

HEALTH PROFILE 2005

Public Health is Public Wealth



MORGAN COUNTY

Northeast Colorado
HEALTH DEPARTMENT

WWW.NCHD.ORG

D

EMOGRAPHICS

for Morgan County

Source: U.S. Census Bureau

Demographics define a population based on a number of different factors such as age, race and gender. Without understanding the demographics of a population, health statistics cannot be interpreted correctly. For example, a county that has a high death rate due to Alzheimer's would not necessarily cause alarm if its demographics indicated there was a high elderly population. In addition, a higher-than-average incidence rate of breast cancer would be more prevalent in a region that had a higher population of females.

Language barriers and income levels are also important demographics within populations. Lower incomes can be a key factor in how often families will visit the doctor and language barriers can be a hurdle to good health communication.

Morgan County is a mostly white population that speaks English. However, almost a third of its population is Hispanic and 15 percent of that population speaks limited English, a possible challenge in understanding health issues presented only in English. The average household income is \$34,568, much lower than the average household income across the state, which is \$47,203, and could be a factor in how often doctor visits are made.

Population*	27,171
Males	50.1%
Females	49.9%
Age	
Under 19 years of age	33.1%
20-34 years	18.9%
35-54 years	27.0%
55-74 years	14.5%
75 years and over	6.6%
Median age	33.5
Race	
White	79.7%
Black or African American	0.3%
Other	17.6%
Two or more races	2.5%
Hispanic or Latino (of any race)	31.2%
Education (over 25 years of age)	
High school graduate or higher	71.4%
Bachelor's degree or higher	13.5%
Language	
English only	74.4%
Spanish, English less than very well	14.0%
Other, English less than very well	0.3%
Household Income	
Less than \$10,000	10.4%
\$10,000 - \$34,999	40.4%
\$35,000 - \$74,999	38.4%
\$75,000 - 149,999	9.3%
150,000 and over	1.7%
Median household income	\$34,568
Average # of minutes traveled to work	18.5

*Total population is a July 1, 2003 estimate from the U.S. Census Bureau. All other demographic characteristics obtained from the 2000 census.

The information contained within these pages represents the most current health data available for Morgan County and the rest of the state as of January 1, 2005. In some cases, because of the small populations in northeast Colorado, some of the data is suppressed to ensure confidentiality. This happens when there is less than three events in any one category. For example, if less than three individuals over age 40 gave birth to a child within a specified time period, the data will not be available for that age group. In this instance the individual statistics for each age category would be less than the total number of live births.

All of the data in this report is pulled from the most current available year or from the most current five-year period. Due to the small populations in our region an increase of just a few incidents during one year, for example motor vehicle deaths, can greatly increase the overall death rate for that year. For that reason we have included the five-year comparisons to give a more comprehensive picture of how our mortality trends really compare to the rest of the state over a period of time.

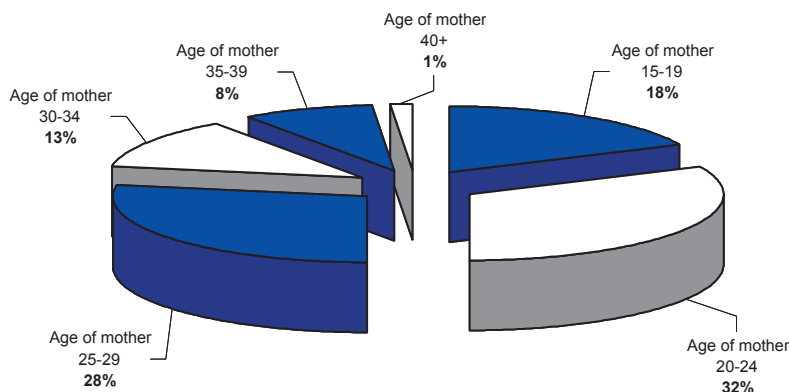
All of the birth and death statistics were obtained from the Colorado Health Information Dataset (COHID), through the Colorado Department of Public Health and Environment. Death data are compiled from information reported on the Certificate of Death, birth data is collected from the Certificate of Live Birth. COHID only reports data for Colorado resident births and deaths. Resident births and deaths are for those individuals who reported being residents of Colorado, even if the birth or death occurred to residents while outside of Colorado. County-specific data are for births or deaths reported as occurring for residents of those counties.

Age standardization, often referred to as “age adjustment,” has been used to eliminate the effects of differences in the age composition among different populations or across time. The age-adjusted death rate is defined as the death rate that would occur if the observed age-specific death rates were present in a population with an age distribution equal to a standard population. Because each population or time period shares a common age distribution represented by the age-specific standard population weights, the effects of variation in the age distribution are eliminate.

B

IRTH STATISTICS

in Morgan County, 2003



Total live births **448**

Age of Mother	
15-19	80
20-24	142
25-29	124
30-34	56
35-39	37
40+	6

The graph below represents cumulative birth risk factor data collected over a five-year period, 1999-2003, comparing Morgan County to the state of Colorado. The five-year span gives a more complete account of the overall birth statistics rather than data supplied for one year.

Some of these factors, such as prenatal care and birth weight can have a dramatic effect on the health of this future generation so it is important to learn what the health risk factors are. In Colorado in 2003, the oldest and the youngest mothers had the highest percentages of preterm and low birth weight babies.

This data indicates that Morgan County has a higher percent of its population seeking late prenatal care, as well as a much higher percent of mothers with less than a high school education, when compared with the rest of the state.

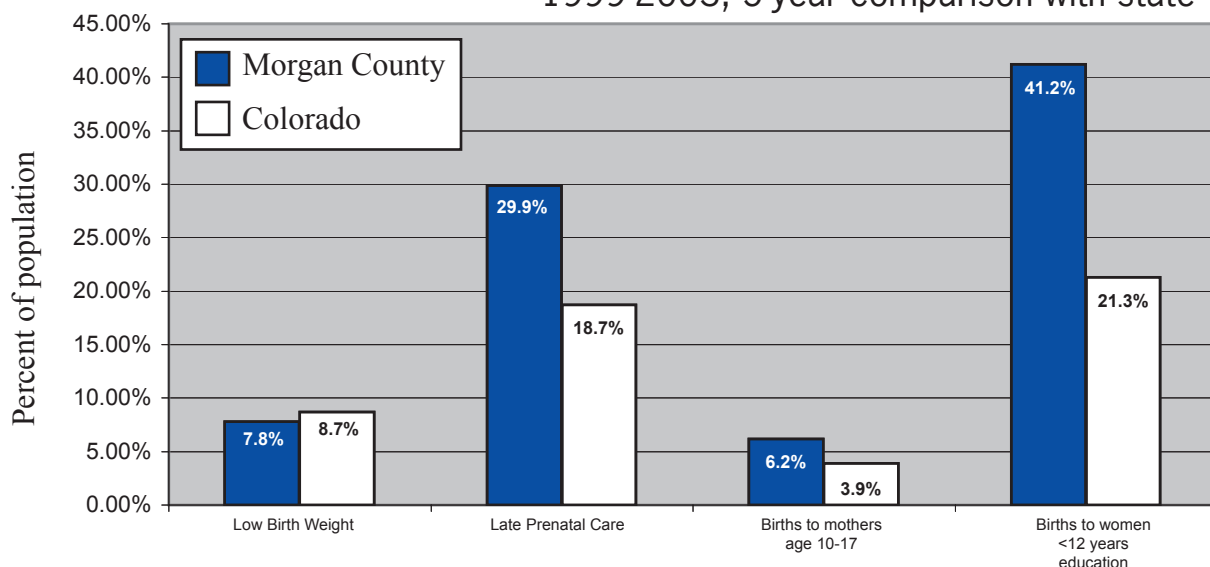
Low birth weight	
< 2,500 grams	30
<1,500 grams	4

Prenatal care later than first trimester	
	177

Preterm births (<37 weeks)	
	41

Education of mother <12 years	
	185

Birth Risk Factors in Morgan County 1999-2003, 5-year comparison with state



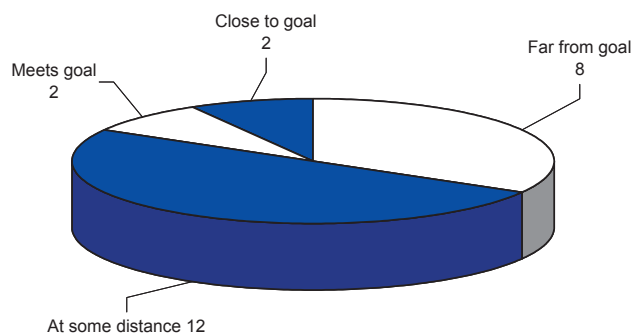
MATERNAL/CHILD HEALTH in Morgan County

The information provided below are trends in maternal/child health performance measures. The measures, which are all indicators of how healthy our youngest generation is or will be, are set and assessed by the Colorado Department of Public Health and Environment.

In 2004 Morgan County was assessed on 24 separate performance measures, not all were included in this report. Those measures were then compared to Colorado's 2005 goal, which is set by CDPHE and to the Healthy People 2010 goals, if there was a similar goal, which are set nationally by the Centers for Disease Control and Prevention. In addition, the 2004 information was compared to previous years in order to pinpoint health trends within the county.

This pie chart indicates that of the 24 performance measures, Morgan County currently only meets two and comes close to

Morgan County's MCH Goals at a glance, 2004



meeting two others. Twelve of the measures are at some distance from the goal and eight are far from the goal.

The table on the next page breaks out each measure that pertains to NCHD, compares it to the Colorado and HP 2010 goals, indicates the direction of the trend over a five-year period, provides current data, and charts the change of the data since 2000. Other highlights from the report are listed below.

ISSUES & OPPORTUNITIES

There are several issues where Morgan County falls considerably short of Healthy People 2010 goals; eight that are far from the goals and twelve that are at some distance.

Far from the goal

- A number of infant and perinatal measures are far from their HP 2010 goals; the postneonatal mortality rate, the perinatal mortality rate and the proportion of unintended births. Both the postneonatal and perinatal mortality rates are more than double the HP 2010 goals.
- The teen motor vehicle death rate, at 154.7, is more than 16 times higher than the HP 2010 goal of 9.2.
- Childhood obesity in Morgan County, at 12.8 percent, is more than double the HP 2010 goal of 5.0 percent.

At some distance from the goal

- The teen fertility rate was 39.0 during 2001-2002, still some distance from Colorado's 2005 goal of 28.0; however, this level has been declining for the past five years.
- Morgan County's injury hospitalization rate for children, at 410.1, is considerably higher than the Colorado 2005 goal of 251.0. The five-year rates have been decreasing slowly over the past three years.
- The motor vehicle death rate for children under age 15, at 14.3, is still some distance from the HP 2010 goal of 9.2; however the three-year rates have been very stable.
- The child abuse rate, at 16.8, is still some distance from the HP 2010 goal of 10.3. Morgan County's child abuse rate is significantly higher than most counties in Colorado.

M

MATERNAL/CHILD HEALTH in Morgan County

Positive trends in Morgan County

- A 43% decline in the teen fertility rate
- A 16% decline in the perinatal mortality rate

Negative trends in Morgan County

- A 45% rise in the child death rate
- A 23% decline in the proportion of very low births delivered in a Level III facility
- A 19% rise in the postneonatal mortality rate
- A 190% rise in the teen motor vehicle death rate

Important Issues

The high level of infant and perinatal measures either far from or at some distance from their HP 2010 goals, suggest that this is Morgan County's most serious set of problems.

The high number of measures that are far from or at some distance from the goals that relate to infants may well be related to factors such as the relatively high level of unintended pregnancy, the higher rate of inadequate maternal weight gain during pregnancy, and the county's lower level of first trimester care.

In addition, Morgan County's teen motor vehicle death rate is one of the highest in the state, also contributing to its high injury hospitalization rate.

Group	MCH Indicator	Colorado 2005 Goal	Healthy People 2010 Goal	Direction of Trend since 2002	Position relative to goal	Data for 2004	% change 2000-2004
Child	Child death rate, 1-14	20.3	NA	Mixed	Meets goal ¹	18.4	+44.9%
Adolescent	Suicide death rate, 15-19	12.0	5.0	No change	Meets goal	0.0	NA
Infant	% newborns screened for hearing	95.0%	NA	Improving	Close to goal ¹	94.6%	-2.1%
Adolescent	Teen fertility rate, 15-17	28.0	43.0 ²	Improving	At some distance ¹	39.0	-43.4%
Child	Injury hospitalization rate, 0-19	251.0	NA	Improving	At some distance ¹	410.0	NA
Infant	% births low birth weight	7.5%	5.0%	Improving	At some distance	7.4%	-8.6%
Infant	% births very low birth weight	1.0%	0.9%	Mixed	At some distance	1.4%	+7.7%
Infant	Infant mortality rate	5.7	4.5	Mixed	At some distance	7.8	+1.3%
Infant	Neonatal mortality rate	3.9	2.9	Mixed	At some distance	5.7	+1.8
Perinatal	% births w/first trimester care	85.0%	90.0%	Mixed	At some distance	67.7%	-3.7%
Child	Motor vehicle death rate, 0-14 ³	3.0	9.2	No change	At some distance	14.3	NA
Infant	% VLBW in Level III hospital	NA	90%	Worsening	At some distance	58.8%	-23.3%
Child	Child abuse rate	5.8	10.3	**	At some distance	16.8	NA
Perinatal	% births w/inadequate weight gain	20%	NA	**	At some distance ¹	26.6% ⁴	NA
Perinatal	% mothers who initiate breastfeeding	85.0%	75.0%	**	At some distance ₁	74.7%	NA
Infant	Postneonatal mortality rate	1.8	1.2	Mixed	Far from goal	2.5	+19.0%
Perinatal	Perinatal mortality rate	8.0	4.5	Mixed	Far from goal	11.7	-15.8%
Child	School-based health care	8.75%	NA	No change	Far from goal ¹	0.0%	NA
Adolescent	Motor vehicle death rate, 15-19 ³	20.0	9.2	Worsening	Far from goal	154.7	+189.7%
Child	% obese ⁵	9.0%	5.0%	**	Far from goal	12.8%	NA
Perinatal	% births unintended	34.0%	30.0%	**	Far from goal	45.6% ⁴	NA

** Cannot ascertain trend because comparisons over time should not be made due to changes in methodology and/or reporting

¹ Reference is to Colorado 2005 goals

² The HP 2010 goal refers to pregnancies, not births. The goal for teen fertility is Colorado's 2005 goal of 28.0

³ The HP 2010 goal is for all ages (0-19)

⁴ Regional data

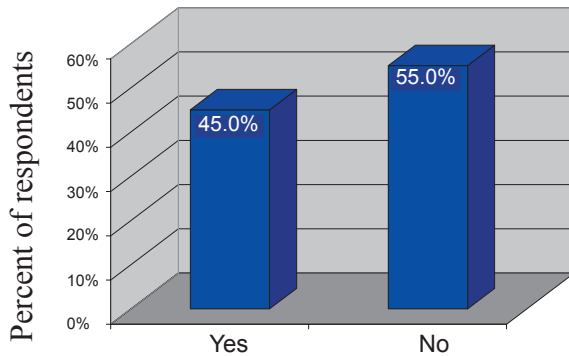
⁵Data based on population participating in Women, Infants and Children

Y

OUTH TOBACCO TRENDS in Northeast Colorado, 2004

Ever smoked or tried smoking

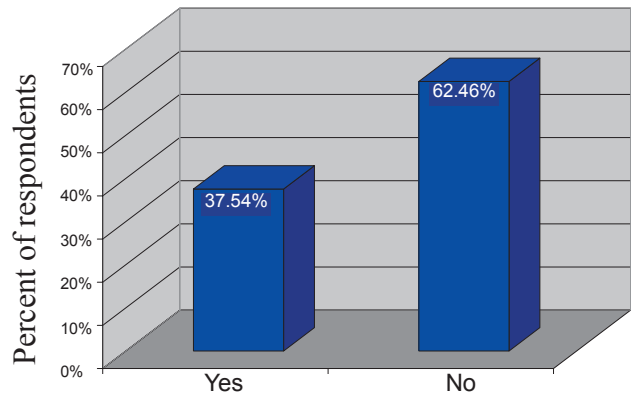
Total of 1,888 respondents age 11 - 18
residing in northeast Colorado



The following data was obtained and compiled by the Northeast Colorado Health Department in 2004 through a survey distributed to schools within our region. Although tobacco is just one example of substance use it is a major predictor of continued use or abuse as an adult. Cigarette smoking is the leading cause of preventable death in the U.S. Adolescents who smoke are more likely to smoke as adults and to be at increase risk for cancer and heart disease.

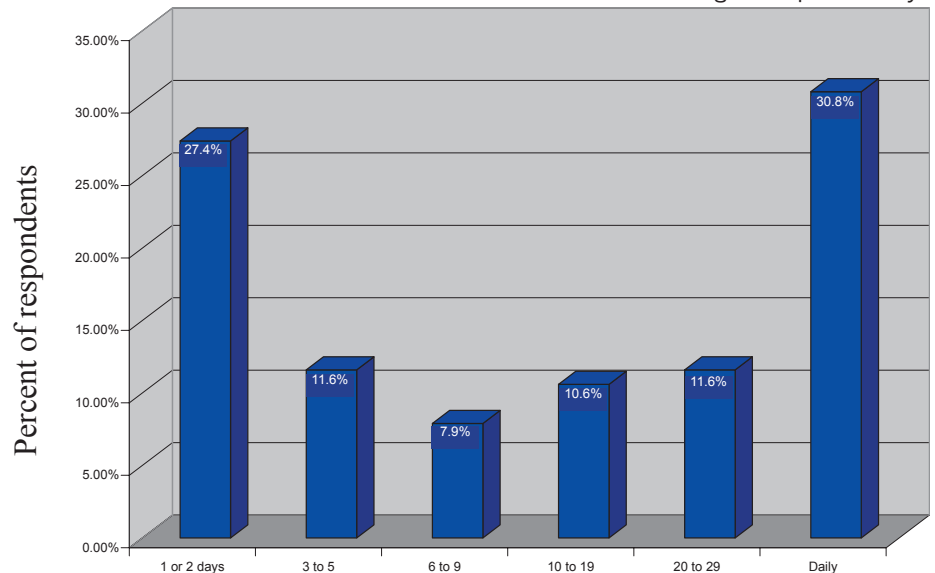
Currently live with a smoker

Total of 1,894 respondents age 11 - 18
residing in northeast Colorado



Smoking habits within past 30 days

Total of 292 respondents age 11 - 18
residing in northeast Colorado who admitted
to smoking within past 30 days





CANCER STATISTICS

in Northeast Colorado, 2001-2002

Cancer Incidence in Northeast Colorado 2001 - 2002

Place	# of cases	Rate	s.e.	LCI	UCI
Colorado	34,765	458.3	2.49	453.4	463.2
NE Region	669	429.2	16.68	396.5	461.9
Logan	198	429.8	30.62	369.8	489.8
Morgan	210	390.15	27.07	337.1	443.2
Phillips	54	441.7	61.5	321.2	562.2
Sedgwick	38	463.2	77.32	311.7	614.7
Washington	65	488.4	61.38	368.1	608.7
Yuma	104	457.8	45.27	369.1	546.5

Cancer Deaths in Northeast Colorado 2001 - 2002

Place	# of deaths	Rate	s.e.	LCI	UCI
Colorado	12,506	167.7	1.5	164.7	170.6
NE Region	293	180.9	10.6	160.2	201.7
Logan	81	174.2	19.3	136.4	212.1
Morgan	97	172	17.5	137.7	206.3
Phillips	21	165.5	38.1	90.8	240.1
Sedgwick	20	252.2	58.3	138	366.4
Washington	23	163.9	34.4	96.4	231.5
Yuma	51	216.8	30.4	157.3	276.3

- Source: Colorado Central Cancer Registry and Health Statistics Section, Colorado Dept. of Public Health and Environment
- Cancer incidence statistics are provisional (subject to change); mortality data has been finalized.
- NE Region = all six counties in northeast Colorado
- Shaded boxes indicate rate is significantly lower than state rate.
- Population figures for 1990-2001 are 2001-based estimates, and population figures for 2002 & 2003 are 2003-based estimates from the Demography Section, Colorado Division of Local Affairs.
- s.e. = standard error
- LCI = lower confidence interval, UCI = upper confidence interval

Standard error is used to calculate the confidence interval for each rate. The confidence interval then gives an estimate of how low or high the rate may fluctuate because of small numbers. A county rate can be compared to the state rate by seeing if the confidence intervals overlap. If they overlap, the county rate is not statistically different from the state rate.

These tables represent the cancer incidence (how often cancer is diagnosed) and the cancer death rates in the northeast region and the state as a whole during 2001-2002. The statistics indicate that every county in this region is statistically comparable to the rest of the state during this time period, with the exception of Morgan County having a statistically lower cancer incidence rate.

The most recent cancer statistics indicate the following trends throughout Colorado:

- In Colorado, the cumulative lifetime risk of cancer is 1 in 2 for males and 2 in 5 for females.
- Colorado 1996-2000 cancer incidence rates were 4-6 percent lower than U.S. rates, largely due to lower rates of lung and colorectal cancer.
- The incidence rate of cancer for Colorado females climbed 3 percent from 1996-2000 to 2001 with an increase in lung cancer incidence being a major contributor to this finding.
- During 1996-2000 and 2001, cancer incidence rates for Hispanics in Colorado were 10-21 percent lower than rates for non-Hispanic whites, a finding due to lower rates of some major cancer types.
- Colorado cancer mortality rates were close to 15 percent lower than U.S. rates; the Colorado rate declined about 5 percent for males and increase 2 percent for females in 2001.

M

MORTALITY TRENDS

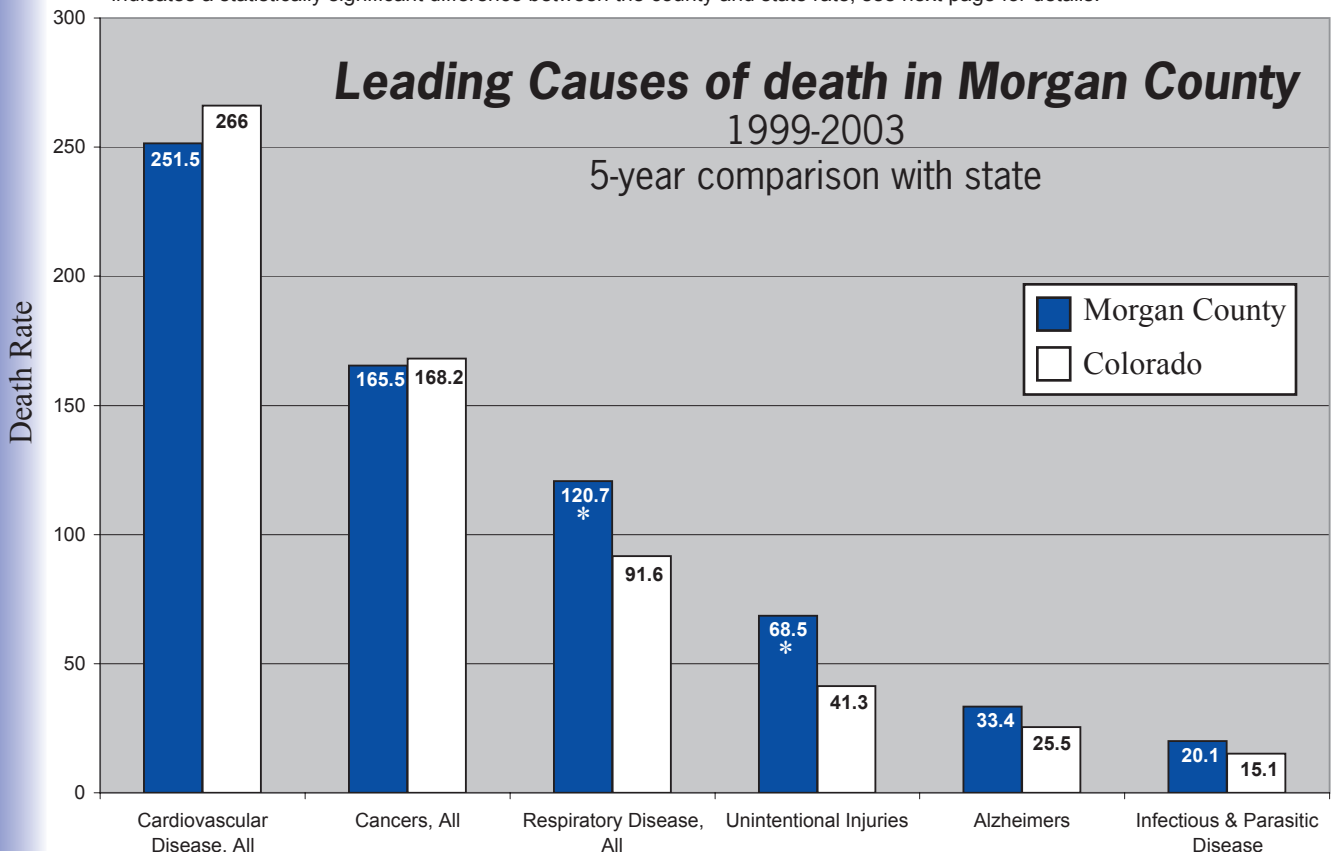
in Morgan County, 1999-2003



The graph below compares the six leading causes of death in Morgan County over a five-year time period from 1999-2003, to those same causes for the rest of the state. The numbers represented are age-adjusted rates based on deaths per 100,000 population, which allows for comparisons between different populations.

Throughout the five-year period there were 1,228 deaths in Morgan County with the majority falling into the following categories: 383 cardiovascular disease deaths, 233 cancer deaths, 179 respiratory disease deaths, 94 unintentional injury deaths, 52 Alzheimer's deaths, 29 infectious and parasitic disease deaths.

Numbers are age-adjusted death rates per 100,000 population and are based on 2000 U.S. population figures.
* indicates a statistically significant difference between the county and state rate, see next page for details.



Standard error is used to calculate the confidence interval for each age-adjusted death rate. The confidence interval then gives an estimate of how low or high a death rate may fluctuate because of small numbers, a frequent problem when starting with smaller populations. A county rate can be compared to a state rate by seeing if the confidence intervals overlap. If they overlap, the county rate is not statistically different from the state rate. If the confidence intervals don't overlap, the county rate is considered statistically different and will be indicated with an asterisk below the county death rate on the graph on the previous page.

Because many of the leading causes of death represent a broad range of disease, it gives a better picture of the health of our communities to pinpoint subtypes within those groups. For example, cancer is the second leading cause of death in Morgan County, but there are many different types of cancer; some that are preventable and some that aren't, and some that have known causes and some that don't. It is important to differentiate between the types of cancers so we can help provide our residents with appropriate prevention messages.

The graphs that follow represent the leading causes of death from the previous graph that have numerous or very different subtypes of each disease. The blue bar in each graph shows the total number of deaths due to that cause and the white bars represent the subtypes of that cause. For example, rather than just listing cancer as a leading cause of death, we have broken the statistics out into the types of cancer that have caused the most deaths, such as breast cancer and colon cancer.

In looking at Morgan County's leading causes of death over the five-year period from 1999-2003, the statistics show that Morgan County is closely in line with the rest of Colorado when comparing those same causes of death, with the exception of deaths due to respiratory diseases and unintentional injuries. In fact, both of these causes of death are significantly statistically higher when compared to the same rates on a state-wide basis.

Both causes of death have been higher in each of the five years in Morgan County when compared to the rest of the state as a whole. And, when breaking down the unintentional injuries and focusing on motor vehicle deaths, which is Morgan County's highest contributor to this category, it has also been higher when compared to the rest of the state.

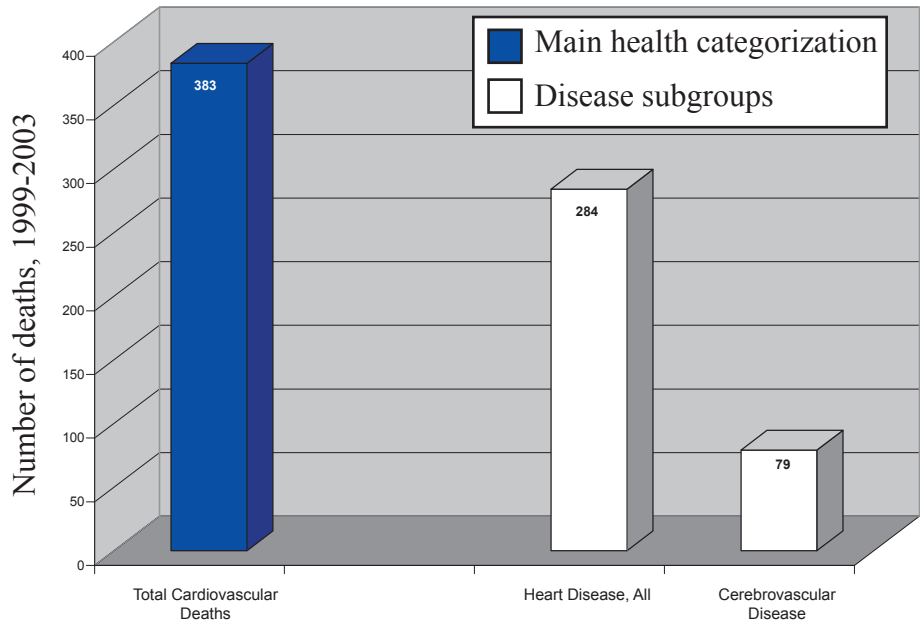
This information indicates that the prevention of respiratory disease and motor vehicle deaths should be a primary health education effort in Morgan County.



CARDIOVASCULAR DISEASE DEATHS in Morgan County, 1999-2003

Cardiovascular disease, in particular heart disease, is the number one cause of death not only in Morgan County, but across the nation. The rate of cardiovascular disease deaths in Morgan County during 1999-2003 was 251.5, compared to the states' death rate of 266.0. Of the 383 deaths due to cardiovascular disease over the five-year period, 284 were due to some type of heart disease while 79 were due to cerebrovascular disease.

For more information about cardiovascular disease visit www.americanheart.org.



PREVENTION

Cardiovascular disease is made up of many different types of illness, the two most common are heart disease and cerebrovascular disease.

Heart disease is the leading cause of death for both men and women, and according to the Centers for Disease Control and Prevention, the number of sudden deaths from heart disease among people aged 15-34 has increased.

Cerebrovascular disease is any disease affecting an artery within the brain or supplying blood to the brain. Stroke is one of the most common cerebrovascular accidents that arise from this disease.

Two of the major independent risk factors for cardiovascular disease are high blood pressure and high blood cholesterol. Important ways that people can reduce their risk for heart disease are to avoid using tobacco, adopt healthier diets, and be physically active. Using tobacco directly affects the risk for heart disease and poor nutrition and physical inactivity increase risk by adversely affecting blood pressure and blood cholesterol levels.

The American Heart Association recommends that everyone age 20 and older have their cholesterol measured at least once every five years. The AHA recommends the following levels:

Total Cholesterol Level

Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline high
240 mg/dL and above	High

LDL (bad cholesterol) Level

Less than 100 mg/dL	Optimal
100-129 mg/dL	Near/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

HDL (good cholesterol) Level

A level less than 40 mg/dL is low

Triglycerides

150-199 mg/dL	Borderline high
200 mg/dL or above	High

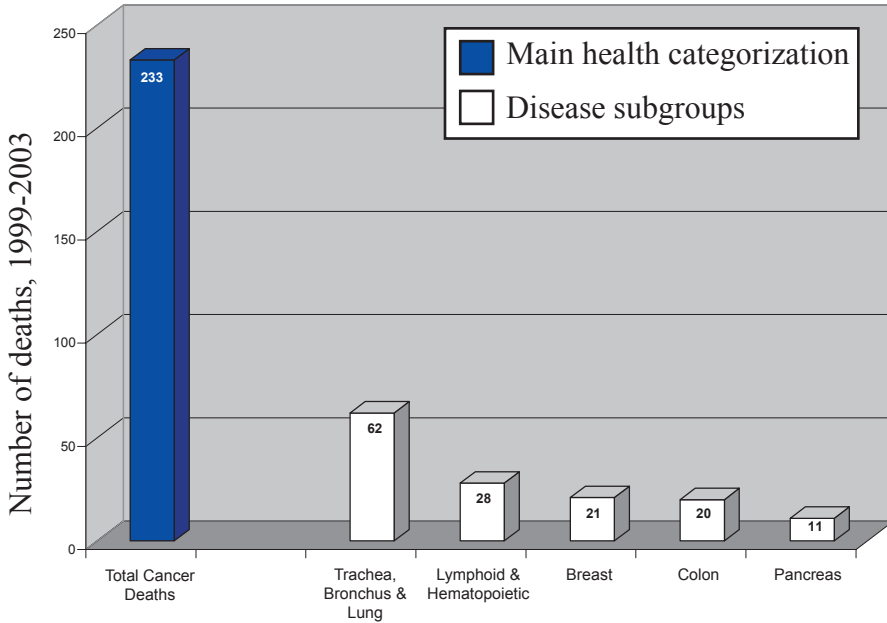
Blood Pressure

140/90 mmHg or higher	High
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CANCER DEATHS

in Morgan County, 1999-2003



Cancer is Morgan County's second leading cause of death with trachea, bronchus and lung cancer leading the statistics, followed by lymphoid and hematopoietic, which includes both Hodgkin's and non-Hodgkin's lymphoma, multiple myeloma and leukemia. Over this five-year period, Morgan County is actually slightly below the statewide average for cancer deaths.

For more information about cancer visit www.cancer.org.

PREVENTION

Cancer deaths is one area that needs to be probed further because different types of cancer vary greatly as to cause and prevention. It is no surprise that lung cancer leads the statistics as it is the leading cause of cancer death for both men and women in the U.S. Smoking is by far the biggest risk factor for lung cancer.

According to the American Cancer Society (ACS), tobacco is thought to be responsible for eight out of 10 cases of lung cancer. In addition, nonsmokers who breathe the smoke of others also increase their risk of lung cancer. Stopping smoking at any age lowers the risk of lung cancer.

The second leading cause of cancer deaths in Morgan County is lymphoid and hematopoietic cancer. According the ACS, scientists have found that some people who have had infectious mononucleosis or have a reduced immune system may be more likely to get Hodgkin's disease although for the most part, no major risk factors have yet been found. The same is true for non-Hodgkin's lymphoma.

Breast and colon cancer are the third and fourth lead-

ing cause of cancer deaths in Morgan County. The ACS recommends that women age 40 and older have a screening mammogram every year and should continue to do so for as long as they are in good health. In addition, women in their 20s and 30s should have a clinical breast exam as part of a regular health exam by a health professional every three years.

Colon cancer is the one of the most common cancers found in men and women in this country. The ACS reports that the death rate from colorectal cancer has actually been going down for the past 15 years. Some of the reasons are that cases are being found earlier and treatments have improved. Steps that can reduce your chance of getting colon cancer are to eat fruits, vegetables and whole grain foods. In addition, colorectal screenings are recommended beginning at age 50, or younger if you have a family history of the disease.

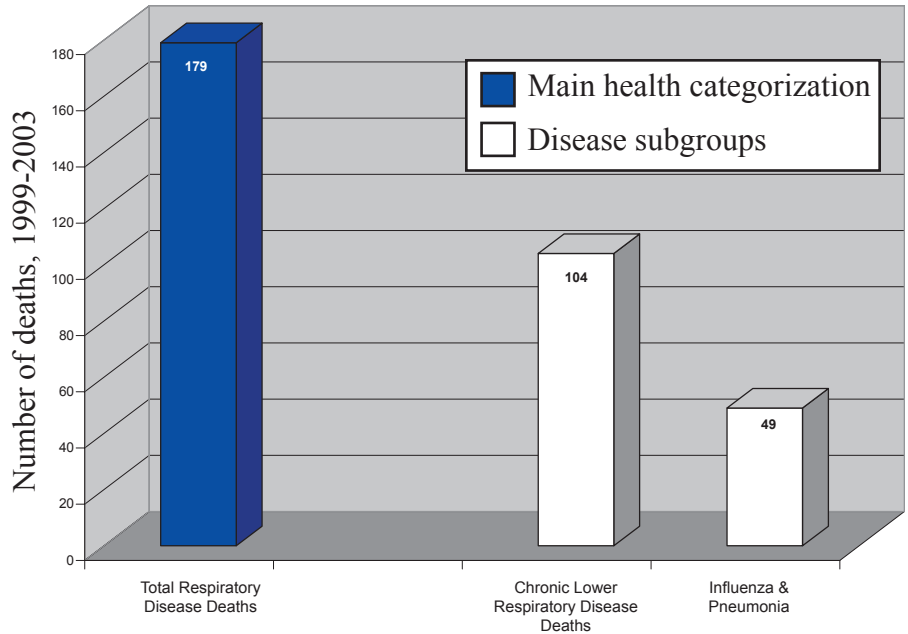
Pancreatic cancer makes up the fifth leading cause of cancer deaths in Morgan County. It differs some of the others in that there is no real risk factors or screenings for pancreatic cancer.



RESPIRATORY DISEASE DEATHS in Morgan County, 1999-2003

Respiratory disease deaths were the third leading cause of death in Morgan County from 1999-2003, with the most common types being chronic lower respiratory disease. According to the statistics, Morgan County's death rates due to respiratory disease are higher than those state-wide. Over the five-year period there were 179 deaths in Morgan County due to respiratory disease, 104 of those from chronic respiratory conditions and 49 from influenza and pneumonia.

For more information about respiratory disease visit www.lungsusa.org.



PREVENTION

Chronic Lower Respiratory Disease (CLRD) is a combination of many different diseases such as emphysema, asthma and chronic bronchitis. It occurs most often in older people and men have a higher death rate than women.

It is estimated that smoking is responsible for more than 80 percent of all CLRD and most patients with CLRD have a history of smoking. Other factors that could cause CLRD are continued exposure to dust, fumes or gasses that can be found in the workplace.

CLRD deaths can be reduced by changes in life-style, such as quitting smoking.

Pneumonia is a serious infection or inflammation of the lungs. Until 1936 it was the number one cause of death in the U.S. However, with the use of antibiotics it can be brought under control.

Pneumonia can have over 30 different causes but the main causes are bacterial, viral, mycoplasma, other

infectious agents, and various chemicals. According to the American Lung Association (ALA), half of all pneumonias are believed to be caused by viruses.

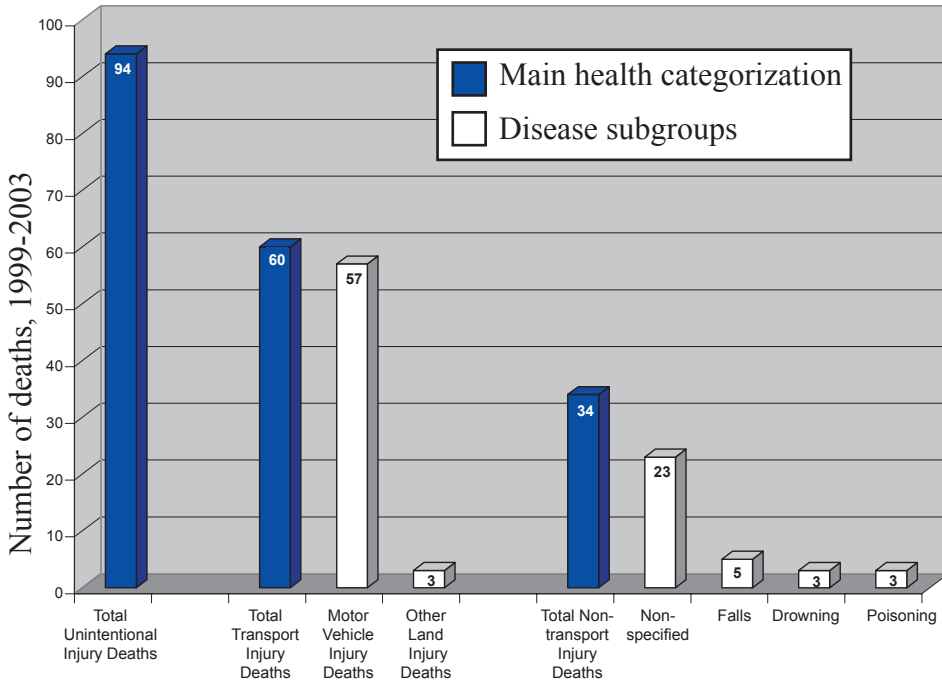
Developing pneumonia when you're young and healthy increases your chances of a fast recovery. However, as age increases the recovery from pneumonia can take longer and in some cases cause death.

Due to the fact that pneumonia is a common complication of influenza and because the flu virus changes each year, the ALA recommends getting a flu shot every season. There is also a vaccine available for pneumococcal pneumonia, a type of bacterial pneumonia.

Influenza is a serious, contagious disease that attacks the respiratory tract in humans. Anyone can get the flu and serious problems from influenza can happen at any age. Even today approximately 36,000 people die each year in the U.S. from influenza and about 114,000 people have to be hospitalized.



UNINTENTIONAL INJURY DEATHS in Morgan County, 1999-2003



Unintentional injuries were the leading cause of death in 2003 to Colorado residents age 15-19, with motor vehicle injuries accounting for the majority of those deaths. It was also the fourth leading cause of death in Morgan County during 1999-2003. Of the 94 deaths over that five-year period, 60 came from transport injury deaths and 34 came from non-transport injury deaths. This graph is further broken down to indicate that almost all of the transport injury deaths were due to motor vehicle accidents and that the non-transport injury deaths were due to falls, poisonings, and other unspecified accidents. While the states' death rate due to motor vehicle deaths is at 15.8 over this five-year period, Morgan County's is much higher at 42.8.

For more information on traffic safety visit www.nhtsa.dot.gov.

PREVENTION

Unintentional injuries encompass a variety of injuries including transport injuries such as motor vehicle, other land transport and water, air and space accidents as well as non-transport injuries which include deaths due to drownings, falls, firearms, poisoning and fire. Morgan County's biggest contributor to unintentional injuries being the fourth leading cause of death during 1999-2003 is injuries received from motor vehicle accidents.

Motor vehicle crashes are the leading cause of death for young adults ages 16 to 20 across the nation. In 2003 there were 632 motor vehicle fatalities across Colorado .

According to the National Highway Traffic Safety Association, 39 percent of those statewide fatalities were alcohol-related and 38 percent were speed-related. Of the 480 passenger vehicle occupant deaths over age five, almost 60 percent were unrestrained. Of the eight passenger vehicle occupant deaths under age five, 38 percent were unrestrained.

Prevention of motor vehicle deaths isn't grounded in medical science but common sense. Obeying traffic laws, including speed limit signs and seat belt regulations, educating young drivers and making driving the number one focus when you're on the road will go a long way toward preventing future deaths.



ALZHEIMER'S DISEASE DEATHS in Morgan County, 1999-2003

PREVENTION

Alzheimer's disease death rates in Morgan County during 1999-2003 was at 33.4, a bit higher than the statewide average of 25.5.

For more informatin about Alzheimer's visit www.alz.org.

Alzheimer's disease is a progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. At this time there is no medical treatment to cure or stop the progression of Alzheimer's disease and there is no known single cause.

Late-onset Alzheimer's, which mostly affects individuals over the age of 65, is the most common form of the illness and the greatest known risk factors are increasing age and a family history of the disease.

According to the Alzheimer's Association, although there is no known cure, emerging evidence suggests that strategies for general healthy aging may also help reduce the risk of developing the disease. These measures include controlling blood pressure, weight and cholesterol levels; exercising both body and mind and staying socially active. The AA also recommends that people with dementia and their families seek information, care and support as early as possible. Symptoms to watch for include memory loss, difficulty performing familiar tasks, problems with language, disorientation to time and place, poor or decreased judgment, problems with abstract thinking, misplacing things, changes in mood or behavior, changes in personality and loss of initiative.



INFECTIOUS & PARASITIC DISEASE DEATHS in Morgan County, 1999-2003

PREVENTION

Infectious and parisitic diseases include many different types of illness such as HIV, viral hepatitis and septicemia. While the state's numbers reflect these many different types, close to half of those deaths and the majority of Morgan County's deaths were related to septicemia, more commonly known as blood poisoning.

Septicemia is a serious life-threatening infection in the blood. It can arise from infections already throughout the body such as infections in the lungs, abdomen and urinary tract. It can rapidly lead to septic shock and death.

The most effective preventative measure for speticemia is treatment of infections and getting your child immunized with the HIB vaccine because it reduces the incidence of Hemophilus septicemia. In addition, children who have had their spleen removed or who have disease that damage the spleen, such as sickle cell anemia, should receive pneumococcal vaccine.

Infectious and Parasitic disease deaths in Morgan County over the five-year period from 1999-2003 were a little higher when compared with those same deaths across the state. Morgan County's death rate was 20.1 while the statewide rate was 15.1.