

2014 PRC Community Health Needs Assessment Report

San Juan County, New Mexico

Sponsored by
San Juan Regional Medical Center &
San Juan Regional Rehabilitation Hospital

***This document and the information
contained herein are embargoed until edited
to include the hospital's selected priorities.***



Professional Research Consultants, Inc.

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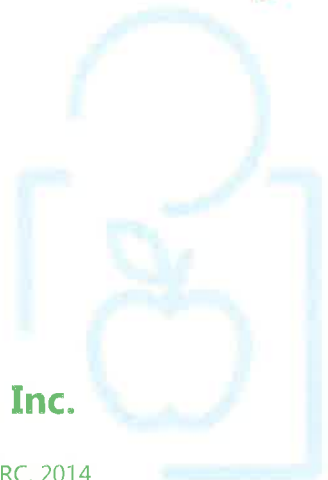


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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2008 and 2011, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in San Juan County, New Mexico. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

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

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

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

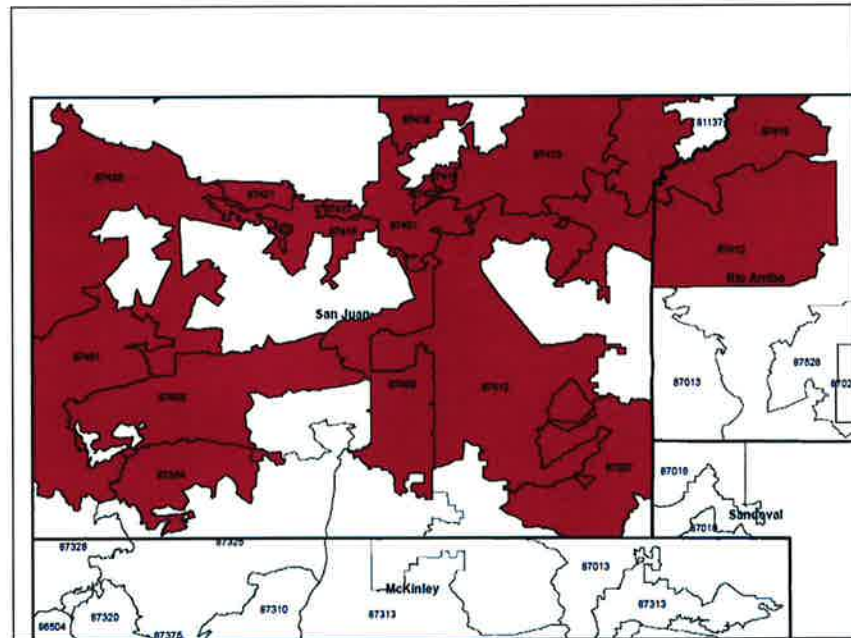
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort is defined as the residential ZIP Codes predominantly associated with San Juan County (including 87037, 87364, 87401, 87402, 87410, 87412, 87413, 87415, 87416, 87417, 87418, 87419, 87420, 87421, 87455, 87461, and 87499). This community definition, determined based on the ZIP Codes of residence of recent patients of San Juan Regional Medical Center and San Juan Regional Rehabilitation Hospital, is illustrated in the following map.

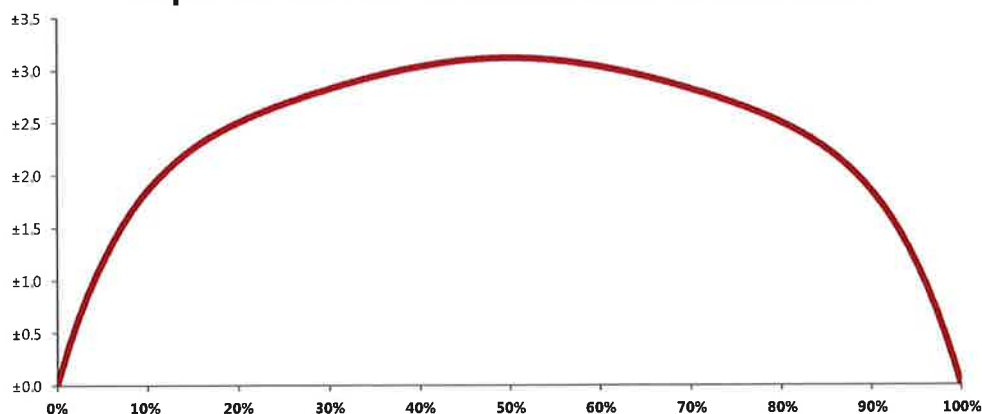


The sample design used for this effort consisted of a random sample of 1,001 individuals age 18 and older in San Juan County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent San Juan County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,001 respondents is $\pm 3.1\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,001 Respondents at the 95 Percent Level of Confidence



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
Examples: • If 10% of the sample of 1,001 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% \pm 1.9%) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% \pm 3.1%) of the total population would respond "yes" if asked this question.

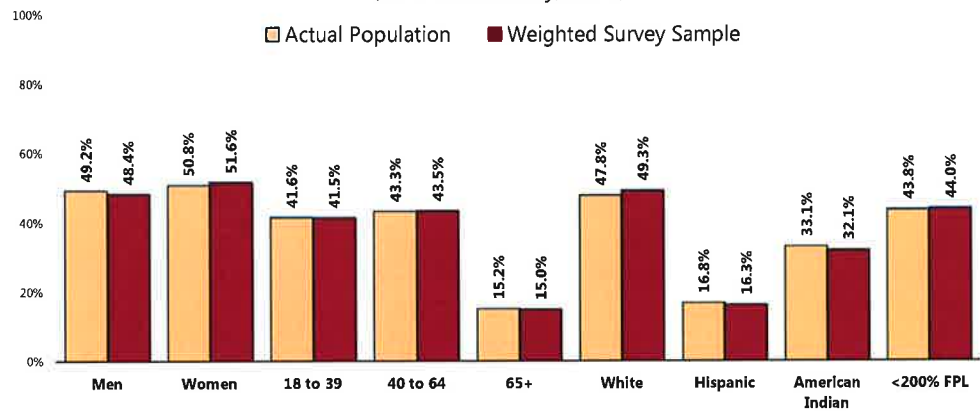
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics

(San Juan County, 2014)



Sources: • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
• 2014 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

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

Key Informant Focus Groups

As part of the Community Health Needs Assessment, five focus groups were held June 3 through June 5, 2014. Focus group participants included 39 key informants, including public health representatives; physicians; other health professionals; business leaders; and elected officials. One of the focus groups primarily related to the health concerns of the area's Native American population. The remaining four focus groups were undertaken to specifically address the four healthcare concerns identified in previous Community Health Needs Assessments: 1) weight status, 2) diabetes, 3) prenatal care and teen pregnancy and 4) access to healthcare services.

A list of recommended participants for the focus groups was provided by the sponsor. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included several individuals who work with low-income, minority (including Latino and

Native American), or other medically underserved populations (specifically, those who are young, elderly, disabled, veterans, homeless, mentally ill, undocumented, uninsured/underinsured, and Medicaid/Medicare recipients.). Final participation included representatives of the organizations outlined below.

Key Informant Focus Group: Native American Services

Tuesday, June 3rd, 9:00 to 11:00am

- Navajo Nation, Counselor Chapter
- Navajo Nation, Huerfano Chapter
- Navajo Nation, Nageezi Chapter
- Navajo Nation, Tse Daa K'aan Chapter
- Shiprock Navajo Area Agency on Aging (SRNAAA)

Key Informant Focus Group: Business Leaders

Tuesday, June 3rd, Noon to 2:00pm

- Farmington Chamber of Commerce
- Century 21 Sowesco
- Comfort Keepers
- Parker's Office Products
- Harmony Naprapathic
- Sylvan Learning Center
- Citizens Trust Corporation

Key Informant Focus Group: Other Health Providers

Wednesday, June 4th, 7:30 to 9:30am

- Partners Assisted Living Service
- New Mexico Department of Health
- Lifecare Center
- Northwest New Mexico Home Health and Hospice
- Adult Protective Services
- San Juan Rehabilitation Hospital
- Echo Food Bank
- SJCI Bloomfield PHO
- Basin Home Health and Hospice

Key Informant Focus Group: Elected Officials

Wednesday, June 4th, Noon to 2:00pm

- City of Farmington
- San Juan County

Key Informant Focus Group: Physicians

Tuesday, June 3, 9:00-11:00am

- San Juan Regional Medical Center
- Various private practices

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- National Center for Health Statistics
- New Mexico Department of Health
- US Census Bureau
- US Department of Health and Human Services

Benchmark Data

Trending

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

New Mexico Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

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

Part V Section B Line 1a	See Page 7
<i>A definition of the community served by the hospital facility</i>	
Part V Section B Line 1b	See Page 9
<i>Demographics of the community</i>	
Part V Section B Line 1c	See Page 201
<i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	
Part V Section B Line 1d	See Page 6
<i>How data was obtained</i>	
Part V Section B Line 1e	See Page 14
<i>The health needs of the community</i>	
Part V Section B Line 1f	Addressed Throughout
<i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	
Part V Section B Line 1g	Pending See Page 15
<i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	
Part V Section B Line 1h	See Page 9
<i>The process for consulting with persons representing the community's interests</i>	
Part V Section B Line 1i	See Page 12
<i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Lack of Health Insurance Coverage <ul style="list-style-type: none"> ◦ Insurance Instability • Specific Source for Care (“Medical Home”) • Outmigration for Care • <i>Focus group participants expressed concern regarding:</i> <ul style="list-style-type: none"> ◦ Affordable healthcare/insurance ◦ Transportation ◦ Lack of medical providers
Cancer	<ul style="list-style-type: none"> • Cancers are the #1 Leading Cause of Death • Prostate Cancer Deaths • Cancer Screenings <ul style="list-style-type: none"> ◦ Mammography ◦ Colorectal Cancer Screening
Dementias, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer's Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Mellitus Deaths • Borderline/Pre-Diabetes • <i>Focus group participants expressed concern regarding:</i> <ul style="list-style-type: none"> ◦ Prevalence among youth ◦ Cultural acceptance ◦ Preventive education ◦ Poverty-driven
Disability	<ul style="list-style-type: none"> • Activity Limitations • Sciatica/Chronic Back Pain
Family Planning & Infant Health	<ul style="list-style-type: none"> • Births to Teenagers • <i>Focus group participants called for:</i> <ul style="list-style-type: none"> ◦ Prenatal care for teen pregnancies ◦ Health education in the schools <ul style="list-style-type: none"> ▪ Life skills classes ▪ Education on birth control
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease is the #2 Leading Cause of Death • Cardiovascular Risk Factors
Immunization & Infectious Diseases	<ul style="list-style-type: none"> • Tuberculosis Incidence • Hepatitis B Vaccination
Injury & Violence Prevention	<ul style="list-style-type: none"> • Unintentional Injury Deaths (Including Motor Vehicle Crash Deaths) • Firearm-Related Deaths • Homicides

— continued, next page —

Areas of Opportunity (continued)	
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Suicides • "Fair/Poor" Mental Health Status
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Overweight & Obesity Prevalence • Fruit & Vegetable Consumption • <i>Focus group participants discussed:</i> <ul style="list-style-type: none"> ○ Childhood obesity ○ Farmer's markets ○ Local campaigns ○ Preventive education
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care (Adults) • Dental Insurance Coverage
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease Deaths (CLRD) • Pneumonia/Influenza Deaths
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Chlamydia Incidence • Syphilis Incidence • Safe Sexual Practices (Condom Use)
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths • Seeking Professional Help • <i>Focus group participants expressed concern regarding:</i> <ul style="list-style-type: none"> ○ Alcoholism ○ Prescription drug abuse ○ Lack of rehabilitation centers
Tobacco Use	<ul style="list-style-type: none"> • Secondhand Smoke (Among Non-Smokers) • Smokeless Tobacco Use

Prioritization of Health Needs

On January 1, 2014, approximately 50 internal stakeholders of San Juan Regional Hospital met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2014 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the

Note that this section will be updated once the hospital selects priorities to pursue in its Implementation Strategy.

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

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?

- How does the local community data compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

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

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

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

Note that this section will be updated once the hospital selects priorities to pursue in its Implementation Strategy.

The following matrix shows the results of the prioritization exercise. The top-right (high severity, low ability to impact) quadrant represent health needs rated as most severe, with the greatest ability to impact.

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of the hospitals' Implementation Strategies to address the top health needs of the community in the coming years.

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2008. *Note that survey data reflect the ZIP Code-defined San Juan County.*

Other (Secondary) Data

Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). *Note that secondary data reflect county-level data for the San Juan County.*










Summary Tables: Comparisons With Benchmark Data
































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













Reading the Summary Tables










- In the following charts, San Juan County results are shown in the larger, blue column.
- The columns to the right of the San Juan County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the San Juan County compares favorably (☀️), unfavorably (☹️), or comparably (☁️) to these external data.




















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






















General Health Status	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	16.3	 21.1	 15.3		 18.2
% Activity Limitations	23.3	 22.6	 21.5		 18.3
		 better	 similar	 worse	









Access to Health Services	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	22.0	 26.8	 15.1	 0.0	 24.1
% [Insured] Went Without Coverage in Past Year	14.9		 8.1		 20.0
% Difficulty Accessing Healthcare in Past Year (Composite)	42.7		 39.9		 55.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.5		 15.4		 18.0
% Cost Prevented Getting Prescription in Past Year	15.1		 15.8		 24.7
% Cost Prevented Physician Visit in Past Year	17.8		 18.2		 22.1
% Difficulty Getting Appointment in Past Year	17.3		 17.0		 27.2
% Difficulty Finding Physician in Past Year	12.4		 11.0		 14.9
% Transportation Hindered Dr Visit in Past Year	9.9		 9.4		 13.8
% Skipped Prescription Doses to Save Costs	12.4		 15.3		 21.8
% Difficulty Getting Child's Healthcare in Past Year	7.5		 6.0		 4.9
% [Age 18+] Have a Specific Source of Ongoing Care	72.0		 76.3	 95.0	 76.2
% [Age 18-64] Have a Specific Source of Ongoing Care	70.2		 75.6	 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	82.4		 80.0	 100.0	















Access to Health Services (continued)	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Have Had Routine Checkup in Past Year	61.9		 65.0	 59.2	
% Child Has Had Checkup in Past Year	88.0		 84.1	 77.9	
% Two or More ER Visits in Past Year	9.7		 8.9	 8.3	
% Outmigration for Healthcare Services	22.6			 24.7	
% Rate Local Healthcare "Fair/Poor"	19.2		 16.5	 30.1	
		 better	 similar	 worse	







Arthritis, Osteoporosis & Chronic Back Conditions	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	35.6		 37.3	 34.9	
% [50+] Osteoporosis	10.5		 13.5	 5.3	
% Sciatica/Chronic Back Pain	21.5		 18.4	 17.7	
		 better	 similar	 worse	






Cancer	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	143.9	 154.1	 174.2	 160.6	 170.8
Lung Cancer (Age-Adjusted Death Rate)	34.7	 34.4	 48.5	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	24.3	 22.8	 22.3	 21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	21.1	 21.2	 22.3	 20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	9.0	 15.5	 16.1	 14.5	
% Skin Cancer	5.9	 5.6	 6.7		 5.0







Cancer (continued)	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Cancer (Other Than Skin)	5.7	 6.1	 6.1		 5.8
% [Women 50-74] Mammogram in Past 2 Years	77.2	 71.5	 83.6	 81.1	 59.5
% [Women 21-65] Pap Smear in Past 3 Years	81.1	 75.8	 83.9	 93.0	 79.3
% [Age 50+] Sigmoid/Colonoscopy Ever	67.6	 61.3	 75.2		
% [Age 50+] Blood Stool Test in Past 2 Years	20.2	 13.5	 36.9		
% [Age 50-75] Colorectal Cancer Screening	65.9		 75.1	 70.5	 67.7
		 better	 similar	 worse	






Chronic Kidney Disease	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	10.8	 13.3	 15.0		 14.3
% Kidney Disease	2.8	 3.6	 3.0		
		 better	 similar	 worse	





















Diabetes	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	28.3	 28.2	 21.3	 20.5	 37.1
% Diabetes/High Blood Sugar	11.8	 10.3	 11.7		 11.5
% Borderline/Pre-Diabetes	7.3		 5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	49.0		 49.2		
% [Diabetics] Taking Insulin/Medication	75.4		 80.4		 75.7
		 better	 similar	 worse	


















Dementias, Including Alzheimer's Disease	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	25.0	 17.4	 24.3	 21.3	
		 better	 similar	 worse	







Educational & Community-Based Programs	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Attended Health Event in Past Year	21.3		 23.8	 24.0	
		 better	 similar	 worse	



























Family Planning	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Births to Teenagers (Percent)	13.3	 13.1	 8.5	 16.2	
		 better	 similar	 worse	
































Hearing & Other Sensory or Communication Disorders	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Deafness/Trouble Hearing	11.6		 10.3	 9.9	
		 better	 similar	 worse	















Heart Disease & Stroke	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	149.5	 152.2	 183.7	 158.9	 193.5
Stroke (Age-Adjusted Death Rate)	25.0	 35.6	 39.9	 33.8	 42.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.0		 6.1		 7.7
% Stroke	3.0	 2.9	 3.9		 4.2
% Blood Pressure Checked in Past 2 Years	94.2		 91.0	 92.6	 93.0
% Told Have High Blood Pressure (Ever)	30.4	 28.4	 34.1	 26.9	 29.8






Heart Disease & Stroke (continued)	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [HBP] Taking Action to Control High Blood Pressure	92.0		 89.2	 88.7	
% Cholesterol Checked in Past 5 Years	86.3	 70.1	 86.6	 82.1  81.7	
% Told Have High Cholesterol (Ever)	24.8	 35.7	 29.9	 13.5  27.0	
% [HBC] Taking Action to Control High Blood Cholesterol	89.0		 81.4	 69.6	
% 1+ Cardiovascular Risk Factor	85.5		 82.3	 88.5	
		 better	 similar	 worse	













HIV	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [Age 18-44] HIV Test in the Past Year	26.3		 19.3	 18.9  24.8	
		 better	 similar	 worse	






























Immunization & Infectious Diseases	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Pertussis per 100,000	8.3	 21.2	 10.1	 5.1	
% [Age 65+] Flu Vaccine in Past Year	60.6	 57.8	 57.5	 90.0  63.4	
% [High-Risk 18-64] Flu Vaccine in Past Year	62.8		 45.9	 90.0  26.6	
% [Age 65+] Pneumonia Vaccine Ever	71.9	 70.8	 68.4	 90.0  73.3	
% [High-Risk 18-64] Pneumonia Vaccine Ever	46.6		 41.9	 60.0  24.4	
Tuberculosis Incidence per 100,000	3.6	 2.2	 3.4	 1.0  1.9	
% Have Completed Hepatitis B Vaccination Series	39.0		 44.7	 40.3	
		 better	 similar	 worse	













Injury & Violence Prevention	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	74.4	 65.4	 38.1	 36.0	 73.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	32.5	 17.9	 12.0	 12.4	 39.5
% "Always" Wear Seat Belt	91.2	 95.7	 84.8	 92.0	 85.9
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	94.9		 92.2		 96.0
% Child [Age 5-17] "Always" Wears Bicycle Helmet	44.6		 48.7		 29.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	16.2	 14.7	 10.2	 9.2	 13.3
Homicide (Age-Adjusted Death Rate)	8.8	 8.3	 5.7	 5.5	 5.4
% Victim of Violent Crime in Past 5 Years	2.8		 2.8		 6.3
% Victim of Domestic Violence (Ever)	13.1		 15.0		 15.5
		 better	 similar	 worse	















Maternal, Infant & Child Health	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	36.8	 36.4		 22.1	 42.8
Low Birthweight Births (Percent)	6.8	 8.4	 8.1	 7.8	 7.7
Infant Death Rate	5.5	 5.4	 6.4	 6.0	 6.9
		 better	 similar	 worse	


















Mental Health & Mental Disorders	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	13.8		 11.9		 10.2
% Diagnosed Depression	20.0		 20.4		
% Symptoms of Chronic Depression (2+ Years)	30.0		 30.4		 28.9

Mental Health & Mental Disorders (continued)	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
Suicide (Age-Adjusted Death Rate)	25.0	 19.8	 11.7	 10.2	 18.3
% [Those With Diagnosed Depression] Seeking Help	78.6		 76.6		
% Typical Day Is "Extremely/Very" Stressful	8.4		 11.9		 9.2
% Child [Age 5-17] Takes Prescription for ADD/ADHD	5.6		 11.3		 11.4
		 better	 similar	 worse	

Nutrition & Weight Status	San Juan County	San Juan County vs. Benchmarks			
		vs. NM	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	36.4		 39.5		 42.0
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.9		 24.4		
% Medical Advice on Nutrition in Past Year	41.4		 39.2		 40.8
% Healthy Weight (BMI 18.5-24.9)	30.2	 35.0	 34.4	 33.9	 33.6
% Overweight (BMI 25+)	68.8	 62.8	 63.1		 65.1
% Obese (BMI 30+)	32.4	 27.1	 29.0	 30.5	 27.1
% Medical Advice on Weight in Past Year	22.7		 23.7		 26.0
% [Overweights] Counseled About Weight in Past Year	27.9		 31.8		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	41.8		 39.5		 34.6
% Children [Age 5-17] Overweight (85th Percentile)	30.2		 31.5		 35.0
% Children [Age 5-17] Obese (95th Percentile)	20.1		 14.8	 14.5	 17.2
		 better	 similar	 worse	
























Oral Health	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	57.6	 60.9	 65.9	 49.0	 59.6
% Child [Age 2-17] Dental Visit in Past Year	91.0		 81.5	 49.0	 78.8
% Have Dental Insurance	60.4		 65.6		 52.3
		 better	 similar	 worse	








Physical Activity	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% No Leisure-Time Physical Activity	21.8	 21.8	 20.7	 32.6	 29.1
% Meeting Physical Activity Guidelines	52.9		 50.3		 48.0
% Moderate Physical Activity	36.1		 30.6		
% Vigorous Physical Activity	41.9		 38.0		
% Medical Advice on Physical Activity in Past Year	47.2		 44.0		 44.6
% Child [Age 2-17] Physically Active 1+ Hours per Day	46.1		 48.6		
		 better	 similar	 worse	

Respiratory Diseases	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	51.6	 47.3	 31.8		 58.6
Pneumonia/Influenza (Age-Adjusted Death Rate)	19.3	 16.2	 16.5		 28.6
% COPD (Lung Disease)	9.9	 6.7	 8.6		 11.5
% [Adult] Currently Has Asthma	10.5	 9.2	 9.4		 9.2
% [Child 0-17] Currently Has Asthma	11.5		 7.1		 7.6
		 better	 similar	 worse	

Sexually Transmitted Diseases	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	54.8	79.6	104.2	57.1	
Primary & Secondary Syphilis Incidence per 100,000	4.4	6.3	4.7	2.4	
Chlamydia Incidence per 100,000	695.4	563.7	446.8	422.1	
Hepatitis B Incidence per 100,000	0.5	0.3		0.5	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	5.3		11.7	14.7	
% [Unmarried 18-64] Using Condoms	34.0		33.6	45.5	
		better	similar	worse	

Substance Abuse	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	20.3	18.2	9.2	8.2	14.2
% Current Drinker	38.4	46.9	56.5		42.0
% Chronic Drinker (Average 2+ Drinks/Day)	4.7		5.2		3.1
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	10.1	14.6	19.5	24.4	11.7
% Drinking & Driving in Past Month	1.1		5.0		1.4
Drug-Induced Deaths (Age-Adjusted Death Rate)	16.8	25.1	12.6	11.3	9.1
% Illicit Drug Use in Past Month	1.9		4.0	7.1	1.3
% Ever Sought Help for Alcohol or Drug Problem	6.3		4.9		8.8
		better	similar	worse	

Tobacco Use	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Current Smoker	14.9	 19.3	 14.9	 12.0	 21.4
% Someone Smokes at Home	11.0		 12.7		 13.7
% [Non-Smokers] Someone Smokes in the Home	5.9		 6.3		 3.5
% [Household With Children] Someone Smokes in the Home	5.8		 9.7		 9.9
% [Smokers] Received Advice to Quit Smoking	69.8		 67.8		 44.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	63.9		 55.9	 80.0	 63.0
% Smoke Cigars	3.5		 4.1	 0.2	 4.9
% Use Smokeless Tobacco	7.2		 4.0	 0.3	 5.2
		 better	 similar	 worse	

Vision	San Juan County	San Juan County vs. Benchmarks			TREND
		vs. NM	vs. US	vs. HP2020	
% Blindness/Trouble Seeing	8.2		 8.5		 8.5
% Eye Exam in Past 2 Years	53.1		 56.8		 46.8
		 better	 similar	 worse	



GENERAL HEALTH STATUS



Overall Health Status

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

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

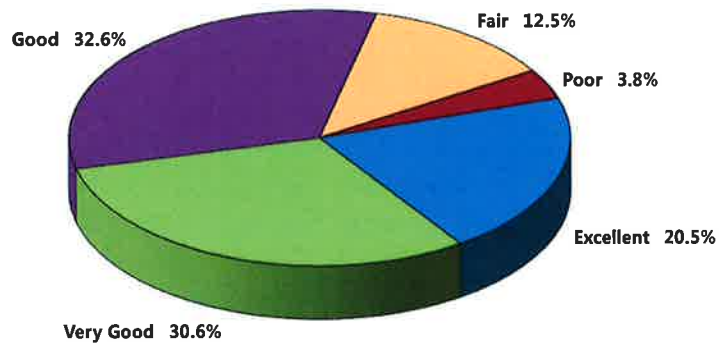
Self-Reported Health Status

A total of 51.1% of San Juan County adults rate their overall health as "excellent" or "very good."

- Another 32.6% gave "good" ratings of their overall health.

Self-Reported Health Status

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 16.3% of San Juan County adults believe that their overall health is "fair" or "poor."

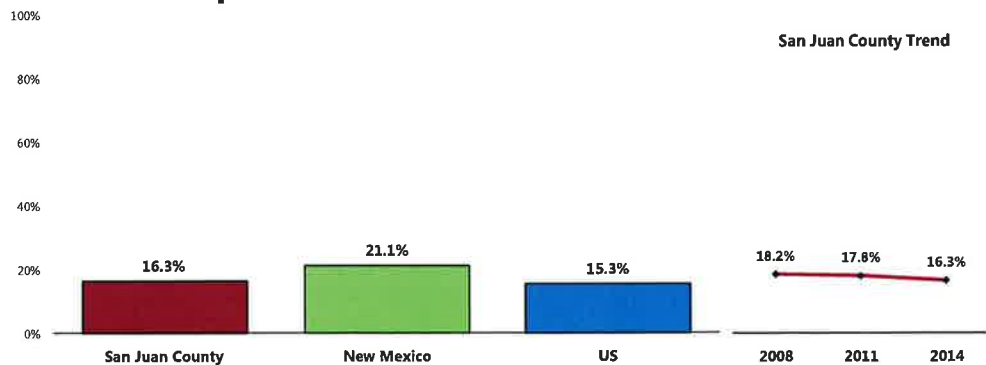
- Much better than statewide findings.
- Similar to the national percentage.
- ☒ No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

NOTE:

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

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

Experience "Fair" or "Poor" Overall Health



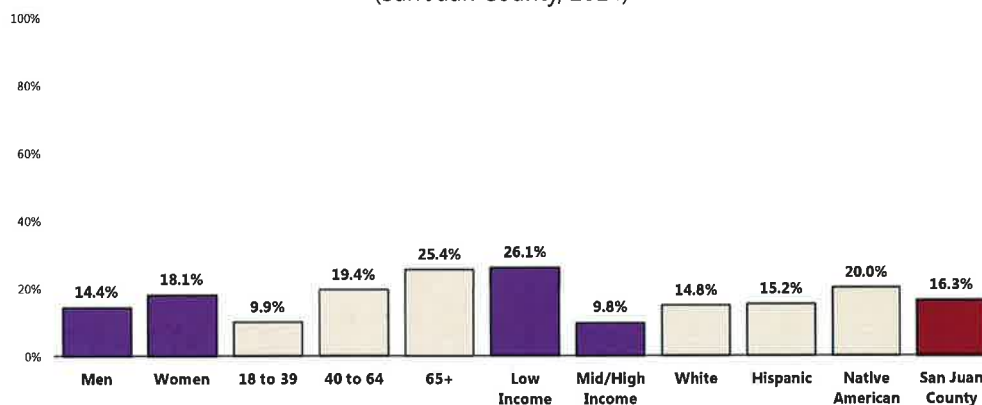
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

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

- 👤 Those aged 40 and older.
- 👤 Residents living at lower incomes.
- 👤 Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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

Experience “Fair” or “Poor” Overall Health (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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

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

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

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

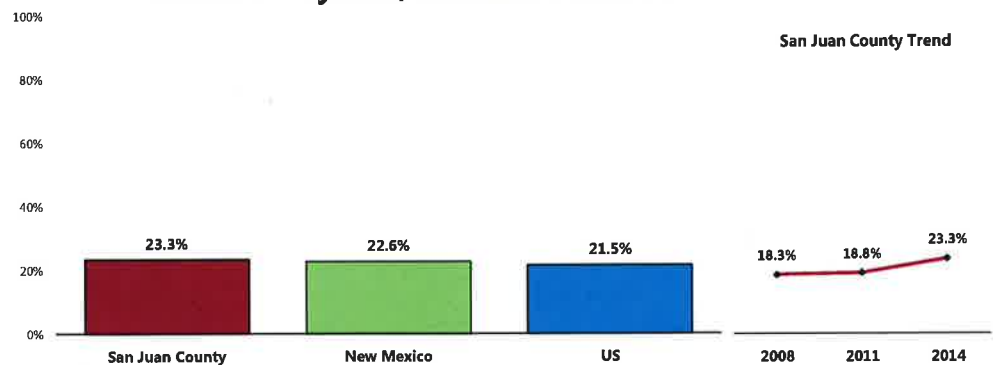
– Healthy People 2020 (www.healthypeople.gov)

A total of 23.3% of San Juan County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Comparable to the national prevalence.
- ▣ Marks a statistically significant increase in activity limitations since 2008.

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

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



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

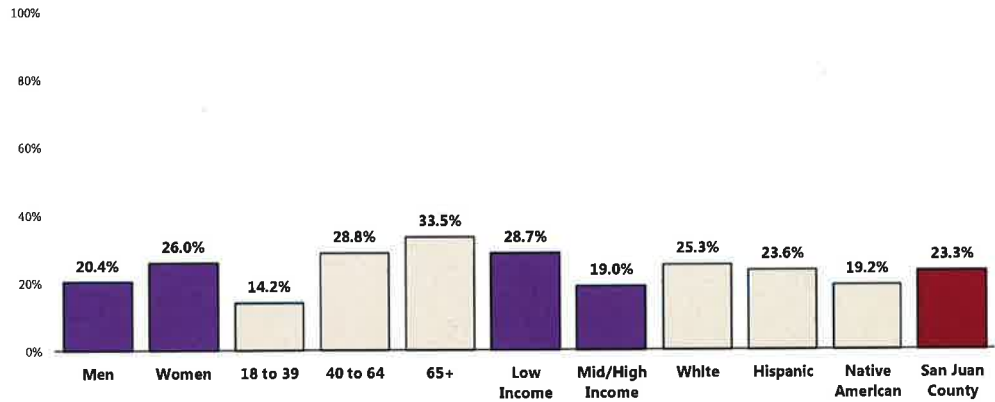
Notes:

- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- ▣ Women are more likely than men to report activity limitations.
- ▣ Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- ▣ Residents in households with lower incomes more often report activity limitations than those with higher incomes.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (San Juan County, 2014)

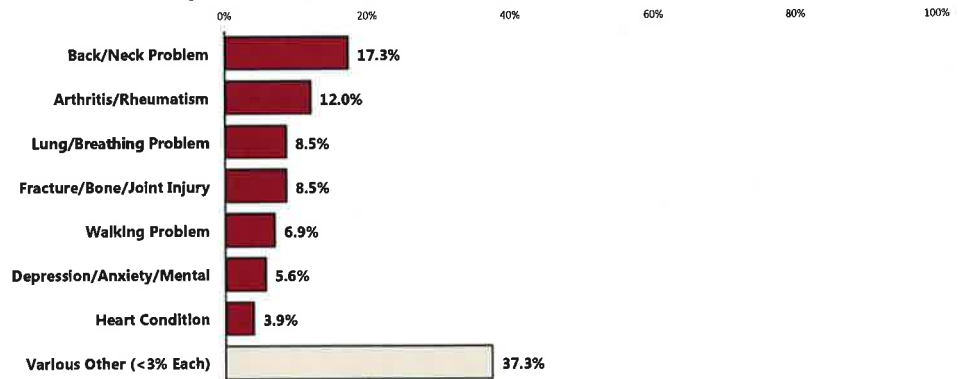


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations reported include lung/breathing problems, mental health issues (such as depression), and heart conditions.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
 Notes: • Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

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

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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

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

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

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

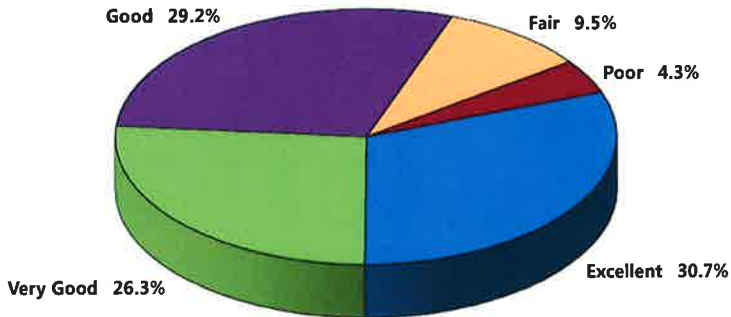
Self-Reported Mental Health Status

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

A total of 57.0% of San Juan County adults rate their overall mental health as "excellent" or "very good."

- Another 29.2% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(San Juan County, 2014)

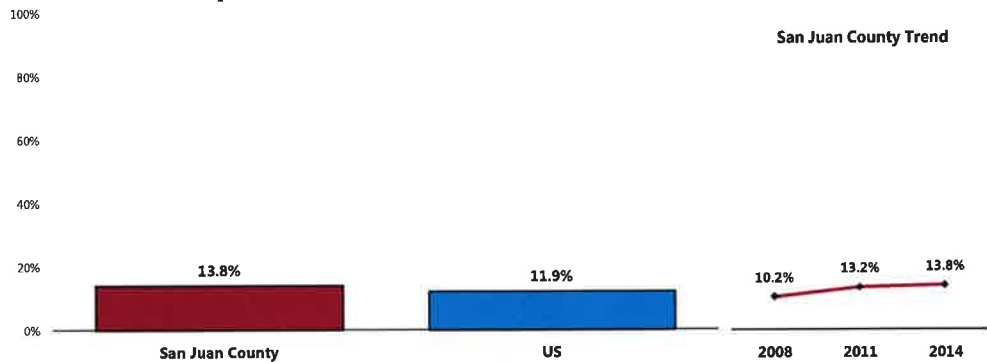


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.

A total of 13.8% of San Juan County adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- ▣ Denotes a statistically significant increase since 2008.

Experience "Fair" or "Poor" Mental Health

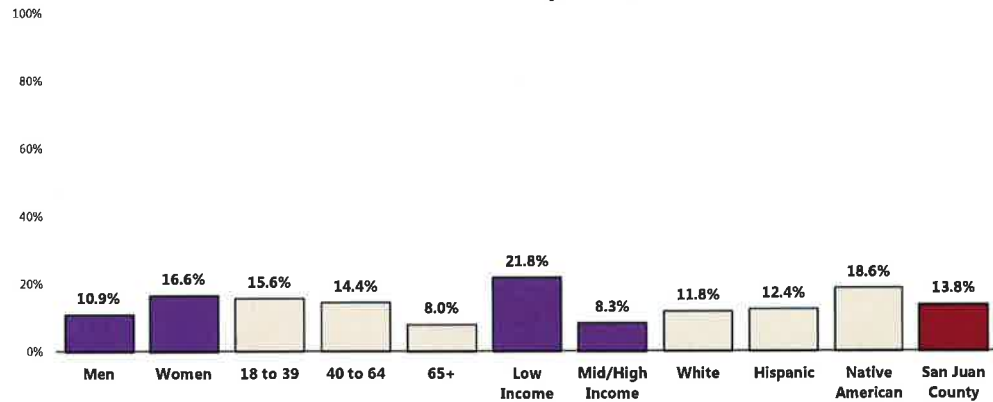


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👤 Women, adults under 65, and lower-income residents (especially) are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes: • Asked of all respondents.

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

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

Depression

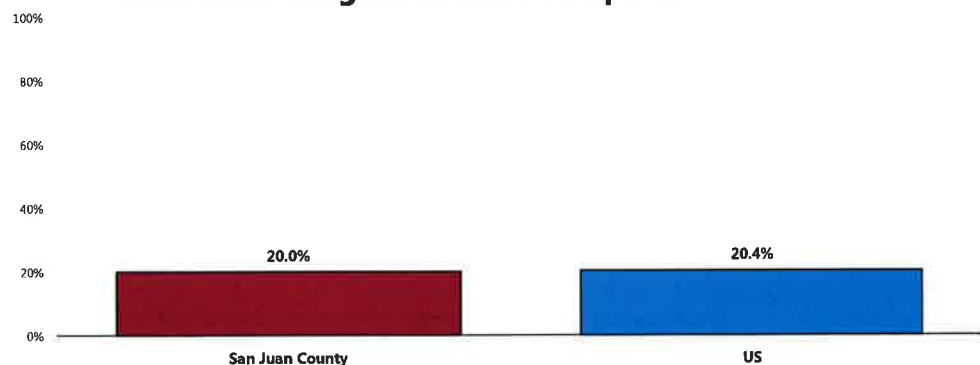
Diagnosed Depression

A total of 20.0% of San Juan County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Almost identical to the national finding.

📅 *The indicator was not addressed in previous surveys.*

Have Been Diagnosed With a Depressive Disorder



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

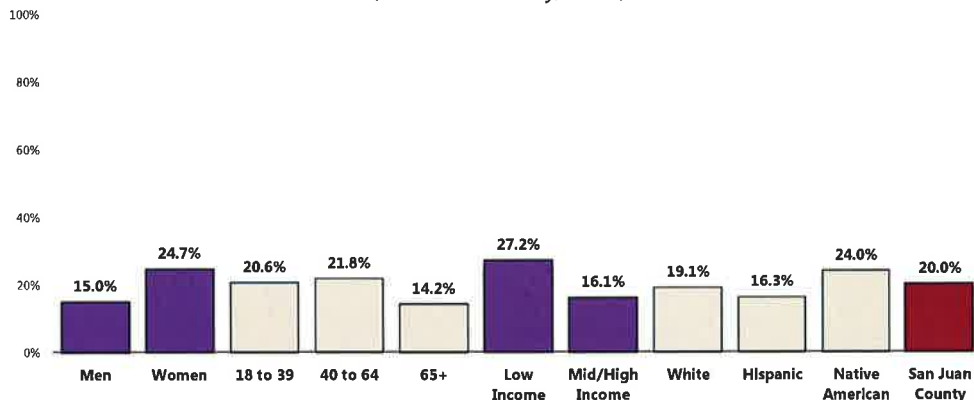
Notes: • Asked of all respondents.

• Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- 👤 Women.
- 👤 Adults under age 65.
- 👤 Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder (San Juan County, 2014)



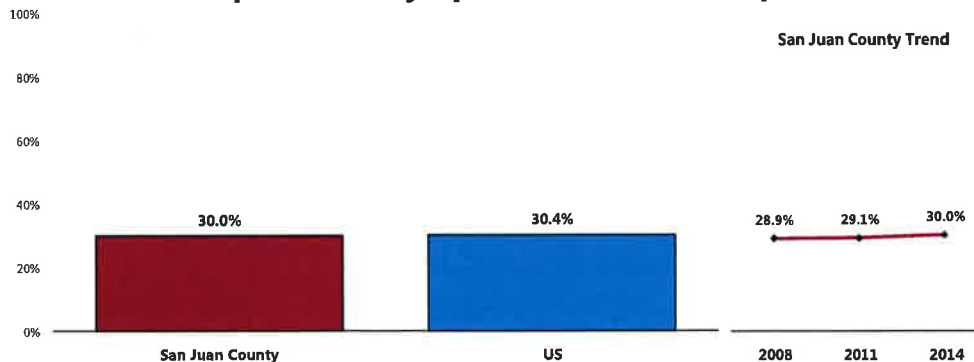
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level, "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 30.0% of San Juan County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Similar to national findings.
- 📊 Statistically unchanged over time.

Have Experienced Symptoms of Chronic Depression

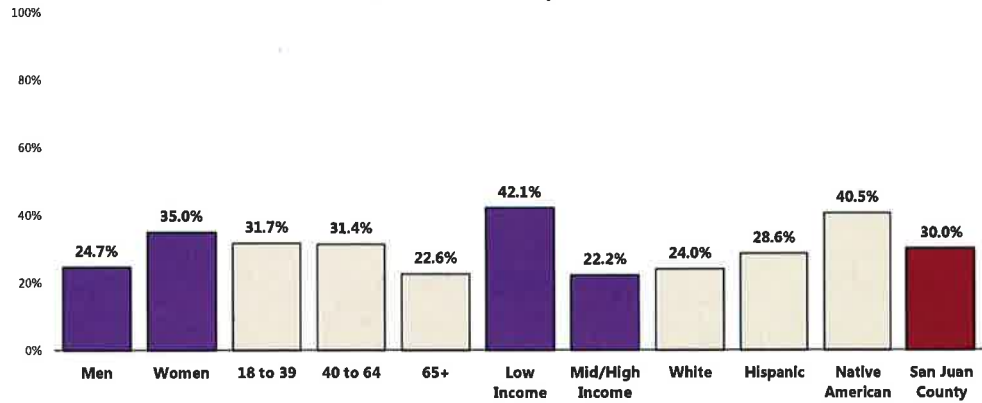


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- 👤 Women.
- 👤 Adults under age 65.
- 👤 Adults with lower incomes.
- 👤 Native Americans.

Have Experienced Symptoms of Chronic Depression (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

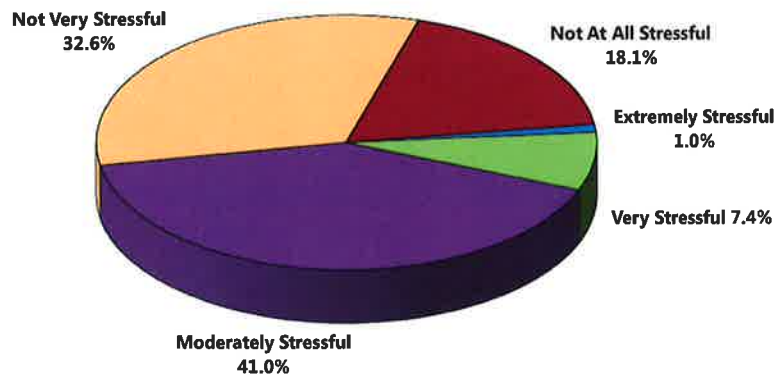
Stress

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

One-half of San Juan County adults considers their typical day to be "not very stressful" (32.6%) or "not at all stressful" (18.1%).

- Another 41.0% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day (San Juan County, 2014)

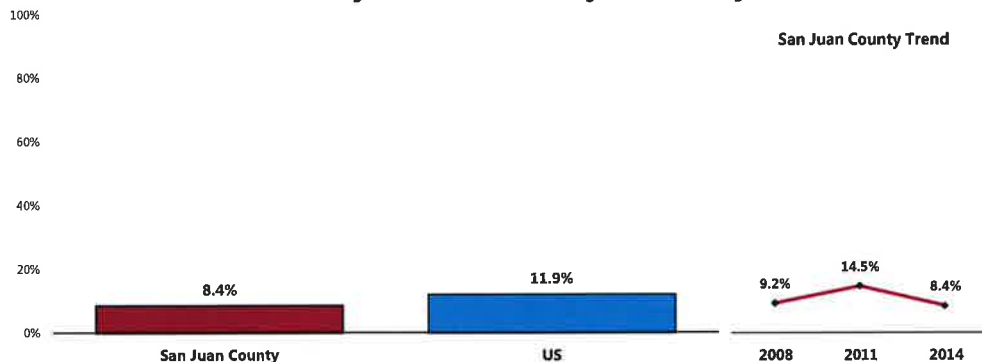


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of all respondents.

In contrast, 8.4% of San Juan County adults experience “very” or “extremely” stressful days on a regular basis.

- More favorable than national findings.
- ▣ Statistically similar to the 2008 findings (but decreasing since 2011).

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

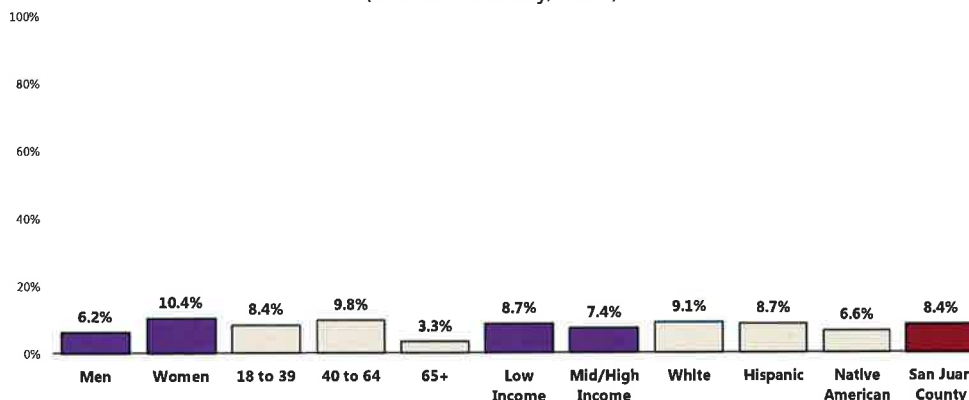


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- 👤 Note that high stress levels are more prevalent among women and adults under age 65.

Perceive Most Days as “Extremely” or “Very” Stressful (San Juan County, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

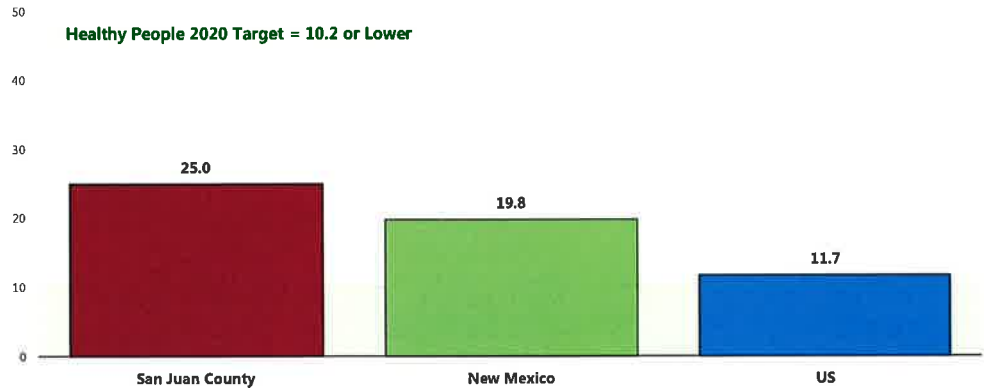
Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 ● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household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

Suicide

Between 2008 and 2010, there was an annual average age-adjusted suicide rate of 25.0 deaths per 100,000 population in San Juan County.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

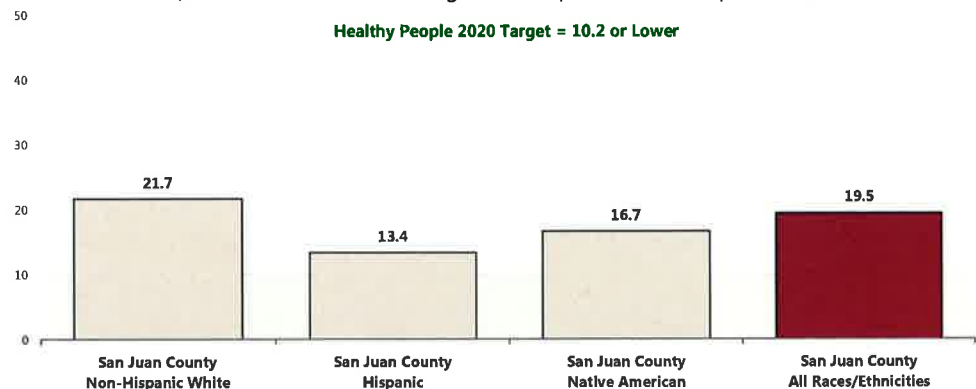
Suicide: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

👤 The suicide rate in San Juan County is higher among Non-Hispanic Whites than among Hispanics and Native Americans (2001-2010 data).

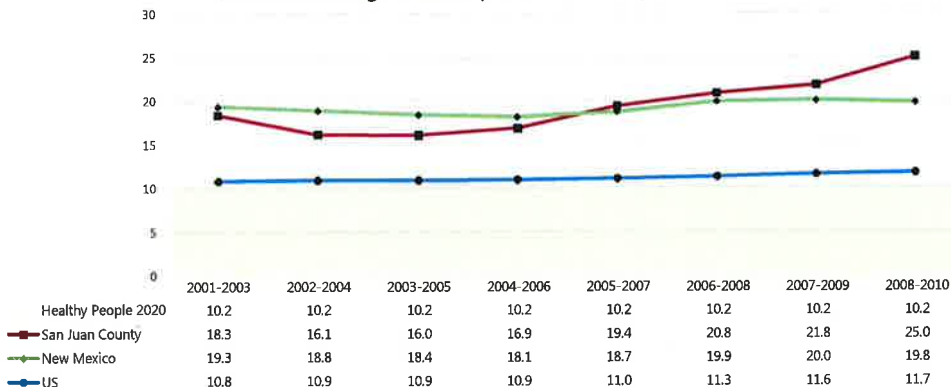
Suicide: Age-Adjusted Mortality by Race
(2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

☒ The county's suicide rate has trended upward most of the past decade.

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



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● Local, state and national data are simple three-year averages.

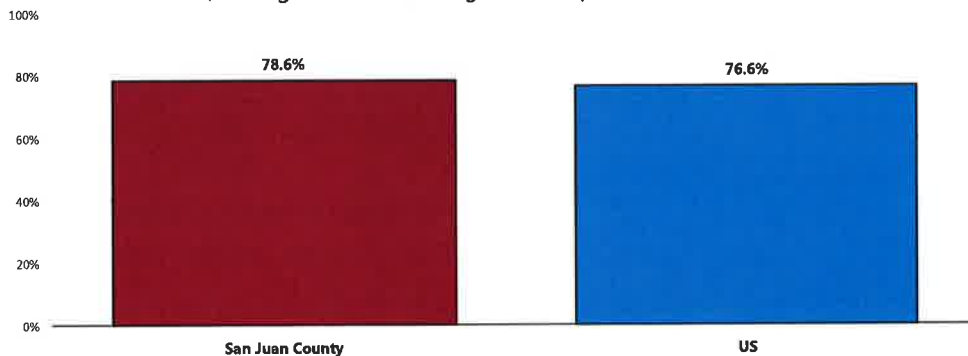
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 78.6% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)



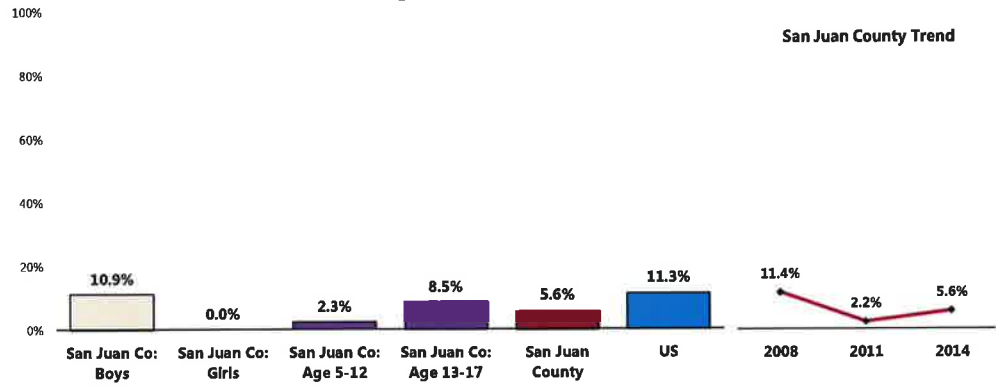
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Children & ADD/ADHD

Among San Juan County adults with children age 5 to 17, 5.6% report that their child takes medication for ADD/ADHD.

- Half the national prevalence.
- ▣ Marks a statistically significant decrease since 2008.
- ▲ Statistically higher in boys age 5-17 and in teens (age 13-17).

Child Takes Medication for ADD/ADHD (Among Parents of Children 5-17)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 120]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5 to 17.



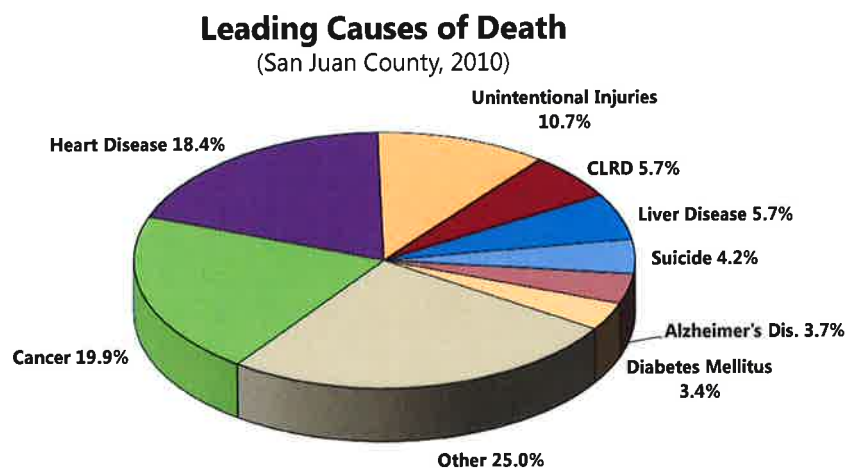
DEATH, DISEASE & CHRONIC CONDITIONS



Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly 4 in 10 San Juan County deaths in 2010.



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in San Juan County.

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

Age-adjusted mortality rates in San Juan County are worse than national rates for these causes of death: suicide, chronic lower respiratory disease (CLRD), pneumonia/influenza, unintentional injuries (including motor vehicle accidents), firearms, homicide, diabetes mellitus, cirrhosis/chronic liver disease, and drugs.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, San Juan County rates fail to satisfy the related goals for suicide, unintentional injuries (including motor vehicle accidents), firearms, homicide, diabetes mellitus, cirrhosis/chronic liver disease, and drug-induced deaths.

Age-Adjusted Death Rates for Selected Causes (2008-2010 Deaths per 100,000)

	San Juan County	New Mexico	US	HP2020
Diseases of the Heart	149.5	152.2	183.7	158.9*
Malignant Neoplasms (Cancers)	143.9	154.1	174.2	160.6
Unintentional Injuries	74.4	65.4	38.1	36.0
Chronic Lower Respiratory Disease (CLRD)	51.6	47.3	31.8	n/a
Motor Vehicle Deaths	32.5	17.9	12.0	12.4
Diabetes Mellitus	28.3	28.2	21.3	n/a
Cerebrovascular Disease (Stroke)	25.0	35.6	39.9	33.8
Alzheimer's Disease	25.0	17.4	24.3	20.5*
Intentional Self-Harm (Suicide)	25.0	19.8	11.7	10.2
Cirrhosis/Liver Disease	20.3	18.2	9.2	8.2
Pneumonia/Influenza	19.3	16.2	16.6	n/a
Drug-Induced	16.8	25.1	12.6	11.3
Firearm-Related	16.2	14.7	10.2	9.2
Kidney Disease	10.8	13.3	16.0	n/a
Homicide/Legal Intervention	8.8	8.3	6.7	5.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.

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

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

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

• Local, state and national data are simple three-year averages.

Cardiovascular Disease

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

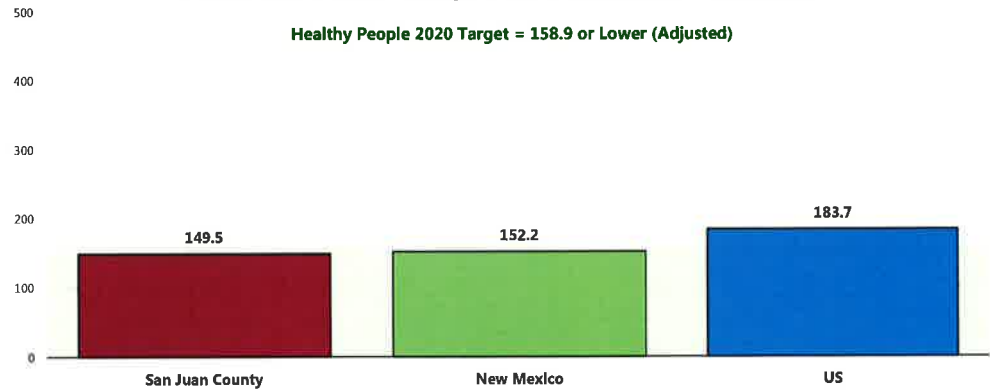
The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 149.5 deaths per 100,000 population in San Juan County.

- Similar to the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)

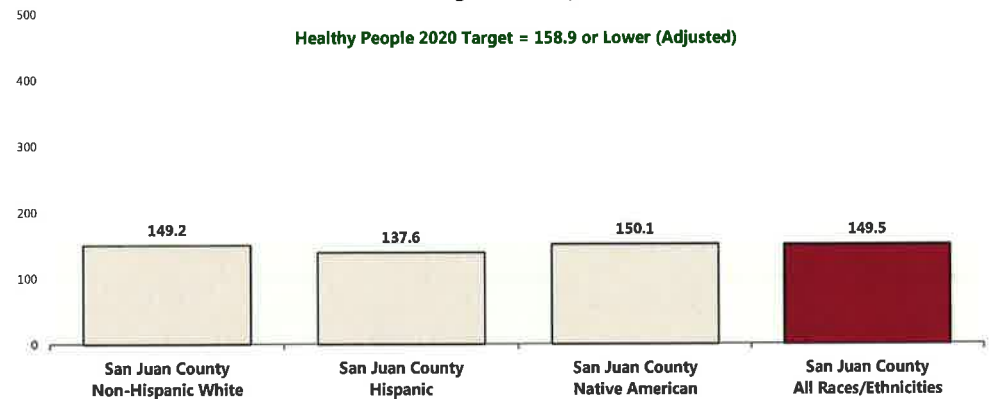


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

By race, the heart disease mortality rate does not vary significantly in San Juan County.

Heart Disease: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)

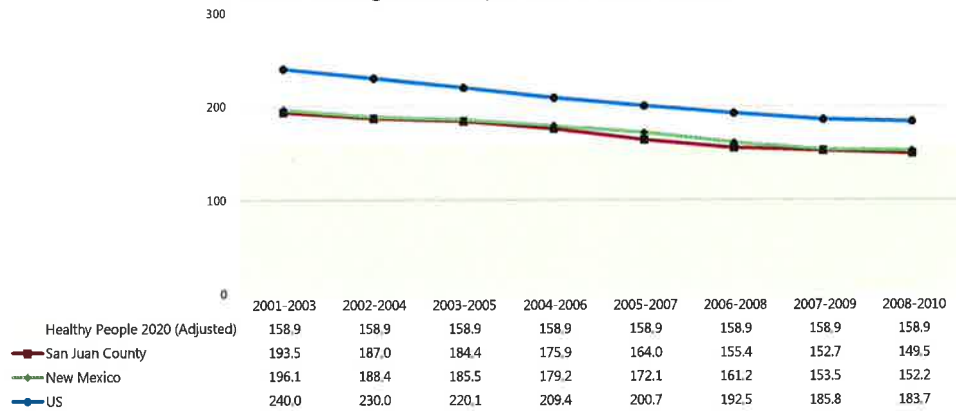


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

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

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



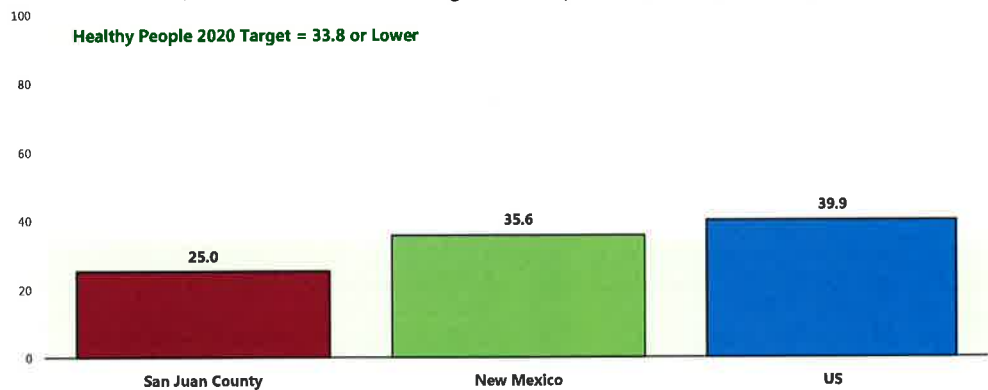
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● Local, state and national data are simple three-year averages.
 ● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 25.0 deaths per 100,000 population in San Juan County.

- More favorable than the New Mexico rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● Local, state and national data are simple three-year averages.

Stroke mortality is higher among Hispanics than among Whites and Native Americans in San Juan County (2001-2010 data).

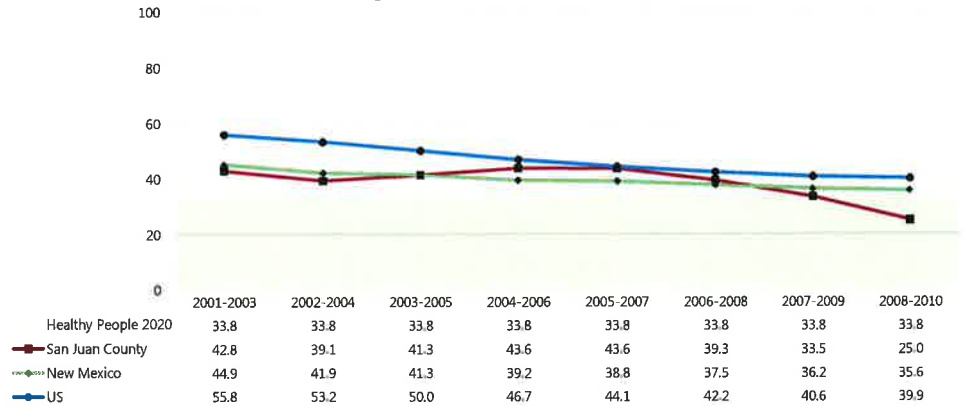
Stroke: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

The stroke rate has declined overall in the past decade, echoing the trends reported across New Mexico and the US.

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



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 Local, state and national data are simple three-year averages.

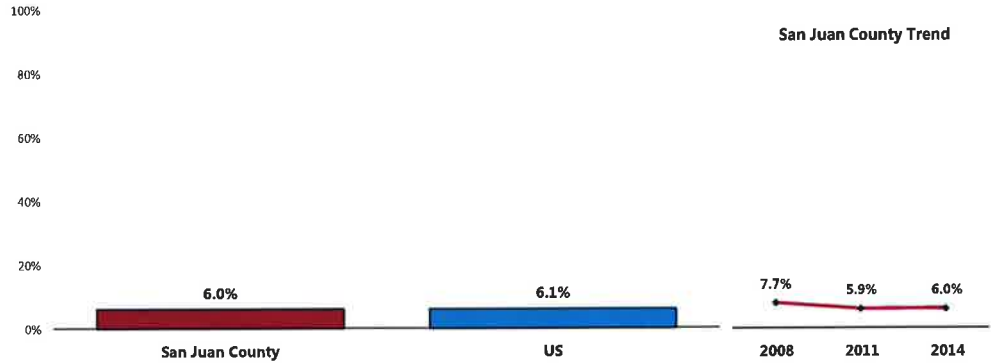
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- ▣ Statistically unchanged since 2008.

Prevalence of Heart Disease

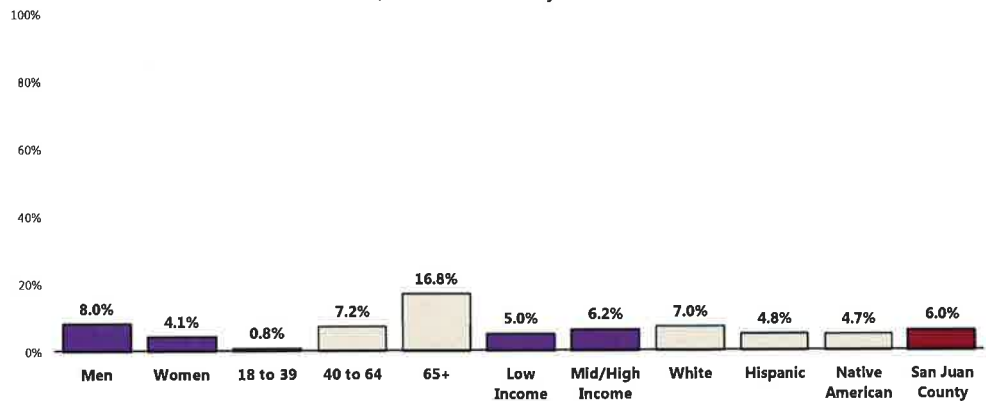


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 129]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- ♂ Men.
- ♂ Adults aged 40 and older (positive correlation with age).

Prevalence of Heart Disease (San Juan County, 2014)

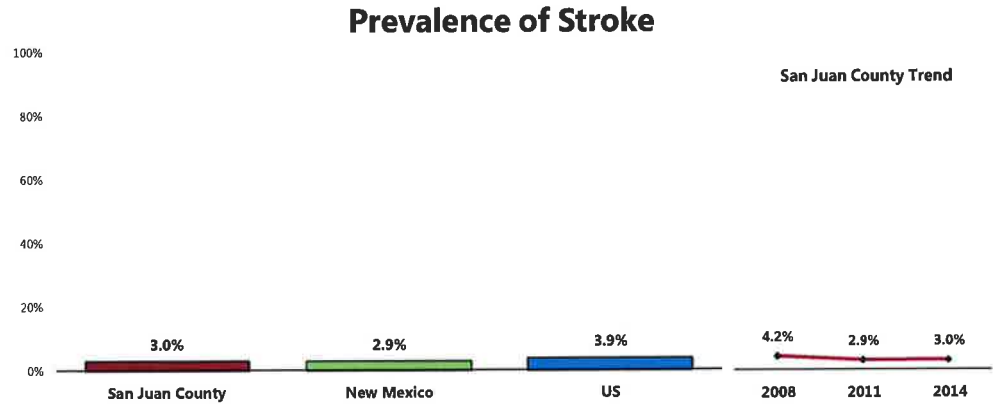


Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
 Notes: ● Asked of all respondents.
 ● Includes diagnoses of heart attack, angina or coronary heart disease.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

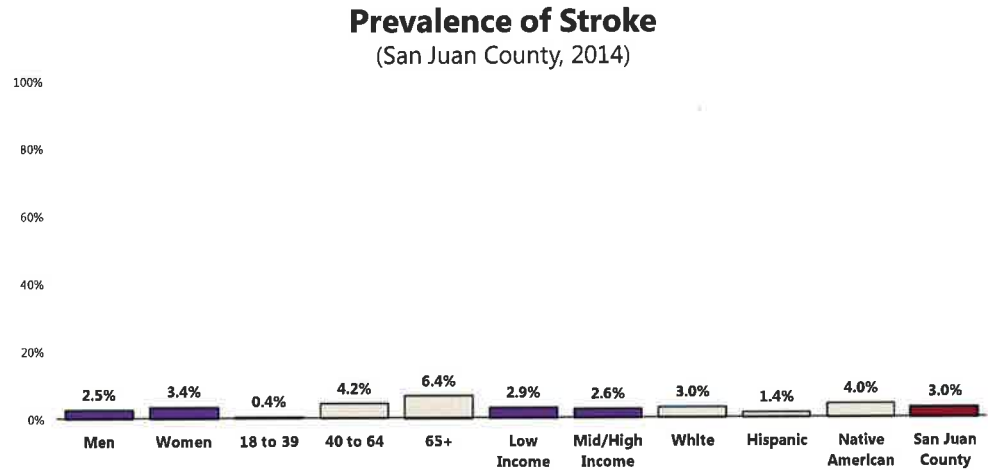
A total of 3.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- ▣ Statistically unchanged over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data
 Notes: ● Asked of all respondents.

👤 Note the positive correlation between age and stroke prevalence.



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

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

– Healthy People 2020 (www.healthypeople.gov)

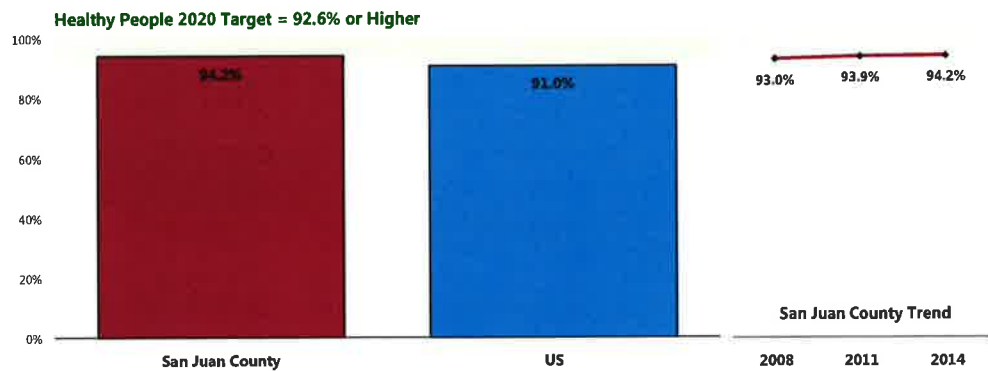
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 94.2% of San Juan County adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Satisfies the Healthy People 2020 target (94.9% or higher).
- ☒ Statistically unchanged since 2008.

Have Had Blood Pressure Checked in the Past Two Years



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> (Objective HDS-4)

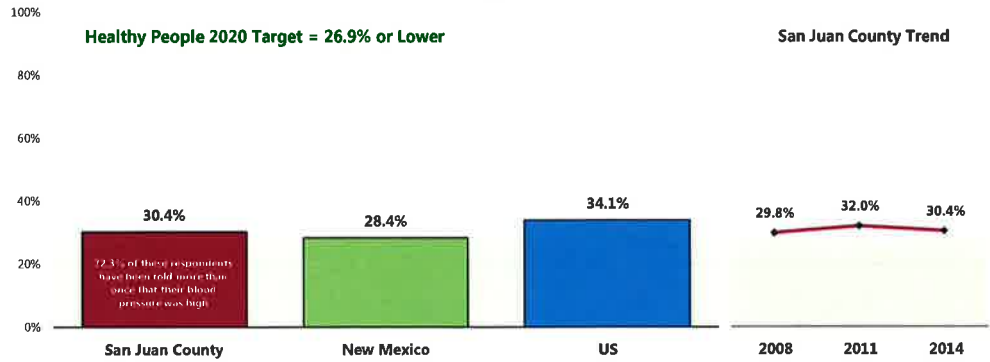
Notes: ● Asked of all respondents.

Prevalence of Hypertension

A total of 30.4% of adults have been told at some point that their blood pressure was high.

- Comparable to the New Mexico prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- ☒ Statistically unchanged over time.
- ☒ Among hypertensive adults, 72.3% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



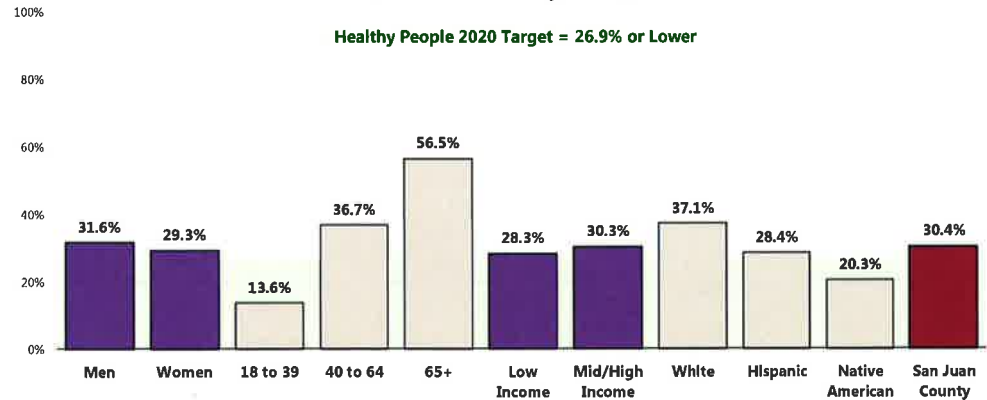
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 45, 130]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

Hypertension diagnoses are higher among:

- 👤 Adults age 40 and older, and especially those age 65+.
- 👤 White residents.

Prevalence of High Blood Pressure (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

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

Hypertension Management

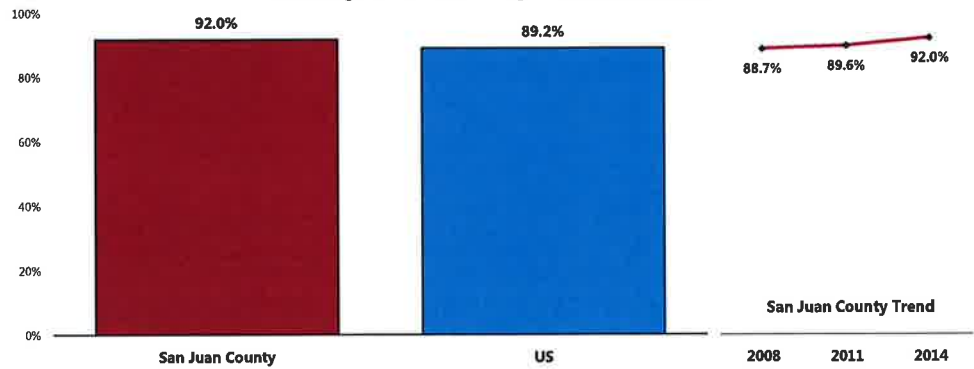
Respondents reporting high blood pressure were further asked:

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

Among respondents who have been told that their blood pressure was high, 92.0% report that they are currently taking actions to control their condition.

- Similar to national findings.
- 👤 Statistically unchanged since 2008.

Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

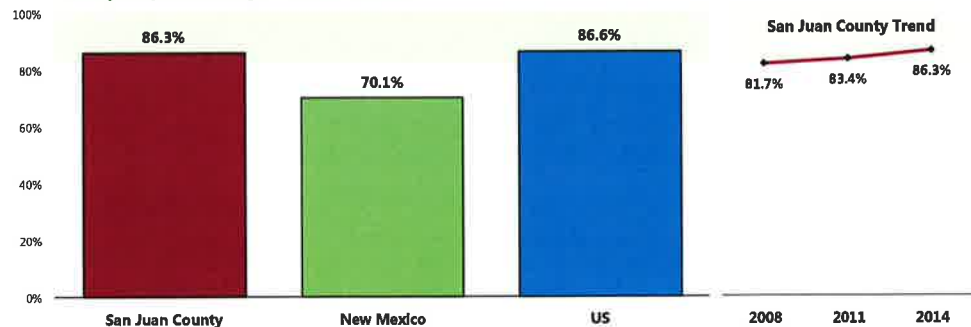
A total of 86.3% of San Juan County adults have had their blood cholesterol checked within the past five years.

- More favorable than New Mexico findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

▣ Denotes a statistically significant increase since 2008.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

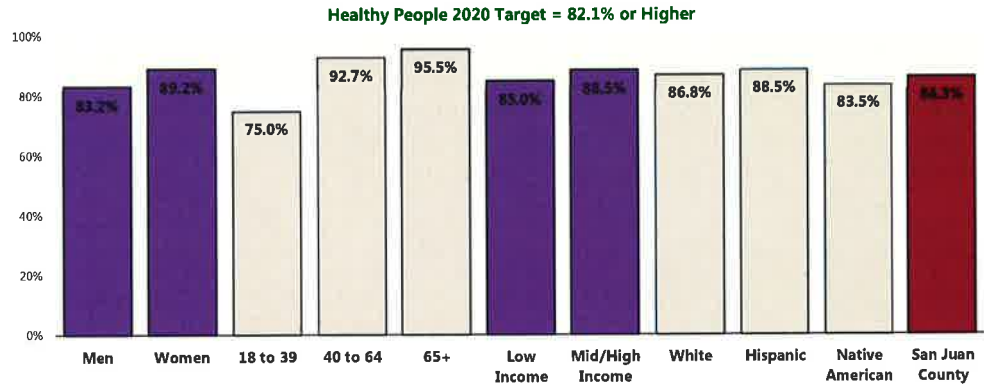
 Notes:

- Asked of all respondents.

The following demographic segments report lower screening levels:

- 👤 Men.
- 👤 Young adults (under age 40).

Have Had Blood Cholesterol Levels Checked in the Past Five Years (San Juan County, 2014)



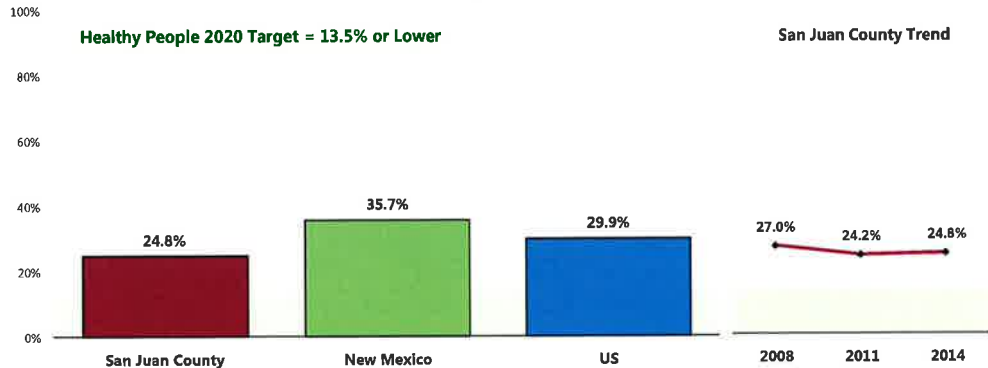
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 24.8% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the New Mexico findings.
- More favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).
- 📊 Statistically unchanged since 2008.

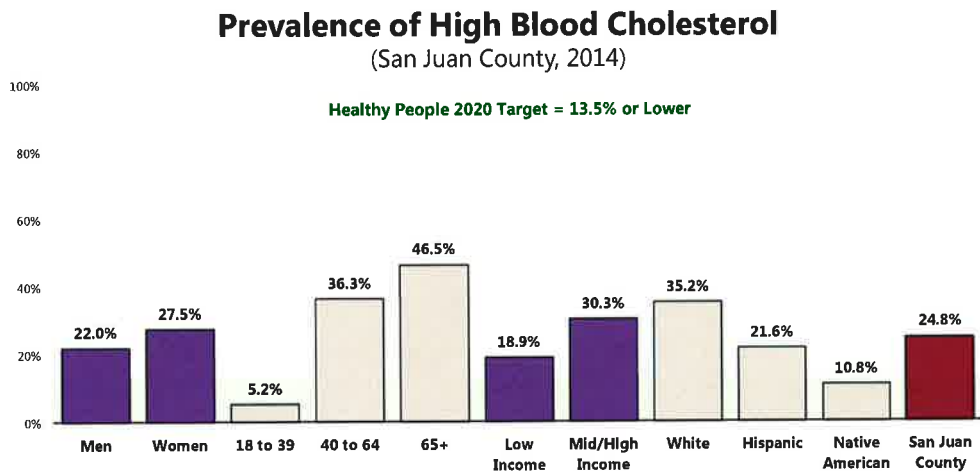
Prevalence of High Blood Cholesterol



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 New Mexico data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • *The New Mexico data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 19.7% of San Juan County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- 👤 Note the positive correlation between age and high blood cholesterol.
- 👤 Note the higher prevalence among higher-income adults.
- 👤 Whites report a higher prevalence than Hispanics and Native Americans.
- 👤 Keep in mind that “unknowns” are relatively high in men, young adults, lower-income residents, and Native Americans.



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

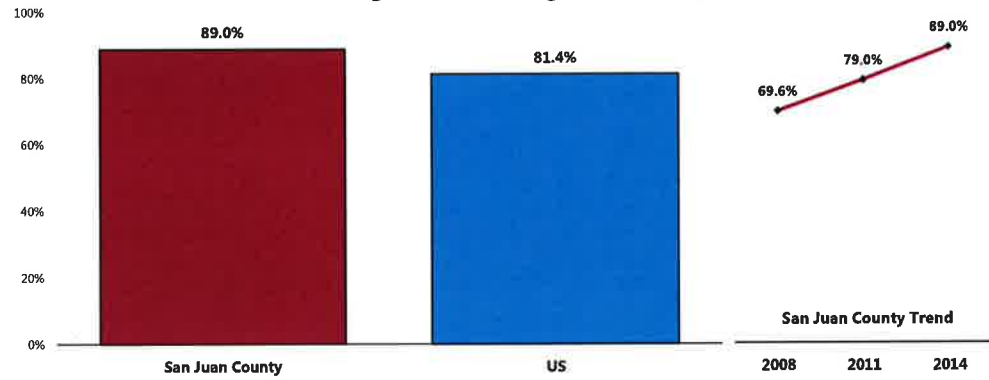
Respondents reporting high cholesterol were further asked:

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

Among adults who have been told that their blood cholesterol was high, 89.0% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- 📊 Marks a statistically significant improvement since 2008.

Taking Action to Control High Blood Cholesterol Levels (Among Adults With High Cholesterol)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

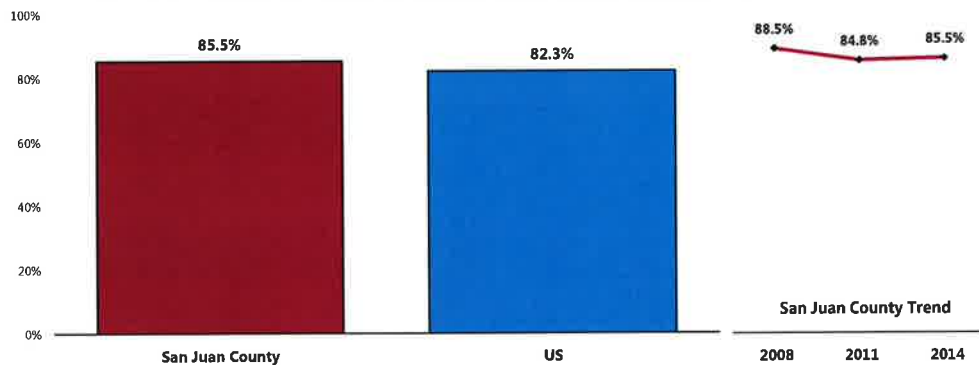
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

A total of 85.5% of San Juan County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Higher than national findings.
- ▣ Denotes a statistically significant decrease from 2008 findings.

Present One or More Cardiovascular Risks or Behaviors



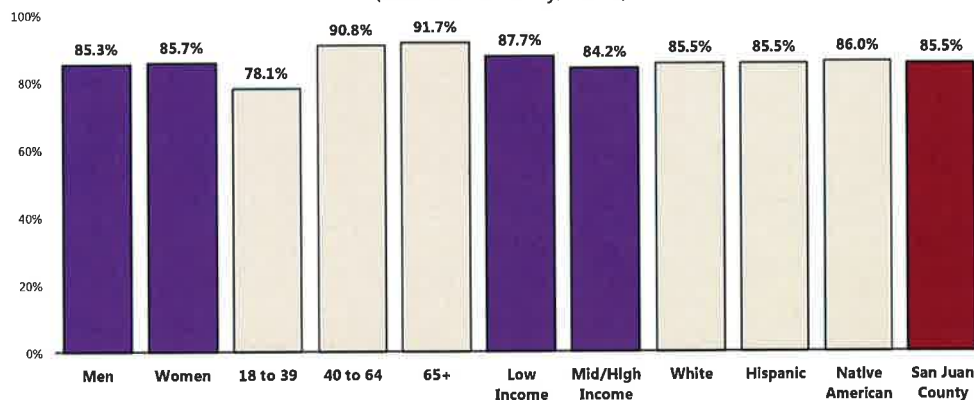
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

👤 Adults age 40 and older are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]

Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Cancer

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

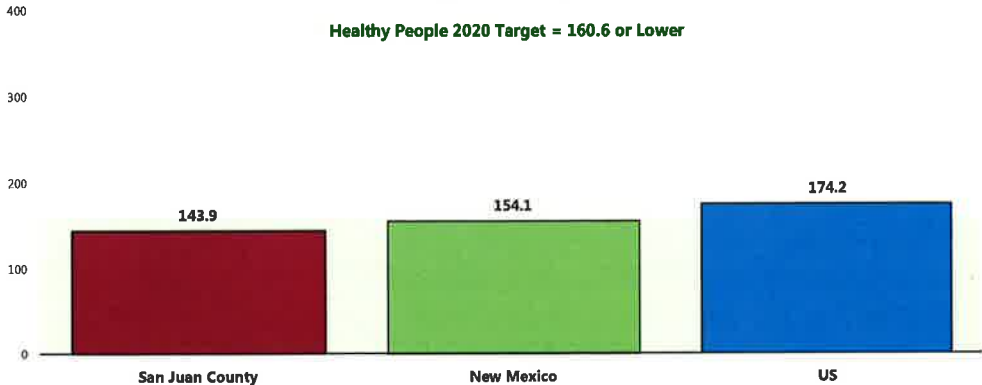
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 143.9 deaths per 100,000 population in San Juan County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 160.6 or lower.

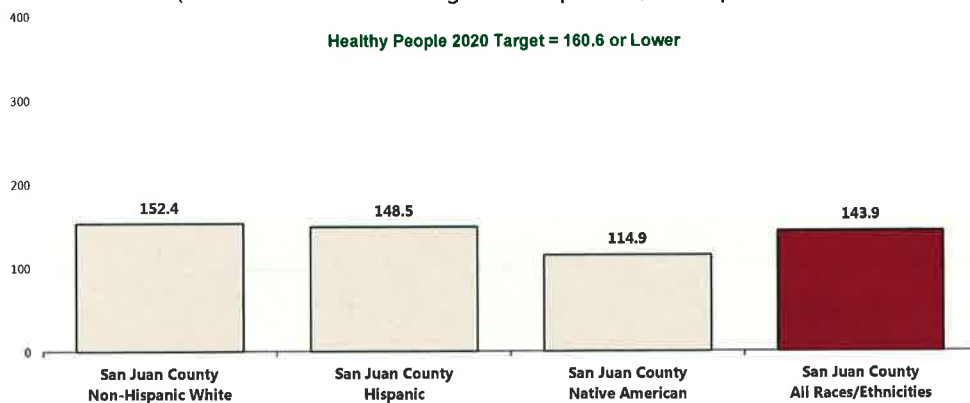
Cancer: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1].
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

👤 The cancer mortality rate is notably higher among Whites and Hispanics when compared with Native Americans in San Juan County.

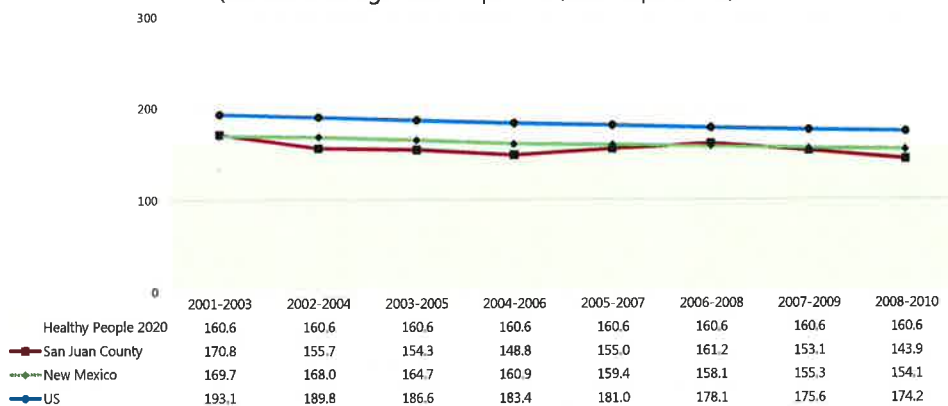
Cancer: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

📉 Cancer mortality has overall decreased in the past decade in San Juan County; a downward trend is even more apparent statewide and nationally.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages.

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2008-2010 annual average age-adjusted death rates):

- The San Juan County **lung cancer** death rate is similar to the state rate and more favorable than the national rate.
- The San Juan County **prostate cancer** death rate is higher than both the state and national rates.
- The San Juan County **female breast cancer** death rate is similar to the state rate and lower than the US rate.
- The San Juan County **colorectal cancer** death rate is lower than both the state and national rates.

Note that while the San Juan County lung and colorectal cancer death rates detailed below satisfy the related Healthy People 2020 targets, the prostate cancer death rate fails to satisfy its target (the female breast cancer rate is similar to the 2020 goal).

Age-Adjusted Cancer Death Rates by Site
(2008-2010 Annual Average Deaths per 100,000 Population)

	San Juan County	New Mexico	US	HP2020
Lung Cancer	34.7	34.4	48.5	45.5
Prostate Cancer	24.3	22.8	22.3	21.2
Female Breast Cancer	21.1	21.2	22.3	20.6
Colorectal Cancer	9.0	15.5	16.1	14.5

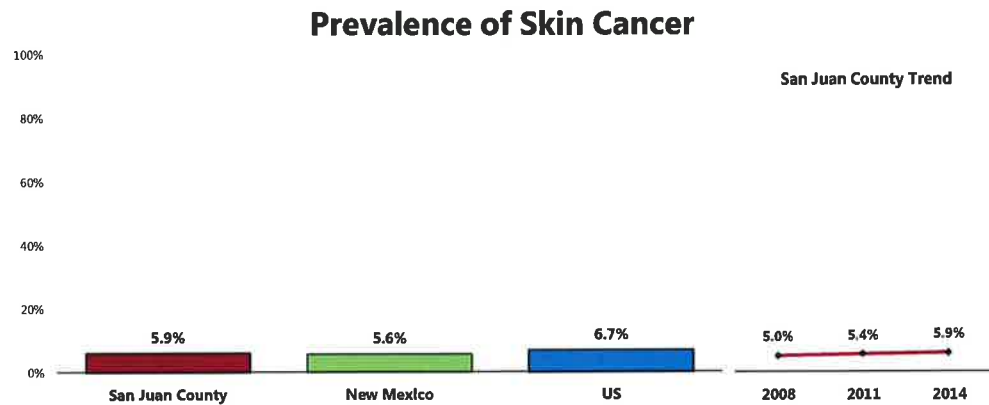
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Prevalence of Cancer

Skin Cancer

A total of 5.9% of surveyed San Juan County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Similar to the national average.
- ▣ The prevalence of skin cancer has not changed over time.



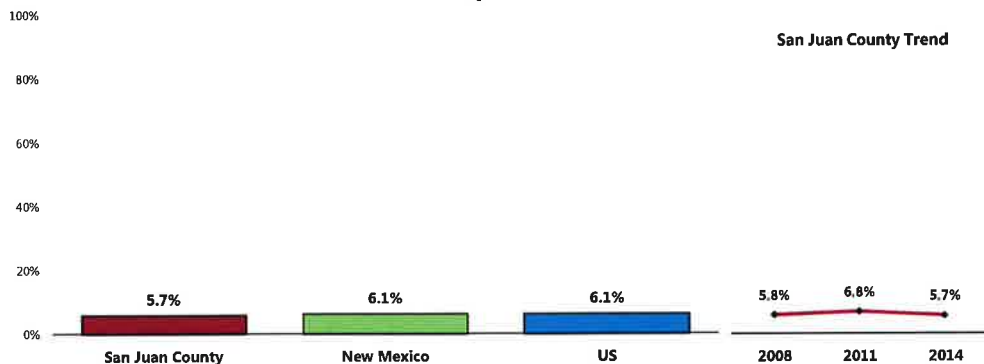
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
● Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Other Cancer

A total of 5.7% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- ▣ The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 New Mexico data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

Cancer Risk

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

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

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

Cancer Screenings

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

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

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

Female Breast Cancer Screening

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

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

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

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

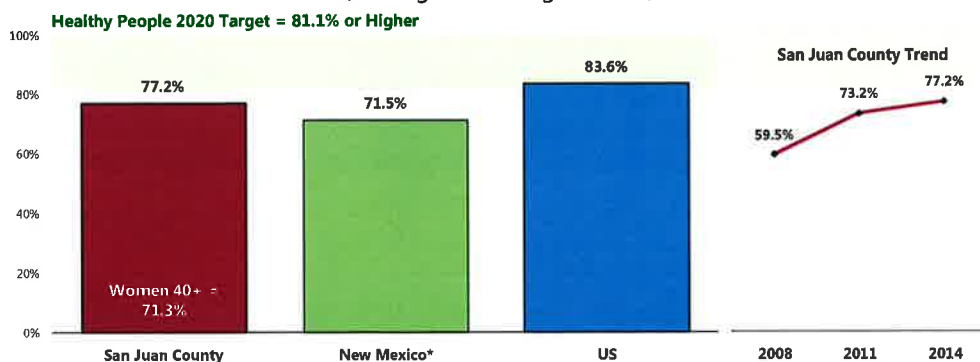
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 77.2% had a mammogram within the past two years.

- Better than statewide findings (which represent all women 50+).
- Worse than national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- ▣ Marks a statistically significant increase since 2008.
- 🏠 Among women 40+, 71.3% had a mammogram in the past two years.

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



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 133-134]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: ● Reflects female respondents 50-74.
 ● *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

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

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

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

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

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

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

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

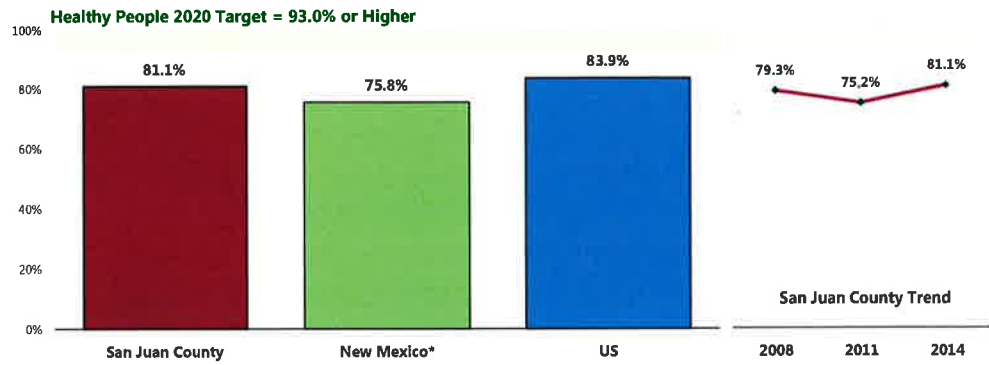
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 81.1% had a Pap smear within the past three years.

- Higher than New Mexico findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- ☒ Statistically unchanged since 2008.

Have Had a Pap Smear in the Past Three Years (Among Women Ages 21-65)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes:
 • Reflects female respondents age 21 to 65.
 • *Note that the New Mexico percentage represents all women age 18 and older.

Colorectal Cancer Screenings

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

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

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

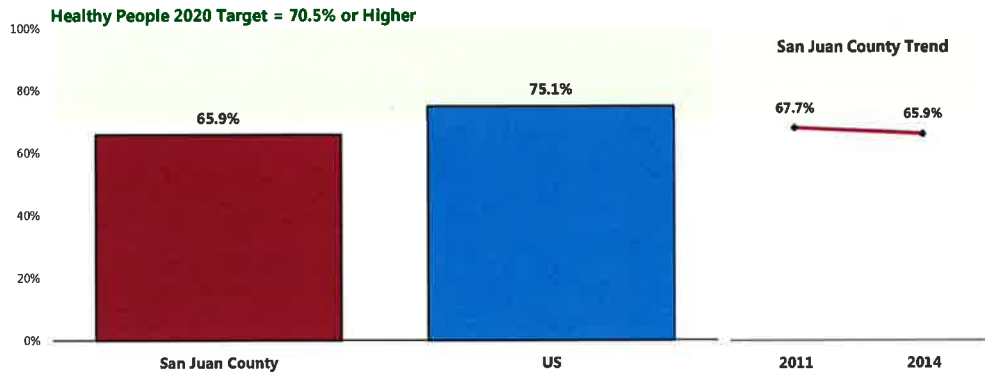
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 65.9% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/ colonoscopy [lower endoscopy] within the past 10 years).

- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (70.5% or higher).
- ▣ No significant change from 2011 survey results.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services, Healthy People 2020, December 2010, <http://www.healthypeople.gov> [Objective C-16]
 Notes: • Asked of all respondents age 50 through 75.
 • In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, just over two-thirds (67.6%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than New Mexico findings.
- Less favorable than national findings.

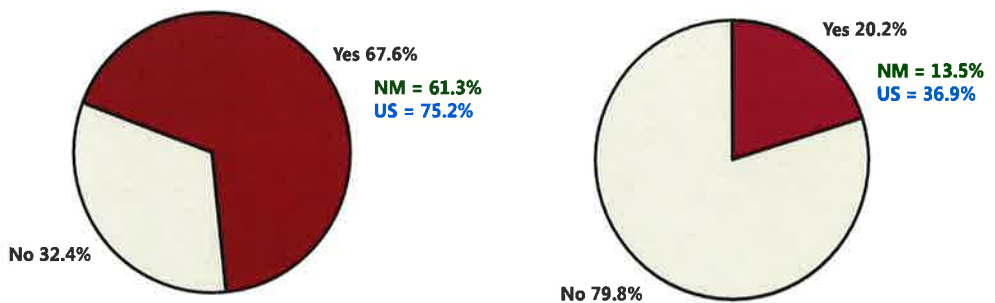
Blood Stool Testing

Among adults age 50 and older, 20.2% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Better than New Mexico findings.
- Worse than national findings.

Colorectal Cancer Screenings

(Among San Juan County Adults Age 50 and Older, 2014)



Ever Had a Lower Endoscopy Exam

Blood Stool Test in the Past Two Years

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 136-137]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2012 New Mexico data.
 Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Respiratory Disease

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

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

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

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

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

Risk factors for asthma currently being investigated include:

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

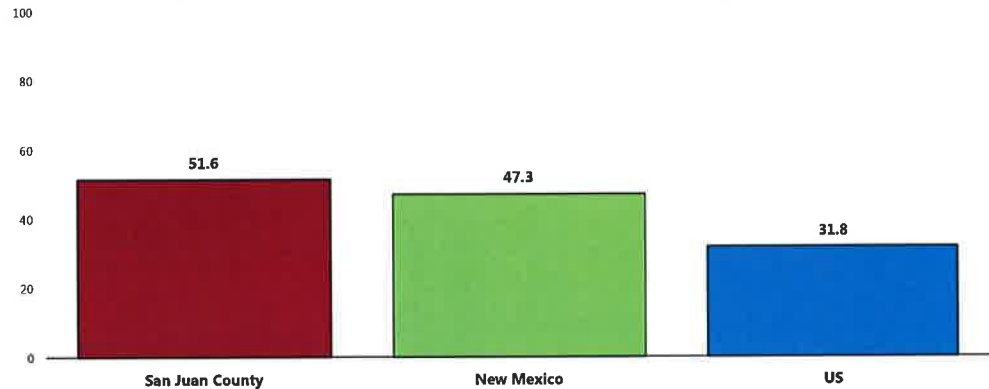
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 51.6 deaths per 100,000 population in San Juan County.

- Less favorable than found statewide.
- Less favorable than the national rate.

CLRD: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

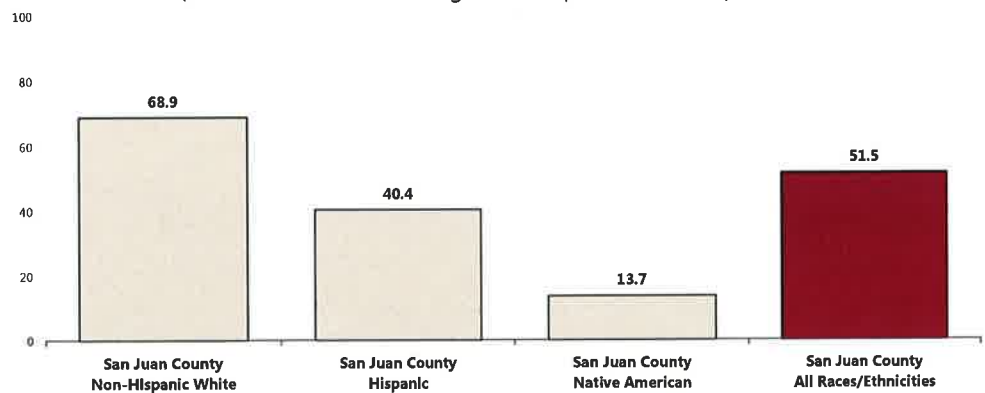


- Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● Local, state and national data are simple three-year averages.
 ● CLRD is chronic lower respiratory disease.

👤 CLRD mortality is notably higher among Whites in San Juan County when compared with Hispanics. CLRD mortality is even lower in the Native American population (2001-2010 data).

CLRD: Age-Adjusted Mortality by Race

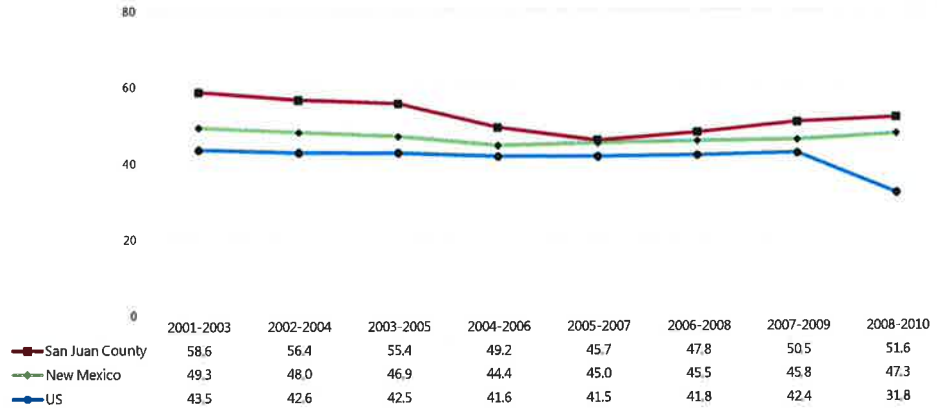
(2001-2010 Annual Average Deaths per 100,000 Population)



- Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● CLRD is chronic lower respiratory disease.

CLRD mortality in San Juan County has fluctuated over the past decade, but remains below rates reported in the early 2000s.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages.
 • CLRD is chronic lower respiratory disease.

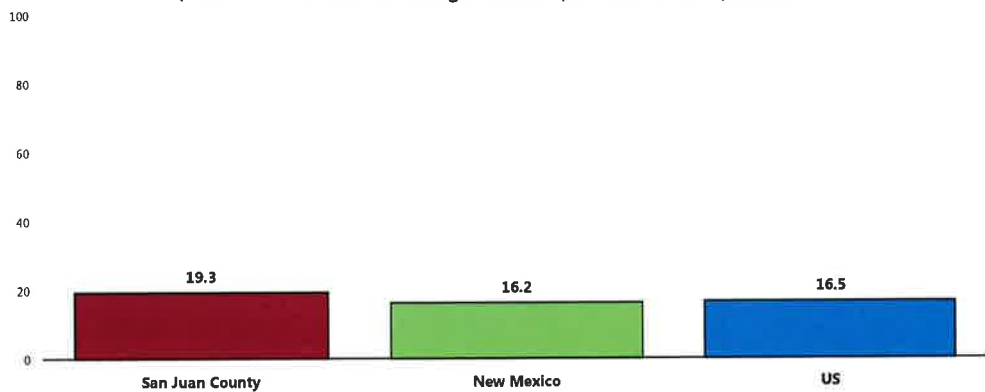
Pneumonia/Influenza Deaths

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

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 19.3 deaths per 100,000 population in San Juan County.

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

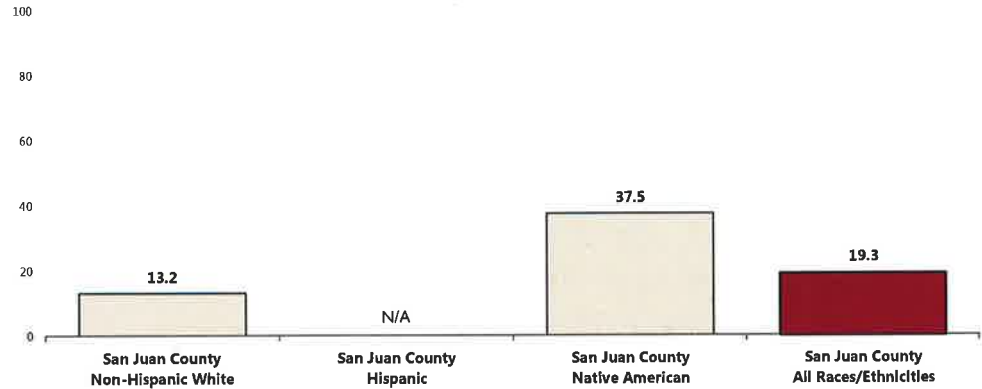
Pneumonia/Influenza: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

👤 The pneumonia/influenza mortality rate in San Juan County is much higher among Native Americans than among Whites (rate not available in the Hispanic population).

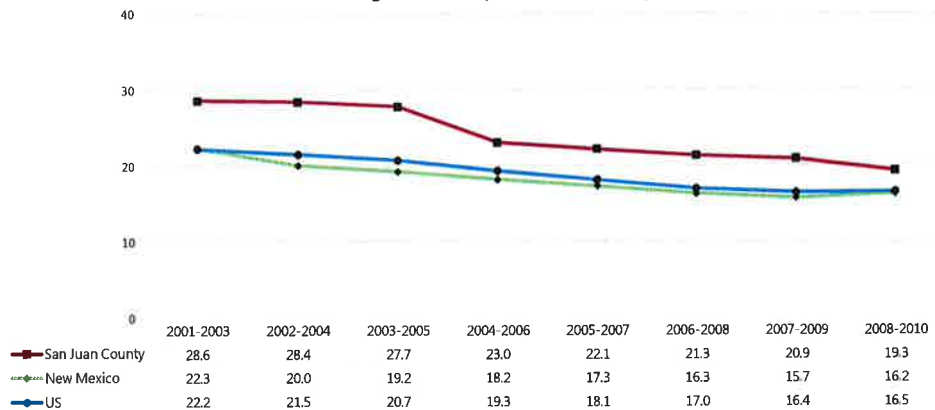
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● Local, state and national data are simple three-year averages.

📉 Note the decreasing trend in San Juan County pneumonia/influenza mortality over time, in keeping with state and national trends.

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



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● State and national data are simple three-year averages.

Chronic Obstructive Pulmonary Disease (COPD)

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

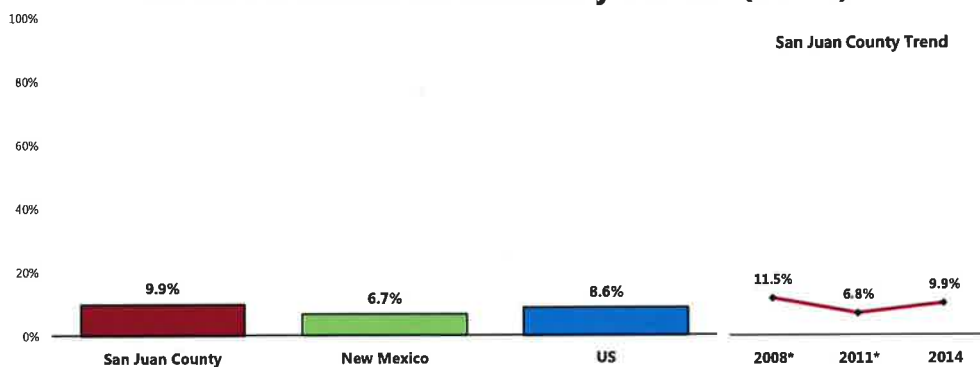
A total of 9.9% of San Juan County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the percentage in New Mexico.
- Similar to the national prevalence.

☒ NOTE: in prior data, this question was asked slightly differently; respondents in 2008 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

In comparing to 2008 data, the change in prevalence is not statistically significant.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

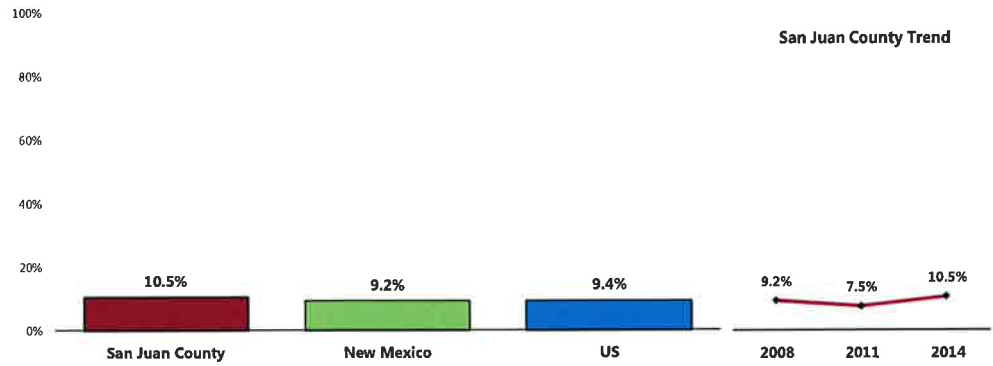
Asthma

Adults

A total of 10.5% of San Juan County adults currently suffer from asthma.

- Similar to the statewide prevalence.
 - Similar to the national prevalence.
- ☒ The prevalence has not changed significantly since 2008.

Adult Asthma: Current Prevalence





Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 New Mexico data.

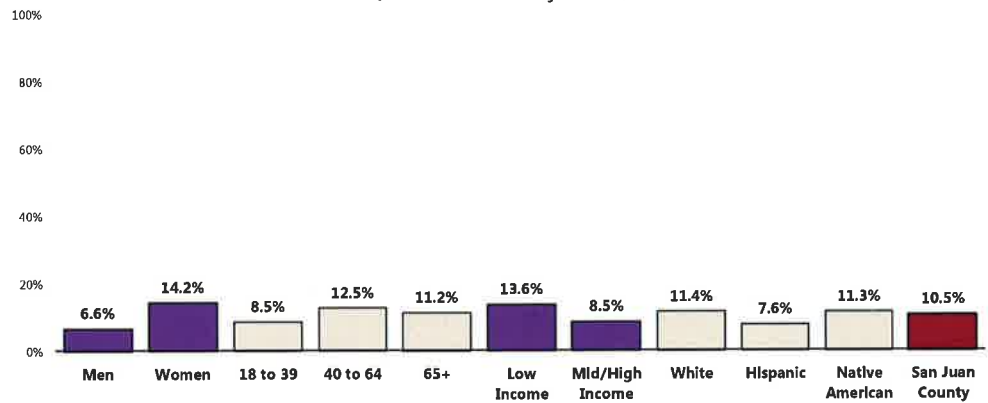
 Notes:

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

The following adults are more likely to suffer from asthma:

-  Women.
-  Low-income residents.

Currently Have Asthma (San Juan County, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]

 Notes:

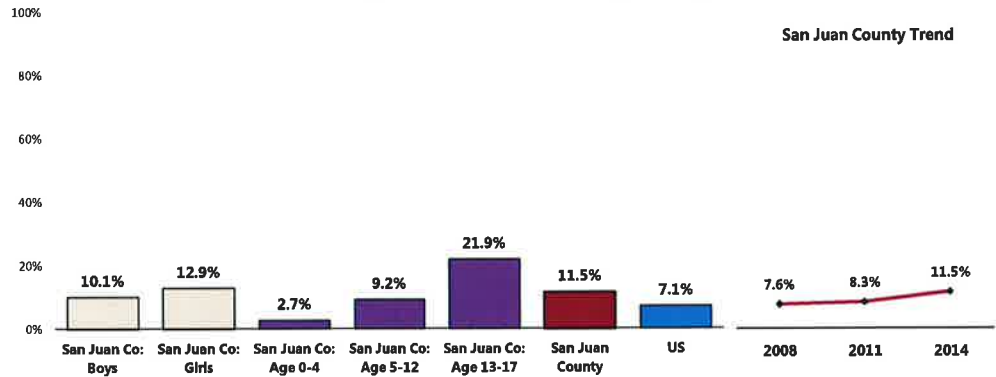
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.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

Children

Among San Juan County children under age 18, 11.5% currently have asthma.

- Statistically similar to national findings.
- ▣ Unchanged over time.
- 👤 Similar by child's gender but note the positive correlation with age.

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



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

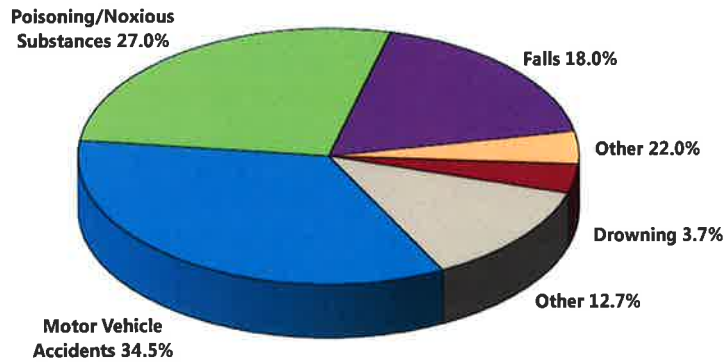
– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (which includes accidental drug overdoses, as well as the ingestion of poisons), **and falls accounted for 8 in 10 accidental deaths in San Juan County between 2008 and 2010.**

Leading Causes of Accidental Death

(San Juan County, 2008-2010)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

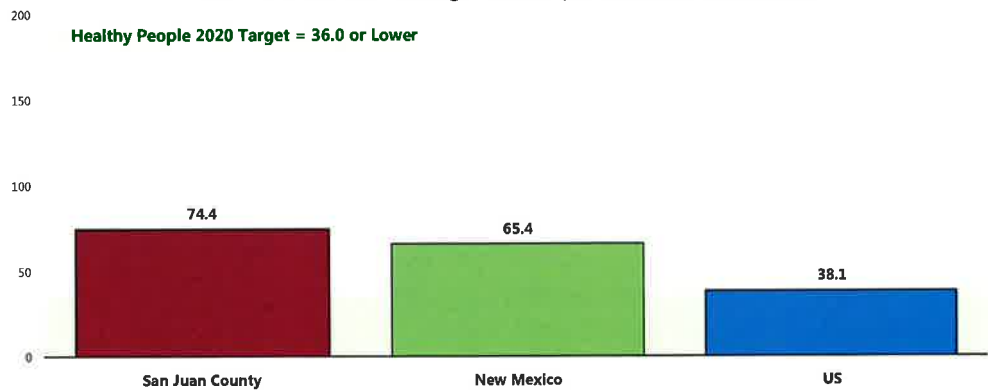
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 74.4 deaths per 100,000 population in San Juan County.


- Above the New Mexico rate.
- Well above the national rate.
- More than twice the Healthy People 2020 target (36.0 or lower).

Unintentional Injuries: Age-Adjusted Mortality

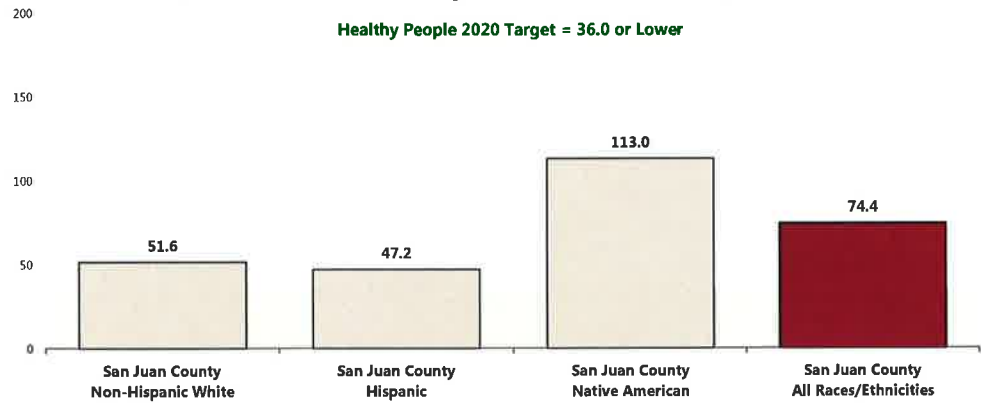
(2008-2010 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 ● Local, state and national data are simple three-year averages.

 The mortality rate is notably higher among Native Americans when compared with Whites and Hispanics in San Juan County.

Unintentional Injuries: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)




Sources:

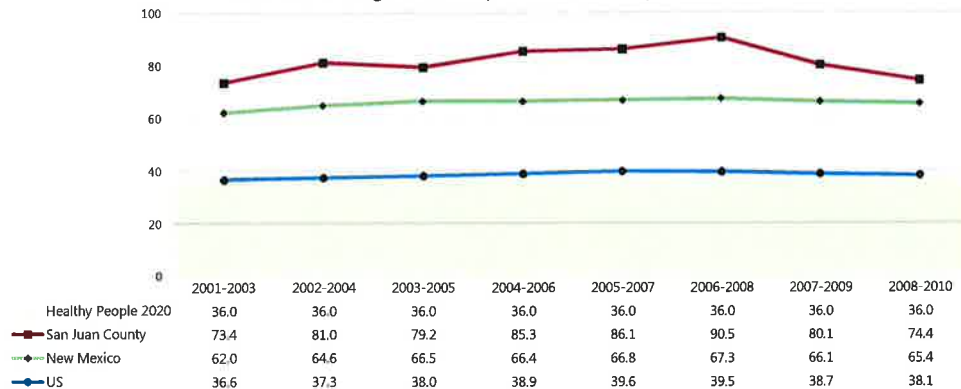
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

 The unintentional injury mortality rate in San Juan County has risen and fallen over the past several years; most recent data are similar to what was reported a decade ago.

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



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Motor Vehicle Safety

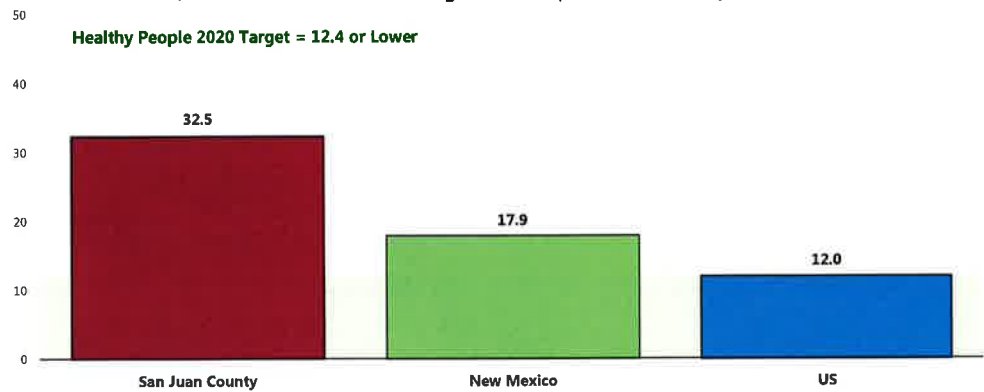
Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 32.5 deaths per 100,000 population in San Juan County.

- Much higher than found statewide.
- Much higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

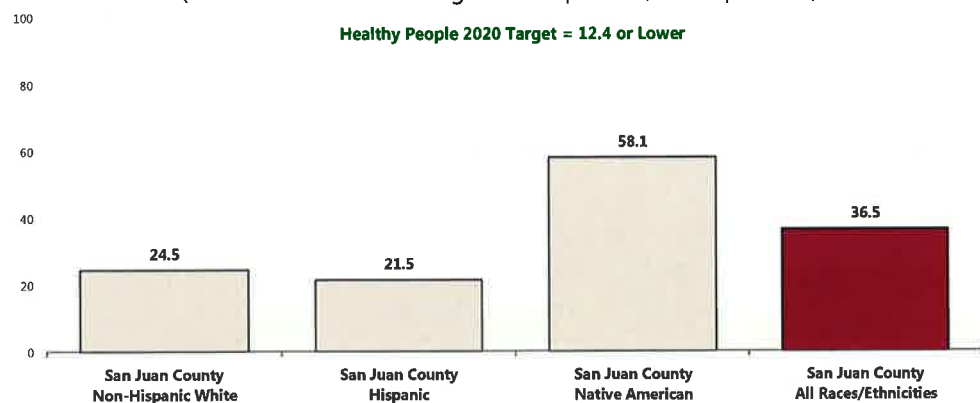


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

👤 The San Juan County motor vehicle crash mortality rate is much higher among Native Americans than among Whites and Hispanics (2001-2010 data).

Motor Vehicle Crashes: Age-Adjusted Mortality by Race

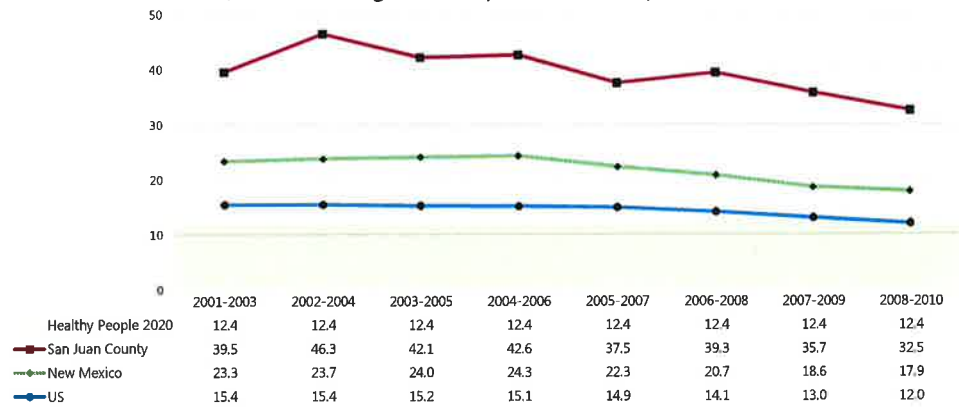
(2001-2010 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

- ▣ The mortality rate in San Juan County decreased over the past decade, echoing the downward trends reported in New Mexico and the US overall.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

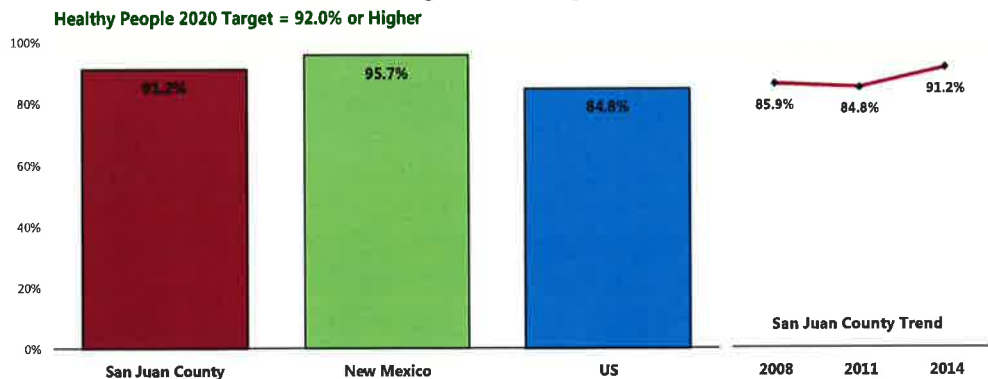
Seat Belt Usage - Adults

Most San Juan County adults (91.2%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Less favorable than the statewide proportion.
- Much more favorable than the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.4% or higher.

▣ Denotes a statistically significant increase from 2008 survey findings.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



Sources:

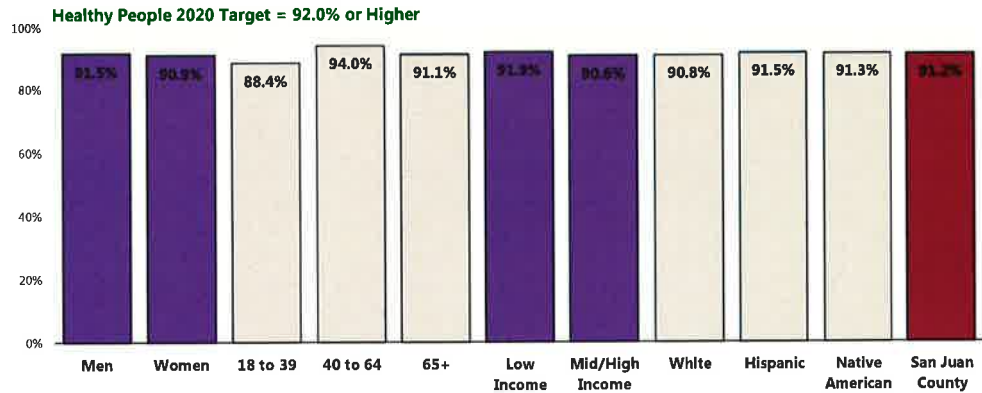
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

 Notes:

- Asked of all respondents.

👤 Young adults (under 40) are less likely to report consistent seat belt usage.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (San Juan County, 2014)



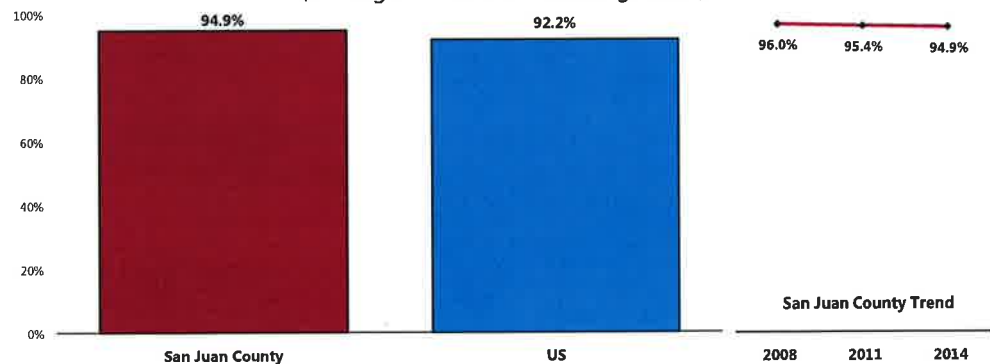
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 94.9% of San Juan County parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- 📅 Statistically unchanged since 2008.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



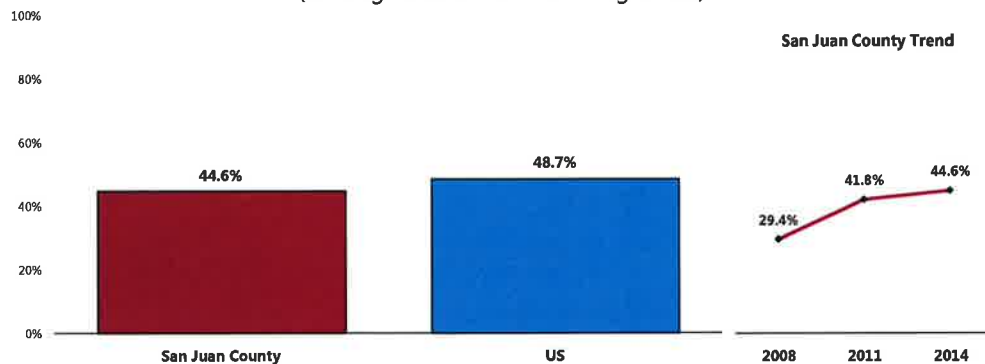
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

More than 4 in 10 of San Juan County children age 5 to 17 (44.6%) are reported to “always” wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- ▣ Denotes a statistically significant increase over time.

Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.

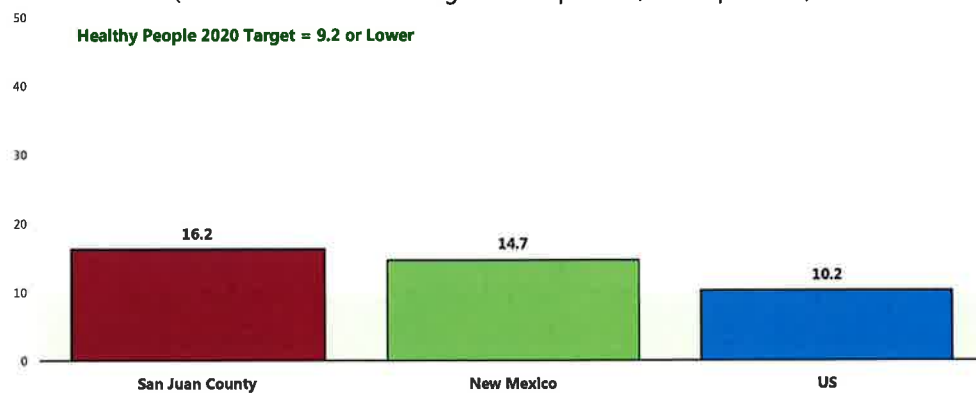
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 16.2 deaths per 100,000 population due to firearms in San Juan County.


- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality (2008–2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted June 2014.

Notes: • US Department of Health and Human Services, Healthy People 2020, December 2010, <http://www.healthypeople.gov> [Objective IVP-30]
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• Local, state and national data are simple three-year averages.

 The San Juan County firearm-related mortality rate is higher among Whites than among Hispanics and Native Americans (2001-2010 data).

Firearms-Related Deaths: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources:

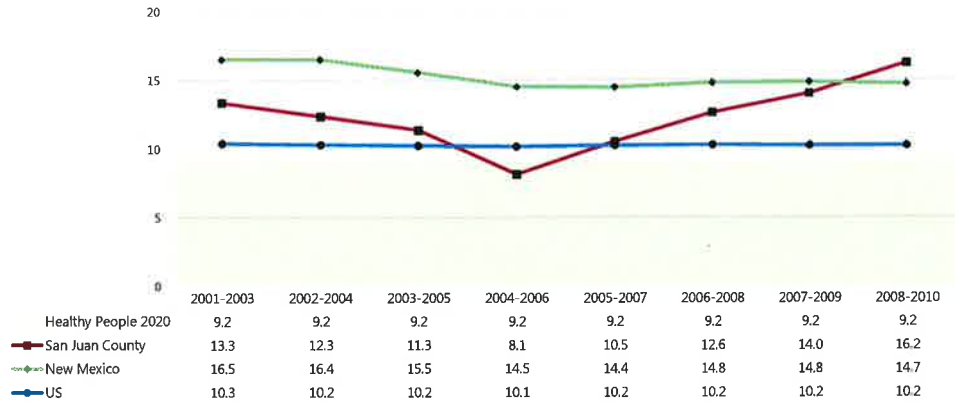
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

Notes:

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

 The mortality rate in San Juan County has increased sharply in recent years.

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



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Intentional Injury (Violence)

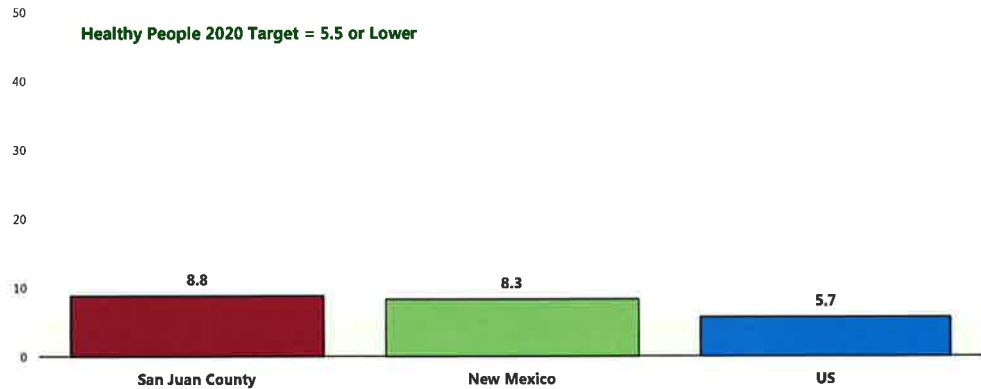
Age-Adjusted Homicide Deaths

Between 2008 and 2010, there was an annual average age-adjusted homicide rate of 8.8 deaths per 100,000 population in San Juan County.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:
See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

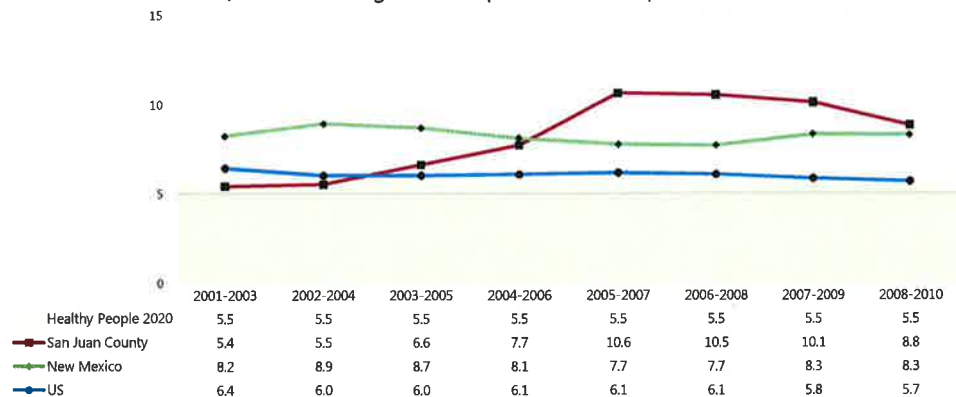
Homicide: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

☒ The homicide rate has increased considerably in San Juan County, despite more recent, modest declines.

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



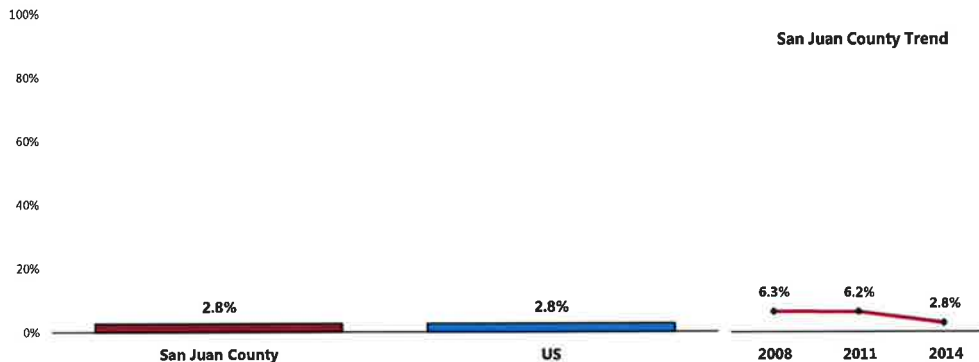
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Self-Reported Violence

A total of 2.8% of San Juan County adults acknowledge being the victim of a violent crime in the past five years.

- Identical to national findings.
- ▣ Marks a statistically significant decrease over time.

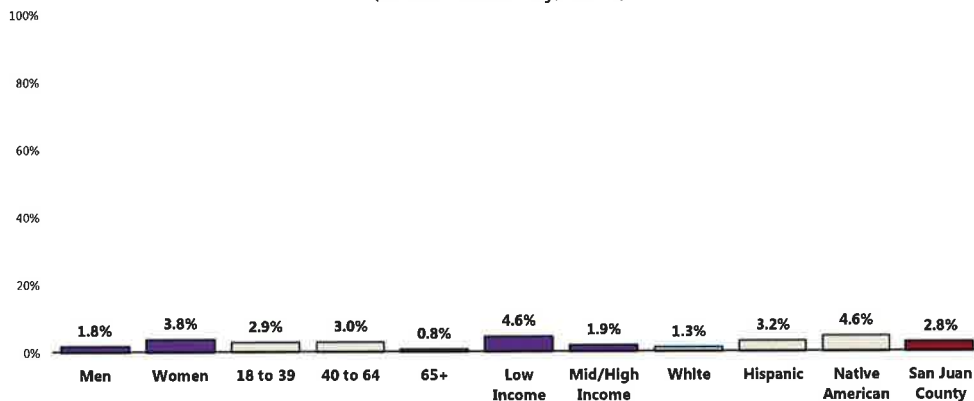
Victim of a Violent Crime in the Past Five Years



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

- 👤 Reports of violence are notably higher among adults between the ages of 40 and 64.

Victim of a Violent Crime in the Past Five Years
 (San Juan County, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

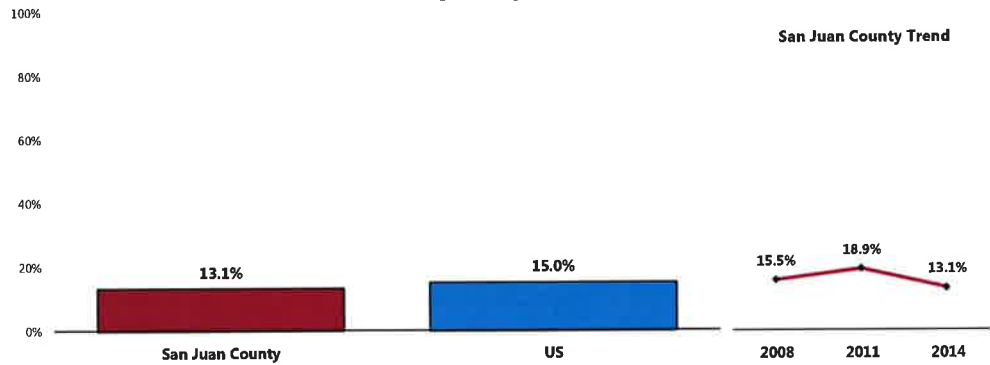
Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 13.1% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- ▣ Statistically unchanged from 2008 survey results (but marking a statistically significant decrease since 2011).

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



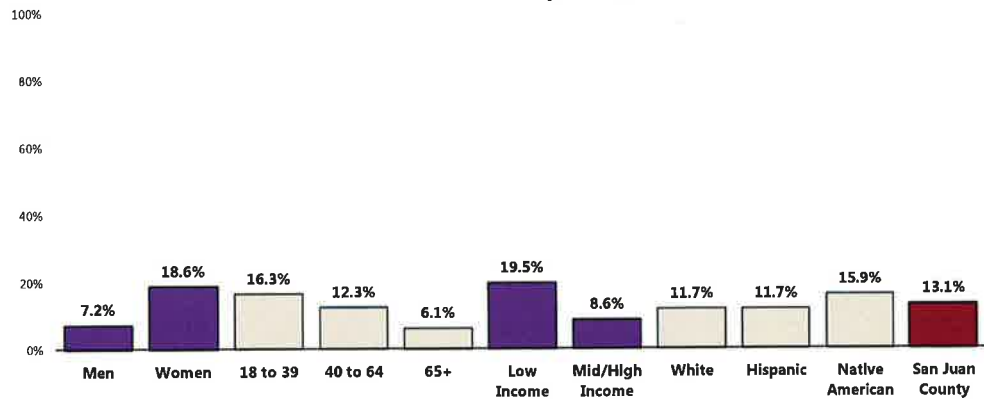
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Reports of domestic violence are also notably higher among:

- 👤 Women.
- 👤 Adults under 65 (negative correlation with age).
- 👤 Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (San Juan County, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes: ● Asked of all respondents.

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

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

Diabetes

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

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

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

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

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

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

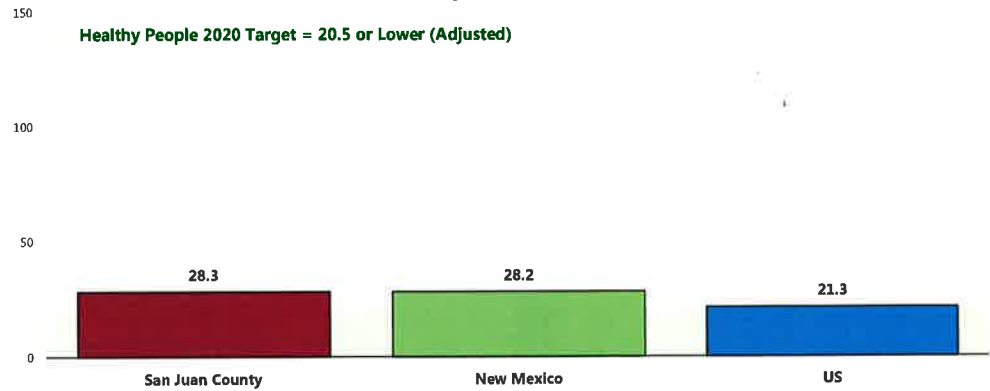
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 28.3 deaths per 100,000 population in San Juan County.

- Almost identical to the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).

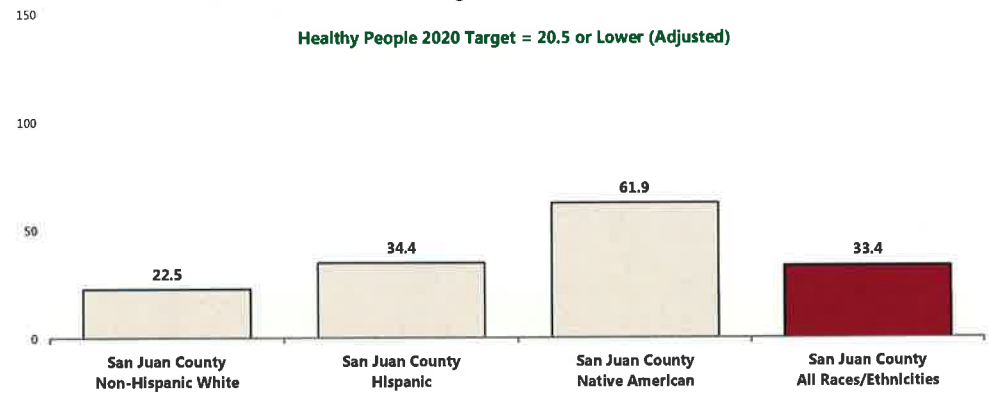
Diabetes: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

👤 The diabetes mortality rate in San Juan County is notably higher among Native Americans than among Whites and Hispanics (2001-2010 data).

Diabetes: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)

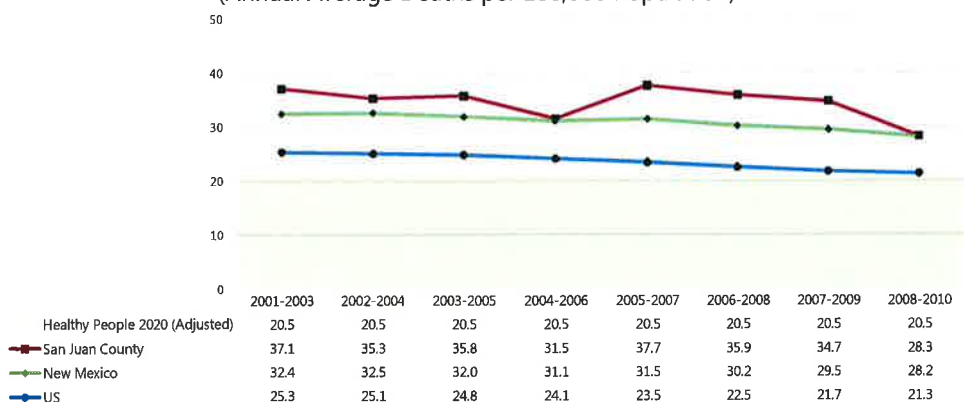


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- ▣ The general trend in San Juan County diabetes death rates has been downward. The rate appears to be decreasing both statewide and nationwide as well.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

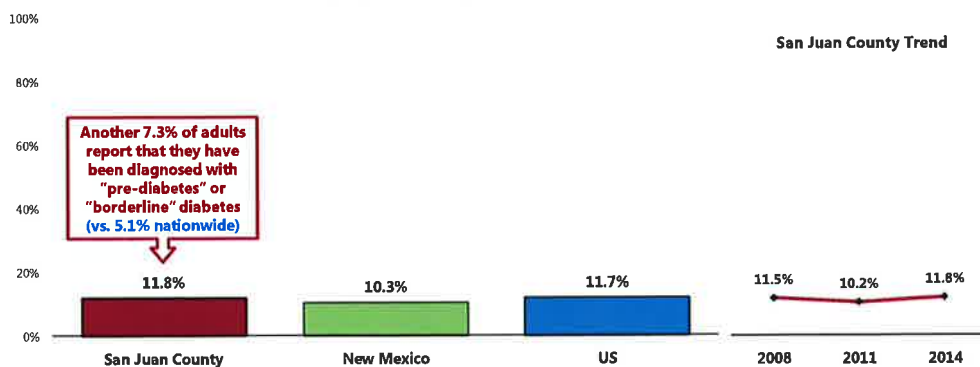
A total of 11.8% of San Juan County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- ▣ Statistically unchanged since 2008.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.3% of San Juan County adults report that they have "pre-diabetes" or "borderline diabetes."

- Less favorable than the national proportion.

Prevalence of Diabetes






Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.

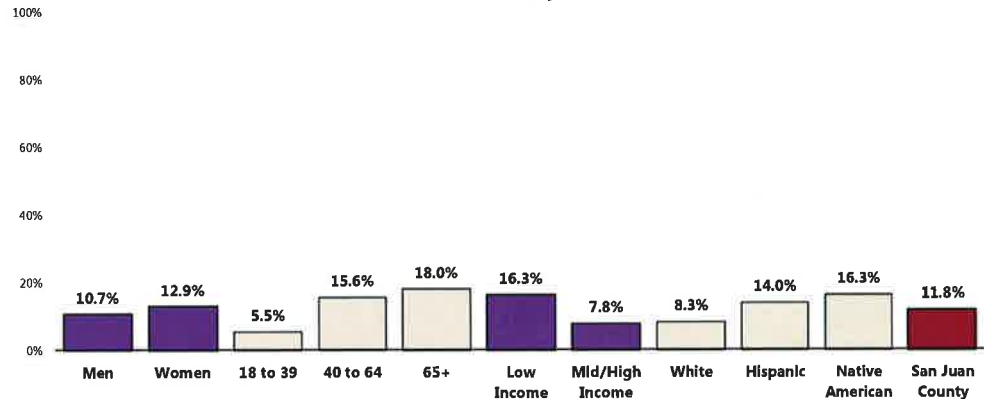
 Notes:

- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

-  Adults age 40 and older.
-  Residents in lower-income households.
-  Non-Whites.

Prevalence of Diabetes (San Juan County, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- Asked of all respondents.

Notes:

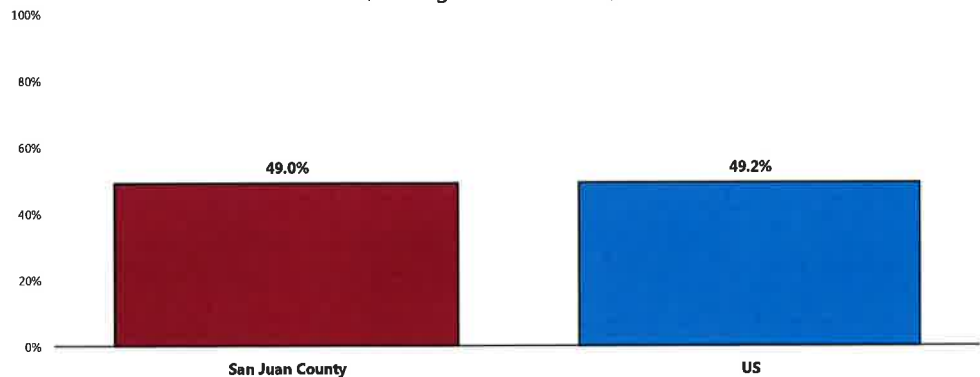
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g. "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households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

Diabetes Testing

Of San Juan County adults who have not been diagnosed with diabetes, 49.0% report having had their blood sugar level tested within the past three years.

- Almost identical to the national proportion.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

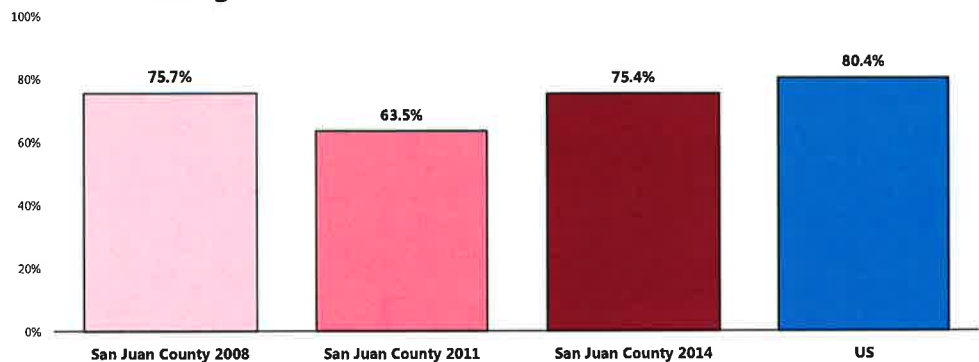
- Asked of respondents who have not been diagnosed with diabetes.

Diabetes Treatment

Among adults with diabetes, 3 in 4 (75.4%) are currently taking insulin or some type of medication to manage their condition.

- Comparable to the national proportion.
- ▣ Unchanged from 2008 survey results among diabetics.

Taking Insulin or Other Medication for Diabetes



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 41]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all diabetic respondents.

Related Focus Group Findings: Diabetes in San Juan County

Focus group participants agreed that this is one of the top health issues in their community. The numbers of residents diagnosed with diabetes continues to rise, starting with young people in their early teens all the way to elder adults. The following topics were identified by focus group members as to the diabetes increase in their community and how San Juan Regional Hospital can assist with prevention and education:

- Young people and diabetes
- Acceptance of diabetes
- Socioeconomic status, poverty driven
- Preventive care
- Inpatient diabetes education
- On-site health and nutrition education for families at the schools
- Health clinics
- After-hours cooking classes
- Monthly monitoring
- Cautionary ad campaigns and brochures like the meth ads

The community continues to experience a **rise in diabetes**, with young people and children being the most vulnerable. Although there is a perception that this is due to the large population of Native Americans in the area, participants agreed that it also has to do with the **socioeconomic status** of community residents. There is a rise in diabetes diagnoses in the poor areas due to lack of nutrition education and access to grocery stores in low-income neighborhoods.

Diabetes tends to run in families and there is a **feeling of acceptance** among the young people who believe that it is just a matter of time until they are diagnosed since their parents, grandparents, and siblings have diabetes. A respondent explains the reality of diabetes in the community:

"I think the problem is not only with Native Americans; but also with people on the lower end of the economic chain. Some of the problem is because of the basic low-cost foods which generally have more sugar and more starches. However one of the problems in this community is the location of our grocery stores which are on the North side and these residents live in the South side of town. Unless they have transportation they are restricted to shop in gas stations and small markets with limited access to fruits and vegetables." Business Leaders

Focus group participants mention the diabetes program already in place (sponsored by San Juan Regional) but would like to see **more diabetes prevention initiatives** expanded in the community. These initiatives should target teenagers and young parents and would encompass food demonstrations at the grocery stores, food training for people on WIC and food stamps, outreach mobile units, and inpatient diabetes education. Several comments around what the hospital can do:

"We already have a diabetes outpatient education clinic, which is always full. I think the biggest impact will be when they are inpatient because they are really sick and we can emphasize that the reason they are so sick is because of their diabetes and maybe then they may want to make lifestyle changes to improve their health." Physician

"I am not sure if this is still going on but at one time the County Extension Office used to do evening classes showing residents how to cook meals for diabetic people. San Juan Regional could partner with them or with the schools and use their facilities to sponsor these types of nutritional classes. I think even the grocery stores would be willing to have demonstrations of healthy food choices." Elected Officials

Participants discussed the need for **follow-up care** after residents are diagnosed with diabetes. Many don't see the importance of following up with the plan of care prescribed by their physician and don't seem to be worried about their sugar levels or the negative impact diabetes can have on their overall health. There is a misconception that insulin can fix the problem, and residents are not making positive life style changes to improve their life expectancy.

A diabetes campaign targeting both prevention and education is one way to influence the rising trend in the community. Participants want to see a "scary" type of campaign; an example are the ads around the consequences of meth addiction. The lack of knowledge about what diabetes can do to limbs and major organs is a concern with all of the group participants, and they agree that a radical change is needed so residents will truly understand what can happen when diagnosed with diabetes. Several discussions occurred around a diabetes prevention and education campaign with partnerships among the hospital, schools, employers and social service and government agencies:

"I think the hospital should sponsor a diabetes prevention and education campaign developing a partnership with others in the community including nonprofits, service providers, local governments and employers. Everyone is really interested in having healthier residents and employees." Elected Official

"I would like to see a campaign a little more on the scary side; because quite honestly this diabetes health issue is bad enough, and getting worse. So maybe some of those scary tactics may reach some of them that are ignoring their disease. I think about that meth ad: "This is what you look like," and that picture scared everybody. I mean teeth are falling out, they no longer look like the same person; it's pretty dramatic." Business Leader

"I think people are probably okay with diabetes and thinking that it's not a big deal. I agree with a campaign showing amputations and other horrible side effects may be the way to reach the right people in the community. So many family members have diabetes that no one is concerned with it." Business Leader

Alzheimer's Disease

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

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

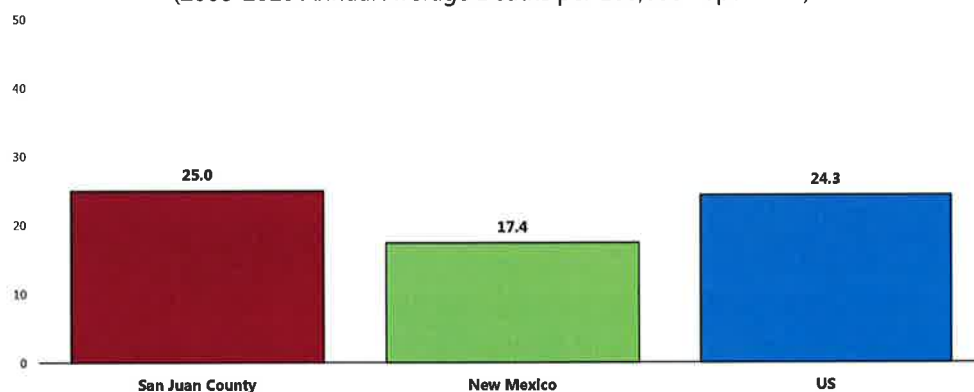
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 25.0 deaths per 100,000 population in San Juan County.

- Less favorable than the statewide rate.
- Comparable to the national rate.

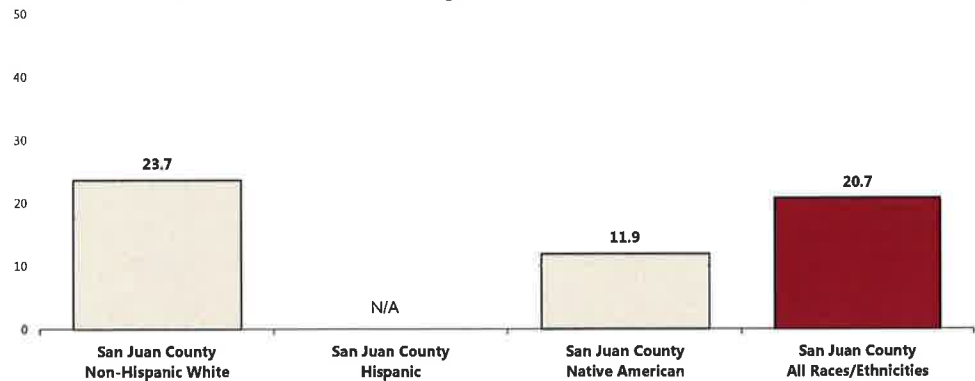
Alzheimer's Disease: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

🏠 The 2001-2010 Alzheimer's disease mortality rate appears higher among Whites than Native Americans in San Juan County (no rate available for Hispanics).

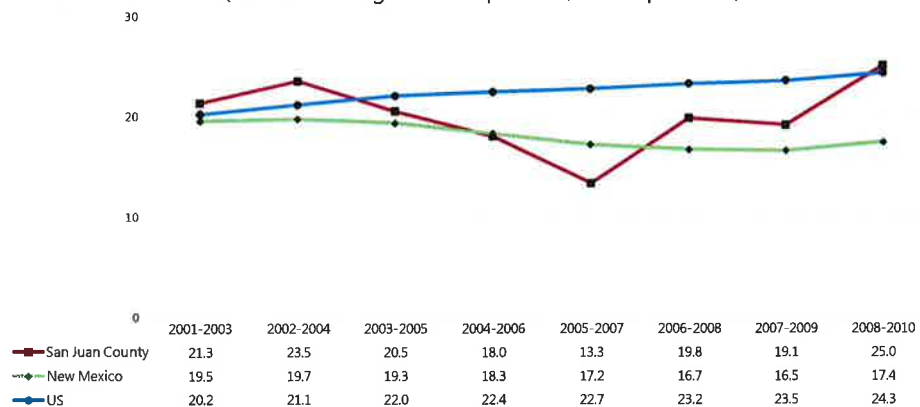
Alzheimer's Disease: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

📊 No clear trend is evident with regard to the Alzheimer's disease mortality rate in San Juan County, although the current rate is higher than baseline data (2001-2003). Across New Mexico, the rate has decreased over the past decade, while increasing nationally.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Kidney Disease

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

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

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

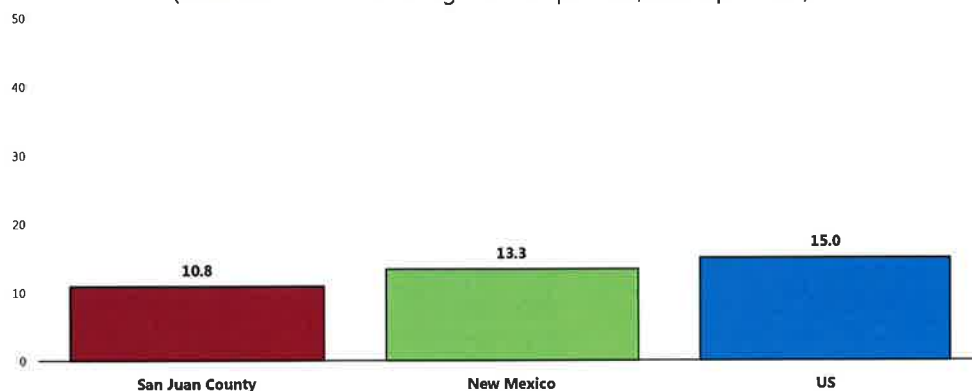
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 10.8 deaths per 100,000 population in San Juan County.

- More favorable than the rate found statewide.
- More favorable than the national rate.

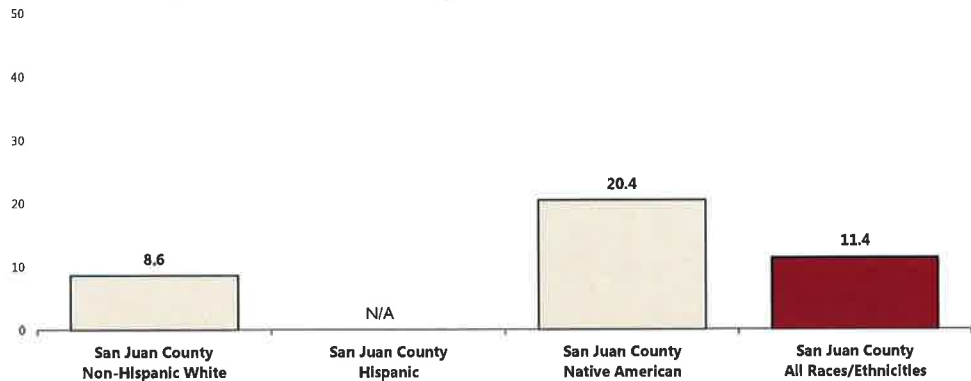
Kidney Disease: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

👤 The kidney disease mortality rate in San Juan County appears higher among Native Americans (2001-2010 data).

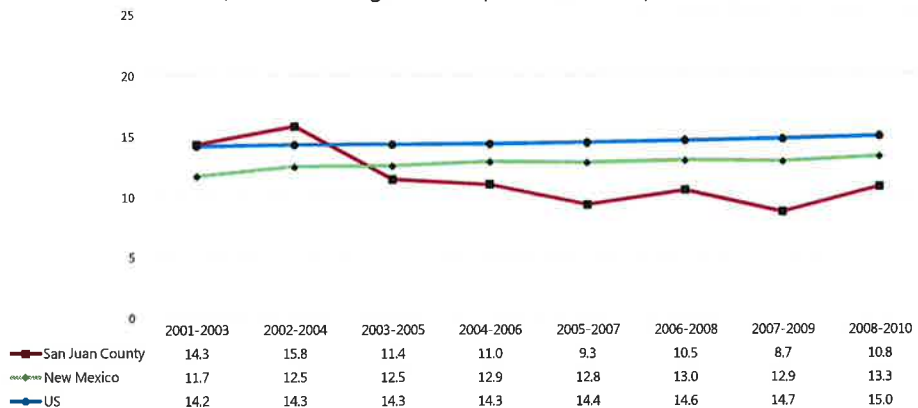
Kidney Disease: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

📉 Over the past decade, the age-adjusted kidney disease death rate decreased in San Juan County, while state and national mortality rates increased.

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



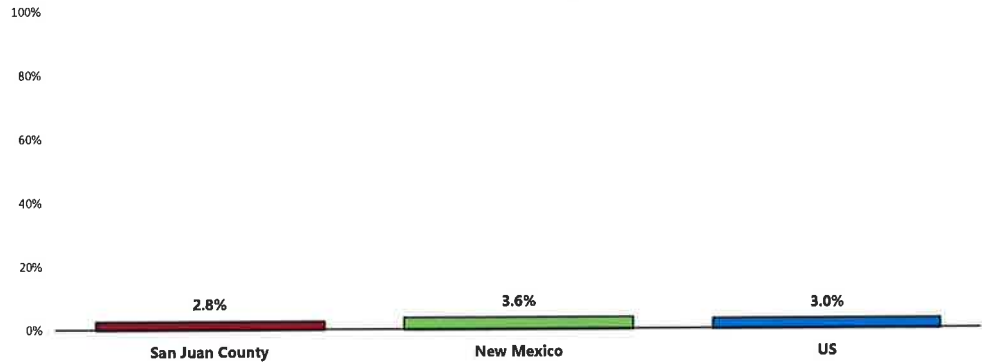
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages.

Prevalence of Kidney Disease

A total of 2.8% of San Juan County adults report having been diagnosed with kidney disease.

- Similar to the statewide prevalence.
- Similar to the national proportion.

Prevalence of Kidney Disease

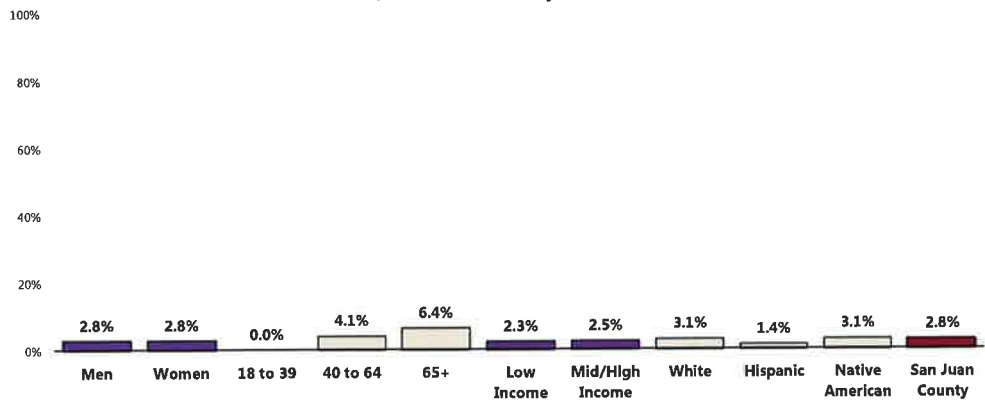


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2012 New Mexico data
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👤 Note the positive correlation between age and kidney disease in San Juan County.

Prevalence of Kidney Disease

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Potentially Disabling Conditions

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

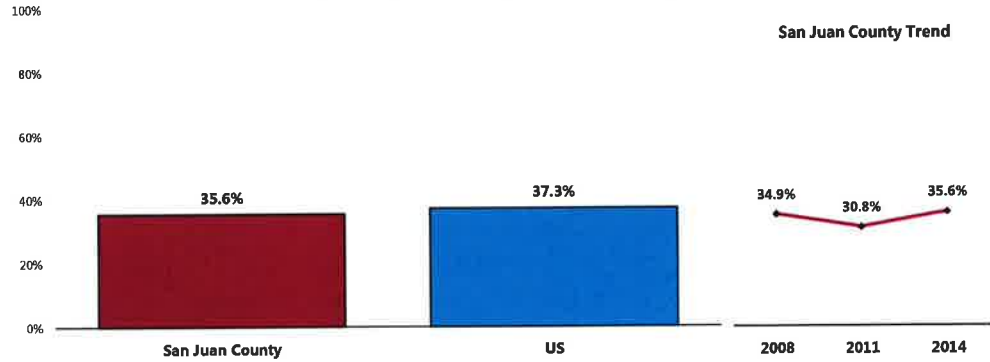
Prevalence of Arthritis/Rheumatism

More than one-third of San Juan County adults age 50 and older (35.6%) reports suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- ☒ The prevalence of arthritis/rheumatism is similar to that reported in 2008.

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

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



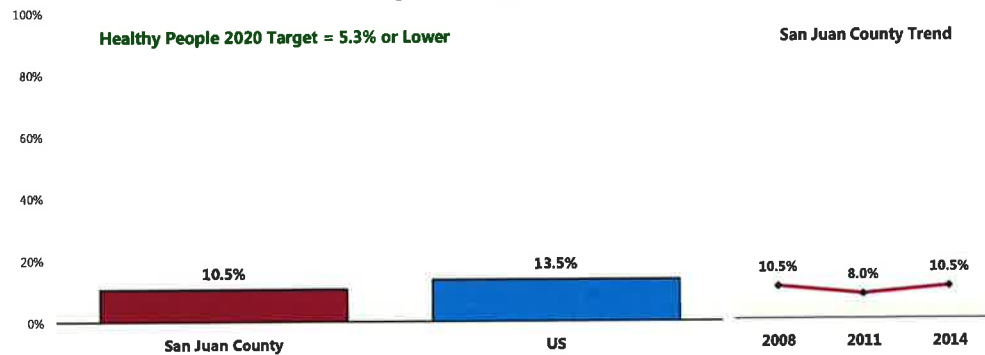
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 10.5% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Twice the Healthy People 2020 target of 5.3% or lower.
- ☒ Unchanged over time.

Prevalence of Osteoporosis (Among Adults Age 50 and Older)

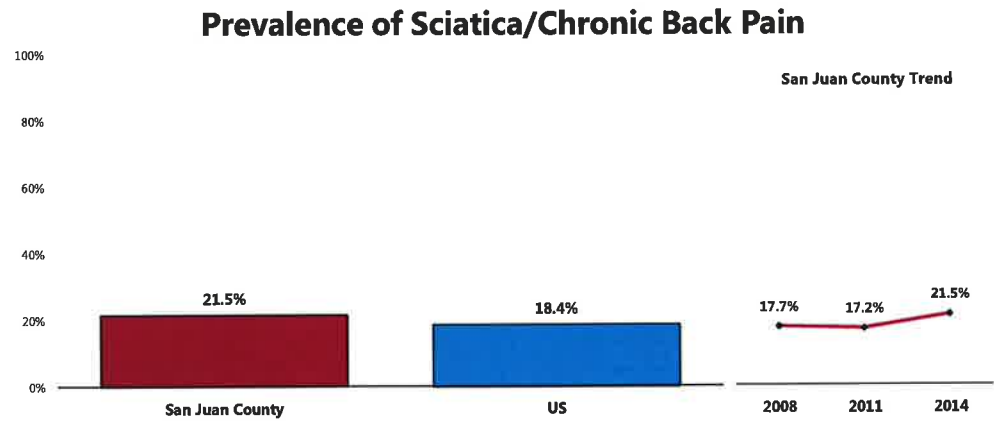


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 21.5% of survey respondents suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.
- ▣ Denotes a statistically significant increase since 2008.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Vision & Hearing Impairment

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

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

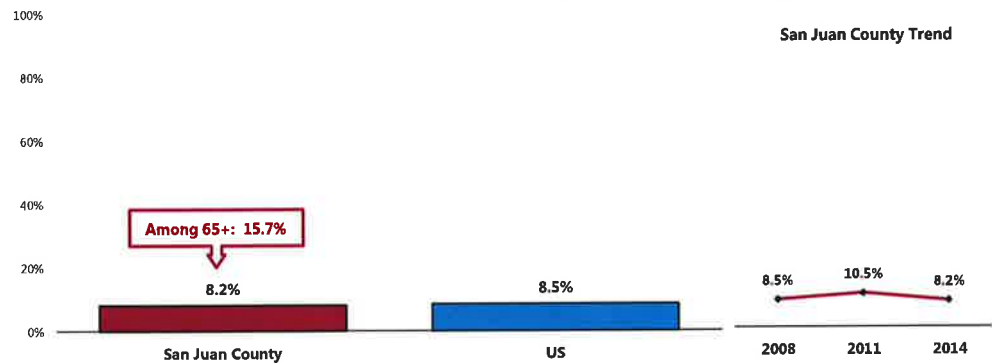
Vision Trouble

A total of 8.2% of San Juan County adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to that found nationwide.
- ▣ Statistically unchanged over time.
- 👴 Among San Juan County adults age 65 and older, 15.7% have vision trouble.

RELATED ISSUE:
See also *Vision Care* in
the **Access to Health
Services** section of this
report.

Prevalence of Blindness/Trouble Seeing



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

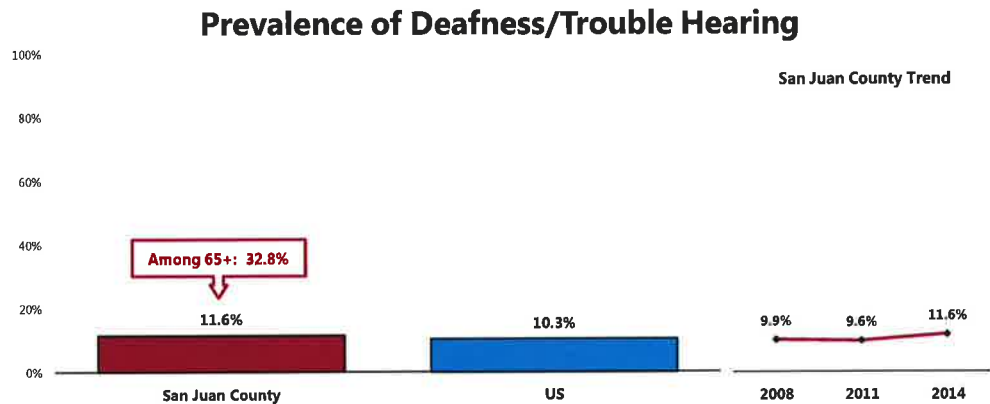
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 11.6% of San Juan County adults report being deaf or having difficulty hearing.

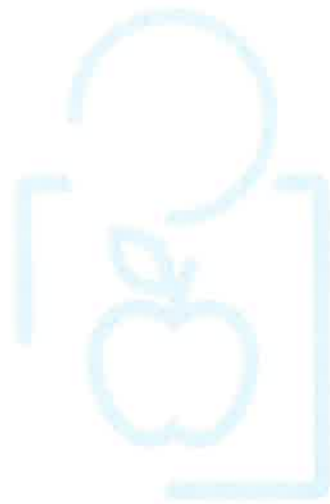
- Similar to that found nationwide.
- ▣ Unchanged over time.
- 👴 Among San Juan County adults age 65 and older, 32.8% have partial or complete hearing loss.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 28)
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.



INFECTIOUS DISEASE



Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by \$9.9 billion.
- Saves \$33.4 billion in indirect costs.

– Healthy People 2020 (www.healthypeople.gov)

Measles, Mumps, Rubella

There have been no reported cases of measles, mumps, or rubella in San Juan County in recent years.

Pertussis

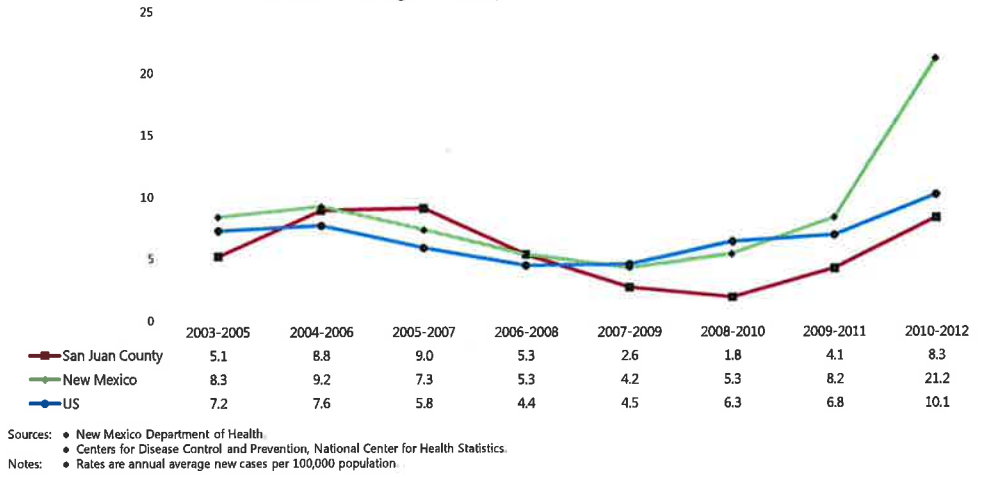
Between 2010 and 2012, the annual average pertussis incidence rate (new cases per year) was 8.3 cases per 100,000 population in San Juan County.

- Well below the New Mexico incidence rate.
- Below the national incidence rate.
- ☒ Incidence has fluctuated considerably over the past decade, with no obvious trend. The 2010-2012 rate is higher than the baseline 2003-2005 data.

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

It is usually expressed as cases per 100,000 population per year.

Pertussis Incidence (Annual Average Cases per 100,000 Population)



Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

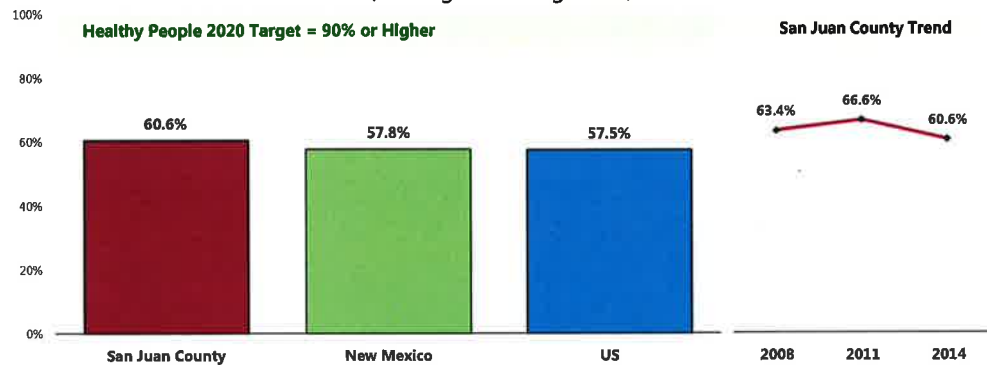
Flu Vaccinations

Among San Juan County seniors, 60.6% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the New Mexico finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- ☒ Statistically unchanged since 2008.

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2012 New Mexico data.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]
 Notes: ● Reflects respondents 65 and older.
 ● Includes FluMist as a form of vaccination.

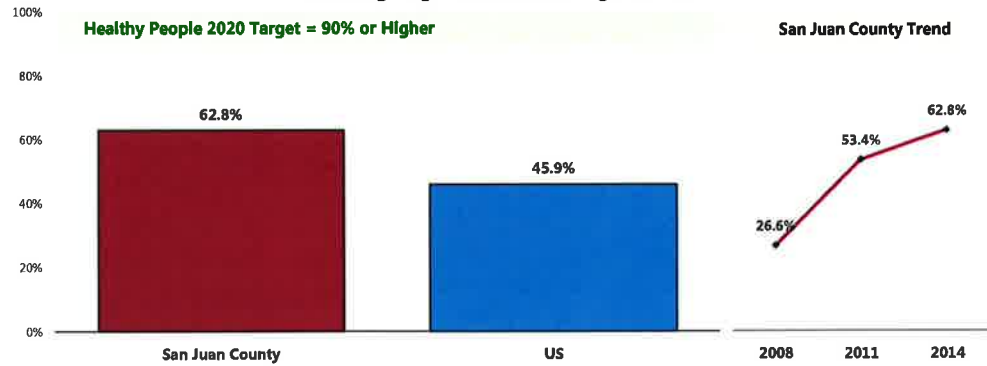
High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 62.8% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- ☒ Marks a statistically significant increase over time.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults Age 18-64)



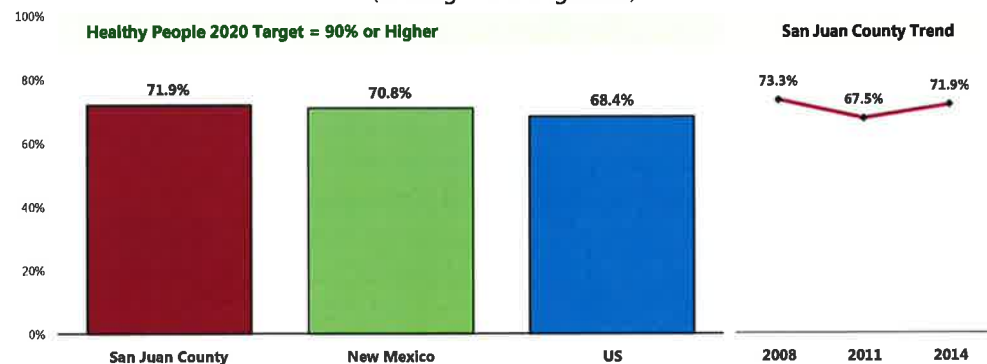
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.6]
 Notes: • Reflects high-risk respondents age 18-64.
 • "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 • Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 71.9% have received a pneumonia vaccination at some point in their lives.

- Comparable to the New Mexico finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- ▣ Statistically unchanged over time.

Older Adults: Have Ever Had a Pneumonia Vaccine (Among Adults Age 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 New Mexico data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
 Notes: • Reflects respondents 65 and older.

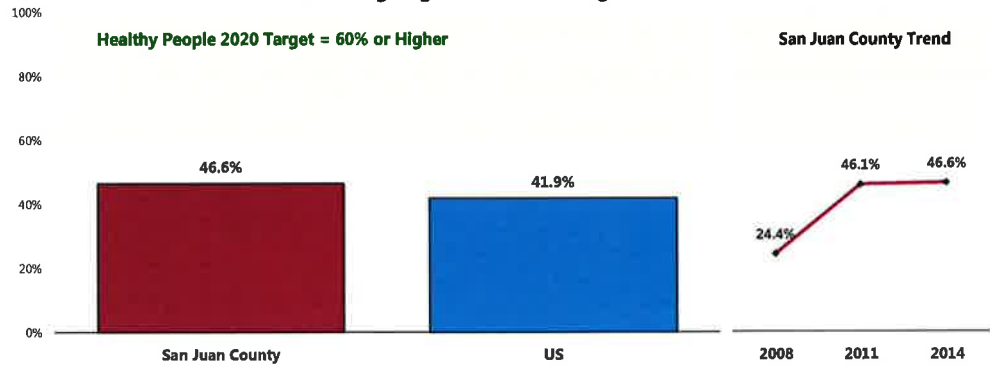
High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 46.6% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- ▣ Denotes a statistically significant increase over time.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults Age 18-64)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services: Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective ID-13.2]
- Notes:
- Asked of all high-risk respondents under 65.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

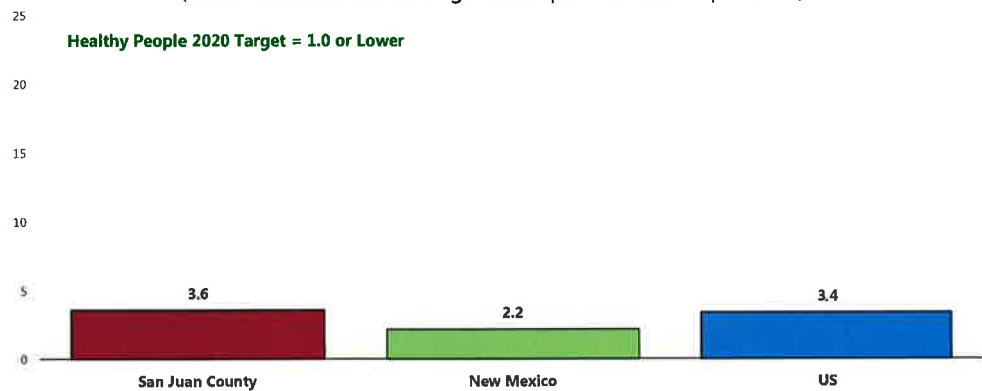
– Healthy People 2020 (www.healthypeople.gov)

Between 2010 and 2012, the annual average tuberculosis incidence rate (new cases per year) was 3.6 cases per 100,000 population in San Juan County.

- Above the New Mexico incidence rate.
- Above the national incidence rate.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).

Tuberculosis Incidence

(2010-2012 Annual Average Cases per 100,000 Population)

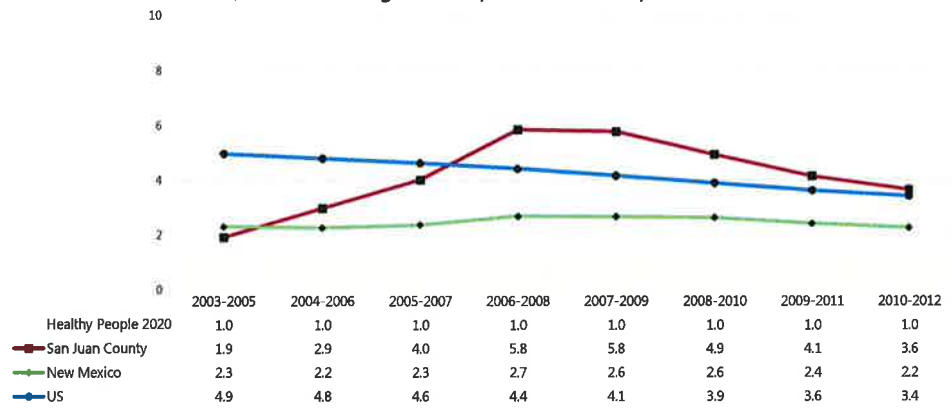


Sources: • New Mexico Department of Health.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective 10D-29]
• Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes: • Rates are annual average new cases per 100,000 population.

- Tuberculosis incidence increased in San Juan County in the early 2000s, but has since begun to decline.

Tuberculosis Incidence (Annual Average Cases per 100,000 Population)



Sources:

- New Mexico Department of Health
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:

- Rates are annual average new cases per 100,000 population.

HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

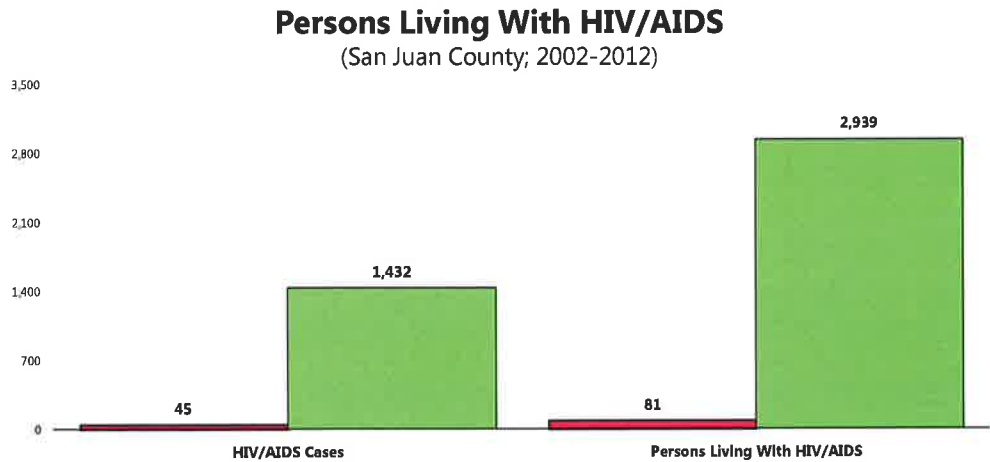
– Healthy People 2020 (www.healthypeople.gov)

HIV/AIDS Cases

Living With HIV/AIDS

Between 2002 and 2012, there were 45 reported cases of HIV/AIDS in San Juan County (for a total of 81 persons living with HIV/AIDS).

- This compares to a statewide total of 1,432 HIV/AIDS cases reported over the decade (and 2,939 persons living with HIV/AIDS across New Mexico).

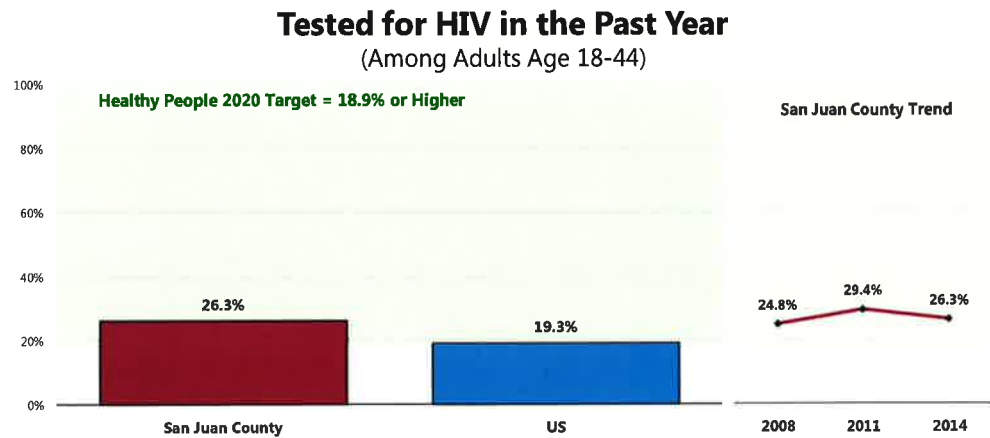


Sources: • New Mexico Department of Health

HIV Testing

Among San Juan County adults age 18-44, 26.3% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Higher than the proportion found nationwide.
- Satisfies the Healthy People 2020 target of 18.9% or higher.
- ▣ Testing has remained stable since 2008.

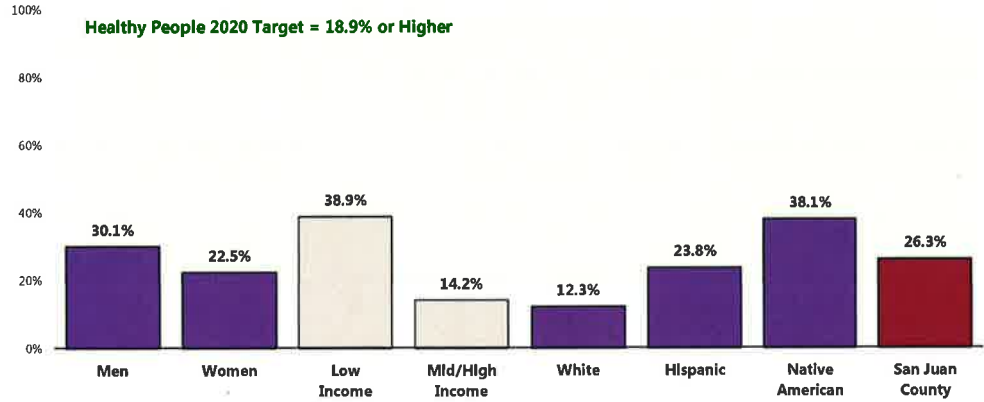


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 150]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
 Notes: • Reflects respondents age 18 to 44.
 • Note that the Healthy People 2020 objective is for ages 15-44.

By demographic characteristics:

- Among adults under 45: women, upper-income residents, Whites, and Hispanics less often report having been tested for HIV.

Tested for HIV in the Past Year (Among Adults Age 18-44)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> (Objective HIV-14.1)

Notes:

- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

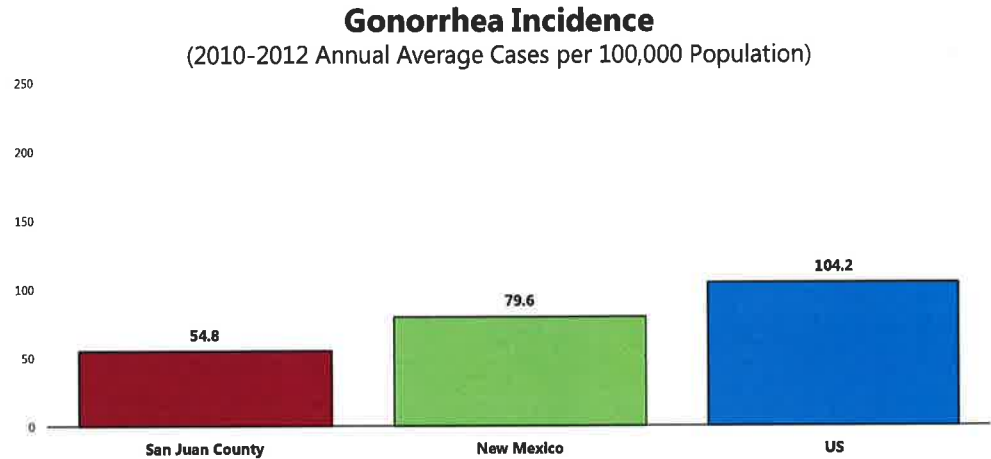
- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

Gonorrhea

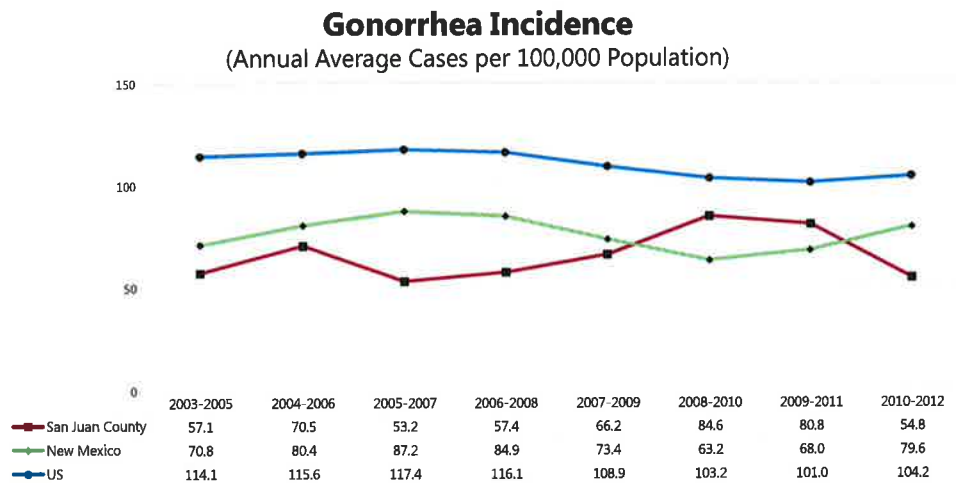
Between 2010 and 2012, the annual average gonorrhea incidence rate was 54.8 cases per 100,000 population in San Juan County.

- Lower than the New Mexico incidence rate.
- Notably lower than the national incidence rate.



Sources: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics
Notes: • Rates are annual average new cases per 100,000 population.

☒ The recent gonorrhea rate has fluctuated over the past decade.



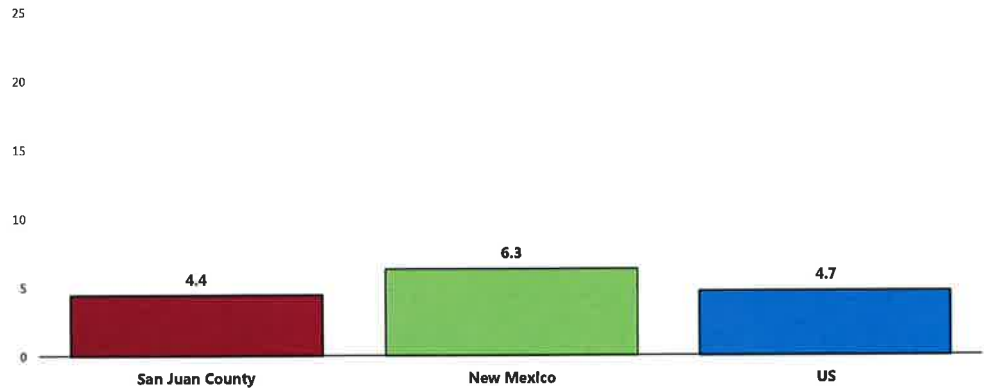
Sources: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics
Notes: • Rates are annual average new cases per 100,000 population.

Syphilis

Between 2010 and 2012, the annual average primary/secondary syphilis incidence rate was 4.4 cases per 100,000 population in San Juan County.

- Lower than the New Mexico incidence rate.
- Lower than the national incidence rate.

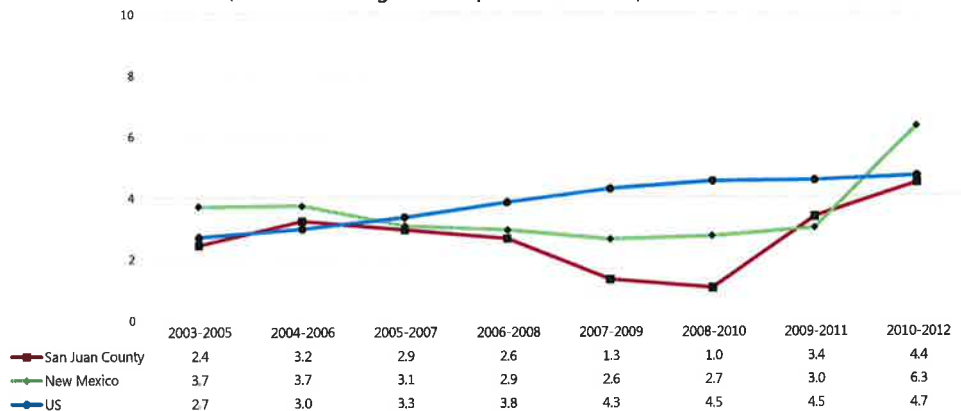
Primary/Secondary Syphilis Incidence
(2010-2012 Annual Average Cases per 100,000 Population)



Sources: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

☒ Syphilis incidence has increased in San Juan County in recent years, echoing the state and national trends.

Primary/Secondary Syphilis Incidence
(Annual Average Cases per 100,000 Population)

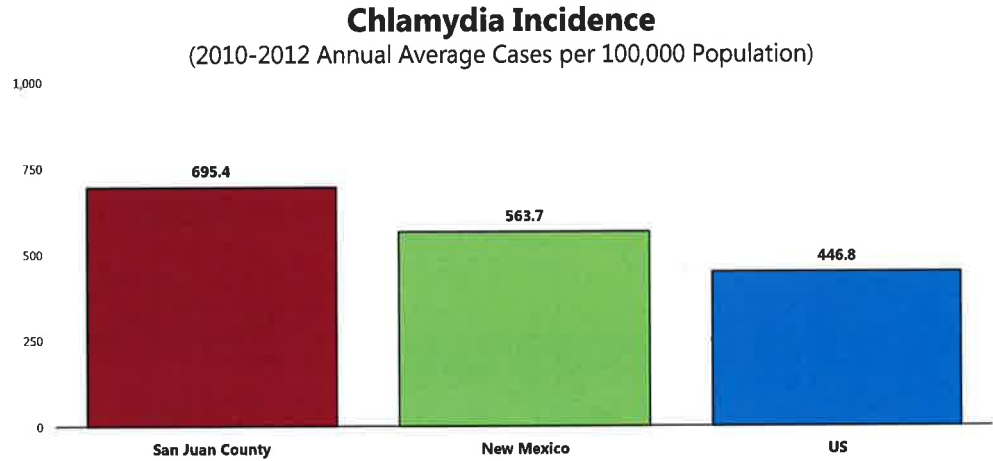


Sources: • New Mexico Department of Health
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Chlamydia

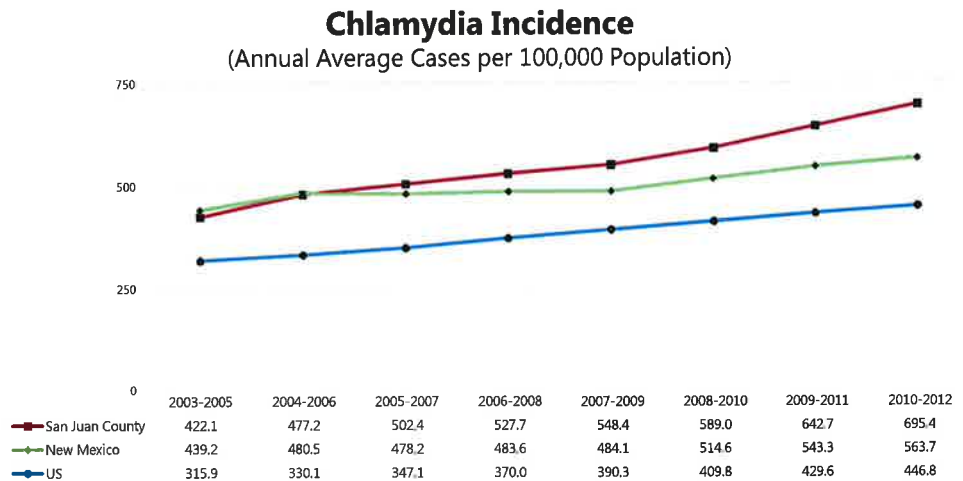
Between 2010 and 2012, the annual average chlamydia incidence rate was 695.4 cases per 100,000 population in San Juan County.

- Less favorable than the New Mexico incidence rate.
- Less favorable than the national incidence rate.



Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

- ▣ Chlamydia incidence increased steadily over the past decade in San Juan County, as did the state and national incidence rates.



Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Acute Hepatitis B

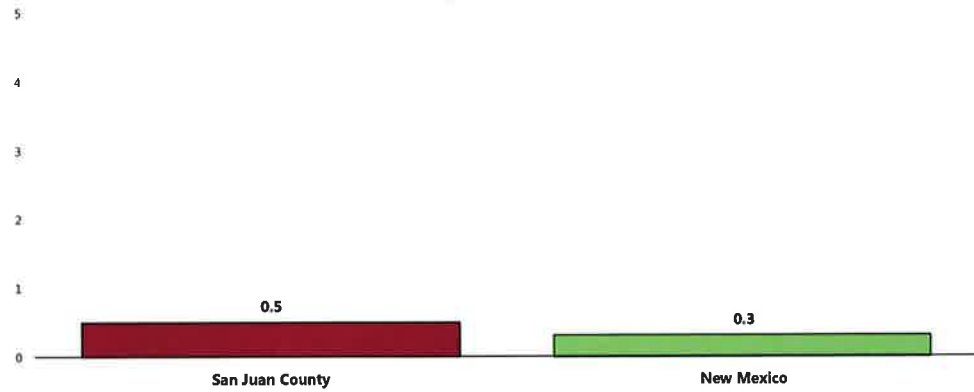
Hepatitis B Incidence

Between 2010 and 2012, the hepatitis B incidence rate was 0.5 cases per 100,000 population in San Juan County.

- Less favorable than the statewide rate.

Hepatitis B (Acute) Incidence

(2010-2012 Annual Average Cases per 100,000 Population)

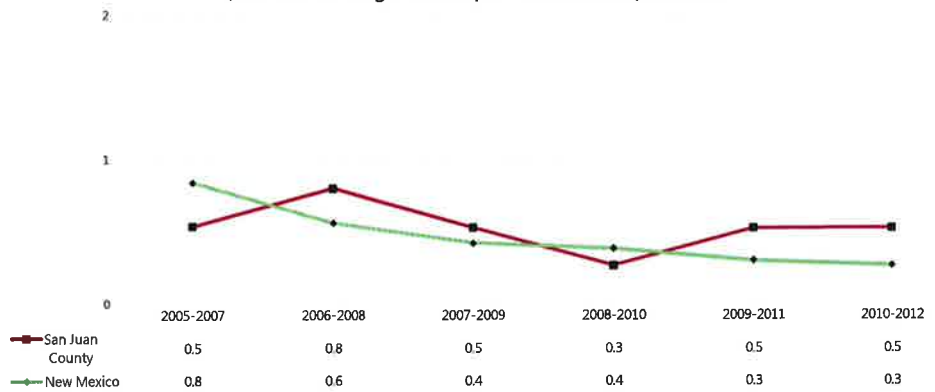


Sources: • New Mexico Department of Health.
Notes: • Rates are annual average new cases per 100,000 population.

- ☒ Although fluctuating over time, the most recent rate is unchanged from 2005-2007 baseline rate. Note the downward trend reported statewide.

Hepatitis B (Acute) Incidence

(Annual Average Cases per 100,000 Population)



Sources: • New Mexico Department of Health.
Notes: • Rates are annual average new cases per 100,000 population.

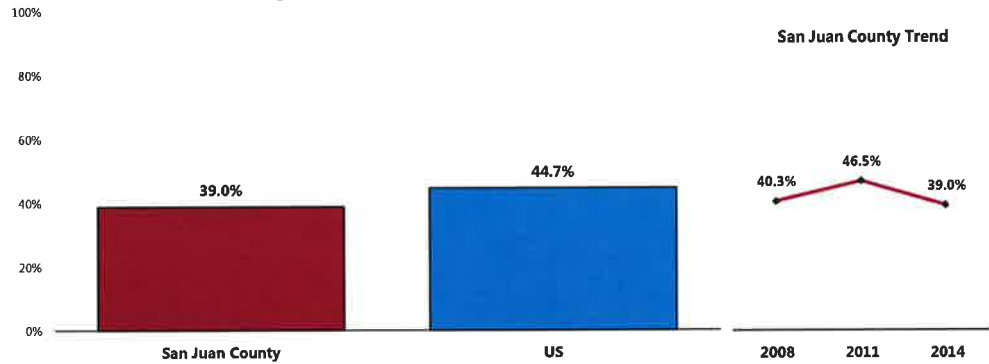
Hepatitis B Vaccination

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Based on survey data, nearly 4 in 10 (39.0%) residents report having received the hepatitis B vaccination series.

- Lower than what is reported nationwide.
- ▣ Unchanged from 2008 survey results (but decreasing since 2011).

Have Completed the Hepatitis B Vaccination Series



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 69]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

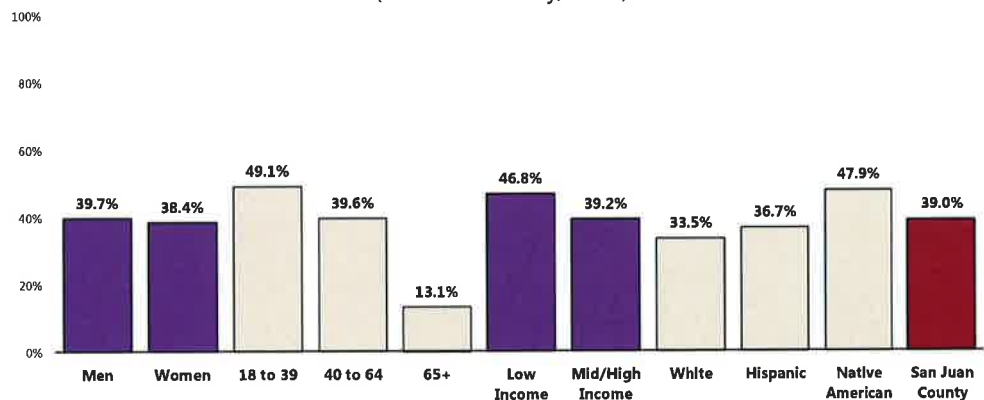
 Notes:

- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots

- 👤 Note the negative correlation between age and hepatitis B vaccination.
- 👤 In addition, residents living at higher incomes are less likely to have received the hepatitis B vaccine, as are Whites and Hispanics.

Have Completed the Hepatitis B Vaccination Series

(San Juan County, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

 Notes:

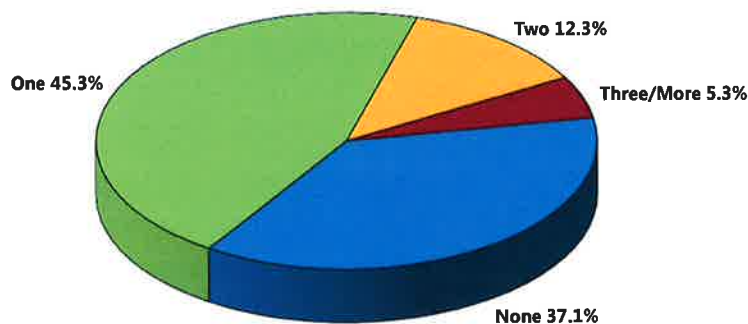
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.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

Safe Sexual Practices

Sexual Partners

Among unmarried San Juan County adults under 65, the vast majority cites having one (45.3%) or no (37.1%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; San Juan County, 2014)

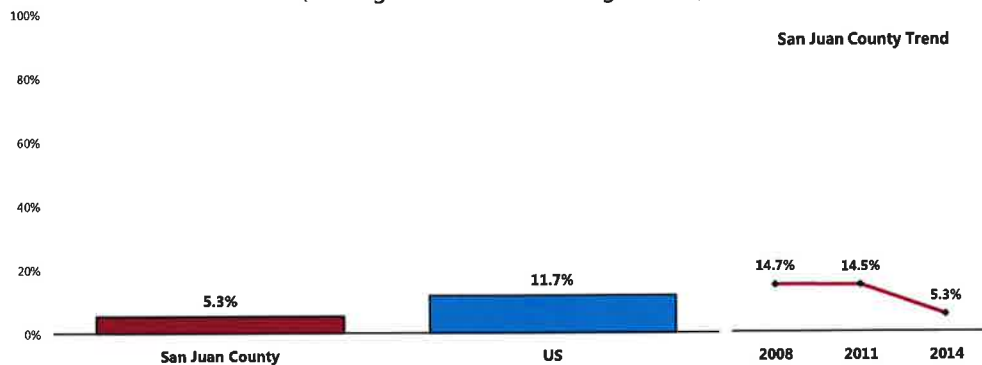


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 5.3% report three or more sexual partners in the past year.

- Half the percentage reported nationally.
- ▣ Marks a statistically significant decrease over time.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)

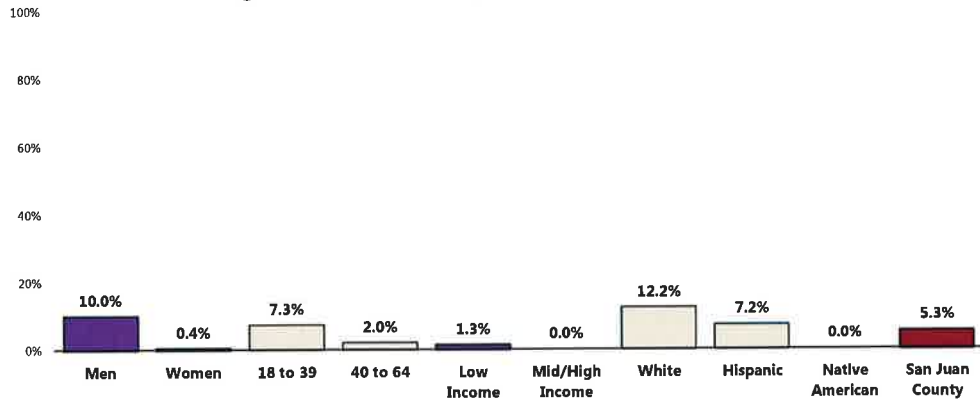


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- 👤 Men.
- 👤 Residents age 18 to 39.
- 👤 Whites and Hispanics.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; San Juan County, 2014)



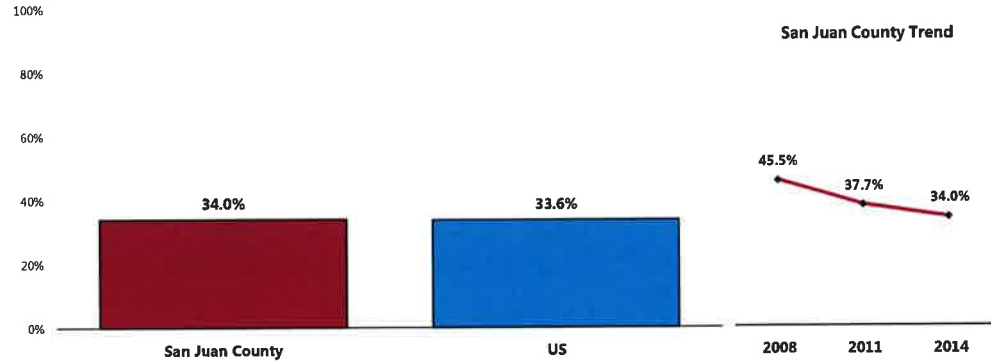
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Condom Use

Among San Juan County adults who are under age 65 and unmarried, 34.0% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.
- 📉 Denotes a statistically significant decrease over time.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)

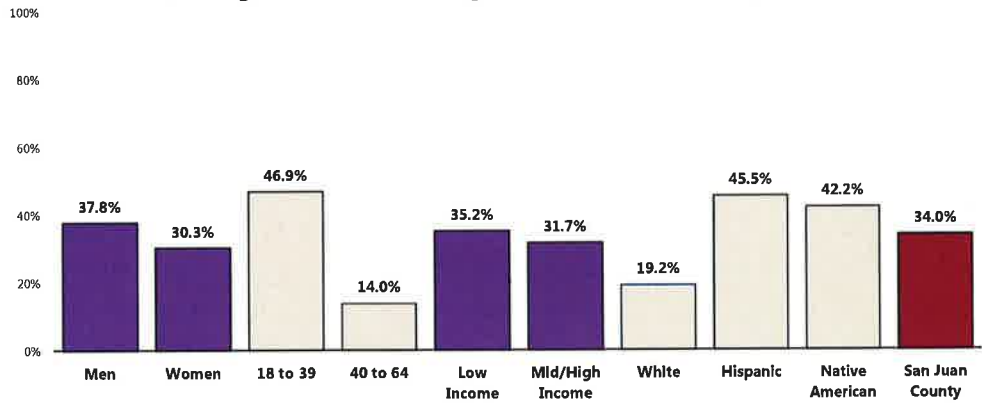


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- 👤 Women.
- 👤 Residents age 40 through 64.
- 👤 Non-Hispanic Whites.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all unmarried respondents under the age of 65.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

BIRTHS



Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

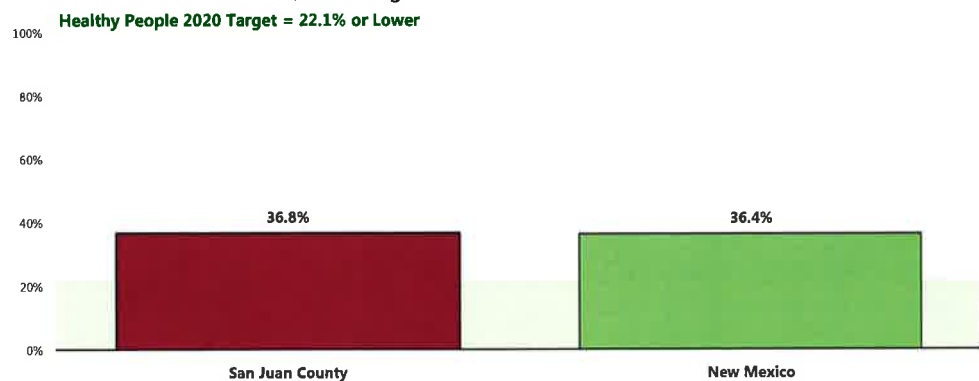
– Healthy People 2020 (www.healthypeople.gov)

Between 2010 and 2012, 36.8% of all San Juan County births did not receive prenatal care in the first trimester of pregnancy.

- Nearly identical to the New Mexico proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

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

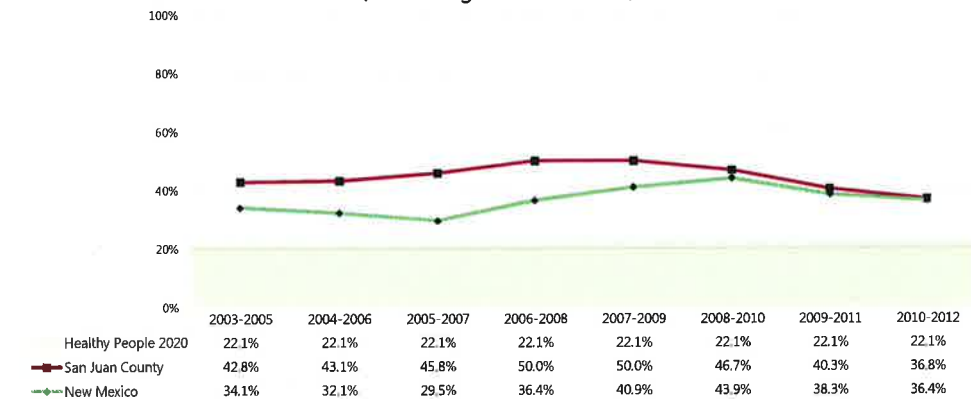
Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2010-2012)



Sources: ● New Mexico Department of Health
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
Note: ● Numbers are a percentage of all live births within each population.

- Although increasing through the latter 2000s, the lack of prenatal care has improved more recently in San Juan County.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births)



Sources: • New Mexico Department of Health.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-101]
 Note: • Numbers are a percentage of all live births within each population.

Related Focus Group Findings: Prenatal Care in San Juan County

Many focus group participants agreed that the rate of **teen pregnancy** is down in the community. However, there is still a **lack of prenatal care** among single mothers who never see a physician until the birth of the child. There are several programs already in place which participants believe to be effective but they need to be advertised better out in the community. First Born and Parent as Teachers were mentioned in the groups. The main issues surrounding prenatal care include:

- Health education in the schools
- Life skills classes
- Education classes, best form of birth control
- School-based health clinics
- First Born Program
- Parents as teachers
- Walk-in clinic offering free or low-cost prenatal services
- The Midwife Clinic
- Mobile unit
- Use of social media
- Outreach involving churches
- Promote positive message pictures on billboards
- Poverty driven

Several participants believe the reason for lack or delay in seeking prenatal care can be attributed to the absence of sexual **education** in the schools, the **cost** of seeking medical care, and **access** to prenatal information and care. Focus group members think this issue is compounded by the residents' socioeconomic status and also the **cultural acceptance** in the Latino and Native American communities. The community needs to improve the education efforts surrounding the importance of prenatal care. Key informants believe that education is the most powerful tool, not only with prenatal care but also in avoiding unwanted pregnancies. A respondent describes:

"Well I think this is often seen in the lower socioeconomic levels, and then sometimes it is culturally driven; and sometimes the two are together. There are a lot of people who don't want to accept the fact that they are pregnant and don't have or seek medical care until it's time to deliver." Business Leader

Focus group members stress that the hospital can take a leading role in educating residents to the importance of prenatal care. This needs to be a **community program** with the goal to provide education where people live, work, play, and pray. Employers and schools need to offer more education since these organizations have captive audiences. School-based health clinics are one way to educate students and parents about sexual education (including prenatal care) with both written and verbal communications.

A **life skills** program providing prevention and health education in the schools will capture the attention of the young people and teach them the importance of taking control of their own bodies and preventing unwanted pregnancies. Focus group attendees also believe that the hospital and local agencies need to capitalize on relationships which the faith-based organizations have in the community. Agencies must work with the churches and educate between services:

"Our churches and our parents always taught us life skills – at least in my generation. This is where the hospital needs to work with the schools and the churches and put together a week-long Life Skills Program. It needs to be advertised with a powerful message so young people would be eager to attend. It cannot be a religious message because we don't want to offend anyone but this could be a very powerful educating tool." Business Leader

Overall, participants believe another problem for the lack of prenatal care is the **cost and lack of access** to free or low-cost clinics. Sometimes residents need to wait up to 3 months to get approval for Medicaid and by this time they are entering their second trimester. Although the hospital and other community-based programs exist to provide early prenatal care, these may not be well advertised, and residents think they have to wait for Medicaid in order to access care. One participant describes it:

"This lady I know had to wait until after the first trimester to get her benefit from Medicaid this is the reason why she waited to get any prenatal care because of the days it takes to be eligible to receive Medicaid. Residents need more information about the eligibility of low-cost or possible no-cost for prenatal care, I know it is available but may people don't know that the county and the hospital have these types of programs. A lot of people think they have to wait for Medicaid to kick in." Elected Official

Advertising the availability of services is a way to get health messages out in the community. Participants want to see more **advertising** in billboards and use of social media to reach the young people in the area.

"We have to think techy using social media to reach this young age group. Maybe create a Facebook page, "When I get pregnant, what do I do?" I think the hospital can really promote this type of message. A message of wellness and the long term value of prenatal care. The hospital can drive this campaign and get it out in the community." Business Leader

There are some excellent programs already in place in this community, but many residents are not aware of them or don't know how to access their services. The hospital's Maternal, Child and Health Council may be able to collaborate and take a leadership role with the agencies providing these services and promote the importance of early prenatal care. Participants describe this type of **collaboration**:

"We have a couple of programs the First Born program and Parents as Teachers which are already in place. First Born works with new parents including teen parents and unwed mothers, providing information and resources through a nonprofit organization. The Parents as Teachers program actually goes out in the community to homes who have been identified by the Department of Health as needing assistance. Together with the hospital they could make a positive impact on prenatal care." Elected Official

"The hospital could collaborate and provide financial and professional support to School-Based Health Clinics, Parents as Teachers and First Born programs this could make a big difference in addressing prenatal care and ensuring good parenting skills for new parents." Elected Official

Participants agree that sometimes there is an issue with **denial** among pregnant teens and single mothers. This is troublesome to key informants because this is one of the main reasons for not seeking prenatal care. Some of the respondents believe that access to prenatal care is better now than in the past due to lower costs and easier accessibility to midwives. The Midwives Clinic is helping with this health topic.

"I think the first trimester issues are to some degree related to issues with denial or not wanting necessarily to admit that something is going on. Medicaid and access to insurance seems to be much easier to get here. They seem to have less income requirements when compared to other states." Physician

"I think the midwives had a big impact in that is three to six physicians in this community and three and a half midwives – three full-time, one part-time. When I first came here, I was seeing women at 40 weeks coming to Labor and Delivery without any prenatal care. They told me they worked and couldn't access the doctor's office during the day. I don't see that as much now. I think some of the barriers at that time were offices were very full and had self-pay rates that were very high. Sometimes people just couldn't afford to go. Now we have this clinic with midwives with a more reasonable self-pay rate so that it's easier for somebody to get some access earlier on with their pregnancy." Physician

"As an emergency physician it has been much easier for me to have patients follow up in the midwife clinic since many of them haven't been approved by Medicaid. The Clinic is design to assist with these types of patients without having to wait for Medicaid approval." Physician

Overall, the community has some excellent programs which participants believe are making a positive impact regarding prenatal care. As previously mentioned, respondents want to see the hospital continue to take a leadership role and assist local agencies advertise the services they already have in place. Planned Parenthood was mentioned as one of the agencies but participants also expressed concern with political ramifications.

Birth Outcomes & Risks

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

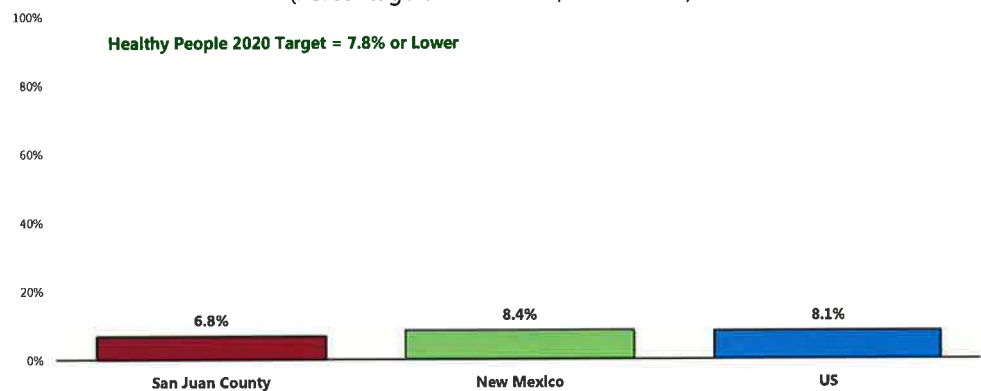
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births

A total of 6.8% of 2010-2012 San Juan County births were low-weight.

- Better than the New Mexico proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Low-Weight Births (Percentage of Live Births, 2010-2012)



Sources:

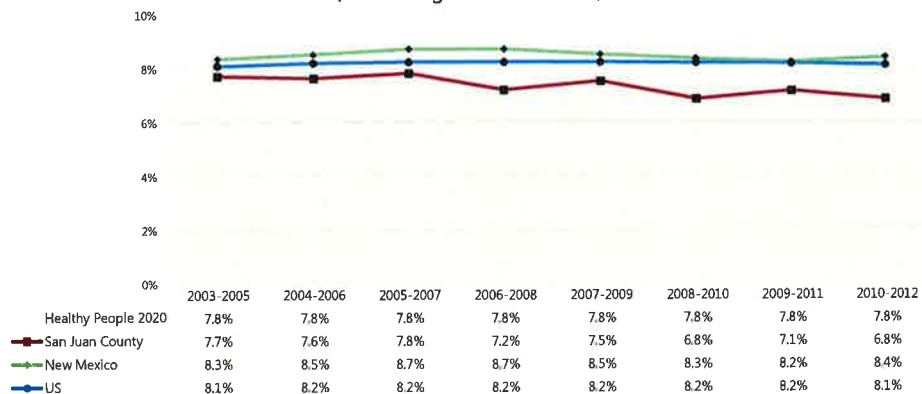
- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

 Note:

- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

☒ The proportion of low-weight births has decreased over time in San Juan County; percentages have been stable over time for New Mexico and the US overall.

Low-Weight Births (Percentage of Live Births)



Sources:

- New Mexico Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

 Note:

- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Infant Mortality

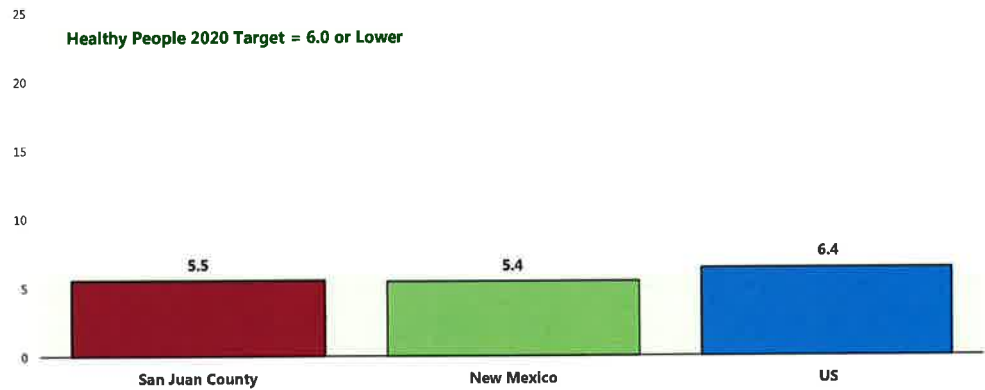
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2008 and 2010, there was an annual average of 5.5 infant deaths per 1,000 live births.

- Similar to the New Mexico rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● Centers for Disease Control and Prevention, National Center for Health Statistics.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

👤 By race, the infant mortality rate is higher among births to White mothers in San Juan County.

Infant Mortality Rate

(2001-2010 Annual Average Infant Deaths per 1,000 Live Births)

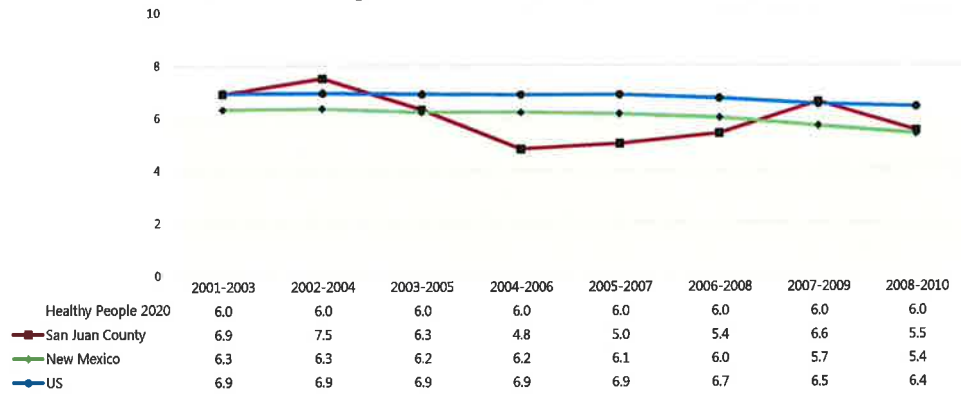


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Rates represent deaths of children under 1 year old per 1,000 live births.

- Despite fluctuations, the infant mortality rate has decreased over time in recent years in San Juan County, echoing the trends reported for New Mexico and the US overall.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)



Sources:

- CDC WONDER Online Query System: Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services: Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

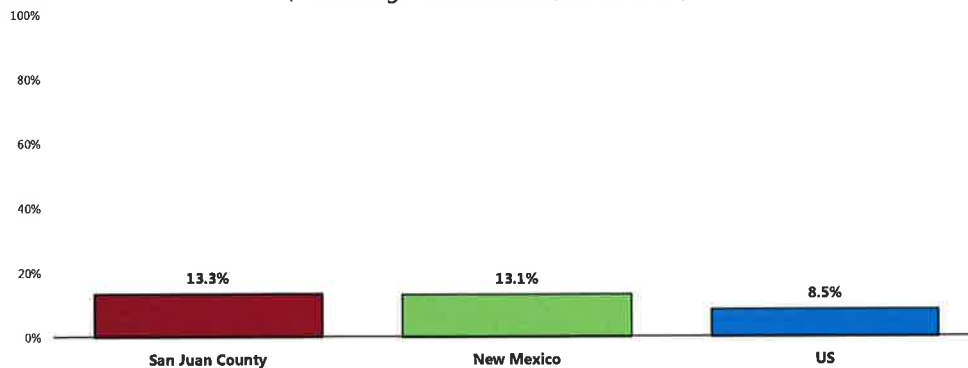
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 13.3% of 2010-2012 San Juan County births were to teenage mothers.

- Comparable to the New Mexico proportion.
- Higher than the national proportion.

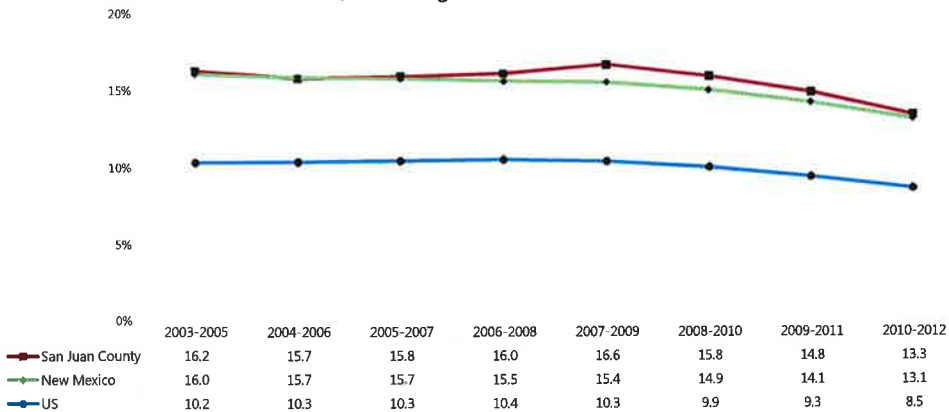
Births to Teen Mothers (Percentage of Live Births, 2010-2012)



Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

☒ The percentage of births to teen mothers has decreased over the past decade in San Juan County, echoing the decreasing trends reported statewide and nationally.

Births to Teen Mothers (Percentage of Live Births)



Sources: • New Mexico Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.



MODIFIABLE HEALTH RISKS



Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

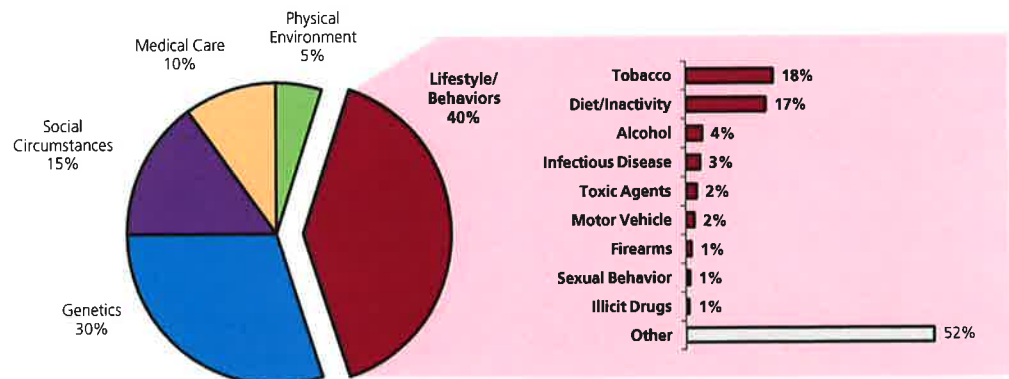
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH)
 JAMA, 291(2000) 1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

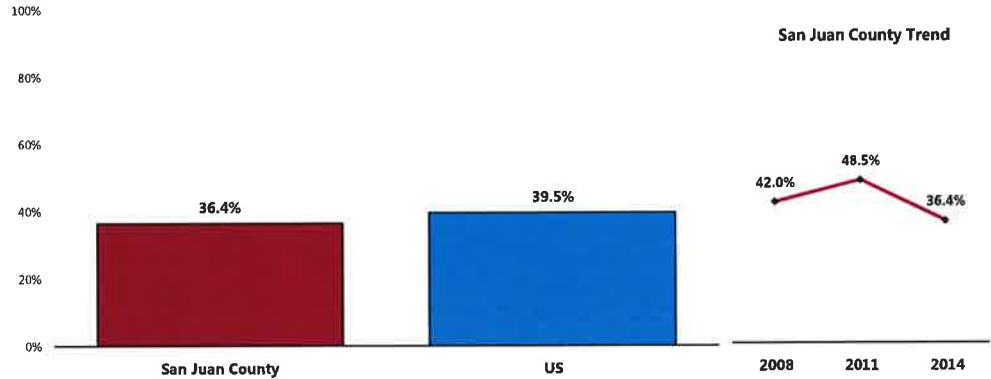
Daily Recommendation of Fruits/Vegetables

A total of 36.4% of San Juan County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
- ▣ The prevalence marks a statistically significant decrease from previous survey findings.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

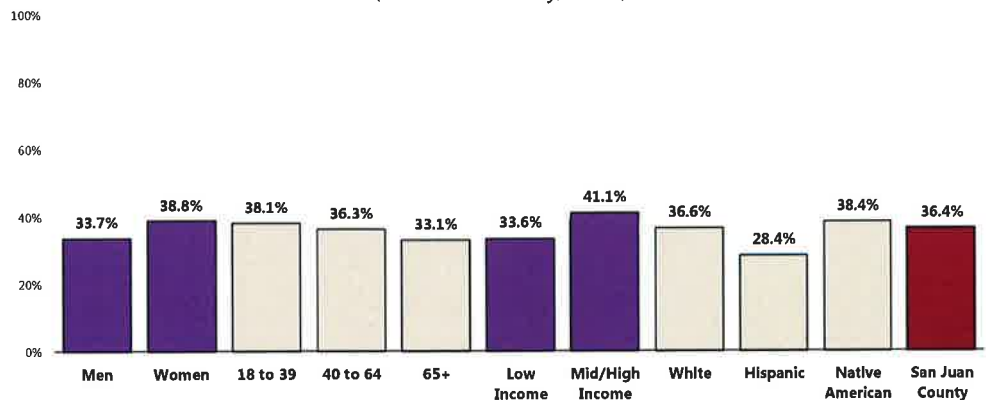
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.

- ▣ Area Hispanics are less likely to get the recommended servings of daily fruits/vegetables, as are residents in low-income households.

Consume Five or More Servings of Fruits/Vegetables Per Day (San Juan County, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g. "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

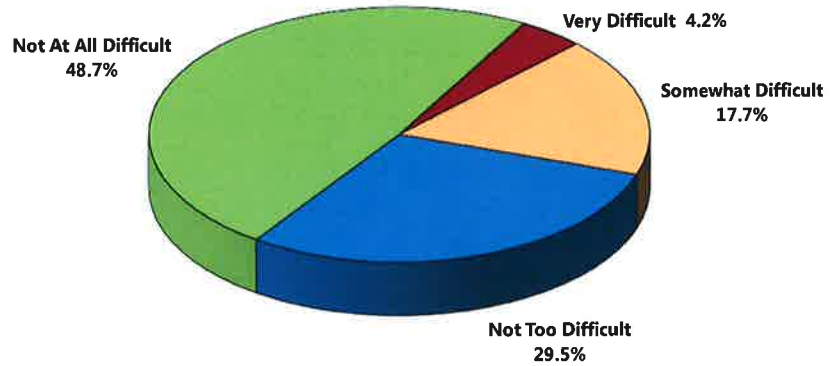
While most report little or no difficulty, 21.9% of San Juan County adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

Level of Difficulty Finding Fresh Produce at an Affordable Price

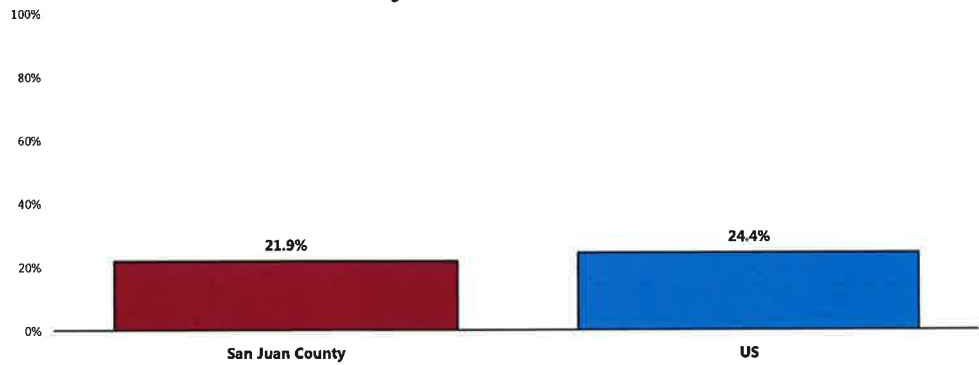
(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
Notes: • Asked of all respondents.



- Comparable to national findings.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

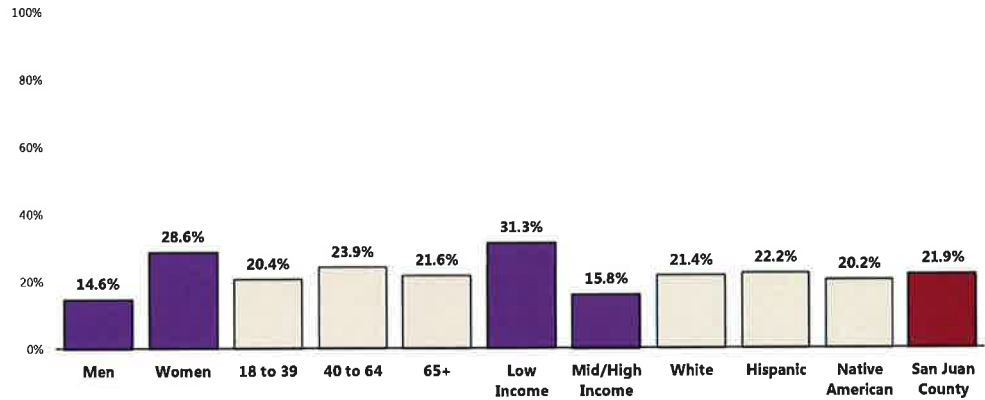


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

-  Women.
-  Lower-income residents.



Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce (San Juan County, 2014)



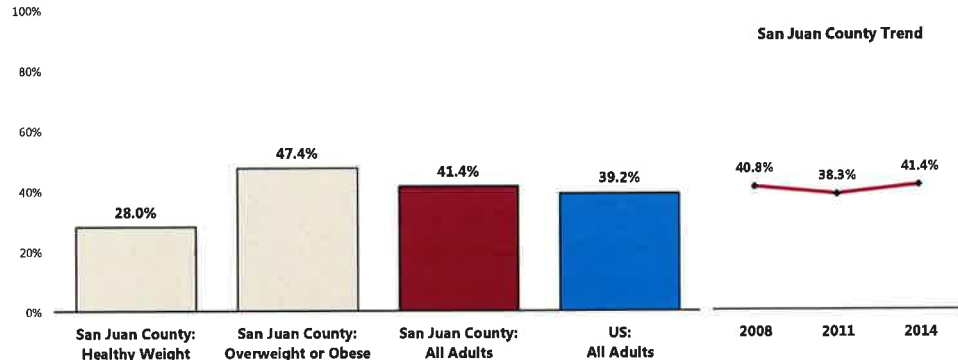
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g. "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Advice About Diet & Nutrition

A total of 41.4% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
-  Statistically unchanged over time.
-  Note: Among overweight/obese respondents, 47.4% report receiving diet/nutrition advice (meaning that over one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

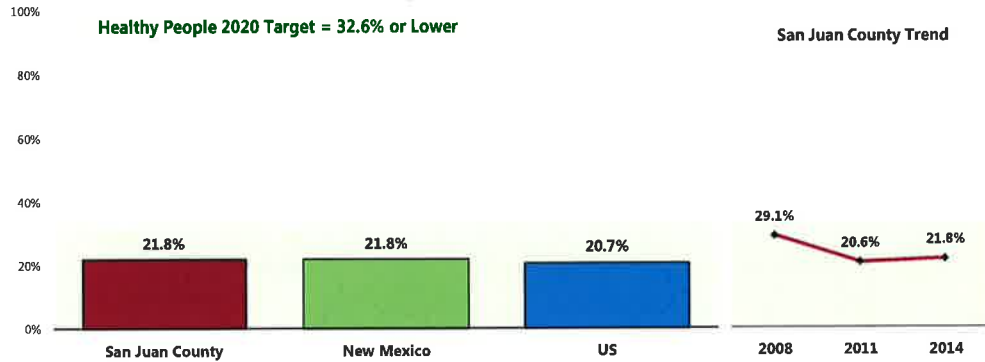
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 21.8% of San Juan County adults report no leisure-time physical activity in the past month.

- Identical to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

▣ Denotes a statistically significant decrease since 2008.

No Leisure-Time Physical Activity in the Past Month



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 93]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

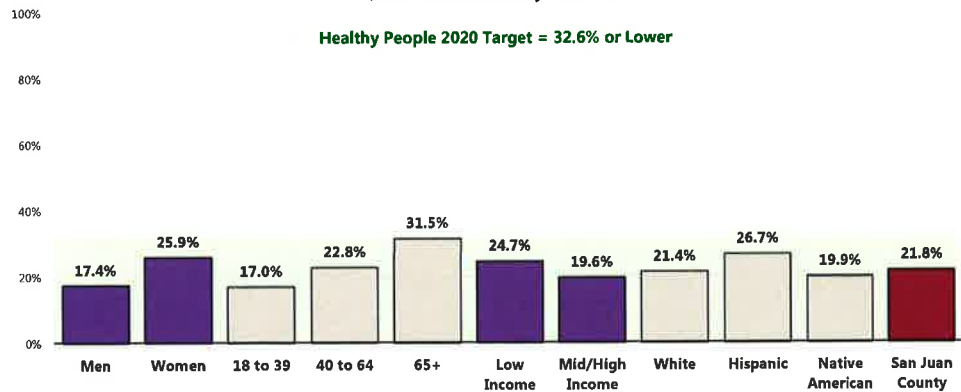
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- 👩 Women.
- 👴 Seniors (note the positive correlation between age and lack of leisure-time physical activity).

No Leisure-Time Physical Activity in the Past Month

(San Juan County, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

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

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

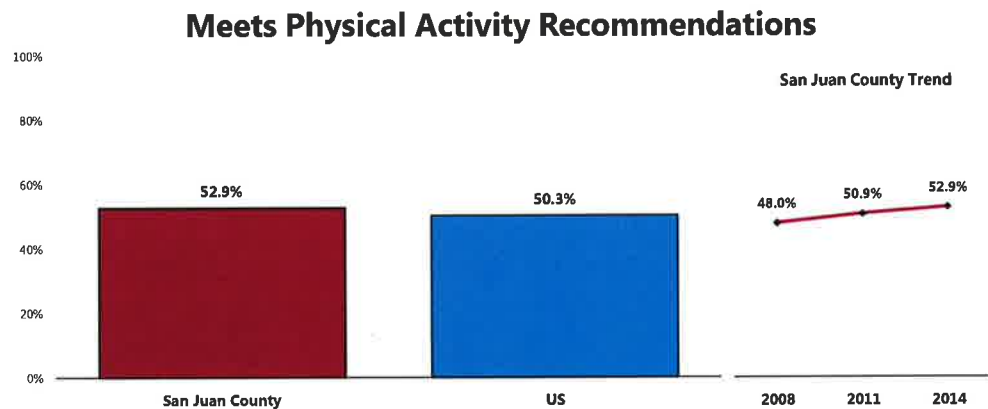
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 52.9% of San Juan County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to national findings.

▣ Marks a statistically significant increase since 2008.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 153]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

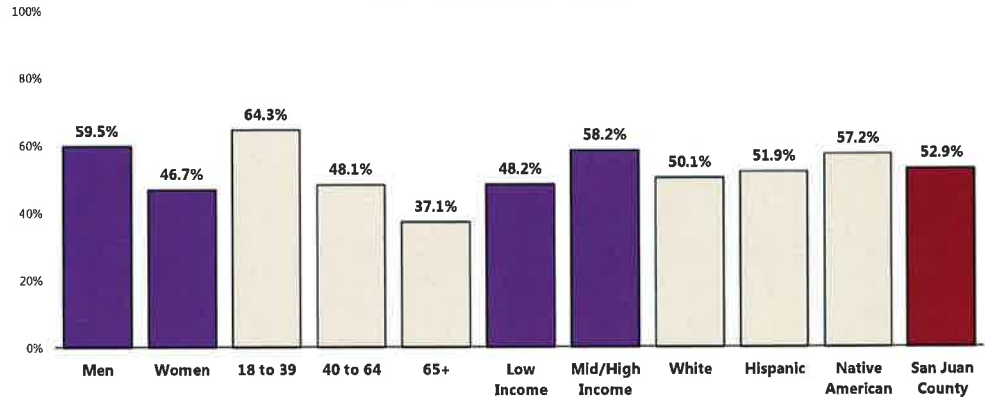
● In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- 👤 Women.
- 👤 Adults aged 40 and older (negative correlation with age).
- 👤 Residents in low-income households.

Meets Physical Activity Recommendations

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low income" includes households with incomes up to 200% of the federal poverty level, "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

A total of 36.1% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

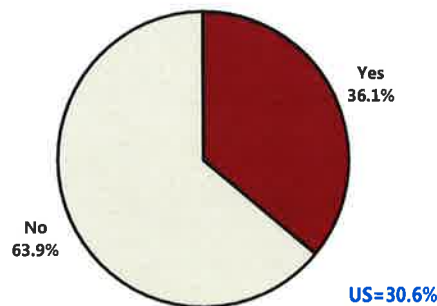
- More favorable than the national level.

A total of 41.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

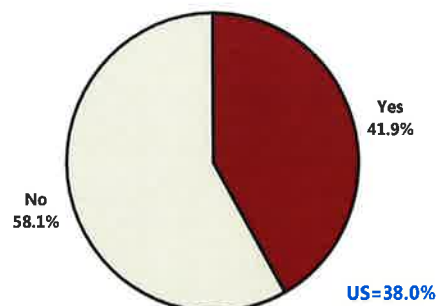
- Similar to the nationwide figure.

Moderate & Vigorous Physical Activity

(San Juan County, 2014)



Moderate Physical Activity



Vigorous Physical Activity

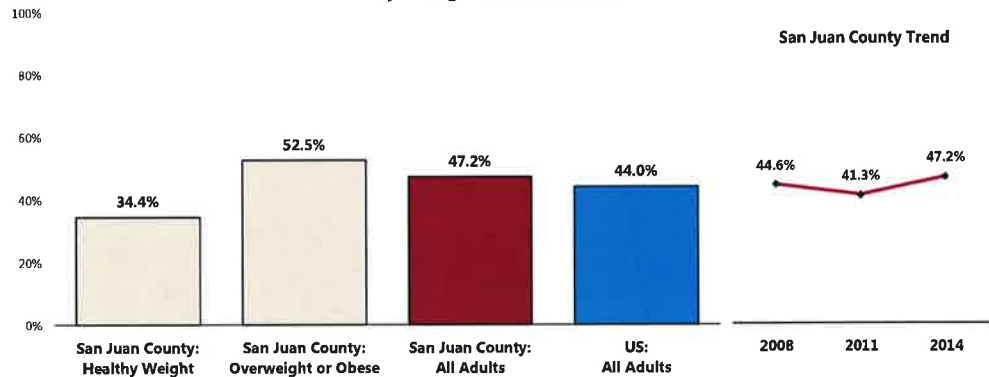
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 154-155]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Health Advice About Physical Activity & Exercise

A total of 47.2% of San Juan County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.
- ▣ Unchanged from the 2008 survey findings.
- 👤 Note: 52.5% of overweight/obese San Juan County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

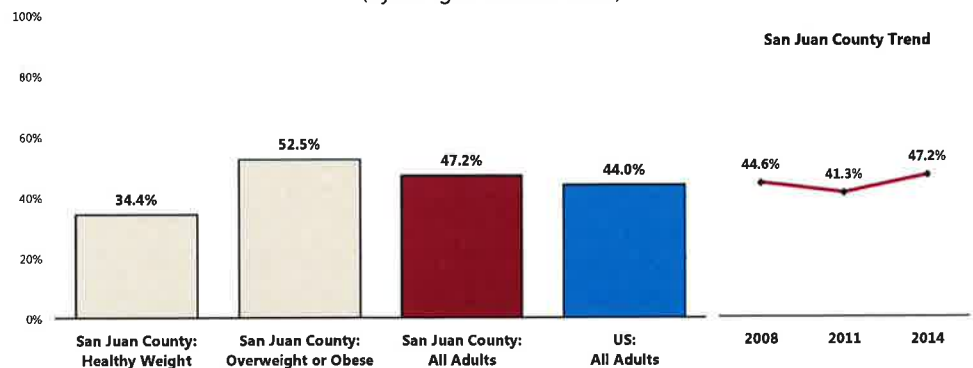
Notes: ● Asked of all respondents.

Children's Physical Activity

Among children age 2 to 17, 46.1% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to the percentage reported nationally.
- 👤 Similar findings by child's gender; note the negative correlation with age.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

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

Classification of Overweight and Obesity by BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

Adult Weight Status

Healthy Weight

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 30.2% of San Juan County adults are at a healthy weight.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- ☒ Statistically unchanged since 2008.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

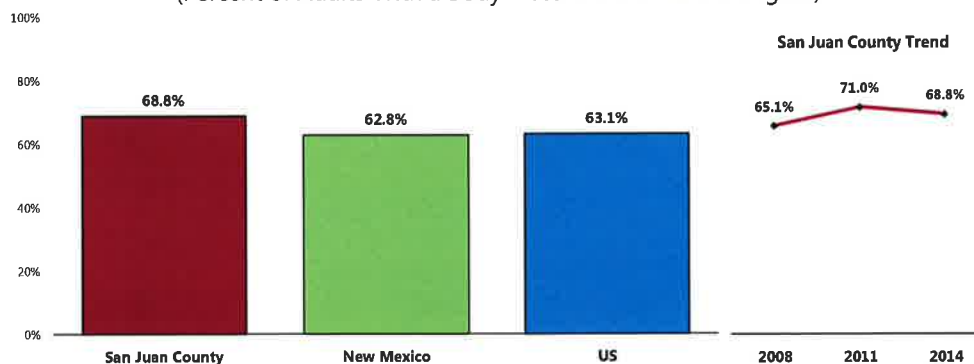
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Nearly 7 in 10 San Juan County adults (68.8%) are overweight.

- Higher than the New Mexico prevalence.
- Higher than the US overweight prevalence.
- ▣ Statistically unchanged since 2008.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.

Notes:

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

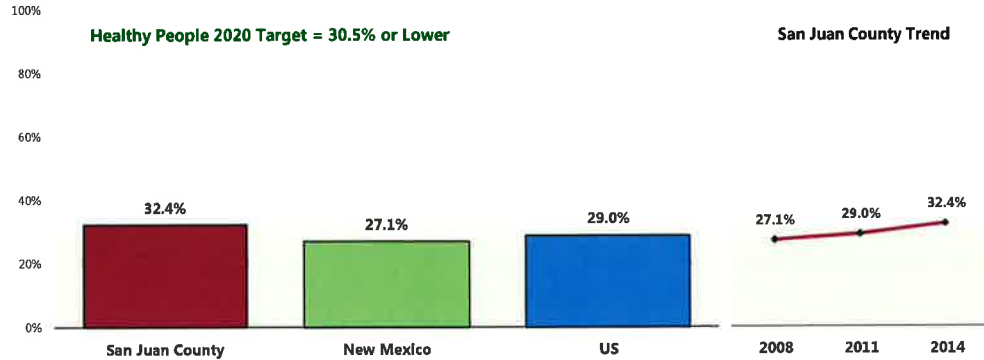
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 32.4% of San Juan County adults are obese.

- Less favorable than New Mexico findings.
- Similar to the US prevalence.
- Similar to the Healthy People 2020 target (30.6% or lower).
- ▣ Denotes a statistically significant increase in obesity since 2008.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 New Mexico data.

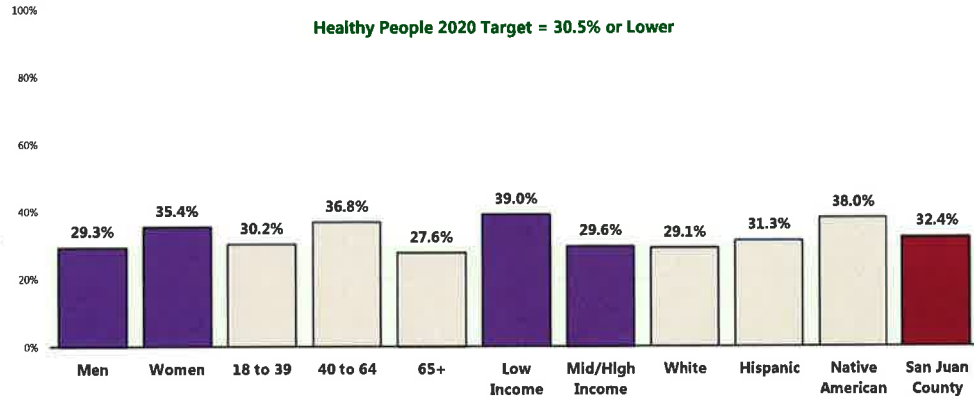
Notes: ● Based on reported heights and weights, asked of all respondents.
 ● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- 👥 Women.
- 👥 Adults between the ages of 40 and 64.
- 👥 Respondents with lower incomes.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; San Juan County, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes: ● Based on reported heights and weights, asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

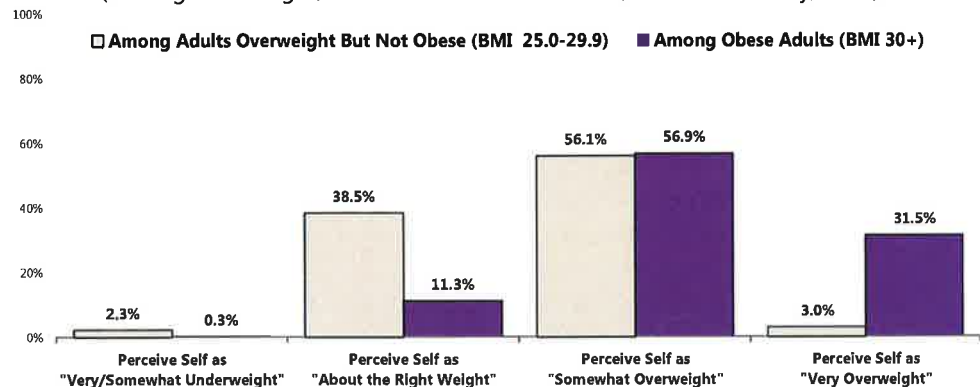
Actual vs. Perceived Body Weight

A total of 11.3% of obese adults and 38.5% of overweight (but not obese) adults feel that their current weight is “about right.”

- 56.1% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 31.5% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; San Juan County, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● BMI is based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

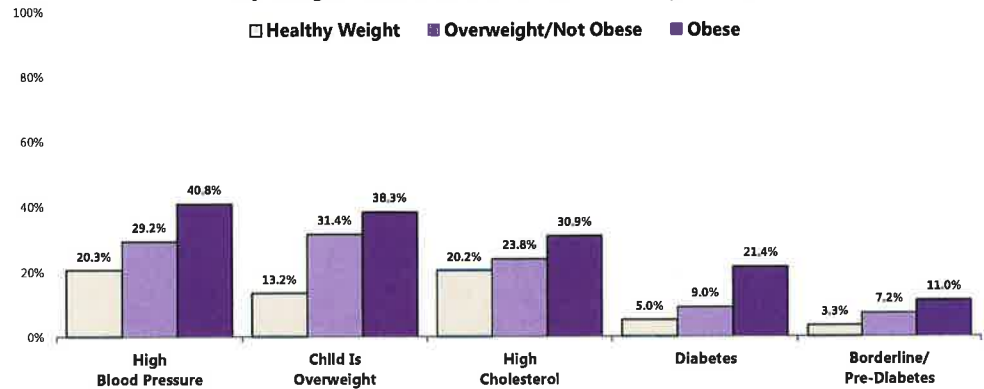
- Hypertension (high blood pressure).
- High cholesterol.
- Diabetes (including borderline/pre-diabetes).

Overweight and obese residents are also more likely to have overweight children.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

(By Weight Classification; San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130, 131, 141, 164]
 Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

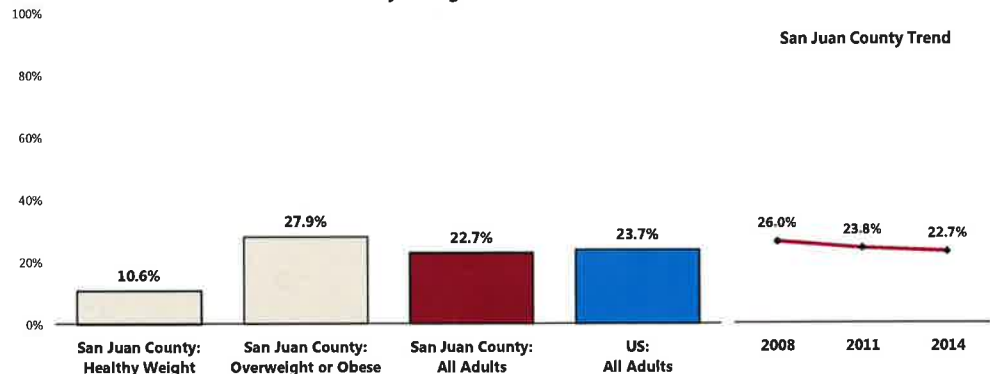
Health Advice

A total of 22.7% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- ▣ Statistically unchanged from that reported in 2008.
- 👥 Note that 27.9% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 99, 162-163]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

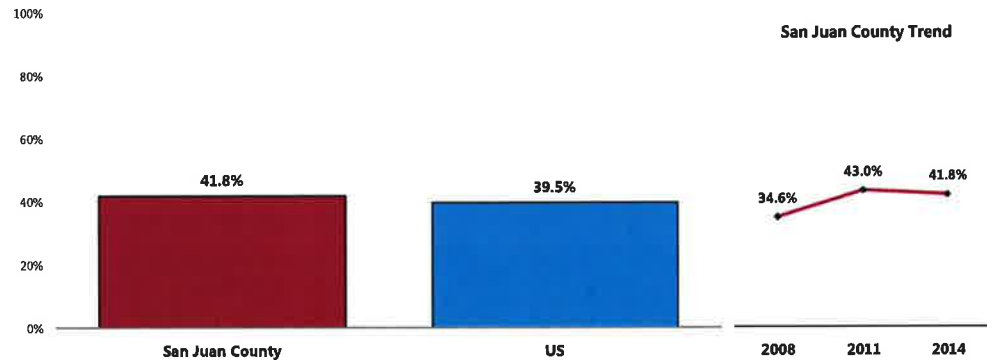
– Healthy People 2020 (www.healthypeople.gov)

A total of 41.8% of San Juan County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- ▣ Marks a statistically significant increase from that reported among overweight adults in 2008.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

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

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

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

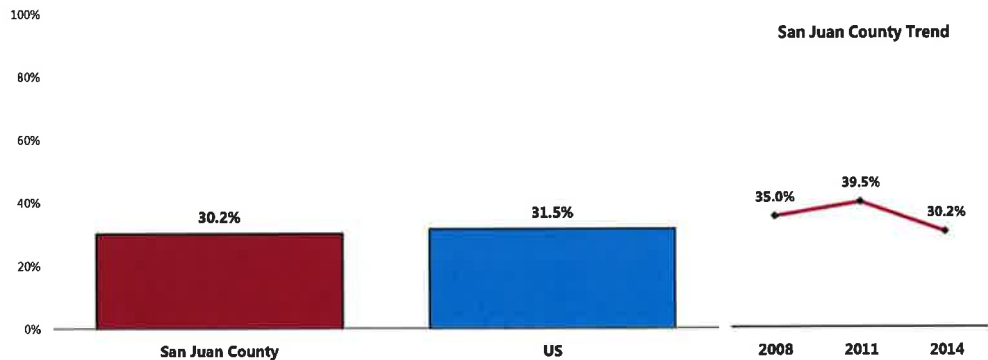
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 30.2% of San Juan County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the US prevalence.
- ▣ Statistically comparable to previous survey findings.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

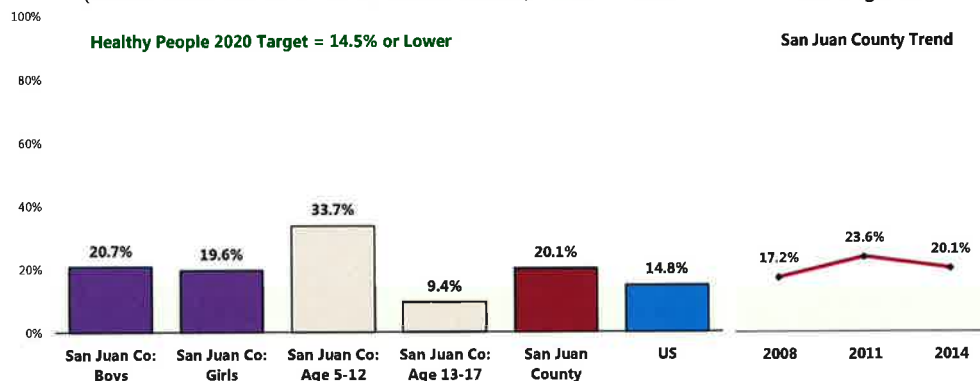
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 20.1% of San Juan County children age 5 to 17 are obese (≥95th percentile).

- Statistically similar to the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- ▣ Statistically unchanged since 2008.
- ♂ Statistically similar by child's gender; significantly higher among children aged 5 through 12 when compared with teens in San Juan County.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> (Objective NWS-10.4)
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Related Focus Group Findings: Nutrition and Obesity in San Juan County

The topics of nutrition and obesity are closely related with diabetes and received similar degrees of concern in focus group discussions. Participants agree that eating a healthy diet and staying active not only would help keep weight within a healthy range but also will lower the risk of diabetes and other major health problems. The challenge is to get this message to the residents at risk who may not realize the impact that a healthy diet can have on their overall health status. The main issues discussed surrounding nutrition and obesity includes:

- Farmer's markets
- Nutrition education
- Four by Four Campaign
- Full Engagement Training (FET)
- Just Move It program
- Lack of easy access to outdoor activities
- Childhood obesity
- Lifestyle changes
- Fast food establishments and microwavable meals
- Low income areas without transportation

- School-based programs
- Usage of social media

Focus group participants discussed several programs the hospital has put in place to address nutrition and obesity in the community, including: the Four by Four Campaign, the Full Engagement Training, farmer's markets, health fairs and joint ventures with the college and schools regarding health education. Attendees shared some ideas on how to **enhance these initiatives** so low income residents and those who really need to make a lifestyle change attend and participate in these programs. Some ideas:

"I think a program where people can go into homes and look at the pantry and make an evaluation of what types of food are in the home and then show residents how these are not healthy choices. Even taking them grocery shopping could be a very effective program, it would be expensive because it would be a one on one program but would be very effective." Business Leader

"The hospital could sponsor a Health Fair at the Sycamore Park Community Center on the south side of Farmington. This would a geographic-based approach, where we are trying to reach folks that we feel do not have ability to attend if offered in other parts of this community." Elected Official

A community-wide approach to **nutrition education** is a way for the hospital to be involved with the schools, employers and physicians.

"Probably a community-wide approach is what needs to happen. If we can get buy-in from some of the large employers, then there's a possibility the right message will be brought home." Business Leader

Overall, participants want to **start nutrition education early** in the grade schools so children will have the knowledge necessary to make the right lifestyle choices. Some of the participants want to involve new parents so they can start making the right choices for their families:

"You cannot change people's habits, so we have put a lot of energy by going into elementary schools and trying to get this message out to five, six, seven, eight-year-olds, and that's where we think the emphasis should continue to be." Physician

"I think educating parents who are not aware of what energy drinks and candy bars are doing to their kids and their own health. Maybe the nutrition education needs to start when they first have children with young parents; the kids can go to school and eat nutritious, and then come home and eat junk. It may take a generation or two but I think eventually the message will get across." Business Leader

Residents throughout the community may not have personal transportation, so the only option is a corner store; for working families, fast food establishments and microwavable meals represent the convenient, easy option. **Healthy foods** may also cost more than processed foods or chain restaurant meals. Participants describe this issue:

"There are more fast food restaurants in this community than in others four or five times bigger than this area. Unfortunately a lot of families use this option as lunch or dinner." Physician

I don't think people cook at home anymore, all of the restaurants around here are always busy and we don't have a place where you can get a quick healthy meal." Business Leader

Participants would like to bring healthy choices to the neighborhoods. Farmer's markets

are one way to introduce residents to fruits and vegetables, but they need to be in the areas where the low income people reside due to transportation constraints and lack of grocery stores on the south side of Farmington.

"Grocery stores are not located on the south side there aren't any places where residents can go and buy healthy foods, even for a loaf of bread people have to shop at the 7/11 and pay 3 times the price than at a grocery store. A neighborhood economic development program can look at this community and decide how to bring healthy choices to the neighborhoods," Elected Official

Many focus group participants discussed the **level of physical activity** in the community. They feel that there is a dichotomy between the fit and non-fit in the community and this tends to lie along income levels. Low income residents face several challenges which may impact their ability to be physically active. The **cost of organized sports and gym memberships** may limit the ability for participation. Although there are some free opportunities and organized sporting events like 5Ks and 10Ks, transportation to events may be difficult and the priority to participate in physical activity may not be high for these families. Participants describe the problem:

"We have lots of groups sponsoring runs and walks and runs and the Just Move It program so as a community I think we are trying to do something about becoming more active the problem lies in who wants and can participate in these events." Elected Official

"San Juan College has a fitness center that is very popular and not expensive. They are trying to put new programs in place to reach out to the needs of the community. An example is allowing children to come in and participate with their parents. They are doing more family oriented programs trying to be more responsive to some of those needs." Business Leader

"People are taking advantage of the Riverwalk area and as a community we are thinking ahead and planning to expand it all the way along the river and even as far as Shiprock. The Metropolitan Planning Organization is pushing hard for pedestrian sidewalks and bike lanes so residents can be active without fear of being run over." Elected Official

Participants would like to see the hospital involve nonprofits, the college, and public health in a **community-wide campaign** around the importance of nutrition and healthy choices. A multimedia approach may help get the message to the right population (i.e. social media, radio, newspaper ads, and billboards).

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

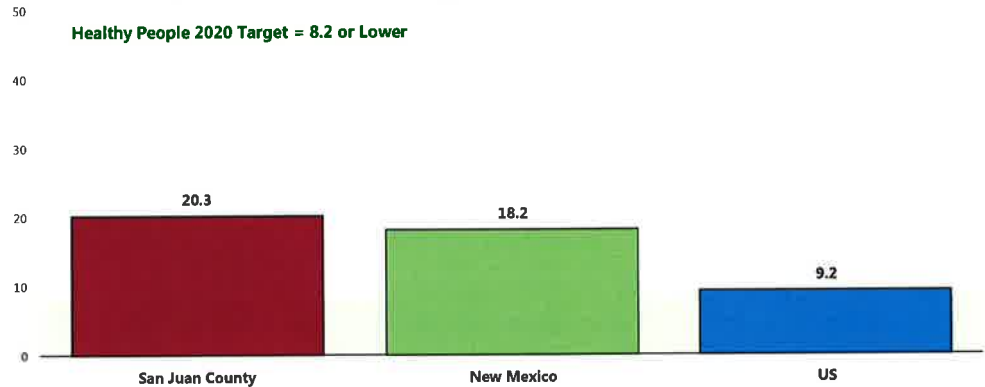
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 20.3 deaths per 100,000 population in San Juan County.

- Higher than the statewide rate.
- Much higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)



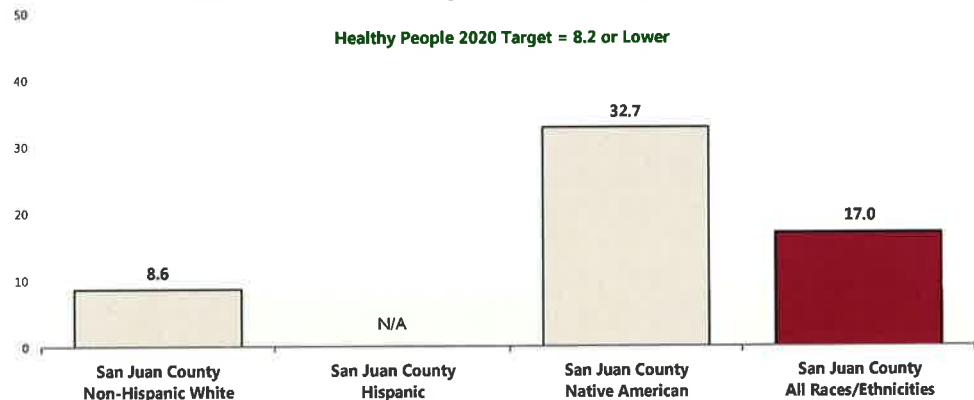
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.

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

👤 The cirrhosis mortality rate appears to be considerably higher in the Native American population (2001-2010 data).

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2001-2010 Annual Average Deaths per 100,000 Population)

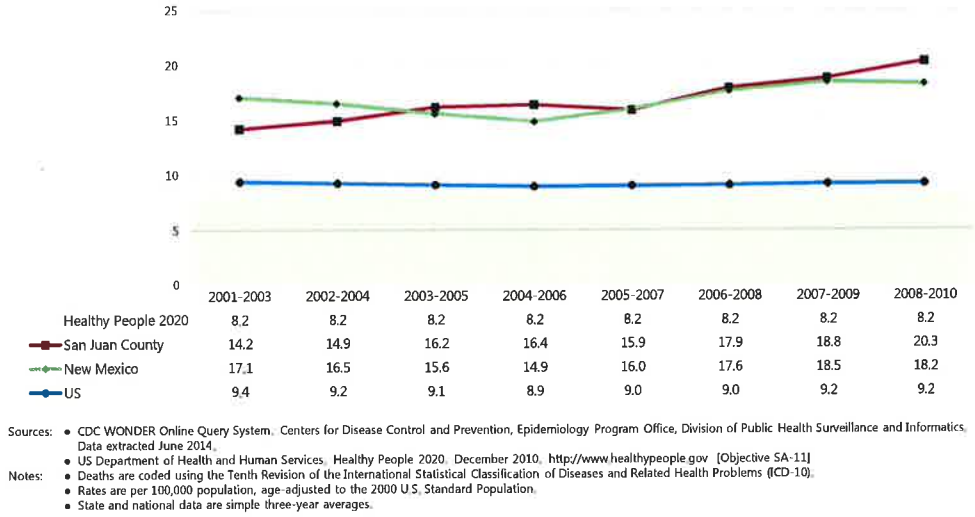


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.

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

☒ The mortality rate has increased in the county over the past decade.

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



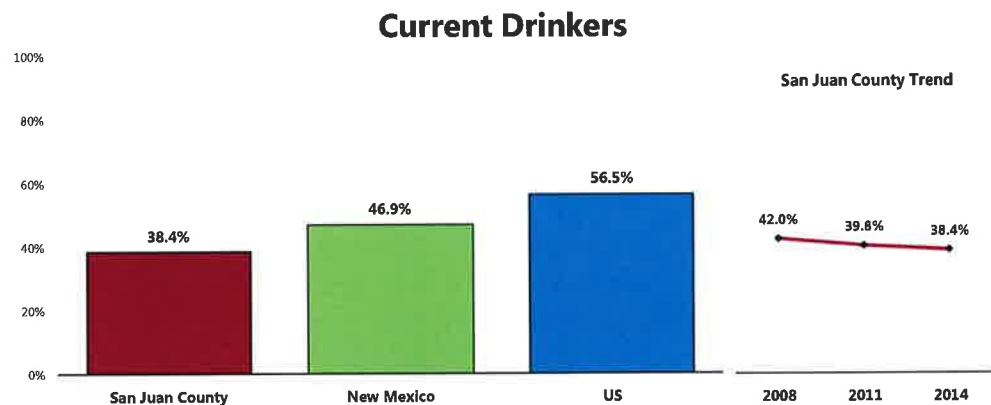
High-Risk Alcohol Use

Current Drinking

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 38.4% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Well below the statewide proportion.
- Well below the national proportion.
- ☒ Statistically unchanged since 2008.

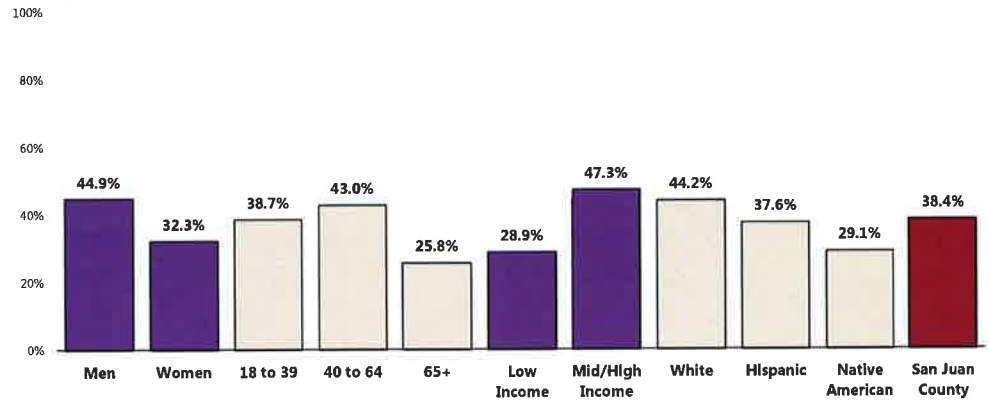


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
● Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2012 New Mexico data
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● Current drinkers had at least one alcoholic drink in the past month.

Current drinking is more prevalent among men, adults under 65, upper-income residents, and Whites.

Current Drinkers (San Juan County, 2014)



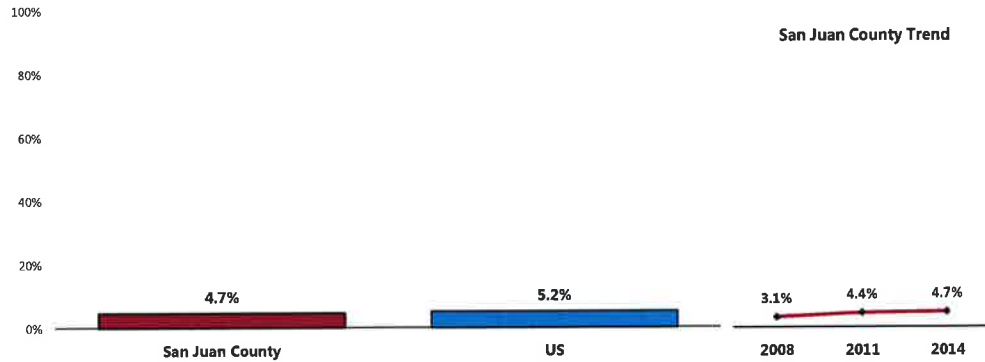
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinking

A total of 4.7% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Comparable to the national proportion.
- ▣ Statistically unchanged since 2008.

Chronic Drinkers

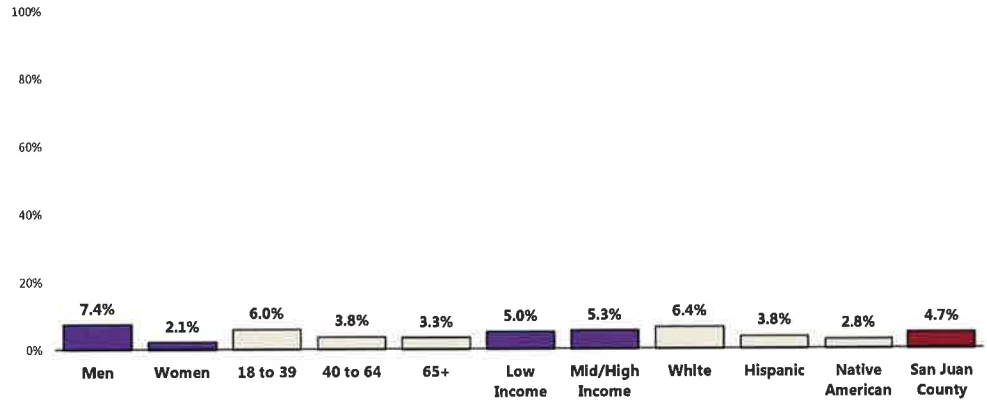


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.
 RELATED ISSUE: See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

Chronic drinking is more prevalent among men and White residents in San Juan County.

Chronic Drinkers (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

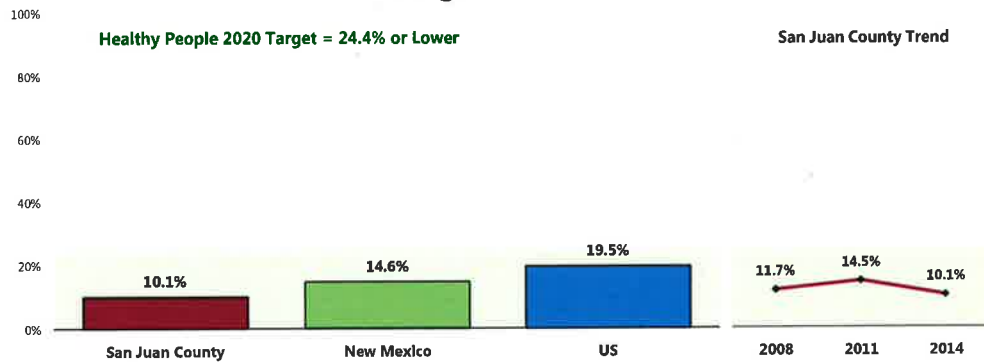
"Binge drinkers" include:

- 1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
- 2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 10.1% of San Juan County adults are binge drinkers.

- More favorable than New Mexico findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- ☒ Similar to the 2008 percentage (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

Binge Drinkers

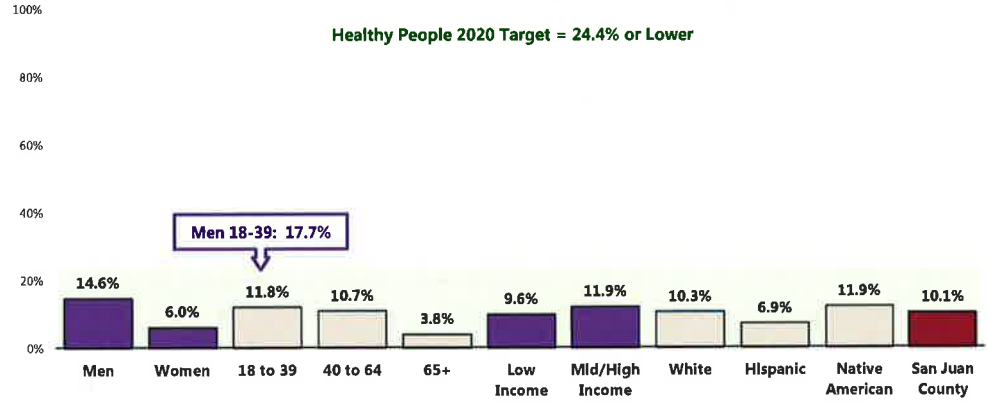


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 New Mexico data
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- ♂ Men (especially those under age 40).
- ♂ Adults under age 65.

Binge Drinkers (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 171-172]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> (Objective SA-14.3)
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

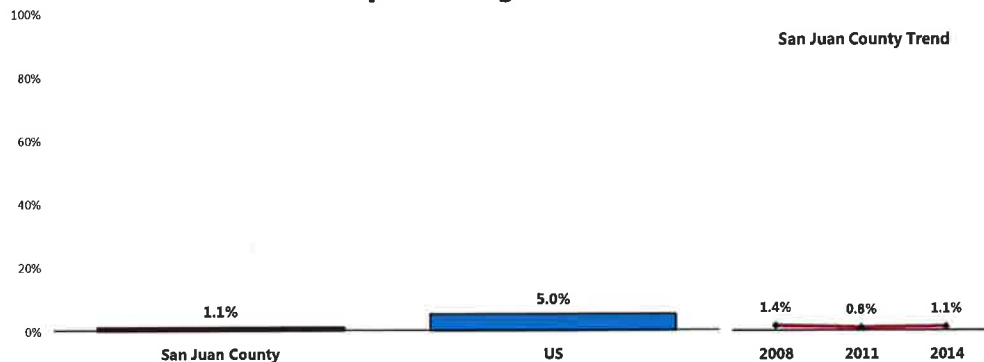
Drinking & Driving

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

A total of 1.1% of San Juan County adults acknowledges having driven a vehicle in the past month after they had perhaps too much to drink.

- Well below the national prevalence.
- ☒ The drinking and driving prevalence has not changed significantly over time.

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



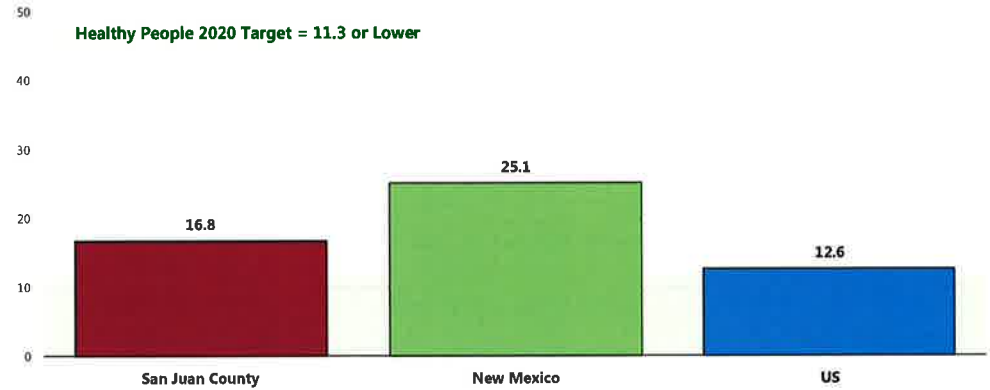
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 16.8 deaths per 100,000 population in San Juan County.

- Better than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

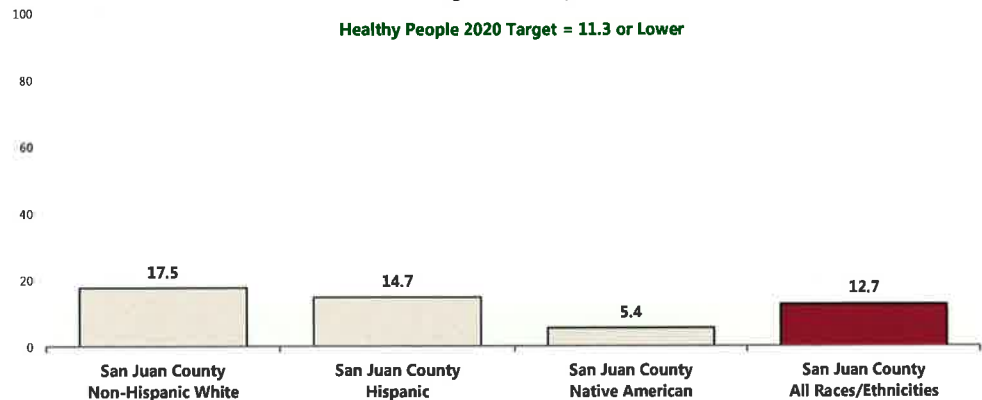
Drug-Induced Deaths: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Local, state and national data are simple three-year averages.

👤 The drug-induced mortality rate appears to be higher among Whites and Hispanics when compared with Native Americans (2001-2010 data).

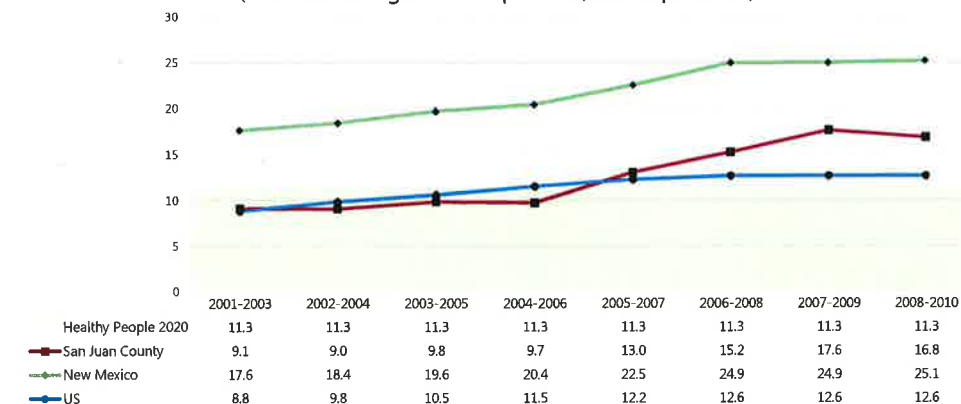
Drug-Induced Deaths: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

☒ Mortality rates have increased sharply over the past decade.

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



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● County, state and national data are simple three-year averages.

Illicit Drug Use

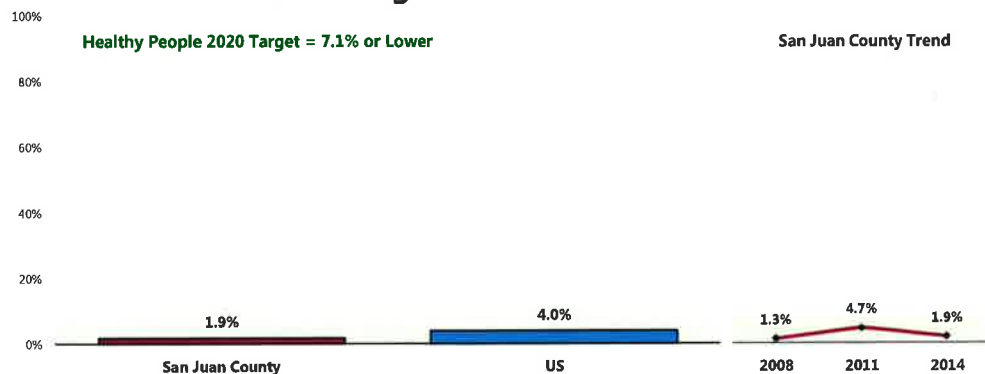
A total of 1.9% of San Juan County adults acknowledges using an illicit drug in the past month.

- More favorable than the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- ☒ Unchanged from 2008 survey findings (but decreasing significantly since 2011).

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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

Illicit Drug Use in the Past Month



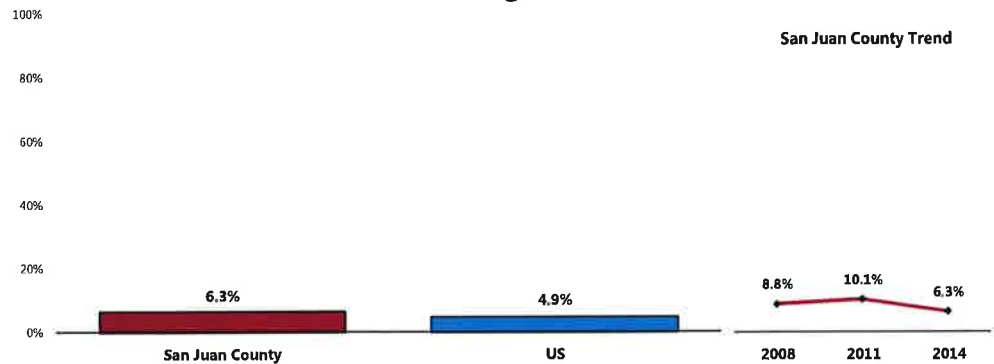
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 6.3% of San Juan County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- ▣ Denotes a statistically significant decrease over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Related Focus Group Findings: Substance Abuse in the Native American Population

Substance abuse in the Native American community is of concern to many focus group attendees. Participants agreed this is a continued and rising problem. The main issues discussed surrounding substance abuse included:

- Alcoholism
- Prescription drug abuse
- Lack of rehabilitation centers

Focus group participants agree that one of the major healthcare concerns encountered by Native Americans is **substance abuse (especially alcoholism)**. Attendees believe that abuse of alcohol has been going on for generations and accepted as part of the **culture and family environment**. One participant describes this issue as:

"I would like to bring up the chronic problem of alcoholism, because I have actually seen this make a complete circle in my family and community. The abuse of alcohol is almost part of the norm for younger kids, who are encouraged to take a drink by family members."

A number of focus group participants worry about the prevalence of substance abuse in the community because it negatively impacts every aspect of a person's life. Substance abuse increases crime and violence rates, injuries, and suicide, and enables unsafe sexual behavior.

Participants are concerned with the **recent influx of money** coming to the reservation due to findings of oil and gas in the area. Families who didn't have money before are receiving checks written to them for very large amounts of cash, and they don't have the financial know-how to use this money to better their lifestyle. A key informant states:

"With this sharp increase of revenues for families that never have had money in the first place, all of the sudden they have young family members who already were using drugs and abusing alcohol are buying liquor by the cases and hauling it into areas that never had alcohol and drugs before."

Prescription drug abuse is a rising problem among young people on the reservation. They have easy access to their parents' and grandparents' medicine, and families don't see it as a major issue since the medication is prescribed by a physician:

"We respond to an incident, it's always drugs or abusing someone else's medication. Pharmacists are spread out across the reservation; they are not town-based anymore. The kids see it as mom and dad's medication and don't think they are going to get in trouble or that is not a big deal. We need a more education out there around drugs and alcohol."

Attendees agree that the community needs additional substance abuse treatment **programs and facilities**. Once a substance abuse problem is identified, there are very limited resources in the community for services. There is a substance abuse center in Shiprock, but it has limited beds and the waiting list can be up to six months. The center in Gallup closed and now the nearest one is in Albuquerque. Participants feel that with the increase in drug and alcohol abuse, there should be a local center for both outpatient and inpatient rehab services:

"The one in Shiprock has a waiting list of 6-7 months. Rehoboth Medical Center closed due to the change in administration. We recently had a person in need of these types of services and we were thinking of sending them to Los Angeles for inpatient services. This is how serious the need is in this community."

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- ☒ Cancer
- ☒ Heart disease
- ☒ Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- ☒ Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

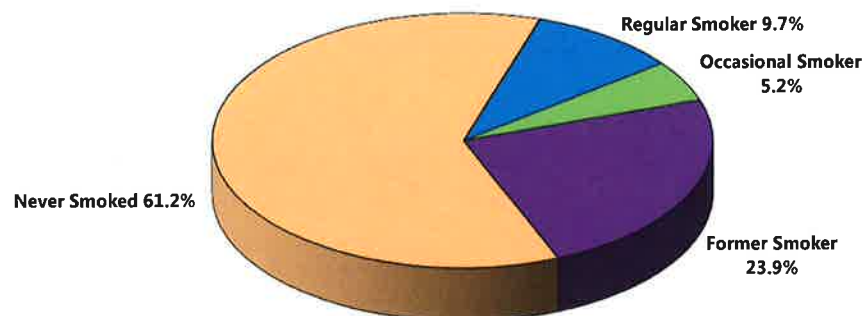
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 14.9% of San Juan County adults currently smoke cigarettes, either regularly (9.7% every day) or occasionally (5.2% on some days).

Cigarette Smoking Prevalence

(San Juan County, 2014)

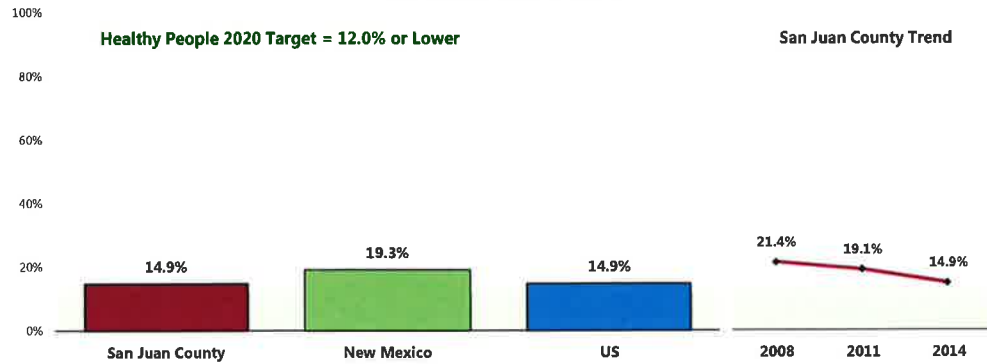


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Asked of all respondents.

- Lower than statewide findings.
- Identical to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

☒ Marks a statistically significant decrease since 2008.

Current Smokers



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
- US Department of Health and Human Services, Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Cigarette smoking is more prevalent among:

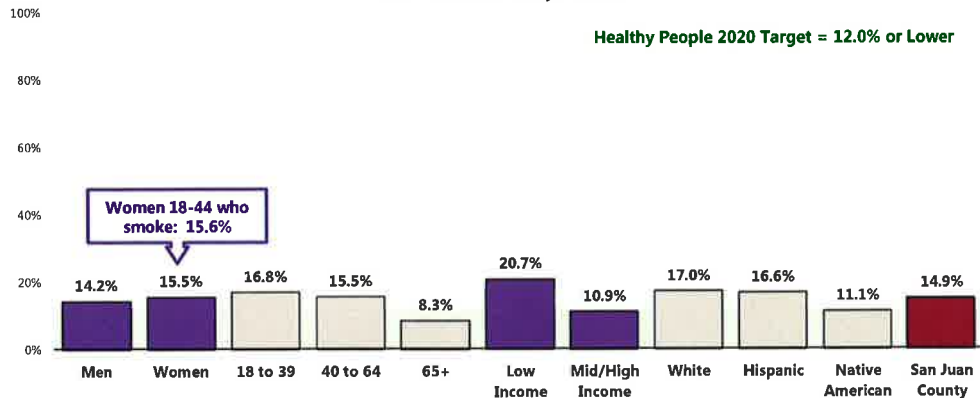
- ☒ Adults under 65.
- ☒ Lower-income residents.

Note also:

- ☒ 15.6% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(San Juan County, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

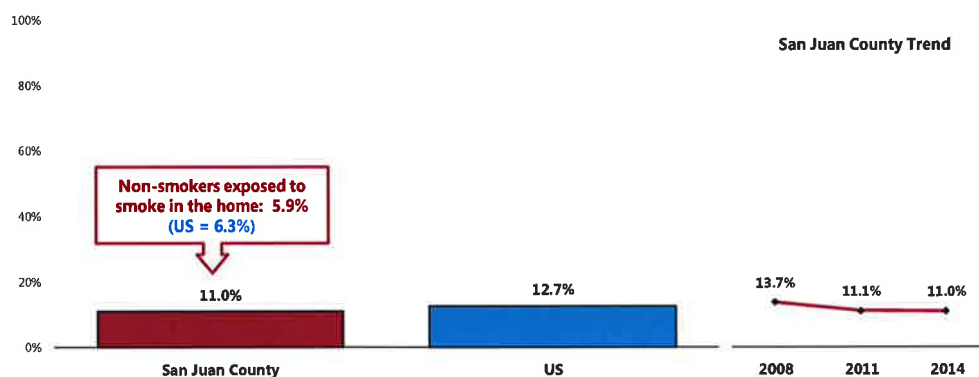
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.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

Environmental Tobacco Smoke

A total of 11.0% of San Juan County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- ▣ Comparable to previous survey results.
- 👤 Note that 5.9% of San Juan County non-smokers are exposed to cigarette smoke at home, similar to what is found nationally (but increasing over time).

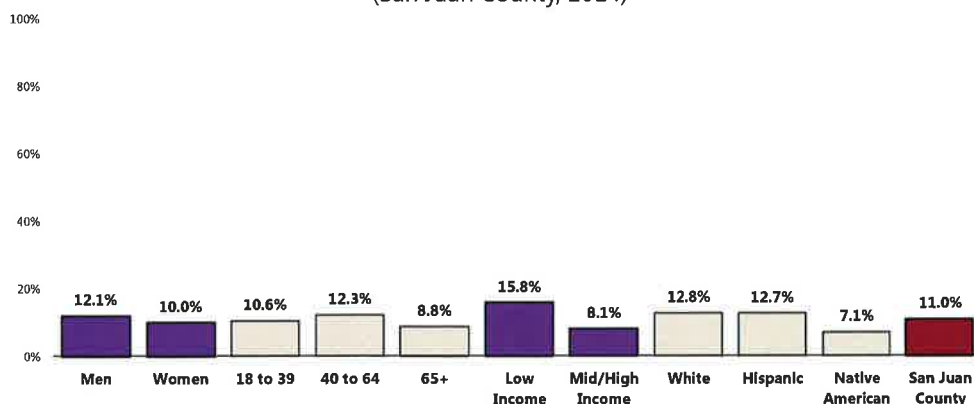
Member of Household Smokes at Home



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 58, 167]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- 👤 Notably higher among Whites and residents with lower incomes.

Member of Household Smokes At Home (San Juan County, 2014)

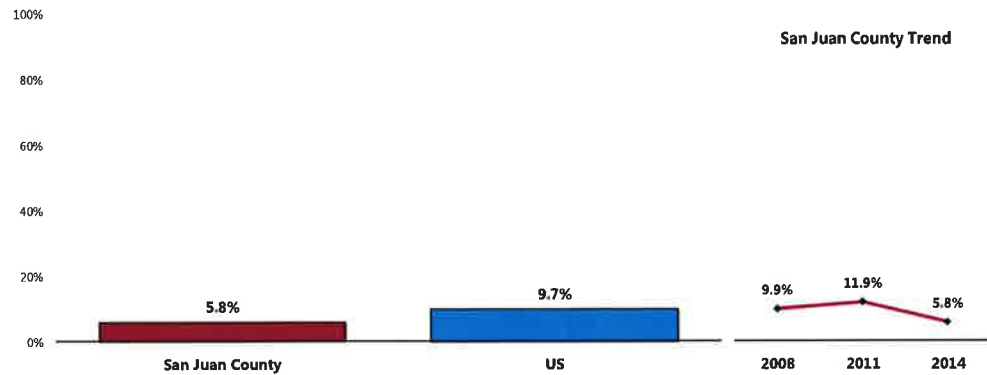


- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g. "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 5.8% have someone who smokes cigarettes in the home.

- Similar to national findings.
- ▣ Statistically unchanged over time.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

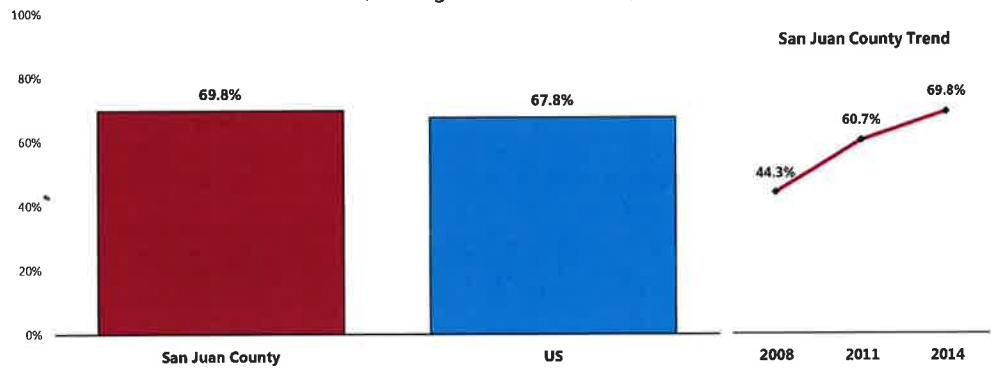
– Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 69.8% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage.
- ▣ Marks a statistically significant increase over time.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



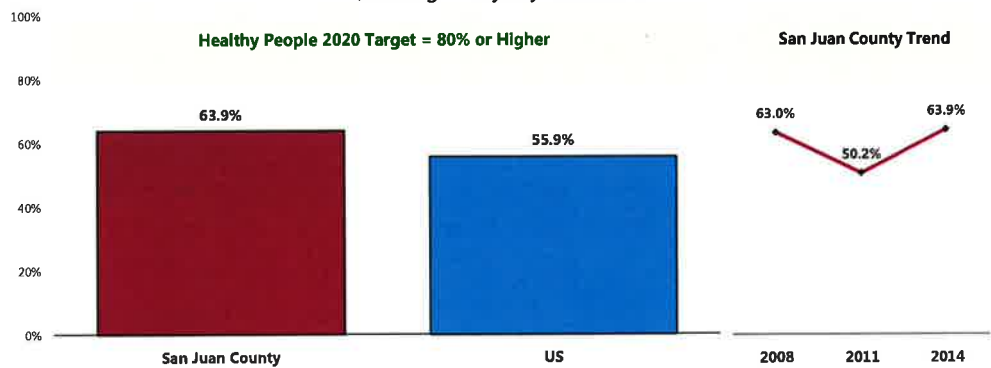
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all current smokers.

Smoking Cessation Attempts

Over 6 in 10 regular smokers (63.9%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- ▣ Statistically unchanged from 2008 survey results (but increasing significantly since 2011).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)



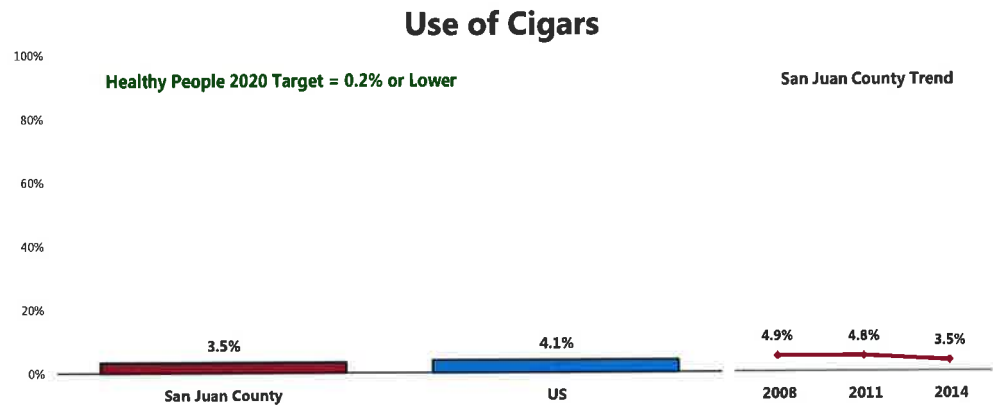
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Cigars

A total of 3.5% of San Juan County adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- ▣ Statistically unchanged since 2008.



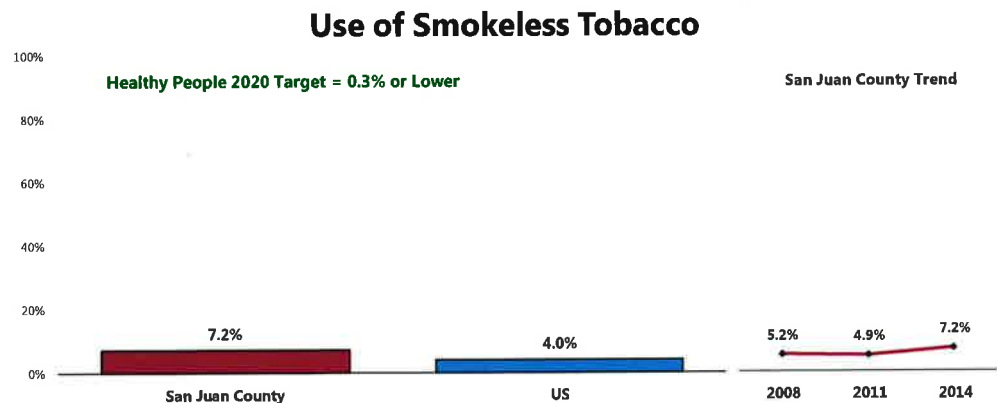
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
 Notes: • Asked of all respondents.

Smokeless Tobacco

A total of 7.2% of San Juan County adults use some type of smokeless tobacco every day or on some days.

- Higher than the national percentage.
- Far from satisfying the Healthy People 2020 target (0.3% or lower).
- ▣ Similar to 2008 findings.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
 Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

ACCESS TO HEALTH SERVICES



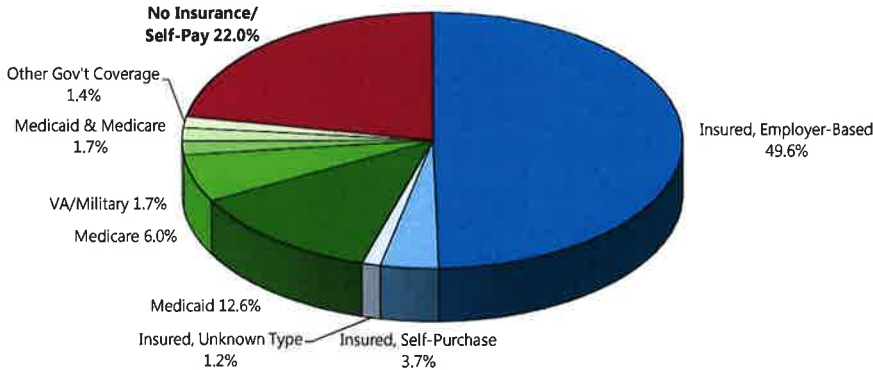
Health Insurance Coverage

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

Type of Healthcare Coverage

A total of 54.5% of San Juan County adults age 18 to 64 report having healthcare coverage through private insurance. Another 23.4% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

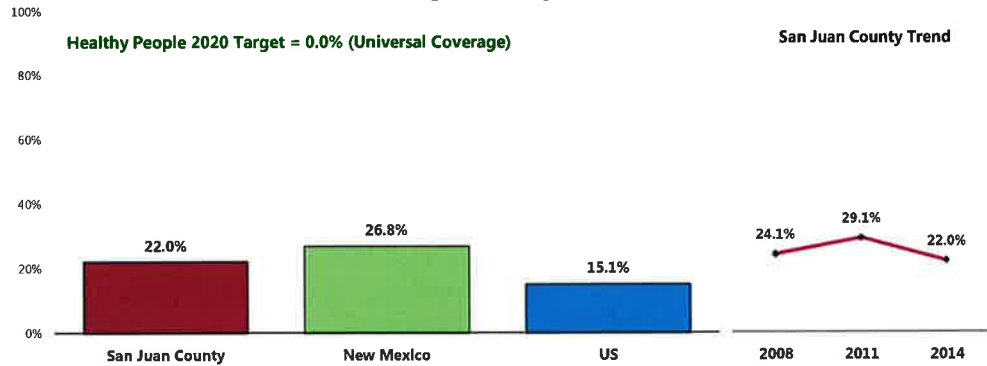
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 22.0% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Less favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- ☒ Statistically similar to 2008 findings.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 173]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

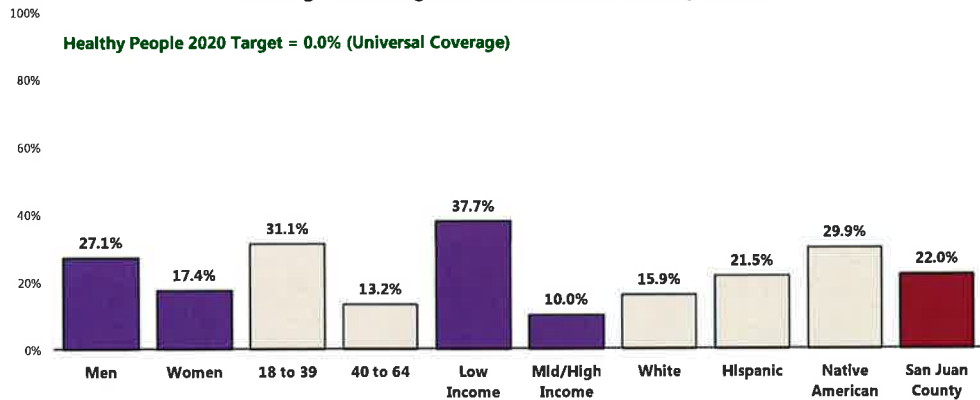
Notes: • Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- 👤 Men.
- 👤 Young adults (under 40).
- 👤 Residents living at lower incomes (note the 37.7% uninsured prevalence among low-income adults).
- 👤 Native Americans.

Lack of Healthcare Insurance Coverage

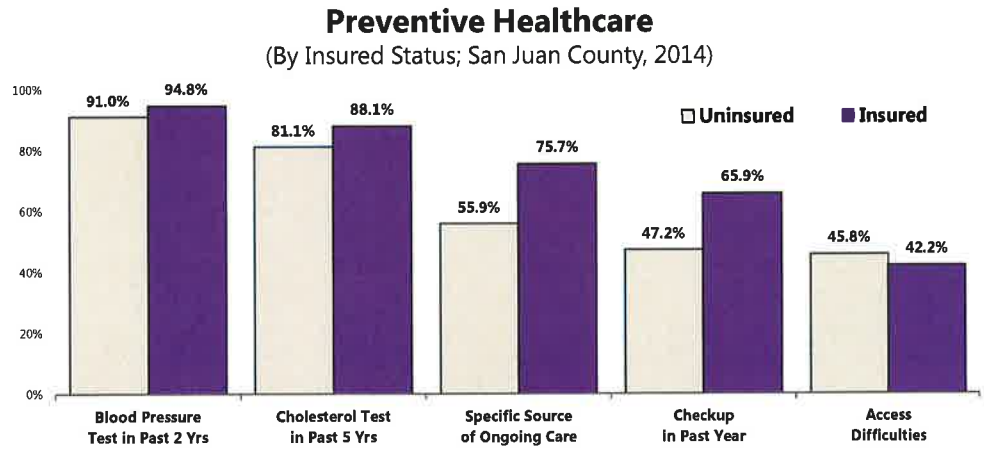
(Among Adults Age 18-64; San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g. "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High income" includes households with incomes at 200% or more of the federal poverty level.

As might be expected, uninsured adults in San Juan County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 47, 50, 174, 177]
 Notes: • Asked of all respondents.

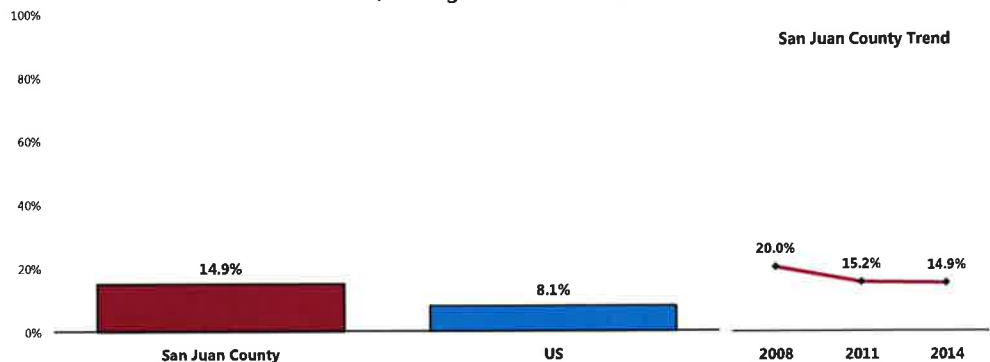
Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in San Juan County, 14.9% report that they were without healthcare coverage at some point in the past year.

- Less favorable than US findings.
- ▣ Marks a statistically significant decrease in insurance instability since 2008.




Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)

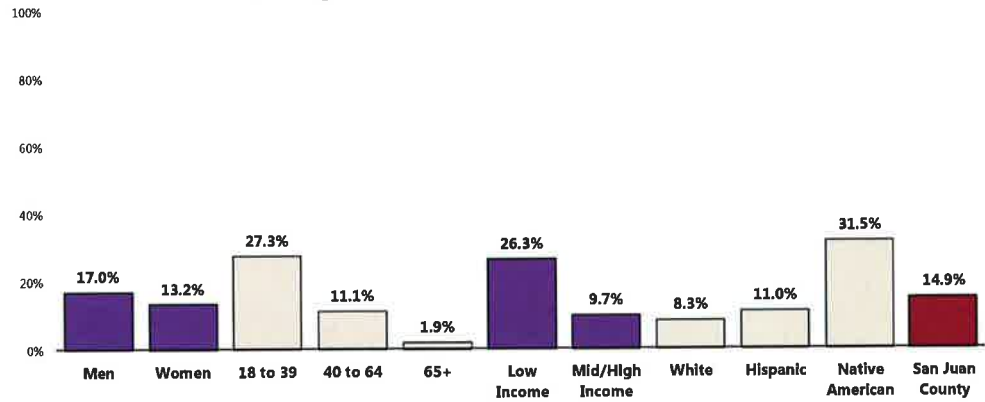


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 80]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

-  Adults under age 40 (negative correlation with age).
-  Lower-income residents.
-  Native Americans.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
 Notes: • Asked of all insured respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

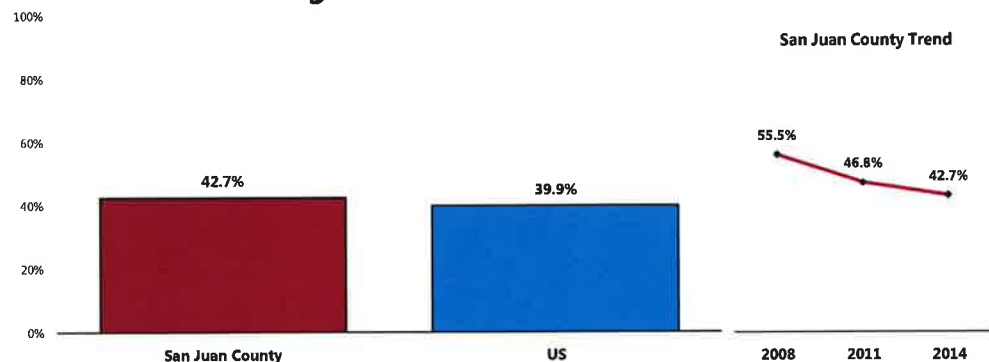
Difficulties Accessing Services

A total of 42.7% of San Juan County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.
- ▣ Marks a statistically significant decrease over time.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

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



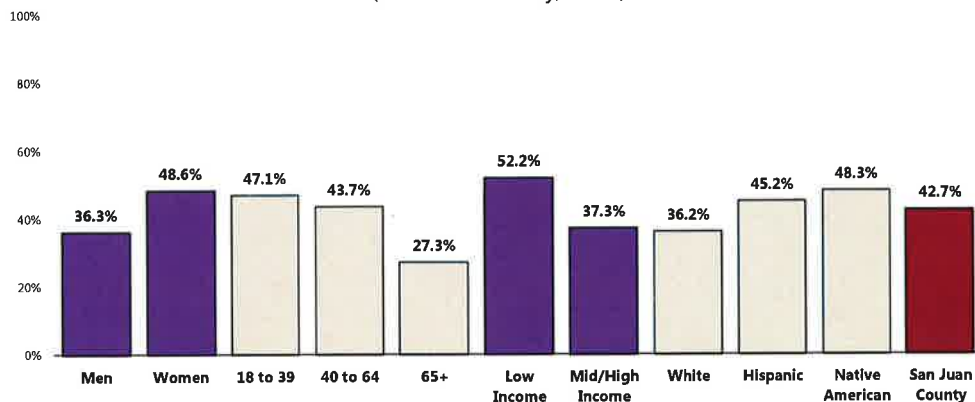
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 177]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- 👤 Women.
- 👤 Adults under the age of 65.
- 👤 Lower-income residents.
- 👤 Hispanics and Native Americans.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

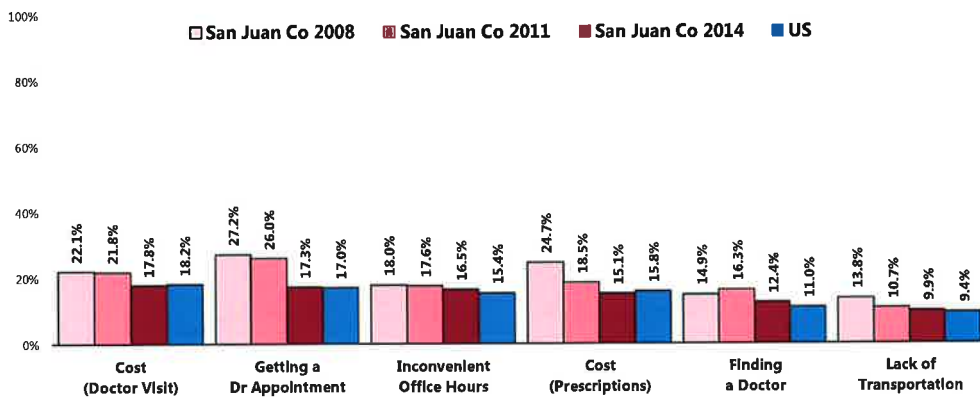
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of a physician visit impacted the greatest share of San Juan County adults (17.8% say that cost prevented them from obtaining a visit to a physician in the past year).

- The proportion of San Juan County adults impacted was statistically comparable to that found nationwide for **each** of the tested barriers.
- ▣ Compared to baseline 2008 data, the San Juan County has seen a significant improvement with regard to the barriers of **cost** (both **doctor visits** and **prescriptions**), **transportation**, and difficulty getting an **appointment**. Other barriers were unchanged over time.

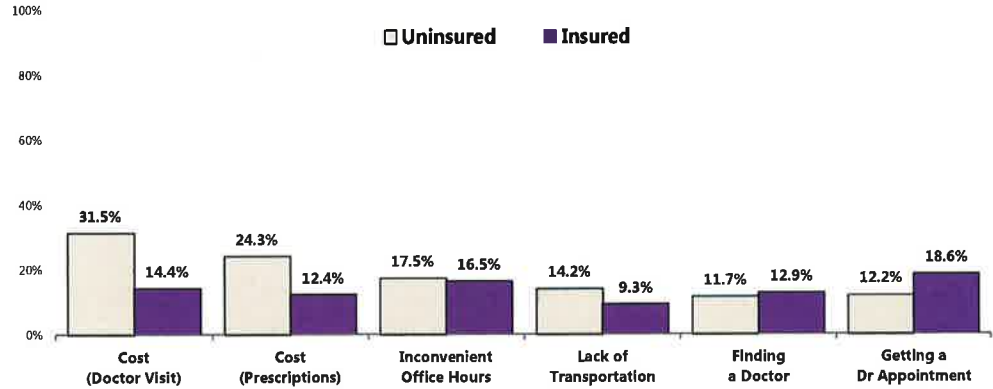
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 8-13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

As might be expected, San Juan County adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access (By Insured Status; San Juan County, 2014)



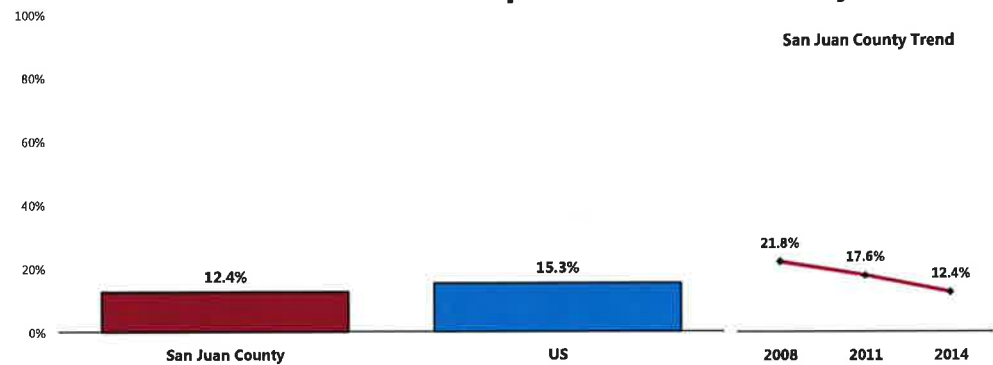
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 8-13]
Notes: • Asked of all respondents.

Prescriptions

Among all San Juan County adults, 12.4% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.




- More favorable than national findings.
- ▣ Marks a statistically significant decrease over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

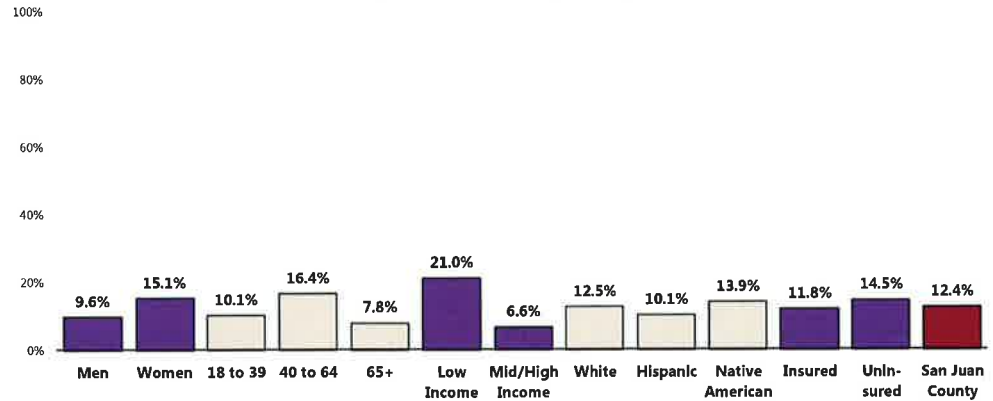


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

-  Women.
-  Adults age 40 to 64.
-  Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (San Juan County, 2014)





Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

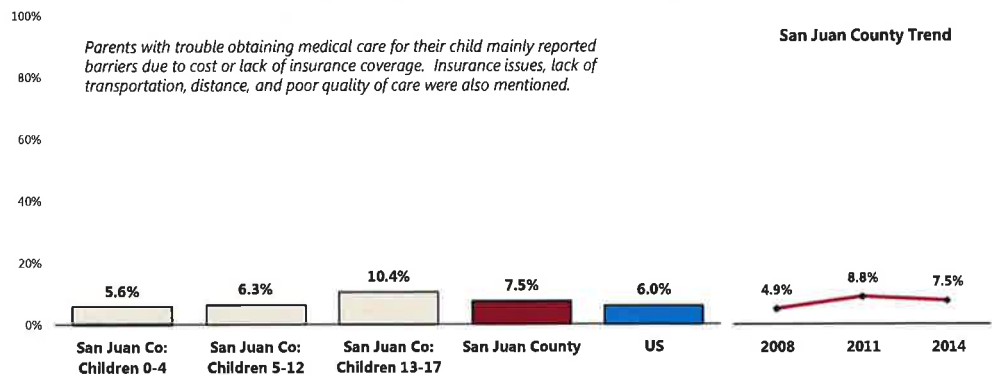
Accessing Healthcare for Children

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

A total of 7.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
-  Statistically unchanged since 2008.
-  Highest among parents of teens in San Juan County.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 115-116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited insurance issues, lack of transportation, distance, and poor quality of care.

Related Focus Group Findings: Access to Healthcare Services in the Native American Population

Many of the key informants participating in this focus group are concerned with access to healthcare in the Native American population, discussing such issues as:

- Transportation
- Coordination of care
- Lack of community clinics
- Overall low number of primary care providers
- Importance of preventive care
- Language barrier
- Need for culturally competent medical providers

Focus group members agree that even with Indian Health Services and the hospital, many residents living on the reservation have **limited access to healthcare services**. The size of the community leads to access problems since a lot of residents don't have transportation to come into town, and the lack of residential addresses makes it even harder for first responders to provide emergency care. There are some community clinics operating in the community, but participants would like to see more of these clinics inside or near the reservation.

Many local Native American families **depend on one car** for the entire family, and others do not have any personal vehicles. The city of Farmington provides public transportation but focus group members perceive the routes to be inefficient and report that it takes a resident half a day to get across town. Safe Ride and other public transportation services are available for those patients receiving Medicaid, but there are some reimbursement issues:

"We need to set up a way for the driver to write down the actual mileage when they get to the patient's house, and then again when they get to the doctor's office because someone at the doctor's office has to sign these forms for the drivers to get their reimbursement."

Overall, the Native American community does not have an adequate number of **primary care providers** and those available remain overbooked. One participant explains:

"Two of the biggest problems are: accessibility to healthcare, whether you have insurance or not, and also the distance that people have to travel to get to access any services and also the availability of doctors and counselors, we can attract them to the area but we can't retain them here."

Attendees want **extended hours of operation** to help residents who cannot take time off work or have to travel long distances for services. The lack of facilities available 24/7 on and away from the reservation is also an issue. One participant explains:

"A large number of our residents live many miles from Farmington and we don't have a nearby facility open 24/7 in case of an emergency. The nearest is Indian Health Services in Shiprock which is opened on weekends. It takes a long time for the patient to be picked up and then transported to I.H.S. We do have a helicopter but sometimes people are afraid of flying and it is a challenge to try and land it near the patient's home on the reservation."

Focus group members spent time discussing the importance of **preventive care** in the Native American community. Many local health organizations (including the hospital) have prevention education, but Native American residents lack awareness and do not take advantage of the programs. Some attendees believe that this happens because people lack knowledge about their own health and do not have solid relationships with healthcare providers, which respondents feel is critical to improving health education and compliancy. Although a lot of the Native American residents do speak English, it is difficult for them to understand the importance of following the instructions given to them and can't relate to what they are being told about improving their health status. This is specially a problem with the elderly Navajo population. Interpreters from the Navajo Nation who know medical terminology would help with this issue. A participant describes it:

"If you explain it in Navajo, they get a better understanding of what you're saying, but if you speak English a lot of people will not understand. I agree there are certain medical terms that it's hard to explain in Navajo, but we must try. We need to get our community health providers to speak Navajo, and explain to the patient their health problems and why they must take this type of medication and change their diet. It's all about making them understand what their health issue is and what they need to do to improve their health."

Key informants think that the community needs to consider how the current systems (i.e. Indian Health System and the hospital) could be used more efficiently or how they could be utilized differently. For example, there are problems with jurisdiction between the Navajo Nation EMS and other Community Emergency Services, as one participant explains:

"The Navajo Nation runs Navajo Nation EMS, Emergency Medical Services. This service is federal funds that get channeled through Indian Health Services and the Navajo government contracts for it. The reservation line is on the west side of Farmington. We know that Navajo Nation EMS cannot cross the reservation line, because their jurisdiction ends at the reservation line. The other side of the reservation line is under San Juan County EMS. If a patient needs a transport to Shiprock Navajo EMS has to come over from Shiprock to pick them up. That's the reason that San Juan County does not have an EMS route. They cannot transport or pickup people from the highway. Some of the problems we were trying to fix were stopped by state and federal regulations."

Participants agree that the community health representative program is very effective; however, there needs to be clarification on their role to transport patients to and from health care services. While some of the representatives transported people for services, others thought they couldn't:

"Our CHR is totally different, she'll transport people for appointments, for others she will take wood if they need firewood, bring them into the clinic, bring them on the way back to stop at the store and get some groceries. She will do all of these things while out there making her rounds."

Related Focus Group Findings: Access to Healthcare Services in San Juan County

In-depth discussions around this issue were to determine what San Juan Regional Hospital can do to have a positive impact on the access concern. The following ideas and observations were brought up during the sessions:

- Increase in emergency room utilization
- Mental health treatment programs
- BAMD is a very successful program
- Coordination of care and follow-up
- Improve referral system between healthcare facilities
- More mobile units in the community
- Discharge planner in the emergency room and urgent care
- One Stop Clinic in coordination with public health
- Coordinate and distribute brochure of services
- Develop program with Chamber of Commerce on how to retain physicians

There continues to be an **increase in emergency room utilization**; however, the difference this year is with regard to the types of patients: now they are coming in with “real emergencies” unlike the past when they came to the ER for convenience instead of seeing their primary care physician. A participant describes it:

“Our volume in the ER has increased over 7 percent over the same time period as last year. Believe it or not, the month of May was our busiest month this fiscal year, and it's never been the case before; and the second busiest month, was April, which also has never been the case before. I can't really say that we're seeing just this influx of low acuity patients because this is not the case, these are high acuity patients. I'm not sure what all is driving it because our growth is just out of control right now. May was 18 percent busier than the previous May or for any previous May since I have been here.” Physician

Another participant would like to see the hospital become more involved in **mental health treatment** programs, because some of the influx of patients in the ER is due to patients diagnosed with mental health issues that can't be resolved out in the community.

“The biggest issue that they're seeing right now at the hospital's ER is an increase in juvenile psyche patients. And San Juan Regional doesn't have a facility to appropriately care for psyche patients. They will fly them to Albuquerque or other faraway places without getting paid for the services. These families are at the lower socioeconomic class and can't afford the flights, hospital stays or treatment, so the hospital ends up picking up all of the costs.” Elected Official

The BAMD program sponsored by the hospital is described as a very successful way to **increase and retain physicians** in a rural community. Since lack of primary care physicians was already identified as a major road block to accessing care, this program is a positive move for the hospital:

“The BAMD is a bachelor's degree program where the students' education is partly subsidized. The students go out in the community every summer and get to know the residents shadowing physicians. If they decide they do want to become doctors they are already familiar with rural medicine and hopefully will choose to stay in this field and in this community.” Elected Official

Focus group members want more **coordination of care** among all of the healthcare facilities in the service area. The perception is that there is a lack of sharing health information and referrals between physicians, the hospital, and urgent care facilities. Better coordination of care between healthcare professionals will help with the duplication of services and improve the delay for residents in receiving care. A discharge planner as part of the emergency room and urgent care facilities would ensure a follow-up plan of care; after the patient is released, this person would also be the main person to coordinate care with other healthcare services in the community.

Participants would like for San Juan Regional to **take a leadership role** in bringing healthcare agencies together and create opportunities to connect, collaborate and share resources. The hospital would be an excellent facilitator for these meetings.

The **cost of healthcare services** and **lack of public transportation** is also a major barrier to accessing care. Participants agree that sending mobile units into the community is a way to address these barriers. Also mentioned were the community-based clinics, which provide free care or a sliding-scale fee for services, but there aren't enough of them and their hours are not convenient for working residents. Although some of these mobile units and clinics are already in place, focus group members would like to see more to make it convenient for residents to get care as soon as needed without having to wait for appointments or a ride to the doctor's office:

"It is difficult for some residents to get to the doctor, first is the cost because they have to take time off work and then the inconvenient part on how they are going to get to the appointment. We need more community based clinics or mobile units to assist these people access care."
Business Leader

Participants are not sure if there is a brochure of services and thought this is something San Juan Regional could create and coordinate with the health department and other local agencies and publish and distribute to the residents in the community:

"A brochure of services may be something San Juan Regional would be interested in doing. When I worked at the sheriff's office, we had a card outlining agencies and services which we handed out to crime victims. A handout listing healthcare services would be a great thing to have available for our residents. I am not sure if the Department of Health has something already but if they do is not easily available to everyone." Elected Officials

Focus group members agree that the hospital, in conjunction with public health, could sponsor a **one-stop clinic** to make it easier for residents to receive care without having to drive around to different locations to access services such as lab work, dialysis, and even primary care services.

Participants realize the **retention problem** for physicians in this community and would like to see San Juan Regional facilitate a meeting with the Chamber of Commerce to brainstorm how to address this continued problem:

"The problem with our area is that you either come here and you love it or you come here and hate it. Most of the time a person will know within the first year if your wife or your husband is happy. The other problem is that the physician's spouse can't find a job here and this a real challenge, unless the spouse is in the healthcare or oil and gas business the jobs are limited. We just lost a really good pulmonologist because her husband could not find a job." Physician

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

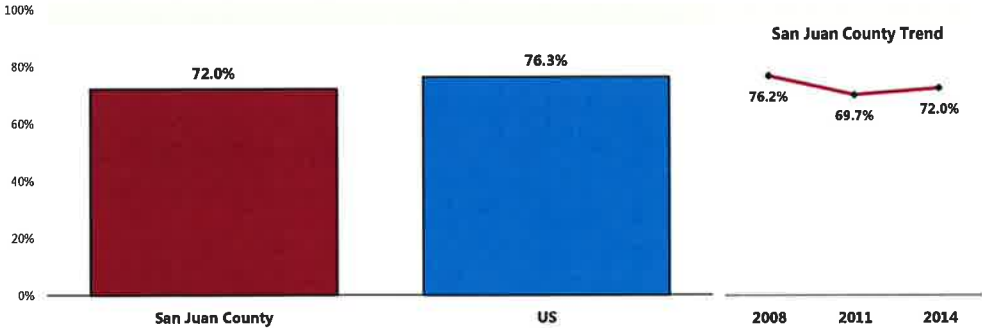
A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 72.0% of San Juan County adults were determined to have a specific source of ongoing medical care (a "medical home").

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- ▣ Marks a statistically significant decrease since 2008.

Have a Specific Source of Ongoing Medical Care

[All Ages] Healthy People 2020 Target = 95.0% or Higher



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 174]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: ● Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- 👤 Men.
- 👤 Adults under age 40.
- 👤 Lower-income adults.
- 👤 Non-Whites.
- 👤 Among adults age 18-64, 70.2% have a specific source for ongoing medical care, less favorable than national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- 👤 Among adults 65+, 82.4% have a specific source for care, comparable to the percentage reported among seniors nationally.
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

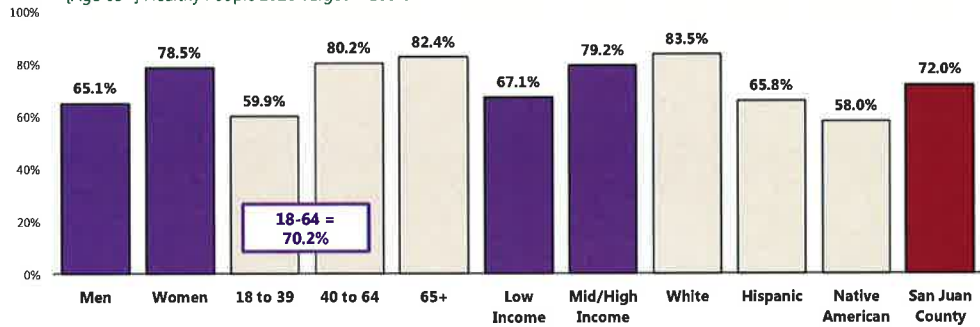
Have a Specific Source of Ongoing Medical Care

(San Juan County, 2014)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[Age 18-64] Healthy People 2020 Target = 89.4% or Higher

[Age 65+] Healthy People 2020 Target = 100%



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 174-176)

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]

Notes: • Asked of all respondents.

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

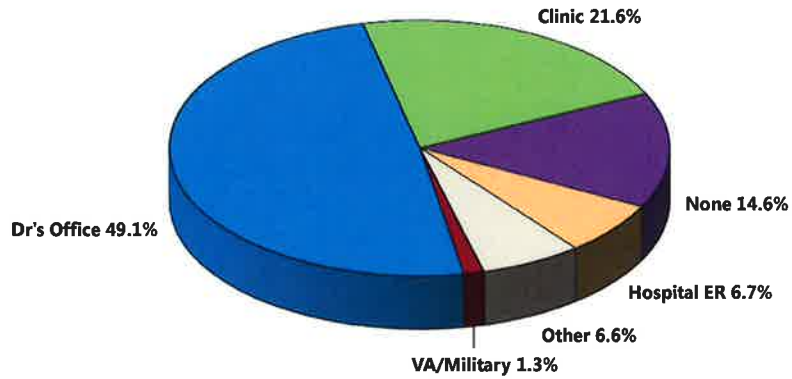
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level, "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (49.1%) identified a particular doctor's office.

A total of 21.6% say they usually go to some type of clinic, while 6.7% rely on a hospital emergency room and 1.3% use some type of VA/military facility.

Particular Place Utilized for Medical Care (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 16-17)
Notes: • Asked of all respondents.

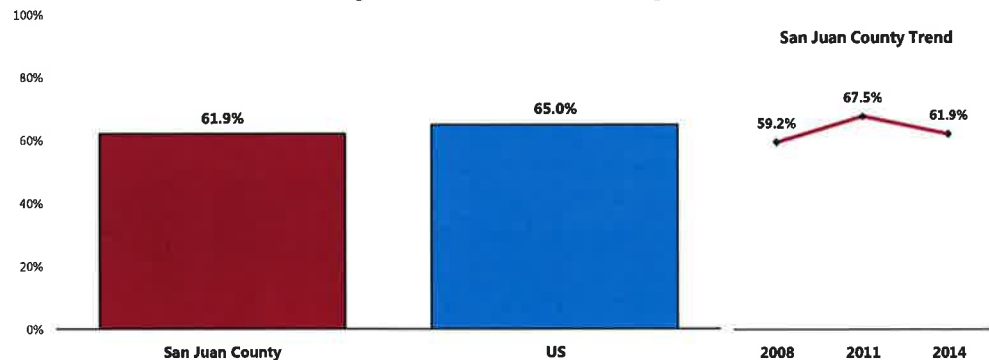
Utilization of Primary Care Services

Adults

Just over 6 in 10 San Juan County adults (61.9%) visited a physician for a routine checkup in the past year.

- Comparable to national findings.
- ▣ Statistically similar to 2008 findings.

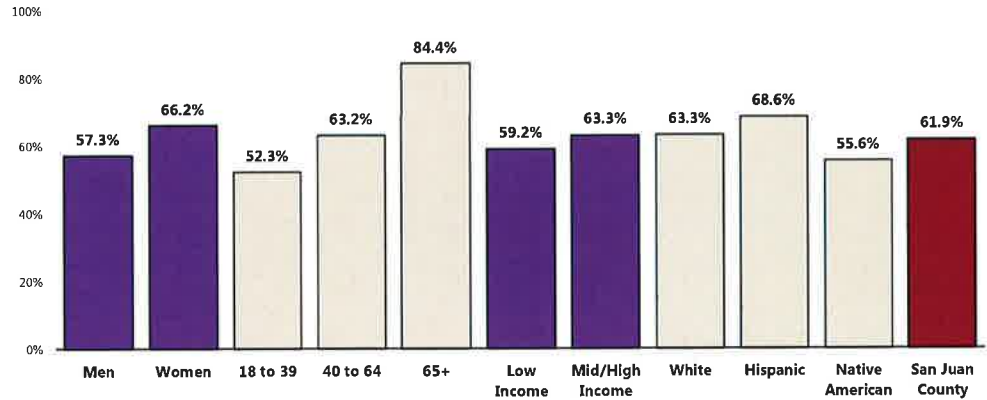
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 18)
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents

👤 Adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age), as are men in San Juan County.

Have Visited a Physician for a Checkup in the Past Year (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

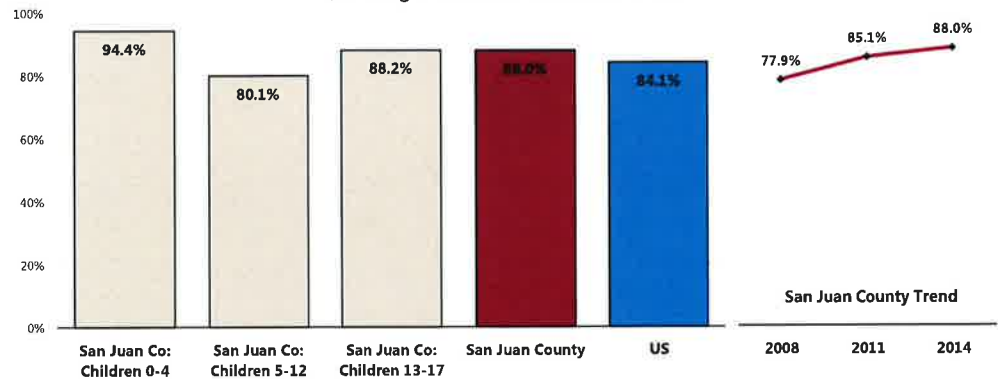
Among surveyed parents, 88.0% report that their child has had a routine checkup in the past year.

- Similar to national findings.

📈 Denotes a statistically significant increase over time.

👤 As may be expected, routine checkups are highest in San Juan County among children under age 5.

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



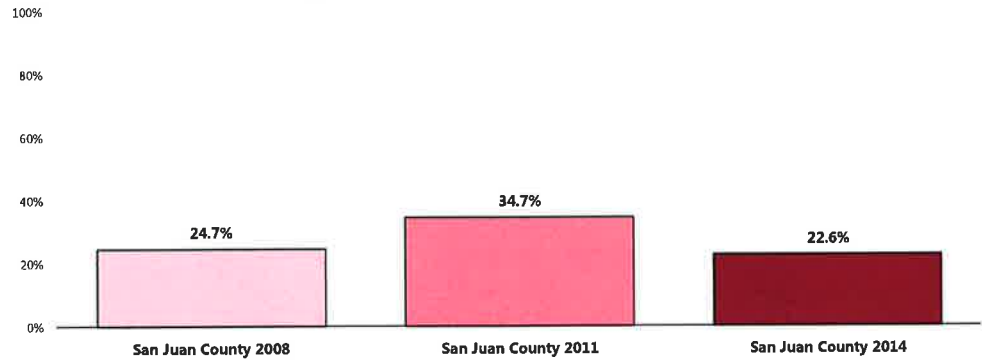
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 117]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Outmigration for Healthcare

A total of 22.6% of San Juan County adults currently seek healthcare services outside the community.

☒ Statistically unchanged since 2008 (but decreasing since 2011).

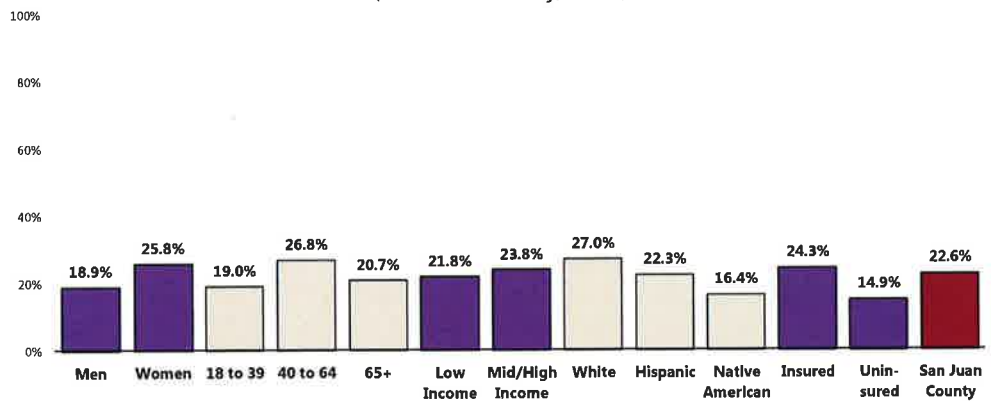
Outmigration for Healthcare Services



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

☒ County residents more likely to leave the area for healthcare services include women, adults age 40 to 64, Whites, and adults with insurance coverage.

Outmigration for Healthcare Services (San Juan County, 2014)

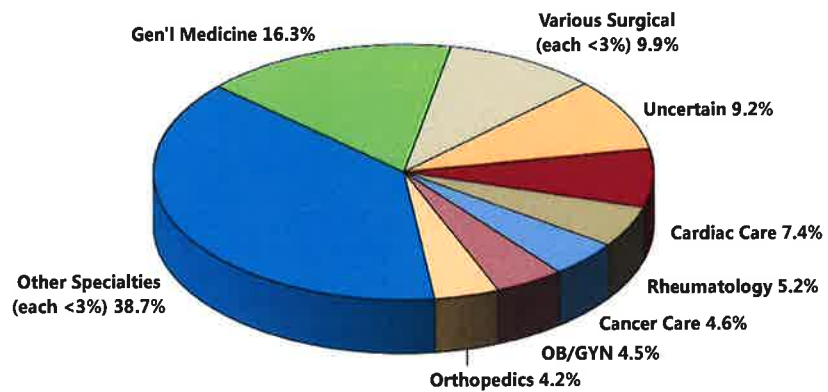


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked to specify the type of healthcare services sought outside the community, many specific specialties were mentioned, including those for cardiology, rheumatology, cancer, obstetrics/gynecology, and orthopedics.

- Note that 1.8% of these respondents leave the community for **all** of their healthcare services, and 0.4% leave the community for a hospital that takes Medicaid.

Healthcare Services Sought Outside the Community (Among Residents Leaving the Area for Services, 2014)



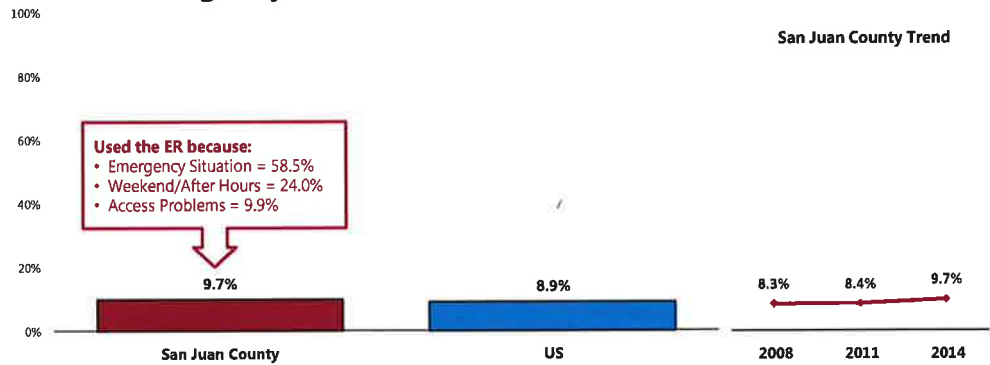
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of those respondents who leave San Juan County for healthcare services which are not available locally.

Emergency Room Utilization

A total of 9.7% of San Juan County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to the US prevalence.
- ▣ Statistically unchanged over time.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 24-25]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

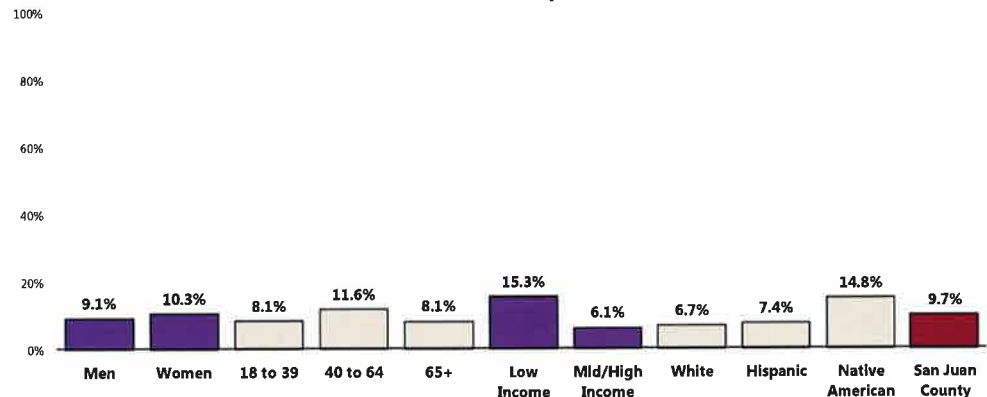
Notes: • Asked of all respondents.

Of those using a hospital ER, 58.5% say this was due to an **emergency or life-threatening situation**, while 24.0% indicated that the visit was during **after-hours or on the weekend** and 9.9% cited **difficulties accessing primary care** for various reasons.

- 👤 Residents of low-income households and Native Americans are more likely to have visited an ER for care more than once in the past year.

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

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]

Notes: • Asked of all respondents.

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

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

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

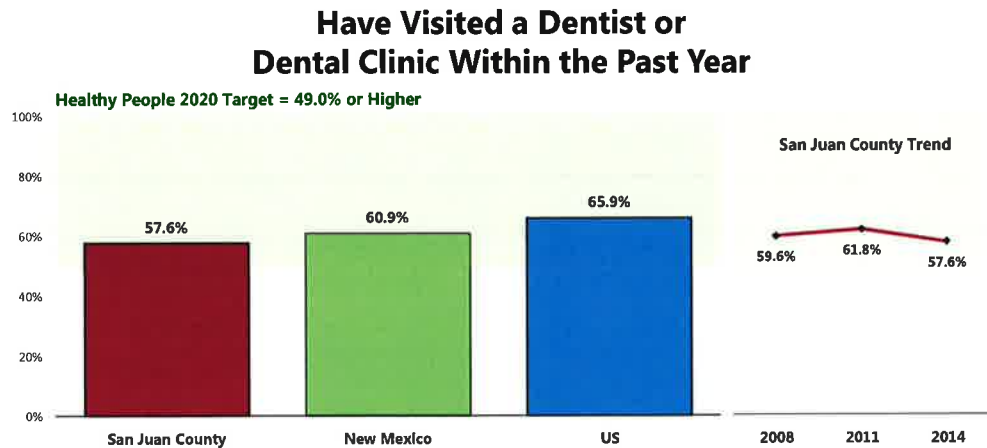
– Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

Just less than 6 in 10 San Juan County adults (57.6%) have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ▣ Statistically unchanged since 2008.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 New Mexico data.

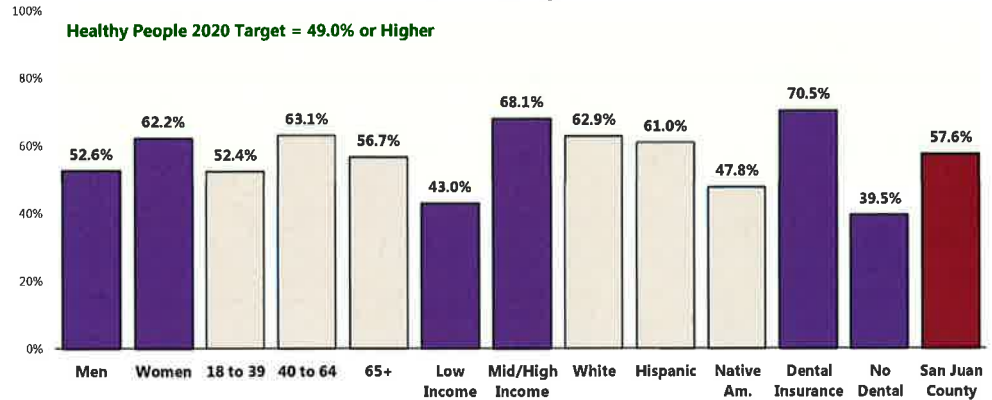
Notes: ● Asked of all respondents.

Note the following:

- 👤 Men in San Juan County are less likely than women to report a recent dental visit.
- 👤 Young adults and seniors are less likely than adults aged 40 to 64 to note a recent dental visit.
- 👤 Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- 👤 Whites and Hispanics are much more likely than Native Americans to report recent dental care.
- 👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

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

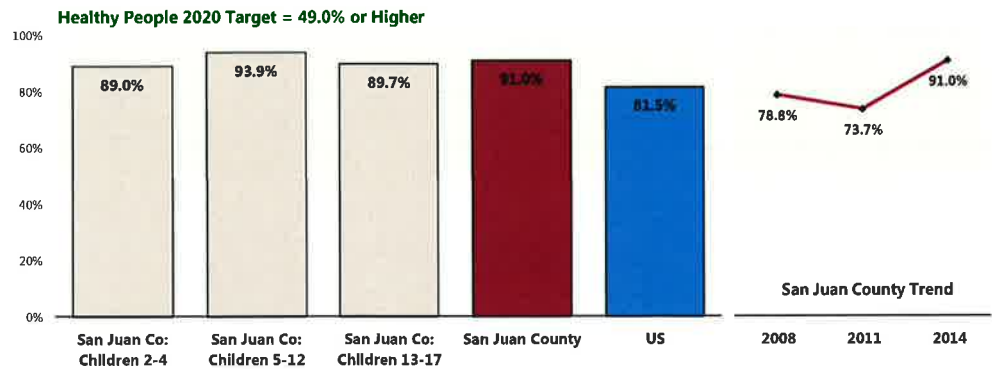
Children

A total of 91.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ▣ Marks a statistically significant increase in children's dental care from previous survey findings.
- 👤 No significant difference by child's age.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



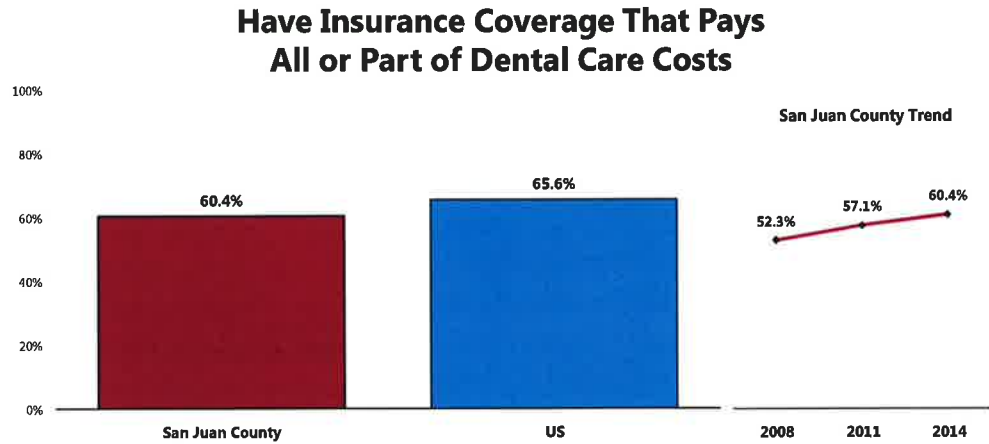
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

A total of 6 in 10 San Juan County adults (60.4%) have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.
- ▣ Denotes a statistically significant increase over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

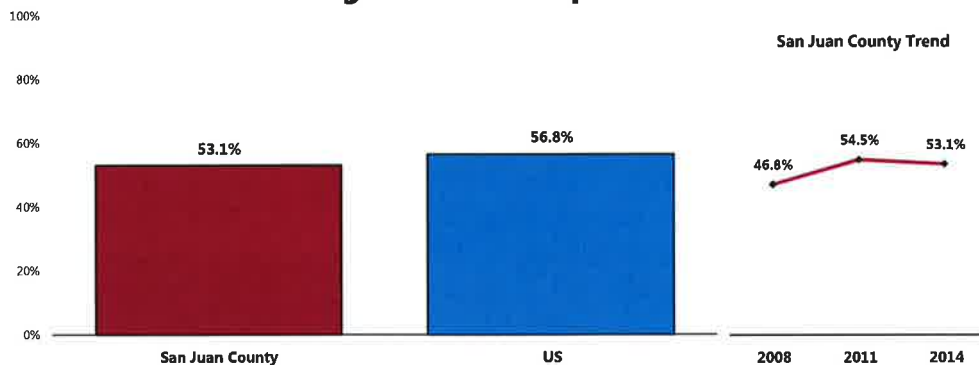
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

A total of 53.1% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- ▣ Marks a statistically significant increase from the 2008 survey findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



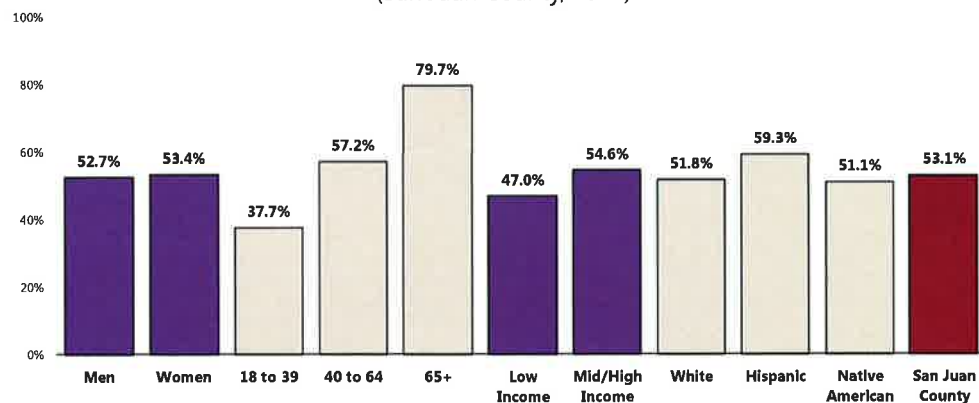
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Recent vision care in San Juan County is more often reported among:

- 👤 Residents with higher incomes.
- 👤 Note also the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (San Juan County, 2014)

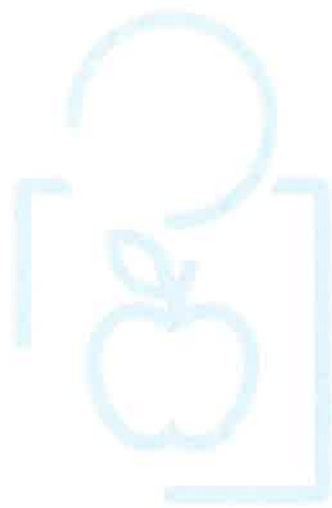


Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

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



HEALTH EDUCATION & OUTREACH

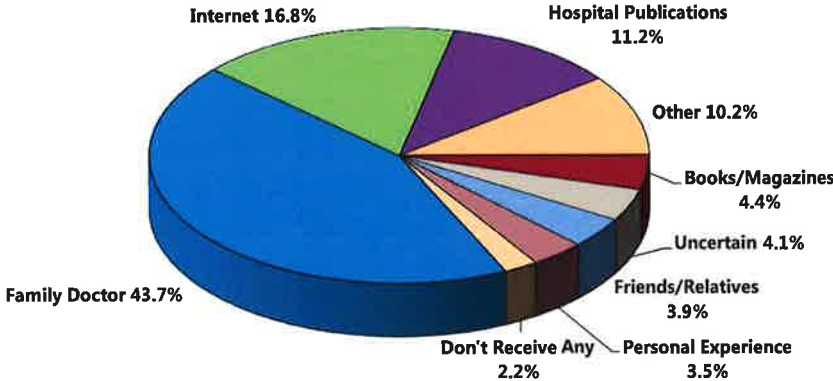


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 43.7% of San Juan County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 16.8%.
 - Other sources mentioned include hospital publications (mentioned by 11.2%), books and magazines (4.4%), friends and relatives (3.9%), and personal experience (3.5%).
- Just 2.2% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(San Juan County, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 108]
Notes: ● Asked of all respondents.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

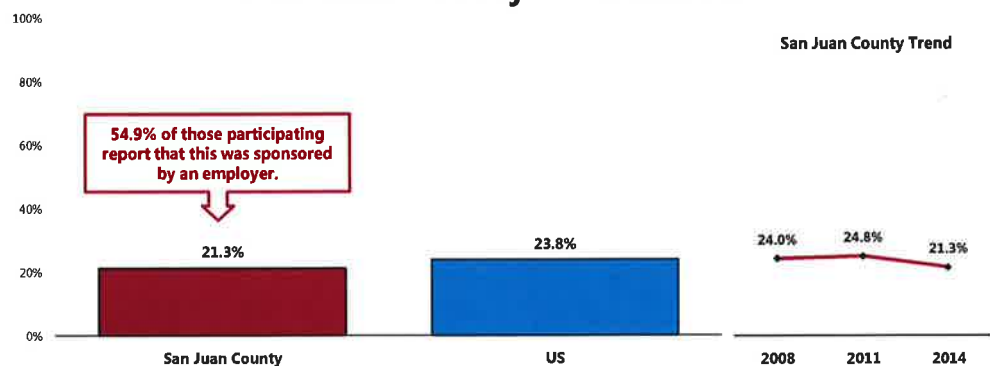
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 21.3% of San Juan County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.


- Similar to the national prevalence.
- ▣ Unchanged since the 2008 survey was conducted.
- 👤 Note that 54.9% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year



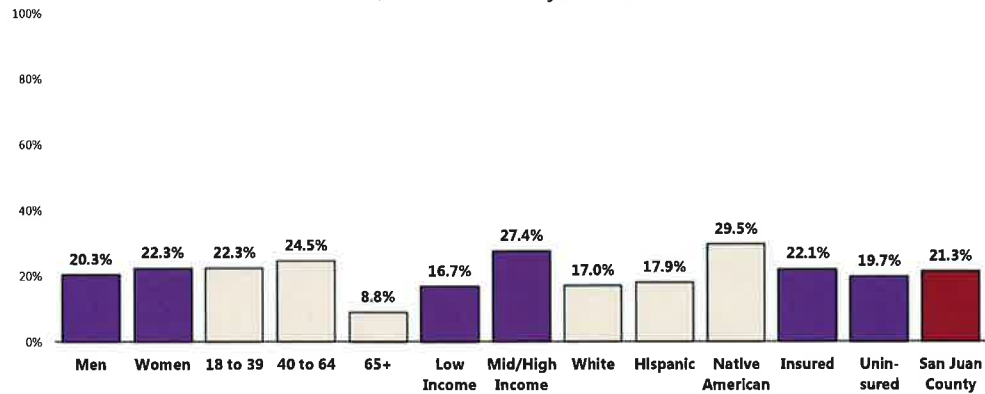
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 109-110]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

 Note that seniors, residents with lower incomes, Whites, and Hispanics less often report participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year

(San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

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

Related Focus Group Findings: Health Education in the Native American Population

Focus group attendees agree that health education for the Native American population is a critical component in creating and maintaining healthy lifestyles. Primary concerns among participants include:

- Community farms
- Complacency
- Cultural traditions
- Must provide education where people live, work and play

Focus group participants agree that health education is an important aspect of **prevention** and improving the overall health of community members, but education first needs to address the misinformation regarding **traditional diet** within the Navajo culture.

"There is a need for public education on diet, We a rampant disease rate of heart disease and diabetes in this area, and yet most of the food prevalent in this community are flour and potato based. This is a traditional Navajo diet this type of diet was introduced into Navajo society in the last 100 years. Now the Navajo people got addicted to this stuff, and their main diet is bread, potatoes, and really high carbohydrates. We're trying to treat diabetes and more dialysis and what we need to address is the diet of the Native American population, and come right out and say tortillas and fry bread are not traditional foods our ancestors didn't eat these types of foods. The problem is that even our tribal leaders are afraid to say that fry bread is not traditional food. It becomes a cultural nightmare."

Participants agree that health education needs to **start early in the public and reservation schools**. The young people need to understand that they can make a difference and have a choice with their health. The feeling of **complacency** is prevalent among families. They think they will be obese and become diabetic because it runs in their family and is just a matter of time. Community members believe something positive is already happening around health education as one explains it:

"I feel that we need to bring health education back into our school system and not only in the reservation systems, but also in the public school system. Our public schools have a large number of Native American students. A couple of weeks ago we had a coordinator come out to the school, and he was asking about bringing the Healthy Grant Environment for Students which would include community members' involvement. I feel is very important for students who attend school to participate but also as a way for the schools and community agencies to collaborate and for example bring in a diabetic support cooking class or cooking group."

Another participant would like to encourage more **community farming** as a way to increase a diet of fruits and vegetables to control the continued problem of obesity and diabetes in this population.

"A positive step for this community is to bring farming back. We have been talking about encouraging community farms planting grains, vegetables, and fruits. We want to try and implement this program in our community, and show our younger generations that this is what is needed, so we can prevent long-term health issues. We have to involve young and elderly people and address high risk health issues by showing a new way eating and cooking."

Participants see the need to bring health education and healthcare assistance **where the majority of Native American residents live**. This would alleviate some of the transportation problems by not having to come to Farmington to receive assistance.

"We have now Community Health Workers, a program funded by federal funds thru Indian Health Services, These CHRs are a type of nurses' aides who are trained to go and provide home care or follow ups to people that need it. It is a great program and they can teach their patients at their home how to better take care of themselves and even share some healthy food ideas. This program should be expanded."



LOCAL RESOURCES

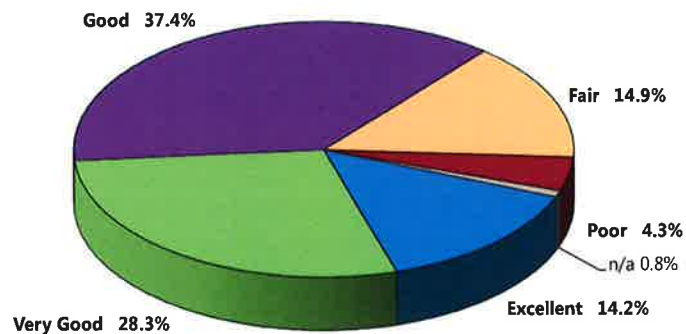


Perceptions of Local Healthcare Services

Just over 4 in 10 San Juan County adults (42.5%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 37.4% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(San Juan County, 2014)

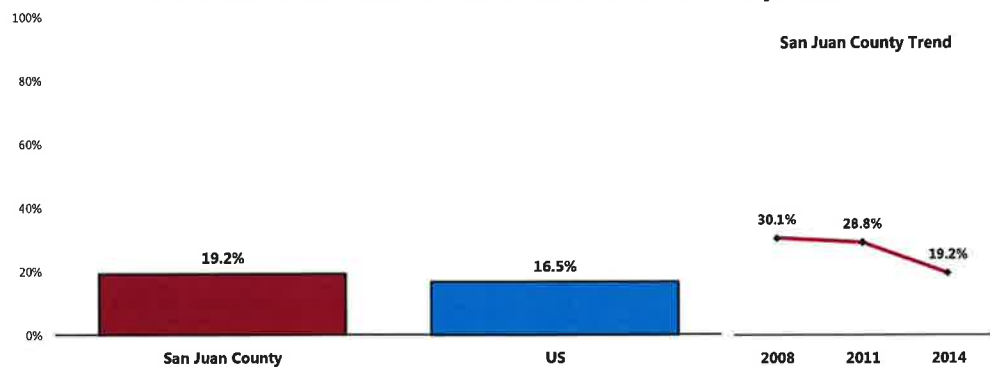


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.2% of residents characterize local healthcare services as "fair" or "poor."

- Similar to that reported nationally.
- ☒ Marks a statistically significant improvement in ratings over time.

Perceive Local Healthcare Services as "Fair/Poor"

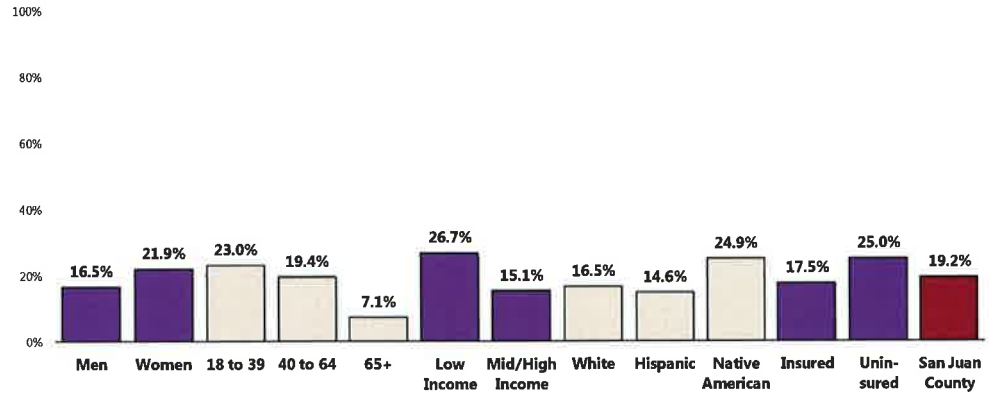


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- 👤 Women.
- 👤 Adults under age 65.
- 👤 Residents with lower incomes.
- 👤 Native Americans.
- 👤 Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor" (San Juan County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents

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

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

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- Air Care
- Ambulance Services
- Assisted Living Village
- Behavioral Health
- Boys and Girls Clubs
- Central Consolidated School District (CCSD)
- City of Farmington
- Community Centers
- County Extension
- Cross Roads Community Church
- Department of Health
- Faith Based Organizations
- Fitness Center
- Full Engagement Training (FET)
- Grace Place
- Indian Health Services
- Law Enforcement
- Midwifery Services
- Navajo Nation
- New Mexico Health Department
- New Mexico Healthy Kids
- Parks and Recreation
- Physicians and Other Healthcare Providers
- Planned Parenthood
- Presbyterian Health
- Red Apple/Safe Ride
- San Juan College
- San Juan Regional Medical Center
- Schools
- Shelters
- Teen Life Center
- Urgent care Center
- Weight Watchers
- Women, Infant, and Children Program (WIC)



SPECIAL POPULATIONS



Older Adults

Related Focus Group Findings: Geriatric Concerns and Elderly Abuse in the Native American Population

Many focus group participants discussed the **limited number of services** available to senior citizens in the Native American population, with emphasis on the following:

- Medication education
- Language barrier
- Housing

Participants express concern with the difficulties the elderly community faces maintaining **compliance with treatment plans**. At times elderly residents do not fully understand the medication, or treatments, as a participant explains:

"When I visited some of the elders I noticed a lot of them have a lot of overdue medications that they are not taking. They still go for their appointments, but the majority of them don't know why they need to take a particular medication. They tend to just hoard their meds. The doctors and pharmacists need to do a better job explaining why and how they should take their medications."

Furthermore, some of the elders don't know what to do with their **expired medications**. They are confused as to whether they should continue to take them or how to dispose of these medications. Participants want San Juan Regional to become more involved on this issue by setting up a station at public events:

"Many of these residents don't know what to do when their medication expires. I tell them to not flush them down the toilet, or bury or burn their meds. If they take them to the pharmacy at I.H.S. they won't accept them so they take them home again and just keep them in closets or bags. The problem is that they shouldn't have all of these extra medications if they understood their medication plan. Some of these drugs are still in the original medication bag or boxes."

"When we set up a farmers market we could ask them to bring their medication. San Juan Regional could set up a drop off station and residents could just drop their outdated medication."

Participants believe that if healthcare providers would **communicate with the elderly** in their native language (Navajo), some of these prescription and medical plan issues would be minimized. They also think that having grandchildren translate medical terminology and drug interaction to their grandparents is not communicating the right message and may hinder the success of the medical plan.

"There's a white doctor in the office with an elder and the grandkids or their kids are there as interpreters. People don't understand that there is a big language gap between Navajo's young and old and English and the traditional Navajo language. Even if the younger generation does know Navajo, is not the same dialect as spoken by the older Navajos who understand the old language. I think one of the basic things that are not explained to the patient is the need to take the medication for a specific length of time and the side effects they can expect while on the medication. A lot of the older people, once they begin to feel the side effects they stop taking it."

Additional problems concerning the elderly population include the need for good **housing and affordable retirement communities** so people living on the reservation

can move into town and have easier access to healthcare services.

"We do not have assisted living for our elders that want to reside in a community outside of the reservation, so a retirement village would be a great addition to our area. This would make it easier for our elders to receive services without facing major transportation problems."

Participants want I.H.S. to take a more active role in following up with the healthcare and long-term care plans for the elderly Navajo population.

"I think doctors need to go out to the reservation and treat residents outside of Indian Health Services. I also think that Indian Health Services should do the monitoring of their patients at their homes which will also help with healthcare costs."

Several participants feel that **elderly abuse** in the community continues to increase and that there is a circle of violence among families, and it stays within the reservation and even the Tribal Police are afraid to interfere. One participant describes the situation:

"We had a lot of violence within our community in the last couple of months, a lot of shootings, a 60-year-old man was gunned down out in the open on the reservation. When investigating we found a circle of violence around this family. The problem is that no one talks about it, they know who did the shooting but nobody opens up about it. Sometimes tribal police are afraid to go out there and investigate, but the state police and county police are not involved at all. So the violence continues and unfortunately the elders are caught in the middle."