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SAN JUAN REGIONAL
MEDICAL CENTER

2020

San Juan Regional Medical Center

Community Health Needs Assessment

- San Juan County, New Mexico -

*Paper copies of this document may be obtained at: San Juan Regional Medical Center
801 W Maple St., Farmington NM 87401 or by phone 505.609.2000 or via the hospital website.
sanjuanregional.com*

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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.



Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

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.

2020 Community Health Needs Assessment

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.

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.



Photo Credit: SJRMC

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 through 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 through 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 "Evolverment".

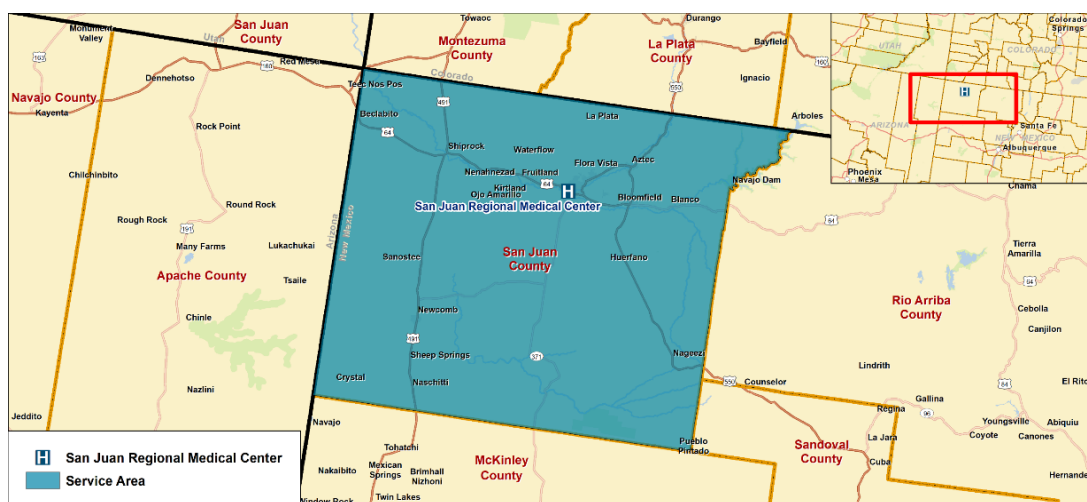
Lastly, the teen birth rate in New Mexico was 35 births per 1,000 female population ages 15-19, which was higher than the U.S. at 23 births. However, since 2008, this rate has been decreasing, and from 2014 to 2016, NM's decrease was greater than the national decrease. Teen pregnancy is closely linked 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 socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: SJRMC

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.

	San Juan County	New Mexico	USA
Population	136,560	2,159,832	332,417,793
Median Age	34.9	38.0	38.5
Median Household Income	\$46,910	\$46,757	\$60,548
Annual Pop. Growth (2019-2024)	0.43%	0.65%	0.77%
Household Population	46,996	826,989	129,922,162
Dominant Tapestry	Down the Road (10D)	Down the Road (10D)	Green Acres (6A)
Businesses	4,463	72,897	12,112,147
Employees	60,761	882,140	150,271,675
Health Care Index*	77	79	100
Average Health Expenditures	\$4,583	\$4,707	\$5,934
Total Health Expenditures	\$215.4 M	\$3.9 B	\$742.8 B
Racial and Ethnic Make-up			
White	47%	66%	68%
Black	1%	2%	13%
American Indian	40%	10%	1%
Asian/Pacific Islander	1%	2%	7%
Other	8%	16%	7%
Mixed Race	4%	4%	4%
Hispanic Origin	21%	50%	19%

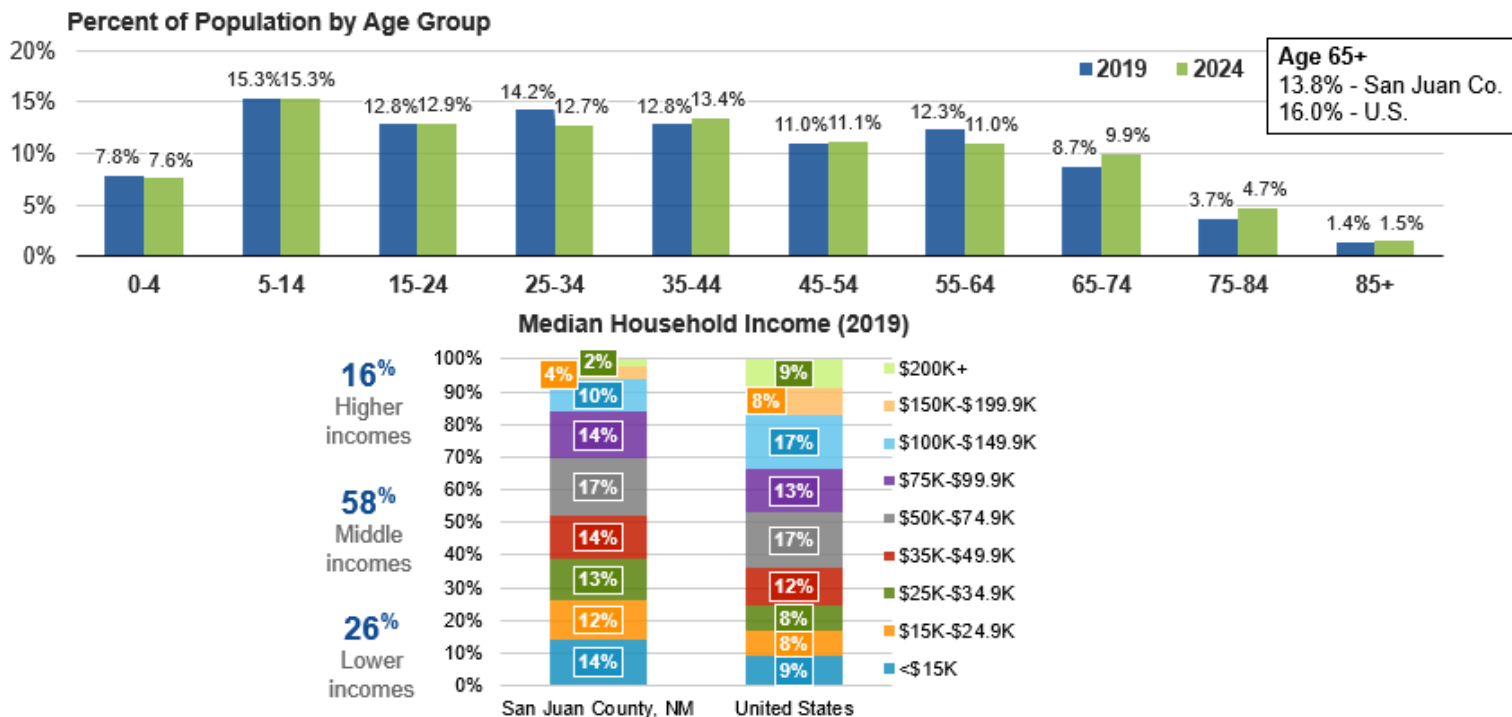
Source: ESRI

*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.

Demographics, cont.

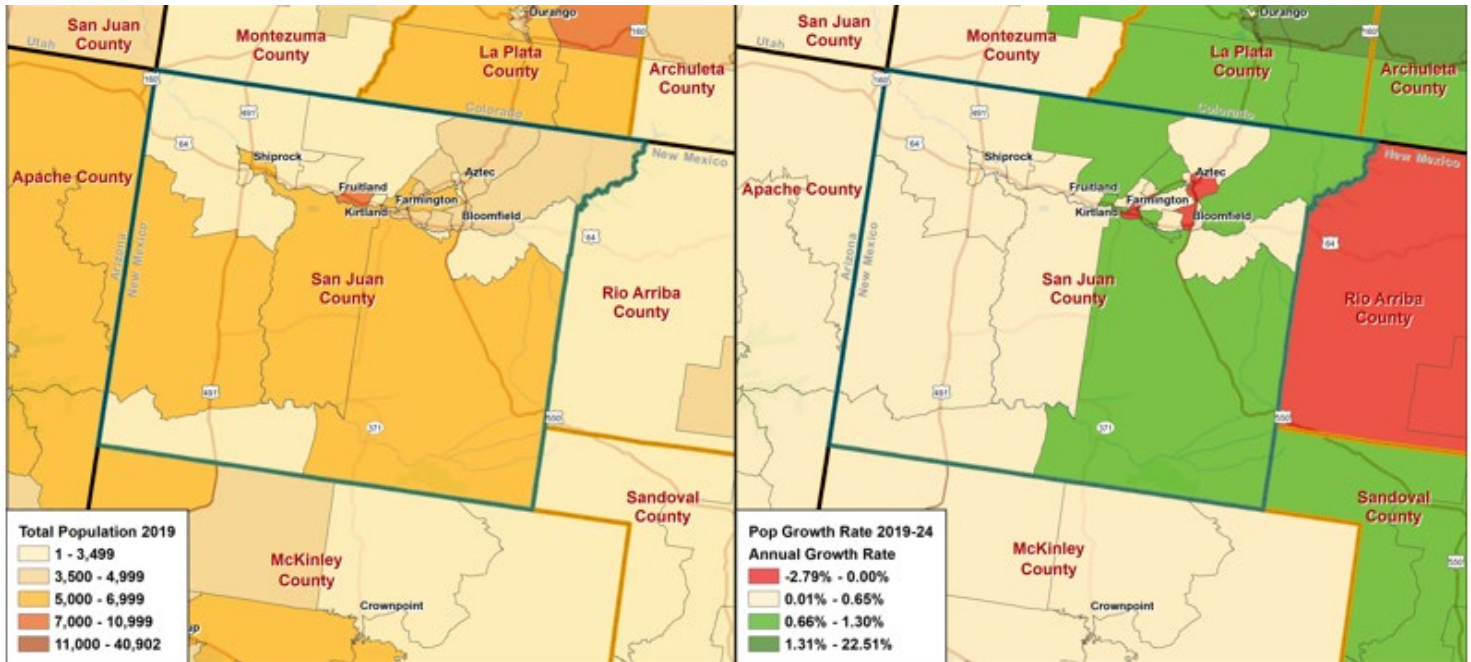
San Juan County



Source: ESRI

- 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.)*

2019 Population by Census Tract and Change (2019-2024)



Source: ESRI

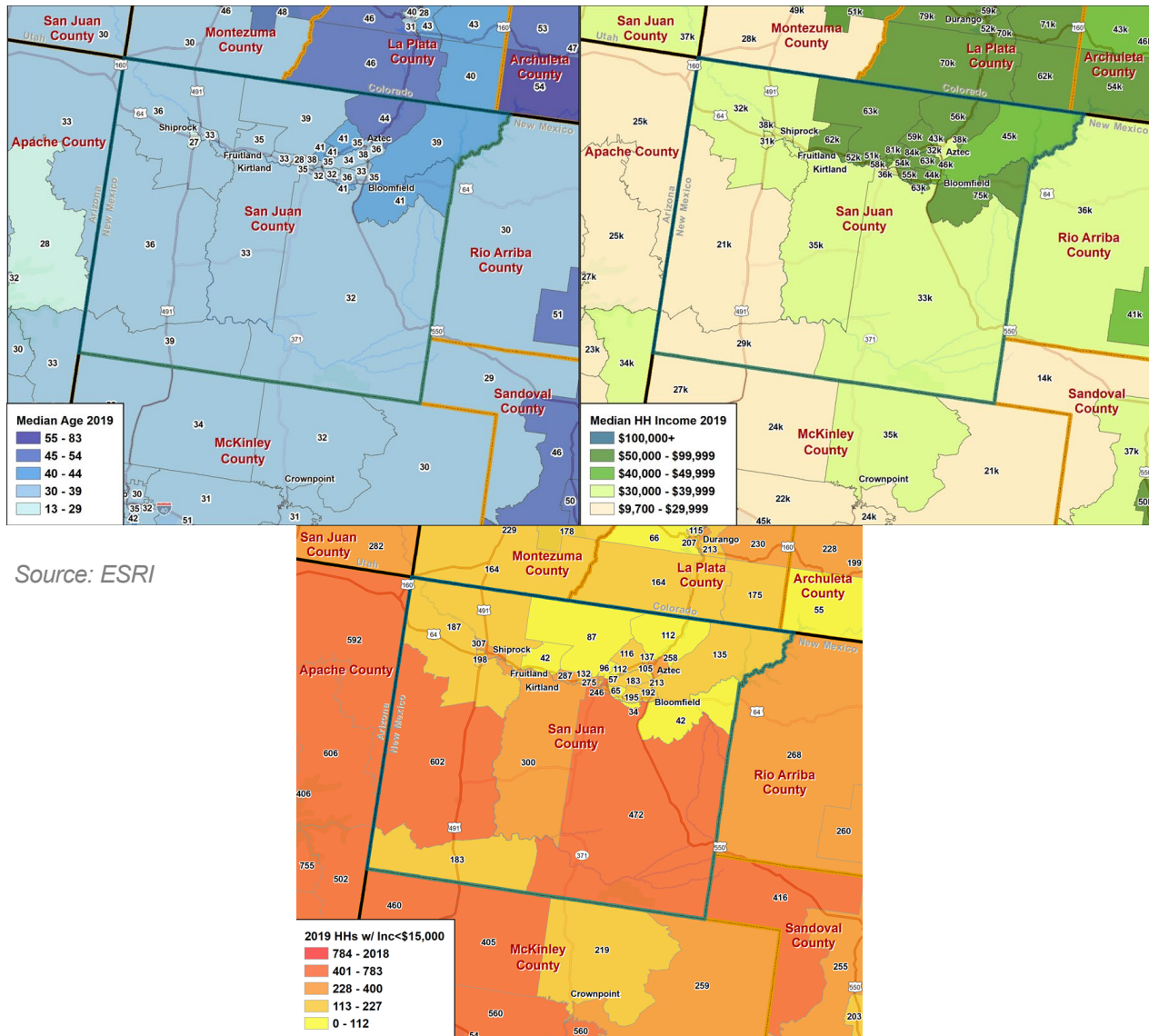
Red is population decline
Yellow is positive up to the NM growth rate
Green is greater than the NM growth rate
Dark Green is twice the NM growth rate

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.

2019 Median Age & Income



Source: ESRI

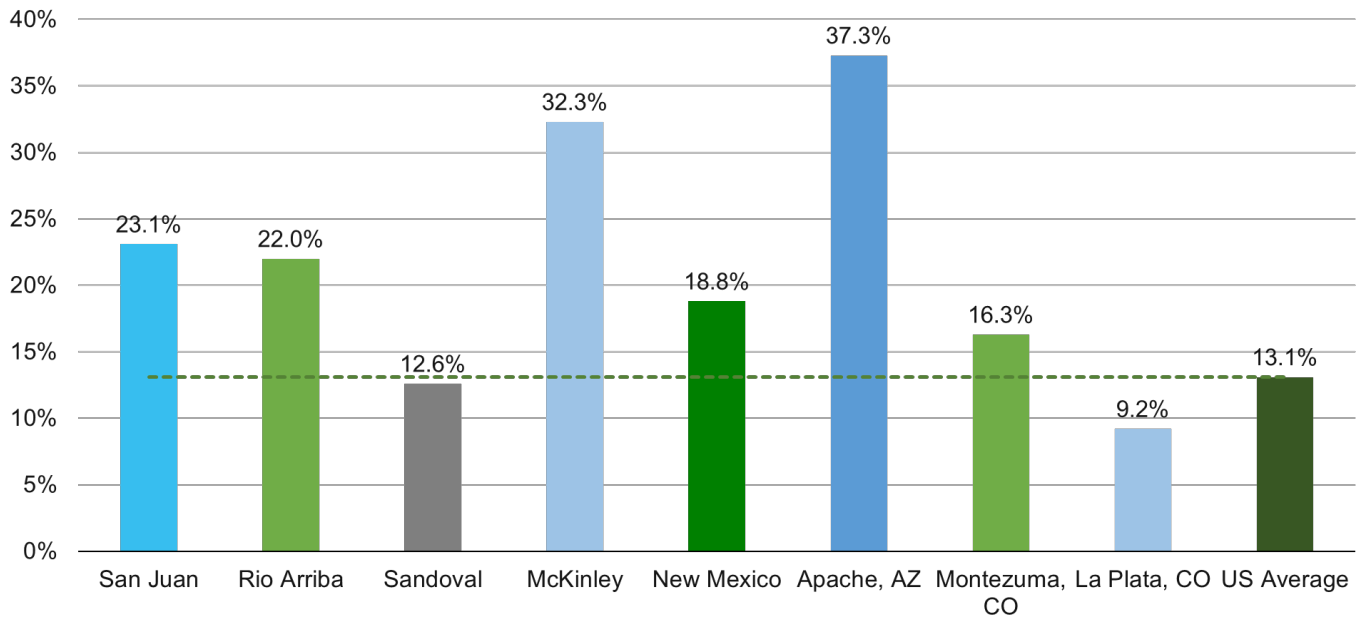
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in Shiprock with a median age of 27 than the census tracts further 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.

Demographics, cont.

San Juan County's 2018 poverty percentage was 23.1% compared to New Mexico at 16.3% and the U.S. at 13.1%.



Business Profile

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.

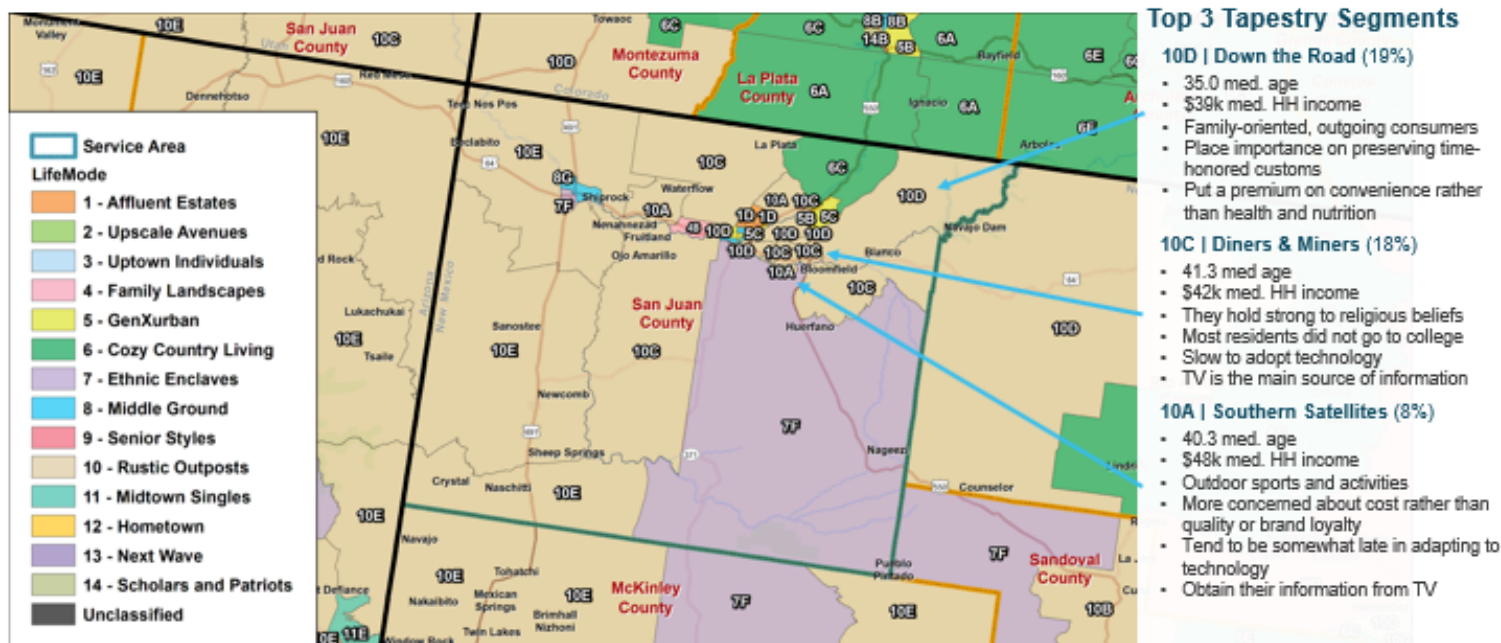
It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

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

Interview and Survey Results

Interviews

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

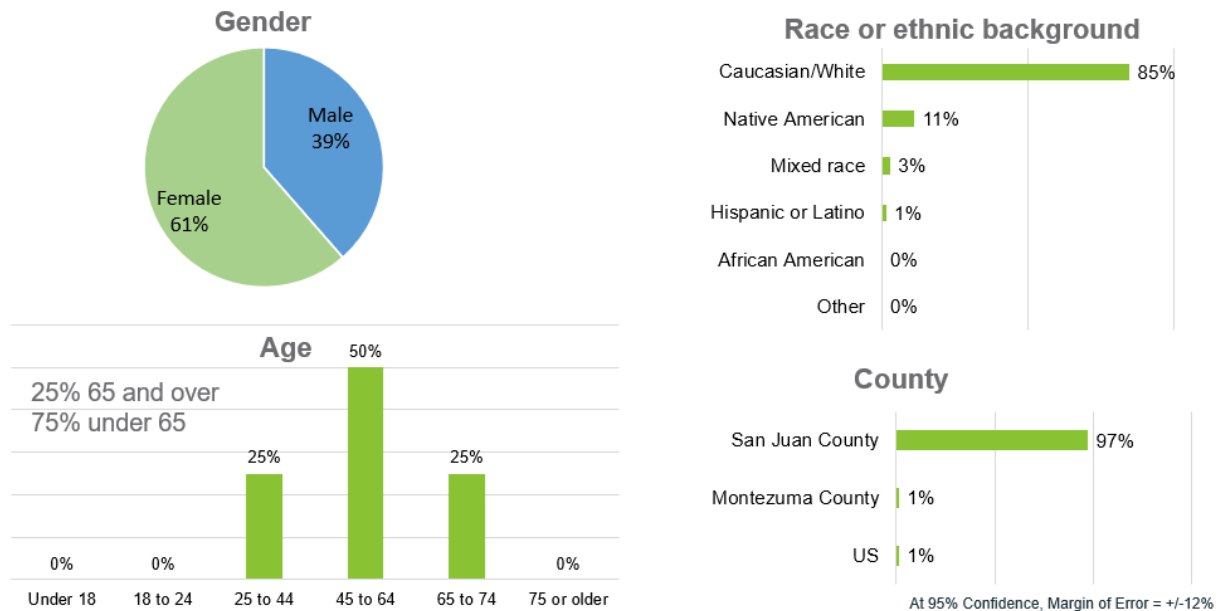
Survey Results

Community Survey Results

Survey Process

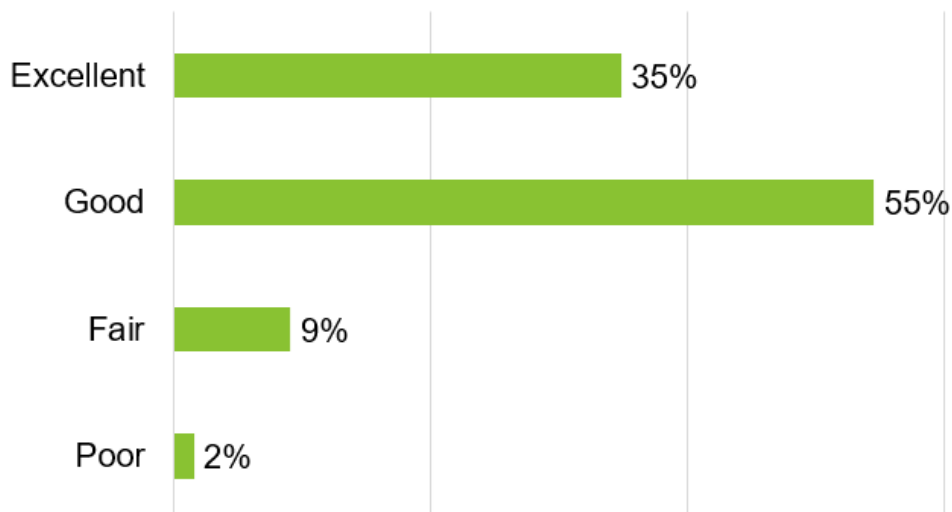
57 community members completed an online community survey. The surveys were conducted from March 9, 2020 through April 30, 2020. At 95% confidence, the margin of error is plus or minus 12% for the total sample size.

Survey Demographics



Health Status

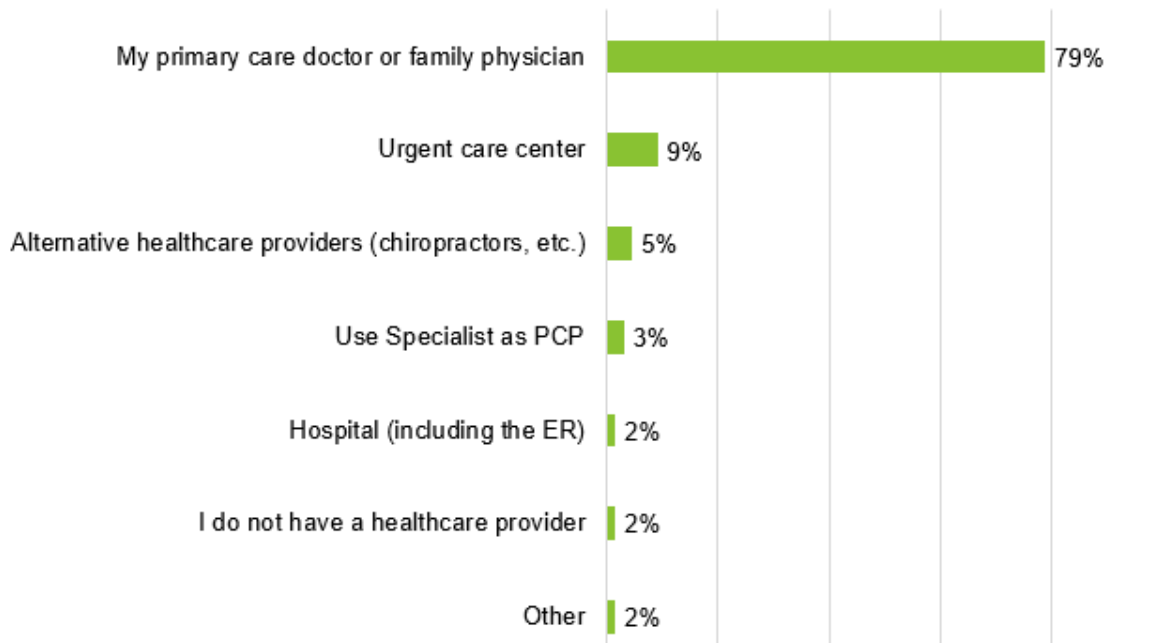
Generally, how would you describe your health?



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

Basic Healthcare Needs

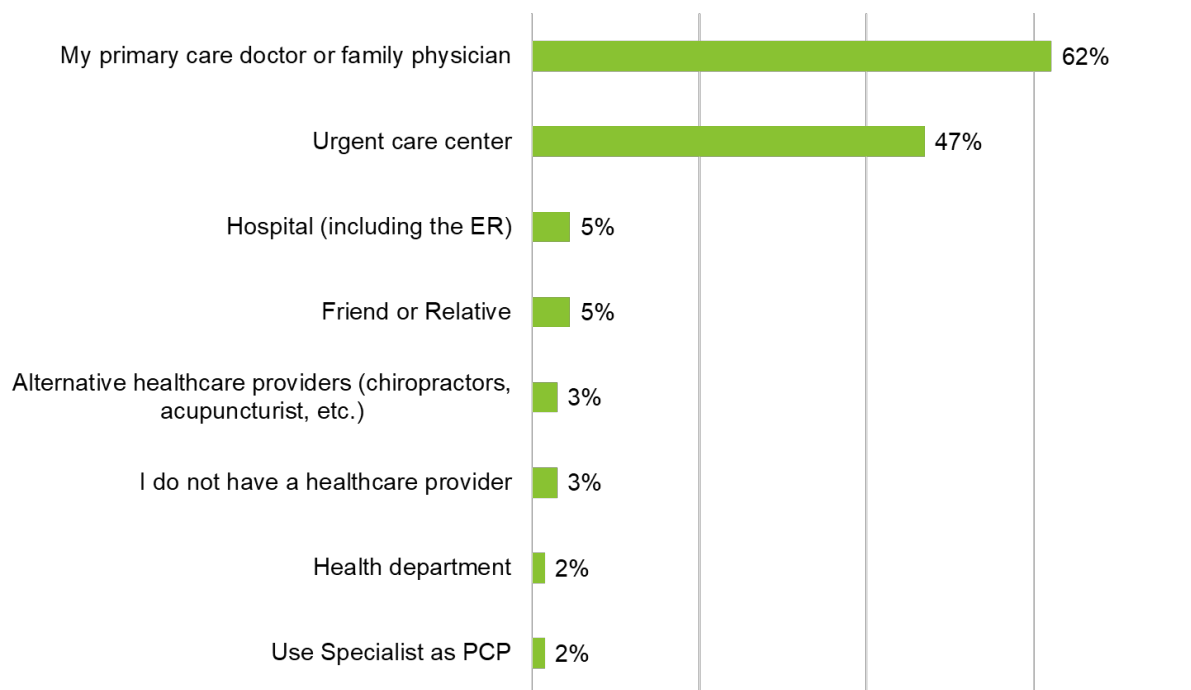
If you have one person or group you turn to for basic healthcare needs, where do you go most often?



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

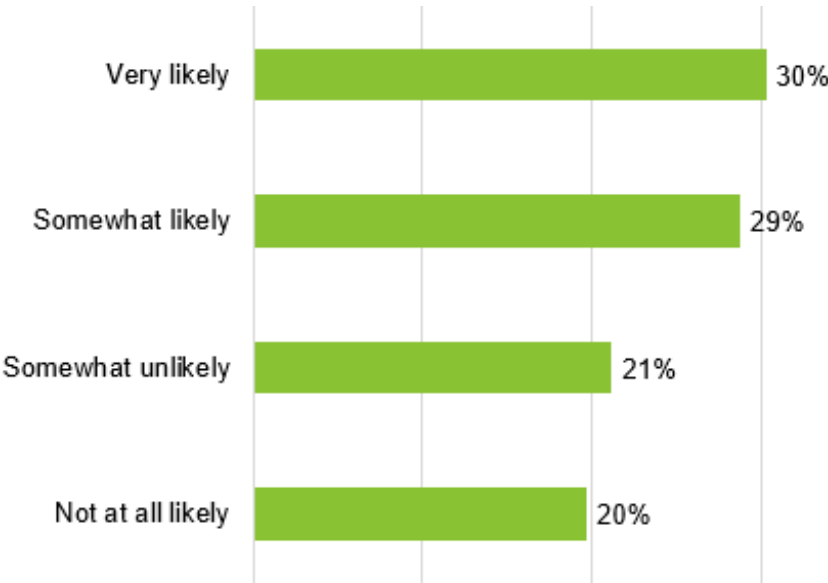
If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency but urgent health care need?



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

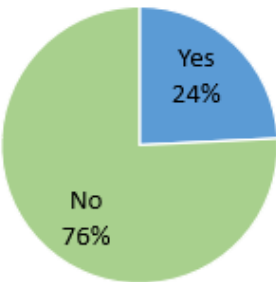
How likely are you to utilize virtual physician or telehealth service such as through the computer or your smart phone?



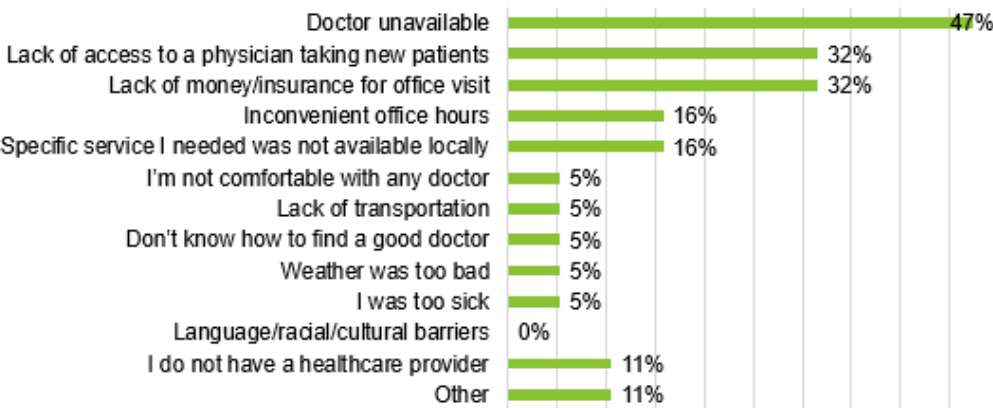
59% were very likely or somewhat likely to utilize virtual physician or telehealth service.

Physician Access

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



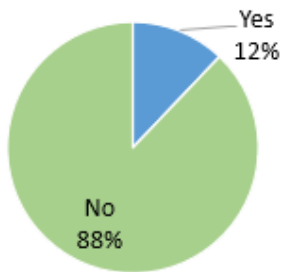
If yes, what are some of the reasons why you could not see a doctor?



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?



What are some of the reasons why you could not see a mental health professional?



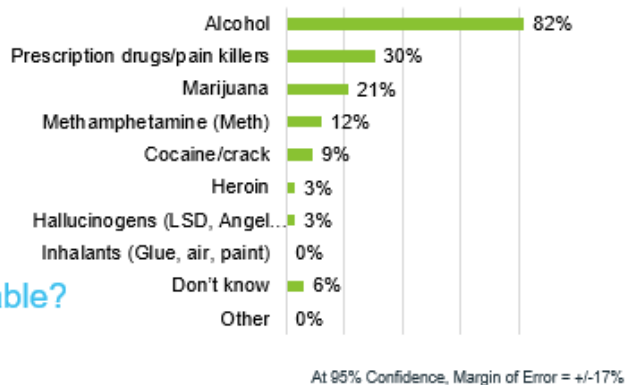
12% indicated there was a time in the last 12 months when they needed to see a mental health professional but could not. The primary reasons were lack of access to a physician taking new patients, followed by lack of money or insurance for an office visit, and provider unavailable.

Substance Abuse/Addiction

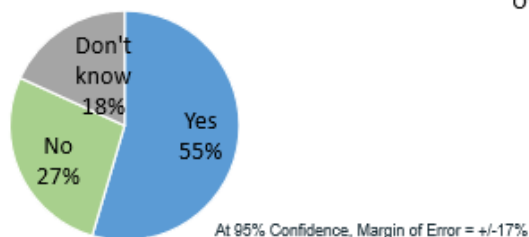
Have you, a relative or close friend experienced substance abuse or addiction?



If yes, what substance was involved?



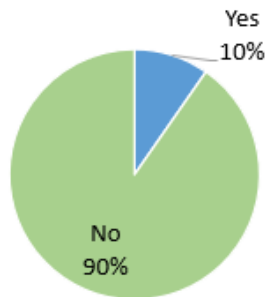
Was addiction treatment available?



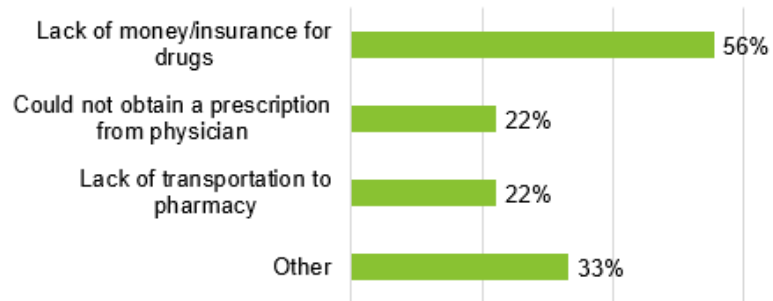
50% indicated they, a relative or close friend experienced substance abuse or addiction. The most common substance involved was alcohol, followed by prescription drugs/pain killers and marijuana. 55% indicated addiction treatment was available.

Medication Access

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



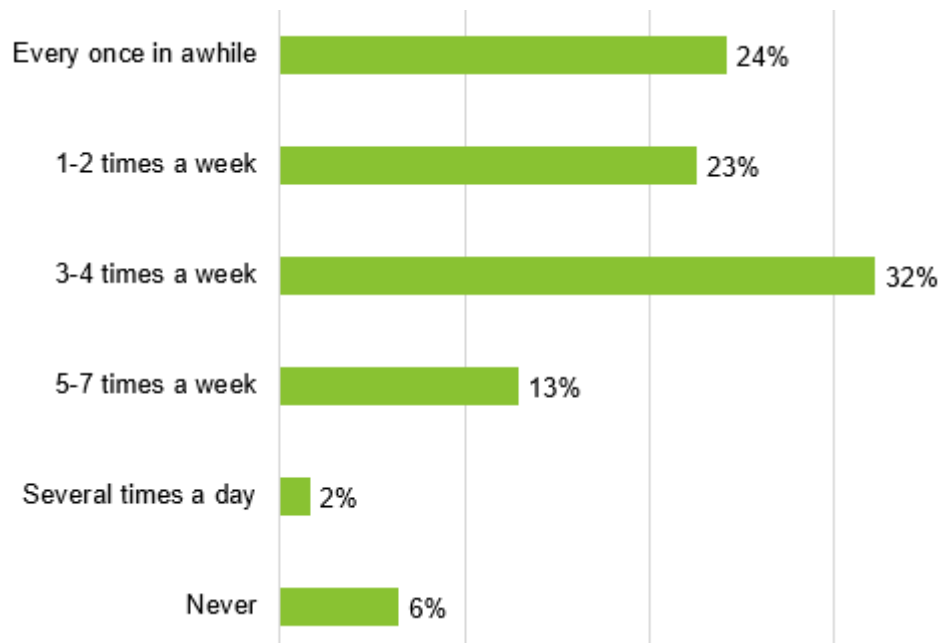
If yes, what are some of the reasons why you could not obtain needed medications?



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

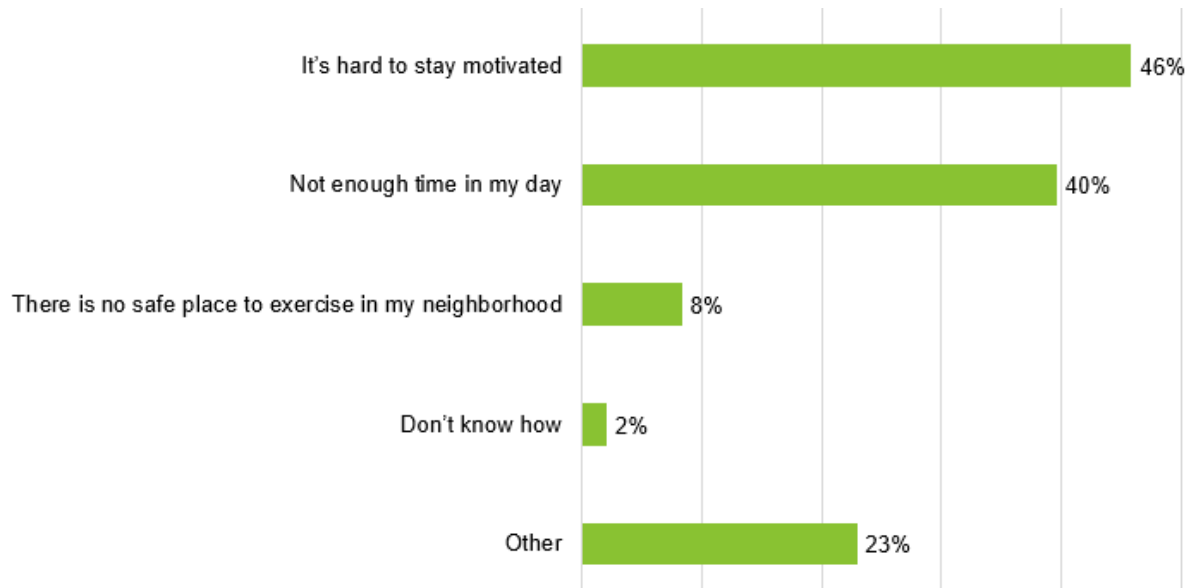
During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?



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

Exercise

What major reason prevents you from exercising?

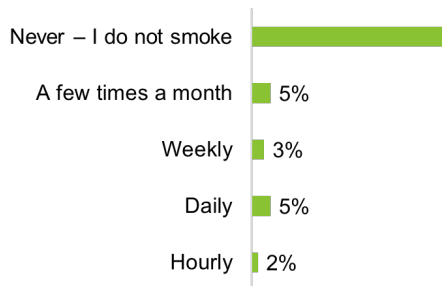


The major reasons that prevented people from exercising were it's hard to stay motivated, followed by not enough time in the day.

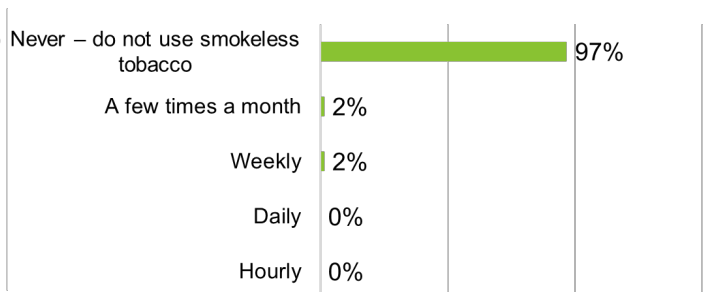
Smoking

How often do you smoke?

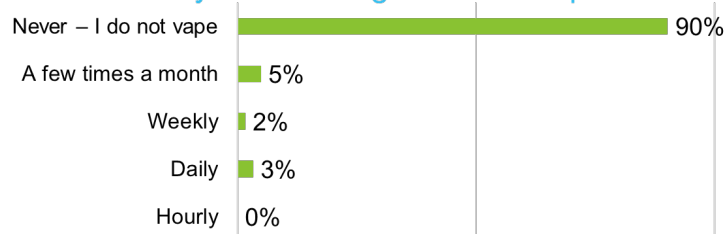
How often do you smoke?



How often do you use smokeless tobacco products?



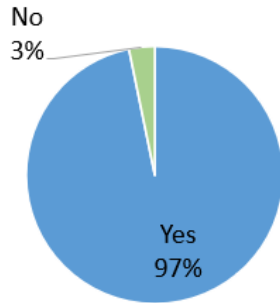
How often do you use e-cigarettes or vape?



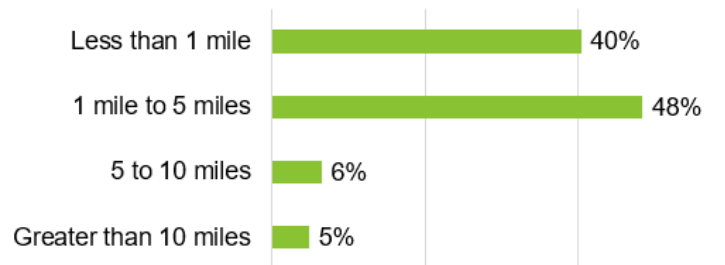
15% smoked regularly, 4% used smokeless tobacco products regularly, and 10% used e-cigarettes or a vape regularly.

Healthy Food

Do you have access to healthy food?



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



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

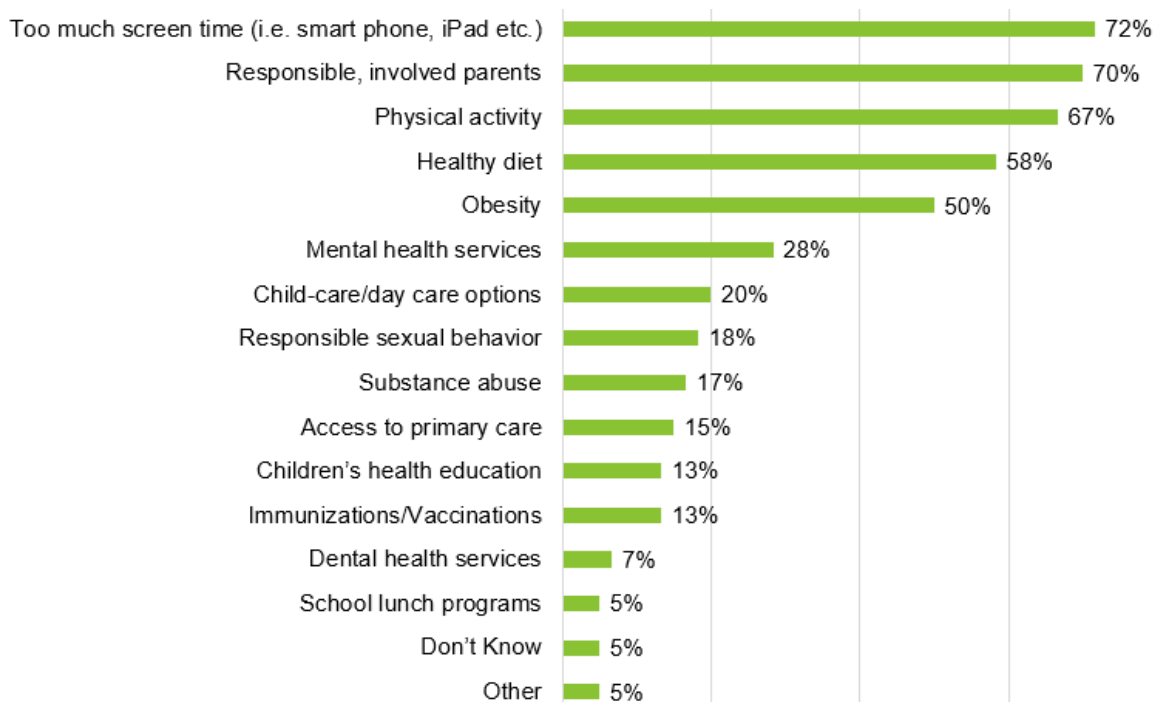
From the list below select the top 5 issues that impact the health for adults in your community



Affordable health insurance, 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

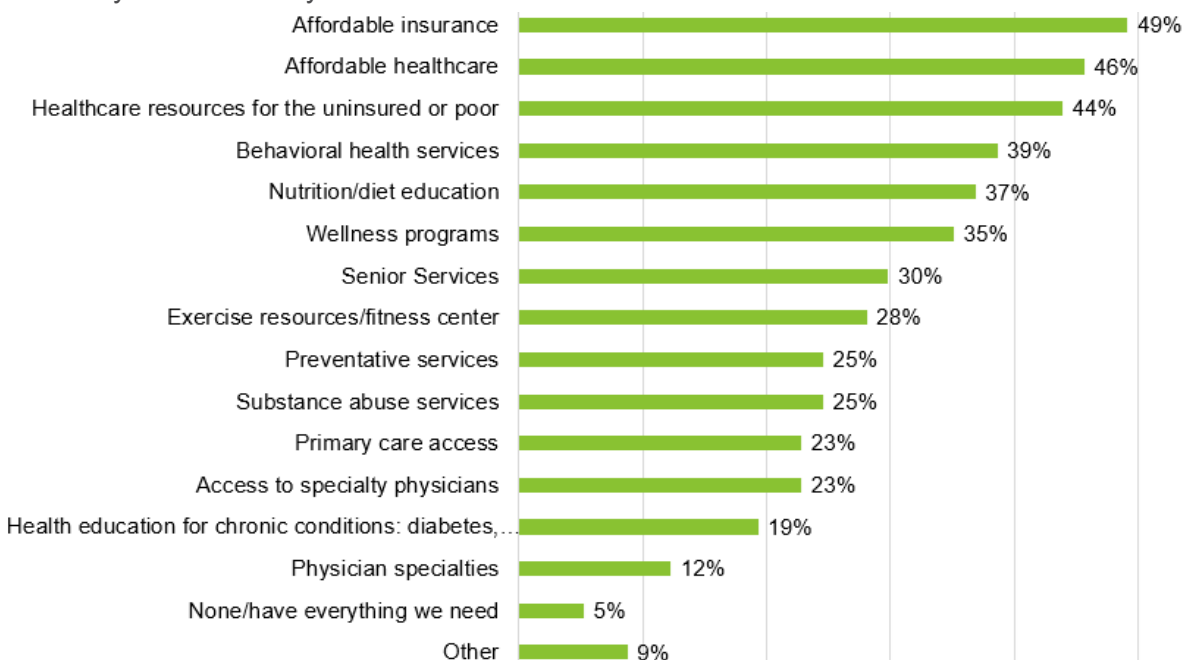
In your opinion, what are the top 5 health concerns for children in your community?



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

Health Services/Programs

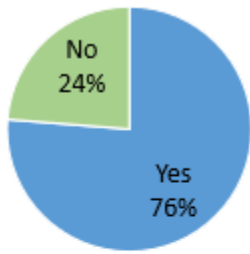
What healthcare, health education or public health services or programs would you like to see offered in your community?



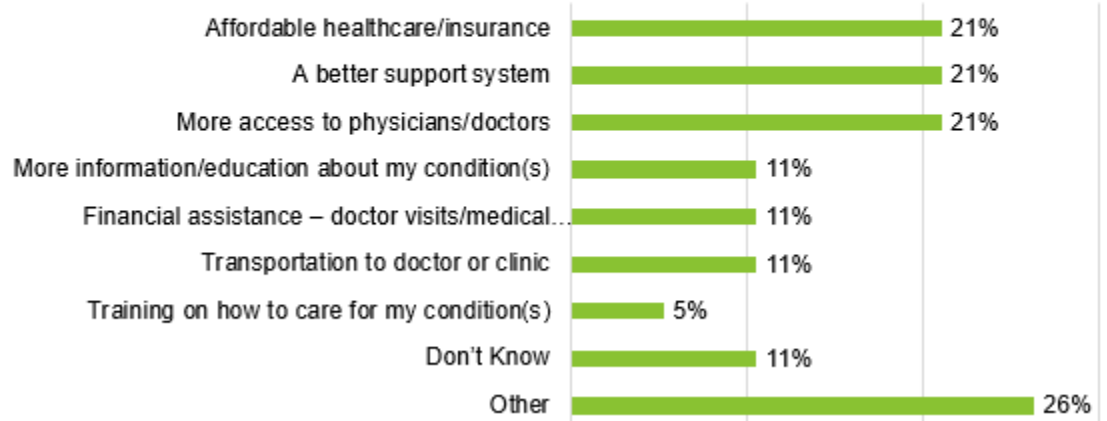
Affordable insurance, followed by affordable healthcare, and healthcare resources for the uninsured or poor were identified as the top services or programs people wanted to see offered in the community.

Health Management

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



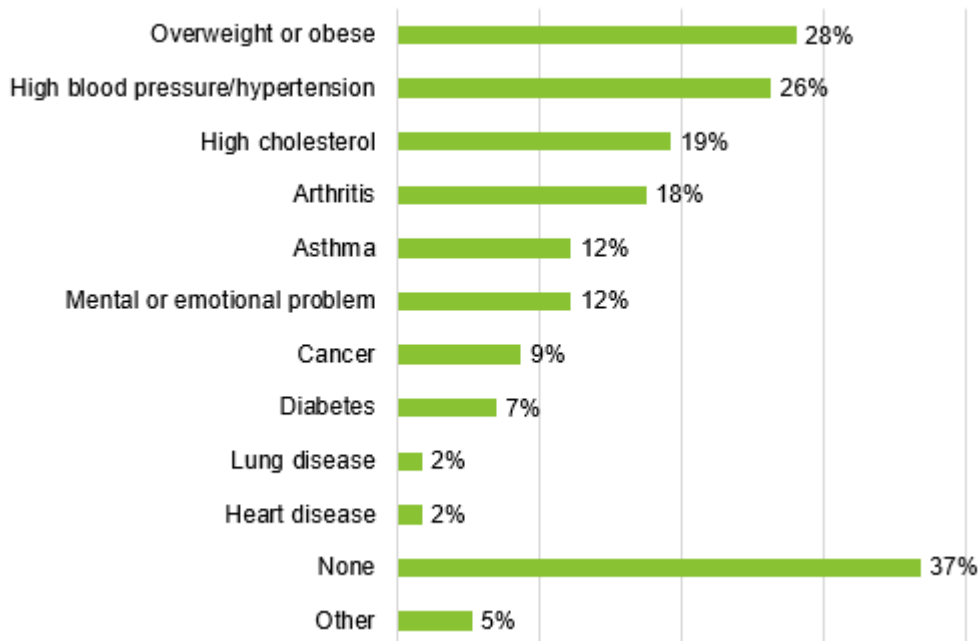
If no, what do you need in order to manage your health condition(s)?



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

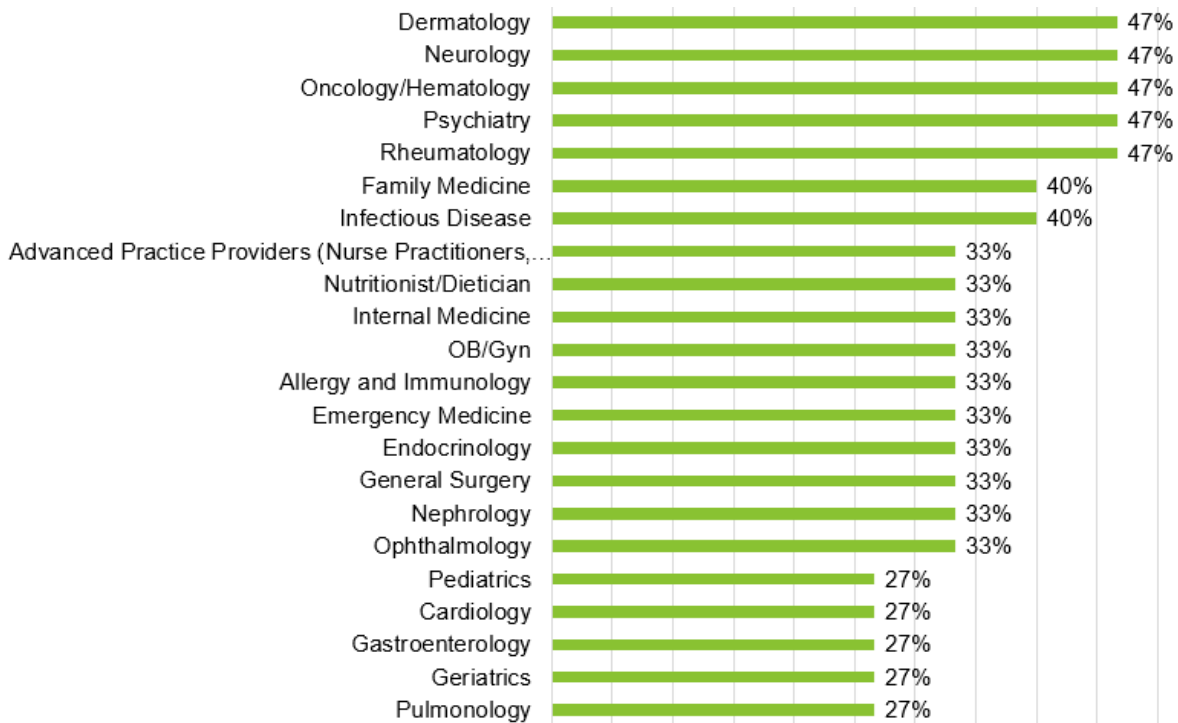
Have you ever been told by a doctor you have any of these conditions, diseases or challenges?



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

Health Management

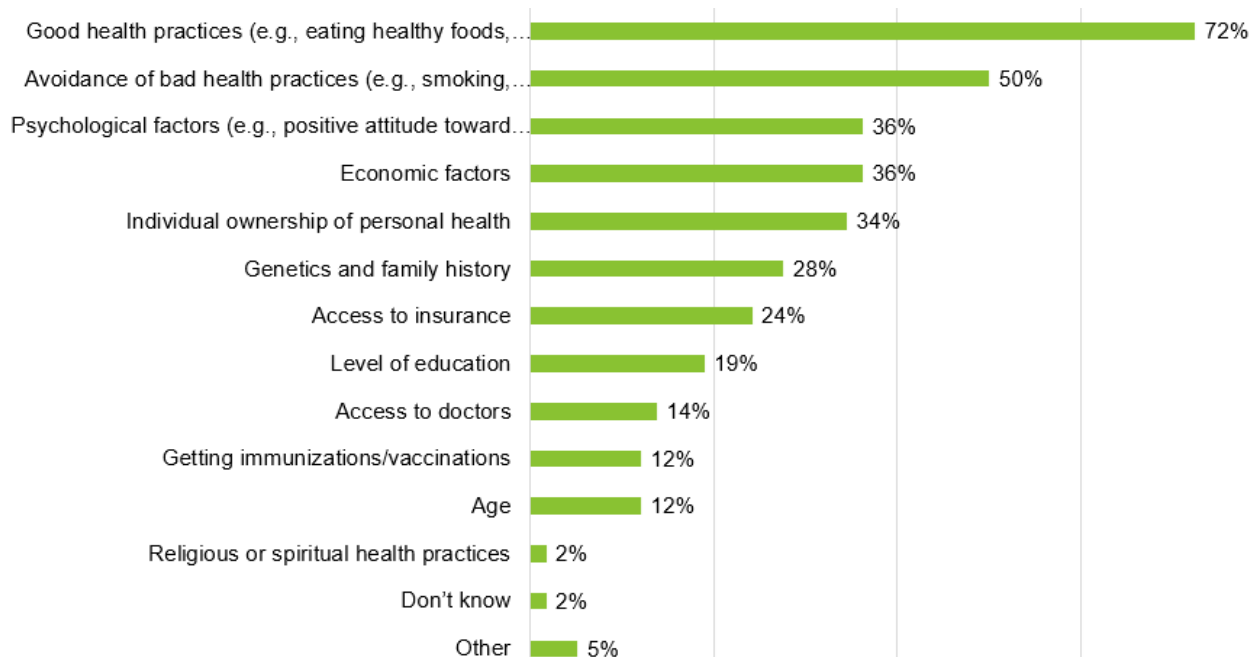
What specialties would you like to see offered? Select all that apply



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

Influential Factors

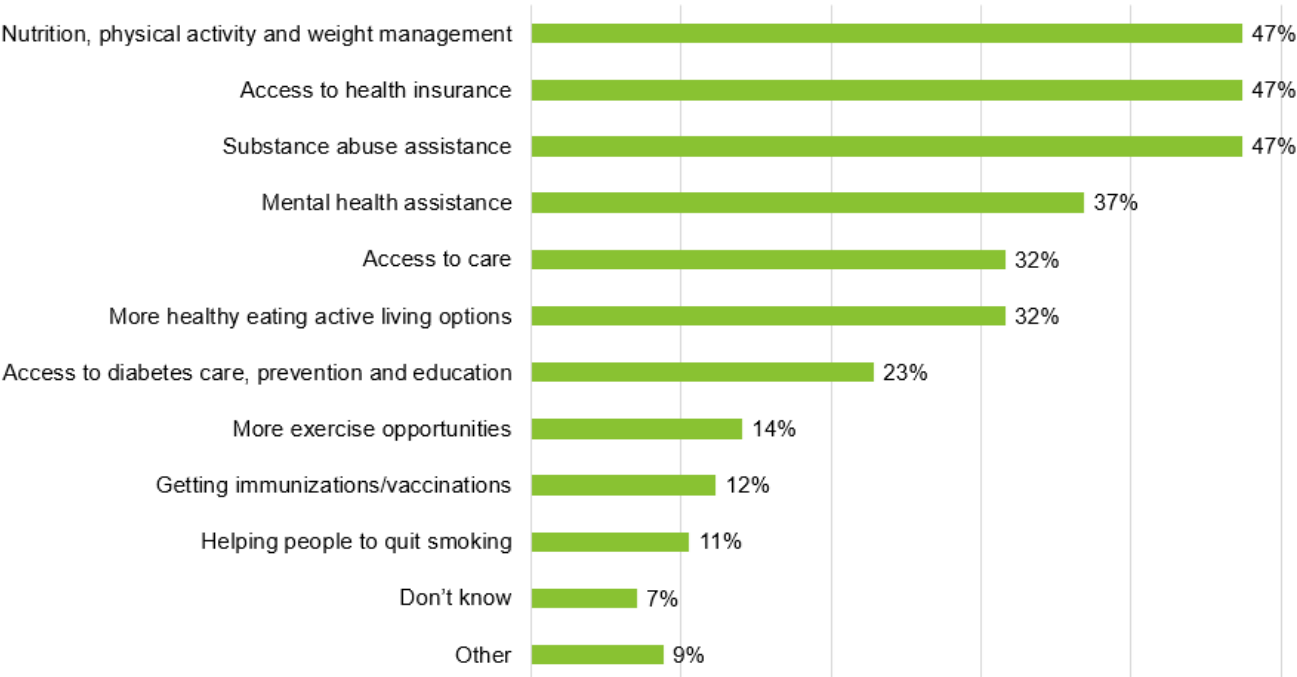
In your opinion, what are the top 5 factors that personally influence the health of individuals?



Good health practices, 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.

Top Health Concerns

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



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

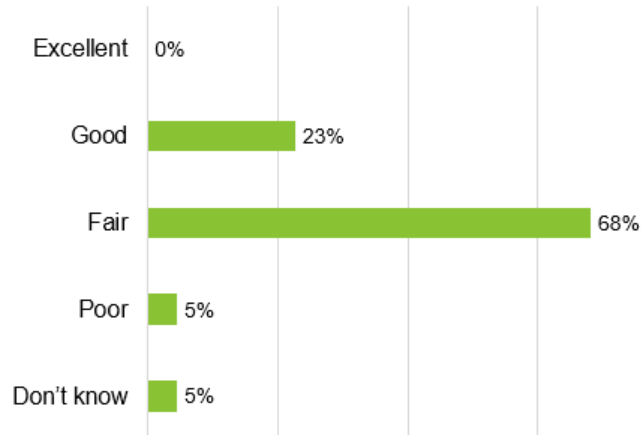
Physician Survey Results

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

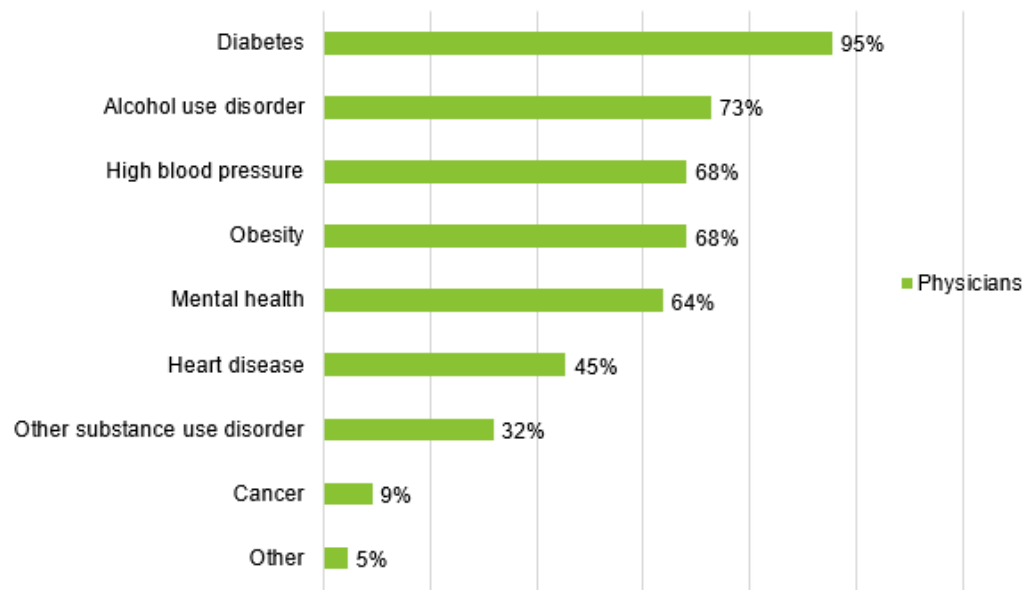
How would you describe the overall health status of the citizens of San Juan County? Would you say it is...



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

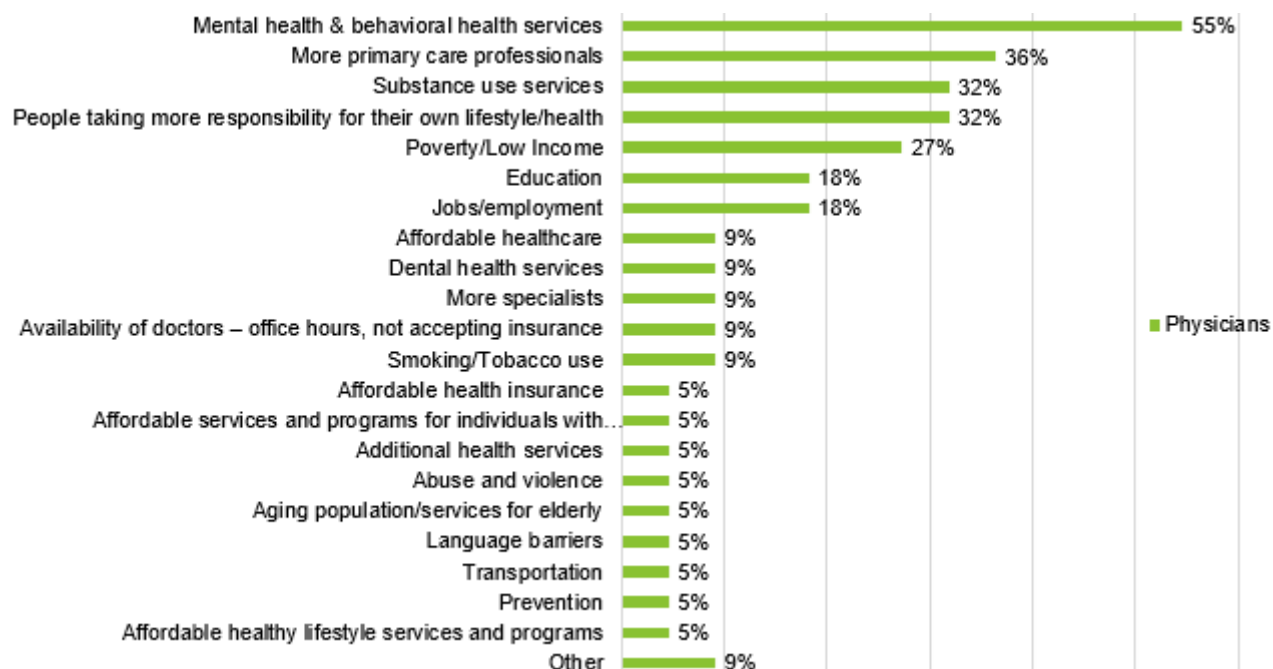
What are the most prevalent chronic diseases in your community?



Diabetes, followed by alcohol use disorder, high blood pressure, and obesity were identified as the most prevalent chronic diseases in the community.

Top Three Issues Impacting Health

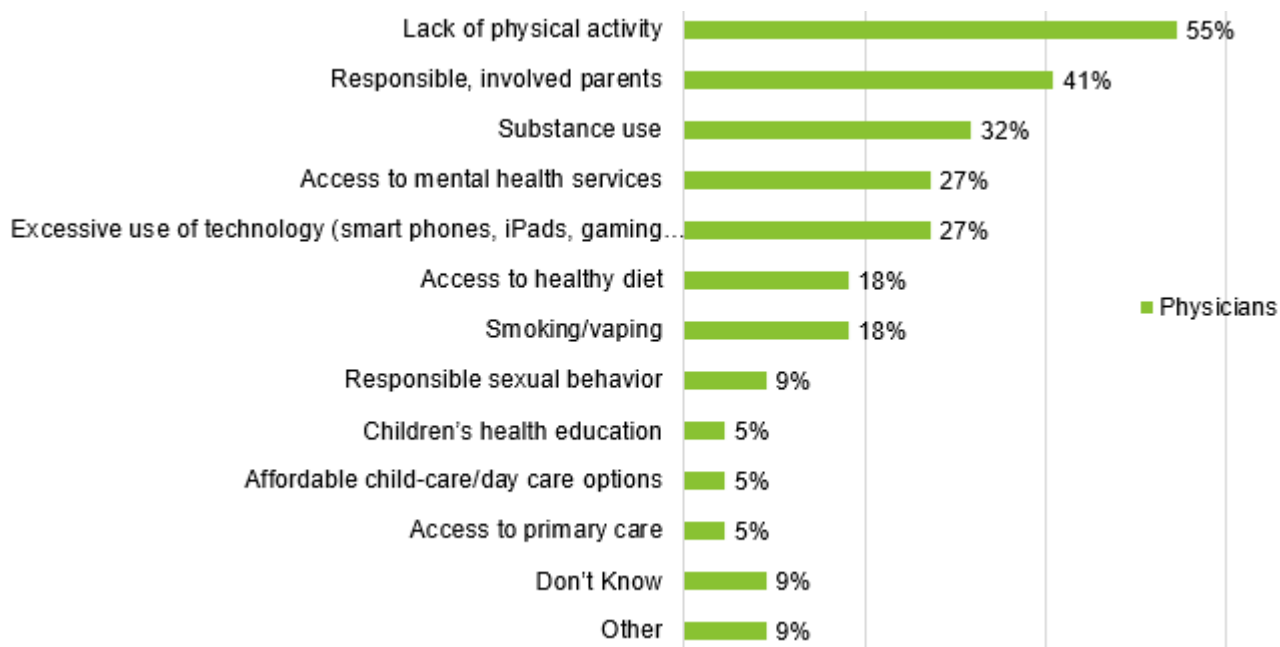
What are the top 3 issues in your community that impact people's health?



Mental health and behavior 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

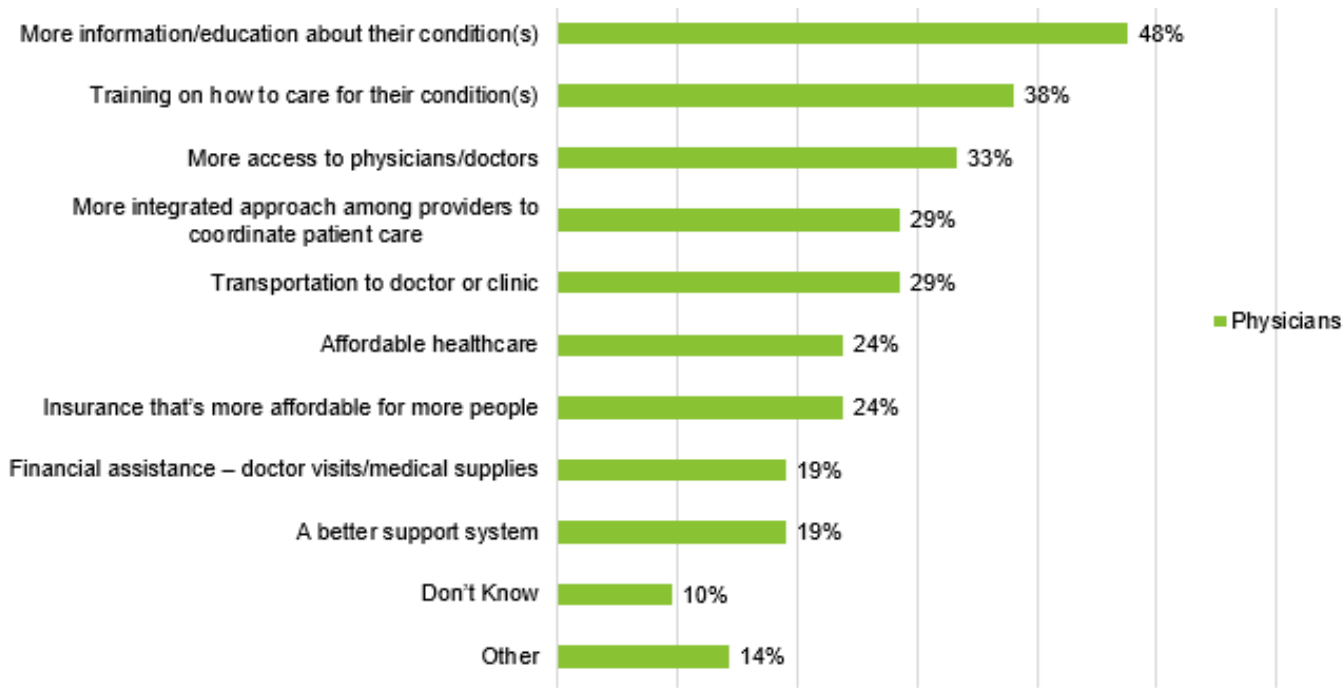
In your opinion, what are the top three health concerns for children (age 0-18) in your community?



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?



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.



Photo Credit: SJRMC

Health Status Data

Based on the 2020 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², 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, socioeconomic, 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.

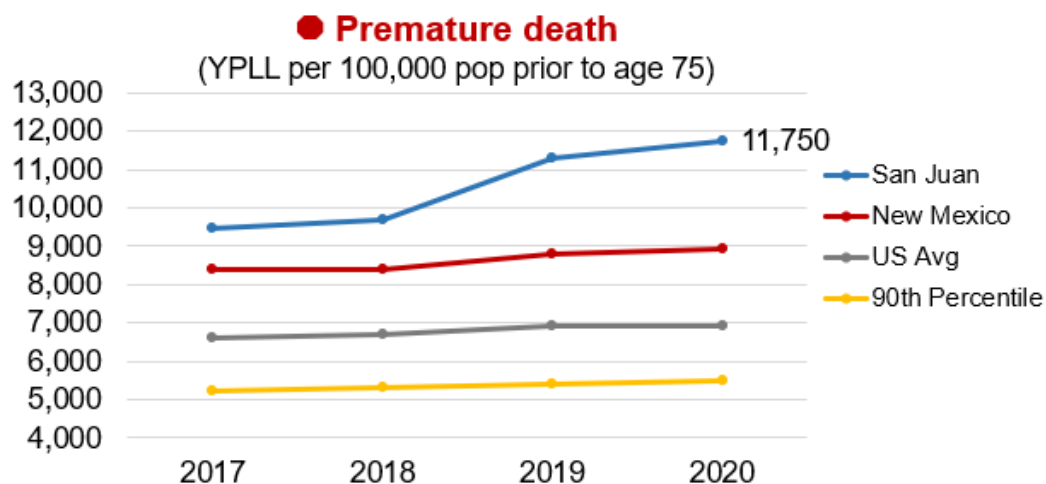
Health Outcomes (Length of Life and Quality of Life)

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.



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

● Life Expectancy

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

2020	
San Juan County	76.0
New Mexico	78.1
US Avg	79.1
90th Percentile	81.1

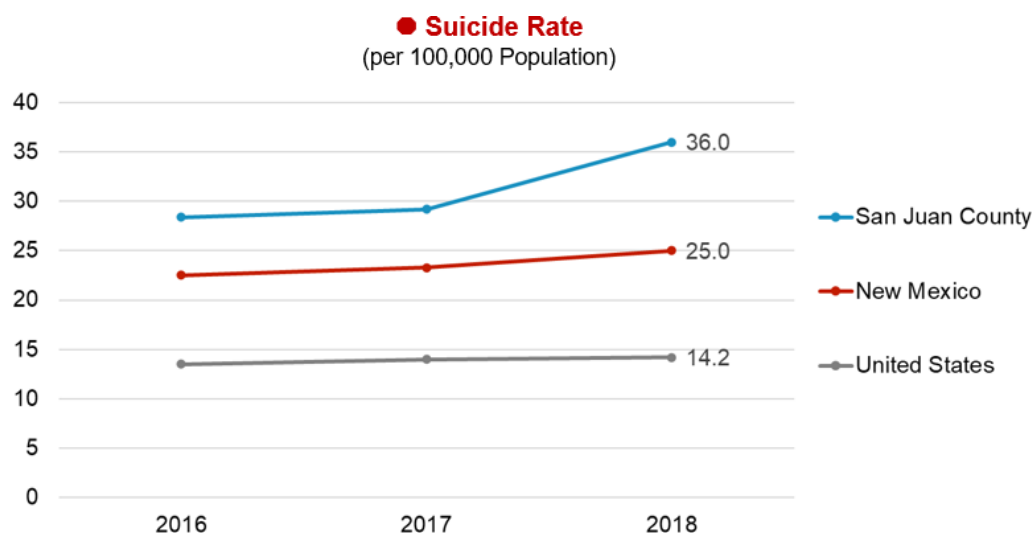
Source: County Health Rankings; National Center for Health Statistics – Mortality File 2016-2018

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

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

Source: Wonder.cdc.gov. Age-adjusted rates per 100,000 population. San Juan County data from 2017, 2018 combined. NM, US data from 2018. *Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

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.

Source(s): Wonder CDC.gov (2018) Age-adjusted rates per 100,000 population. San Juan County has combined years of data to create reliable use rates: 2018 (2017 & 2018), 2017(2016 & 2017), 2016(2015 & 2016)

NM and US data from 2018. Age Adjustment Uses 2000 Standard Population.

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**

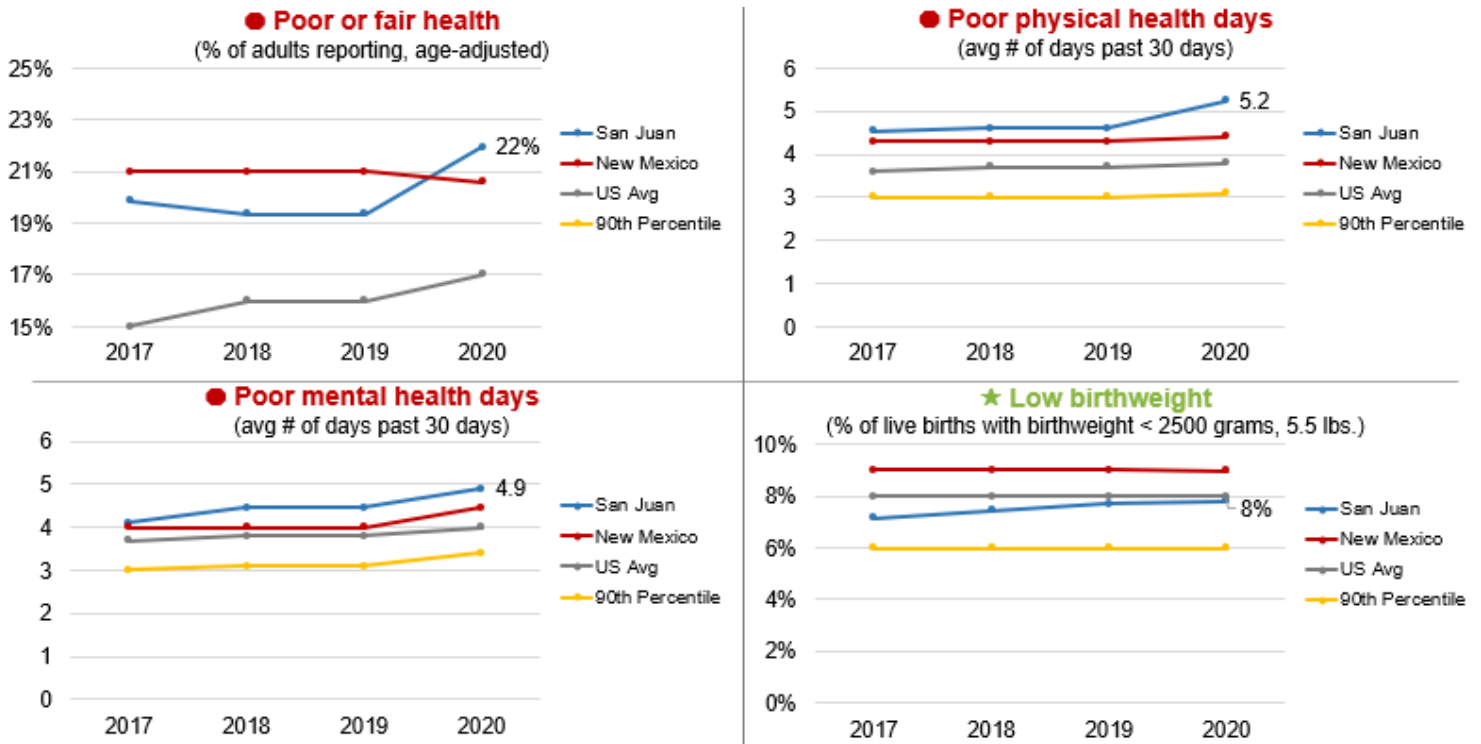
- San Juan County had a higher death rate for accidents, respiratory diseases, strokes, diabetes, influenza and pneumonia, suicide, liver disease and sepsis than NM.
 - San Juan County had lower life expectancy than NM and the U.S. and higher years of potential years of life lost.
 - The suicide rate 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.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2017
Source: County Health Rankings; National Center for Health Statistics – Natality files (2012-2018)

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

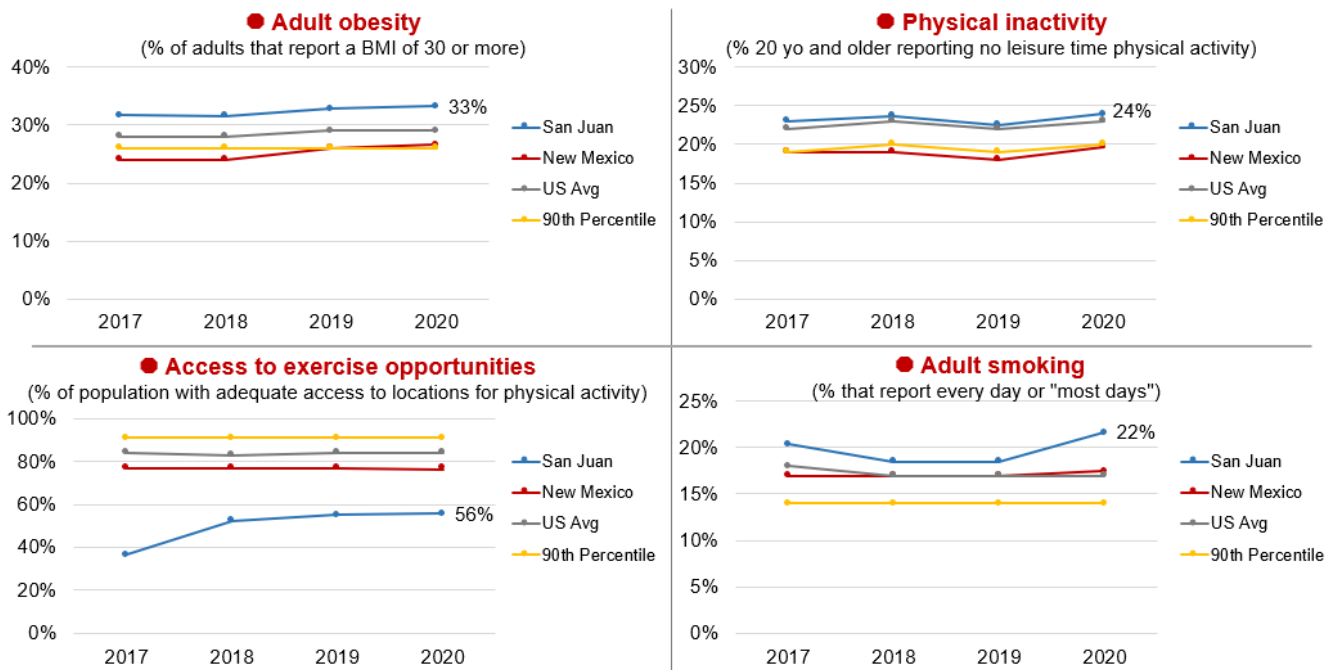
- San Juan County had a higher percentage of adults reporting poor or fair health than NM at 22%.
- San Juan County had a higher percentage of adults reporting poor mental health days than NM at 4.9.
- San Juan County had a higher percentage of adults reporting poor physical health days than NM at 5.2.

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.

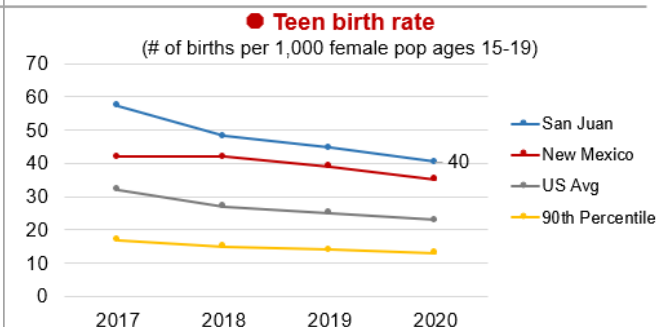
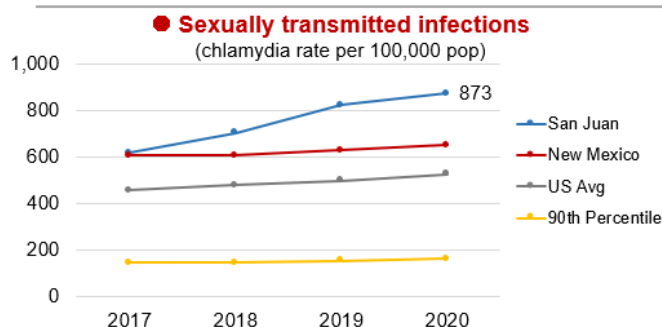
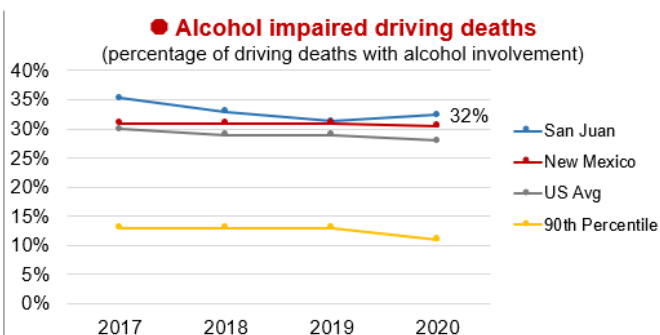
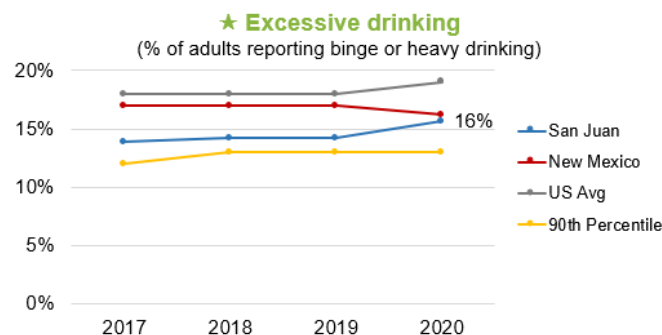
Health Behaviors

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.

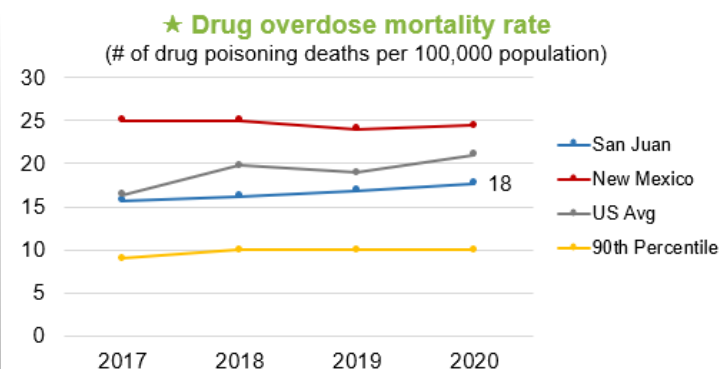
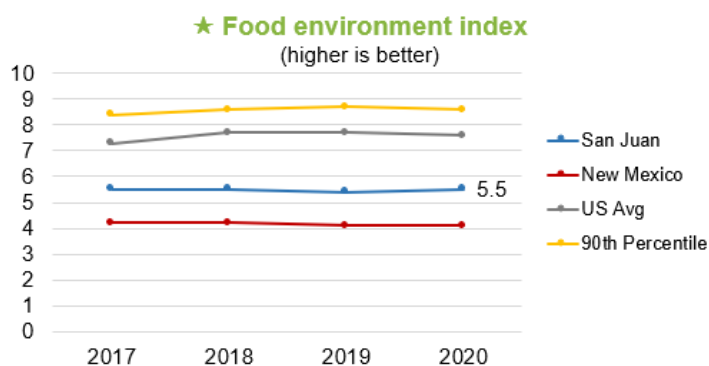


Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2016 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. 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.



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2017 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2014-2018 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2017 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2012-2018



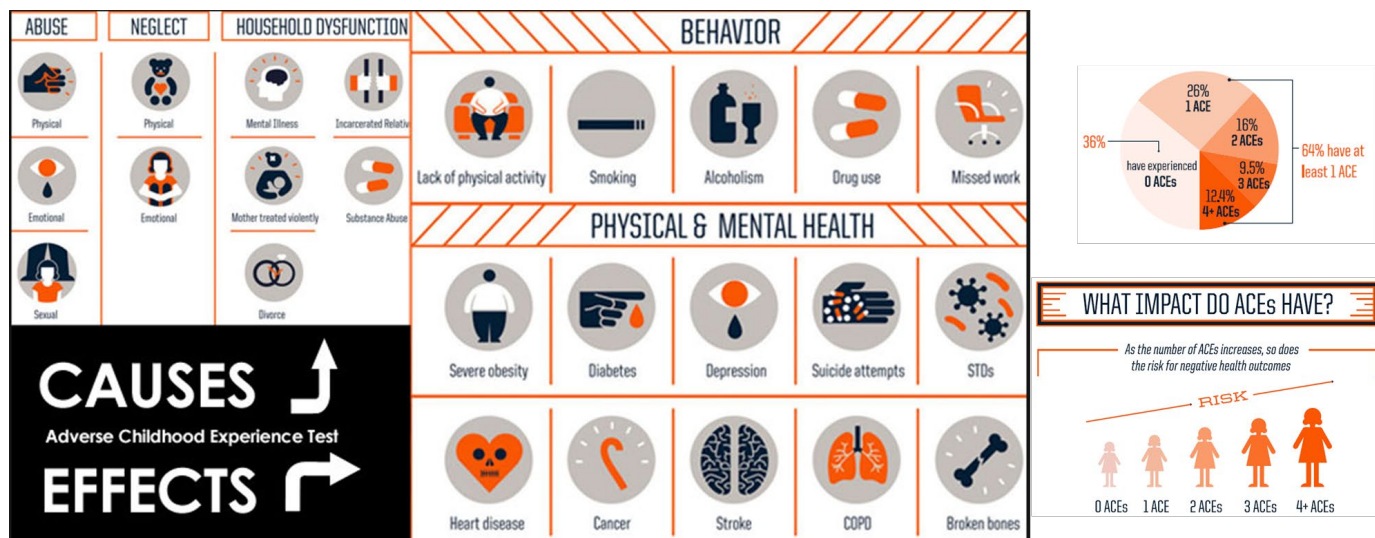
Source: Food environment: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2017; Drug overdose rate: CDC WONDER mortality data, 2016-2018

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.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
New Mexico	47%	26%	28%

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

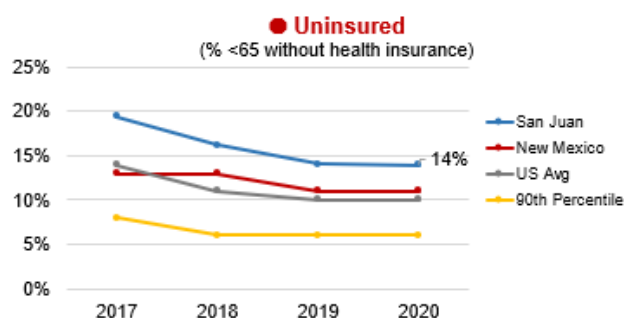
- Adult obesity in San Juan County was 33%, higher than NM at 27% and the U.S. at 29%. The obesity trend had been increasing in San Juan County. Obesity in New Mexico and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, 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

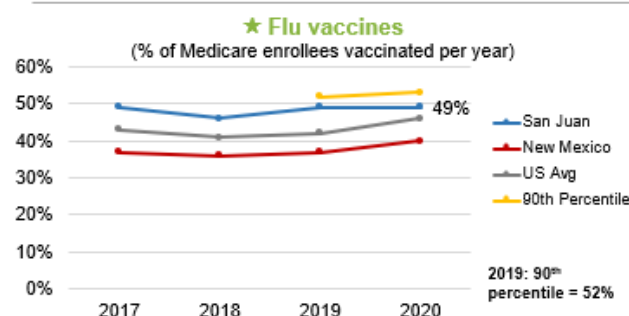
Clinical Care

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.



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

	2020
San Juan County	3,442
New Mexico	3,094
US Avg	4,710
90th Percentile	2,761



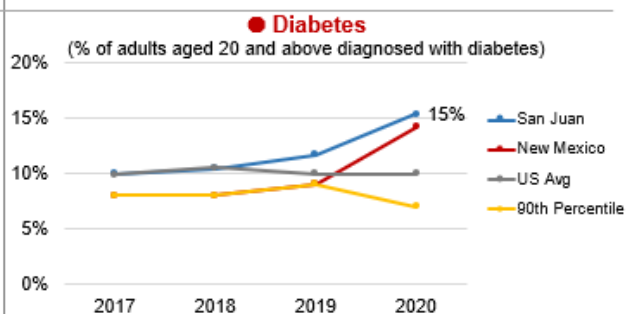
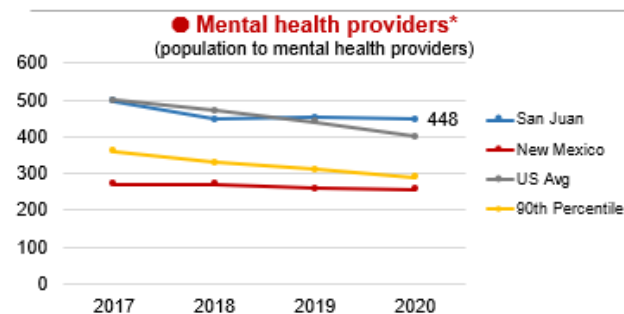
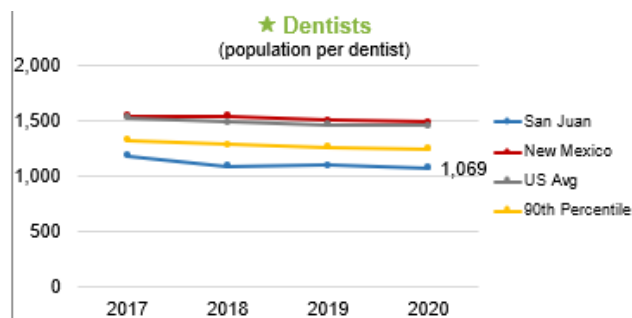
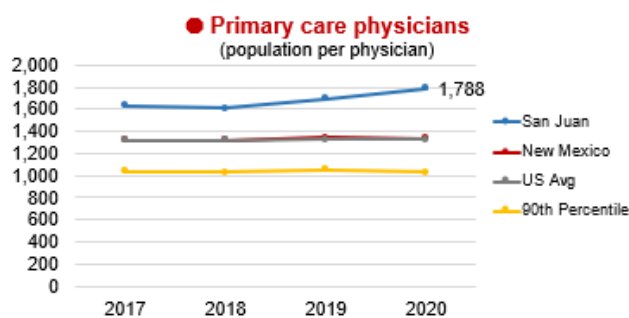
● Mammography screening
(% diabetic Medicare enrollees receiving HbA1c screening)
Higher is better

	2020
San Juan County	32%
New Mexico	34%
US Avg	41%
90th Percentile	50%

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

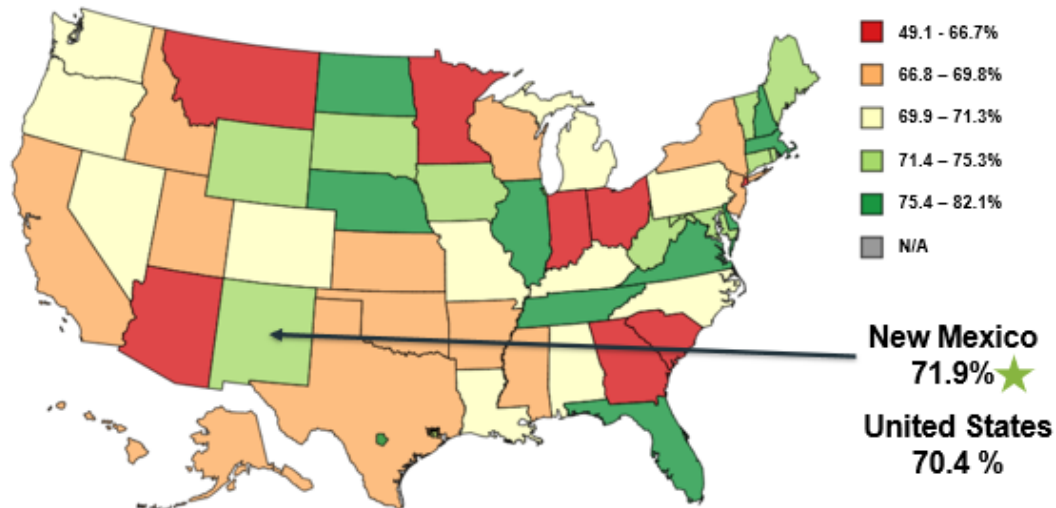
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2019

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

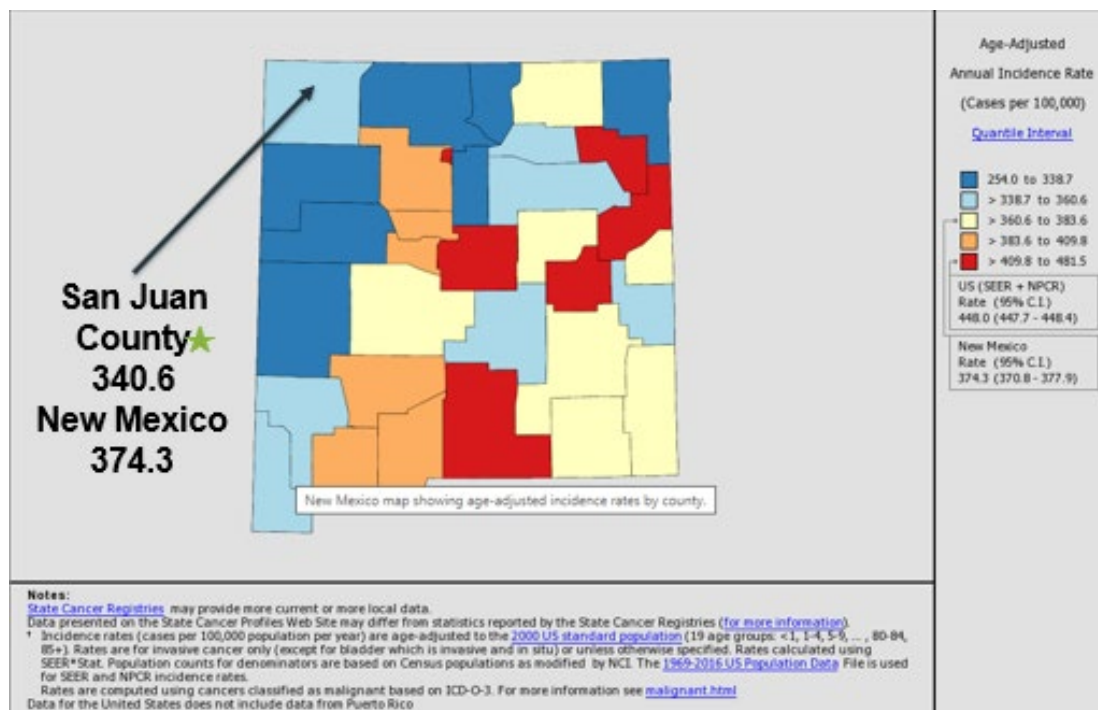
Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017



The percentage of vaccination coverage amount 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

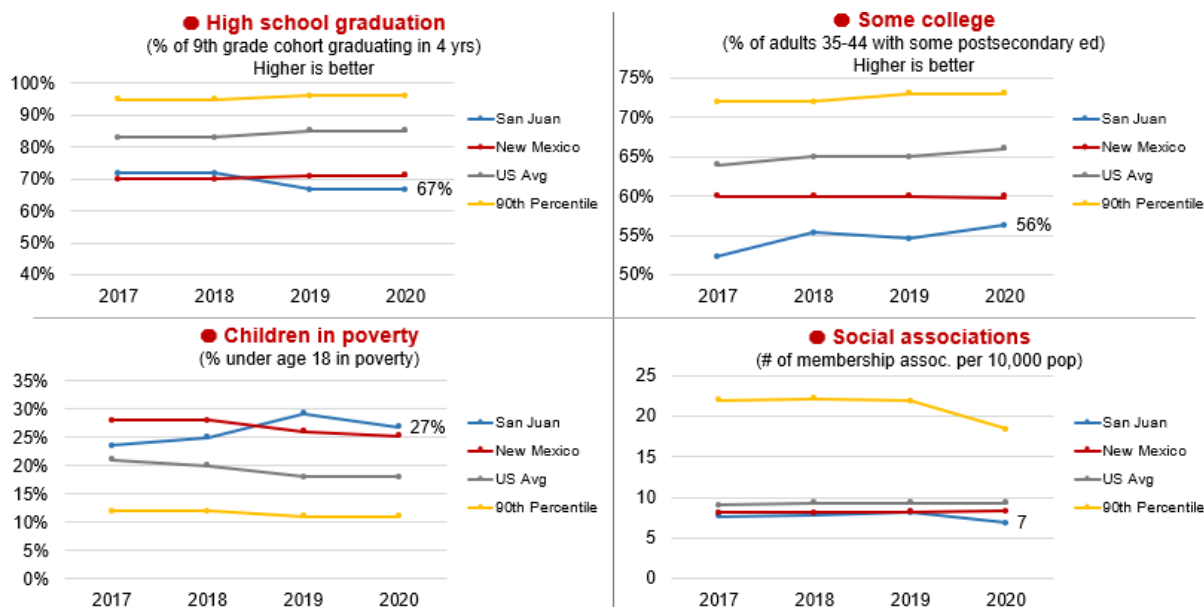
- The percent of Medicare enrollees with flu vaccines per year were higher in San Juan County (49%) than NM (46%) and the U.S. (40%).
 - The population per dentists was lower in San Juan County than NM than the U.S. at 1,069.
 - The cancer incidence rate in San Juan County was 340.6 cases per 100,000 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.

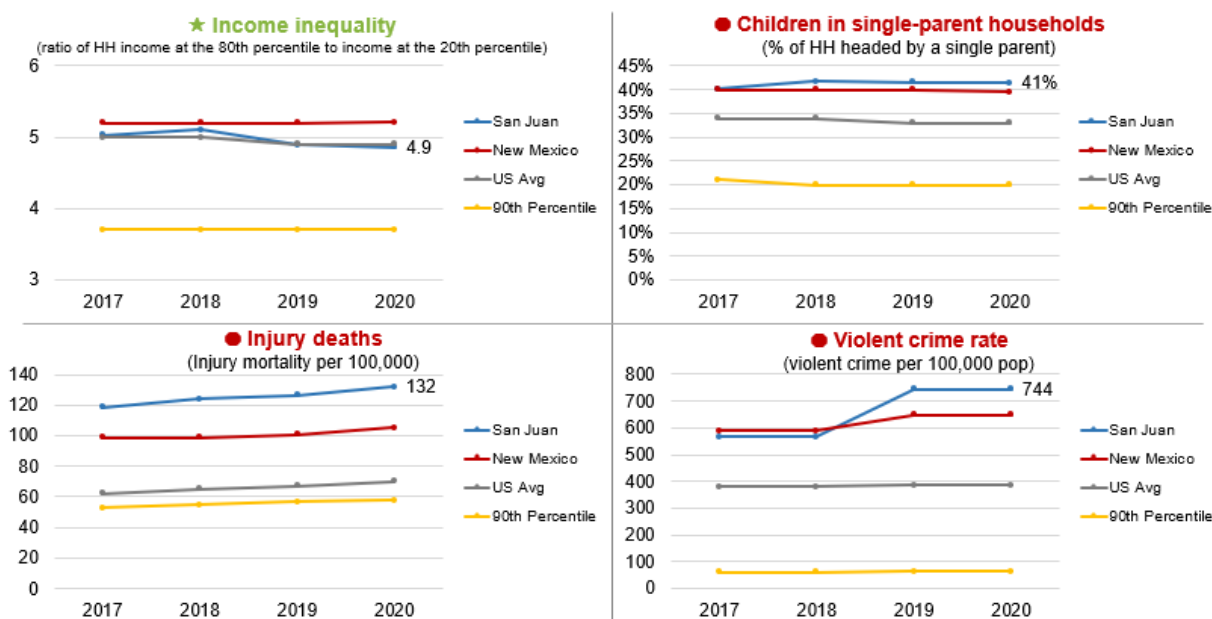


Source: High School graduation – County Health Rankings; NM Dept of Public Instruction, 2016-2017

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2014-2018.

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2018

Source: Social associations - County Health Rankings; County Business Patterns, 2017



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2014-2018. Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2014-2018. Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors Cont.

Social & Economic Factors STRENGTHS

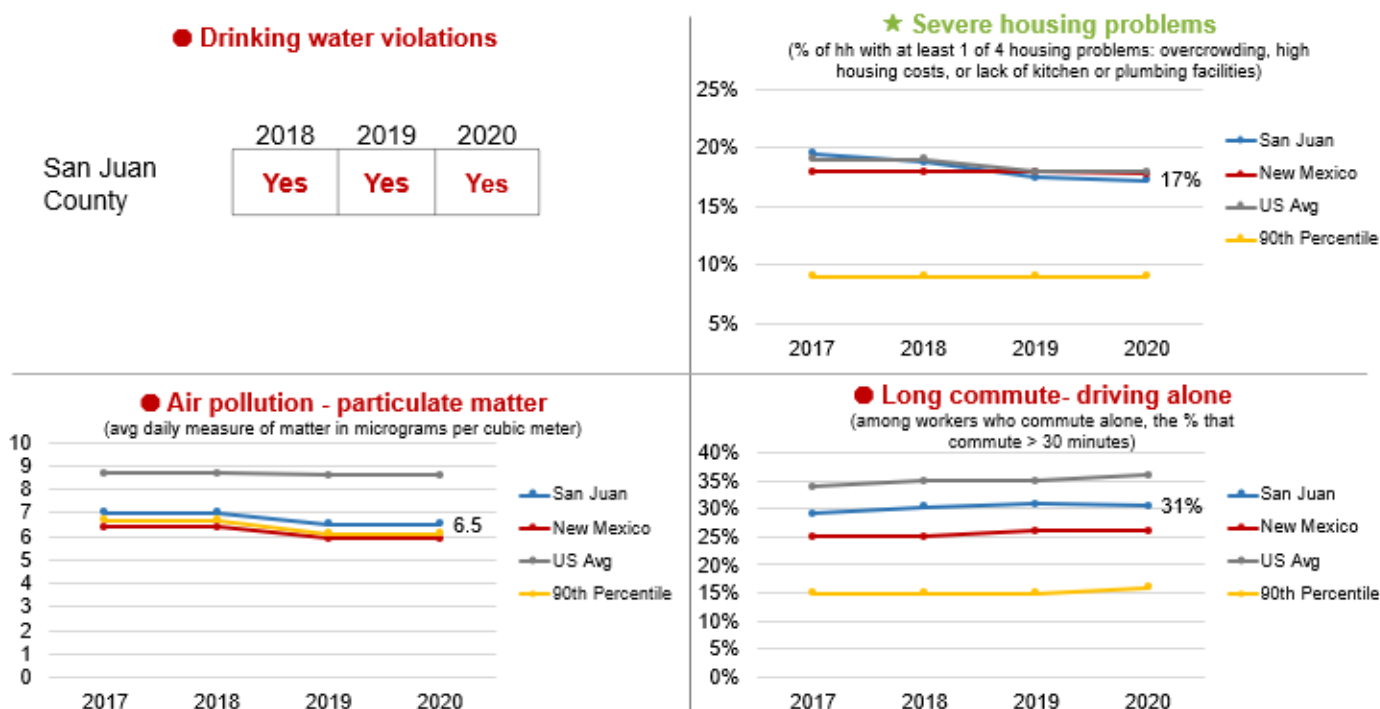
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in San Juan County at 4.9 than in NM and the U.S. both at 5.
- San Juan County’s median household income was higher than New Mexico’s.

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.



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2018. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2012-2016. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2014-2018. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2014

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.
-



Photo Credit: SJRMC

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.

Magnitude / scale of the problem	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?
Seriousness of Consequences	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)?
Feasibility	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?

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

Diabetes		
Actions	Outcomes	Additional Information
Lifestyle Balance/National Diabetes Prevention Program	<p>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.</p> <p>Weight loss goal: 5-7% total weight. Aerobic activity goal: 150 minutes or more of aerobic exercise per week.</p> <p>Outcomes of 2019 class:</p> <ul style="list-style-type: none"> • 13 participants completed the program • average weight loss 7.9%, • average minutes of aerobic exercise per week 158 <p>2018:</p> <ul style="list-style-type: none"> • 9 participants completed the program • Average weight loss 8.7% • Average minutes of aerobic exercise per week 171 <p>2017:</p> <ul style="list-style-type: none"> • 10 participants completed the program • Average weight loss 6.5% • Average minutes of aerobic exercise per week 134 <p>60 % of participants reached weight loss goal of 5-7%.</p> <p>Average wait times for access to diabetes education (Goal of < 28 days) 2018 – 14.86 days, 2019 – 9.48 days</p>	<p>Annual class begins each February.</p> <p>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.</p>

Impact of 2017 CHNA and Implementation Plan, cont.

Impact

Diabetes		
Actions	Outcomes	Additional Information
Community Outreach and Education	<p>SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs.</p> <p>1:1 education include 1-2 hour sessions with follow up of A1C values and to offer additional education and support.</p> <p>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.</p> <p>Community served: July 2017-June 2018: approximately 851 July 2018-June 2019: 1438</p> <p>Radio interviews and education:</p> <ul style="list-style-type: none"> 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. <p>2017-2018: 1,125 2018-2019: 775</p>	

Impact of 2017 CHNA and Implementation Plan, cont.

Impact

Nutrition, Physical Activity and Weight		
Actions	Outcomes	Additional Information
Lifestyle Balance/National Diabetes Prevention Program	<p>This one-year, evidence-based program has been available to members of San Juan County since 2011.</p> <p>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.</p> <p>Weight loss goal: 5-7% total weight. Aerobic activity goal: 150 minutes or more of aerobic exercise per week.</p> <p>Outcomes of 2019 class:</p> <ul style="list-style-type: none"> • 13 participants completed the program • average weight loss 7.9%, • average minutes of aerobic exercise per week 158 <p>2018:</p> <ul style="list-style-type: none"> • 9 participants completed the program • Average weight loss 8.7% • Average minutes of aerobic exercise per week 171 <p>2017:</p> <ul style="list-style-type: none"> • 10 participants completed the program • Average weight loss 6.5% • Average minutes of aerobic exercise per week 134 <p>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</p>	<p>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.</p>

Impact of 2017 CHNA and Implementation Plan, cont.

Impact

Nutrition, Physical Activity and Weight		
Actions	Outcomes	Additional Information
Community Outreach and Education	<p>SJRMC offers Diabetes Education to the community free of charge. Options include 1:1 sessions, group classes, and presentations at local health fairs.</p> <p>1:1 education include 1-2 hour sessions with follow up of A1C values and to offer additional education and support.</p> <p>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.</p> <p>Community served: July 2017-June 2018: approximately 851 July 2018-June 2019: 1438</p> <p>Radio interviews and education:</p> <ul style="list-style-type: none"> • 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. <p>2017-2018: 1,125 2018-2019: 775</p>	

Impact of 2017 CHNA and Implementation Plan, cont.

Impact

Mental Health		
Actions	Outcomes	Additional Information
Child/Adolescent Telepsychiatry	January – December 2019 – 147 patients served	Established to meet access to child/adolescent services.
Hired a medical director, a child and adolescent psychiatrist, nurse practitioner for adult psychiatric assessments and a nurse practitioner for the inpatient unit.		Positions established were hired in 2019. Work is moving forward.
Partnership with San Juan County regarding closing mental health needs in San Juan County	Feasibility analysis	Efforts regarding this analysis will move forward into 2020
Substance Abuse		
Actions	Outcomes	Additional Information
Continuation of the ED Recidivism Program which began in March 2012	The multi-disciplinary team continues to apply the established model to SJRMC's Emergency Department and Urgent Care Facilities. A reduction in overall illegal drug trafficking, patient drug abuse/overdose has been seen since 2017 efforts began.	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.
Sobering Center Partnership	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.	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.

Impact of 2017 CHNA and Implementation Plan, cont.

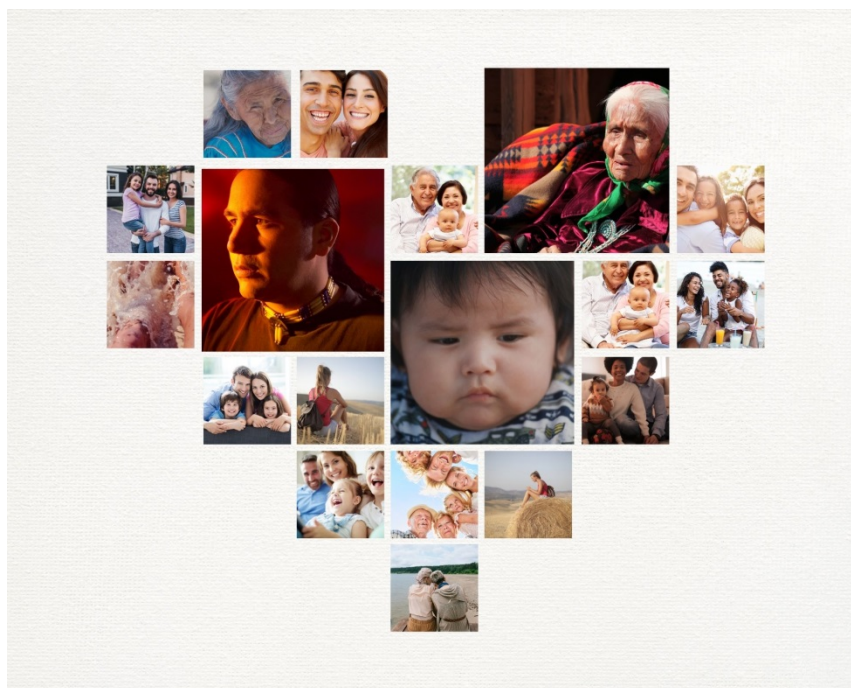
Impact

Infant Health and Family Planning		
Actions	Outcomes	Additional Information
SJPMC provided free Childbirth education classes and free outpatient lactation services to the community.	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	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.

2020



Community Health Needs Implementation Plan



2020 San Juan Regional Medical Center Community Health Needs Implementation Plan

December 21, 2020

Acknowledgements

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

<i>Dr. Manish Pandya, My Kidney Care</i>	<i>Community Stakeholder Group</i>
<i>Dr. Walter Standridge, San Juan Health Partners Behavioral Health</i>	<i>Community Stakeholder Group</i>
<i>Terri Fortner, San Juan County Commission</i>	<i>Community Stakeholder Group</i>
<i>Susan Hodgman, San Juan County</i>	<i>Community Stakeholder Group</i>
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<i>Dr. Walter Standridge, San Juan Health Partners Behavioral Health</i>	<i>Steering Committee</i>
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<i>Barbara Charles, San Juan Regional Medical Center</i>	<i>Steering Committee</i>
<i>Sandra Grunwaldt, San Juan Regional Medical Center</i>	<i>Steering Committee</i>

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

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Executive Summary

Overview of the Community Health Needs Implementation Plan Purpose and Process

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

The 2020 strategic plan was developed by San Juan Regional Medical Center in collaboration with members of the local community. It is focused on creating plans and working on implementation of those plans over the three year timeline.

The information gathered from public health data, the 2020 Community Health Needs Assessment and from community stakeholders has provided the platform to begin efforts to create systemic change. Without this data we cannot make the desired improvements for the health and wellbeing of the communities we serve.

It is the goal of San Juan Regional Medical Center to ensure the health equity of each person we serve, that each individual in our community has an equal opportunity to achieving optimal health. We believe and support health and healthy living for all. With healthy bodies and minds, members of our community can be more fully engaged in every phase of their lives—through their work, families, or in doing the things they love to do. San Juan Regional Medical Center will continue to support wellness programs and initiatives in the community as a way of creating a healthier community. A healthier individual means a healthier community—and a greater quality of life for us all. Our focus will remain on fostering healthy living in our schools, workplaces and neighborhoods. As a non-profit organization we want to help as many of our community as we can to stay healthy and out of the hospital. San Juan Regional Medical Center is committed to doing our part to build a healthier community. We understand that we cannot do this alone, but we are determined to do all we can to reach our goal. We will work to empower people and work together through partnerships to prosper, heal and create health for those we serve.

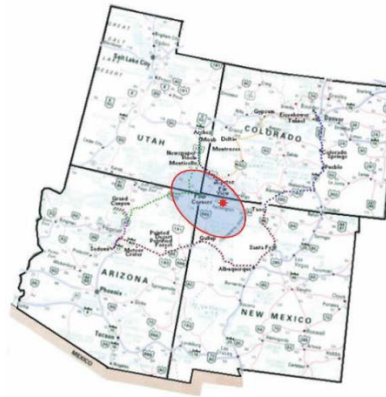
The next phase of work will be the implementation of action plans detailed in this report, and monitoring/evaluation for both short-term and long-term outcomes.

Our Mission

Our mission to *personalize healthcare and create enthusiasm and vitality in healing* extends beyond clinical care with community benefit programs aimed at creating wellness and making *life better here*. These are not just words printed on a sheet of paper. We take the mission statement very seriously and are constantly searching for ways to better realize our role as a leading community hospital. Our core values will guide us in the pursuit of these efforts.

Service Area

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



Health Priorities

San Juan Regional Medical Center conducted its previous CHNA in 2017, and has conducted Community Health Needs Assessments since 2008. Key findings of the 2020 CHNA identified the following needs and SJRMC has selected the following needs to be the focus of the work over the next three years:

- Mental Health
- Substance Abuse
- Access to Care
- Obesity
- Diabetes
- Health Disparities

Data and Trends

- 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%
- The median family income in San Juan County was \$46,910 which is slightly higher than NM (\$46,757), but lower than the U.S. (\$60,548). Looking at the median household income by census tract also gives insight into health status. The lower income census tracts are in the southwest region of San Juan County with \$21K and \$29K median household incomes.
- The rate of poverty in San Juan County was 23.1% which was higher than NM (18.8%) and the U.S. (13.1%).

- San Juan County had a higher mortality rate for diabetes at 38.6 per 100,000 population in San Juan County compared to 26.1 in New Mexico.
- The suicide rate in San Juan County was 36.0 per 100,000 population, higher than New Mexico (25.0) and the U.S. (14.2).
- Adult obesity in San Juan County was 33%, higher than New Mexico at 27% and the U.S. at 29%. The obesity trend has been increasing in San Juan County, similar to the state of New Mexico and the U.S.

There is a direct link between poverty and health disparities. In San Juan County, the poverty levels and health issues that are most prevalent such as diabetes and obesity, link hand-in-hand with lack of physical activity, poor diets, and lack of access to healthcare. Also, it is evident that there is a relationship between affluence (income and education). Those with the lowest income census tracts are experiencing lower health status measures and it will take a wide range of partnerships and pooling of resources in order to make meaningful impact to the health of the community.

Summarized Action Plan

- **Mental Health**
 - Complete a feasibility study for the establishment of a Behavioral Health Partial Day Hospitalization and/or Intensive Outpatient Program.
 - Provide building space for the opening of the Mental Wellness Resource Center.
- **Substance Abuse**
 - Explore the feasibility of a dedicated medical detox unit at the hospital.
 - Collaborate with community providers in furthering services for medical detox treatment.
- **Access to Care**
 - Open a family medicine clinic to help meet the needs of those being discharged from the hospital or Emergency Department who do not have a primary care provider.
 - Evaluate the addition of a community health worker position at the family medicine clinic.
 - Recruit and retain medical providers to serve our community.
 - Utilize telemedicine to expand healthcare services provided in the Four Corners region.
 - Continue participation in the 340-B program.
- **Obesity and Diabetes**
 - Continue group classes, individual assessments and education on diabetes.
 - Complete analysis for reestablishment of both the Kids Strong and National Diabetes Prevention program.
 - Establish and/or sustain standardized screening criteria for obesity and diabetes in children.
 - Establish and/or sustain standardized screening criteria for a history of gestational diabetes in the primary care setting.
- **Health Disparities**
 - Develop a process to systematically identify health disparities among SJRMC's patient population.
 - Expand outreach and initiatives that reduce identified health disparities.
 - Expand access to health services as a step toward reducing health disparities.
 - Implement interventions for children aged 2 to 12 to lower the risk for obesity.
 - Leverage community partnerships to achieve health equity.

Mental Health Action Plan



Vision of Impact

SJRMCM recognizes the essential role of mental health in achieving a healthy community. It is our vision to leverage the capacity, expertise and relationships that exist to address mental health needs in our community, creating a sense of wellbeing for all.

Goal: Increase access to care through the establishment of a Behavioral Health Partial Day Hospitalization and/or Intensive Outpatient Program.

Strategic Background The number of drug overdose deaths per 100,000 population was 18 in San Juan County, lower than NM at 24 and U.S. at 21. San Juan Regional Medical Center is committed to developing partnerships and taking action to improve the mental health of the community and supports efforts by San Juan County through the Behavioral Health Gap Analysis performed in 2019 to work to meet local needs.

Partner Agencies

Lead: San Juan Regional Medical Center

Collaborating: San Juan County, local behavioral health providers

<u>Objectives</u>	<u>Baseline/Indicator Source</u>
1. Establish a Behavioral Health Partial Day Hospitalization and/or Intensive Outpatient Program.	<u>Lead:</u> SJRMCM, feasibility study 2021
Complete feasibility study: gain insight into the ability to establish this type of program in meeting mental health needs of the community.	<u>Lead:</u> SJRMCM
2. Offer clinical space to support the establishment	<u>Lead:</u> San Juan County

of the <i>Mental Wellness Resource Center</i> .	<u>Collaborative:</u> SJRMC 2020
Objectives	Baseline/Indicator Source
3. Promote mental health integration in the primary care setting in order to lower barriers to care, facilitate early identification and treatment of mental health issues which could be first identified through the community health worker role at SJHP Family Medicine Farmington.	<u>Lead:</u> SJRMC, SJHP <u>Collaborative:</u> Community providers, MEC 2021, 2022, 2023
4. Continue support of access to care and enhance capacity for mental health services through physician retention and recruitment.	<u>Lead:</u> SJRMC, San Juan Health Partners <u>Collaborative:</u> San Juan County 2021, 2022, 2023
5. Collaboration with San Juan County Mental Health Task Force. Continued service on San Juan Safe Communities board.	Attendance by SJHP Behavioral Health, SJRMC Sponsorship support to San Juan Safe Communities Regular attendance 2021,2022, 2023
6. Collaborate on a state level through involvement with the Mental Health Task Force via the NMHA.	Regular attendance by SJHP BH on task force, monthly participation 2021, 2022, 2023

Substance Abuse Action Plan



Vision of Impact

Work toward a community with reduced incidence of alcohol and other drug addiction, misuse and related problems.

Goal: Explore the feasibility of the establishment of a dedicated medical detox unit at the hospital to increase access to care. Work to reduce the harms of alcohol and other drug use through prevention education, intervention and advocacy.

Strategic Background 16% of San Juan County reported binge or heavy drinking, the same as NM and lower than the U.S. (19%). There is currently not a dedicated medical detox unit available in San Juan County. The recommendation and support for a medical detox unit comes from both the CHNA, Community Health Disparities Committee, local provider feedback and input from the Steering Committee.

Partner Agencies

Lead: San Juan Regional Medical Center

Collaborating: San Juan County, Sobering House, Totah Behavioral Health Authority, Four Winds Recovery Center, other local substance abuse agencies.

Objectives	Baseline/Indicator Source
1. Explore the feasibility of a dedicated medical detox unit at the hospital for acute withdrawal, onsite alcohol and drug detoxification, oversight by a licensed physician, prior to entering an inpatient rehabilitation program.	Feasibility study 2021
2. Collaborate with community providers in furthering services for medical detox.	2020 2021, 2023
3. Continue network support, sponsorship of and	San Juan Safe Communities Initiative, Inc.

board service to San Juan Safe Communities.	Regular attendance 2021, 2022, 2023
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Access to Care Action Plan



Vision of Impact

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

Goal: Open San Juan Health Partners Family Medicine, Farmington clinic as a way to help meet the needs of those being discharged from the hospital or ED, who do not have a primary care provider.

Strategic Background Access to primary care is a key issue in health and critical in improving health.

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

Partner Agencies

Lead: SJRMC

Collaborating: San Juan County

Objectives	Baseline/Indicator Source
1. Open San Juan Health Partners Family Medicine, Farmington clinic to meet the primary care needs of those without an established primary care provider.	<u>Lead:</u> SJRMC January 2021
2. Evaluate the addition of a community health worker position at SJHP Family Medicine clinic in Farmington.	<u>Lead:</u> SJRMC <u>Collaborative:</u> San Juan County 2022

3. Offer low-cost blood screenings. This low-cost option will assist those without insurance and encourage necessary routine screenings.	<u>Lead:</u> SJRMC 2021, 2022, 2023
4. San Juan Regional Medical Center will continue to support wellness programs and initiatives in the community, such as free flu clinics, diabetes education and low-cost blood screens, as a way to create a healthier community.	<u>Lead:</u> SJRMC 2021, 2022, 2023

Obesity and Diabetes Action Plan



Vision of Impact

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

Goal: Continue to provide education, prevention awareness, group classes and individual assessments, support and education to the general public and to those identified with diabetes.

Strategic Background Obesity and diabetes is a growing problem in the United States and especially in the Four Corners area with our diverse patient populations. Minority groups constitute 25% of all adult patients with diabetes in the U.S. and represent the majority of children and adolescents with type 2 diabetes. The key is to reach people early to promote lifestyle changes, which can prevent or delay the onset of type 2 diabetes in high-risk individuals. The percentage of adults with diabetes in San Juan County was 15%, higher than New Mexico (14%) and the U.S. (10%). This percentage has continued to increase since 2017. Adult obesity in San Juan County was 33%, higher than NM at 27% and the U.S. at 29%. The obesity trend continues to increase, putting people at increased risk of chronic diseases. County Health Rankings suggest obesity as an area for improvement. When analyzing the health status data, local results were compared to New Mexico, the U.S. and the top 10% of counties in the U.S. (the 90th percentile). San Juan County's results were worse than NM and the U.S.

Partner Agencies

Lead: SJRMC

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

<u>Objectives</u>	<u>Baseline/Indicator Source</u>
1.Continue to provide group classes and individual assessments, support and education to people with diabetes.	<u>Lead:</u> SJRMC Type 1 diabetes (A1c > 6.5 at time of referral) and follow-ups Type 2 diabetes (A1c > 6.5 at time of referral) and

	<p>follow-ups</p> <p>Patients are called within 2 days of receiving a referral</p> <p>Goal for scheduling Type 1, Type 2 and insulin dependent patients are within 28 business days</p> <p>Goal for scheduling GDM first appointments are within 7 business days</p>
2. Complete analysis for the potential reestablishment of the Kids Strong Program.	<p><u>Lead:</u> SJRMC</p> <p>Complete analysis by June 2021</p>
3. Conduct presentations, classes and educational information on a wide range of health topics, disease prevention, general wellbeing and nutrition for the community with a minimum commitment of at least one per quarter.	<p><u>Lead:</u> SJRMC</p> <p><u>Collaborative:</u> CHIC, San Juan County</p> <p>1 per quarter at a minimum through 2021, 2022, 2023.</p>
4. Complete an analysis for the potential re-establishment of the National Diabetes Prevention Program (NDPP).	<p><u>Lead:</u> SJRMC</p> <p>Complete analysis by December 2021</p>
5. Establish and/or sustain standardized screening criteria for obesity and diabetes in children and adolescents across SJHP. Explore enhancing treatment planning based on evidence-based best practices partnered with development of tools to monitor effectiveness.	<p><u>Lead:</u> SJRMC</p> <p>2020,2021, 2023</p>
6. Establish and/or sustain standardized screening criteria for a history of gestational diabetes which may result in an increased risk in the development of type II diabetes across SJHP primary care settings.	<p><u>Lead:</u> SJRMC</p> <p>2020,2021, 2023</p>

Health Disparities Action Plan



Vision of Impact

Greater health equity for everyone in our community so that all have the opportunity to be as healthy as possible.

Goal: Leverage community partnerships and stakeholder collaboration to achieve greater health equity.

Strategic Background We understand that when it comes to access to healthcare and health education and outreach there are some groups that are underserved in these areas. This is why San Juan Regional Medical Center has provided health education to Native American populations in their native language for over 20 years. Outreach efforts in the Native American community are particularly important because of the high rates of diabetes among its people. We will approach health inequities from multiple angles, from addressing them in our own workforce to identifying health disparities among our patients. We will approach this from where we currently stand based on sound data. Performance dashboards for quality, patient experience and access will aide in identifying disparities through performance metrics. Identifying and addressing health disparities and inequities will be at the center of our quality priorities. Manage care by monitoring the quality of care and other factors in order to both identify and address health disparities. Our three areas of focus will include; a robust partnership with our communities, a diverse and inclusive workforce and patient-centered quality improvement in areas of clinical vulnerability and disparities, such as COVID-19, primary care access, influenza vaccination, and chronic medical conditions (diabetes, heart disease).

Partner Agencies

Lead: SJRMC

Collaborating: Four Corners Economic Development, Targeted School Districts, San Juan County

<u>Objectives</u>	<u>Baseline/Indicator Source</u>
1. Seek to understand our current patient populations, by developing a systematic plan to gather data around a defined set of characteristics	Lead: SJRMC (Quality/Cerner) 2021

in order to identify health disparities in our patient populations. Establish correct data sets by standardizing the registration process across the entire organization, define fields required mandatory and those additions needed to further the identification of high risk populations.	
Subsets of populations: set up process to capture information to inform us on what health disparities of care that exists based on demographics (gender, age, race etc.).	2021
2. Define health disparity outcomes: for example for Hispanic males, between the ages of 50-70 who are diabetic, how many are maintaining a hemoglobin A1C less than 8 compared to white males in the same age group? Are we able to impact hemoglobin A1C outcomes?	<u>Lead:</u> SJRMC 2021, 2022, 2023
3. Identify and map high-need/disparity areas and align strategies to meet these needs. Use data to map and accelerate comprehensive planning to coordinate local disparities reduction activities. Coordinate efforts in areas with particular chronic conditions, health concerns, or factors known to contribute to ill health (housing, jobs, and education).	<u>Lead:</u> SJRMC, San Juan College, Workforce Development <u>Collaborative:</u> San Juan County, DOH, SJED, CHIC, Targeted School Districts 2021,2022, 2023
4. Establish ongoing partnerships with the community and private sector to reduce health disparities that lead to sustainable initiatives. Collaborate with local agencies such as, schools, churches and local government agencies in an effort to help improve the health status of the community we serve through co-developing solutions.	<u>Lead:</u> SJRMC <u>Collaborative:</u> San Juan College, Targeted School Districts 2021, 2022, 2023
5. Develop and implement interventions for underserved children aged two to 12 years and their families using an integrated model of primary care and public health approaches to lower risk for obesity in communities with the greatest health disparities, collaborating with targeted school districts based on local health disparity data.	<u>Lead:</u> SJRMC, SJHP Pediatrics <u>Collaborative:</u> Targeted School Districts, Department of Health 2021, 2022, 2023



Photo Credit: San Juan Regional Medical Center

2020

San Juan County, NM

Community Asset Inventory/Resource Guide

*Paper copies of this document may be obtained at: San Juan Regional Medical Center
801 W Maple St., Farmington NM 87401 or by phone 505.609.2000 or via the hospital website
sanjuanregional.com*

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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
(505) 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



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

National Suicide Prevention Lifeline

800-273-TALK or 800-237-8255

National Runaway Safeline

1-800-RUNAWAY

National Centers for Disease Control

1-800-232-4636

Gay, Lesbian, Bisexual and Transgender

1-888-843-4564

HIPS Hotline

1-800-676-HIPS

National Sexually Transmitted Disease

1-800-227-8922

Women Alive

1-800-554-4876

AIDS Info

1-800-HIV-0440

Project Inform

1-800-822-7422

DMRS Investigations

1-888-633-1313

Mobile Crisis

1-800-681-7444

Domestic Violence

1-800-356-6767

Spanish Domestic Violence

1-800-942-6908

Poison Control Center

1-800-222-1222

Veterans Crisis Line

800-273-8255 Press 1

National Youth Crisis

800-442-HOPE (4673)

National Missing Children

1-800-235-3535

National Sexual Assault

1-800-656-4673

Alcohol Hotline

1-800-331-2900

Alcohol Treatment Referral

1-800-252-6465

National Drug Abuse

1-800-662-4357

Poison Control

1-800-942-5969

National Homeless

1-800-231-6946

National Elder Abuse

1-800-252-8966



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>
<https://newmexicodac.files.wordpress.com/2015/04/doh-mycd-program-fact-sheet.pdf>
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.pleaselive.org/hotlines/>

Pictures

<https://www.daily-times.com/story/news/education/2020/01/17/kiwanis-provides-free-books-animas-elementary-students-farmington-new-mexico/4503215002/>

<https://northernnavajonationfair.org/>

Basic Needs Assistance

<https://sjcpartnership.org/pdfs/Youth-and-Family-Resource-Directory-July-2016.pdf>

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



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.

