)²⁴⁷ in Taos County between 2000 – 2003,

- 11.4% (+/-6.0) of mothers reported smoking any cigarettes during the last three months of pregnancy.
- 21.5% (+/-7.5) of mothers reported currently smoking any cigarettes.

Youth smoking rates of all racial/ethnic groups in New Mexico have declined from 2003 to 2005.²⁴⁸ Tobacco use among youth in Taos County also indicated a decrease since 2001 as illustrated in the following table.

Table 41: Tobacco Use -- Taos County: 2001, 2003, 2005, 2007; Grades 9-12, NM YRRS

	Current smoker*	Smoked a cigarette before age 13	Cigar use**	Chew, snuff, or spit tobacco***
2001	31.8	39.2	NA	
2003	32.0	32.6	27.8	10.6
2005	29.2	22.3	29.1	8.5
2007	27.9	22.8	18.4	4.6

* Smoked cigarettes in the past 30 days

** Smoked cigars, cigarettes, or cigarillos in the past 30 days

*** In the past 30 days

However Taos rates for youths who are current smokers exceeds both the state (24.2%) and nationwide (20.0%) rates.²⁴⁹ According to the New Mexico Department of Health Indicator-

²⁴⁵ New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, NMDOH

²⁴⁶ Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

²⁴⁷ PRAMS is a survey sponsored by the New Mexico Department of Health that surveys new mothers within two to six months after delivery, asking about experiences, attitudes, and behaviors related to infant and maternal health. http://www.nmhealth.org/phd/prams/other_report.htm

²⁴⁸ Padilla, JL. *Tobacco-Related Data for New Mexico High School Youth, 2001-2005*. Chronic Disease Prevention and Control Bureau, New Mexico Department of Health, Albuquerque, NM. June 2007. <http://www.health.state.nm.us/pdf/2001-2005%20NM%20Youth%20Tobacco%20Report.pdf>

²⁴⁹ New Mexico Youth Risk and Resiliency Report (2007).

Based Information System, Taos County ranks “marginally worse” than the state average for current smoking prevalence among youth.²⁵⁰

In terms of gender, although more boys tried their first cigarette before age 13 (26.1% v. 20.4%), more girls report being current smokers (32.1% v. 22.2%). Also, 55.5% of Taos County students who responded to the YRRS survey indicated that they had been in the same room with someone smoking on at least one of the past 7 days.

(2) Smokeless Tobacco Products

Although specific statistics regarding adult use were not available for Taos County, the New Mexico Department of Health reports that “smokeless tobacco products such as snuff, chew, and dip pose health risks such as oral cancer and other oral diseases and can lead to nicotine addiction and dependence. The US Surgeon General states that smokeless tobacco represents a significant health risk and is not a safe substitute for smoking cigarettes. The use of smokeless tobacco appears to be increasing, and it is especially high among males and people in rural areas.”²⁵¹ In 2006, an estimated 4.6% of the New Mexico adult population were current users of snuff or chew tobacco, compared with 3.6% nationwide.²⁵² According to the New Mexico Youth Risk and Resiliency Survey (YRRS), 2007 results, 4.6% of Taos County students report having using chew, snuff, or dip on one or more days in the past month prior to the survey.

(3) Community Efforts

Clean Air Works in Taos County is a community-wide coalition dedicated to education of the public and private sector on the dangers of second hand smoke. During 2007 Clean Air Works

- Interacted with more than 463 people at community events, having them take a quiz on secondhand smoke protection and the statewide clean indoor air law.
- Delivered print material to a total of 2,133 people in Taos County, including more than 1,600 parents of middle and high school students. These materials included packets about the statewide clean indoor air law, cessation resources, 1-800-QUIT NOW cards, protecting children from secondhand smoke exposure, risks of using smokeless tobacco and more general tobacco prevention materials.
- Attracted 38 new coalition members, 29 (76.3%) of whom are either Native American (39.5%) or Hispanic (36.8%). This increased number, 43% higher than last year, was partly due to our very successful coalition meeting at Taos Pueblo and partly due to our closer working relationship with the Taos High School youth coalition.
- Experienced increased attendance at Coalition meetings, with 14.3 average attendance. Our Steering Committee meetings had slightly lower attendance than last year, with an average of 4.4.

²⁵⁰ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

²⁵¹ Indicator Report for Smokeless Tobacco Prevalence;

http://ibis.health.state.nm.us/indicator/view/TobaccoSmokelessAdult.Year.NM_US.html

²⁵² Tobacco Use Prevention and Control Program, New Mexico Department of Health, 5301 Central Ave NE, Suite 800, Albuquerque, NM 87108. James Padilla, Tobacco Program Epidemiologist, (505) 841-5839, james.padilla@state.nm.us.

In addition, youth members of the Taos High School DRIVEN tobacco prevention coalition were involved as presenters of trainings this year. A young woman co-presented with the coordinator to a group of young adults, 83% of whom smoked. Three DRIVEN members, along with the Clean Air Works Community Liaison, delivered a training to coalition members on today's media, including text messaging, social networking websites, and other on-line resources used by youth and young adults.

b) Illicit Drugs

New Mexico has had the highest drug-related death rates in the nation, and drug use continues to have severe consequences for New Mexico communities. Drug use is associated with a host of other social problems, including crime and domestic violence.²⁵³ In 2006, Taos County experienced 7 drug-induced deaths, equivalent to a death rate of 17.1, slightly lower than the state rate for this same time period of 21.3.²⁵⁴ Between the years 2002 – 2006, Taos County experienced a drug-induced death rate of 16.2 (+/- 6.3), compared to the statewide rate of 18.3.²⁵⁵ According to the New Mexico Department of Health Indicator-Based Information System, Taos County ranks “marginally better” than the state in drug-induced death rates.²⁵⁶ And, according to the New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, between 2000 and 2002, Taos County ranked 17th statewide in drug-related hospitalizations.²⁵⁷

Illicit drug use by youth is associated with heavy alcohol and tobacco use, violence and delinquency, suicide, and low academic achievement.²⁵⁸ According to the New Mexico Youth Risk and Resiliency Survey (YRRS), 2007, Taos County high school students report that:

- 33.2% have been offered, sold or given drugs on school property within the past 12 months
- 30.0% have used illicit drugs
- 66.3% can easily obtain marijuana
- 27.4% can easily obtain cocaine, LSD, methamphetamines, or other illegal drugs
- 63.6% know at least one adult who uses illicit drugs
- 47.8% know at least one adult who deals illicit drugs
- 17.7% report that most or all of their friends have tried drugs such as marijuana or cocaine

However, the following table, derived from the YRRS survey results, indicates that illicit drug use has generally decreased since 2001.

Table 42: Drug use; Taos County: 2001, 2003, 2005, 2007 Grades 9-12, NM YRRS

	Current marijuana	First marijuana	Cocaine*	Heroin*	Meth.*	Inhalants*	Offered drugs on
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²⁵³ New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, NMDOH

²⁵⁴ Annual report 2006

²⁵⁵ New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

²⁵⁶ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

²⁵⁷ Data source: HIDD, 2000 - 2002

²⁵⁸ New Mexico Department of Health, Indicator Reports for Drug Use

	use*	use at less than 13 years					school property
2001	43.3	34.0	8.1	NA	NA	3.1	35.5
2003	49.0	41.6	13.0	7.5	12.1	12.0	42.6
2005	40.3	26.4	7.4	3.1	2.6	6.9	36.0
2007	30.3	24.7	2.9	3.8	3.8	7.9	33.2

* In the past 30 days Meth. =Methamphetamine

However, Taos County still exceeds state averages for the following measurements of marijuana use:

Table 43: Drug Use: Marijuana – New Mexico and Taos County, Grades 9-12, 2007 NM YRRS

	Current marijuana use*	Used marijuana before age 13	Used marijuana on school property*
New Mexico	25.0	18.2	7.9
Taos	30.3	24.7	11.5

* In the past 30 days

c) Alcohol.

Alcohol abuse takes many tolls on the community. In addition to death and injury, alcohol abuse plays a role in missed days at work, family violence, crime and illness. Chronic heavy drinking (defined as drinking more than two drinks a day for men and more than one drink a day for women) contributes to a variety of alcohol-related chronic diseases, including liver cirrhosis and alcohol dependence. Episodic heavy (or binge) drinking (defined as drinking five or more drinks on a single occasion for men and four or more drinks on a single occasion for women) contributes to a variety of alcohol-related injuries, including motor vehicle crashes, poisonings, falls, homicides, and suicides.²⁵⁹ According to the New Mexico SPF-SIG State Epidemiology Profile, in 2002, in Taos County, an estimated 19.9% of those surveyed reported consuming at least 5 or more drinks in the previous 30 days (defined as binge drinking).²⁶⁰

(1) Alcohol Related and Induced Deaths

In 2006, Taos experienced 3 alcohol-induced²⁶¹ deaths, resulting in a death rate of 6.6.²⁶² Between the years 2002 to 2006, the alcohol induced death rate for Taos County was 22.8 (+/- 7.4) compared to the statewide rate of 16.9 and the national rate of 7.0.²⁶³ According to the New

²⁵⁹ New Mexico Department of Health, Indicators – Alcohol Related Deaths (2008)

²⁶⁰ New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, NMDOH

²⁶¹ Alcohol *induced* deaths do NOT include motor vehicle accidents, homicides and other unintentional injuries in which alcohol may have played a role.

²⁶² Annual Report 2006.

²⁶³ New Mexico Death Certificate Database, Bureau of vital Records and Health Statistics, New Mexico Department of Health.

Mexico Department of Health Indicator-Based Information System, Taos County ranks “marginally worse” than the state rate in alcohol-induced deaths.²⁶⁴

Between 1999 and 2003, there were 108 deaths in Taos County attributable to alcohol, resulting in a death rate²⁶⁵ of 68.8 (New Mexico’s rate during this same time period was 56.7; New Mexico consistently has the second highest death rate in the nation).²⁶⁶ Between 2004 – 2006 this rate decreased to 55.5 yet still exceeded the statewide rate of 48.3.²⁶⁷

The table below compares the death rates for all alcohol-related deaths between 1999 and 2003 in New Mexico and Taos County; Taos County exceeds the state rate in every category.

Table 44: Alcohol Related Death Rates²⁶⁸ – Taos County and New Mexico 1999 – 2003²⁶⁹

	All alcohol-related deaths	Alcohol-related chronic disease deaths	Alcohol-related chronic liver disease death	Alcohol-related injury death	Alcohol-related motor vehicle crash death
New Mexico	56.7	33.3	14.4	23.4	8.5
Taos	68.8	37.3	17.0	31.5	13.4

And, according to the New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, among all counties in New Mexico,

- Between 2000 and 2002, Taos County ranked 6th in alcohol-related hospitalizations.²⁷⁰
- In 2004, Taos County ranked 2nd in density of liquor licenses with a rate of 4.3, compared with a statewide rate of 1.7.²⁷¹
- Between 2001 and 2003, Taos County ranked 2nd in alcohol and drug treatment admissions with a rate of 105.8 compared to a rate of 36.0 statewide.²⁷²

²⁶⁴ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

²⁶⁵ Death rate is per 100,000, age-adjusted to the U.S. population

²⁶⁶ New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005

²⁶⁷ Data Sources. Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico. <http://www.unm.edu/~bber/>.

New Mexico Death Data: Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

²⁶⁸ Death rate is per 100,000, age-adjusted to the U.S. population

²⁶⁹ Data source: New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, NMDOH

²⁷⁰ Data source: Hospital Inpatient Discharge Data (HIDD), New Mexico Health Policy Commission, 2000 – 2002. Data include information from non-federal hospitals in New Mexico only. New Mexico residents who are hospitalized in another state are not included. Non-federal hospitals, such as military or Indian Health Service hospitals, are not included

²⁷¹ Liquor License Density is the number of liquor licenses per 1,000 population age 21 or older, by county. Source: Alcohol and Gaming Division, New Mexico Regulation and Licensing Department, 2004.

(2) Alcohol and Driving.

Alcohol consumption is the primary causal factor in roughly 50% of motor vehicle crash deaths among males aged 20-44; and in more than a third of motor vehicle crash deaths among females in this age range.

In 2002, an estimated 3.9% of Taos County residents reported driving after drinking alcohol at least once in the 30 days prior to the survey. (This was the 3rd. highest rate in New Mexico in 2002.)²⁷³

In 2007²⁷⁴, compared with statewide results, Taos county:

- Tied for 8th. in the number of fatal alcohol or drug involved crashes (5).
- Ranked 15th in the number of DWI crashes (45) and 11th in the rate of DWI crashes per 100,000 population.
- Ranked 15th. in the number of non-fatal alcohol or drug involved crashes (40).
- Ranked 16th. in number of DWI arrests. (219)²⁷⁵

(3) Alcohol and Pregnancy.

According to the most recent data available from the New Mexico Pregnancy Risk Assessment (PRAMS)²⁷⁶ in Taos County between 2000 – 2003,

- 8.7% (+/-4.5) of mothers reported drinking any alcohol during the last three months of pregnancy.

²⁷² Alcohol and Drug Treatment Admissions are the number of substance abuse treatment admissions per 10,000 population age 18 and over. This includes only admissions to state licensed or certified facilities that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of substance abuse treatment. Treatments funded by private payers or other programs, such as Medicaid, are not included. Source: Behavioral Health Information System (BHIS), Behavioral Health Services Division, New Mexico Department of Health, 2001-2003

²⁷³ According to the New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005

²⁷⁴ Traffic Safety Bureau, New Mexico State Highway and Transportation Department, through the Division of Government Research, University of New Mexico. 2007
<http://www.unm.edu/~dgrint/dgr.html>

²⁷⁵ Because a person arrested in one county may live in another county, this indicator is not a true DWI arrest rate for the residents of a given county. Rather, it is a ratio of the number of arrests occurring in a county to the number of drivers licensed in that county. <http://www.unm.edu/~dgrint/dgr.html>

²⁷⁶ PRAMS is a survey sponsored by the New Mexico Department of Health that surveys new mothers within two to six months after delivery, asking about experiences, attitudes, and behaviors related to infant and maternal health. http://www.nmhealth.org/phd/prams/other_report.htm

- 15.9% (+/-5.8) of mothers reported drinking alcohol frequently or bingeing during the last three months of pregnancy.

(4) Under-Age Alcohol Use

Nationwide, research reveals that 78 % of high school students have tried alcohol. More than 30% reported binge drinking at least once a month and the average age of initiation into alcohol use is 14 years old. Given New Mexico's high rates of adult problem drinking (e.g., alcohol dependence) and alcohol-related chronic disease and death, it is important to identify precursors to adult problem drinking that can be subjected to intervention. One such precursor is early age of first drinking. Using data from the National Survey of Drug use and Health (NSDUH), the Substance Abuse and Mental Health Services Administration (SAMHSA) has reported a strong association between early age of first drinking (e.g., age 12 or younger) and subsequent development of adult alcohol dependence. This result suggests that focusing on age of first drinking as a target of intervention might be a reasonable prevention strategy.²⁷⁷

Results of the New Mexico Youth Risk and Resiliency Survey, 2007, administered to Taos County high school students, indicated that 34.7% reported their first drink of alcohol was at 13 years old or younger.

Also, in the past 30 days:

- 54.8% had at least 1 drink of alcohol
- 33.7% had 5 or more drinks in a row
- 18.4% gave the money for alcohol to someone else who purchased it.
- 59.2% usually drank alcohol in another person's home
- 23.4% usually drank alcohol in their own home
- 44.7 % rode with a "drinking" driver
- 12.8% drank on school property
- 13.6% drove when drinking
- 26.4% used alcohol or drugs before sex

In 2007, compared with statewide results, Taos County²⁷⁸

- Ranked 9th. in the number of non-fatal crashes involving impaired teen (ages 15 – 19) drivers (6)
- Ranked 5th. in the rate of crashes involving impaired teen drivers per 100,000 licensed teen drivers.

In addition to being linked to teen suicide, teen vehicles fatalities and teen pregnancy, underage drinking inflicts economic, social, and health burdens on our community.

Taos ALIVE is a substance abuse community coalition that combines the efforts of the DWI Council, Rocky Mountain Youth Corps, the Underage Drinking Initiative, and other service

²⁷⁷ New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005, NMDOH

²⁷⁸ Traffic Safety Bureau, New Mexico State Highway and Transportation Department, through the Division of Government Research, University of New Mexico. 2007
<http://www.unm.edu/~dgrint/dgr.html>

providers as appropriate for specific projects. Taos ALIVE meets on a monthly basis to discuss collaborative projects that address youth substance abuse.

H. Additional Risk and Resiliency Indicators

The ‘actual causes of death’ for many chronic diseases and injury related deaths are lifestyle and behavioral factors. These behaviors, which include tobacco use, improper diet, physical inactivity, and alcohol use, are the leading actual causes of death and often begin and become established in adolescence.²⁷⁹ Many of these indicators, including alcohol and tobacco use, have been discussed elsewhere in this profile. Therefore, this section will focus on obesity, nutrition, exercise, youth services, and resiliency indicators measured by the New Mexico Youth Risk and Resiliency Survey for 2007.

1. Overweight and Obesity

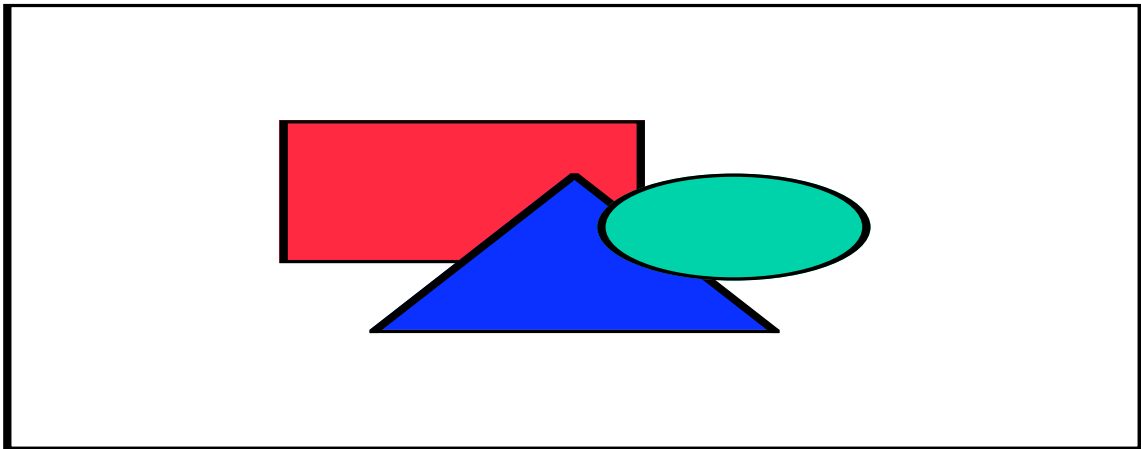
Obesity is now recognized as a more powerful indicator of health issues than poverty, increasing the risk for chronic diseases and health conditions, including, hypertension, osteoarthritis, dyslipidemia, Type 2 diabetes, heart disease, stroke, gallbladder disease, sleep apnea and some cancers.²⁸⁰ As reported by the CDC, in 2006, 26.4% of U.S. adults aged 20 years and over were obese. This was an increase from the 2005 estimate of 25.4%.²⁸¹ The obesity rate has accelerated dramatically in the past 20 years, in conjunction with a national trend toward sedentary lifestyles. In addition, the New Mexico Department of Health’s second edition of the *Racial and Ethnic Health Disparities Report Card* indicates that people with incomes at or below the federal poverty level have higher rates of obesity than do individuals with incomes above the poverty level.

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI).

²⁷⁹ Adolescent Health Data Report, 2008, NMDOH

²⁸⁰ Centers for Disease Control and Prevention, Diseases & Conditions, Obesity, Health Consequences, <http://www.cdc.gov/nccd- php/dnpa/obesity/consequences.htm>

²⁸¹ Centers for Disease Control and Prevention, Diseases & Conditions, Overweight and Obesity, Obesity Trends, U.S. Obesity Trends 1985-2006, <http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.hmh>



According to the New Mexico Department of health, an estimated \$324 million is spent in New Mexico annually on adult obesity-attributable medical expenditures; of these, \$51 million is spent within the Medicare population, and \$84 million is spent within the Medicaid population. In 2006, according to the Behavioral Risk Factor Surveillance System, 40.3% of New Mexicans were neither overweight nor obese. However, nearly 37% of New Mexicans were overweight, and approximately 22% were obese.²⁸²

Between the years 2004 – 2006 approximately 17.1% of Taos County residents were considered obese, compared with 22.0% statewide during this same time period.²⁸³ According to the New Mexico Department of Health Indicator-Based Information System, Taos County ranks “marginally better” than the state in overall percentage of adults who are obese.²⁸⁴ However, according to the New Mexico Youth Risk and Resiliency Report for Taos County, in 2007,

- 29.8% of youth self identified as overweight or obese (compare with 24.3% statewide).
- 18.6% self identified as overweight (compared with 13.5% statewide)
- 11.2% self identified as obese (compared with 10.9% statewide).

At the 2008 Picuris-Penasco Health Fair, weight loss and high cholesterol tied for second in a ranking of health concerns by attendees.

2. Physical Activity

Physical activity among adults has numerous benefits, including: reducing risk of heart disease and stroke, improving physical fitness, bone health and mental health, preventing high blood pressure, abnormal cholesterol, pre-diabetes and diabetes, maintaining health weight and increasing mobility. Among older adults, physical activity is crucial in preventing falls. Physical

²⁸² Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Prevalence Data, Overweight and Obesity, Weight Classification by Body Mass Index, <http://apps.nccd.cdc.gov/brfss/list.asp?cat=OB&yr=2006&qkey=4409&state=All>

²⁸³ Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

²⁸⁴ <http://ibis.health.state.nm.us/resources/2009HHCountyReports.html>

activity is crucial to maintaining physical health. Among adolescents, regular physical activity helps improve bone health, body weight and composition, physical fitness and mental health. In addition, active adolescents are more likely to become active adults.

- New Mexico Department of Health, Indicator Report for Physical Activity (2008)

Regular physical activity in adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, and increases self-esteem. Despite the benefits, physical activity levels gradually decline throughout the adolescent years. The decrease in physical activity is more severe for females than males. The trend of decreasing levels of physical activity among young people in the United States over the past several decades parallels the increasing trends in obesity among the adolescent population.²⁸⁵

According to the New Mexico Youth Risk and Resiliency Report for Taos County, in 2007,

- 61.7% of students exercised to lose weight (compared with 65.4% statewide),
- 9.7% vomited or took laxatives to lose weight (compared with 7.8% statewide).
- 61.3% engaged in less than 60 minutes of physical activity – 5 out of 7 days a week
- 18.3% reported no days in which they engaged in at least 60 minutes of physical activity
- 32% reported watching television for 3 or more hours a day
- 16.3% reported playing video games 3 or more hours a day
- 46.5% did not have any days of PE at school
- 86.4% did not have daily PE at school

In 2009 the Town of Taos was awarded funding through the “Safe Routes to School” initiative. This initial funding is in the form of a planning grant to allow the Town of Taos to develop an “Action Plan” for the development of “safe routes” to schools for area students in grades K – 8 and to encourage these students to regularly bike and walk to school.

3. Food Security and Nutrition

Food security is when at all times, people have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Poor health outcomes disproportionately affect those populations that struggle with food security. The issue of food security is important when addressing the increasing rates of diabetes, obesity, and other health conditions such as pregnancy among adolescents. During the period from 2004 to 2006, New Mexico had the second highest rate of food insecurity in the United States.²⁸⁶

Food Security during Pregnancy

A woman’s nutritional status before and during pregnancy is an important determinant of a healthy pregnancy and the birth of a healthy infant. In New Mexico, approximately 4500 births are to mothers between the ages of 15 and 19, and less than 80 births are to mothers under age 15. Single mothers and teen mothers in New Mexico are especially vulnerable to food insecurity and hunger.²⁸⁷

Food Security for Young People

²⁸⁵ Division of Nutrition, Physical Activity, and Obesity, CDC

²⁸⁶ Nord, et al, (200)7.

²⁸⁷ NMDOH Vital Records, NMDOH PRAMS, 2004

According to the New Mexico Youth Risk and Resiliency Report for Taos County, in 2007, 11.2% reported that often or sometimes there was not enough to eat for the family.

Closely related to food security is proper nutrition. Proper nutrition is fundamental for growth and health and contributes substantially to the prevention of illnesses and premature deaths in the United States. It is important for children and adolescents to build a foundation for well-being by practicing healthy eating behaviors. Dietary patterns with a high consumption of fruits, vegetables, and whole grains are associated with a decreased risk of many chronic diseases. Milk is a good source of calcium, which is important in bone development and the prevention of tooth decay. Unfortunately, recipients of food stamps and the WIC program do not always maximize food assistance. This is often due to lack of knowledge of the relationships between health and four areas: basic nutrition, food safety, food preparation, and food resource management. In addition, many limited-resource individuals do not receive the encouragement and reinforcement needed to put such knowledge into practice. Education can help low-income families and individuals maximize their resources to improve their nutritional status.

According to the New Mexico Youth Risk and Resiliency Report for Taos County, in 2007,

- 80.8% of students ate less than 5 servings of fruits/vegetables daily
- 27.9% drank at least one soda daily (not including diet soda)
- 93.6% drank less than 3 glasses of milk daily

At the 2008 Picuris-Peñasco Health Fair, weight loss and high cholesterol tied for second in a ranking of health concerns by attendees.

Proper Nutrition and Eyesight

The Taos Lions Club sponsors KidSight – a program that provides eye screenings to pre-adolescent youth. According to a spokesman, in 2008 the program referred approximately 11.2% of area students for follow-up examinations and further treatment. In 2009 the referral rate was 15%. Nationwide, a 5 % referral rate is considered normal. Eyesight problems are often associated with poor nutrition and visual impairment contributes to behavior problems in school.

Local Programs

The Taos County Economic Development Corporation (TCEDC) has several initiatives in place to address the problem of food insecurity and proper nutrition in Taos County. These include: (1) a community garden and greenhouse project; (2) educational courses for area farmers and ranchers (NxLevel --Tilling the Soil of Opportunity); (3) garden assistance and nutrition classes for low-income clients; (4) promotion of locally grown food products; (5) and, a commercial kitchen and classes to assist area residents with food businesses (Food Sector Opportunity Program). In 2004 TCEDC served 780 clients (an increase of approximately 25% from 2003): 45 were “Food Sector Opportunity” graduates; 35 were “NxLevel Training” graduates, 208 participated in WIC nutrition training and 186 participated in Diabetes Nutrition classes.

Also, the Taos County Extension Office works with Holy Cross Hospital's Dietician as co-sponsors of the Kitchen Creations Diabetes Cooking Class.

4. Protective Factors for Youth

Protective factors are measures of the positive and supportive relationships, experiences, activities, resources and values that encourage healthy youth development. Resiliency factors and related traits include caring and supportive relationships in the family, school, community and with peers; boundaries set by the family and school; positive peer support; meaningful participation and constructive use of time in school and outside of school; and impulsive and sensation seeking behavior.

- New Mexico Youth Risk and Resiliency Report, 2007.

Table 45: Protective Factors in the Home

	Caring Relationship with parent or other adult in the Home			High Expectations in the Home			Behavioral Boundaries in the Home		
	Low	Moderate	High	Low	Moderate	High	Low	Moderate	High
NM	9.3	34.8	55.9	5.0	21.7	73.3	6.6	27.5	66.0
Taos	10.7	32.7	56.5	6.9	20.2	73.0	5.5	24.5	69.9

Table 46: Protective Factors in the School

	Caring relationship with teacher or other adult in the school			High expectations in the school			Involvement in school activities			Behavioral boundaries in the school		
	Low	Mod	High	Low	Mod	High	Low	Mod	High	Low	Mod	High
NM	15.8	41.9	42.3	12.6	39.5	47.8	34.3	14.7	51.0	6.6	36.3	57.1
Taos	19.5	43.9	36.6	16.2	41.3	42.5	32.9	17.1	50.0	4.5	46.0	49.4

Table 47: Protective Factors in the Community

	Caring relationship with adult in the community			High expectations by adult in the community			Meaningful participation in the community		
	Low	Moderate	High	Low	Moderate	High	Low	Moderate	High
NM	11.5	27.1	61.4	12.0	29.8	58.2	20.4	35.5	44.0
Taos	11.1	25.7	63.2	11.0	30.5	58.6	20.3	36.3	43.4

Table 48: Protective Factors with Peers

	Caring relationship with Peer			Positive peer influence			Positive peer influence related to substance abuse		
	Low	Moderate	High	Low	Moderate	High	Low	Moderate	High
NM	8.8	22.5	68.8	5.5	60.4	34.1	24.5	46.4	29.1
Taos	7.0	24.8	68.2	4.3	65.0	30.8	24.9	45.7	29.3

VI. Health-Related Services: Capacity, Access, and Use

A. Capacity: Health-Related Services Available in Taos County.

1. Health Professional Shortage Designations

The Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis develops shortage designation criteria and uses it to decide whether or not a geographic area or population group is a Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA or MUP).

- HPSAs may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities.
- MUAs may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.
- MUPs may include groups of persons who face economic, cultural or linguistic barriers to health care.

More than 34 federal programs depend on the shortage designation to determine eligibility or as a funding preference. About 20% of the U.S. population resides in primary medical care HPSAs.

According to the U.S. Dept. of Health and Human Services, the following areas of Taos County have been classified as HPSAs:

- Dental services: Tres Piedras, Arroyo Hondo, Questa, Penasco and Picuris Pueblo.
- Primary Medical Care: Penasco, Picuris, Arroyo Hondo, Questa, Taos Pueblo.²⁸⁸

2. Hospitals and Clinics

The New Mexico Medicaid program pays for medically necessary health services furnished to eligible clients. To help New Mexico clients receive necessary services, the New Mexico medical assistance division (MAD) pays for covered outpatient services provided at federally qualified health centers (FQHC's).²⁸⁹ There are three FQHC's in Taos County that operate as part of a "service net" to bring healthcare services to rural areas. These centers are: El Centro Family Health in Penasco, Las Clinicas del Norte in Ojo Caliente and Questa Health Center. The Town of Taos is one of only two towns in the entire state of New Mexico that does not receive services from a FQHC.

a) Holy Cross Hospital and Affiliated Clinics.

Holy Cross Hospital is a 89,500 square foot, full-service acute care hospital, with 49 adult acute care beds, 12 Emergency Room beds, a six-bed Intensive Care Unit, a four-bed Labor and Delivery Suite, and a new four-bed Progressive Care Unit.

Holy Cross has full-time MRI services, full-time nuclear medicine services, and offers a new state of the art outpatient surgical center. There is a new 6-slice digital Computerized Axial

²⁸⁸ Shortage Areas by State and County; <http://hpsafind.hrsa.gov>

²⁸⁹ New Mexico Administrative Code, 8.310.4.9

Tomography (CAT) scanner that has multiple capabilities, such as non-invasive cancer analysis, which replaces the need, in many cases, for a surgical biopsy for suspected breast cancer - without incisions or recovery time.

The active medical staff now at Holy Cross is accessible by website and includes 44 physicians, and, in addition to the specialties reported in the last update, Holy Cross has added non-invasive cardiology, full-time urology, gynecology, surgery, anesthesiology, orthopedic surgery (with subspecialties in knee, foot and ankle, and shoulder), and pathology and diagnostic radiology. The Community Wellness trailer is Medicare-certified in Diabetes treatment and counseling, and Holy Cross now has over 360 nurses, technicians, and support staff on its health care team to support the independent medical staff. There are approximately 60 doctors working in affiliation with Holy Cross Hospital.

Holy Cross Hospital serves Taos County and also operates a clinic in Peñasco.

b) Taos High School and Taos Middle School Wellness Centers.

The Taos Municipal Schools contract with the NM Dept of Health to operate two School-Based Health Centers, called “wellness centers,” at Taos High School and Taos Middle School. The High School Clinic is open to all Taos County teens through age 18.

Taos High School Wellness Center is open Monday, Thursday, and Friday during the school year and part-time during the summer. The Middle School Wellness Center is open Tuesday and Wednesday. Both centers offer medical and behavioral health services including wellness counseling, the public health services of family planning, sexually transmitted disease testing and treatment, more in-depth personal behavioral health counseling, and primary care services (sickness, injuries, chronic disease). Parental/guardian consent is needed for services, except for the confidential services allowed by New Mexico statute which permits any person, regardless of age, to consent to health care for birth control, sexually transmitted infection testing and treatment, pregnancy care, and counseling, including alcohol and substance abuse counseling. Both centers work closely with other school and community programs.

The High School Wellness Center is now located on the second floor of Taos High School, next to the small gym. Call 575-751-8032 for an appointment or drop in. When the Clinic is closed, and also for those age 19 and up, call the Taos Public Health Office, at 1400 Weimer Road, at 758-2073.

c) Las Clinicas del Norte

Las Clinicas del Norte (LCDN) operates clinics in three rural communities in Rio Arriba and Taos Counties: Abiquiu, El Rio and Ojo Caliente. Each offers a broad range of primary medical, dental, and mental health services, inclusive of medical outreach and preventive, urgent, and emergency care. LCDN maintains 24 hour call for urgent calls from patients. All clinics are open during the week. Walk-ins are welcome, and unless of an urgent nature, are seen after patients who have appointments.

Medicaid, Medicare, Blue Cross, QualMed, Presbyterian, and most other insurances are accepted. A discounted (sliding) fee is available for qualifying patients needing services but unable to pay the full fees (tel. 1.800.869.7624).²⁹⁰

d) El Centro Family Health

El Centro Family Health operates 16 medical clinics and 3 dental clinics in rural northern New Mexico. El Centro accepts all payor sources including private insurance, Medicaid, Medicare, and VA, and, offers discounted services to income eligible patients. El Centro contracts with New Mexico VA Health Care to provide primary outpatient health care services to eligible veterans at all community based health clinics. One medical clinic and one dental clinic are located in Peñasco and are located on State Rd. 75, #15136 (tel. 575.587.2205 – medical; tel. 575.587.2205 - dental).²⁹¹ The Peñasco medical clinic is open Monday – Friday, 8:00 am – 5:00 pm., and offers primary medical care, all standard medical procedures, annual physicals, well child care, immunizations, pre-natal care and diabetes treatment. The dental clinic is open Monday – Friday, 7:30 am – 5:30 pm and offers preventative dental care, restorative work, prosthetics, extractions and emergency care.

e) Questa Health Center

The Questa Health Center is a service of Presbyterian Medical Services (PMS). The health center serves a large area of northern Taos County, including all of the villages, communities, municipalities and rural areas north to the Colorado border, east to Colfax County, and west to Rio Arriba County. The Questa Health Center provides medical, dental, mental health, and, alcohol/drug treatment programs.

The Questa Health Center is located on North Highway 522 in Questa, New Mexico (tel. 575.586.0322). PMS was established for the purpose of providing health care services to underserved communities in the Southwest. Sliding fees are set based upon the total household income and size of family, according to proof of income. Minimum charges are required for medical and pharmacy services. In addition to private pay, Medicaid, Medicare, or private insurance are accepted.²⁹²

3. Dentists

In 2008 the rate of dentists per 1,000 population in New Mexico was 0.44, the rate in Taos County for this same time period was 0.46.²⁹³ There were 15 licensed dentists in Taos County in 2006 and 13 licensed dental hygienists.²⁹⁴ Although the rate of licensed dentists in Taos County slightly exceeded the statewide rate, it is not clear that all licensed dentists were actively practicing. Also, according to the U.S. Dept. of Health and Human Services, the following areas

²⁹⁰ <http://lcdn.org/about/index.htm>

²⁹¹ <http://www.ecfh.org/PenascoMedical.htm>

²⁹² <http://www.laplaza.org/health/qhc/>

²⁹³ GADS Report, Selected Health Professionals in New Mexico, 2008, NM Health Policy Commission

²⁹⁴ New Mexico Regulation and Licensing Department

of Taos County have been classified as “Health Professional Shortage Areas”²⁹⁵ with respect to dental services: Tres Piedras, Arroyo Hondo, Questa, Penasco and Picuris Pueblo.

4. Nurses

In 2008, there were 16,391 licensed registered nurses (RN) in New Mexico, representing an average rate of 7.98 per 1,000 population. There were 231 licensed RNs in Taos County for this same time period, representing a rate of 7.14 per 1,000 population.²⁹⁶

Table 49: Number and Rate of Nurses in New Mexico and Taos County—2007²⁹⁷

	New Mexico		Taos	
	Number	Rate	Number	Rate
Licensed Registered Nurses	16391	7.98	231	7.14
Licensed Practical Nurses	2,819	1.37	46	1.42

In addition, as of January 2009, there were 3 certified nurse midwives and 13 licensed midwives.²⁹⁸

5. Pharmacists

In 2008 there were 1,579 licensed pharmacists in the state of New Mexico, representing an average rate of 0.77 per 1,000 population. There were 26 licensed pharmacists in Taos County for this same time period, representing a rate of 0.80 per 1,000 population.²⁹⁹

Table 50: Number and Rate of Licensed Pharmacy Professionals -- New Mexico and Taos County -- 2008³⁰⁰

	New Mexico		Taos	
	Number	Rate	Number	Rate
Licensed Pharmacists	1,579	0.77	26	0.80
Licensed Pharmacist Clinicians	90	0.04	4	0.12
Licensed Pharmacy Technicians	2,671	1.30	26	0.80

However, often there is a distinction between “number licensed” and “number actively practicing”. According to other community health care professionals, in 2009 there were approximately 14 – 16 actively practicing pharmacists in Taos County.

²⁹⁵ In order to qualify as an HPSA geographical areas must show that dental professionals in contiguous areas are over-utilized, excessively distant or inaccessible to the population.

²⁹⁶ New Mexico Board of Nursing, *2007 Governor’s Report* and *2006 Governor’s Report*, <http://www.bon.state.nm.us/>

²⁹⁷ New Mexico Board of Nursing, *2007 Governor’s Report* and *2006 Governor’s Report*, <http://www.bon.state.nm.us/>

²⁹⁸ New Mexico Department of Health; Taos County Health Report Card 2009, UNM, Health Sciences Center. <http://hsc.unm.edu/community/CountyReportCards/documents/CountyReports09.pdf>.

²⁹⁹ New Mexico Regulation and Licensing Department

³⁰⁰ New Mexico Regulation and Licensing Department

6. Physicians

A shortage of physicians in a geographic area can increase travel time to see a physician and serve as a deterrent to timely and appropriate health care. Scarcity of physicians can also lead to higher caseloads for physicians and consequently, increased time to getting an appointment, as well as increased waiting time for receiving care.

Overall, New Mexico data through 2008 indicates an aging physician population.³⁰¹ and a rate per 1,000 population of 2.22³⁰² In 2008 there were 41 licensed primary care physicians and 30 licensed specialty care physicians in Taos County,³⁰³ a total of 71;³⁰⁴ however, it is not clear that all were actively practicing and/or practicing full-time. Penasco, Picuris, Arroyo Hondo, Questa and Taos Pueblo have been designated as Health Professional Shortage Areas for Primary Medical Care.³⁰⁵

7. Mental Health Professionals

Although numerous counselors and mental health professionals practice in Taos County, there is a lack of funding for indigent and low-income clients. Among currently practicing health professionals in Taos County that do serve these clients, Tri-County Community Services includes the following staff: one full-time and two part-time psychiatrists; eight clinicians (master degree level); two substance abuse counselors; and, five case managers.

8. Other Licensed Health Professionals

Other Licensed Health Professionals in Taos County (as of January 2009)³⁰⁶:

- 14 Nurse Practitioners
- 12 Physician Assistants
- 9 Occupational Therapists
- 22 Physical Therapists

³⁰¹ GADS Report, Selected Health Professionals in New Mexico, 2008, NM Health Policy Commission and the following link:

http://hpc.state.nm.us/reports/Physician%20Survey/PhysicianSurveyReport_2003.pdf;

\\hpcserver1\shared\GADSOLD\GADS - Before Wes\GADSWorkFiles_

Prior to 2005\GADS\PrimaryCareProv\GADSReport03_PC\Chart_AgeGroupsByYear.xls

³⁰² *Journal of the American Medical Association*. 1994 Jul 20; 272(3):239-40 J.P. Weiner, Forecasting the effects of health reform on US physician workforce requirement. Evidence from HMO staffing pattern, page 227

³⁰³ GADS Report, Selected Health Professionals in New Mexico, 2008, NM Health Policy Commission

³⁰⁴ Taos County Health Report Card 2009, UNM, Health Sciences Center

<http://hsc.unm.edu/community/CountyReportCards/documents/CountyReports09.pdf>.

³⁰⁵ US Dept of Health and Human Services, Health Resources and Services Administration: HPSA by State and County; <http://hpsafind.hrsa.gov/HPSASearch.aspx>

³⁰⁶ Taos County Health Report Card 2009, UNM, Health Sciences Center

<http://hsc.unm.edu/community/CountyReportCards/documents/CountyReports09.pdf>.

B. Access and Barriers to Services

1. Generally.

Although new medical technologies and delivery systems are allowing the prevention and treatment of an increasing number of diseases and medical conditions, many people still have difficulty accessing these services because they may be unavailable where they live, difficult to obtain, or too expensive to purchase. In its 1993 report, "Access to Health Care in America", the Institute of Medicine defined access as "the timely use of personal health services to achieve the best possible health outcomes."³⁰⁷

2. Barriers to Access.

a) Lack of Health Insurance (or, Underinsured)

Lack of health insurance coverage has been well documented as a major barrier to receiving needed health care and has often been used as a proxy for overall access to health care. Uninsured people are substantially less likely to receive health care than their insured counterparts. In 2005, 19% of people under the age of 65 who were uninsured for all or part of the preceding year did not receive needed medical care due to the cost, compared with 2% of people covered by medical insurance.³⁰⁸

As stated elsewhere in this Profile, the New Mexico Department of Health estimates that 24.2% of New Mexicans under the age of 65 do not have insurance. This same report indicated that approximately 32.6% of Taos County residents in this same age group do not have health insurance coverage.³⁰⁹

In New Mexico, the state coverage program for low-income residents – "Insure New Mexico – State Coverage Insurance (SCI) -- is not enrolling new members and has a waiting list.

b) Medicaid.

(1) Reimbursement Issues

Medicaid reimbursement processes and the lack of timely reimbursement for services presents another barrier to care, creating a situation in which some medical professionals are either under threat of going out of business or unable to continue accepting Medicaid patients. When reimbursement rates mean the difference between profit and loss, some physicians are forced to restrict the numbers of new Medicaid patients they can treat per month. Even though the area's physicians have provided countless thousands of dollars in free care to indigent patients in the past several years, many more patients continue to go without care for fear of "not being able to pay the bill."

³⁰⁷ Institute of Medicine (U.S.). Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Washington, DC: National Academy Press. 1993.

³⁰⁸ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics.

³⁰⁹ NMDH, IBIS Community Snapshot for Taos County, updated 10/23/08; <http://ibis.health.state.nm.us/indicator/view/HlthInsurCover.Uninsured.Cnty.html>.

All of these factors are contributing not only to the collapse of small medical practices with high percentages of Medicaid clients, but also to the increased use of the emergency room as a first stop for non-emergency medical issues

(2) Gaps in Coverage

Medicaid coverage for adults does not include dental and vision care, and undocumented county residents are not eligible for Medicaid. This gap in coverage poses many challenges. For example, children who are undocumented have difficulty accessing the mandatory dental exam for admission into a state-funded pre-school. Even for children with Medicaid, the only dentist in Taos accepting Medicaid does not currently accept new clients.

There is a very targeted, federally-funded cancer screening program that only screens for cancer of the breast and cervix. The Breast and Cervical Cancer (BCC) Screening Program has very limited funding and can only accommodate a small fraction of the eligible women. If a woman who has been screened through this program is found to have breast or cervical cancer, she can usually access Medicaid easily. However, if a woman has the misfortune of being diagnosed with cancer before enrollment in this program, she is not eligible for the Medicaid that would cover her. Also, if the cancer is detected in her ovaries, she is not eligible for the BCC program nor for the Medicaid.

c) Transportation

According to a national survey, in 2004 – 2005, about 6% of adults living in poverty reported delaying needed medical care because they did not have transportation.³¹⁰ The Taos Chili Line bus system runs primarily on main thoroughfares, limiting its usefulness to clients and patients living in outlying areas. A Medicaid-supported system (Safe-Ride) provides transportation only to and from Medicaid appointments, again, limiting the usefulness to private-pay and indigent people seeking medical services within Taos County.

Ambulance services are limited. Population centers (Penasco and Questa) outside the Town of Taos don't usually have adequate staff and vehicles to respond quickly to emergencies.

d) Financial Constraints

Obviously poverty can be a barrier to receiving health care, particularly for those without health insurance or in cases where insurance commonly refuses coverage, such as dental or mental health care. Even those with health insurance, including families that do not fall within the federal poverty guidelines, often face increasingly higher patient co-pays, increased deductibles, declining coverage, and sometimes no coverage at all for prescription drugs. Those who do not receive health insurance through employers face individual policy premiums that can cost much more than employer sponsored programs – particularly if they have pre-existing conditions.

In 2005, 19% of adults nationwide (more than 40 million people) reported that they needed and did not receive one or more of the following services in the past year because they could not

³¹⁰ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics

afford them: medical care, prescription medicines, mental health care, dental care, or eyeglasses.³¹¹

e) Lack of Access to Mental Health

Mental health treatment has often been considered the stepchild of the medical care system with patients reluctant to use these services and insurers reluctant to pay for them. Estimates from a survey covering the years 2001 to 2003 found that about 30% of people 18–54 years of age suffered from a mental disorder during the year, yet only one-third of them received treatment.³¹²

In addition to the lack of insurance coverage and funding for low-income and indigent clients, there is also a lack of inpatient services. Taos County does not have beds for mental health patients other than those at the emergency room of Holy Cross Hospital. The closest state-funded behavioral health hospital is in Las Vegas, New Mexico (the NM Behavioral Health Institute). If mental health patients are spotted on local roads under the influence of alcohol or drugs, they can be held in open door local jail facilities by local police, county sheriff's office or the NM State Police for their own protection.

There is also a lack of referrals and follow-up care for clients assessed as exhibiting symptoms of post-partum depression and depression related to diabetes

f) Educational, Cultural and Language Barriers.

Differences in utilization may indicate educational or cultural barriers. These barriers may prevent people from knowing when to seek care, or prevent them from seeking or receiving care. For example, studies indicate that different racial and ethnic groups in similar financial categories utilize screening and other preventive services at different rates, suggesting communications with some racial groups may be insufficient to convince them of the importance of these types of procedures.³¹³

In Taos County, there is a need for Spanish-speaking behavioral health providers.

g) No Usual Source of Care

Not having a medical home or usual source of health care may be a barrier to accessing health care. Lacking a usual source of care is associated with poorer control of chronic conditions such as hypertension and lower receipt of preventive services.³¹⁴ According to a national survey

³¹¹ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics

³¹² Kessler RC, Demler O, Frank RG, Olfson M, Pincus HA, Walters EE, et al. Prevalence and treatment of mental disorders, 1990 to 2003. *N Engl J Med* 2005;352(24):3095– 105.

³¹³ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics

³¹⁴ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics

conducted in 2004 – 2005, Hispanic adults were less likely to report a usual source of care than other ethnicities, even for those who suffered from a chronic condition.³¹⁵

C. Utilization

1. Use of Existing Services.

Due to the lack of a primary care clinic in Taos, the Holy Cross Hospital Emergency Room facilities are used as a primary care facility.

2. Under-Utilized Services.

Access is often studied by examining whether rates of service use are at recommended or expected levels, or whether population groups differ in use of services. Lower rates of services use among a specific population group may reflect an access barrier. Common areas of under-utilized services include: prenatal care, vaccinations, mammograms, regular check-ups, dental visits, and, other preventive and screening procedures.³¹⁶

According to the Racial and Ethnic Health Disparities Report Card published by the New Mexico Department of Health, American Indians are more likely than Hispanics and Whites to receive recommended diabetes preventive services.³¹⁷

In Taos County, services can be under-utilized for several reasons: (1) lack of financial resources; (2) inconvenient hours of operation for those who work; and, (3) lack of appreciation or understanding regarding the importance of a particular service.

The Taos Middle School and High School Health centers have also been identified as underutilized.

3. Services Strained Beyond Capacity.

Services in our community that have been identified as strained beyond capacity by social service and health providers include: (1) food resources, (2) shelters, including homeless shelters and youth emergency facilities, (3) dentists and other health providers who accept Medicaid, (4) support programs for families after the first child, (5) school counselors and school social workers.

VII. Health Disparities

³¹⁵ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics.

³¹⁶ Id.

³¹⁷ New Mexico Department of Health. *Racial and Ethnic Disparities Health Report Card*, August 2008.

<http://www.health.state.nm.us/opmh/2007ReportCard.pdf>

Data Source: New Mexico Behavioral Risk Factor Surveillance System.

Even as progress is made in improving life expectancy, increased longevity is accompanied by increased prevalence of chronic conditions and their associated pain and disability. In recent years, progress in some areas has not been as rapid as in earlier years, or trends have been moving in the wrong direction. Moreover, significant racial and ethnic disparities exist across a wide range of health measures, including risk factors and mortality rates.

The differences in health status by race and/or ethnicity may be explained by several factors including socioeconomic status, health practices, psychosocial stress and limited resources, environmental exposures, discrimination, and access to health.³¹⁸

A. Mortality Rates

In Taos County, for the years 1999 through 2003, the “all cause” death rate for the entire population was 741.14; the “all cause” death rates for Native Americans and Hispanics during this same time period were notably higher:

- Native Americans -- 874.3
- Hispanics -- 781.3

The “drug- related” death rate for Hispanics was 21.9 compared to 19.0 for the total population of Taos County.

The white, non-Hispanic population of Taos County experienced both smoking-related and deaths from suicide at a higher rate than the general population :

- Suicide – White, Non-Hispanic – 21.4 (compared with 13.6 countywide)
- Smoking-related death – White, Non-Hispanic – 104.6 (compared with 92.0 countywide)

³¹⁸ Health, United States, 2007, Trends in the Health of Americans, U.S. Department of Health and Human Services, CDC, Natl. Center for Health Statistics

Table 51: Alcohol-Related Death Rates for Hispanics and Native Americans in Selected Categories Taos County, 1999 - 2003³¹⁹

	All alcohol-related deaths	Alcohol-related motor vehicle crash	Alcohol-related chronic liver disease death	Alcohol – related chronic disease death
Hispanics	76.6	15.6	22.9	46.0
Native Americans	150.6	*	*	*
Total Taos County Population	68.8	13.4	17.0	37.3

*Excluded due to small numbers; however the numbers reported represented a disproportionate number of this ethnic population and accounted for the overall high “alcohol-related” death rate.

B. Alcohol Use

In Taos County, for the years 1999 – 2003, percentages for alcohol use were reported by types and/or circumstances of drinking as shown in the table below:

Table 52: Percentage of Adult Population Reporting Alcohol Use by Ethnicity Taos County, 1999 - 2003³²⁰

	Adult binge drinking*	Chronic or heavy drinking**	Drinking and Driving
Hispanics	20.7	--	5.6
Native Americans	30.9	--	--
White, Non-Hispanics	16.1	15.4	2.6
All races/ethnicities	19.9	6.5	3.9

* five or more drinks on a single occasion

**two or more drinks a day (male); one or more (female)

--too few incidents to report

³¹⁹ New Mexico SPF-SIG State Epidemiology Profile (2005)

³²⁰ New Mexico SPF-SIG State Epidemiology Profile (2005)

Adult binge drinking is associated with significant rates of alcohol-related injury death and disability. Native Americans continue to have an alcohol-related death rate substantially above the rate for other populations.³²¹ As shown in the table above, Native Americans in Taos County report substantially higher rates of adult binge drinking than other races/ethnicities.

C. Tobacco Use

The New Mexico Department of Health’s second edition of the *Racial and Ethnic Health Disparities Report Card* indicates:

- Whites continue to be the only group continuing to show decreased smoking rates.
- People at or below the federal poverty level are more likely to smoke than are people above the poverty level.³²²

Table 53: 2004-2006 New Mexico Rates Per 100 of Smoking by Poverty Level³²³

Poverty Level	Percent
Above Federal Poverty Level	19.2
At or Below Federal Poverty Level	30.1

D. Teen Pregnancy

In New Mexico, Hispanic girls 15-17 years old are over three times more likely to give birth than their White counterparts.³²⁴ Between 2005 – 2007, the teen birth rate for Hispanics was 53.7 compared to 13.3 for White teens. The American Indian teen birth rate was 29.2 during this same time period.³²⁵

E. Prenatal Care

Women who receive early and consistent prenatal care (PNC) enhance their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy because prenatal care during the first trimester is an important part of early identification of health problems for mothers and their unborn infants. New Mexico’s traditional measure of prenatal care is the modified Kessner Index which defines level of prenatal care using a combination of the month prenatal care began and the number of prenatal visits.³²⁶ According to this index, low level of care is defined as care that begins in the third

³²¹ New Mexico Department of Health. *Racial and Ethnic Disparities Health Report Card*, August 2008. <http://www.health.state.nm.us/opmh/2007ReportCard.pdf>

³²² New Mexico Department of Health. *Racial and Ethnic Disparities Health Report Card*, August 2008. <http://www.health.state.nm.us/opmh/2007ReportCard.pdf>

³²³ New Mexico Department of Health. *Racial and Ethnic Disparities Health Report Card*, August 2008. <http://www.health.state.nm.us/opmh/2007ReportCard.pdf>

³²⁴ New Mexico Department of Health Vital Records

³²⁵ The teen birth rate is the number of births to females ages 15 – 17 divided by the total number of females age 15 – 17. New Mexico Department of Health, Bureau of Vital Records and Health Statistics.

³²⁶ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008, Technical Appendix, p. 181,

trimester with less than five or no prenatal care visits. A high level of care is defined as care that began during the first trimester (first three months) of pregnancy with nine or more prenatal care visits occurring during that period. Mid level care is defined as care that began during the first trimester with 5-8 prenatal visits, or care beginning in the fourth to sixth month of pregnancy with 5 or more visits. According to the Racial and Ethnic Health Disparities Report Card published by the New Mexico Department of Health, the New Mexico rate of women receiving late or no prenatal care (26.4%) is much higher than the national rate. (16.1%)³²⁷ Statewide, American Indian or Alaska Native mothers had the highest levels of no or low prenatal care in both 2005 and 2006.³²⁸

In 2006, an estimated 65.7% of babies born to Taos County mothers received prenatal care in the first trimester (compared with 71.3% statewide).³²⁹ A more thorough classification of care in 2006 revealed that an estimated 47.8% of babies born to Taos County mothers received a high level of prenatal care, 34.6% received a mid level of prenatal care, and, 12.2% received a low level or no prenatal care. Twenty (20) Taos County mothers received unknown prenatal care. In 2006, 27.3% of babies born to American Indian or Alaska Native mothers in Taos County received low or no prenatal care.³³⁰

Table 54: Number and Percent of Births with Low or No Prenatal Care by Mother's Race/Ethnicity -- Taos County (2006)³³¹

All Races		American Indian or Alaskan Native		Asian or Pacific Islander		Black or African American		Hispanic		White	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
45	12.2	9	27.3	0	0.0	0	0.0	28	12.0	8	8.2

There are three primary ways that prenatal care is measured: the trimester prenatal care began, the Kessner Index, and the Kotelchuck Index. These measures primarily rely on when prenatal care was initiated and the number of prenatal visits.

³²⁷ New Mexico Department of Health. *Racial and Ethnic Disparities Health Report Card*, August 2007. <http://www.health.state.nm.us/opmh/2007ReportCard.pdf>

³²⁸ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

³²⁹ Birth Certificate Data, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

³³⁰ . New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008

³³¹ New Mexico Selected Health Statistics Annual Report for 2006. Santa Fe, New Mexico: New Mexico Department of Health, Bureau of Vital Records and Health Statistics. 2008.

F. Student Achievement Data

**Table 55: New Mexico Standards Based Assessments – Results by Ethnicity (2008-09)
Taos Municipal Schools -- % of students “at” or “above” proficiency³³²**

Grade	Reading			Math			Science		
	3 rd	8 th	11 th	3rd	8th	11th	3 rd	8 th	11 th
All students	54	55	60	37	36	41	85	19	34
Caucasian	81	81	90	65	62	68	88	43	66
Hispanic	50	51	51	32	33	32	79	15	25
Native American	33	50	40	27	10	50	87	0	20

The Hispanic student population scored below the overall district average in every category and at every point in the evaluation process.

Because the student population in the other Taos County school districts is predominantly Hispanic this type of disparity was not apparent; however, many of the other school district average scores were below state averages in several instances.³³³

VIII. Summary & Overall Interpretation

In view of the foregoing data, statistics, interpretation, community input and other information, the following major issues were identified as critical to the health of Taos County: (1) Access to Health Services, (2) Substance Abuse, (3) Family Resiliency, (4) Healthy Eating and Physical Activity, and (5) Learning and Economic Development Capacity.

A. Increase Access to Health Services.

Access to health services is the top-ranked health issue in Taos County. For purposes of this discussion, the community of Taos County defines “health services” to include physical health and behavioral health. Determinants or risk factors identified by community members include lack of information and intimidation on the part of individuals and a lack of capacity and resources that results in less care being delivered and worse overall health for the community. Community members identified several possible points of intervention with respect to access:

Improved *accessibility* by coordinating information, referral, advocacy and support efforts to help community members find information, navigate the system, and provide advocacy and support as appropriate; and, increasing enrollment in available health insurance plans, including Medicaid, for eligible individuals. Also, increasing *resources* by broader collaboration in local initiatives and broader participation in the local behavioral health collaborative.

B. Reduce Substance Abuse.

³³² Taos Municipal School District, 2008-2009 District Wide Tribal Education Status Report; available at the Taos Municipal School District website.

³³³ see IV. Community Description, (B) Population, 5. Education, *herein*.

Substance abuse is the second ranked health issue in Taos County. Determinants or risk factors include an existing culture of abuse that crosses generations and lack of awareness and community readiness to address the problem. Community members identified a critical point of intervention as strengthening collaborations among provider agencies, nonprofit organizations and federal, state, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse in our community. This could be accomplished by supporting existing coalitions, seeking funding to support their efforts, and, sponsoring a forum to bring together providers to enable greater communication and collaboration.

C. Increase Family Resiliency.

The third ranked health issue is family resiliency. The challenges and stresses faced by children, youth, parents and extended families often require optimism, resourcefulness and determination. Research shows that prevention, early intervention and service programs can help build coping skills, and counteract the impact of poverty, illness, substance abuse, and violence. Determinants or risk factors in Taos County include lack of role models for youth and lack of support for individual family members which results in less positive and productive uses of individual time and energy, often leading to youth and family violence. Community members identified several possible points of intervention:

- (1) Promote positive and responsible parenting by promoting parental support, parenting classes and including teen parents, grandparents and extended family members in these services.
- (2) Sponsor a Teen Pregnancy Collaboration forum for service providers to encourage more communication and collaboration.
- (3) Decrease family violence by initiating an evidence-based gang awareness/prevention program in area schools.
- (4) Institute a “Healthy Family Community” awareness campaign to encourage increased understanding and appreciation across generations.

D. Increase Healthy Eating and Physical Activity.

The fourth ranked health issue in Taos County is nutrition and physical activity. At least four of the 10 leading causes of death in the U.S.--heart disease, cancer, stroke and diabetes--are directly related to way we eat and diet is implicated in scores of other conditions. Insufficient physical activity also contributes to risk for chronic disease. Risks in Taos County include unhealthy eating habits, lack of appreciation for nutrition and healthy diets, irregular or nonexistent exercise patterns, and unsafe or unattractive outdoor areas that inhibit physical activity. Community members identified several possible points of intervention:

- (1) Increase physical activity of residents, both youth and adults, by (a) participating in Safe Routes to Schools; (b) initiating employer physical challenge programs for employees in area businesses; and, exploring wellness and fitness programs tailored for specific populations (seniors, women, adolescents, Native Americans, etc...)

(2) Increase access to healthy food choices by: (a) Creating a health council action team to map available resources and gaps in services with respect to nutritional needs in Taos County (ex. nutritional cooking classes; neighborhood farms, etc.); identifying evidence-based interventions to address gaps.; preparing an action plan to implement interventions.; and, implementing interventions. Also, by (b) supporting and promoting efforts for sustainable agriculture program in Taos County.

(3) Increase diabetes awareness and use of resources.

E. Increase Learning and Economic Development Capacity.

The final health priority is to increase learning and economic development capacity. In addition to the more obvious rewards that education provides in terms of career preparation and higher income, research shows us that a connection to school is a powerful predictor of resilience for children, no matter what family or community they are growing up in. Teens who are connected to school are less likely to be participating in high-risk activities, like drinking, smoking, and early sexual activity. Determinants or risk factors in Taos County include youth not motivated to learn/succeed and low educational attainment resulting in un/under-employment and poverty. In addition, policy makers may not be aware of the adverse health consequences of poverty and un/under-employment. Community members identified several possible points of intervention:

(1) Raise awareness regarding social determinants of health with community policy makers including school boards, local government and area businesses.

(2) Promote a life-long learning environment and a family culture that values education by coordinating efforts to raise community awareness of the benefits of education.

IX. Appendix A – Youth Risk and Resiliency Report

Youth Risk and Resiliency Reports

In 2007, the New Mexico High School Youth Risk and Resiliency Survey (YRRS) was administered to Taos County 9-12th grade students. The YRRS is organized into two major content areas: risk behaviors and protective (resiliency) factors. Out of the total 427 students who responded to the survey, 44.4% were boys, 55.6% were girls; also, 74.1% self-identified as Hispanic, 9.0% as White, 10.0% as American Indian, 2.9% as Black/African American, and, 4.0% Asian or Pacific Islander. The response rate in Taos County was 47%. This is considered a low response rate and caution should be exercised in interpreting the results (see explanation below). Selected results from the YRRS have been cited in this health profile. A copy of the complete report is available at www.health.state.nm.us and at www.taoscares.com

Participation in Taos County

Grade Level

9th 166 (39.1)

10th 63 (14.8)

11th 94 (22.1)

12th 101 (23.8)

Other: 1 (0.2)

A high response rate produces survey results that are more representative of the student population. A response rate of at least 60% allows generalization of results to the entire student body. A response rate of 75% is excellent and allows a high degree of confidence in results. Because a high response rate means that more students have been surveyed, a high response rate will also be reflected in the error bars (i.e., with a higher response rate and more students included in the survey, error bars will be smaller and confidence intervals will be narrower). Response rates below 60% are considered low, and caution should be exercised in interpreting results. Low response rates indicate that the data is likely only representative of students who participated in the survey and may not necessarily represent the entire student body.

X. References

American Diabetes Association, All About Diabetes, Diabetes Statistics,
<http://www.diabetes.org/diabetes-statistics.jsp>

Centers for Disease Control and Prevention (CDC).
<http://www.cdc.gov>

Centers for Medicare and Medicaid Services, Enrollment Database, 2007 (status as of 9/1/06), query run by Dave Drake of the New Mexico Medical Review Association.

Cooper (2002). Economic and Demographic Trends Signal An Impending Physician Shortage, *Health Affairs*, 21 (1), page 147.

Ganderton PT. The Economic Cost of Teenage Childbearing and Parenting in New Mexico: New Estimates. New Mexico Department of Health. Santa Fe, NM, 2006.

Humes, Karen, The Council of State Governments – Book of the States, 2005

Kaiser Commission on Medicaid and the Uninsured. Immigrants' health care coverage and access. Washington, DC: Kaiser Family Foundation. 2003

Kaiser Family Foundation, Henry J., Medicare, Medicare: A Primer—March 2007,
<http://www.kff.org/medicare/7615.cfm>

Kids Count

Community Level Information on children.
<http://www.kidscount.org/cgi-bin/cliks.cgi>

Immigration in New Mexico, A Kids Count Special Report, October 2007,

Kotelchuck M. An evaluation of the Kessner Adequacy of Prenatal care Index and a proposed adequacy of Prenatal Care Utilization Index. *Am J Public Health* 1994; 84:1414-20.

Ku L, Matani S. Left out: Immigrants' access to health care and insurance. *Health Aff* 2001; 20(1): 247–565

National Campaign to Prevent Teen and Unplanned Pregnancy, November 2006.
<http://www.teenpregnancy.org/resources/data/genlfact.asp>

National Coalition Against Domestic Violence, Domestic Violence Facts.
<http://www.ncadv.org/files/domesticviolencefacts.pdf>. 2007

National Coalition for the Homeless; Why are people homeless? June 2008
<http://www.nationalhomeless.org/publications/facts/why.html>

National Institute of Mental Health Website, The Numbers Count: Mental Disorders in America. <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>

New Mexico Adolescent Health Data Report © New Mexico Department of Health August 2008

New Mexico Behavioral Health Collaborative. *Needs Assessment, Resource Inventory, and Demographics Report*. October 2006. http://www.bhc.state.nm.us/pdf/NM_NARID.pdf

New Mexico Board of Nursing, *2007 Governor's Report* and *2006 Governor's Report*, <http://www.bon.state.nm.us>

New Mexico Department of Health

Comprehensive Cancer Program, New Mexico Cancer Facts & Figures, 2007

Center for Health Data NM- Indicator-Based Information System
<http://ibis.health.nm.state.us>

Health Alerts in New Mexico, Hantavirus, <http://www.health.state.nm.us/epi/hanta.html>

Health Data, Infectious Disease, Sexually Transmitted Disease
<http://www.health.state.nm.us/std.html>

Health Systems Bureau and Office of Oral Health. *New Mexico Oral Health Surveillance System Annual Report 2006*. Santa Fe, NM: Health Systems Bureau, Public Health Division, 2006.
<http://www.health.state.nm.us/epi/pdf/AnnualNMOHSS.pdf>

New Mexico Birth Certificate Database.

New Mexico Facts: Contraceptive Needs and Services (2001-2002), Table 2.
http://www.health.state.nm.us/phd/fp/table_2.htm

New Mexico State Epidemiology Profile, Strategic Prevention Framework – State Incentive Grant (SPF-SIG), Spring 2005

Office of Policy and Multicultural Health, Racial and Ethnic Health Disparities Report Card, 2d. ed.
<http://www.health.state.nm.us/OPMH/2007ReportCard.pdf>

Pregnancy Risk Assessment Monitoring Surveillance (PRAMS), 2000-2005 births.
<http://www.health.state.nm.us/phd/prams/home.html>

New Mexico Selected Health Statistics Annual Report 2006, the State Center for Health Statistics, published September 2008

New Mexico Department of Labor,

County Unemployment Rate Rankings,
http://www.dol.state.nm.us/pdf/lmr/M_news_pdf.pdf

New Mexico Department of Finance and Administration
Annual report on property tax data, financial distribution and trends.
<http://fmb.nmdfa.state.nm.us>

New Mexico Department of Workforce Solutions, Economic Research and Analysis
LASER (Labor Analysis Statistics and Economic Research) -- annual, quarterly and monthly data for the state's counties.
<http://laser.state.nm.us/>

Quarterly Census of Employment and Wages (QCEW) – county level wage information.
<http://www.dws.state.nm.us?LMI/dws-data.html>
<http://www.bls.gov/cew/home.htm>

New Mexico Economic Development Department
County comparison
<http://www.edd.state.nm.us/dataCenter/countyComparison/index.php>

New Mexico Health Policy Commission
2005 Annual Report, Employer Survey in conjunction with New Mexico State University.
Quick Facts 2008
GADS Report, Selected Health Professionals in New Mexico, 2006
<http://hpc.state.nm.us/>

New Mexico Human Services Department,
Medical Assistance, Reports, Eligibility Report – All Clients by County,
http://www.hsd.state.nm.us/mad/pdf_files/Reports/AllClientDistributionbyCo.pdf

Income Support Division
Monthly Statistical Reports – Food Stamps, TANF, Other Assistance
<http://www.hsd.state.nm.us/isd/reports.html>

New Mexico Public Education Department,
Demographic Fact Sheets
<http://www.ped.state.nm.us/IT/schoolFactSheets.html>

Truancy Report
Drop-out Rates
Graduation Rates
Assessment Results
<http://www.ped.state.nm.us>

New Mexico Regulation and Licensing Department

New Mexico Taxation and Revenue Department, Tax Research and Statistics

Gross Receipts by Geographic Area and NAICS Code

<http://www.tax.state.nm.us/pubs/taxrestat.htm>

Personal income tax facts statistical summary.

<http://www.tax.state.nm.us/pubs>

Property Tax Facts

<http://www.tax.state.nm.us/pubs/taxresstat.htm>

New Mexico Teen Pregnancy Coalition Press Release - May 2007, *The New Mexico Teen Pregnancy Coalition Encouraging Teens to Stop, Think and Take Action.*

<http://www.nmtpc.org/natday/2007PressRelease.pdf>

Padilla, JL. *Tobacco-Related Data for New Mexico High School Youth, 2001-2005*. Chronic Disease Prevention and Control Bureau, New Mexico Department of Health, Albuquerque, NM. June 2007.

<http://www.health.state.nm.us/pdf/2001-2005%20NM%20Youth%20Tobacco%20Report.pdf>

Picuris Pueblo, <http://www.laplaza.org/penasco/picuris/picuris.html>

Realtors Association of New Mexico

Taos Business Asset and Leakage Study, Detailed Results, 2007, Bureau of Business and Economic Research and UNM-Taos.

Taos Chamber of Commerce Official Website, <http://www.taoschamber.com>

Taos County Assessor

Taos County Association of Realtors, <http://www.taosmls.net/stats.html>

Taos County Extension Agency

Taos County Planning Department

Taos Land Trust, www.taoslandtrust.org

Taos News

Taos Pueblo, www.taospueblo.com

Taeuber, Cynthia and Matthew R. Graham, 2008. *The Geographic Distribution and Characteristics of Older Workers in New Mexico: 2004*. LED Older Workers Profile, LED-0W04-NM. U.S. Census Bureau, Washington, D.C

UNM-Taos Report, Sept. 2008, <http://taos.unm.edu/campusvoice/?p=12>

University of New Mexico, Bureau of Business and Economic Research (BBER)

Population Estimates, University of New Mexico. Released 2008.

<http://www.unm.edu/~bber/>

Estimates with demographic characteristics.

<http://www.unm.edu/~bber/demo/coestchar.htm>

Quarterly Gross Receipts

<http://unm.edu/~bber/econ/grrec.htm>

University of New Mexico, Health Sciences Center, Cancer Research and Treatment Center, New Mexico Tumor Registry. <http://hsc.unm.edu/som/nmtr/Rank10.htm>

U.S. Bureau of Labor Statistics

U.S. Census Bureau

Economic Planning and Coordinating Division – County Business Patterns

<http://www.census.gov/epcd/cbp/view/cbpview.html>

Non-employer Statistics

<http://www.census.gov/eped/nonemployer/>

Population Estimates -- Population Division, Interim State Population Projection.

<http://www.census.gov/popest/estimates.php>

Taos County Quick Facts

<http://quickfacts.census.gov/qfd/states/35/35055.html>

Small Area Income and Poverty Estimates (SAIPE) program, Small Area Estimates Branch.

<http://www.census.gov/hhes/www/saipe/>

Income, Poverty and Health Insurance Coverage in the United States: 2006, U.S. Census Bureau, published August 2007. <http://www.census.gov/prod/2007pubs/p60-233.pdf>, page 24

U.S. Department of Commerce, Bureau of Economic Analysis (BEA).

Local area personal income,

<http://www.bea.gov/regional/reis/>

U.S. Department of Health and Human Services,

Health Resources and Services Administration (HRSA)

<http://bhpr.hrsa.gov/shortage/hpsacritdental.htm>

Medicare Fee-for-Service (FFS) data for each county

http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/05_FFS_Data.asp

U.S. Department of Health and Human Services, Physician *Supply and Demand: Projections to 2020*, Health Resources and Services Administration, Bureau of Health Professions, Health Affairs, Vol. 21, no.1, page 19-20

U.S. Social Security Administration

Supplemental Security Income (SSI) Recipients by State and County.
http://www.ssa.gov/policy/docs/statcomps/ssi_sc?

OASDI Beneficiaries by State and County.
http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/index.html

Weiner, J.P, (1994) Forecasting the effects of health reform on US physician workforce requirement. Evidence from HMO staffing pattern, *Journal of the American Medical Association*. 272(3): 239-40, p 227

World Health Organization. International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Geneva: World Health Organization. 1992.

United Health Foundation (UHF) – America’s Health Rankings, 2007, Snapshot: New Mexico. Accessed at <http://www.unitedhealthfoundation.org/ahr2007/pdf/NewMexico.pdf> on January 5, 2008.