2023 COMMUNITY HEALTH NEEDS ASSESSMENT

San Juan County, New Mexico

Sponsored by

San Juan Regional Medical Center
San Juan Regional Rehabilitation Hospital

2023-0060-02

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment, a follow-up to similar studies conducted in 2008, 2011, 2014, and 2017, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in San Juan County, New Mexico. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital by PRC, Inc., a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes associated with **San Juan County, New Mexico**. This community definition was determined based on the ZIP Codes of residence of recent patients of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital, and is segmented by the hospitals' primary (eastern) and secondary (western) service areas within the county, as outlined below.

SAN JUAN COUNTY	
Primary Service Area (PSA)	Secondary Service Area (SSA)
87037	87364
87401	87416
87402	87417
87410	87420
87412	87421
87413	87455
87415	87461
87418	
87419	
87499	

Sample Approach & Design

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

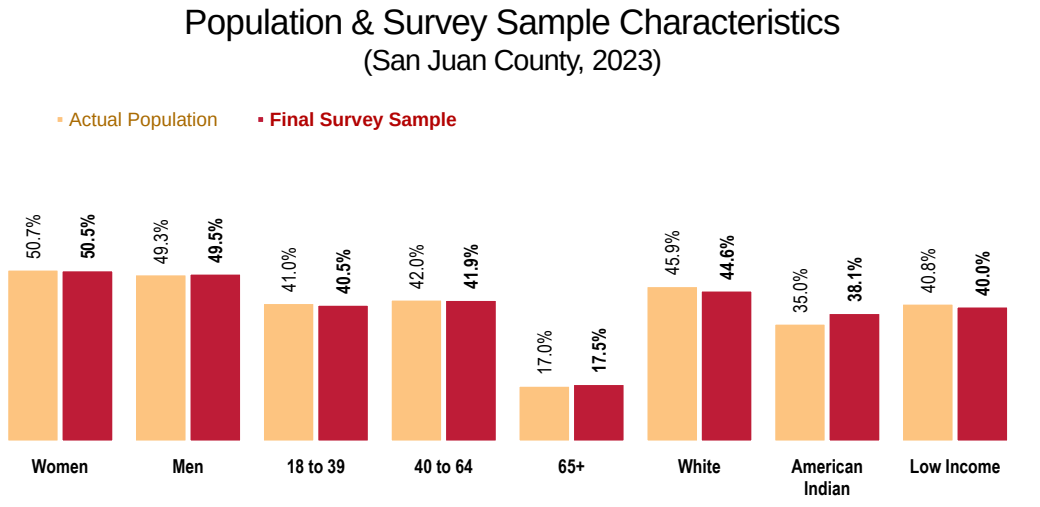
The sample design used for this effort consisted of a stratified random sample of 250 individuals age 18 and older in San Juan County, including 175 in the Primary Service Area and 75 in the Secondary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent San Juan County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 250 respondents is ±6.2% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

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



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2023 PRC Community Health Survey, PRC, Inc.

Notes:
- “Low Income” reflects those living under 200% FPL (federal poverty level, based on guidelines established by the US Department of Health & Human Services).
- All Hispanic respondents are grouped, regardless of identity with any other race group. “White” reflects those who identify as White alone, without Hispanic origin. “American Indian” includes those who identify as American Indian or Alaska Native, without Hispanic origin.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by San Juan Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health care providers, public officials, and business leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 71 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	20
Public Health Representatives	2
Health Care Providers	15
Public Officials	27
Business Leaders	7

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Animas Pediatric Dental Group
- Bloomfield Chamber of Commerce
- Child Protective Services
- City of Aztec
- City of Bloomfield
- City of Farmington
- Family Foot Health Specialists of Farmington
- Farmington Board of Education
- Farmington Chamber of Commerce
- Four Corners Economic Development
- Four Corners Radiology
- Just Click Printing, Inc.
- La Mesa Chiropractic Center
- Life Care Center
- Mental Wellness Resource Center
- Merrion Oil & Gas
- Neon Kids Dental
- New Mexico Department of Health, Farmington
- New Mexico Legislature
- Orthopedic Associates
- Piñon Family Practice
- Piñon Hills Ear, Nose & Throat
- Process Equipment & Service Company
- San Juan College
- San Juan County
- San Juan County Partnership
- San Juan Health Partners
- San Juan Public Health Department
- San Juan Regional Rehabilitation Hospital
- School Nurses/Health Services, Farmington Municipal Schools
- Webb Chevrolet

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in San Juan County in 2008, 2011, 2014, and 2017 by PRC on behalf of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

New Mexico Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

San Juan Regional Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, San Juan Regional Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. San Juan Regional Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	24
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	116
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	122

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Specific Source of Ongoing Medical Care ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Key Informants: *Diabetes* ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Stroke Deaths
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care ▪ Teen Births
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Fall-Related Deaths – Motor Vehicle Crash Deaths ▪ Homicide Deaths ▪ Violent Crime Rate
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Stress ▪ Suicide Deaths ▪ Key Informants: *Mental Health* ranked as a top concern.

— *continued on the following page* —

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
RESPIRATORY DISEASE	▪ COVID-19 Deaths ▪ Lung Disease Deaths ▪ Asthma Prevalence [Adults]
SEXUAL HEALTH	▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Induced Deaths ▪ Key Informants: *Substance Use* ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Use
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Diabetes
5. Access to Health Care Services
6. Heart Disease & Stroke
7. Sexual Health
8. Injury & Violence
9. Cancer
10. Respiratory Disease
11. Infant Health & Family Planning

Hospital Implementation Strategy

San Juan Regional Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospitals' past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, San Juan County results are shown in the larger, gray column.

The columns to the left of the San Juan County column provide comparisons between the two service areas, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the opposing area.

The columns to the right of the San Juan County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether San Juan County compares favorably (), unfavorably (), or comparably () to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2008 (or earliest available data).

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

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

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)			5.6	4.3	4.0		
Population in Poverty (Percent)			23.5	18.3	12.6	8.0	
Children in Poverty (Percent)			30.3	24.5	17.1	8.0	
No High School Diploma (Age 25+, Percent)			14.2	13.2	11.1		
Unemployment Rate (Age 16+, Percent)			4.1	3.0	3.3		
Housing Cost Exceeds 30% of Income (Percent)			25.4	27.6	30.3	25.5	
% Worry/Stress Over Rent/Mortgage in Past Year	33.7	37.4	34.5		45.8		34.4
Population With Low Food Access (Percent)			39.1	31.7	22.2		
% Food Insecure	24.6	45.9	29.5		43.3		27.1

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

OVERALL HEALTH	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	19.9	13.5	18.4	19.0	15.7		18.2

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

ACCESS TO HEALTH CARE	GEOGRAPHIC DISPARITY		San Juan County	SAN JUAN CO. vs. BENCHMARKS			
	PSA	SSA		vs. NM	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	6.7	8.1	7.0	10.1	8.1	7.6	24.1
% Difficulty Accessing Health Care in Past Year (Composite)	41.5	41.0	41.4		52.5		55.5
% Cost Prevented Physician Visit in Past Year	7.2	17.8	9.6	8.5	21.6		22.1
% Cost Prevented Getting Prescription in Past Year	10.0	13.7	10.8		20.2		24.7
% Difficulty Getting Appointment in Past Year	28.8	20.2	26.8		33.4		27.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.3	19.9	11.7		22.9		18.0
% Difficulty Finding Physician in Past Year	18.6	13.9	17.5		22.0		14.9
% Transportation Hindered Dr Visit in Past Year	6.1	7.5	6.4		18.3		13.8
% Language/Culture Prevented Care in Past Year	2.6	1.8	2.4		5.0		2.4
% Stretched Prescription to Save Cost in Past Year	11.9	16.2	12.9		19.4		21.8
% Difficulty Getting Child's Health Care in Past Year			9.0		11.1		4.9
Primary Care Doctors per 100,000			116.7	101.7	107.3		
% Have a Specific Source of Ongoing Care	72.2	30.6	62.3		69.9	84.0	76.2
% Outmigration for Health Care Services	29.6	26.0	28.8				24.7
% Routine Checkup in Past Year	62.8	77.9	66.2	63.0	65.3		59.2
% [Child 0-17] Routine Checkup in Past Year			91.1		77.5		77.9

ACCESS TO HEALTH CARE (continued)	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% Two or More ER Visits in Past Year	9.5	21.6	12.2		15.6		8.3
% Rate Local Health Care "Fair/Poor"	28.8	14.5	25.6		11.5		30.1

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

CANCER	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000 (Age-Adjusted)			129.8	132.7	146.5	122.7	138.7
Lung Cancer Deaths per 100,000 (Age-Adjusted)			21.1	21.9	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)			14.2	19.6	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)			21.7	19.5	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)			11.4	12.2	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)			329.5	374.0	449.4		
Lung Cancer Incidence per 100,000 (Age-Adjusted)			33.0	36.0	56.3		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)			90.5	114.4	128.1		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)			68.6	84.2	109.9		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)			30.2	33.2	37.7		
% Cancer	6.7	4.0	6.1	10.2	7.4		

CANCER (continued)	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening			66.8	74.9	64.0	80.5	59.5
% [Women 21-65] Cervical Cancer Screening			73.7	75.1	75.4	84.3	79.3
% [Age 50-75] Colorectal Cancer Screening			72.2	66.6	71.5	74.4	67.7

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

DIABETES	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)			42.3	26.9	22.6		27.9
% Diabetes/High Blood Sugar	16.9	25.6	18.9	13.2	12.8		11.5
% Borderline/Pre-Diabetes	12.1	21.0	14.2		15.0		7.3
Kidney Disease Deaths per 100,000 (Age-Adjusted)			11.5	12.5	12.8		11.1
% Kidney Disease	2.4	2.4	2.4	3.9	4.1	12.8	2.8

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

DISABLING CONDITIONS	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	25.1	34.0	27.2		38.0		
% Activity Limitations	23.9	22.4	23.6		27.5		18.3
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)			17.1	23.4	30.9		26.8

DISABLING CONDITIONS (continued)	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% Caregiver to a Friend/Family Member	21.6	19.6	21.2		22.8		27.7

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

HEART DISEASE & STROKE	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)			133.6	153.0	164.4	127.4	133.7
% Heart Disease	4.8	3.1	4.4	5.9	10.3		7.7
Stroke Deaths per 100,000 (Age-Adjusted)			36.4	33.2	37.6	33.4	20.9
% Stroke	4.7	5.7	4.9	2.7	5.4		4.2
% High Blood Pressure	31.3	40.5	33.4	32.9	40.4	42.6	29.8
% [HBP] Taking Action to Control High Blood Pressure			84.3				
% High Cholesterol	21.8	35.9	25.0		32.4		27.0
% [HBC] Taking Action to Control High Blood Cholesterol			85.5				
% 1+ Cardiovascular Risk Factor	86.1	91.6	87.3		87.8		88.5

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

INFANT HEALTH & FAMILY PLANNING	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
No Prenatal Care in First 6 Months (Percent of Births)			9.6	11.9	6.1		
Teen Births per 1,000 Females 15-19			33.8	28.8	19.3		
Low Birthweight (Percent of Births)			7.7	9.0	8.2		
Infant Deaths per 1,000 Births			5.4	5.4	5.5	5.0	6.3
				better	similar	worse	

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

INJURY & VIOLENCE	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)			95.4	77.5	51.6	43.2	79.5
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)			30.0	19.0	11.4	10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)			89.9	97.9	67.1	63.4	
Homicide Deaths per 100,000 (Age-Adjusted)			12.3	11.1	6.1	5.5	9.3
Violent Crimes per 100,000			823.7	701.1	416.0		
% Victim of Violent Crime in Past 5 Years	2.8	1.8	2.6		7.0		6.3
% Victim of Intimate Partner Violence	18.8	8.4	16.5		20.3		15.5
				better	similar	worse	

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

MENTAL HEALTH	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	25.5	27.2	25.9		24.4		10.2
% Diagnosed Depression	24.1	22.5	23.7	19.8	30.8		20.0
% Symptoms of Chronic Depression	35.4	35.4	35.4		46.7		28.9
% Typical Day Is "Extremely/Very" Stressful	18.8	7.6	16.2		21.1		9.2
Suicide Deaths per 100,000 (Age-Adjusted)			35.4	24.4	13.9	12.8	19.8
Mental Health Providers per 100,000			156.2	221.3	146.6		
% Receiving Mental Health Treatment	15.5	14.3	15.2		21.9		12.9
% Unable to Get Mental Health Services in Past Year	2.8	10.0	4.5		13.2		4.8

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.2	32.5	23.7		30.0		21.9
% No Leisure-Time Physical Activity	29.1	13.0	25.4	23.0	30.2	21.8	29.1
% Meet Physical Activity Guidelines	26.4	38.2	29.0	25.7	30.3	29.7	29.5
% [Child 2-17] Physically Active 1+ Hours per Day			46.0		27.4		46.1
Recreation/Fitness Facilities per 100,000			6.6	9.1	11.9		

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	78.3	93.3	81.5	70.0	63.3		65.1
% Obese (BMI 30+)	41.7	61.4	45.9	34.6	33.9	36.0	27.1
% [Overweights] Trying to Lose Weight	47.9	58.4	50.5				50.6
% [Overweights] Counseled About Weight in Past Year	14.2	47.1	22.2				28.7
% [Child 5-17] Overweight (85th Percentile)			31.4		31.8		35.0
% [Child 5-17] Obese (95th Percentile)			20.2		19.5	15.5	17.2

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

ORAL HEALTH	GEOGRAPHIC DISPARITY PSA	SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Dentists per 100,000			69.0	42.5	36.0		
% Have Dental Insurance	75.5	69.4	74.1		72.7	75.0	52.3
% Dental Visit in Past Year	58.3	51.7	56.8	63.7	56.5	45.0	59.6
% [Child 2-17] Dental Visit in Past Year			93.0		77.8	45.0	78.8

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better | similar | worse

RESPIRATORY DISEASE	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)			48.5	41.5	38.1		48.9
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)			13.2	13.6	13.4		18.1
COVID-19 Deaths per 100,000 (Age-Adjusted)			230.9	106.2	85.0		
% Asthma	16.1	11.5	15.0	10.6	17.9		9.2
% [Child 0-17] Asthma			8.4		16.7		7.6
% COPD (Lung Disease)	8.4	0.6	6.6	5.6	11.0		11.5

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

SEXUAL HEALTH	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000			147.0	221.8	379.7		
Chlamydia Incidence per 100,000			618.0	576.3	481.3		
Gonorrhea Incidence per 100,000			256.5	219.8	206.5		

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

SUBSTANCE USE	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)			77.3	36.7	11.1		34.3
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)			52.2	28.4	11.9	10.9	20.9
% Excessive Drinking	9.0	1.8	7.3	14.1	34.3		13.7
% Drinking & Driving in Past Month	0.5	0.0	0.4				1.4
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)			21.3	29.1	21.0		15.1
% Used an Illicit Drug in Past Month	1.3	3.1	1.7		8.4		1.3
% Used a Prescription Opioid in Past Year	18.2	16.1	17.8		15.1		
% Ever Sought Help for Alcohol or Drug Problem	9.6	14.3	10.6		6.8		8.8
% Personally Impacted by Substance Use	47.8	37.9	45.4		45.4		47.2

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

TOBACCO USE	GEOGRAPHIC DISPARITY PSA	GEOGRAPHIC DISPARITY SSA	San Juan County	SAN JUAN CO. vs. BENCHMARKS vs. NM	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	16.7	6.7	14.3	13.3	23.9	6.1	21.4
% Someone Smokes at Home	10.0	4.8	8.8		17.7		13.7
% Use Vaping Products	10.7	2.8	8.9	7.3	18.5		5.5

Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Note: In the section above, primary and secondary service areas are each compared against the other.

better similar worse

DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

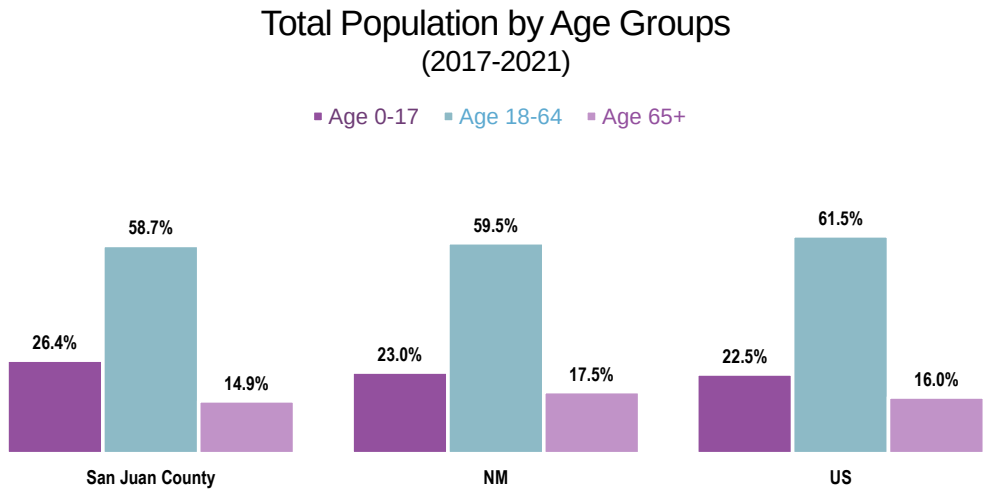
Total Population
(Estimated Population, 2017-2021)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
San Juan County	122,912	5,517.23	22
New Mexico	2,109,366	121,312.74	17
United States	329,725,481	3,533,041.03	93

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



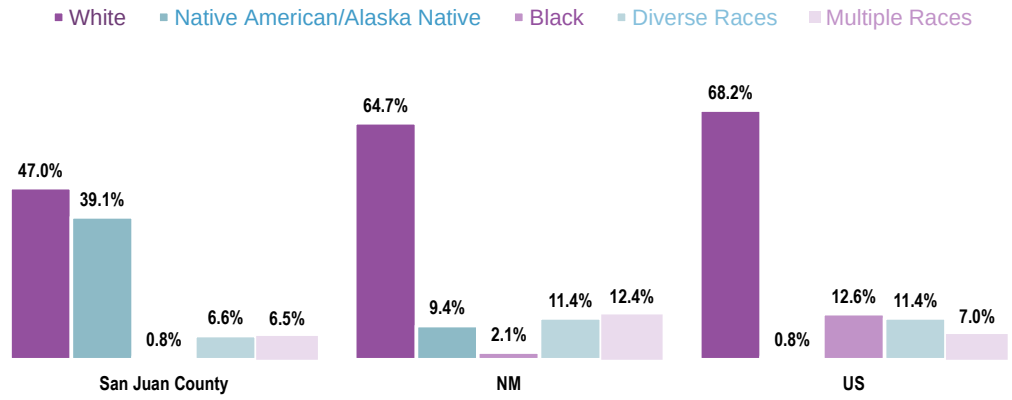
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Race & Ethnicity

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

The following charts illustrate the racial and ethnic makeup of our community.

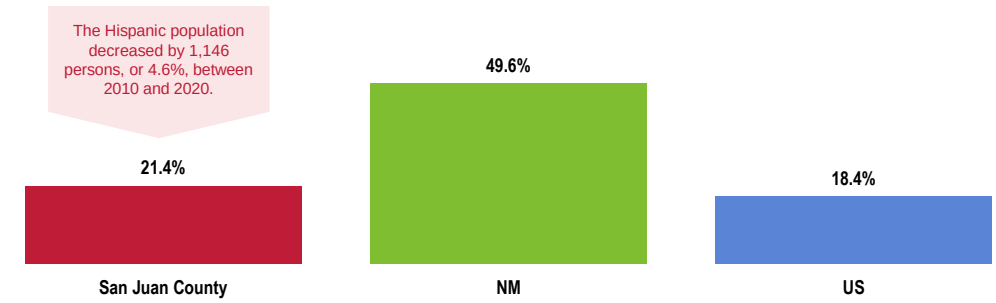
Total Population by Race Alone
(2017-2021)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population
(2017-2021)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

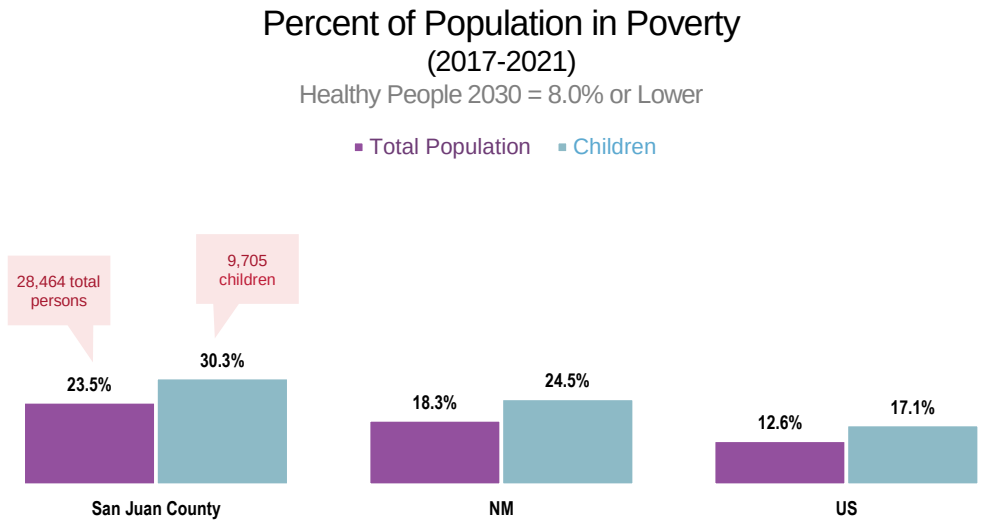
– Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

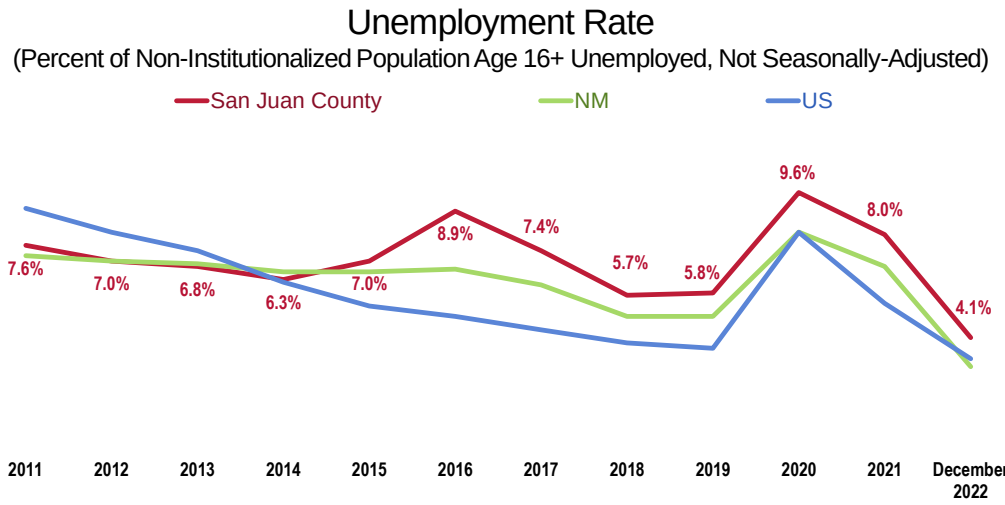
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Employment

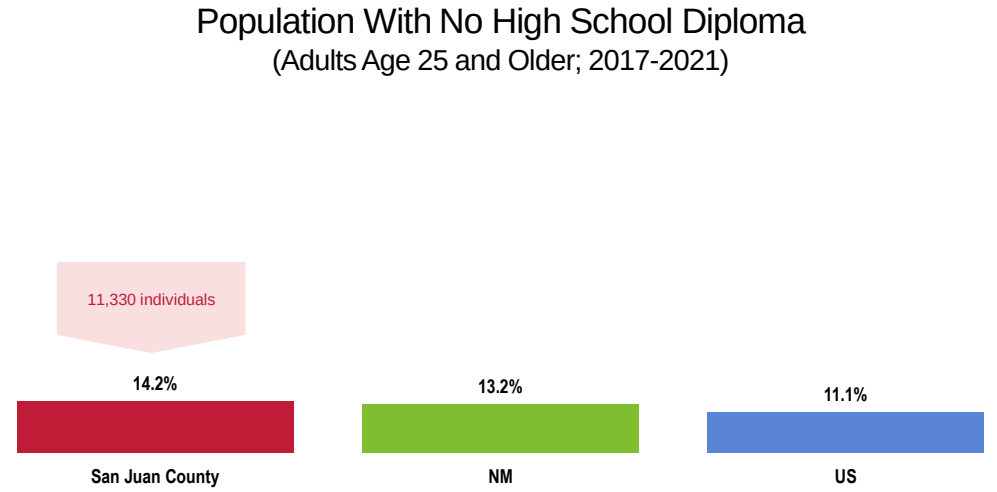
According to data derived from the US Department of Labor, the unemployment rate in San Juan County as of December 2022 was 4.1%.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

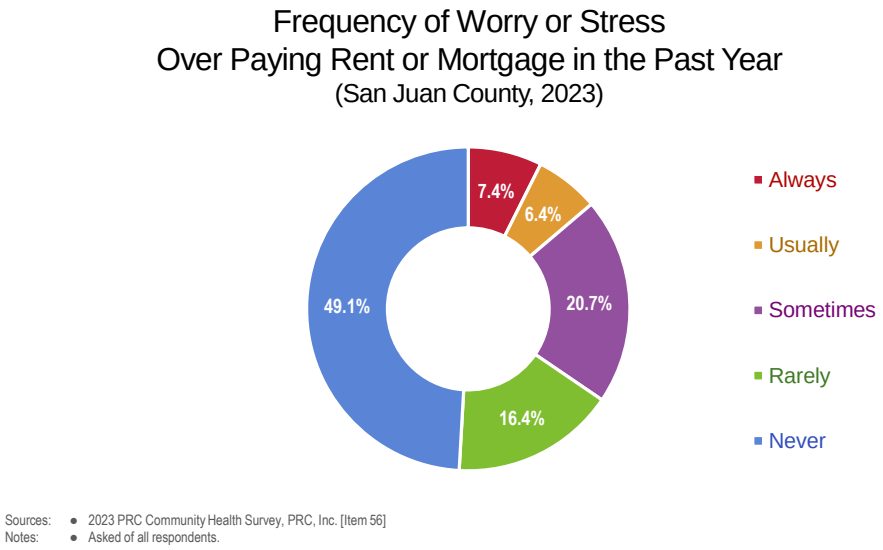


Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Housing

Housing Insecurity

PRC SURVEY ► "In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"



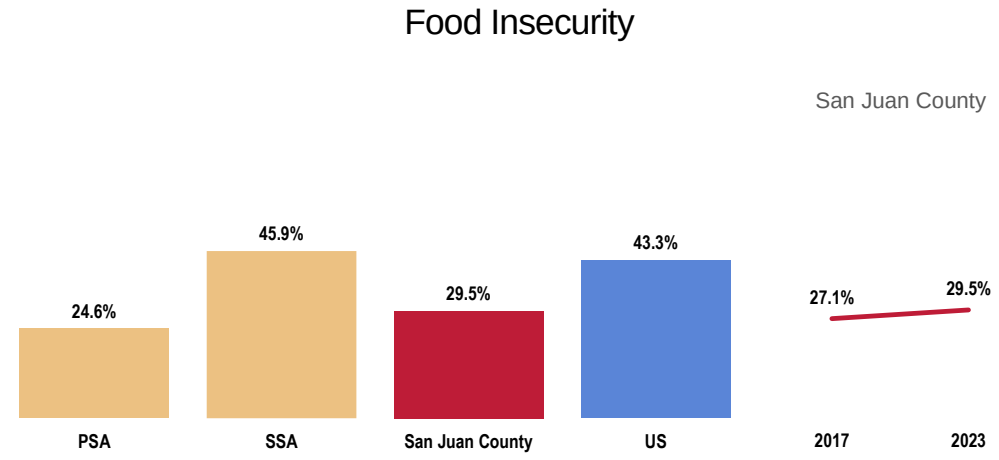
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Food Insecurity

PRC SURVEY ► "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months.

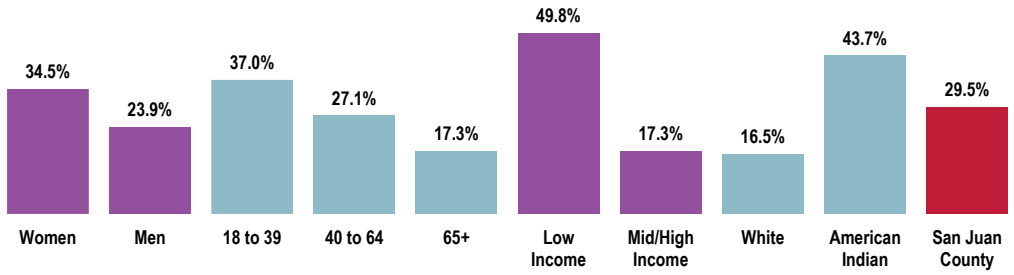
- 'I worried about whether our food would run out before we got money to buy more.'
- 'The food that we bought just did not last, and we did not have money to get more.'"

Agreement with either or both of these statements ("often true" or "sometimes true") defines food insecurity for respondents.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 98]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(San Juan County, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

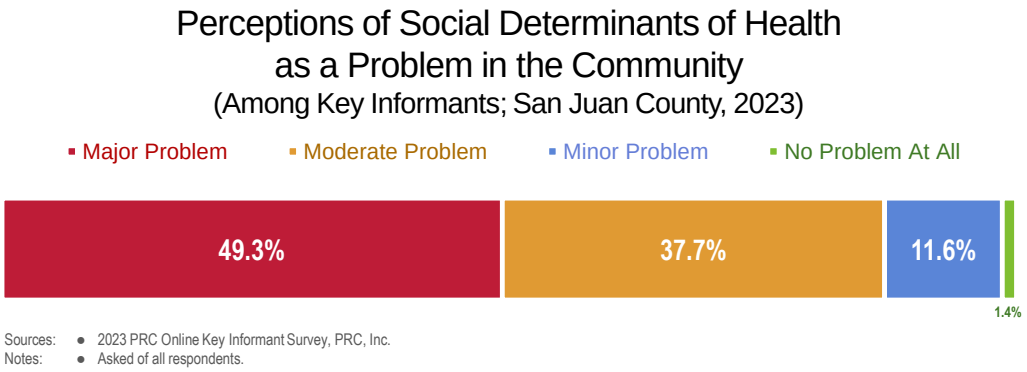
INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2022 guidelines place the poverty threshold for a family of four at $27,750 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. Data are detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin; “American Indian” reflects those who identify as American Indian alone, without Hispanic origin.

Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Income/Poverty

> We have too many people living in poverty that don't have easy, clear access to information regarding their health. – Business Leader
>
> Many in our community are low income, which leads to greater demand. Many homeless. Many illiterate or not well-educated. – Public Official
>
> Our area has a greater population that is below the median average income. – Public Official
>
> Poverty, homelessness, crime, drug abuse all limits a person's ability to get health care and treatment for minors. – Public Official
>
> There is extreme poverty in this community. Many people here have no electricity or even running water. So, when it comes to health, that takes a back burner to basic survival needs: food and shelter. – Health Care Provider
>
> Large low socioeconomic group demographics, great distances and poor transport availability, great distances and expense of travel, cultural acceptance of poor health practices – lack of exercise – acceptance of morbid obesity as a cultural norm, cost of appropriate nutritional options. – Physician
>
> Poor, homelessness, no job market, drug abuse, alcohol abuse, domestic violence. – Health Care Provider

Housing

> Lack of affordable housing and safe multifamily housing. So often, those that need the services or support are unable to access programs due to lack of public transportation, child care, knowledge about programs and resources and a multigenerational feeling of helplessness or being a "victim." – Public Official
>
> Lack of affordable housing. – Public Official
>
> Housing is not available and unaffordable to many. Education and outreach programs are available, but so many are noncompliant, income wages are low and doesn't adjust for the cost of living. – Public Health Representative
>
> Housing, food insecurity, DWI, domestic violence, divorce. – Public Official

Employment

> Our community is very low income and has a low education level. We need better resources and trust in our local hospital to help make things better! Our community has very little good jobs for people with a high school education. We do not have manufacturing or great employers with benefits. Thus, most people work for minimum wage and rely on Medicaid and Medicare, which makes it difficult to be in a for profit health care system. – Physician
>
> Lack of job opportunities, beyond manual labor results in depression and drug abuse. Economic development and opportunities have an indirect relationship with depression and substance abuse. – Physician
>
> Employment challenging including loss of the powerplant and mines has caused San Juan County to have high unemployment compared to other parts of the county. This leads to households struggling to pay for health care, malnutrition, domestic violence, child neglect, and so on. – Public Official

Alcohol/Drug Use

> Alcoholism and homeless population with mental health issues and low- to no-income patient populations. – Physician
>
> Alcohol abuse, lack of housing, expense of housing, inadequate employment, lack of social structure and family structure. – Physician

Low Educational Levels

> Lack of education. – Physician
>
> Very health illiterate population, with little support and minimal support for Navajo-only speakers. – Physician

Vulnerable Populations

> Huge disparities on the reservation that money is not fixing. Broken families, drug use, etc. all impacts quality of life and mental/physical health. – Health Care Provider
>
> High-risk populations, cost of living, substance abuse, lack of access to mental health and rehabilitation resources, insufficient resources to meet demand. – Health Care Provider

Generational

> Generational poverty, lack of access to needed care, fear of the health care services, both medical and behavioral health services, inability to access due to transportation limitations. continued food subsidies that are not teaching or giving options for healthy fresh foods, lack of recreational opportunities for people in poverty, few options for fresh foods in rural parts of the county. – Health Care Provider

Homelessness

> It seems the number of individuals in our community experiencing homelessness is rising. There are not enough shelters or resources for them. Those who struggle with addiction are not allowed in most shelters and have no alternative but to live outside. They are often run off by the police and expend much energy finding a safe place to sleep/live. NM ranks very low for education. The Farmington school district has greatly lowered the bar on expectations of students, which is a great disservice to students. As with most of the country, there seems to be a growing divide in our community among income brackets. – Health Care Provider

Affordable Care/Services

> People can't afford or have the resources to care for themselves and others. Freq read mid rates. – Physician

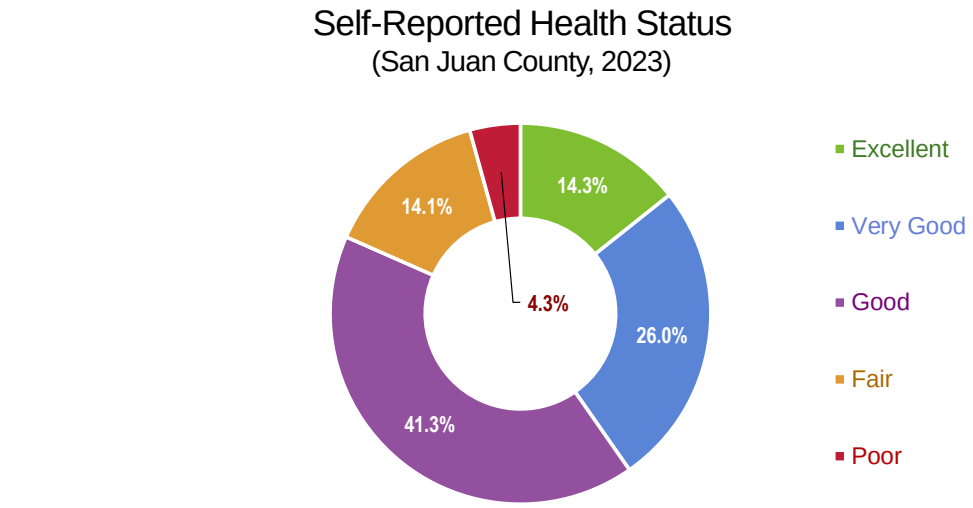
Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider

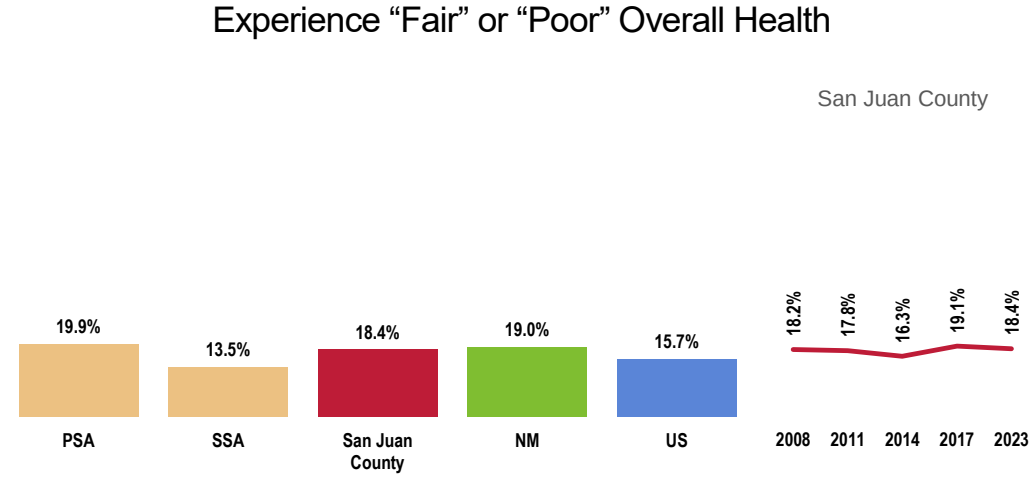
HEALTH STATUS

Overall Health

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

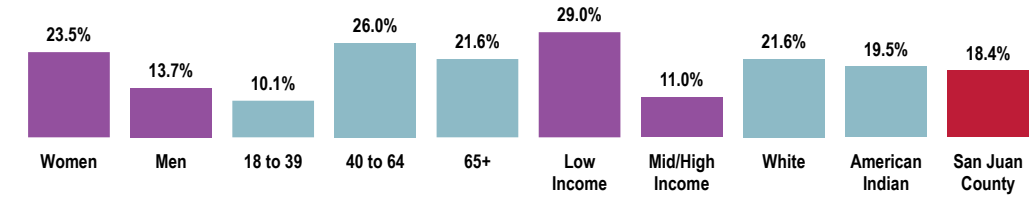


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(San Juan County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

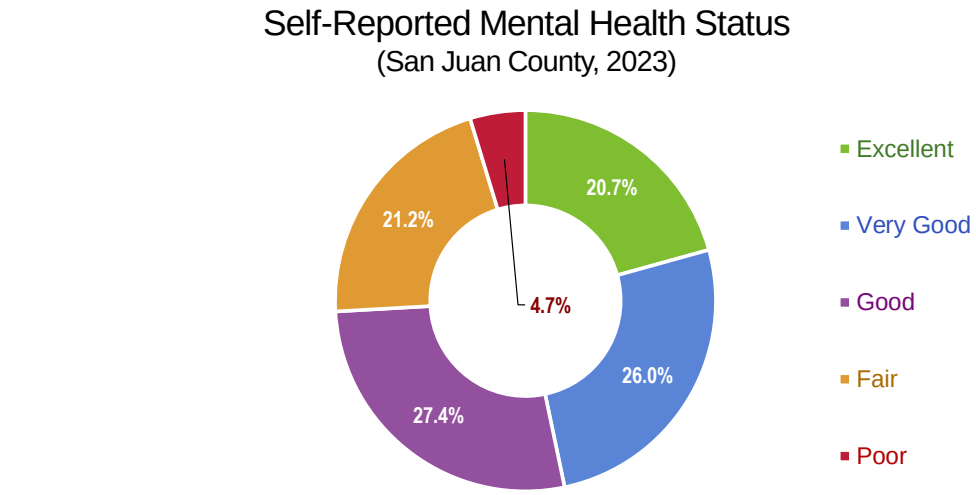
About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

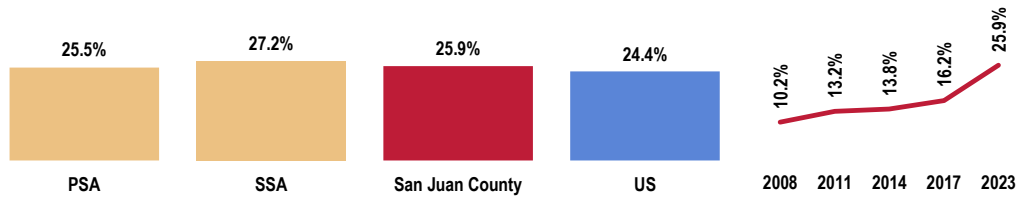
PRC SURVEY ► "Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health

San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

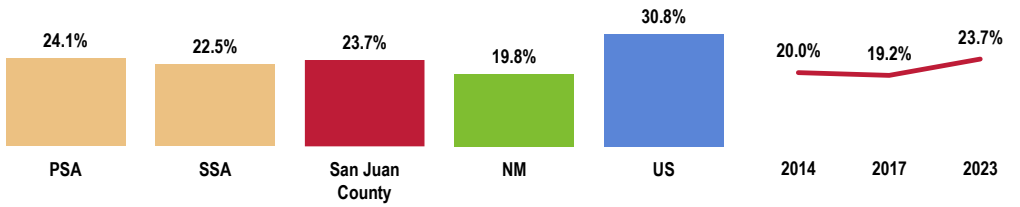
Depression

Diagnosed Depression

PRC SURVEY ► “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

San Juan County



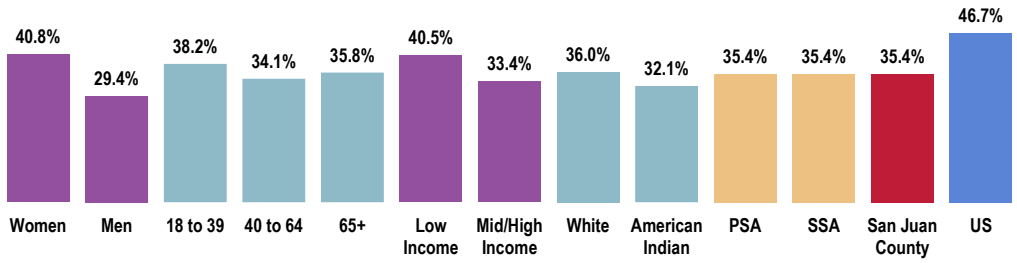
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

PRC SURVEY ► "Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"

Have Experienced Symptoms of Chronic Depression
(San Juan County, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

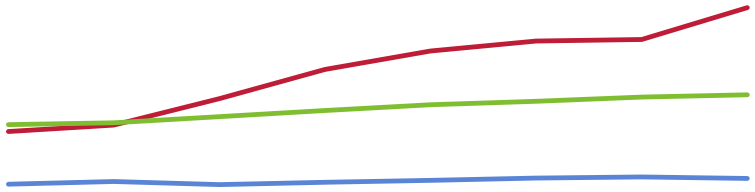
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population.

Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	19.8	20.6	23.9	27.6	29.9	31.2	31.4	35.4
NM	20.6	20.9	21.7	22.4	23.2	23.6	24.1	24.4
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

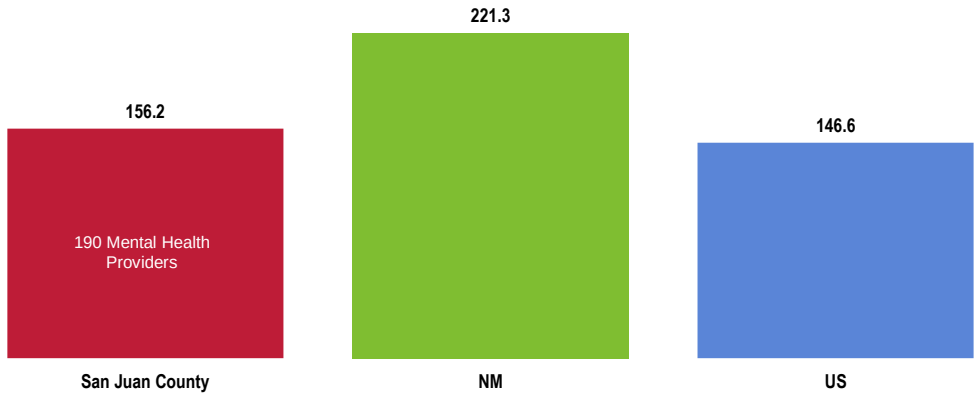
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Mental Health Treatment

Note that this indicator only reflects providers practicing in San Juan County and residents in San Juan County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.

Number of Mental Health Providers per 100,000 Population
(2023)

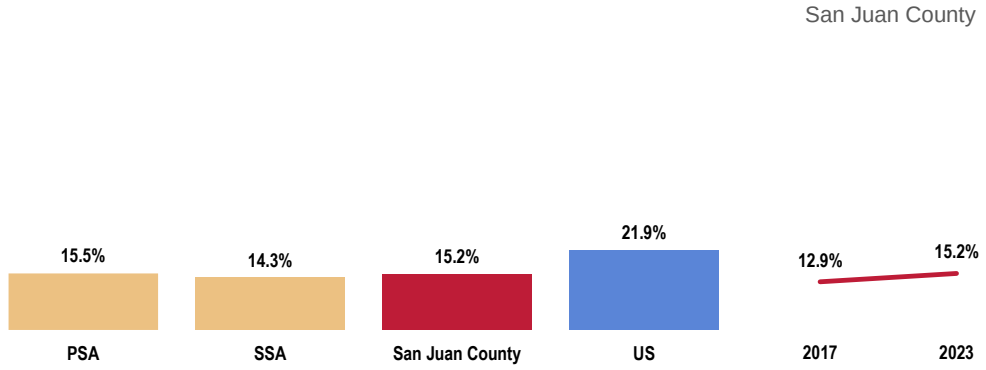


Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers, including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

PRC SURVEY ► "Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"

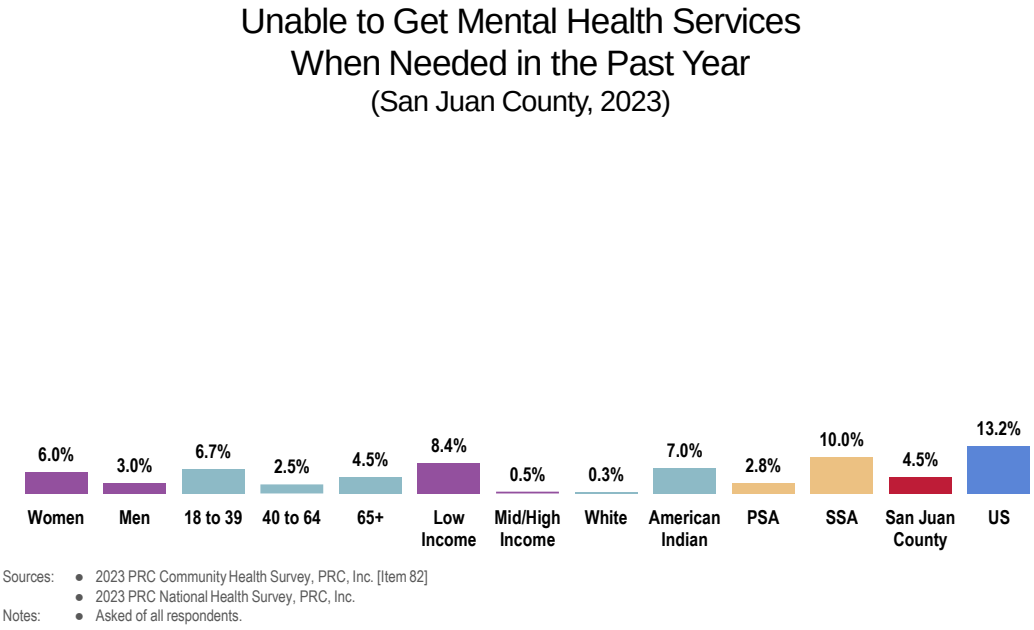
Currently Receiving Mental Health Treatment



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

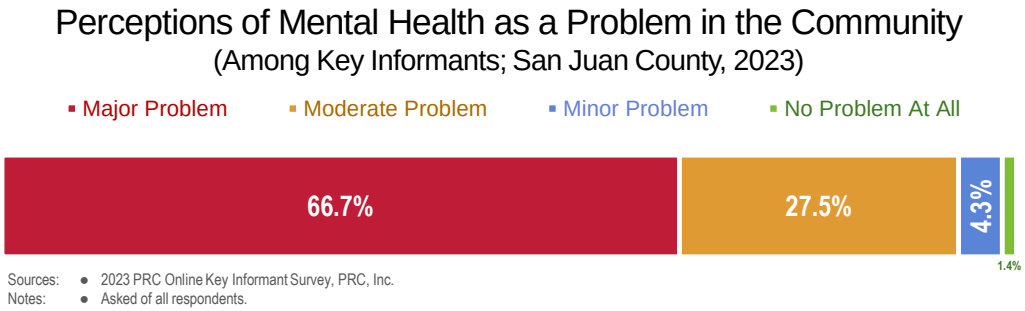
Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

PRC SURVEY ► "Was there a time in the past 12 months when you needed mental health services but were not able to get them?"



Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Lack of services and support. – Public Official
>
> Access to proper care. – Public Official
>
> It seems from talking to citizens that there are not enough resources. – Public Official
>
> Access. Too few medical professionals for the demand. For those needing psychiatrists trained in prescriptive intervention, the choices are extremely slim. – Public Official
>
> Lack of services. – Public Official
>
> Lack of facilities. – Public Official
>
> Access to mental health and behavioral health services and a lack of providers. Recruiting and keeping licensed professionals is difficult, and there is still a stigma attached to seeking help for mental health issues. Often a referral is needed for treatment. – Public Official

Kids getting flown to LC away from their family and then family having to struggle to get them back home. – Health Care Provider

Lack of services. – Public Official

Access to care, management, and follow up. – Health Care Provider

Access to care, apathy in regard to following treatment plans, lack of family and community support, social media, and drug use. – Health Care Provider

Access to care. Availability of providers who can manage medications, long wait times to gain access to services, cost and insurance coverage, transportation, compliance with recommendations and medications, substance abuse, homelessness, and social support systems. – Health Care Provider

Lack of qualified professionals to meet the demand for services. – Health Care Provider

Access to recurring, timely care. – Physician

We are lacking mental health services and providers. All outside counseling services have wait lists and I feel we are failing our community. The community has done a great job of having the ARU instead of sending people to jail, but I feel like we just need more. – Health Care Provider

There are no resources for people that need help. Help is on average six months out. – Health Care Provider

There is no treatment facility for youth mental health services in San Juan County. We literally have to fly every child out for treatment, which is alienating our youth from their families in a time of crisis. – Health Care Provider

Untreated depression, anxiety, and a multitude of other mental health disorders that range in severity. Childhood depression and anxiety disorders, without good access for mental health in the pediatric population. – Physician

Lack of Providers

Poor access to mental health providers. Poor reimbursement for mental health care. – Physician

Tremendous mental health needs with not nearly enough practitioners to care for all the patients. – Physician

Lack of physicians who take new patients. – Public Official

Limited access to psychiatrists and psychologists in the community. High rates of uncontrolled psychiatric disease lead to other medical comorbidities. Starts young. Child psychiatry is a huge need, including access to substance use help and prevention. – Physician

Lack of access to providers. – Physician

There is very limited access to therapists and psychiatrists in our community. Many with mental health issues are not able to get the medication management or therapy they need when they need it. There are limited after-school and summer activities for children age 10+. – Health Care Provider

There are not enough mental health providers in this community, period. – Health Care Provider

There is such a lack of mental health providers in our community that individuals generally must wait for months to be seen by even a counselor for the first time. Obtaining in-person appointments with doctors and psychiatrists with the expertise to prescribe and modify medication regimens for behavioral conditions is even more difficult. – Business Leader

There are a lot of patients needing mental health services and not a lot of providers. The waits for these services are months out. San Juan Regional Medical Center only has one counselor in the organization. This is a much-needed service in the organization and more access to counselors are needed in the area. – Health Care Provider

There are not enough providers. The municipalities, county, hospital, college, schools, businesses and other influencers for the care need knowledge for resources or where to find resources and funding. – Public Official

Barrier of care due to lack of providers. – Health Care Provider

Not enough providers. – Physician

Diagnosis/Treatment

Lots of untreated mental health conditions and depression. Wait times to get into therapy are very long. I had a staff member who was having suicidal thoughts and no therapists could get her in for 2+ months, she had to restore to the ER for proper medication. – Physician

I work in CPS and lots of our clients have untreated mental health issues. – Health Care Provider

Alcohol/Drug Use

I think drug abuse leads to mental health problems and then homelessness. We need to break this cycle. Homeless people then don't get the treatment they need to address the drug addiction or mental health problems. – Public Official

Due to COVID-19

COVID lockdowns, suicide prevention, and medication management. – Public Official

Follow-Up/Support

> Gaps in the system. Such as, if incarcerated, keeping medications upon discharge, sometimes housing, transportation, making an appointment, getting prescriptions and isolation from others who can keep individuals moving forward on track. – Public Official

Incidence/Prevalence

> Mental health is a nationwide issue, especially during and post-pandemic. – Public Official

Income/Poverty

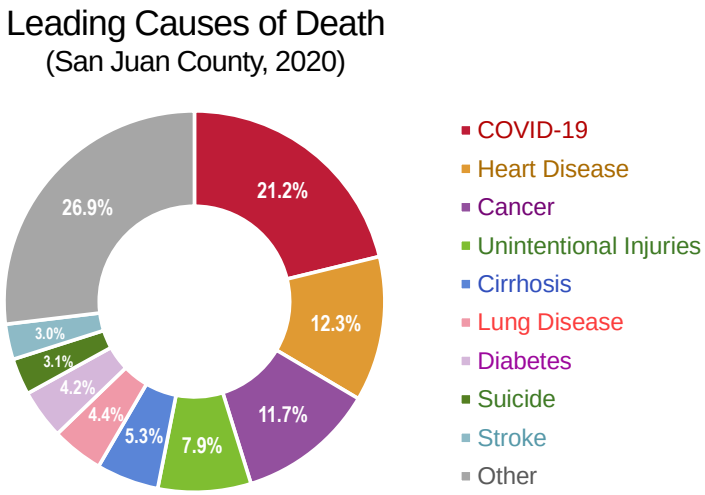
> Poverty and economic stress. – Physician

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

In 2020, COVID-19 was the leading cause of death in San Juan County, followed by heart disease, cancer, and unintentional injuries.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
Notes: • Lung disease includes deaths classified as chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

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

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

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

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	San Juan County	NM	US	Healthy People 2030
COVID-19 (Coronavirus Disease) [2020]	230.9	106.2	85.0	—
Heart Disease	133.6	153.0	164.4	127.4*
Cancers (Malignant Neoplasms)	129.8	132.7	146.5	122.7
Unintentional Injuries	95.4	77.5	51.6	43.2
Falls [Age 65+]	89.9	97.9	67.1	63.4
Alcohol-Induced Deaths	77.3	36.7	11.1	—
Cirrhosis/Liver Disease	52.2	28.4	11.9	10.9
Lung Disease (Chronic Lower Respiratory Disease)	48.5	41.5	38.1	—
Diabetes	42.3	26.9	22.6	—
Stroke (Cerebrovascular Disease)	36.4	33.2	37.6	33.4
Suicide	35.4	24.4	13.9	12.8
Motor Vehicle Deaths	30.0	19.0	11.4	10.1
Unintentional Drug-Induced Deaths	21.3	29.1	21.0	—
Alzheimer's Disease	17.1	23.4	30.9	—
Pneumonia/Influenza	13.2	13.6	13.4	—
Homicide	12.3	11.1	6.1	5.5
Kidney Disease	11.5	12.5	12.8	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

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

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	133.7	128.1	128.4	133.3	136.3	137.9	133.4	133.6
NM	148.4	146.1	144.3	145.4	148.1	150.1	152.6	153.0
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

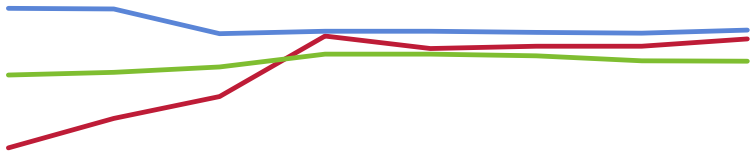
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	20.9	25.1	28.2	36.8	35.0	35.4	35.3	36.4
NM	31.3	31.7	32.4	34.2	34.2	34.0	33.3	33.2
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

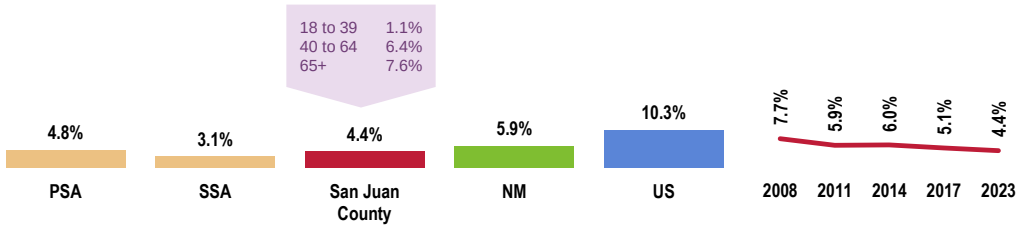
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Prevalence of Heart Disease & Stroke

PRC SURVEY ► "Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"

Prevalence of Heart Disease

San Juan County



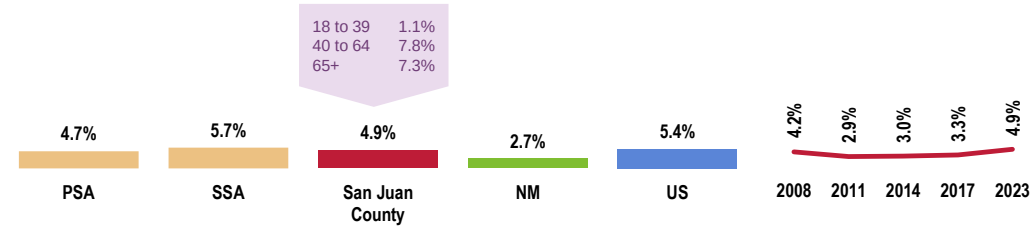
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

PRC SURVEY ► "Have you ever suffered from or been diagnosed with a stroke?"

Prevalence of Stroke

San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

PRC SURVEY ► "Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

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

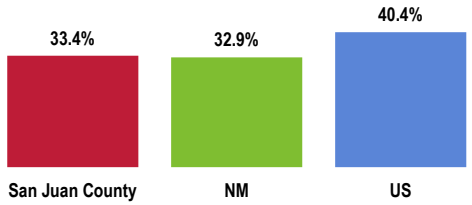
PRC SURVEY ► "Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

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

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower

84.3% are taking action to control their high blood pressure



Prevalence of High Blood Cholesterol

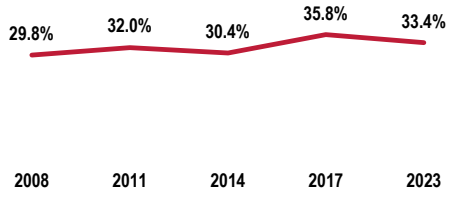
85.5% are taking action to control their high blood cholesterol

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30, 305-306]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

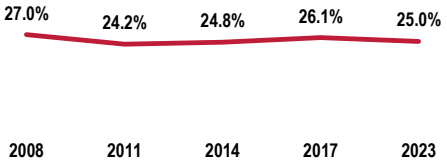
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (San Juan County)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (San Juan County)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

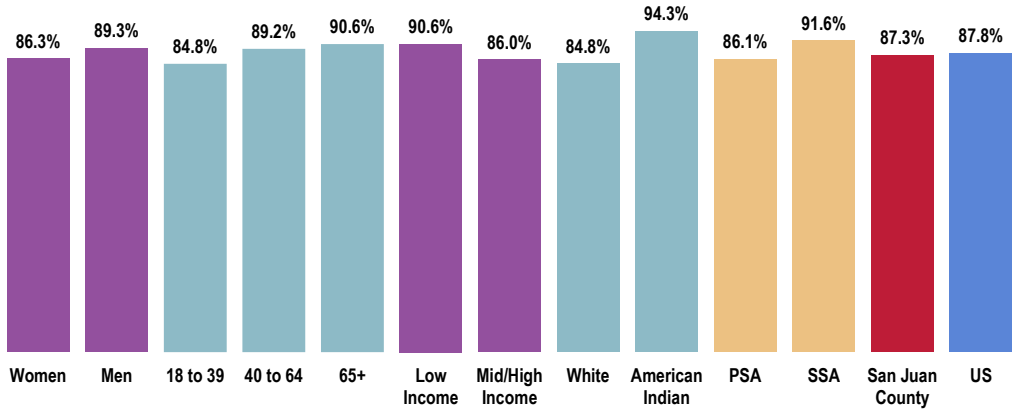
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

The following chart reflects the percentage of adults in San Juan County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Exhibit One or More Cardiovascular Risks or Behaviors
(San Juan County, 2023)

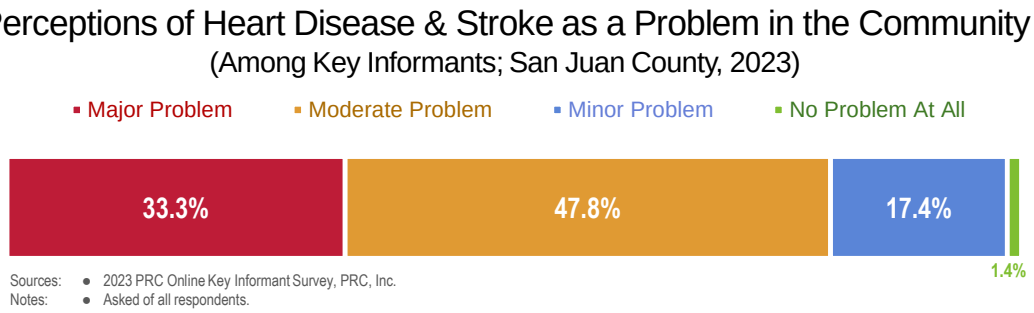


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Look at the cardiology and neurology clinic loads and wait times. – Physician
>
> Have to get flown to Albuquerque while having a stroke. – Health Care Provider
>
> Because you cannot get into a cardiologist. Some of the ones that we have are not the greatest. – Public Official
>
> Very limited ability to get into cardiology. – Physician
>
> Hard to make a timely appointment to see a heart doctor and just medical appointments in general. Need help now? See you in three weeks. – Public Official

Incidence/Prevalence

> Heart disease and stroke are a leading cause of death in the United States. Our community is no different. – Health Care Provider
>
> The population includes demographic groups at high risk, non-compliance with medications, access to healthy food, health literacy, and transportation. – Health Care Provider
>
> Major issue in America. – Physician
>
> Because I work at the heart center and understand that chronic medical conditions are not being managed fully for the majority of my patients. The chronic underlying disease needs to be treated by primary care providers, but there are not enough providers. – Physician
>
> Heart disease is the leading cause of death in the USA. I know many people affected by this, including myself. – Public Official

Comorbidities

> Cardiovascular disease is rampant and secondary to the uncontrolled diabetes, obesity, and poor dietary choices. – Health Care Provider
>
> The two problems chronically are diabetes and heart disease and stroke. They are interrelated. – Public Health Representative
>
> There are a tremendous amount of patients with multiple comorbidities, including heart disease and stroke. There are not nearly enough providers to take on the humungous load of patients to care for them. – Physician

Lifestyle

> Lifestyle choices. – Health Care Provider
>
> Genetics and lifestyle of this population. The lack of permanent cardiology professionals puts a burden on the ones that are here. – Business Leader
>
> Overall, the community is not healthy. – Public Official

Nutrition

> Diet sucks, not enough exercise. Overall bad choices by people and throw in a little genetics. Then they cannot see our cardiologist quick enough. – Physician
>
> Overweight individuals, poor diet and nutrition. Too many fast food restaurants and not enough healthy choices for eateries. – Public Official

Awareness/Education

> Ignorance and lack of resources for education. – Health Care Provider

Diabetes

> Because of diabetes and aging elders. – Public Official

Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider

Cancer

ABOUT CANCER

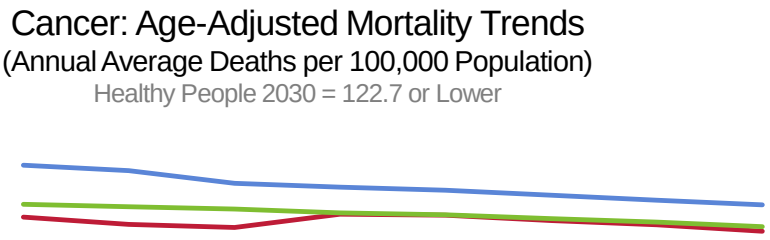
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in San Juan County.



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	138.7	134.2	132.3	140.6	140.0	136.7	133.9	129.8
NM	146.8	145.3	143.7	141.5	140.1	137.8	135.5	132.7
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Prostate cancer and lung cancer are the leading causes of cancer deaths in San Juan County.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

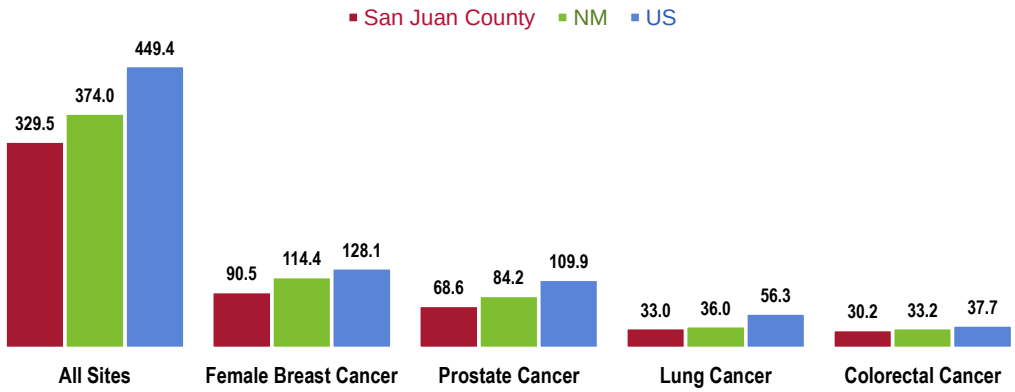
	San Juan County	NM	US	HP2030
ALL CANCERS	129.8	132.7	146.5	122.7
Prostate Cancer	21.7	19.5	18.5	16.9
Lung Cancer	21.1	21.9	33.4	25.1
Female Breast Cancer	14.2	19.6	19.4	15.3
Colorectal Cancer	11.4	12.2	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2015-2019)

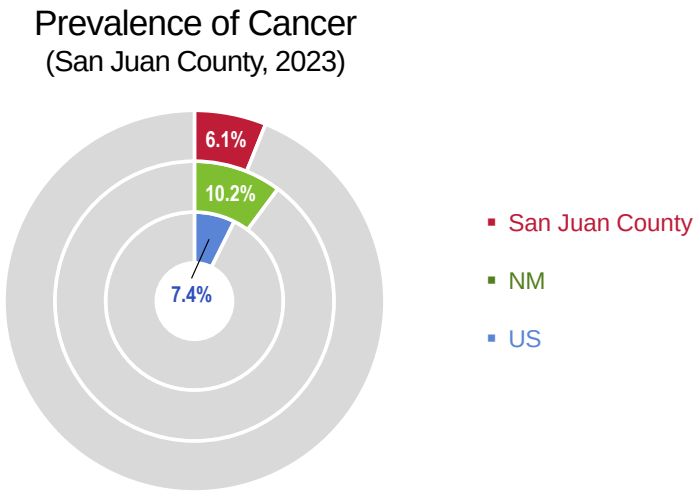


Sources:
- National Cancer Institute, State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

PRC SURVEY ► "Have you ever suffered from or been diagnosed with cancer?"



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

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

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

Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

Breast Cancer Screening

PRC SURVEY ► "A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

Cervical Cancer Screening

PRC SURVEY ► "A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"

[If Pap test in the past five years] "HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?"

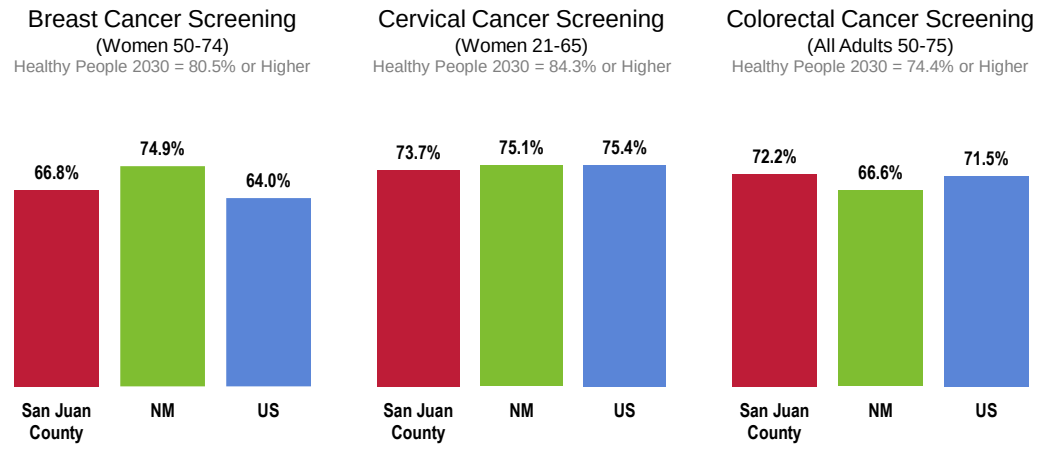
"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Colorectal Cancer Screening

PRC SURVEY ► "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"

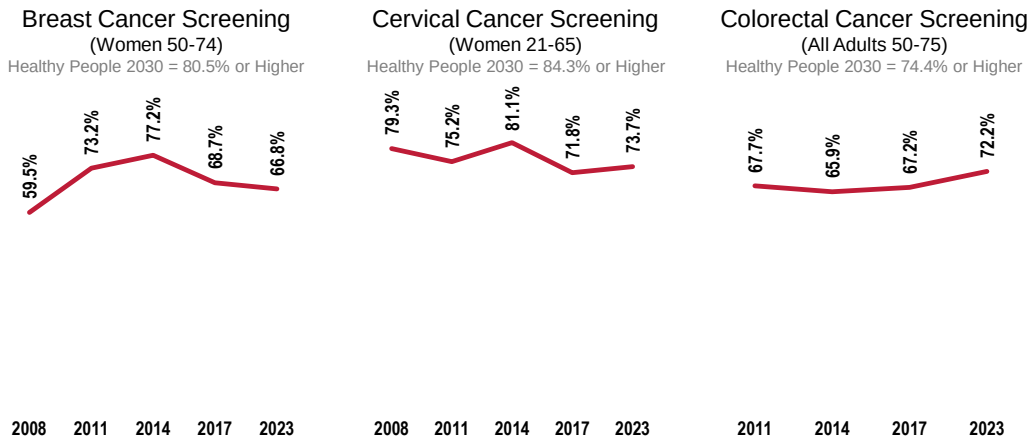
PRC SURVEY ► "A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

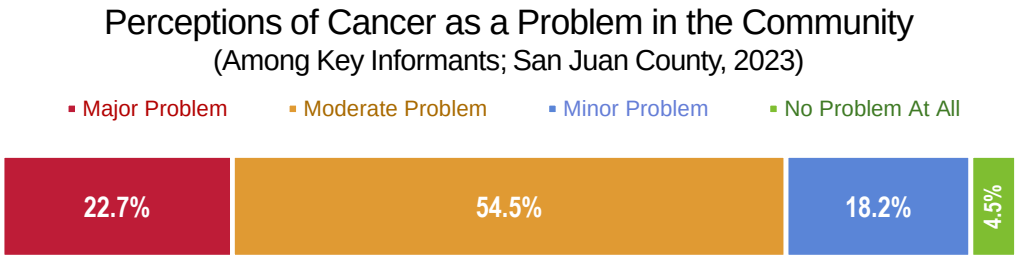
Notes:
- Each indicator is shown among the gender and/or age group specified.



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> I've known a lot of people who are doing treatment for cancer. – Health Care Provider
>
> There are high rates of cancer in the community. There is only one cancer treatment center in the San Juan County Area and more cancer services are needed. It would benefit the organization to offer a hematology and oncology center. This will create access to cancer treatment and decline patients having to transfer to outside areas for treatment. – Health Care Provider
>
> It is a problem nationwide and I would assume our statistics would be the same. – Business Leader
>
> I have seen a dramatic increase in all types of cancer over the past ten years, but more than that even over the past two to three years. Treatment options are limited. – Business Leader
>
> Higher rate of cancer than the national average. – Public Official
>
> Everyone is getting cancer of some kind. – Public Official
>
> It seems like we have a high rate of cancer, just based on my personal knowledge of citizens fighting cancer. – Public Official
>
> I know numerous people who have or who have had cancer. – Public Official
>
> Major problem everywhere and again, we are limited by specialists in that area. – Public Official

Access to Care/Services

> SJRMC closed the cancer center and people were forced to go to Albuquerque for their treatments. – Health Care Provider

Lack of Providers

> As far as I know there is only one provider group who are oncologists treating cancer. The only other place to receive chemotherapy is at SJRMC outpatient nursing clinic, and they only accept patients with no insurance. This is a problem. – Health Care Provider

Lifestyle

> Major issues are due largely to lifestyle choices. More people smoking and vaping now, lack of access to providers, late detection due to lack of routine care. – Health Care Provider

Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

Lung Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

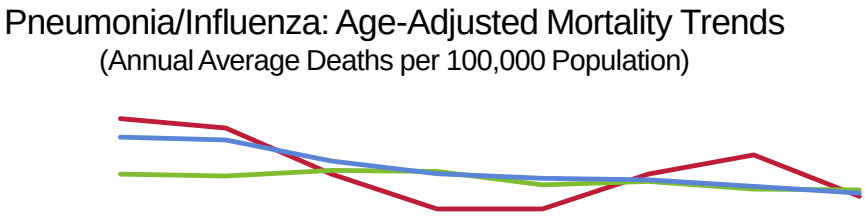
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	48.9	43.6	42.8	42.0	40.8	48.9	47.3	48.5
NM	44.5	44.5	45.3	45.2	44.4	43.9	42.4	41.5
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.



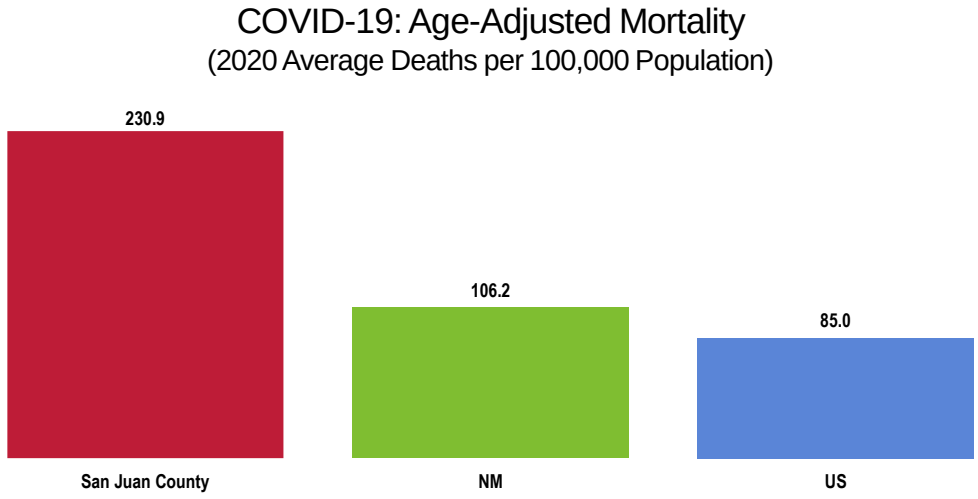
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	18.1	17.5	14.6	12.4	12.4	14.6	15.8	13.2
NM	14.6	14.5	14.8	14.8	13.9	14.1	13.7	13.6
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

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

Age-Adjusted COVID-19 (Coronavirus Disease) Deaths

Age-adjusted mortality for COVID-19 is illustrated in the following chart.



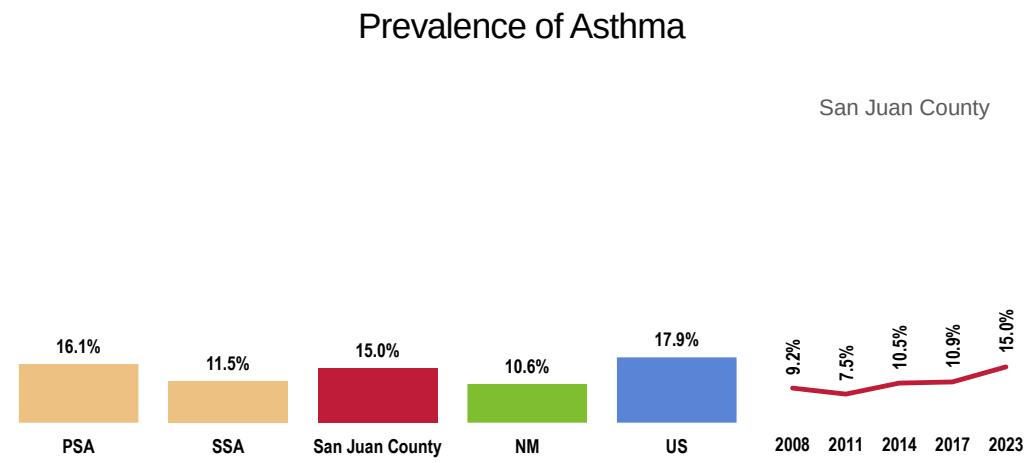
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

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

Prevalence of Respiratory Disease

Asthma

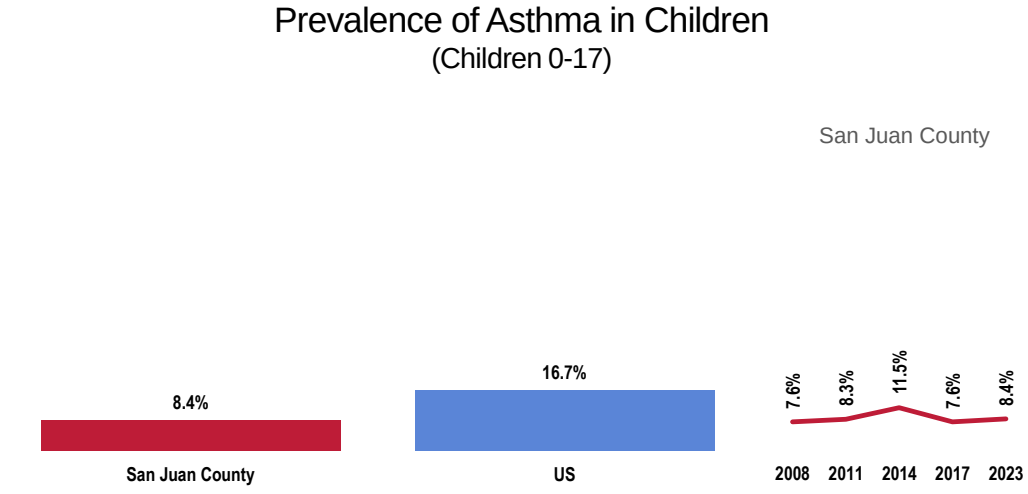
PRC SURVEY ► "Do you currently have asthma?"



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

PRC SURVEY ► "Has a doctor, nurse, or other health professional ever told you that this child had asthma?"



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

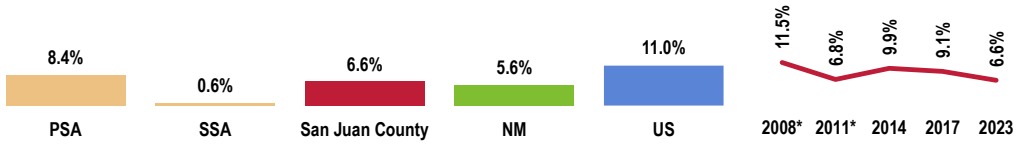
Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ▶ "Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

San Juan County



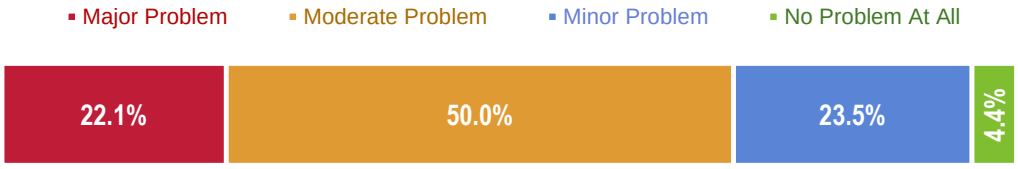
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.
- *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; San Juan County, 2023)



Sources:
- 2023 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

COVID-19

> Mainly the increased number of issues with COVID affecting long term health. – Business Leader
>
> We did have a higher than average rate with COVID. – Public Official
>
> Because of our high rate of COVID. – Public Official
>
> There was no one in the area to help with long COVID symptoms or treatments. Made several appointments in Albuquerque and Durango. Local doctors could not help with treatment. – Public Official

Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider
>
> No permanent outpatient pulmonologists in town. – Physician
>
> We need pulmonologists. – Health Care Provider

Access to Care/Services

> Limited or no access to pulmonary services. Difficult to order and get results for PFTS. – Physician

Environmental Contributors

> Air quality a bit, but more smoking and poor hygiene. Primary care provider visits are clogged with URI and do not allow us to focus on more important matters. – Health Care Provider

Comorbidities

> Heart failure and cirrhosis. – Physician

Incidence/Prevalence

> Many patients with COPD and asthma. – Physician

Vulnerable Populations

> COVID-19 had a much bigger effect on the Navajo population than it did on other populations. – Physician

Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

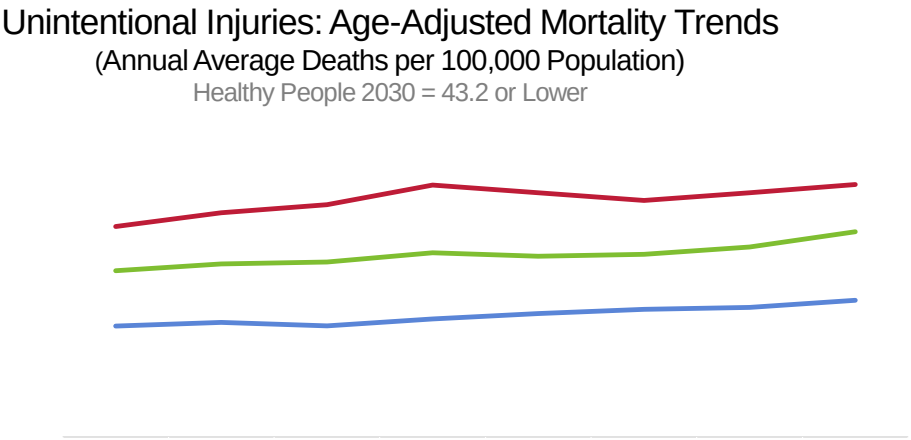
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	79.5	84.7	87.8	95.2	92.3	89.3	92.2	95.4
NM	62.8	65.4	66.1	69.6	68.3	69.0	71.8	77.5
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

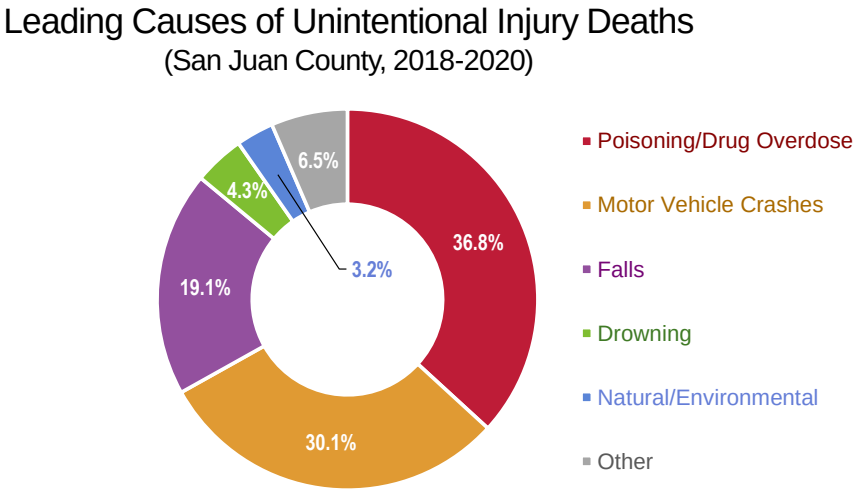
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-induced deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Leading causes of accidental death in the area include the following:



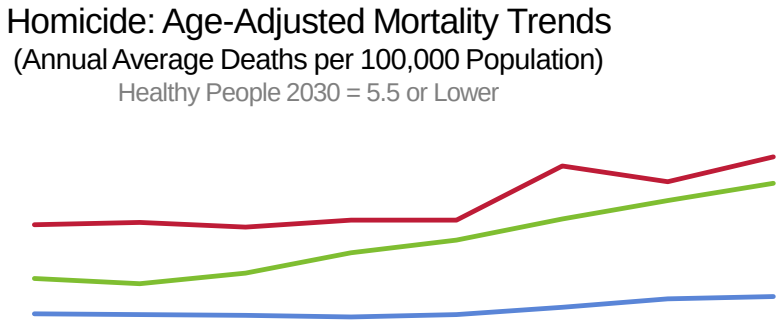
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Age-adjusted mortality attributed to homicide is shown in the following chart.



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	9.3	9.4	9.2	9.5	9.5	11.9	11.2	12.3
NM	6.9	6.7	7.2	8.1	8.6	9.6	10.4	11.1
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

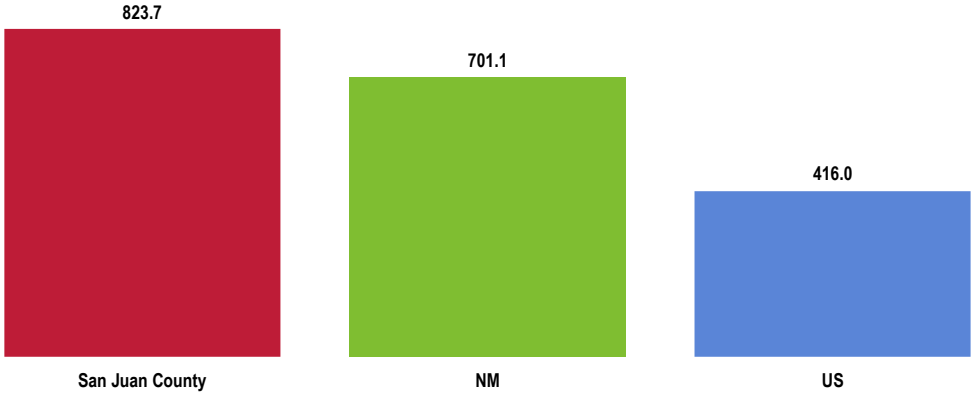
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

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

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

Violent Crime Rate
(Reported Offenses per 100,000 Population, 2015-2017)



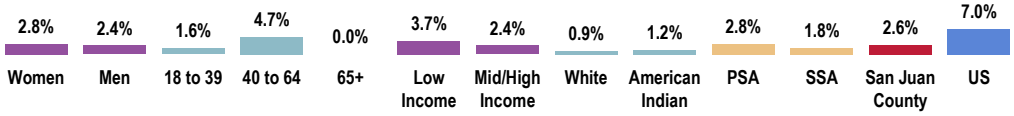
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent Crime Experience

PRC SURVEY ► "Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?"

Victim of a Violent Crime in the Past Five Years
(San Juan County, 2023)

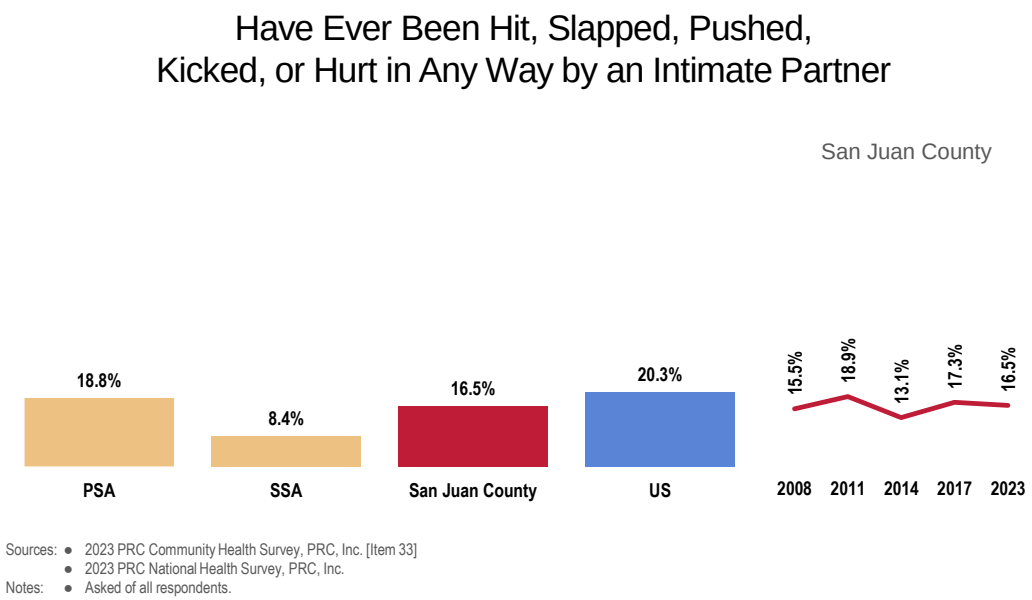


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

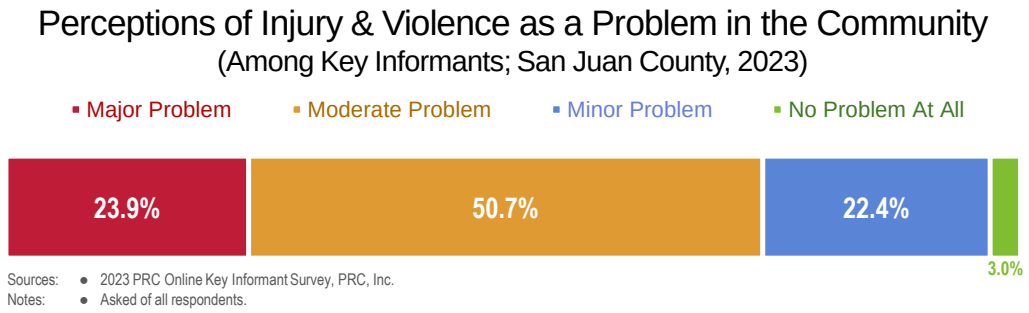
Intimate Partner Violence

PRC SURVEY ► "The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"



Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Look at the ED for related diagnostic codes. Look at the statistics from the police departments and correction facility, talk to your neighbors – lots of concern -- informal reporting and limited LE response suggest significant under reporting, look at the diagnostic codes from UC, review the ED/OR trauma volumes. – Physician
>
> Regular stabbings and shootings, and a high call volume for EMS for severe trauma. – Public Official
>
> From my previous experience in law enforcement. – Public Official

Alcohol/Drug Use

> Almost all due to drug use. – Health Care Provider
>
> Alcoholism and drug abuse are closely related to violence and injury in this community. – Physician

Income/Poverty

> San Juan County is very poor and rural, rampant homelessness, drug addiction, alcohol addiction and no jobs. – Health Care Provider
>
> Again, due to the poorer demographic. – Public Official

Domestic/Family Violence

> A lot of domestic violence and other injuries that present to the emergency department. – Physician

Gang Violence

> Gangs. – Health Care Provider

Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider

Law Enforcement

> Lack of accountability for those who break the law, fear from the victims, and ignorance that they can do something about it. They can also protect themselves but have no idea how to do it. – Health Care Provider

Diabetes

ABOUT DIABETES

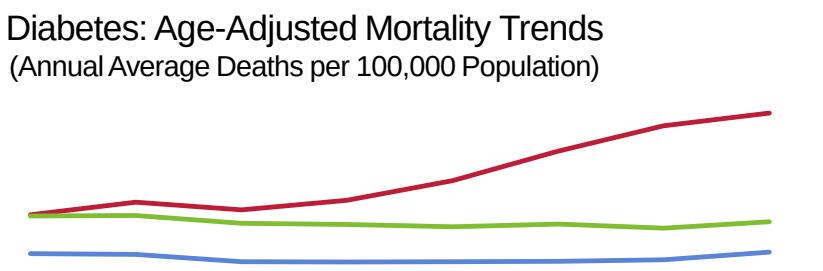
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	27.9	29.7	28.6	30.0	32.7	36.9	40.5	42.3
NM	27.7	27.8	26.7	26.5	26.2	26.6	26.0	26.9
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

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

Prevalence of Diabetes

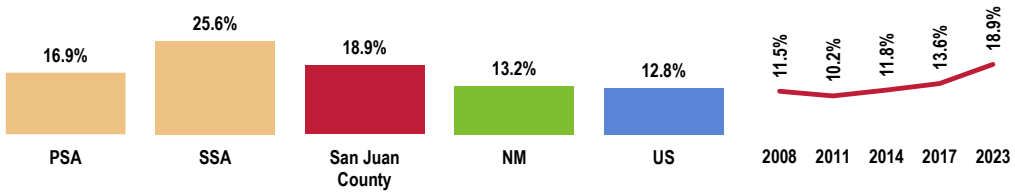
PRC SURVEY ► "Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?"

PRC SURVEY ► "Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?"

Prevalence of Diabetes

Another 14.2% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(San Juan County, 2023)

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

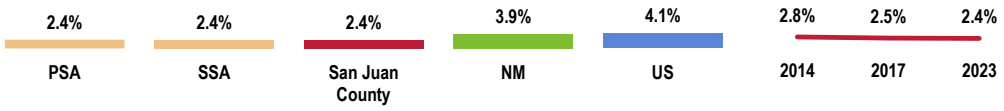
Kidney Disease

PRC SURVEY ► "Have you ever suffered from or been diagnosed with kidney disease?"

Prevalence of Kidney Disease

Healthy People 2030 = 12.8% or Lower

San Juan County



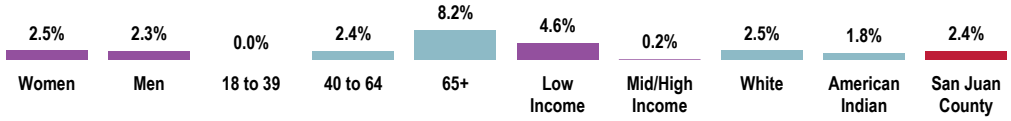
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 304]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease

(San Juan County, 2023)

Healthy People 2030 = 12.8% or Lower

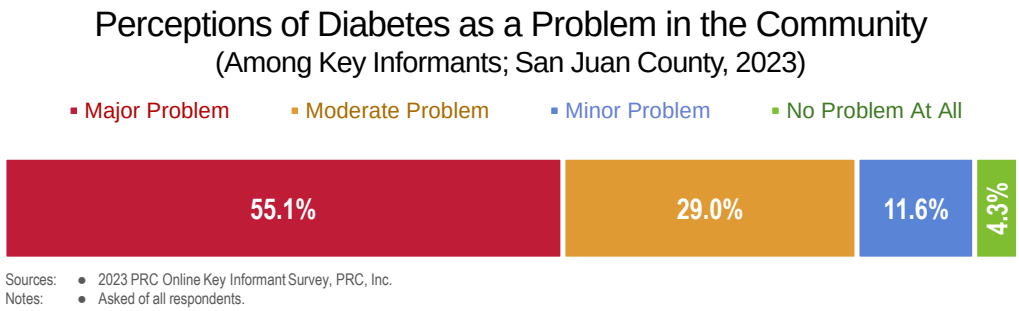


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 304]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Educational foundation, complicated with inadequate access for monitoring and adjusting diabetic medication. The obesity of America. – Physician
>
> Lack of awareness, understanding and support to achieve nutrition, physical activity, and medication goals. Primary care clinics that only allow for 10 minutes to see patients is not an appropriate nor effective setting for providing individualized, hands-on, pragmatic ongoing education for people living with diabetes and their families. – Health Care Provider
>
> A lack of educational support for the patient. This includes information about diet and nutrition, self-care, endocrinology, foot care, exercise, etc. – Public Official
>
> Health literacy, compliance with medications, availability of affordable services and medications, access to healthy food, and transportation. – Health Care Provider
>
> Education and prevention. – Public Official
>
> Access to diabetic teaching on how to manage their disease. – Health Care Provider
>
> Ignorance and lack of knowledge of available resources. – Health Care Provider

Nutrition

> People don't make healthy food choices. I don't know if it is a lack of education or the cost of healthy food. – Health Care Provider
>
> Access to appropriate diet control and education. – Physician
>
> Poor health and nutrition education. Poor diabetic education resources. Access to providers. – Physician
>
> Diet and exercise. – Public Official
>
> Healthy eating. – Public Official
>
> The general population tends to have poor diet and lack exercise, and then the Navajo population seems to be especially vulnerable to diabetes on top of that. – Public Official
>
> Nutrition and the cost of medications. – Physician

Access to Care/Services

> Access to care. – Public Official
>
> Lack of primary care and regular follow-up. – Physician
>
> Access and cost for uninsured or underinsured. – Public Official
>
> Getting into a family doctor and then an endocrinologist when needed. – Physician
>
> Number of available beds. – Health Care Provider
>
> Lack of access to primary care or diabetic specialists for frequent visits to titrate medications quickly to improve glucose control. – Health Care Provider
>
> Access to medication, education, and continued care. – Health Care Provider

Disease Management

> Dealing with their diabetes. – Business Leader
>
> Compliance with the regimen. Why is it important? How will it affect their overall health? Long-term costs for management of the disease. – Public Official
>
> Patients with diabetes would rather take medication than start the difficult process of weight loss and healthy lifestyle choices to manage their condition. The overall cost of managing a progressive diabetes patient is very high in comparison to the cost of healthy living. – Business Leader
>
> Core transition from inpatient and outpatient for diabetic management. Lack of endocrinology and diabetic educators, dieticians, etc. There is no existing pathway to ensure more patient education and compliance through education. – Physician

Vulnerable Populations

> Our unique proximity to the Navajo reservation where diabetes is very prevalent. – Business Leader
>
> Due to the Native American population in the area, and it is more common and younger people are being diagnosed. – Public Official
>
> Major problem on the reservation and with older people. – Public Official

Incidence/Prevalence

> There is a high incidence of diabetes in San Juan County. – Public Official
>
> Just based on people I know. – Health Care Provider
>
> High levels of diabetes and overweight individuals. Resources are available, but I am not sure people take advantage of them. – Public Official

Lack of Providers

> Lack of providers for care. – Health Care Provider
>
> No endocrinologist in the area. – Health Care Provider

Lifestyle

> Apathy, lifestyle, unhealthy government food plans and way too much fast food in our community. – Health Care Provider
>
> General health. – Public Official

Income/Poverty

> Poor wages and overabundance of fast food at low cost. – Health Care Provider

Kidney Disease

> Kidney disease is prevalent here. Lots of chronic kidney disease. Most commonly related to diabetes or hypertension. A large population on dialysis. – Health Care Provider

Disabling Conditions

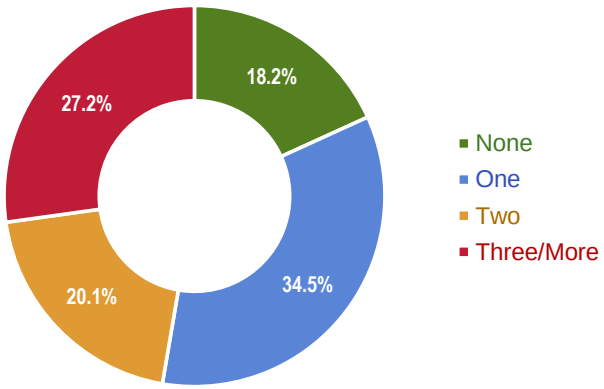
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

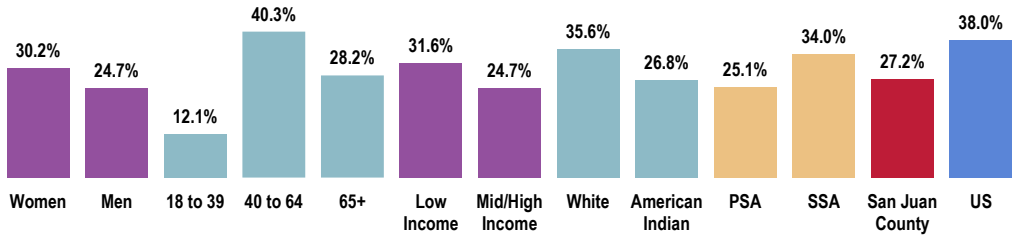
Number of Chronic Conditions
(San Juan County, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

Have Three or More Chronic Conditions
(San Juan County, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

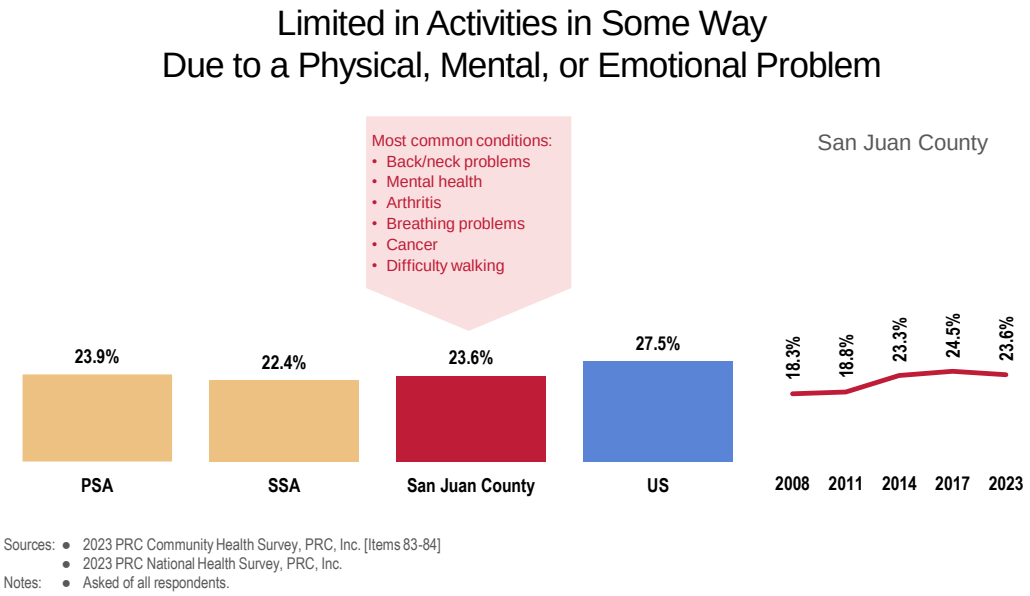
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

PRC SURVEY ► "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

PRC SURVEY ► [Adults with activity limitations] "What is the major impairment or health problem that limits you?"



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(San Juan County, 2023)

Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

Alzheimer's Disease

ABOUT DEMENTIA

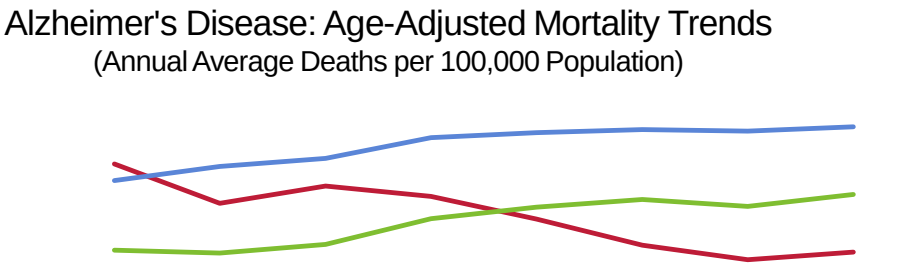
Alzheimer's disease is the most common cause of dementia… . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	26.8	22.5	24.4	23.2	20.7	17.8	16.2	17.1
NM	17.3	17.0	17.9	20.8	22.0	22.9	22.1	23.4
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

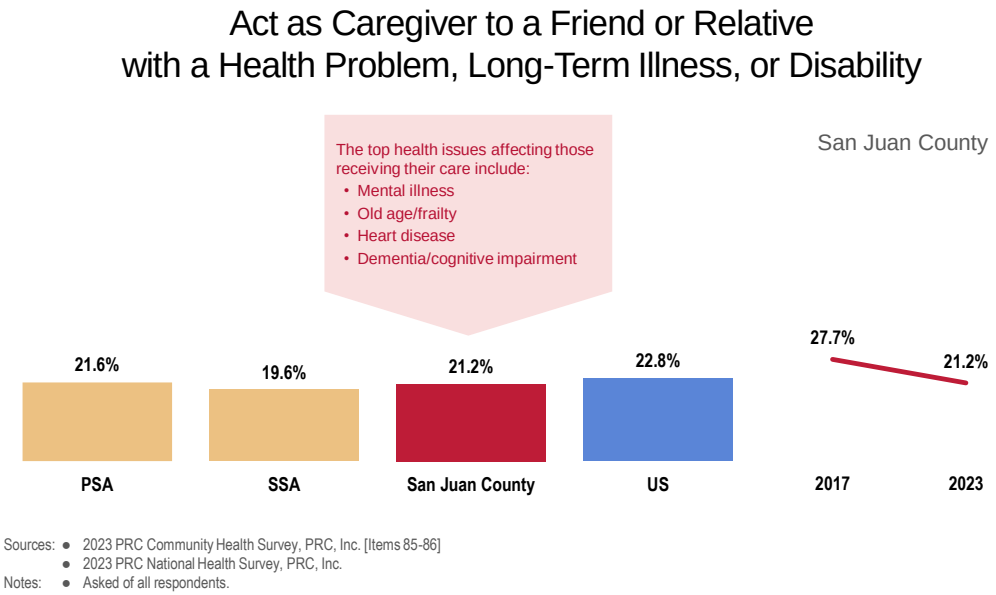
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

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

Caregiving

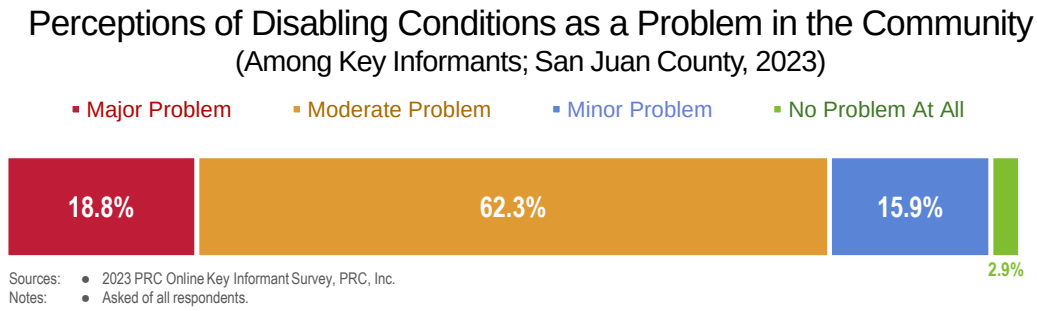
PRC SURVEY ► "People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"

PRC SURVEY ► [Among those providing care] "What is the main health problem, long-term illness, or disability that the person you care for has?"



Key Informant Input: Disabling Conditions

The following chart outlines key informants' perceptions of the severity of *Disabling Conditions* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> Aging population, population with multiple major comorbidities, extremely limited options for transportation of disabled persons to provider appointments. – Physician
>
> As our elders are aging, it has been hard to find resources to help. – Public Official

Incidence/Prevalence

> High percentage of chronic pain in my health care setting. Non-compliance with pain management programs or alternative pain management modalities. Limited services for patients and family members and caregivers of patients with dementia. – Health Care Provider

> I treat chronic pain and patients seeking disability every day. – Physician

Access to Care/Services

> Not very many resources to treat. – Public Official

> When a family is faced with a loved one suffering from a disabling condition, they are generally at a loss for what can be done to help. Unless a person is on Medicaid or in a nursing home, there seems to be a shortage of information and options for affordable personal care in our community. – Business Leader

Comorbidities

> Diabetes and heart disease. – Physician

Diagnosis/Treatment

> How do we help people with disabling conditions? We don't. – Public Official

Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider

BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

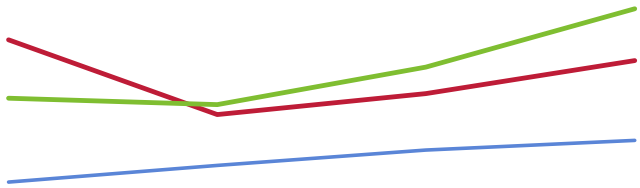
– Healthy People 2030 (https://health.gov/healthypeople)

Prenatal Care

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

This indicator reports the percentage of San Juan County women who did not receive prenatal care during the first six months of pregnancy. This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services.

Lack of Prenatal Care in the First Six Months of Pregnancy
(Percentage of Live Births)



	2008-2010	2011-2013	2014-2016	2017-2019
San Juan County	10.6%	7.3%	8.2%	9.6%
NM	8.0%	7.7%	9.4%	11.9%
US	4.3%	5.0%	5.7%	6.1%

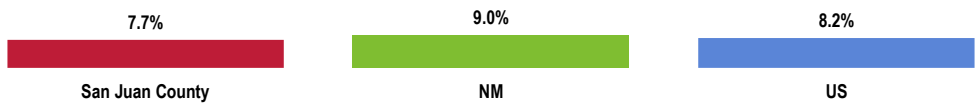
Sources: ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).
Note: ● This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2014-2020)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2023.

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	6.3	6.1	5.7	5.4	5.3	4.7	4.8	5.4
NM	5.7	5.7	5.2	5.5	5.6	5.8	5.6	5.4
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2023.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- This indicator reports deaths of children under 1 year old per 1,000 live births.

Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

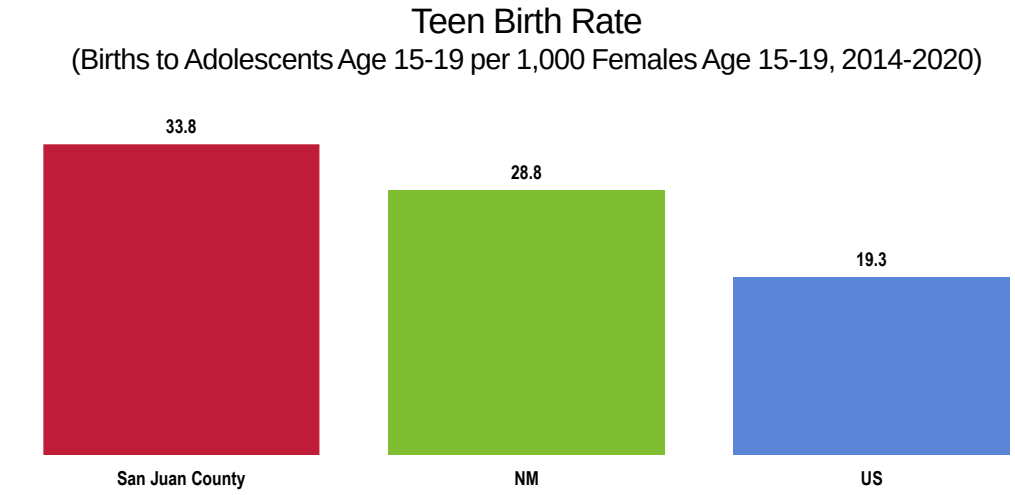
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Here, teen births include births to women age 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines teen births in San Juan County, compared to the state and nation. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

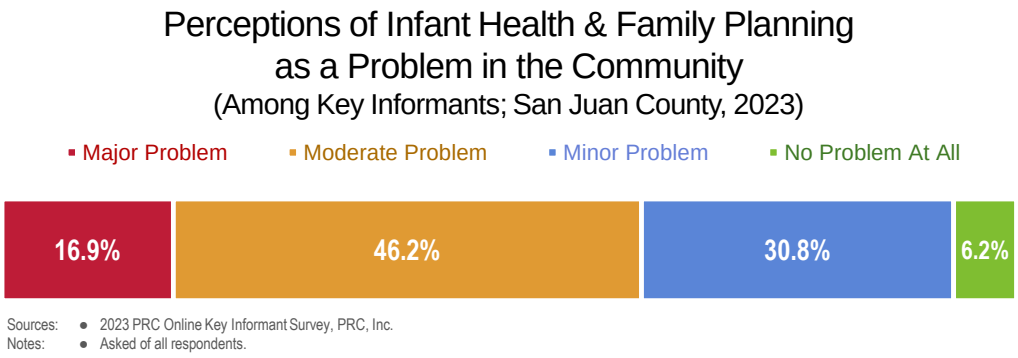


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Teen Pregnancy

> We have one of the highest teenage pregnancy rates in the country. – Public Official
>
> Teen pregnancies. Young moms and dads need more knowledge for infant care and family planning. – Public Official
>
> There are a lot of unwanted teen pregnancies in our community. Better access to health care and birth control would be helpful. – Physician

Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider
>
> No neonatologist available. No special NICU, must go to Albuquerque. – Health Care Provider
>
> Due to the low number of OB/GYN and pediatric providers in our county, because of astronomically high malpractice insurance. – Public Official

Access to Care/Services

> Lack of access to providers, teenage and adult promiscuity, drug use, lack of birth control and sufficient providers willing or able to manage birth control, and poor maternal health, impacting children. – Health Care Provider

Education

> NM and our county have a higher teen birth rate compared to the United States. Because our communities are so conservative, unfortunately, information about safe sex practices, family planning, and STD prevention are not discussed openly and honestly in most of the high schools in our county. Parents don't discuss it at home. Young people are uninformed, or worse, misinformed, by social media, since there is no one else talking to them about sex. Aside from teen births, infant health is at risk due to infants born drug-addicted or with congenital syphilis. – Health Care Provider

Income/Poverty

> Due to the poorer demographics in our area. – Public Official

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

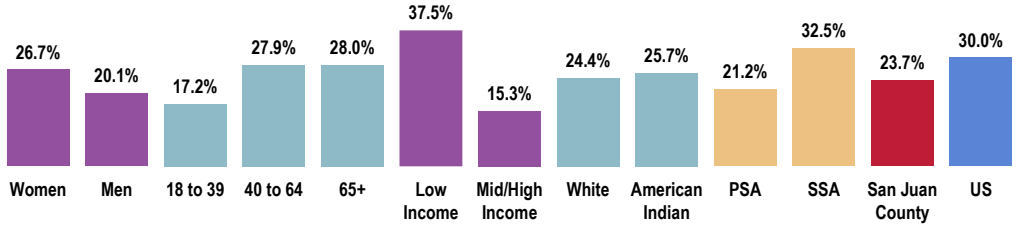
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Fresh Produce

PRC SURVEY ► "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(San Juan County, 2023)

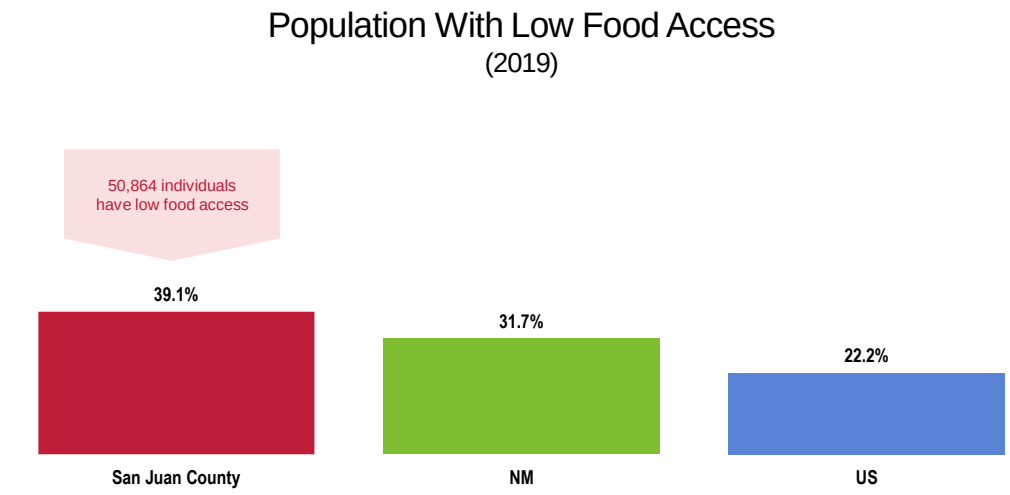


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store in urban areas (10 miles in rural areas). This related chart is based on US Department of Agriculture data.



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

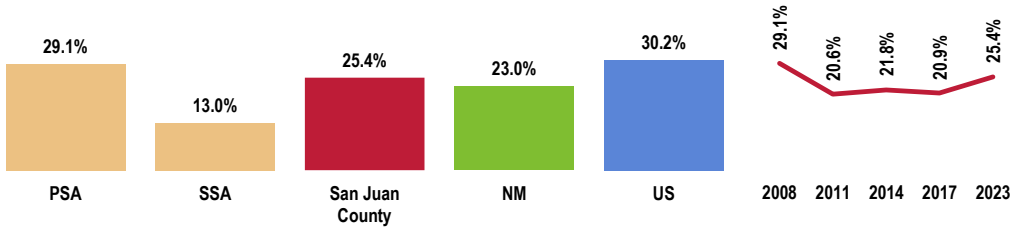
Leisure-Time Physical Activity

PRC SURVEY ► "During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

To measure physical activity frequency, duration and intensity, respondents were asked:

PRC SURVEY ► "During the past month, what type of physical activity or exercise did you spend the most time doing?"

PRC SURVEY ► "And during the past month, how many times per week or per month did you take part in this activity?"

PRC SURVEY ► "And when you took part in this activity, for how many minutes or hours did you usually keep at it?"

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

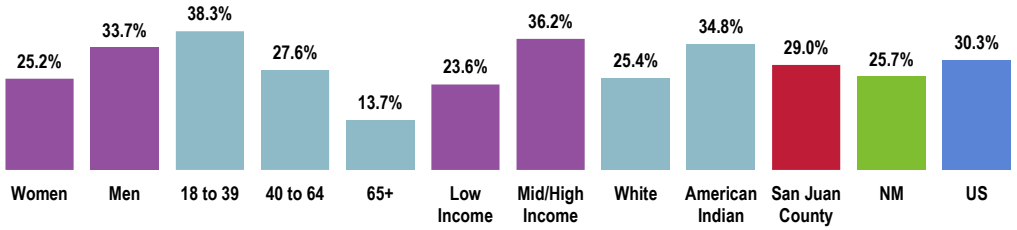
Respondents were also asked about strengthening exercises:

PRC SURVEY ► "During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands."

Meets Physical Activity Recommendations

(San Juan County, 2023)

Healthy People 2030 = 29.7% or Higher



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children's Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

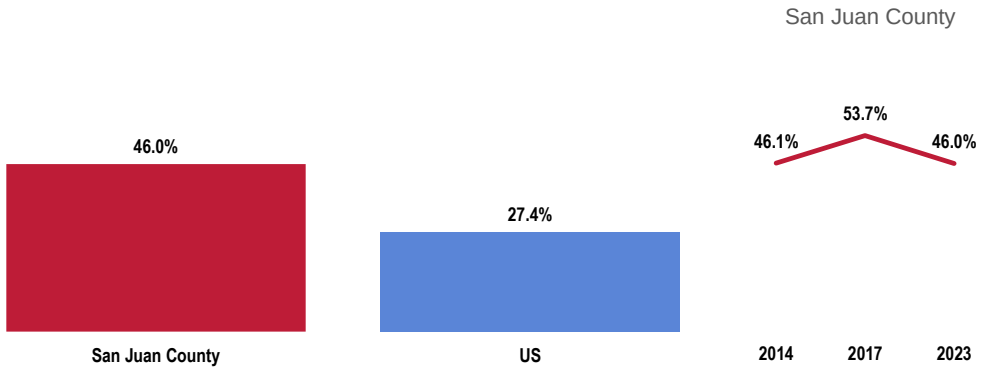
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

PRC SURVEY ► "During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day

(Children 2-17)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

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

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

PRC SURVEY ► "About how much do you weigh without shoes?"

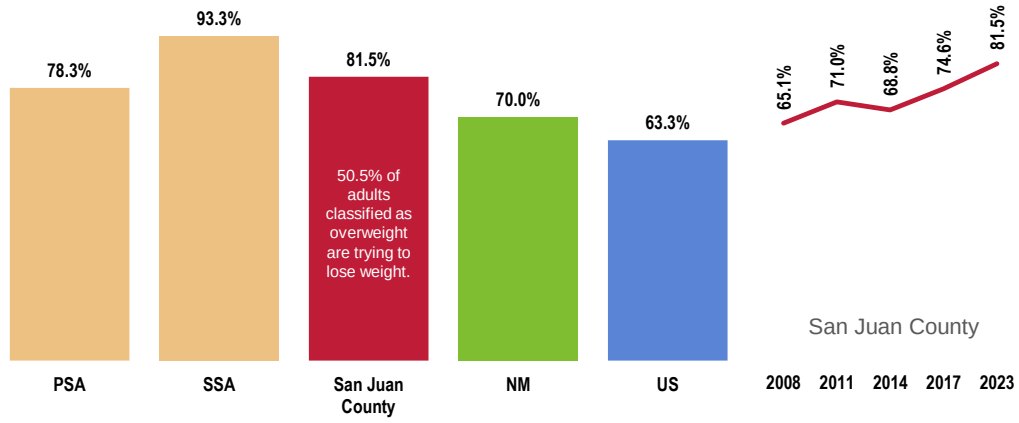
PRC SURVEY ► "About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

PRC SURVEY ► "Are you now trying to lose weight?" (Shown among those who are overweight or obese.)

PRC SURVEY ► "In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?" (Shown among those who are overweight or obese.)

Prevalence of Total Overweight (Overweight and Obese)



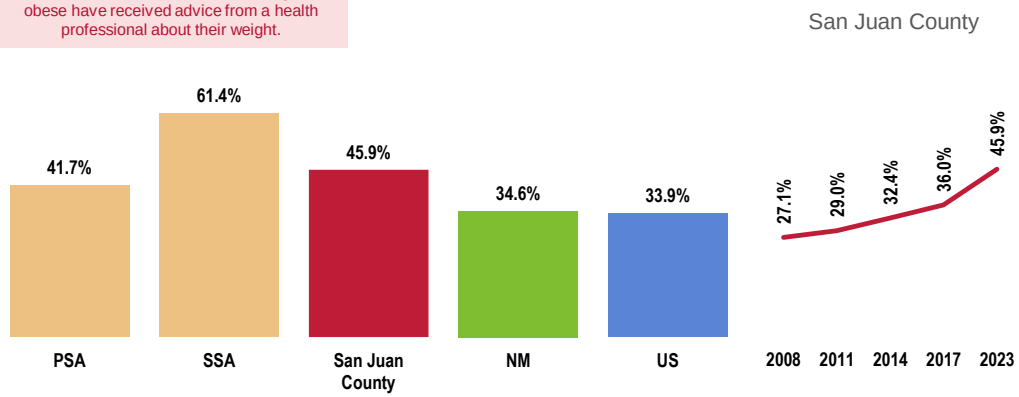
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 112, 310]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

22.2% of adults classified as overweight or obese have received advice from a health professional about their weight.



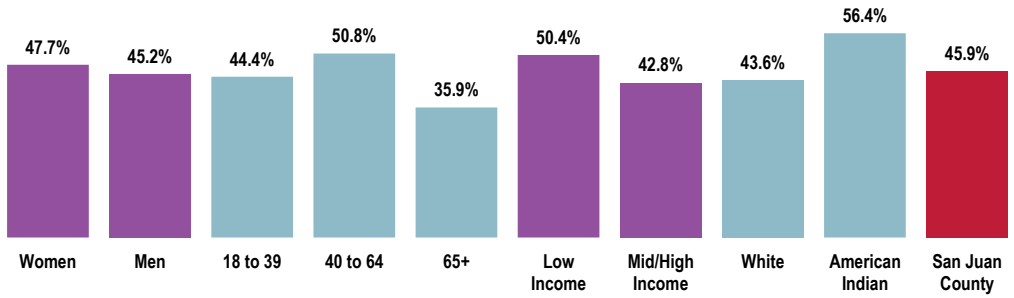
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 112, 311]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity

(San Juan County, 2023)

Healthy People 2030 = 36.0% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

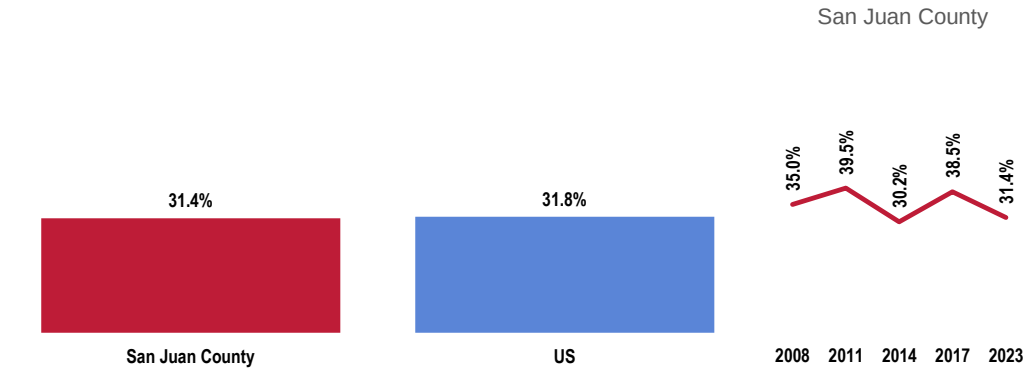
– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

PRC SURVEY ► "How much does this child weigh without shoes?"

PRC SURVEY ► "About how tall is this child?"

Prevalence of Overweight in Children
(Children 5-17)



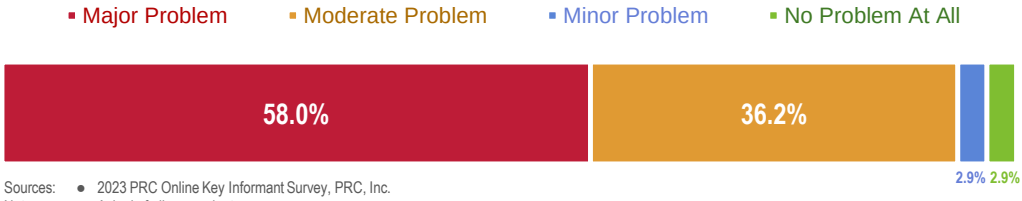
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; San Juan County, 2023)



Sources:
- 2023 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> There is too much disinformation from a multitude of sources about how to attain physical and mental well-being. There seems to be no concerted community effort to address this. – Business Leader
>
> Access to education. – Physician
>
> The lack of educational concern about the complications of obesity and developing metabolic syndrome. – Physician
>
> Health literacy, access to healthy food, high risk populations, cost of gyms or other exercise programs, no coverage for weight loss medications and poor mental health, such as depression and anxiety. – Health Care Provider
>
> Poor health literacy, poor food choices, such as fast food, and lack of physical activity. – Health Care Provider
>
> Ignorance and lack of resources for education. – Health Care Provider
>
> Diabetic education with a dietitian and neat, healthy eating habits with the possibility of access to sports for children. – Physician

Lifestyle

> Lifestyle and poverty. – Physician
>
> Lack of self-control, lack of willingness to exercise, lack of affordable nutritious foods. – Public Official
>
> Lifestyle with many of the Native Americans. Not many choices in the restaurant businesses that are healthy. I am not sure ones that were more healthy would do well as the demographics of the area most likely would not support them. Genetics of many of the minority populations are prone to these issues. – Business Leader
>
> Apathy, poor lifestyle choices, too much fast food, bad government food programs, lack of physical activity in general. – Health Care Provider
>
> Self-motivation. – Business Leader
>
> Limited patient desire to change and fix the problem. – Physician

Nutrition

> Diet and exercise. There are plenty of gyms around if you can afford them, but not everyone can afford them. It's cheaper to eat unhealthy, but very expensive to eat healthy. – Health Care Provider
>
> Lots of junk food, food stamps and low education. – Physician
>
> San Juan County is a food desert, poor cultural awareness, very limited specific treatment programs. Lack of a developed bariatric program for SJRMC and the Surgery Department. – Physician
>
> There is very little reward for individuals to stay more active or get healthier. They are content eating cheap food options instead of preparing a nutritious meal at home. Physical activity has been replaced by forms of electronic entertainment. – Business Leader

Access to Affordable Healthy Food

> Our community does not support a healthy lifestyle as is demonstrated by all of the fast food and unhealthy big box restaurants in town. There are very limited dining options for those of us who choose to eat healthy. We have high rates of obesity, diabetes, and hypertension in our community, state, and country. – Health Care Provider
>
> Lack of fresh foods, travel costs and expenses, and being unmotivated. – Public Health Representative
>
> Some areas lack access to fresh produce, meat, and dairy, due to their remoteness. – Public Official
>
> Amount of fast food in the community and cost of healthy food options. It begins at home and at school. – Physician

Obesity

> The majority of people are overweight. – Public Official
>
> I just think the majority of people in San Juan County are obese. We have so much to do around the area that is free, but I am not sure it is being fully taken advantage of. – Health Care Provider

Cultural/Personal Beliefs

> Cultural influences that result in people not valuing eating well and exercising. – Public Official
>
> Cultural upbringing, fast food on every corner. – Physician

Access to Care/Services

> Resources are lacking. – Public Official

Diabetes

> Diabetes management is needed. – Physician

Rural Community

> Lack of transportation in rural parts of the county. Cost of healthy foods and significant health disparities based on income, water, refrigeration, and reliance on subsidies, especially in the parts of the county on tribal lands. – Health Care Provider

Substance Use

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

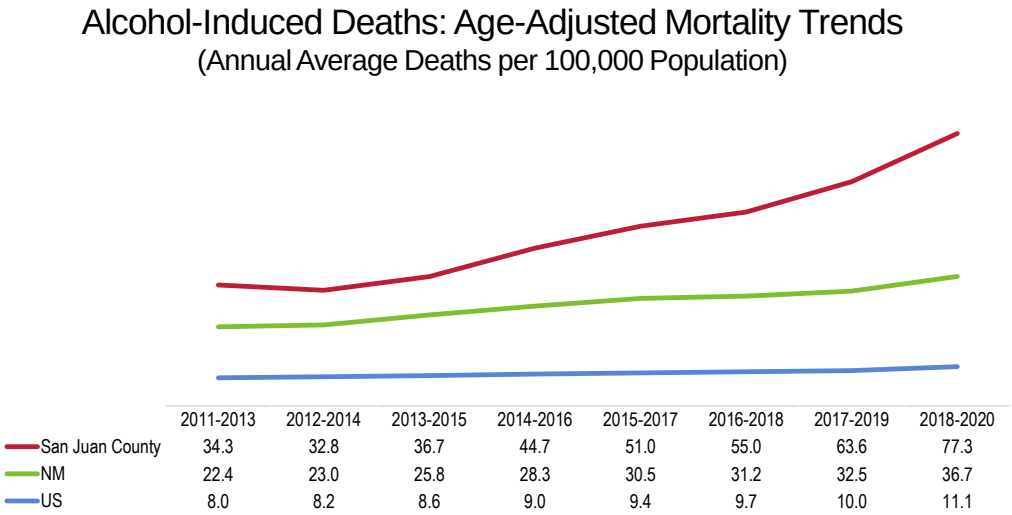
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Age-Adjusted Alcohol-Induced Deaths

The following chart outlines age-adjusted, alcohol-induced mortality in the area.



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	34.3	32.8	36.7	44.7	51.0	55.0	63.6	77.3
NM	22.4	23.0	25.8	28.3	30.5	31.2	32.5	36.7
US	8.0	8.2	8.6	9.0	9.4	9.7	10.0	11.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

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

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

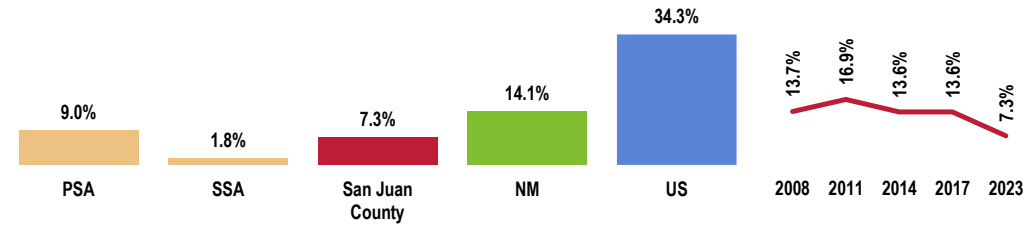
PRC SURVEY ► "During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

PRC SURVEY ► "On the day(s) when you drank, about how many drinks did you have on average?"

PRC SURVEY ► "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?"

Engage in Excessive Drinking

San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

PRC SURVEY ► "Keep in mind that all of your answers are strictly confidential, and that no one will be able to view your individual responses or attribute them specifically to you. With this in mind, during the past 30 days, how many times have you driven when you've had perhaps too much to drink?"

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

San Juan County

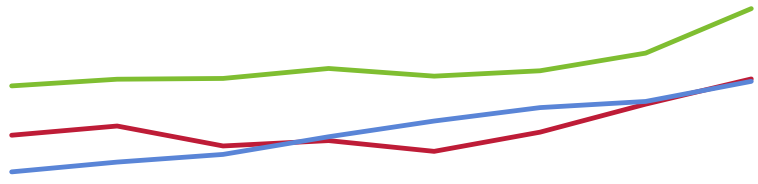
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.

Drugs

Age-Adjusted Unintentional Drug-Induced Deaths

Unintentional drug-induced deaths include all deaths, other than suicide, for which drugs are an underlying cause. A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-induced deaths.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	15.1	16.1	13.9	14.5	13.3	15.4	18.5	21.3
NM	20.5	21.3	21.4	22.5	21.6	22.2	24.2	29.1
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

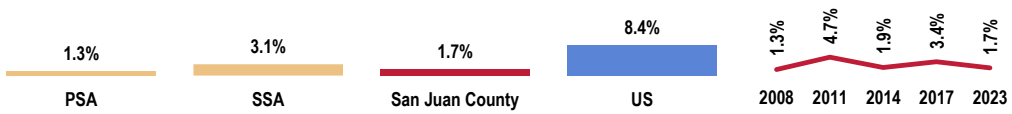
Illicit Drug Use

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

PRC SURVEY ► "During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

Illicit Drug Use in the Past Month

San Juan County



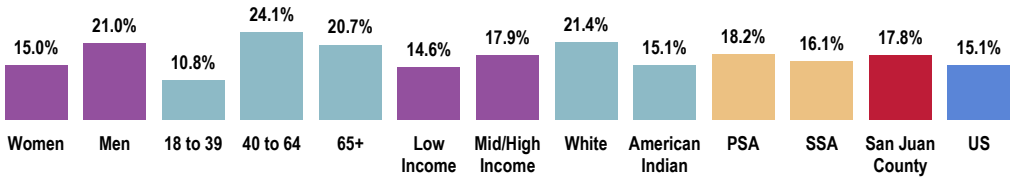
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

PRC SURVEY ► "Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"

Used a Prescription Opioid in the Past Year
(San Juan County, 2023)

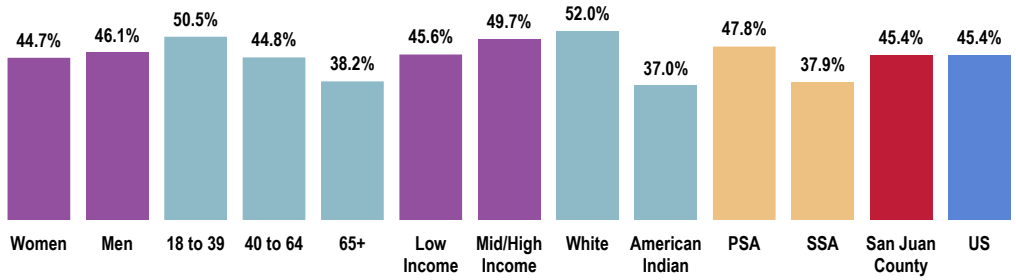


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 41]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Use

PRC SURVEY ► "To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(San Juan County, 2023)

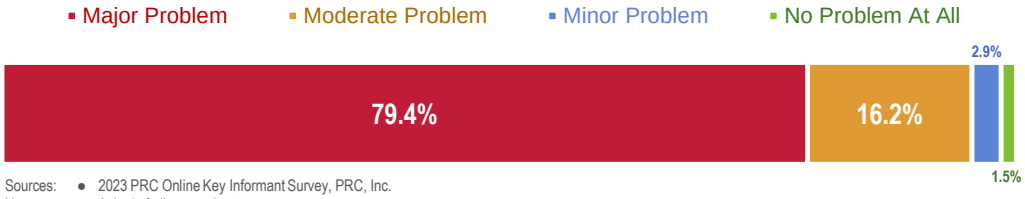


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 42-43]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The following chart outlines key informants' perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; San Juan County, 2023)



Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Capacity, a desire to get better, and the cost. – Public Official
>
> Too much demand for too little resources. – Physician
>
> Increase of substance abuse treatment and no treatment facility in the area. Or it is hard to get into one. – Health Care Provider
>
> Treatment facilities that can address long-term needs and society pressures. High level of alcoholism on the reservation, stigma in getting help and the combination of substance abuse and mental health issues. Lack of support after leaving a rehab facility and lack of transitional housing programs for those coming out of treatment. – Public Official
>
> Not enough. Can usually only stay overnight. – Public Official

> Availability and cost. – Health Care Provider
>
> Lack of services. – Public Official
>
> Appropriate access to mental health providers. Lack of availability for referrals out of the courts, police departments or correctional facilities. Inadequate training of primary care providers. Inadequate access to primary care providers. – Physician
>
> The need far outweighs the resources. – Public Official
>
> Availability, insurance, and acceptance. ETOH and drugs are everywhere. – Physician
>
> Need more substance use treatment facilities. – Public Health Representative
>
> Unknown resources for outpatient care and access to funds. – Public Official
>
> Individuals are choosing substance use and abuse in lieu of better treatment options for mental health conditions, stress, loss, abuse, etc. – Business Leader

Lack of Providers

> Providers. – Physician
>
> Not enough providers. Need for a IOP for substance abuse and mental illness. – Public Official
>
> Barrier of care due to lack of providers. – Health Care Provider
>
> There are not enough providers or clinics offering substance abuse treatment. – Health Care Provider
>
> Lack of providers to meet the needs of the population. No long-term residential programing, racial discrimination and/or generational trauma experienced by much of the population, feeling there is no way out of the cycle. Very few day treatment options. – Health Care Provider

Motivation to Change

> The patient has to want help. – Health Care Provider
>
> Access isn't a problem; it's use that is the problem. – Business Leader
>
> Desire to stop using. – Public Official
>
> Addiction is a powerful thing. If people want help, it is available. – Public Official
>
> Patient compliance and desire to change. – Physician

Incidence/Prevalence

> Previous experience in law enforcement. – Public Official
>
> Meth and marijuana use is very high, as is the homeless population because of this, with no treatment options. – Health Care Provider
>
> The enormous numbers of those with issues and our proximity to a dry reservation with incredible substance use issues. – Health Care Provider
>
> Most clients I work with struggle with substance abuse issues. – Health Care Provider

Funding

> Funding and treatment centers. – Public Official
>
> Funding. Lack of inpatient rehabilitation. Lack of counseling. – Physician

Affordable Care/Services

> Ability to afford help. – Public Official

Awareness/Education

> Education, lifestyle, under- and unemployment. – Business Leader

Denial/Stigma

> Lack of willingness to admit the problem exists. – Public Official

Vulnerable Populations

> Lots of alcoholics and drugs readily available, likely from the cartels. Also, we are surrounded by reservations, so we have a lot of homeless Native Americans that are alcoholics. They would benefit from education and treatment. – Physician

Follow-Up/Support

> Post-COVID, fewer AA or similar meetings for support. Fewer providers who can specifically manage substance abuse. – Physician

Lack of Activities

> Nothing to do in this town. – Health Care Provider

Social Norms/Community Attitude

> Greater societal acceptance of drug abuse, including the legalization of recreational marijuana. People don't seek treatment if they don't think there's a problem. – Public Official

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

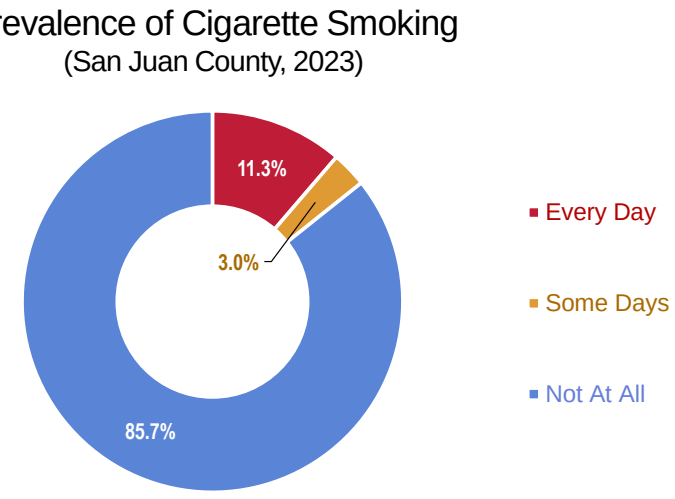
Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

PRC SURVEY ► "Do you currently smoke cigarettes every day, some days, or not at all?" ("Currently Smoke Cigarettes" includes those smoking "every day" or on "some days.")

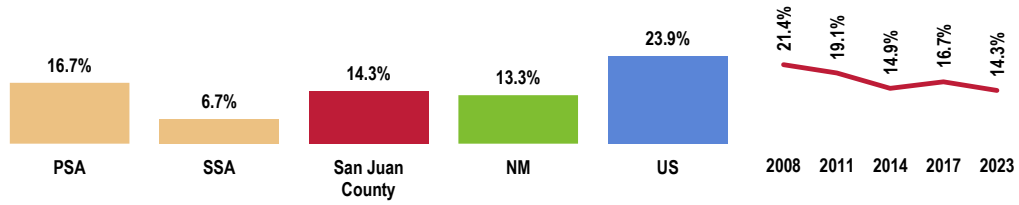


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

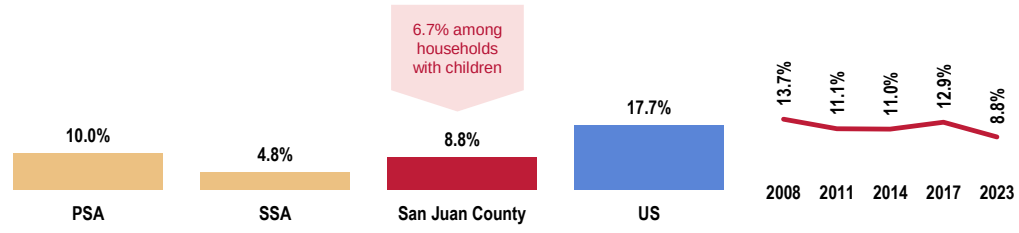
Environmental Tobacco Smoke

PRC SURVEY ► "In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home

San Juan County



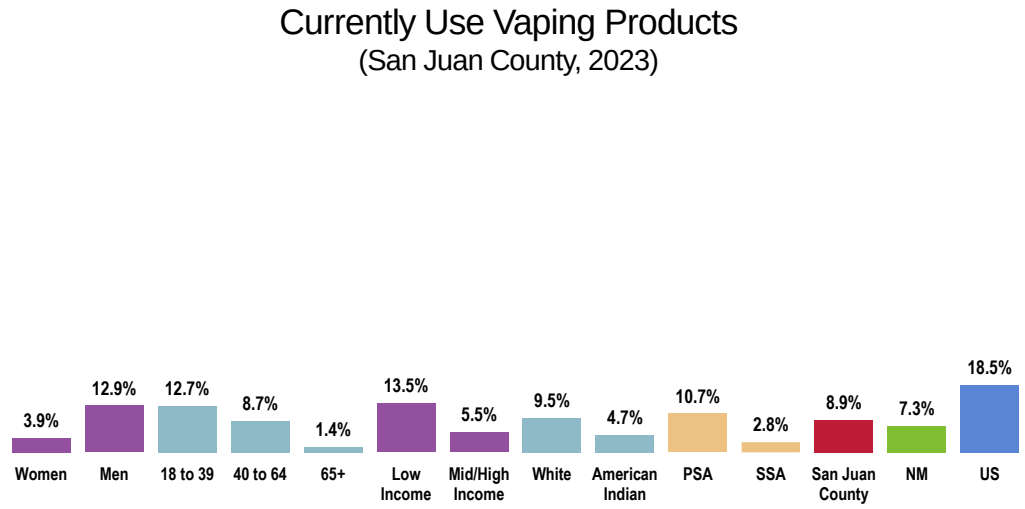
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

PRC SURVEY ► "Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?"

("Currently Use Vaping Products" includes use "every day" or on "some days.")

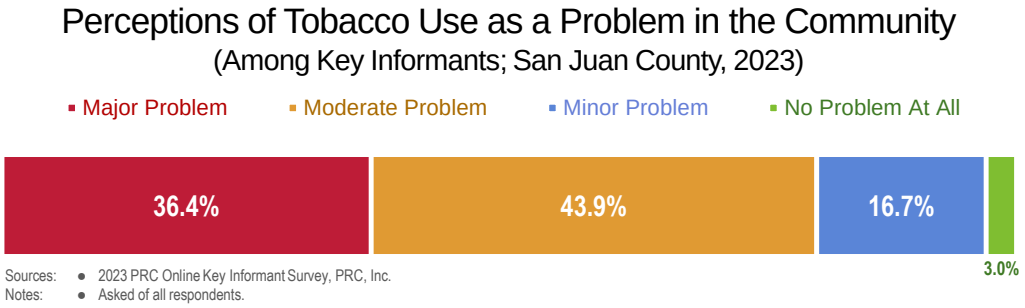


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:



Sources:
- 2023 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Lots of nicotine addicts. – Business Leader
>
> The number of smokers and smokeless tobacco users. – Public Official
>
> Because I discuss it every day in the clinic. – Physician
>
> Lots of people smoke or vape in our area. It just seems so much higher than other areas of the country, likely due to lack of education. – Physician

> High rate of tobacco users not willing to quit that are encountered in clinic settings. – Physician

E-Cigarettes

> Large vaping issue in the school system. – Health Care Provider
>
> Use is increasing with vape, causing addiction younger. – Health Care Provider
>
> I have also put vaping in the same category as tobacco. It appears to be again education, lifestyle, under and unemployment. – Business Leader
>
> Vaping. – Public Official

Access to Care/Services

> Lack of resources and insurance coverage for replacement therapy. – Health Care Provider

Awareness/Education

> Health literacy, mental health, and other substance use. – Health Care Provider

Community Norms

> Oilfield culture. – Public Official

Follow-Up/Support

> I see patients who smoke, have cancer, COPD, and asthma. They feel unsupported in efforts to quit many times. Most few mental health providers offer counseling. No insurance coverage for effective assistive medications. – Physician

Impact on Quality of Life

> Tobacco alone is a significant risk factor for heart disease and many other types of comorbidities. – Physician

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

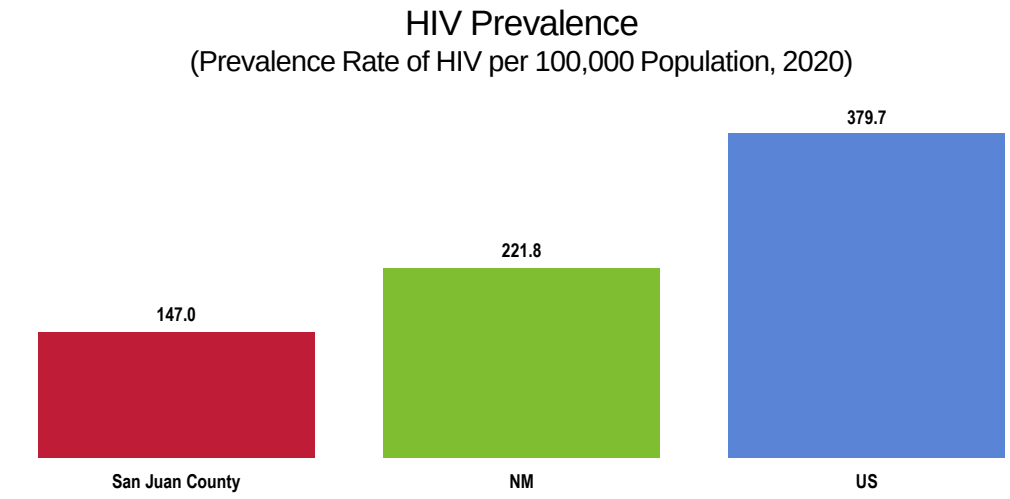
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

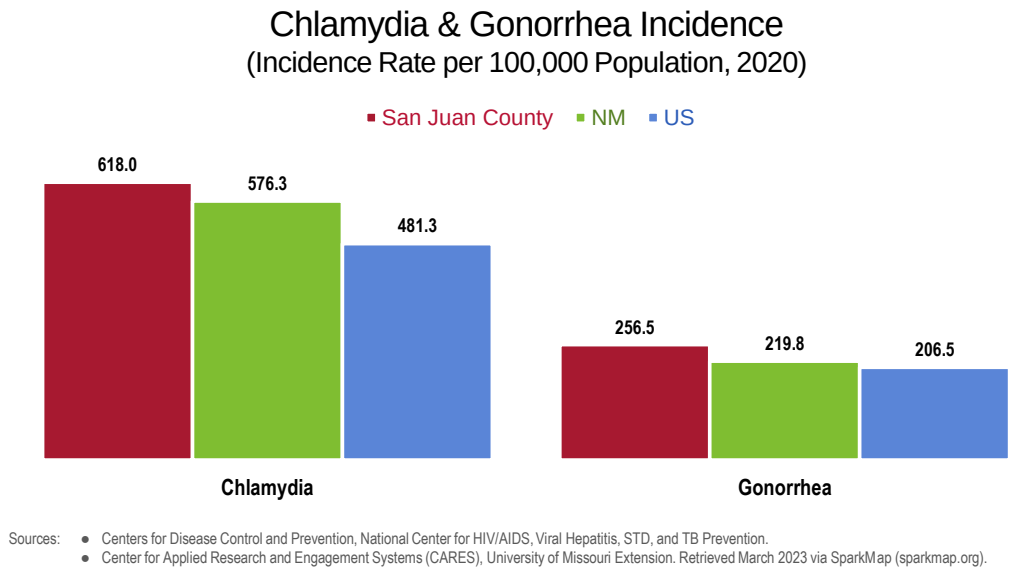
Chlamydia

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

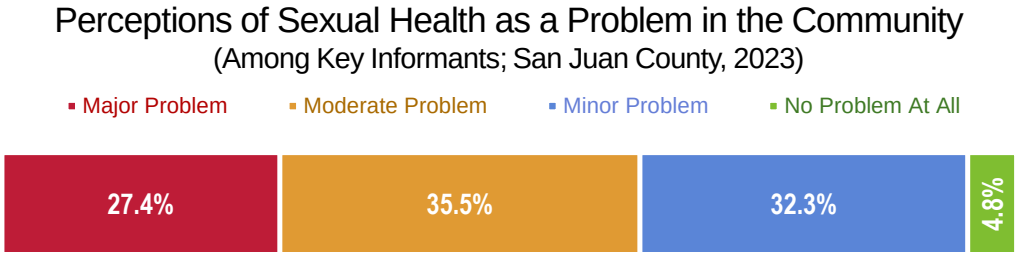
The following chart outlines local incidence for these STIs.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Sources: 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

> The incidence of all STDs has risen in the past few years in our community, the state, and the country. We are seeing more cases of congenital syphilis and syphilis in teenagers. – Health Care Provider
>
> High rates of STDs, health literacy, substance abuse, non-compliance with treatment, and transportation for treatment. – Health Care Provider
>
> Huge rates of STDs. People trading sex for drugs. High teen pregnancy rates, social media and media in general normalizing poor sexual behaviors, lack of morals. – Health Care Provider
>
> High rates of syphilis, chlamydia, and gonorrhea with perceived little access to preventative care. – Physician
>
> When San Juan County is at the top of the list for the most syphilis and the spreading of syphilis, there's a problem. – Health Care Provider
>
> Public Health statistics. – Public Official
>
> Fair amount of joint infections encountered, repeated to STDs. Uncommon in other locations. – Physician

Testing

> Urgent care does a lot of testing, and this is inappropriate use of urgent care dollars. – Health Care Provider

Awareness/Education

> Not enough education and abstinence is not encouraged. – Public Official

Lack of Providers

> Barrier of care due to lack of providers. – Health Care Provider

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC SURVEY ► "Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program), VA/military benefits, or Indian Health Services?"

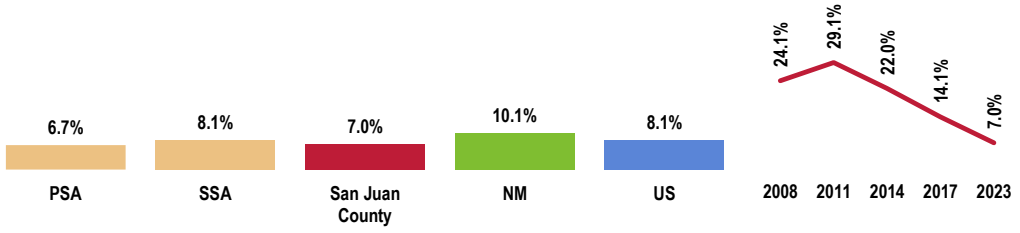
PRC SURVEY ► "Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?"

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

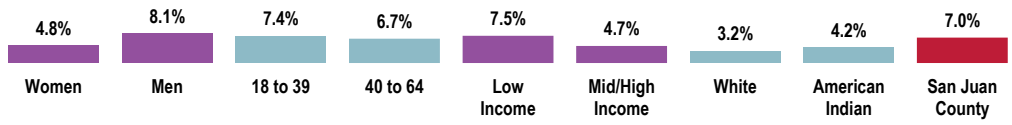
San Juan County



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; San Juan County, 2023)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Difficulties Accessing Health Care

Barriers to Health Care Access

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

PRC SURVEY ► "Was there a time in the past 12 months when you needed medical care but had difficulty finding a doctor?"

PRC SURVEY ► "Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?"

PRC SURVEY ► "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?"

PRC SURVEY ► "Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

PRC SURVEY ► "Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?"

PRC SURVEY ► "Was there a time in the past 12 months when you needed a prescription medicine but did not get it because you could not afford it?"

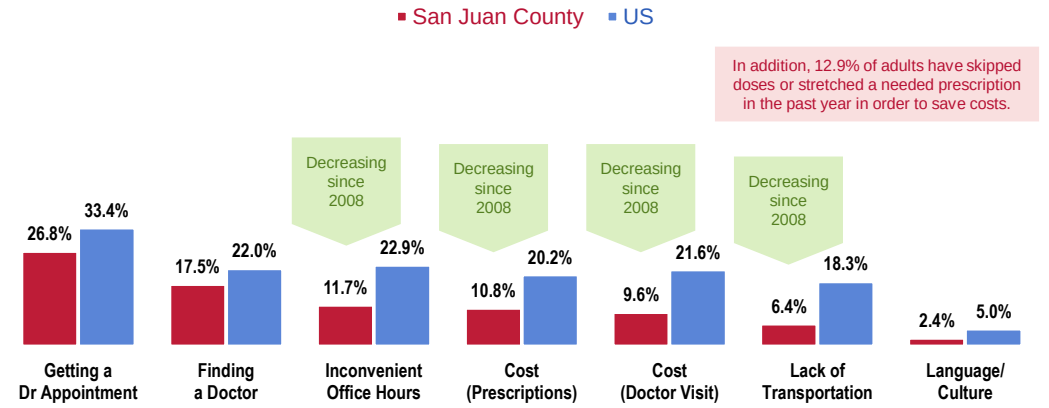
PRC SURVEY ► "Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?"

Also:

PRC SURVEY ► "Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

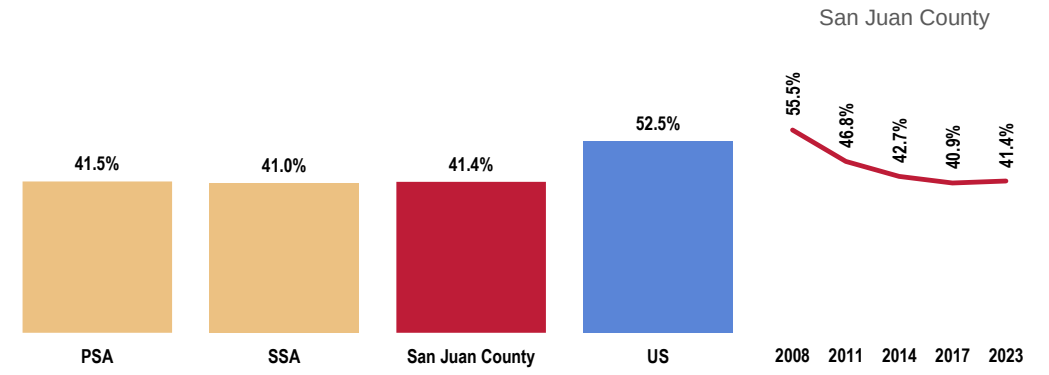


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

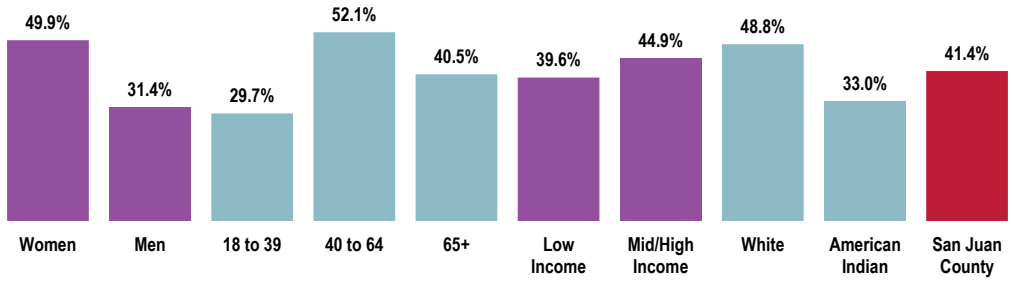
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(San Juan County, 2023)



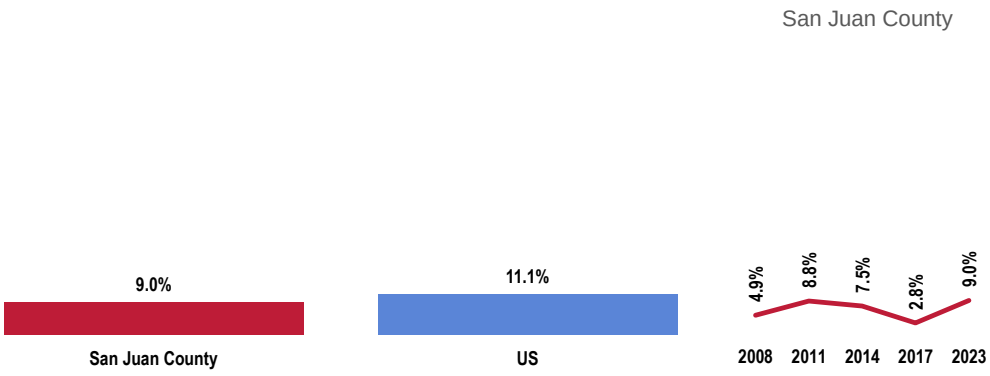
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

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

PRC SURVEY ► "Was there a time in the past 12 months when you needed medical care for this child but could not get it?"

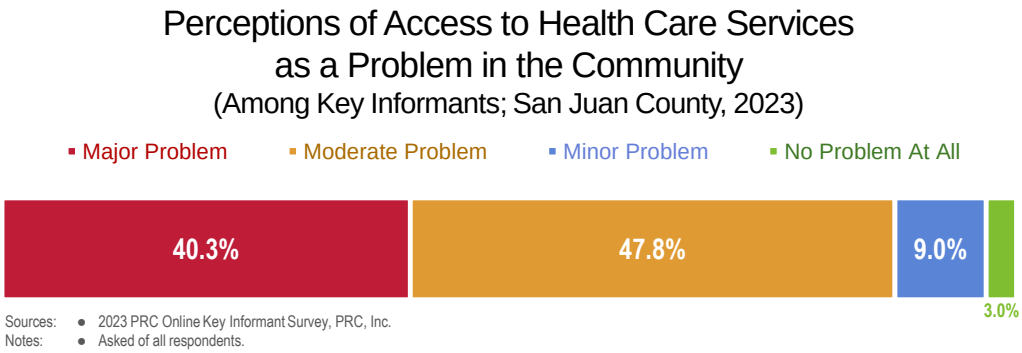
Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> Lack of medical professionals. The hospital is staffed with many traveling or short-term professionals. These are more expensive than trying to retain the local professionals that have left active employment due to long hours and pay. They feel insufficient when they see that the hospital has been paying for traveling health care workers, and sometimes have an adversarial feeling about management. There are many disciplines that have professionals that come for a short time or a rotation basis. These are in the cardiology and neurological areas. Many of the health care workers seem to work their contract and leave as they have not liked something either in the work environment or in the community that does not fit their lifestyles. SJRMC does have many dedicated workers who have lived here for years but they retire. Recent admissions by myself and family members gave the impression SJRMC is understaffed, as wait times and communication with patients is poor. – Business Leader
>
> The amount of providers in the community is low. It is hard to get in to see someone, especially if you are new to this community. The amount of traveling nurses who have no attachment to this community is also an issue. I had personal experience with this when my father was hospitalized. Travelers do not understand the demographics unique to our area. – Health Care Provider
>
> Limited primary care physicians. – Physician
>
> Time and again, I am told that the hospital relies heavily on traveling medical professionals. That seems like a threat to the overall stability and affordability of health care in our region. – Public Official
>
> Primary care is needed. We need at least two internal medicine physicians in town. – Physician
>
> Low rates or provider recruitment and retention. The governor's alignment with plaintiff attorneys instead of hospitals and providers has put New Mexico near the bottom of states that are rated as good places for medical providers to locate or practice. – Physician
>
> One of my biggest concerns is the shortage of health care professionals in this community. This was a vibrant part of our economic base and the pride of the community for the services that were available not that many years ago. The public perception is not as positive as we see private practices go away after retirement or moving to other areas for lifestyle (not the only one in that discipline) and economic reasons. We have lost a lot of industry that provided private health insurance that is no longer a part of this community, and it makes it more difficult to make a living using public health funds. This causes many with private insurance to seek help outside the community. It appears to me that New Mexico has a heath care professional crisis, as it is not friendly economically for health care professionals to come to NM or semirural NM to practice. The surrounding states have better tax laws, malpractice legislation, and better working requirement for a better lifestyle. – Business Leader
>
> Inadequate primary care availability for initial evaluations and continuity of care. – Physician
>
> Provider numbers, especially in mental health, but also pulmonary medicine, internal medicine, neurology, and ENT. Poor reimbursement. Not able to keep businesses open on provided reimbursement rates. – Physician
>
> Access to mental health services, primary care providers, network for specialty care providers, access to care for Medicare/Medicaid. Mental and physical care due to low reimbursement rates. Work with UNM to provide resources in our community for those disparities in access. – Public Official

> The biggest problem with access to services is a lack of qualified providers in the community and turnover with providers coming to the community for short periods of time. Two to three years and moving on. – Health Care Provider
>
> Not enough providers. New Mexico laws driving providers away, such as tort reform and malpractice insurance costs, lack of community involvement and initiatives to help. – Health Care Provider
>
> There is a lack of family medicine physicians in our county. Many have retired and recruitment is a major issue. Mid-levels are not a substitute. – Physician
>
> A lack of providers available to treat a population of this size. – Health Care Provider
>
> The San Juan area needs about twice the internal medicine physicians and providers than it has. There is no primary care home for patients. The patients are frequently too complicated for nurse practitioner and physician assistants to care for. No diabetes care. – Physician
>
> There are limited providers in the area, especially in family practice and specialties such as GI, ENT, endo, etc. This delays patient care and places the overall health of the community at risk. Furthermore, the access to EMS services is severely lacking. Multiple patients try to seek care at other organizations such as in Durango because they feel they receive better access to care there. – Health Care Provider
>
> Not enough providers and insurance coverage. – Public Official
>
> Lack of primary care providers. Unsupervised mid-level providers. Continuity of care. Fragmentation of care between the Indian Health Services and private practice. The deficit of radiation oncology. – Physician
>
> Lack of health care specialists. Expenses of travel, time off work and lack of transportation. – Public Health Representative
>
> New Mexico is running doctors out of this state, leaving rural areas like ours lacking critical health care professionals. Socialized medicine is going to destroy the quantity and quality of health care in our community. – Public Official

Access to Care/Services

> You cannot get into the doctor in a timely manner. – Public Official
>
> I'm hearing about long delays for being able to see a doctor and even worse for seeing a specialist and/or lining up surgery. – Public Official
>
> Due to the remote living of many patients follow up in outreach clinics, for example endocrinology, diabetic educator, subspecialist, such as foot and ankle surgery/podiatry and primary care, are difficult to provide inpatient to outpatient transition without increased risk. Poorly controlled diabetic population definitely related to social economic status and poor outpatient transition from inpatient management for many patients. – Physician
>
> Number of services available. – Physician
>
> Inability to get an appointment within a short amount of time. Takes months to see a specialist. – Health Care Provider
>
> Availability. Very slow intake at the emergency room. The wait, even when presenting dangerous symptoms, can be in the hours. Little medical coverage outside of the ER on weekends and holidays. It is not unusual to wait 6 months to get into a specialist. Pharmacies in San Juan County are not open to fill prescriptions when needed due to illness, on Sunday evenings, in the middle of the night, etc. Narrow range of specialists in San Juan County. – Public Official

Access to Neurology

> Access to neurology. – Physician
>
> Access to specialist care: neurology, gastroenterology, behavioral health, rheumatology and endocrinology. Availability of services, transportation, cost and insurance coverage. – Health Care Provider

Access to Care for Uninsured/Underinsured

> Many residents of the county are underinsured or uninsured and lack the resources to pay out-of-pocket for health care. Many clinics are not accepting new patients and/or are scheduling appointments for several months out. Clinics that used to accept patients with no insurance and allowed them to pay out-of-pocket on a sliding scale no longer do this now that they are under the SJHP umbrella. – Health Care Provider

Awareness/Education

> I treat children in a dental office and see children under age 6 in the operating room at the hospital for full mouth rehabilitation. They have to undergo general anesthesia because they have anywhere from 8-20 cavities on all of their baby teeth. There is lack of education regarding no milk at night after age 1 and the importance of parents brushing their teeth each night for their child. Gummy vitamins and the lack of nutritional education are having huge effects in regards to dental decay, childhood obesity, hypocalcified teeth and malnutrition. There also are too many children needing treatment under general anesthesia. I can only go to the operating room 2-3 times per month and see 5 patients per day. This is only 15 patients per month when our waiting list has 100+ children on it. I do refer patients to Albuquerque, but some parents truly do not have the means to travel. Medicaid rates have not increased since the 70s/80s and the cost of care/materials has increased dramatically. – Physician

Vulnerable Populations

> The lack of caring, compassion, and concern for the Navajo Nation from not only their own government, but from the US government as well is absurd, disturbing, and unacceptable. How is it that a clinic on the reservation is allowed to see only a few patients daily for an entire nation? Many Navajo drive a long distance to receive medical care, and this is ridiculous! Why isn't this on the daily news and why don't the Navajo people stand up for their medical care? What education is available on the reservation for disease processes? – Health Care Provider

Medical Malpractice

> Medical malpractice. – Public Official

Mental Health Treatment

> Mental health care and minor mental health care. – Public Official

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

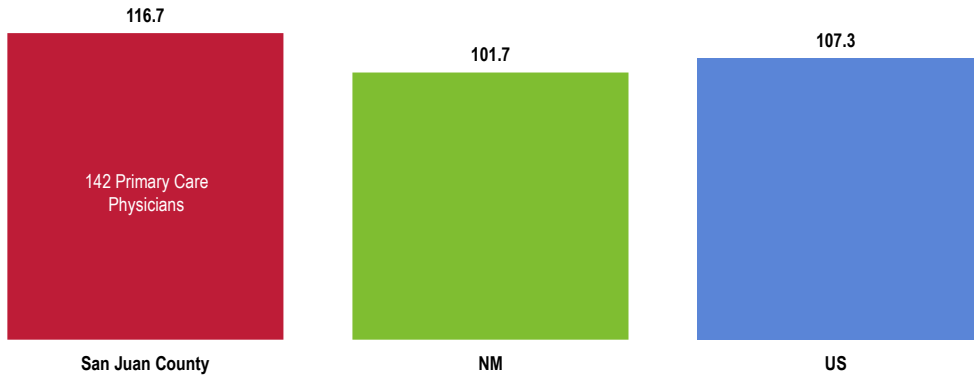
– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Number of Primary Care Physicians per 100,000 Population
(2023)



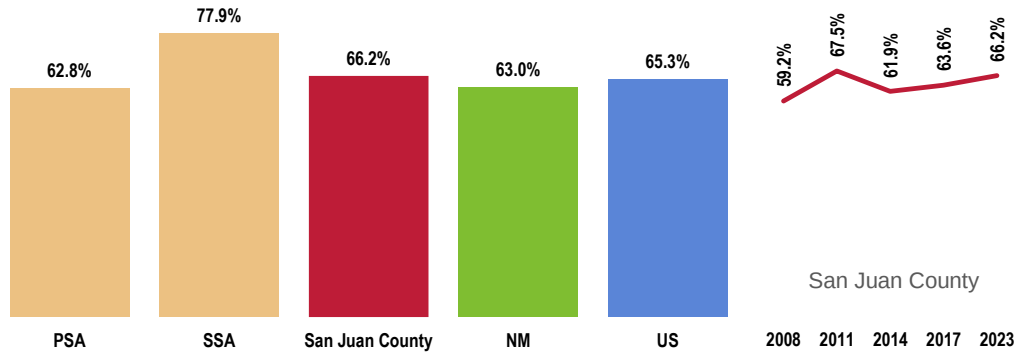
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Utilization of Primary Care Services

PRC SURVEY ► "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?"

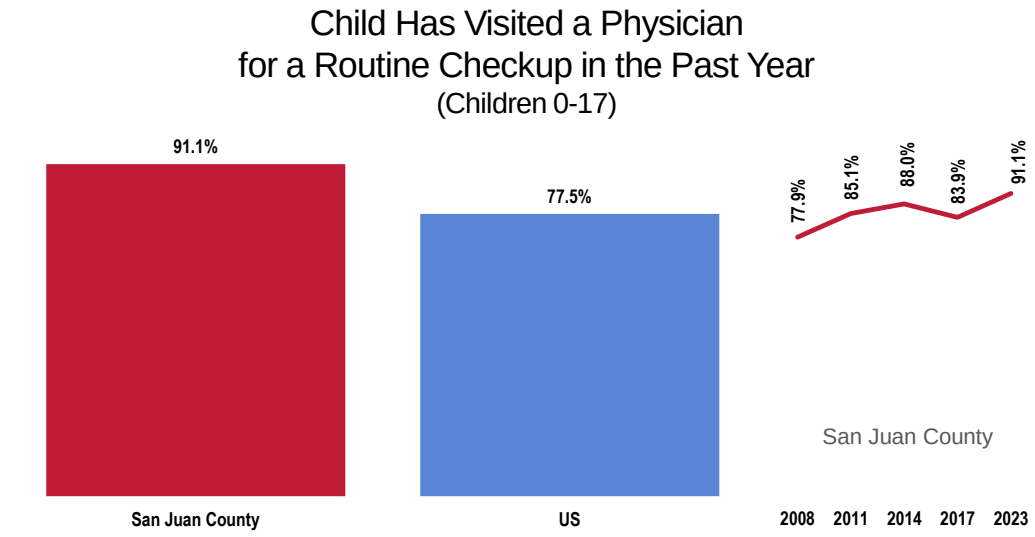
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

PRC SURVEY ► "About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"

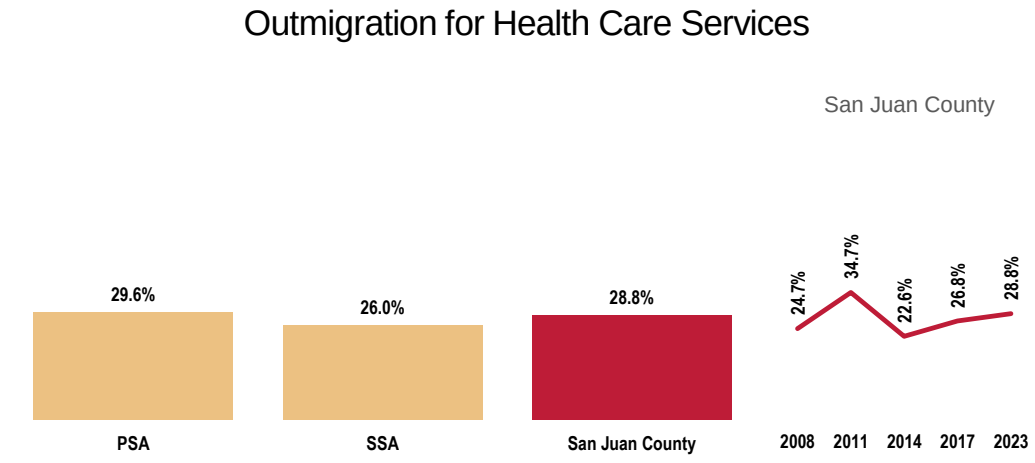


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Outmigration for Care

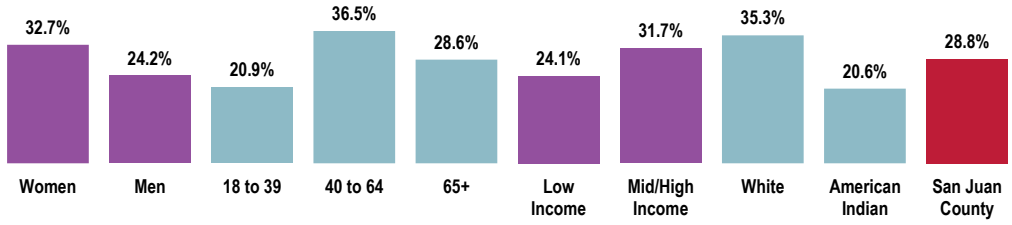
PRC SURVEY ► "Is there any health care service for which you feel the need to leave San Juan County because that health care service is not available locally?"

PRC SURVEY ► [Among those who leave the county for a health care service] "Would you please tell me which health care service that is?"



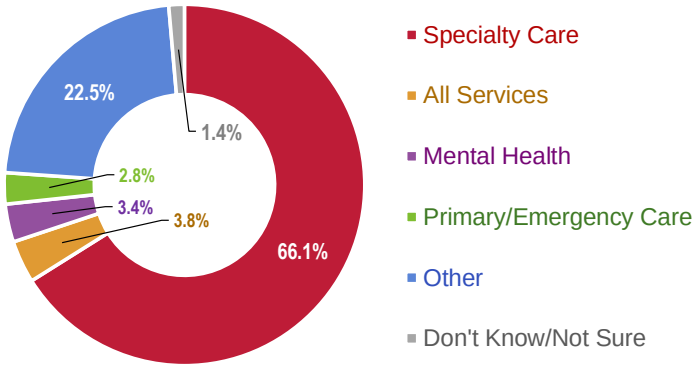
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

Outmigration for Health Care Services
(San Juan County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.

Health Care Services Sought Outside the Community
(Among Residents Leaving the Area for Services; 2023)



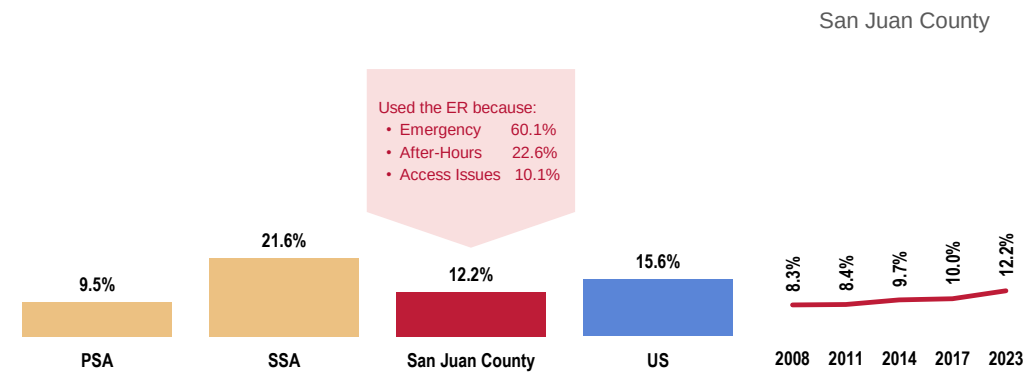
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of those respondents who leave San Juan County for health care services not available locally.

Emergency Room Utilization

PRC SURVEY ► "In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission."

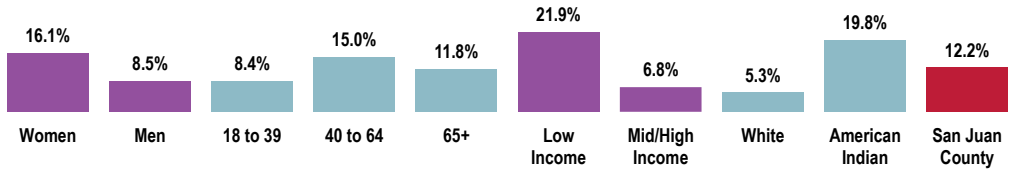
PRC SURVEY ► [Among those who used the ER] "What is the main reason you used the emergency room instead of going to a doctor's office or clinic?"

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



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 19, 303]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(San Juan County, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Care

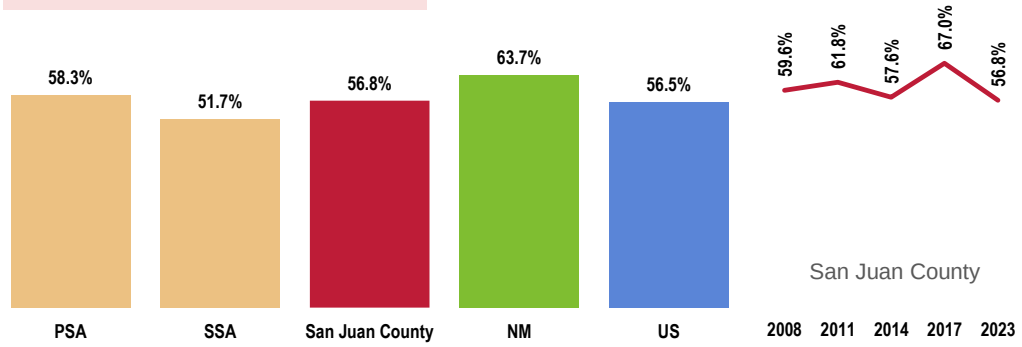
PRC SURVEY ► "About how long has it been since you last visited a dentist or a dental clinic for any reason?"

PRC SURVEY ► "Do you currently have any health insurance coverage that pays for at least part of your dental care?"

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

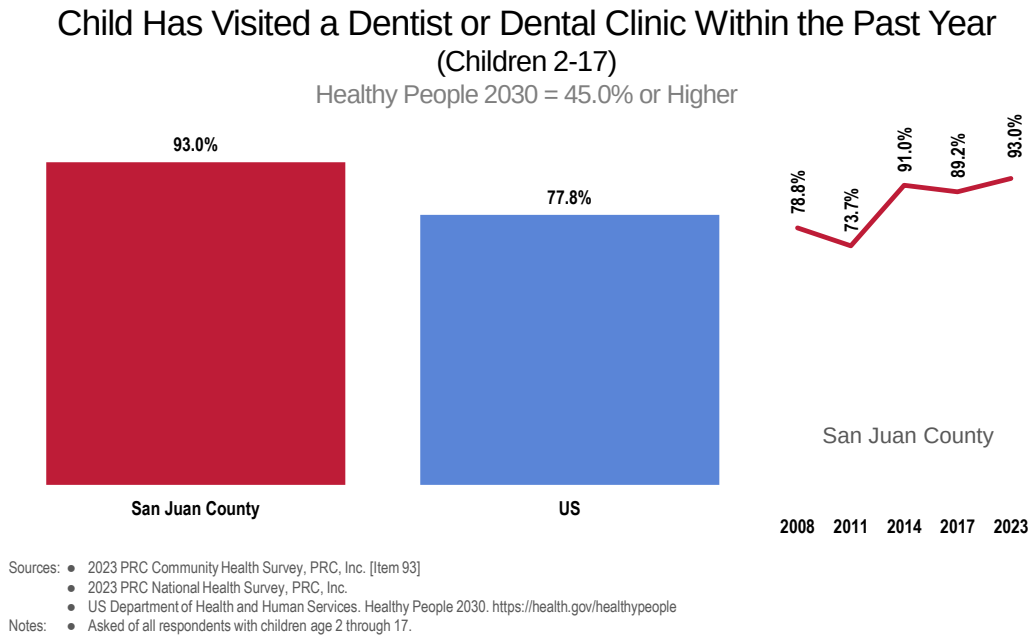
In addition, 74.1% of adults have health insurance coverage that pays for at least part of their dental care



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 17-18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

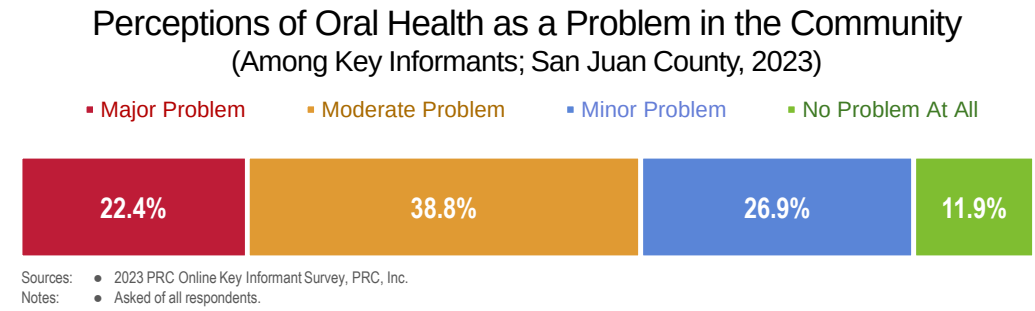
Notes:
- Asked of all respondents.

PRC SURVEY ► [Children Age 2-17] "About how long has it been since this child visited a dentist or dental clinic?"



Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Difficulty getting appointments for oral care. – Business Leader
>
> Serious access to care issues for children. Not enough children's dentists who are willing to treat decay in our area. Need much more access to anesthesia services or preventative measures starting at six months old. – Physician
>
> Core access to surrounding communities in Farmington to dental care. – Physician

Affordable Care/Services

> No one is offering to help the underprivileged with oral care. – Health Care Provider
>
> Lack of access to affordable care, children's dental hygiene related to their diets is horrible, resulting in unnecessary surgeries to repair. – Health Care Provider

Awareness/Education

> Need more education about its importance. – Public Official

> Lack of parental education, access to care in the hospital, early childhood carries on in 1-year-olds and above. – Physician

Alcohol/Drug Use

> Due to drug abuse. – Public Official

Diagnosis/Treatment

> We definitely have enough dentists in this town. How come more people don't take advantage of that fact? – Health Care Provider

Impact on Quality of Life

> Poor dentition leads to further health care decline. – Physician

Incidence/Prevalence

> A large amount of patients with extremely poor dentition and the amount of children requiring significant oral surgery. – Physician

Tobacco Use

> Tobacco use, lack of desire to see the dentist. – Public Official

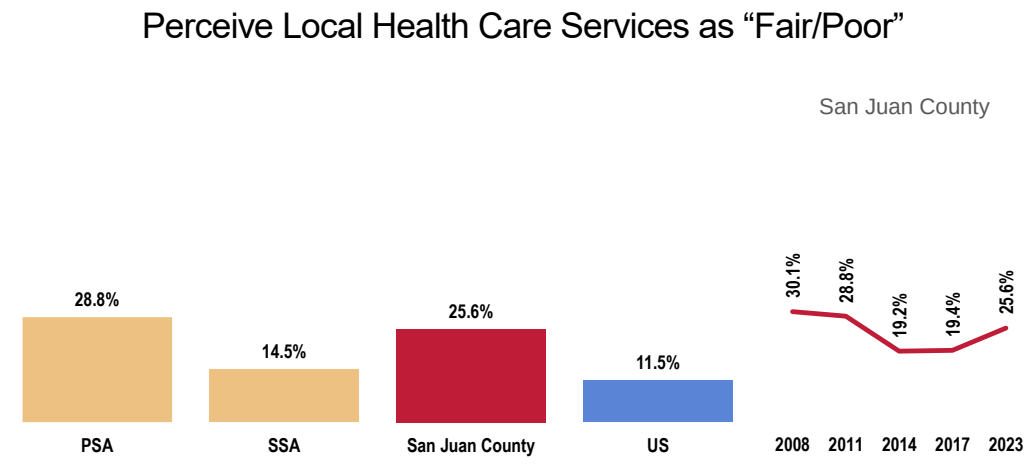
Vulnerable Populations

> Reservation, I believe more options. – Public Official

LOCAL RESOURCES

Perceptions of Local Health Care Services

PRC SURVEY ► "How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Aztec Clinic
- Breast and Cervical Cancer Program
- Cenikor
- Community College
- County Government
- Dentist's Offices
- Doctor's Offices
- Durango
- Farmington Chamber of Commerce
- Farmington Community Health Center
- Farmington Family Practice
- Farmington Tourism Association
- Four Corners Economic Board
- Hospitals
- Indian Health Services
- Joint Intervention Program
- Mental Wellness Resource Center
- Mercy Hospital
- Northern Navajo Medical Center
- Northwest Dental District
- Orthopedic Associates
- Presbyterian Medical Services
- San Juan College
- San Juan County Meth Program
- San Juan County Public Health Office
- San Juan Health Partners
- San Juan IPA Political Action
- San Juan Pediatrics
- San Juan Regional Medical Center
- Shiprock Clinic
- Telehealth
- UNHS
- Urgent Care
- Women, Infants, and Children

Cancer

- Cancer Treatment Center
- Cancer Treatment Nurse Navigator
- Connelly Hospitality House
- Counseling Services
- Doctor's Offices
- Durango
- Four Corners Cancer Center
- Hospitals
- Physical Therapy
- Radiation Services
- San Juan Dialysis
- San Juan Medical Foundation
- San Juan Oncology
- San Juan Regional Medical Center
- Surgical Facilities

Diabetes

- Community Health Improvement Council
- Community Van
- Counseling Services
- Detox Center
- Diabetic Educator
- Doctor's Offices
- Farmington Municipal Schools
- Friends/Family
- Hospitals
- Indian Health Services
- Mercy Hospital
- New Mexico State Cooperative Extension
- Northern Navajo Medical Center
- Nutrition Services
- Piñon Family Practice
- Presbyterian Health
- Presbyterian Medical Services
- San Juan College
- San Juan Health Partners
- San Juan Mental Health Clinic
- San Juan Regional Medical Center
- Shiprock Clinic

Disabling Conditions

- Basin
- Center for Independence
- Doctor's Offices
- Findhelp.org

- Hospital Transport Service
- Memory Care Facilities
- NMautismsociety.org
- Physical Therapy
- Private Transport Services
- San Juan Regional Medical Center
- San Juan Rehabilitation Hospital

Heart Disease & Stroke

- Cardiac Rehab Program
- Community Health Improvement Council
- Community Van
- Doctor's Offices
- Mercy Hospital
- San Juan Cardiology
- San Juan Health Partners
- San Juan Regional Medical Center

Infant Health & Family Planning

- Families First
- Grace Place
- Health Teachers
- New Mexico State Law
- Northwest Women's Health Clinic
- Planned Parenthood
- Presbyterian Medical Services
- San Juan County Public Health Office
- San Juan County Youth and Family Resource Directory
- San Juan Regional Medical Center

Injury & Violence

- Alternative Response Unit
- Battered Women's Shelter
- Family Crisis Center
- Mental Health Services
- People Assisting the Homeless
- Police
- Private Self-Defense Training
- San Juan County Sheriff's Office
- San Juan Regional Medical Center
- Urgent Care

Mental Health

- 100% Community San Juan County
- ABT
- Adult Detention
- Alternative Response Unit
- Behavioral Health Services
- Betterhelp.com
- Cenikor
- Choices Counseling Services
- Community Health Improvement Council
- Church of Jesus Christ of Latter-day Saints Family Services
- Churches
- Cottonwood Clinical Services
- Counseling Services
- Desert Hills Counseling
- Desert View Counseling
- Detox Center
- Doctor's Offices
- Domestic Violence Hotline
- Durango
- Family Crisis Center
- Indian Health Services
- Inpatient Behavioral Health Unit
- Joint Intervention Program
- Mental Health Services
- Mental Wellness Resource Center
- Mentalhealthcenters.net
- Mentalhealthmatch.com
- Overcomers Counseling Services
- Poe Psychiatry
- Police
- Presbyterian Health
- Presbyterian Medical Services
- San Juan County Mental Health Facility
- San Juan Health and Wellness
- San Juan Health Partners
- San Juan Mental Health Clinic
- San Juan Regional Medical Center
- San Juan Safe Communities
- School System
- Suicide Prevention Hotline
- Telehealth
- Urgent Care

Nutrition, Physical Activity & Weight

- 5K Runs/Walks
- Aquatic Center
- Bonnie Dallas Senior Center
- Boys and Girls Club
- Defines Fitness
- Diabetic Educator
- Doctor's Offices
- Economic Council Helping Others Program
- Faith Based Organizations
- Farmer's Market
- Fitness Centers/Gyms

- Food Bank
- Food Hub
- Food Stamps
- Four Corners Pickleball
- Government
- Jolt Your Journey Program
- Native American Governments
- Natural Grocers
- New Mexico State Cooperative Extension
- Nutrition Services
- Parks and Recreation
- Private Employers
- Public Health
- San Juan College
- San Juan Health Partners
- San Juan Regional Medical Center
- San Juan River Walk
- School System
- Supplemental Nutrition Assistance Program

Oral Health

- Dentist's Offices
- Doctor's Offices
- Indian Health Services
- Navajo Health Services
- Neon Kids Dental
- Presbyterian Medical Services
- Quit Smoking Programs
- San Juan Regional Medical Center
- Women, Infants, and Children

Respiratory Diseases

- Doctor's Offices
- Durango
- San Juan Regional Medical Center
- Urgent Care

Sexual Health

- Churches
- Doctor's Offices
- Grace Place
- Health Teachers
- New Mexico Department of Health
- Planned Parenthood
- Presbyterian Medical Services
- San Juan County Public Health Office
- San Juan Health Partners
- San Juan Regional Medical Center

Social Determinants of Health

- 100% Community San Juan County
- Cenikor
- Churches
- City Government
- Community College
- County Government
- Economic Council Helping Others Program
- Faith Based Organizations
- Federal Government
- First Born
- Food Pantries
- Harvest Food Hub
- Health Care Facilities
- Healthy Kids Healthy Communities
- Indian Health Services
- Local Economic Development Organizations
- Mental Wellness Resource Center
- Northern Navajo Medical Center
- People Assisting the Homeless
- Presbyterian Medical Services
- Rent Assistance
- Salvation Army
- San Juan County Mental Health Facility
- San Juan County Partnership
- San Juan Health Partners
- San Juan Regional Medical Center
- San Juan Safe Communities
- SJC Agricultural Extension Outreach Program
- State Government
- State Program
- Supplemental Nutrition Assistance Program
- Tribal Government
- Women, Infants, and Children

Substance Use

- Alcoholics Anonymous/Narcotics Anonymous
- Alternative Sentencing Programs Through Court System
- Cenikor
- Churches
- Community Health Improvement Council
- Community Programs
- Cottonwood Addiction Treatment Center
- Cottonwood Clinical Services
- Cottonwood Therapy
- Counseling Services
- Detox Center
- Doctor's Offices
- Four Winds Recovery Center
- Ideal Options

- Ironwood Gym
- Jail
- Law Enforcement
- Methadone Clinic
- Navajo Nation Programming
- Overcomers Counseling Services
- Presbyterian Medical Services
- Private Companies
- San Juan County Partnership
- San Juan DUI Detox Facility
- San Juan Regional Medical Center
- San Juan Safe Communities
- School System
- Sobering Center
- Sobering House
- State Government
- State Program
- State/National Resources
- Totah Behavioral Health
- Treatment Center

Tobacco Use

- 1-800-QUIT-NOW
- Cessation Programs
- Doctor's Offices
- Hotlines
- Indian Health Services
- Medications
- Overcomers Counseling Services
- Presbyterian Medical Services
- San Juan Health Partners
- San Juan Regional Medical Center
- School System

APPENDIX

EVALUATION OF PAST ACTIVITIES

Evaluation of Past Work from San Juan Regional's 2020 Community Health Needs Assessment (2020-2022)

Diabetes		
Actions	**Outcomes**	**Additional Information**
Diabetes Community Outreach and Education	SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs. Adjustments during the pandemic were made to continue to help meet the need of the community. 1:1 education could have included 1-2 hour sessions with follow-up of A1C values and to offer additional education and support. The Healthy Living with Diabetes community classes are offered as a 4-week series 5 times a year for a total of 8 hours each series. Topics include the pathophysiology of diabetes, complications, carb counting and meal planning, heart health, exercise, medications, foot care, and stress reduction. Community served: July 2020 - June 2021 - 191 July 2021 - June 2022 - 212	San Juan Regional Medical Center provides critical education and support to individuals with diabetes. It involved educating patients about their condition providing tools and resources for self-management and empowering them to make informed decisions about their lifestyle choices. Educational support also includes education on diets, regular physical activity, blood glucose monitoring, and medication adherence. Our goal is to equip individuals with diabetes with the knowledge and skills needed to effectively manage their condition.
Access to Care		
Actions	**Outcomes**	**Additional Information**
Free Community Van Transportation	In 2020 14 rides were provided to community members, pivoted due to COVID-19. July 1, 2021, to June 30, 2022- over 600 were transported.	Free round-trip van transportation to and from medical appointments or diagnostic services are provided by San Juan Regional Medical Center. The community van services serve as the only free transportation service in San Juan County specifically provided to help meet a community need. This transportation serves members of the community in Farmington, Bloomfield, Waterflow, Kirtland, Aztec and surrounding areas including those with wheelchair transport needs.
Actions	**Outcomes**	**Additional Information**
Continuous Primary Care Physician Recruitment	From July, 2020 through June 30, 2022 24 physicians were recruited in the community.	San Juan Regional Medical Center employs primary care physicians and offers recruitment support to medical practices recruiting new physicians to the community.

Actions	Outcomes	Additional Information
Greater Access to Primary Care: opened San Juan Health Partners Family Medicine Farmington clinic in January 2021 to meet the primary care needs of those without an established primary care provider.	The total number of patients served 8,908: January 2021 – June 30, 2021 - 3224 July 1, 2021 – June 30, 2022 – 5684	San Juan Health Partners Family Medicine Farmington serves an identified patient population who does not have a primary care provider upon discharge from the hospital, Emergency Department or Urgent Care. About 30 to 40 percent of patients discharged from the inpatient, Emergency Department or Urgent Care setting don't have a primary care provider and the goal of this clinic is to meet the health disparities in our community among our most vulnerable patients and avoid readmissions.
Actions	**Outcomes**	**Additional Information**
Free Childbirth education classes and free outpatient lactation services.	There were 120 attendees that participated in our different Childbirth Education classes from July 1, 2020, to June 30, 2022. Our lactation provided services to 624 community members.	The Childbirth Education classes include car seat safety classes, a childbirth preparation series class, a breastfeeding class, a sibling class and an accelerated childbirth class. Lactation services provided to moms in the community with breastfeeding and other related support.
Actions	**Outcomes**	**Additional Information**
Low-Cost Blood Screening to assist those without insurance.	July 1, 2020– June 30, 2021 – 524 served July 1, 2021 – June 30, 2022 - 729 served	San Juan Regional Medical Center offers direct access to blood work at a low cost and convenience with or without insurance or a doctor's visit to increase greater access to care.
Actions	**Outcomes**	**Additional Information**
COVID to Home Program for eligible COVID-19 patients.	July 1, 2020 – June 30, 2021 – 330 July 1, 2021 – June 30, 2022 – 285	A collaborative effort, with our providers reaching out to Vanderbilt University to adapt their Care Model to meet our patients' needs the COVID to Home Program was initiated to meet the needs of patients during the unprecedented COVID-19 pandemic. Headed up by our teams at both San Juan Health Partners Family Medicine locations, this clinic coordinates care and provides close monitoring to eligible COVID-19 patients who are either discharged home for self-isolation or do not need hospitalization through telemedicine visits. Through daily or every other day tele-health visits with a provider and follow-up with a nurse, the COVID to Home Program was designed to keep many in our community out of the hospital.

Obesity		
Actions	**Outcomes**	**Additional Information**
Diabetes Community Outreach and Education	SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs. Adjustments during the pandemic were made to continue to help meet the need of the community. 1:1 education could have included 1-2 hour sessions with follow-up of A1C values and to offer additional education and support. The Healthy Living with Diabetes community classes are offered as a 4-week series 5 times a year for a total of 8 hours each series. Topics include the pathophysiology of diabetes, complications, carb counting and meal planning, heart health, exercise, medications, foot care, and stress reduction. Community served: July 2020 - June 2021 - 191 July 2021 - June 2022 - 212	San Juan Regional Medical Center provides critical education and support to individuals with diabetes. It involved educating patients about their condition providing tools and resources for self-management and empowering them to make informed decisions about their lifestyle choices. Educational support also includes education on diets, regular physical activity, blood glucose monitoring, and medication adherence. Our goal is to equip individuals with diabetes with the knowledge and skills needed to effectively manage their condition.
Develop Actionable Steps to Address Local Health Disparities		
Actions	**Outcomes**	**Additional Information**
Opened San Juan Health Partners Family Medicine Farmington clinic in January 2021 to meet the primary care needs of those without an established primary care provider.	The total number of patients served 8,908: January 2021 – June 30, 2021 - 3224 July 1, 2021 – June 30, 2022 – 5684	San Juan Health Partners Family Medicine Farmington serves an identified patient population who does not have a primary care provider upon discharge from the hospital, Emergency Department or Urgent Care. About 30 to 40 percent of patients discharged from the inpatient, Emergency Department or Urgent Care setting don't have a primary care provider and the goal of this clinic is to meet the health disparities in our community among our most vulnerable patients and avoid readmissions.

Actions	Outcomes	Additional Information
COVID to Home Program for eligible COVID-19 patients.	July 1, 2020 – June 30, 2021 – 330 July 1, 2021 – June 30, 2022 – 285	A collaborative effort, with our providers reaching out to Vanderbilt University to adapt their Care Model to meet our patients' needs the COVID to Home Program was initiated to meet the needs of patients during the unprecedented COVID-19 pandemic. Headed up by our teams at both San Juan Health Partners Family Medicine locations, this clinic coordinates care and provides close monitoring to eligible COVID-19 patients who are either discharged home for self-isolation or do not need hospitalization through telemedicine visits. Through daily or every other day tele-health visits with a provider and follow-up with a nurse, the COVID to Home Program was designed to keep many in our community out of the hospital.
Actions	**Outcomes**	**Additional Information**
Develop and implement WellRx Screening at specific medical clinics to help identify health disparities in the population.	Total number screened with Well RX from July 1, 2020 to June 30, 2022 = 677. Total number that had a positive identified health disparity screen from July 1, 2020, to June 30, 2022, = 227 or 34% Top identified need was diabetes.	San Juan Health Partners implemented the WellRx Screening process in March of 2022 to better understand our current patient population in identifying health disparities. WellRx Screenings launched at three clinics (Family Medicine Farmington, Family Medicine Aztec and SJHP Internal Medicine)
Mental Health		
Actions	**Outcomes**	**Additional Information**
Child/Adolescent Telepsychiatry	July 1, 2020 through June 30 – 1, 2,732 patients served	Established to meet access to child/adolescent services.
Partnered with San Juan County to open the first Mental Wellness Resource Center in San Juan County to help meet mental health needs.	Since the opening of the Mental Wellness Resource Center in late 2020, staff have made more than 2,200 connections between people and services. These clients may have not had access to such necessities without finding connections through this service. More than 2,200 people were directly affected, however, the indirect effect on families, friends, loved ones, and neighbors is an exponential increase, equating to tens of thousands of lives impacted through the Mental Wellness Resource Center.	The San Juan County Mental Wellness Resource Center was recognized with an Achievement Award from the National Association of Counties (NACo). The awards honor innovative, effective county government programs that strengthen services for residents.

Actions	Outcomes	Additional Information
Promote mental health integration in the primary care setting.	Hired a full-time Community Health worker at San Juan Health Partners Family Medicine.	This community health worker will play a vital role in improving access to care, promoting health, and working to address health disparities in underserved areas of our community. Their work at the clinic can help enhance patient outcomes, improve community health, and reduce healthcare disparities by providing culturally competent care and addressing social determinants of health.
Substance Abuse		
Actions	**Outcomes**	**Additional Information**
Continuation of the ED Recidivism Program which began in March 2012	The multi-disciplinary team continues to apply the established model to SJRMC's Emergency Department and Urgent Care Facilities. The goal is to continue the overall reduction in illegal drug trafficking, and patient drug abuse/overdose.	Multi-disciplinary team includes representation from ER, Case Management, Nursing Administration, SJHP, and Patient Experience. Team seeks opportunities to help patients by identifying unaddressed needs for: further non-Emergent medical and behavioral health care, social support, and identifying patients who may be at risk for unsafe situations.
Actions	**Outcomes**	**Additional Information**
Sobering Center Partnership	Number deferred from Emergency Room July 1, 2020 – June 30, 2022, 1,112 visits.	In collaboration with City of Farmington and San Juan County, San Juan Regional Medical Center is committed to support local needs with the contribution of funding to help support the Sobering Center.

2023

SAN JUAN REGIONAL MEDICAL CENTER

Community Health Needs Implementation Plan

2023 San Juan Regional Medical Center

Community Health Needs Implementation Plan

Acknowledgments

This document has been developed by San Juan Regional Medical Center, in partnership with local community organizations, as part of the action planning process to meet identified community needs. We would like to thank those who have participated in this process and for their contributions and support in the development of the Community Health Needs Implementation Plan.

Please contact Roberta Rogers at San Juan Regional Medical Center if you have any questions or would like to discuss more about how to get involved in the strategies outlined in this Community Health Needs Implementation Plan. Email @ rrogers@sjrmc.net

Table of Contents

Executive Summary

Overview of the Community Health Needs Implementation Plan Purpose and Process

A Community Health Needs Implementation Plan is an action-oriented strategic plan outlining the priority health issues for a defined community, and how health issues will be addressed to ultimately improve the health of the community.

In partnership with members of the local community, San Juan Regional Medical Center formulated the 2023 strategy. This plan is focused on creating plans and working on the implementation of those plans over the three-year timeline.

The information gathered from public health data, the 2023 Community Health Needs Assessment and from community stakeholders has provided the platform to begin efforts to create systemic change. Without this data, we cannot make the desired improvements for the health and well-being of the communities we serve.

It is the goal of San Juan Regional Medical Center to ensure the health equity of each person we serve, that each individual in our community has an equal opportunity to achieve optimal health. We believe and support health and healthy living for all. With healthy bodies and minds, members of our community can be more fully engaged in every phase of their lives—through their work, families, or in doing the things they love to do. San Juan Regional Medical Center will continue to support wellness programs and initiatives in the community as a way of creating a healthier community. A healthier individual means a healthier community—and a greater quality of life for us all. Our focus will remain on fostering healthy living in our schools, workplaces and neighborhoods. As a non-profit organization, we want to help as many of our community as we can to stay healthy and out of the hospital.

San Juan Regional Medical Center is committed to doing its part to build a healthier community. We understand that we cannot do this alone, but we are determined to do all we can to reach our goal. We will work to empower people and work together through partnerships to prosper, heal and create health for those we serve.

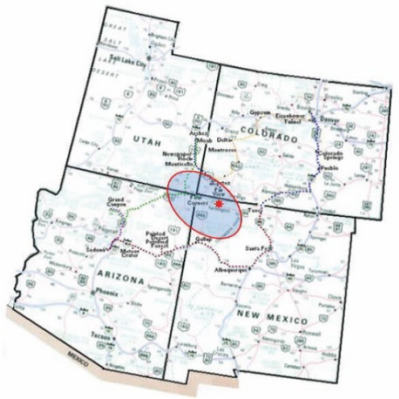
The next phase of work will be the implementation of action plans detailed in this report, and monitoring/evaluation for both short-term and long-term outcomes.

Our Mission

Better is our mission, improving lives through personalized health and care. We take the mission statement very seriously and are constantly searching for ways to better realize our role as a leading community hospital. Our core values will guide us in the pursuit of these efforts.

Service Area

San Juan Regional Medical Center serves a highly diverse community with services within the Four Corners region supporting patients and families in New Mexico, Arizona, Colorado and Utah. The combined service area for the organization is a 150-mile radius around the Four Corners. The organization embraces the diversity of the rich culture in the area, with a workforce from a diverse background.



Health Priorities

San Juan Regional Medical Center conducted its previous CHNA in 2020 and has conducted Community Health Needs Assessments since 2008. The 2023 Community Health Needs Assessment (CHNA) revealed significant findings, highlighting specific needs. We have carefully chosen these needs as the primary areas of focus for the upcoming three years:

- Access to Care
- Diabetes
- Cancer

Data and Trends

- San Juan County had a lower median age (36.9 median age) than NM (38.0) and the U.S. (38.1). In San Juan County the percentage of the population 65 and over was 13.8%, lower than the U.S. at 16.8%
- The median family income in San Juan County was $56,045 which is slightly higher than NM ($54,020), but lower than the U.S. ($70,784). Looking at the median household income by census tract also gives insight into health status.
- The rate of poverty in San Juan County was 24.31% which was higher than NM (19.1%) and the U.S. (11.6%).
- San Juan County had a higher mortality rate for diabetes at 36.9 per 100,000 population in San Juan County compared to 29.3 in New Mexico and 23.2 in the U.S.

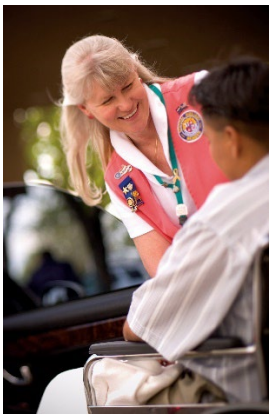
- The suicide rate in San Juan County was 29.6 per 100,000 population, higher than New Mexico (25.1) and the U.S. (13.5).

- Adult obesity in San Juan County was 31%, higher than New Mexico at 27% and the U.S. at 29%. There is a direct link between poverty and health disparities. In San Juan County, the poverty levels and health issues that are most prevalent such as diabetes and obesity, link hand-in-hand with lack of physical activity, and poor diet. Also, it is evident that there is a relationship between affluence (income and education). Those with the lowest income census tracts are experiencing lower health status measures and it will take a wide range of partnerships and pooling of resources in order to make meaningful impact to the health of the community.

Summarized Action Plan

- **Access to Care**
  - Establishment of the Primary Care Residency Program
  -Ongoing coordination to help meet the needs of those being discharged from the hospital or Emergency Department who do not have a primary care provider and directing them to services at the San Juan Health Partners Family Medicine Farmington location to establish a primary care provider.
  - Continue the role of community health worker positions at the family medicine clinics.
  - Recruit and retain medical providers to serve our community.
  - Utilize telemedicine to expand healthcare services provided in the Four Corners region.
  - Continue participation in the 340-B program.
- **Diabetes**
  - Expanding the pool of diabetes educators.
  - Assessment of diabetes education materials for both hospitalized and non-hospitalized patients.
  - Continue group classes, individual assessments, and education on diabetes.
  - Complete analysis for re-establishment of the National Diabetes Prevention program.
- **Cancer**
  - Expansion of services: Stereotactic body radiotherapy (SBRT) and Stereotactic radiosurgery (SRS)
  - Prostate Specific Antigens or PSMA expansion
  - Physician Recruitment in Radiation Oncology
  - Selective internal radiation therapy (y-90 therapy) of liver tumors

Access to Care Action Plan



Vision of Impact
Residents will have access to primary care post discharge or post emergency department visit where they have a relationship with their primary care provider and do not have to wait long periods of time for an appointment.

Goal: Create the Primary Care Residency program with the aim of recruiting healthcare professionals to join the community and ensuring ongoing support for healthcare accessibility via San Juan Regional Medical Center and our San Juan Health Partners clinics.

Strategic Background Access to primary care is a key issue in health and critical in improving health. Access to primary care providers offers a usual source of care, early detection and treatment of disease, chronic disease management and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and other types of preventive screenings. However, disparities in access to primary healthcare exist, and many people face barriers that decrease access to services and increase the risk of poor health outcomes.

Partner Agencies

Lead: SJRMC

Objectives	**Baseline/Indicator Source**
1. Establishment of the Primary Care Residency Program in expanding primary care services.	Lead: SJRMC Collaborative: Health and Services Department (HSD) and NMPCTC New Mexico Primary Care Training Consortium 2023, 2024, 2025

2. Offer low-cost blood screenings (My Labs). This low-cost option will assist those without insurance and encourage necessary routine screenings.	Lead: SJRMC 2023. 2024, 2025
3. San Juan Regional Medical Center will continue to support wellness programs and initiatives in the community, such as free flu clinics, diabetes education and low-cost blood screens, as a way to create a healthier community.	Lead: SJRMC 2023, 2024, 2025
4. Expansion of integrated screenings for social determinants of health.	Lead: SJRMC 2023, 2024, 2025
5. Establishment of Metabolic and Bariatric Institute offering both nonsurgical and minimally invasive surgical options for those who are obese or have metabolic disease.	Lead: SJRMC 2023, 2024, 2025
6. Offer free van transportation to those needing transportation to and from medical appointments as well as diagnostic care within a radius of 20 miles of Farmington.	Lead: SJRMC 2023

Diabetes
Action Plan

Vision of Impact
San Juan County will be an *Active Living* community where healthy choices are easier to make through the establishment of evidence based programs and environments that support physical activity and healthy eating.

Goal: Enhance diabetes management by expanding the pool of diabetes educators to optimize patient outcomes. Continue educational initiatives, promotion of prevention awareness, group classes, and personalized assessments, support, and education to both the general public and individuals diagnosed with diabetes.

Strategic Background Obesity and diabetes are a growing problem in the United States and especially in the Four Corners area with our diverse patient populations. Minority groups constitute 27.7% of all adult patients with diabetes in the U.S. and represent the majority of children and adolescents with type 2 diabetes. The key is to reach people early to promote lifestyle changes, which can prevent or delay the onset of type 2 diabetes in high-risk individuals. The obesity trend continues to increase, putting people at increased risk of chronic diseases. County Health Rankings suggest obesity as an area for improvement. When analyzing the health status data, local results were compared to New Mexico, the U.S. and the top 10% of counties in the U.S. (the 90th percentile). San Juan County's results were worse than NM and the U.S.

Partner Agencies

Lead: SJRMC

Collaborating: Community Health Improvement Council, San Juan County, City of Farmington

Objectives	**Baseline/Indicator Source**
1.Continue to provide group classes and individual assessments, support and education to people with diabetes.	Lead: SJRMC Type 1 diabetes (A1c > 6.5 at time of referral) and follow-ups Type 2 diabetes (A1c > 6.5 at time of referral) and follow-ups Patients are called within 2 days of receiving a referral Goal for scheduling Type 1, Type 2 and insulin dependent patients are within 28 business days Goal for scheduling GDM first appointments are within 7 business days
2. Expand the pool of diabetes educators in an effort to support nurses to become Diabetes Educators which are crucial steps in enhancing diabetes care and education. Diabetes educators play a vital role in helping individuals with diabetes effectively manage their condition, improve their quality of life, and reduce complications. Nurses, as frontline healthcare professionals are well-positioned to take on this role and contribute significantly to diabetes education and management.	Lead: SJRMC
3. Conduct presentations, classes and educational information on a wide range of health topics, disease prevention, general wellbeing and nutrition for the community with a minimum commitment of at least one per quarter.	Lead: SJRMC Collaborative: CHIC, San Juan County
4. Assessment of diabetes education materials for both hospitalized and non-hospitalized patients.	Lead: SJRMC 2024
5. Complete an analysis for the potential re-establishment of the National Diabetes Prevention Program (NDPP).	Lead: SJRMC Complete analysis by July 2024
7. Establishment of Metabolic and Bariatric Institute offering both nonsurgical and minimally invasive options to treat Type 2 diabetes.	Lead: SJRMC 2023,2024,2025

Cancer
Action Plan

Vision of Impact
Transforming Cancer Care for our community: empowering patients, advancing treatment, and enhancing survivorship.

Goal: Enhance the existing cancer treatment services by incorporating advanced stereotactic radiation therapy and prostate-specific antigens (PSMA) and selective internal radiation therapy (y-90 therapy) for liver tumors. Additionally, prioritize the recruitment of a full-time radiation oncologist to enhance access to comprehensive care for cancer patients.

Strategic Background Cancer is the second leading cause of death in the United States. The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care. Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. The cancer center was established to provide specialized care, treatment, and support for cancer patients in the area with a focus on providing essential cancer treatments, including radiation therapy, and surgery. San Juan Regional Cancer Center collaborates with other healthcare providers and organizations to offer a comprehensive and multidisciplinary approach to cancer care, working with oncologists, surgeons, radiologists, nurses, social workers, and other professionals to create individualized treatment plans for patients.

Partner Agencies: San Juan Medical Foundation

Lead: SJRMC

Collaborating: Collaborate with the San Juan Medical Foundation to provide comprehensive assistance to cancer patients, offering both financial and non-financial support for essential

needs, including housing and medical bills. For example, contributions from the Riley Men's Health Fund, ensure that cancer patients receive the necessary resources to cope with their medical expenses.

Objectives	**Baseline/Indicator Source**
1. Expand current service offering to include Stereotactic body radiotherapy (SBRT), and Stereotactic radiosurgery (SRS)	Lead: SJRMC Collaborative: SJMF Riley Men's Health Fund
2. Provide and support a Nurse Navigator to patients within the Four Corners region.	Lead: SJRMC
3. Educate the region's professionals and community regarding the comprehensive cancer treatment options offered by SJRCC.	Lead: SJRMC Collaborative: healthcare professionals and providers
4. Expansion of treatment for prostate, specifically prostate specific antigens or PSMA which will offer treatment for men with prostate cancer the ability to return home during treatment without having to travel for care.	Lead: SJRMC Collaborative: SJMF Riley Men's Health Fund
5. Continuation of community cancer support groups on a monthly basis for both men and women.	Lead: SJRMC 2023, 2024, 2025
6. Recruit a permanent radiation oncologist.	Lead: SRJMC
7. Provide selective internal radiation therapy (Y-90 therapy), which is a highly effective treatment for patients with liver cancer. It can shrink liver tumors, kill cancer cells, and slow cancer growth.	Lead: SJRMC