

LOS ALAMOS COMMUNITY HEALTH PROFILE UPDATE

June 2007

1. INTRODUCTION

The original Community Health Profile (entitled the Los Alamos Community Needs Assessment) was developed in June 2002. This is the fifth update of the related data. The previous update was submitted in October 2006, so much of the data continues to be the same. All previously used secondary data sources were accessed as well as some new sources.

The Los Alamos Community Health Council, officially sanctioned through the Los Alamos County Council in February 2003, was created as an opportunity for area resources to join together to address issues of community concern and focus. Prior to the CHC, the Council was called the Maternal & Child Health Council and was established in 1994/95. The Council has grown into a diverse group of highly involved individuals and community voices. The Council has provided a place for resource information to be exchanged; assessment information to be gathered, shared and analyzed; and planning and implementation to take place. The Council has become a body that represents the community. Its support and endorsement is routinely sought.

The Vision of the Los Alamos Community Health Council is that consumers, service providers, business interests, local government and youth will work together to ensure that Los Alamos is a healthy place for all who live, work and visit here.

The Mission of the CCHC is that the Los Alamos Community Health Council will take the lead in community health improvement through representative membership empowered to identify and address health issues in our community. This will be done through ongoing research regarding issues of concern raised by the membership, comprehensive planning, coordination and development of health programs and services for Los Alamos

The Definition of Health as stated in the LACHC bylaws states: "It is understood that the term 'health' includes mental and physical health, and the overall quality of life within the community as well as proper access to healthcare."

The goal of this Community Health Profile is to reassess the current status of Los Alamos County regarding health and welfare. The geographic region served is Los Alamos County although wider area needs and factors greatly impact the community including such areas as employment, housing, education, and law enforcement. A Community Health Profile offers a comprehensive view of the health of the community. It is a picture that shows strengths, as well as areas of concern. It also reflects the breadth of community indicators. Assessing community needs focuses primarily on understanding the nature of community challenges. Indicators become relevant when the community determines that they point to negative or harmful characteristics. The Profile provides community members with current knowledge about their community. It helps them to monitor specific health issues and to evaluate the effectiveness of current strategies and activities in addressing health concerns of the community.

This updated profile, as well as the previous ones, utilizes federal, state, county and city websites, both public and private. It also draws from the expertise of those locally involved in economics, education, law enforcement, court systems, the environment, public safety, housing, community health, medical systems and local citizenry, as well as other community and state

resources. In depth key respondent interviews are done on a biennial basis. The LACHC takes responsibility to ensure that the Health Profile is updated on a regular basis.

The indicators are grouped by category. The indicators provide information about the overall health of the community and where it may be headed....up or down, forward or backward, improving or deteriorating. Since all aspects of the community are intricately linked to one another, an indicator's changing in one area, could impact many other areas. Every effort was made to get the latest data for the indicators, but in some cases, previously cited data is the most recent. Also, in some cases, while state-wide data could be accessed, county-specific Information could not be located.

This Community Health Profile was developed as a joint community effort with Dana Letts, Consultant, who provided leadership in implementing the process as well as developing the final document.

The Los Alamos Community Health Council's voting/non-voting membership includes:

| Organization | Last Name | First Name | Mailing Address |
|--------------------------------------|--------------------|-------------------|----------------------------------|
| Casa Mesita | | | P.O. Box 805 |
| Community Member | Wiggs | Laurie | |
| Community Member | Heron | Reva | 1362 Trinity Dr., Suite C |
| Cottonwood Therapy | Giaquinto | Donna | 3250 Trinity Dr. |
| Crisis Center of NNM | | | 310 Rover Blvd. |
| DWI | Sims | David | 2300 Trinity Dr. |
| Family Strengths Network | Mack | Susan | 1990 Diamond Dr. |
| Hope Pregnancy Center | Page | Sunel | 3500 Trinity Dr. Ste. D |
| LA Cares | Olsher | Lesley | P.O. Box 248, LA |
| LA Chamber of Commerce | Gill | Debbie | 109 Central Park Square |
| LA Counseling & Educational Services | | | 3500 Trinity Dr. A6 |
| LA Lunch Buddies/BigBrothers/Sisters | | | |
| Los Alamos County | Johnson | Stephani | 2400 Central Ave. |
| Los Alamos County Council | Wheeler | Mike | P.O. Box 30 |
| Los Alamos Family Council | Pongratz | Cheryl | 1505 15th St., Suite A |
| Los Alamos Medical Center | Hoffman | Wendy | 3917 West Rd. |
| Los Alamos Medical Staff | Thomsen | Bob | 3917 West Rd. |
| Los Alamos National Bank | Schwarz | Lisa | 1200 Trinity Dr. |
| Los Alamos National Laboratory | | | |
| Los Alamos Public Schools | Williams Powell | Georgina | 1990 Diamond Dr. |
| Los Alamos Retired & Senior Org | Schneider | Pauline | 1000 Oppenheimer Dr. |
| Maternal & Child Health | Beery | Joy | 1505 15th St., Suite C |
| NM DOH Public Health Office | Pfeffer | Meghan | 3917 West. Rd. |
| Office of Emergency Management | Taylor | Phil | 2500 Trinity Dr. |
| Self Help, Inc | Vacant | | 2390 North Rd. |
| UNM-LA | Boyer | Pat | 4000 University Dr. |
| United Way | Schneider | Donna | P.O. Box 539, LA |
| YMCA | Daly | Linda | 1450 Iris St. |
| Staff | | | |
| Coordinator - MCH/CHC | Lauritzen | Bernadette | 1505 15 th St Suite C |
| Assistant | Greenfield | Karen | 1505 15th St., Suite C |

2. COMMUNITY DESCRIPTION

a. Geographic Description

Los Alamos County lies in a spectacular setting on the mesas of the eastern slopes of the Jemez Mountains. At an elevation of 7,300, Los Alamos offers many opportunities for outdoor recreation pursuits. With its numerous canyons bisecting the community, the residents have available in close proximity numerous equestrian trails and hiking opportunities as well as skiing, indoor and outdoor swimming, ice hockey and field sports.

The County is also unique in many other ways than its setting. It is the smallest County geographically in the State, as well as the only County/City charter form of government in the State. This allows the County to function as a subdivision of the State, as well as a home-rule municipality. The County's population in the 2000 Census was 18,343. The Census 2005 population estimate is 18,822.

There are two areas that comprise the County, the Los Alamos town site with a population of 11,909, and the White Rock community, a bedroom community of 6,045 residents. Growth in the County has been fairly stable since 1990, with an annual growth rate of less than 0.2 %. Due to the presence of the Los Alamos National Laboratory, as the single highest employer in the County, there is a significant influx of Lab workers every day into Los Alamos which greatly enhances the day population of the County. This influx is significant enough that it makes comparisons to other communities of similar reported populations very difficult, and also requires special programs adapted to the needs of this transient population." (Recreational Division, Los Alamos County Recreation Need Assessment-2005)

b. Population Description

- **Population**

Los Alamos County's population has remained stable over the last 15 years. The Census 2000 information shows that there were 18,343 residents and in 2004, there were 19,190, **an increase of nearly 10%.**

- **Gender**

The gender break down in 2004 was 49.6% female and 50.4% male. This has remained stable over the last 10 years.

Los Alamos QuickFacts, US Census Bureau, 2005

- **Age**

The total population in **1950** was 10,476 while the LAC population **under age 5** was at a 20 year high of **18%** of the population. Since **1990**, the under age population has remained at **5% to 6%**. All other age groups under 20 have also remained stable. The under 20 population, 26%, has remained stable for the last 6 years. US Bureau of the Census

While the total county population increased by 10% from 2000 to 2004, the **age group of 20 to 24 more than doubled**. The age groups of 25 to 44 both decreased. The age groups from **65 to 85> all increased**.

U.S. Bureau of the Census, Los Alamos County QuickFacts, 2005
New Mexico Bureau of Business and Economic Research, University of New Mexico -
<http://www.unm.edu/~bber/> or bber@unm.edu

- **Race/Ethnicity**

The **white population** in LAC in **2004** was **90.3%** and state wide it was 84.7%. The Asian population rose slightly from 3.8% in 2000 to 4.5% in 2004. State-wide, the Asian population was 1.3% in 2004. **The international employees working at Los Alamos National Laboratory who are not United States citizens are not represented in this distribution.** **12.6%** of the LAC population classified themselves as **Hispanic** in 2004 (some of these are duplicated in the white population figures) compared to 43.3% state-wide.

- **Income**

According to the, the total personal income in Los Alamos was \$762,339 in 2000 and \$886,093 in 2002 and \$956,914 in 2004, an 8% increase. The Total Personal Income in Los Alamos County rose 9.3% from 2001 to 2002 and 2002 to 2003. It rose 8.7% in 2004.

U.S. Department of Commerce, Bureau of Economic Analysis

In Los Alamos County, **per capita personal income** rose from \$41,687 in 2000 to \$51,027 in 2004, or **9%**. This PCPI **ranked 1st in the state** and was 2 times the state average and **2 ½ times the national average.**

U.S. Department of Commerce, Bureau of Economic Analysis, www.bea.doc.gov

Los Alamos has the **lowest unemployment rate and the highest per capita income in the state.** Unemployment trends show that it is typically stays stable. The highest rate in the last 6 years through 2005 was 3.1% in 2000. In 2005, the LAC unemployment rate was 2.8% compared to 5.9% state-wide. The LAC labor force fluctuates between 10,000 and 12,400 people.

NM Dept. of Labor – www.dol.state.nm.us

The most current employment status information provided by the US Bureau of the Census shows the following.

- LAC has 14,191 residents 16 years and older in the county.
- 69.4% of those over 16 years of age were in the labor force and of that 69.4%, 68% were employed.
- Of parents in the work force, 52% had children under the age of 6 years old.
- 68.4% of the employed civilian population 16 years and over were in management, professional and related occupations. 9.2% were in service occupations and 14.8% in sales and office occupations. 35.4% workers were private wage and salary workers and 58.8% were government workers.

- In **1999**, the **median family income** was **\$78,993** and **5.3%** earned less than **\$15,000** annually
- In **2003**, the **median family income** was **\$90,032** with only **2% of families earning \$15,000 and under**. The median family income was \$35,091 **state-wide, 39% as much**.
- **Male** full-time, year-round workers earned a **median annual income** of **\$70,063** and comparable **females** earning **\$40,246**, or **57% less**.

- **Employment and Industry**

The most recent profile of the Los Alamos Commerce and Development Corporation, a local nonprofit organization states that the **Los Alamos National Laboratory (LANL) represents nearly all of the local economy and nearly 40% of the region**. The retail market is regional. Over **60% of purchasing or retail expenditure is done “off the hill”/**

Information from LANL’s web site, www.lanl.gov, Data Profile in 2003 included the following:

- Total employees were 11,204, up 9.2% from 2002.
- Of those 11,204, 22.7% resided in Rio Arriba and 45.9% resided in Los Alamos and 21.8% lived in Santa Fe.
- The LANL land area is 40 square miles.
- LANL is the largest institution in Northern New Mexico with more than 9,000 employees plus approximately 650 contractor personnel.
- Their annual budget was approximately \$2.2 billion.

The major employers of Los Alamos County are: Los Alamos National Laboratory, Los Alamos National Bank, Los Alamos Medical Center, Los Alamos Public School district and Los Alamos County. NM Dept. of Labor – www.dol.state.nm.us

- **Poverty**

In 2003, 3% of LAC residents were **living below poverty level** compared to **17.7% state-wide. 2004 it was 2.7% compared to 18.2% state-wide, 5 times higher**. The LAC percentage has remained stable for the past 6 years.

No Los Alamos County public school students received government funded free or reduced lunches during the school years 2004-2005 and 2005-2006. However, free lunches are provided locally within each school. However, **free lunches** are still **served in every school in Los Alamos County**. These are funded by the individual schools and use volunteers as part of the program.

Percent of Population Ages 4 to 17 Living in Poverty, Los Alamos County School District

2004-2005

| | |
|--------------------------------------|-------------|
| Total children in District | 3,322 |
| Number of children living in poverty | 84 |
| Percent in poverty | 2.53 |

According to Public Health Office statistics, in 2002, the **Los Alamos WIC program** provided \$30,500 in **food dollars** to participants in Los Alamos County. In 2004, it provided **\$37,908.76**. Eligibility for WIC must meet income guidelines. The client's eligible are women, (pregnant, breast feeders, post partum), children 1-5, and infants. Households with incomes at or below 185% of the federal poverty income level are eligible. Any New Mexico resident with a child or children under five can apply.

Food Stamp Cases - Los Alamos County

2005 – Ranged from 66 cases to 78 cases over a period of 12 months.

Food Stamp Recipients - Los Alamos County

Month of January 06 – 189 recipients, equivalent to 1% of the population (NM was 12.9%)

TANF Cash Assistance Cases – Los Alamos County

2005 – Ranged from 6 to 10 cases over a period of 12 months.

General Assistance Cases – Los Alamos County

2005 – Ranged from 2 to 6 cases over a period of 12 months.

Children receiving Childcare Assistance Subsidies – Los Alamos County

2005 – Ranged from 10 to 15 cases over a period of 12 months.

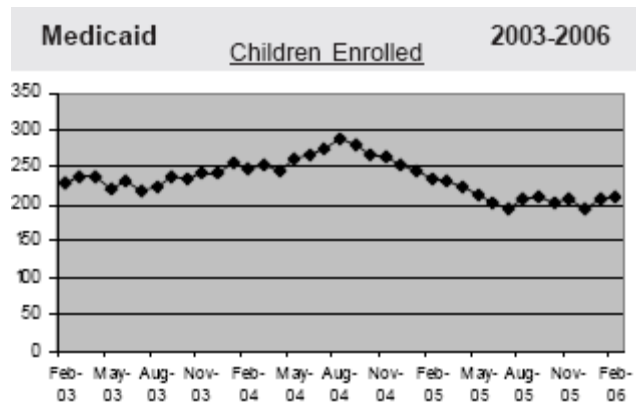
Medicaid Enrollment – Los Alamos County - 2004-2005

Total enrollment 389
 Children enrolled 224

As of 2006, the **lowest Medicaid enrollment** in New Mexico was in Los Alamos (**1.76%**), down 18% from 2004. New Mexico's enrollment in 2006 was 20.7% of the total population. 60.42% of the enrollees in Los Alamos was comprised of children under the age of 21.

New Mexico Health Policy Commission - Quick Facts 2006, www.hpc.state.nm.us
 Also NM Human Services Department, Income Support division

Medicaid Children Enrolled



- **Education**

Total enrollment has declined in the last 40 years, but seems now to be stabilizing. It went from 4,375 in 1963, to 3,705 in 1999 and 3,574 in 2001 but was back up to 3,647 in the current, 2003-04 school year and 3,624 in 2005. The district helps to stabilize enrollment by accepting out-of-district students each year. This group comprises about 10% of total enrollment.

School Enrollment by Age Group for Children Ages 3 to 17 in the 2000 Census, Estimate 2004

| Age Group | Total | Enrolled in School | | Not Enrolled in School | |
|-----------------------|-------|--------------------|---------|------------------------|---------|
| | | Number | Percent | Number | Percent |
| Children ages 3 to 17 | 4,155 | 3,846 | 92.6 | 309 | 7.4 |
| Ages 3 and 4 | 474 | 258 | 54.4 | 216 | 45.6 |
| Ages 5 to 9 | 1,377 | 1,316 | 95.6 | 61 | 4.4 |
| Ages 10 to 14 | 1,477 | 1,470 | 99.5 | 7 | 0.5 |
| Ages 15 to 17 | 827 | 802 | 97.0 | 25 | 3.0 |

Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 Summary, 2004 Estimate

School Enrollment and Employment Status for the Population Ages 16 to 19 in the 2000 Census, 2004 Estimate

| Enrollment and Employment Status | Number | Percent of Persons Ages 16 to 19 |
|----------------------------------|--------|----------------------------------|
| Population ages 16 to 19 | 963 | 100.0 |
| Enrolled in school | 868 | 90.1 |
| Not enrolled in school | 95 | 9.9 |
| Employed | 55 | 5.7 |
| High school graduate | 38 | 3.9 |
| Not high school graduate | 17 | 1.8 |
| Unemployed/Not in labor force | 40 | 4.2 |
| High school graduate | 11 | 1.1 |
| Not high school graduate | 29 | 3.0 |

Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 Summary, 2004 Estimate

Highest Educational Attainment for the Population Ages 18 to 24 in the 2000 Census, 2004 Estimate

| | Total | | Female | | Male | |
|-------------------------------------|--------|----------------------------------|--------|----------------------------------|--------|--------------------------------|
| | Number | Percent of Persons Ages 18 to 24 | Number | Percent of Females Ages 18 to 24 | Number | Percent of Males Ages 18 to 24 |
| Population ages 18 to 24 | 772 | 100.0 | 375 | 100.0 | 397 | 100.0 |
| Not a high school graduate | 209 | 27.1 | 120 | 32.0 | 89 | 22.4 |
| High school graduate or equivalency | 203 | 26.3 | 56 | 14.9 | 147 | 37.0 |
| Some college, no degree | 248 | 32.1 | 132 | 35.2 | 116 | 29.2 |

| | | | | | | |
|--------------------------------|-----|------|----|------|----|------|
| Associate or Bachelor's degree | 107 | 13.9 | 67 | 17.9 | 40 | 10.1 |
|--------------------------------|-----|------|----|------|----|------|

Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 Census Summary, 2004 Estimate

Attendance

The student attendance rate is defined by the total number of days that students actually attend school on the 40th, 80th and 120th day reporting periods for the school year, divided by the total days of enrollment. Students are considered to be in attendance when in class or on a school-approved activity. The New Mexico students' attendance rate for 2002-2003 was 94.8%. The Los Alamos County district-wide attendance rate for 2002-2003 was 95.8%, down slightly from the 97% in 2001-2002. The high school had the highest attendance rate, 98.4%. The turnout rate for parent-teacher conferences is 90%. The reading level district-wide is approximately 80% on national tests. About 94% of graduates state that they plan to go to post secondary institutions, including colleges and vocational training.

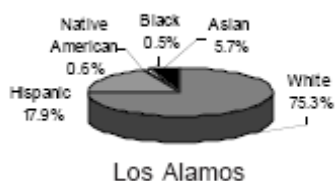
Dropout Rate

The dropout rate is defined as "the total number of students, grades 7-12, who drop out during a particular school year". A dropout is defined as an individual who: was enrolled in school at some time during the previous school year, was not enrolled at the beginning of the current year and has not graduated from high school or completed an approved educational program and does not meet any of several exclusive conditions (Exceptions would include an official transfer to another school, temporary absence due to suspensions or illness, completion of the GED, returning to country of origin, or death.)

Los Alamos County Student Drop-out Rate

2003-2004 1.3%
 2004-2005 1.9%,
 New Mexico averages 5.0%

Ethnic Distribution of Students K-12 - 2005



NM Kids Count Data Book - 2006

High School Senior Class Plans – 2004 and 2005, Los Alamos County

| | 2004 - Percent | 2005 – Percent |
|-----------------------------|----------------|----------------|
| 4 year college | 86.5% | 83% |
| 2 year college | 3.7% | 6% |
| Technical/Vocational School | 3.2% | 2% |
| Military | 4.3% | 4% |
| Undecided | 2.3% | 5% |

Student-Teacher Ratios by School Type

| | <u>Elementary</u> | <u>Middle</u> | <u>Junior</u> | <u>High School</u> |
|-----------|-------------------|---------------|---------------|--------------------|
| 2004-2005 | 14.1 | 12.3 | 16.0 | 14.3 |
| 2005-2006 | 13.6 | 13.7 | 15.7 | 14.2 |

University of New Mexico – Los Alamos Branch

| | 2002 | 2003 | 2004 | 2005 | 2006 |
|-------------------------------|-------------|-------------|-------------|-------------|-------------|
| Headcount | 890 | 959 | 945 | 780 | 793 |
| FTE | 409 | 465 | 440 | 391 | 372 |
| Full-Time | 224 | 255 | 235 | 217 | 191 |
| Part-Time | 666 | 704 | 710 | 563 | 602 |
| Male | 342 | 386 | 372 | 315 | 300 |
| Female | 548 | 573 | 573 | 465 | 493 |
| Average Age of Student | 32 | 31 | 32 | 31 | 32 |

- **Languages spoken**

According to the 2000 Census, of the Los Alamos County population **5 years and over, 88.5% speak only English** in their home and 11.5% speak a language other than English compared to 36.5% state-wide, three times as many.

| Ability to Speak English for Children Ages 5 to 17 in the 2000 Census | | | |
|---|--------------|--------------------------------|--|
| Language Spoken at Home | Total | Speak English Very Well | Speak English Less Than Very Well |
| Children ages 5 to 17 | 3,681 | 3,604 | 77 |
| Speak only English at home | 3,414 | N/A | N/A |
| Speak language other than English at home | 267 | 190 | 77 |
| Speak Spanish at home | 114 | 86 | 28 |
| Speak other Indo-European language at home | 73 | 40 | 33 |
| Speak Asian or Pacific Island language at home | 73 | 57 | 16 |
| Speak some other language at home | 7 | 7 | 0 |

Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 Census

- **Other population subgroups**

Older Adults

New Mexico statistics show that **New Mexico has the 5th highest rate of growth of older persons entering nursing homes**. Approximately 16,000 persons in New Mexico have Alzheimer's Disease or a related disorder. Because of projected growth, there will be an **increasing demand for comprehensive, coordinated services for the elderly**, especially the frail elderly. The fastest growth state-wide is among the age group of 85 and older. The Director of the Area Agency of Aging of Northern New Mexico (Public Service Area 2) reported that the primary trend in service in Northern New Mexico will be an increased need for senior health care. There is an increasingly restrictive nature of Medicaid and Medicare funding,

especially as it relates to nursing home reimbursement, meaning that fewer people who need the service will be able to get it for the length of time required.

The New Mexico State Agency on Aging is operating currently on a three-year plan. The plan promotes the development of multi-faceted programs and services that 1. help the well elderly maintain their health and independence, 2. respond to the needs of the elderly who have limitations to maintain their independence, and 3. respond to the frail elderly who have the greatest service needs. Los Alamos is in a better position than most communities to sustain related services and to develop more as needed.

Please refer to the charts regarding 65+ and older populations in Los Alamos showing population growth and primary reasons for inpatient care. Los Alamos' older adults are healthier than their counterparts in comparable counties. However, the Los Alamos population uses its medical health care resources more than its counterparts. So the expectation of and the need for medical services will also increase for this reason.

The **senior population in Los Alamos is unique**. A large percentage of the county's seniors are retirees from LANL; people who opted to remain in Los Alamos. This means that they have reasonably good income, reasonably good medical insurance, are well-educated and are an especially viable asset to the community. They participate in community projects and programs and appear to be generous with their skills and experience. As more and more of the baby boomer age employees retire, this also means that the **65+ age group will continue to grow**, probably disproportionately, in Los Alamos and related services will need to keep pace.

Currently there are two nursing homes in Los Alamos: Sombrillo and Aspen Ridge. The Senior Center, with branches in both Los Alamos and White Rock, provides a wide range of programming and on site meals. Transportation is available although seniors stated that more flexibility in schedules and destinations would be very helpful. In-home meals are available and so far services have kept pace with demand. Home health services also are available through the Visiting Nurse Service of Los Alamos. There is concern that seniors do not access mental health services as needed. And discussion is underway regarding how to effectively address that problem.

- **Housing**

Following is the most current information available through the U.S. Bureau of the Census. According to the U.S. Bureau of the Census, in 2002, **99.5%** of the total population of Los Alamos County **lived in households** and **71.2%** lived in **family households**. And .5% lived in group quarters with .4% (75) of those in institutional settings. 5.7% were female head of household. In 24.9% of the households, the householder lived alone (non-family households). 6.7% (504) of those householders were 65 and over. 88 grandparents lived in households with one or more of their own grandchildren under 18 years of age. 41 or nearly half of those grandparents were responsible for their grandchildren. There were 2,588 households with individuals under 18 and 1,499 with individuals 65 years and over. The **average household size** was **2.43** and **has declined** from 3.61 in 1960. The average family size was 2.92.

According also to the US Census Bureau, in 2002, **78.6 percent of housing** units in Los Alamos were **owner occupied** while 70 percent of those in New Mexico were owner occupied. The **median housing cost** in 2002 **nation-wide** was **\$134,911** and in **Los Alamos** was **\$228,300**. The cost of housing has many causes and effects, including the number of people who live elsewhere and commute to work (approximately 50% of the work force), the need for

more housing, the federal and county governments' interest in providing land for housing, and questions of density.

c. Community Assets and Wellness

Los Alamos has abundant resources through its faith-based community, human services, medical, health education and promotion, task forces and coalitions, sports and recreation, culture, science, the UNM-LA, community organizations and clubs, and a wide range of available activities. A resource directory was developed by the Los Alamos County Community Services Department in 2004, www.losalamosnm.us. It provides one page for each of over 400 local community groups, organizations and clubs, etc. And it includes historical background, missions, services, contacts, boards of directors, etc. Available in CD, hard copy or through the webpage, it provides a comprehensive listing of the area's resources.

Shown below is the Los Alamos Community Continuum of Youth Services and Graduated Sanctions, developed as part of a three year plan by the Los Alamos Juvenile Justice Advisory Board. It outlines planning, resources and prevention programs for youth in the community. This is the first Draft of the Plan, 5-17-05, as shown on their website, www.losalamosjjab.com.

The continuum of services shown below is a three-year plan developed by the Los Alamos Juvenile Justice Advisory board that outlines the planning, resources and prevention programs for the community. Below is the most current version of the document which was revised April 23, 2007.

LOS ALAMOS COMMUNITY CONTINUUM OF YOUTH SERVICES AND GRADUATED SANCTIONS

| | Current Funding /Primary Agency | | | | |
|---|---------------------------------------|--|--|--|--|
| Planning | | | | | |
| <ul style="list-style-type: none"> Community Health Council (CHC) Juvenile Justice Advisory Board (JJAB) | | | | | |
| Resource Bank/Dissemination | | | | | |
| <ul style="list-style-type: none"> Community Health Council (CHC) maintains a community resource directory and resource phone (500-0049) | CHC | | | | |
| <ul style="list-style-type: none"> DWI Resource Directory | LADWI | | | | |
| Prevention Programs/Activities that are in place and have "stable" funding (good for everyone) | | | | | |
| <ul style="list-style-type: none"> Community recreational offerings: swimming pool, tennis courts, golf course, skate board park, etc. | LA County, Family YMCA | | | | |
| <ul style="list-style-type: none"> Community sports: basketball, soccer, Little League, Lassie League, Pop Warner, etc. | Community | | | | |
| <ul style="list-style-type: none"> School sports, clubs, activities | LA Schools | | | | |
| <ul style="list-style-type: none"> School special education programs | LA Schools | | | | |
| <ul style="list-style-type: none"> School life skills program (K-6) and life skills (7) and health courses (8, 11) | LA Schools | | | | |
| <ul style="list-style-type: none"> Police Bicycle Patrol | LAPD | | | | |
| <ul style="list-style-type: none"> Community Policing | LAPD | | | | |
| <ul style="list-style-type: none"> Religion-based programs (Church, Sunday School, youth groups, Young Life, etc.) | Faith-based | | | | |
| <ul style="list-style-type: none"> Scouts and similar programs | Community | | | | |
| <ul style="list-style-type: none"> Accessible mental and physical health insurance | Public and Private non-profit and for | | | | |

| | | | | | |
|---|---|--|--|--|--|
| | profit agencies | | | | |
| • After school programs: YMCA, Youth Activity Center (YAC), Public Library | YMCA, LA County LAFC | | | | |
| • School contract with mental health service providers | LA Schools | | | | |
| • Guiding Good Choices Program (parents of students in grades 4-8) | DWI Council/ Family Strengths Network | | | | |
| • Active Parenting 1,2,3,4 for all age groups | FSN | | | | |
| • Infant Support Group | FSN | | | | |
| • Toddler Support Group | FSN | | | | |
| • High School Natural Helpers | LA Schools | | | | |
| • STEP (Systematic Training for Effective Parenting) | FSN | | | | |
| • Senior Appreciation Night | Various community agencies | | | | |
| • Los Alamos County Maternal and Child Health (MCH)/ CHC | LA County NM Grant | | | | |
| • In-home and private day care providers | Community | | | | |
| • Schools' Prevention Office | LA Schools | | | | |
| • Community Speakers (Underage Drinking, Family Strengths Network, LAFC) | Community | | | | |
| • LA Schools Option Two and Three for early intervention | LA Schools | | | | |
| • Family Resource Center | FSN | | | | |
| • PASS | Community | | | | |
| Prevention Programs that need new/additional funding: (Good for everyone) | | | | | |
| • Big Brothers/Big Sisters as sponsors of Lunch Buddies (K-6) | Fed. Grants, SFCF, DOH | | | | |
| • Elementary school WHO (We Help Ourselves—abuse prevention) Program | FSN | | | | |
| • Individual and group focused counseling (children of divorce, children of drug abusers, etc.) | Public and Private non-profit and for profit agencies | | | | |
| • Underage drinking: education, advertising, etc. | Underage | | | | |

| | | | | | |
|---|------------------------|--|--|--|--|
| | Drinking/ CHC | | | | |
| • Domestic Violence education, advertising, etc. | LAFC | | | | |
| • School Resource Officer (continue and expand) | LAC/LAPS | | | | |
| • Developmental Assets Program | JJAB LAPS | | | | |
| • LAHS Natural Helper's Stress Management Program (2007) | LAPS | | | | |
| • Youth Leadership Development Program (2006) | JJAB | | | | |
| • Senior Appreciation Night | Community | | | | |
| • Weekly Monitor Articles (2007) | JJAB | | | | |
| • Gordon's Concerts | Community | | | | |
| • ELATION (Espanola, Los Alamos Integrate Opportunities Now) (2007) | JJAB, LAC, RA Cty | | | | |
| • Summer Teens (2007) | JJAB/YMCA/ CDC | | | | |
| • YAC Summer Programs (with police) | JJAB/LAC | | | | |
| Early Intervention (identified group or individual not formally entered into legal system) | | | | | |
| • Youth Activity Center Risk and Resiliency Program; Staff training and program evaluation | YAC | | | | |
| • School of Choice (at LAHS) alternative ed. | LA Schools | | | | |
| • School Resource Officer | LAPD LAPS | | | | |
| • Individual and group focused counseling: (substance abuse, anger, domestic violence, etc.) | Counseling Services | | | | |
| • School-based Restorative Justice Program/conflict resolution | CHC, LAPS | | | | |
| • Experiential Wilderness Programs and Teen/ Experiential program | Counseling Services | | | | |
| • Parenting programs for school substance referrals | LAPS, FSN | | | | |
| • Parent Brochures for teens attempting suicide or overdosing | JJAB, LAFC | | | | |
| • Open Gym | JJAB, LAPS | | | | |
| • Leaders in Training (Grades 6-7) | YMCA | | | | |
| • Building Youth Leadership Skills | JJAB | | | | |
| • Suicide Prevention Subcommittee of CHC Mental Health Committee | CHC | | | | |
| • Suicide Support Group | CHC | | | | |
| • Self-referral Programs: Delinquency, Substance Abuse, Truancy, Chronic Tardiness | JJAB, LAC, LAFC | | | | |
| • Girl's Circle | JJAB, FSN | | | | |

| | | | | | |
|--|------------------------------|--|--|--|--|
| • Envisioning Your Future | JJAB, FSN | | | | |
| • Life Skills (substance abuse/decision making group) | JJAB, LAFC | | | | |
| • Safe Haven | FSN | | | | |
| • Parent to Parent | JJAB, FSN | | | | |
| Alternatives to Formal Intervention (alternative to formal intervention following a specific act and entering the legal system, need additional funding) | | | | | |
| • Underage drinking citation programs (go thru JJPO) | LAPD, JPPO, LAFC | | | | |
| • Truancy /Chronic tardiness (K-12) (go thru Schools) | JPPO, LAPD, LA Schools, LAFC | | | | |
| • Triangle Club Teen Program (2007) (Alateen) | AA | | | | |
| • Juvenile delinquency citation program (go thru JJPO) | LAPD, JPPO | | | | |
| • Teen Court (go thru JJPO, municipal and magistrate court) | JJAB, LAC | | | | |
| • Assessments prior to sentencing | JJAB | | | | |
| Formal Intervention (specific offense and involved with legal system) | | | | | |
| • Juvenile Community Corrections (JCC) | LAFC | | | | |
| • Family Solutions Program for teens and families experiencing problems | JJAB, LAC, FSN | | | | |
| • Court ordered/Therapeutic alternative for those on probation (substance abuse, anger, violence, etc.) | LAC Counseling Services | | | | |
| • Victim restoration/restitution (Restorative Justice) | JPPO, CHC | | | | |
| • Independent and Transitional Living for girls | Casa Mesita Group Home | | | | |
| • JPO supervision | CYFD | | | | |
| • Court ordered counseling, community service | Courts | | | | |
| • "Safe Room" for interviewing children in a less traumatic setting | LAPD | | | | |
| • Restorative Justice Circles | CHC, FSN, LAFC | | | | |
| Detention (formal removal from community services) | | | | | |
| Commitment to a facility outside the county at graduated levels: Informal (not directed by a specific court order): community service classes/education on specific topic Teen Court | JPPO, Courts, facilities | | | | |

| | | |
|---|--|--|
| <p>Counseling Through the DA and Courts (sanctions are court ordered) Time Waiver (not on probation)...clean record Consent Decree (on probation)...clean record Adjudicated...record is not clean</p> <p>Sanction in order of severity: Drug Court (Espanola and Santa Fe) Santa Fe Detention Center (short term "jail") Boy's Ranch Springer Boy's School—has now closed YDDC (until 21)</p> | | |
|---|--|--|

Human Service Organizations

Local resources vary in types of services and programming, size, length of time in existence, funding stability, in the sophistication of their infrastructures and in the problems they were facing. However, they have far more similarities than differences. They are involved and knowledgeable and, in numerous cases, have a continuity of experience on the job. They take pride in the quality of their services, own their responsibility to sustain that quality and understand that service to Los Alamos and the surrounding areas is the priority. They continue to move forward as a collaborative group and set up mechanisms to include public and county systems. The overwhelming impression continues to be, five years after the first Community Health Profile, that these organizations are a major community resource of unusually good quality.

A wide-range of social and medical services is available for Los Alamos County residents. Some of them are included below:

The **Los Alamos Medical Center** continues to provide acute hospital and clinic services "cradle to grave", i.e. ages 0-100+. Other current medical resources include Province-the Los Alamos Medical Center, Sombrillo Nursing Home, Aspen Ridge, Visiting Nurses, and 60+ local physicians with specialties including: allergy and immunology, anesthesiology, cardiology, dermatology, endocrinology, environmental medicine, family practice, gastroenterology, gynecology, hematology, infertility, internal medicine, neurology, obstetrics, oncology, ophthalmology, orthopedic, pediatrics, psychiatry, radiology, rheumatology, sleep disorders, sports medicine, alternative medicine and surgery.

Los Alamos Heart Council develops, implements and supports community-wide programs in Los Alamos and Northern New Mexico and is dedicated to reducing heart disease.

La Otra Puerta Emergency Shelter, serving Los Alamos County, is a 24 hour shelter in Santa Fe with case management, crisis intervention and counseling for youth ages 10 to 17 and their families.

Las Cumbres Learning Services, Inc. serves ages birth to 6 and teen parents. Based in Espanola, the agency provides broad services including specialized assessments, infant mental health evaluations, client support, counseling and family services to Children Youth and Families Department's District Two.

Los Alamos Family Council, Inc. serves clients 5 years old and up in the broad areas of specialized assessment, mental health evaluation, counseling, family services, and crisis intervention.

Casa Mesita, formerly based in Los Alamos, is an adolescent girls' group home that provided individual, group and family therapy. They are closed at this time.

The Crisis Center of Northern NM, based in Espanola, provides a 24-hour crisis hotline, shelter for woman and children, support groups, etc. for domestic violence witnesses, victims and offenders and a First Responders' program. A Los Alamos County office, based in White Rock, provides counseling and support groups.

Cottonwood Therapy Associates is a nonprofit counseling organization providing services for children, adolescents and adults.

One significant loss during the course of the last year was the closure of **Corazon Behavioral Health**.

The **Los Alamos Council on Cancer** funds seminars on various cancer related topics and cancer patient support.

The **Los Alamos Civil Defense Search and Rescue** provides funding, equipment, supplies and training for the following teams: Mountain Canine Corps, Los Alamos Amateur Radio Club, Los Alamos Auxiliary Fire Brigade, Los Alamos Ski Patrol and Civil Patrol and search and rescue equipment.

The **Self Help, Inc./Los Alamos Emergency Fund** provides a continuum of free services including consultation and advocacy, financial assistance for basic needs, school supplies and seed money grants to enhance employability.

The **Family YMCA's** services include social, sport/recreational, health and fitness programs and classes for all ages. Additional programming includes after school care for youth entering K-6 grade and summer camp for the same ages. The YES Corp, Leader-in-training and Counselor-in-Training programs are available for middle-school aged youth.

The **Los Alamos Cooperative Extension Service** is the educational outreach arm of New Mexico State University's College of Agriculture and Home Economics in Las Cruces. They address client needs in the areas of home economics, 4-H and youth development, plant sciences, rural economic development and animal resources.

The **Los Alamos County Indigent Health Care Fund** disperses payments from gross receipts tax revenues to providers for the care and treatment of indigent county residents as determined eligible.

The mission of the **Habitat for Humanity of Espanola Valley and Los Alamos** is to eliminate poverty housing by assisting families in need who are willing to partner and able to repay a 0% mortgage that is below market value. They fund the building of homes and the ReStore which makes building materials available at low cost so that people can afford to purchase materials to repair and maintain their homes.

LA Cares is a volunteer organization which provides food boxes and money for rent and utilities to those in need in the area.

The **Los Alamos Retired Seniors Organization** provides a wide range of services and programming for retired adults including meals, day care and educational programming.

Los Alamos Visiting Nurses, Inc. provides home and hospice care for low income seniors. They fund general services and purchase of home based monitoring systems (vital sign monitoring).

The United Way of Northern New Mexico/Los Alamos provides a network of volunteers who both raise funds and disburse them to area non-profits.

The **Los Alamos Juvenile Justice Advisory Board**, established in 2004, offers/sponsors programming in 19+ areas, including a highly successful Teen Court. In addition to direct services emphasis is on public awareness and education regarding youth issues, data collection

and analysis, resource identification and assessment and development, and building cohesiveness around the related issues.

The www.losalamos.com web site offers ample information with links to other web sites. It also has a link to a thorough list of social service and related agencies. The Los Alamos County web site, www.losalamosnm.us is also excellent and provides detailed information about county departments, boards and undertakings. The County's KanDu Center (311 within the county, 505-662-8075 cell phones or outside of the county) is an outreach/information source which provides easy access to county services. The Center's phone lines are open from 8-6 Monday through Friday. E-mail services are also provided.

Faith-based Community

Los Alamos has 22 Protestant congregations, 2 Catholic communities, 1 Jewish community and 4 "other" churches and religious opportunities. There are over 35 listed in the 2004 Los Alamos telephone book. Services provided include food supplies, counseling (on a sliding scale), youth activities and camps. The community also has the Northern New Mexico Interfaith organization which provides case management for seniors and singles parents as well as a Ministerial Alliance.

Los Alamos County Resources

The following are some additional local, county, and state services available in Los Alamos.

| | |
|--|--------|
| District Attorney, First Judicial District | State |
| First Judicial District Court | State |
| Los Alamos Council on Alcoholism/Substance Abuse | State |
| Los Alamos County Crime Stoppers | County |
| Los Alamos County Detention Center | County |
| Los Alamos County Probate Court | County |
| Los Alamos County Sheriff's Office | County |
| Los Alamos County Fire Department | County |
| Los Alamos Magistrate Court | County |
| Los Alamos Municipal Court | City |
| Los Alamos Municipal Police Department | City |

There are two web site resources that provide information regarding services for adults and youth. NM Mexico Criminal Justice Resource Directory, www.cjicc.org/directory, is a comprehensive searchable listing of local, state, tribal and federal criminal and juvenile justice contacts in New Mexico. Listings include agencies, programs and services in law enforcement, courts, corrections, human services, juvenile, research and other topical areas with relevance to Los Alamos County. The New Mexico Juvenile Justice Program Inventory, www.nmsc.state.nm.us/inventory is a searchable statewide catalog of programs available to juveniles needing services. The focus is on the needs of children referred to the NM Children Youth and Families Department's (CYFD) Juvenile Justice Division (JJD).

Sports/Recreation

There is a wide range of opportunities available for children and adults alike. The County provides 32 sports fields, stables and parks, 2 community buildings, picnic areas, 21 tennis courts, an Olympic sized swimming pool and the only outdoor Ice Rink in NM.

School-based and school supported programming abound as well as offerings from agencies and community groups. The Family YMCA's programming is extensive. The Larry Walkup Aquatic Center, the Los Alamos Ice Rink, the Mesa Public Library, the golf course, parks and miles of recreational biking and hiking trails all offer ample resources. Camping and facilities are also available as are rodeo grounds. Facilities such as the Boards and Blades skate board park in White Rock provide opportunities for youth to spend time together and participate in activities at a central location. Ashley Pond is a central feature of many recreational activities. The Reel Deal Cinema is a successful added feature to Los Alamos and has been the host of alcohol free activity nights.

A Los Alamos County Recreation Needs Assessment conducted by the County's Recreational Division in 2004-2005 was intended to provide an analysis of the existing recreational opportunities presently available to the residents of Los Alamos County. Through a comprehensive community-based process, the needs assessment determined the preferences and priorities of the residents for enhanced recreational facilities and programs. The resulting recommendations focused on policy issues, facility and program improvements and funding sources, financing and maintenance options.

Organizations & Clubs

There are clubs such as Kiwanis, Rotary, Lions and opportunities in scouting. The Chamber of Commerce provides information and networking opportunities to small and large businesses in the county. There is also a revitalized 4-H program within the community. The Laboratory (LANL) Retiree Group (LRG) is a non-profit corporation which seeks to maintain communications with and to serve the needs and interests of the nearly 3500 retirees from LANL and the smaller and greater community.

Culture/Science

There are also notable museums both for history and science. Art galleries include the Art Center at the historic Fuller Lodge. Museums include the Los Alamos Historical Museum and the Bradbury Science Museum.

The Los Alamos National Laboratory

LANL provides an infusion of economic stability and an abundance of employees who contribute to community life through economic, specialized skills and experience, and social support. Los Alamos benefits greatly from the myriad of resources available through LANL. The Lab offers scholarships to college students, youth employment opportunities and on-the-job training for skilled labor. LANL has a Wellness Center that is available for use by employees. The Laboratory is the largest institution in Northern New Mexico with more than 9,000 employees plus approximately 650 contract personnel. The annual budget is approximately \$2.2 billion. Since 1997, the LANL Foundation has invested over \$18 million dollars in community and educational programs in northern New Mexico. In 2006, the LANL Foundation's charitable funds have been invested in educational enrichment, community and educational outreach, and small grants, including higher education "bridge" programs transitioning low-income students into college.

Public Services – Los Alamos County Police Department and Los Alamos County Fire Department

Libraries, police, fire and established utilities are in all residential areas. The county has dependable EMT services. Those interviewed for the initial Health Profile and past Updates have repeatedly commented on the quality and cooperative intent of personnel from both of these departments in addressing community issues.

Los Alamos Area Schools

The public school system offers a quality education and students perform very well on standardized tests. While it faces challenges, as does any system, the school district is a plus to the community.

Los Alamos Public Schools offers preschool for children 3 to 5 years of age who have identified learning disabilities as well as remedial summer school. The University of New Mexico-Los Alamos has a local campus with a wide range of continuing education opportunities as well as a GED program. There are numerous “home-schoolers” and the Los Alamos Home School Association is an active organization.

Los Alamos County Services

Las Alamos County, www.lac-nm.us continues to have an excellent, comprehensive website as does Virtual Los Alamos, www.losalamos.com. The Los Alamos County Comprehensive Plan (July 19, 2005 most recent update) based on the Vision Statement adopted March 2002, is available on the Los Alamos County Community Development Department website, related site link of www.lac-nm.us. LA County’s Parks Division website has the Parks Master Plan as well as others on-line. The LA County Library System has an excellent website including links to extensive and varied on-line data bases. The Recreation Division of the Los Alamos Community Services Department – Recreation Division has their Recreation Needs Assessment Implementation Plan on line including recommendations. The Los Alamos County Department of Public Utilities posts their annual Drinking Water Quality Reports. Los Alamos County has one of the most successful recycling programs in the state of New Mexico. Los Alamos County recycling programs include: curbside residential recycling, the individual recycling of fiber, organics, problem waste, concrete and metals and the provision of two drop-off centers. Current public works projects are also described in detail on the County website.

Los Alamos Newspaper

The Los Alamos Monitor newspaper, www.lamonitor.com, has an excellent website which provides access to prior published articles.

Collaboration and Cooperation

Since the last profile update, the community has continued to collectively address issues which surfaced.

Community initiatives, involving formal and informal collaboration, continue to be formed. The County appears to know how to come together. The Los Alamos County Community Health Council (CHC) is a collaborative effort whose mission is to “lead in community health improvements through representative membership empowered to identify and address health issues in our community”. A wide range of public and private community resources have gathered representing a very diverse membership. They present a promising future, especially as they move towards concrete planning and outcomes. Leadership continues to be key. Collaborations have taken place for program development, proposal writing and the seeking of funds. Problem-solving, clarification regarding programming and information dissemination all occur routinely. Networking continues to expand into program consolidation and/or enhancement.

Some current coalitions/task forces include:

The Behavioral Health Committee of the LA Community Health Council, meets regularly to address behavioral health issues. The group is also the Steering/Executive for the local Behavioral Health Collaborative or LC1.

The Juvenile Justice Advisory Board continues to provide oversight of the Juvenile Citation Diversion Program, funded through the NM Children Youth and Families Department. The Teen Court Program in Los Alamos County got underway in April 2005.

The Community Health Care Roundtable continues to meet regularly and addresses issues including LANL's health insurance, behavioral health and advocates for better health care in general.

The Behavioral Health Collaborative, a tri-county collaboration with Santa Fe and Rio Arriba counties, is a group of human service and health professionals. The collaboration continues its process of determining its role as one of the disseminators of New Mexico behavioral health dollars. This is part of a state-wide reorganization and shift to give regions more control over the dissemination of state dollars.

The Los Alamos County DWI Program continues with David Sims as its Coordinator. The group provides sound leadership to the community in addressing DWI-related concerns.

Los Alamos County Community Survey

A 2004 Los Alamos County Community Survey was completed. Four hundred resident respondents were asked to rate the quality of 14 individual County services and the overall quality of County services. The most highly rated services included fire protection, police services, library services, trash pickup and senior services. In addition to services, the survey asked residents to rate Los Alamos County government in three areas: providing information to residents in a timely manner, providing opportunities for citizen involvement in County decision-making and enforcing zoning laws and property maintenance codes. The mean rating for each area was between fair and good. Sixty one percent of resident had participated in a County-sponsored recreation program or activity in the last 12 months. Specialized senior services were used by 69% of residents 65 years of age or over. Sixty-two percent of respondents had used the County web site during the past 12 months and 40% had used the KanDu Center. Public safety and operation/maintenance of utilities were rated by 90% of respondents as very essential.

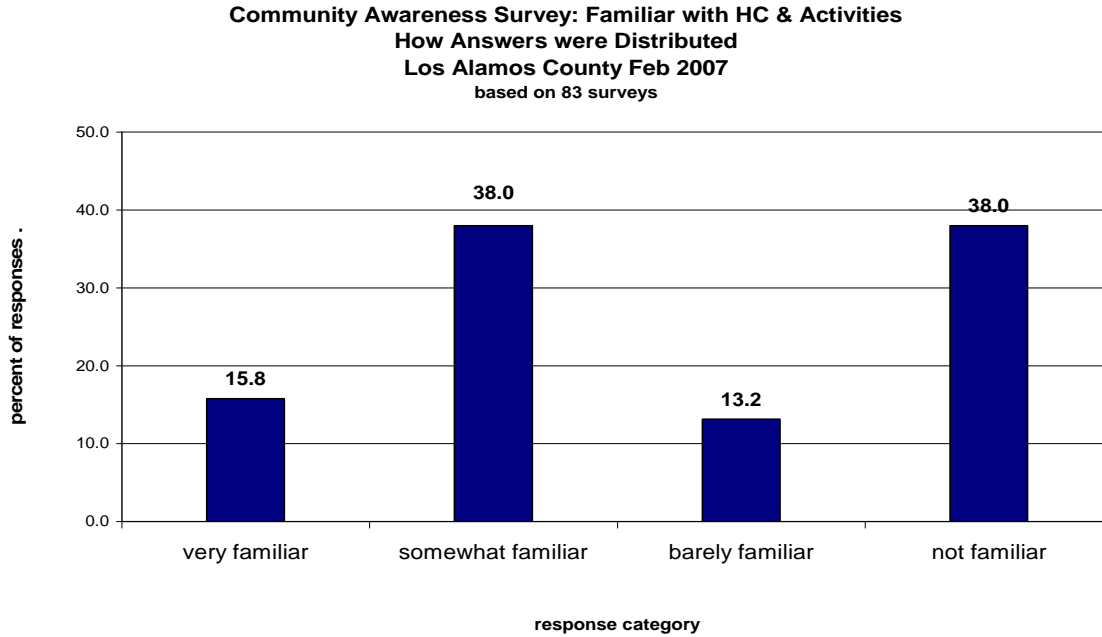
Financial forecasts for the County still appear to be positive. A high level of post-fire construction and construction projects at LANL helped revenue projections. Some core economic challenges are still facing the community including:

- Planning for the replacement of capital infrastructure. The federal government "gave" the infrastructure to the new county government in the 1960's. Much of that infrastructure will need to be replaced.
- Assurance that the incremental growth of operating budgets does not exceed the level of long-term sustainable projected revenues
- Developing ways to improve the downtown retail sector in order to increase local revenues and to enhance the tax base. Seeking opportunities to add more shopping and entertainment resources.

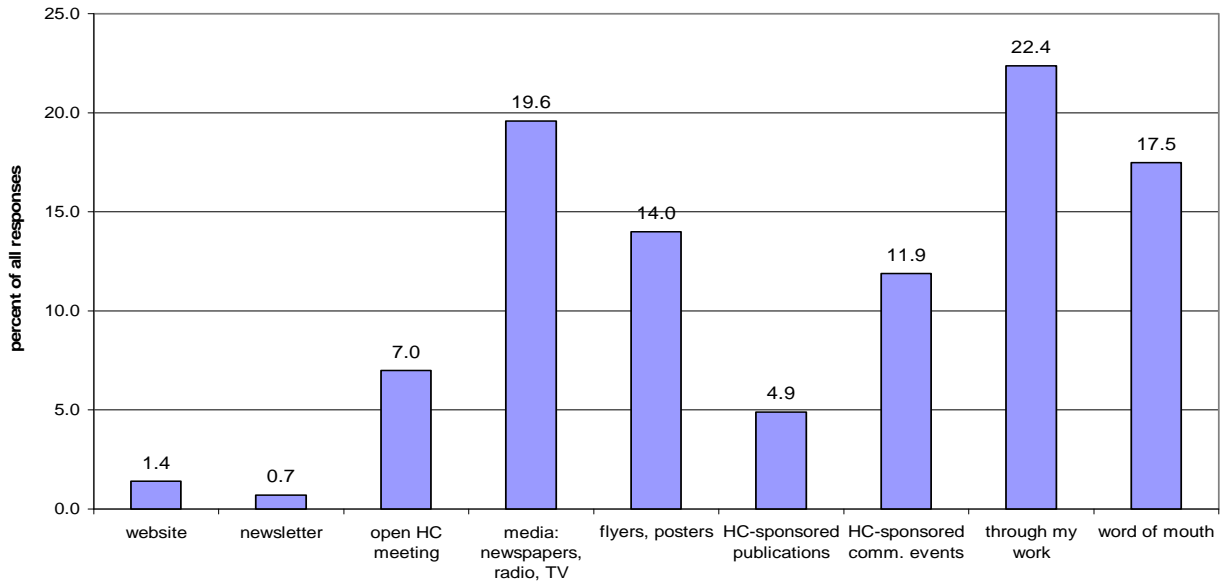
Los Alamos Community Health Council – Community Awareness Survey

In February 2007, a Community Awareness Survey was distributed to determine attitudes and familiarity with the Los Alamos Community Health Council and its activities. Included below are the results of that survey. There were 83 responses.

53.8% of respondents were very or somewhat familiar with the LACHC and its activities.

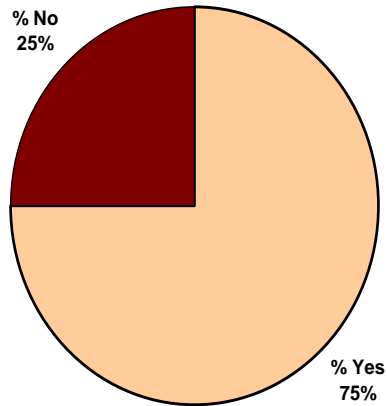


Community Awareness Survey
How Hear or Learn About Council Activities, Events
Los Alamos County Feb 2007
 based on 83 surveys



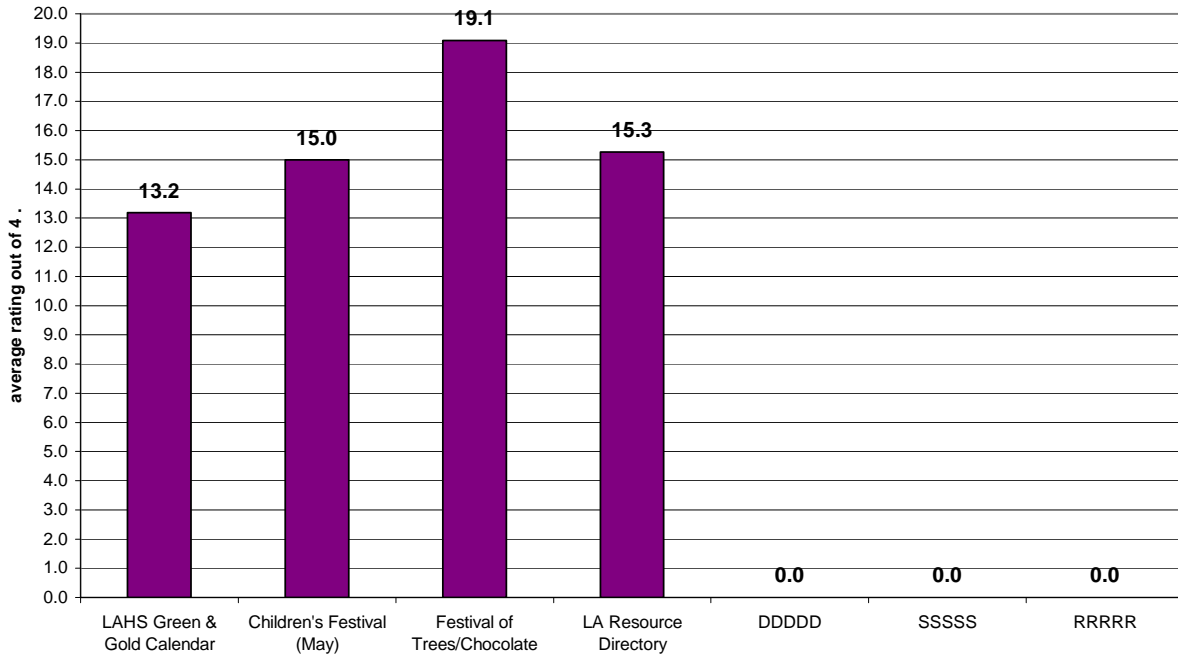
Seventy-five respondents knew that anyone can participate in the LACHC.

Community Awareness Survey
Know that Any One Can Participate in HC
Los Alamos County Feb 2007
 based on 83 surveys

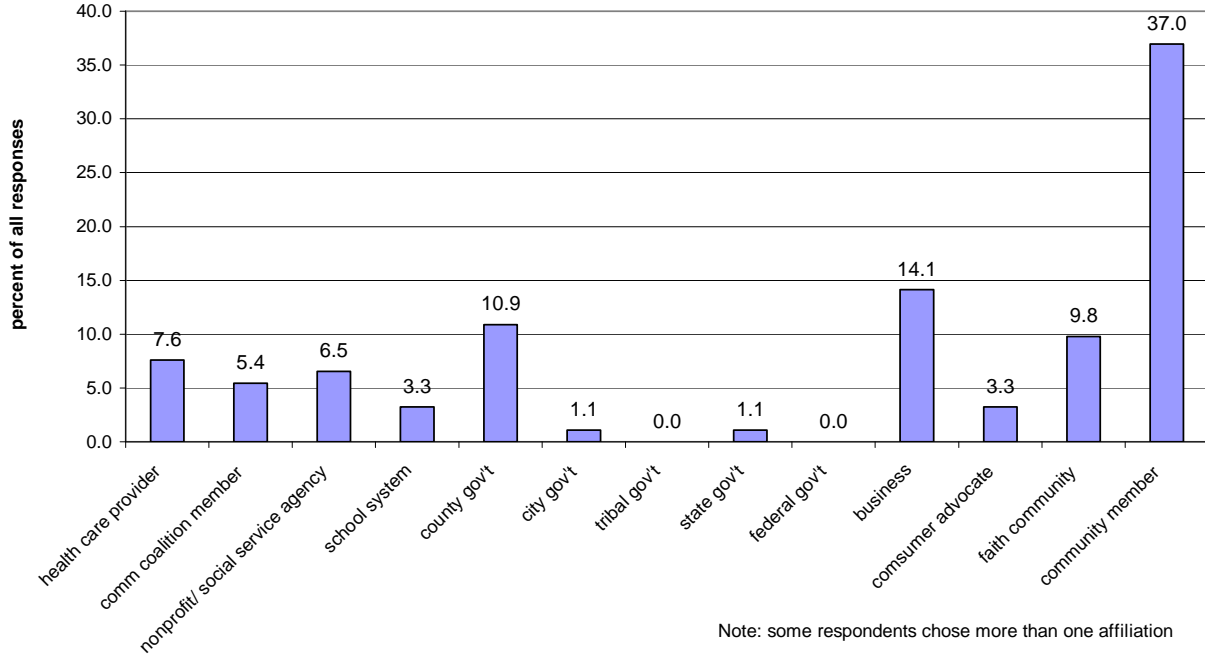


The Festival of Trees/Chocolate and the LA Resource Directory were ranked the highest in quality of LACHC sponsored events and activities.

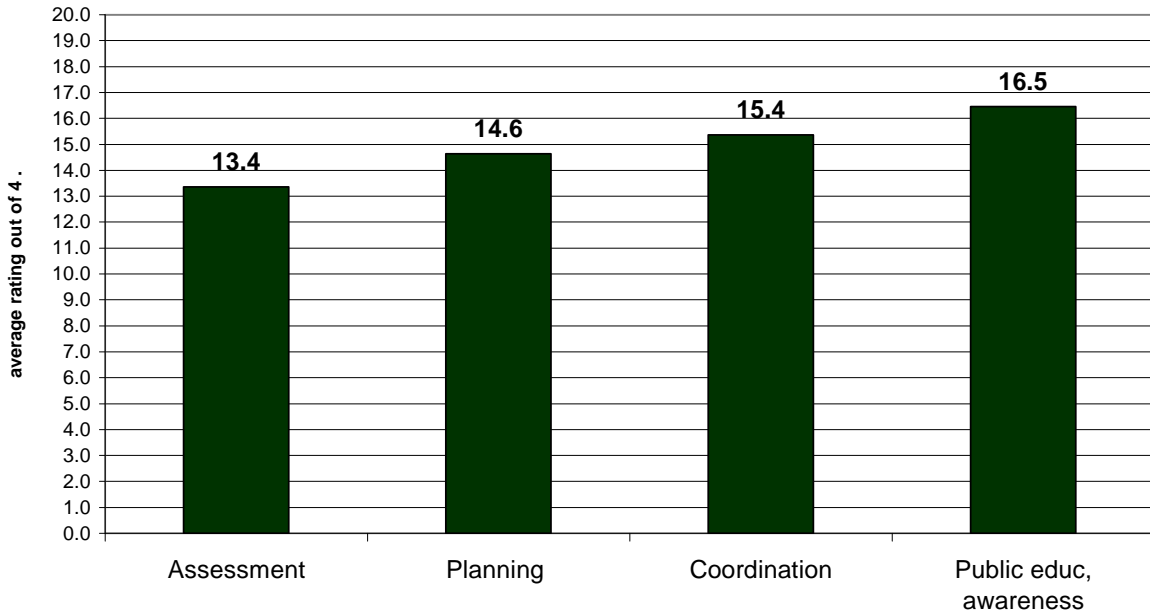
Community Awareness Survey
Rating of Quality of HC-sponsored Events & Activities
Los Alamos County Feb 2007
based on 83 surveys



**Community Awareness Survey
Affiliation of Respondent
Los Alamos County Feb 2007
based on 83 surveys**



**Community Awareness Survey
Rating: Level of HC Activity in Promoting Community Health, Wellness
Los Alamos County Feb 2007
based on 83 surveys**



ACCOMPLISHMENTS DURING 2005-2006

While a myriad of positive steps have occurred during the last year, listed below are a few of them:

1. The Los Alamos Community Health Council (LACHC), officially sanctioned through the Los Alamos County Council in February 2003, continues as an opportunity for area resources to join together to address issues of community concern and focus.
2. The Los Alamos National Laboratory has a new Laboratory Director, Michael Anastasio. LANL is under new management. Los Alamos National Security, LLC (LANS) comprises four top U.S. organizations that have extensive experience in nuclear defense programs – Bechtel National, the University of California, BWX Technologies and Washington Group International.
3. Los Alamos public safety officials have formed a new association, the Los Alamos Public Safety Association. It was created for senior managers who are actively involved in public safety related positions within the Los Alamos region to meet and discuss areas of mutual interest, to recognize accomplishments, and to consider such actions as may be in the mutual interest of the group to improve and coordinate public safety ideas.
4. Based on 10 benchmarks including community support and vision, Los Alamos MainStreet was awarded national accreditation by the National Trust Main Street Center, headquartered in Washington, D.C. Los Alamos MainStreet is dedicated to making downtown Los Alamos a vibrant place to live, work and play. Los Alamos MainStreet awards small grants to enhance participation. in the downtown area.
5. In an effort to gain community input, the Los Alamos Police Chief, Wayne Torpy, began to hold monthly open house meetings in his office to give the public an opportunity to speak one-on-one with him. In addition, he conducts monthly community information sessions to keep both White Rock and Los Alamos apprised of local crime information, patterns, accomplishments and issues.
6. KRSN, a local, community-based weather, sports and information radio station, is now under new ownership and is back broadcasting on the air.
7. Donna Schroeder is the new Executive Director of the locally-based United Way of Northern New Mexico.
8. The renovation of Sullivan Field is completed.
9. Various service organizations in Los Alamos County were granted an increase in their funding from the Los Alamos County Council.
10. The Local Emergency Planning Committee (LEPC) is currently working on developing planning for special needs populations. Funding was received and two low band AM radio antennas installed (AM 1610) to ensure radio contact during times of emergency. The committee continues to meet monthly with major local stake holders at the table.
11. The 2005 Maintenance Achievement Award was bestowed upon the Los Alamos Public Schools' Maintenance Division by the State of New Mexico Public School Facilities Authority.

12. Construction is well underway of a new facility in White Rock to house branches of the fire and police departments. The budget is \$11.6 million.
13. Los Alamos County was designated as the system owner of a future community-wide public transit system.
14. Over 13 new prevention programs were made available to local youth and families through the Juvenile Justice Advisory Board.
15. Vehicle crash rates dropped 33.91 percent in Los Alamos County during the first 6 months of 2006. Utilizing computerized statistics (COMPSTAT) to map crash locations, frequencies and causes, followed by focused enforcement is credited for the sharp decline.
16. Design development utilizing the input from area youth continues for a new skate board Park in Los Alamos. Approval will be sought in June of 2007.
17. Nineteen new recently trained firefighters joined the Los Alamos Fire Department.
18. Spearheaded through the LA Community Health Council, Jennifer Bartram continues in-school educational workshops in the high school on emotional abuse, date rape and other potential dangers.
19. The Los Alamos Community Health Council developed brochures for both adults and youth on suicide prevention. Georgina Williams, Los Alamos Public Schools Prevention Specialist, is going to teach the school staff of every school in the District about suicide prevention.
20. The Los Alamos Department of Public Health continued to impressively increase their numbers of clients served.
21. The KanDu Center continues to provide community outreach, general information, easy access to county services, and quick turnaround and responsiveness to citizen requests. The Center is part of the Communications and Public Relations Office.
22. The LA Community Health Council is working jointly with the LARSO on several fund raisers to be proactive in sustainability. The two biggest ones involve a week long Festival of Chocolate in November featuring live jazz and desserts from local businesses and chefs. This is a kick-off to the Festival of Trees. The other fund raiser is Christmas in July, a crafts fair. Funds are split between the two organizations.
23. Area nonprofit agencies continue to collaborate to seek funding for programming which enhances and does not duplicate services. Several efforts have been successful this year.
24. The Restorative Justice program offered through the LA Community Health Council has been in existence for 18 months. They received \$5,000 thru the Juvenile Justice Advisory Board for further implementation.

d. Interpretation of Information in Community Description Section

Population Trends

Los Alamos County's population is gradually aging. In 2000, over 12 % of the Los Alamos County population (2002) was over age 65. In 1950, it was less than 1% of the population (US Bureau of the Census). Between 1990 and 2000, the 75 and 85 age group grew the most quickly. From 2000 to 2002, the 70-74 age group decreased by 9% and the 85 and over age group began to stabilize. In 2000, the 65+ population was 12.1% of the total county population. In 2001, it was 12.6% and in 2002, 12.2%. It has continued to stay stable at around 12%. However, obviously, the raw numbers are increasing. LANL retirees are tending to remain living in the county.

This has many future implications including the need for medical care, recreation, willingness to support family and education initiatives and funding, opportunities for volunteerism, and isolation from extended family members who live elsewhere. More information on trends and statistics regarding older adults is included later in this report as is information about birth and death trends.

Poverty

The LAC percentage of resident living below the poverty line has remained stable for the past 6 years. However, 476 people, more or less, is still a sizable group of needs to address as a community regarding education, employment, transportation, housing and social service needs. This statistic does not include the 40% - 50% of primarily service workers who work in Los Alamos County, but reside elsewhere. While the indicators for poverty show that there is very little in Los Alamos, attention still needs to be given to that group and their needs. The perception tends to be that there is no poverty in Los Alamos. Because of the high median income and the low poverty rate, resources continue to be removed from the community with, in some cases, detrimental results.

All other Community Description indicators are stable.

3. COMMUNITY HEALTH STATUS

a. Maternal and Child Health Status

Below are the most recently available results from (Los Alamos County) New Mexico Pregnancy Risk Assessment (PRAMS), which includes birth years 1998 to 2003, www.healthlinknm.org. The PRAMS surveys new mothers within two to six months after delivery, asking about experiences, attitudes, and behaviors related to infant and maternal health. Related PRAMS data also is presented in other parts of this Profile.

| | |
|--|-------|
| Had a mistimed pregnancy (wanted it later) | 12.3% |
| Drank alcohol frequently or binged during the last 3 months of pregnancy | 0.0% |
| Recalled prenatal discussion of breastfeeding | 87.3% |
| Recalled prenatal discussion of birth control methods to use after pregnancy | 85.4% |
| Had timely (within 1st trimester) prenatal care | 92.7% |
| Recalled prenatal discussion of what to do for early labor | 88.2% |
| Recalled prenatal discussion of getting a blood test for HIV | 88.4% |
| Had prenatal care paid by insurance | 91.7% |
| Had prenatal Medicaid or insurance or IHS | 96.2% |
| Had delivery paid by insurance | 92.2% |

| | |
|---|-------|
| Had delivery paid by Medicaid or insurance or IHS | 96.8% |
| Had WIC during pregnancy, including classes or groups | 11.9% |
| Participated in prenatal breastfeeding classes or groups | 14.8% |
| Had a dental problem | 13.9% |
| Initiated breastfeeding | 94.5% |
| Among all new mothers, breastfed at least 9 weeks | 84.8% |
| Among women who initiated breastfeeding, breastfed at least 9 weeks | 89.7% |
| Reported that their infant had an adequate number of well-baby visits | 96.2% |
| Said that their family has enough food | 98.3% |

The Public Health Office has become increasingly valuable in the community. The services that the Public Health Office offers are broad including the Families First Program, HIV testing, family planning services, children's medical services, immunizations, health promotion, outbreak surveillance, WIC (Women, Infants and Children), disease prevention, and Medicaid application assistance.

A **breakdown of patient visits by age and sub program** for years 2003, 2004 and 2005 has been provided below. Service delivery increased nearly tripled from year 2003 to 2004 and nearly doubled again from 2004 to 2005.

Los Alamos Health Office

| Sub Program | Age Range | Year | | |
|-----------------|--------------|----------------|----------------|----------------|
| | | 2003 Visits | 2004 Visits | 2005 Visits |
| Epidemiology | 0 - <1 | | | 1 |
| | 4 - 7 | | | 1 |
| | 8 - 18 | | 5 | |
| | 19 - 25 | | 2 | |
| | 31 - 45 | | 1 | |
| | 46 - 65 | | 1 | 5 |
| | 66 + | | | 2 |
| | Total | | 9 | 9 |
| Family Planning | 0 - <1 | | 3 | |
| | 1 - 3 | | 2 | |
| | 4 - 7 | | 1 | |
| | 8 - 18 | 62 | 155 | 135 |
| | 19 - 25 | 21 | 73 | 97 |
| | 26 - 30 | 2 | 20 | 18 |
| | 31 - 45 | 3 | 14 | 20 |
| | 46 - 65 | | 2 | 3 |
| | Total | 88 | 270 | 273 |
| Immunizations | 0 - <1 | 1 | | 7 |
| | 1 - 3 | 1 | 5 | 9 |

| | | | | |
|---------------------------------------|--------------|------------|------------|-------------|
| | 4 - 7 | 13 | 12 | 28 |
| | 8 - 18 | 50 | 50 | 92 |
| | 19 - 25 | 9 | 12 | 31 |
| | 26 - 30 | 5 | 10 | 28 |
| | 31 - 45 | 13 | 26 | 108 |
| | 46 - 65 | 18 | 88 | 353 |
| | 66 + | 8 | 143 | 340 |
| | Total | 118 | 346 | 996 |
| School-based Health Program | 31 - 45 | | 1 | |
| | Total | | 1 | |
| Sexually Transmitted Diseases Program | 8 - 18 | 5 | 16 | 26 |
| | 19 - 25 | 13 | 27 | 40 |
| | 26 - 30 | | 16 | 8 |
| | 31 - 45 | 1 | 12 | 33 |
| | 46 - 65 | 1 | 4 | 3 |
| | Total | 20 | 75 | 110 |
| Tuberculosis Program | 8 - 18 | 23 | 15 | 27 |
| | 19 - 25 | 20 | 31 | 28 |
| | 26 - 30 | 11 | 34 | 32 |
| | 31 - 45 | 34 | 68 | 42 |
| | 46 - 65 | 10 | 41 | 32 |
| | 66 + | 8 | 17 | 10 |
| | Total | 106 | 206 | 171 |
| Grand Total | | 330 | 894 | 1552 |

Immunization Rate

The New Mexico Department of Health, Infectious Disease Bureau estimates that the immunization coverage for the year 2005 among children from **Los Alamos** was at a rate of **78.4%** with the New Mexico-wide average being 73.5%.

The 2004 NM Behavioral Risk Factor Surveillance System (BRFSS) survey gathered data on selected health behavior and conditions of New Mexicans utilized phone surveys. Some of the key Los Alamos County results were available and are dispersed throughout this Profile.

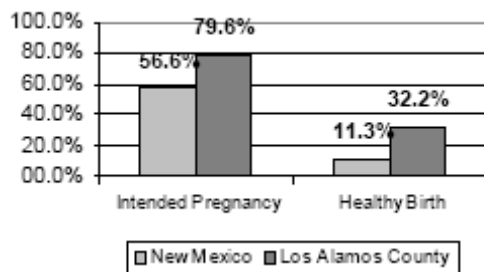
| BRSS Results – 2004 Report | | | |
|---|--------------------------|--------------------------|-------------------|
| Los Alamos County-Health District 2-New Mexico | | | |
| Percentages | | | |
| Risk Factor/Condition | Los Alamos County | Health District 2 | New Mexico |
| General health status is poor | 4.7 | 13.9 | 17.0 |
| No health coverage | 8.5 | 21.8 | 21.3 |
| Did not get medical care in past year due to cost | 6.7 | 7.7 | 7.8 |

| | | | |
|---|------|------|------|
| Did not engage in physical activities in past 30 days | 11.5 | 18.9 | 23.0 |
| Did not eat 5 or more servings of fruits and vegetables per day | 64.1 | 75.1 | 78.1 |
| Current smoking | 12.6 | 21.3 | 21.2 |
| Binge drinking | 8.7 | 14.4 | 14.4 |
| Heavy drinking | 1.3 | 3.9 | 5.1 |
| Always wears seatbelt while driving or riding in car | 92.5 | 84.9 | 86.8 |
| Firearms kept in or around home | 43.2 | 42.1 | 40.1 |

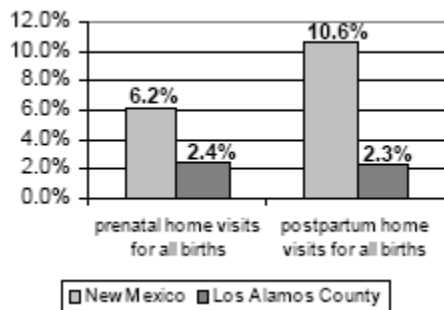
Typically the percentages are low regarding risk conditions/factors among Los Alamos County residents who were surveyed. However, **43.5% stated that they were overweight and obese and 25.8% stated that they had been diagnosed with arthritis (higher than either the Health District 2 or NM percentages)**. Nearly **9% reported binge drinking** (5 or more drinks in one hour). And 43.2% stated that they kept firearms in or around their home, also higher than that Health District or state percentages. **A history of asthma and currently having asthma are also higher than the Health District 2 or the state percentages.** More data on these topics is presented elsewhere in this Profile.

- **Total births**

Pregnancy Planning - 1998-2003 – PRAMS Data



Home Visits Received – 1998-2003 PRAMS data



Nativity Characteristics, Los Alamos County, 2004

| Number | Rate | % of all births in NM | Fertility Rate | Male Births | Female Births |
|--------|------|-----------------------|----------------|-------------|---------------|
| 201 | 10.5 | 0.7 | 47.4 | 116 | 85 |

Congenital Anomalies: Birth Numbers and Percents by Child's Sex, 2002-2004, Los Alamos County

| | | |
|-------------------|-------------|---------------|
| Both Sexes | Male | Female |
| 14 | 6 2% | 8 2.8% |

- Births by Age**

In 2005, there were 195 births in Los Alamos County. The mothers of two of those babies or 1% were 17 years or younger. This is lower than New Mexico's state-wide average of 6%. Mothers **35 and older** had 58 babies or **35% of the total births, significantly higher than the New Mexico average of 11%.**

Distribution of Births by Mother's Age, Los Alamos County, 1980, 1990 and 2000

| | | | | | | | | |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|------|
| Los Alamos All ages | 10-14 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35 > | |
| 2000 | 194 | 0.0 | 0.5 | 5.2 | 10.8 | 22.2 | 30.9 | 30.4 |
| 1990 | 180 | 0.0 | 1.1 | 1.7 | 12.2 | 31.1 | 35.0 | 18.9 |
| 1980 | 200 | 0.0 | 3.0 | 4.5 | 20.0 | 34.0 | 28.0 | 10.5 |

Rate per 1,000 women

NM Department of Health, Office of New Mexico Vital Records and Health Statistics

- Low Birth Weight and High Birth Weight**

Birth Rates by Low Birth Weights

| | Resident live Births Percent Low Birth Weight 1996-2003 | | | | | | | |
|-------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
| Los Alamos County | 4.5 | 6.4 | 7.7 | 4.8 | 12.9 | 11.3 | 9.5 | 6.3 |
| New Mexico | 7.5 | 7.8 | 7.5 | 7.7 | 8.0 | 7.9 | 8.0 | 7.8 |

NM Dept. of Health, Office of NM Vital Records and Health Statistics

Seeking early prenatal care continues to be a priority among Los Alamos resident mothers. However, in the years 2000 through 2002, the Los Alamos percent of low birth weights was consistently higher than the comparable New Mexico figures.

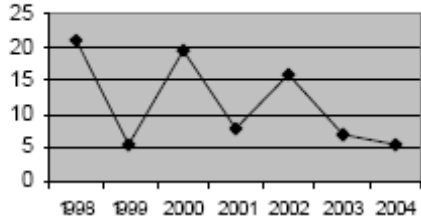
Low and High Infant Birthweight: Birth Numbers and Percents by Birth Year, Los Alamos County, 2002-2004

| | | | | | | | | | | | |
|------------------------|------------|-------------|------------|------------------------|------------|-------------|------------|------------------------|------------|-------------|------------|
| 2002 Birthrates | | | | 2003 Birthrates | | | | 2004 Birthrates | | | |
| High | Low | High | Low | High | Low | High | Low | High | Low | High | Low |
| 19 | 6.1% | 5 | 9.5% | 10 | 5.5% | 12 | 6.6% | 11 | 5.5% | 15 | 7.5% |

- **Births to Teens**

Teen Birth Rate in Los Alamos – 1996 to 2004

Teen Birth Rate (per 1,000 women age 15-19)



NM Kids Count 2005

The **teen birth rate has decreased** from 2000 to 2005. In 2005, the teen birth rate was 1%.

- **Births to Single Mothers**

Single Mothers: Birth Numbers and Percents by Birth Year, Los Alamos County, 2000-2004

| Los Alamos | 2000 | 2001 | 2002 | 2003 | 2004 |
|------------|----------|----------|----------|---------|--------|
| | 25 12.9% | 22 13.0% | 21 10.5% | 18 9.9% | 20 10% |

Single Mothers: Birth Numbers and Percents by Mother's Age, Los Alamos County, 2004

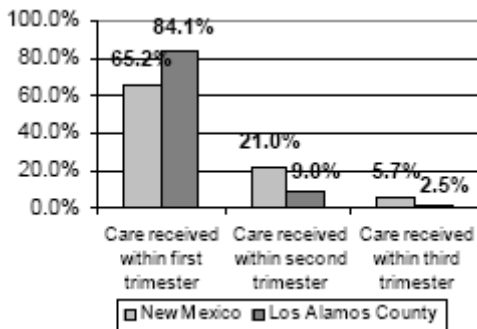
| Total | 10-14 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-49 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 20 | 0 | 3 | 1 | 8 | 4 | 1 | 2 | 1 |

New Mexico Social Indicator Report, 2005

- **Prenatal Care Level**

Birth Rates by Prenatal Care

Prenatal Care Started - Los Alamos mothers – 1998 to 2003



NM Kids Count Data – 2005, PRAMS Data

The percentage of Los Alamos County mothers **receiving prenatal care in their first trimester is significantly higher** than the New Mexico percentage. The New Mexico rate has stayed consistently in the mid to low 60% range.

The percentage **of low or no prenatal care is very small** in Los Alamos, however, the rate climbed slightly from 2000-2002.

| Percent Low or No Prenatal Care 1996-2003 | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
| Los Alamos County | 2.3 | 4.4 | 4.4 | 4.3 | 3.6 | 4.7 | 5.0 | 3.8 |
| New Mexico | 11.8 | 11.1 | 12.5 | 13.5 | 12.9 | 11.3 | 12.1 | 11.8 |

NM Department of Health, Office of New Mexico Vital Records and Health Statistics

- **Infant Mortality**

From 1998 to 2002, the **average percentage of resident infant deaths** among Los Alamos resident infants (7.2%) was **higher than the state-wide average** (6.6%).

NM Dept. of Health, Office of NM Vital Records and Health Statistics

From **1998 to 2002**, the average of **birth defects among Los Alamos infant deaths** (3.0) was **higher than the state-wide average** (1.8%). This was also true for short gestation (3.1 to 1.4) and the SIDS related deaths (1.0% in Los Alamos and 0.6% for state-wide average).

NM Dept. of Health, Office of NM Vital Records and Health Statistics

b. Mortality – General

- **General Mortality or Death Rate**

Major Causes of Death in New Mexico and US 2004*

| Causes of Death | New Mexico Age-Adjusted Death | New Mexico Rank | US Age-Adjusted Death Rates | US Rank |
|-------------------------------------|-------------------------------|-----------------|-----------------------------|---------|
| All Causes by Rate | | | 801.1 | |
| Diseases of the Heart | 172.7 | 1 | 217.5 | 1 |
| Malignant Neoplasms (Cancers) | 159.3 | 2 | 184.6 | 2 |
| Accidents (unintentional injuries) | 60.3 | 3 | 36.6 | 5 |
| Chronic Lower Respiratory Disease | 41.6 | 4 | 41.8 | 4 |
| Diabetes Mellitus | 33.9 | 5 | 24.4 | 6 |
| Cerebrovascular disease | 33.9 | 5 | 50.0 | 3 |
| Alzheimer's disease | 19.5 | 7 | 21.7 | 7 |
| Intentional self-harm (suicide) | 18.7 | 8 | 10.7 | 11 |
| Influenza and pneumonia | 16.5 | 9 | 20.4 | 8 |
| Chronic liver disease and cirrhosis | 14.2 | 10 | 8.8 | 12 |

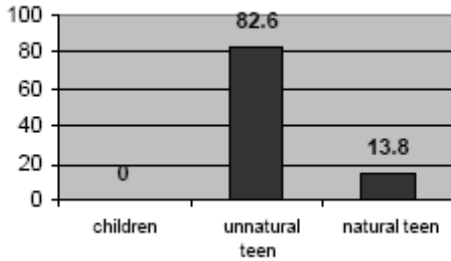
*Based on the International Classification of Disease, 10th Revision, 1942
Note: Age adjusted rates per 100,000 US standard population.

- **Deaths by Gender**

In 2005, there were 95 deaths in Los Alamos County. 46% were males and 54 were females.

- **Deaths by Age Group**

Los Alamos County Death rate per 100,000 children - ages 1-17 – 2002-2004



Leading Causes of Death – Ages 1-14 Years of Age

| New Mexico Resident Deaths Leading Causes of Death – Ages 1-14 Years 1998-2002 Average | | | | | |
|--|--------|-------|---------------------------------------|--------|-------|
| Los Alamos County | | | New Mexico | | |
| Causes | Number | Rate | Causes | Number | Rate |
| All Causes | 1 | 5.4 | All Causes | 480 | 24.4 |
| Accidents (Unintentional Injuries) | 0 | 0.0 | Accidents (Unintentional Injuries) | 190 | 9.7 |
| ...(Motor Vehicle Accidents) | (0) | (0.0) | ...(Motor Vehicle Accidents) | (128) | (6.5) |
| Congenital Malformations | 0 | 0.0 | Congenital Malformations | 45 | 2.3 |
| Malignant Neoplasms | 0 | 0.0 | Malignant Neoplasms | 39 | 2.0 |
| Assault (Homicide) | 0 | 0.0 | Assault (Homicide) | 37 | 1.9 |

Rate per 100,000 population ages 1-14 years
 NM Department of Health, Office of NM Vital Records and Health Statistics

Death Rates for Ages 15-19 Years of Age

| Death Rates for Ages 15-19 1998-2002 | | | | | |
|---|-------|-------|------|------|-------|
| | 1998 | 1999 | 2000 | 2001 | 2002* |
| Los Alamos County | 78.1 | 0.0 | 82.3 | 75.5 | 140.4 |
| New Mexico | 100.2 | 104.1 | 98.1 | 72.7 | 91.5 |

Rate per 100,000 population ages 15-19 years
 NM Department of Health, Office of NM Vital Records and Health Statistics

The death rate for Los Alamos County was higher than the New Mexico rate in 2001 and 2002.

Leading Causes of Death – Ages 15-19 Years of Age

| New Mexico Resident Deaths Leading Causes of Death – Ages 15-19 Years 1998-2002 Average | | | | | |
|---|--------|--------|---------------------------------------|--------|--------|
| Los Alamos County | | | New Mexico | | |
| Causes | Number | Rate | Causes | Number | Rate |
| All Causes | 5 | 82.3 | All Causes | 680 | 93.3 |
| Accidents (Unintentional Injuries) | 3 | 49.9 | Accidents (Unintentional Injuries) | 312 | 42.8 |
| ...(Motor Vehicle Accidents) | (1) | (16.5) | ...(Motor Vehicle Accidents) | (235) | (32.2) |
| Intentional Self-Harm (Suicide) | 1 | 16.5 | Assault (Homicide) | 117 | 16.0 |
| Assault (Homicide) | 0 | 0.0 | Intentional Self-Harm Suicide | 117 | 16.0 |
| Malignant Neoplasms | 0 | 0.0 | Malignant Neoplasms | 35 | 4.8 |

Rate per 100,000 population ages 15-19 years

NM Department of Health, Office of NM Vital Records and Health Statistics

The combined death rate of Los Alamos youth 15-19 years of age from 1998-2002 was higher for accidents and equivalent to New Mexico's state-wide rate for intentional injuries.

Leading Causes of Death – 20 years and older

The Office of New Mexico Vital Records and Health Statistics cites in the Los Alamos County 2003 County Health Profile that the leading causes of death for all Los Alamos residents 20 years and older for 1996-2000 average are: malignant neoplasm, diseases of heart, cerebrovascular disease, accidents and chronic lower respiratory diseases. The leading causes of death for Los Alamos residents 65 years and older were diseases of heart, malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases and influenza and pneumonia. Los Alamos death rates are lower than the New Mexico state average by 22% in 1990, by 37% in 1995 and by 18% in the year 2000.

Leading Causes of Death - Age 65 and Older

| New Mexico Resident Deaths – Age 65 and Older Leading Causes 1996-2000 Average | | | | | |
|---|--------|--------|----------------------------|--------|--------|
| Los Alamos County | | | New Mexico | | |
| Causes | Number | Rate | Causes | Number | Rate |
| All Causes | 377 | 3396.4 | All Causes | 47,760 | 4500.9 |
| Diseases of Heart | 99 | 889.3 | Diseases of Heart | 13,459 | 1268.4 |
| Malignant Neoplasms | 87 | 784.6 | Malignant Neoplasms | 10,313 | 971.9 |
| Chronic Lower Respir. Dis. | 27 | 247.1 | Chronic Lower Respir. Dis. | 3,630 | 342.1 |
| Cerebrovascular Diseases | 27 | 246.4 | Cerebrovascular Diseases | 3,407 | 321.1 |
| Alzheimers Disease | 16 | 144.1 | Diabetes Mellitus | 1,969 | 185.5 |

NM Department of Health, Office of NM Vital Records and Health Statistics

Rate per 100,000 population 65 years and older

All rates for Leading Causes of Death for people 65 and older from 1996-2000 were lower in Los Alamos County than for state-wide. All rates have held steady since the last Profile.

c. Leading Causes of Death

| Leading Causes of Death by Percentage of Total Deaths – 2005 Los Alamos County and New Mexico | | |
|--|---------------------------------------|-------------------------------------|
| Cause of Death | Los Alamo County Total Deaths - 95 | New Mexico Total Deaths – 14,666 |
| Diseases of the Heart | 26% (up 4% from 2002) | 23% |
| Malignant Neoplasms | 21% (up 6% from 2002) | 24% |
| Accidents (Unintentional Injuries) | 6% | 8% |
| Chronic Lower Respiratory Disease | 5% | 6% |
| Cerebrovascular Disease | 3% (down 5% from 2002) | 4% |
| Diabetes | 3% | 4% |
| Influenza.Pneumonia | 3% | 2% |
| Alzheimer's Disease | 6% | 2% |
| Intentional Self-Harm (Suicide) | 4% | 2% |
| Chronic Liver Disease and cirrhosis | 3% | 2% |

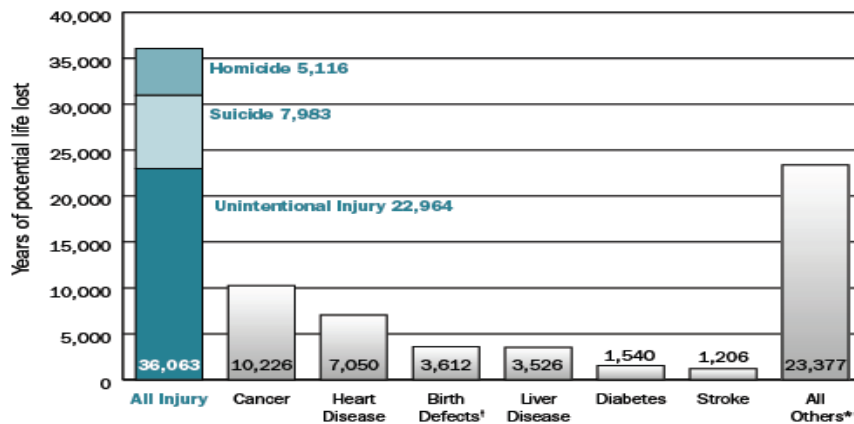
New Mexico Department of Health, 2005 Vital Statistics Summary

More current data was not provided by the Los Alamos Medical Center.

| Data regarding On Site Deaths – 2003 and 2004 - Los Alamos Medical Center | | |
|---|------|------|
| | 2003 | 2004 |
| Emergency Room | | |
| 40-64 | 4 | 2 |
| 65+ | 6 | 5 |
| Medical Surgeries | | |
| 14-39 | 1 | 0 |
| 40-64 | 3 | 5 |
| 65+ | 25 | 19 |

e. Years of Potential Life Lost

**Premature Death before Age 65 Years
(measured by YPLL), New Mexico, 2002**



County-specific data on YPLL was not located.

d. Chronic Disease Indicators

- Cancer

The New Mexico Tumor Registry and other registries did not have any more current chronic disease information available.

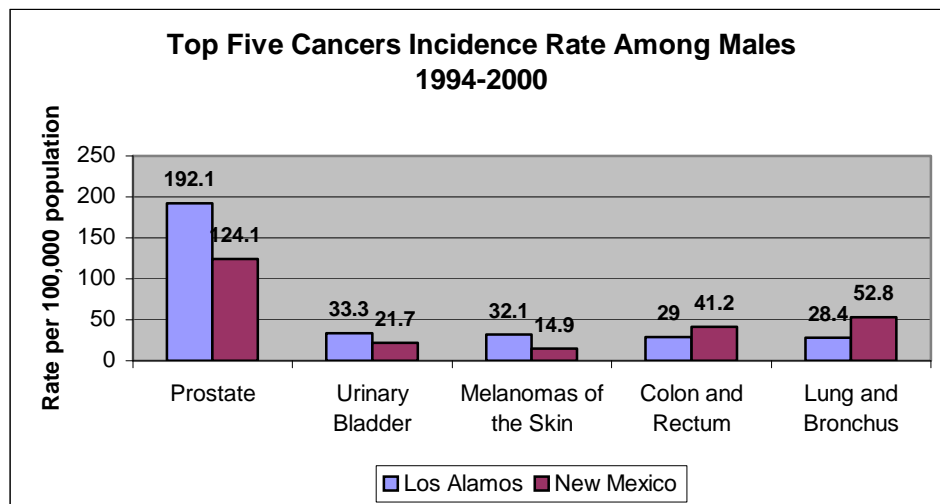
Cancer Rates – 1999-2003

| Incidence Rate Report for New Mexico by County All Races (includes Hispanic), Both Sexes, All Cancer Sites, All Ages Sorted by Rate | | | |
|---|---|-------------------------|-------------|
| County | Annual Incidence Rate ¹ Cases per 100,000 | Average Annual Count | Rate Period |
| US (SEER+NPCR) ² | 462.2 (461.4, 463.0) | *** | 2002 |
| New Mexico ⁶ | 412.2 (408.0, 416.5) | 7,322 | 1999 - 2003 |
| New Mexico ⁶ | 390.0 (381.0, 399.1) | 7,280 | 2003 |
| Los Alamos County ⁶ ^{5th} highest county in New Mexico | 434.9 (394.0, 480.4) | 89 | 1999 - 2003 |

State Cancer Registries – Incidence Rate

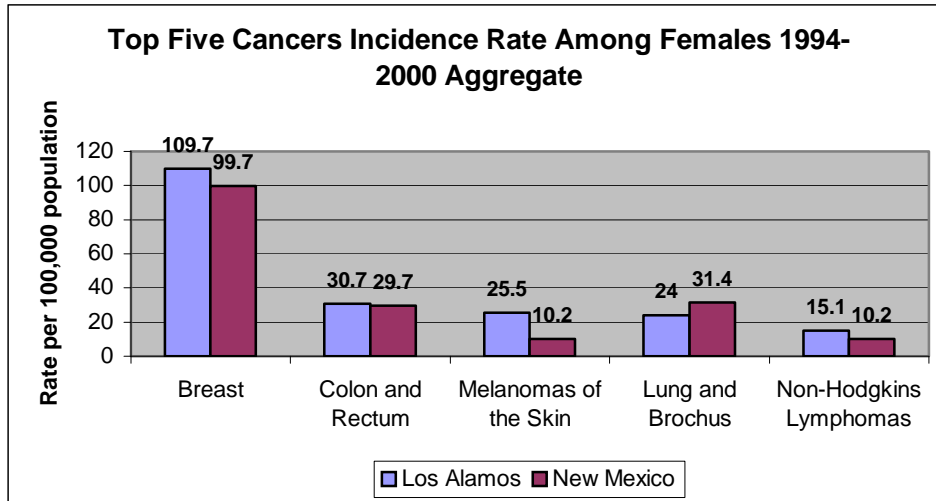
Los Alamos had the **5th highest cancer rate of the 33 counties in New Mexico** during 1999-2003.

From **1994-2000, prostate cancer in men was 35% higher than state-wide**. Melanomas of the skin were over twice as high as the New Mexico average.



New Mexico Tumor Registry, University of New Mexico

All top five cancers in Los Alamos women during the 1994-2000 aggregate were higher than the state-wide average except for lung and bronchial cancer.



New Mexico Tumor Registry, University of New Mexico

- **Cerebrovascular Diseases (Stroke)**

Heart disease and stroke continue to be two of the leading causes of death and disability in NM. In 2005, more New Mexicans (3,376) died from heart disease than any other cause, accounting for 22.7% of all deaths; stroke was the sixth leading cause of death, responsible for 4.2% of mortality (625 deaths). Heart disease and stroke caused the greatest number of deaths in New Mexicans ages 65 years and older. Heart disease was also the second leading cause of death in those 45 to 64 years old and the fourth leading cause in those 25-44 years old. (NMDOH, 2006). Health Disparity Fiscal Impact Report to the NM Legislature, 2-19-07

- **Chronic Obstructive Pulmonary Disease (COPD)**

| Smoking-Attributable Deaths in NM, 1999 | | Smoking-Attributable Deaths, Disease-Specific, 1999 | |
|---|---------------|---|--------------|
| Overall | 2,109 | NM Lung Cancer | 62.8/100,000 |
| Men | 1,302 | US Lung Cancer | 90.2/100,000 |
| Women | 807 | NM Coronary Heart Disease | 55.2/100,000 |
| NM Death Rate | 264.7/100,000 | US Coronary Heart Disease | 59.7/100,000 |
| US Death Rate | 295.5/100,000 | NM Chronic Obstructive Pulmonary Disease (COPD) | 82.3/100,000 |
| | | US COPD | 59.7/100,000 |

Source: Centers for Disease Control, *Smoking-Attributable Deaths, 1999 and Smoking Attributable Deaths, 1999—Disease Specific, Adult Smoking-Attributable Mortality, Morbidity, and Economic Cost (SAMMEC)* software. Available at <http://www.cdc.gov/tobacco/sammec>.

For every person who dies of a smoking-attributable disease, there are 20 more people suffering with at least one serious illness from smoking. Cigarette-attributable diseases include stroke, heart attack, emphysema, chronic bronchitis, and cancer of the lung, bladder, mouth/pharynx, esophagus, cervix, kidney, larynx, and pancreas.

MMWR Highlights — Cigarette Smoking-Attributable Morbidity—United States, 2000 September 5, 2003

No county-specific COPD rates could be located.

- **Diabetes**

| BRSS Results – 2004 Report Los Alamos County-Health District 2-New Mexico Percentages | | | |
|--|------------------------------|------------------------------|-------------------|
| Risk Factor/Condition | Los Alamos County | Health District 2 | New Mexico |
| Diagnosed diabetes | 3.8 | 5.3 | 6.2 |
| Overweight and obese (BMI more than 25.0) | 43.5 | 51.1 | 56.4 |

The estimated adult diabetes prevalence in 2004 in Los Alamos County was 8.8% and state-wide it was 9.2%. NM Department of Health, Diabetes Prevention and Control Program

- **Arthritis**

| BRSS Results – 2004 Report Los Alamos County-Health District 2-New Mexico Percentages | | | |
|--|------------------------------|------------------------------|-------------------|
| Risk Factor/Condition | Los Alamos County | Health District 2 | New Mexico |
| Diagnosed with Arthritis | 25.8 | 24.5 | 25.5 |

County-specific arthritis rates could not be located.

- **Asthma**

| BRSS Results – 2004 Report Los Alamos County-Health District 2-New Mexico Percentages | | | |
|--|------------------------------|------------------------------|-------------------|
| Risk Factor/Condition | Los Alamos County | Health District 2 | New Mexico |
| History of asthma | 14.2 | 10.8 | 11.7 |
| Currently has asthma | 9.1 | 7.6 | 7.8 |

County-specific arthritis rates could not be located.

- **Disability**

| Disability Status of Non-institutionalized Children Ages 5 to 15 in the 2000 Census Los Alamos County | | |
|--|---------------|---|
| | Number | Percent of Children Ages 5 to 15 |
| Noninstitutionalized children ages 5 to 15 | 3,084 | 100.0 |
| Children with no disability | 2,956 | 95.8 |
| Children with one disability | 93 | 3.0 |
| Sensory disability | 0 | 0.0 |
| Physical disability | 10 | 0.3 |

| | | |
|---|----|-----|
| Mental disability | 83 | 2.7 |
| Self-care disability | 0 | 0.0 |
| Children with two or more disabilities | 35 | 1.1 |
| Includes a self-care disability | 28 | 0.9 |
| Does not include a self-care disability | 7 | 0.2 |

Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2000 Census

Data for Students with Disabilities for Los Alamos and New Mexico – 2005

| <u>LAC</u> | <u>NM</u> | <u>Location</u> | <u>Percent of Classroom Time</u> |
|------------|-----------|-------------------------------|----------------------------------|
| 67.5% | 46.3 | In regular classroom | 80% or more |
| 30.2% | 29.9 | In regular classroom | 40% and 79% |
| 1.1% | 21.5% | In regular classroom | Less than 40% |
| 1.3% | 2.3% | In other educational settings | |

- **Oral Health**

| BRSS Results – 2002 Report | | | |
|---|--------------------------|--------------------------|-------------------|
| Los Alamos County-Health District 2-New Mexico | | | |
| Percentages | | | |
| Risk Factor/Condition | Los Alamos County | Health District 2 | New Mexico |
| Did not visit a dentist or dental clinic in last year | 13.0 | 27.5 | 32.6 |

- **Obesity**

Regional Differences in Adult Obesity Rates Adults living in New Mexico’s Northwest and Southeast regions have statistically higher rates of obesity than those living in Bernalillo County and the Northeast region of the state. The Southeast region has rates of obesity that are also statistically higher than the rates for the Southwest region of the state. The Northeast region, including Los Alamos County has the lowest rate state-wide, 17.3.

| BRSS Results – 2002 Report | | | |
|---|--------------------------|--------------------------|-------------------|
| Los Alamos County-Health District 2-New Mexico | | | |
| Percentages | | | |
| Risk Factor/Condition | Los Alamos County | Health District 2 | New Mexico |
| Overweight and obese (BMI more than 25.0) | 43.5 | 51.1 | 56.4 |

e. Infectious Disease Indicators – Los Alamos County

- **Food-borne Diseases**
 - **Campylobacter**

There were 15 cases of **campylobacter** infection from 1994-1996, 12 from 1997-1999, 10 cases from 2000-2002 and 3 in 2004. There were no reported cases in 2005.

- **Samonella**

There were 7 cases of **salmonellosis** from 1994-1996, 9 from 1997 to 1999, 5 diagnosed from 2000-2002 and 1 in 2003. There were **no reported cases in 2004 or 2005.**

- **Shigella**

There were not any diagnosed cases of **shigellosis** from 1994 to 2000. There was one case 2000-2002. There were **none in 2004 or 2005.**

- **Hepatitis**

Hepatitis A

There were no reported cases of Hepatitis A in Los Alamos County in 2004 or 2005.

Hepatitis B

| Hepatitis B - Number of Cases | |
|--------------------------------------|-----------------------|
| Year | Los Alamos Co. |
| 1994-1996 | 2 |
| 1997-1999 | 1 |
| 2000-2002 | 0 |
| 2003 | 0 |
| 2004 | 0 |
| 2005 | 0 |

NM Department of Health, Office of Epidemiology
Rates per 100,000 population per year

There have been no diagnosed cases of Hepatitis B in Los Alamos since 2000.

- **Pertussis**

| Pertussis Number of Cases | |
|--------------------------------------|-----------------------|
| Year | Los Alamos Co. |
| 1994-1996 | 6 |
| 1997-1999 | 33 |
| 2000-2002 | 6 |
| 2003 | 2 |
| 2004 | 0 |
| 2005 | 0 |

NM Department of Health, Office of Epidemiology
Rates per 100,000 population per year

While the **pertussis** rate decreased significantly from 1997-1999 to 2000-2002, the rate per 100,000 population per year was still higher than the comparable New Mexico rate (11.0 in Los Alamos County to 7.7 for the New Mexico rate). The 2003 LAC rate was 10.6. This was the 4th highest in New Mexico. New Mexico's rate was 4.2. In **2004 and 2005 there were no reported incidents.**

- **Tuberculosis**

There have been no cases of tuberculosis reported since 1995.

- **Sexually Transmitted Diseases**

- **Chlamydia**

According to the Infectious Disease Bureau and the Office of Epidemiology (Both of the NM Department of Health), in 2001 there were no cases of **chlamydia** in Los Alamos County and there were 9 in 2002, the highest in the prior five years. In 2003, there were 10 reported cases and 10 in 2004. **In 2005, there were 18 reported cases.** 72% (13) of the cases were females and **43% (8) of the total cases were girls, ages 15 to 19** years of age.

- **Syphilis**

There were no cases of syphilis in 2000 or 2001.

- **Gonorrhea**

There were no cases of **gonorrhea** in 2001 and 1 case in 2002. In 2003, there were 3 cases; in 2004 there was one reported case. **In 2005, there were 7 reported cases,** all females. **43% were girls between the ages of 15 to 19.**

- **HIV/AIDS**

From 1992-1994, there were 4 cases of HIV/AIDS, one from 1995-1996 and **none reported from 1997-2005.** However, the **estimated drug injection rate for Los Alamos County was 3.0** or greater per 100,000 people, **one of the 3 counties in this highest rate category.**

The New Mexico Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning, 2006, NM Department of Health

- **Other**

- **Hanta Virus**

Los Alamos had one case of diagnosed Hanta Virus for the combination of years, 1975-2006. There were no instances in 2006.

- **E. coli**

The Drinking Water Bureau issues Drinking Water Advisories and Boil Water Orders. A Boil Water Notice is issued when a water system violates the bacteria (or Total Coliform) standard and the presence of E. Coli or fecal coliform is detected. None were issued for Los Alamos County from Jan 2004 to present. New Mexico Environment Department

- **Human Plague**

Los Alamos has had 4 cases of a human plague from 1949 to 2006, the lowest category next to 0 cases.

- **Animal Rabies**
Los Alamos had 1 case of bat rabies from 1984 to 2005. There were no cases of canine, feline or skunk rabies from 1984-2005.
- **West Nile Virus**
There was one case of West Nile Virus in 2003. There were no cases from 2004 to 2006.

f. Environmental Health Indicators

In 2004, the New Mexico Department of Health released a very helpful tool called the Community Environmental Health Assessment Toolbox for New Mexico. It was developed to assist communities in assessing and addressing environmental issues which affected their health. The Toolbox describes the 10 Essential Environmental Health Services which a community or other local/regional entity should provide its citizens.

The 10 Essential Environmental Health Services:

- 1. Monitor health status to identify health problems in the community
- 2. Diagnose and investigate health problems and health hazards
- 3. Enforce regulations that protect health
- 4. Inform and educate, and empower people about health issues
- 5. Mobilize community partner-ships
- 6. Link people to services
- 7. Evaluate population-based services
- 8. Assure a competent work-force
- 9. Develop plans and policies that support community health
- 10. Conduct research

In order to compare across all of the environmental issues on the list, it is necessary to analyze the environmental health issues according to a set of consistent criteria. The Community Environmental Health Assessment Workbook offers three useful general criteria for analyzing EH issues:

- **Extent:** What is the magnitude or scope of the problem such as incidence of adverse health effects or number of hazardous waste sites in the community?
- **Severity:** How serious is the effect? Does it cause death, significantly impair body functioning or is it a mild effect?
- **Persistence/Reversibility:** Was the effect transient or did it permanently impair body function or the community's well being?

The New Mexico Environmental Department has instituted an aggressive, well funded environmental public health tracking system which addresses chronic disease and other health effects that may be related to exposure of environmental hazard data, human exposure data, and health effects data. The principle goal is to develop a system that will provide a variety of environmental health information, including levels of contaminants in the environment, levels of actual exposure in population and health effects. An important component of their effort includes making the information easily accessible on their website (www.nmenv.state.nm.us). Special focus areas will include investigating linkage between arsenic levels in drinking water

and health outcomes such as cancer, as well as the link between air quality and asthma occurrence.

- **Food Safety**

Food safety encompasses an immense range of activities that ensure the safety of food, from production to storage to transport to consumption. Food safety data for Los Alamos County could not be located and, therefore, not collected for this Profile.

- **Water Quality**

Water quality work is vast: keeping sources (streams or underground aquifers) of drinking water from being contaminated, treating drinking water, providing fish consumption advisories, managing & treating wastewater, and supporting economic and recreational uses, to name a few. Water pollutant examples are sewage (or components of), heavy metals, and organic compounds. Various programs of the NM Environment Dept (NMED) collect data on water pollutants in surface water, ground water and community water systems. Data and contact information are available (www.nmenv.state.nm.us) under specific programs. Available ground water quality data are facility-specific. The NMED Ground Water Quality Bureau (GWQB) requires facilities that generate wastes to have ground water pollution prevention (discharge) permits; the data collected varies according to the wastes that a facility generates and to permit requirements. These analytic data can be requested from the NMED GWQB. Information about permits (facilities, location, waste type generated, etc) is available online. Interpretation of data should be in consultation with GWQB staff. The role of the Ground Water Quality Bureau is to protect the environmental quality of New Mexico's ground water resources as mandated by the Water Quality Act and the Water Quality Control Commission (WQCC) regulations (20.6.2 NMAC), and to identify, investigate and clean-up contaminated sites which pose significant risks to human health and the environment. The Ground Water Quality Bureau issues ground water pollution prevention permits; implements the department's responsibilities to ensure that environmental issues are addressed and standards are met; oversees ground water investigation and remediation activities; and identifies, investigates and remediates inactive hazardous waste sites. The Community Compliance Report – 2005 on the website shows the compliance level of every water system in the state which has been issued a permit.

The New Mexico Environmental Department's Drinking Water Bureau, (www.nmenv.state.nm.us/dwb), shows their mission as to preserve, protect, and improve New Mexico's drinking water quality for present and future generations. Emphasis is placed on upholding the Federal Safe Drinking Water Act and providing technical assistance, system oversight and community outreach about safe drinking water.

Drinking water quality data are available on regulated water systems that deliver water to communities. Not all types of systems are regulated; private wells are not regulated. Inspections of water systems occur regularly, and proceed on schedules according to the type of system. Compliance data from inspections and investigations are available by water system and by county from NMED Drinking Water Bureau. A recent assessment of the quality and vulnerability (to contamination) of source water for water systems is also available from this bureau. Interpretation of compliance data should be done in consultation with NMED water system oversight staff.

The DWB shows 33 sites throughout New Mexico where arsenic is present in the water system. **Los Alamos County was not one of those sites.** New Mexico is in the EPA's Region 6 for

their Drinking Water Program. Specific water related information is not on the website but contact information is provided to secure county-specific data. The website is kept current almost daily.

The Waterborne Disease Surveillance Project Annual Report – 2005 which covers New Mexico and each county is available on the NM Environmental Department (Drinking Water Bureau - www.nmenv.state.nm.us/dwb) website. **Los Alamos County had no nitrate violations from 2001 to 2005.**

When fecal contamination is identified in a system, confirmatory samples are taken immediately to rule out sampling or other errors. If the confirmatory samples show fecal contamination, NMED issues an acute violation and confers with NMDOH to decide whether to issue a “Boil Water Advisory.” These advisories are mapped by year and county; it averages 7 to 10 counties each year. .

The New Mexico Environmental Department’s website shows each county’s potential waterborne disease rate per 100,000 people for 2005. While data were collected on potential waterborne disease events to ensure that no waterborne outbreaks were missed, there were no actual confirmed disease incidents related to public drinking water systems in 2005.

- **Air Quality (Indoor, Outdoor)**

According to the NM Department of Health, Office of Epidemiology, during the period of 1995-1997 to 1998-2000 the number of screened children under 6 with elevated blood lead levels jumped from 1 to 46 in Los Alamos County, one of the highest rates in the state for that time frame. However there were no children in 2001 or 2002 who were screened and had elevated blood lead levels. In Los Alamos County, 18.9% of the homes were built prior to 1950. More than 27% pre-1950 housing in an area is considered a greater than average risk for lead poisoning in children. Lead poisoning is the number one preventable environmental health problem for children under 6 years old.

The www.lanl.gov/org website has information and link to explain LANL environment oversight mechanisms. Some of the following information is from the website. The Meteorology & Air Quality Group is responsible for environmental air quality issues and provides regulatory and environmental surveillance leadership to meet Los Alamos National Laboratory (LANL) air quality obligations and public assurance needs. As the institutional group responsible for federal and state air quality regulatory agency interaction, RRES-MAQ partners with LANL's operating entities to develop and implement compliance assurance programs. This activity includes the drafting of air permits, monitoring of non-radioactive and radioactive air emissions, meteorological measurement and dose modeling, regulatory review, emergency management support, and emissions estimate engineering. The group is responsible for the management and oversight of extensive environmental surveillance networks to quantitatively evaluate the impact of radionuclide emissions from Laboratory operations.

Annual environmental surveillance reports are made available summarizing environmental data that complies with applicable federal, state and local environmental laws and regulations, executive orders and DOE policies. Additional data, beyond the minimum required, are gathered and reported. The website cited above provides links to all compliance report prepared for submission to regulatory agencies: NMED regulation, Department of Energy Order, and Emergency Planning Community Right to Know legislation.

In the early years of LANL, the Department of Energy focused primarily on radiation emissions but in the late 1980's became more aware of the broader impact. LANL provides environmental monitoring including wells, honey, trees, air, water, etc. fish samples as well as environmental protection including daily inspections, protocols, records, etc. Environmental reports on LANL's effects on the environment and human health include environmental impact, air quality, environmental restoration, environmental surveillance, water quality, waste management and ecology.

A list of websites was provided by LANL including websites of advisory groups like the Northern New Mexico Citizens' Advisory Board (NNMCAB) <http://nnmcab.org> and advocate groups like the Los Alamos Study Group (www.lasg.org) and the Concern Citizens for Nuclear Safety (www.nuclearactive.org).

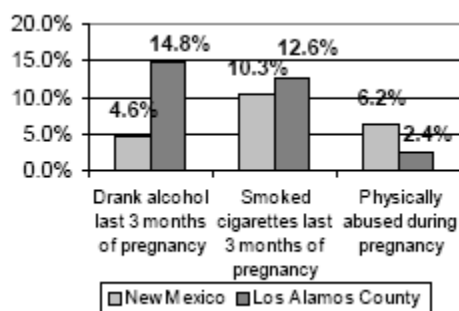
The Northern New Mexico Citizens' Advisory Board (NNMCAB) is a community advisory group that was chartered in 1997 to provide citizen input to the US Department of Energy on issues of environmental remediation and cleanup, waste management, monitoring and surveillance, and long-term stewardship at LANL.

The mission of the New Mexico Environment Department's Air Quality Bureau (AQB) is to protect the inhabitants and natural beauty of New Mexico by preventing the deterioration of the air quality. Their website has excellent information regarding the health effects of short, intermediate and long-term exposure to forest fire smoke. Smoke from forest fires may have short-term and intermediate health effects. These effects have been shown to be reversible in most cases. However, acute bronchitis can develop and chronic disease can be exacerbated.

g. Injury, Violence, Substance Indicators

- **Substance Indicators**

Risks during pregnancy – 1998-2003 – PRAMS data



Substance and other indicators reported through student surveying

Los Alamos Public Schools Survey Results– School Year 2004-2005

PRIDE Questionnaire Report for Grades 6 thru 12, Los Alamos Public Schools/Secondary, by Morris Pongratz and Georgina Williams – 2004-2005 School Year

The Los Alamos Public Schools continues to administer annual surveys to students. The same surveys are not always consistently used so comparisons cannot always be made. In the 2004-2005 school year, the PRIDE (Parent Resource Institute for Drug Education) survey was administered to 1,533 seventh through twelfth graders. This survey measures the prevalence of alcohol, tobacco and other drug use and violence indicators. Survey results are annually compiled and were presented in report form by Morris Pongratz and Georgina Williams.

Number of students surveyed:

7th – 270

8th – 288

9th – 260

10th – 249

11th – 242

12th – 224

RESULTS

The final report gives the following conclusions:

- Alcohol, tobacco and other drug use is a serious problem.
- Suicide is a serious problem.
- Skipping school is under-reported.
- Skipping school, getting in trouble at school and smoking are outward signs of problems.
- Participation in school and community activities is a protective factor; playing sports is neutral.

RECOMMENDATIONS

- Continue to survey in secondary schools.
- Get help to students and families based on the identified outward signs of problems.
- Parents and teachers need to increase “preaching” to high students.

Skipping classes correlated with:

- Threatening to harm parents
- Getting poorer grades
- Using marijuana
- Thinking about committing suicide “often” or “a lot”

In “trouble at school” correlated with:

- Trouble at home
- Trouble with police
- Using marijuana

| Cigarette Use in Last Year – Percent responding Yes | | |
|--|--------------------------------------|-------------|
| Grade | PRIDE National Average - 2003 | 2004 |
| 7 | 14.4 | 8.6 |
| 8 | 22.2 | 12.6 |
| 9 | 28.2 | 17.9 |
| 10 | 31.5 | 27.8 |
| 11 | 37.1 | 29.1 |
| 12 | 39.3 | 30.8 |

| Beer Use in Last Year – Percent responding Yes | | |
|---|--------------------------------------|-------------|
| Grade | PRIDE National Average - 2003 | 2004 |
| 7 | 21.2 | 13.4 |
| 8 | 32.3 | 23.2 |
| 9 | 40.4 | 31.1 |
| 10 | 48.3 | 45.3 |
| 11 | 54.2 | 53.4 |
| 12 | 57.3 | 57.7 |

One-third of the beer use for 11th and 12th graders was at a friend's home and over 40% occurred on weekends.

| Marijuana Use in Last Year – Percent responding Yes | | |
|--|--------------------------------------|-------------|
| Grade | PRIDE National Average - 2003 | 2004 |
| 7 | 7.1 | 5.7 |
| 8 | 14.3 | 11.7 |
| 9 | 22.1 | 16.0 |
| 10 | 28.0 | 23.8 |
| 11 | 33.0 | 27.0 |
| 12 | 35.5 | 28.4 |

35.9% of 12th graders said that it is very easy to get marijuana.

Liquor Use

In the 12th grade, 34.4% of use was at a friend's home and 42.9% occurred on weekends. 24.9% of 12th graders said that their friends use alcohol a lot. 25.3% stated that their friends use alcohol.

Cocaine Use

8.2% of 12th graders stated that they had used cocaine within the past year. The PRIDE National Average 2003 was 9.5%.

Uppers Use

In the 11th grade, reported use was 5.0%. It went up to 9.6% in the 12th grade.

Downers Use

In the 11th grade, reported use was 5.5%. It went up to 9.1% in the 12th grade.

Hallucinogen Use

9.1% of 12th graders stated that they had used hallucinogens within the past year.

The PRIDE National Average 2003 was 8.0%.

Heroin Use

Heroin use went up from 3.4% in the 11th grade to 7.3% in the 12th grade.

28.2% stated that it is fairly easy to very easy to get cocaine.

OxyContin Use

OxyContin use went up from 4.6% in the 11th grade to 8.6% in the 12th grade.

Suicide

Of the 1,383 students surveyed, 8.8% reported thinking “often” or “a lot” about committing suicide. Of those 8.8%, below are the correlations between suicide and drugs.

| Drug | % of 8.8% stating a high use of ATOD | Ratio of the 8.8% to the rest of respondents |
|-------------|---|---|
| Liquor | 62.6% | 2.1 |
| Marijuana | 46.0% | 3.0 |
| Cocaine | 23.8% | 7.4 |
| Inhalants | 20.8% | 4.2 |

Los Alamos Public School Survey – 4th, 5th and 6th Graders – School Year 2005-2006

The 40 Developmental Assets: A Profile of Los Alamos County Public School 4th- 12th Grade Students – School Year 2005-2006

The Search Institute’s framework of Developmental Assets provides a tool for assessing the health and well-being of elementary-age and older children. The asset framework represents a common core of developmental building blocks crucial for all youth, regardless of community size, region of the country, gender, family economics or race/ethnicity. The 2005-2006 report summarizes the extent to which children in Los Alamos County experience these assets and how the assets relate to their behavior. These 40 Developmental Assets were assessed in November and December 2005 using the survey, Me and My World. Grades 4 through 12 were surveyed.

Number of Student Responses by Grade Level

| Grade Level | Number of Student Responses |
|------------------------|------------------------------------|
| 4 th grade | 218 |
| 5 th grade | 213 |
| 6 th grade | 239 |
| 7 th grade | 234 |
| 8 th grade | 201 |
| 9 th grade | 264 |
| 10 th grade | 245 |
| 11 th grade | 252 |
| 12 th grade | 209 |

The Developmental Assets are grouped into two major types. External assets are the networks of support, opportunities and people that stimulate and nurture positive development in children. Internal assets are the young person’s own commitments, values, and competencies.

| EXTERNAL ASSETS | | | | | |
|-----------------------------|-----------------------------------|--|--|---|---|
| | | | Percent of Students in Agreement with Statements defining the Asset | | |
| Asset Category | Asset Name | Definition | Elementary School (4th, 5th, 6th) | Middle School (7th, 8th) | High School (9th-12th) |
| Support | 1.Family support | Family life provides high levels of love and support. | 88 | 74 | 68 |
| | 2.Positive Family communication | Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s). | 63 | 43 | 32 |
| | 3.Other adult relationships | Child receives support from adults other than her or his parent(s). | 53 | 45 | 42 |
| | 4.Caring neighborhood | Child experiences caring neighbors. | 50 | 36 | 31 |
| | 5.Caring school climate | Relationships with teachers and peers provide a caring, encouraging school environment. | 65 | 32 | 27 |
| | 6.Parent involvement in schooling | Parents are actively involved in helping the child succeed in school. | 60 | 41 | 28 |
| Empowerment | 7.Community values youth | Child feels valued and appreciated by adults in the community. | 32 | 29 | 15 |
| | 8.Children as resources | Child is included in decisions at home and in the community. | 59 | 30 | 22 |
| | 9.Service to others | Child has opportunities to help others in the community. | 50 | 50 | 49 |
| | 10.Safety | Child feels safe at home, at school, and in her or his neighborhood. | 68 | 42 | 61 |
| Boundaries and Expectations | 11.Family boundaries | Family has clear and consistent rules and consequences and monitors | 72 | 49 | 52 |

| | | | | | |
|--------------------------|----------------------------|---|-----------|-----------|-----------|
| | | the child's whereabouts. | | | |
| | 12.School boundaries | School provides clear rules and consequences. | 89 | 52 | 44 |
| | 13.Neighborhood boundaries | Neighbors take responsibility for monitoring the child's behavior. | 48 | 55 | 42 |
| | 14.Adult role models | Parent(s) and other adults in the child's family, as well as non-family adults, model positive, responsible behavior. | 53 | 34 | 30 |
| | 15.Positive peer influence | Child's closest friends model positive, responsible behavior. | 90 | 82 | 61 |
| | 16.High expectations | Parent(s) and teachers expect the child to do her or his best at school and in other activities. | 90 | 50 | 47 |
| Constructive Use of Time | 17. Creative activities | Child participates in music, art, drama, or creative writing two or more times per week. | 70 | 25 | 24 |
| | 18.Child programs | Child participates two or more times per week in co-curricular school activities or structured community programs for children. | 69 | 62 | 66 |
| | 19.Religious community | Child attends religious programs or services one or more times per week. | 61 | 59 | 53 |
| | 20.Time at home | (Question for elementary age) Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games. (Comparable question for mid and high school age) Young person is out with friends "with nothing special to do" two or fewer nights | 38 | 70 | 54 |

| | | | | | |
|--|--|-----------|--|--|--|
| | | per week. | | | |
|--|--|-----------|--|--|--|

The Search Institute’s results report did not contain any baseline data so comparison to any national norms is difficult. Please review the above chart carefully. External assets which drop significantly during the course of elementary school to mid school to high school are in **bold print**. There are too many decreases to be adequately covered in this Update. Additional observations include some low initial starting percentages for elementary age youth, such as:

- Only 53% of elementary youth surveyed said that they receive the support of some adult other than their parents. (3)
- Only 38% of elementary youth said that they spend some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games. (20)
- Only 50% of elementary youth experience caring neighbors. (4)
- Only 53% of elementary youth stated that parent(s) and other adults in the child’s family, as well as non-family adults, model positive, responsible behavior. (14)
- Only 32% of elementary youth stated that they feel valued and appreciated by adults in the community.

| INTERNAL ASSETS | | | | | |
|------------------------|--------------------------------|---|--|--|--|
| | | | Percent of Students in Agreement with Statements defining the Asset | | |
| Asset Category | Asset Name | Definition | Elementary School (4 th , 5 th , 6 th) | Middle School (7 th , 8 th) | High School (9 th -12 th) |
| Commitment to Learning | 21.Achievement motivation | Child is motivated and strives to do well in school. | 80 | 67 | 65 |
| | 22.Learning engagement | Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school. | 59 | 56 | 60 |
| | 23.Homework | Child usually hands in homework on time. | 82 | 73 | 71 |
| | 24.Bonding to adults at school | Child cares about teachers and other adults at school. | 82 | 47 | 49 |
| | 25.Reading for pleasure | Child enjoys and engages in reading for fun most days of the week. | 66 | 34 | 34 |

| | | | | | |
|---------------------|---------------------------------|--|-----------|-----------|-----------|
| Positive Values | | (Statements in this section are worded for elementary age. In comparable statements for older children, statements start with “Young person...” instead of “Parent(s) tell...”) | | | |
| | 26.Caring | Parent(s) tell child it is important to help other people. | 87 | 50 | 49 |
| | 27.Equality and social justice | Parent(s) tell child it is important to speak up for equal rights for all people. | 73 | 49 | 50 |
| | 28.Integrity | Parent(s) tell the child it is important to stand up for one’s beliefs. | 84 | 61 | 75 |
| | 29.Honesty | Parent(s) tell the child it is important to tell the truth. | 90 | 65 | 65 |
| | 30.Responsibility | Parent(s) tell the child it is important to accept personal responsibility for behavior. | 86 | 54 | 66 |
| | 31.Healthy lifestyle | Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality. | 88 | 66 | 38 |
| Social Competencies | 32.Planning and decision-making | Child thinks about decisions and is usually happy with results of her or his decisions. | 53 | 26 | 31 |
| | 33.Interpersonal competence | Child cares about and is affected by other people’s feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself. | 56 | 46 | 47 |
| | 34.Cultural competence | Child knows and is comfortable with people of difference racial, ethnic, | 73 | 45 | 47 |

| | | | | | |
|-------------------|--------------------------------------|---|-----------|-----------|-----------|
| | | and cultural backgrounds and with her or his own cultural identity. | | | |
| | 35. Resistance skills | Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things. | 84 | 54 | 38 |
| | 36. Peaceful Conflict resolution | Child attempts to resolve conflict nonviolently. | 81 | 50 | 45 |
| Positive Identity | 37. Personal power | Child feel he or she has some influence over things that happen in her or his life. | 61 | 41 | 47 |
| | 38. Self-esteem | Child likes and is proud to be the person he or she is. | 71 | 44 | 47 |
| | 39. Sense of purpose | Child sometimes thinks about what life means and whether there is a purpose for her or his life. | 51 | 58 | 56 |
| | 40. Positive view of personal future | Child is optimistic about her or his personal future. | 59 | 67 | 69 |

The Search Institute's results report did not contain any baseline data so comparison to any national norms is difficult. Please review the above chart carefully. Internal assets which drop significantly during the course of elementary school to mid school to high school are in **bold print**. There are too many decreases to be adequately covered in this Update. Additional observations include some low initial starting percentages for elementary age youth, such as:

- Only 56% of elementary youth indicate that they care about and are affected by other people's feelings, enjoy making friends, and, when frustrated or angry, try to calm her- or himself. (33)
- Only 59% of elementary youth indicated that they are optimistic about his or her personal future. (40)
- Only 61% of elementary youth indicated that they feel he or she has some influence over things that happen in her or his life. (37)
- Only 53% of elementary youth indicated that they think about decisions and are usually happy with results of her or his decisions. (32)
- Only 51% of elementary indicated that they sometimes think about what life means and whether there is a purpose for her or his life. (39)

Percent of Youth Reporting High-Risk Behavior Patterns

| Risk-Taking Behavior | | Grade Levels – Response by <u>Percentage</u> | | | | | | | | |
|-------------------------------------|--|--|----|----|----|----|----|----|----|----|
| | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Category | Definition | | | | | | | | | |
| Alcohol | Used alcohol once or more in the last 30 days | 6 | 6 | 4 | 11 | 17 | 28 | 32 | 44 | 54 |
| | Got drunk once or more in the last 2 weeks | | | | 8 | 10 | 17 | 20 | 25 | 32 |
| Tobacco | Smoked cigarettes once or more in the last 30 days | | | | 4 | 6 | 9 | 13 | 15 | 20 |
| | Smoked cigarettes more than one during the last year | 3 | 2 | 5 | | | | | | |
| | Used smokeless tobacco once or more in the last 12 months | | | | 1 | 3 | 6 | 11 | 8 | 9 |
| | Smoke one or more cigarettes every day or uses chewing tobacco frequently | | | | 2 | 4 | 5 | 6 | 10 | 10 |
| Marijuana | Used marijuana once or more in the last 12 months | 2 | 1 | 2 | 5 | 9 | 15 | 29 | 35 | 41 |
| Inhalants | Sniffed or inhaled substances to get high once or more in the last 12 months | | | | 13 | 15 | 10 | 5 | 3 | 4 |
| Other Drug Use | Used other illicit drugs once or more in the last 12 months | | | | 3 | 5 | 10 | 7 | 9 | 12 |
| Illicit Drugs | Used illicit drugs three or more times in the last 12 months | | | | 2 | 8 | 11 | 20 | 25 | 28 |
| Driving and Alcohol | Drove after drinking once or more in the last 12 months | | | | 1 | 4 | 5 | 11 | 24 | 32 |
| | Rode (once or more in the last 12 months) with a driver who had been drinking | | | | 26 | 27 | 31 | 32 | 33 | 41 |
| Anti-Social Behavior | Has damaged property just for fun more than once during the last year | 2 | 2 | 4 | | | | | | |
| | Has been involved in 3 or more incidents of shoplifting, trouble with police, or vandalism in the last 12 months | | | | 9 | 17 | 19 | 20 | 21 | 17 |
| Physical Aggression/Violence | Has hit or beat someone up more than once during the last year | 10 | 11 | 12 | | | | | | |

| | | | | | | | | | | |
|---------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Has engaged in 3 or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the last 12 months | | | | 29 | 33 | 28 | 30 | 26 | 23 |
| Sadness/Depression | Has felt sad or depressed a few or more times during the last month | 61 | 48 | 45 | | | | | | |
| | Is frequently depressed and/or has attempted suicide | | | | 18 | 27 | 22 | 25 | 22 | 24 |
| School Problems | Has skipped school 2 or more days in the last 4 weeks and/or has below a C average | | | | 10 | 14 | 13 | 16 | 16 | 17 |
| Sexual Intercourse | Has had sexual intercourse 3 or more times in lifetime | | | | 4 | 7 | 8 | 18 | 30 | 40 |
| Gambling | Has gambled 3 or more times in the last 12 months | | | | 8 | 8 | 12 | 13 | 13 | 20 |

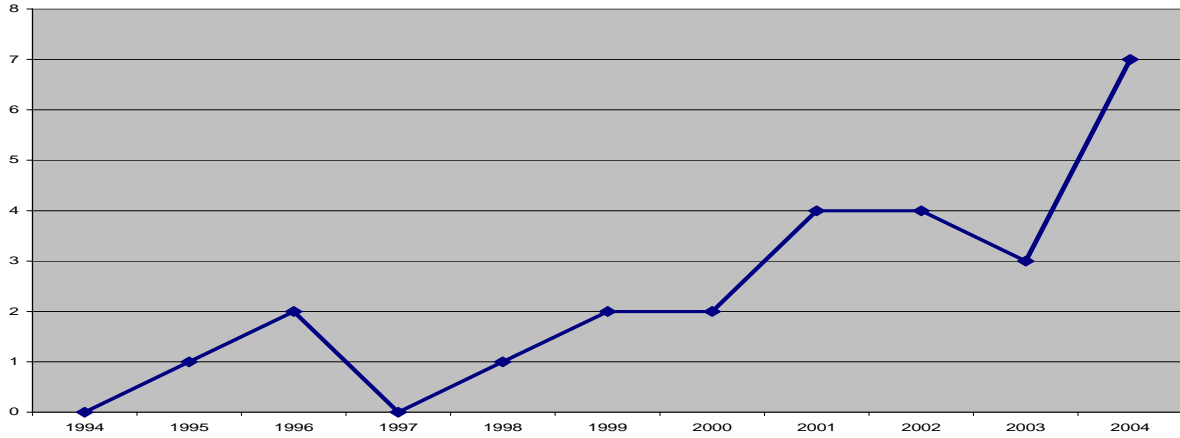
The Youth Reporting High-Risk Patterns table above, covering 4th through 12th grades, presents some interesting comparisons. Again, significant increases are in **bold print**. Some observations include:

- 32% of 10th graders and 54% of 12th graders had used alcohol once or more in the last 30 days
- 25% of 11th graders and 32% of 12th grader had gotten drunk once or more in the last 2 weeks.
- 35% of 11th graders and 41% of 12th graders had used marijuana once or more in the last 12 months.
- 25% of 11th graders and 28% of 12th graders had used illicit drugs 3 or more times in the last 12 months.
- An average of 45%-65% of 4th-6th grades had felt sad or depressed a few or more time during the last month.
- An average of one-out-of four 8th-12th graders was frequently depressed and/or had attempted suicide.

Law Enforcement and Road Safety

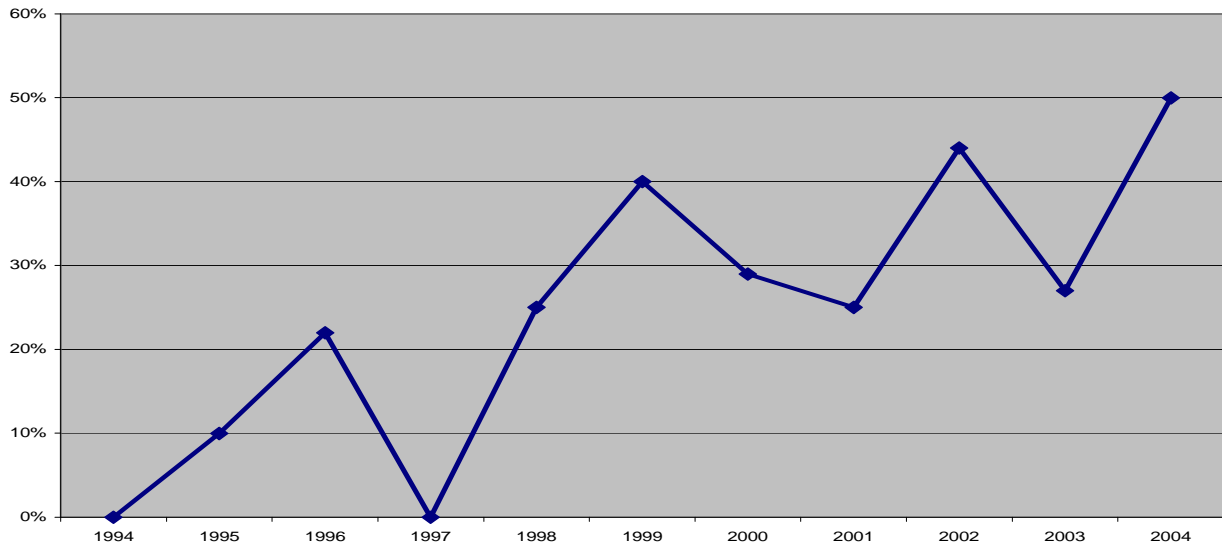
Number of Teen (15-19 yr) Alcohol-Related Crashes Los Alamos County – 1994-2004

Number of Teen (age 15-19 yr) Alcohol-Related Crashes in Los Alamos County



Percent of Teen Drivers (ages 15-19 yrs) in Alcohol-Related Crashes Los Alamos County – 1994-2004

% Teen Drivers (age 15-19 yrs) in Alcohol-Related Crashes In Los Alamos County



**Alcohol-involved Drivers - Crashes
Los Alamos County, 2005**

| Age Group | Male | Female | Total |
|------------------|-------------|---------------|--------------|
| 15 – 19 | 3 | 2 | 5 |
| 20 – 24 | 6 | 1 | 7 |
| 25 – 29 | 2 | 0 | 2 |
| 30 – 34 | 3 | 1 | 4 |
| 35 – 39 | 1 | 1 | 2 |
| 55 – 59 | 1 | 0 | 1 |
| Totals | 16 | 5 | 21 |

NM Traffic Safety Board - <http://www.unm.edu/~dgrint>

DWI Arrests

| Year | County Ranking | Number of Arrests |
|-------------|-----------------------|--------------------------|
| 2004 | 29 | 44 |
| 2003 | 29 | 36 |
| 2002 | 30 | 37 |
| 2001 | 30 | 43 |
| 2000 | 28 | 56 |

Total DWI Crashes

| Year | County Ranking | Total Number of DWI Crashes |
|-------------|-----------------------|------------------------------------|
| 2004 | 24 | 14 |
| 2003 | 27 | 11 |
| 2002 | 29 | 9 |
| 2001 | 26 | 16 |
| 2000 | 28 | 7 |

Non-Fatal Alcohol Involved Crashes

| Year | County Rank | Number of Not-Fatal Alcohol Involved Crashes |
|-------------|--------------------|---|
| 2004 | 24 | 14 |
| 2003 | 27 | 11 |
| 2002 | 28 | 9 |
| 2001 | 25 | 15 |
| 2000 | 28 | 7 |

Fatal Alcohol Involved Crashes

During the time period of 2000-2004, there was one fatal alcohol-involved crash in Los Alamos County, in 2001.

Non-Fatal Crashes with Alcohol Involved Teen Drivers (15-19)

| Year | County Rank | Non-Fatal Crashes |
|-------------|--------------------|--------------------------|
| 2004 | 12 | 7 |
| 2003 | 23 | 3 |

| | | |
|------|----|---|
| 2002 | 20 | 4 |
| 2001 | 21 | 4 |
| 2000 | 28 | 2 |

Non-Fatal Crashes with Alcohol-involved Young Adult Drivers (20-24)

| Year | County Rank | Non-Fatal Crashes |
|------|-------------|-------------------|
| 2004 | 25 | 1 |
| 2003 | 25 | 2 |
| 2002 | 33 | 0 |
| 2001 | 25 | 2 |
| 2000 | 27 | 2 |

Fatal Crashes with Alcohol-involved Teen Drivers (15-19)

None for all years between 2000 and 2004.

Fatal Crashes with Alcohol-involved Young adult drivers (20-24)

None for all years between 2000 and 2004.

Website data available on accountablegovernment.org.

The website, <http://dgrimst.unm.edu.htm>, has Los Alamos County related GIS data maps for the categories listed below for the years 2000-2004: Alcohol Involved Crashes, Fatal and Injury Crashes (No Fatalities), Pedestrian Involved Crashes, Motorcycle Involved Crashes, Major Roads, All Roads, White Rock City Limits, Los Alamos City Limits.

Los Alamos DWI Arrest Trends

| Year | Arrests | Conv. | Conv% | Refused | Refused% | Hearings | Hear.% | Crashes | Crash% |
|------|---------|-------|-------|---------|----------|----------|--------|---------|--------|
| 1996 | 100 | 79 | 79.0 | 12 | 12.0 | 30 | 30.0 | 6 | 6.0 |
| 1997 | 71 | 52 | 73.2 | 4 | 5.6 | 22 | 31.0 | 6 | 8.5 |
| 1998 | 93 | 69 | 74.2 | 7 | 7.5 | 36 | 38.7 | 5 | 5.4 |
| 1999 | 69 | 47 | 68.1 | 9 | 13.0 | 32 | 46.4 | 5 | 7.2 |
| 2000 | 55 | 41 | 74.5 | 9 | 16.4 | 19 | 34.5 | 10 | 18.2 |
| 2001 | 43 | 30 | 69.8 | 7 | 16.3 | 11 | 25.6 | 15 | 34.9 |
| 2002 | 38 | 26 | 68.4 | 7 | 18.4 | 18 | 47.4 | 11 | 28.9 |
| 2003 | 24 | 19 | 79.2 | 2 | 8.3 | 8 | 33.3 | 6 | 25.0 |
| 2004 | 44 | 32 | 72.7 | 5 | 11.4 | 12 | 27.3 | 14 | 31.8 |

Produced by the [DWI Resource Center](#).

Los Alamos County Crash Injury Trends

| Year | Total | Fatal | Injury | PDO | Killed | Injured | TeenKild | TeenInjd | Pedestrn | Unbelted |
|------|-------|-------|--------|-----|--------|---------|----------|----------|----------|----------|
| 1996 | 294 | 2 | 85 | 207 | 2 | 129 | 1 | 20 | 4 | 1 |
| 1997 | 299 | 1 | 86 | 212 | 1 | 136 | 0 | 16 | 0 | 0 |
| 1998 | 263 | 0 | 80 | 183 | 0 | 114 | 0 | 13 | 3 | 0 |
| 1999 | 252 | 1 | 83 | 168 | 1 | 108 | 0 | 19 | 5 | 0 |
| 2000 | 252 | 0 | 93 | 159 | 0 | 133 | 0 | 18 | 3 | 0 |
| 2001 | 270 | 2 | 68 | 200 | 3 | 88 | 0 | 9 | 8 | 0 |
| 2002 | 307 | 0 | 98 | 209 | 0 | 129 | 0 | 21 | 4 | 0 |
| 2003 | 259 | 1 | 89 | 169 | 1 | 122 | 1 | 12 | 1 | 0 |
| 2004 | 274 | 0 | 91 | 183 | 0 | 117 | 0 | 20 | 4 | 0 |

DWI Resource Center

Below are charts showing the years 2002, 2003 and 2004 in DUI and related accidents as provided by the Los Alamos Police Department. Juveniles are under 18 and minors are ages 18 to 20 years of age. Data regarding 2005, 2006 or 2007 was not made available.

Los Alamos County Incident and Arrest Information 2002-2004

| Incident | Number | | | Adult Arrest | | | Juv Arrest | | | Minor Arrest | | |
|--------------------|--------|----|----|--------------|----|----|------------|----|----|--------------|----|----|
| | 02 | 03 | 04 | 02 | 03 | 04 | 02 | 03 | 04 | 02 | 03 | 04 |
| DUI Caused Crashes | 4 | 10 | 11 | 3 | 6 | 7 | 1 | 2 | 2 | 1 | 2 | 1 |
| DUI Citations | 0 | 37 | 44 | 0 | 30 | 35 | 2 | 3 | 4 | 4 | 6 | 5 |
| DUI Injury Crashes | 3 | 5 | 5 | 3 | 5 | 3 | 0 | 1 | 0 | 1 | 1 | 1 |
| DUI Fatal Crashes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fatalities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Los Alamos has an active DWI Planning Council which is funded from state receipt taxes and whose fiscal agent is the Los Alamos County Police Department. The Council has had excellent continuity of staff and reports outstanding cooperation from the police department.

• **Crime and Delinquency**

Crime and Juvenile Delinquency

Crime data broken down into adults, juveniles and minors was not available. Juveniles are children under 18 and minors are individuals from 18 to 20 years of age.

However, the following crime statistics data was provided by the Los Alamos Police Department

| Crime | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---------------------------------------|------|------|------|------|------|------|---------------|
| Criminal Homicide | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Forcible Rape | 3 | 0 | 0 | 0 | 2 | 1 | 8 |
| Aggravated Assault | 55 | 40 | 67 | 64 | 53 | 72 | Not Available |
| Robbery | 0 | 2 | 0 | 1 | 0 | 0 | 2 |
| Burglary | 45 | 38 | 132 | 100 | 113 | 90 | Not Available |
| Larceny/Theft (Not motor vehicles) | 117 | 111 | 122 | 131 | 137 | 160 | Not Available |

| | | | | | | | |
|----------------------|----|----|----|----|----|------------------------------|------------------------------|
| Motor Vehicle Theft | 17 | 11 | 14 | 15 | 15 | 18 | 9 |
| Arson | 0 | 0 | 0 | 0 | 0 | 0 | Not Available |
| DWI Arrests | | | | | 47 | 56 | 60 |
| Prisoner Days Served | | | | | | Male – 3,365 Female - 300 | Male – 4,294 Female - 389 |

Data - Los Alamos County Juvenile Justice Probation Statistics – 2003, 2004

The New Mexico Juvenile Justice Program Inventory is sponsored by the New Mexico Sentencing Commission through the University of New Mexico has an excellent website, www.cjjcc.org.

However, more current data is not available than that listed below. The website also offers the New Mexico Juvenile Justice Program Inventory, www.cjjcc.org/inventory/programs, a comprehensive listing of youth programming available state-wide, both by community and county.

Youth Referrals Los Alamos County, FY03 – FY04

| | | |
|-----------------------|-------------------------|-------------------------|
| | 2003 | 2004 |
| Referred | 94 youth | 98 youth |
| Referrals by Sex | 69 males 25 females | 76 males 22 females |
| Referred by Ethnicity | 27 Hispanic 65 White | 36 Hispanic 60 White |

| Age | 2003 | 2004 |
|--------------------|------|------|
| 12 years and under | * | * |
| 13-16 years | 68 | 37 |
| 17 years and over | 23 | 58 |

Cells that contain an asterisk (*) represent numbers of 5 or less.

| Offense | 2003 | 2004 |
|---------------------|------|------|
| Felony | 34 | 31 |
| Misdemeanor | 78 | 107 |
| Probation Violation | 0 | * |
| Municipal | 0 | * |
| Non-delinquent | 18 | 0 |

Cells that contain an asterisk (*) represent numbers of 5 or less.

• Violent Deaths

Homicides

| 1999 | | 2000 | | 2001 | | 2002 | | 2003 | |
|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
| NM | LAC | NM | LAC | NM | LAC | NM | LAC | NM | LAC |
| 174 | 0 | 178 | 0 | 174 | 0 | 178 | 0 | 176 | 0 |
| 52.3% | 0 | 55.6% | 0 | 52.3% | 0 | 55.6% | 0 | 52.4% | 0 |

*Total Number of Homicides

**Percentage of Deaths by Firearms

There continue to have been **no homicides in Los Alamos County for the last five years.**

Suicides

| | 2000 | | 2001 | | 2002 | | 2003 | | 2004 | |
|-------------------------|------|-----|------|-----|------|-----|------|-----|------|-----|
| | NM | LAC | NM | LAC | NM | LAC | NM | LAC | NM | LAC |
| Total # | 309 | 0 | 303 | 3 | 309 | 0 | 309 | 0 | - | 2 |
| % of Deaths by Firearms | 56% | 0% | 54% | 67% | 56% | 0% | 56% | 0 | - | 0 |

NM Department of Health, Bureau of Vital Statistics and Health Data – Data provided by the Los Alamos County Police Department

No more current data was provided. According to the Los Alamos County Police Department, the two people in 2003 who committed suicide were males in their 50's. Also according to the LA Police Department, during the first 6 months in 2003, ten people also attempted suicide: four 18 years or younger, two between the ages of 18 and 25 and four between the ages of 30 and 50.

The Los Alamos Medical Center released statistics regarding attempted suicides, 1-1-01 to 5-31-02, for the original Profile. Out of a total of approximately 57 patients, 33.3% of them were ages 10 to 19 and 42% were from 30 to 50 years of ages.

**Los Alamos Medical Center – Emergency Room Diagnostic Data
Attempted Suicide Patients
1-1-01 to 5-31-02***

| Age | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
|---------|-------|-------|-------|-------|-------|-------|-----|
| Number* | 19 | 8 | 12 | 12 | 5 | | 1 |

*Approximate numbers Some with multiple diagnoses

**Los Alamos Medical Center-Emergency Room Diagnostic Data
2002 - 2003 Approximately – Ages 10-20**

| Diagnosis | Ages | | | | | | | | | | |
|------------------|------|----|----|----|----|----|----|----|----|----|----|
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| Suicidal | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 1 | 1 | 0 | 0 |
| Suicidal Gesture | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 0 |
| Depression | 0 | 0 | 0 | 0 | 2 | 5 | 2 | 0 | 1 | 0 | 1 |

Provided by Los Alamos Medical Center

For the 2005 Health Profile Update, the following statistics were provided for the first 3 ½ months of 2005 for ages 20 and under only. Year 2004 data was not provided. Nor was data provided by LAMC for the years 2006 or 2007 to date.

**Los Alamos Medical Center – Emergency Room Diagnostic Data
Attempted Suicide Patients – Ages 12-20
1-1-05 to 4-19-05**

| Age | 12-14 | 14-16 | 16-18 | 18-20 |
|---------|-------|-------|-------|-------|
| Number* | 4 | 3 | 4 | 2 |

New Mexico ranks among states with the highest suicide rates for all age-groups as well as youth and young adults aged 15-24 years. In 2004, suicide ranked 2nd among all injury deaths behind those caused by motor vehicles. Men commit suicide at a much higher rate than women although the rate of serious suicide attempts is higher among women. The suicide rates are the highest among older adult and 25-44 years old men. Most suicides are committed by using firearms. Suicide in New Mexico, 2006, NM Department of Health

- **Abuse/Neglect or Violence**

The most current statistics available through the Children, Youth & Family Department or Los Alamos law enforcement are included below.

The following statistics are from Let Peace Begin with Us! The Problem of Violence in New Mexico, Volume IV, May 2002, New Mexico Department of Health and also from the Protection Service Division Fact Book, Children, Youth & Families Department, Annual 2002.

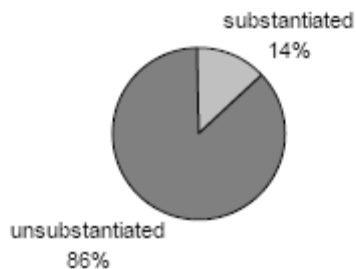
| Child Abuse | | | | | |
|-------------|----------------|------------|---------------|---------------------|---------------|
| 2000 | | 2002 | | 2003-first 6 months | |
| NM | Los Alamos Co. | NM | Los Alamos Co | NM | Los Alamos Co |
| 19,254 | 49 | 14,156 | 39 | | 11 |
| 24% subst. | 20% subst. | 28% subst. | 15% subst. | | 9% subst. |

In 2002, there were 96 reports of child abuse made in Los Alamos County, 56 or 58.3% were accepted for investigation. 15.38% or 6 were substantiated in contrast to New Mexico's substantiation rate of 28.89%. 33 or 84.62% were unsubstantiated compared to New Mexico's rate of 71.11%. There were no children in 2002 who had a recurrence of maltreatment within 12 months of a previously substantiated report.

In 2001, there were 12 child abuse reports with 10 alleged victims in Los Alamos County as reported by the Los Alamos Police Department. In 2002 there were 7 alleged victims.

There continues to not be a CYFD office in Los Alamos. Since there is no local direct investigative CYFD resource, the Los Alamos Police Department often assumes this role. Communication between the CYFD in Espanola, the central hotline reporting resource in Santa Fe and related agencies in Los Alamos can be challenging. There is concern in this instance and others such as juvenile delinquency, that the jurisdiction and ability to assume authority locally is compromised. As in other instances of the involvement of multiple jurisdictions, consistent and accurate statistics are difficult to locate. Quality parenting classes and educational opportunities are offered by the Family Strengths Network for voluntary participants.

Child Abuse Allegations and Substantiations– 2004-2005



The New Mexico Child Abuse and Neglect Citizen Review Board, www.nmcrb.org a project of New Mexico Advocates for Children and Families, annually reviews approximately 60 children a year from Rio Arriba and Los Alamos. These are children who have been abused and neglected and are therefore in the custody of the state. The resulting annual report combines data from the two counties. Accessing county-specific information would be helpful.

The Children Youth and Families website still does not divide their data out between Rio Ribba and Los Alamos counties, providing more specific information, www.cyfd.org. However, the Los Alamos 2001-2003 adult abuse statistics are as follows:

| Adult Abuse Cases – 2001-2003 Number of Investigations and % Substantiated | | | | | |
|---|--------------------|----------------------|-------------------|-------------------------|------------------------|
| 2001 | 2001 | 2001 | 2002 | 2003 | 2003 |
| New Mexico | Los Alamos County | New Mexico | Los Alamos County | New Mexico | Los Alamos County |
| 5,377 28%substan | 15 47% substan. | 5,792 28%substan. | 8 13% substan. | 5,044 29.2% substan. | 11 36.4% substan |

There are three types of adult protective services reports...home environment, institution/other provider and voluntary service intake. In 2001, there were 15 adult abuse alleged victims, 8 in 2002 and 11 in 2003.

Sexual Abuse

Sexual abuse continues to be viewed as under-reported as well as difficult to substantiate. One reason for this is that the New Mexico statute on sexual abuse sets an extremely high standard. Cases which would qualify as abuse in other states do not qualify in New Mexico. Therefore, it's difficult to mandate services for perpetrators. Another reason for under-reporting is the mindset of not seeking help and not risking the security clearance. It is difficult to locate separated out statistics on sexual abuse. An annual report resource called the Sex Crimes in New Mexico, An Analysis of 2003 Data from The New Mexico Interpersonal Violence Data Central Repository (aka the Betty Caponera Report) includes extensive state-wide data on annual sexual violence with very little county specific data.

According to the Los Alamos County Police Department, during the first 7 months of 2003, there were 4 reported cases of sexual abuse with no further information available. Los Alamos ranked 22 out of 29 counties in New Mexico. Participating Sexual Assault Service Providers, 2003 – Crisis Center of Northern New Mexico and Los Alamos Family Council

| Sex Crime Related Information – Los Alamos County – 2003 | | | | | | | |
|--|---|--------------------------------|--|---|---|---|-----------|
| | # of Sex Crimes reported by Law Enforc. | # of Survivors' Clients Served | # of District Crim Sex Crimes Processed to Final Disposition | Number of DC Convic. of Disposed Sex Crimes | % DC Convictions Of Disposed Sex Crimes | % Law Enforcement Reported Sex Crimes Represented | |
| LAC2003 | 6 | 2 | 0 | 0 | -- | 0 | |
| | Total Rapes | Total criminal | Total CSC of a Minor | Total Exploitat. | Total Enticement | Total Indecent | Total Sex |

| | | | | | | | |
|---------|---|----------------|---|------------|------------|----------|--------|
| | | sexual contact | | Of a child | of a Child | Exposure | Crimes |
| LAC2003 | 4 | 0 | 2 | 0 | 0 | 0 | 6 |

Domestic Abuse

There is an annual report resource called the Incidence and Nature of Domestic Violence in New Mexico: An Analysis of 2002 Data from The New Mexico Interpersonal Violence Data Central Repository (aka the Betty Caponera report). This resource provides ample state-wide and county specific data. A more current version of the Betty Caponera report was not available. . Law enforcement agencies and magistrate courts report non-duplicated statistics.

Los Alamos County Domestic Violence Trends, 2001-2004

| | | | | | | | | | | |
|---|------|------|--|------|--|------|------|------|--|--|
| A. Domestic Violence <u>Rates</u> Per 1000 in Los Alamos County Compared to Domestic Violence Rate In New Mexico, 2001-2004 and County <u>Rank</u> out of 33 NM Counties | | | | | | | | | | |
| | 2001 | Rank | 2002 | Rank | 2003 | Rank | 2004 | Rank | | |
| Los Alamos | 3.4 | 25 | 3.5 | 24 | 2.8 | 22 | 3.0 | 25 | | |
| New Mexico | 15.5 | | 15.8 | | 17.7 | | 15.3 | | | |
| B. <u>Percent</u> Domestic Violence Cases With Injury in Los Alamos County Compared to New Mexico, 2001-2004 | | | | | | | | | | |
| | 2001 | | 2002 | | 2003 | | 2004 | | | |
| Los Alamos | 48 | | 52 | | 23* (Only 2 reported Quarters by LAPD) | | 80 | | | |
| New Mexico | 31 | | 27 | | 26 | | 32 | | | |
| C. <u>Percent</u> Domestic Violence Cases Involving Weapons Use in Los Alamos County Compared to New Mexico, 2001-2004 | | | | | | | | | | |
| | 2001 | | 2002 | | 2003 | | 2004 | | | |
| Los Alamos | 68 | | 14* (*Incomplete Weapons Data from LAPD) | | ** (No Weapons Data from LAPD) | | 16 | | | |
| New Mexico | 36 | | 36 | | 38 | | 39 | | | |
| D. <u>Percent</u> Domestic Violence Cases Involving Alcohol/Drug Use in Los Alamos County Compared to New Mexico, 2001-2004 | | | | | | | | | | |
| | 2001 | | 2002 | | 2003 | | 2004 | | | |
| Los Alamos | 29 | | 29 | | 25 | | 27 | | | |
| New Mexico | 33 | | 32 | | 32 | | 30 | | | |
| E. <u>Percent</u> Domestic Violence Incidents with A Suspect Arrest in Los Alamos County Compared to Percent Domestic Violence Incidents with A Suspect Arrest in New Mexico, 2001-2004 | | | | | | | | | | |
| | 2001 | | 2002 | | 2003 | | 2004 | | | |
| Los Alamos | 53 | | 34 | | 79 | | 70 | | | |
| New Mexico | 28 | | 33 | | 31 | | 30 | | | |

| District Court Convictions of Disposed Violence Cases in LAC – 2001-2003 | | | | |
|---|-------------------------|-------------|-----------------|-------------|
| Year | Total Disposed DV Cases | # Convicted | # Not Convicted | % Convicted |
| 2001 | 31 | 14 | 17 | 45% |
| 2002 | 17 | 6 | 11 | 35% |
| 2003 | 26 | 8 | 18 | 31% |

*Total Domestic Violence Cases Filed and Total Dismissed Not Reported or Included

| Magistrate Court Convictions of Disposed Domestic Violence Cases in LAC – 2001-2003 | | | | |
|--|-------------------------|-------------|-----------------|-------------|
| Year | Total Disposed DV Cases | # Convicted | # Not Convicted | % Convicted |
| 2001 | 4 | 2 | 2 | 50% |
| 2002 | 5 | 1 | 4 | 20% |
| 2003 | * | * | * | * |

*Total Domestic Violence Cases Filed and Total Dismissed Not Reported or Included

In 2003, the domestic violence rate per 1,000 in Los Alamos was <5, one of the 4 smallest rates in New Mexico. The New Mexico Interpersonal Violence Data Central Repository, Injury Hurts New Mexico, 2005, NM Department of Health

According to the Los Alamos County Police Department in **2004, Los Alamos averaged about 30 domestic violence reports a year.** Numerous resources cited that there is more domestic abuse than is reported. There appear to be good resources available for domestic abuse. Family Council is reported to offer quality services. The nearest domestic shelter is in Espanola. Fall 2001, the Crisis Center of Northern New Mexico opened a branch in White Rock offering therapy, intake and case management services. Two Los Alamos County police officers were designated for domestic violence cases, protocols set up and close cooperation has developed.

Those serving Los Alamos clients reported that often the abuse has gone farther before the victim seeks help than in other surrounding communities. Again the fear of seeking help and not risking the security clearance were considered to be major factors in obtaining help for domestic violence. Also the stress level created by the need to be perfect and the scientific mindset of many LANL employees might discourage seeking help. There is a large international population, some with a minimal knowledge of English, and this is probably a factor in addressing the problem.

- **Unintentional Injury**

The injury deaths by mechanism chart represents the number of deaths from 1999 to 2001.

| Los Alamos County Injury Deaths by Mechanism 1999-2001 | | | |
|---|--|---|--|
| Mechanism of Injury | Number of Deaths in 3 Years | Age Adjusted Rate/100,000 Per Year | New Mexico Age Adjusted Rate/100,000 Per Year |
| Cut/pierce | 0 | 0.0 | 1.8 |
| Drowning | 1 | 1.4 | 1.4 |
| Fall | 10 | 17.4 | 10.2 |
| Fire/Burn | 0 | 0.0 | 1.0 |

| | | | |
|-----------------------|----|------|------|
| Firearm | 4 | 8.0 | 15.7 |
| Motor Vehicle Traffic | 10 | 17.6 | 22.1 |
| Poisoning | 8 | 18.2 | 17.0 |
| Other | 7 | 13.4 | 14.0 |
| All Injury | 40 | 76.0 | 83.2 |

NM Department of Health, Injury Epidemiology Unit

The Los Alamos County death rates for injury death by mechanism (falls and poisoning) are both higher than the New Mexico rates for the aggregate time of 1999-2001. See information under Leading Causes of Death for more data.

In 2002 New Mexico had the highest unintentional injury (“accidental”) death rate in the nation, and was tied for first in violence-related deaths. U.S. death rates were 17/100,000 population for violence and 37/100,000 population for unintentional injury. Unintentional injury death rates in New Mexico have consistently been 66% higher than U.S. rates, Injury Hurts New Mexico, 2005, Department of Health

4. INTERPRETATION OF COMMUNITY HEALTH STATUS INDICATORS

Health status indicators are interpreted within the body of each section.

5. HEALTH-RELATED SERVICES: CAPACITY, ACCESS AND USE (UTILIZATION)

Well over half of NM physicians (64.4%) practice in Bernalillo, Los Alamos and Santa Fe counties.

Distribution of Medical Personnel - Los Alamos County - June 2005:

Physician Distribution by County – 54, 22-34 per 10,000 people

Dentists – 16, 7-9 per 10,000 people

Nurses – 194, 94-110 per 10,000 people

UNM Locum Tenens Program – 2006 Days of Placement – Los Alamos 622.5 days

NM Health Policy Commission – 2007 NM QuickFacts

The Los Alamos Community Health Assessment Survey

There were 127 respondents to this survey. Respondents were asked to select their top three choices in answer to the question “What do you think are the greatest challenges children and families face in Los Alamos County. The two top categories were **access to alcohol and recreational/social activities for youth**.

Respondents were asked “What populations are of special concern in the Los Alamos community?” and were asked to check up to three choices. The **underemployed or working poor and teenagers and families** were the top two choices.

In the next question, respondents were asked: “Please assess the quality of the following services available for children and families in Los Alamos County.” The survey had five answer choices: Excellent, Good, Average, Poor, Don’t Know. Over 50% of the respondents gave an excellent/good rating to family services/counseling, education/literacy/mentoring, family education and support, and school-based or sponsored services.

The next question asked: What would **prevent you from accessing mental health services** if you needed them? **Not knowing about them and cost were the two highest responses.** Additional comments centered on problems with security clearance issues, a culture of secrecy, breaching of confidentiality by therapists, need for a child psychologist, and transportation.

Additional Community Health Surveys and Groups

A Los Alamos Medical Center Leadership group, comprised of local health, mental health and community professionals has met since November 2003 to address health related, especially mental health, issues. A review of meeting minutes for 2005 stated that LAMC is not equipped to service a psychiatric patient. There was no psychiatric nurse, no lock down unit. Constant observation was not possible; group therapy units were not available. There was no available transfer system if a patient volunteers to go to another facility. Most facilities were full or would reject a transfer if there was not insurance. LANL employees continued to use alternate routes for treatment so as not to jeopardize their security, which continues to create a barrier to safe, local service.

The Community Health Care Roundtable (CHCR), established in January 1998 “to assess the medical services and financial structures needed to provide quality healthcare to the Los Alamos community.” The group which still continues to meet and includes physicians, pharmacists, nurses, therapists, consumers and representatives of major employers. They developed an Interim Report in September 1999 which analyzed the condition of healthcare for Los Alamos County. The following includes some discussion points from that report which are still pertinent today. Many people who work in Los Alamos County live and get their medical care elsewhere. Many who do not live in Los Alamos get their medical care in Los Alamos. Healthcare services to meet most routine and some advanced medical needs have been available in the Los Alamos area for almost as long as the community has existed. Specialists have been directly accessible through Los Alamos Medical Center and other medical facilities in the region. Los Alamos Medical Center includes a full-service acute-care hospital. Los Alamos enjoys a broader range of medical services than most communities of its size are not able to support. Good health care has been taken for granted.

Cited below are some of the main challenges facing the health care system in Los Alamos based on still pertinent information from the CHCR’s Interim Report and key informant interviews for this Profile Update:

- Because of past LANL hiring patterns and low employee turnover, the average age of the LANL workforce and, hence, the community, is higher than the national average. Nearly half of the present LANL workforce is expected to retire in the 10 years. Many of those workers and their families are expected to remain in the area, increasing the demand for geriatric health services.
- LANL personnel tend to use mental health and substance abuse services less than might be expected. Perceived risk to security clearances seems to be a factor discouraging LANL people from seeking such services, or they may be paying for them out-of-pocket and not using benefits provided by their employer. Securing county-related statistics on discharge information from out of county hospitals/rehabilitation centers which might clarify this point has been difficult.
- One employer dominates the local scene. Therefore, the transition to managed care took place far more quickly than nation-wide. LANL retirees have discussed their concerns regarding relying on one insurance source and the fact that reasonable

reimbursement rates for certain procedures through LANL's medical insurance and through Medicare are decreasing.

- Overhead costs of providers in Los Alamos appear to be higher than national norms. And reimbursement rates to them are based on national or state benchmarks, which do not take into account the higher cost of living in Los Alamos or the gross receipts tax. Net compensation for providers in Los Alamos appears to be below national averages. Specialist retention is a problem and not only an economic issue, but also a proficiency one. Lack of consistency does not promote proficiency. The number of Los Alamos physicians has decreased.

The New Mexico Statewide Health Care Coverage and Access Household Survey 2002 was administered by the UNM Institute for Public Policy for the NM Health Policy Commission. The study was conducted in English and Spanish through a random-digit dialing telephone interview samples of 3,474 NM households with working telephones between April and October 2002. Areas covered included health care coverage among New Mexico adults – status and duration, lapses, employment correlates, types of coverage, out-of-pocket expenses, health care requirements and the acquisition of services. Information regarding coverage and access issues among children, types of coverage among children and access to health care services. A representative proportion was secured from each county, making the results statistically valid. Los Alamos is in Public Health District 2. Since the sample is considered to be county-level representative, some relevant responses emerged.

Of the four districts, PHD 2 had the highest percent (68.2%) with private health care coverage. Gender was not a factor in whether a respondent had private coverage, however educational attainment, age, race/ethnicity and household income were factors

Accessibility to a usual source for health care was highest for those with a college education (87.7%), from 35 years of age and older (lowest 84.7%) and White, non-Hispanic (85.4%). The same pattern existed with access to routine preventive care, a primary care provider, emergency room services, hospitalization, dental care and prescription drugs. Similarly with special tests and procedures, medical specialists, care for alcohol/drug abuse counseling and alternative health care.

State-wide the services most needed in 2001 were prescription drugs – 70% (not obtained by 7%), routine preventative care – 66% (not obtained by 13%) and dental care – 62% (not obtained by 15%).

6. HEALTH DISPARITIES AND PROFILE HIGHLIGHTS

Collaboration continues to increase

Joint funding continues to be sought, more sharing of resources. The Community Health Council continues to be a key component of this expanding cooperation. The issues of teen suicide, underage substance abuse and youth violence and crime have all been addressed. Examples include: trainings for counselors in teen suicide intervention have been added as well as related topics in high school classes. A Restorative Justice Project was developed and implemented.

Increased resources

New community resources continue to be added and/or restored. Examples include: the Los Alamos Medical Center has added an urologist who performs surgery. A psychiatrist to

specialize in children and youth issues is still being sought. The Public Health Office has continued to vastly increase its number of service visits.

Need to continue sharing and compiling information

Compelling data continues to be available and needs to be collectively compiled. Consideration needs to be given to sharing and compiling statistics and data to determine trends and needs. An example would be the compiling of data on stress/anxiety/depression and youth substance abuse. While the willingness to share opinions, expertise and trends is there, it continues to be difficult to access actual quantitative data.

Access to “on-the-hill” mental health resources

The security clearance continues to be a challenge in accessing resources, especially mental health resources. There continues to be a reluctance to seek help. Mental health service providers responding to the survey stated that this is a barrier to service delivery. Los Alamos Medical Center personnel have stated that this continues to be an issue.

A Los Alamos Medical Center led group, now the Behavioral Health committee of the Los Alamos Community Health Council, is comprised of local health, mental health and community professionals have met since November 2003 to address health related, especially mental health, issues. Minutes reviewed include the statement, “LANL employees continued to use alternate routes for treatment so as not to jeopardize their security, which creates a barrier to safe, local service.”

Continued lack of community and county resources

Because of the high median income level, the lack of diversity except for the international presence and, probably, the under reporting of problems which would raise red flags and justify need, there has been a disturbing trend of removing services and resources from the county. Los Alamos has been “punished” by the withdrawal of state dollars and services for doing a good job. And, perhaps, some sectors of the community itself have been responsible by saying that such services are not necessary to have in Los Alamos County. Informal support, networking and coordination cannot take place as easily. While this is still a problem, some improvement has been made. The NM Local Collaborations have been developed in separate regions, including more than one county, as part of the Department of Health’s behavioral health redesign. Los Alamos County will need to continue playing an active role in this process in order to assure that they receive a fair distribution of the involved funds.

Challenges continue to face children in Los Alamos County

The observation continues to be made that children in Los Alamos are left alone too frequently and for too long, have too much freedom, and too much money made available to them. A lot of families have both parents working at LANL. Children too often are left unsupervised. Often parents are gone and leave children alone for several days. Children are not equipped to handle the resulting latchkey effect.

Surveys conducted in the public school continue to show a disturbingly high level of anxiety, depression, substance use and violence.

Physical health-related factors to continue monitoring

Los Alamos had the 5th highest cancer rate of the 33 counties in New Mexico during 1999-2003.

Four or 25% of the single births in Los Alamos County in 2004 were to mothers between the ages of 15 and 19.

There were 9 reported cases of chlamydia in Los Alamos County in 2002, the highest in the prior five years. In 2003, there were 10 reported cases and also 10 in 2004. In 2005, there were 18 reported cases.

There were no reported cases of gonorrhea in 2001 and 1 case in 2002. In 2003, there were 3 cases; in 2004 there was one reported case. In 2005, there were 7 reported cases.

The county-specific information on the 2002 NM Behavioral Risk Factor Surveillance System (BRFSS) Survey (developed by the Centers for Disease Control and Prevention) shows that the percentage rates of currently having arthritis (25.8%) and asthma (9.1%) and having a history of asthma (14.2) among respondents in Los Alamos County are higher than either the Health District 2 or the New Mexico rates. No more current data is available.

The following are from the 2005 Health Profile Update. No updated data was available to substantiate current status.

The aggregate resident infant death rates from 1998-2002 for Los Alamos County have been higher than the comparable New Mexico rates. This is also true for SIDS (Sudden Infant Death Syndrome) and birth defects.

The death rate for youth from 15-19 years of age Los Alamos County was higher than the New Mexico rate in 2001 and 2002.

The Los Alamos County death rates for injury death by mechanism (falls and poisoning) are both higher than the New Mexico rates for the aggregate time of 1999-2001.

All top five cancers in Los Alamos women during the 1994-2000 aggregate were higher than the state-wide average except for lung and bronchial cancer.

From 1994-2000, prostate cancer in men was 35% higher than state-wide. Melanomas of the skin were over twice as high as the New Mexico average.

Teenage Suicide

Available data on adolescent attempted suicides and continued high response rates from self-survey in school testing of public school youth showing a high rate of youth contemplating and planning suicide, all indicate that this is still a problem. Community awareness around this issue has increased and good steps have been made.

Neither the Los Alamos Police Department or Los Alamos Medical Hospital provided related data for 2005 so full information is not available. However, the results from the 2005-2006 student survey using the Search Institute's Developmental Assets survey indicate the following:

- An average of 45%-65% of 4th-6th grades had felt sad or depressed a few or more time during the last month.
- An average of one-out-of four 8th-12th graders was frequently depressed and/or had attempted suicide.

Underage use of drugs and alcohol

Factors related to this concern include a community norm of acceptance of and encouragement of alcohol use by young people, unsupervised parties, binge drinking, increased stress in the community, parental denial and an insufficient number of resources for teenagers just to play. Resources have increased and steps are continuing to address this problem and its derivatives: bullying, low self-esteem, depression, unrealistic expectations, lack of access to resources, etc.

Data provided earlier in this report include recent Traffic Safety Bureau numbers and results from the 2005-2006 student survey using the Search Institute's Development Assets survey.

- 12 or 57% of the alcohol-involved drivers in Los Alamos crashes in 2005 were between the ages of 15 and 24.
- 32% of 10th graders and 54% of 12th graders had used alcohol once or more in the last 30 days
- 25% of 11th graders and 32% of 12th grader had gotten drunk once or more in the last 2 weeks.
- 35% of 11th graders and 41% of 12th graders had used marijuana once or more in the last 12 months.
- 25% of 11th graders and 28% of 12th graders had used illicit drugs 3 or more times in the last 12 months.

Actual statistics are difficult to come by. Seeking help continues to be challenging because of the clearance issue. And if help is sought, it is often "off the hill".

Youth violence and crime

This continues to be a source of concern as reported through the last available Los Alamos Police reports and in-school Los Alamos Public School annual student surveys.

CROSS CUTTING INDICATORS

Indicator #1 One indicator is the incidence of teen attempted and actual suicide and depression. Both the self-reporting PRIDE survey results and this year's Developmental Assets survey, as reviewed earlier in this document, substantiate this as well as hospital discharge data, as provided. This affects the risk factors of low attachment to community, alienation, attitudes and involvement in problem behavior. It also impacts the protective factors of bonding with community and family, high parental expectations (which also can lead to risk), participation and caring and support at school. This is an area of high community concern.

Indicator #2 A second indicator is the high level of access to drugs and the high level of underage substance use, especially underage drinking. PRIDE and Developmental Assets survey results as well as available law enforcement data and prior key respondent interviews indicate that this is also justifiably an area of high community concern. Risk factors of availability, low community attachment and favorable attitudes toward the problem behavior are at play in this indicator. Protective factors of increased bonding with family, opportunities for

participation, involvement with positive peer group activities and norms and a caring and supportive school environment can all contribute towards improvement.

Indicator #3 A third indicator was included in the 2005 Health Profile Update and is probably still an area of concern although law enforcement and hospital data was not available. An increased level of stress was reported in the community. As of last year, domestic violence referrals had increased; child abuse referrals had increased. Each of the three nonprofit counseling agencies reported an increase in intakes, especially amongst adolescents and young adults and an increase in the diagnosis of depression amongst their client caseloads. Two out of the three reported last year that intakes were up significantly; one had risen by one-third. They saw an increase in adult alcohol use, gambling, more debt, more child abuse/neglect, more spousal arguing, and an increase in anti-anxiety and sleep medications. In youth, they were seeing an increase in suicide attempts. An increased anxiety in parents means that children have a harder time talking to them. Some agencies reported that more children were taking non-prescribed medications.

Role of the Los Alamos Community Health Council

Excellent work is being done in treatment, prevention, law enforcement, medical care, the school system, etc. Collaboration has soared.

1. The Search Institute's Developmental Assets survey was administered in the previous year students, 4th through 12th grades. When compared class to class, as done in this Health Profile Update, the results are very interesting. At certain points, internal and external assets begin decreasing dramatically and risk-taking behaviors begin increasing dramatically. Continued questioning is essential around how to interface earlier with youth to affect these patterns
2. Los Alamos has a wealth of resources and competence in their human service community. These people are meeting continually around current issues. It is hoped that this collaborative approach to problem-solving and filling service gaps continues to expand. County resources continue to need encouragement to more strongly support the mental health community as they continue to face the funding challenges of providing quality regional service.
3. Some excellent programming continues to be offered through the schools including education/discussion regarding bullying, emotional abuse, violence, date rape, the effects of underage use of ATOD, etc. A range of skilled people are providing these presentations. Response has been very positive. Continue to provide information and the backup support needed when problems are revealed.
4. Continued support of the provision of effective and productive continued community education regarding issues identified by the Los Alamos Community Health Council.
5. Continue to problem-solve around the issue of feeling free to seek out mental health and related medical resources. How can community members receive the services that they need? And how can they access those services before their problems have become overwhelming?
6. It still appears that detailed county-wide mental health statistics are not maintained or, at least, are not easily accessed. Further investigation into county-wide mental

health statistics, trends and service gaps would continue to be a worthwhile effort.

7. Develop an effective mechanism to regularly gather data that is critical to the County's health and welfare including law enforcement statistics and hospital information, especially data related to youth.