

# 2017 Community Health Needs Assessment Report

## San Juan County, New Mexico

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*Prepared for:*

San Juan Regional Medical Center & San Juan Regional Rehabilitation Hospital

*By:*

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# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2008, 2011, and 2014, 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.

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 will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.



## Methodology

This assessment incorporates data from both quantitative and qualitative sources.

Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

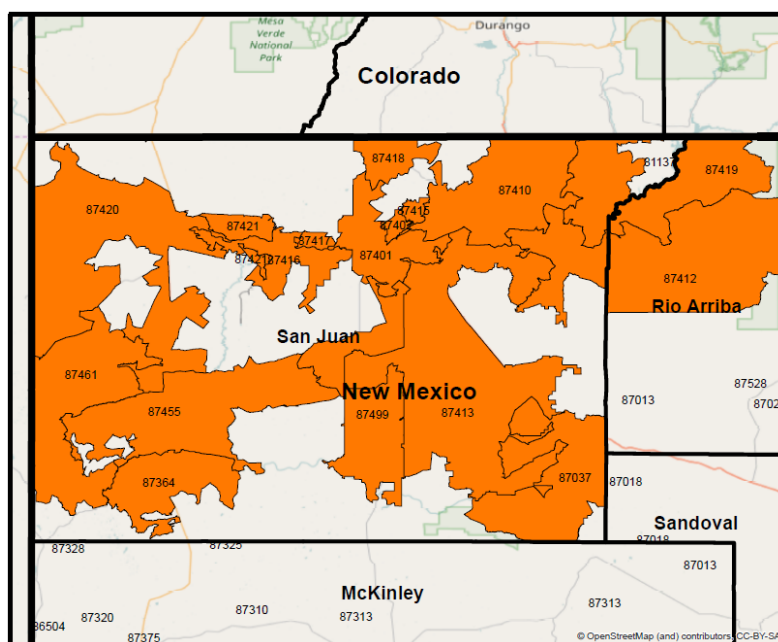
### PRC Community Health Survey

#### *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 survey used in the region, allowing for data trending.

#### *Community Defined for This Assessment*

The study area for the survey effort (referred to as “San Juan County” in this report) is defined as residential ZIP Codes in and around San Juan County. This community definition, determined based on the ZIP Codes of residence of recent patients of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital, is illustrated in the following map.



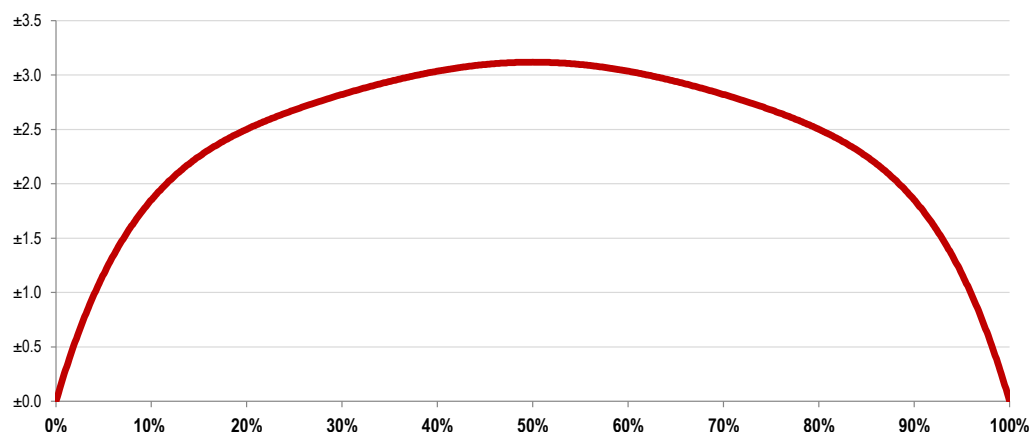
### Sample Approach & Design

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 landline and cell phone 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 random sample of 1,000 individuals age 18 and older in San Juan County. 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 Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is  $\pm 3.1\%$  at the 95 percent level of confidence.

### Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% ( $10\% \pm 1.9\%$ ) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% ( $50\% \pm 3.1\%$ ) of the total population would respond "yes" if asked this question.

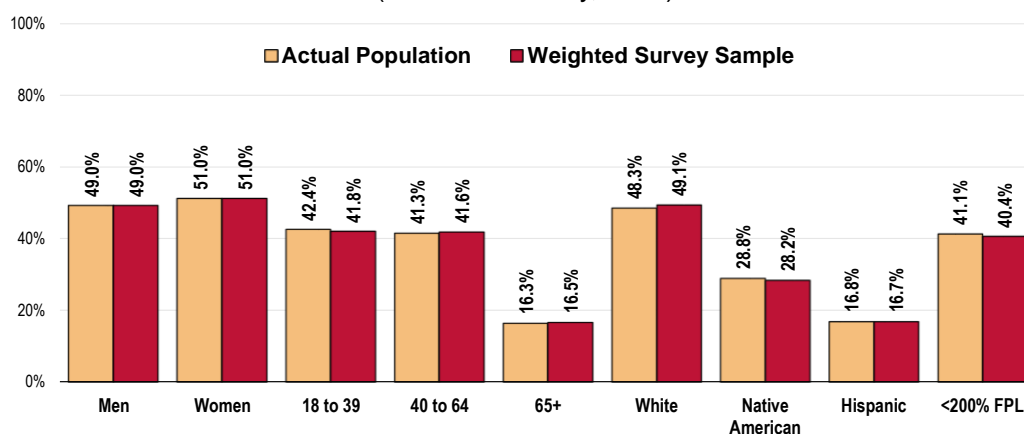
### Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, 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. Specifically, once the raw

data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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 healthcare needs, and these children are not represented demographically in this chart.]

**Population & Survey Sample Characteristics**  
(San Juan County, 2017)



Sources:   
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.   
 • 2017 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used 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 2016 guidelines place the poverty threshold for a family of four at \$24,300 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 ( $\geq 200\%$  of) the federal poverty level.

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 professionals, social service providers, and a variety of other community 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, 67 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	28	21
Public Health Experts	2	2
Other Health Providers	21	12
Social Service Representatives	5	3
Community Leaders	80	29

Final participation included representatives of the organizations outlined below.

- 4 Corners Economic Development
- Adult Protective Services
- Cedar Ridge Inn Nursing Home and Rehabilitation
- City of Aztec
- City of Bloomfield
- City of Farmington
- Daily Times
- Department of Public Health
- ECHO Inc.
- Farmington Chamber of Commerce
- Farmington Municipal Schools
- Farmington Police Department
- Fire Department
- Guardian Angel Home Health, Inc.
- La Mesa Chiropractic and Rehabilitation Center Inc.
- Life Care Center of Farmington
- PESCO
- PMS Children Services
- Ram Studios Inc.
- San Juan County Partnership, Inc.
- San Juan County Public Health Office
- San Juan County, New Mexico
- San Juan Regional Rehabilitation Hospital

- School System
- Totah Behavioral Health Authority

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

**Minority/medically underserved populations represented:**

*African-Americans, disabled, elderly, Hispanics, homeless, LGBT, low income, Medicare/Medicaid recipients, mentally ill, Muslims, Native Americans, substance abusers, teens, undocumented, uneducated, unemployed/underemployed, uninsured/underinsured*

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 be better 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.

*NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are not necessarily based on fact.*

**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 Environmental Systems (CARES)
- 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, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- 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, and 2014 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 Risk Factor 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. State-level vital statistics are also provided for comparison of secondary data indicators.

### *Nationwide Risk Factor Data*

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 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 statistics are also provided for comparison of secondary data indicators.

### *Healthy People 2020*

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease,

and disability and the opportunities for progress.

- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

### 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 secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% 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, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — 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 in 2014 through its website. At the time of this writing, San Juan Regional Medical Center had not received any written comments regarding its prior CHNA or Implementation Strategy. 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 non-profit 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 Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2016)		See Report Page
<b>Part V Section B Line 3a</b> <i>A definition of the community served by the hospital facility</i>		9
<b>Part V Section B Line 3b</b> <i>Demographics of the community</i>		38
<b>Part V Section B Line 3c</b> <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>		236
<b>Part V Section B Line 3d</b> <i>How data was obtained</i>		9
<b>Part V Section B Line 3e</b> <i>The significant health needs of the community</i>		17
<b>Part V Section B Line 3f</b> <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>		Addressed Throughout
<b>Part V Section B Line 3g</b> <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>		18
<b>Part V Section B Line 3h</b> <i>The process for consulting with persons representing the community's interests</i>		12
<b>Part V Section B Line 3i</b> <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>		240



## 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 and the guidelines set forth in Healthy People 2020. 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 community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Lack of Health Insurance</li> <li>• Barriers to Access               <ul style="list-style-type: none"> <li>◦ Cost of Prescriptions</li> <li>◦ Appointment Availability</li> </ul> </li> <li>• Primary Care Physician Ratio</li> <li>• Routine Medical Care [Adults]</li> <li>• Advance Directives</li> <li>• Eye Exams</li> <li>• Rating of Local Healthcare Services</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Cancer is a leading cause of death.</li> <li>• Female Breast Cancer Screening</li> <li>• Cervical Cancer Screening</li> <li>• Colorectal Cancer Screening</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Diabetes Deaths</li> <li>• Blood Sugar Testing [Non-Diabetics]</li> <li>• <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Cardiovascular disease is a leading cause of death.</li> <li>• High Blood Pressure Prevalence</li> <li>• Overall Cardiovascular Risk</li> </ul>
<b>Infant Health &amp; Family Planning</b>	<ul style="list-style-type: none"> <li>• Prenatal Care</li> <li>• Infant Mortality</li> <li>• Teen Births</li> </ul>

—continued on the next page—

Areas of Opportunity Identified (continued)	
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>• Unintentional Injury Deaths <ul style="list-style-type: none"> <li>◦ Including Motor Vehicle Crash Deaths and Falls [65+]</li> </ul> </li> <li>• Firearm-Related Deaths</li> <li>• Firearm Prevalence</li> <li>• Firearm Storage/Safety</li> <li>• Homicide Deaths</li> <li>• Violent Crime Rate</li> <li>• Neighborhood is “Slightly/Not At All” Safe</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• “Fair/Poor” Mental Health</li> <li>• Stress</li> <li>• Alzheimer’s Disease Deaths</li> <li>• Suicide Deaths</li> <li>• <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Fruit/Vegetable Consumption</li> <li>• Sweetened Beverages</li> <li>• Low Food Access</li> <li>• Overweight &amp; Obesity [Adults]</li> <li>• Medical Advice on Weight</li> <li>• Overweight &amp; Obesity [Children]</li> <li>• Access to Recreation/Fitness Facilities</li> <li>• <i>Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Potentially Disabling Conditions</b>	<ul style="list-style-type: none"> <li>• Activity Limitations</li> <li>• Sciatica/Back Pain Prevalence</li> <li>• Caregiver</li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Pneumonia/Influenza Deaths</li> <li>• Flu Vaccination [65+]</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Cirrhosis/Liver Disease Deaths</li> <li>• Drug-Induced Deaths</li> <li>• Illicit Drug Use</li> <li>• Negatively Affected by Substance Abuse (Self or Other’s)</li> <li>• Seeking Help for Alcohol/Drug Issues</li> <li>• <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Environmental Tobacco Smoke Exposure at Home [Non-smokers]</li> <li>• Smokeless Tobacco Prevalence</li> <li>• Smoking Cessation</li> <li>• Professional Advice</li> </ul>

### Community Feedback on Prioritization of Health Needs

On June 1, 2017, San Juan Regional Medical Center convened a group of 35 community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the

significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions; participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

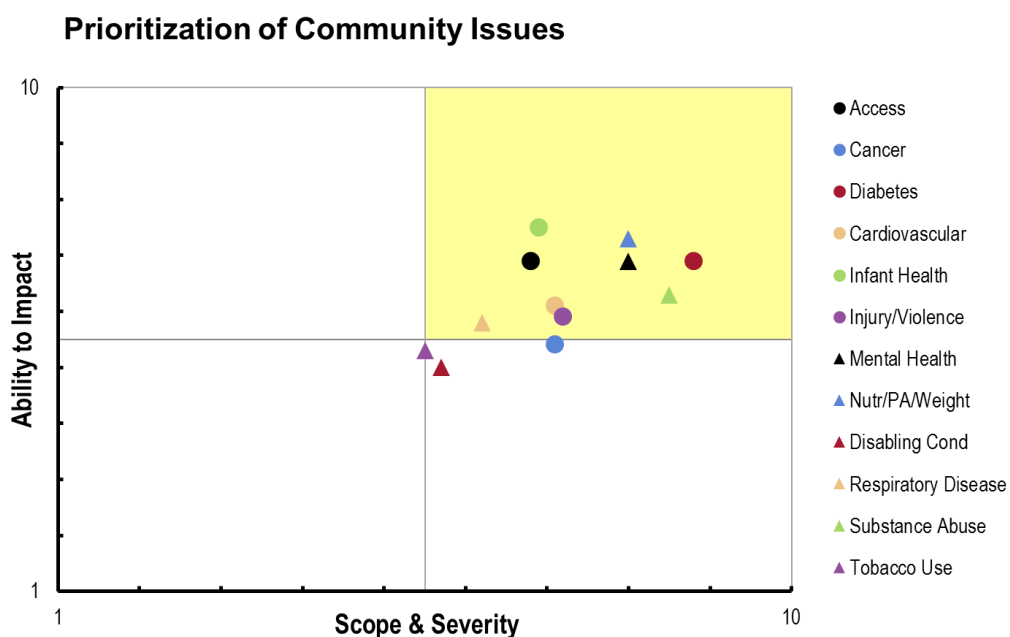
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Diabetes**
2. **Nutrition, Physical Activity & Weight**
3. **Mental Health**
4. **Substance Abuse**
5. **Infant Health & Family Planning**
6. **Access to Healthcare Services**
7. **Heart Disease & Stroke**
8. **Injury & Violence**
9. **Cancer**
10. **Respiratory Diseases**
11. **Tobacco Use**
12. **Potentially Disabling Conditions**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



### 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 hospital's 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

The following tables provide an overview of indicators in San Juan County, including trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### Reading the Summary Tables

■ In the following charts, San Juan County results are shown in the larger, blue column.

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

■ 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 2020 targets. 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.*

#### TREND SUMMARY




(Current vs. Baseline Data)











#### Survey Data Indicators:





















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































#### Other (Secondary) Data










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

























Social Determinants	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	2.6	☀ 4.7	☀ 4.6		
Population in Poverty (Percent)	20.1	☁ 21.0	☔ 15.5		
Population Below 200% FPL (Percent)	41.1	☁ 43.1	☔ 34.3		
Children Below 200% FPL (Percent)	50.9	☀ 54.9	☔ 44.0		
% Worry/Stress Over Rent/Mortgage in Past Year	34.4		☁ 31.6		
No High School Diploma (Age 25+, Percent)	17.8	☔ 15.8	☔ 13.4		
Unemployment Rate (Age 16+, Percent)	8.3	☔ 6.3	☔ 4.5		☔ 5.4
<div>  better            similar            worse         </div>					

Overall Health	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	19.1	 20.8	 18.3		 18.2
% Activity Limitations	24.5	 22.5	 20.0		 18.3
% Caregiver to a Friend/Family Member	27.7		 20.9		
 better  similar  worse					
























Access to Health Services	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	14.1	 13.6	 10.1	 0.0	 24.1
% [Medicaid/Private Insured] Have Coverage Through ACA	14.9		 14.9		
% Difficulty Accessing Healthcare in Past Year (Composite)	40.9		 35.0		 55.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.9		 14.4		 18.0
% Cost Prevented Getting Prescription in Past Year	13.4		 9.5		 24.7
% Cost Prevented Physician Visit in Past Year	14.4	 13.6	 11.5		 22.1
% Difficulty Getting Appointment in Past Year	19.8		 15.4		 27.2
% Difficulty Finding Physician in Past Year	11.2		 8.7		 14.9
% Transportation Hindered Dr Visit in Past Year	6.0		 5.0		 13.8










Access to Health Services (continued)	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Language/Culture Prevented Care in Past Year	2.4		 1.7		
% Low Health Literacy	21.8		 23.3		
% Skipped Prescription Doses to Save Costs	12.7		 10.2		 21.8
% Difficulty Getting Child's Healthcare in Past Year	2.8		 3.9		 4.9
Primary Care Doctors per 100,000	61.4	 84.9	 87.8		 48.3
% [Age 18+] Have a Specific Source of Ongoing Care	74.3		 74.0	 95.0	 76.2
% [Age 18-64] Have a Specific Source of Ongoing Care	73.6		 73.1	 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	78.1		 76.8	 100.0	
% Outmigration for Healthcare Services	26.8				 24.7
% Have Had Routine Checkup in Past Year	63.6	 64.1	 70.5		 59.2
% Child Has Had Checkup in Past Year	83.9		 89.3		 77.9
% Two or More ER Visits in Past Year	10.0		 8.5		 8.3
% Rate Local Healthcare "Fair/Poor"	19.4		 14.2		 30.1
% Have Completed Advance Directive Documents	27.8		 33.7		
 better  similar  worse					








Arthritis, Osteoporosis & Chronic Back Conditions	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	35.1		32.0		34.9
% [50+] Osteoporosis	7.9		8.7		5.3
% Sciatica/Chronic Back Pain	22.6		19.4		17.7
 better  similar  worse					
















Cancer	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	132.3	 143.7	 161.0	 161.4	 161.2
Lung Cancer (Age-Adjusted Death Rate)	27.1	 29.8	 42.0	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	17.8	 20.0	 19.0	 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	18.2	 18.7	 20.6	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	9.6	 13.9	 14.4	 14.5	
Prostate Cancer Incidence per 100,000	89.4	 100.8	 123.4		
Female Breast Cancer Incidence per 100,000	94.5	 112.8	 123.4		
Lung Cancer Incidence per 100,000	44.0	 41.9	 62.6		
Colorectal Cancer Incidence per 100,000	31.0	 34.7	 40.6		














Cancer (continued)	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Cervical Cancer Incidence per 100,000	6.2	 7.2	 7.6		
% Skin Cancer	5.3	 5.6	 7.7		 5.0
% Cancer (Other Than Skin)	5.8	 6.1	 7.7		 5.8
% [Women 50-74] Mammogram in Past 2 Years	68.7	 72.0	 80.3	 81.1	 59.5
% [Women 21-65] Pap Smear in Past 3 Years	71.8	 79.0	 84.8	 93.0	 79.3
% [Age 50-75] Colorectal Cancer Screening	67.2	 61.3	 74.5	 70.5	 67.7
 better  similar  worse					


































Chronic Kidney Disease	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	11.5	 12.5	 13.3		 10.5
% Kidney Disease	2.5	 3.0	 3.6		 2.8
 better  similar  worse					








Dementias, Including Alzheimer's Disease	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	24.4	 17.9	 26.1		 18.1
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	13.5		 12.8		
 better  similar  worse					


















Diabetes	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	28.6	 26.7	 21.1	 20.5	 35.9
% Diabetes/High Blood Sugar	13.6	 11.5	 14.5		 11.5
% Borderline/Pre-Diabetes	7.4	 1.7	 5.7		 7.3
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	49.3		 55.1		 49.0
 better  similar  worse					

































Family Planning	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Teen Births per 1,000 (Age 15-19)	62.3	 57.0	 36.6		 64.6
 better  similar  worse					















Hearing & Other Sensory or Communication Disorders	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Deafness/Trouble Hearing	10.8		 8.6	 9.9	
 better  similar  worse					





















Heart Disease & Stroke	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	128.4	 144.3	 168.4	 156.9	 155.4
Stroke (Age-Adjusted Death Rate)	28.2	 32.4	 36.8	 34.8	 39.3
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.1		 6.9		 7.7
% Stroke	3.3	 3.1	 2.6		 4.2
% Blood Pressure Checked in Past 2 Years	93.1		 93.6	 92.6	 93.0
% Told Have High Blood Pressure (Ever)	35.8	 30.0	 36.5	 26.9	 29.8
% [HBP] Taking Action to Control High Blood Pressure	90.1		 92.5		 88.7
% Cholesterol Checked in Past 5 Years	87.2	 72.1	 87.4	 82.1	 81.7
% Told Have High Cholesterol (Ever)	26.1		 33.5	 13.5	 27.0
% [HBC] Taking Action to Control High Blood Cholesterol	87.6		 84.2		 69.6
% 1+ Cardiovascular Risk Factor	89.6		 83.0		 88.5
































HIV	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
HIV Prevalence per 100,000	71.3	 155.7	 353.2		
% [Age 18-44] HIV Test in the Past Year	29.3		 21.3		 24.8
 better  similar  worse					











Immunization & Infectious Diseases	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	49.9	 58.2	 58.9	 70.0	 63.4
% [High-Risk 18-64] Flu Vaccine in Past Year	41.0		 48.0	 70.0	 26.6
% [Age 65+] Pneumonia Vaccine Ever	72.2	 72.7	 76.3	 90.0	 73.3
% [High-Risk 18-64] Pneumonia Vaccine Ever	41.9		 38.7	 60.0	 24.4
 better  similar  worse					













Injury & Violence Prevention	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	87.8	 66.1	 41.0	 36.4	 90.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	31.9	 16.3	 10.6	 12.4	 36.5
[65+] Falls (Age-Adjusted Death Rate)	82.6	 101.2	 59.0		
% [Age 45+] Fell in the Past Year	28.8		 28.2		
Firearm-Related Deaths (Age-Adjusted Death Rate)	18.1	 16.7	 10.6	 9.3	 12.6
% Firearm in Home	51.9		 33.8		
% [Homes With Children] Firearm in Home	47.5		 31.0		
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	27.0		 20.4		
Homicide (Age-Adjusted Death Rate)	9.2	 7.2	 5.3	 5.5	 10.5
Violent Crime per 100,000	643.7	 576.9	 395.5		
% Victim of Violent Crime in Past 5 Years	2.7		 2.3		 6.3
% Perceive Neighborhood as "Slightly/Not At All Safe"	18.8		 15.3		
% Victim of Domestic Violence (Ever)	17.3		 15.1		 15.5
 better  similar  worse					

Maternal, Infant & Child Health	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	30.1	 21.5	 17.3	 22.1	
Low Birthweight Births (Percent)	7.2	 8.7	 8.2	 7.8	 7.4
Infant Death Rate	5.7	 5.2	 5.9	 6.0	 5.4
 better  similar  worse					


















Mental Health & Mental Disorders	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	16.2		 15.5		 10.2
% Diagnosed Depression	19.2	 20.2	 17.9		 20.0
% Symptoms of Chronic Depression (2+ Years)	31.2		 29.9		 28.9
Suicide (Age-Adjusted Death Rate)	23.9	 21.7	 13.0	 10.2	 20.8
% Have Ever Sought Help for Mental Health	27.3		 27.4		 20.6
% [Those With Diagnosed Depression] Seeking Help	85.9		 91.7		 78.6
% Taking Rx/Receiving Mental Health Trtmt	12.9		 13.6		
% Unable to Get Mental Health Svcs in Past Yr	4.8		 4.4		
% Typical Day Is "Extremely/Very" Stressful	12.0		 11.7		 9.2
% Average <7 Hours of Sleep per Night	42.8		 39.5		












Nutrition, Physical Activity & Weight	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	29.4	<div><div></div><div>27.4</div></div>			<div><div></div><div>42.0</div></div>
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.2	<div><div></div><div>21.9</div></div>			<div><div></div><div>21.9</div></div>
Population With Low Food Access (Percent)	41.7	<div><div></div><div>33.3</div></div>	<div><div></div><div>22.4</div></div>		
% Food Insecure	27.1	<div><div></div><div>25.9</div></div>			
% 7+ Sugar-Sweetened Drinks in Past Week	37.2	<div><div></div><div>30.2</div></div>			
% Healthy Weight (BMI 18.5-24.9)	24.4	<div><div></div><div>34.0</div></div>	<div><div></div><div>32.9</div></div>	<div><div></div><div>33.9</div></div>	
% Overweight (BMI 25+)	74.6	<div><div></div><div>64.5</div></div>	<div><div></div><div>65.2</div></div>	<div><div></div><div>65.1</div></div>	
% Obese (BMI 30+)	36.0	<div><div></div><div>28.8</div></div>	<div><div></div><div>33.4</div></div>	<div><div></div><div>30.5</div></div>	
% Medical Advice on Weight in Past Year	20.3	<div><div></div><div>20.4</div></div>			<div><div></div><div>26.0</div></div>
% [Overweights] Counseled About Weight in Past Year	21.3	<div><div></div><div>27.1</div></div>			<div><div></div><div>27.9</div></div>
% [Obese Adults] Counseled About Weight in Past Year	29.3	<div><div></div><div>40.8</div></div>			
% Child [Age 5-17] Healthy Weight	50.3	<div><div></div><div>67.2</div></div>			
% Children [Age 5-17] Overweight (85th Percentile)	38.5	<div><div></div><div>24.2</div></div>			<div><div></div><div>35.0</div></div>
% Children [Age 5-17] Obese (95th Percentile)	29.7	<div><div></div><div>9.5</div></div> <div><div></div><div>14.5</div></div>			<div><div></div><div>17.2</div></div>
% No Leisure-Time Physical Activity	20.9	<div><div></div><div>22.6</div></div>	<div><div></div><div>27.9</div></div>	<div><div></div><div>32.6</div></div>	



























Nutrition, Physical Activity & Weight (continued)	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Meeting Physical Activity Guidelines	29.5	 23.6	 23.6	 20.1	
Recreation/Fitness Facilities per 100,000	4.6	 7.5	 10.5		
% Child [Age 2-17] Physically Active 1+ Hours per Day	53.7		 47.9	 46.1	
 better  similar  worse					



























Oral Health	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	67.0	 61.3	 67.2	 49.0	 59.6
% Child [Age 2-17] Dental Visit in Past Year	89.2		 90.7	 49.0	 78.8
% Have Dental Insurance	70.9		 66.5		 52.3
 better  similar  worse					











Respiratory Diseases	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	42.8	 45.3	 41.4	 47.8	
Pneumonia/Influenza (Age-Adjusted Death Rate)	16.7	 14.8	 15.4	 21.3	
% COPD (Lung Disease)	9.1	 6.1	 9.5	 11.5	
% [Adult] Currently Has Asthma	10.9	 9.9	 9.5	 9.2	
% [Child 0-17] Currently Has Asthma	7.6		 6.5	 7.6	
 better  similar  worse					

Sexually Transmitted Diseases	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	91.7	 107.7	 110.7		
Chlamydia Incidence per 100,000	615.8	 553.5	 456.1		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	9.2		 10.3	 14.7	
% [Unmarried 18-64] Using Condoms	36.9		 44.5	 45.5	
% [Children 11-17] HPV Vaccination	38.0				
 better  similar  worse					

Substance Abuse	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	26.5	 22.3	 10.5	 8.2	 16.4
% Current Drinker	42.5	 47.5	 59.7		 42.0
% Excessive Drinker	13.6		 22.2	 25.4	 13.7
% Drinking & Driving in Past Month	1.4	 2.3	 4.1		 1.4
Drug-Induced Deaths (Age-Adjusted Death Rate)	16.3	 25.7	 15.8	 11.3	 15.2
% Illicit Drug Use in Past Month	3.4		 3.0	 7.1	 1.3
% Ever Sought Help for Alcohol or Drug Problem	6.0		 4.1		 8.8
% Life Negatively Affected by Substance Abuse	47.3		 32.2		
 better  similar  worse					

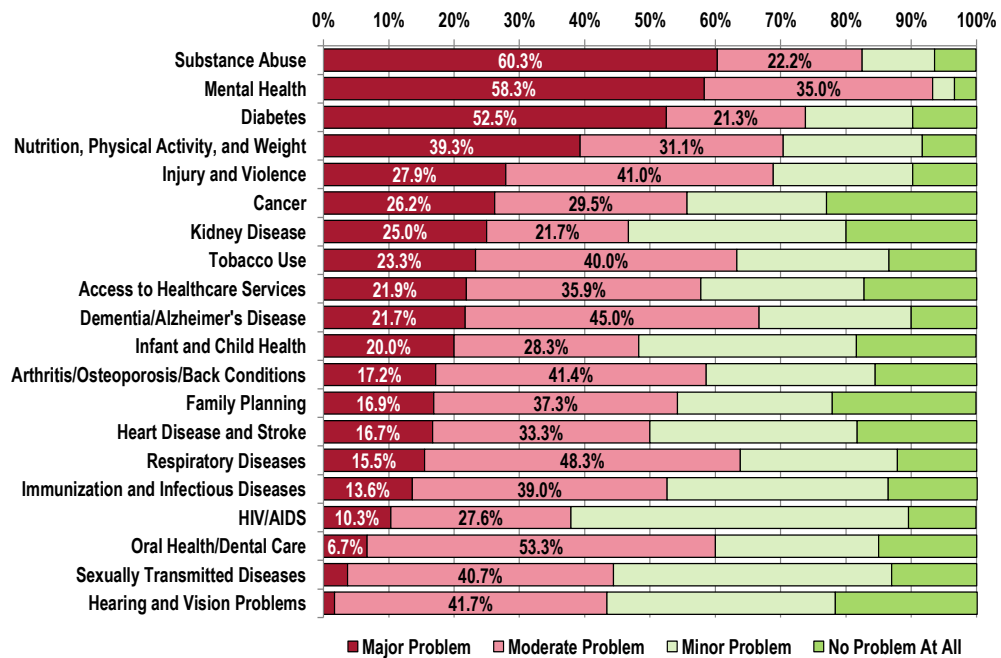
Tobacco Use	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Current Smoker	16.7	 17.5	 14.0	 12.0	 21.4
% Someone Smokes at Home	12.9		 10.2		 13.7
% [Nonsmokers] Someone Smokes in the Home	5.9		 3.9		 3.5
% [Household With Children] Someone Smokes in the Home	13.3		 10.2		 9.9
% [Smokers] Received Advice to Quit Smoking	62.7		 76.0		 44.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	47.0		 43.7	 80.0	 63.0
% Smoke Cigars	4.5		 3.6	 0.2	 4.9
% Use Smokeless Tobacco	6.8	 4.0	 3.0	 0.3	 5.2
% Currently Use Electronic Cigarettes	5.5		 3.8		
 better  similar  worse					

Vision	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Blindness/Trouble Seeing	9.6	 6.0	 7.3		 8.5
% Eye Exam in Past 2 Years	54.2		 59.3		 46.8
 better  similar  worse					

## Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem” or “no problem at all.” The following chart summarizes their responses; these findings are also outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment, but rather are one of several data inputs considered for the prioritization process described earlier.)

### Key Informants: Relative Position of Health Topics as Problems in the Community



# Community Description



**Professional Research Consultants, Inc.**

## Population Characteristics

### Total Population

San Juan County, the focus of this Community Health Needs Assessment, encompasses 5,513.18 square miles and houses a total population of 125,133 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2011-2015)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>San Juan County</b>	125,133	5,513.18	22.7
<b>New Mexico</b>	2,084,117	121,298.41	17.18
<b>United States</b>	316,515,021	3,532,070.45	89.61

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

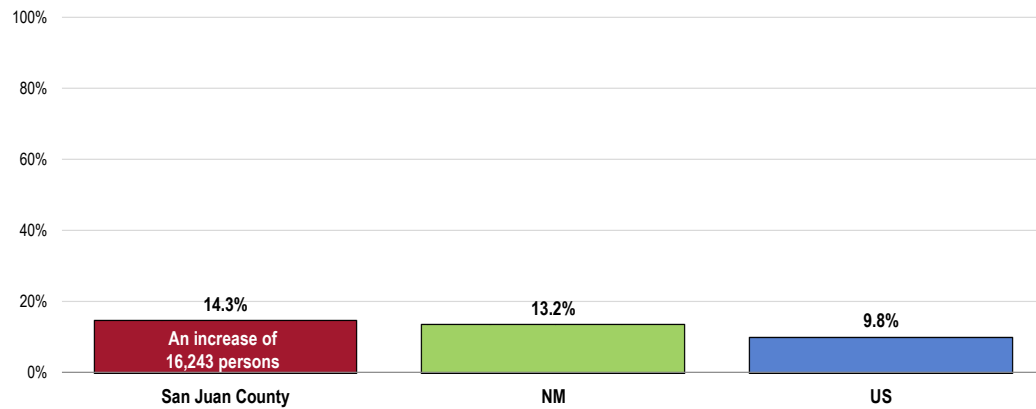
### Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

**Between the 2000 and 2010 US Censuses, the population of San Juan County increased by 16,243 persons, or 14.3%.**

- A greater proportional increase than seen across the state and especially the nation.

## Change in Total Population (Percentage Change Between 2000 and 2010)

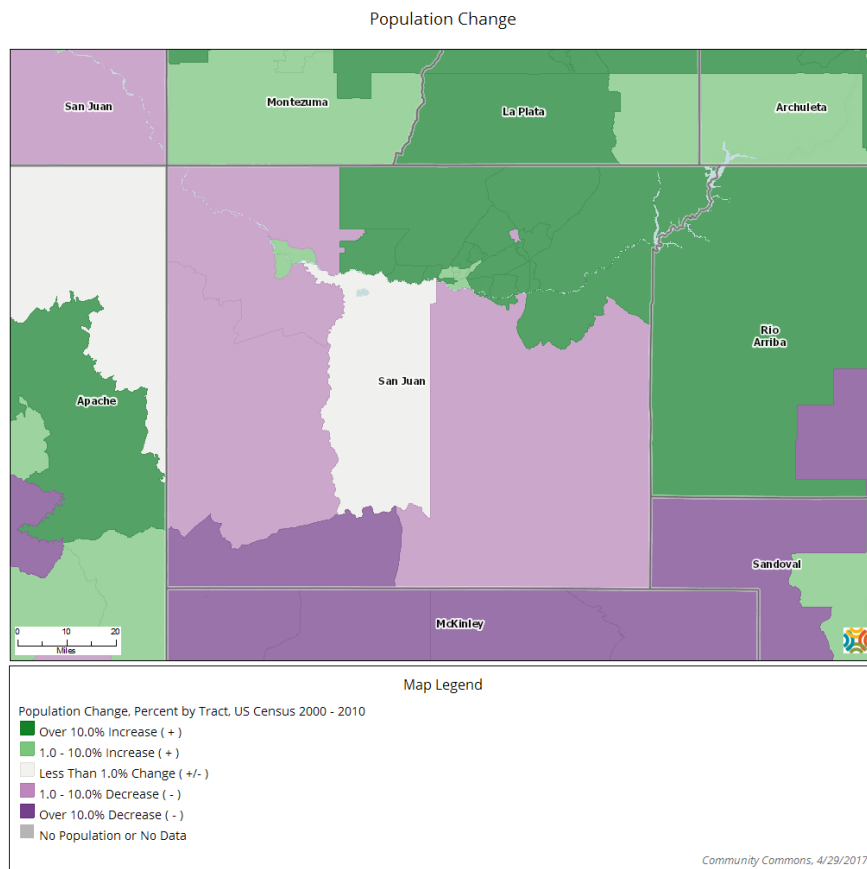


Sources: • Retrieved April 2017 from Community Commons at <http://www.chna.org>.

• US Census Bureau Decennial Census (2000-2010).

Notes: • A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The following map provides an illustration of the population change in San Juan County.

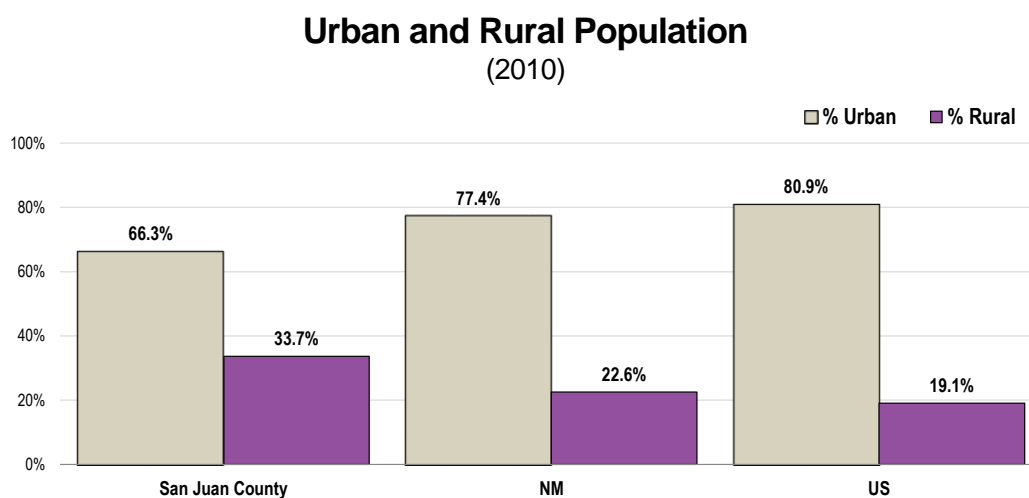


## Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**Two-thirds of San Juan County is urban, with 66.3% of the population living in areas designated as urban.**

- Note that at least 77% of the state and national populations live in urban areas.



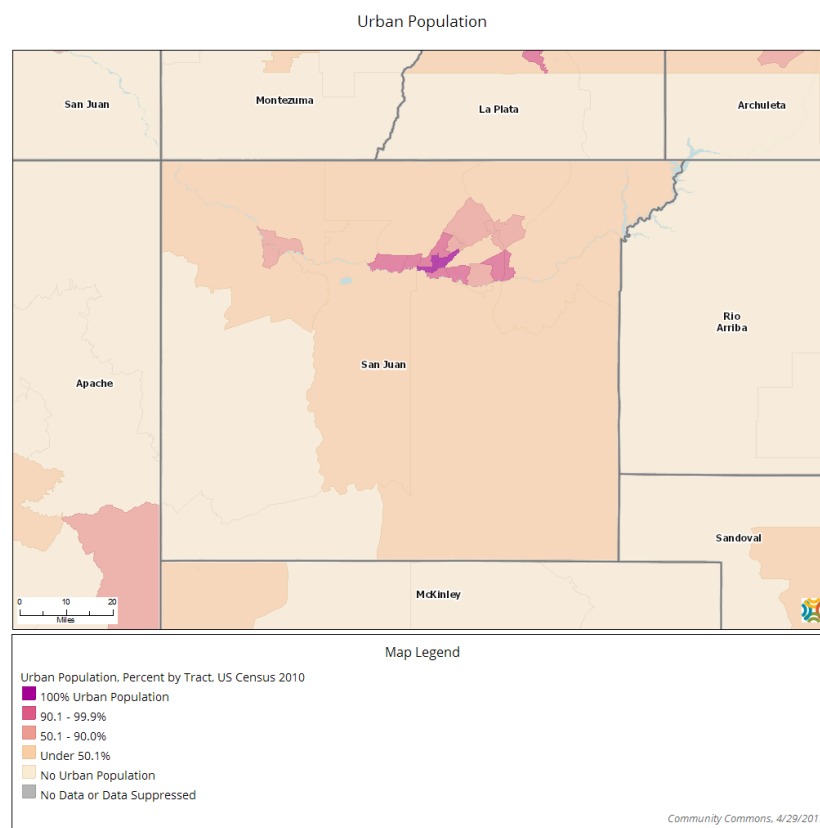
Sources: • US Census Bureau Decennial Census 2010.

• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in San Juan County census tracts as of 2010.





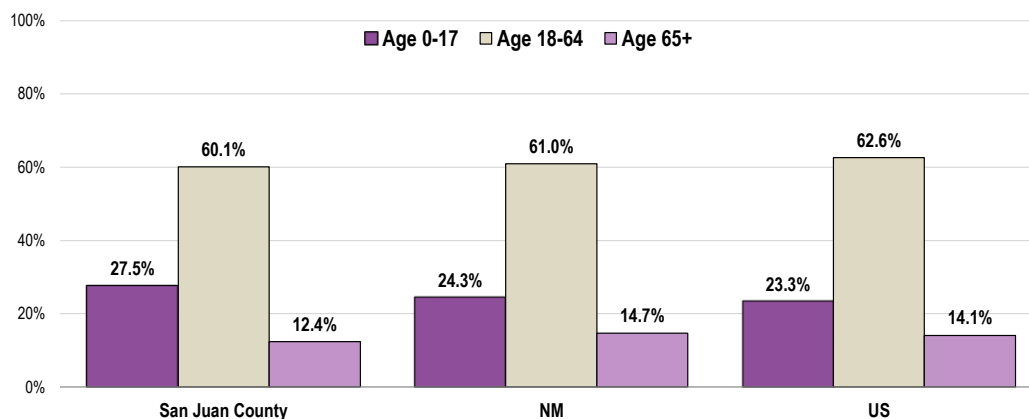
## Age

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

**In San Juan County, 27.5% of the population are infants, children or adolescents (age 0-17); another 60.1% are age 18 to 64, while 12.4% are age 65 and older.**

- The percentage of older adults (65+) is lower than the state and US figures.

### Total Population by Age Groups, Percent (2011-2015)



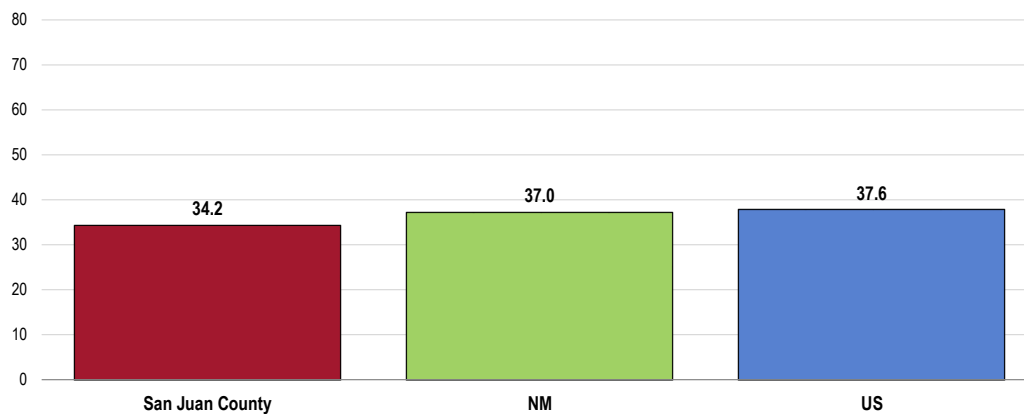
Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

### Median Age

San Juan County is “younger” than the state and the nation in that the median age is lower.

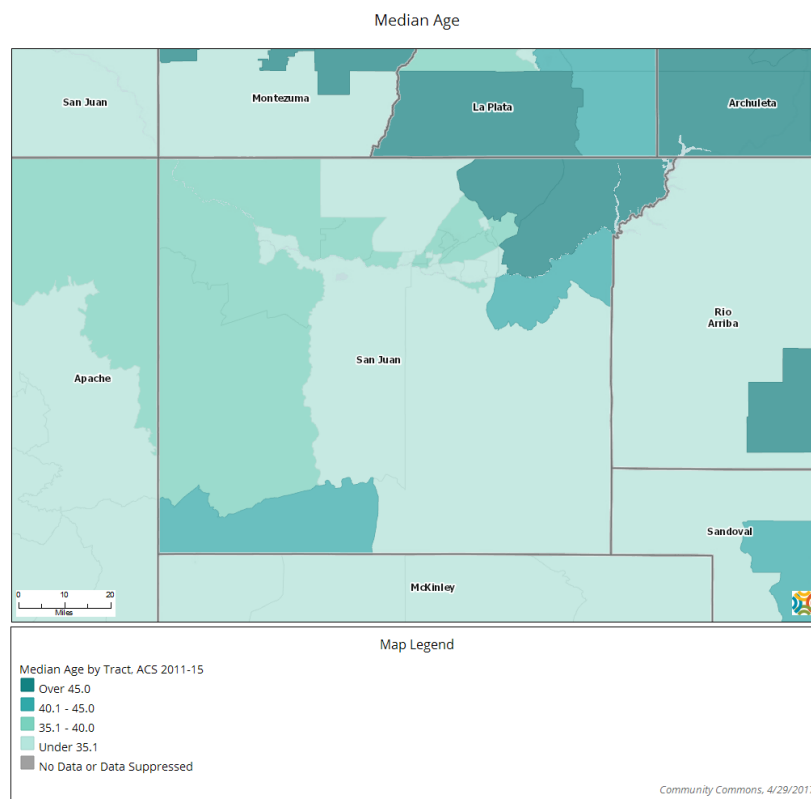
### Median Age (2011-2015)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in San Juan County, segmented by census tract.



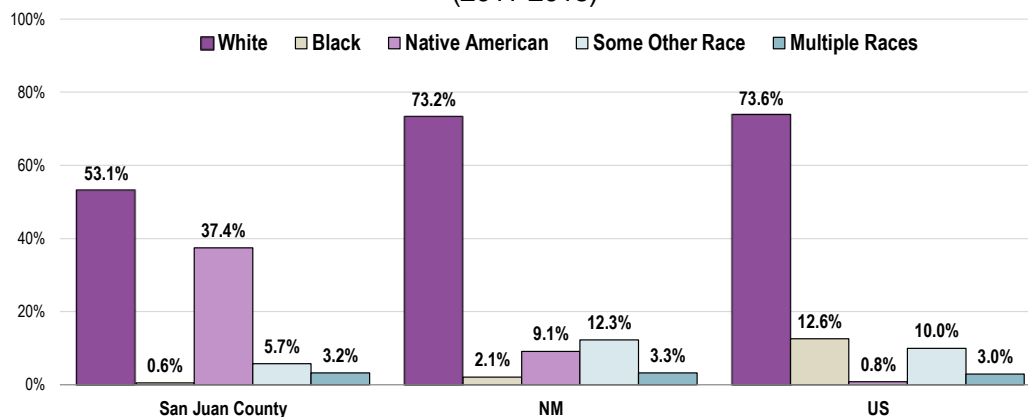
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 53.1% of residents of San Juan County are White and 37.4% are Native American.

- The county population is “less White” and “less Black” than the state and national populations and much more likely to be Native American.

### Total Population by Race Alone, Percent (2011-2015)



Sources:

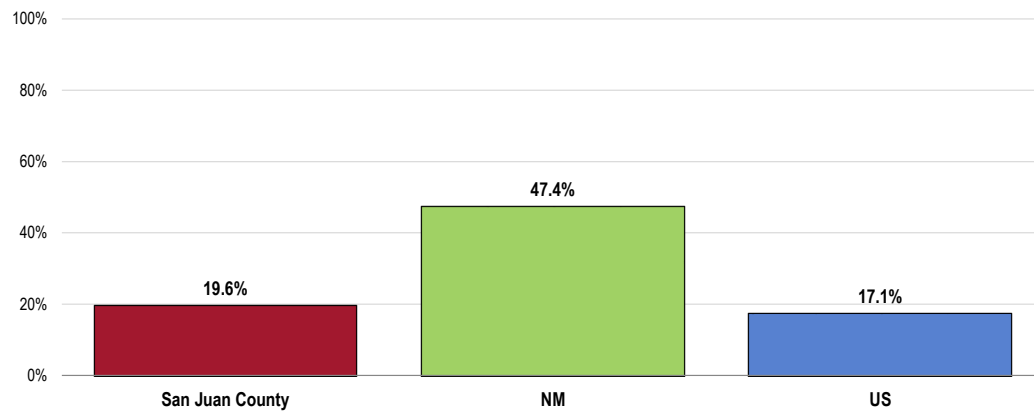
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

## Ethnicity

A total of 19.6% of San Juan County residents are Hispanic or Latino.

- Well below the New Mexico proportion.
- Higher than the US proportion.

### Hispanic Population (2011-2015)

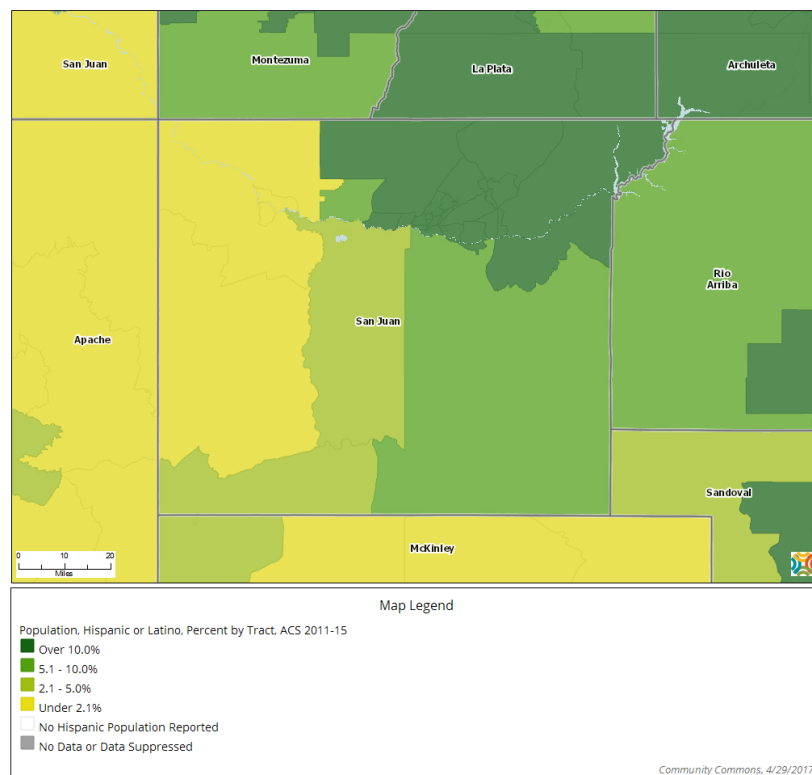


Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

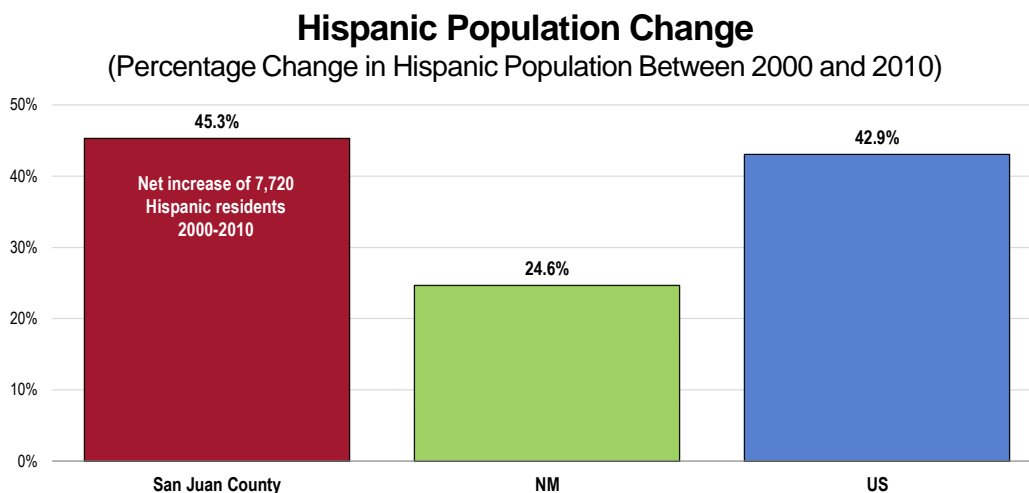
Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Population Hispanic or Latino



Between 2000 and 2010, the Hispanic population in San Juan County increased by 7,720, or 45.3%.

- Much higher (in terms of percentage growth) than found statewide.
- Closer to the change reported nationally.

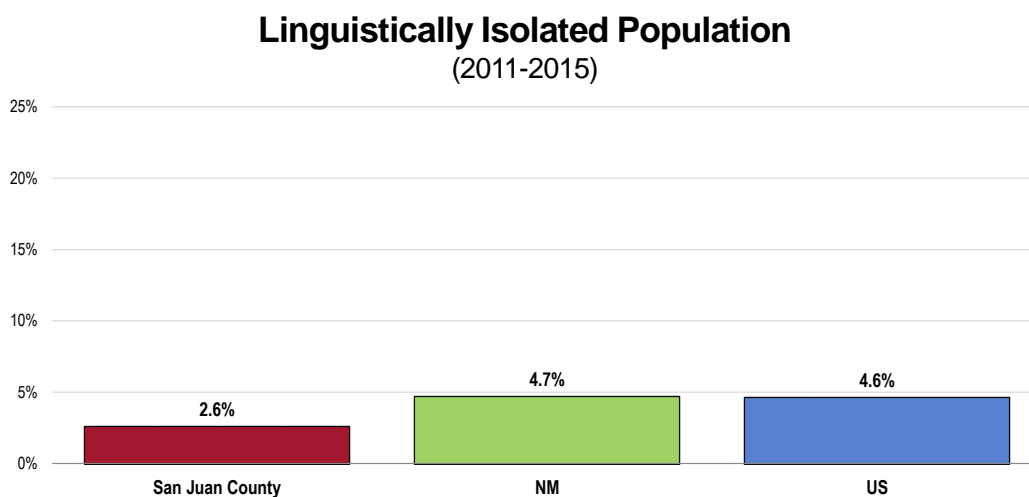


Sources: • US Census Bureau Decennial Census (2000-2010).  
 • Retrieved April 2017 from Community Commons at <http://www.chna.org>.

## Linguistic Isolation

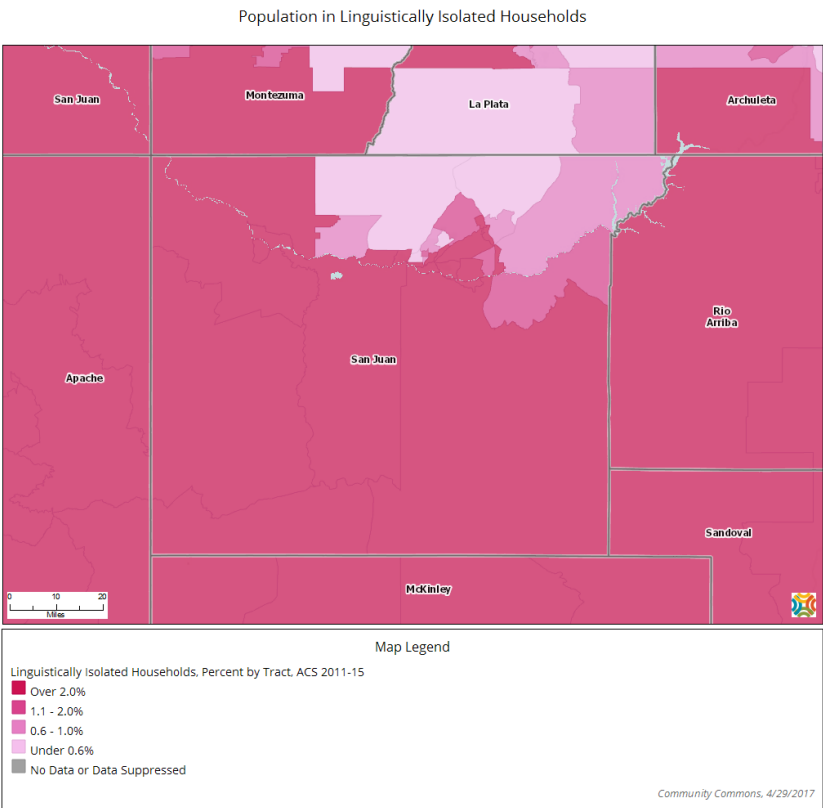
A total of 2.6% of the San Juan County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Below the state and US prevalence.



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Retrieved April 2017 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in San Juan County.



## Social Determinants of Health

### About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

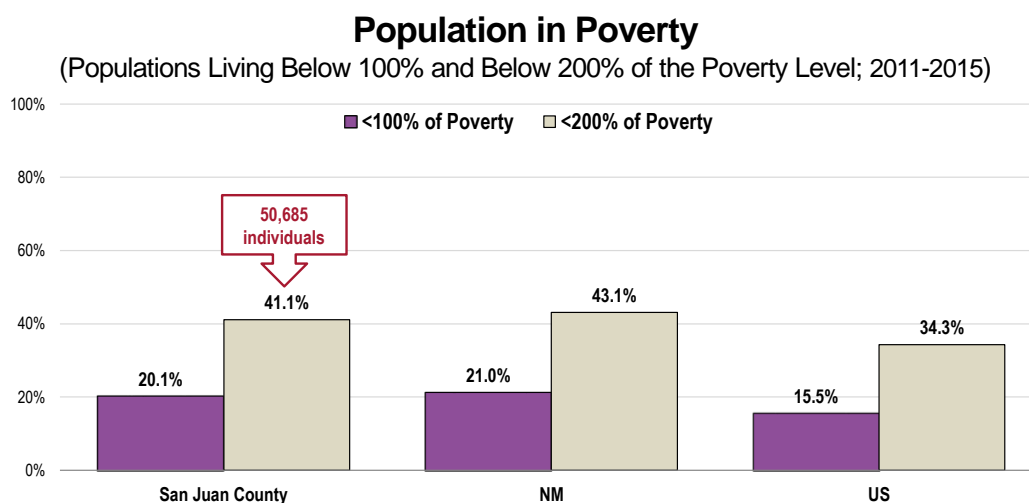
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Poverty

The latest census estimate shows 20.1% of the San Juan County population living below the federal poverty level.

In all, 41.1% of San Juan County residents (an estimated 50,685 individuals) live below 200% of the federal poverty level.

- Similar to the proportion reported statewide.
- Higher than that found nationally.

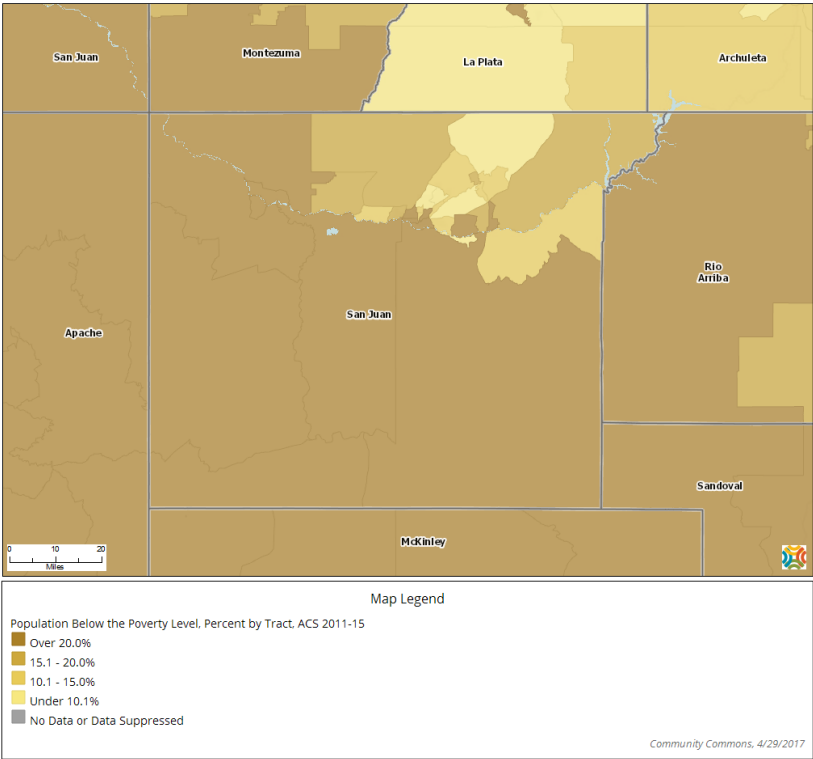


Sources: • US Census Bureau American Community Survey 5-year estimates.

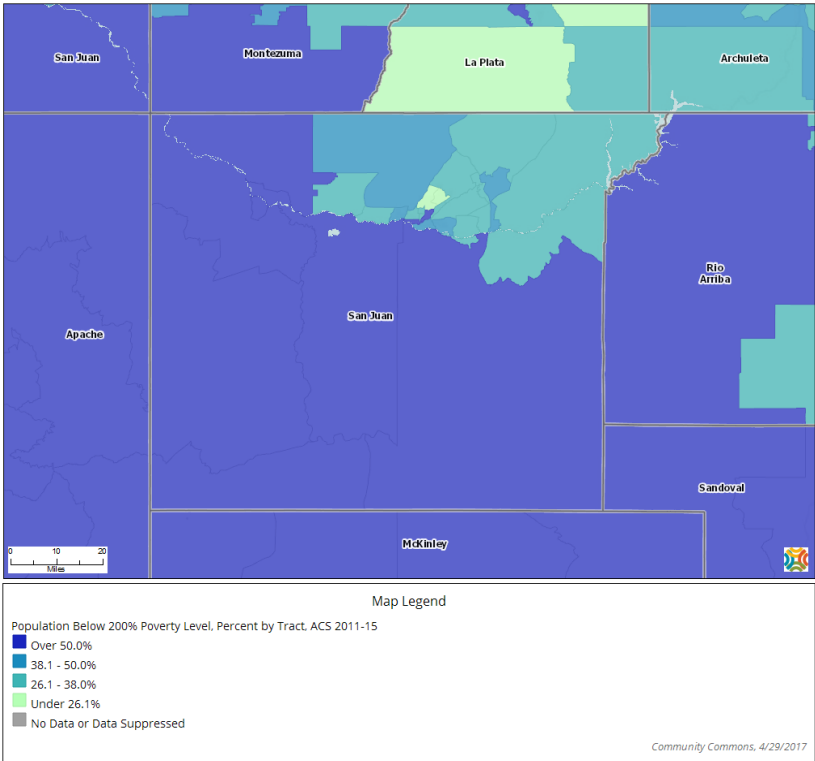
• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Population Below the Poverty Level



Population Below 200% of Poverty



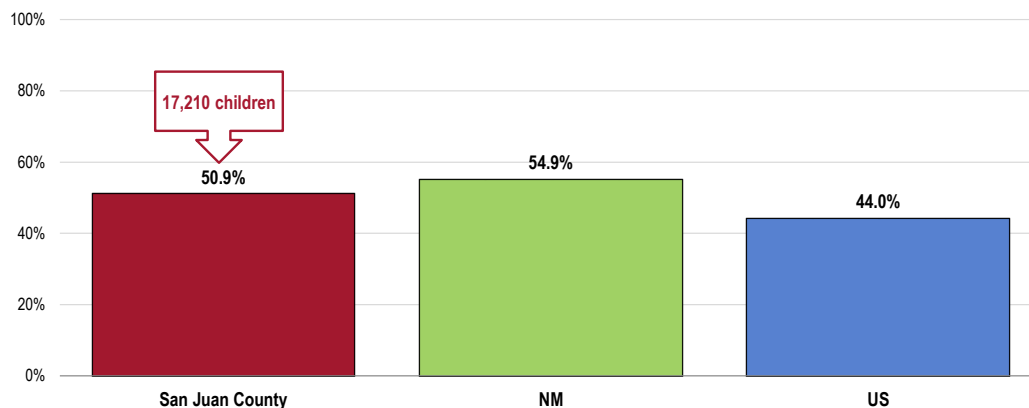


### Children in Low-Income Households

Additionally, 50.9% of San Juan County children age 0-17 (representing an estimated 17,210 children) live below the 200% poverty threshold.

- Below the proportion found statewide.
- Above the proportion found nationally.

### Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2011-2015)

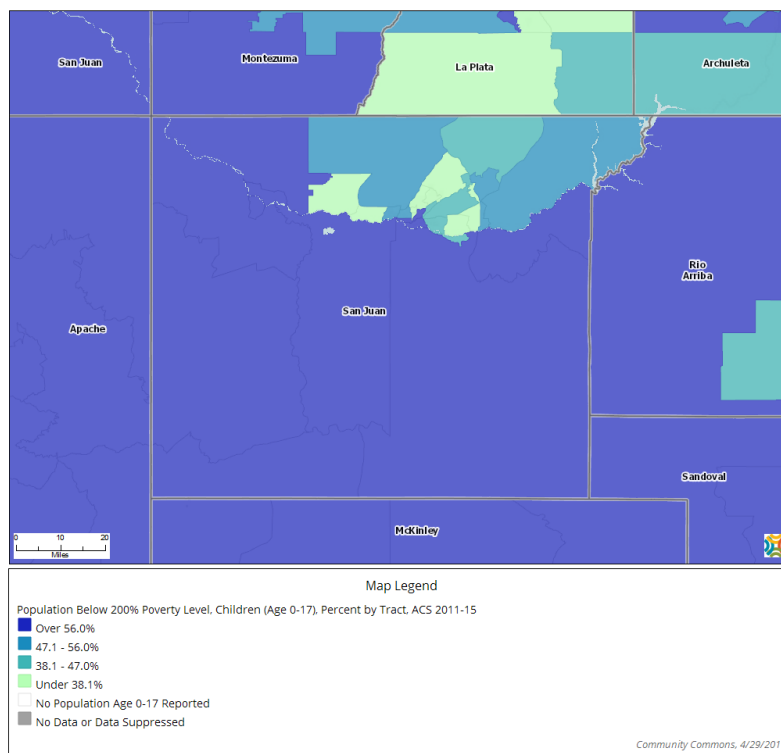


Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Children (0-17) Living Below 200% of Poverty



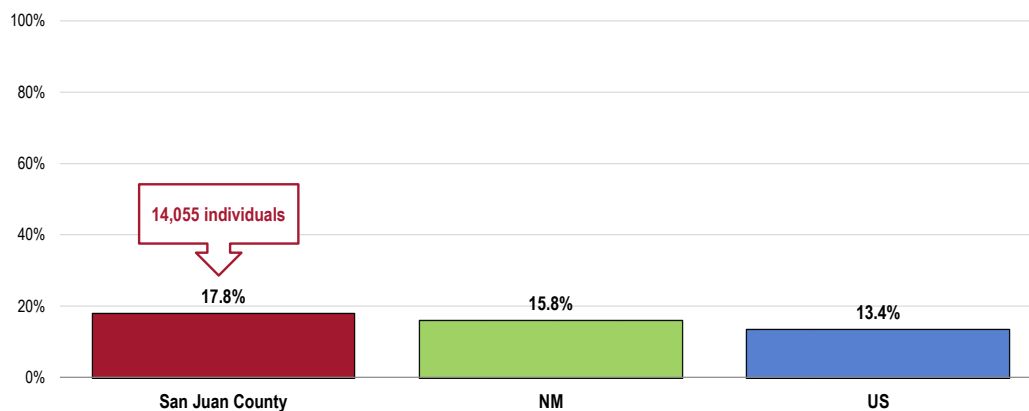
## Education

Among the San Juan County population age 25 and older, an estimated 17.8% (over 14,000 people) do not have a high school education.

- Less favorable than found statewide and nationally.

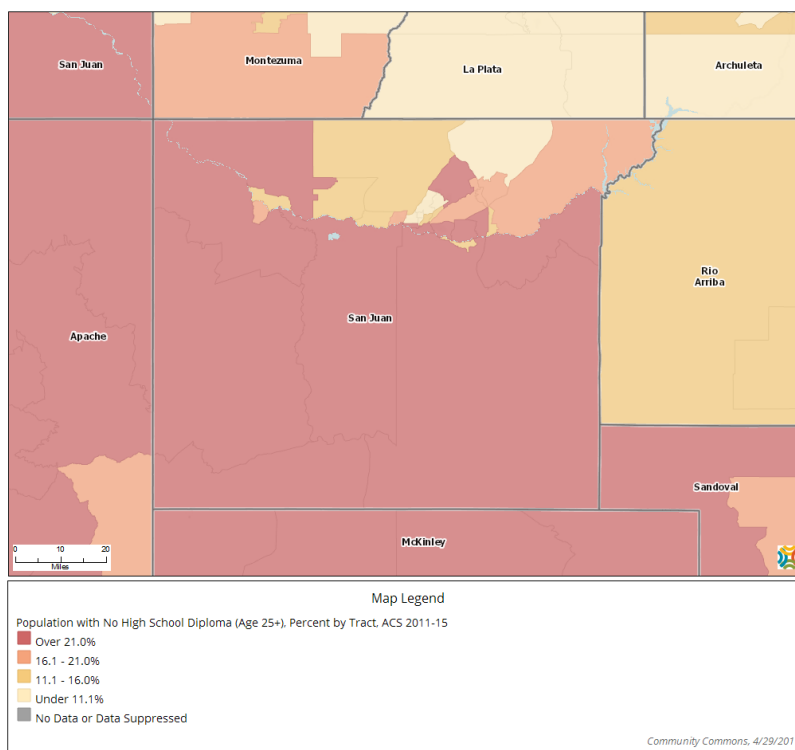
### Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2011-2015)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Retrieved April 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

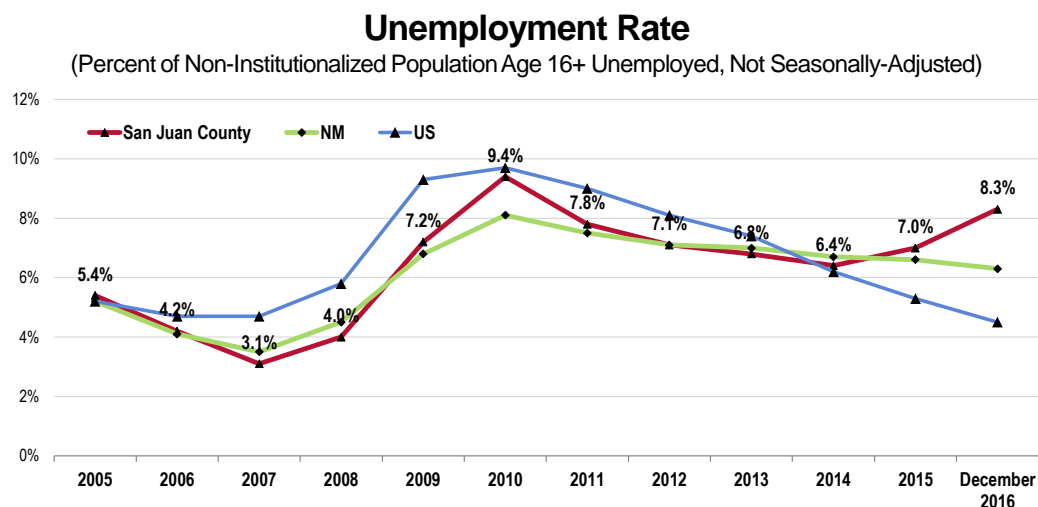
Population with No High School Diploma



## Employment

According to data derived from the US Department of Labor, the unemployment rate in San Juan County as of December 2016 was 8.3%.

- Much higher than the statewide and national unemployment rates.
- TREND: Although decreasing between 2010 and 2014, note the recent upward trend in unemployment rates in San Juan County.



Sources: • US Department of Labor, Bureau of Labor Statistics.

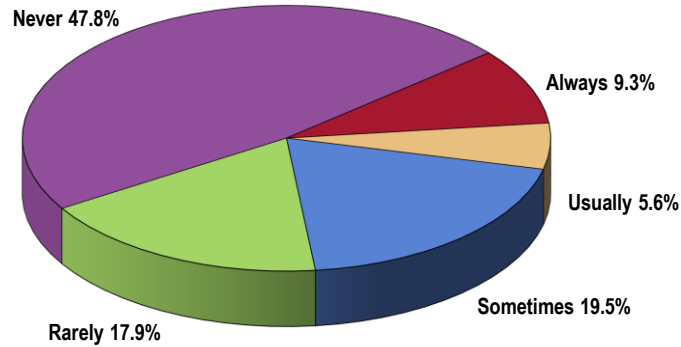
• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

## Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (34.4%) does, reporting that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

### Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]  
Notes: • Asked of all respondents.

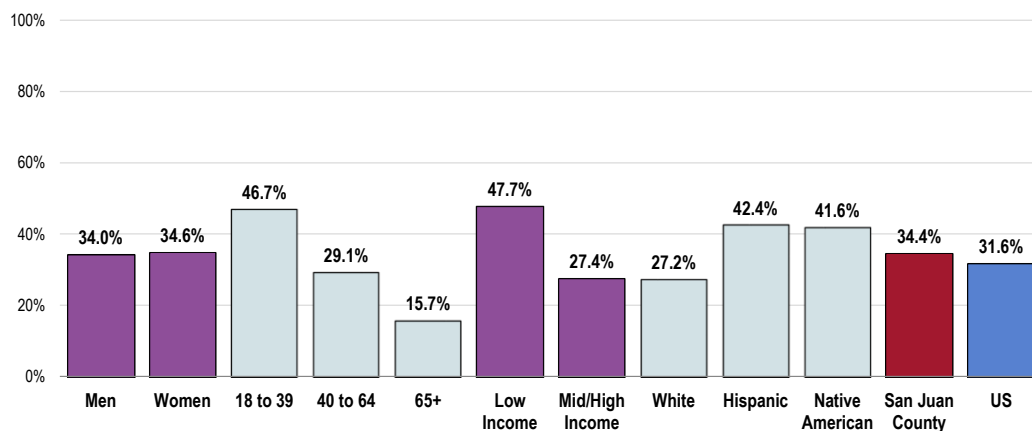
#### NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

- Compared to the US prevalence, the San Juan County proportion of adults who worried about paying for rent or mortgage in the past year is comparable.
- Adults more likely to report housing insecurity include young adults (age 18-39; negative correlation with age), residents living at lower incomes, Hispanics, and Native Americans.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (San Juan County, 2017)

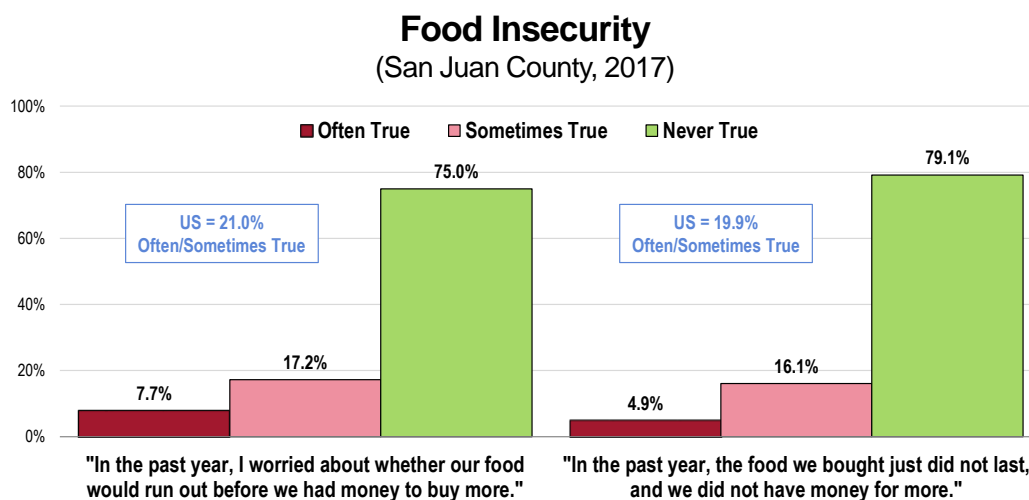


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Food Insecurity

In the past year, 24.9% of San Juan County adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 21.0% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

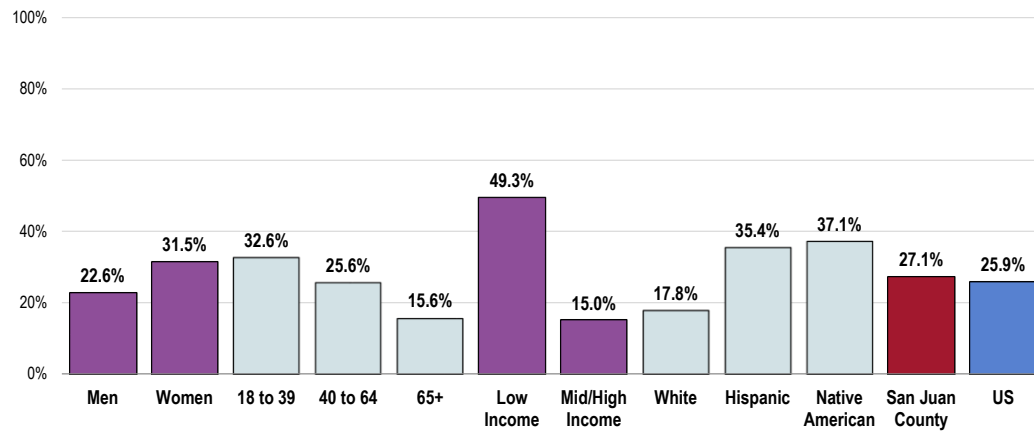
**Overall, 27.1% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.**

- Comparable to US data.

Adults more likely affected by food insecurity include:

- Women.
- Young adults (age 18-39; negative correlation with age).
- Residents living at lower incomes (especially).
- Hispanics and Native Americans.

## Food Insecurity (San Juan County, 2017)



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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.

# General Health Status



**Professional Research Consultants, Inc.**

## Overall Health Status

### Evaluation of Health Status

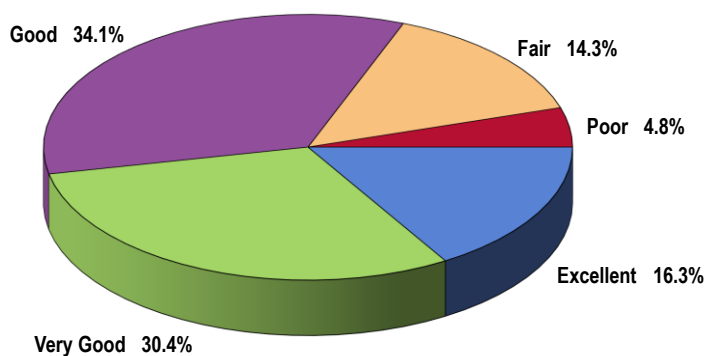
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

**A total of 46.7% of San Juan County adults rate their overall health as "excellent" or "very good."**

- Another 34.1% gave "good" ratings of their overall health.

### Self-Reported Health Status (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

**However, 19.1% of San Juan County adults believe that their overall health is "fair" or "poor."**

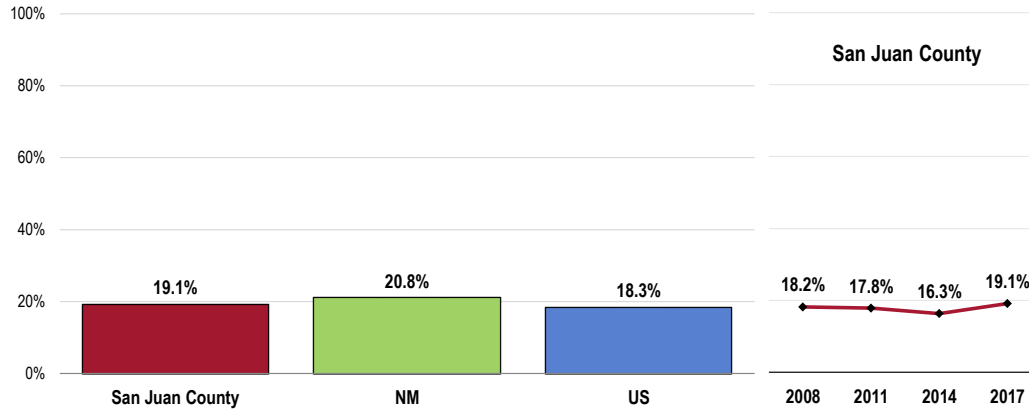
- Similar to statewide and national findings.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.



# NOTE:

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

## Experience “Fair” or “Poor” Overall Health



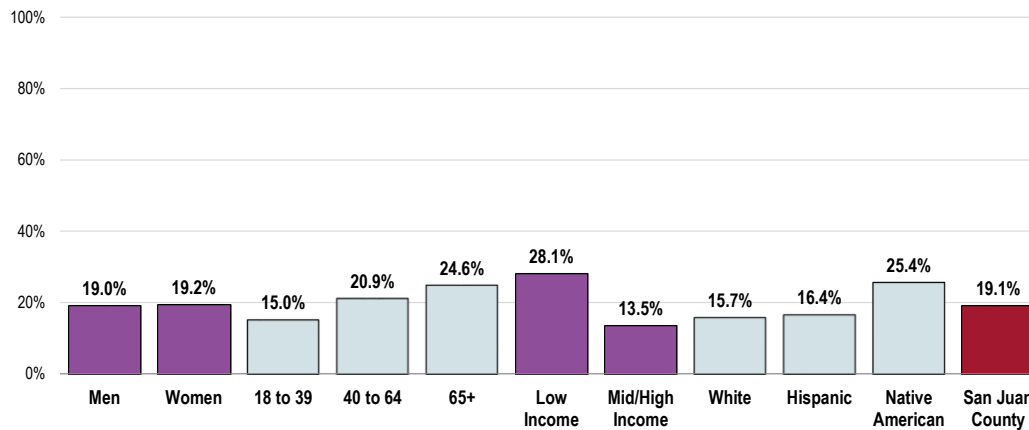
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Seniors (age 65+; positive correlation with age).
- Residents living at lower incomes.
- Native Americans.

## Experience “Fair” or “Poor” Overall Health (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

### About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

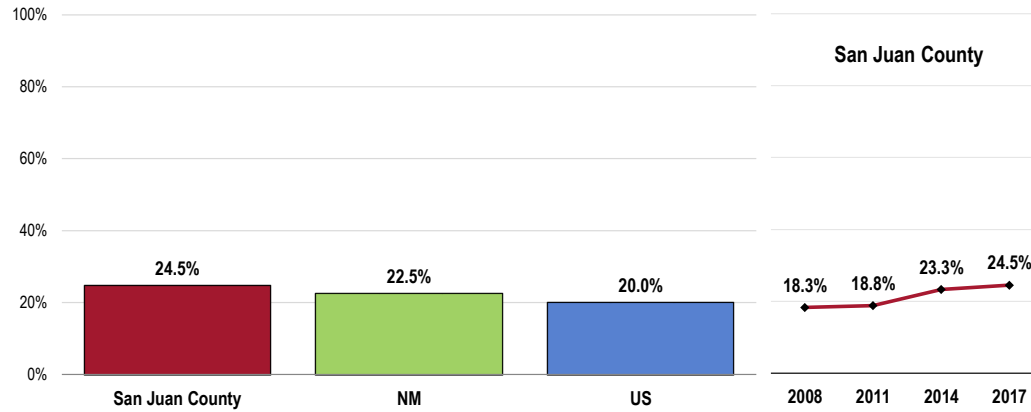
**A total of 24.5% of San Juan County adults are limited in some way in some activities due to a physical, mental or emotional problem.**

#### RELATED ISSUE:

See also  
*Potentially Disabling Conditions*  
in the **Death, Disease &  
Chronic Conditions** section of  
this report.

- Comparable to the prevalence statewide.
- Higher than the national prevalence.
- TREND: Marks a statistically significant increase in activity limitations since 2008.

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



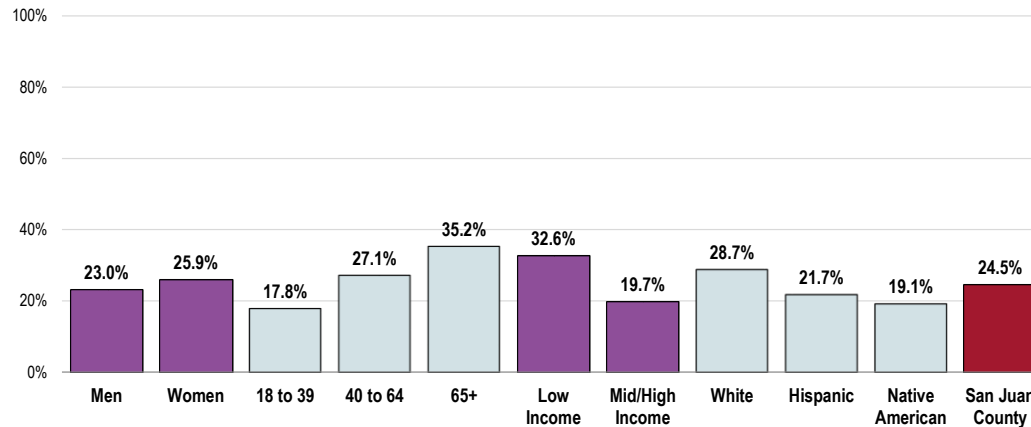
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 40 and older (note the positive correlation with age).
- Residents in low-income households.
- Whites.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (San Juan County, 2017)

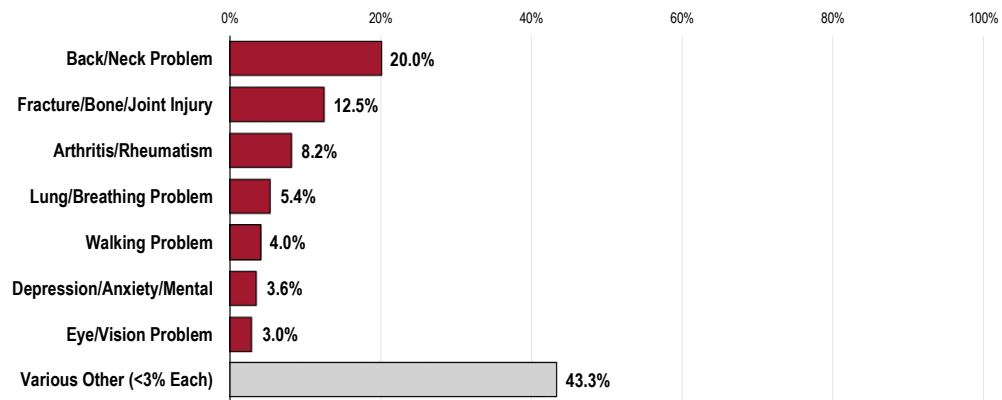


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, fractures or bone/joint injuries, arthritis/rheumatism, or difficulty walking.

Other limitations noted with some frequency include lung/breathing problems, those related to mental health (depression, anxiety), and eye/vision problems.

**Type of Problem That Limits Activities**  
(Among Those Reporting Activity Limitations; San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]  
Notes: • Asked of those respondents reporting activity limitations.

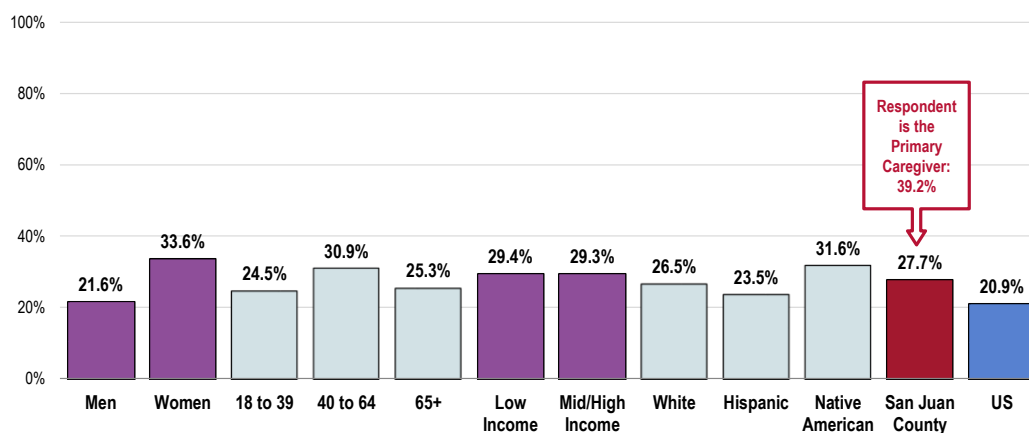
## Caregiving

A total of 27.7% of San Juan County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- The prevalence of caregivers in the county is notably higher among women.

Of these adults, 39.2% are the **primary** caregiver for the individual receiving care.

### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Mental Health

### About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

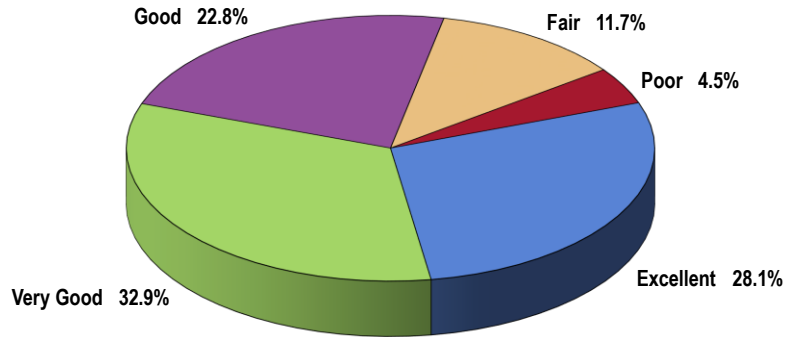
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Evaluation of Mental Health Status

A total of 61.0% of San Juan County adults rate their overall mental health as “excellent” or “very good.”

- Another 22.8% gave “good” ratings of their own mental health status.

### Self-Reported Mental Health Status (San Juan County, 2017)

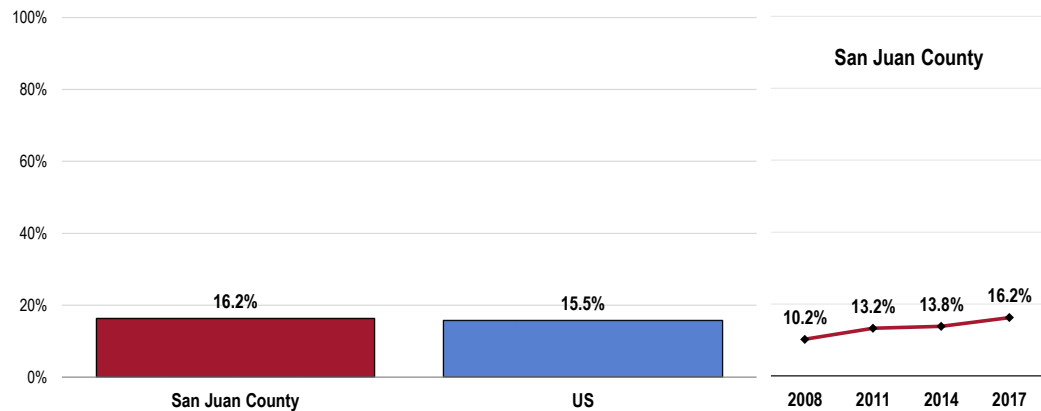


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]  
Notes: • Asked of all respondents.

A total of 16.2% of San Juan County adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- TREND: Denotes a statistically significant increase since 2008.

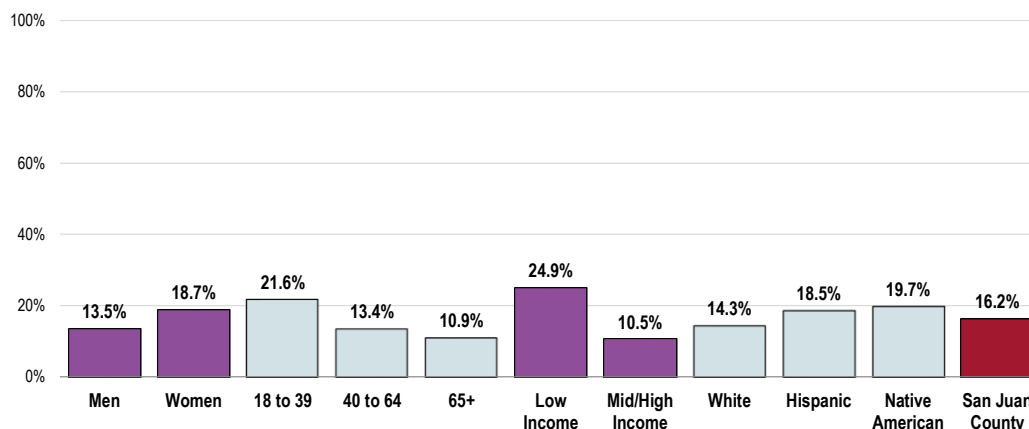
### Experience “Fair” or “Poor” Mental Health



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Women, young adults (age 18-39), and low-income residents are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

### Experience “Fair” or “Poor” Mental Health (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Depression

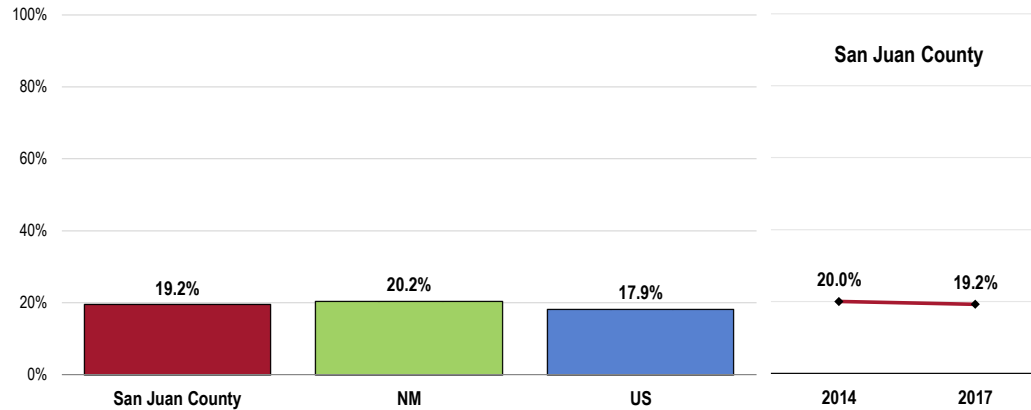
### Diagnosed Depression

A total of 19.2% of San Juan County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the state and national findings.
- TREND: Statistically unchanged since 2014.



## Have Been Diagnosed With a Depressive Disorder



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

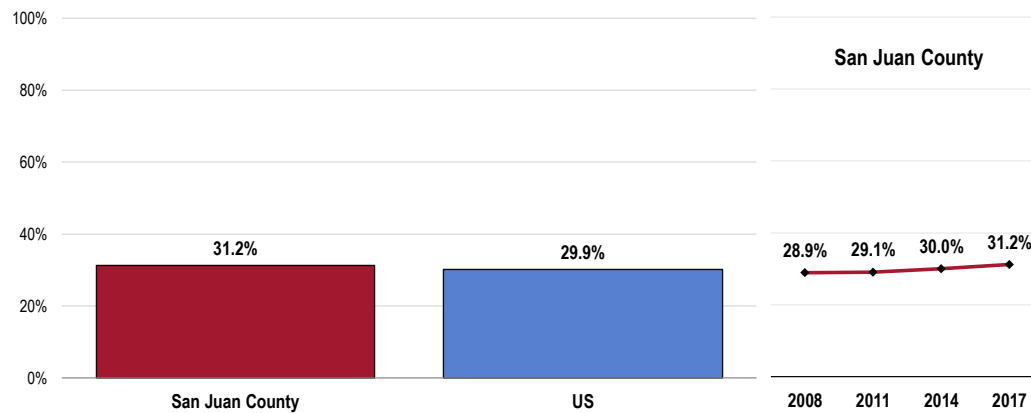
Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

## Symptoms of Chronic Depression

A total of 31.2% of San Juan County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to the US figure.
- TREND: Statistically unchanged over time.

## Have Experienced Symptoms of Chronic Depression



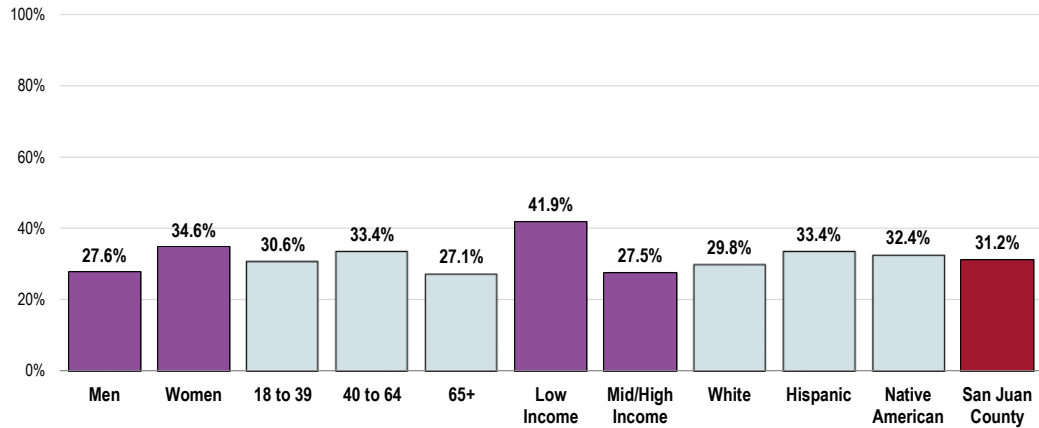
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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.

The prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes.

### Have Experienced Symptoms of Chronic Depression (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]  
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.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Stress

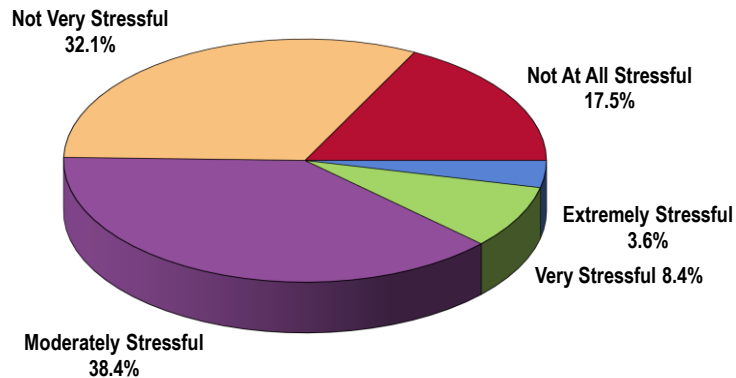
Half of San Juan County adults consider their typical day to be "not very stressful" (32.1%) or "not at all stressful" (17.5%).

#### RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 38.4% of survey respondents characterize their typical day as "moderately stressful."

### Perceived Level of Stress On a Typical Day (San Juan County, 2017)

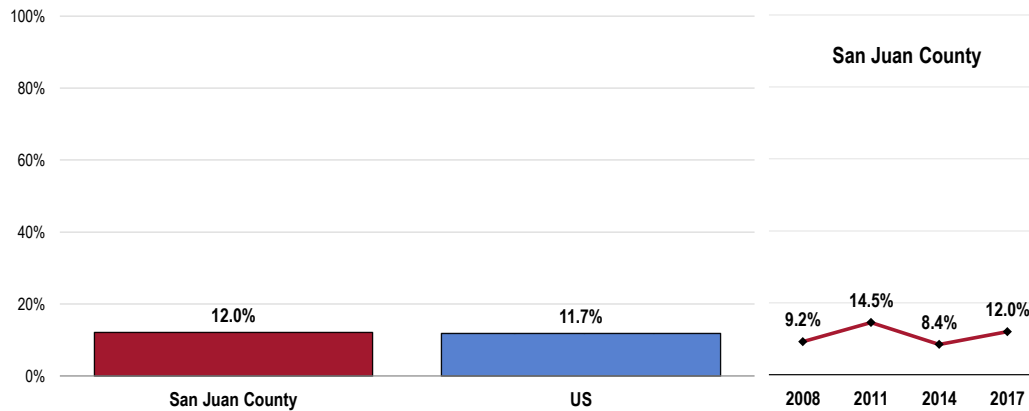


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]  
Notes: • Asked of all respondents.

In contrast, 12.0% of San Juan County adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- TREND: Erratic, but statistically higher than 2008 and 2014 findings.

### Perceive Most Days As “Extremely” or “Very” Stressful



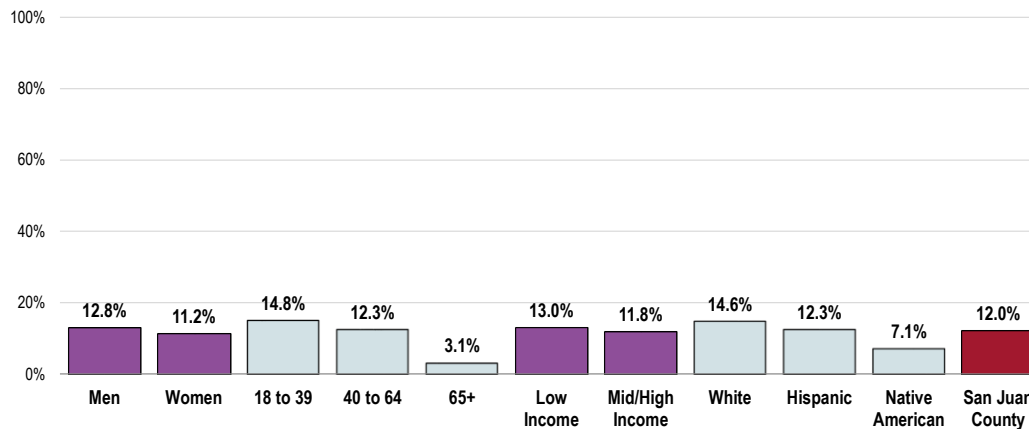
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- In San Juan County, high stress levels are more prevalent among White respondents; note also the negative correlation with age.

### Perceive Most Days as “Extremely” or “Very” Stressful (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

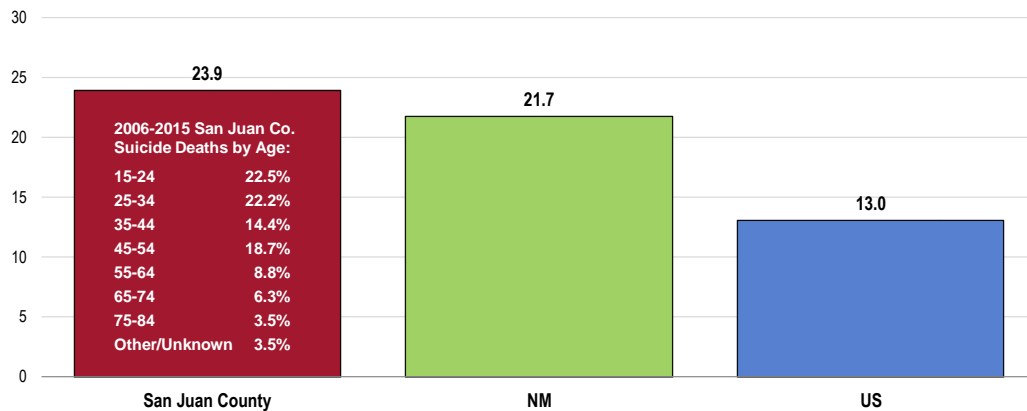
## Suicide

Between 2013 and 2015, there was an annual average age-adjusted suicide rate of 23.9 deaths per 100,000 population in San Juan County.

- Above the statewide rate (and well above the national rate).
- Far from satisfying the Healthy People 2020 target of 10.2 or lower.

Note that (looking at 2006-2015 suicides) 22.5% of suicides are among teens/young adults (age 15-24) and another 22.2% are among those age 25-34.

### Suicide: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower

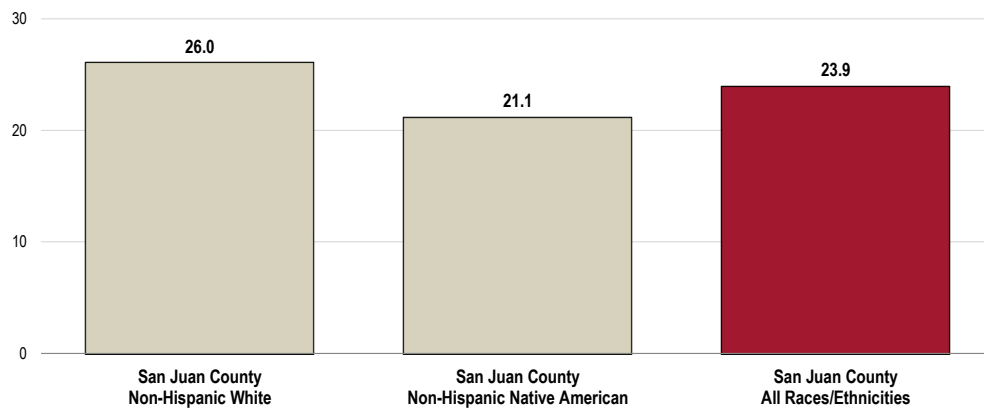


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

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.

- Higher among Non-Hispanic Whites than among Non-Hispanic Native Americans.

### Suicide: Age-Adjusted Mortality by Race (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

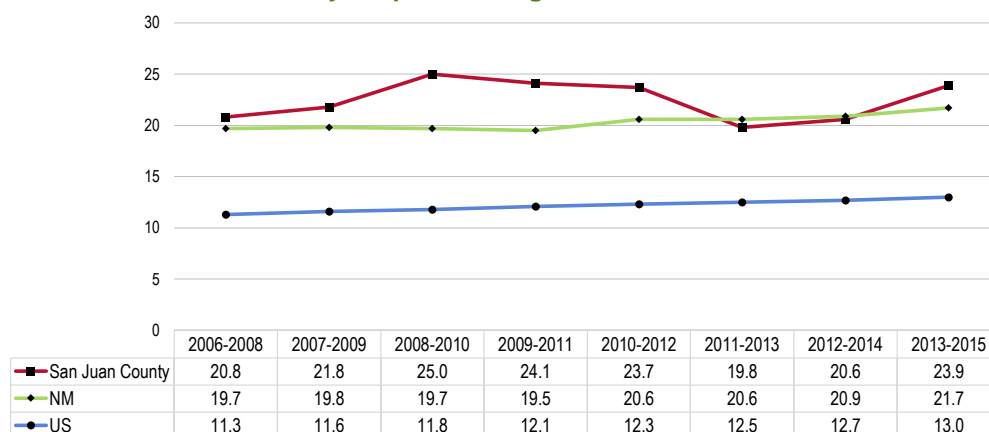
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Suicide mortality has fluctuated but has been generally high for the past decade.

### Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 10.2 or Lower**



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

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.

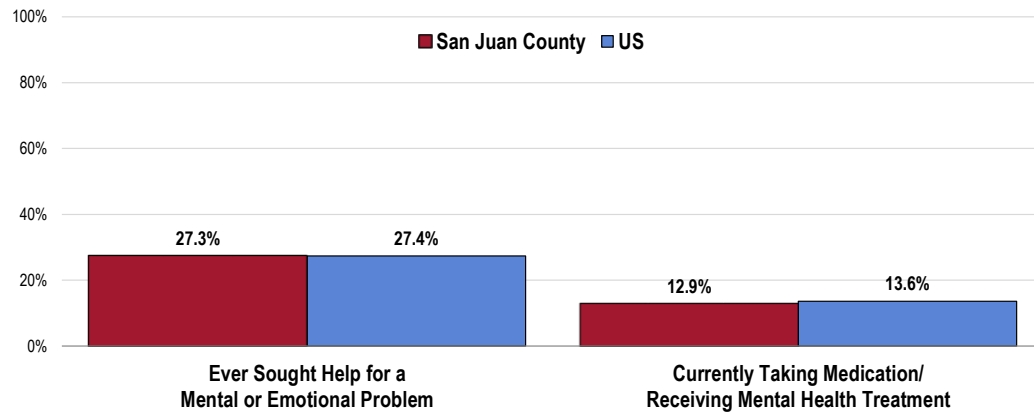
## Mental Health Treatment

**A total of 27.3% of San Juan County adults acknowledge having ever sought professional help for a mental or emotional problem.**

**A total of 12.9% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.**

- Both figures are comparable to related US survey findings.

## Mental Health Treatment



Sources: 

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 

- Reflects the total sample of respondents.

### Difficulty Accessing Mental Health Services

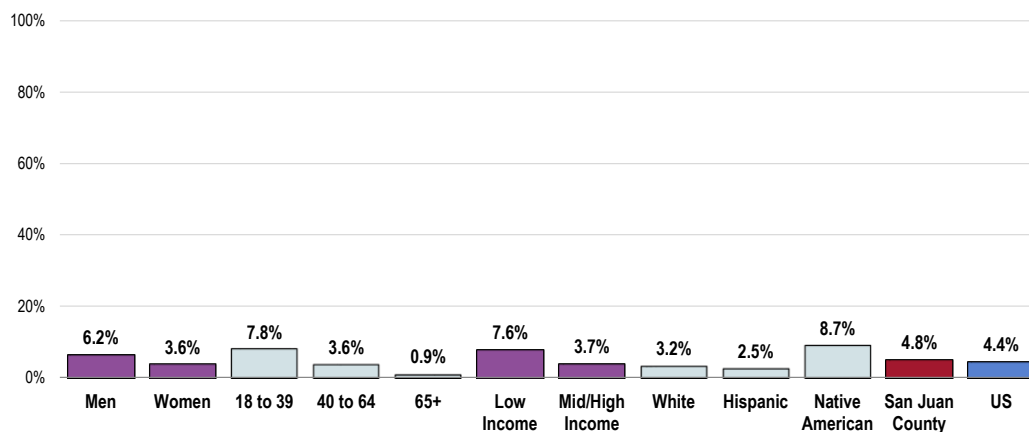
**A total of 4.8% of San Juan County adults report a time in the past year when they needed mental health services, but were not able to get them.**

- Similar to the national finding.

Note that access difficulty is notably more prevalent among:

- Adults under age 65 (negative correlation with age).
- Adults with lower incomes.
- Native Americans.

### Unable to Get Mental Health Services When Needed in the Past Year (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues**, poor **availability**, or poor **communication**; reasons mentioned much less frequently include barriers such as inconvenient location, lack of time, quality of care, and lack of a physician.

## Key Informant Input: Mental Health

The majority of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

### Perceptions of Mental Health as a Problem in the Community (Key Informants, 2017)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

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

### Access to Care/Services

*I believe this is a problem nationwide. But specifically within San Juan County, there is a real shortage of programs, funding that goes with it, and shortages of mental health practitioners. – Community Leader*

*A long wait for seeking mental health care. – Physician*

*While there are a lot of psychiatrists, the difficulty is getting patients in to see them. – Physician*

*Timely access to thorough evaluations and ongoing management, especially for kids and adolescents. – Physician*

*There is no place for people to go if they are homeless/don't have the money but have a mental problem. – Community Leader*

*Limited availability for mental health at SJRMC, especially for pediatrics. – Community Leader*

*There are no services for older adults with mental health issues. The community-at-large treats nursing homes as treatment centers for elderly with mental health issues. Nursing homes in this area are not equipped to handle mental health issues. – Other Health Provider*

*Lack of mental health therapists in San Juan County for children, adolescents, and adults. – Social Services Provider*

*Access to long-term residential care. Access to adequate and affordable psychiatric services. – Other Health Provider*

*Access to physicians. – Physician*

*Lack of care. Current psychiatrists state they cannot counsel and can only manage meds, due to time constraints. This is terrible and not good for those patients, as they are in need of help. – Physician*

*Not nearly enough resources for us to utilize when dealing with patients in need. – Community Leader*

*Ability to receive timely outpatient appointments. – Physician*

*Lack of mental health care and inpatient care. – Other Health Provider*

*Lack of services and availability of providers. – Community Leader*

### Lack of Providers

*We do not have enough practitioners who will work with the long-term care facilities. We are expected to provide mental health services, per federal regulation; however, we cannot meet this regulation when they will not come to the facility. Not all clients can be transported. – Other Health Provider*



*Lack of psychologists and licensed therapist access, due to insurance. Care is short-term for a life-long illness. – Public Health Representative*

*Very few specialists. Extremely difficult to get appointments. Even worse for teens/kids. Appointment wait times are unacceptable. Insurance is not accepted. – Physician*

*Lack of multidisciplinary approach. Need for community providers. – Physician*

*Lack of providers, socio-economic limitations of patients. – Other Health Provider*

*Not enough providers. – Community Leader*

### **Prevalence/Incidence**

*High prevalence of mental health issues makes other medical problems difficult to manage. This is also likely tied to abuse on alcohol and drugs. – Physician*

*The children in our clinic come to me for their mental health needs. The next available appointment is four months later. Some children who get into the psych clinic miss their appointment, due to a poor social situation, and get discharged from psych. – Physician*

### **Socioeconomic Factors**

*San Juan County has a depressed economy, high unemployment, and high substance abuse. I believe there are not enough mental health providers to provide adequate coverage. – Public Health Representative*

*The loss or uncertainty of job loss is nearing a crisis state. More available/affordable support is needed. – Community Leader*

### **Affordable Care/Services**

*Lack of insurance coverage and dedicated mental health care specialists and facilities in the area. – Social Services Provider*

### **Denial/Stigma**

*Mental health is no longer taken seriously, and we have seen a very serious decline in assistance for these folks. Insurance will not pay for the care necessary. Counseling and medications are very expensive, and there is no follow-up for these people. – Other Health Provider*

### **Treatment**

*The wide range of severity of diagnoses and treatment for mental health issues makes it difficult to address. Also, its relationship to a multitude of other health problems. – Community Leader*

# **Death, Disease & Chronic Conditions**

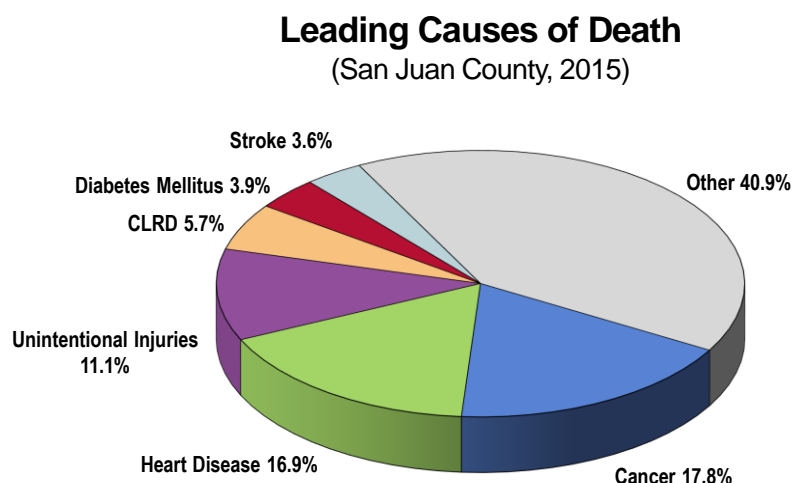


**Professional Research Consultants, Inc.**

## Leading Causes of Death

### Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly 4 in 10 deaths in San Juan County in 2015.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• CLRD is chronic lower respiratory disease.

### Age-Adjusted Death Rates for Selected Causes

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 2020* targets.

The following chart outlines 2013-2015 annual average age-adjusted death rates per 100,000 population for selected causes of death in San Juan County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see [Birth Outcomes & Risks](#) in the [Births](#) section of this report.

## Age-Adjusted Death Rates for Selected Causes (2013-2015 Deaths per 100,000 Population)

	San Juan County	NM	US	HP2020
<b>Malignant Neoplasms (Cancers)</b>	132.3	143.7	161.0	161.4
<b>Diseases of the Heart</b>	128.4	144.3	168.4	156.9*
<b>Unintentional Injuries</b>	87.8	66.1	41.0	36.4
<b>Fall-Related (Age 65+)</b>	82.6	101.2	59.0	47.0
<b>Chronic Lower Respiratory Disease (CLRD)</b>	42.8	45.3	41.4	n/a
<b>Motor Vehicle Deaths</b>	31.9	16.3	10.6	12.4
<b>Diabetes Mellitus</b>	28.6	26.7	21.1	20.5*
<b>Cerebrovascular Disease (Stroke)</b>	28.2	32.4	36.8	34.8
<b>Cirrhosis/Liver Disease</b>	26.5	22.3	10.5	8.2
<b>Alzheimer's Disease</b>	24.4	17.9	26.1	n/a
<b>Intentional Self-Harm (Suicide)</b>	23.9	21.7	13.0	10.2
<b>Firearm-Related</b>	18.1	16.7	10.6	9.3
<b>Pneumonia/Influenza</b>	16.7	14.8	15.4	n/a
<b>Drug-Induced</b>	16.3	25.7	15.8	11.3
<b>Kidney Disease</b>	11.5	12.5	13.3	n/a
<b>Homicide/Legal Intervention</b>	9.2	7.2	5.3	5.5

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note: 

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

- \*The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

## Cardiovascular Disease

### About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Heart Disease & Stroke Deaths

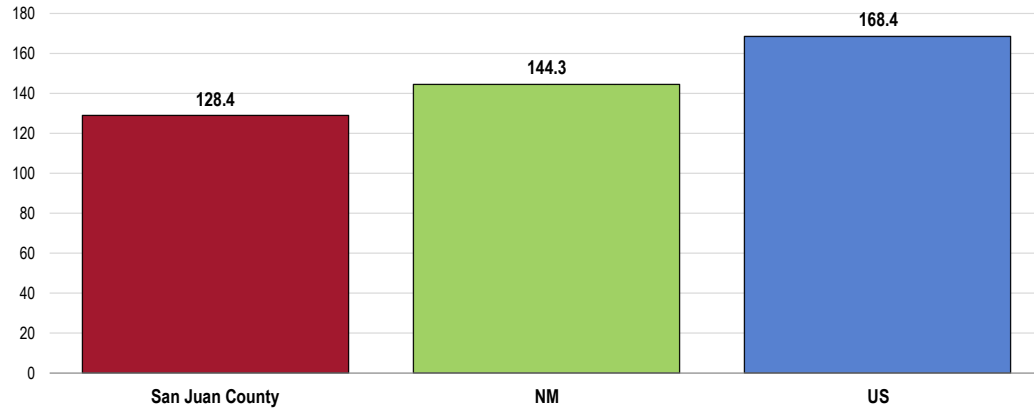
### Heart Disease Deaths

**Between 2013 and 2015 there was an annual average age-adjusted heart disease mortality rate of 128.4 deaths per 100,000 population in San Juan County.**

- Well below statewide and national rates.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

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

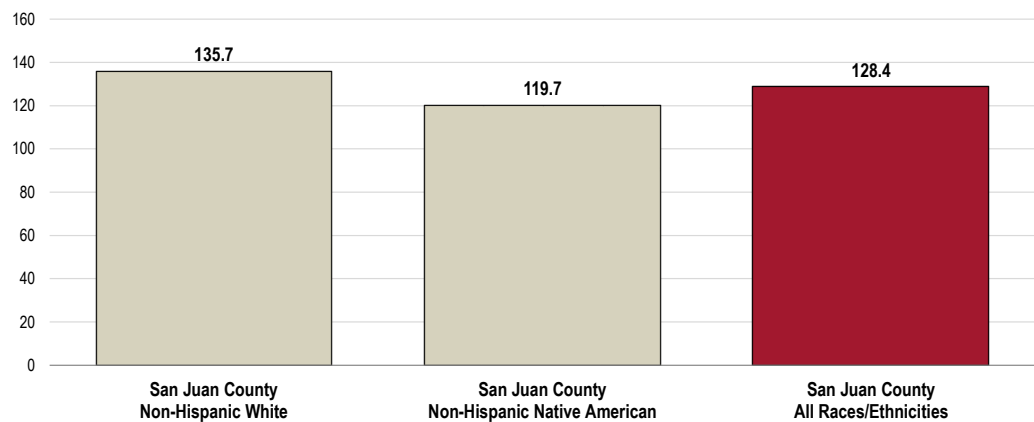
### Heart Disease: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- 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.
  - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is higher among Whites when compared with Native Americans in San Juan County.

### Heart Disease: Age-Adjusted Mortality by Race (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



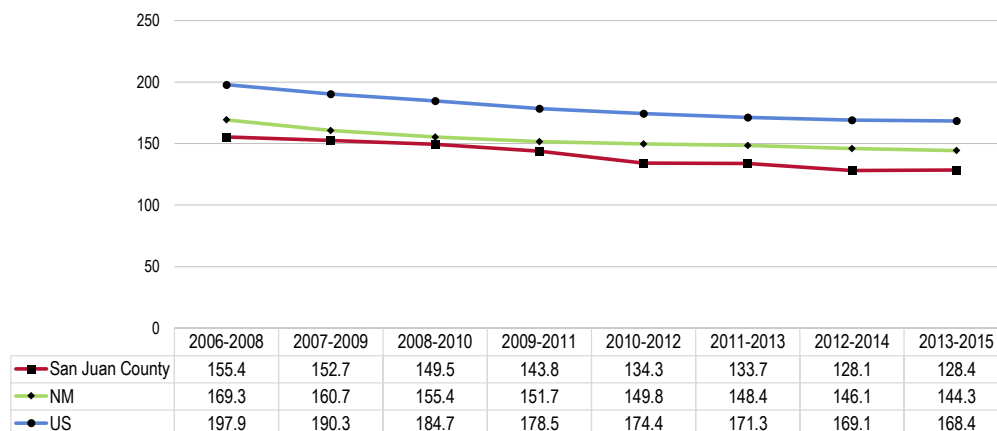
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- 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.
  - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- **TREND:** The heart disease mortality rate has decreased in San Juan County, echoing the decreasing trends across New Mexico and the US overall.

### Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 156.9 or Lower (Adjusted)**



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- 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.
  - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

### Stroke Deaths

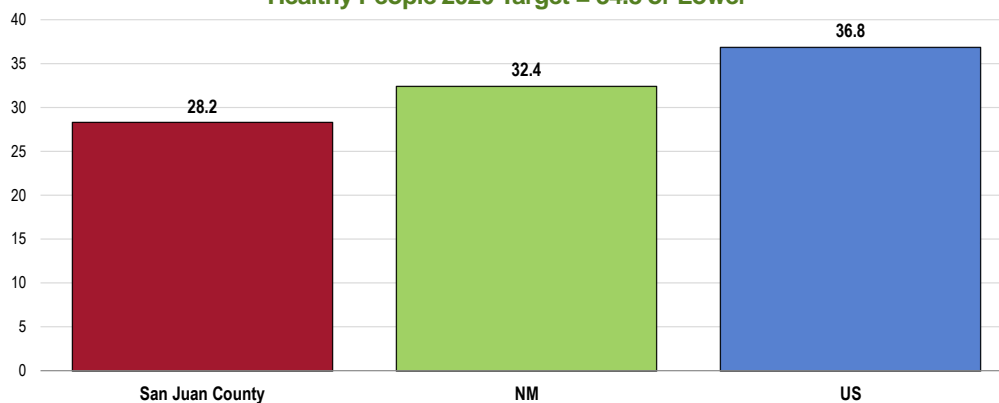
**Between 2013 and 2015, there was an annual average age-adjusted stroke mortality rate of 28.2 deaths per 100,000 population in San Juan County.**

- More favorable than the New Mexico and national rates.
- Satisfies the Healthy People 2020 target of 34.8 or lower.

### Stroke: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

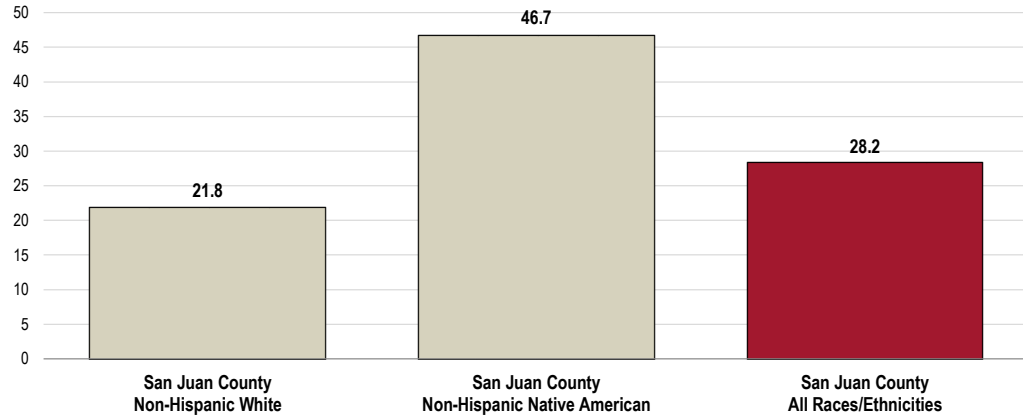
**Healthy People 2020 Target = 34.8 or Lower**



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- 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.

- The stroke mortality rate is more than twice as high among Native Americans as among Whites in San Juan County.

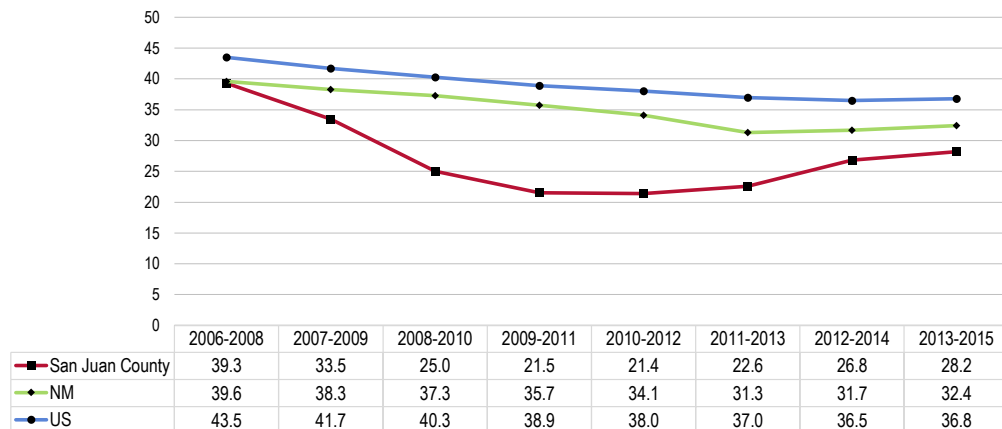
### Stroke: Age-Adjusted Mortality by Race (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- 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.

- TREND: Note that stroke mortality is lower than a decade ago but has begun to increase in recent years (counter to state and national trends).

### Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- 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.



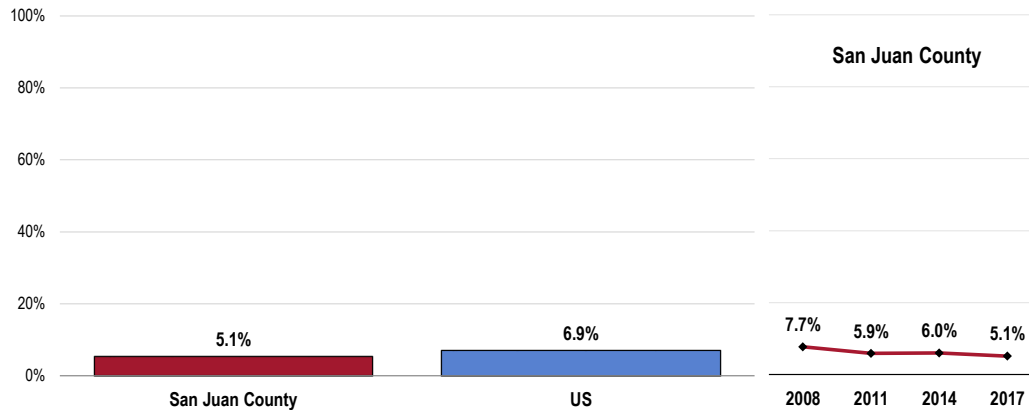
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 5.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- TREND: Denotes a statistically significant decrease over time.

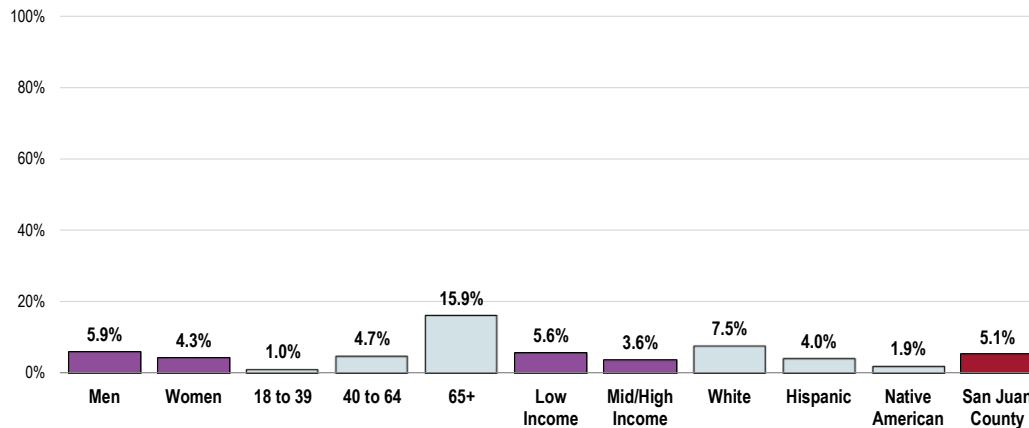
### Prevalence of Heart Disease



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina or coronary heart disease.

- Adults more likely to have been diagnosed with chronic heart disease include seniors (age 65+; positive correlation with age) and Whites.

### Prevalence of Heart Disease (San Juan County, 2017)

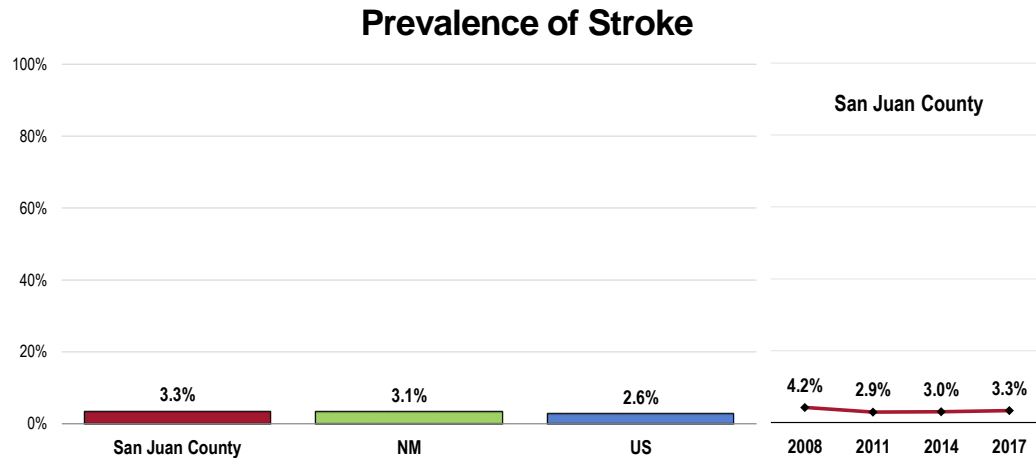


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina or coronary heart disease.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- TREND: Statistically unchanged over time.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.

Notes: • Asked of all respondents.

## Cardiovascular Risk Factors

### About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## High Blood Pressure

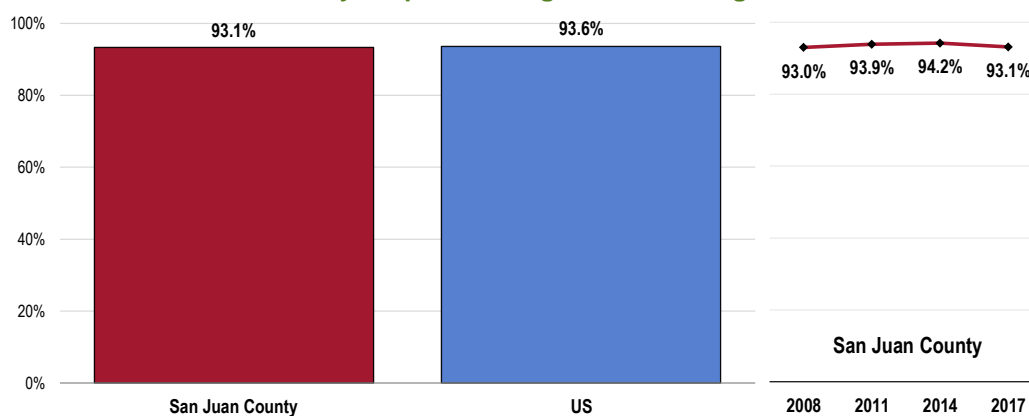
### High Blood Pressure Testing

A total of 93.1% of San Juan County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically unchanged since 2008.

## Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]  
 Notes: • Asked of all respondents.

### Prevalence of High Blood Pressure

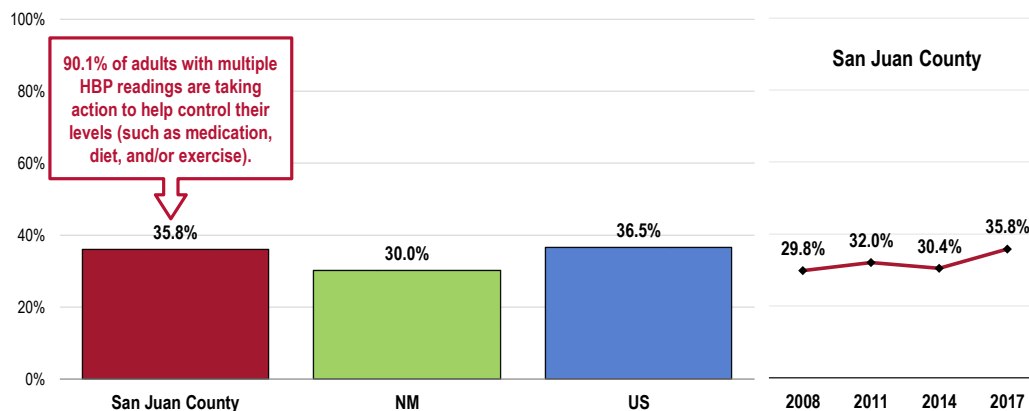
**A total of 35.8% of San Juan County adults have been told at some point that their blood pressure was high.**

- Less favorable than the New Mexico prevalence.
- Similar to the national prevalence.
- Fails to meet the Healthy People 2020 target (26.9% or lower).
- TREND: Marks a statistically significant increase since 2008.

Among adults with multiple high blood pressure readings, 90.1% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

## Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

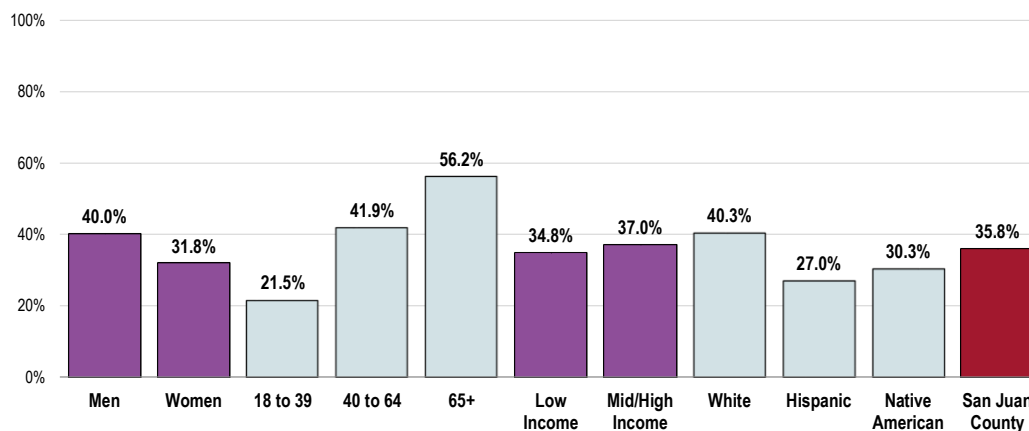
High blood pressure is more prevalent among:

- Men.
- Adults age 40 and older, and especially those age 65+.
- White respondents.

## Prevalence of High Blood Pressure

(San Juan County, 2017)

Healthy People 2020 Target = 26.9% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

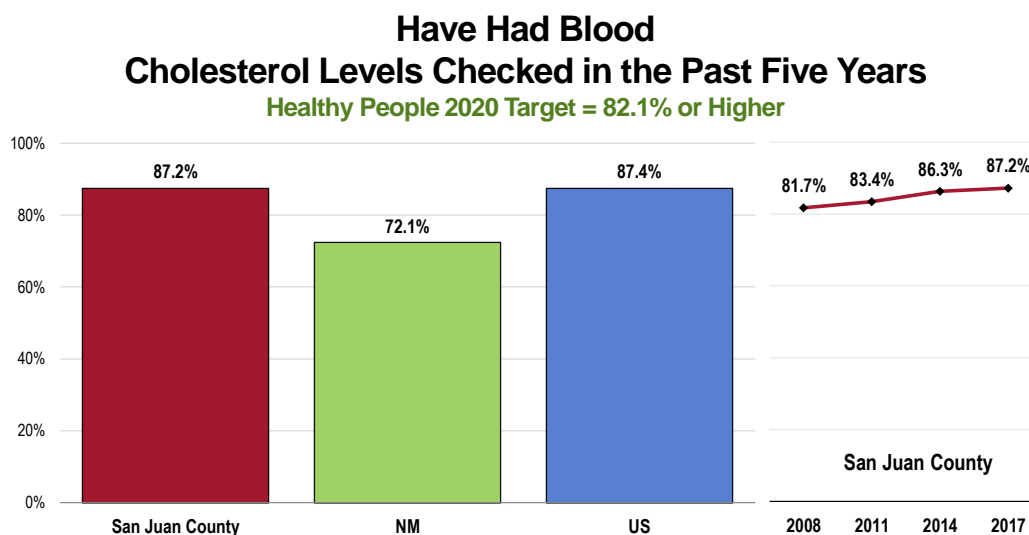
Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## High Blood Cholesterol

### *Blood Cholesterol Testing*

**A total of 87.2% of San Juan County adults have had their blood cholesterol checked within the past five years.**

- More favorable than New Mexico findings.
- Nearly identical to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Denotes a statistically significant increase since 2008.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]  
 Notes: • Asked of all respondents.

### *Prevalence of High Blood Cholesterol*

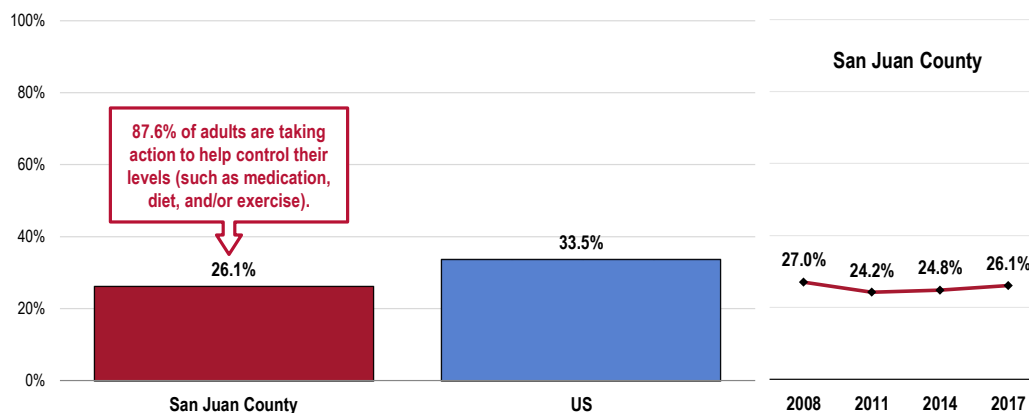
**A total of 26.1% of adults have been told by a health professional that their cholesterol level was high.**

- Below the national prevalence.
- Nearly twice the Healthy People 2020 target (13.5% or lower).
- TREND: Statistically unchanged since 2008.

Among adults with high blood cholesterol readings, 87.6% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

## Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.

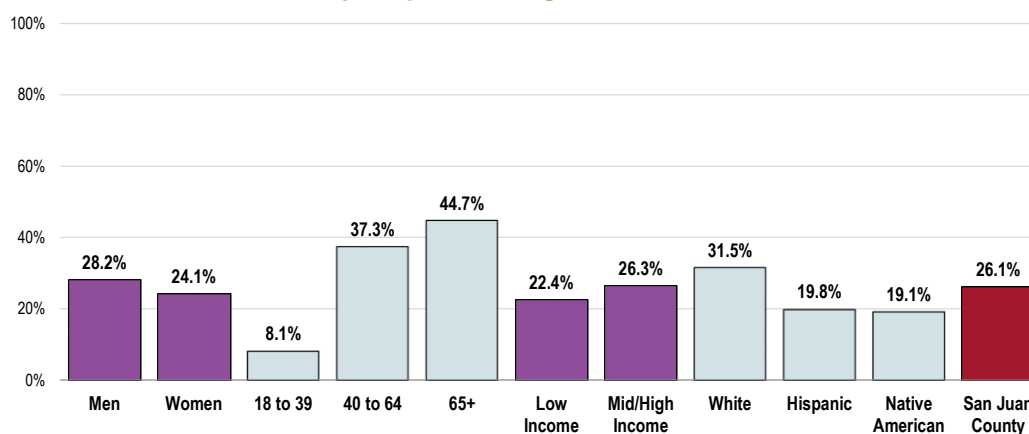
Further note the following findings by demographics in the county:

- There is a positive correlation between age and high blood cholesterol.
- Whites report a higher prevalence than Hispanics and Native Americans.

## Prevalence of High Blood Cholesterol

(San Juan County, 2017)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
  - High Blood Cholesterol
  - Tobacco Use
  - Physical Inactivity
  - Poor Nutrition
  - Overweight/Obesity
  - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

### Total Cardiovascular Risk

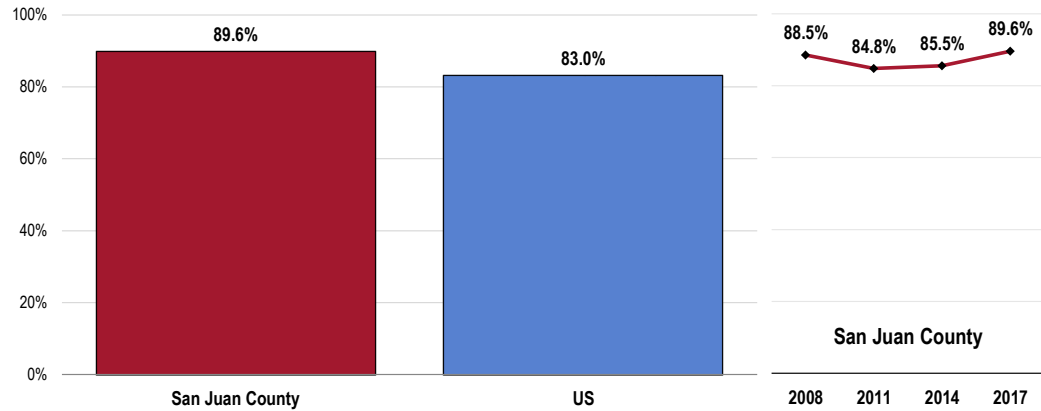
**A total of 89.6% of San Juan County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

- Higher than national findings.
- TREND: Statistically similar to the 2008 findings but marking a statistically significant increase from 2011 and 2014 survey findings.

#### RELATED ISSUE:

See also  
*Nutrition & Overweight,  
Physical Activity & Fitness and  
Tobacco Use* in the **Modifiable  
Health Risk** section of this  
report.

## Present One or More Cardiovascular Risks or Behaviors



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

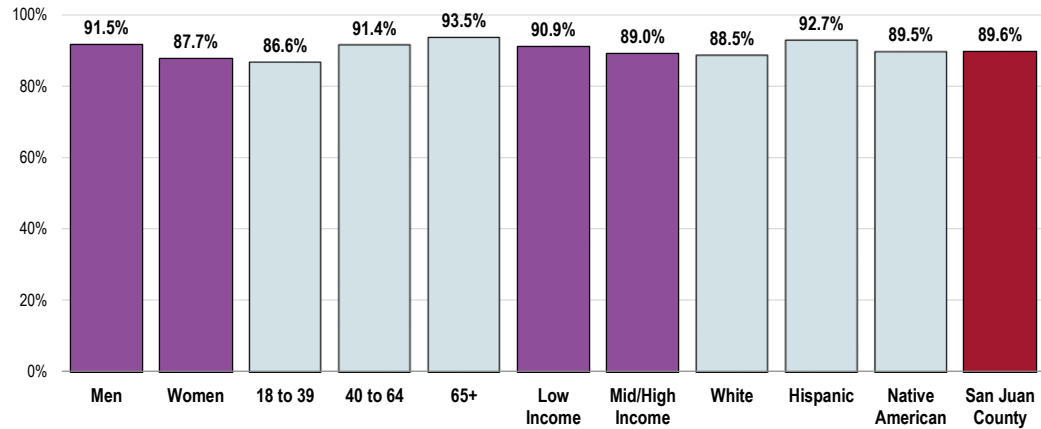
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- Note the positive correlation between age and cardiovascular risks or behaviors in San Juan County.

## Present One or More Cardiovascular Risks or Behaviors (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

Notes: • Asked of 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) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

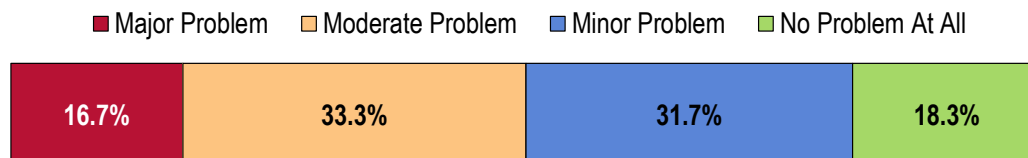
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



## Key Informant Input: Heart Disease & Stroke

Most key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate” or “minor” problem in the community.

### Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Co-morbidities

*Obesity is a primary indicator, yet we lack healthy farm-to-table/farm-to-restaurant initiatives. Safe spaces to walk; walkability plans not adopted yet. Complete streets design approved by city. – Public Health Representative*

*Most of heart disease and stroke are directly related to physical activity and diet. The vast majority of the population is not interested in being proactive with these two very important lifestyle choices. – Community Leader*

*High-stress community leads to heart attacks and strokes. – Other Health Provider*

#### Prevalence/Incidence

*Heart attacks and strokes are a problem. – Community Leader*

*Numbers of people who have the conditions, and lack of prevention. – Other Health Provider*

*Based on anecdotal information. – Community Leader*

#### Lack of Providers

*Limited doctors. – Community Leader*

## Cancer

### About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

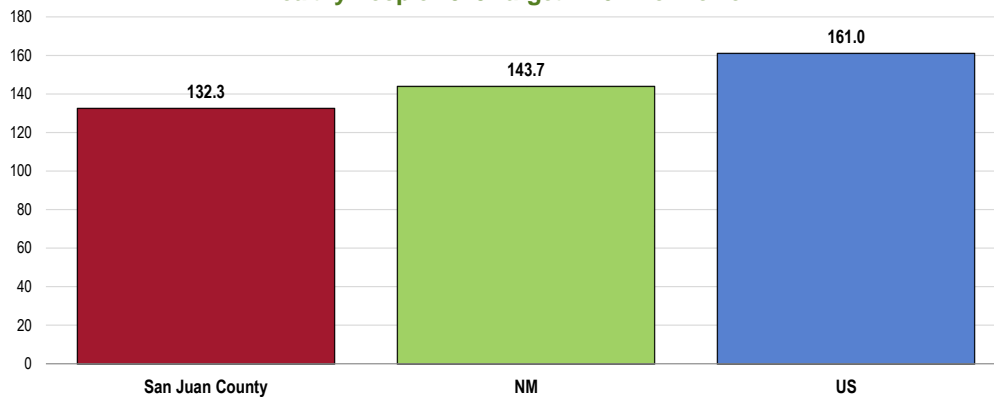
## Age-Adjusted Cancer Deaths

### All Cancer Deaths

Between 2013 and 2015, there was an annual average age-adjusted cancer mortality rate of 132.3 deaths per 100,000 population in San Juan County.

- Well below the statewide and national rates.
- Satisfies the Healthy People 2020 target of 161.4 or lower.

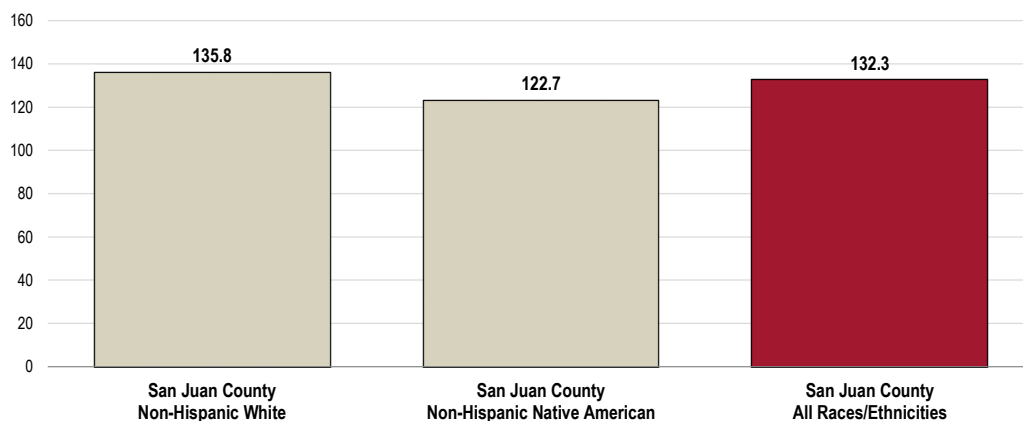
**Cancer: Age-Adjusted Mortality**  
(2013-2015 Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 161.4 or Lower**



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]  
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.

- The cancer mortality rate is higher among Whites than Native Americans in San Juan County.

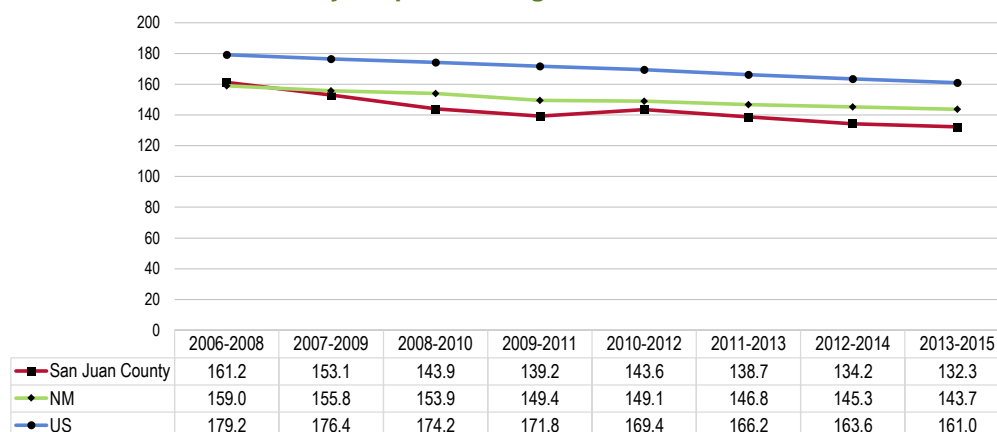
### Cancer: Age-Adjusted Mortality by Race (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- 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.

- TREND: Cancer mortality has decreased over the past decade in San Juan County; the same trend is apparent both statewide and nationwide.

### Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- 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.

## Cancer Deaths by Site

**Lung cancer is by far the leading cause of cancer deaths in San Juan County.**

Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2013-2015 annual average age-adjusted death rates):

- Each of the San Juan County cancer death rates by site is more favorable than the state and national rates, with the exception of female breast cancer (similar to the state rate).
- Each of the San Juan County cancer death rates detailed below satisfies the related Healthy People 2020 target.

**Age-Adjusted Cancer Death Rates by Site**  
(2013-2015 Annual Average Deaths per 100,000 Population)

	San Juan County	NM	US	HP2020
<b>ALL CANCERS</b>	<b>132.3</b>	<b>143.7</b>	<b>161.0</b>	<b>161.4</b>
<b>Lung Cancer</b>	<b>27.1</b>	<b>29.8</b>	<b>42.0</b>	<b>45.5</b>
<b>Female Breast Cancer</b>	<b>18.2</b>	<b>18.7</b>	<b>20.6</b>	<b>20.7</b>
<b>Prostate Cancer</b>	<b>17.8</b>	<b>20.0</b>	<b>19.0</b>	<b>21.8</b>
<b>Colorectal Cancer</b>	<b>9.6</b>	<b>13.9</b>	<b>14.4</b>	<b>14.5</b>

Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

## Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

**San Juan County annual average age-adjusted cancer incidence rates are generally better than state and US rates for leading sites.**

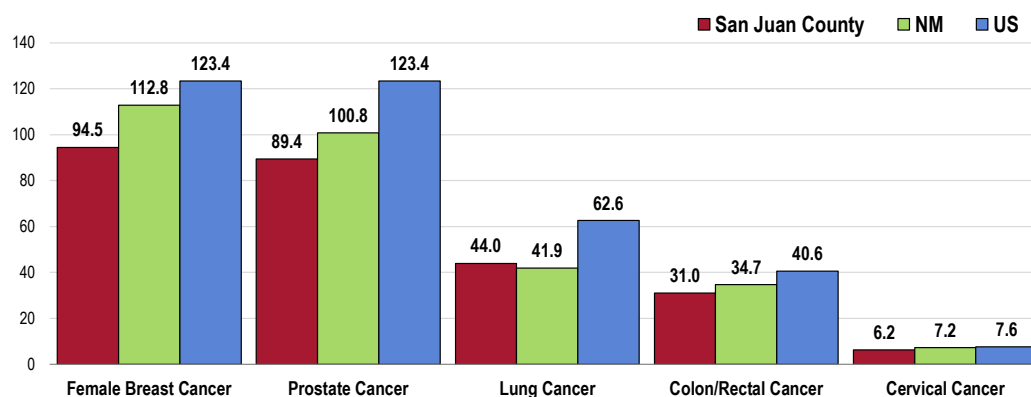
- The exception is lung cancer, which is similar to the state rate.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

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, 2009-2013)



Sources:

- State Cancer Profiles.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

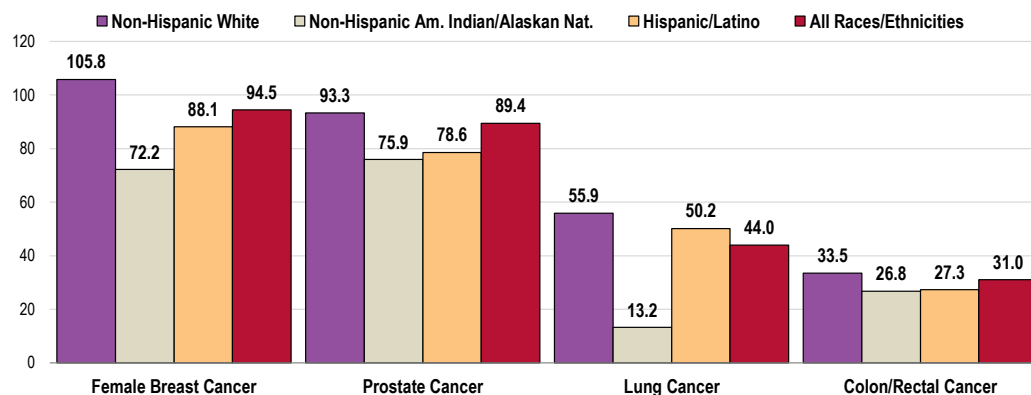
Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, mortality rates are higher in the White population for each of the cancers shown and lowest in the American Indian/Alaskan Native population.

## Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, San Juan County 2009-13)



Sources:

- State Cancer Profiles.
- Retrieved April 2017 from Community Commons at <http://www.chna.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 age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

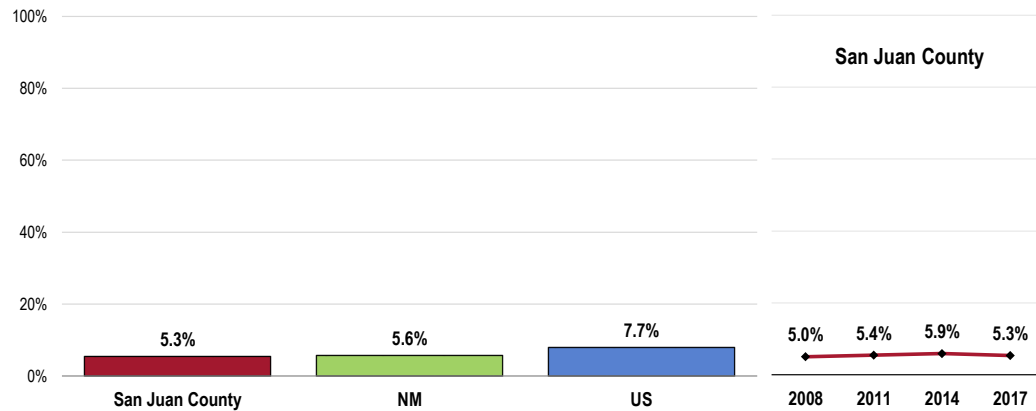
## Prevalence of Cancer

### Skin Cancer

A total of 5.3% of surveyed San Juan County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- More favorable than the national average.
- TREND: Statistically unchanged over time.

### Prevalence of Skin Cancer



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

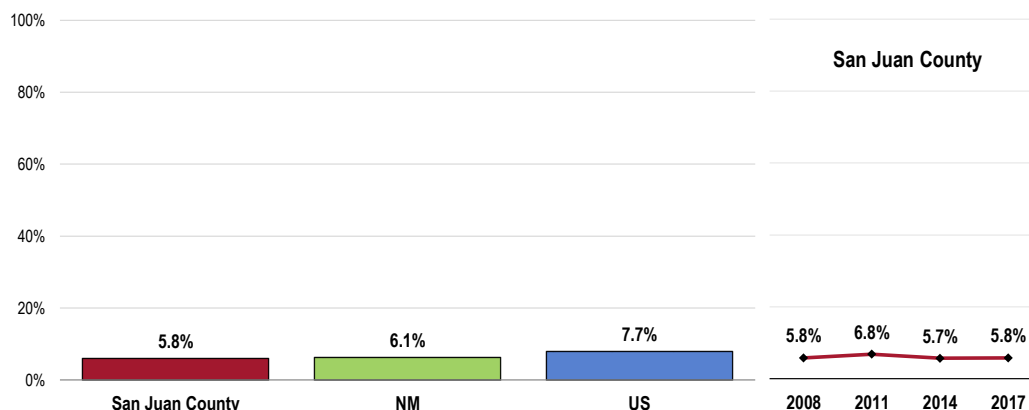
Notes: • Asked of all respondents.

### Other Cancer

A total of 5.8% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- TREND: The prevalence of non-skin cancer has remained unchanged over time.

## Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

### RELATED ISSUE:

See also  
[Nutrition & Overweight,](#)  
[Physical Activity & Fitness and](#)  
[Tobacco Use](#) in the **Modifiable Health Risk** section of this report.

## Cancer Risk

### About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

## Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

## Female Breast Cancer Screening

### About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- 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.

### *Mammography*

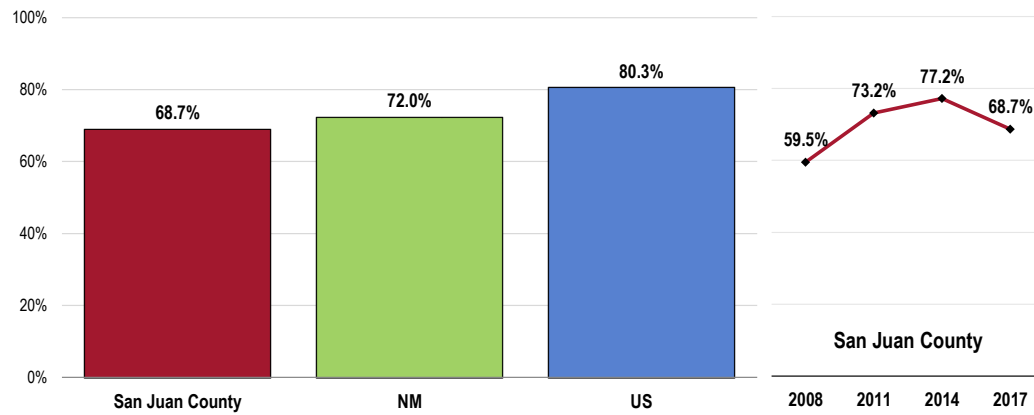
**Among women age 50 to 74, 68.7% have had a mammogram within the past 2 years.**

- Similar to statewide findings.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- TREND: Prevalence is lower than found in 2014 but remains higher than the baseline 2008 finding.



## Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: • Reflects female respondents 50-74.

## Cervical Cancer Screenings

### About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- 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.

### *Pap Smear Testing*

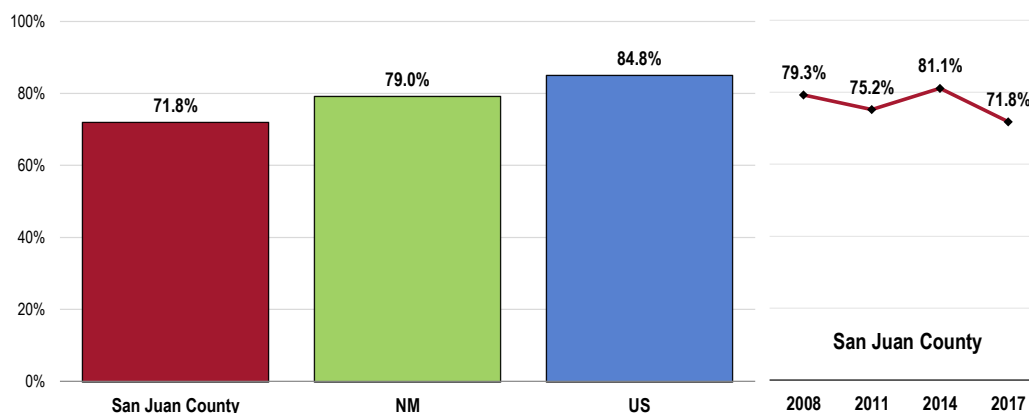
**Among San Juan County women age 21 to 65, 71.8% have had a Pap smear within the past 3 years.**

- Lower than state and US percentages.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Marks a statistically significant decrease since 2008.

## Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.

## Colorectal Cancer Screenings

### About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- 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.

### Colorectal Cancer Screening

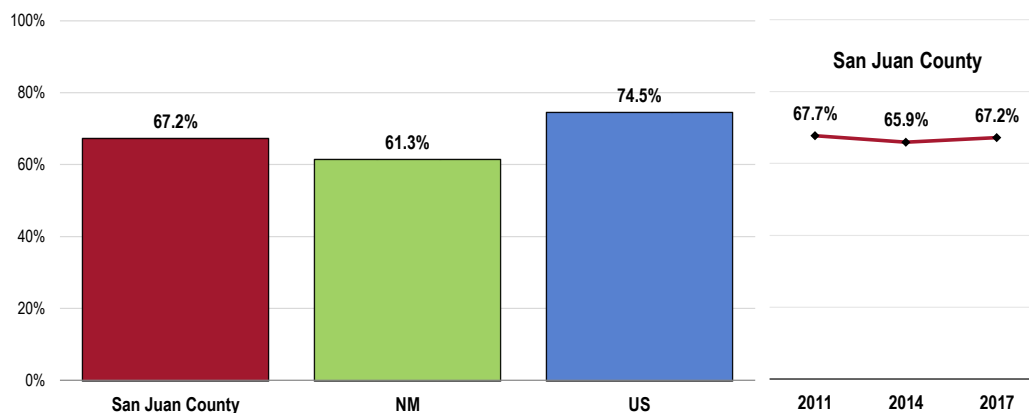
**Among adults age 50 to 75, 67.2% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).**

- Higher than the state prevalence.
- Lower than national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- TREND: Statistically unchanged since 2011.

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

## Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher

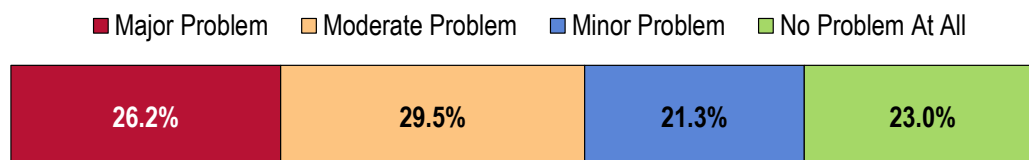


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]  
 Notes: • Asked of all respondents age 50 through 75.  
 • In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

## Key Informant Input: Cancer

Ratings for *Cancer* by key informants taking part in an online survey were fairly evenly distributed.

### Perceptions of Cancer as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Top Concerns

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

### Prevalence/Incidence

*Cancer seems to be becoming more prevalent in our area, which requires a focused approach to the care of those people affected with cancer. – Community Leader*

*High incidence rate and occurrence from local hospitals and referrals. There are studies that relate the high pollutant rates from motor vehicles to extraction and fossil fuels, indicating the relationship. – Public Health Representative*

*Our census continues to increase with cancer patients, as well as our hospice program. Unknown etiology of why cancer is on the rise. Many people are misdiagnosed at onset or diagnosed when the patient is far beyond treatment. – Other Health Provider*

*High incidence of cancer in San Juan County. I don't believe there are many people in San Juan County who don't know at least one person who has or has had cancer locally. – Community Leader*

*It seems we are always hearing about someone suffering from and/or passing away from cancer-related illness. Personally lost a close friend and co-worker recently to pancreatic cancer; he was only 39 years old. – Community Leader*

*Cancer is a major problem in our community because of how widespread this disease is, and I am not sure there are enough doctors to make the diagnosis quick and effective. – Community Leader*

*Many residents seem to have or get some form of cancer. – Community Leader*

*Rates of various cancers seems high. – Community Leader*

*I personally know many people fighting cancer. – Community Leader*

*Numbers of people who have cancer and cancer causing risks. – Other Health Provider*

### **Environmental Contributors**

*I believe there have been effects from air quality and pollution issues from the extractive industries that have contributed to the high cancer rate in our area. – Other Health Provider*

*Due to its location and climate, plus the types of industries and activities that are prevalent in the county, there is a higher incidence of various types of cancers. In addition to this, most physicians and hospitals fail to do their "homework" and thus ignore the effective types of treatments that are non-invasive and cause less discomfort to the patient. – Community Leader*

*I think it affects many of our workers from the mines and power plant, and the care in our area isn't great. Mostly, folks have to leave the area for treatment in Albuquerque, Phoenix, or Denver. – Community Leader*

### **Outmigration**

*I have known three different cases that have received their initial cancer treatment here, and in two cases were told they were in remission. All three went to different states and received more intensive treatment and are still alive. The previous two cases were told that their treatment was not complete. – Physician*

## Respiratory Disease

### About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

## Age-Adjusted Respiratory Disease Deaths

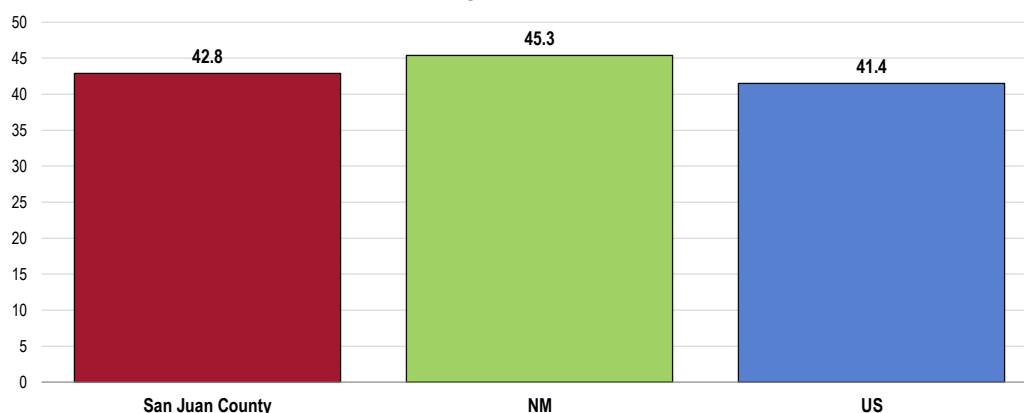
### Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2013 and 2015, there was an annual average age-adjusted CLRD mortality rate of 42.8 deaths per 100,000 population in San Juan County.

- Lower than found statewide.
- Similar to the national rate.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

**CLRD: Age-Adjusted Mortality**  
(2013-2015 Annual Average Deaths per 100,000 Population)

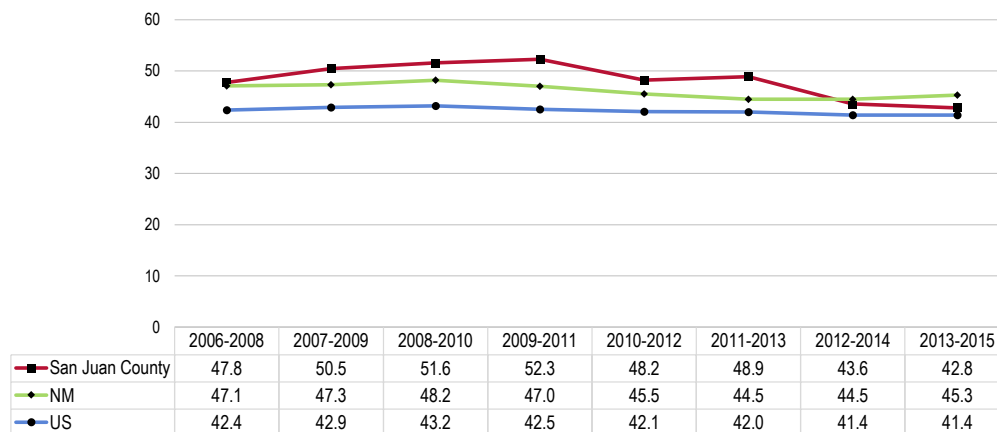


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

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.  
• CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality in San Juan County has decreased.

**CLRD: Age-Adjusted Mortality Trends**  
(Annual 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 April 2017.

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.  
• CLRD is chronic lower respiratory disease.

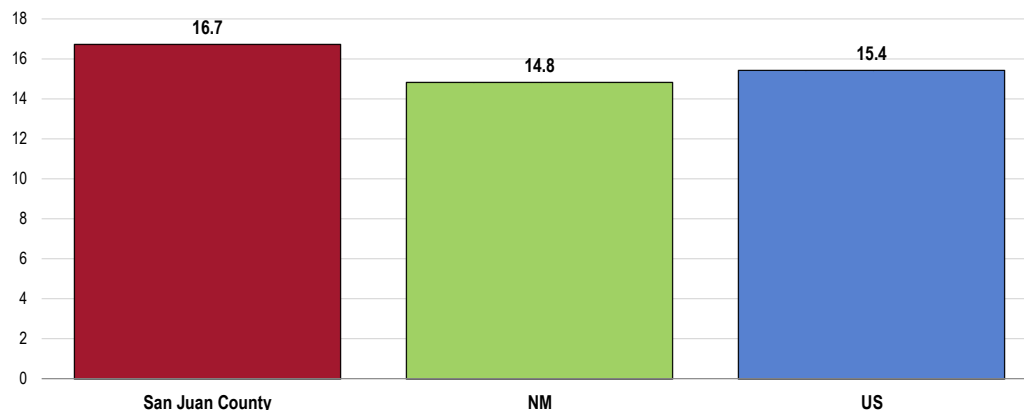
## Pneumonia/Influenza Deaths

Between 2013 and 2015, San Juan County reported an annual average age-adjusted pneumonia influenza mortality rate of 16.7 deaths per 100,000 population.

- Higher than found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

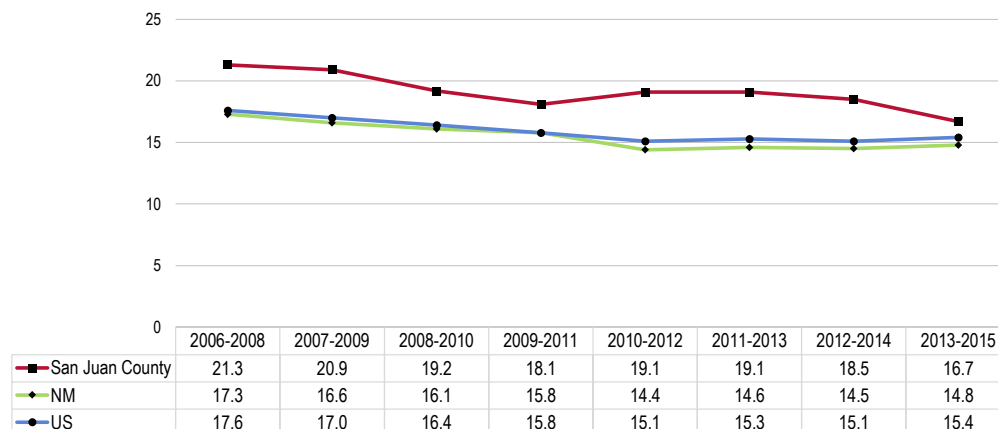
### Pneumonia/Influenza: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- 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.

- **TREND:** San Juan County pneumonia/influenza mortality has decreased over the past decade, as have state and national rates.

### Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual 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 April 2017.
- 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.



## Asthma

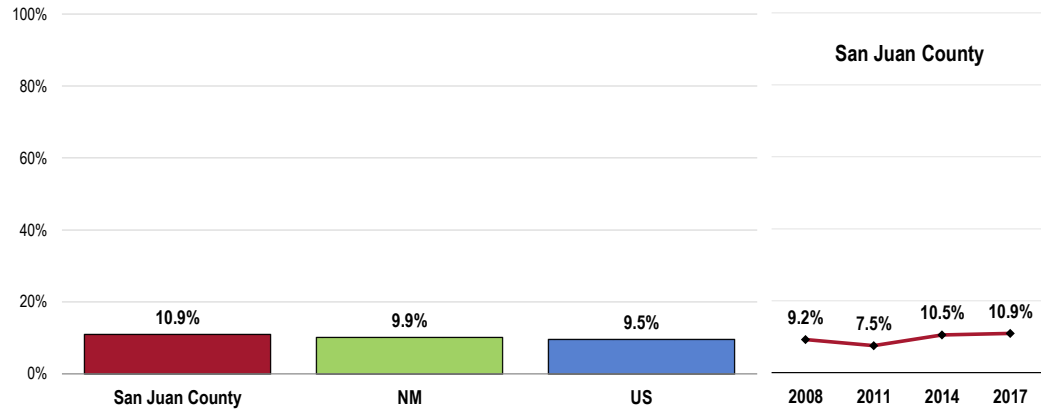
### Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

**A total of 10.9% of San Juan County adults currently suffer from asthma.**

- Similar to the statewide and national prevalence.
- **TREND:** The prevalence has not changed significantly since 2008.

### Adult Asthma: Current Prevalence

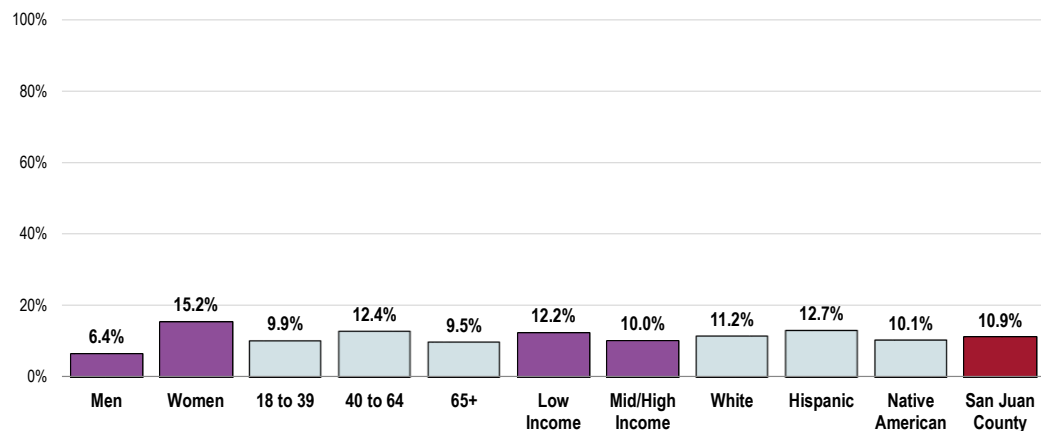


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.

Notes: • Asked of all respondents.  
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- San Juan County women are much more likely to suffer from asthma.

### Currently Have Asthma (San Juan County, 2017)



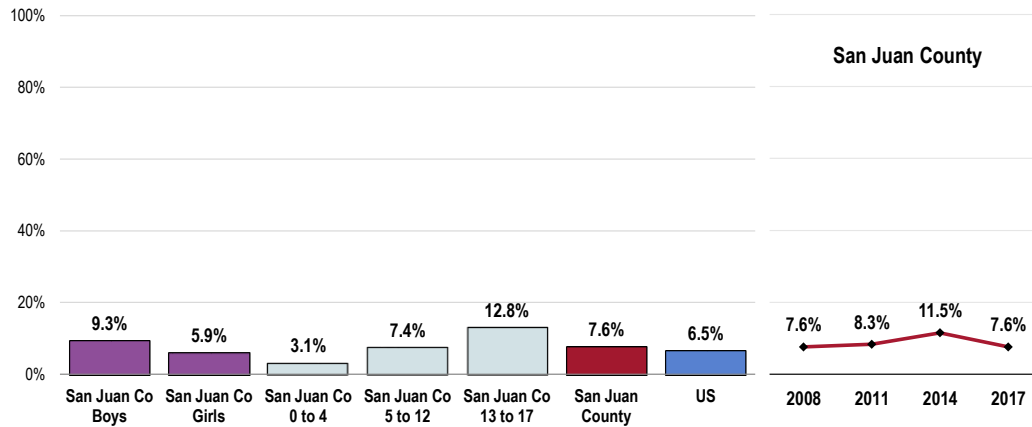
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Children

Among San Juan County children under age 18, 7.6% currently have asthma.

- Comparable to the US figure.
- TREND: Statistically unchanged over time.
- Similar findings by child's gender but marking a positive correlation with age.

### Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

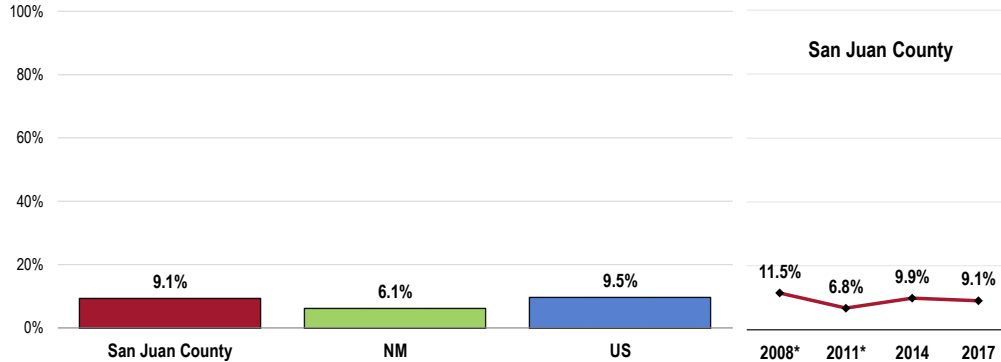
Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

## Chronic Obstructive Pulmonary Disease (COPD)

A total of 9.1% of San Juan County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the state prevalence.
- Similar to the US prevalence.
- TREND: Statistically unchanged over time.
- *NOTE: In prior data, this question was asked slightly differently; respondents in 2008 and 2011 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as is asked currently.*

## Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



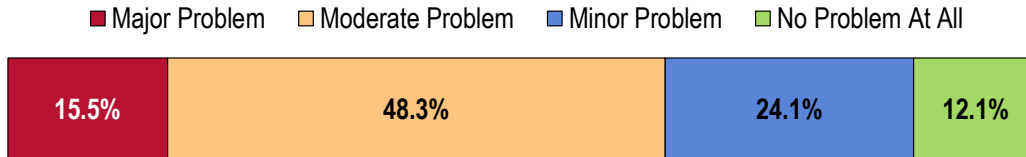
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.  
 • \*In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

## Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

## Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Top Concerns

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

### Prevalence/Incidence

*High incidence of pulmonary disease. No board-certified pulmonologists. – Physician*  
*I have come across many individuals with asthma, COPD, and other respiratory diseases. – Other Health Provider*  
*Increase in inpatients with COPD. – Other Health Provider*  
*Lung problems. – Community Leader*

### Environmental Contributors

*We live in a high level of extraction, fossil fuel, gas zones, and large vehicles, which cater to these industries. – Public Health Representative*

### Lack of Specialists/Specialty Services

*Rarely is there a pulmonologist in town. Many patients travel to Durango or Albuquerque to see a specialist. – Physician*

## Injury & Violence

### About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

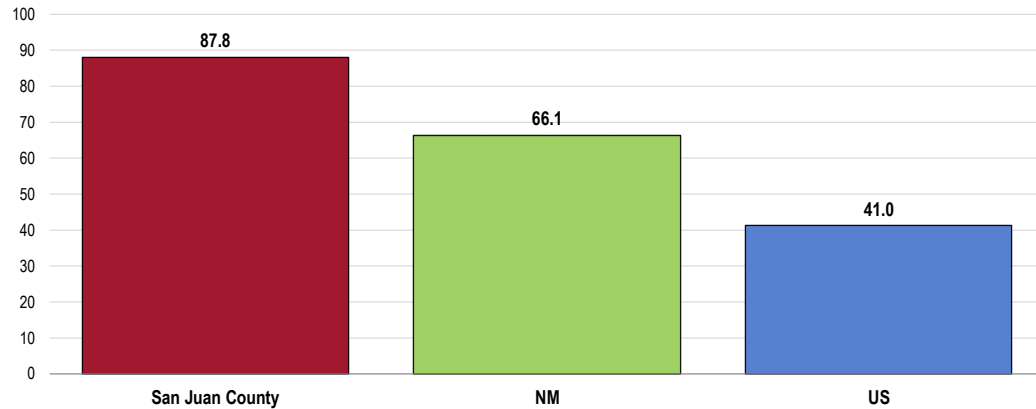
Between 2013 and 2015, there was an annual average age-adjusted unintentional injury mortality rate of 87.8 deaths per 100,000 population in San Juan County.

- Well above the New Mexico and US rates.
- More than twice the Healthy People 2020 target (36.4 or lower).

## Unintentional Injuries: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

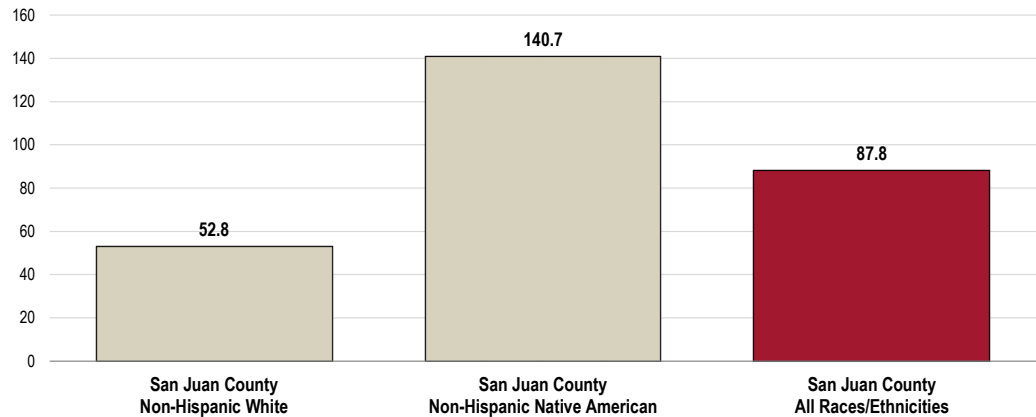
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is dramatically higher among Native Americans when compared with Whites in San Juan County.

## Unintentional Injuries: Age-Adjusted Mortality by Race

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

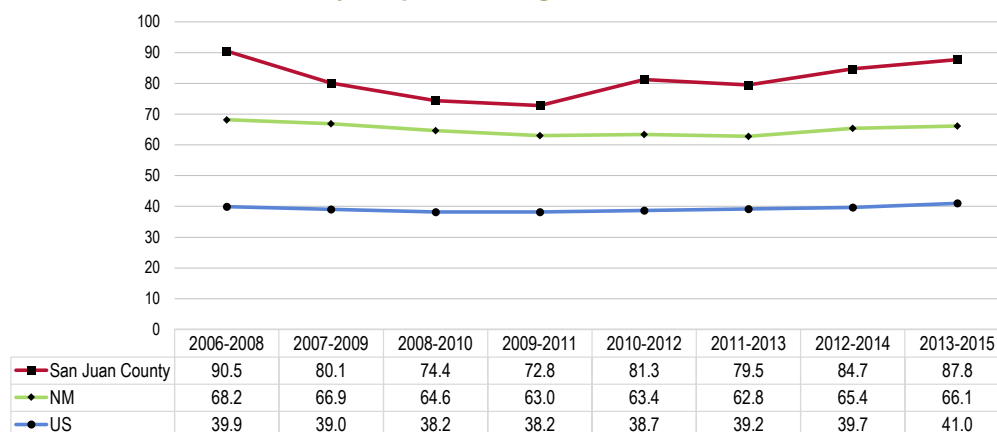
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Unintentional injury mortality has increased in recent years, erasing improvements made in the late 2000s.

## Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 36.4 or Lower**



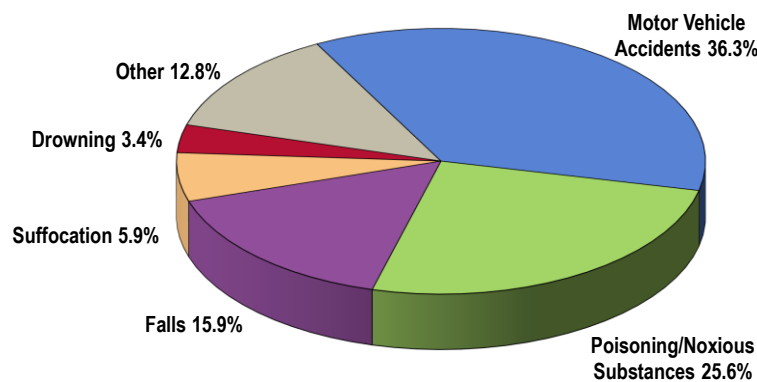
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- 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 Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), falls, suffocation, and drowning accounted for most accidental deaths in San Juan County between 2013 and 2015.

### Leading Causes of Accidental Death

(San Juan County, 2013-2015)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

### Selected Injury Deaths

The following chart outlines mortality rates for drug-induced deaths (both intentional and unintentional overdoses), motor vehicle crashes, and falls (among adults age 65 and older).

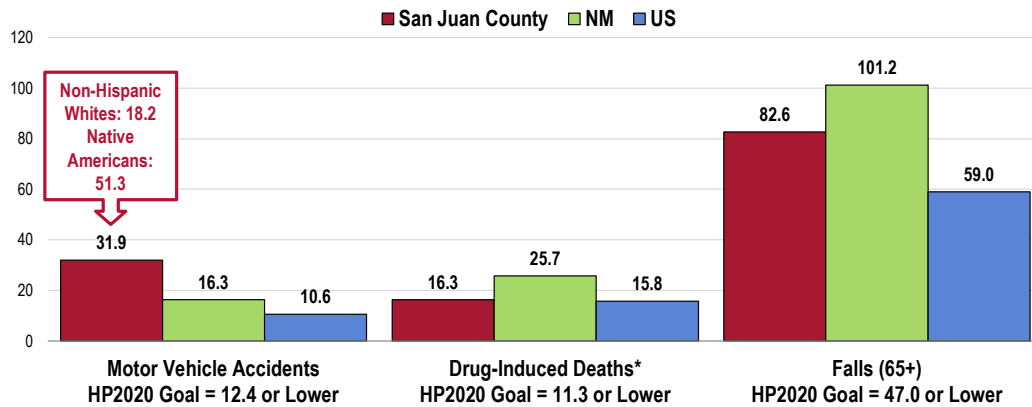
**These San Juan County annual average age-adjusted mortality rates are worse than US rates for:**

- Motor vehicle accidents.
- Falls.

**The San Juan County motor vehicle mortality rate is worse than the state rate.**

- Note also the disparity by race in motor vehicle mortality rates in San Juan County.

**Select Injury Death Rates**  
(By Cause of Death; Annual 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 April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]
- 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.
  - \*Drug-induced deaths include both intentional and unintentional drug overdoses.

## Falls

### Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... in 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

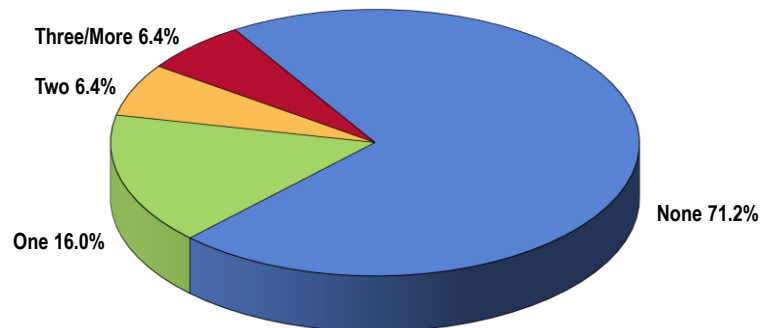
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

**Among surveyed San Juan County adults age 45 and older, 28.8% fell at least once in the past year, including 6.4% who fell three or more times.**

**Number of Falls in Past 12 Months**  
(Among Adults Age 45 and Older; San Juan County, 2017)



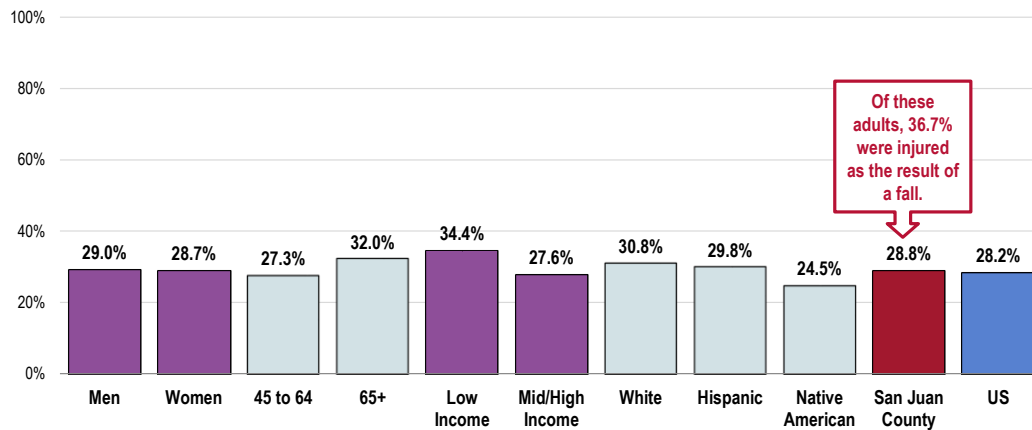
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]  
Notes: • Asked of all respondents age 45+.



- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- Residents (age 45+) in low-income households are more likely to report falling at least once in the past year.

Among those who fell in the past year, 36.7% were injured as a result of the fall.

### Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; San Juan County, 2017)



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

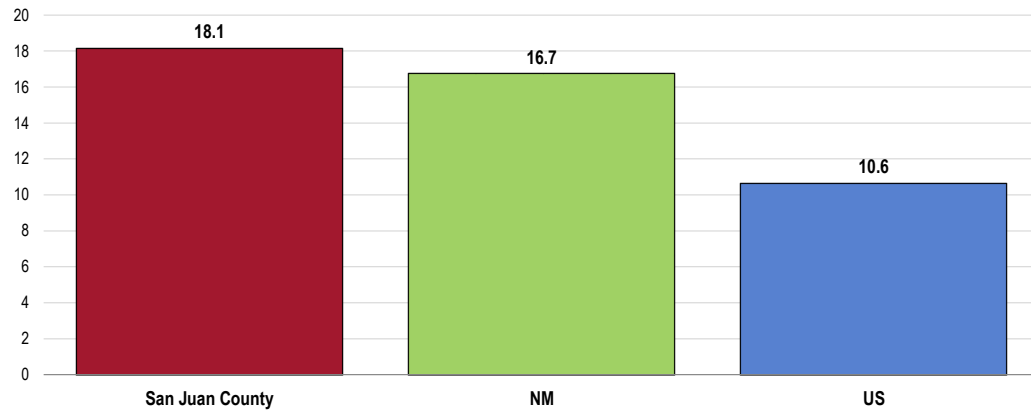
## Firearm Safety

### Age-Adjusted Firearm-Related Deaths

Between 2013 and 2015, there was an annual average age-adjusted rate of 18.1 deaths per 100,000 population due to firearms in San Juan County.

- Higher than found statewide and especially nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- TREND: The death rate has increased significantly over time (not shown).

### Firearms-Related Deaths: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

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.

#### Presence of Firearms in Homes

Survey respondents were asked about the presence of weapons in the home:

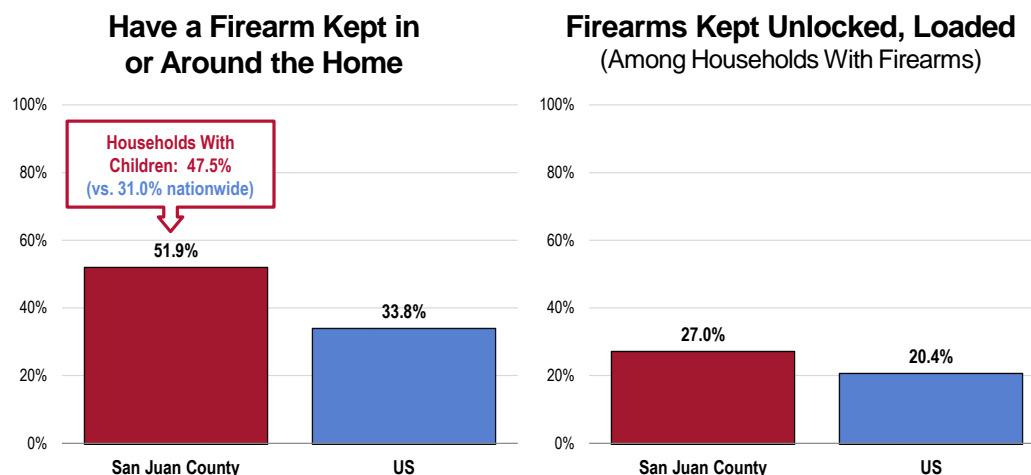
"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

**Over half of San Juan County adults (51.9%) have a firearm kept in or around their home.**

- Much higher than the national prevalence.
- Among San Juan County households with children, 47.5% have a firearm kept in or around the house (statistically comparable to that reported nationally).

**Among San Juan County households with firearms, 27.0% report that there is at least one weapon that is kept unlocked and loaded.**

- Statistically higher than that found nationally.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 159-160]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

## Intentional Injury (Violence)

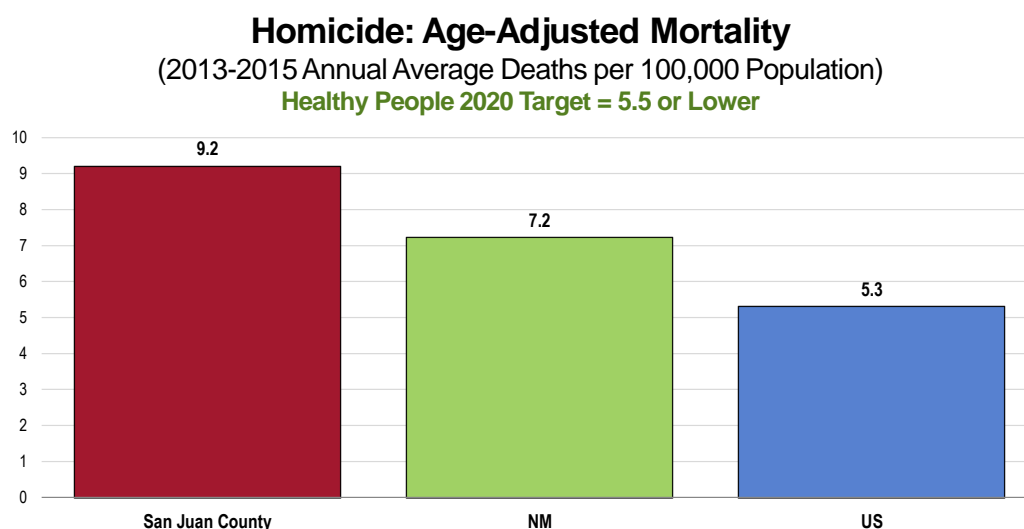
### Age-Adjusted Homicide Deaths

Between 2013 and 2015, there was an annual average age-adjusted homicide rate of 9.2 deaths per 100,000 population in San Juan County.

- Worse than the state and national rates.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

#### RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

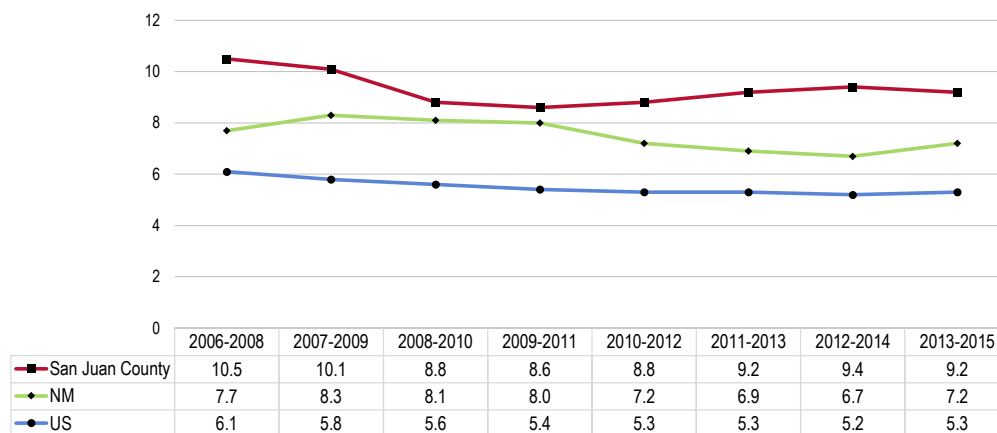
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Homicide mortality declined in the late 2000s. It has since increased slightly, although it remains below rates seen a decade ago.

## Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

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

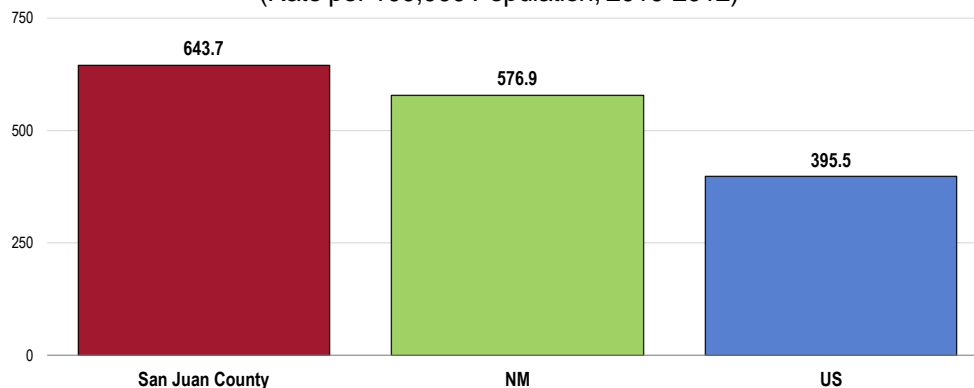
### Violent Crime Rates

**Between 2010 and 2012, there were a reported 643.7 violent crimes per 100,000 population in San Juan County.**

- Worse than the New Mexico rate and much worse than the US rate.

## Violent Crime

(Rate per 100,000 Population, 2010-2012)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports.

• Retrieved April 2017 from Community Commons at <http://www.chna.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, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

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

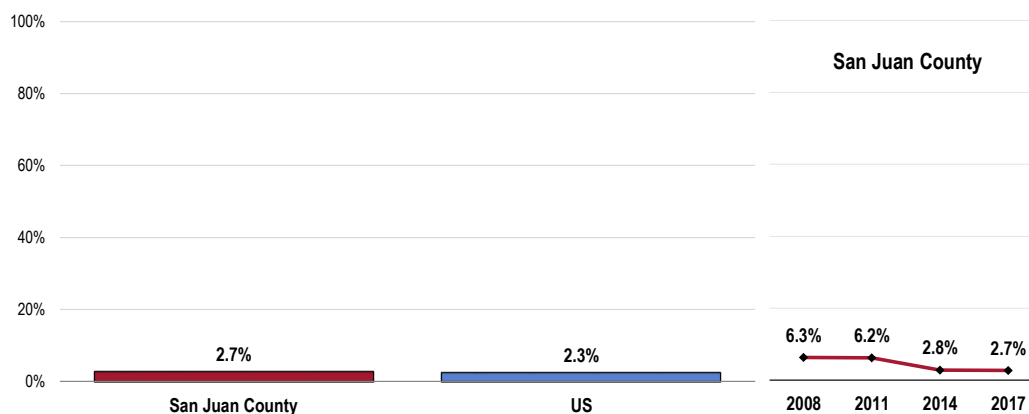
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions. In addition, note that the population denominator does not adjust for non-county residents who commit crimes in the county. *Please use caution when interpreting these findings.*

### Community Violence

A total of 2.7% of surveyed San Juan County adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- TREND: Marks a statistically significant decrease since 2008 (and 2011).

### Victim of a Violent Crime in the Past Five Years



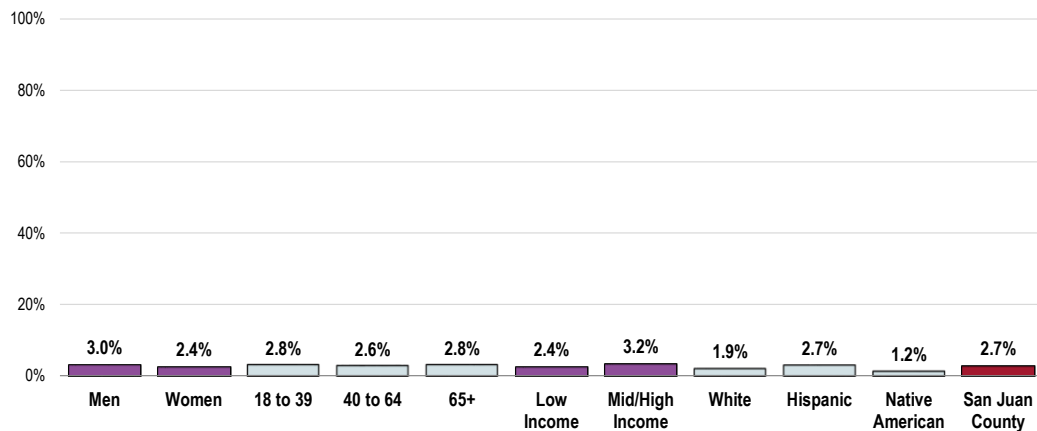
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Reports of violence in San Juan County do not vary significantly by demographic characteristics.

### Victim of a Violent Crime in the Past Five Years (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Family Violence

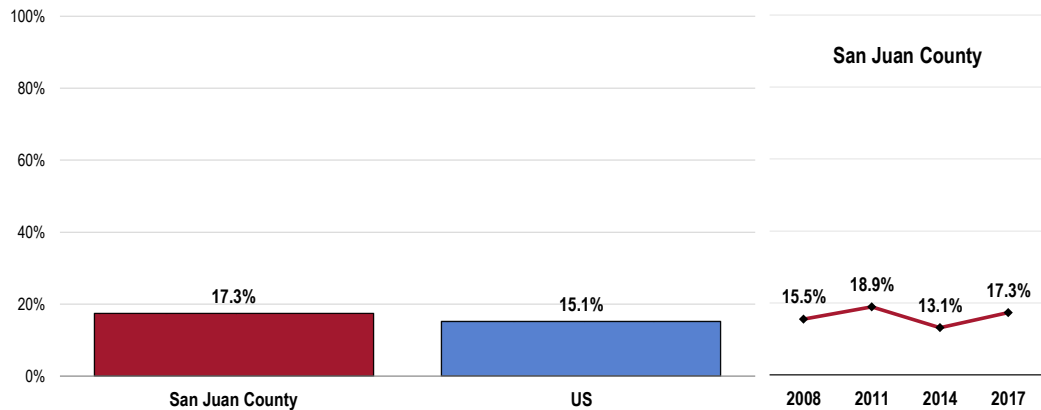
**A total of 17.3% of San Juan County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

Respondents were told:

"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."

- Comparable to national findings.
- TREND: Similar to 2008 survey findings but marking a statistically significant increase since 2014.

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

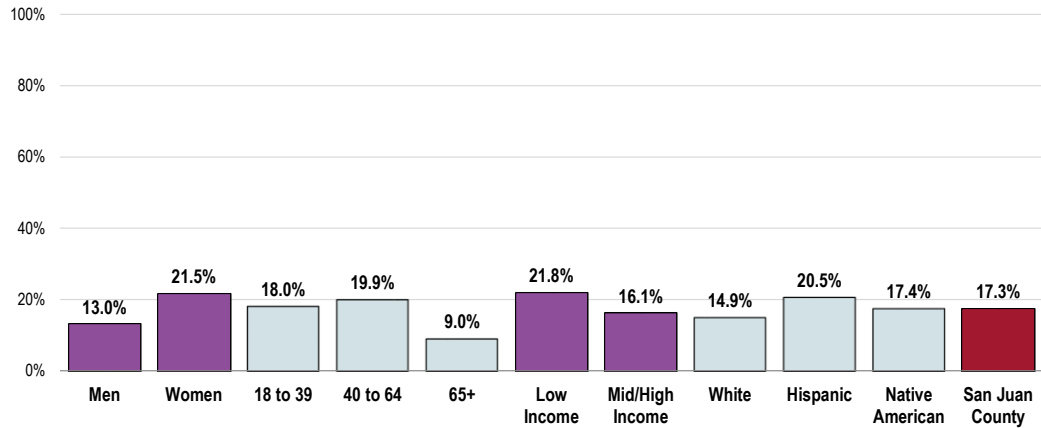


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under the age of 65.
- Those with lower incomes.

## Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes: • Asked of all respondents.

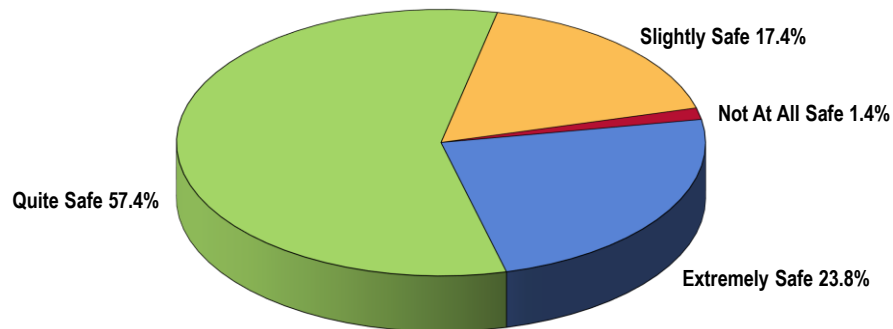
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Perceived Neighborhood Safety

While most San Juan County adults consider their own neighborhoods to be "extremely safe" or "quite safe," 18.8% consider it "not at all safe" or only "slightly safe."

## Perceived Safety of Own Neighborhood (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

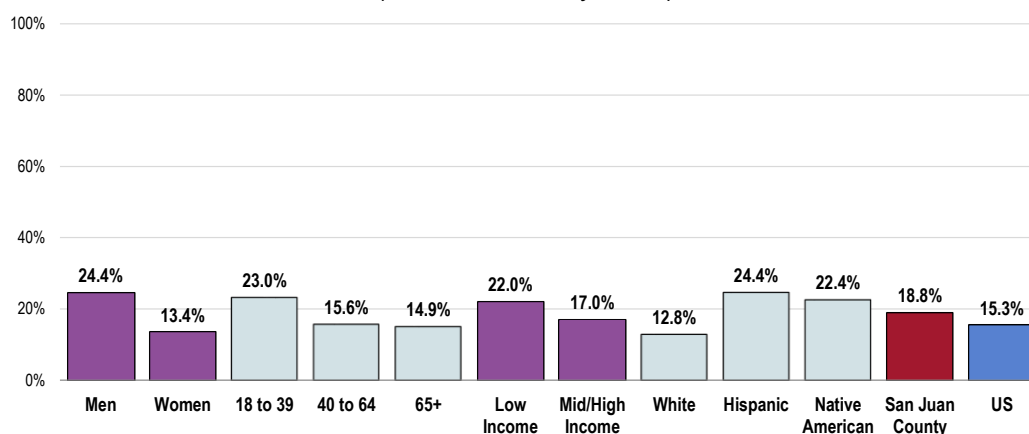
Notes: • Asked of all respondents.

- Compared with the US prevalence, local adults are more likely to consider their neighborhood to be “slightly” or “not at all” safe.

Reports of unsafe neighborhoods are notably higher among these residents:

- Men.
- Young adults (age 18-39).
- Hispanics and Native Americans.

### Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

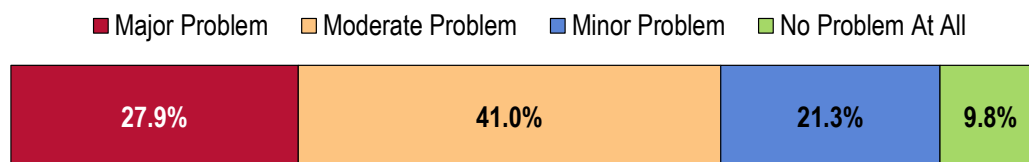
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.



## Top Concerns

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

### Domestic Violence

*Many instances of domestic violence. – Community Leader*

*High rates of occupancy in our battered women’s shelters and news reports of violence against family and nonfamily members. – Social Services Provider*

*Domestic violence with injury is very common. – Other Health Provider*

### Drug/Alcohol Abuse

*Alcohol and drug abuse lead to significant rates of domestic violence and sexual assault. – Community Leader*

*Trauma related to alcohol and drugs is particularly high in our community. – Physician*

*A very high number of injuries in the county. A high number of these are attributable to alcohol use. – Other Health Provider*

### Prevalence/Incidence

*The incidence is so high. When I talk with families, it is so common. – Physician*

*It is in the news and criminal reports on a weekly basis. – Public Health Representative*

*Extremely high rates of violence on the Navajo Nation, with a very small police force; high rates of substance abuse often increases rate of violence; high DUI rate. – Other Health Provider*

### Demographics

*Demographics. – Community Leader*

### Homelessness

*There has been an increase in violence among the homeless population. – Other Health Provider*

## Diabetes

### About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

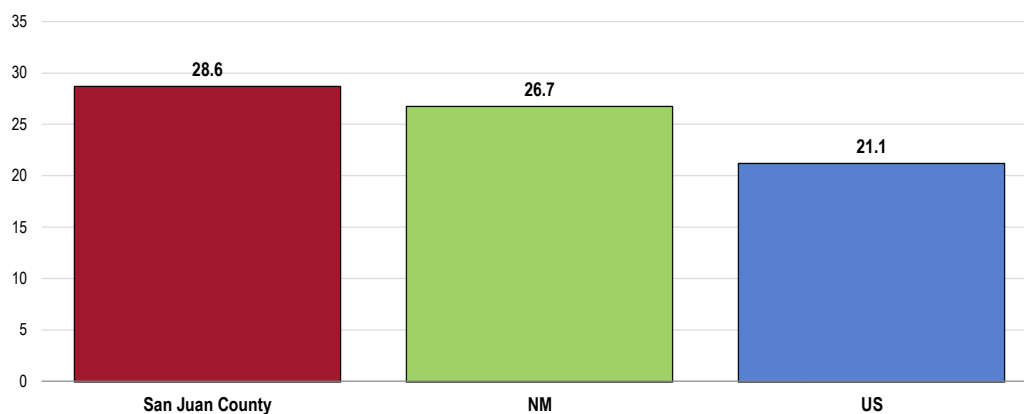
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Diabetes Deaths

**Between 2013 and 2015, there was an annual average age-adjusted diabetes mortality rate of 28.6 deaths per 100,000 population in San Juan County.**

- Worse than that found statewide or nationally.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

### Diabetes: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)

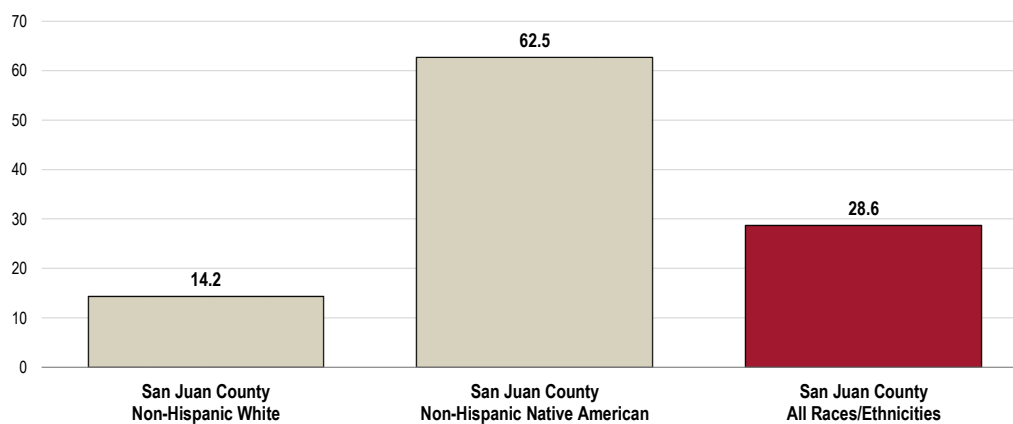


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]  
• 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 Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in San Juan County is over four times higher among Native Americans than among Whites.

### Diabetes: Age-Adjusted Mortality by Race (2013-2015 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

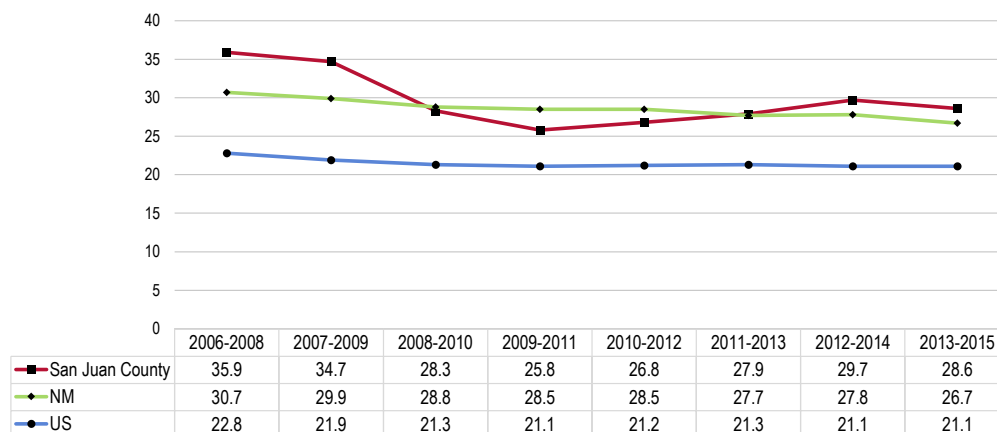
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]  
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
• The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- **TREND:** The county's diabetes mortality rate dropped sharply in the late 2000s but has since increased slightly.

## Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]  
 • 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 Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

## Prevalence of Diabetes

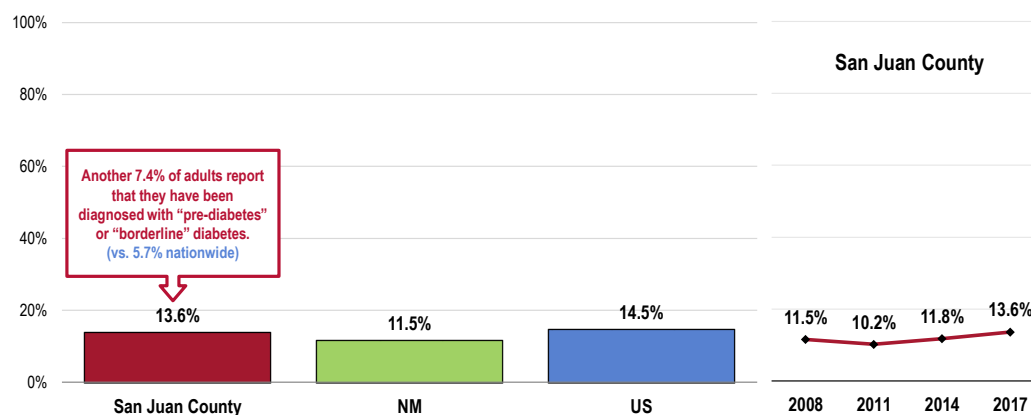
A total of 13.6% of San Juan County adults report having been diagnosed with diabetes.

- Similar to the statewide and national proportions.
- **TREND:** Statistically unchanged since 2008.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.4% of San Juan County adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Worse than the state prevalence (not shown).

## Prevalence of Diabetes

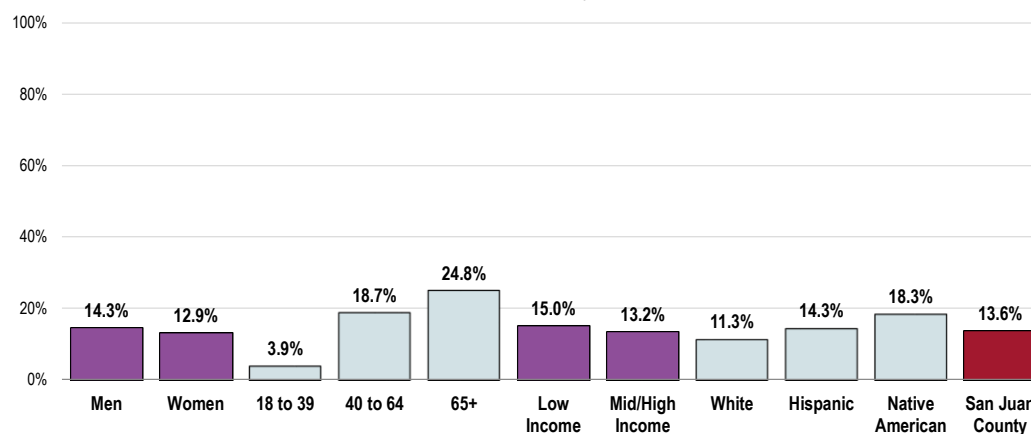


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.

Notes: • Asked of all respondents.

- Note the strong positive correlation between diabetes and age, with 1 in 4 seniors having diabetes in San Juan County.

## Prevalence of Diabetes (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

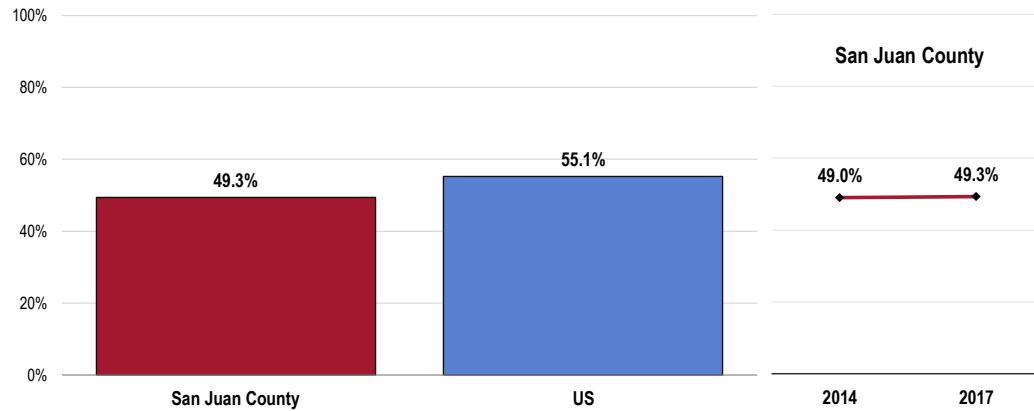
Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Excludes gestational diabetes (occurring only during pregnancy).

## Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 49.3% report having had their blood sugar level tested within the past three years.

- Lower than the national proportion.
- TREND: Statistically unchanged since 2014.

### Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

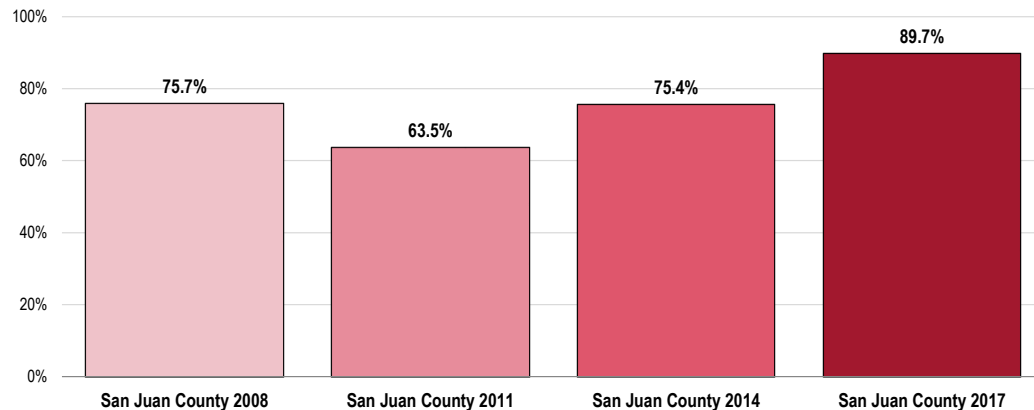
Notes: • Asked of respondents who have not been diagnosed with diabetes.

## Insulin/Medication

Among county residents with diabetes, nearly all (89.7%) are taking insulin or other medication to manage their diabetes.

- TREND: The prevalence has increased significantly over time.

### Taking Insulin or Other Medication for Diabetes (Among Respondents with Diabetes)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

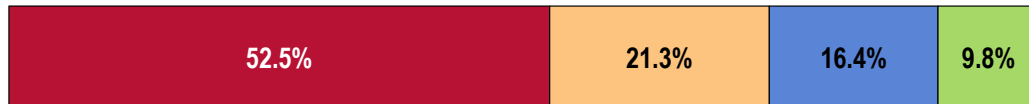
Notes: • Asked of respondents who have not been diagnosed with diabetes.

## Key Informant Input: Diabetes

Over half of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2017)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Health Education

*With such a high rate of diabetes in our community, we are in need of more education and prevention.* – Community Leader

*Understanding the disease and the importance of appropriate dietary intake and exercise as the major treatment option and for ameliorating the complications of the disease.* – Social Services Provider

*Lack of understanding of the causes and proactive steps to manage and mitigate further complications through lifestyle choices.* – Community Leader

*Having a medical guide to motivate, direct, and follow care, including diet, exercise group and individual trainer program; attachment to support group; behavior modification; and ongoing mandatory educational sessions.* – Community Leader

*There are no or little endocrinology and/or diabetes educator services available.* – Physician

*Diabetes amputations, dialysis, eventual death, and poor quality of living. Nutrition and lifestyle education is at the root of the problem.* – Social Services Provider

*Nutritional education.* – Community Leader

*Lack of understanding or lack of caring about the severity of this disease. Most patients who present to my office who are on medications to control their diabetic state do not fully understand that they have been diagnosed with “diabetes,” nor do they care to do anything else about it (i.e., diet and exercise).* – Community Leader

*Lack of knowledge. We find a lot of noncompliance in regards to managing blood sugar.* – Other Health Provider

*Education, poor access to healthy food choices.* – Other Health Provider

*Education and access to management with no endocrinologists.* – Physician

*I believe there is not enough awareness education on this issue in our area.* – Community Leader

*Poor education. Lack of primary care to address. No local endocrinologist to support this.* – Physician

#### Access to Care/Services

*Better access to a specialist in this arena and a greater willingness to follow advice.* – Community Leader

*Access to services, knowledge of the disease, prevention, good nutrition, weight control.* – Other Health Provider

*I am unaware of the direct interactions or access that these patients have to resources. By the time they get to my office for an unrelated issue, it becomes quite apparent that they don't know and don't care. They simply take the medications because they were told they needed them (in most cases). – Community Leader*

*Lack of resources, funding, transportation. – Community Leader*

### **Lifestyle**

*They don't take care of themselves well enough once diagnosed. – Community Leader*

*Personal responsibility to live a healthy lifestyle. Overweight and obesity, combined with family history. – Community Leader*

*Again, this is due to lifestyle choices, including exercise, diet, and alcohol consumption. Obesity is a major issue in our community. – Community Leader*

*Diet. – Community Leader*

### **Access to Healthy Foods**

*Continual access to fresh fruits and vegetables at an affordable price. People cannot change the way they eat because it is not easily available to them, so they choose bad foods, which increases the possibility of diabetes now and for the future generations. We do not have easily-accessible fresh fruit and vegetables year-round, nor the education on how to cook and provide healthier choices for families. – Other Health Provider*

*Low socioeconomic status, which makes it difficult to eat healthier. Also, many diabetics lack the desire to live healthier. – Physician*

### **Lack of Specialists/Specialty Services**

*Lost our only endocrinologist. Diabetes is rampant in this community. – Physician*

*Lack of endocrinology support. – Physician*

### **Co-Occurrences**

*The time it takes and transportation issue for those on dialysis. Diet, high use of fast food. Poverty and perhaps a lack of education or affordability of foods that are healthy. – Other Health Provider*

### **Prevalence/Incidence**

*High rate of incidence and complications resulting from this preventable disease. – Public Health Representative*

### **Vulnerable Populations**

*Diabetes is an issue among Native Americans. – Community Leader*



## Alzheimer's Disease

### About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

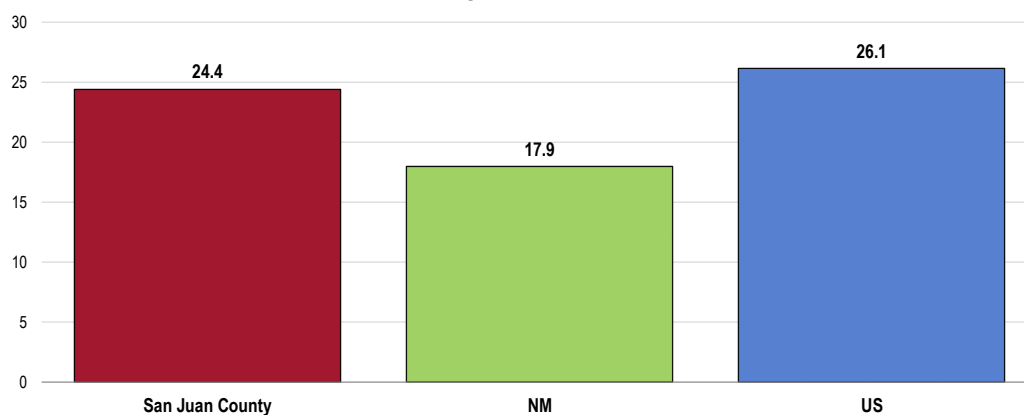
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Alzheimer's Disease Deaths

Between 2013 and 2015, there was an annual average age-adjusted Alzheimer's disease mortality rate of 24.4 deaths per 100,000 population in San Juan County.

- Higher than the statewide rate.
- Lower than the national rate.

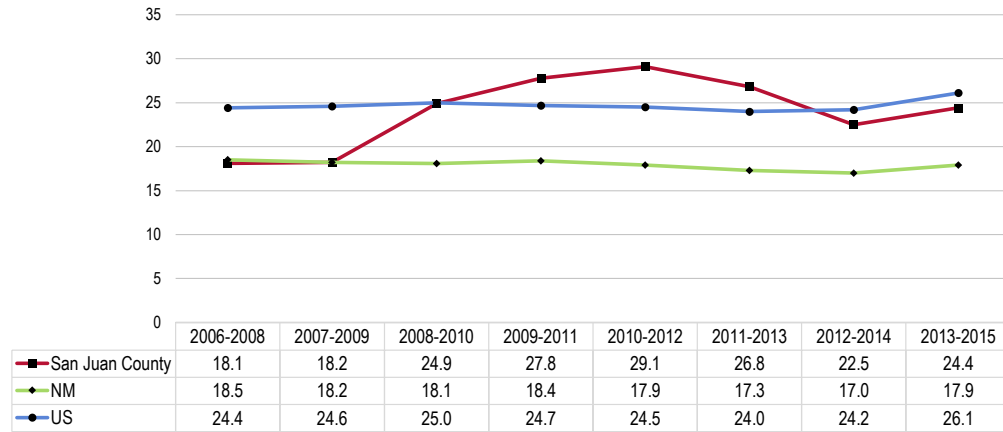
### Alzheimer's Disease: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- 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.

- **TREND:** No clear trend is evident with regard to the Alzheimer's disease mortality rate in San Juan County. State and US rates have been more stable.

## Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual 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 April 2017.

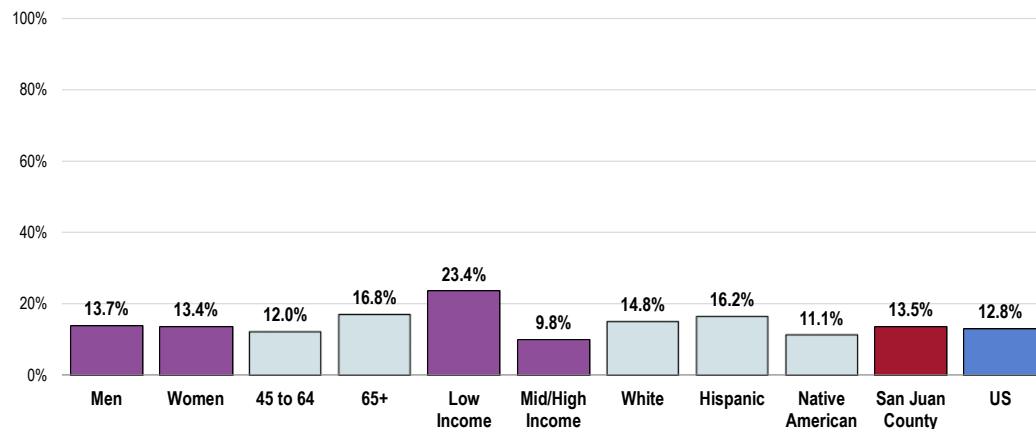
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Progressive Confusion/Memory Loss

A total of 13.5% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.
- A higher prevalence of progressive confusion/memory loss is reported in low-income households.

## Experienced Increasing Confusion/Memory Loss in Past Year (Among Respondents Age 45 and Older; San Juan County, 2017)



Sources: 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of those respondents age 45 and older.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

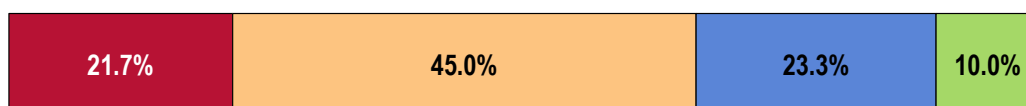
## Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a “moderate problem” in the community.

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2017)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Prevalence/Incidence

*It seems that the number of people who are subject to dementia/Alzheimer's is growing at higher rate. Dealing with these problems places extreme stress on families. Those who do not qualify for assistance find themselves in serious financial strain. – Community Leader*

*The disease afflicts many people, directly and indirectly. – Community Leader*

*Numerous people have parents or spouses with Alzheimer's disease. – Community Leader*

*Adult Protective Services has many investigations involving dementia. It is as difficult a problem to address as behavioral health. There is an Alzheimer's association in Farmington, but the director is on leave. Assessment of varying stages and decisional capacity are the root of the problem. Court guardianships/conservatorships are expensive, and not everyone qualifies for state assistance with the Department of Guardianship at 200% at or below the poverty level. – Social Services Provider*

*Growing problem. Need for better continuity of care and better family support services. – Physician*

*I know of numerous people who have been diagnosed or have family that has been diagnosed with dementia/Alzheimer's. – Community Leader*

#### Access to Care/Services

*Lack of resources to care for these patients. – Physician*

*Neurology has a problem with access to doctors. – Community Leader*

#### Aging Population

*Elderly and baby boomers are showing the increase in this area. – Public Health Representative*

*As people live longer, more are faced with this potential problem. Farmington seems to be a bedroom retirement community. This will generate greater need for services. – Community Leader*

#### Impact on Caregivers/Families

*Family members of those diagnosed are often responsible for sole care with no reprieve. If the patient has any financial resources (for example, owns property), the family member must support them financially, as they are unable to obtain federal (or state) assistance. – Physician*

#### Lack of Specialists/Specialty Services

*Lack of services and specialty care. – Other Health Provider*

## Kidney Disease

### About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

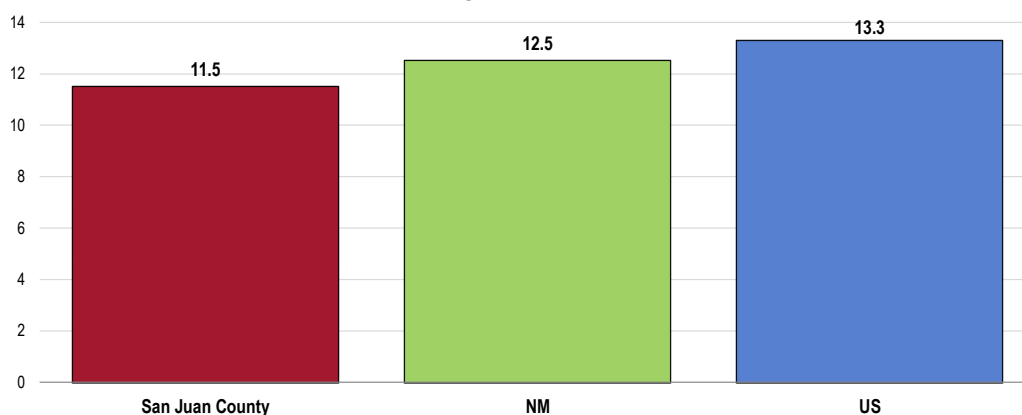
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Kidney Disease Deaths

Between 2013 and 2015 there was an annual average age-adjusted kidney disease mortality rate of 11.5 deaths per 100,000 population in San Juan County.

- Lower than the rates found statewide and nationally.

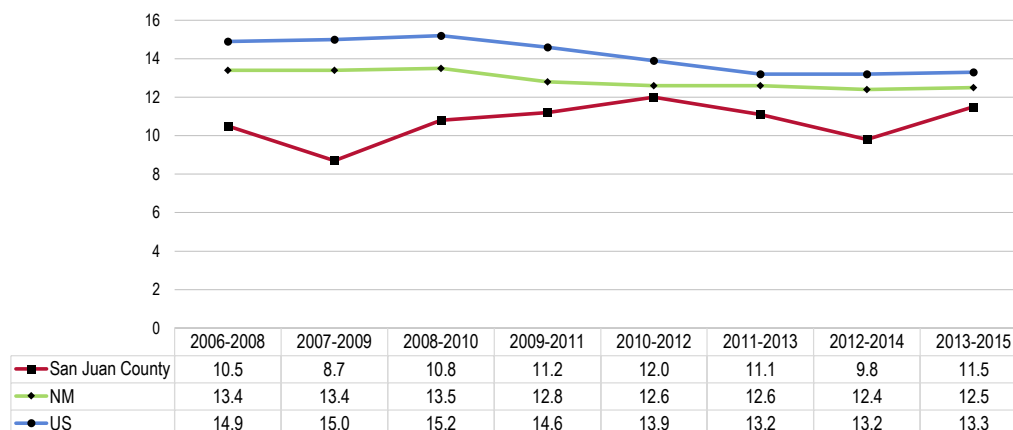
**Kidney Disease: Age-Adjusted Mortality**  
(2013-2015 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- 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.

- **TREND:** Though fluctuating, the death rate has increased overall during the past decade in San Juan County. In contrast, state and national mortality rates decreased.

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



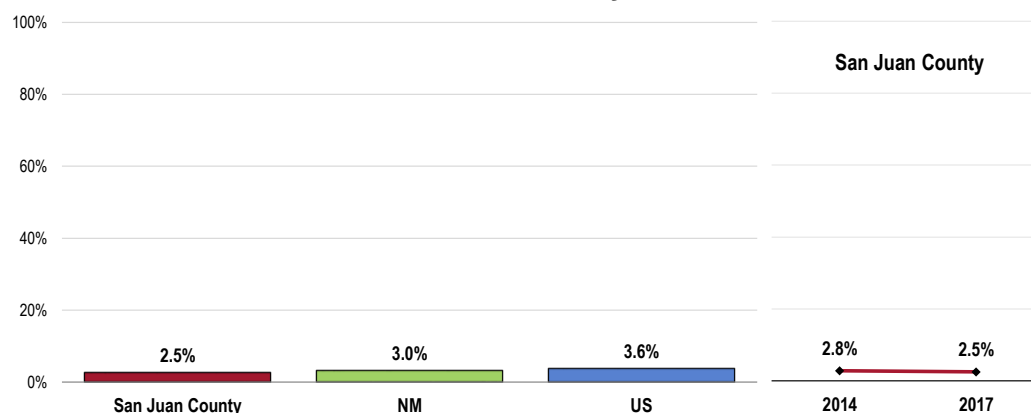
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Prevalence of Kidney Disease

A total of 2.5% of county adults report having been diagnosed with kidney disease.

- Similar to the state and national proportions.
- **TREND:** Statistically unchanged since 2014.

### Prevalence of Kidney Disease

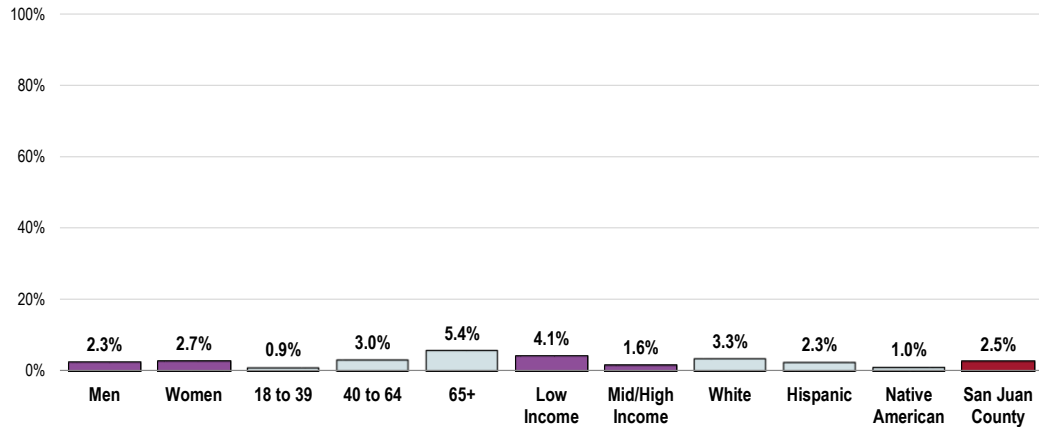


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

These population segments are more likely to have kidney disease in San Juan County:

- Seniors (age 65+; positive correlation with age).
- Adults in low-income households.
- White respondents.

### Prevalence of Kidney Disease (San Juan County, 2017)



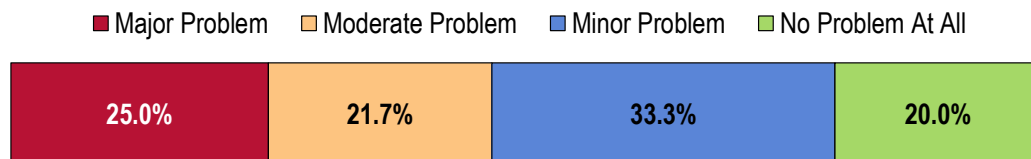
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]

Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "minor problem" in the community.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

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

### Prevalence/Incidence

*Mostly due to our Native American population, kidney disease is a major issue. It also relates to lifestyle and choices people make about their own health. – Community Leader*

*Chronic kidney disease is very common, due to the ethnicity of our area and the increased diabetes and alcohol/ substance abuse in our community. – Other Health Provider*

*Adult Protective Services has many clients who are on dialysis, primarily due to diabetes. Poor understanding of how diet and lifestyle affects complications is a major factor. – Social Services Provider*

*High rates of diabetes. – Other Health Provider*

*High population of people with end-stage renal disease. – Community Leader*

### Comorbidities

*Correlation to diabetes and substance use. Lack of access to specialty care. – Other Health Provider*

*It seems the disease process, co-morbidities, and individual health decline over time, for some proceeding to the need for dialysis. I think the incidence is related to basic healthcare needs and lifestyle choices, as well as heredity. – Other Health Provider*

*The extreme high amount of diabetes in San Juan County has led to a high kidney disease prevalence, and I don't believe we have adequate facilities to handle the current conditions—much less what is headed our way in the future with the outbreak of type-2 diabetes in the lower age groups. – Other Health Provider*

### Access to Care/Services

*Long wait times for appointments and superficial evaluations. Kidney disease is disproportionately high for this community. – Physician*

*More nephrologists are needed to manage all that the current group is managing. – Physician*

*There are little or no endocrinology services available. – Physician*

### Access to Drugs/Alcohol

*Due to the high alcohol density outlay per square mile, access alone. The increase in alcohol-related factors, New Mexico and San Juan County is high on the list of outcomes. – Public Health Representative*

## Potentially Disabling Conditions

### About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Arthritis, Osteoporosis, & Chronic Back Conditions

**Over 1 in 3 San Juan County adults age 50 and older (35.1%) reports suffering from arthritis or rheumatism.**

- More favorable than that found nationwide.

**A total of 7.9% San Juan County adults age 50 and older have osteoporosis.**

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

**A total of 22.6% of San Juan County adults (18 and older) suffer from chronic back pain or sciatica.**

- Comparable to that found nationwide.

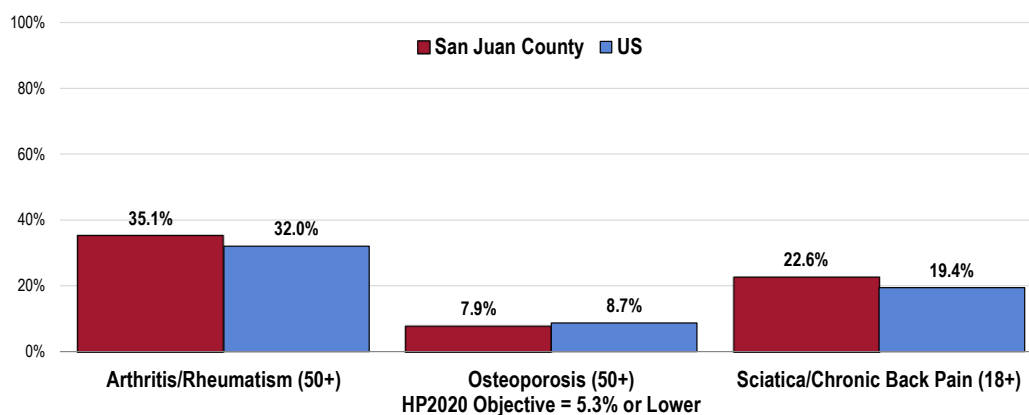
#### RELATED ISSUE:

See also *Activity Limitations in the General Health Status* section of this report.



- TREND: Marks a statistically significant increase over time (not shown).

## Prevalence of Potentially Disabling Conditions



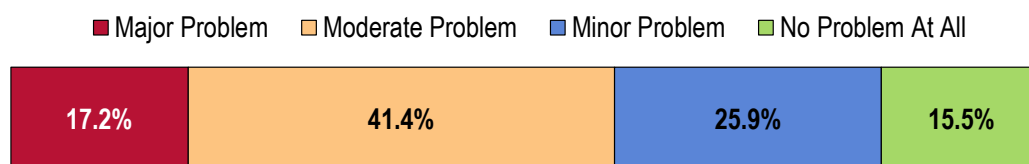
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]  
 Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

## Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

## Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Top Concerns

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

### Lack of Specialists/Specialty Services

*Rheumatology services are not available without the burden of travel. Patients often go without needed care. – Physician*

*There is no doctor serving those patients with rheumatoid arthritis. We all now go to Durango to Dr. Grant's practice. – Other Health Provider*

*Need rheumatology. – Physician*

*No rheumatologist in area. – Physician*

*No consistent neurosurgical care. – Physician*

### **Work-Related Injuries**

*San Juan County is heavily dependent on labor in the oil and gas field. Many employees suffer back issues due to working manual labor in this area. – Community Leader*

*I believe the majority of workers in our area suffer from some sort of back injury that is never diagnosed but can cause prescription drug addictions. – Other Health Provider*

### **Access to Healthy Foods**

*The plethora of fast food restaurants, lack of safe streets, and lack of joint-use agreements for schools and communities are contributing factors, coupled with hours of work ergonomics. – Public Health Representative*

### **Pain Management**

*Individuals with end-stage arthritis—and the severe pain that it causes—are denied access to medications by physicians in amounts that cause enough pain relief to allow them to function in a halfway normal manner. This results from federal and state governments' "war on drugs" programs and their inability to see the difference between true drug addicts and patients who need such medications for true pain relief, as the result of incurable, chronic conditions. The hospital and local physicians go right along with this "war on drugs" mentality and ignore the true needs of the patient with chronic pain. – Community Leader*

## **Vision & Hearing Impairment**

### **About Vision**

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### **Vision and Hearing Trouble**

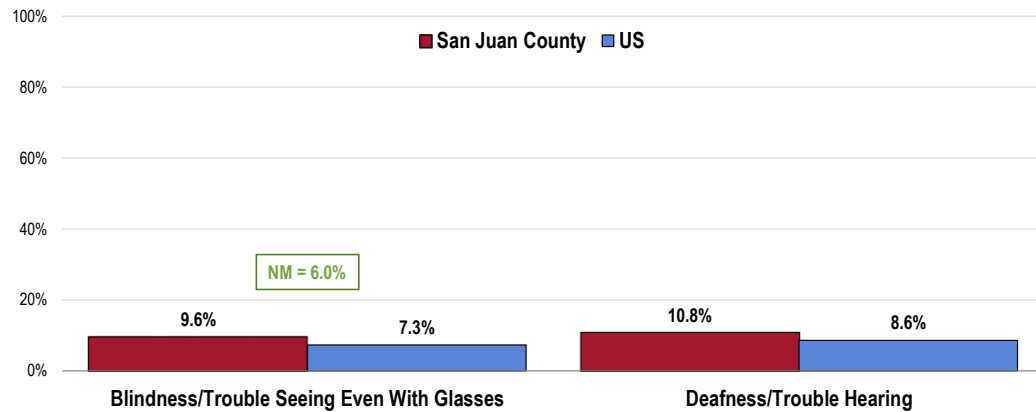
**A total of 9.6% of San Juan County adults are blind or have trouble seeing even when wearing corrective lenses, and 10.8% are deaf or have trouble hearing.**

- The county prevalence of blindness is worse than the state prevalence.
- Both percentages are similar to national findings.

#### **RELATED ISSUE:**

See also *Vision Care* in the *Access to Health Services* section of this report.

## Prevalence of Blindness/Deafness



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.

Notes:

- Reflects the total sample of respondents.

## Hearing Trouble

### About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

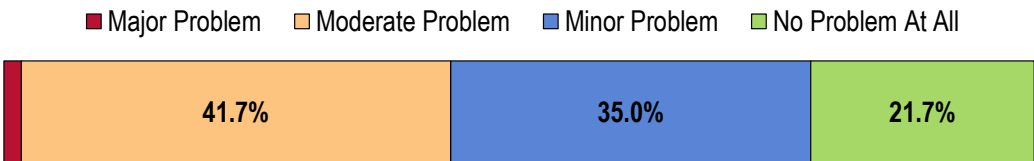
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “moderate problem” in the community.

### Perceptions of Vision and Hearing as a Problem in the Community (Key Informants, 2017)



Sources:   • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes:   • Asked of all respondents.

## Top Concerns

### Insurance Issues

■ Lack of insurance coverage for these two health concerns. – Social Services Provider

# Infectious Disease



**Professional Research Consultants, Inc.**

## Influenza & Pneumonia Vaccination

### About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Flu Vaccinations

Half of San Juan County seniors aged 65+ (49.9%) received a flu shot within the past year.

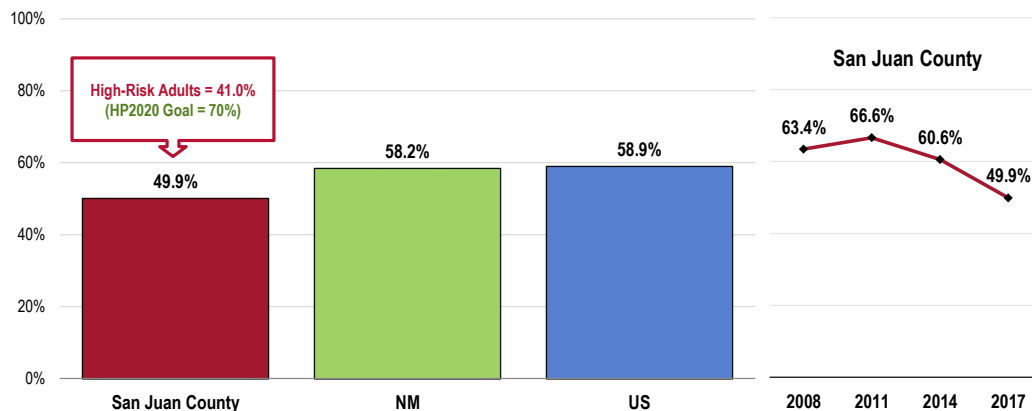
- Below the New Mexico and US percentages.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Marks a statistically significant decrease since 2008.

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 41.0% of high-risk adults age 18 to 64 received a flu vaccination within the past year.

### Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



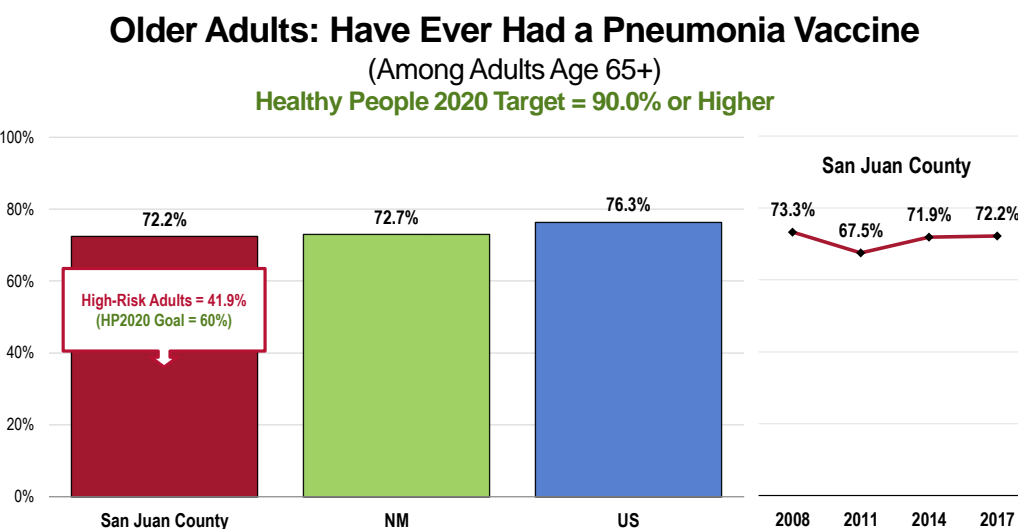
- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
  - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 NM data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
  - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
  - Previous years' data includes use of FluMist as a form of vaccination.

## Pneumonia Vaccination

Among San Juan County adults age 65 and older, 72.2% have received a pneumonia vaccination at some point in their lives.

- Similar to the New Mexico and US findings.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged over time.

A total of 41.9% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]  
 Notes: • Reflects respondents 65 and older.  
 • "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

## HIV

### About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

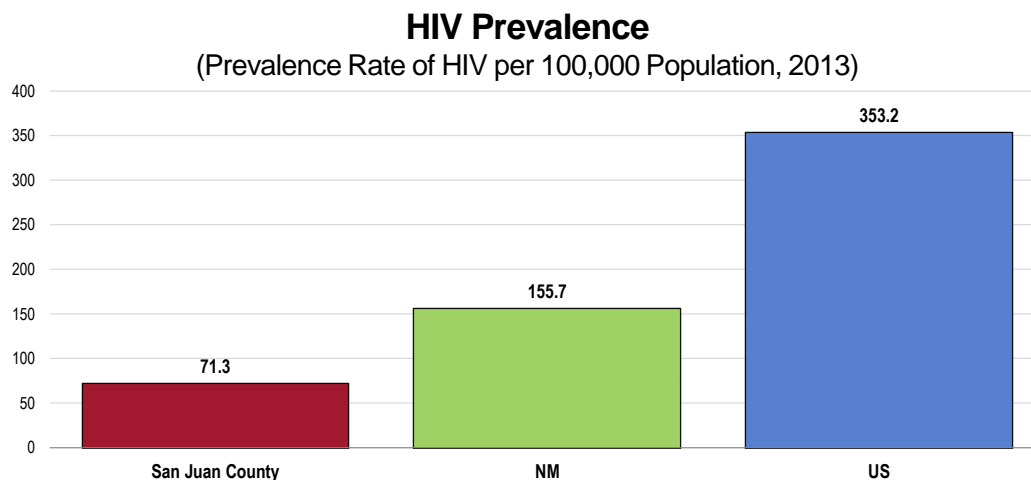
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))



## HIV Prevalence

In 2013, there was a prevalence of 71.3 HIV cases per 100,000 population in San Juan County.

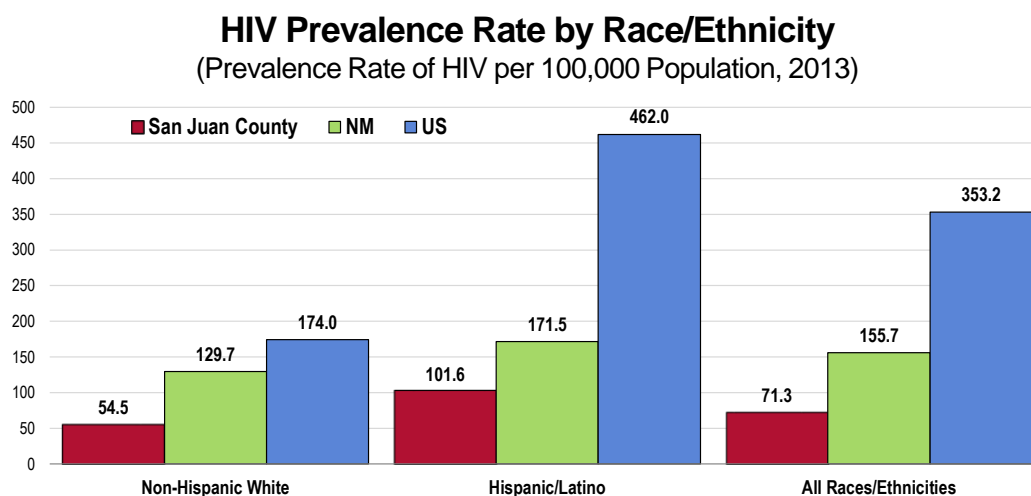
- Well below the state and national prevalence.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in San Juan County is higher among Hispanics than among Whites, although to a much lesser degree than found nationally.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

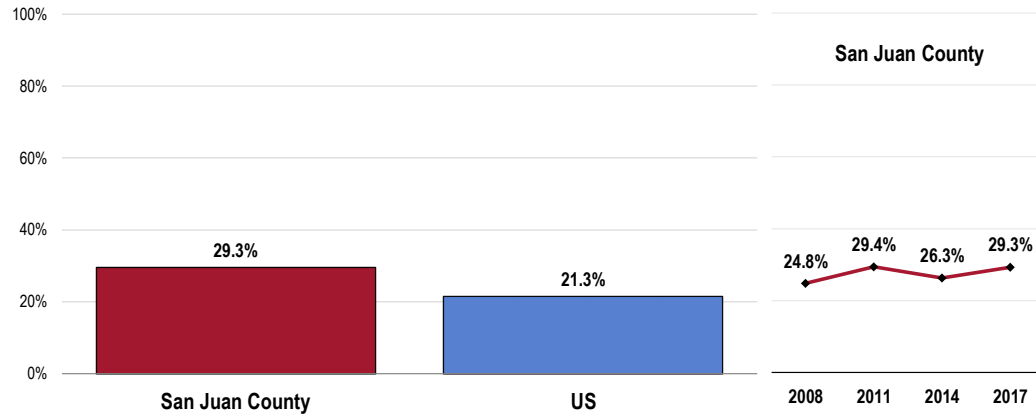
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

## HIV Testing

Among San Juan County adults age 18 to 44, 29.3% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- A higher proportion than found nationwide.
- TREND: Testing has remained statistically stable since 2008.

### Tested for HIV in the Past Year (Among Adults Age 18-44)

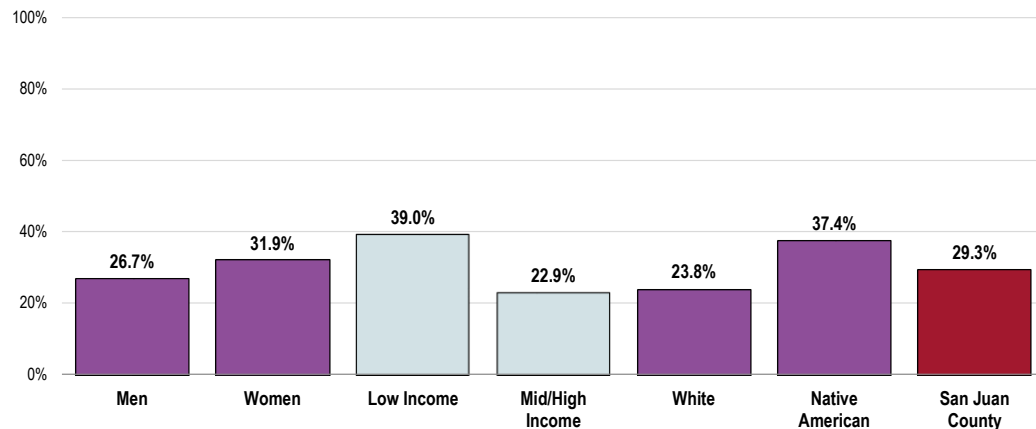


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects respondents age 18 to 44.

Among adults age 18 to 44:

- Whites and upper-income residents less often report having been tested for HIV.

### Tested for HIV in the Past Year (Among Adults Age 18-44)

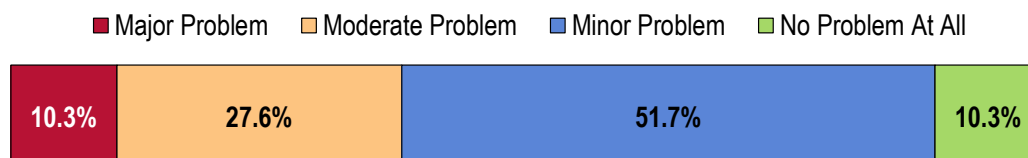


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]  
 Notes: • Reflects respondents age 18 to 44.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: HIV/AIDS

Over half of key informants taking part in an online survey characterized *HIV/AIDS* as a “minor problem” in the community.

### Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Access to Care/Services

*I think lack of access to HIV testing, especially for the uninsured, is a major problem. Treatment for positive HIV is available but seems limited. – Public Health Representative*

*Very little access to services or specialized care. – Physician*

#### Lack of Providers

*I don't think that we have a dedicated provider/clinic. – Physician*

*I am not aware that someone has taken over for Dr. Kompare. – Physician*

## Sexually Transmitted Diseases

### About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in San Juan County was 615.8 cases per 100,000 population.

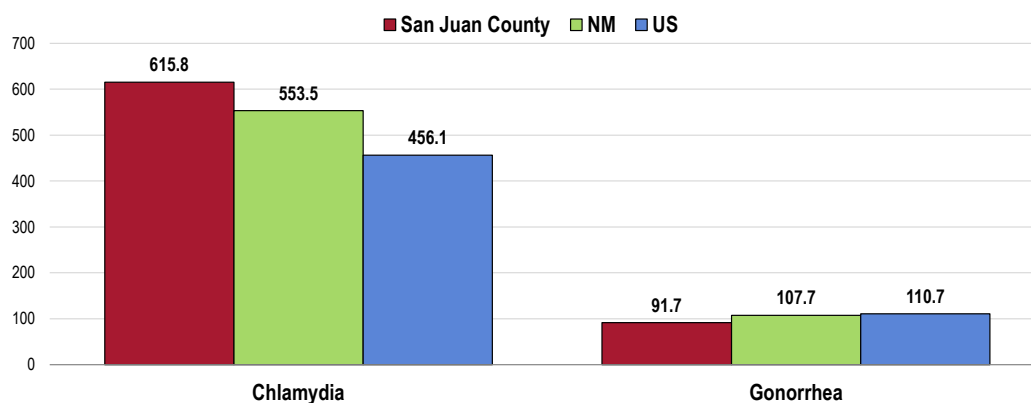
- Notably higher than the New Mexico and US incidence rates.

The San Juan County gonorrhea incidence rate in 2014 was 91.7 cases per 100,000 population.

- Lower than the state and national rates.

## Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: 

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Safe Sexual Practices

Among unmarried San Juan County adults under the age of 65, the majority cites having one (44.9%) or no (39.6%) sexual partners in the past 12 months. However, 9.2% report three or more sexual partners in the past year.

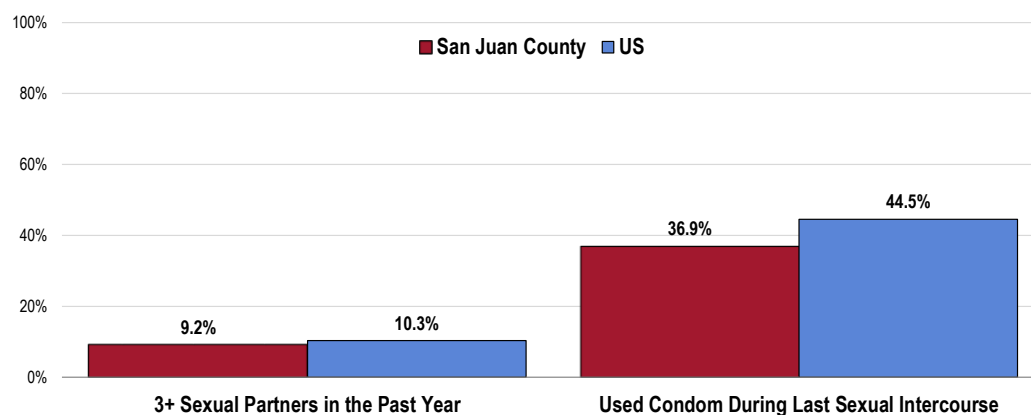
- Comparable to that reported nationally.
- TREND: This prevalence has decreased over time (not shown).

A total of 36.9% of unmarried San Juan County adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.

## Sexual Risk

(Unmarried Adults Age 18-64)



Sources: 

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 97-98]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 

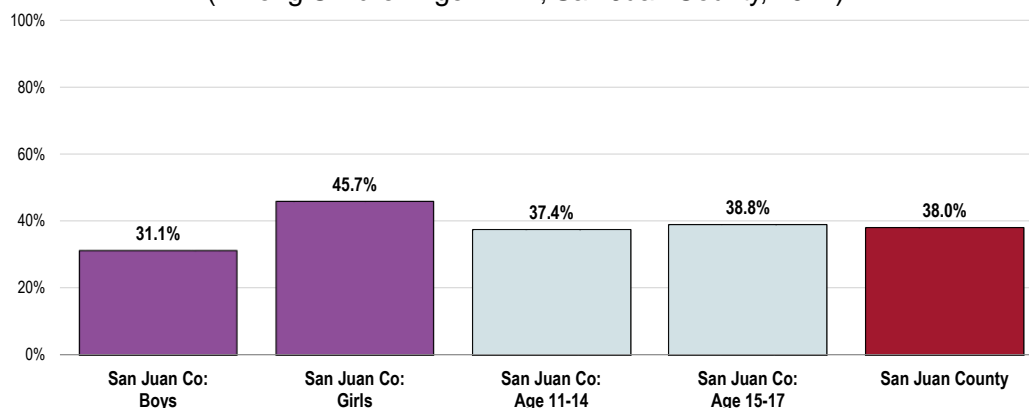
- Reflects unmarried respondents under the age of 65.

## HPV Vaccinations

Among survey respondents with children age 11 through 17, 38.0% indicate that their child has received the HPV vaccine.

- The prevalence does not vary significantly by age; by gender, the prevalence is much higher among girls in San Juan County.

### Child Has Received the HPV Vaccine (Among Children Age 11-17; San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

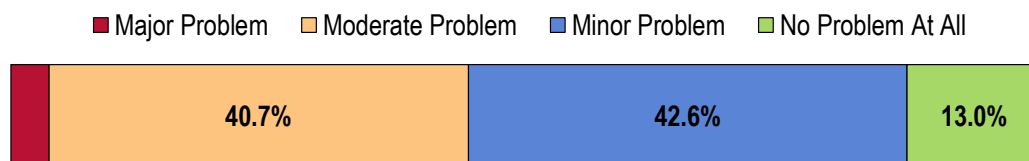
Notes: • Asked of all respondents with children age 11-17 at home.

• To prevent human papillomavirus (HPV infection), a vaccine is now available for teens and young adults; it is called the cervical cancer or genital warts vaccine, HPV shot, Gardasil, or Cervarix.

## Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

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

### Health Education

*Not enough education about STIs. Not enough providers for testing and treatment. – Public Health Representative*

### Prevalence/Incidence

*New Mexico is the fifth-ranked state for the most STDs in the USA. – Other Health Provider*

## Immunization & Infectious Diseases

### Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “moderate problem” in the community.

### Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2017)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

### Top Concerns

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

#### *Lack of Specialists/Specialty Services*

*Infectious diseases happen on a regular basis in our community, but getting an expert opinion is not possible. Telephone consultation from UNM does not serve the purpose. Immunization seems to be okay, though. – Physician*

*No infectious disease specialist in the region. – Physician*

*Lack of specialists. – Physician*

#### *Affordable Care/Services*

*Due to income levels and many families' lack of insurance, I do not believe that the need for immunization is treated as seriously as it should be. It is also difficult to offer enough free clinics/immunizations to address the issue. – Community Leader*

#### *Childhood Immunization*

*Some children do not get required immunizations. – Community Leader*

#### *Prevalence/Incidence*

*High incidence of infectious disease in this area, both inpatient and outpatient. No infectious disease specialists. – Physician*

# Births



Professional Research Consultants, Inc.



## Prenatal Care

### About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

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

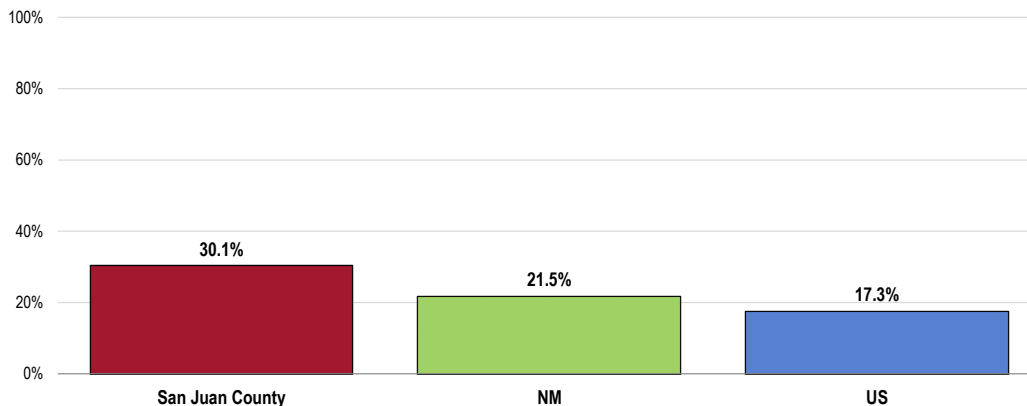
**Between 2007 and 2010, 30.1% of all San Juan County births did not receive prenatal care in the first trimester of pregnancy.**

- Less favorable than the New Mexico and US proportions.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

### Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)

**Healthy People 2020 Target = 22.1% or Lower**



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. *Wide-Ranging Online Data for Epidemiological Research*.  
 • Retrieved April 2017 from Community Commons at <http://www.chna.org>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

## Birth Outcomes & Risks

### Low-Weight Births

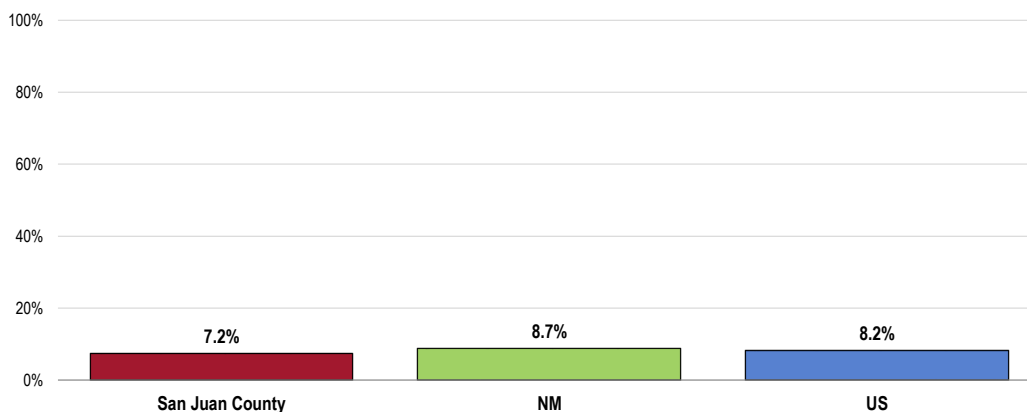
A total of 7.2% of 2006-2012 San Juan County births were low-weight.

- Lower than the state and national proportions.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).

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, 2006-2012) Healthy People 2020 Target = 7.8% or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.  
• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]  
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

### Infant Mortality

Between 2013 and 2015, there was an annual average of 5.7 infant deaths per 1,000 live births.

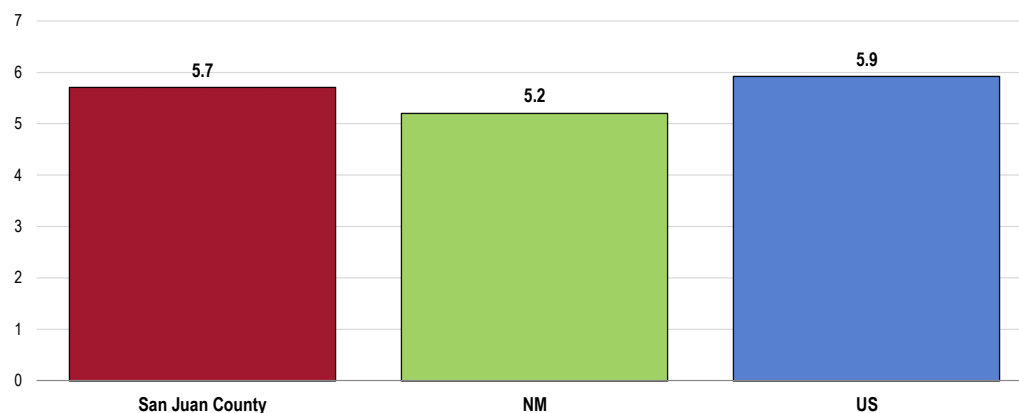
- Higher than the New Mexico rate.
- Similar to the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

## Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2013-2015)

Healthy People 2020 Target = 6.0 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes:

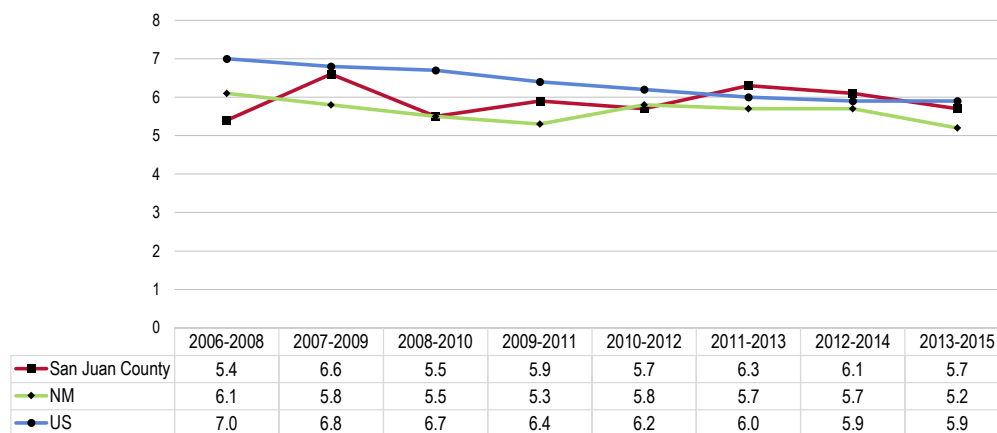
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND:** The infant mortality rate has fluctuated over the past decade.

## Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

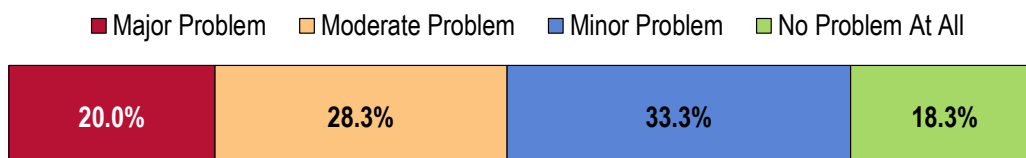
Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

## Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “minor problem” in the community.

### Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Affordable Care/Services

*Many families lack the income and/or the education to provide adequate infant and child health. – Community Leader*

*The number of low-income families in San Juan County contributes to the problem. It's a rural county, and the lack of transportation exacerbates the problem. – Other Health Provider*

#### Drug/Alcohol Abuse

*Significant alcohol and meth problem, which impacts infant/child safety and health. – Community Leader*

#### Health Education

*I think there's a basic lack of knowledge about the nutrition and care of a child, even when in the mother's womb. This leads to all kinds of issues in the child's life, including health and education. – Community Leader*

#### Lack of Specialists/Specialty Services

*Only have one provider group in the area specializing in infant and child health. There are no adolescent care providers in the area. – Public Health Representative*

#### Transportation

*The intersections of health, education, poverty, classism, and transportation intersect availability of opportunity for children to live, play, and breathe. – Public Health Representative*

## Family Planning

### Births to Teen Mothers

#### About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents.

Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income.

Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

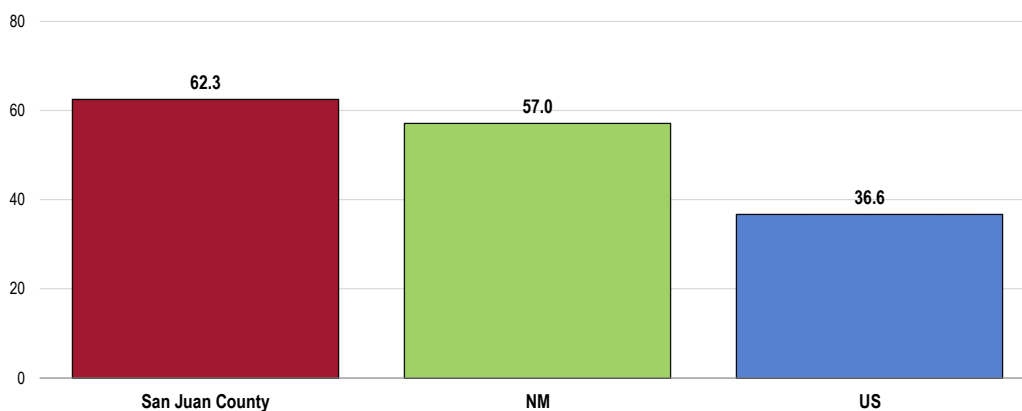
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**Between 2006 and 2012, there was an annual average of 62.3 births to women age 15-19 per 1,000 population in that age group.**

- Higher than the New Mexico proportion; much higher than the US proportion.

#### Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

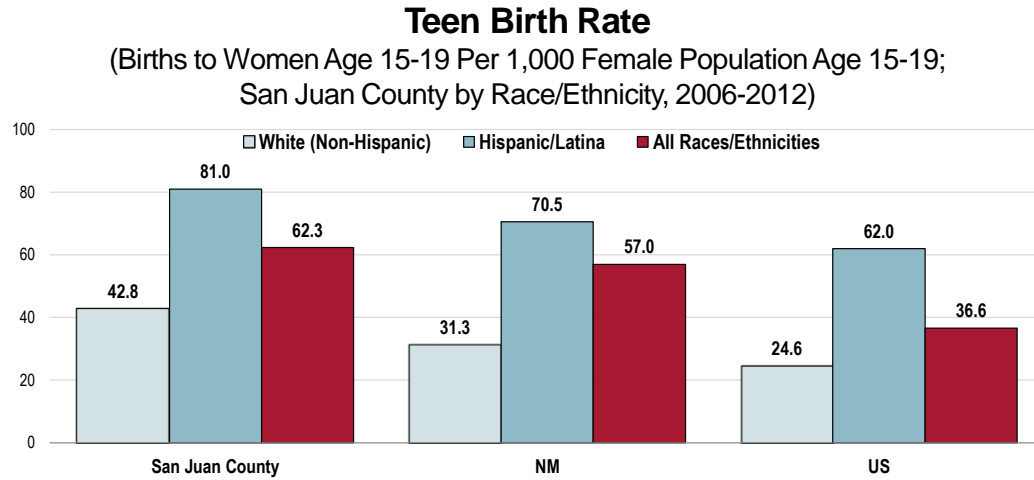


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

• Retrieved April 2017 from Community Commons at <http://www.chna.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. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- By race and ethnicity, Hispanics/Latinas exhibit the highest teen birth rate in San Juan County (as is also found statewide and nationally).

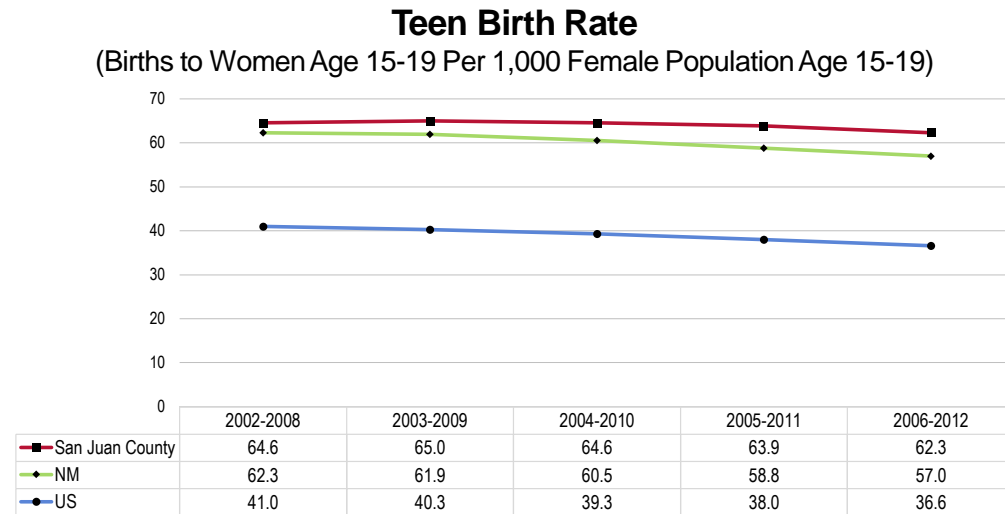


Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

Retrieved April 2017 from Community Commons at <http://www.chna.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. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- TREND:** This rate has been stable in San Juan County between the 2002-2008 and 2006-2012 reporting periods.



Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

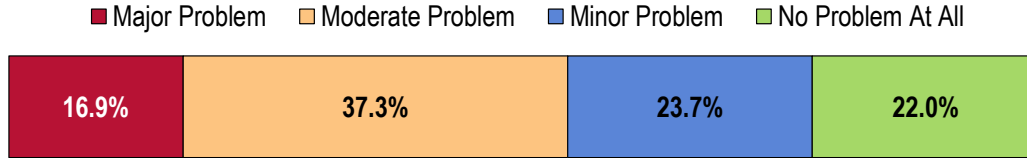
Retrieved April 2017 from Community Commons at <http://www.chna.org>.

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. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

## Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “moderate problem” in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Access to Care/Services

*I am unaware of any family planning facilities that do not depend on income or lack thereof. – Other Health Provider*

*We do not provide abortions here. – Physician*

#### Teen Pregnancy

*Teenage pregnancy is on the rise. – Community Leader*

*High birth rates to teens. High birth rates to unmarried women. – Social Services Provider*

#### Cultural/Personal Beliefs

*Religion and lack of resources. – Community Leader*

#### Impact on Caregivers/Families

*In San Juan County, about 65% of grandparents are taking care of their grandchildren, due to parents working two to three jobs, going to school, and raising children alone. These are to name a few. – Public Health Representative*

#### Single Parent Families

*A high percentage of the babies born in our community are born to unwed and unsupported women. – Community Leader*

# Modifiable Health Risks



**Professional Research Consultants, Inc.**



## Actual Causes of Death

### About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

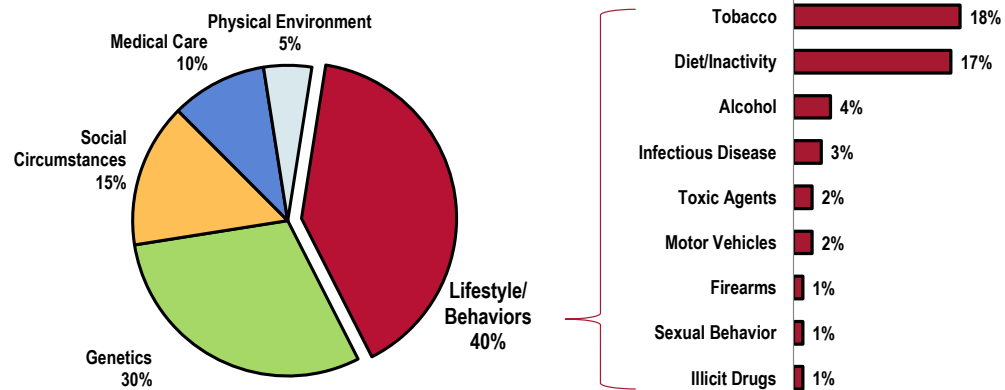
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

### Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

## Nutrition

### About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

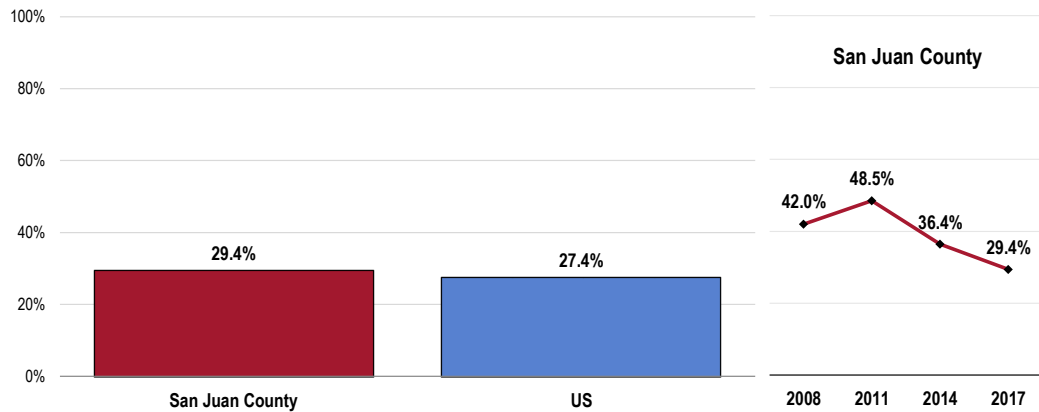
## Daily Recommendation of Fruits/Vegetables

A total of 29.4% of San Juan County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to the national prevalence.
- TREND: Fruit/vegetable consumption has decreased significantly from previous survey findings.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

### Consume Five or More Servings of Fruits/Vegetables Per Day

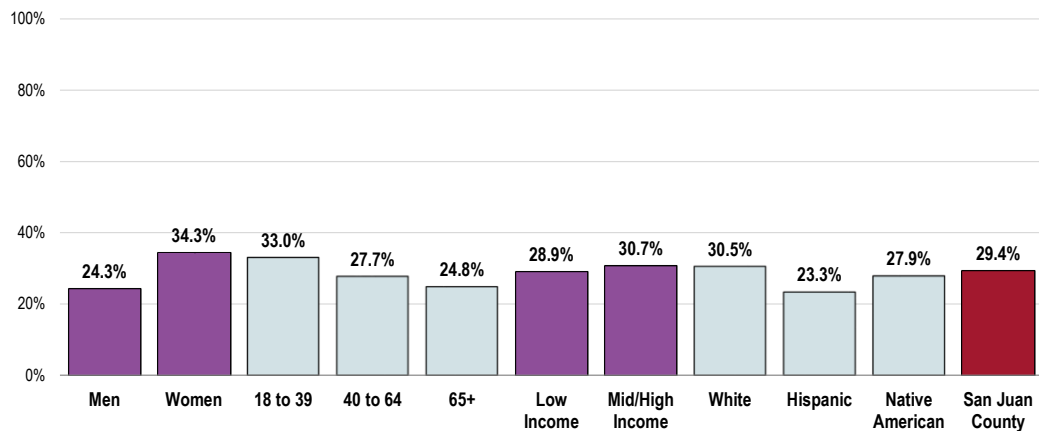


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables.

### Consume Five or More Servings of Fruits/Vegetables Per Day (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

## Access to Fresh Produce

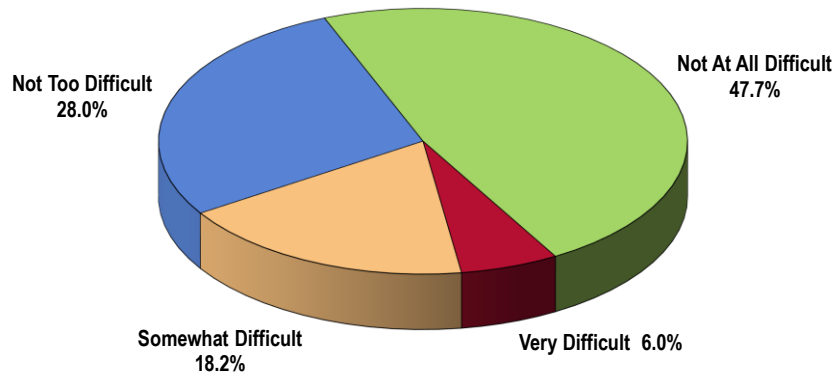
### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 24.2% of San Juan County adults find it “very” or “somewhat” difficult to access affordable, fresh fruits and vegetables.

Respondents were asked:

“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?”

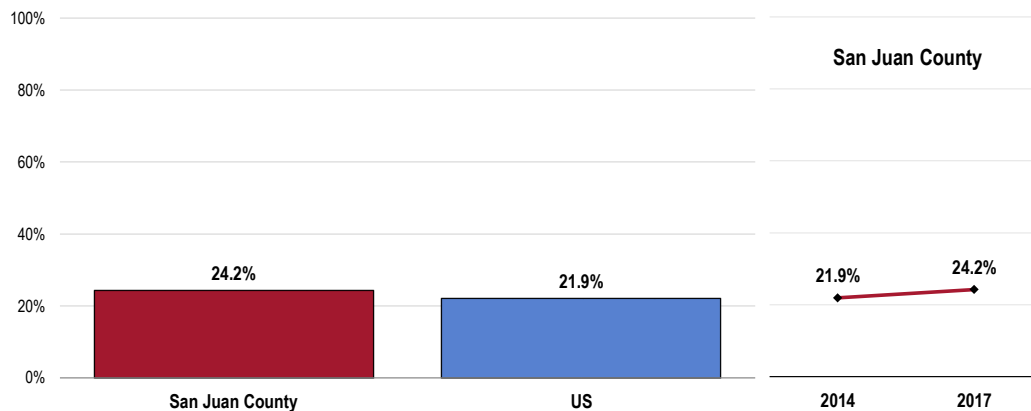
### Level of Difficulty Finding Fresh Produce at an Affordable Price (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
Notes: • Asked of all respondents.

- Similar to national findings.
- TREND: The prevalence has not changed significantly since 2014.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

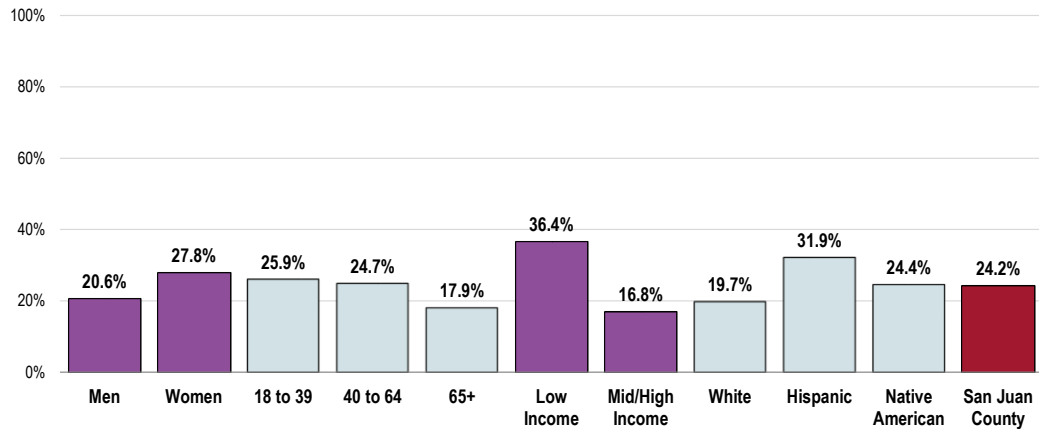


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Residents under age 65.
- Lower-income residents (especially).
- Hispanics.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Low Food Access (Food Deserts)

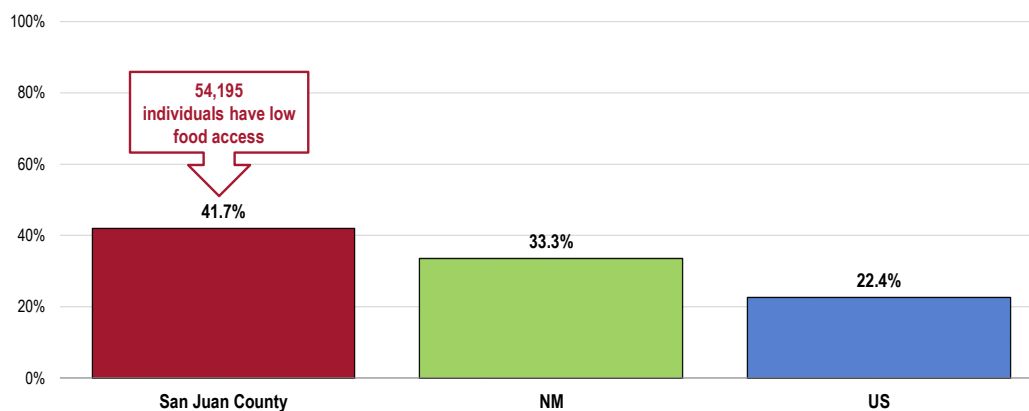
US Department of Agriculture data show that 41.7% of the San Juan County population (representing over 54,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Worse than state and US findings.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

## Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



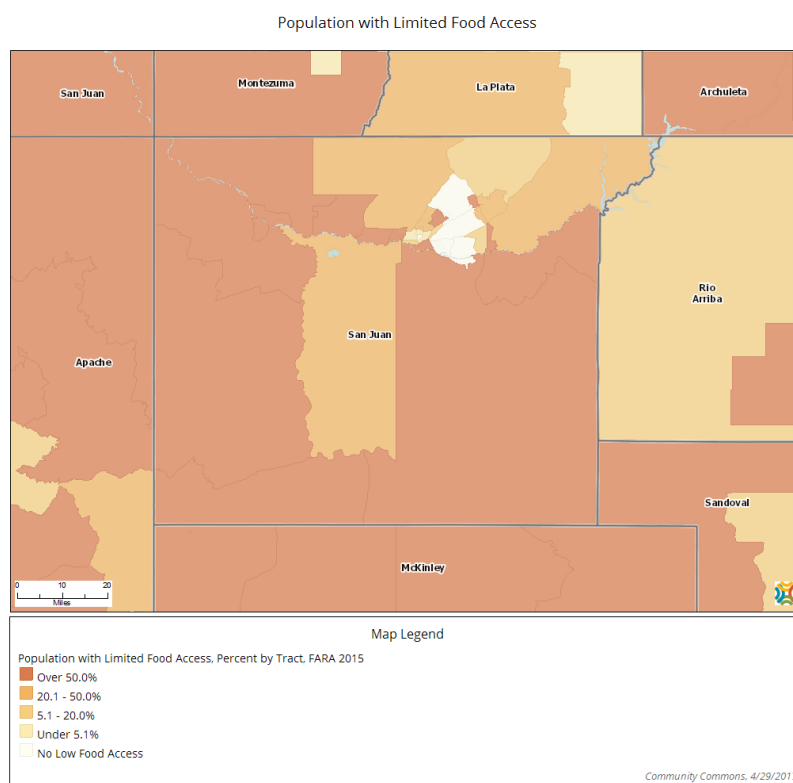
Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract in San Juan County.



## Sugar-Sweetened Beverages

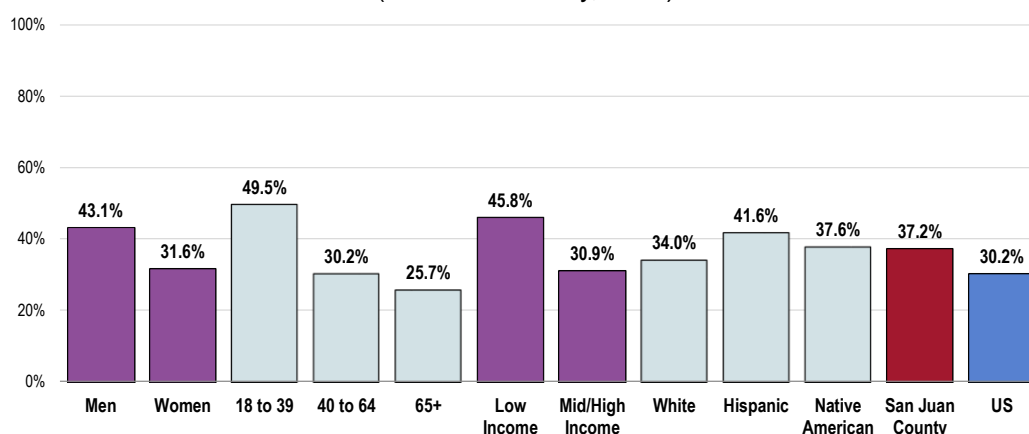
A total of 37.2% of San Juan County adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Above the national prevalence.

Those more likely to consume this level of sugar-sweetened beverages include:

- Men.
- Younger adults (negative correlation with age).
- Lower-income residents.

### Had Seven or More Sugar-Sweetened Beverages in the Past Week (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Physical Activity

### About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Leisure-Time Physical Activity

**A total of 20.9% of San Juan County adults report no leisure-time physical activity in the past month.**

- Comparable to statewide findings.
- More favorable than national findings.

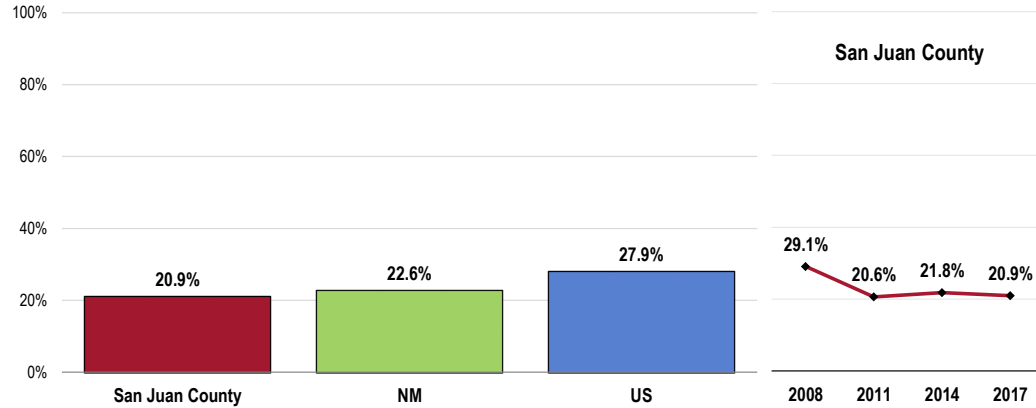
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.



- Satisfies the Healthy People 2020 target (32.6% or lower).
- TREND: Marks a statistically significant decrease from 2008 survey findings (but similar to 2011 and 2014 percentages).

## No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, 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): 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

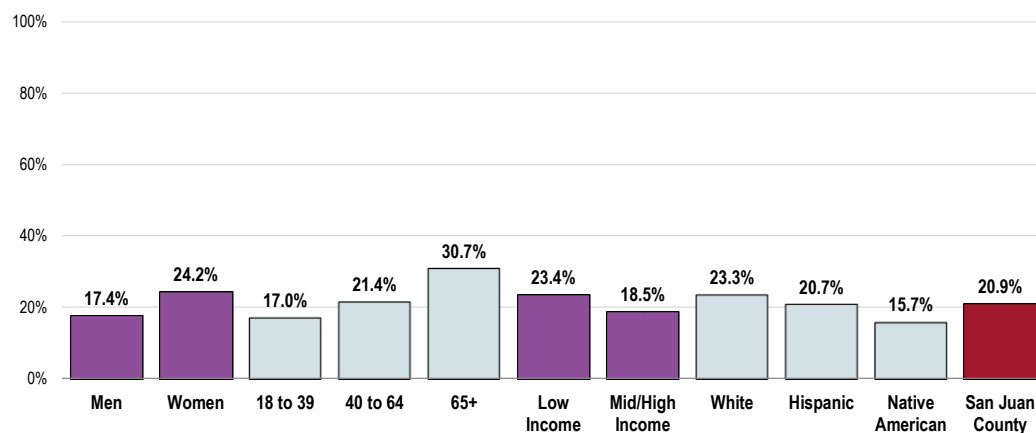
Notes: • Asked of all respondents.

- Lack of leisure-time physical activity is higher in San Juan County among women, seniors (age 65+; positive correlation with age), and Whites.

## No Leisure-Time Physical Activity in the Past Month

(San Juan County, 2017)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

### Adults

#### Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

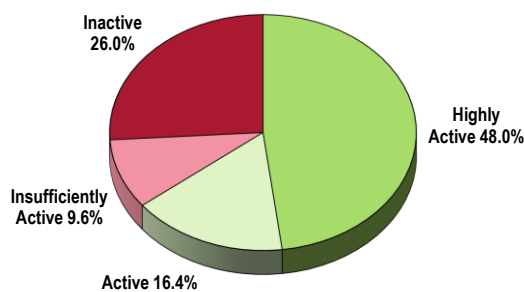
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

#### Aerobic & Strengthening Physical Activity

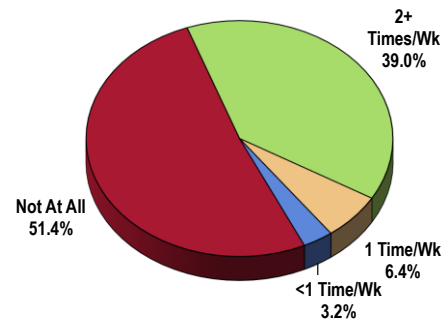
Based on reported physical activity intensity, frequency and duration over the past month, 35.6% of San Juan County adults are found to be "insufficiently active" or "inactive."

A total of 51.4% of San Juan County adults do not participate in any types of physical activities or exercises to strengthen their muscles.

#### Participation in Physical Activities (San Juan County, 2017)



#### Aerobic Activity



#### Strengthening Activity

Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]

Notes: • Reflects the total sample of respondents.

- In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1-149 minutes of aerobic activity in the past week; "active" adults are those with 150-300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

### Recommended Levels of Physical Activity

**A total of 29.5% of San Juan County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

- More favorable than state and national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)

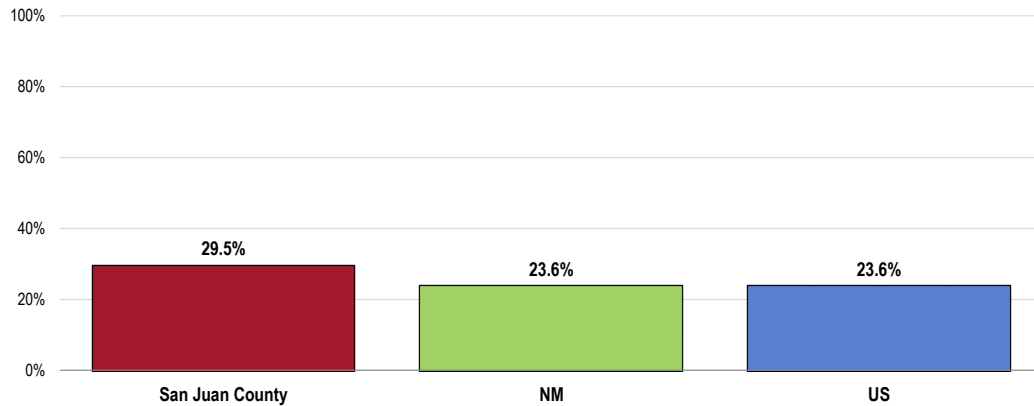
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

**Aerobic** activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and

**Strengthening** activity is at least 2 sessions per week of exercise designed to strengthen muscles.

### Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

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 report doing physical activities specifically designed to strengthen muscles at least twice per week.

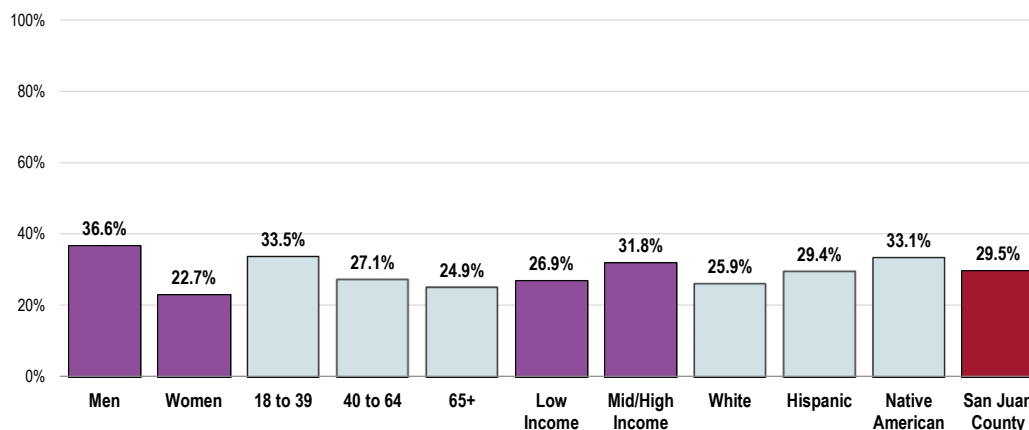
Those less likely to meet physical activity requirements include:

- Women.
- Residents age 40 and older.

## Meets Physical Activity Recommendations

(San Juan County, 2017)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - 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 report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### Recommended Levels of Physical Activity

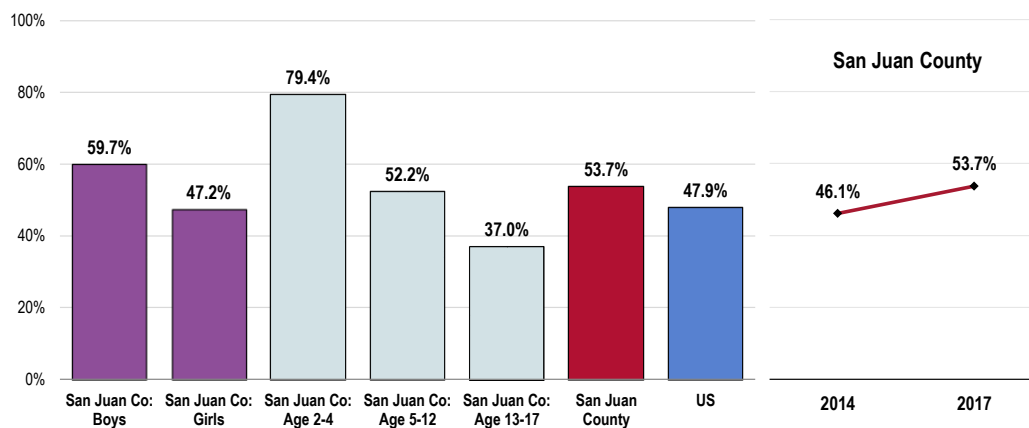
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Over half (53.7%) of San Juan County children age 2 to 17 are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

- Statistically similar to that found nationally.
- Note the negative correlation with age. By gender, parents of San Juan County boys are much more likely to report higher levels of regular physical activity.
- TREND: Statistically similar to 2014 survey findings.

## Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

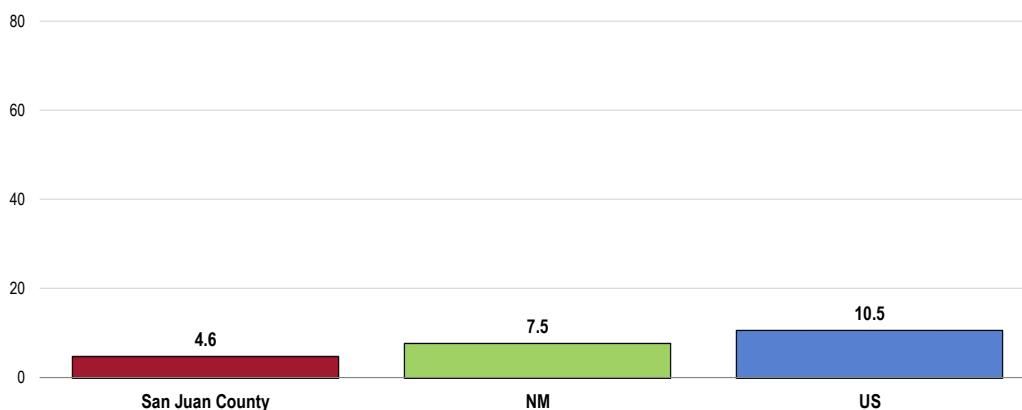
Notes: • Asked of all respondents with children age 2-17 at home.  
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

## Access to Physical Activity

In 2015, there were 4.6 recreation/fitness facilities for every 100,000 population in San Juan County.

- The rate is below the state and US figures.

## Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2015)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.  
• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

## Weight Status

### About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

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:  $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$ .

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . 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  $\geq 30 kg/m^2$ , 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
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

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.

## Overweight Status

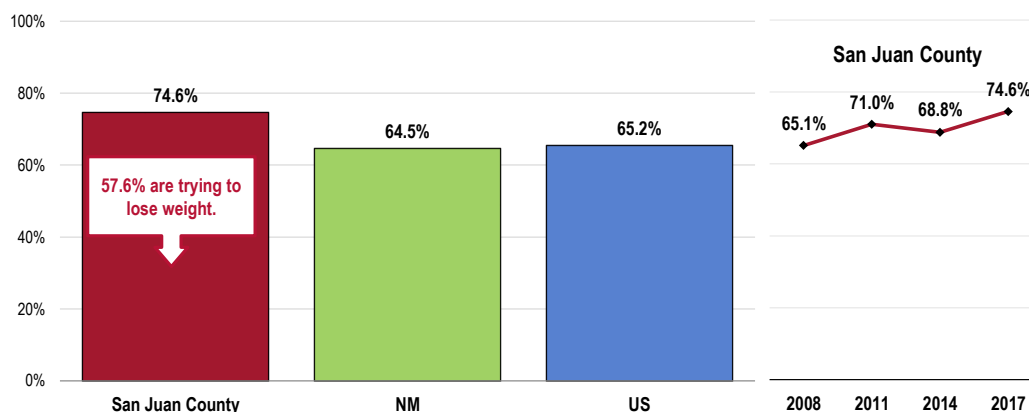
**A total of 3 in 4 San Juan County adults (74.6%) are overweight.**

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

- Well above the New Mexico and US overweight percentages.
- TREND: Denotes a statistically significant increase from 2008 findings.

Note that 57.6% of overweight adults are currently trying to lose weight.

### Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.

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, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

**Further, 36.0% of San Juan County adults are obese.**

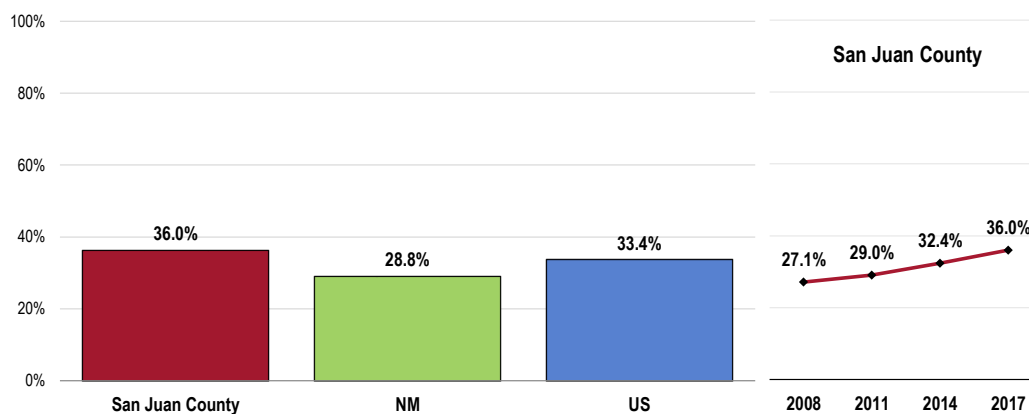
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

- Much higher than New Mexico findings.
- Similar to US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- TREND: Denotes a statistically significant increase in obesity over time.

## Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

**Healthy People 2020 Target = 30.5% or Lower**



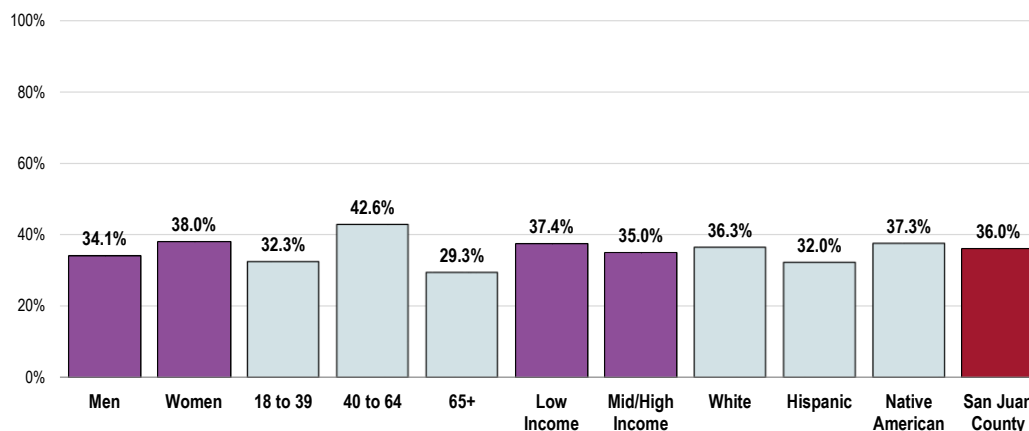
- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
  - 2015 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.
- 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.

- Survey respondents between the ages of 40 and 64 are more likely to be obese.

## Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; San Juan County, 2017)

**Healthy People 2020 Target = 30.5% or Lower**



- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - 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.

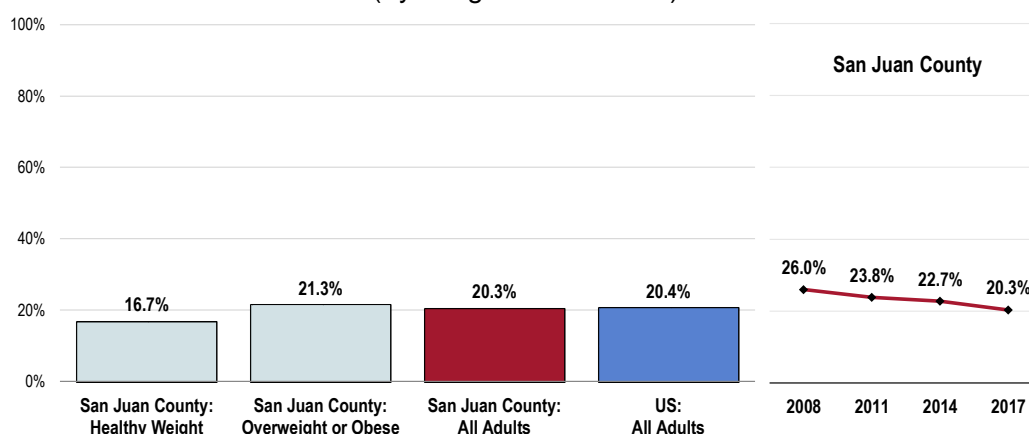


## Health Advice

A total of 20.3% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Almost identical to the national findings.
- TREND: Denotes a statistically significant decrease over time.
- Note that 21.3% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

### Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 115, 178-179]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Relationship of Overweight With Other Health Issues

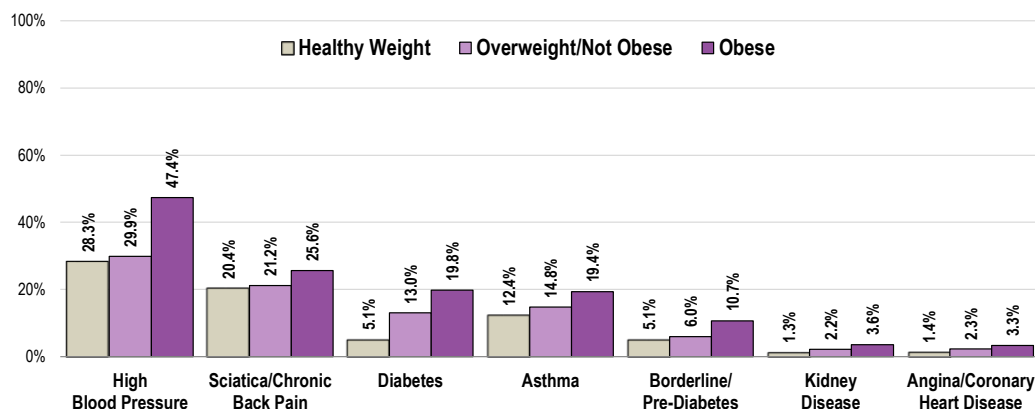
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- Sciatica/chronic back pain.
- Diabetes.
- Asthma.
- Borderline/pre-diabetes.
- Kidney disease.
- Angina/coronary heart disease.

The correlation between overweight and various health issues cannot be disputed.

## Relationship of Overweight With Other Health Issues (By Weight Classification; San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 32, 34, 36, 147, 158]  
 Notes: • Based on reported heights and weights, asked of all respondents.

## 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 <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

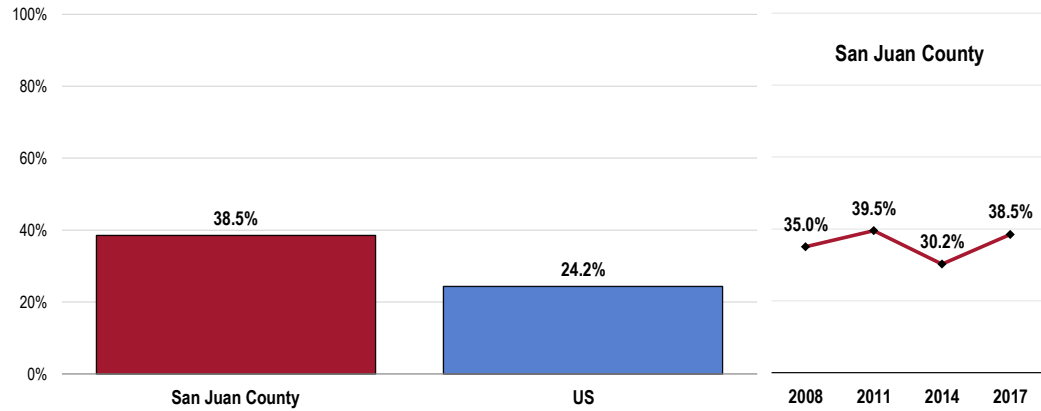
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.5% of San Juan County children age 5 to 17 are overweight or obese (≥85<sup>th</sup> percentile).

- Much higher than found nationally.
- TREND: Statistically unchanged from 2008 survey findings but marking a statistically significant increase since 2014.

## Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]

• 2015 PRC National Health Survey, Professional Research Consultants, 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 85<sup>th</sup> percentile of US growth charts by gender and age.

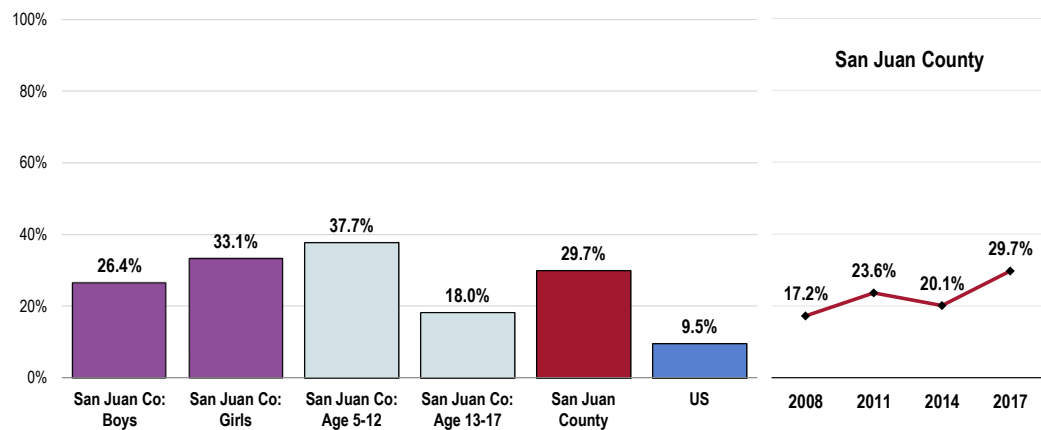
**Further, 29.7% of area children age 5 to 17 are obese (≥95th percentile).**

- Three times the national percentage.
- Twice the Healthy People 2020 target (14.5% or lower for children age 2 to 19).
- TREND: Marks a statistically significant increase since 2008.
- Statistically similar by child's gender; more than twice as high among children age 5 to 12 when compared with teens in San Juan County.

## Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

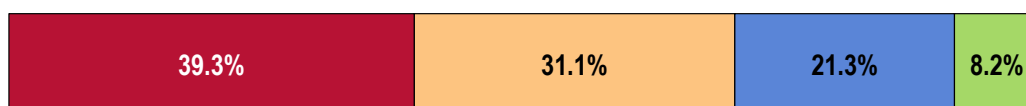
• Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

### Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2017)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

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

#### Lifestyle

*Obesity often develops out of learned behavior from parents or lifestyle choices, which are very difficult to change. – Physician*

*Food addiction is a serious problem, but also the lack of the population being proactive with this aspect of health. They wait until they have suffered a major health crisis before they are motivated to change anything. – Community Leader*

*Due to the nature of the activities that younger people favor, many do not get adequate physical activity. Which, in some ways, can affect both overall and future health. – Community Leader*

*Many people in our community demand an inordinate amount of healthcare due to their lifestyle choices regarding exercise, diet, and general healthy living. – Community Leader*

*Poor diet and lack of physical exercise for a large number of the population is a driver for numerous health issues. The problem is that personal responsibility is very difficult to achieve, and our health systems and support services lack disciplinary tools. – Community Leader*

*Establishing and executing a healthy dietary plan. – Community Leader*

#### Access to Healthy Foods

*Price of food, large families, perishables. – Physician*

*Fast food chains line the street from east to west. – Physician*

*Too many fast food restaurants; healthy food is more expensive. – Community Leader*

*Access to healthy food is limited. Fast food is prolific and cheaper than nutritious selections. – Other Health Provider*

#### Health Education

*Education on healthy eating is probably lacking, and easy access to junk and fast food doesn't help. For some, there are financial barriers, including transportation to obtaining healthy foods. Too many sedentary entertainments available via phones, computers, streaming. And it seems socially more acceptable to be heavier than it used to be. The challenge is getting people to participate in events involving activities, hobbies/sports, or exercise that get people moving. – Other Health Provider*

*The available resources are not based on scientifically proven protocols. – Physician*

**Obesity**

*Obesity epidemic is a real problem. This is worsening by low economic status and the lack of willingness to improve. – Physician*

*Obesity has increased. – Community Leader*

**Prevalence/Incidence**

*Always a problem that is nationwide. – Physician*

## Sleep

### Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

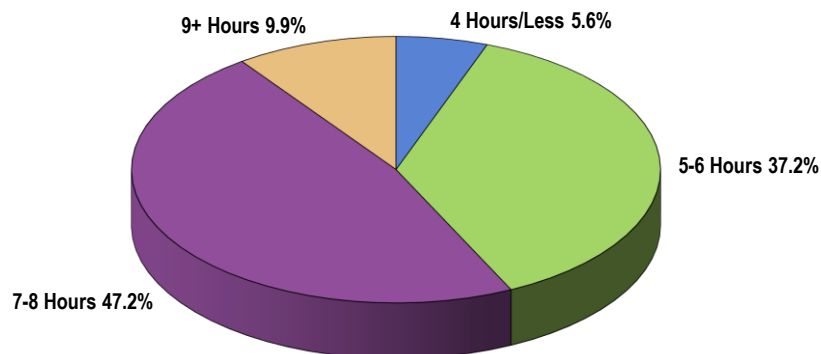
- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

• Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

**When asked how many hours of sleep they average per night, 47.2% of survey respondents stated between 7 and 8 hours, and 9.9% get 9+ hours of sleep per night.**

- On the other hand, 42.8% of local adults sleep **fewer than 7 hours** per night (including 5.6% who report sleeping 4 hours or less on an average night).

**Average Hours of Sleep Per Night**  
(San Juan County, 2017)

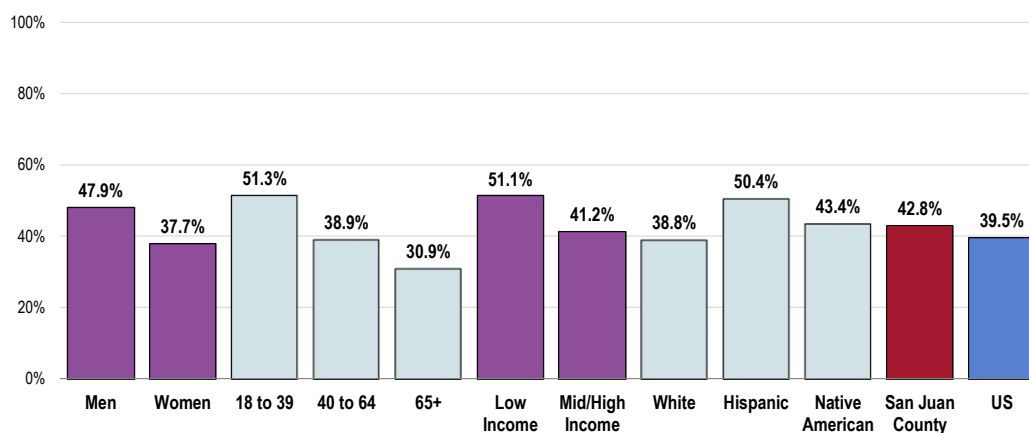


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]  
Notes: • Asked of all respondents.

These adults are more likely to sleep fewer than 7 hours on an average night:

- Men.
- Young adults (age 18-39; negative correlation with age).
- Residents in low-income households.
- Hispanics.

### Generally Sleep Less Than Seven Hours Per Night (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Substance Abuse

### About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2013 and 2015, San Juan County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 26.5 deaths per 100,000 population.**

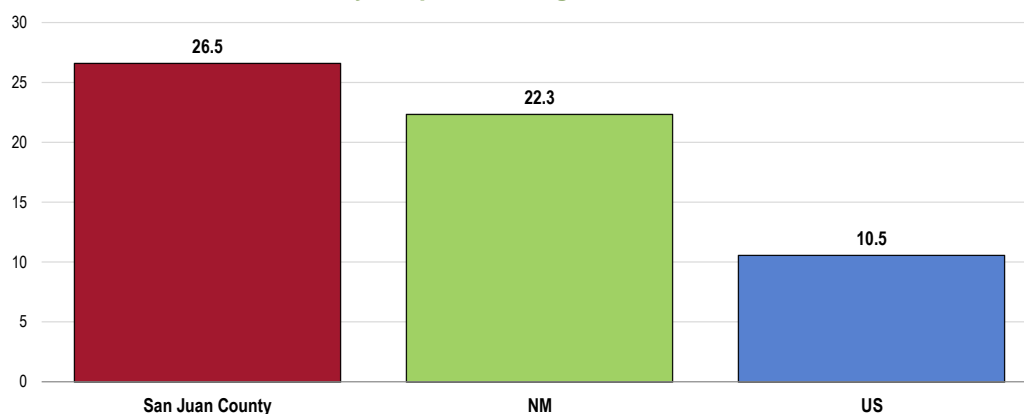
- Higher than the statewide and national rates.
- Over three times the Healthy People 2020 target (8.2 or lower).



## Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



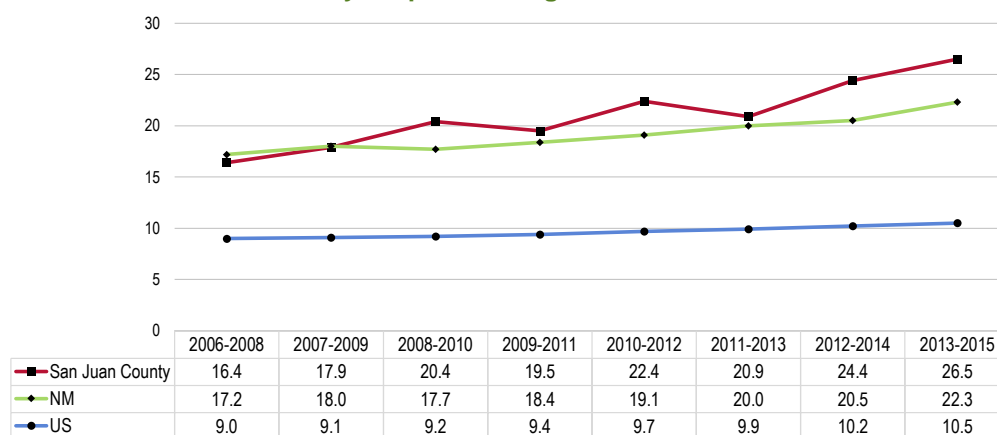
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- 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.

- **TREND:** The mortality rate has increased in the county, echoing the state and national trends.

## Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- 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.

## Alcohol Use

### Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

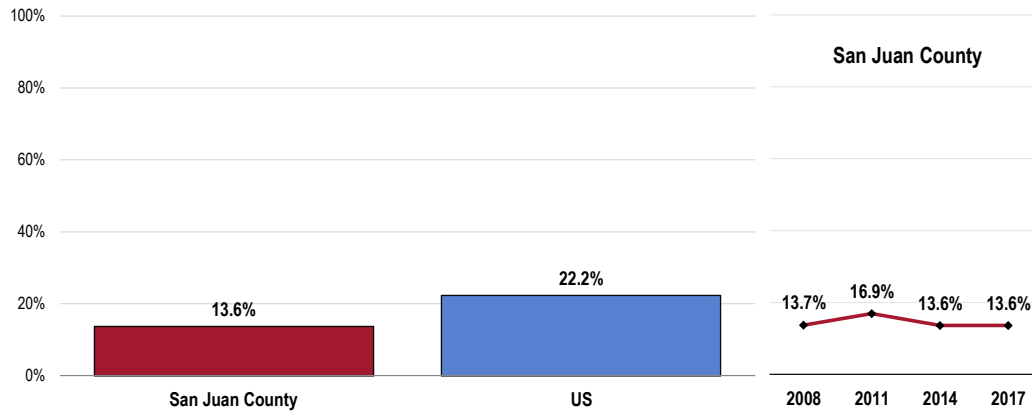
RELATED ISSUE:  
See also *Stress* in the **Mental Health** section of this report.

A total of 13.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Lower than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2008.

### Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



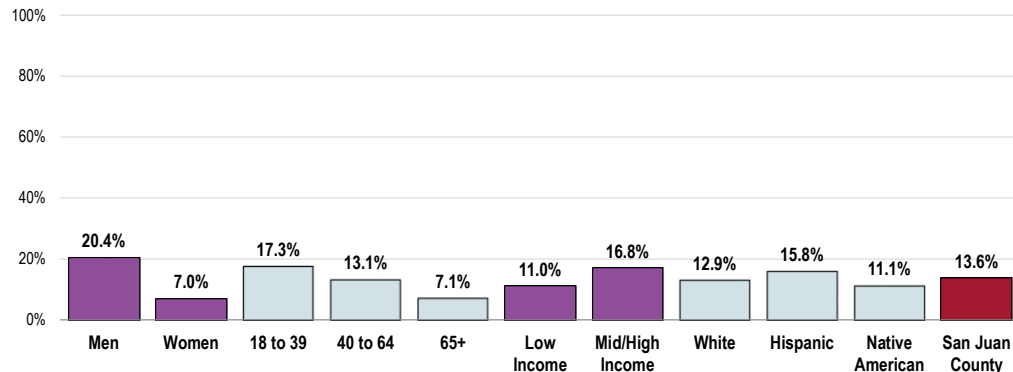
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]  
Notes: • Asked of all respondents.  
• Excessive drinking reflects the number of persons age 18+ 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.

- Higher among men, young adults (age 18-39), and upper-income residents.

### Excessive Drinkers

(San Juan County, 2017)

Healthy People 2020 Target = 25.4% or Lower



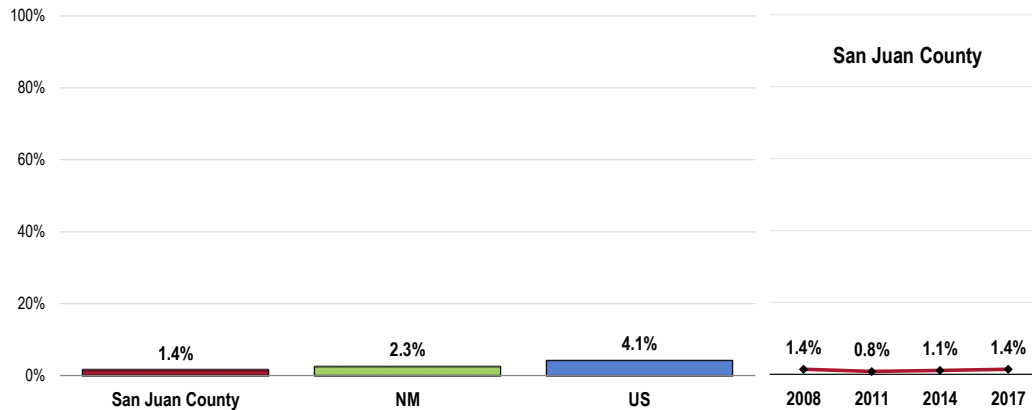
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]  
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
• Excessive drinking reflects the number of persons age 18+ 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

A total of 1.4% of San Juan County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Below the state and US findings.
- TREND: The drinking and driving prevalence has not changed significantly since 2008.

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



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

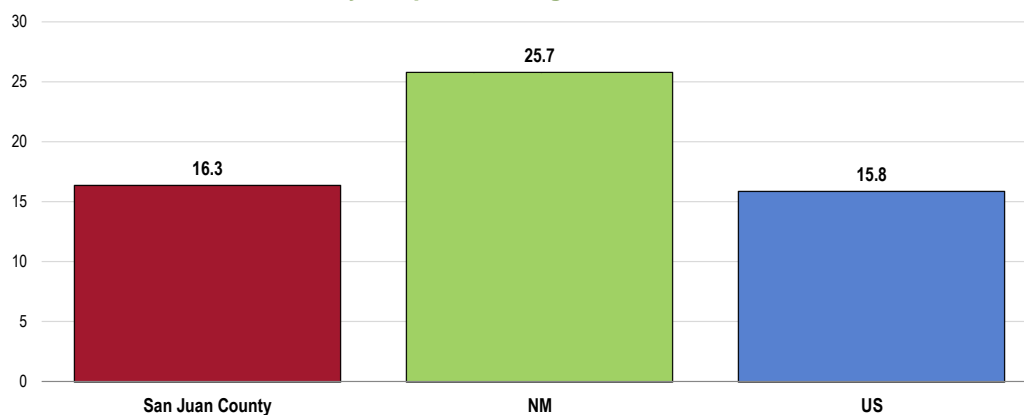
## Age-Adjusted Drug-Induced Deaths

Between 2013 and 2015, there was an annual average age-adjusted drug-induced mortality rate of 16.3 deaths per 100,000 population in San Juan County.

- Well below the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

## Drug-Induced Deaths: Age-Adjusted Mortality (2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

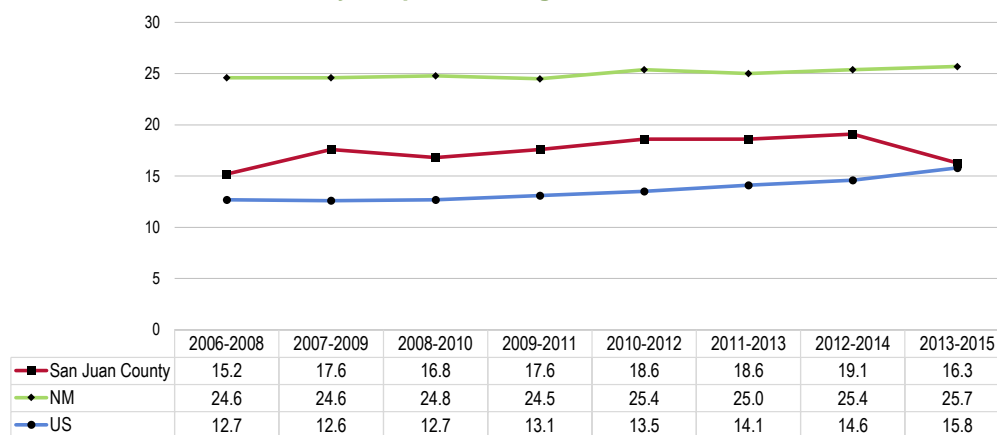


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- 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.

- **TREND:** Despite a recent drop, mortality has generally increased over the past decade. Statewide and nationally, rates have increased.

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

Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2017.
  - UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].
- 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

A total of 3.4% of San Juan County adults acknowledge using an illicit drug in the past month.

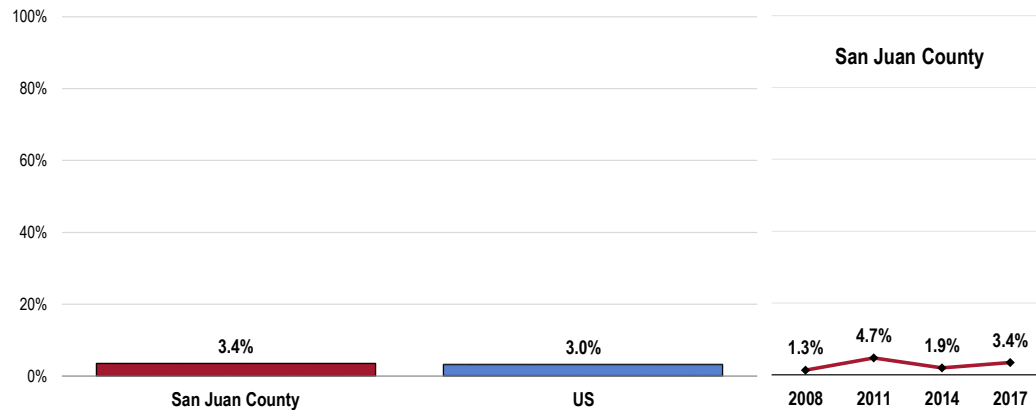
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- TREND: Marks a statistically significant increase from 2008 (and 2014) findings.

### Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



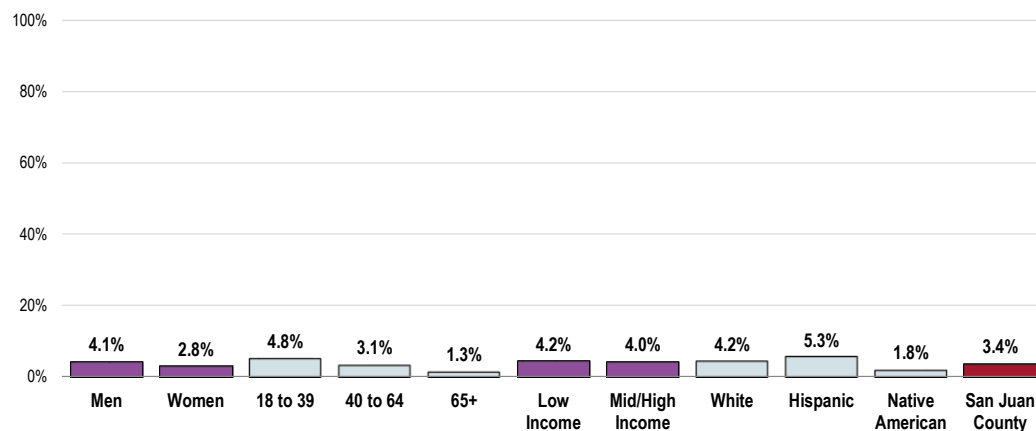
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.

- Note the negative correlation between age and illicit drug use in San Juan County.

### Illicit Drug Use in the Past Month

(San Juan County, 2017)

Healthy People 2020 Target = 7.1% or Lower



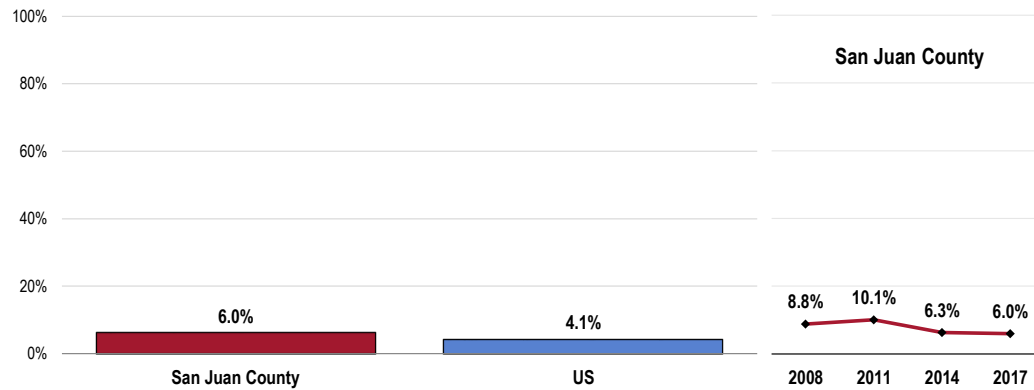
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Alcohol & Drug Treatment

A total of 6.0% of San Juan County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- TREND: Marks a statistically significant decrease over time.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



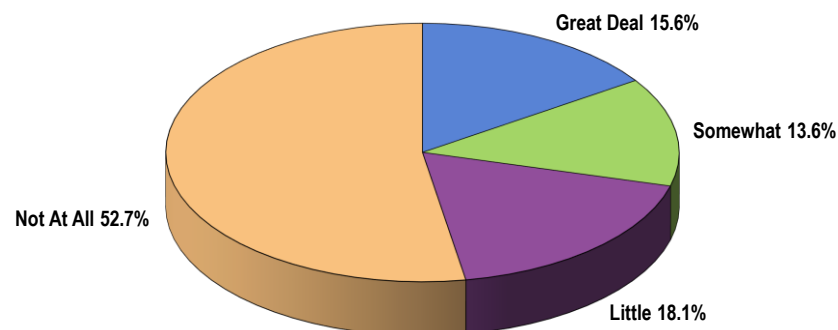
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, over half of respondents have not been negatively affected (52.7% “not at all” responses).

### Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (San Juan County, 2017)

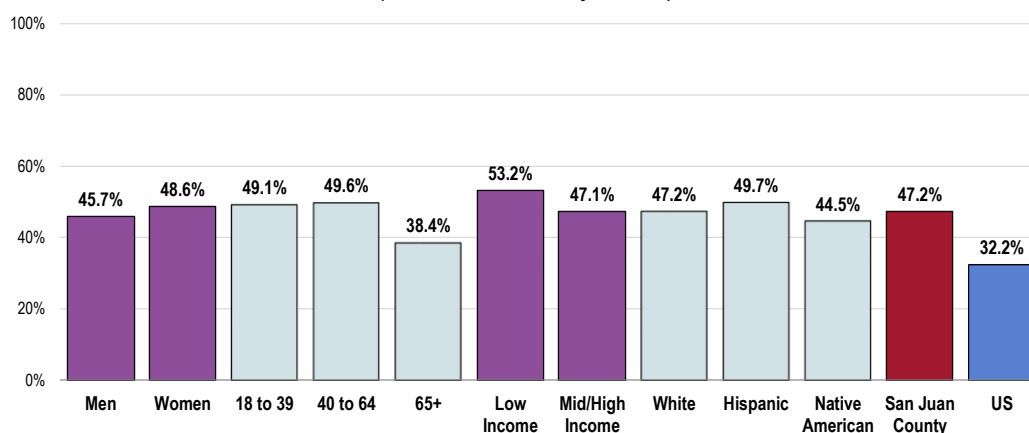


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]  
 Notes: • Asked of all respondents.

In contrast, 47.2% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 15.6% who gave “a great deal” responses.

- The prevalence of area adults whose lives have been negatively affected by substance abuse is much higher than the national response.
- This is also considerably higher among adults under age 65.

### Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Substance Abuse

Six out of 10 key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

### Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2017)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

### Prevalence/Incidence

*The magnitude and range of severity among users. – Community Leader*  
*Very large numbers of those addicted to substances in this region. – Physician*  
*The amount of people with drug and alcohol abuse. Programs are not effective or can't handle the amount of people in need of those services. – Physician*  
*Huge community problem. A robust inpatient treatment center is needed. – Physician*  
*A large number of the referrals from the hospital have issues with abusing alcohol. – Other Health Provider*  
*Too many deaths related to substance abuse, and very little help. – Community Leader*  
*Alcoholism is a problem. So is meth and drug abuse. – Community Leader*  
*Behavioral health, alcoholism and transients. – Social Services Provider*

### Denial/Stigma

*The greatest barrier is probably getting the people with issues to actually seek help. Then the next barrier would be how they would pay/afford it. – Community Leader*  
*I think patients admitting that they need help. The substance can be medication for the individual's depression, anxiety, anger. – Physician*  
*The desire to access programs and complete rehab. Laws protecting the abuser, rather than the public exposed to the addicts as it relates to involuntary commitment or holds. – Social Services Provider*  
*Substance abusers refusing to get treatment. – Community Leader*  
*Stigma, transportation. – Other Health Provider*  
*Willing customers. – Community Leader*  
*Desire. – Physician*

### Access to Care/Services

*My perception is that there is very limited programming in our area, along with very long time periods for waiting. – Other Health Provider*  
*Lack of programs, especially inpatient treatment programs. – Physician*  
*There is only one substance abuse treatment center in the area, with limited space and availability. – Other Health Provider*  
*Increased users in San Juan County. Not enough programs to assist with the large need in San Juan County. – Social Services Provider*  
*We have limited resources available to cope with a chronic alcohol abuse population within our community. The population in reference does not necessarily reside in our community but is a significant drain on public safety resources. – Physician*  
*Not enough of it. – Community Leader*

### Affordable Care/Services

*Financial means. Lack of knowledge of availability. – Community Leader*  
*Cost. – Community Leader*  
*Not affordable to the most needy. – Community Leader*

### Lack of Providers

*Not enough long-term care providers. – Public Health Representative*  
*Lack of treatment providers, both inpatient and outpatient. Lack of adolescent treatment. Need additional prevention programs. – Other Health Provider*



**Access to Drugs/Alcohol**

*Opiates are on the rise in the community as a result of over-prescribing by physicians. – Public Health Representative*

**Funding**

*Funding for rehabilitation centers, limited inpatient, long-term treatment. – Other Health Provider*

**Health Education**

*More awareness needs to be created by using different media resources. – Physician*

**Prevention**

*To really be successful in dealing with the issue of substance abuse, you have to change the culture and the general opinion of people on the subject. There is little effort given to making a positive impact in this area. In many cases, we attempt to treat the problem after it occurs, rather than dealing with the cause(s) of the problem. Some of this also relates to the criminal justice system and its approach to those who operate and facilitate the drug trade. – Community Leader*

**Most Problematic Substances**

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines** and **heroin/other opioids**.

Problematic Substances				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	70.0%	33.3%	0.0%	<b>10</b>
Methamphetamines or Other Amphetamines	20.0%	33.3%	33.3%	<b>8</b>
Heroin or Other Opioids	10.0%	22.2%	33.3%	<b>6</b>
Prescription Medications	0.0%	0.0%	22.2%	<b>2</b>
Marijuana	0.0%	11.1%	0.0%	<b>1</b>
Inhalants	0.0%	0.0%	11.1%	<b>1</b>

## Tobacco Use

### About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

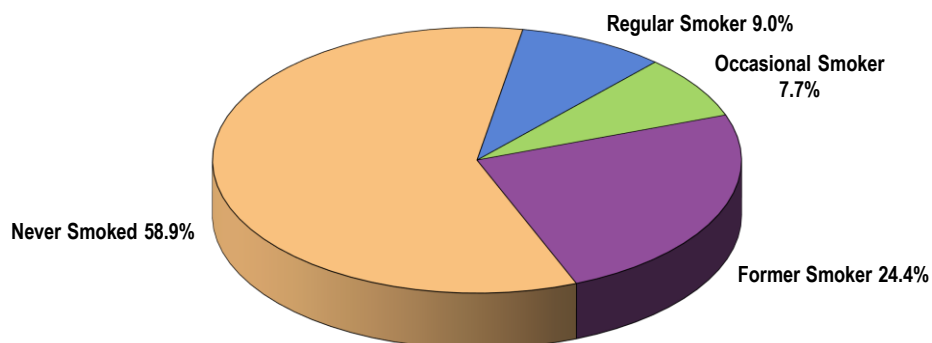
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

A total of 16.7% of San Juan County adults currently smoke cigarettes, either regularly (9.0% every day) or occasionally (7.7% on some days).

**Cigarette Smoking Prevalence**  
(San Juan County, 2017)

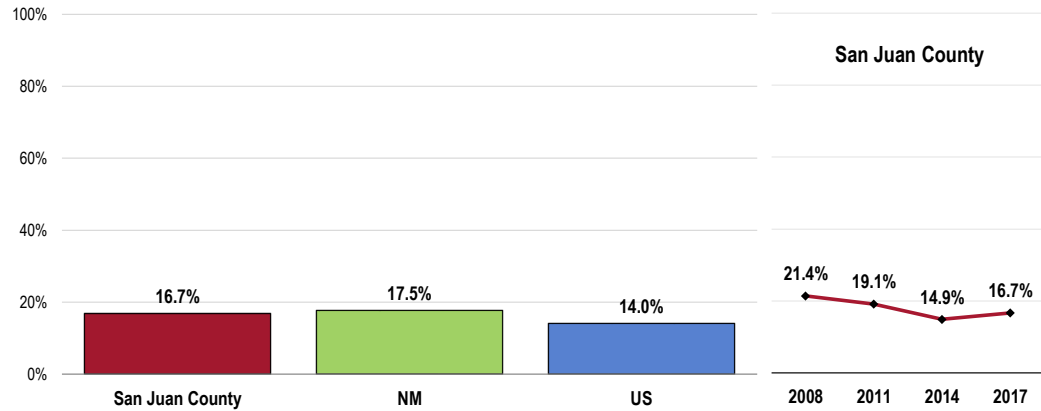


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]  
Notes: • Asked of all respondents.

- Similar to statewide and US findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- TREND: Decreasing significantly from 2008 and 2011 survey findings.

## Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

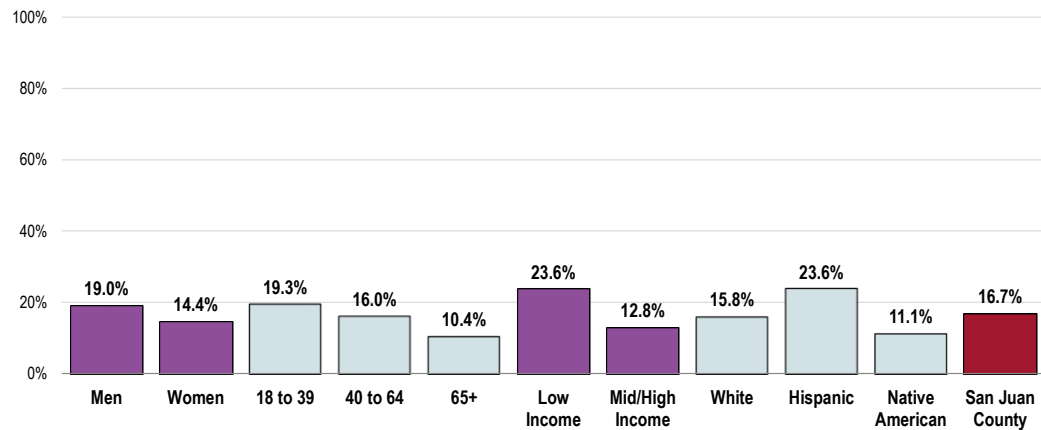
Cigarette smoking is more prevalent among:

- Adults under 40 (negative correlation with age).
- Lower-income residents.
- Hispanics.

## Current Smokers

(San Juan County, 2017)

Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

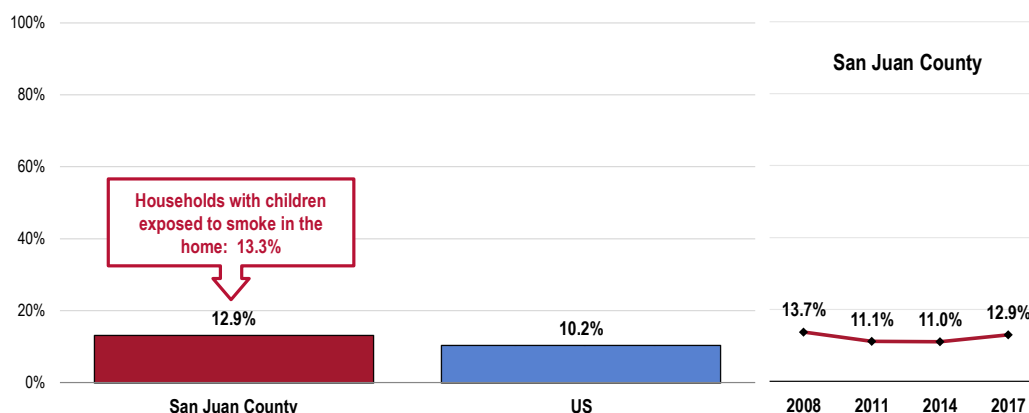
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional smokers (every day and some days).

## Environmental Tobacco Smoke

A total of 12.9% of San Juan County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- TREND: Statistically unchanged over time.
- Note that 13.3% of San Juan County children are exposed to cigarette smoke at home, similar to what is found nationally.

### Member of Household Smokes at Home



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]

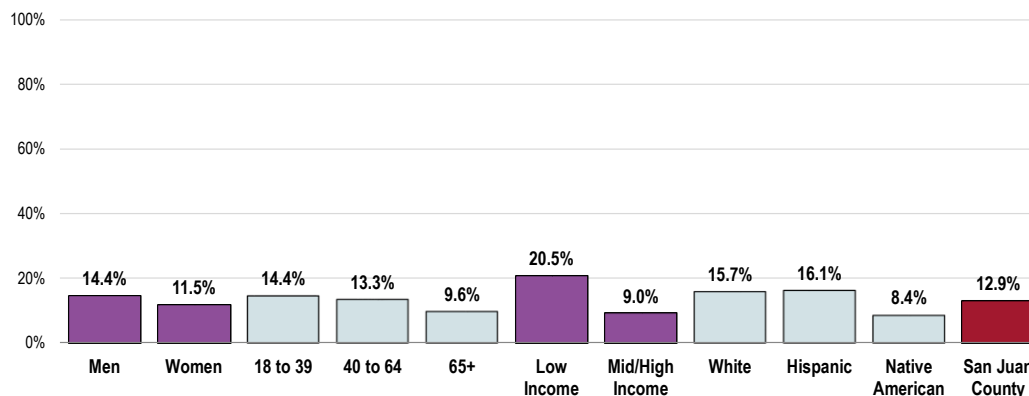
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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.

- Notably higher among residents with lower incomes, Whites, and Hispanics.

### Member of Household Smokes At Home (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• "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.

## Smoking Cessation

### About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Smoking Cessation Attempts

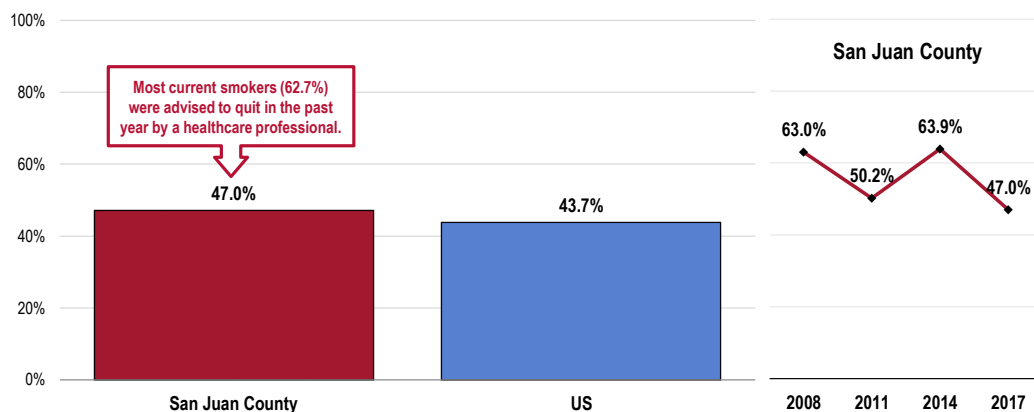
**Just under half of regular smokers (47.0%) went without smoking for one day or longer in the past year because they were trying to quit smoking.**

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: Fluctuating considerably over time (decreasing from 2008 and 2014 findings).
- Most current smokers (62.7%) have been advised by a healthcare professional in the past year to quit smoking.

### Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher

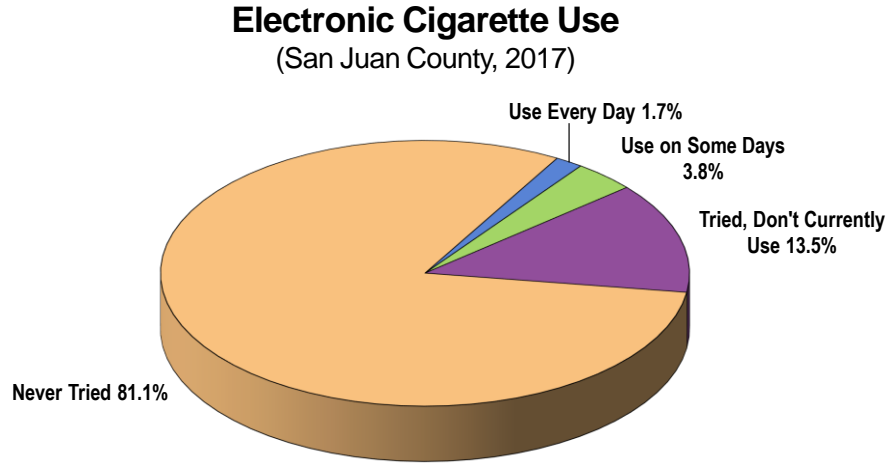


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56-57]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]  
 Notes: • Asked of respondents who smoke cigarettes every day.

## Other Tobacco Use

### Electronic Cigarettes

A total of 5.5% of San Juan County adults currently use electronic cigarettes (“e-cigarettes”) either regularly (1.7% every day) or occasionally (3.8% on some days).

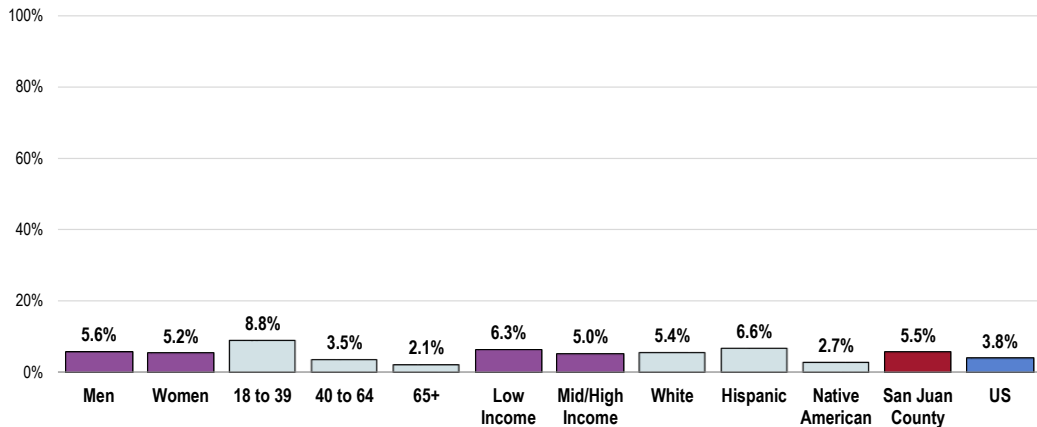


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]  
Notes: • Asked of all respondents.

- Similar to national findings.
- Note the negative correlation between age and electronic cigarette use in the county.

### Currently Use Electronic Cigarettes

(San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.  
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

## Cigars & Smokeless Tobacco

A total of 4.5% of San Juan County adults use cigars every day or on some days.

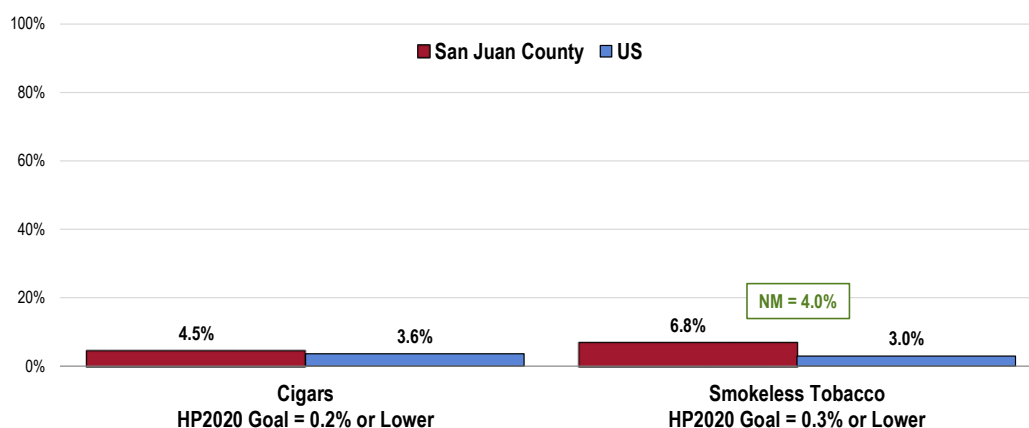
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

A total of 6.8% of San Juan County adults use some type of smokeless tobacco every day or on some days.

- Worse than the state and national percentages.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

## Other Tobacco Use



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives TU-1.2, TU-1.3]

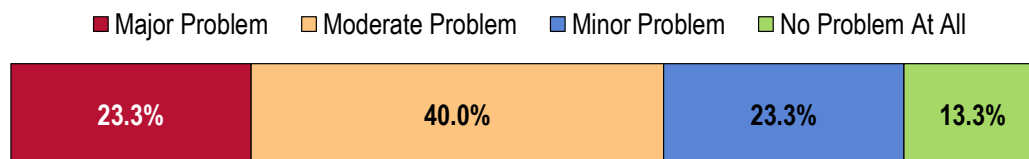
Notes:

- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

## Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

## Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2017)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

## Top Concerns

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

### Prevalence/Incidence

*Although I believe there is an overall decrease over the past 15 to 20 years, I still see a lot of people using tobacco products. – Community Leader*

*Tobacco use continues to be a problem and is increasing in the teen population. – Other Health Provider*

*Continues to be a source of health concern. Plenty of smokers visible in the community. – Community Leader*

*I believe many people in San Juan County are heavy users of tobacco, whether it be chewing or smoking. Again, it goes along with the local labor force and the types of jobs in the area. – Community Leader*

*Too many people smoke and chew. – Community Leader*

*Lot of people smoke, as they are mostly working outdoors or doing heavy physical jobs. – Physician*

*Listed as a concern to community and stakeholders. – Public Health Representative*

### Access to Drugs/Alcohol

*Many smoke shops. Area has a strong smokeless tobacco problem. – Community Leader*

### Health Education

*Need more community programs for tobacco cessation. – Physician*



# Access to Health Services



**Professional Research Consultants, Inc.**

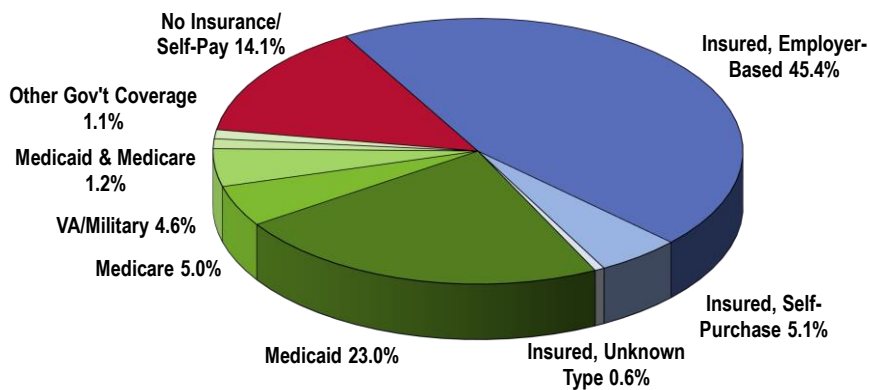
## Health Insurance Coverage

### Type of Healthcare Coverage

Just over half (51.1%) of San Juan County adults age 18 to 64 report having healthcare coverage through private insurance. Another 34.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

**Healthcare Insurance Coverage**  
(Among Adults Age 18-64; San Juan County, 2017)

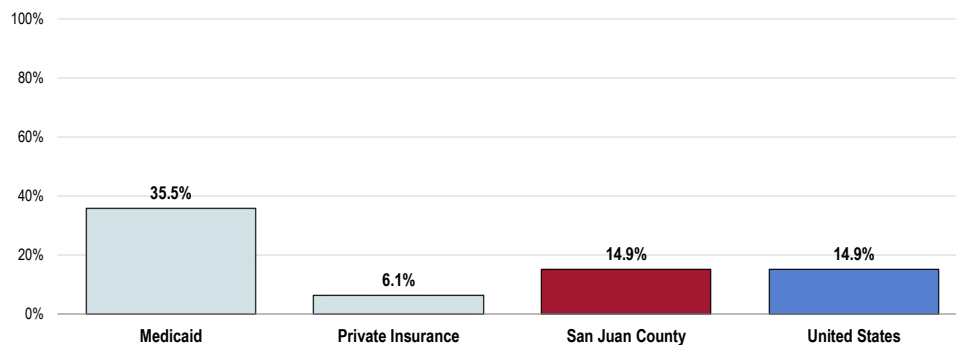


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
Notes: • Reflects respondents age 18 to 64.

A total of 14.9% of residents under 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as “Obamacare.”

- Identical to the national finding.
- Note the 35.5% of affirmative responses among adults with Medicaid compared with privately insured individuals (6.1%).

**Insurance Was Secured Under the Affordable Care Act/“Obamacare”**  
(Insured Adults Age 18-64, By Type of Coverage)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents under 65 with private insurance or Medicaid.

## Lack of Health Insurance Coverage

Among adults age 18 to 64, 14.1% report having no insurance coverage for healthcare expenses.

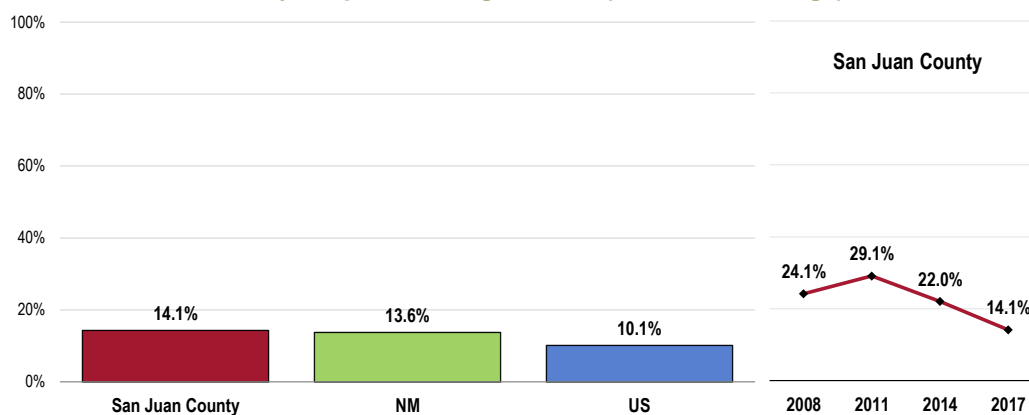
- Similar to the state finding.
- Above the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Statistically decreased from previous survey findings.

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 healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

### Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

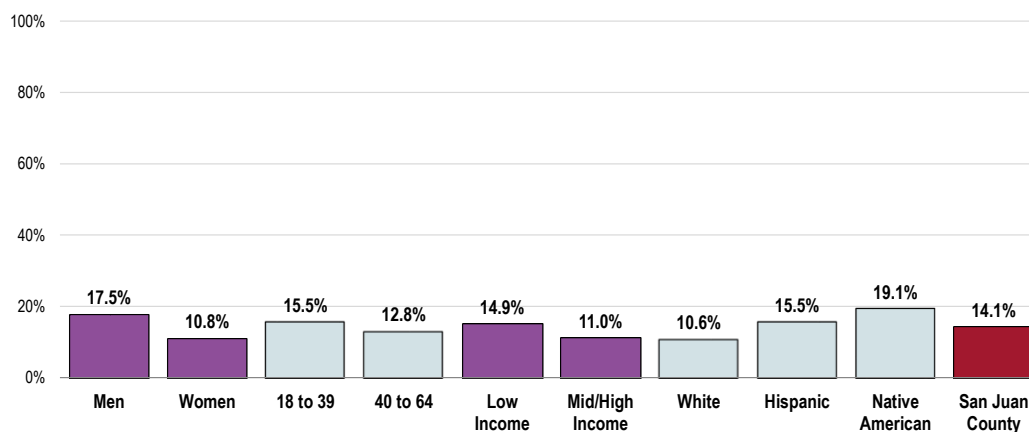
Notes: • Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Native Americans.

## Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; San Juan County, 2017)

Healthy People 2020 Target = 0.0% (Universal Coverage)



- Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Difficulties Accessing Healthcare

### About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

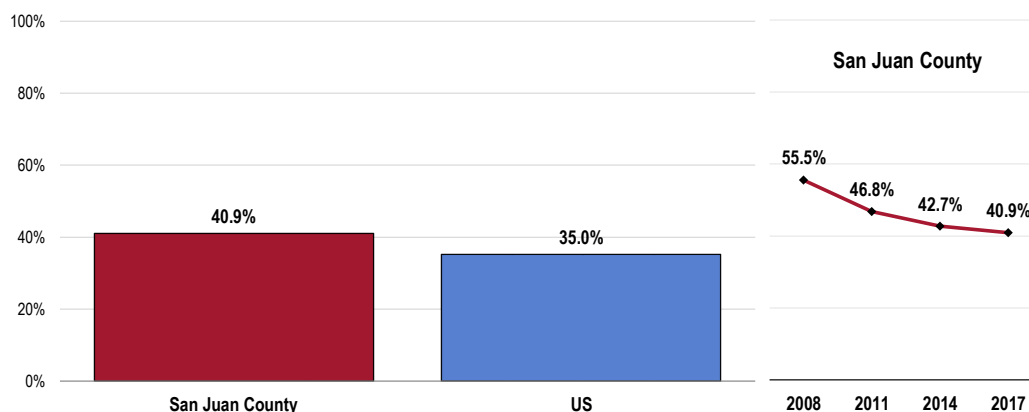
### Difficulties Accessing Services

A total of 40.9% of San Juan County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.
- TREND: Marks a statistically significant decrease over time.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



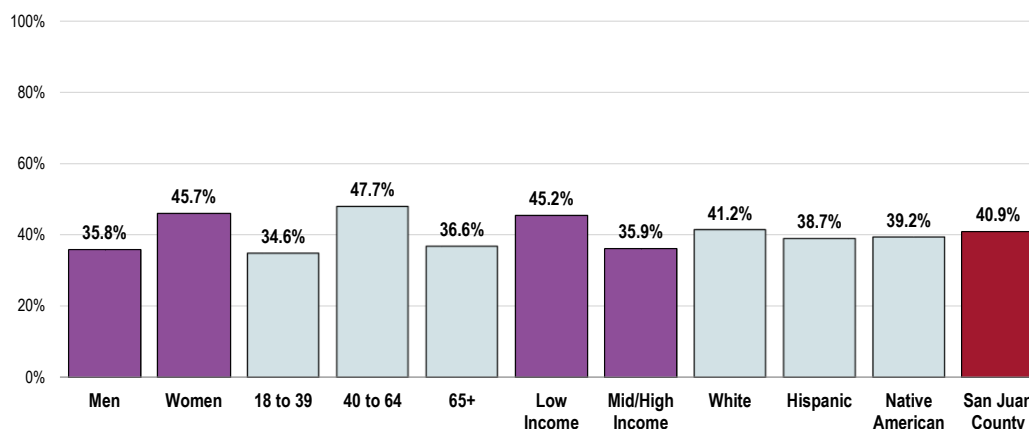
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults age 40 to 64.
- Lower-income residents.

## Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

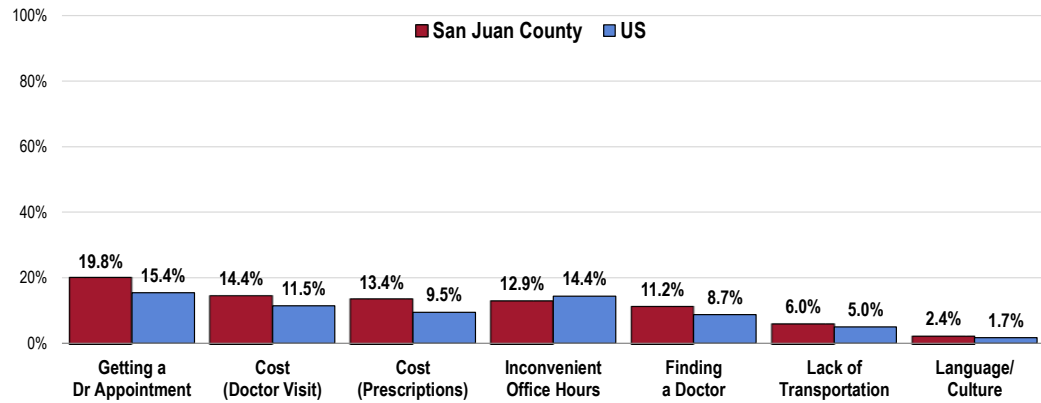
**Of the tested barriers, difficulty getting a doctor's appointment impacted the greatest share of San Juan County adults (19.8% experienced difficulty obtaining an appointment in the past year).**

- The proportion of San Juan County adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exceptions of **prescription costs** and obtaining **appointments** (both were higher than the US).
- Note that the percentages for each of the tested barriers have significantly decreased over time (not shown).

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

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

## Barriers to Access Have Prevented Medical Care in the Past Year



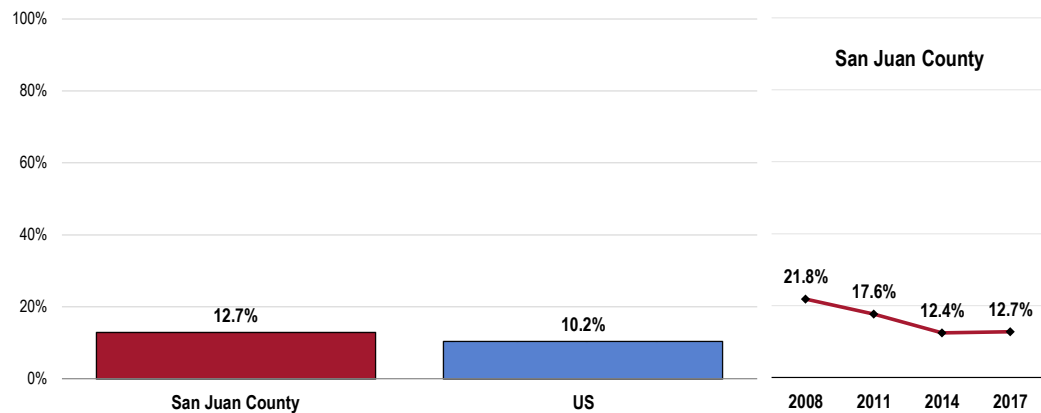
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

### Prescriptions

Among all San Juan County adults, 12.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- TREND: Statistical decrease from 2008 and 2011 findings.

## Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

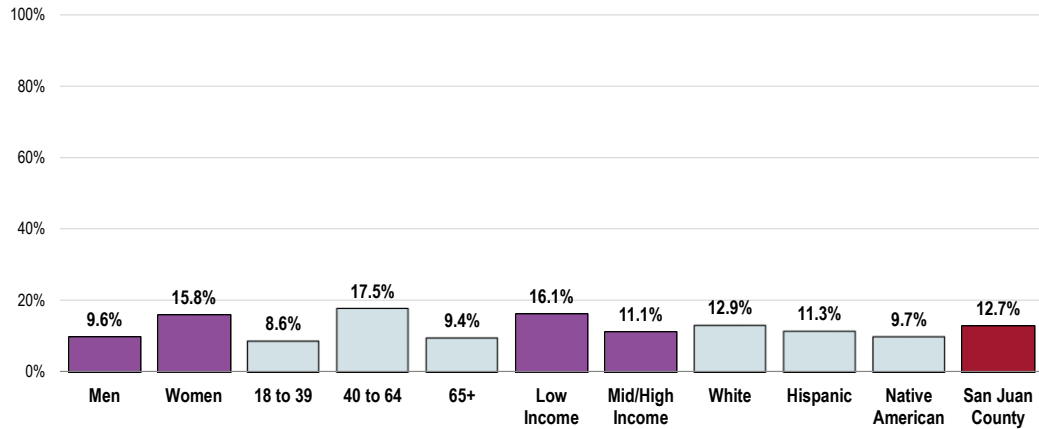


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults age 40 to 64.
- Respondents with lower incomes.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Accessing Healthcare for Children

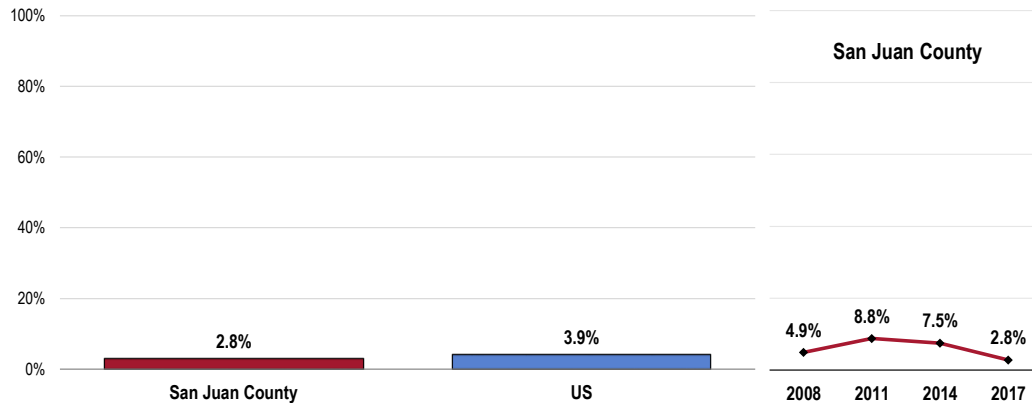
**A total of 2.8% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.**

- Statistically similar to what is reported nationwide.
- TREND: Similar to 2008 findings but decreasing significantly since 2011 and 2014.
- Of the 10 parents reporting difficult getting their child's care, specific problems included **quality of care**, **cost/insurance issues**, **long waits**, and lack of **referrals**.

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.



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



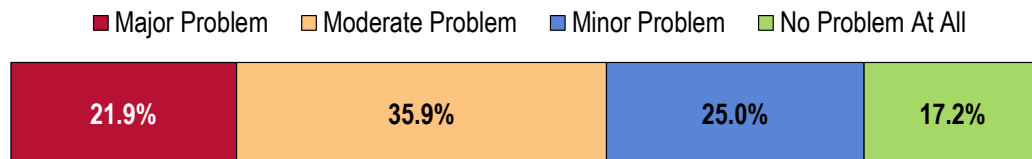
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

## Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

## Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

### Lack of Providers

*Not enough healthcare providers for the number of people. Veterans have little access to local healthcare providers. Many people cannot afford dental services. Co-pays are increasing at a rate that very few can do. It often takes six weeks or more to get established with a general practitioner. Diabetes, alcoholism, drunk drivers, overweight, and poor nutrition require constant intervention. We do not have access to this kind of care. – Community Leader*

*Very difficult to find primary care providers in the community, particularly for Medicare/Medicaid. In addition, several specialties are lacking in the community, such as dermatology, pulmonology, and psychiatry. – Physician*

*Lack of providers, and difficulty getting in to see providers in a timely manner. Providers not accepting all forms of insurance. – Other Health Provider*

*We need more good internal medicine doctors and more doctors willing to take all patients, regardless of coverage. More support for PMS, who does see everyone. – Physician*

*Lack of internists in the area in primary care. – Physician*

### Affordable Care/Services

*Lack of insurance or good insurance. The major problem is lack of care about healthcare. – Physician*  
*I believe that the offices that provide healthcare for those who cannot afford it are restricted by time, financial aid, and patient transportation issues. Ability to fill out required paperwork on financial eligibility. Knowledge of the resources in our community that could assist in these areas. – Other Health Provider*

*Many of the county's inhabitants lack health insurance coverage, which makes access to healthcare services difficult. The hospital and the vast majority of healthcare providers are located in Farmington, with other communities in the county lacking many kinds of these basic services within their borders. Such services should be more dispersed to better serve all county residents. Due to the increasing demands of bureaucracy and red tape, doctors spend increasingly less time with patients. This inhibits the doctor in terms of getting to know the patient and his/her needs, establishing a strong doctor–patient relationship and treating the patient on a holistic basis. – Community Leader*

*Access to affordable comprehensive primary care services is lacking. Insurance-based practices alone do not serve the needs of a large portion of the community. – Physician*

*Cheaper prescriptions and insurance. – Community Leader*

### Lack of Specialists/Specialty Services

*Access to dermatology options. This is the reason why so many people go to Durango. – Community Leader*

*Lack of rheumatology, GI physicians are leaving, and neurosurgery is in significant flux. – Physician*  
*Rheumatological diseases management. Endocrinology needs are unmet. – Physician*

*Gastroenterology. – Physician*

*Gastrointestinal. – Physician*

*Women's health. – Physician*

### Access to Care/Services

*Trying to get an appointment to see a primary care physician. Long wait times. No next-day availability. Shortage of specialists. – Physician*

*The inability for patients to reach a primary care physician in a timely manner, or to gain access at all. We as a county are at a shortage for portal of entry primary care physicians. – Community Leader*

*The Navajo culture, regarding not wanting to go to Northern Navajo Medical Center for hospitalization, which places SJRMC with extra population requesting services. – Physician*

### Transportation

*Transportation is challenging, especially for low-income clients. If uninsured, access to all services is nearly impossible. – Public Health Representative*

*Transportation, cost, and difficulty navigating the system. – Other Health Provider*

*Upstream barriers—from transportation to housing access to employment barriers—create areas of access due to lack in services. Many people are paying greater attention to these needs, therefore paying less attention to areas of hours irrelevant to their time schedule. – Public Health Representative*

### Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified **primary care**, **mental health care**, **substance abuse treatment**, and **specialty care** as the most difficult to access in the community.

<b>Medical Care Difficult to Access Locally</b>				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	<b>Total Mentions</b>
Primary Care	36.4%	18.2%	9.1%	<b>7</b>
Mental Health Care	36.4%	18.2%	0.0%	<b>6</b>
Substance Abuse Treatment	0.0%	9.1%	45.5%	<b>6</b>
Specialty Care	0.0%	36.4%	9.1%	<b>5</b>
Elder Care	9.1%	18.2%	9.1%	<b>4</b>
Pain Management	18.2%	0.0%	0.0%	<b>2</b>
Chronic Disease Care	0.0%	0.0%	18.2%	<b>2</b>
Palliative Care	0.0%	0.0%	9.1%	<b>1</b>

## Health Literacy

### Understanding Health Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information written in a way that is easy for you to understand?

How often is health information spoken in a way that is easy for you to understand?"

#### Written & Spoken Information

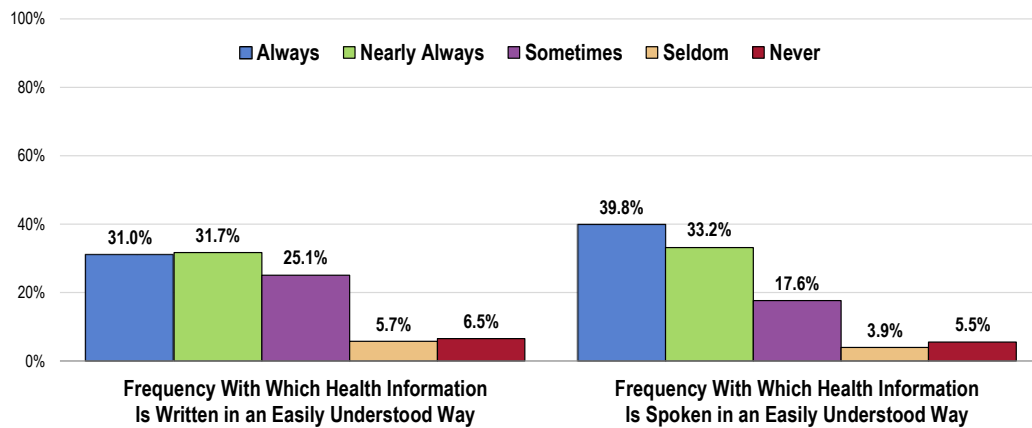
When asked about the frequency with which health information is written in an easily understood way, 62.7% of San Juan County adults said "always" or "nearly always."

- On the other hand, 37.3% of San Juan County adults consider written health information to be difficult to understand.

When asked about spoken health information, 73.0% stated that this is "always" or "nearly always" easy for them to understand.

- On the other hand, 27.0% of San Juan County adults consider spoken health information to be difficult to understand.

### Understanding Health Information (San Juan County, 2017)



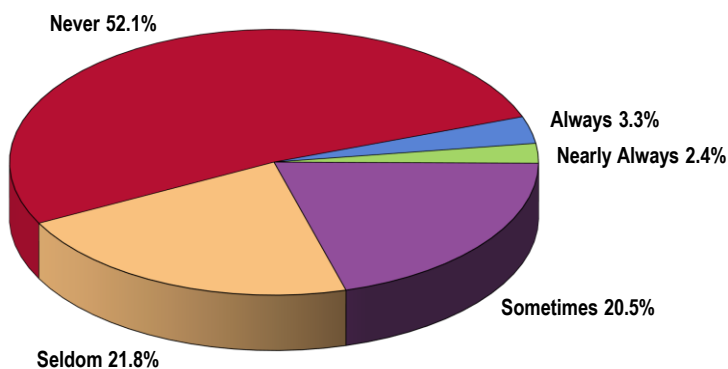
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87, 89]  
Notes: • Asked of all respondents.

#### Help Reading Health Information

A total of 73.9% of San Juan County adults report "seldom" or "never" needing help reading health information.

- Another 20.5% of community adults "sometimes" need someone to help them read health information.
- Note that 5.7% of residents "always" or "nearly always" need help reading health information.

## Frequency of Needing Someone to Help Read Health Information (San Juan County, 2017)



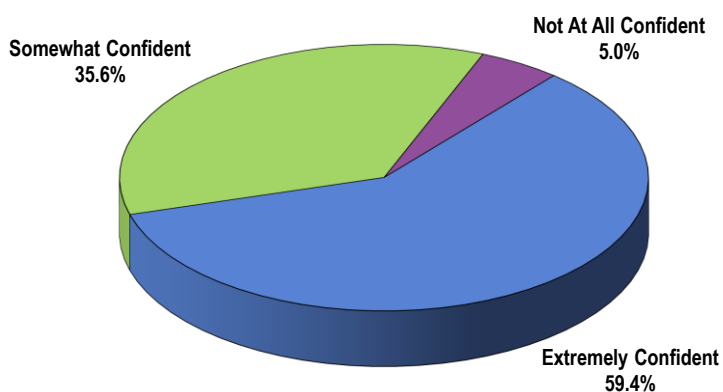
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]  
Notes: • Asked of all respondents.

## Completing Health Forms

Asked to describe their confidence in filling out health forms, most survey respondents are “extremely confident” (59.4%).

- Another 35.6% of community adults are “somewhat confident” in their own ability to fill out health forms.
- However, 5.0% of respondents gave “not at all confident” ratings.

## Self-Perceived Confidence in Ability to Fill Out Health Forms (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]  
Notes: • Asked of all respondents.  
• In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

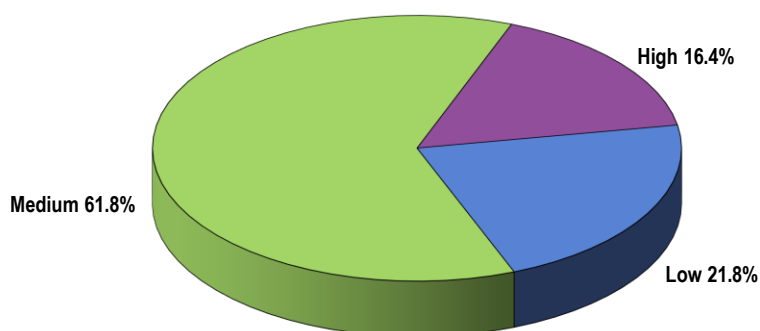
Examples of health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

## Population With Low Health Literacy

Among San Juan County survey respondents, 16.4% are considered to be of high health literacy, while 61.8% have medium health literacy, and the remaining 21.8% are considered to be of low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/ nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

**Level of Health Literacy**  
(San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes: • Asked of all respondents.

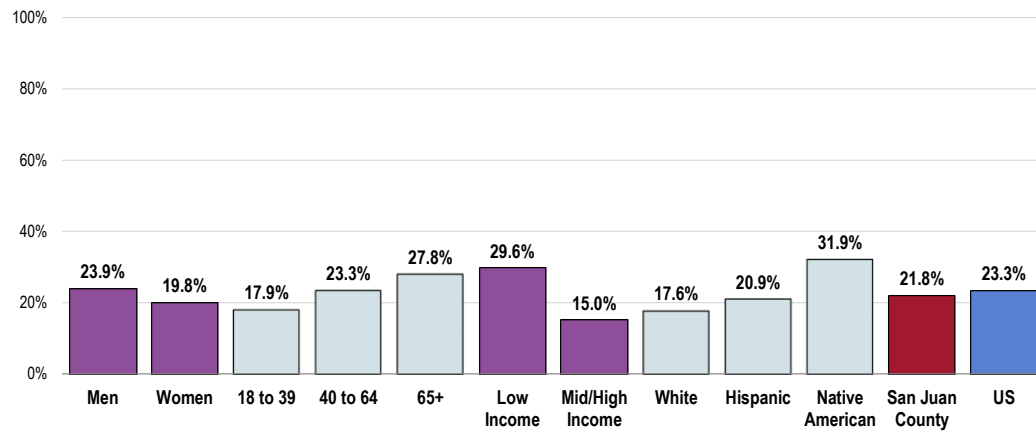
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- The prevalence of San Juan County adults with low levels of health literacy is similar to the national average.

These local adults are more likely to have low health literacy levels:

- Seniors (age 65+; positive correlation with age).
- Low-income residents.
- Native Americans.

## Low Health Literacy (San Juan County, 2017)



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

## Primary Care Services

### About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

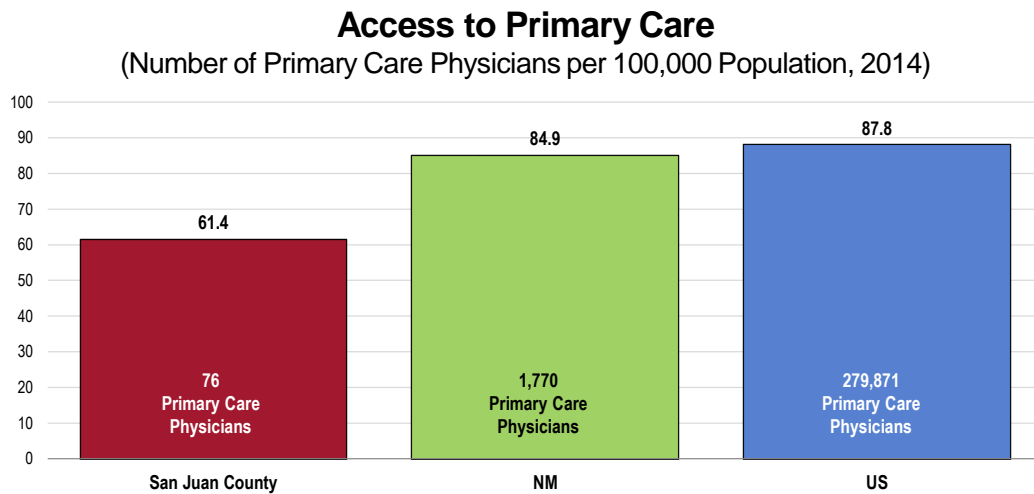
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Access to Primary Care

In San Juan County in 2014, there were 76 primary care physicians, translating to a rate of 61.4 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratios found statewide and nationally.

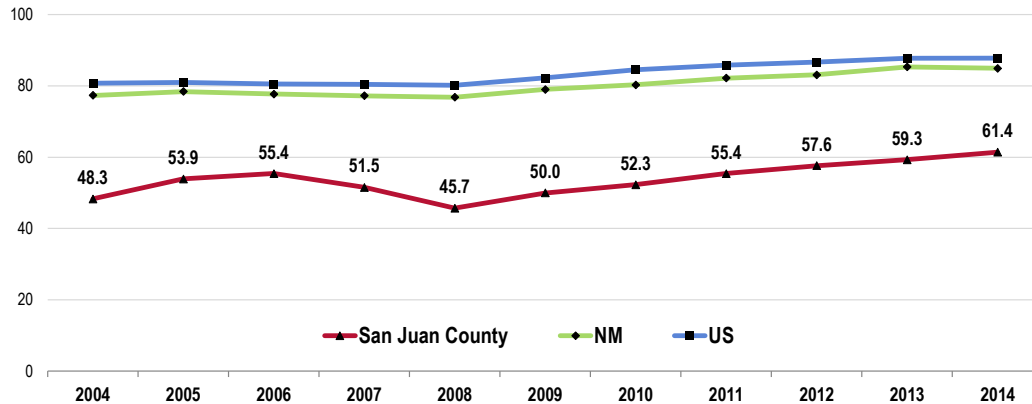


- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
  - Retrieved April 2017 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



- **TREND:** Access to primary care (in terms of the ratio of primary care physicians to population) has increased over the past decade in San Juan County; New Mexico and the US report increasing trends as well.

### Trends in Access to Primary Care (Number of Primary Care Physicians per 100,000 Population)



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.

• Retrieved April 2017 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

• These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

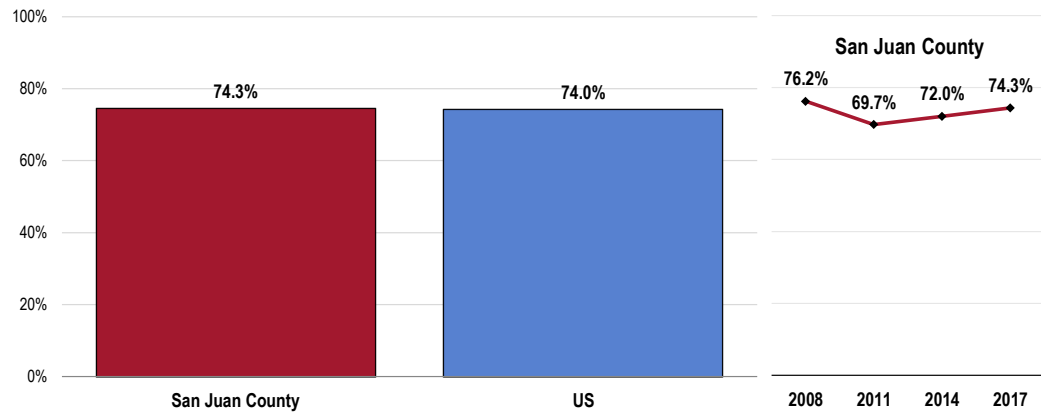
### Specific Source of Ongoing Care

**A total of 74.3% of San Juan County adults were determined to have a specific source of ongoing medical care.**

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- **TREND:** Similar to 2008 findings but increasing significantly from the 2011 percentage.

## Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.

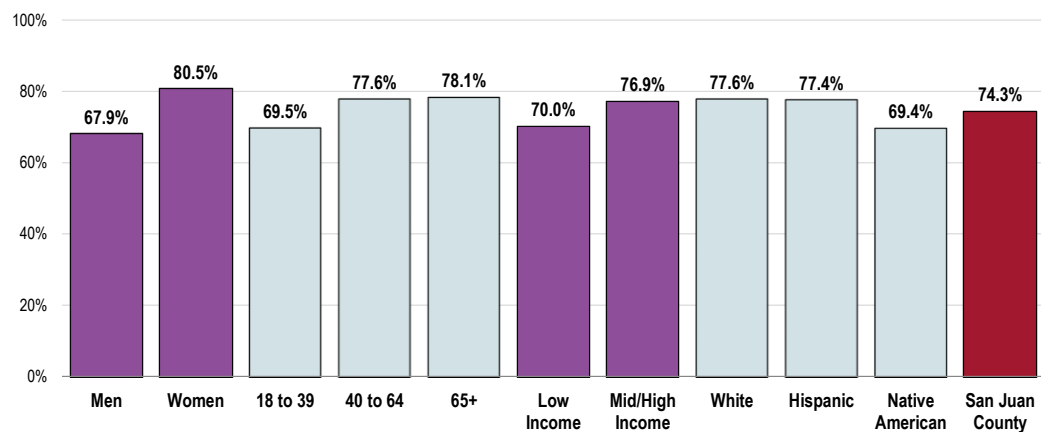
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.
- Lower-income adults.

## Have a Specific Source of Ongoing Medical Care

(San Juan County, 2017)

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

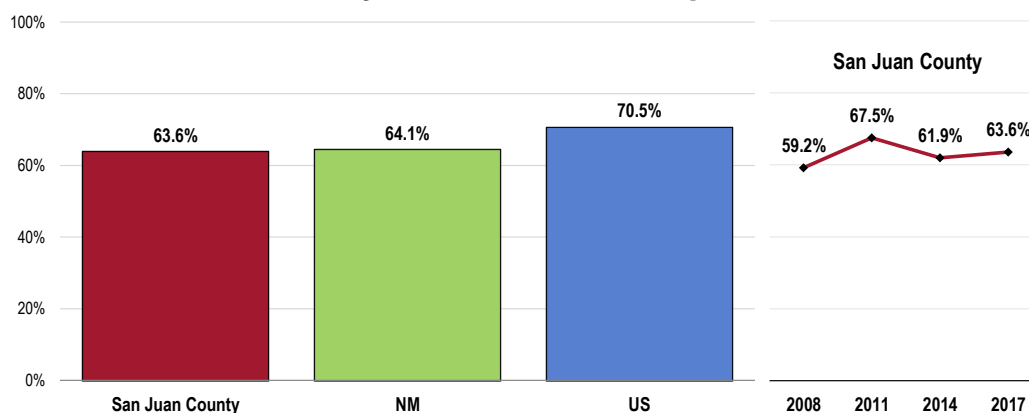
## Utilization of Primary Care Services

### Adults

A total of 63.6% of adults visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Lower than national findings.
- TREND: Statistical increase from the 2008 figure.

### Have Visited a Physician for a Checkup in the Past Year

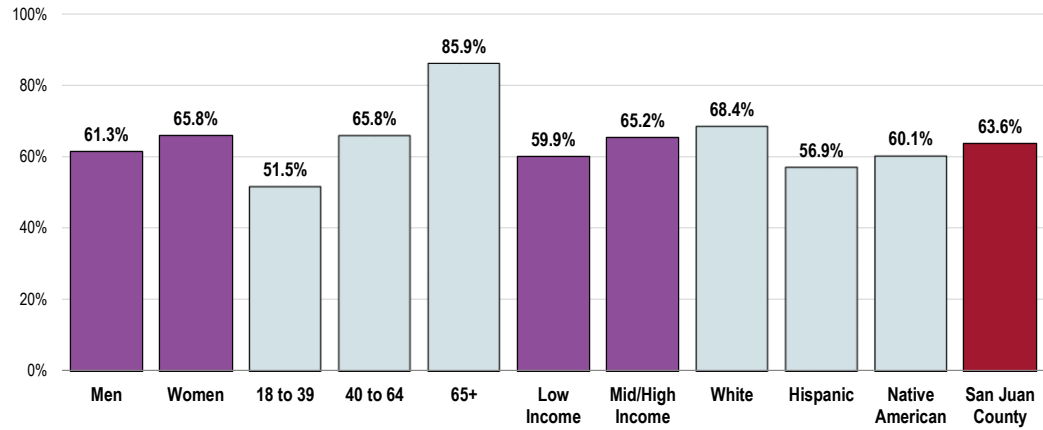


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 NM data.  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).
- Hispanics and Native Americans are less likely than Whites to have received routine care.

## Have Visited a Physician for a Checkup in the Past Year (San Juan County, 2017)



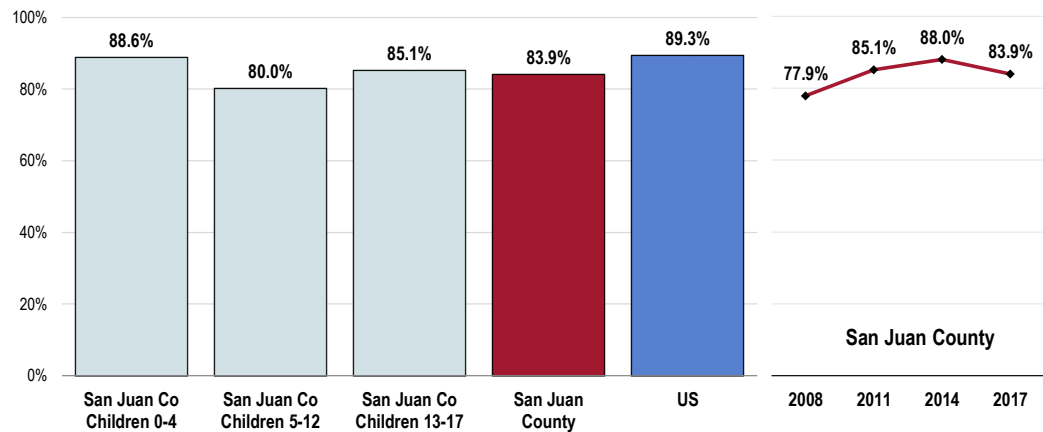
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Children

Among surveyed parents, 83.9% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- TREND: Denotes a statistically significant increase from 2008 survey findings (but decreasing significantly from the 2014 figure).
- Note that routine checkups are highest among county children under age 5.

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



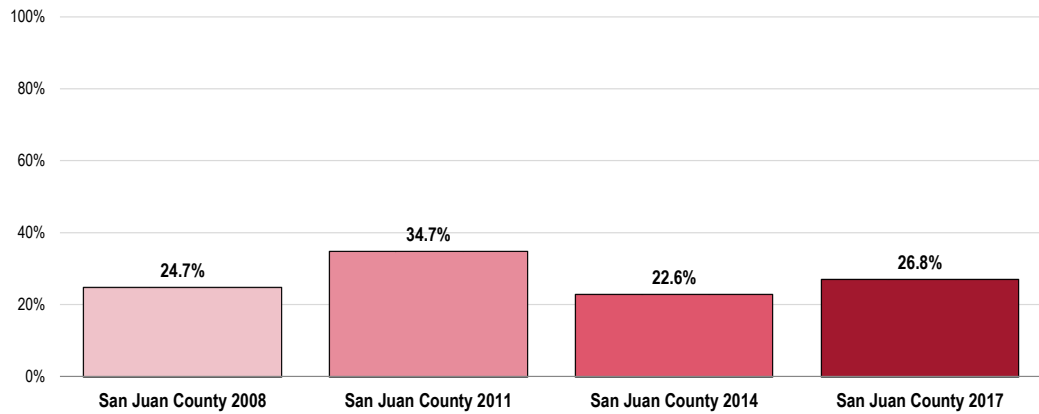
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

## Outmigration for Healthcare

Just over one-fourth of San Juan County adults (26.8%) reports that there are healthcare services not available locally for which they have to leave the county.

- TREND: Similar to 2008 and 2014 survey findings (but decreasing from 2011).

### Outmigration for Healthcare Services



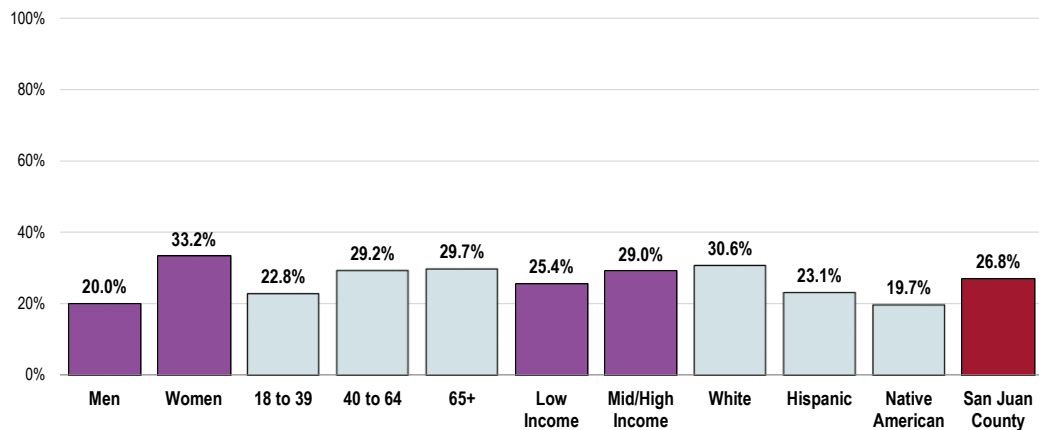
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes: • Asked of all respondents.

These population segments are more likely to report outmigration for healthcare services:

- Women.
- Whites.

### Outmigration for Healthcare Services (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes: • Asked of all respondents.

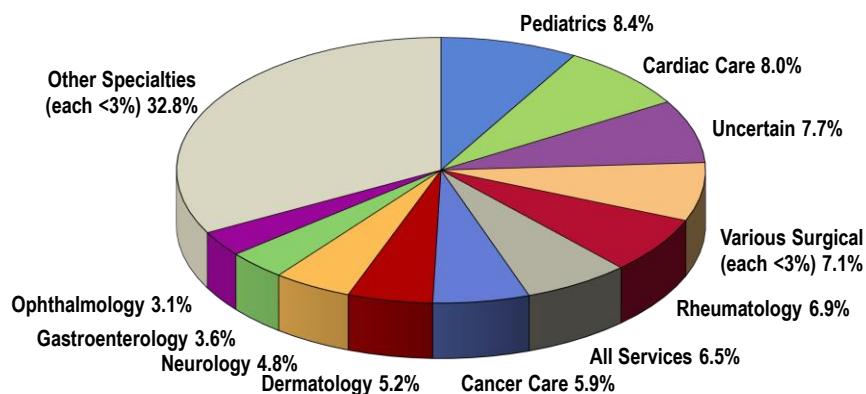
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked to specify the type of healthcare services sought outside the community, many specialties were mentioned, including pediatrics, cardiac care, rheumatology, cancer care, dermatology, neurology, gastroenterology, and ophthalmology.

- Note that 6.5% of these respondents leave the community for **all** of their healthcare services.

### Healthcare Services Sought Outside the Community (Among Residents Leaving the Area for Services; 2017)

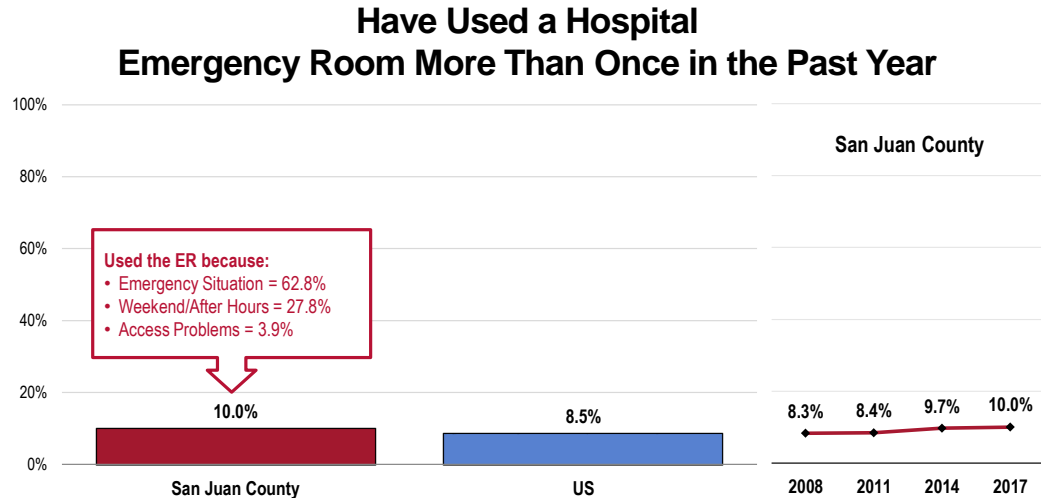


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]  
 Notes: • Asked of those respondents who leave San Juan County for healthcare services not available locally.

## Emergency Room Utilization

A total of 10.0% of San Juan County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- TREND: Statistically unchanged over time.



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]

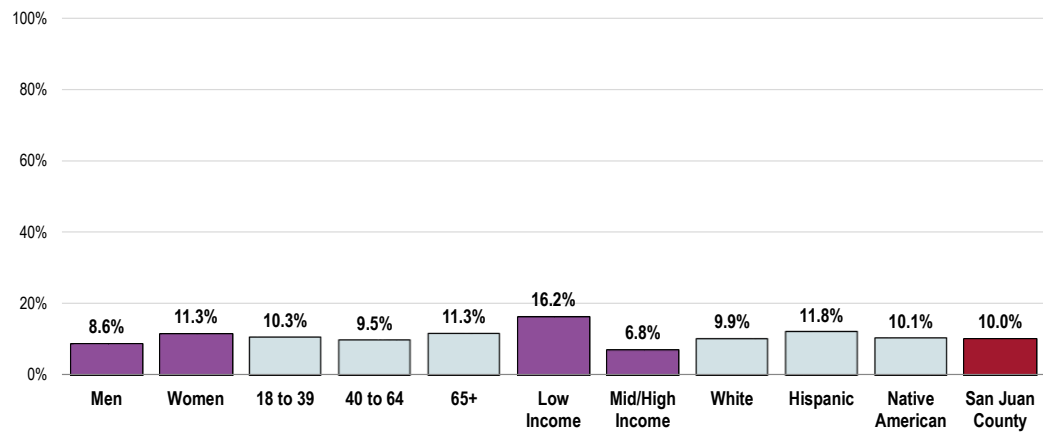
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Of those using a hospital ER, 62.8% say this was due to an **emergency or life-threatening situation**, while 27.8% indicated that the visit was during **after-hours or on the weekend**. A total of 3.9% cited **difficulties accessing primary care** for various reasons.

- Respondents in low-income households are more likely to have used an ER for their medical care more than once in the past year.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



## Advance Directives

**A total of 27.8% of San Juan County adults have completed Advance Directive documents.**

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

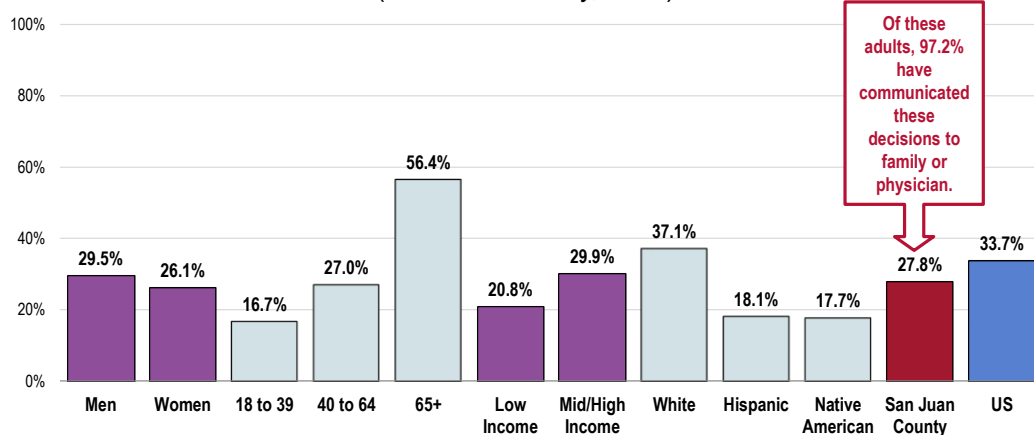
An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

- The prevalence is lower than the US figure.
- Of those local adults who have completed Advance Directive documents, 97.2% have communicated these decisions to family and/or a physician.

These survey respondents are less likely to have filled out Advance Directive documents:

- Young adults (age 18-39; positive correlation with age).
- Individuals living at the lower income level.
- Hispanics and Native Americans.

**Have Completed Advance Directive Documents**  
(San Juan County, 2017)



Sources:

- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Oral Health

### About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

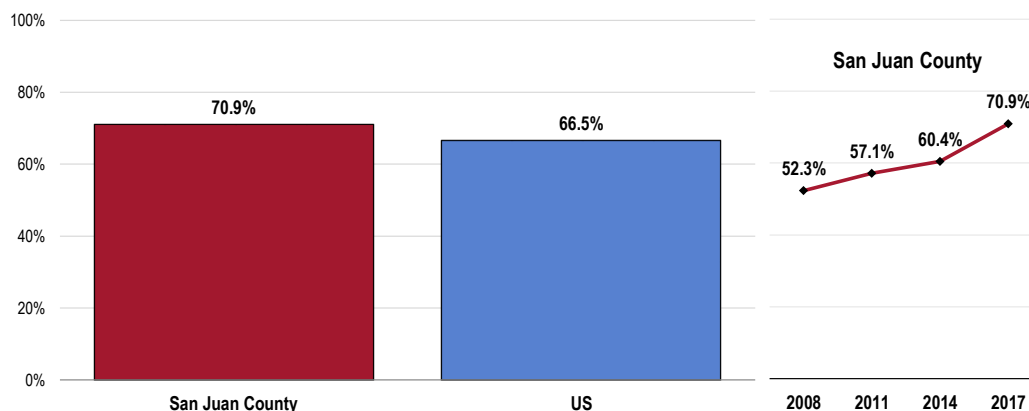
• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Dental Insurance

**Seven in 10 San Juan County adults (70.9%) have dental insurance that covers all or part of their dental care costs.**

- Higher than the national finding.
- TREND: Denotes a statistically significant increase over time.

## Have Insurance Coverage That Pays All or Part of Dental Care Costs



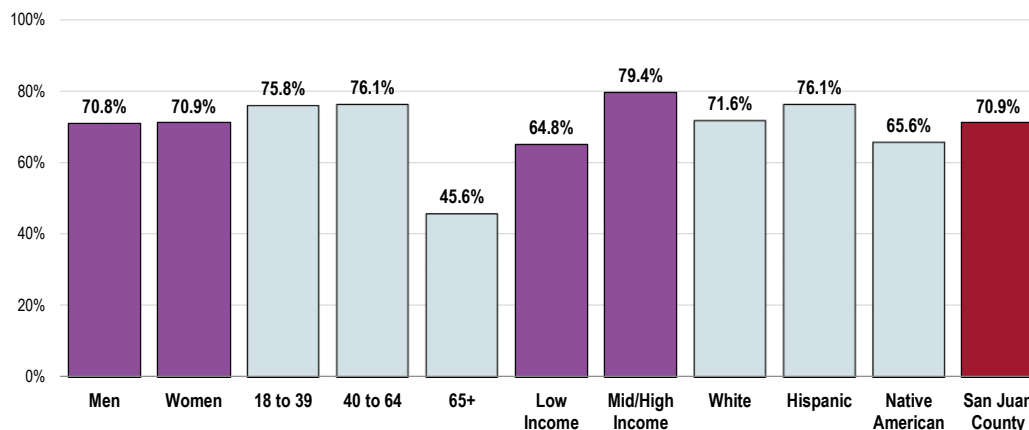
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors (age 65+).
- Low-income residents.

## Have Insurance Coverage That Pays All or Part of Dental Care Costs (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Dental Care

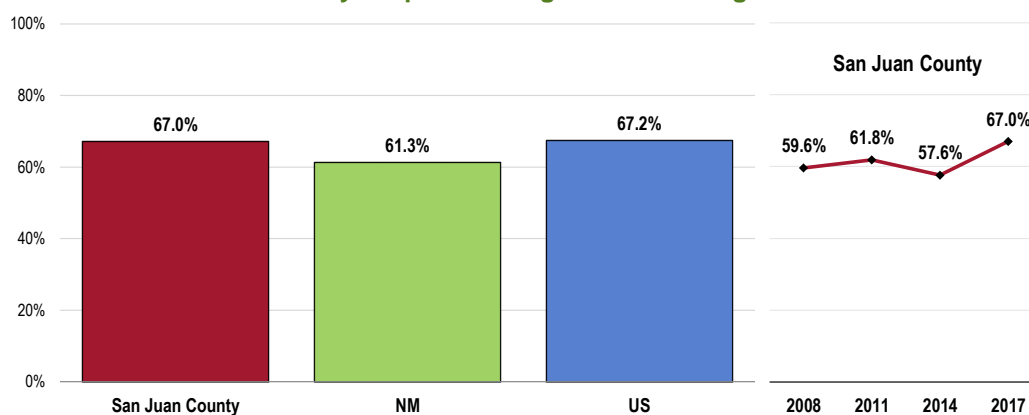
### Adults

A total of 67.0% of San Juan County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Higher than statewide findings.
- Almost identical to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Marks a statistically significant increase from previous survey findings.

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 NM data.

Notes: • Asked of all respondents.

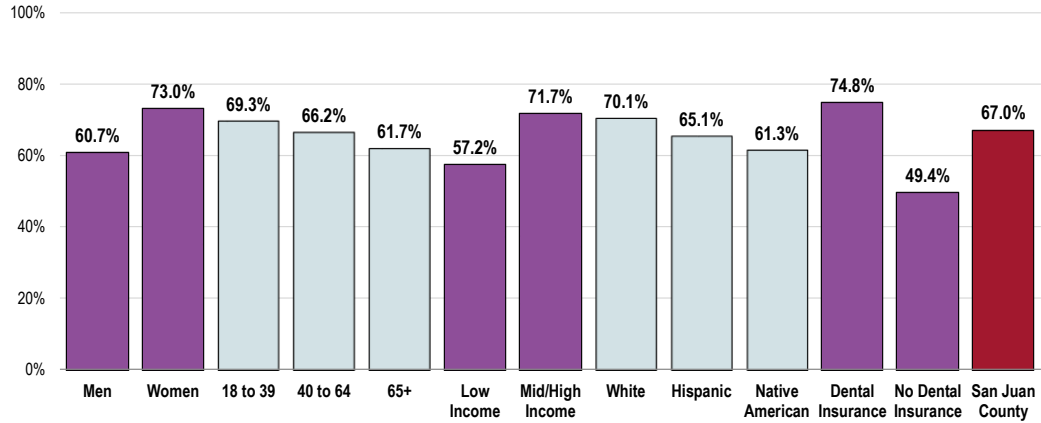
Note the following:

- Women are more likely than men to report recent dental care.
- Persons living in the higher income categories report much higher utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

## Have Visited a Dentist or Dental Clinic Within the Past Year

(San Juan County, 2017)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

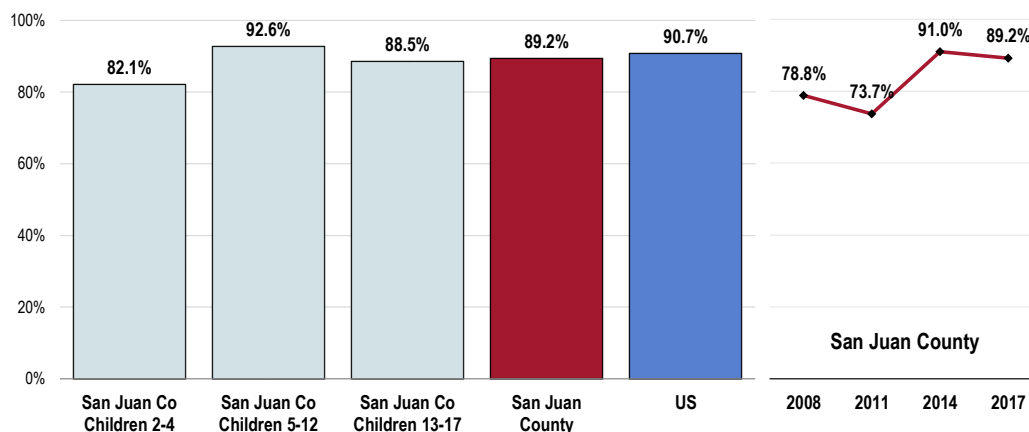
### Children

A total of 89.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Marks a statistically significant increase in children's dental care from 2008 and 2011 survey findings.
- Regular dental care is notably lower among children age 2 to 4.

## Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher

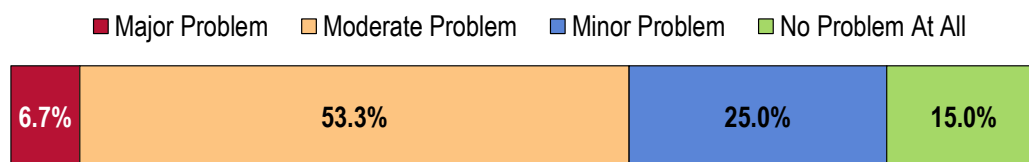


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents with children age 2 through 17.

## Key Informant Input: Oral Health

Over half of the key informants taking part in an online survey characterized *Oral Health* as a “moderate problem” in the community.

### Perceptions of Oral Health as a Problem in the Community (Key Informants, 2017)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Top Concerns

### Insurance Coverage

Adults have no dental insurance. – Physician

## Vision Care

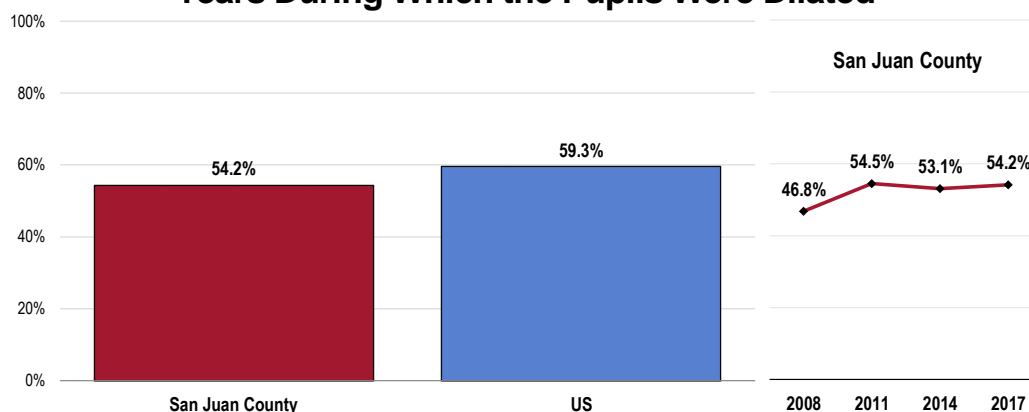
A total of 54.2% of San Juan County residents had an eye exam in the past two years during which their pupils were dilated.

### RELATED ISSUE:

See also [Vision & Hearing in the Death, Disease & Chronic Conditions](#) section of this report.

- Statistically lower than national findings.
- TREND: Denotes a statistically significant [increase](#) from 2008 survey findings.

### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



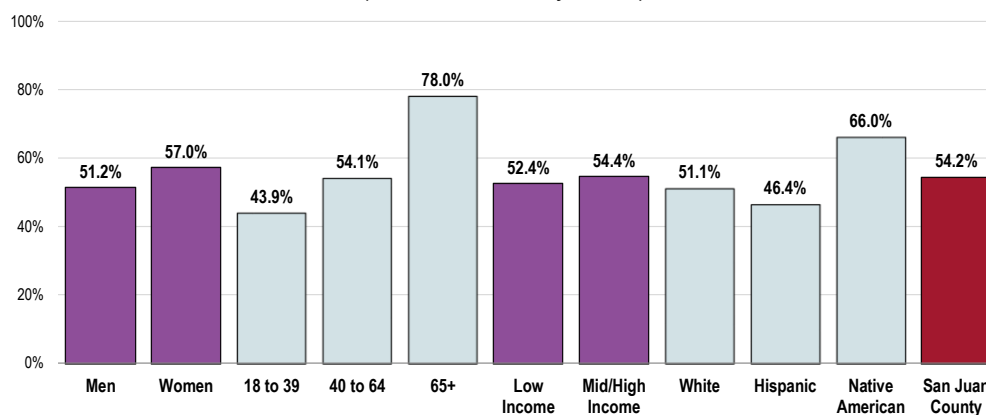
Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 • 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Recent vision care in San Juan County is less often reported among:

- Young adults (age 18-39; positive correlation with age).
- Whites and Hispanics.

### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Local Resources



**Professional Research Consultants, Inc.**

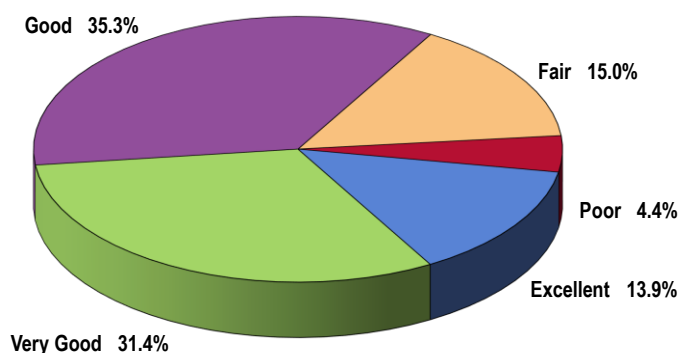


## Perceptions of Local Healthcare Services

A total of 45.3% of San Juan County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 35.3% gave “good” ratings.

**Rating of Overall Healthcare Services Available in the Community**  
(San Juan County, 2017)

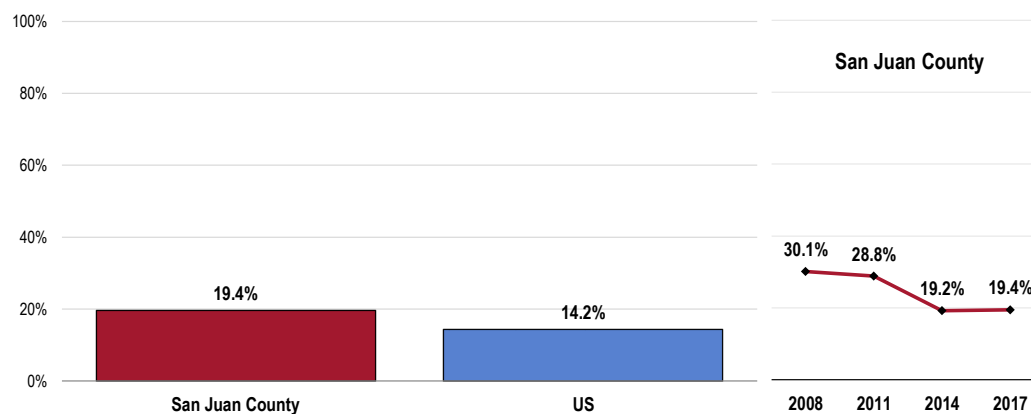


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 19.4% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- TREND: Marks a statistically significant improvement in ratings from 2008 and 2011 findings.

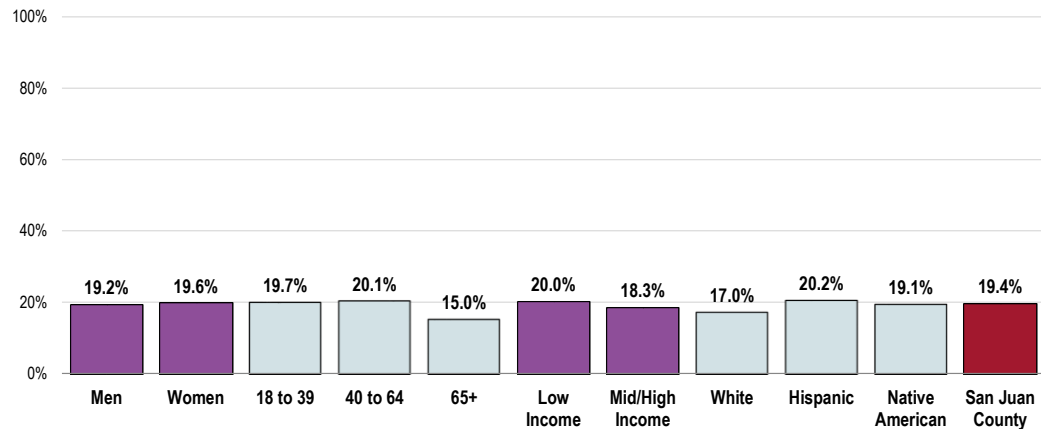
### Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
• 2015 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

No statistically significant difference when viewed by demographic characteristics.

### Perceive Local Healthcare Services as “Fair/Poor” (San Juan County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

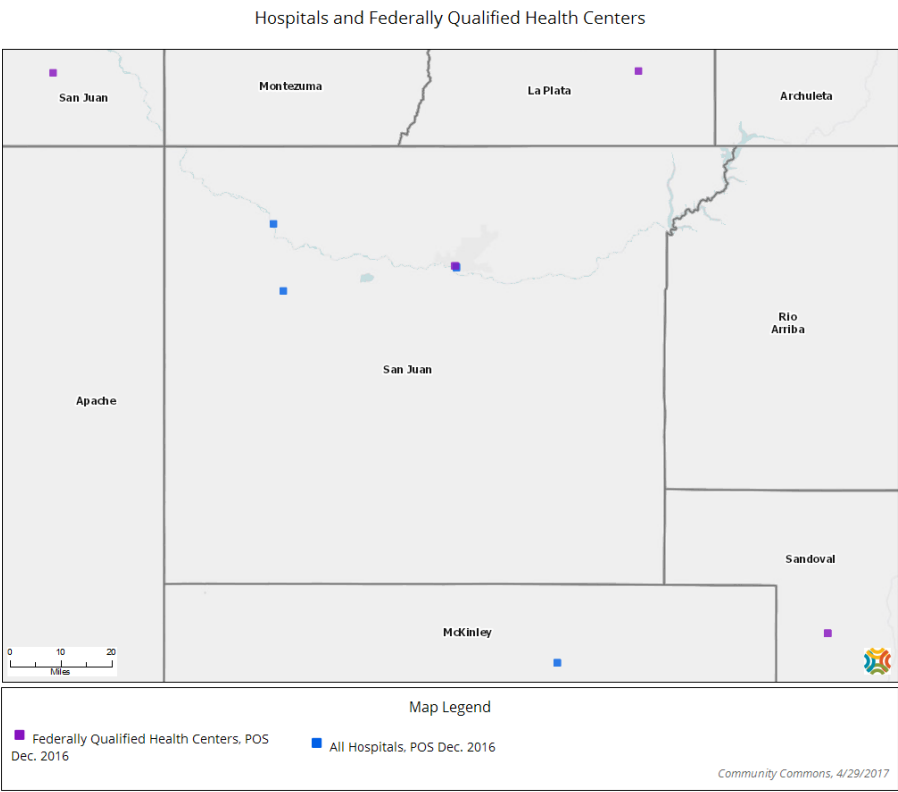
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Healthcare Resources & Facilities

### Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within San Juan County as of late 2016.



## Resources Available to Address the 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 Healthcare Services

- AA/NA
- Behavioral Health Services
- Care Transport
- Children's Medical Services
- Department of Behavioral Health
- ECHO Food Bank
- Educational Classes
- Families First
- Family Crisis Center
- Farmington Rape Crisis Hotline
- Government-Funded Health Centers
- Hospitals
- Pathways Housing
- Presbyterian Medical Services
- Red Apple Transit
- Red Cross
- San Juan County
- San Juan County Public Health Office
- Sexual Assault Services
- Shima Transport
- Urgent Care

### Arthritis, Osteoporosis & Chronic Back Conditions

- Back and Spine Centers
- Doctor's Offices
- San Juan Health Partners

### Cancer

- American Cancer Society
- American Lung Association
- Cathy Lincoln Memorial Fund
- Connelly House
- Doctor's Offices
- Hospice
- Hospitals

- Riley Men's Fund
- San Juan Medical Foundation
- San Juan Regional Cancer Center
- San Juan Regional Medical Center
- The Connelly House
- Umbrella Cancer Center

### Chronic Kidney Disease

- DaVita Dialysis
- Diabetic Education Program
- Dialysis Center
- Doctor's Offices
- Presbyterian Medical Services
- San Juan College
- San Juan Health Partners
- San Juan Regional Medical Center

### Dementias, Including Alzheimer's Disease

- Alzheimer's Association
- BeeHive Homes
- Bloomfield Nursing
- Bonnie Dallas Senior Center
- Doctor's Offices
- Good Samaritan Society
- Hospitals
- Life Care Center of Farmington
- Neurology Clinic
- Nursing Homes
- Presbyterian Medical Services
- San Juan Health Partners
- San Juan Regional Medical Center

**Diabetes**

American Diabetes Association  
 Cooperative Extension Office ICAN Team  
 DaVita Dialysis  
 Diabetic Education Program  
 Dialysis Center  
 Doctor's Offices  
 ECHO Food Bank  
 Healthy Kids  
 Hospitals  
 Indian Health Service (IHS)  
 Navajo Nation Special Diabetes Project  
 Presbyterian Medical Services  
 San Juan Health Partners  
 San Juan IPA  
 San Juan Regional Medical Center  
 Shiprock-Northern Navajo Medical Center  
 Sycamore Park Cooking Classes

**Family Planning**

Birthright  
 Charitable Organizations  
 Family Crisis Center  
 First Born  
 Grace Place Pregnancy and Health Center  
 Planned Parenthood  
 San Juan County Health Department  
 San Juan County Public Health Office  
 WIC

**Hearing & Vision**

Lions Club

**Heart Disease & Stroke**

American Heart Association  
 Anytime Fitness  
 Defined Fitness  
 Doctor's Offices  
 Fitness Centers/Gyms  
 Hospitals  
 Indian Health Service (IHS)  
 Mercy Medical Center  
 MyCD Program  
 Natural Grocers  
 Non-Profit Organizations  
 Parks and Recreation  
 San Juan College

San Juan Regional Medical Center

**HIV/AIDS**

Doctor's Offices  
 Health Department  
 Indian Health Service (IHS)  
 Planned Parenthood  
 San Juan County Public Health Office

**Immunization & Infectious Diseases**

Doctor's Offices  
 Health Department  
 Bonnie Dallas Senior Center

**Infant & Child Health**

CASA  
 Charitable Organizations  
 Children Youth & Families Department (CYFD)  
 Doctor's Offices  
 Health Councils  
 Indian Health Service (IHS)  
 Medicaid  
 Presbyterian Medical Services  
 San Juan College  
 San Juan Health Partners  
 San Juan Regional Medical Center  
 UnitedHealthcare (UHC)  
 WIC

**Injury & Violence**

28-Day DUI Program  
 Children Youth & Families Department (CYFD)  
 Family Crisis Center  
 Farmington Police Department  
 Indian Health Service (IHS)  
 New Beginnings Program  
 Presbyterian Medical Services  
 San Juan County Partnership  
 San Juan Regional Medical Center  
 Sexual Assault Services  
 Totah Behavioral Health

**Mental Health**

Adult Protective Services  
 Desert View Counseling  
 Doctor's Offices  
 Family Crisis Center  
 Hospitals

*Indian Health Service (IHS)*  
*Mental Health Services*  
*Mental Health Task Force*  
*Presbyterian Medical Services*  
*Private Therapists*  
*San Juan County Detention Center*  
*San Juan Health Partners*  
*San Juan Regional Medical Center*  
*Totah Behavioral Health*

### **Nutrition, Physical Activity & Weight**

*Anytime Fitness*  
*Bountiful Baskets*  
*County Extension Office*  
*Defined Fitness*  
*Doctor's Offices*  
*ECHO Food Bank*  
*Farmington Family Practice*  
*Fitness Centers/Gyms*  
*Healthy Kids*  
*Hospitals*  
*Mesa Family Practice*  
*Natural Grocers*  
*Parks and Recreation*  
*Pinon Family Practice*  
*Private Therapists*  
*San Juan College*  
*San Juan Regional Medical Center*  
*School System*  
*Bonnie Dallas Senior Center*  
*Shiprock-Northern Navajo Medical Center*  
*Sport Leagues*  
*WIC*

### **Oral Health**

*Medicaid*

### **Respiratory Diseases**

*Doctor's Offices*  
*Indian Health Service (IHS)*  
*Presbyterian Medical Services*  
*San Juan Regional Medical Center*

### **Sexually Transmitted Diseases**

*Planned Parenthood*  
*Presbyterian Medical Services*  
*San Juan County Public Health Office*

### **Substance Abuse**

*AA/NA*  
*Bible Baptist Church*  
*Cottonwood Clinical Services*  
*Desert View Counseling*  
*Doctor's Offices*  
*DWI Center*  
*Four Winds Recovery Center*  
*Hospitals*  
*Joint Intervention Program*  
*Masada House*  
*Navajo BIC Overcomers*  
*New Mexico Methadone Treatment Services*  
*Non-Profit Organizations*  
*Opioid Substance Abuse Clinic*  
*Presbyterian Medical Services*  
*Private Therapists*  
*Rehab Center*  
*San Juan County 28-Day Treatment Program*  
*San Juan County DWI/Axis Program*  
*San Juan County Partnership*  
*San Juan County Public Health Office*  
*San Juan Regional Medical Center*  
*Shiprock-Northern Navajo Medical Center*  
*Sobering Center*  
*The Well*  
*Totah Behavioral Health*  
*Traditional Healers*

### **Tobacco Use**

*Doctor's Offices*  
*San Juan Regional Medical Center*  
*Tobacco Use Prevention and Control (TUPAC) Program*

# Appendix



**Professional Research Consultants, Inc.**

## Evaluation of Past Activities

### Evaluation of Past Work from San Juan Regional's 2014 Community Health Needs Assessment (2014-2016)

Access to Health Services		
Actions	Outcomes	Additional Information
Community Van Transportation	In 2014 1,129 rides were provided to community members. 2015 – 1,023 transported 2016 - 970 transported	The San Juan Regional Medical Center van provides free, convenient, round-trip transportation services to and from doctor appointments or diagnostic services. The community van service serves to alleviate a transportation barrier to healthcare services, serving community members from Farmington, Aztec, Bloomfield, Kirtland, and surrounding areas, many of whom were wheelchair dependent.
Continuous Primary Care Physician Recruitment	From July 2014 through June 2016 23 physicians were recruited in the community.	San Juan Regional Medical Center employs primary care physicians and also offers physicians and also offers recruitment support to medical practices recruiting new physicians to the community
Low Cost Blood Screenings-My Labs	October 2014 - 154 screened April 2015 – 143 screened April and October 2016 – 356	San Juan Regional Medical Center offers direct access to blood work lab testing. Low cost and convenient testing with or without insurance or a doctor visit to increase greater access to care.
Free Heart Screenings	February 2014 – 172 screened February 2015 - 121 screened February 2016 – 145 screened	Electrocardiogram screenings to identify abnormalities and/or atrial fibrillation and ankle brachial index to identify risk of peripheral vascular disease. These free heart screenings are offered each February to the community.



**Cancer**

<b>Actions</b>	<b>Outcomes</b>	<b>Additional Information</b>
Generation to Generation Program	Presentation to 1514 students across the 9 area high schools. 93% documented knowledge gained.	Program include outreach to high school students on cancer education.
Screening Mammograms Survey	100 Surveys given- 72 responses. 62% rated pain of mammogram as a 1 or 2 out of 10.	Focus group studies show that the primary barrier for getting mammograms is perceived pain. Survey results revealed that their perceived pain is not as bad as what they experienced.
Smoking cessation-1-800-quit number given to all patients who are known tobacco users	323 smokers took advantage of the smoking cessation programs made available.	

**Maternal, Infant, and Child Health**

<b>Actions</b>	<b>Outcomes</b>	<b>Additional Information</b>
Maternal, infant, and Child Health was identified as a significant need in the prior assessment, and while education efforts were undertaken, teams have thus far been unable to establish effective outcome metrics to measure impact.		

**Mental Health and Mental Disorders**

<b>Actions</b>	<b>Outcomes</b>	<b>Additional Information</b>
Child/Adolescent Telepsychiatry	June 2016 - 70 patients served	Established to meet access to child/adolescent services.

**Nutrition and Weight Status**

<b>Actions</b>	<b>Outcomes</b>	<b>Additional Information</b>
Lifestyle Balance/National Diabetes Prevention Program	This one-year, evidence-based program has been available to members of San Juan County since 2011. Outcomes of most recent class: 14 participants, 57% participants met 7% weight loss goal, 53% participants averaged the recommended 150 minutes or more of aerobic exercise per week.	Annual class begins each February. There is no cost to community members to participate.

Community F.E.T.	<p>6 Community F.E.T. sessions are provided to members of the community each year. The cost to participate in the 2.5 day training is \$550 per participant. Aspects of the program found to be most valuable for fiscal year 2016: How to Eat Better: 66%; How to Exercise: 64%; Defining Purpose: 61%; Creating an Action Plan: 59%.</p>	<p>During 2017, Community F.E.T. sessions are offered to 10 San Juan County employees at no charge. Nutrition portion of F.E.T. involves interactive training on portion control, the glucose story, high vs. low glycemic foods, strategic snacking, the importance of breakfast, understanding eating and exercise best practices, and how nutrition affects energy levels.</p>
Healthy F.E.T. Kids	<p>Provide Full Engagement Training (F.E.T.) to Farmington, Aztec and Bloomfield elementary school teachers and school administrators. There are currently 14 Healthy F.E.T. Kids partner schools. Participating schools are selected by Healthy F.E.T. Kids Board members and total participants are based on grant funding awarded for the school year. F.E.T. staff participate in school health fairs and school F.E.T. Rechargers.</p>	<p>Nutrition portion of F.E.T. involves interactive training on portion control, the glucose story, high vs. low glycemic foods, strategic snacking, the importance of breakfast, understanding eating and exercise best practices, and how nutrition affects energy levels.</p>
Healthy F.E.T Kids Classroom of the Month	<p>F.E.T. staff provide healthy living activities for one randomly selected Farmington Municipal School District classroom each month of the school year. Teachers submit and share the F.E.T. activities they practice in their classrooms. 2015-2016 survey results include: 191 total participants; 74% of students correctly identified what a healthy breakfast is; 71% students correctly identified what a healthy snack is; 64% students correctly identified what healthy activities for the body are.</p>	<p>Farmington Municipal Schools Human Resource Director send Healthy F.E.T. Kids Classroom of the Month communication monthly to all teachers in the district.</p>