2023
COMMUNITY HEALTH NEEDS ASSESSMENT

San Juan County, New Mexico

Sponsored by

SAN JUAN REGIONAL MEDICAL CENTER

San Juan Regional Medical Center
San Juan Regional Rehabilitation Hospital

PRC

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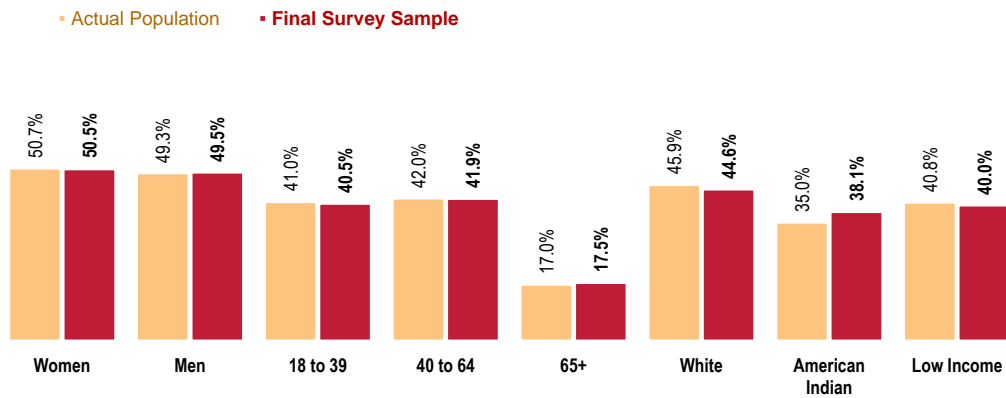
For statistical purposes, the maximum rate of error associated with a sample size of 250 respondents is ±6.2% at the 95 percent confidence level.

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.]

Population & Survey Sample Characteristics
(San Juan County, 2023)

▪ Actual Population   ▪ **Final Survey Sample**

	Women	Men	18 to 39	40 to 64	65+	White	American Indian	Low Income
Actual Population	50.7%	49.3%	41.0%	42.0%	17.0%	45.9%	35.0%	40.8%
Final Survey Sample	50.5%	49.5%	40.5%	41.9%	17.5%	44.6%	38.1%	40.0%

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.

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.

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

(sun) better   (cloud) similar   (rain) worse

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

(sun) better   (cloud) similar   (rain) worse

ACCESS TO HEALTH CARE	GEOGRAPHIC DISPARITY		San Juan County	SAN JUAN CO. vs. BENCHMARKS			TREND
	PSA	SSA		vs. NM	vs. US	vs. HP2030	
% [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)	PSA	SSA	San Juan County	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	PSA	SSA	San Juan County	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)

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

DIABETES

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

DISABLING CONDITIONS

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

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

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

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

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

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

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

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)

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

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

☀ better   ☁ similar   🌧 worse

ORAL HEALTH

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

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

☀ better   ☁ similar   🌧 worse

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

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

better | similar | worse

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

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

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

better   similar   worse

TOBACCO USE

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

Total Population by Age Groups
(2017-2021)
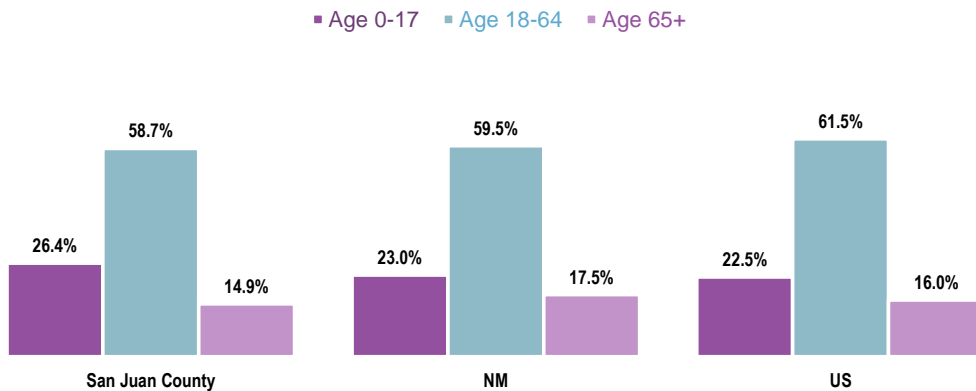
■ Age 0-17   ■ Age 18-64   ■ Age 65+

	Age 0-17	Age 18-64	Age 65+
San Juan County	26.4%	58.7%	14.9%
NM	23.0%	59.5%	17.5%
US	22.5%	61.5%	16.0%

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

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

Total Population by Race Alone
(2017-2021)
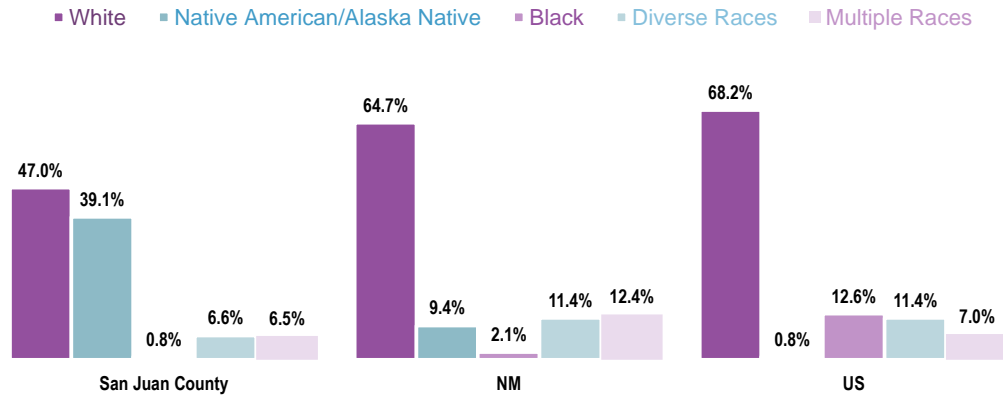
■ White ■ Native American/Alaska Native ■ Black ■ Diverse Races ■ Multiple Races

San Juan County: White 47.0%, Native American/Alaska Native 39.1%, Black 0.8%, Diverse Races 6.6%, Multiple Races 6.5%

NM: White 64.7%, Native American/Alaska Native 9.4%, Black 2.1%, Diverse Races 11.4%, Multiple Races 12.4%

US: White 68.2%, Native American/Alaska Native 0.8%, Black 12.6%, Diverse Races 11.4%, Multiple Races 7.0%

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)
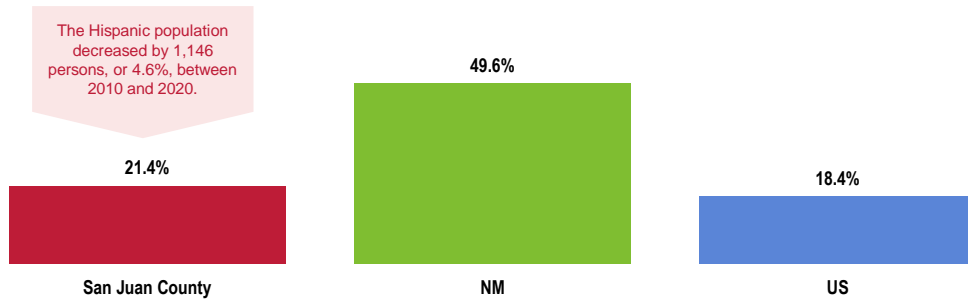
The Hispanic population decreased by 1,146 persons, or 4.6%, between 2010 and 2020.

San Juan County: 21.4%

NM: 49.6%

US: 18.4%

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

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

> 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.

Percent of Population in Poverty
(2017-2021)
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children
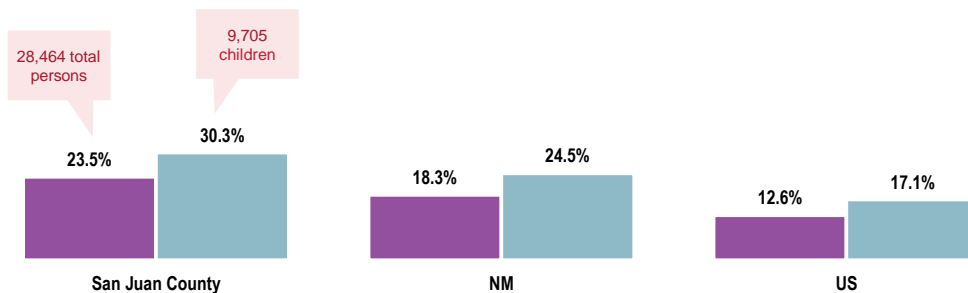
	San Juan County	NM	US
Total Population	23.5% (28,464 total persons)	18.3%	12.6%
Children	30.3% (9,705 children)	24.5%	17.1%

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%.

Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

━━ San Juan County ━━ NM ━━ US

| 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | December 2022 |

San Juan County values: 7.6%, 7.0%, 6.8%, 6.3%, 7.0%, 8.9%, 7.4%, 5.7%, 5.8%, 9.6%, 8.0%, 4.1%
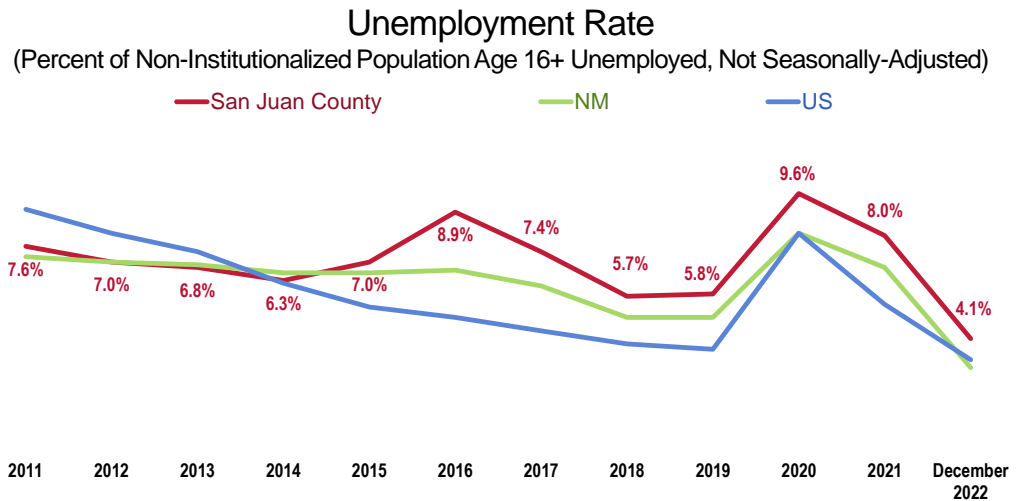
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

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.

Population With No High School Diploma
(Adults Age 25 and Older; 2017-2021)
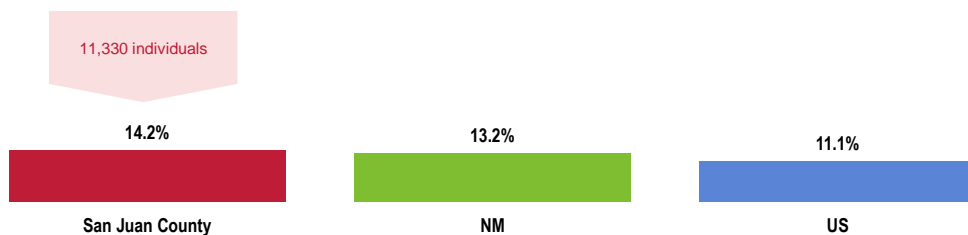
11,330 individuals

San Juan County	NM	US
14.2%	13.2%	11.1%

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?"

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(San Juan County, 2023)

- Always — 7.4%
- Usually — 6.4%
- Sometimes — 20.7%
- Rarely — 16.4%
- Never — 49.1%
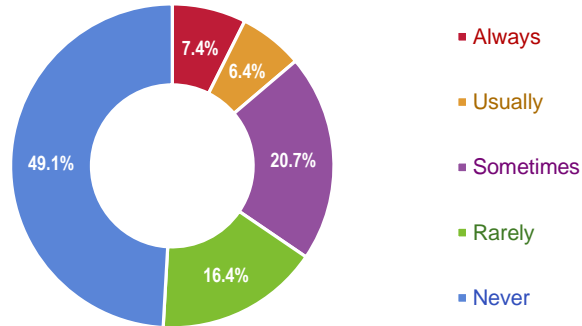
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

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.

Food Insecurity

San Juan County

PSA	SSA	San Juan County	US	2017	2023
24.6%	45.9%	29.5%	43.3%	27.1%	29.5%
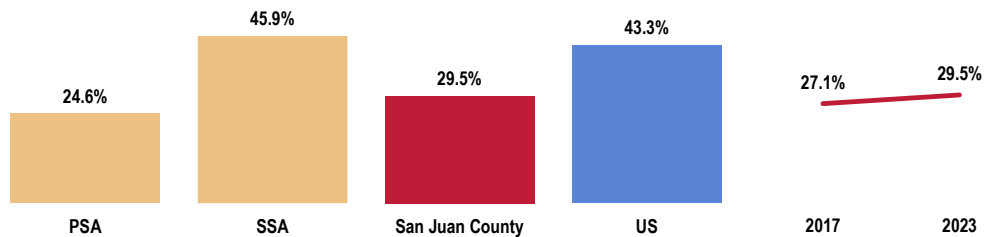
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 98]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(San Juan County, 2023)

Bar chart showing Food Insecurity percentages:
- Women: 34.5%
- Men: 23.9%
- 18 to 39: 37.0%
- 40 to 64: 27.1%
- 65+: 17.3%
- Low Income: 49.8%
- Mid/High Income: 17.3%
- White: 16.5%
- American Indian: 43.7%
- San Juan County: 29.5%

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:

Perceptions of Social Determinants of Health
as a Problem in the Community
(Among Key Informants; San Juan County, 2023)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

49.3%	37.7%	11.6%	

1.4%

Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
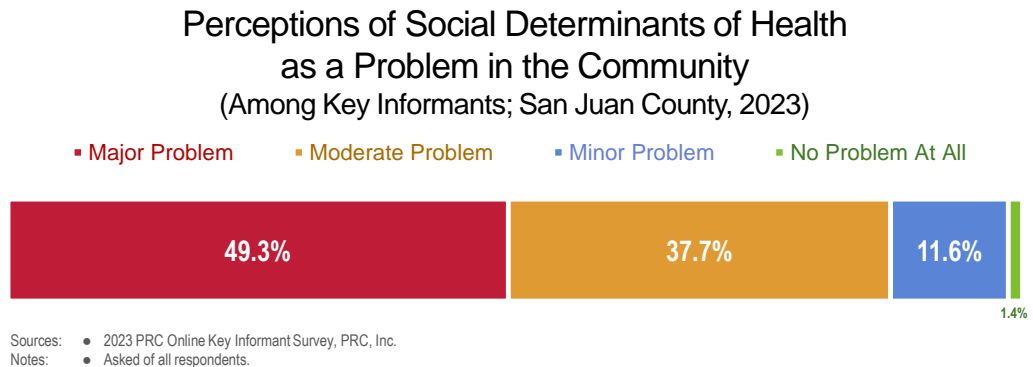
Among those rating this issue as a "major problem," reasons related to the following:

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?"**

Self-Reported Health Status
(San Juan County, 2023)
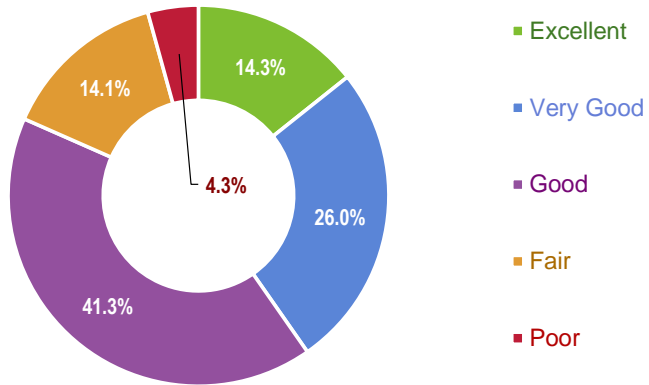
- Excellent 14.3%
- Very Good 26.0%
- Good 41.3%
- Fair 14.1%
- Poor 4.3%

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

Experience "Fair" or "Poor" Overall Health

San Juan County

PSA	SSA	San Juan County	NM	US
19.9%	13.5%	18.4%	19.0%	15.7%

2008	2011	2014	2017	2023
18.2%	17.8%	16.3%	19.1%	18.4%
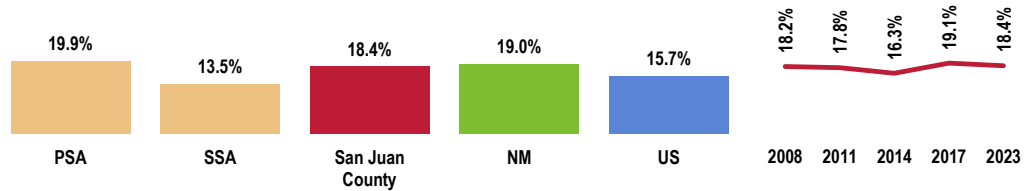
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County
23.5%	13.7%	10.1%	26.0%	21.6%	29.0%	11.0%	21.6%	19.5%	18.4%

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?"**

Self-Reported Mental Health Status
(San Juan County, 2023)

- Excellent — 20.7%
- Very Good — 26.0%
- Good — 27.4%
- Fair — 21.2%
- Poor — 4.7%
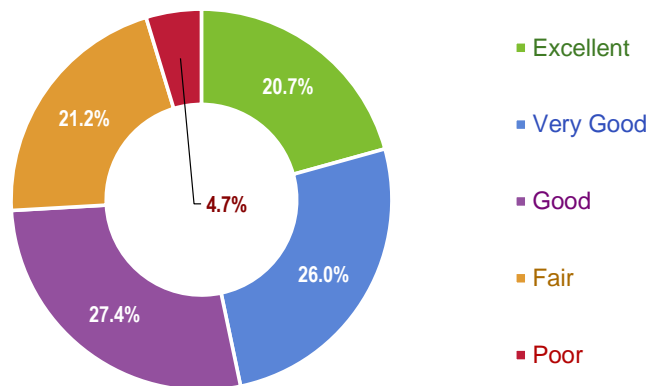
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

San Juan County

				2008	2011	2014	2017	2023
PSA 25.5%	SSA 27.2%	San Juan County 25.9%	US 24.4%	10.2%	13.2%	13.8%	16.2%	25.9%
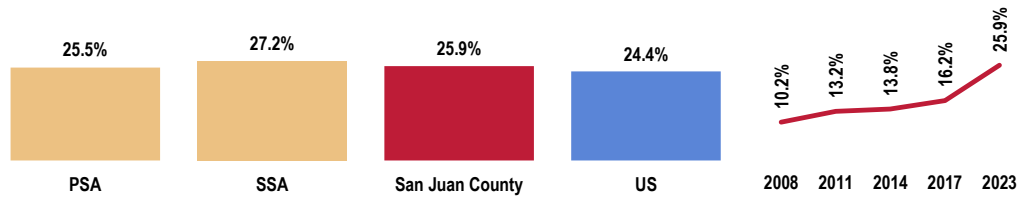
Sources:
● 2023 PRC Community Health Survey, PRC, Inc. [Item 77]
● 2023 PRC National Health Survey, PRC, Inc.

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

PSA	SSA	San Juan County	NM	US	2014	2017	2023
24.1%	22.5%	23.7%	19.8%	30.8%	20.0%	19.2%	23.7%
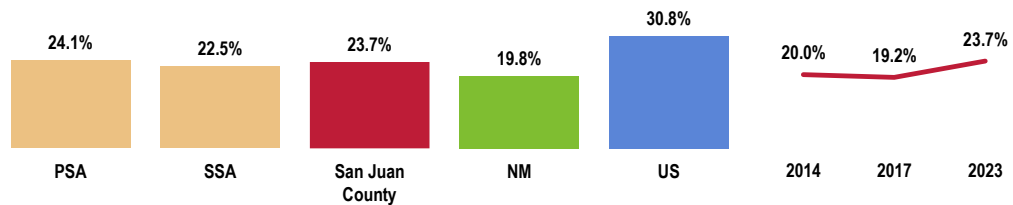
Sources:
● 2023 PRC Community Health Survey, PRC, Inc. [Item 80]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
● 2023 PRC National Health Survey, 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)

Category	Value
Women	40.8%
Men	29.4%
18 to 39	38.2%
40 to 64	34.1%
65+	35.8%
Low Income	40.5%
Mid/High Income	33.4%
White	36.0%
American Indian	32.1%
PSA	35.4%
SSA	35.4%
San Juan County	35.4%
US	46.7%
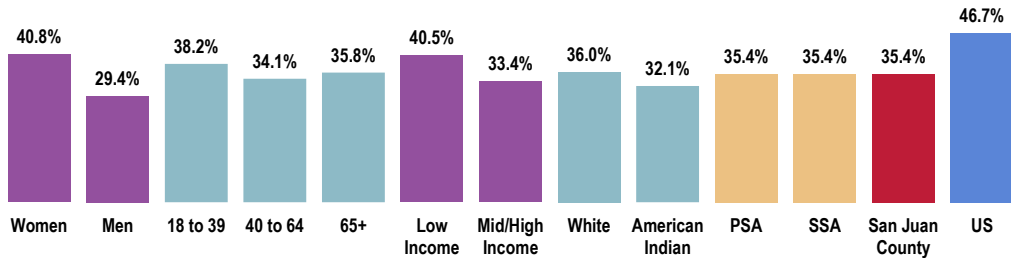
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

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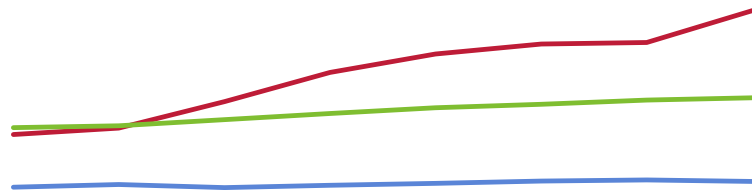
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	19.8	20.6	23.9	27.6	29.9	31.2	31.4	35.4
NM	20.6	20.9	21.7	22.4	23.2	23.6	24.1	24.4
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

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)

Category	Value
San Juan County	156.2
NM	221.3
US	146.6

(San Juan County bar labeled: 190 Mental Health Providers)
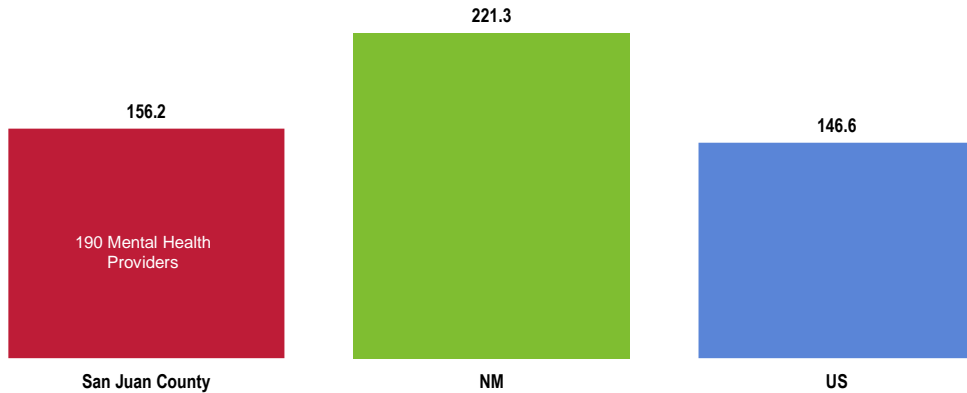
Sources: ● University of Wisconsin Population Health Institute, County Health Rankings.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of the county population to 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

San Juan County

PSA	SSA	San Juan County	US	2017	2023
15.5%	14.3%	15.2%	21.9%	12.9%	15.2%
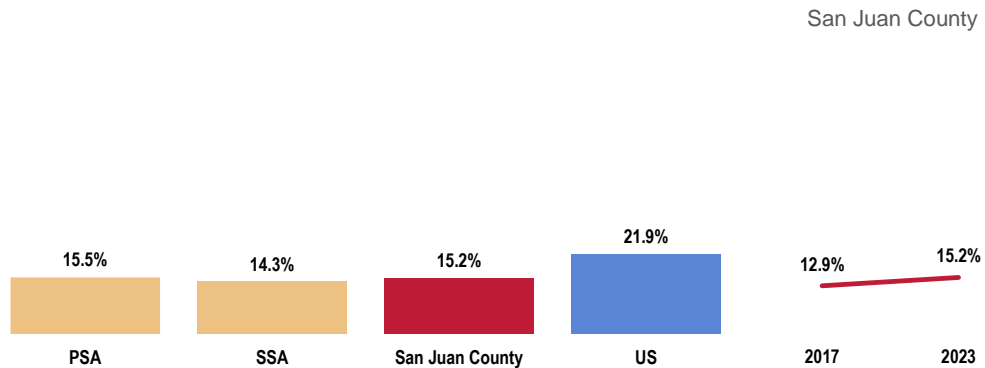
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 81]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Unable to Get Mental Health Services
When Needed in the Past Year
(San Juan County, 2023)

6.0%	3.0%	6.7%	2.5%	4.5%	8.4%	0.5%	0.3%	7.0%	2.8%	10.0%	4.5%	13.2%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	PSA	SSA	San Juan County	US
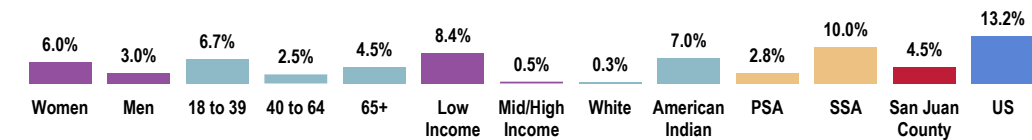
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 82]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

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

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

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
66.7%	27.5%	4.3%	1.4%

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

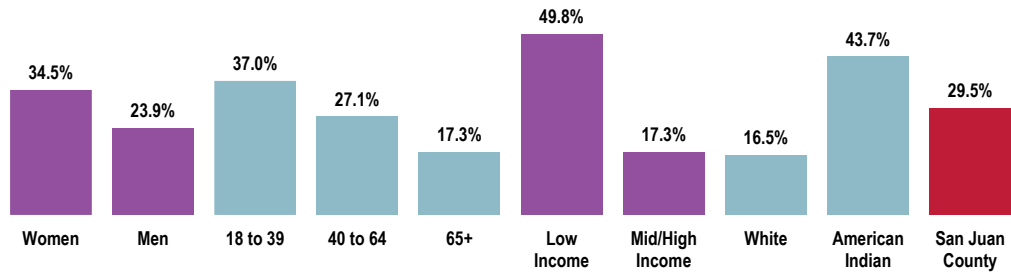Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

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.

Leading Causes of Death
(San Juan County, 2020)
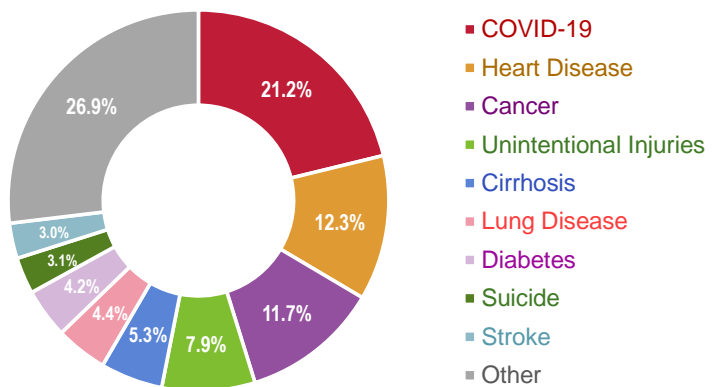
- COVID-19 — 21.2%
- Heart Disease — 12.3%
- Cancer — 11.7%
- Unintentional Injuries — 7.9%
- Cirrhosis — 5.3%
- Lung Disease — 4.4%
- Diabetes — 4.2%
- Suicide — 3.1%
- Stroke — 3.0%
- Other — 26.9%

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: • 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.

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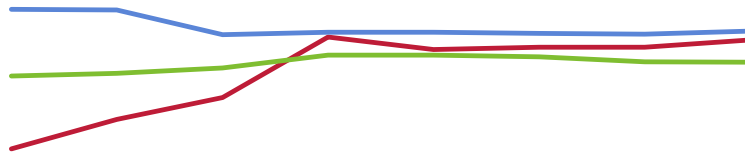
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	20.9	25.1	28.2	36.8	35.0	35.4	35.3	36.4
NM	31.3	31.7	32.4	34.2	34.2	34.0	33.3	33.2
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

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

18 to 39	1.1%
40 to 64	6.4%
65+	7.6%

PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
4.8%	3.1%	4.4%	5.9%	10.3%	7.7%	5.9%	6.0%	5.1%	4.4%
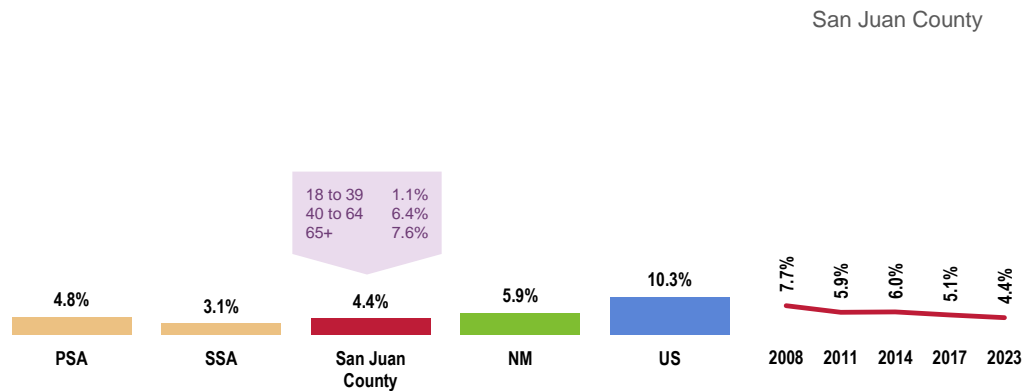
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Mexico data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

San Juan County

18 to 39	1.1%
40 to 64	7.8%
65+	7.3%

PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
4.7%	5.7%	4.9%	2.7%	5.4%	4.2%	2.9%	3.0%	3.3%	4.9%

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

33.4% | **32.9%** | **40.4%**
San Juan County | NM | US

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 Cholesterol

85.5% are taking action to control
their high blood cholesterol

25.0% | **32.4%**
San Juan County | US

Prevalence of
High Blood Pressure
(San Juan County)
Healthy People 2030 = 42.6% or Lower

29.8% **32.0%** **30.4%** **35.8%** **33.4%**

2008 | 2011 | 2014 | 2017 | 2023

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.

Prevalence of
High Blood Cholesterol
(San Juan County)

27.0% **24.2%** **24.8%** **26.1%** **25.0%**

2008 | 2011 | 2014 | 2017 | 2023

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)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	PSA	SSA	San Juan County	US
86.3%	89.3%	84.8%	89.2%	90.6%	90.6%	86.0%	84.8%	94.3%	86.1%	91.6%	87.3%	87.8%
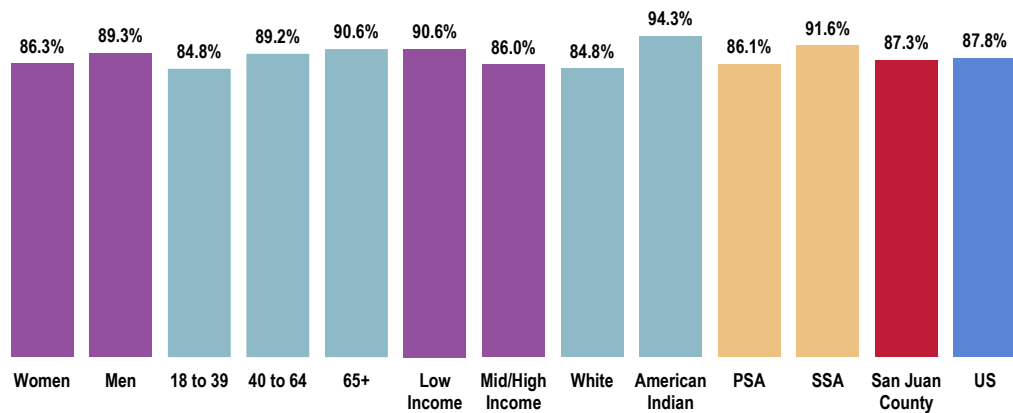
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.

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:

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

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

33.3%	47.8%	17.4%	

1.4%

Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
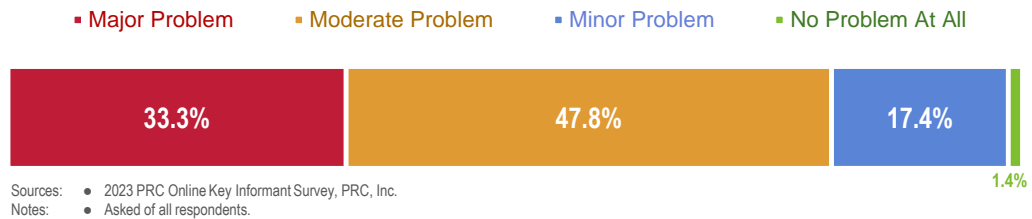
Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

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.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	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)

Legend: ■ San Juan County ■ NM ■ US

All Sites: San Juan County 329.5, NM 374.0, US 449.4
Female Breast Cancer: San Juan County 90.5, NM 114.4, US 128.1
Prostate Cancer: San Juan County 68.6, NM 84.2, US 109.9
Lung Cancer: San Juan County 33.0, NM 36.0, US 56.3
Colorectal Cancer: San Juan County 30.2, NM 33.2, US 37.7
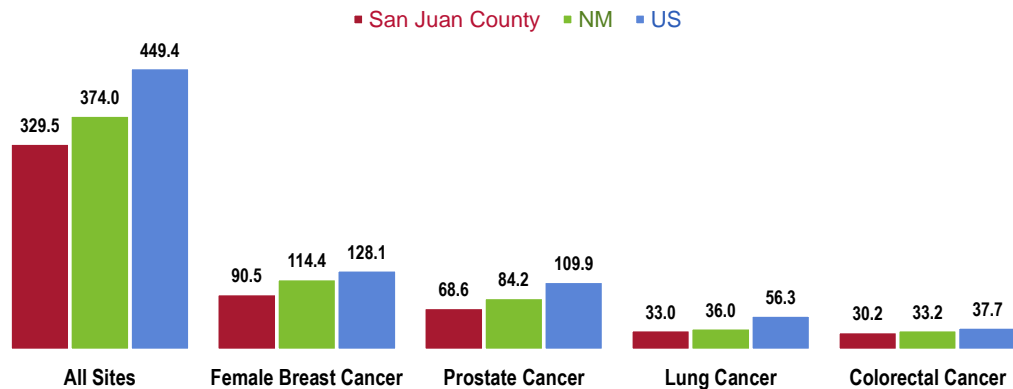
Sources:
- National Cancer Institute, State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

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?"**

Prevalence of Cancer
(San Juan County, 2023)

6.1%
10.2%
7.4%

▪ San Juan County

▪ NM

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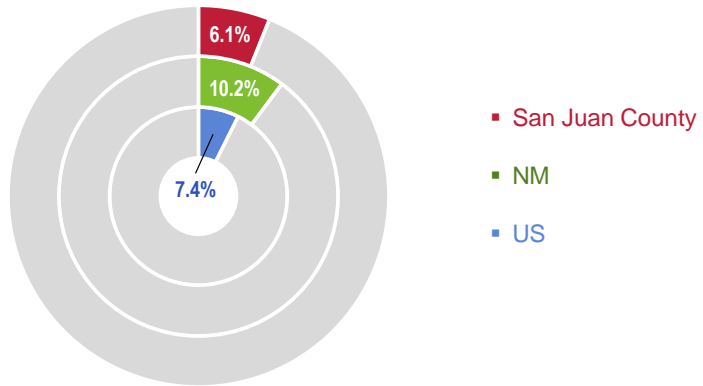
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 24]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
● 2023 PRC National Health Survey,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

Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher

San Juan County	NM	US
66.8%	74.9%	64.0%

Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher

San Juan County	NM	US
73.7%	75.1%	75.4%

Colorectal Cancer Screening
(All Adults 50-75)
Healthy People 2030 = 74.4% or Higher

San Juan County	NM	US
72.2%	66.6%	71.5%
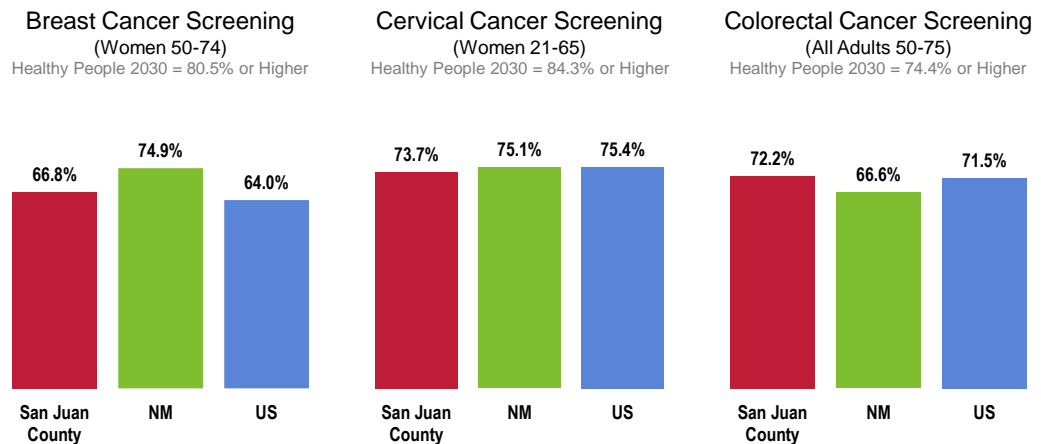
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Mexico data.
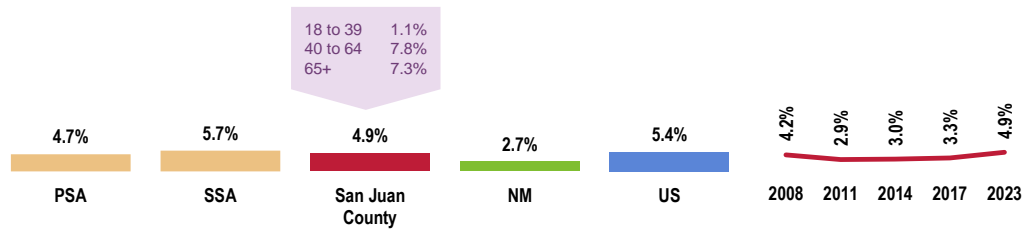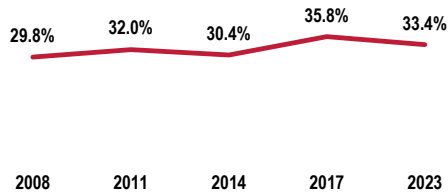● 2023 PRC National Health Survey, PRC, Inc.
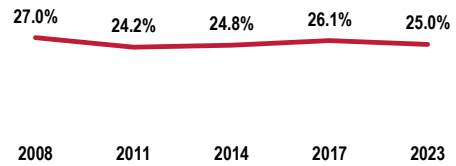● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Each indicator is shown among the gender and/or age group specified.

Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher
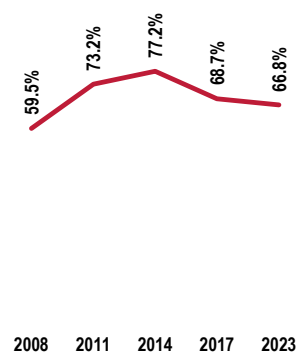
59.5% 73.2% 77.2% 68.7% 66.8%

Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher

79.3% 75.2% 81.1% 71.8% 73.7%

Colorectal Cancer Screening
(All Adults 50-75)
Healthy People 2030 = 74.4% or Higher

67.7% 65.9% 67.2% 72.2%

| 2008 | 2011 | 2014 | 2017 | 2023 |

| 2008 | 2011 | 2014 | 2017 | 2023 |

| 2011 | 2014 | 2017 | 2023 |
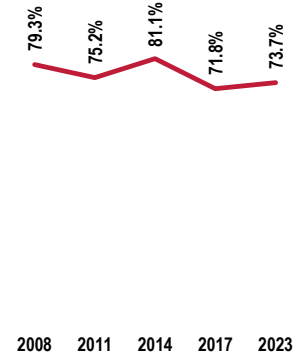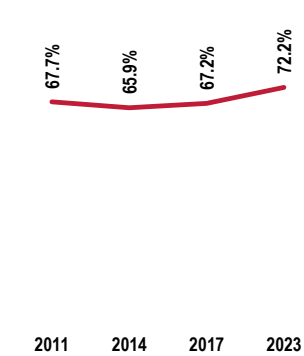
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

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

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

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

| 22.7% | 54.5% | 18.2% | 4.5% |
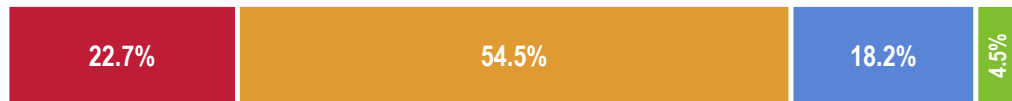
Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
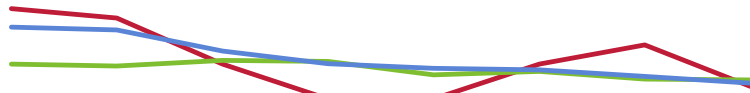
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	18.1	17.5	14.6	12.4	12.4	14.6	15.8	13.2
NM	14.6	14.5	14.8	14.8	13.9	14.1	13.7	13.6
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

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.

COVID-19: Age-Adjusted Mortality
(2020 Average Deaths per 100,000 Population)
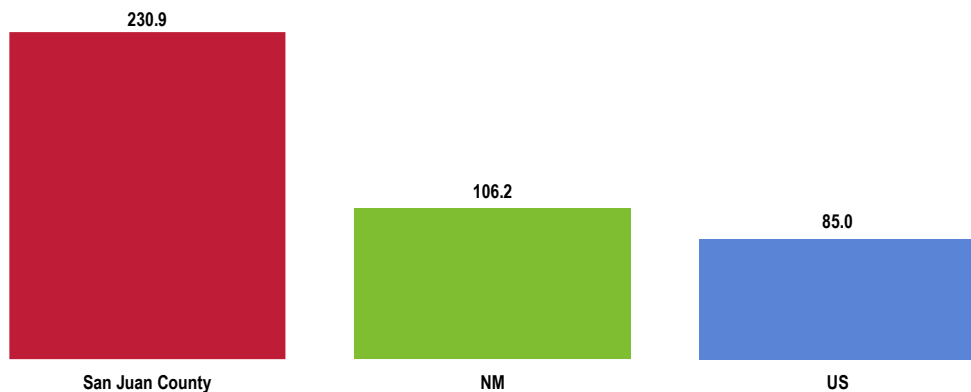
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2023.

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?"

Prevalence of Asthma

San Juan County

	PSA	SSA	San Juan County	NM	US
	16.1%	11.5%	15.0%	10.6%	17.9%

Trend (San Juan County): 2008: 9.2% | 2011: 7.5% | 2014: 10.5% | 2017: 10.9% | 2023: 15.0%
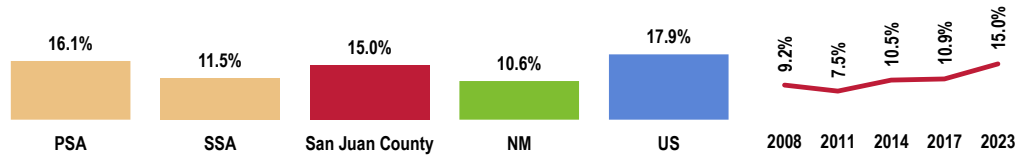
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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?"

Prevalence of Asthma in Children
(Children 0-17)

San Juan County

	San Juan County	US
	8.4%	16.7%

Trend (San Juan County): 2008: 7.6% | 2011: 8.3% | 2014: 11.5% | 2017: 7.6% | 2023: 8.4%
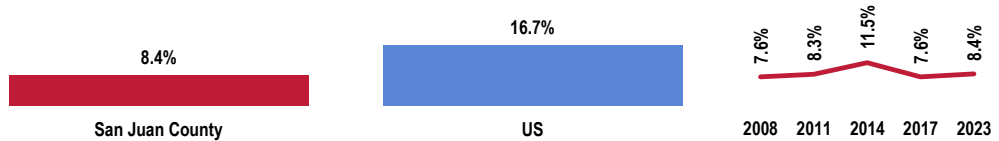
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

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

8.4%	0.6%	6.6%	5.6%	11.0%	11.5%	6.8%	9.9%	9.1%	6.6%
PSA	SSA	San Juan County	NM	US	2008*	2011*	2014	2017	2023
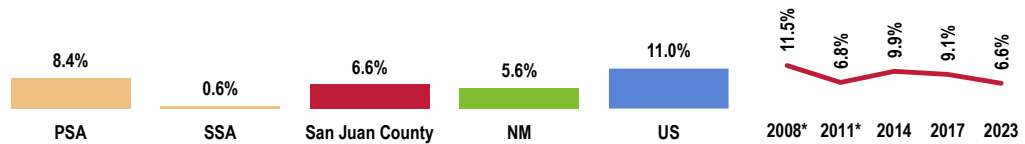
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 21]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
● 2023 PRC National Health Survey, 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)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
22.1%	50.0%	23.5%	4.4%
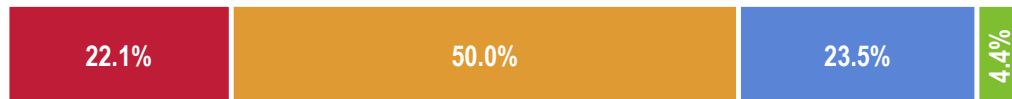
Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
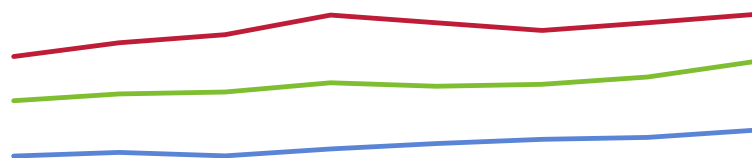
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	79.5	84.7	87.8	95.2	92.3	89.3	92.2	95.4
NM	62.8	65.4	66.1	69.6	68.3	69.0	71.8	77.5
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

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

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

Leading Causes of Unintentional Injury Deaths
(San Juan County, 2018-2020)
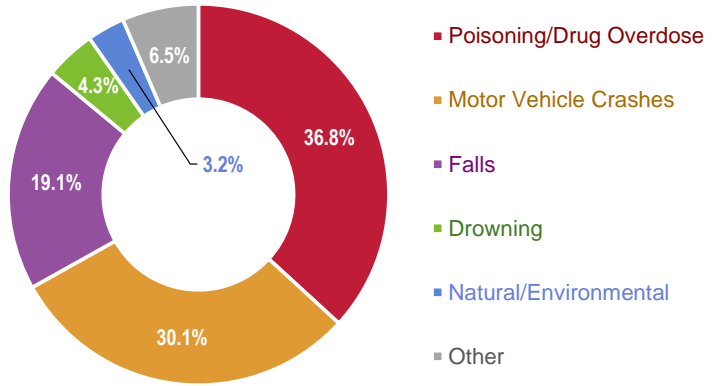
- Poisoning/Drug Overdose — 36.8%
- Motor Vehicle Crashes — 30.1%
- Falls — 19.1%
- Drowning — 4.3%
- Natural/Environmental — 3.2%
- Other — 6.5%

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.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

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

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower
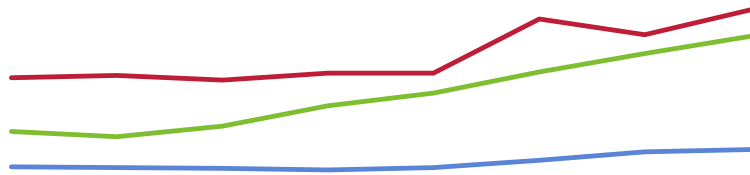
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	9.3	9.4	9.2	9.5	9.5	11.9	11.2	12.3
NM	6.9	6.7	7.2	8.1	8.6	9.6	10.4	11.1
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

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)

San Juan County	NM	US
823.7	701.1	416.0
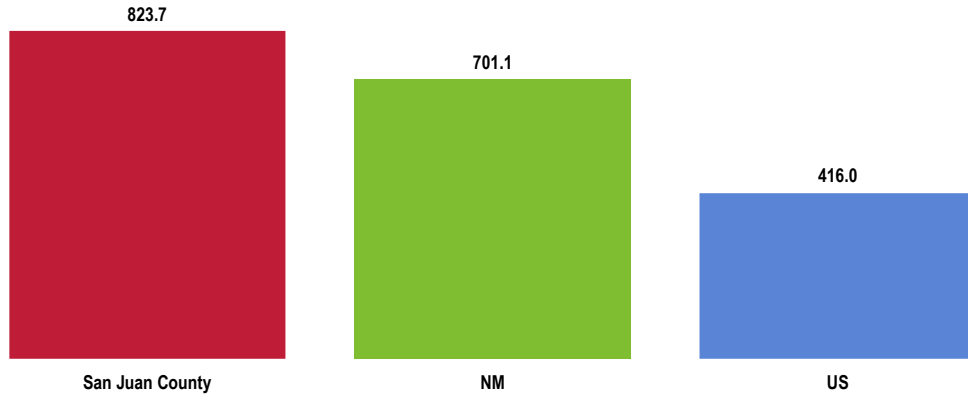
Sources: ● Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
　　　　 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of violent crime offenses reported 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)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	PSA	SSA	San Juan County	US
2.8%	2.4%	1.6%	4.7%	0.0%	3.7%	2.4%	0.9%	1.2%	2.8%	1.8%	2.6%	7.0%
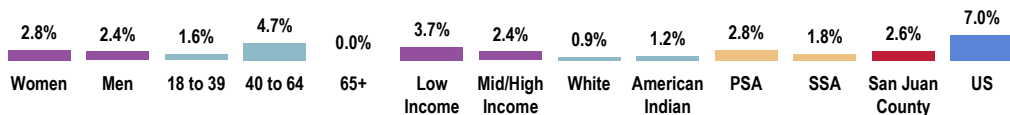
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
　　　　 ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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?"**

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

San Juan County

18.8%	8.4%	16.5%	20.3%	15.5% / 18.9% / 13.1% / 17.3% / 16.5%
PSA	**SSA**	**San Juan County**	**US**	**2008 2011 2014 2017 2023**
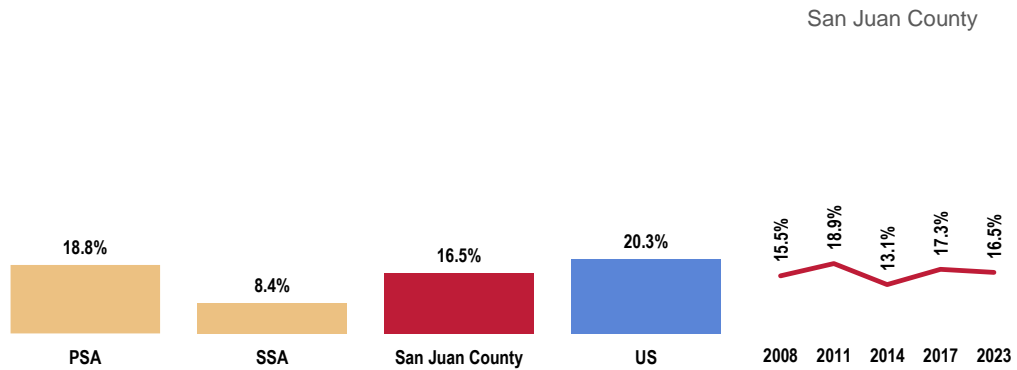
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 33]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; San Juan County, 2023)
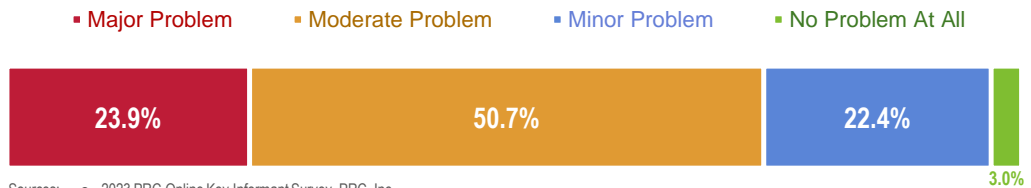
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

23.9%	50.7%	22.4%	3.0%

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

> 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.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
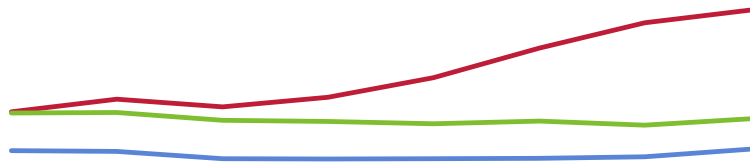
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	27.9	29.7	28.6	30.0	32.7	36.9	40.5	42.3
NM	27.7	27.8	26.7	26.5	26.2	26.6	26.0	26.9
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

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

PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
16.9%	25.6%	18.9%	13.2%	12.8%	11.5%	10.2%	11.8%	13.6%	18.9%

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)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County
20.1%	18.0%	7.9%	27.6%	21.5%	29.7%	12.1%	22.5%	25.0%	18.9%
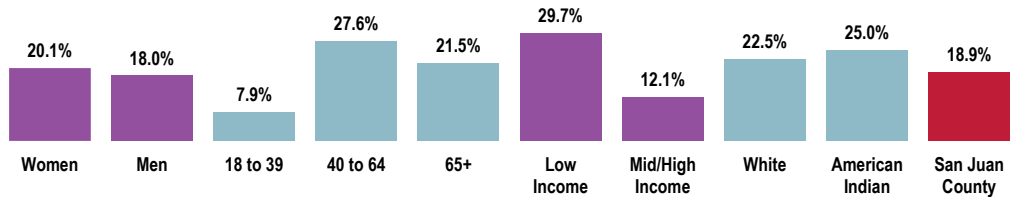
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).

Kidney Disease

"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

PSA	SSA	San Juan County	NM	US	2014	2017	2023
2.4%	2.4%	2.4%	3.9%	4.1%	2.8%	2.5%	2.4%
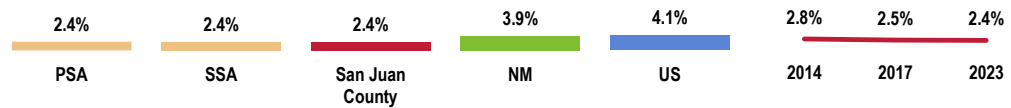
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 304]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County
2.5%	2.3%	0.0%	2.4%	8.2%	4.6%	0.2%	2.5%	1.8%	2.4%
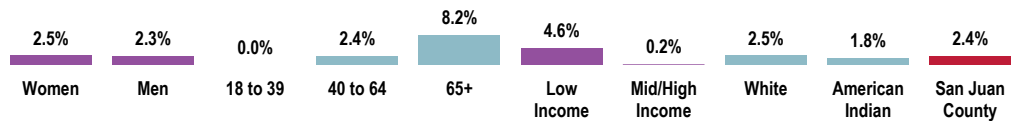
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 304]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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:

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

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

55.1%	29.0%	11.6%	4.3%

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

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

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.

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

Number of Chronic Conditions
(San Juan County, 2023)

- None
- One
- Two
- Three/More

18.2%
27.2%
20.1%
34.5%
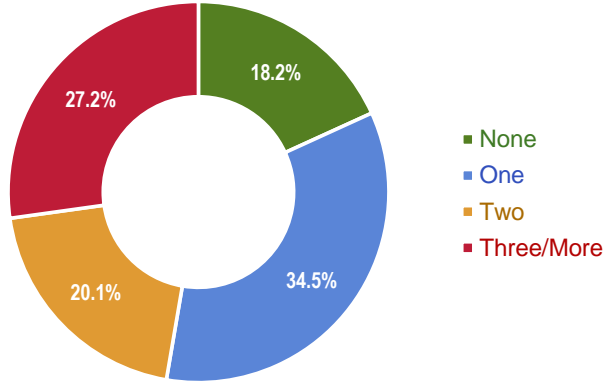
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

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

| Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	PSA	SSA	San Juan County	US
30.2%	24.7%	12.1%	40.3%	28.2%	31.6%	24.7%	35.6%	26.8%	25.1%	34.0%	27.2%	38.0%
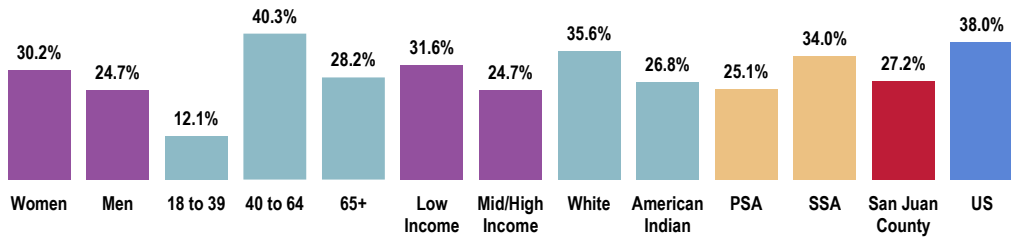
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 107]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung 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?"

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

Most common conditions:
• Back/neck problems
• Mental health
• Arthritis
• Breathing problems
• Cancer
• Difficulty walking

San Juan County

PSA	SSA	San Juan County	US	2008	2011	2014	2017	2023
23.9%	22.4%	23.6%	27.5%	18.3%	18.8%	23.3%	24.5%	23.6%
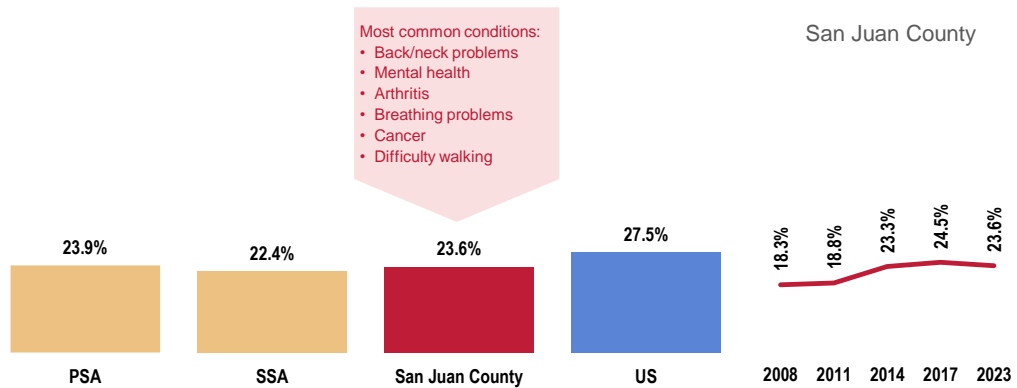
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Category	Percentage
Women	24.7%
Men	21.8%
18 to 39	11.3%
40 to 64	31.1%
65+	30.5%
Low Income	26.3%
Mid/High Income	19.4%
White	31.9%
American Indian	18.4%
San Juan County	23.6%
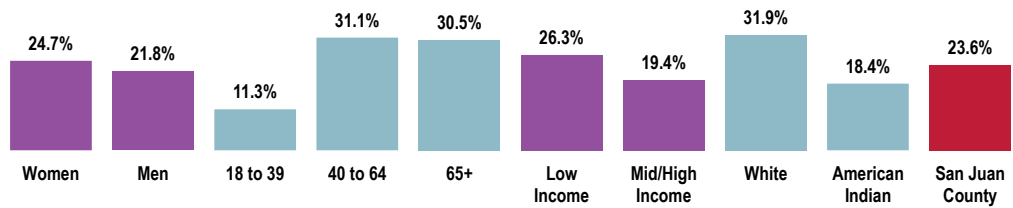
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

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.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
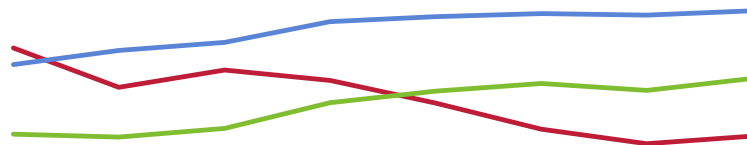
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	26.8	22.5	24.4	23.2	20.7	17.8	16.2	17.1
NM	17.3	17.0	17.9	20.8	22.0	22.9	22.1	23.4
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

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.
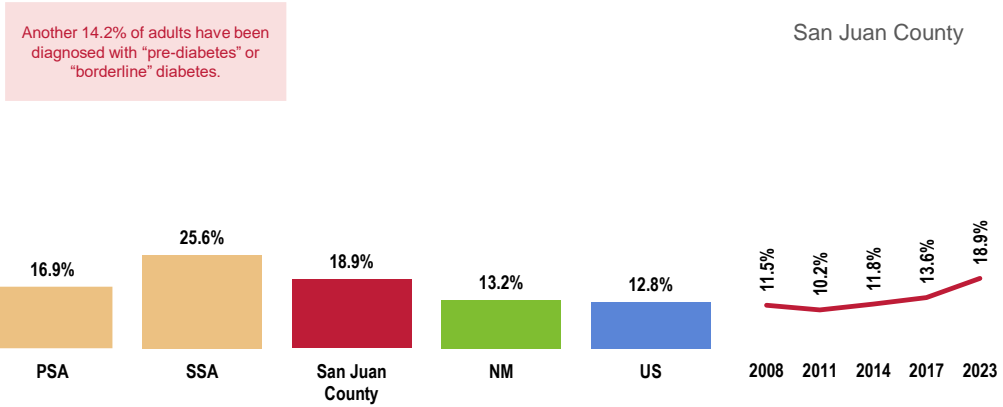
Caregiving

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?"

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

The top health issues affecting those receiving their care include:
• Mental illness
• Old age/frailty
• Heart disease
• Dementia/cognitive impairment

San Juan County

PSA	SSA	San Juan County	US
21.6%	19.6%	21.2%	22.8%

2017 27.7% → 2023 21.2%
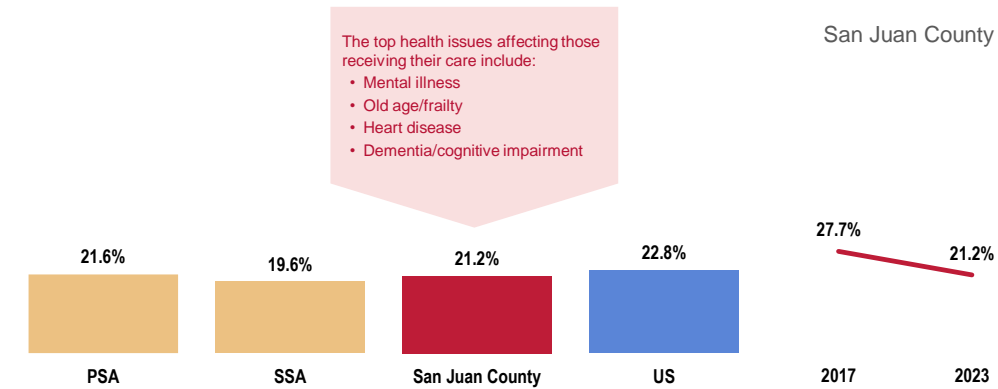
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 85-86]
          ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

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

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

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
18.8%	62.3%	15.9%	2.9%

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:

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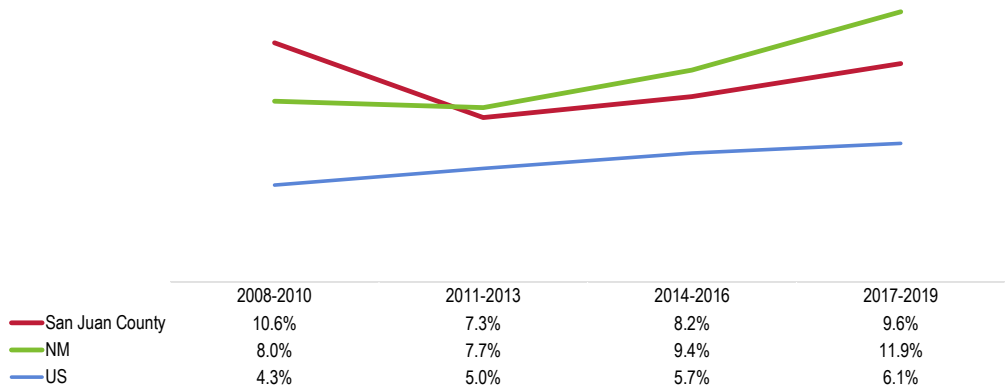
Sources: ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).
Note: ● This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

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)
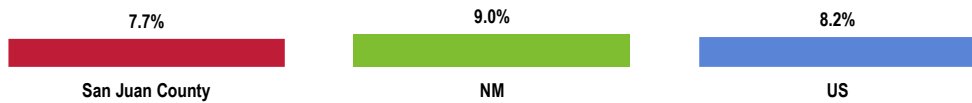
San Juan County	NM	US
7.7%	9.0%	8.2%

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

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.

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.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)

San Juan County	NM	US
33.8	28.8	19.3
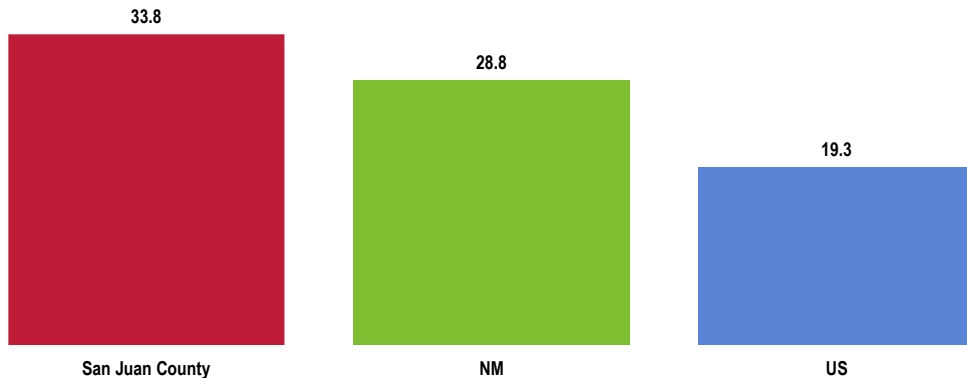
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).

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:

Perceptions of Infant Health & Family Planning
as a Problem in the Community
(Among Key Informants; San Juan County, 2023)

- Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

16.9%	46.2%	30.8%	6.2%

Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
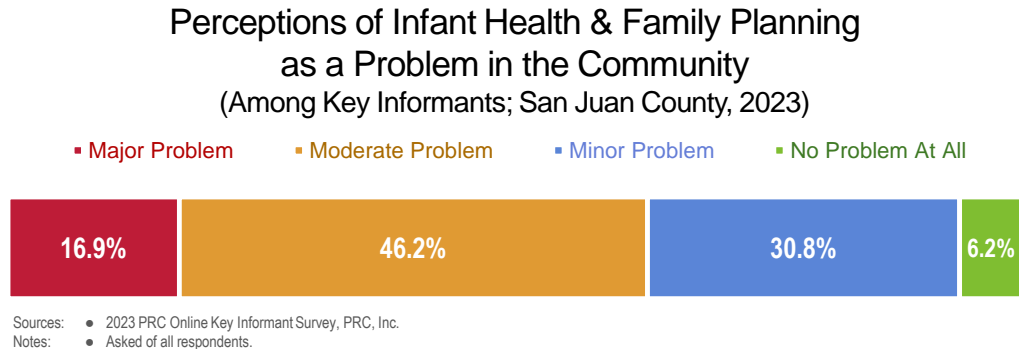
Among those rating this issue as a "major problem," reasons related to the following:

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)

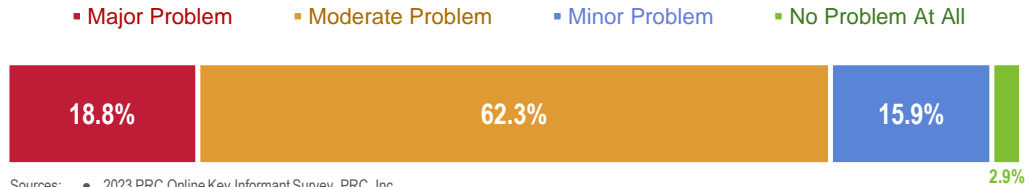| Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	PSA	SSA	San Juan County	US
26.7%	20.1%	17.2%	27.9%	28.0%	37.5%	15.3%	24.4%	25.7%	21.2%	32.5%	23.7%	30.0%
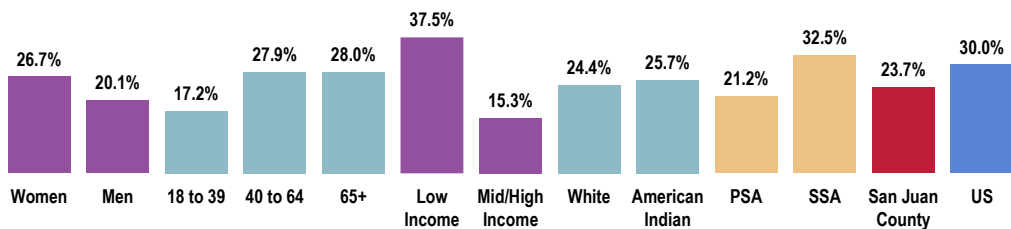
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
- 2023 PRC National Health Survey, PRC, Inc.

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.

Population With Low Food Access
(2019)

50,864 individuals
have low food access

39.1%

31.7%

22.2%

San Juan County

NM

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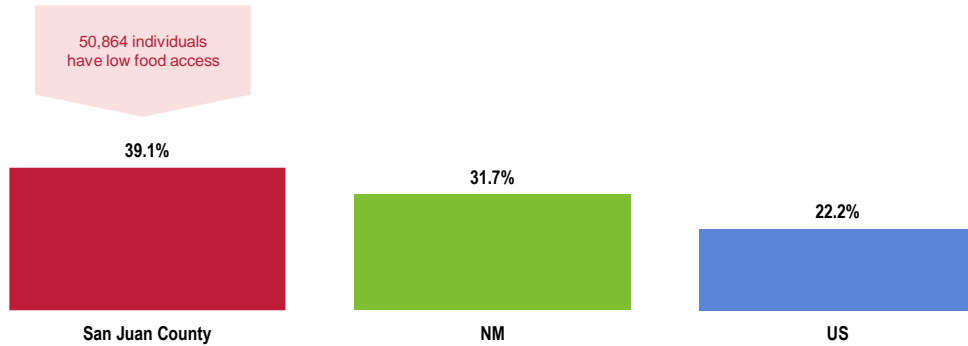
Sources: ● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2023 via SparkMap (sparkmap.org).
Notes: ● Low food access is defined as living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

	PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
	29.1%	13.0%	25.4%	23.0%	30.2%	29.1%	20.6%	21.8%	20.9%	25.4%
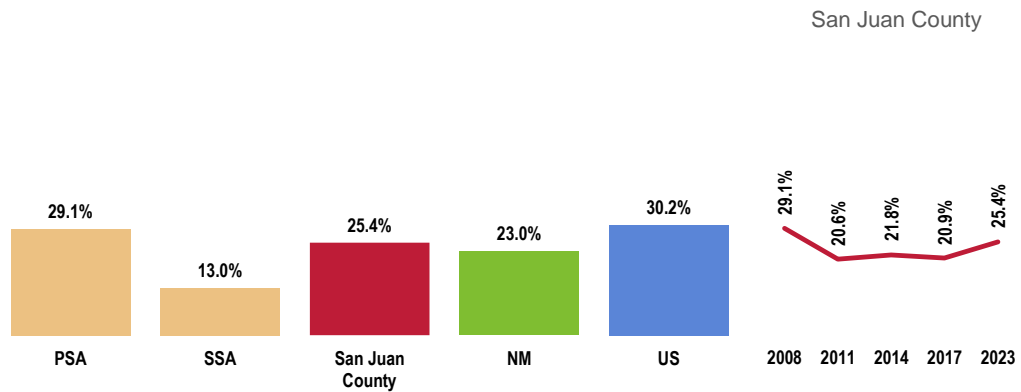
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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 <u>both</u> 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

25.2%	33.7%	38.3%	27.6%	13.7%	23.6%	36.2%	25.4%	34.8%	29.0%	25.7%	30.3%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County	NM	US
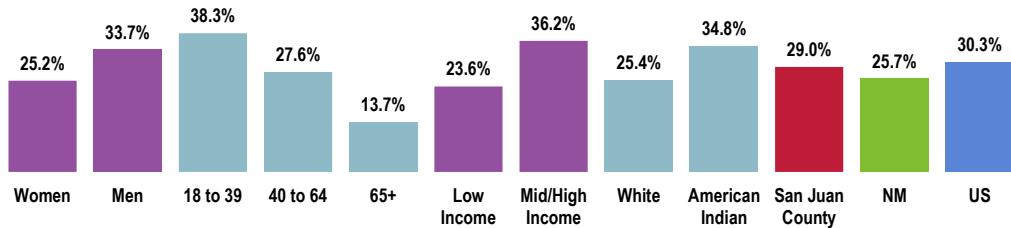
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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)

San Juan County

San Juan County	US	2014	2017	2023
46.0%	27.4%	46.1%	53.7%	46.0%
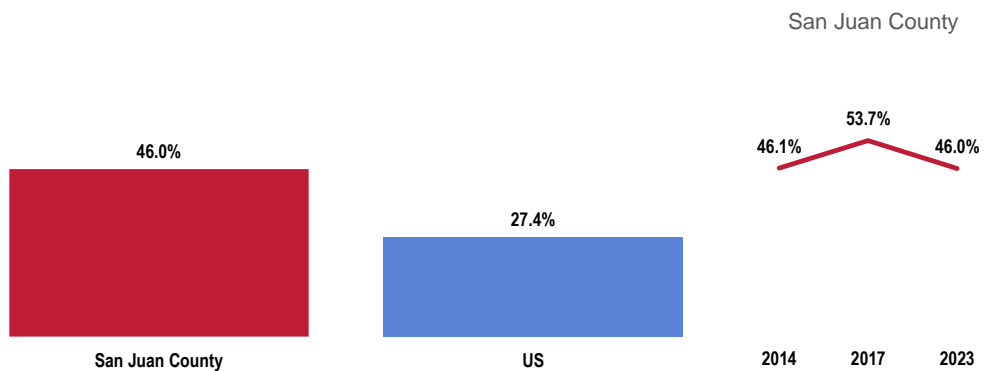
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

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)

	PSA	SSA	San Juan County	NM	US
	78.3%	93.3%	81.5%	70.0%	63.3%

50.5% of adults classified as overweight are trying to lose weight.

San Juan County

2008	2011	2014	2017	2023
65.1%	71.0%	68.8%	74.6%	81.5%

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.

San Juan County

	PSA	SSA	San Juan County	NM	US
	41.7%	61.4%	45.9%	34.6%	33.9%

2008	2011	2014	2017	2023
27.1%	29.0%	32.4%	36.0%	45.9%
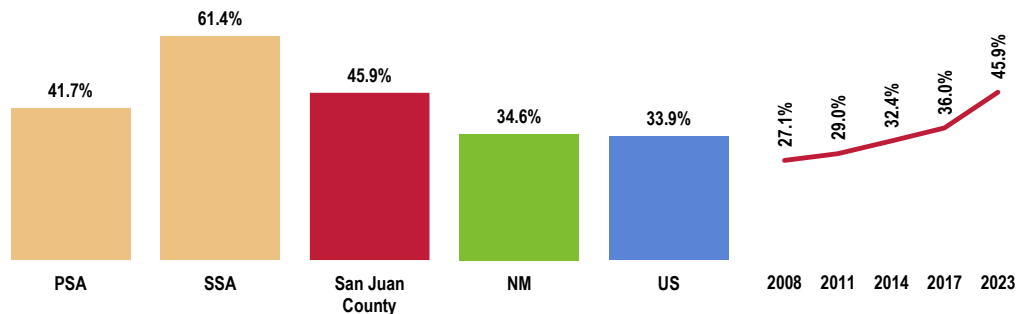
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 112, 311]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health 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

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County
47.7%	45.2%	44.4%	50.8%	35.9%	50.4%	42.8%	43.6%	56.4%	45.9%
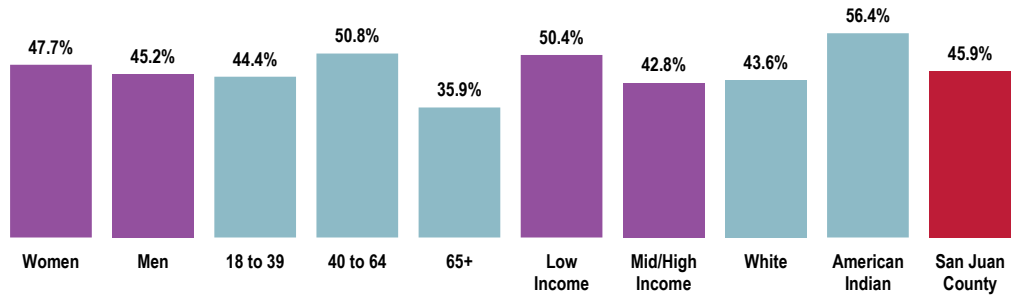
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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)

San Juan County

31.4% San Juan County

31.8% US

35.0% (2008) 39.5% (2011) 30.2% (2014) 38.5% (2017) 31.4% (2023)

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)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

58.0%   36.2%   2.9% 2.9%

Sources: ● 2023 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
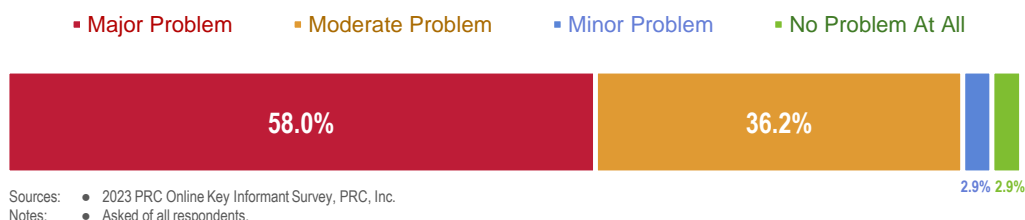
Among those rating this issue as a "major problem," reasons related to the following:

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.

Alcohol-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	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

PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
9.0%	1.8%	7.3%	14.1%	34.3%	13.7%	16.9%	13.6%	13.6%	7.3%
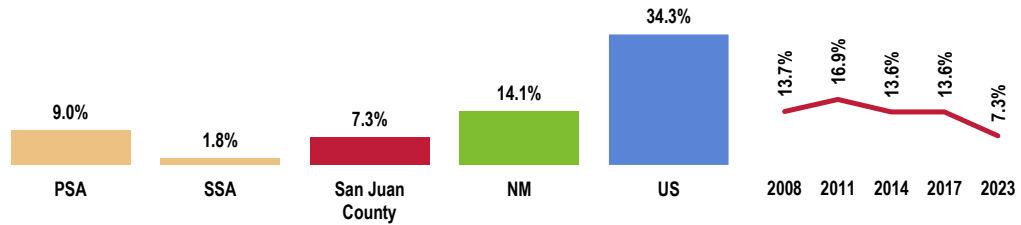
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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

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

0.5%	0.0%	0.4%	1.4%	0.8%	1.1%	1.4%	0.4%
PSA	**SSA**	**San Juan County**	**2008**	**2011**	**2014**	**2017**	**2023**

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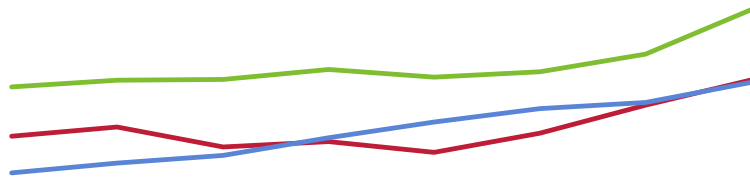
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
San Juan County	15.1	16.1	13.9	14.5	13.3	15.4	18.5	21.3
NM	20.5	21.3	21.4	22.5	21.6	22.2	24.2	29.1
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

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

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

1.3%	**3.1%**	**1.7%**	**8.4%**	
PSA	SSA	San Juan County	US	

Trend (San Juan County): 1.3% (2008), 4.7% (2011), 1.9% (2014), 3.4% (2017), 1.7% (2023)
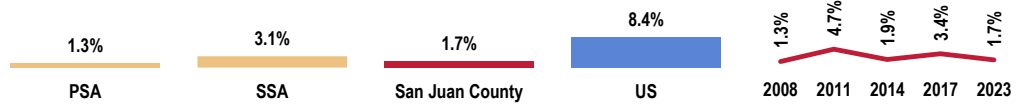
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
          • 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Use of Prescription Opioids

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)

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	PSA	SSA	San Juan County	US
15.0%	21.0%	10.8%	24.1%	20.7%	14.6%	17.9%	21.4%	15.1%	18.2%	16.1%	17.8%	15.1%
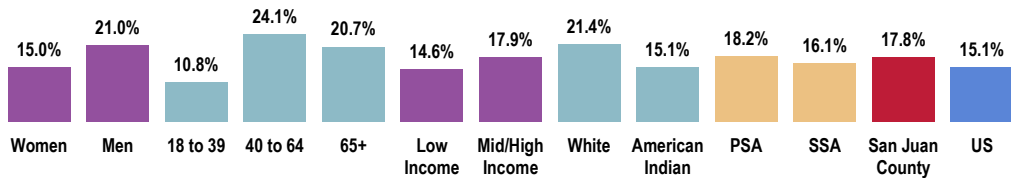
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 41]
          • 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

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)

Women	44.7%	
Men	46.1%	
18 to 39	50.5%	
40 to 64	44.8%	
65+	38.2%	
Low Income	45.6%	
Mid/High Income	49.7%	
White	52.0%	
American Indian	37.0%	
PSA	47.8%	
SSA	37.9%	
San Juan County	45.4%	
US	45.4%	
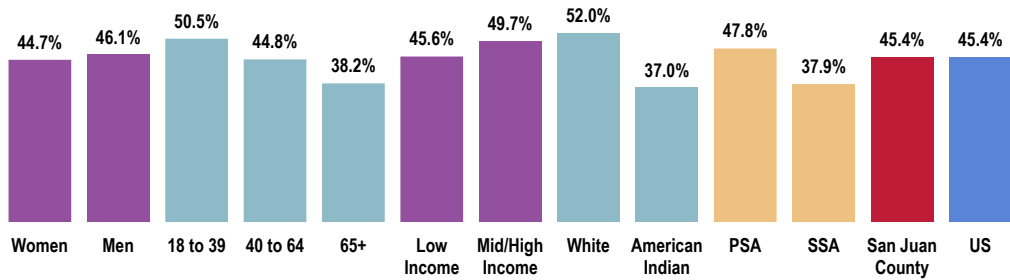
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 42-43]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," or "a little."

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)
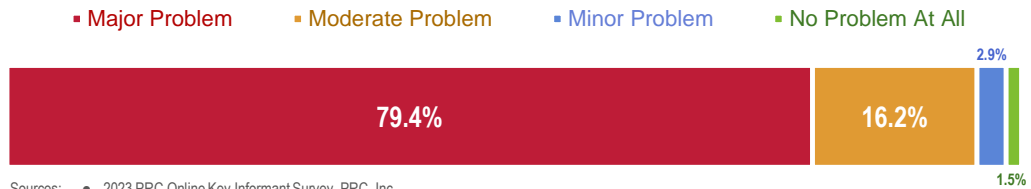
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
79.4%	16.2%	2.9%	1.5%

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.")

Prevalence of Cigarette Smoking
(San Juan County, 2023)

- ■ Every Day — 11.3%
- ■ Some Days — 3.0%
- ■ Not At All — 85.7%
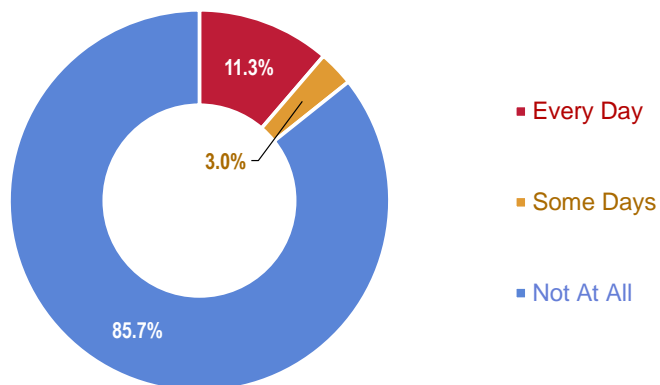
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

San Juan County

PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
16.7%	6.7%	14.3%	13.3%	23.9%	21.4%	19.1%	14.9%	16.7%	14.3%
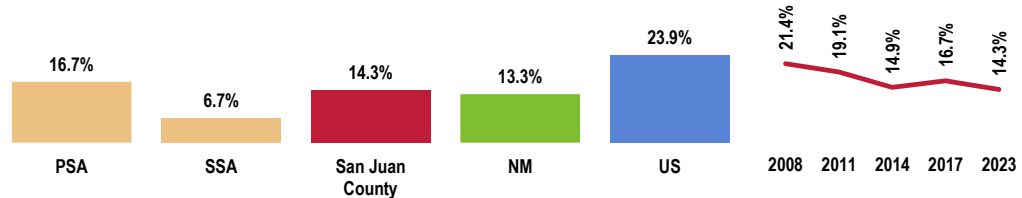
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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

6.7% among households with children

PSA	SSA	San Juan County	US	2008	2011	2014	2017	2023
10.0%	4.8%	8.8%	17.7%	13.7%	11.1%	11.0%	12.9%	8.8%
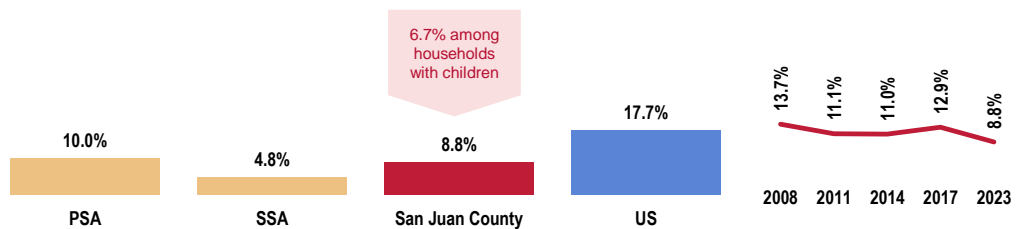
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

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.")

Currently Use Vaping Products
(San Juan County, 2023)

Category	Value
Women	3.9%
Men	12.9%
18 to 39	12.7%
40 to 64	8.7%
65+	1.4%
Low Income	13.5%
Mid/High Income	5.5%
White	9.5%
American Indian	4.7%
PSA	10.7%
SSA	2.8%
San Juan County	8.9%
NM	7.3%
US	18.5%
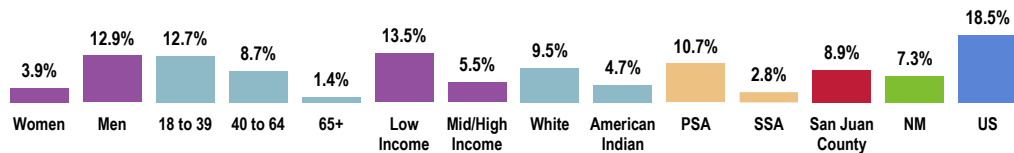
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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:

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

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
36.4%	43.9%	16.7%	3.0%

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.
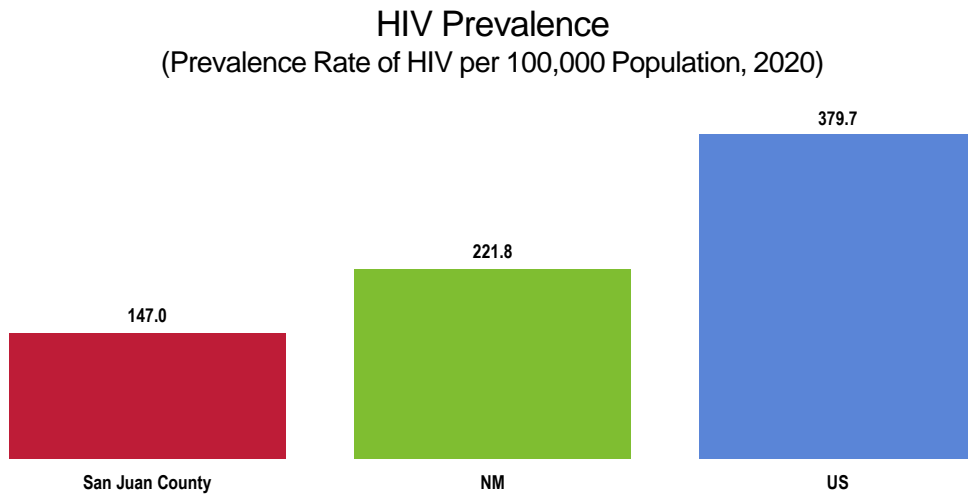
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2020)

Location	Rate
San Juan County	147.0
NM	221.8
US	379.7

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.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2020)
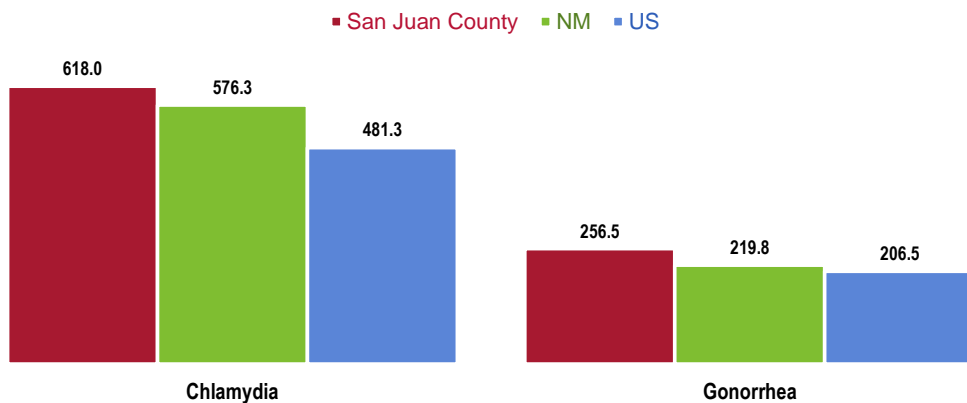
■ San Juan County ■ NM ■ US

Chlamydia			Gonorrhea		
618.0	576.3	481.3	256.5	219.8	206.5

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:

Perceptions of Sexual Health as a Problem in the Community
(Among Key Informants; San Juan County, 2023)
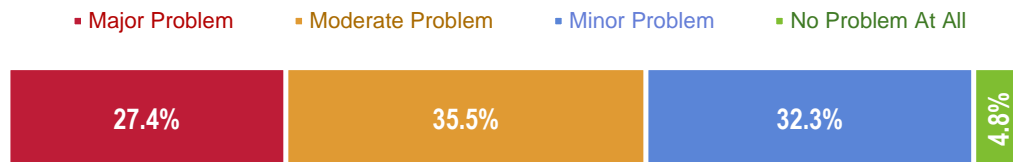
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
27.4%	35.5%	32.3%	4.8%

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

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?"

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.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

San Juan County

PSA	SSA	San Juan County	NM	US	2008	2011	2014	2017	2023
6.7%	8.1%	7.0%	10.1%	8.1%	24.1%	29.1%	22.0%	14.1%	7.0%
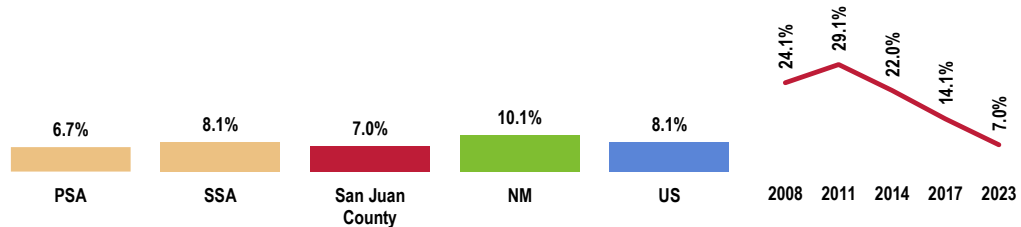
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
- 2023 PRC National Health Survey, 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

4.8%	8.1%	7.4%	6.7%	7.5%	4.7%	3.2%	4.2%	7.0%
Women	Men	18 to 39	40 to 64	Low Income	Mid/High Income	White	American Indian	San Juan County

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.
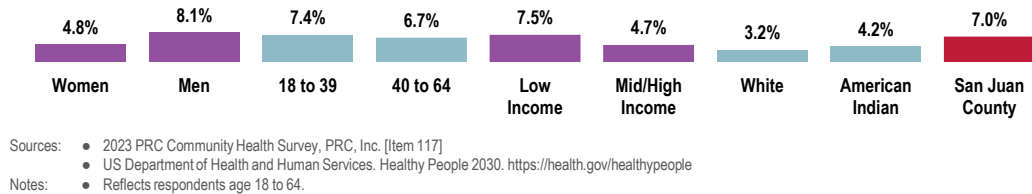
Difficulties Accessing Health Care

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

■ San Juan County   ■ US

In addition, 12.9% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Decreasing since 2008 (Inconvenient Office Hours)
Decreasing since 2008 (Cost Prescriptions)
Decreasing since 2008 (Cost Doctor Visit)
Decreasing since 2008 (Lack of Transportation)

Category	San Juan County	US
Getting a Dr Appointment	26.8%	33.4%
Finding a Doctor	17.5%	22.0%
Inconvenient Office Hours	11.7%	22.9%
Cost (Prescriptions)	10.8%	20.2%
Cost (Doctor Visit)	9.6%	21.6%
Lack of Transportation	6.4%	18.3%
Language/ Culture	2.4%	5.0%

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

San Juan County

PSA	SSA	San Juan County	US
41.5%	41.0%	41.4%	52.5%

San Juan County trend:
2008	2011	2014	2017	2023
55.5%	46.8%	42.7%	40.9%	41.4%
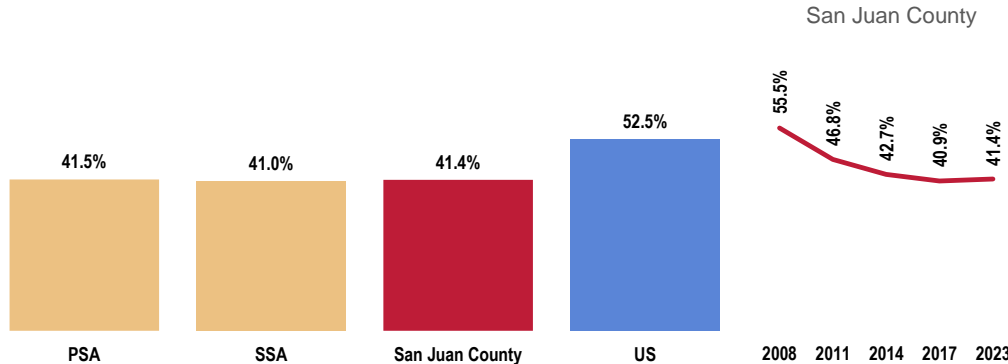
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 119]
           ● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
           ● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

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

49.9%	31.4%	29.7%	52.1%	40.5%	39.6%	44.9%	48.8%	33.0%	41.4%
Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County

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)

San Juan County

San Juan County	US	2008	2011	2014	2017	2023
9.0%	11.1%	4.9%	8.8%	7.5%	2.8%	9.0%
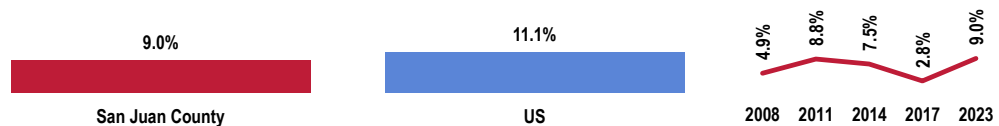
Sources: ●   2023 PRC Community Health Survey, PRC, Inc. [Item 90]
●   2023 PRC National Health Survey, PRC, Inc.
Notes: ●   Asked of all respondents with children age 0 to 17 in the household.

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:

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; San Juan County, 2023)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

40.3%	47.8%	9.0%	3.0%

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:

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 activ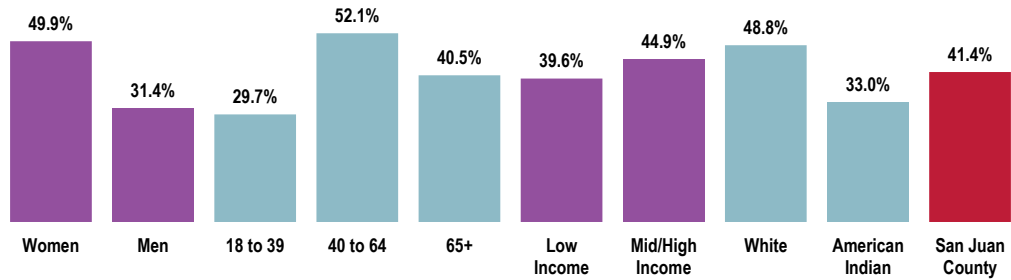e employment due to long hours and pay. They feel insufficient when they see that the hospital has been paying for traveling health care workers, and sometimes have an adversarial feeling about management. There are many disciplines that have professionals that come for a short time or a rotation basis. 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
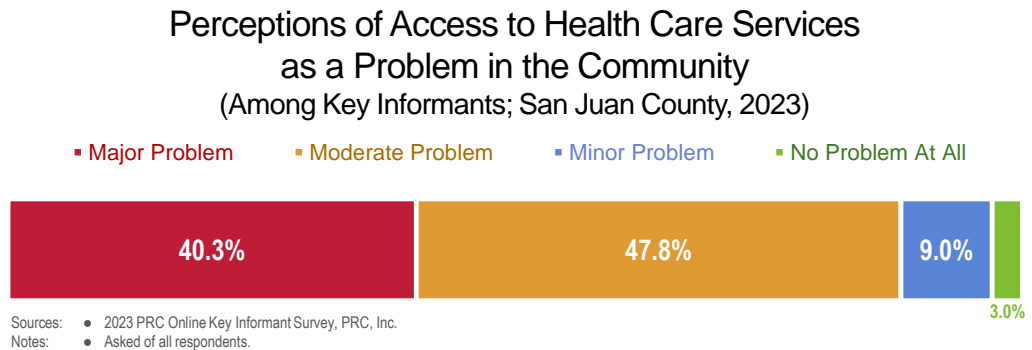
Primary care is needed. We need at least two internal medicine physicians in town. – Physician

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

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)
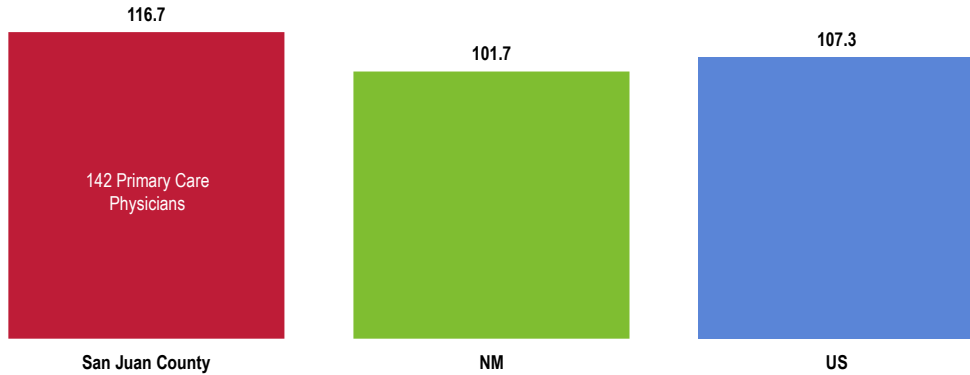
San Juan County	NM	US
116.7	101.7	107.3

142 Primary Care Physicians

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

PSA	SSA	San Juan County	NM	US
62.8%	77.9%	66.2%	63.0%	65.3%

San Juan County

2008	2011	2014	2017	2023
59.2%	67.5%	61.9%	63.6%	66.2%
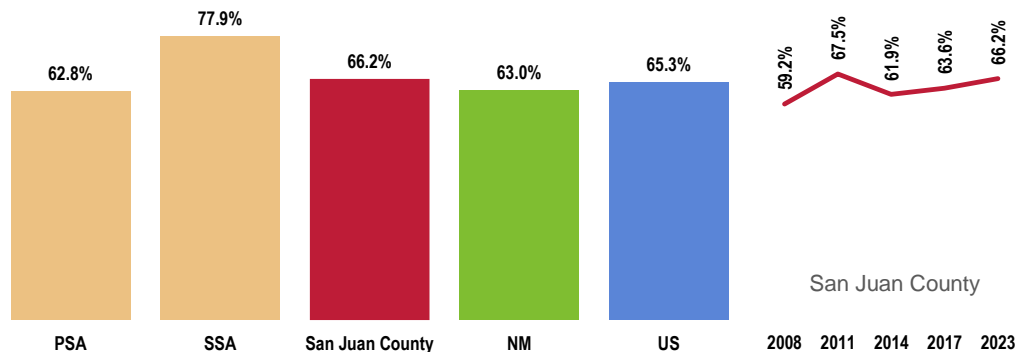
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 16]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Mexico data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Children 0-17)

San Juan County: 91.1%
US: 77.5%

Trend (San Juan County):
2008: 77.9%
2011: 85.1%
2014: 88.0%
2017: 83.9%
2023: 91.1%
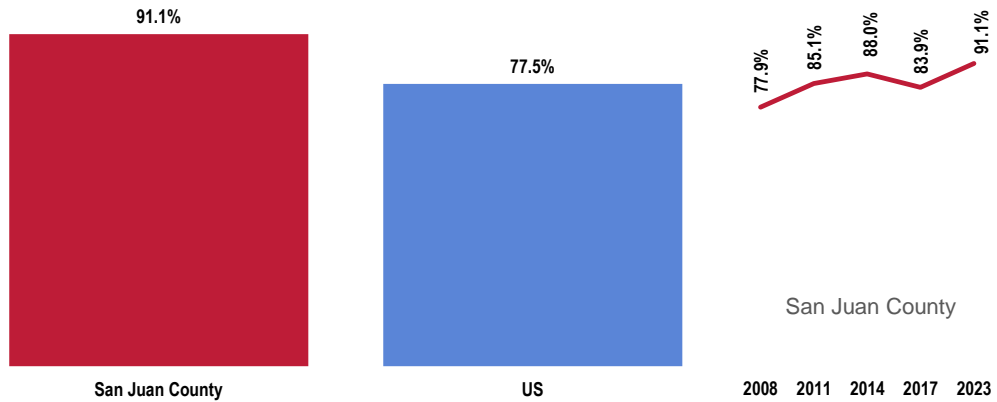
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

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?"

Outmigration for Health Care Services

San Juan County

PSA: 29.6%
SSA: 26.0%
San Juan County: 28.8%

Trend:
2008: 24.7%
2011: 34.7%
2014: 22.6%
2017: 26.8%
2023: 28.8%

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

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

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County
32.7%	24.2%	20.9%	36.5%	28.6%	24.1%	31.7%	35.3%	20.6%	28.8%
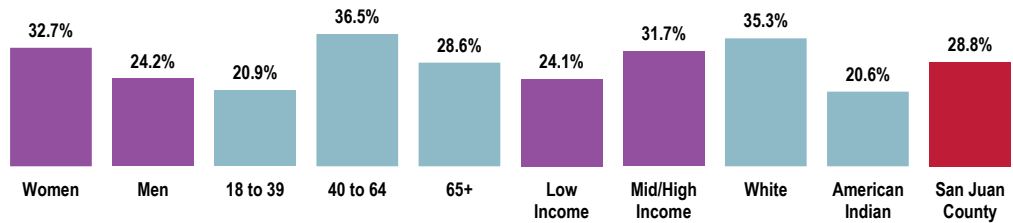
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

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

- Specialty Care — 66.1%
- All Services — 3.8%
- Mental Health — 3.4%
- Primary/Emergency Care — 2.8%
- Other — 22.5%
- Don't Know/Not Sure — 1.4%
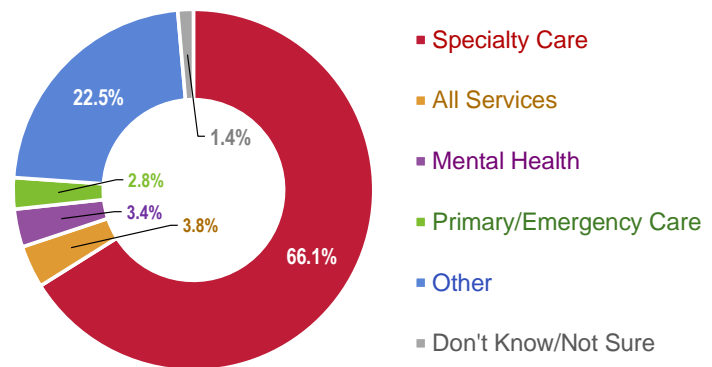
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of those respondents who leave San Juan County for health care services not available locally.

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

San Juan County

Used the ER because:
- Emergency   60.1%
- After-Hours   22.6%
- Access Issues 10.1%

PSA	SSA	San Juan County	US
9.5%	21.6%	12.2%	15.6%

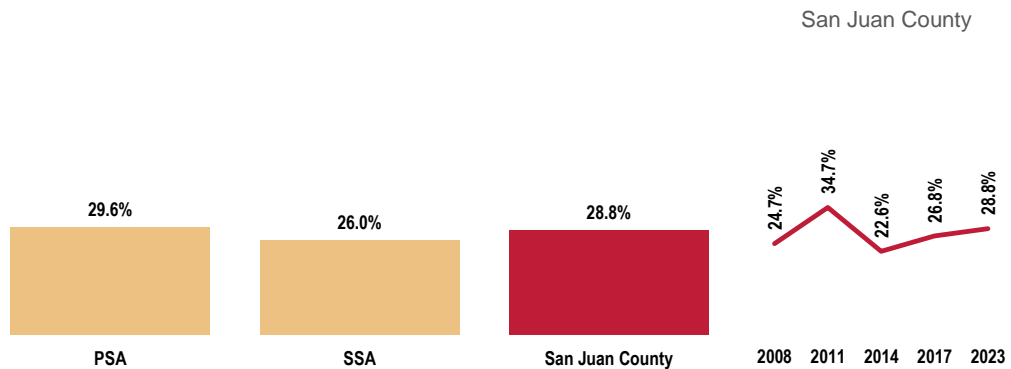| 2008	2011	2014	2017	2023
8.3%	8.4%	9.7%	10.0%	12.2%
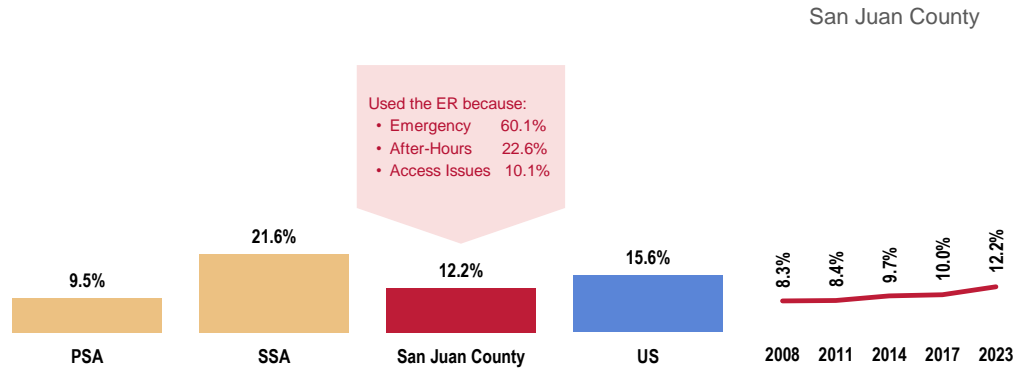
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 19, 303]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Women	Men	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	American Indian	San Juan County
16.1%	8.5%	8.4%	15.0%	11.8%	21.9%	6.8%	5.3%	19.8%	12.2%
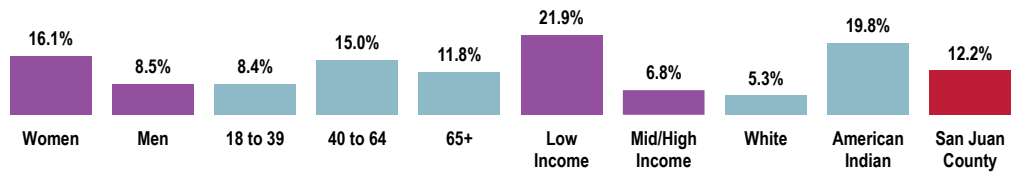
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

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

58.3%	51.7%	56.8%	63.7%	56.5%
PSA	SSA	San Juan County	NM	US

San Juan County

2008	2011	2014	2017	2023
59.6%	61.8%	57.6%	67.0%	56.8%
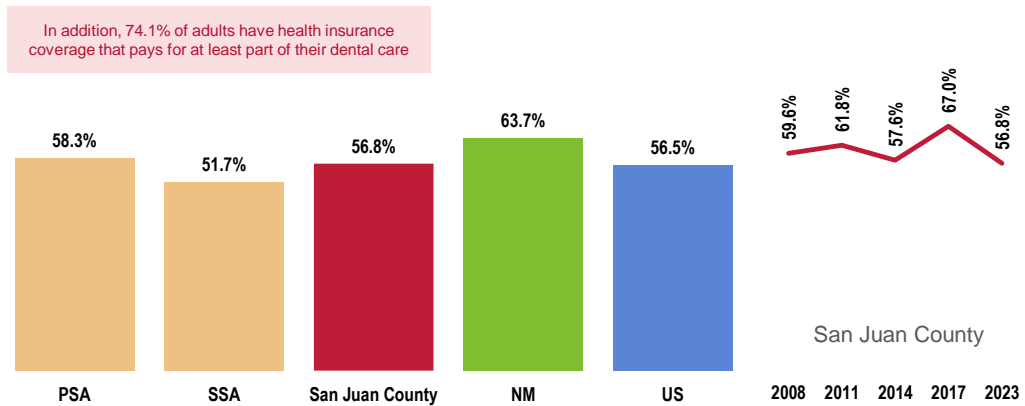
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 17-18]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 New Mexico data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Children 2-17)
Healthy People 2030 = 45.0% or Higher

93.0% — San Juan County

77.8% — US

Trend line (San Juan County):
- 2008: 78.8%
- 2011: 73.7%
- 2014: 91.0%
- 2017: 89.2%
- 2023: 93.0%

Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 93]
- 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 with children age 2 through 17.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:
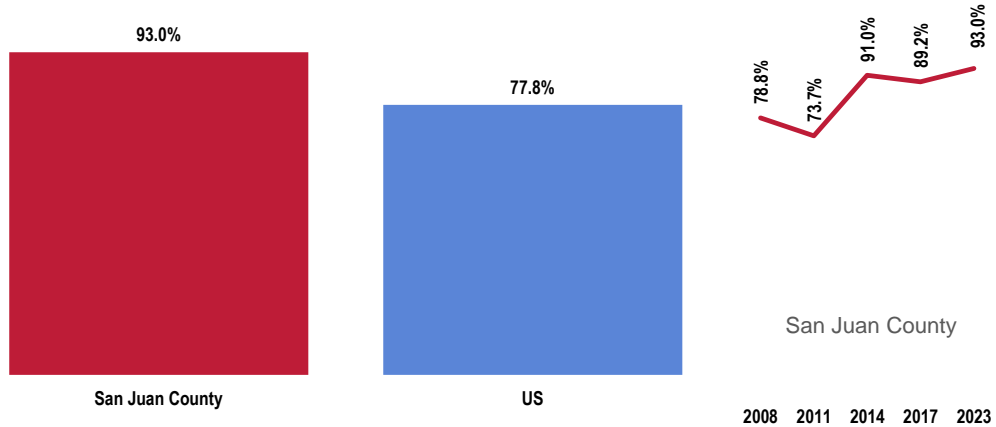
Perceptions of Oral Health as a Problem in the Community
(Among Key Informants; San Juan County, 2023)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
22.4%	38.8%	26.9%	11.9%

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

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?"**

Perceive Local Health Care Services as "Fair/Poor"

San Juan County

PSA	SSA	San Juan County	US
28.8%	14.5%	25.6%	11.5%

Trend (San Juan County):
- 2008: 30.1%
- 2011: 28.8%
- 2014: 19.2%
- 2017: 19.4%
- 2023: 25.6%
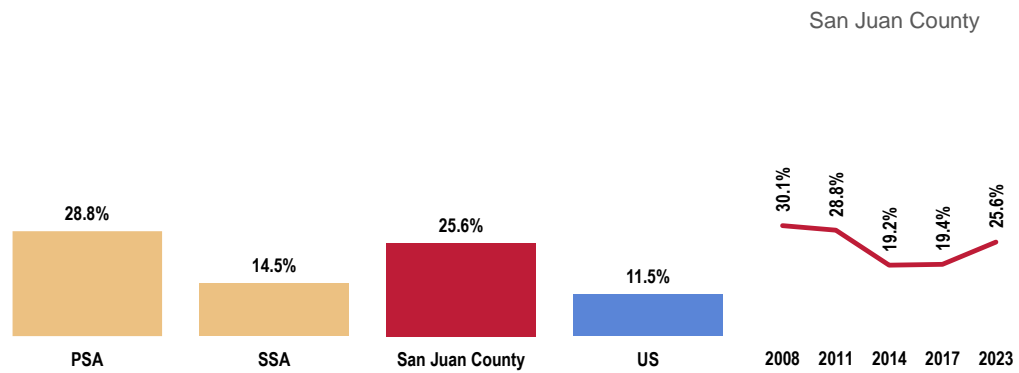
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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.