San Juan Regional Medical Center

2020

San Juan Regional Medical Center

Community Health Needs Assessment

- San Juan County, New Mexico -
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Perspective / Overview

About San Juan Regional Medical Center

San Juan Regional Medical Center (SJRMC) has been providing personalized healthcare as the region’s only community owned and operated hospital since 1910 – before New Mexico was even a state. Today the 194-bed acute care hospital, located at 801 W. Maple St. in Farmington, serves patients from all over the Four Corners region of New Mexico, Colorado, Arizona and Utah.

A non-profit hospital with a regional outreach, SJRMC is a values-driven organization that strives to deliver on its mission and achieve its vision through the use of its core values. To support the patients and families it serves, SJRMC offers a continuum of care which includes a level III trauma center; regional cancer center; spine center; heart center; rehabilitation hospital; outpatient diagnostic center; onsite daycare facility; hospital-owned AirCare air-ambulance service and San Juan Health Partners specialty clinics. The clinics, located throughout San Juan County and Southern Colorado, bring expertise in primary and specialty care, diagnostic services and rehabilitation to patients in their own communities so they can receive the care they need close to home.

The hospital’s mission to personalize care and create enthusiasm and vitality in healing extends beyond clinical care with community benefit programs aimed at creating wellness and making life better here. Free educational programs, support groups, health fairs, flu vaccination clinics, and more all support the health of the Four Corners.

San Juan Regional Medical Center is accredited by Det Norske Veritas (DNV), is a Certified Primary Stroke Center, Accredited Chest Pain Center with Primary PCI V6, and the only Mission: Lifeline® Gold Plus award winner in the state of New Mexico for excellence in cardiac care.

San Juan Regional Medical Center is your community owned hospital, committed to Life – Better – Here.
The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of San Juan County, New Mexico.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.
This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for San Juan Regional Medical Center (SJRMC).

San Juan Regional Medical Center as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

Starting on June 24, 2020, this report is made widely available to the community via San Juan Regional Medical Center’s website https://www.sanjuanregional.com and paper copies are available free of charge at San Juan Regional Medical Center, 801 W. Maple St., Farmington, NM 87401 or by phone (505) 609-2000.

San Juan Regional Medical Center’s board of directors approved this assessment on June 24, 2020.

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**PROJECT GOALS**

1. To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.

2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.
We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Jeff Bourgeois, CEO San Juan Regional Medical Center.

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Roberta Rogers, Manager Marketing, San Juan Regional Medical Center.

### Community

**Input and Collaboration**

**Data Collection and Timeline**

In February 2020, San Juan Regional Medical Center began a Community Health Needs Assessment for San Juan County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in February and March 2020.

- Online community surveys were conducted from March 9, 2020 to April 30, 2020. 57 surveys were completed.

- Online physician surveys were conducted from March 1, 2019 to April 30, 2019. 22 surveys were completed.

- Community members participated in individual interviews for their perspectives on community health needs and issues on March 24, 2020.

- A Community Health Summit was conducted on May 26, 2020 with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.
Individuals from community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of San Juan County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

Information Gaps

While this assessment was 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 the community’s health needs.

Participants

Individuals from community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of San Juan County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.
Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the San Juan County Community Health Needs Assessment and Improvement Plan included:

- Key Community Stakeholders
- State of New Mexico
- Schools
- Social Services
- Business Leaders
- San Juan County Elected Officials
- Other Healthcare workers
- Physicians
- Churches

In many cases, several representatives from each organization participated.

Community Engagement and Transparency

Many members of the community participated in individual interviews, surveys and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.
Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received though surveys, interviews, and the Community Health Summit. Agencies representing these population groups were intentionally invited to interviews and Summit. Additionally, the community survey was distributed via email though medical center stakeholders serving the low-income, medically underserved and minority populations.

Input of those with Expertise in Public Health

The New Mexico Department of Health’s mission is to “promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.” New Mexico Department of Health identified four population health priorities:
1. Obesity
2. Diabetes
3. Substance Misuse
4. Unintended Teen Pregnancy

Obesity continues to rise in New Mexico and the U.S. Obesity increases risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. New Mexico’s Obesity, Nutrition, and Physical Activity Program (ONAPA) implements sustainable nutrition and physical activity through utilizing resources from a wide range of stakeholders to maximize reach and impact. ONAPA’s Healthy Kids Healthy Communities (HKHC) program is working directly with 16 high-need counties, including San Juan County, and tribal communities across the state to increase healthy eating and physical activity opportunities for kids and low-income adults. The program implements strategies and initiatives in the school system, food system and built environment. Obese children have a higher rate of chronic diseases and a higher likelihood of becoming obese adults. Addressing nutrition and physical activity at a young age is essential.

New Mexico’s Diabetes Prevention and Control Program (DPCP) is committed to reducing the struggle of diabetes in NM by 1) preventing diabetes; 2) preventing complications and disabilities associated with diabetes; and 3) eliminating diabetes related health disparities. Health complications can be limited, and self-management can be improved through support, education, and access to care.
NMDOH is implementing several strategies to reduce drug overdose death and prescription drug misuse. A few strategies are 1) improve use of New Mexico’s Prescription Monitoring Program (PMP); 2) improve prescribing by working with tribal and community partners by offering academic detailing; 3) expand access to naloxone; 4) develop evidence-based policies; 5) utilize peer support workers; 6) conduct a public education and media campaign, called “There is Another Way”; and 7) utilize the Harm Reduction Program. NMDOH also conducts surveillance of, and focuses on increasing awareness of, the public health issues associated with excessive alcohol use. Lastly, QUIT NOW and DÉJELO YA program offers tobacco cessation services. The program continues implementing and expanding its statewide youth engagement strategy, called “Evolvement”.

Lastly, the teen birth rate in New Mexico was 35 births per 1,000 female population ages 15-19, which was higher than the U.S. at 23 births. However, since 2008, this rate has been decreasing, and from 2014 to 2016, NM’s decrease was greater than the national decrease. Teen pregnancy is closely linked to incomplete education, poverty, premature births, child welfare, overall child well-being, and risky behaviors like alcohol abuse. Family Planning Program (FPP), Wyman’s Teen Outreach Program (TOP), and Project AIM work to provide confidential reproductive health services and evidence-based educational programs to New Mexico’s youth. New Mexico could significantly reduce health and social problems if more children were born to parents who are ready and able to care for them.

Source: New Mexico Department of Health Strategic Plan: https://www.nmhealth.org/publication/view/plan/2229/

Community Selected for Assessment

San Juan County was the primary focus of the CHNA due to the service area of San Juan Regional Medical Center. Used as the study area, San Juan County provided 85% of 2019 inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which San Juan Regional Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under San Juan Regional Medical Center’s Financial Assistance Policy.

San Juan Regional Medical Center Study Area - 2020
Key Findings

Community Health Assessment

Results
Based on the secondary data, surveys, interviews and summit prioritization, the SJRMC board approved the following identified needs to be the focus of the work of the medical center over the next three years.

1. Diabetes
2. Obesity
3. Mental health
4. Substance use disorder
5. Access to care
6. Develop actionable steps to address local health disparities – Our experience with the local impact of the COVID-19 pandemic, highlighted a disproportionate impact on the local Native American populations. Other at-risk populations (those with underlying health conditions) were also severely impacted. As a healthcare leader in San Juan County, SJRMC should be a catalyst in addressing health disparities and be part of solutions to make positive impacts on social determinants of health.

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:
- Individual interviews with community members
- Community survey- 57 completed surveys
- Physician surveys- 22 completed surveys
- Community Health Summit

Secondary methods included:
- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences
# Description of the Communities Served

## Demographics

The table below shows the demographic summary of San Juan County compared to New Mexico and the U.S.

<table>
<thead>
<tr>
<th></th>
<th>San Juan County</th>
<th>New Mexico</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>136,560</td>
<td>2,159,832</td>
<td>332,417,793</td>
</tr>
<tr>
<td>Median Age</td>
<td>34.9</td>
<td>38.0</td>
<td>38.5</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$46,910</td>
<td>$46,757</td>
<td>$60,548</td>
</tr>
<tr>
<td>Annual Pop. Growth (2019-2024)</td>
<td>0.43%</td>
<td>0.65%</td>
<td>0.77%</td>
</tr>
<tr>
<td>Household Population</td>
<td>46,996</td>
<td>826,989</td>
<td>129,922,162</td>
</tr>
<tr>
<td>Dominant Tapestry</td>
<td>Down the Road (10D)</td>
<td>Down the Road (10D)</td>
<td>Green Acres (6A)</td>
</tr>
<tr>
<td>Businesses</td>
<td>4,463</td>
<td>72,897</td>
<td>12,112,147</td>
</tr>
<tr>
<td>Employees</td>
<td>60,761</td>
<td>882,140</td>
<td>150,271,675</td>
</tr>
<tr>
<td>Health Care Index*</td>
<td>77</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>Average Health Expenditures</td>
<td>$4,583</td>
<td>$4,707</td>
<td>$5,934</td>
</tr>
<tr>
<td>Total Health Expenditures</td>
<td>$215.4 M</td>
<td>$3.9 B</td>
<td>$742.8 B</td>
</tr>
</tbody>
</table>

### Racial and Ethnic Make-up

<table>
<thead>
<tr>
<th></th>
<th>San Juan County</th>
<th>New Mexico</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>47%</td>
<td>66%</td>
<td>68%</td>
</tr>
<tr>
<td>Black</td>
<td>1%</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>American Indian</td>
<td>40%</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1%</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>21%</td>
<td>50%</td>
<td>19%</td>
</tr>
</tbody>
</table>

*Source: ESRI

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.
• The population of San Juan County is projected to increase from 2020 to 2024 (0.43% per year). New Mexico is projected to increase 0.65% per year. The U.S. is projected to increase 0.77% per year.

• San Juan County had a lower median age (34.9 median age) than NM (38.0) and the U.S. (38.5). In San Juan County the percentage of the population 65 and over was 13.8%, lower than the U.S. population 65 and over at 16.0%.

• San Juan County median household income at $46,910 was slightly higher than NM ($46,757), but lower than the U.S. ($60,548). The rate of poverty in San Juan County was 23.1% which was higher than NM (18.8%) and the U.S. (13.1%).

• The household income distribution of San Juan County was 16% higher income (over $100,000), 58% middle income, and 26% lower income (under $25,000).

• The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. San Juan County was 77, indicating 23% less spent out of pocket than the average U.S. household on medical care (doctor’s office visits, prescriptions, hospital visits) and insurance premiums.

• The racial and ethnic make-up of San Juan County was 47% White, 40% American Indian, 21% Hispanic Origin, 4% mixed race, 1% Black, 1% Asian/Pacific Islander, and 8% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

The census tract slightly West of SJRMC near Fruitland and Kirtland had the largest total population.

San Juan County’s population was projected to increase from 2019 to 2024, 0.43% per year. Several eastern census tracks were expected to grow at a rate greater than NM. However, four census tracks slightly east of SJRMC near Farmington, Bloomfield, and Aztec populations were expected to decline.
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in Shiprock with a median age of 27 than the census tracts further east near Aztec with a median age of 44.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The lower income census tracts are in the southwest region of San Juan County with $21K and $29K median household incomes.

The lower map is the number of households making less than $15,000 per year. Again further attempting to identify those areas within the county that may have lower health status. The southwest census tract had 602 households making less than $15K per year.
San Juan County’s 2018 poverty percentage was 23.1% compared to New Mexico at 16.3% and the U.S. at 13.1%.

### Demographics, cont.

50.4% percent of employees in San Juan County were employed in:

- Health Care & Social Assistance (13.4%)
- Retail Trade (11.7%)
- Construction (8.8%)
- Education Services (8.4%)
- Public Administration (8.1%)

*Source: Esri*

Retail offers health insurance at a lower rate than healthcare, public administration and educational services.

San Juan County’s February 2019 preliminary unemployment was 6.3% compared to 4.9% for New Mexico and 3.7% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.
Demographics, cont.

Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 45% of San Juan County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry segment of each census tract is identified by number.

The dominant Tapestry Segments in the county was Down the Road (19%), Diners & Miners (18%), and Southern Satellites (8%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Source: ESRI
Community stakeholders representing the broad interests of the community as well as representing low income, medically underserved and minority populations participated in individual interviews on March 24th, 2020 their input into the community’s health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the individual interviews.

1. How do you define health?
   - Being able to do what you want to do
   - Good quality of life
   - The ability to stay out of the doctor’s office
   - Access to a doctor and affordable medicine

2. For the purposes of this Community Health Needs Assessment, the community is San Juan County, generally, how would you describe the community’s health?
   - Pretty healthy
   - Average
   - Some people are really healthy and striving to do what’s right. Then there are others who may need education. They don’t realize what needs to be done to be healthy.

3. What are the most significant health issues for the community today?
   - Older people are having issues – as you age, get more chronic diseases, diabetes, vision issues
   - Concerned about alcoholism and drugs, really big problem in the community with all
   - Cancer – breast cancer
   - Smoking – people on oxygen and decreased quality of life
   - Homelessness

4. What are the most significant health issues facing various populations including medically underserved, low-income and minority populations?
   - Money and jobs, not having good insurance. Hard time paying for insurance.
   - Navajo people have free healthcare and if they take advantage, they’re well covered. Have long waits and have to go to Shiprock for care.
   - Covered by insurance through companies
   - Older people have Medicare
   - Well covered if use what we have – need more education

5. What are the most important health issues facing children?
   - Children really pay the price for parents being on alcohol and drugs. Unstable home atmosphere – divorce, drugs, alcohol
   - Neglect, abuse, poor treatment
Interview Results, cont.

6. What are the most important health issues facing seniors?
   - Isolation, loneliness, hard times
   - Aches and pains

7. The community performed a CHNA in 2017 and identified priorities for health improvement
   1. Diabetes
   2. Nutrition, Physical Activity & Weight
   3. Mental Health
   4. Substance Abuse
   5. Infant Health & Family Planning

What has changed most related to health status in the last three years?
   - Infant health – not in the group I know of. Think the schools do a pretty good job with the young people.
   - Mental health and substance abuse are still issues
   - Not much change
   - Diabetes and nutrition still a big problem
   - Isolation and mental health issues are still issues
   - Most mental health issues are between age 30 and 50. Knowing where to go to find help.
   - Substance abuse about the same – see young men walking around and hanging out and don’t know if its substance abuse or lack of jobs or training.

8. What behaviors have the most negative impact on health?
   - Being alone
   - Not having enough money to do the things you want to do
   - Not eating healthy
   - Smoking
   - Drugs – destroy families

9. What environmental factors have the biggest impact on community health?
   - Hard to walk anywhere anymore. Don’t like to walk in the evening, don’t feel safe.
   - Riverwalk – used to love to walk down there, but it’s not safe. People there make it feel unsafe. Loitering, homeless people.

10. What do you think the barriers will be to improve health in the communities?
    - Education – top of the list
    - Need more police presence
Interview Results, cont.

11. What community assets support health and wellbeing?
   - SJRMC
   - Good hospital, staff, classes (diabetes, nutrition, baby care), food for mothers and their children
   - Senior Center – all kinds of activities, reasonably priced food, exercise
   - Community Center
   - Presbyterian Medical Services (PMS) – classes and training
   - San Juan College – does a good job
   - Schools feed the kids, breakfast, lunch and dinner
   - Churches, religious community – food drives, cook food, donate, strive to help the community
   - Lots of resources, but difficult to get people to take advantage
   - There are things to do, people just have to look for it.

12. Where do members of the community turn for basic healthcare needs?
   - SJRMC
   - Turn to doctors first
   - 211 United Way Central NM

13. If you had a magic wand, what improvement activity should be a priority for San Juan County to improve health?
   - Improve medical collaboration in the community
   - Pretty part of the country, on the river. Not enough activity for younger people, not enough night life.
   - Take advantage of what’s available. People make their own activities.
   - Mental health programs
   - Substance abuse programs - most issues in the community are because of substance abuse.
   - Airport Drive – motel apartment buildings falling down and fire hazards. City needs to help fix these. Affordable housing is an issue.
   - Educate people on financial management.
   - Work on the economy – really concerned about the power plant going out of business and what jobs will replace them.
   - Amount of businesses that are closing and going out of business.
   - More financial education
### Survey Results

#### Community Survey Results

#### Survey Process

57 community members completed an online community survey. The surveys were conducted from March 9, 2020 through April 30, 2020. At 95% confidence, the margin of error is plus or minus 12% for the total sample size.

#### Survey Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 39%</th>
<th>Female 61%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>25% 65 and over</td>
<td>75% under 65</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>25%</td>
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<tr>
<td></td>
<td>60%</td>
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<tr>
<td></td>
<td>0%</td>
<td>0%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race or ethnic background</th>
<th>Caucasian/White</th>
<th>85%</th>
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<tbody>
<tr>
<td>Native American</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Mixed race</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td></td>
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<table>
<thead>
<tr>
<th>County</th>
<th>San Juan County</th>
<th>97%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montezuma County</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

#### Health Status

Generally, how would you describe your health?

- **Excellent**: 35%
- **Good**: 55%
- **Fair**: 9%
- **Poor**: 2%

11% believe their health is fair or poor, leaving 90% believing their health is excellent or good.
### Basic Healthcare Needs

If you have one person or group you turn to for basic healthcare needs, where do you go most often?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My primary care doctor or family physician</td>
<td>79%</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>9%</td>
</tr>
<tr>
<td>Alternative healthcare providers (chiropractors, etc.)</td>
<td>5%</td>
</tr>
<tr>
<td>Use Specialist as PCP</td>
<td>3%</td>
</tr>
<tr>
<td>Hospital (including the ER)</td>
<td>2%</td>
</tr>
<tr>
<td>I do not have a healthcare provider</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

Most people go to their primary care doctor or family physician for non-urgent healthcare needs, followed by urgent care centers then alternative healthcare providers.

### Urgent Healthcare Needs

If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency but urgent health care need?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My primary care doctor or family physician</td>
<td>62%</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>47%</td>
</tr>
<tr>
<td>Hospital (including the ER)</td>
<td>5%</td>
</tr>
<tr>
<td>Friend or Relative</td>
<td>5%</td>
</tr>
<tr>
<td>Alternative healthcare providers (chiropractors, acupuncturist, etc.)</td>
<td>3%</td>
</tr>
<tr>
<td>I do not have a healthcare provider</td>
<td>3%</td>
</tr>
<tr>
<td>Health department</td>
<td>2%</td>
</tr>
<tr>
<td>Use Specialist as PCP</td>
<td>2%</td>
</tr>
</tbody>
</table>

Most people go to their primary care doctor or family physician for urgent healthcare needs, followed by urgent care centers then a hospital.
Virtual Physician Care

How likely are you to utilize virtual physician or telehealth service such as through the computer or your smartphone?

- Very likely (30%)
- Somewhat likely (29%)
- Somewhat unlikely (21%)
- Not at all likely (20%)

59% were very likely or somewhat likely to utilize virtual physician or telehealth service.

Physician Access

Was there a time in the past 12 months when you needed to see a doctor but could not?

- Yes (24%)
- No (76%)

If yes, what are some of the reasons why you could not see a doctor?

- Doctor unavailable (47%)
- Lack of access to a physician taking new patients (32%)
- Inconvenient office hours (32%)
- Specific service I needed was not available locally (16%)
- I’m not comfortable with any doctor (16%)
- I do not have a healthcare provider (11%)
- Other (11%)
- Lack of money/insurance for office visit (10%)
- Don’t know how to find a good doctor (5%)
- Weather was too bad (5%)
- Language/racial/cultural barriers (0%)
- I was too sick (5%)

24% indicated there was a time in the last 12 months when they needed to see a doctor but could not. This is a higher percentage compared to other surveys. The primary reasons were doctor was unavailable, followed by lack of access to a physician taking new patients, and lack of money or insurance for an office visit.
Mental Health Professional Access

Was there a time in the past 12 months when you needed to see a mental health professional but could not?

12% indicated there was a time in the last 12 months when they needed to see a mental health professional but could not. The primary reasons were lack of access to a physician taking new patients, followed by lack of money or insurance for an office visit, and provider unavailable.

Substance Abuse/Addiction

Have you, a relative or close friend experienced substance abuse or addiction?

50% indicated they, a relative or close friend experienced substance abuse or addiction. The most common substance involved was alcohol, followed by prescription drugs/pain killers and marijuana. 55% indicated addiction treatment was available.
Medication Access

Was there a time in the past 12 months when you needed medications but could not obtain them?

10% indicated there was a time in the last 12 months when they needed medications but could not obtain them. The primary reasons was lack of money or insurance for drugs.

Exercise

During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

70% exercised regularly, while 30% did not exercise regularly.
**Exercise**

What major reason prevents you from exercising?

- **It's hard to stay motivated**: 46%
- **Not enough time in my day**: 40%
- **There is no safe place to exercise in my neighborhood**: 8%
- **Don't know how**: 2%
- **Other**: 23%

The major reasons that prevented people from exercising were it’s hard to stay motivated, followed by not enough time in the day.

---

**Smoking**

How often do you smoke?

**How often do you smoke?**

- Never – I do not smoke: 85%
- A few times a month: 5%
- Weekly: 3%
- Daily: 5%
- Hourly: 2%

**How often do you use smokeless tobacco products?**

- Never – do not use smokeless tobacco: 97%
- A few times a month: 2%
- Weekly: 2%
- Daily: 0%
- Hourly: 0%

**How often do you use e-cigarettes or vape?**

- Never – I do not vape: 90%
- A few times a month: 5%
- Weekly: 2%
- Daily: 3%
- Hourly: 0%

15% smoked regularly, 4% used smokeless tobacco products regularly, and 10% used e-cigarettes or a vape regularly.
Healthy Food
Do you have access to healthy food?

No 3%
Yes 97%

How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

- Less than 1 mile: 40%
- 1 mile to 5 miles: 48%
- 5 to 10 miles: 6%
- Greater than 10 miles: 5%

97% had access to healthy food. 88% were within 5 miles of a grocery store that offers fresh fruits and vegetables.

Top Health Concerns for Adults

From the list below select the top 5 issues that impact the health for adults in your community

Affordable health insurance: 59%
Affordable healthcare: 44%
Mental health & behavioral health services: 39%
People taking more responsibility for their own lifestyle/health: 33%
Jobs/employment: 26%
Poverty/Low Income: 26%
Alcohol Abuse: 25%
Substance Abuse: 23%
Dental health services: 20%
Availability of doctors – office hours, not accepting insurance: 18%
Affordable housing: 18%
Aging population/services for elderly: 18%
Lack of specialists: 16%
Transportation: 15%
Substance abuse services: 15%
Affordable healthy lifestyle services and programs: 15%
Health service for seniors: 13%
Lack of primary care professionals: 13%
Stress/stress at work: 13%
Racial inequities: 11%

Affordable health insurance, followed by affordable healthcare, and mental health and behavioral health services were identified as the top issues that impact adult’s health.
Top Health Concerns for Children

In your opinion, what are the top 5 health concerns for children in your community?

- Too much screen time (i.e. smart phone, iPad etc.) - 72%
- Responsible, involved parents - 70%
- Physical activity - 67%
- Healthy diet - 58%
- Obesity - 50%
- Mental health services - 28%
- Child-care/day care options - 20%
- Responsible sexual behavior - 18%
- Substance abuse - 17%
- Access to primary care - 15%
- Children’s health education - 13%
- Immunizations/Vaccinations - 13%
- Dental health services - 7%
- School lunch programs - 5%
- Don’t Know - 5%
- Other - 5%

Too much screen time, followed by responsible involved parents, and physical activity were identified as the top health concerns for children.

----------------------------------

Health Services/Programs

What healthcare, health education or public health services or programs would you like to see offered in your community?

- Affordable insurance - 49%
- Affordable healthcare - 46%
- Healthcare resources for the uninsured or poor - 44%
- Behavioral health services - 36%
- Nutrition/diet education - 37%
- Wellness programs - 35%
- Senior Services - 30%
- Exercise resources/fitness center - 26%
- Preventative services - 25%
- Substance abuse services - 25%
- Primary care access - 23%
- Access to specialty physicians - 23%
- Health education for chronic conditions: diabetes,... - 19%
- Physician specialties - 12%
- None/have everything we need - 5%
- Other - 9%

Affordable insurance, followed by affordable healthcare, and healthcare resources for the uninsured or poor were identified as the top services or programs people wanted to see offered in the community.
Health Management

Do you feel you have all that you need to manage your health condition(s)?

24% indicated they did not feel they have all they need to manage their health condition(s). Affordable healthcare/insurance, followed by a better support system, and more access to physicians/doctors were identified as the top needs in the community to manage health.

Chronic Disease

Have you ever been told by a doctor you have any of these conditions, diseases or challenges?

Overweight or obese, followed by high blood pressure or hypertension, and high cholesterol were identified as the most common diagnosed conditions.
Health Management

What specialties would you like to see offered? Select all that apply

Dermatology: 47%
Neurology: 47%
Oncology/Hematology: 47%
Psychiatry: 47%
Rheumatology: 47%
Family Medicine: 40%
Infectious Disease: 40%
Advanced Practice Providers (Nurse Practitioners, ...): 33%
Nutritionist/Dietician: 33%
Internal Medicine: 33%
OB/Gyn: 33%
Allergy and Immunology: 33%
Emergency Medicine: 33%
Endocrinology: 33%
General Surgery: 33%
Nephrology: 33%
Ophthalmology: 33%
Pediatrics: 27%
Cardiology: 27%
Gastroenterology: 27%
Geriatrics: 27%
Pulmonology: 27%

Dermatology, neurology, oncology/hematology, psychiatry, and rheumatology were identified as the top specialties the community wants offered.

Influential Factors

In your opinion, what are the top 5 factors that personally influence the health of individuals?

Good health practices (e.g., eating healthy foods, ...): 72%
Avoidance of bad health practices (e.g., smoking, ...): 50%
Psychological factors (e.g., positive attitude toward...): 36%
Economic factors: 36%
Individual ownership of personal health: 34%
Genetics and family history: 26%
Access to insurance: 24%
Level of education: 18%
Access to doctors: 14%
Getting immunizations/vaccinations: 12%
Age: 12%
Religious or spiritual health practices: 2%
Don’t know: 2%
Other: 5%

Good health practices, followed by avoidance of bad health practices, psychological factors, and economic factors were identified as the top factor that personally influence the health of individuals.
Nutrition, physical activity and weight management, access to health insurance, substance abuse assistance, followed by mental health assistance, access to care and more healthy eating active living options were identified as the top health concerns.
Survey Results

Physician Survey Results

Survey Process
22 physicians completed an online survey from March 1, 2019 through April 30, 2020. Physicians live in the community and have a good perspective on community health.

Health Status
How would you describe the overall health status of the citizens of San Juan County? Would you say it is…

- Excellent: 0%
- Good: 23%
- Fair: 68%
- Poor: 5%
- Don’t know: 5%

23% indicated the community’s health was excellent or good compared with the community survey where 90% indicated their health was excellent or good.

Chronic Diseases
What are the most prevalent chronic diseases in your community?

- Diabetes: 95%
- Alcohol use disorder: 73%
- High blood pressure: 68%
- Obesity: 68%
- Mental health: 64%
- Heart disease: 45%
- Other substance use disorder: 32%
- Cancer: 9%
- Other: 5%

Diabetes, followed by alcohol use disorder, high blood pressure diabetes, and obesity were identified as the most prevalent chronic diseases in the community.
Top Three Issues Impacting Health

What are the top 3 issues in your community that impact people’s health?

Mental health & behavioral health services, followed by more primary care professionals, substance use services, and people taking more responsibility for their own lifestyle/health were identified as the top issues that impact people’s health.

Top Health Issues for Children

In your opinion, what are the top three health concerns for children (age 0-18) in your community?

Lack of physical activity, followed by responsible involved parents, substance use, access to mental health services, and excessive use of technology were identified as the top issues that impact children’s health.
### Health Management

What if anything, do you think the people in the county need in order to manage their health more effectively?

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>More information/education about their condition(s)</td>
<td>48%</td>
</tr>
<tr>
<td>Training on how to care for their condition(s)</td>
<td>38%</td>
</tr>
<tr>
<td>More access to physicians/doctors</td>
<td>33%</td>
</tr>
<tr>
<td>More integrated approach among providers to coordinate patient care</td>
<td>29%</td>
</tr>
<tr>
<td>Transportation to doctor or clinic</td>
<td>29%</td>
</tr>
<tr>
<td>Affordable healthcare</td>
<td>24%</td>
</tr>
<tr>
<td>Insurance that's more affordable for more people</td>
<td>24%</td>
</tr>
<tr>
<td>Financial assistance – doctor visits/medical supplies</td>
<td>19%</td>
</tr>
<tr>
<td>A better support system</td>
<td>19%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
</tbody>
</table>

More information/education about their condition(s), followed by training on how to care for their condition(s) and more access to physicians/doctors were identified as the top needs to manage health.
Health Status Data

Based on the 2020 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin, San Juan County ranked 26th out of 32 New Mexico counties for health outcomes (1 = the healthiest; 32 = unhealthiest), and 29th for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in San Juan County were: higher adult smoking, higher adult obesity, higher percentage of uninsured, higher rate of sexually transmitted infections, higher percentage of unemployment, higher percentage of children in poverty, higher income inequality, higher violent crimes, higher injury deaths, lower high school graduation rate, lower mammography screening, and lower food environment index. The areas of strength were identified as lower teen birth rate, lower preventable hospital stays, lower air pollution, higher rate of dentists, and higher percentage of flu vaccinations.

When analyzing the health status data, local results were compared to New Mexico, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where San Juan County’s results were worse than NM and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in New Mexico and eventually the nation, San Juan County must close several lifestyle gaps. For additional perspective, New Mexico was ranked the 37th healthiest state out of the 50 states. (Source: 2019 America’s Health Rankings; lower is better) New Mexico strengths were low levels of air pollution, low cancer death rate, and high rate of mental health providers. New Mexico challenges were high violent crime rate, high prevalence of low birthweight babies, and low percentage of high school graduation.

Comparisons of Health Status

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and interviews. If a measure was better than New Mexico, it was identified as a strength, and where an indicator was worse than New Mexico, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

2 The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of New Mexico’s counties every year since 2003.
In most of the following graphs, San Juan County will be blue, New Mexico (NM) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

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**Health Outcomes (Length of Life and Quality of Life)**

Health Outcomes are a combination of length of life and quality of life measures. San Juan County ranked 26th in health outcomes out of 32 New Mexico counties.

**Length of Life**

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. San Juan County ranked 27th in length of life in NM. San Juan County lost 11,750 years of potential life per 100,000 population which is higher than NM and the U.S.

San Juan County residents can expect to live 3.1 years less than the average U.S. resident.

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**Premature death**

(YPLL per 100,000 pop prior to age 75)

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2016-2018

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**Life Expectancy**

(Average number of years a person can expect to live)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan County</td>
<td>76.0</td>
</tr>
<tr>
<td>New Mexico</td>
<td>78.1</td>
</tr>
<tr>
<td>US Avg</td>
<td>79.1</td>
</tr>
<tr>
<td>90th Percentile</td>
<td>81.1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2016-2018
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>San Juan County</th>
<th>New Mexico</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>130.6</td>
<td>148.2</td>
<td>163.6</td>
</tr>
<tr>
<td>Cancer</td>
<td>131.1</td>
<td>136.4</td>
<td>149.1</td>
</tr>
<tr>
<td>Accidents (Unintentional Injuries)</td>
<td>87.3</td>
<td>69.3</td>
<td>48.0</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>52.0</td>
<td>43.0</td>
<td>39.7</td>
</tr>
<tr>
<td>Strokes</td>
<td>32.1</td>
<td>31.8</td>
<td>37.1</td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>16.9</td>
<td>22.4</td>
<td>30.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>38.6</td>
<td>26.1</td>
<td>21.4</td>
</tr>
<tr>
<td>Influenza and Pneumonia</td>
<td>17.9</td>
<td>14.2</td>
<td>14.9</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>10.5</td>
<td>12.3</td>
<td>12.9</td>
</tr>
<tr>
<td>Suicide</td>
<td>32.6</td>
<td>25.0</td>
<td>14.2</td>
</tr>
<tr>
<td>Liver disease</td>
<td>41.8</td>
<td>25.7</td>
<td>11.1</td>
</tr>
<tr>
<td>Sepsis</td>
<td>11.1</td>
<td>9.4</td>
<td>10.2</td>
</tr>
</tbody>
</table>


Red areas had death rates higher than NM. The leading causes of death in San Juan County was cancer followed by heart disease, accidents, respiratory diseases, liver disease, diabetes, suicide, and strokes. Lagging as causes of death were influenza and pneumonia, Alzheimer's Disease, sepsis, and kidney disease.

The suicide trend is increasing with San Juan County’s rate higher than NM and the U.S.

Length of Life STRENGTHS

• San Juan County had a lower death rate for heart disease, cancer, Alzheimer’s Disease, and kidney disease than NM.

Length of Life OPPORTUNITIES

• San Juan County had a higher death rate for accidents, respiratory diseases, strokes, diabetes, influenza and pneumonia, suicide, liver disease and sepsis than NM.
• San Juan County had lower life expectancy than NM and the U.S. and higher years of potential years of life lost.
• The suicide rate in San Juan County was 36.0 per 100,000 population, higher than NM (25.0) and the U.S. (14.2).

Photo Credit: SJRMC
Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. San Juan County ranked 21st in quality of life out of 32 New Mexico counties.

Quality of Life STRENGTHS

• San Juan County had the same percentage of low birthweight babies at 8% as the U.S., lower than NM at 9%.

Length of Life OPPORTUNITIES

• San Juan County had a higher percentage of adults reporting poor or fair health than NM at 22%.
• San Juan County had a higher percentage of adults reporting poor mental health days than NM at 4.9.
• San Juan County had a higher percentage of adults reporting poor physical health days than NM at 5.2.
Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). San Juan County ranked 29th in health factors out of 32 New Mexico counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. San Juan County ranked 30th in health behaviors out of 32 counties in New Mexico.

Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2016
Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2019. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2017
Health Behaviors, Cont.

- **Excessive drinking** (% of adults reporting binge or heavy drinking)
- **Alcohol impaired driving deaths** (percentage of driving deaths with alcohol involvement)
- **Sexually transmitted infections** (chlamydia rate per 100,000 pop)
- **Teen birth rate** (# of births per 1,000 female pop ages 15-19)
- **Food environment index** (higher is better)
- **Drug overdose mortality rate** (# of drug poisoning deaths per 100,000 population)


The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.
**Health Behaviors, Cont.**

**Adverse Childhood Experiences (ACEs)**

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACES a child has the higher risk they are for poor health outcomes.

![ACEs Diagram](image)

**CAUSES → EFFECTS**

<table>
<thead>
<tr>
<th></th>
<th>0 ACEs</th>
<th>1 ACEs</th>
<th>2+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>United States</strong></td>
<td>54%</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>New Mexico</strong></td>
<td>47%</td>
<td>26%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Childtrends.org Among children from birth through age 17, percentage reported to have had zero, one, two, and three or more ACEs, nationally and by state. Data Report updated February 2018. 2016 NSCH data

ACEs data is not available for San Juan County. However, New Mexico had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.
Health Behaviors STRENGTHS

• 16% of San Juan County reported binge or heavy drinking the same as NM and lower than the U.S. (19%).
• The food environment index was higher (better) in San Juan County (5.5) than NM (4.1), but lower than the U.S. (7.6).
• The number of drug overdose deaths per 100,000 population was 18 in San Juan County, lower than NM at 24 and the U.S. at 21.

Health Behaviors OPPORTUNITIES

• Adult obesity in San Juan County was 33%, higher than NM at 27% and the U.S. at 29%. The obesity trend had been increasing in San Juan County. Obesity in New Mexico and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer’s and often leads to metabolic syndrome and type 2 diabetes.
• Physical inactivity was higher in San Juan County at 24% than in NM at 20% and the U.S. at 23%.
• Access to exercise opportunities in San Juan County was 56%, lower than NM at 77% and the U.S. at 84%.
• San Juan County adult smoking was 22%, higher than NM and the U.S. at 17%.
• Alcohol impaired driving deaths were higher in San Juan County (32%) than in NM (30%) and the U.S. (28%).
• Sexually transmitted infections measured by chlamydia rate per 100,000 population were higher in San Juan County (873) than NM (649) and the U.S. (525). The rate has increased since 2017.
• The teen birth rate in San Juan County was 40 births per 1,000 female population ages 15-19, higher than NM at 35 births, and the U.S. at 23 births. The trend has decreased since 2017.
• New Mexico had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.

Photo Credit: SJRMC
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. San Juan County ranked 20th in clinical care out of 32 New Mexico counties.

**Uninsured** (% <65 without health insurance)

- San Juan
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Avg</td>
<td>13%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>90th Percentile</td>
<td>10%</td>
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</tr>
</tbody>
</table>

**Flu vaccines** (% of Medicare enrollees vaccinated per year)

- San Juan
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>49%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Avg</td>
<td>48%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90th Percentile</td>
<td>51%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary care physicians** (population per physician)

- San Juan
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>1,766</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>1,786</td>
<td></td>
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<tr>
<td>US Avg</td>
<td>1,786</td>
<td></td>
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<tr>
<td>90th Percentile</td>
<td>1,786</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Mental health providers** (population to mental health providers)

- San Juan
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>448</td>
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<tr>
<td>New Mexico</td>
<td>448</td>
<td></td>
<td></td>
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<tr>
<td>US Avg</td>
<td>448</td>
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<tr>
<td>90th Percentile</td>
<td>448</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preventable hospital stays** (hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

- San Juan County
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan County</td>
<td>3,442</td>
</tr>
<tr>
<td>New Mexico</td>
<td>3,091</td>
</tr>
<tr>
<td>US Avg</td>
<td>4,710</td>
</tr>
<tr>
<td>90th Percentile</td>
<td>2,761</td>
</tr>
</tbody>
</table>

**Mammography screening** (% of diabetic Medicare enrollees receiving HoA to HoA screening)

- San Juan County
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan County</td>
<td>32%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>34%</td>
</tr>
<tr>
<td>US Avg</td>
<td>41%</td>
</tr>
<tr>
<td>90th Percentile</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Diabetes** (% of adults aged 20 and above diagnosed with diabetes)

- San Juan
- New Mexico
- US Avg
- 90th Percentile

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Avg</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90th Percentile</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2011
Source: Preventable hospital stays, mammography screening – County Health Rankings, CMS Mapping Medicare Disparities Tool, 2017
Source: diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2017
Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2017
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2018
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2019
Clinical Care, cont.

The NM Department of Health is focusing on vaccinations. NM had a higher vaccination percentage than the U.S.

Vaccination Coverage Among Children

Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017

The percentage of vaccination coverage among children 19-35 months was higher in NM than the U.S. The data is not available for San Juan County.

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2018)

Cancer Incidence Rates – NM Counties

Cancer incidence rates (cases per 100,000 population) were lower in San Juan County than in NM.
Clinical Care STRENGTHS

• The percent of Medicare enrollees with flu vaccines per year were higher in San Juan County (49%) than NM (46%) and the U.S. (40%).
• The population per dentists was lower in San Juan County than NM than the U.S. at 1,069.
• The cancer incidence rate in San Juan County was 340.6 cases per 100,000 population which was lower than NM (374.3).
• The percentage of vaccination coverage amount children 19-35 months was higher in NM at 71.9% than the U.S. at 70.4%

Clinical Care OPPORTUNITIES

• The percent of population under sixty-five without health insurance was 14% in San Juan County, higher than NM at 11% and the U.S. at 10%.
• Preventable hospital stays in San Juan County were 3,442 per 100,000 Medicare enrollees which was higher than NM (3,094), but lower than the U.S. (4,710). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
• Mammography screening was lower in San Juan County at 32% than NM at 34% and the U.S. at 41%.
• The population per primary care physician was higher in San Juan County than NM and the U.S. at 1,788.
• The population per mental health providers was higher in San Juan County than NM and the U.S. at 448.
• The percentage of adults with diabetes in San Juan County was 15%, higher than NM (14%) and the U.S. (10%). The percentage has been increasing since 2017.
Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. San Juan County ranked 24th in social and economic factors out of 32 New Mexico counties.

Source: High School graduation – County Health Rankings; NM Dept of Public Instruction, 2016-2017
Source: Social associations - County Health Rankings; County Business Patterns, 2017.

Social & Economic Factors Cont.

Social & Economic Factors STRENGTHS

- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in San Juan County at 4.9 than in NM and the U.S. both at 5.
- San Juan County’s median household income was higher than New Mexico’s.

Social & Economic Factors OPPORTUNITIES

- The high school graduation rate was lower in San Juan County at 67% than NM at 71% and the U.S. at 85%.
- The children in poverty rate was higher for San Juan County (27%) than NM (25%) and the U.S. (18%).
- 56% of San Juan County adults had some postsecondary education which was lower than NM (60%) and the U.S. (66%). However, the trend in San Juan County has increased since 2017.
- Social associations were lower in San Juan County at 7 memberships per 10,000 population than NM at 8 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- Injury deaths were higher in San Juan County at 132 per 100,000 population than NM (105) and the U.S. (70). The rate in San Juan County has increased since 2017.
- The violent crime rate in San Juan County was 744 violent crimes per 100,000 population, which was higher than in NM at 650 and the U.S. at 386.
- The percentage of children in single-parent households was 41% in San Juan County, which is higher than NM (39%) and the U.S. (33%).
- San Juan County had higher overall food insecurity rates at 19.6% than NM at 15.5%.
- The median household income in San Juan County was $46,996, higher than NM at $46,757.
- The poverty estimates for 2018 showed San Juan County at 23.1%, higher than NM (18.8%) the U.S. (13.1%).
Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. San Juan County ranked 24th in physical environment out of 32 New Mexico counties.

- **Drinking water violations**
  - San Juan County
  
<table>
<thead>
<tr>
<th>Year</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- **Severe housing problems**
  - (% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>US Avg</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>90th Percentile</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
</tr>
</tbody>
</table>

- **Air pollution - particulate matter**
  - (avg daily measure of matter in micrograms per cubic meter)

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>6.5</td>
<td>6.5</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>New Mexico</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
</tr>
<tr>
<td>US Avg</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
</tr>
<tr>
<td>90th Percentile</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
</tr>
</tbody>
</table>

- **Long commute - driving alone**
  - (% of workers who commute alone, the % that commute > 30 minutes)

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Juan</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>26%</td>
<td>26%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>US Avg</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>90th Percentile</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Physical Environment STRENGTHS**

- San Juan County had a lower percentage of severe housing problems as NM at 17% than NM and the U.S. at 18%.

**Physical Environment OPPORTUNITIES**

- Air pollution measured by the average daily measure of matter in micrograms per cubic meter was 6.5 in San Juan County, higher than NM (6), but lower than the U.S. (9).
- 31% of workers in San Juan County who commute alone commute over 30 minutes, higher than NM at 26%, but lower than the U.S. at 36%.
- San Juan County had drinking water violations.
There were Four Broad Themes that Emerged in this Process:

- San Juan County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.

- While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.

- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, San Juan County has many assets to improve health.
Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria
At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<table>
<thead>
<tr>
<th>Magnitude / scale of the problem</th>
<th>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriousness of Consequences</td>
<td>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</td>
</tr>
<tr>
<td>Feasibility</td>
<td>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</td>
</tr>
</tbody>
</table>

Most Significant Community Health Needs
The following needs were prioritized by attendees at the Community Health Summit. Attendees completed a Survey Monkey survey to identify the top three health needs.

1. Diabetes
2. Access to care
3. Obesity
4. Mental health
5. Poverty
6. Substance use disorder
### Impact of 2017 CHNA and Implementation Plan

#### Impact

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
</thead>
</table>
| **Lifestyle Balance/National Diabetes Prevention Program** | This one-year, evidence-based program has been available to members of San Juan County since 2011. The goal of the program is to prevent or delay the onset of Type 2 Diabetes through Lifestyle Modifications that focus on weight loss and physical activity. Weight loss goal: 5-7% total weight. Aerobic activity goal: 150 minutes or more of aerobic exercise per week. Outcomes of 2019 class:  
  - 13 participants completed the program  
  - average weight loss 7.9%,  
  - average minutes of aerobic exercise per week 158  
2018:  
  - 9 participants completed the program  
  - Average weight loss 8.7%  
  - Average minutes of aerobic exercise per week 171  
2017:  
  - 10 participants completed the program  
  - Average weight loss 6.5%  
  - Average minutes of aerobic exercise per week 134  
  - 60 % of participants reached weight loss goal of 5-7%.  
  - Average wait times for access to diabetes education (Goal of < 28 days) 2018 – 14.86 days, 2019 – 9.48 days | Annual class begins each February. There is no cost to community members to participate. Eligibility criteria include BMI greater than or equal to 24, abnormal plasma glucose indicating prediabetes, and risk factors for diabetes such as greater than 45 yrs., parents or siblings with diabetes, gestational diabetes, physical activity less than 150 hrs. per week. |
**Impact of 2017 CHNA and Implementation Plan, cont.**

### Community Outreach and Education

**SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs.**

1:1 education include 1-2 hour sessions with follow up of A1C values and to offer additional education and support.

The Healthy Living with Diabetes community classes are offered as a 4 week series 5 times a year for a total of 8 hours each series. Topics include pathophysiology of diabetes, complications, carb counting and meal planning, heart health, exercise, medications, foot care, and stress reduction.

Community served:
- July 2017-June 2018: approximately 851
- July 2018-June 2019: 1438

Radio interviews and education:
- Occurs each year during National Diabetes Prevention Month
- Provides education about what Diabetes is, risk factors, complications, and the Diabetes Education and Prevention programs available to the community.

2017-2018: 1,125
2018-2019: 775

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
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<tbody>
<tr>
<td>Community Outreach and Education</td>
<td>SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs. 1:1 education include 1-2 hour sessions with follow up of A1C values and to offer additional education and support. The Healthy Living with Diabetes community classes are offered as a 4 week series 5 times a year for a total of 8 hours each series. Topics include pathophysiology of diabetes, complications, carb counting and meal planning, heart health, exercise, medications, foot care, and stress reduction. Community served: July 2017-June 2018: approximately 851 July 2018-June 2019: 1438 Radio interviews and education: - Occurs each year during National Diabetes Prevention Month - Provides education about what Diabetes is, risk factors, complications, and the Diabetes Education and Prevention programs available to the community. 2017-2018: 1,125 2018-2019: 775</td>
<td></td>
</tr>
</tbody>
</table>
Impact of 2017 CHNA and Implementation Plan, cont.

<table>
<thead>
<tr>
<th>Nutrition, Physical Activity and Weight</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions</strong></td>
<td><strong>Outcomes</strong></td>
<td><strong>Additional Information</strong></td>
</tr>
<tr>
<td>Lifestyle Balance/National Diabetes Prevention Program</td>
<td>This one-year, evidence-based program has been available to members of San Juan County since 2011. The goal of the program is to prevent or delay the onset of Type 2 Diabetes through Lifestyle Modifications that focus on weight loss and physical activity. Weight loss goal: 5-7% total weight. Aerobic activity goal: 150 minutes or more of aerobic exercise per week. Outcomes of 2019 class: • 13 participants completed the program • average weight loss 7.9%, • average minutes of aerobic exercise per week 158 2018: • 9 participants completed the program • Average weight loss 8.7% • Average minutes of aerobic exercise per week 171 2017: • 10 participants completed the program • Average weight loss 6.5% • Average minutes of aerobic exercise per week 134 60 % of participants reached weight loss goal of 5-7%. Average wait times for access to diabetes education (Goal of &lt; 28 days) 2018 – 14.86 days, 2019 – 9.48 days</td>
<td>Annual class begins each February. There is no cost to community members to participate. Eligibility criteria include BMI greater than or equal to 24, abnormal plasma glucose indicating prediabetes, and risk factors for diabetes such as greater than 45 yrs., parents or siblings with diabetes, gestational diabetes, physical activity less than 150 hrs. per week.</td>
</tr>
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</table>
## Impact of 2017 CHNA and Implementation Plan, cont.

### Nutrition, Physical Activity and Weight

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
</thead>
</table>
| Community Outreach and Education | SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs. 1:1 education include 1-2 hour sessions with follow up of A1C values and to offer additional education and support. The Healthy Living with Diabetes community classes are offered as a 4 week series 5 times a year for a total of 8 hours each series. Topics include pathophysiology of diabetes, complications, carb counting and meal planning, heart health, exercise, medications, foot care, and stress reduction. Community served:  
July 2017-June 2018: approximately 851  
July 2018-June 2019: 1438  
Radio interviews and education:  
• Occurs each year during National Diabetes Prevention Month  
• Provides education about what Diabetes is, risk factors, complications, and the Diabetes Education and Prevention programs available to the community. 2017-2018: 1,125  
2018-2019: 775 |
## Impact of 2017 CHNA and Implementation Plan, cont.

### Mental Health

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Adolescent Telepsychiatry</td>
<td>January – December 2019 – 147 patients served</td>
<td>Established to meet access to child/adolescent services.</td>
</tr>
<tr>
<td>Hired a medical director, a child and adolescent psychiatrist, nurse practitioner for adult psychiatric assessments and a nurse practitioner for the inpatient unit.</td>
<td>Feasibility analysis</td>
<td>Positions established were hired in 2019. Work is moving forward.</td>
</tr>
<tr>
<td>Partnership with San Juan County regarding closing mental health needs in San Juan County</td>
<td></td>
<td>Efforts regarding this analysis will move forward into 2020</td>
</tr>
</tbody>
</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of the ED Recidivism Program which began in March 2012</td>
<td>The multi-disciplinary team continues to apply the established model to SJRMC’s Emergency Department and Urgent Care Facilities. A reduction in overall illegal drug trafficking, patient drug abuse/overdose has been seen since 2017 efforts began.</td>
<td>Multi-disciplinary team includes representation from ER, Case Management and Patient Experience. Team seeks opportunities to help patients by identifying unaddressed needs for: further non-Emergent medical and behavioral health care, social support, and identifying patients who may be at risk for unsafe situations.</td>
</tr>
<tr>
<td>Sobering Center Partnership</td>
<td>Number deferred from Emergency Room 2018 – 645, 5% of the total number served went to the ED for medical care. ARU deferred- 243, Number deferred from Emergency Room 2019 – 479, total served directly, without going through ED, 9,045 which only 4% of these went to the ED for medical care.</td>
<td>In collaboration with City of Farmington and San Juan County, San Juan Regional Medical Center is committed to support local needs with the contribution of funding to help support the Sobering Center.</td>
</tr>
</tbody>
</table>
### Impact of 2017 CHNA and Implementation Plan, cont.

#### Infant Health and Family Planning

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJRMC provided free Childbirth education classes and free outpatient lactation services to the community.</td>
<td>There were 289 attendees that participated in our different Childbirth Education classes in 2019. Our lactation provided services to 529 community members in 2019. 2017 – 784 total served 2018 – 524 total served</td>
<td>The Childbirth Education classes include car seat safety classes, a childbirth preparation series class, a breastfeeding class, a sibling class and an accelerated childbirth class. Lactation services provided to moms in the community with breastfeeding and other related support.</td>
</tr>
</tbody>
</table>
Community Health Needs Assessment for San Juan County

Completed by San Juan Regional Medical Center in partnership with:

Stratasan
Appendix

Community Asset Inventory

The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 20 of the Community Health Needs Assessment.
2020

San Juan County, NM

Community Asset Inventory/Resource Guide
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<td>64</td>
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Public Safety
Police
San Juan County Sheriff’s Office
101 211 S Oliver Dr
Aztec, NM 87410
(505) 334-6107

Farmington Police Department
800 Municipal Dr
Farmington, NM 87401
(505) 327-7701

Fire
San Juan County Fire Department
209 South Oliver Dr
Aztec, NM 87410
(505) 334-1180

Farmington Fire Department
850 Municipal Dr
Farmington, NM 87401
(505) 599-1415

Emergency Management
San Juan County Emergency Management
209 S Oliver Dr
Aztec, NM 87410
(505) 334-7700

Access to Care
Hospital
San Juan Regional Medical Center
801 West Maple
Farmington, NM 87401
(505) 609-2000

The Northern Navajo Medical Center
P.O. Box 160, Hwy 491 N
Shiprock, NM 87420
(505) 368-6001

Health Department
San Juan Health Department
355 S Miller
Farmington, NM 87401
(505) 327-4461

Community Health Representative (CHR)
Northern Navajo Medical Center
P.O. Box 160
Shiprock, N.M. 87420
(505) 368-1340

Free Medical and Dental Clinics
Farmington Community Health Center
1001 West Broadway Ave
Farmington, New Mexico 87401
(505) 325-9113

Farmington Community Health Center Dental
2700 Farmington Ave Ste C
Farmington, NM 87402
(505) 327-4796

Ross Building
314 N Auburn Ave
Farmington, NM 87401
(505) 327-1271

San Juan County Assessment Center
4800 College Blvd Ste 102
Farmington, NM 87402
(505) 326-3566

Presbyterian Medical Services
314 N Auburn Ave
Farmington, NM 87401
(505) 327-4796

Uninsured Assistance
San Juan Regional Medical Center
801 West Maple
Farmington, NM 87401
(505) 609-2000

Presbyterian Medical Services
(505) 982-5565

New Mexico Human Services Department’s Medical Assistance Division (Medicaid)
(505) 827.3100
Mental Health Services
San Juan Regional Medical Center
801 West Maple Street
Farmington, NM 87401
(505) 609-2000

Total Behavioral Health Authority
1615 Ojo Ct.
Farmington, NM
505-564-4804

San Juan Health Partners Behavioral Health
555 South Schwartz Ave
Farmington, NM 87401
(505) 609-6680

ATB Behavioral Health Services
721 W Apache St
Farmington, NM 87401
(505) 947-9990

Choices Counseling Services
313 W Apache St
Farmington, NM 87401
9505) 325-5321

Family Crisis Center
208 East Apache St
Farmington, NM 87401
(505) 325-3549

Desert View Family Counseling Services
6100 E. Main St
Farmington, NM 87402
(505) 326-7878

Cottonwood Clinical Services
511 E 20th St
Farmington, NM 87401
(505) 564-3733

Childhaven
807 W Apache St
Farmington, NM 87401
(505) 325-5358

San Juan County Partnership
1515 E 20th Street
Farmington, NM 87401
(505) 566-5867

Veterans Service Farmington
101 W Animas St
Farmington, NM 87401
(505) 327-2861

Presbyterian Medical Services: Farmington
Community Health Center - Mental Health Treatment
1001 D West Broadway
Farmington, NM 87401
(505) 327-4796

La Familia/Namaste: Farmington
626 East Main St
Farmington, NM 87401
(505) 325-2778

Substance Abuse Resources
San Juan County Adolescent Residential Treatment Center
851 Andrea Drive, Ste 4, Bldg. E
Farmington, NM 87401
(505) 324-5855

San Juan Safe Communities initiatives
100 W Broadway
Farmington, NM 87401
(505) 599-1492

Alcoholics Anonymous District 8 New Mexico
P.O Box 3237
Farmington, NM 87499
(505) 327-0731

New Mexico Treatment Services: Farmington
607 E Apache Street
Farmington, NM 87401
(505) 326-2012
Substance Abuse Resources Cont.
Presbyterian Medical Services: Farmington Community Health Center - Substance Use Treatment
1001 West Broadway
Farmington, NM 87401
(505) 327-9149

Four Winds Recovery Center
1313 Mission Avenue
Farmington, NM 87401
(505) 327-7218

BIC Overcomers
240 Highway 57
Bloomfield, NM 87413
(505) 716-8070

Masada House
610 N Dustin Ave
Farmington, NM 87401
(505) 325-9205

New Mexico Tobacco Cessation Assistance
1.800.QUITNOW

Chronic Disease Resources
Healthy Living with Diabetes Group at San Juan Regional Medical Center
801 W Maple
Farmington, NM 87401
(505) 609-2867

San Juan Regional Heart Center
407 S. Schwartz Ave., Suite 202
Farmington, NM 87401
(505) 609-6770

Alzheimer’s Support Group
1204 San Juan Blvd
Farmington, NM 87401
(505) 629-3781

Parkinson’s Support Group
1204 San Juan Blvd
Farmington, NM 87401
(505) 803-5636

San Juan Regional Cancer Center Cancer Support Groups
731 West Animas
Farmington, NM 87401
(505) 609-6089

New Mexico Department of Health: Manage Your Chronic Disease Programs (MyCD)
1-888-253-2966

Navajo National Special Diabetes Project
PO BOX 1287
Shiprock, NM 87420
(505) 368.1382

Nutrition, Physical Activity, Healthy Living
Lifestyle Balance Program at San Juan Regional Medical Center
801 W Maple
Farmington, NM 87401
(505) 609-2867

San Juan Regional Medical Center Outpatient Medical Nutrition Therapy
801 W Maple
Farmington, NM 87401
(505) 609-2867

Bonnie Dallas Senior Center - Senior Fitness
109 E La Plata St
Farmington, NM 87401
(505) 599-1380

Healthy Kids Healthy Communities Initiative
(505) 686-0510

Farmington Growers Market
3041 E. Main St.
Farmington, NM 87401
(505) 334-9496
**Nutrition, Physical Activity, Healthy Living Cont.**

Paths to Health New Mexico  
(505) 850-0176

Farmington Recreation Center  
1101 Fairgrounds Road  
Farmington, New Mexico  
(505) 599-1184

Farmington Aquatic Center  
1151 N Sullivan  
Farmington, NM 87401  
(505) 599-1167

Lions Wilderness Park  
5800 College Blvd.  
Farmington, NM 87402  
(505) 599-1144

Sycamore Park Community Center  
1051 Sycamore St.  
Farmington, NM 87401  
(505) 566-2480

Riverside Nature Center  
N Browning Pkwy  
Farmington, NM 87402  
(505) 599-1422

San Juan Parks, Recreation, & Cultural Affairs  
901 Fairgrounds Road  
Farmington, NM 87401  
(505) 599-1197

Cooperative Extension Office ICAN Team  
213-A S. Oliver Drive  
Aztec, NM 87410  
(505) 334-9496

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*Photo Credit: www.fmtn.org, Recreation center*
Basic Needs Assistance
San Juan County Partnership
3535 East 30th St
Farmington, NM 87402
(505) 566-5867

San Juan United Way
903 W Apache
Farmington, NM 87401
(505) 326-1195

American red Cross San Juan Chapter
2100 Courtland
Farmington, NM 87401
(505) 325-9605

Human Service Department – Income Support
101 W. Animas St
Farmington, NM 87401
(505) 566-9600

Big Brothers and Big Sisters of san Juan County
308 Locke Ave
Farmington, NM 87401
(505) 326-1508

San Juan County Housing Authority
7450 E Main St Suite C
Farmington, NM 87401
(505) 327-5654

People Assisting the Homeless, Inc. (P.A.T.H)
520 Hydroplant Rd
Farmington, NM 87401
(505) 327-3104

San Juan County Partnership
3535 E. 30th St Suite 239
Farmington, NM 87402
(505) 566-5867

San Juan County Partnership: Housing Assistance for the Homeless
100 W Elm
Farmington, NM 87401
(505) 325-4214

Salvation Army
319 W Broadway
Farmington, NM 87401
(505) 327-5117
Education
Farmington Municipal Schools
2001 North Dustin Ave
Farmington, NM 87401
(505) 324-9840

Aztec Municipal Schools
1118 West Aztec Blvd
Aztec, NM 87410
(505) 334-9474

Bloomfield Municipal Schools
325 North Bergin Ln
Bloomfield, NM 87413
(505) 632-4300

Central Consolidated Schools
64 Old Shiprock High Sch Rd
Shiprock, NM 87420
(505) 368-4984

San Juan College
4601 College Blvd
Farmington, NM 87402
(505) 326-3311

New Mexico Coalition for Literacy
4601 College Blvd
Farmington, NM 87402
(505) 566-3385

Photo Credit: Farmington Daily Times
## National Hotlines

<table>
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<tr>
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<tr>
<td>National Suicide Prevention Lifeline</td>
<td>800-273-TALK or 800-237-8255</td>
</tr>
<tr>
<td>National Runaway Safeline</td>
<td>1-800-RUNAWAY</td>
</tr>
<tr>
<td>National Centers for Disease Control</td>
<td>1-800-232-4636</td>
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<tr>
<td>Gay, Lesbian, Bisexual and Transgender</td>
<td>1-888-843-4564</td>
</tr>
<tr>
<td>HIPS Hotline</td>
<td>1-800-676-HIPS</td>
</tr>
<tr>
<td>National Sexually Transmitted Disease</td>
<td>1-800-227-8922</td>
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<tr>
<td>Women Alive</td>
<td>1-800-554-4876</td>
</tr>
<tr>
<td>AIDS Info</td>
<td>1-800-HIV-0440</td>
</tr>
<tr>
<td>Project Inform</td>
<td>1-800-822-7422</td>
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<tr>
<td>DMRS Investigations</td>
<td>1-888-633-1313</td>
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<tr>
<td>Mobile Crisis</td>
<td>1-800-681-7444</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>1-800-356-6767</td>
</tr>
<tr>
<td>Spanish Domestic Violence</td>
<td>1-800-942-6908</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>1-800-222-1222</td>
</tr>
<tr>
<td>Veterans Crisis Line</td>
<td>800-273-8255 Press 1</td>
</tr>
<tr>
<td>National Youth Crisis</td>
<td>800-442-HOPE (4673)</td>
</tr>
<tr>
<td>National Missing Children</td>
<td>1-800-235-3535</td>
</tr>
<tr>
<td>National Sexual Assault</td>
<td>1-800-656-4673</td>
</tr>
<tr>
<td>Alcohol Hotline</td>
<td>1-800-331-2900</td>
</tr>
<tr>
<td>Alcohol Treatment Referral</td>
<td>1-800-252-6465</td>
</tr>
<tr>
<td>National Drug Abuse</td>
<td>1-800-662-4357</td>
</tr>
<tr>
<td>Poison Control</td>
<td>1-800-942-5969</td>
</tr>
<tr>
<td>National Homeless</td>
<td>1-800-231-6946</td>
</tr>
<tr>
<td>National Elder Abuse</td>
<td>1-800-252-8966</td>
</tr>
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</table>

*Photo Credit: Pow WOW Shiprock Fair*
Sources

Public Safety
https://sjcso.com/
https://www.fmtn.org/202/Police-Department
https://sjcfd.com/about/
https://www.fmtn.org/185/Fire-Department
https://www.sjcounty.net/government/emergency-management

Access to Care
https://www.ihs.gov/navajo/healthcarefacilities/shiprock/
https://nmhealth.org/location/public/#San%20Juan
https://www.sanjuanregional.com

Mental Health Services
https://www.sanjuanregional.com/sjhp-behavioral-health
https://www.behaviorcounselingnm.com/
http://www.igotchoices.com/
http://familycrisiscenternm.org/contact-us.php
http://www.mydesertview.org/

Uninsured Assistance
https://www.sanjuanregional.com/patients/medicare-medicaid

Substance Abuse Resources
http://www.pmsnm.org/services/residential-treatment-center
https://s818275959.websitebuilder.online/page-4
https://newmexico.networkofcare.org/mh/services/advanced-search.aspx?k=chronic%20disease&z=87401&r=10

Chronic Diseases
https://www.sanjuanregional.com/classes-community/support-groups
https://www.sanjuanregional.com/diabetes
http://www.nnsdp.org/Contact_Us_7.aspx

Nutrition, Physical Activity, Healthy Living
https://www.fmtn.org/352/Recreation-Programs
https://www.farmingtongrowersmarket.com/contact
https://nmhealth.org/publication/view/help/5009/
https://www.fmtn.org/200/Senior-Center
https://sanjuanextension.nmsu.edu/index.html

Education
https://newmexicoliteracy.org/farmington/
http://www.usa.com/san-juan-county-nm-school-district.htm
Sources Cont.

Hotlines
http://www.pleasalive.org/hotlines/

Pictures
https://northernnavajonationfair.org/

Basic Needs Assistance
To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #: Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:
San Juan Regional Medical Center Marketing Department
Community Asset Inventory/ Resource Guide

Completed by Stratasan in partnership with:
San Juan Regional Medical Center