

Shiprock



Farmington



Aztec

Bloomfield



2012

San Juan County Needs Assessment

data collection
 societal problems
 household concerns
 sources of help
 health service issues
 families
 alcohol
 substance abuse
 medical care
 dental care
 family violence
 gang activity
 affordable housing
 family support
 mental health
 societal needs
 prevention

sources of help

health service issues

families



PRESENTED BY SAN JUAN COUNTY PARTNERSHIP

COMMUNITY NEEDS ASSESSMENT

SAN JUAN COUNTY

April, 2012

Completed by David Wesch, PhD for
San Juan County Partnership, Inc.

Commissioned by:

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City of Farmington
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ACKNOWLEDGEMENTS

Projects of this nature are not possible without the assistance of the community as a whole in conjunction with a number of specific individuals and businesses. In particular we would like to note the supervisory support from Lynn Westberg, RN during the solicitation of surveys from community members. We would also like to thank businesses that assisted in the project: Safeway stores in Farmington (East and West) and Aztec, Farmers Market in Flora Vista and Bloomfield, City Market in Shiprock, and the Sycamore Community Center.



San Juan County Partnership

Working together, with people of all ages and cultures, to develop community wellness and prevention awareness.

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I. Executive Summary

PURPOSE

Communities often have substantial difficulties in identifying the needs of their members in the midst of political debates, economic turmoil, and the press of day-to-day business. This needs assessment was designed to provide a relatively unbiased assessment of a small set of all possible needs as perceived by community members and as specified by various outcome reports from units of government and several nonprofit organizations. It is hoped that this report will be useful in our community as a call to action and as a formal statement of needs that may be communicated to funders, community members and governmental personnel.

HOW DATA WERE OBTAINED

Two data collection procedures were used to obtain the information summarized herein. Reports from outside groups which described health and well-being statistics relevant to San Juan County were summarized to give a global picture, or report card, concerning important issues in the County. To provide a more intimate picture of these important issues, individual residents of the County were asked to complete a needs assessment questionnaire. A total of 452 residents responded to this opportunity and provided information about their own needs as well as their perception of the needs of residents of the county as a whole. A small additional data set effort was also gathered addressing the local lesbian, gay, bisexual, transgender, questioning, intersex (LGBTQI) community.

KEY FINDINGS

- **Third Party Report Cards – Governmental and Nonprofit Reports.** New Mexico displays some of the poorest health and well-being characteristics in the United States. San Juan County received scores on these assessments in the middle of the 32 ranked counties in New Mexico. Identified needs run the gamut from a need to increase supports for children to the need to increase the well-being of adults. These third party reports suggest that the continuum of care provided in New Mexico and San Juan County has many gaps.
- **Community Concerns – Respondent Survey.** Residents of San Juan County who completed the needs assessment questionnaire gave their highest concerns for drunk driving, alcoholism and drug abuse. As in past versions of these needs assessments, these three items were given the highest overall ratings amongst all other needs named. For the first time since this assessment was initiated in 1996, unemployment became the 4th most serious problem the county faces in the perception of the respondents.
- **Personal Household Concerns – Respondent Survey.** Financial stress has increased since the last needs assessment and dominates the needs within individual households as identified by county residents. The number one need was “finding work.” Nine of the remaining top ten needs for the personal household of residents had to do with economic issues – for affordable

housing, for insurance, for medical care, etc.

- **LGBTQI Concerns – Focus Groups and Respondent Survey.** The LGBTQI community in San Juan County expresses the same pattern of needs as does the general community in most of the areas examined in this needs assessment – that is, needs of an economic nature. This sample of community members reported higher distress within the mental/behavioral health dimension, higher concerns about unemployment, and reported feeling that there was poor support provided to them from most community gatekeepers (e.g., health care providers, law enforcement, politicians and clergy).

II. What Did Others Say About Needs In San Juan County?

GOVERNMENTAL AND NONPROFIT SUMMARY REPORT CARDS

Numerous groups gather and summarize data concerning all aspects of life in communities around the United States. Governmental groups often have a statutory responsibility to collect information about the population and to create aids for decision making from what was gathered (for example, United States Census Bureau). Additionally, nonprofits who have adopted community education goals often created periodic reports concerning the health and well-being of different parts of the country. These reports are freely available and provide our community an opportunity to evaluate needs on a basis similar to that used in other localities.

However, reports compiled and published by these groups may not be responsive to specific concerns in a quickly changing environment. The data often making up the core of external reports require considerable time to aggregate and may lack the fine detail necessary for county level decision making. It is also the case that when creating cross-national and/or cross-county rankings, the relative weighting of the criteria, and even which criteria to include, are not seen the same way local residents might see them. So while these data sources are invaluable, local input fine tunes the analysis for local problem solving.

The decision to include results from various report cards was based on the relevance of those data to local service priorities and/or historical patterns of need. The utility of the results and the ongoing nature of the evaluation efforts undertaken by the various governmental and nonprofit groups also played a role in inclusion. Single effort reports or reports from groups that seemed unlikely to provide similar evaluation data in the future were not included. Each assessment will be reviewed for its perspective about the following issues: DWI, Alcohol & Other Substance Use; Health & Wellness; Economics & Housing; Crime & Safety; Transportation, Access to Services & Recreation; Education; and Environment.

- **American Community Survey (ACS)**¹. This report was a product of activities related to the US Census Bureau at the county level covering a wide range of topics. The ACS makes summary statistics available concerning the overall demographic status of selected counties and includes considerable information about housing, social considerations and employment data.

From this survey we may see that San Juan County has a current population of approximately 130,145 for 2010 and that the rate of population growth has slowed to almost zero in the past several years. The preliminary estimate on growth has kept the estimated population at this same level for 2011. The population was split at about 51% females and 49% males. The median age was 32.6 and, as in many parts of the country, the older age groups were growing faster than the younger age groups. The largest self-identified ethnic groups were Anglo (72,390), Native American/Navajo (48,931), and Hispanic/Latino/Spanish (24,971). It should be emphasized that the county population was very diverse and many individuals have a multi-ethnic background.

Data on housing from the ACS report identifies 41,703 households, with an average household size of 3.07 and an average family size of 3.64. Household size is loosely correlated with economic means with lower income households typically having more members than higher income households. Most of the housing units in San Juan County have all the conveniences but 2,645 lack complete plumbing or kitchen facilities. Almost 7,500 units lack telephone services. The median mortgage was just over \$1,157 and the median rent paid was approximately \$742. Fifty-five percent of renters were paying 25% or more of their monthly income in rent.

At the time of the publication of the ACS report, the unemployment rate was over 8%. However, pockets of unemployment were much higher particularly in the Navajo Nation (42%)². Unemployment for January of 2012 was 7.8% according to the State of New Mexico³. The single largest industries were health care, mining/oil fields, retail sales, and entertainment/accommodation/food services. The median household salary for all industries was \$45,127 (this figure includes wages, Social Security and other supplemental sources of income). The median earnings for a male full-time, year round employee was \$41,883 and for females \$29,610. The general rate for those living under the federal income criteria for poverty was 25% (which is higher than the State and National rates) and the percent of children living in poverty was 35%.

- **Robert Wood Johnson Foundation and the University of Wisconsin County Health Ratings⁴.** This partnership between the Robert Wood John Foundation and the University of Wisconsin has been publishing annual reports concerning the health and well-being of every county in the Nation for the past few years. This report is easily accessible and allows an interested party to compare counties within a state or counties in one state with counties in another state, or states to each other. All geographic units are compared against each other using a common set of evaluative criteria.

New Mexico is consistently in the bottom five states in the Nation according to the criteria selected by this rating system. San Juan County was rated as 12th from the top of the 32 ranked counties in New Mexico in the most recent report. The following table was constructed using the web-based resources of the County Health Ratings system (Table A). Included in the comparisons were the results for other counties in New Mexico, the statewide ratings for New Mexico, and, data on those same factors for the United States as a whole.

Table A. Comparisons Using the County Health Ratings (2011)

Data category	San Juan County	McKinley County	Los Alamos County	State of New Mexico	United States
Health outcomes ¹	11	30	1		
Mortality ¹	18	31	1	8364	
Premature death ²	9306	12812	2816		
Morbidity ¹	10	13	2	17%	5564
Poor or fair health	17%	21%	10%		
Poor physical health days	4.1	3.5	3.1	3.9	2.6
Poor mental health days	3.9	3.3	3.1	3.5	2.3
Low birth weight	7.4%	8.8%	8.7%	8.4%	6%
Health factors ¹	27	32	1		
Health behaviors ¹	31	30	1		
Adult smoking	25%	16%	10%	20%	15%
Adult obesity	28%	35%	19%	23%	25%
Excessive drinking	13%	13%	10%	14%	8%
Motor vehicle crash death rate ³	41	48	1	23	12
Sexually transmitted infections ³	595	823	160	470	83
Teen birth rate ⁴	67	64	10	64	22
Clinical care ¹	27	32	1		
Uninsured adults	33%	34%	13%	30%	13%
Primary care providers	1236:1	749:1	456:1	832:1	631:1
Preventable hospital stays	73	126	41	61	52
Diabetic screening	54%	30%	90%	70%	89%
Mammography screening	54%	39%	80%	57%	74%
Social and economic factors ¹	12	31	1		
High school graduation	60%	55%	95%	59%	92%
Some college	48%	35%	92%	56%	68%
Unemployment	7.6%	8%	3.2%	7.2%	5.3%
Children in poverty	20%	40%	3%	24%	11%
Inadequate social support	24%	33%	14%	21%	14%
Single-parent households	35%	45%	25%	37%	20%
Homicide rate ³	8	13	0	8	1
Physical environment ¹	30	16	1		
Air pollution particulate matter days	0	0	0	0	0
Air pollution ozone days	6	0	0	3	0
Access to healthy foods	50%	33%	100%	38%	92%
Access to recreational facilities	6%	1%	44%	9%	17%

¹Relative county rankings, the best county on this dimension has the lowest ranking. There are a total of 33 counties in New Mexico. 32 are included in this ranking; Harding County is not included.

²Years lost by population in county as a whole.

³Rates per 100,000.

⁴Rates per 1,000.

The comparisons possible with the data in Table A show how San Juan County compared against a very similar county (McKinley County), the county in New Mexico with the best overall health ratings (Los Alamos County), and with the State and the Nation. Compared to other counties in New Mexico, San Juan County is not within the top ten healthiest counties, but neither is it in the bottom ten counties. The economic, ethnic, educational and historical differences between Los Alamos County and San Juan County probably account for the large differences that exist between the two sets of data. However, Los Alamos County is still a part of New Mexico and might serve as a model of healthcare towards which other counties might point themselves.

Translating the various scores for San Juan County into some statement of needs might require some community discussion before a final set was identified. The easiest way to start the process would be to look at the scores which were significantly worse than the scores for the state as a whole or for the nation. Clear needs identified on this basis seem to be in areas such as the teen birth rate, the number of primary care physicians per person, deaths in motor vehicle crashes, the sexually transmitted infection rate and others.

- **Health Indicator Framework⁵**. The New Mexico Department of Health has published a health indicator report similar in format to the Robert Wood Johnson Foundation report described above. These data were summarized by county and cover areas such as health outcomes, risk and resiliency factors, health system descriptors, and demographic characteristics of the various counties. The 2011 Health Indicator Framework indicates that San Juan County had a motor vehicle crash death rate of 27.5 per hundred thousand compared to a National rate of 17.7. Adult smoking for San Juan County was reported at 27% versus the National rate of 20%. The percent of residents without health insurance was listed at 30%, almost twice the National percentage of 17%, and the percent of children in poverty for San Juan County was listed as 25% (since estimated for 2012 at 35%).

The State Health Department also has published regular reports concerning the causes of death within the State. The most recently posted Indicator Report⁶ identified the top ten causes of death for the state population for the years between 2008 and 2010. The causes of death vary according to gender, age, and ethnicity but the overall pattern was consistent – most deaths at the youngest ages were from perinatal difficulties, congenital abnormalities, unintentional injuries or various infections. Deaths in the older age ranges came from chronic diseases such as cancer or heart disease. Teens and young adults were most likely to die from unintentional injuries. Men were more likely to die at younger ages and to have higher death rates associated with causes such as the unintentional injuries.

- **Annie E. Casey Foundation Reports⁷**. The Annie E. Casey Foundation has routinely published national, state and county level comparisons regarding the health and well-being of young people. The annual Kids Count report was based on ranking geographic areas on ten factors related to children and their environments. This includes the percent of low birth weight babies born each year, the infant mortality rate, the child death rate, families with an unemployed parent, percent of families in poverty, and several other factors along these same dimensions. In their most recent report, New Mexico was rated as the 46th out of the 50 states in terms of providing a healthy

environment for children. While the Kids Count report does not give a county-by-county summary, San Juan County has low scores on the items in the survey and would score in the middle ranks of counties in New Mexico.

More recently (April, 2012) the Annie E. Casey Foundation teamed with Population Reference Bureau to produce a more detailed analysis of child well-being around the United States. This report uses a broader set of data to evaluate how various states and counties were doing in providing for the needs of children and families. This report examined 25 variables categorized into seven clusters. Family economics, health, participation in risky behaviors (drinking and other drugs used by youth), educational attainment, community engagement (voter participation, teens not in school, etc.), social relationships, and emotional well-being (church attendance and suicide rate). New Mexico was the lowest state in the nation as rated by this set of criteria – unfortunately, New Mexico had very unfavorable scores in all categories reviewed in this report. San Juan County performed in the middle ranks of counties in New Mexico.

- **San Juan Regional Medical Center⁸**. San Juan Regional Medical Center contracted with Professional Research Consultants in 2011 for the purpose of completing a Community Health Needs Assessment. This needs assessment reviewed existing data, interviewed key informants, and surveyed a random sample of 1000 users to gather health-related data. On the positive side of the assessment, 47% of the respondents reported having good to excellent health at the time of the survey. Certain health conditions were found to occur at higher rates in this county than elsewhere. Respiratory disease was higher than for the state or nation. Diabetes deaths were higher than the national rate. Data were also gathered concerning mental health and behavioral health concerns. The final recommendations noted three priority needs: 1) improving access to health services, 2) providing more cancer care; and, 3) providing more services and support regarding diabetes.
- **County Substance Abuse Epidemiological Profile⁹**. The Behavioral Health Collaborative of the State of New Mexico has supported the publication of Epi Profiles for each county – the most recent was published in October of 2011. This report provided detailed information about adult and youth patterns of drug use and measures of mental health. For younger individuals, the report also included resiliency information that might mitigate drug experimentation and abuse. Data on most consumption parameters were broken down by the three dominant ethnic groups in San Juan County (Anglo, Native American, and Hispanic). Of particular concern were data showing that San Juan County has higher death rates associated with the use of alcohol than does the rest of New Mexico or the Nation. This includes overall alcohol-related deaths, alcohol-related injury deaths, alcohol-related chronic disease death, alcohol-related chronic liver disease death, and alcohol-related motor vehicle traffic crash deaths. Data related to tobacco use and other chronically abused drugs were also reported. The cumulative negative impact of these other drugs on the local population seems less than that experienced for alcohol.
- **Evaluating Violence and Crime¹⁰**. The U.S. Peace Index was produced by the Institute for Economics and Peace. The intent of the project was to create a stable indexing system to look at violence and crime across jurisdictions/states. The index was relatively simple to compute and

correlates well with other measures of health and well-being. The index was based on homicides and rates of violent crimes, the incarceration rate, the number of police officers, and the percent of firearm suicides as a percentage of total suicides all within the same geographic area. The crime statistics were weighted heavier than the other factors in completing a peace index for a locale. New Mexico was rated as the 38th of 50 on the Peace Index.

- **American Lung Association¹¹**. The American Lung Association has been publishing an air quality report that allows any individual to determine key environmental threats by their zip code on a regular basis. The report produced by interacting with the American Lung association website gives data on ozone, 24-hour particulate pollution, and annual particle pollution. Each measure of air pollution is given a letter grade to allow the consumer to understand the import of the numerical score for each type of pollution. Zip code 87401 received a B for ozone, an A for particle pollution, and an incomplete score for annual particle pollution. The interactive report contains support information about the relative health risks to individuals suffering from various respiratory ailments given the various letter grades given for each pollution type.

III. What Did Local Residents Say About The Needs Of San Juan County?

GENERAL SAMPLE OF SAN JUAN COUNTY RESIDENTS

This Needs Assessment was a partial replication of previous county-wide community needs assessments conducted for San Juan County Partnership (1996, 2000, 2004 and 2008). In order to maintain the possibility of making year-to-year comparisons, the general approaches for collecting data have been held generally consistent, with few exceptions. The survey methodology used in San Juan County Partnership's previous needs assessments was generally replicated in the current assessment, allowing for straightforward year-to-year comparisons. A random sample of San Juan County residents were telephoned and invited to participate in a face-to-face survey interview. Evaluation staff assisted respondents with completing the lengthy survey device and prompted discussion of other items of interest to the community member. The number of respondents agreeing to participate based on a telephone contact was not sufficient to complete the full sample size desired. The evaluation effort required that targeted convenience samples from locations across the county be added. These targeted convenience samples were collected in Bloomfield, Aztec, Farmington, Kirtland and Shiprock.

- **Survey Instrument.** Fewer resources were available this evaluation cycle, requiring some simplification of the survey instruments. The survey for key informants was dropped from the evaluation entirely. The survey for individual respondents was shortened, particularly in areas where community sponsorship of costs was not available. The primary guiding philosophy in making other changes in the instrument were based on past problems using this survey instrument and including only those items provided any discriminatory power for those doing decision making. If the item seemed to be little used or to be redundant with other survey items, it was not included in this survey version. A copy of the final set of items in the instrument may be seen in Appendix A. The survey used in 2008 contained eight sections with a total of 113 items. The survey used for the 2012 report contained eight sections with a total of 90 items. No new items were added to the individual survey instrument.

One change in administration did occur during this evaluation cycle. In past years, the section of questions considered to be highly sensitive for the respondents to answer (e.g., questions about illegal behavior, drug use, etc.) required complex administrative supports. Instead, for this year's administration of the instrument, respondents were simply asked whether or not they would answer these items and they filled out their own answers to these items. Only two respondents decided not to answer fully these sensitive items.

- **Evaluation Staff.** Staff support for this project included an evaluation supervisor, a supervisor for the interviewers and numerous direct contact individuals (interviewers). The interviewers were recruited through direct personal contact, radio messages, public postings and announcements made in college classes. Those who indicated an interest in participating were provided training on all of the details of the sample collection and direct interviewing processes. Evaluation staff conducting

interviews were paid to do so and also received an additional incentive of approximately \$14 for each survey they completed. The interviewer supervisor made regular face-to-face and electronic supervisory contacts with interviewers throughout the months that data were gathered.

- **Sample.** Data were obtained from residents of San Juan County volunteering to participate between the months of December 2011 and February 2012. A total of 452 residents completed at least some sections of the survey – most answered all questions. Residents completing the survey were broadly representative of the county population as a whole in terms of age, gender, ethnicity, levels of education, and location of residence. Please see the results section below for specific details.
- **Data Analysis.** All data acquired from community residents were compiled using the SPSS statistical package. In most instances, only descriptive statistical summaries were made of the data collected. However, trends in responding according to gender, age, ethnicity and levels of education were examined using the cross-tabs tool. This allowed for the determination of the extent to which residents having different life experiences perceived the needs of the county or of their own families in the same or different ways than did other residents. The cross-tabs procedure provides an estimate of the likelihood that a particular distribution of residents' opinions on a question by some second factor, such as ethnicity, was statistically significant or not. All comparisons that were statistically significant at an alpha of .05 or lower were discussed (meaning that there were less than five chances in a hundred, or less, that a distribution such as that observed would have occurred by chance alone).
- **Respondent Motivation.** The decision of the respondent to give personal time to this project is fraught with complexity. Most individuals solicited by phone declined to participate. Individuals solicited in person at the locations where the targeted convenience samples were collected also frequently declined to participate. As a minor token of appreciation, those individuals who volunteered to provide their perceptions were given a \$15 gift certificate upon completion of the survey. This gift certificate could be redeemed at local grocery stores.
- **Age Restriction and Confidentiality.** A restriction was placed on participation so that those individuals below the age of 18 were not able to complete a survey. A small number of under 18 individuals were interested in helping and would have completed the survey if allowed. This age restriction was enforced to increase the probability that the respondents were adults and competent to give their consent to participate. While those completing the survey were not anonymous to the evaluation staff helping them complete the survey, all answers provided were kept confidential. To assist in this process, no names were listed anywhere on the survey instrument. Certain personal information was obtained but it was impossible for these data to be connected to any one community member. In addition, the staff member compiling the data had no contacts with the survey collection process and, consequently, had no ability to match answers to people. The project accountant did require that respondents give their initials when signing for the gift certificates as a way to avoid financial fraud by staff. These initials were kept separated from the surveys and were delivered to administrative staff who had no access to the surveys.

RESULTS FOR RESIDENTS' SURVEY

- Demographics.** As stated, these surveys were collected from volunteers between the months of December 2011 and February 2012. The volunteers answering the surveys considered themselves to be residents of San Juan County at the time they completed the survey. No information about those who refused the offer to be included in the needs assessment were available. A total of 452 residents between the age of 18 and 89 completed the survey. Table B displays both the characteristics of the sample and the county demographics from the 2011 estimated census from the Federal Census Bureau.

Table B. Demographic Characteristics of 2012 Needs Assessment Sample

Characteristic	2012 San Juan County Sample	2011 Estimates US Census
Total Sample/Population	452	130,044
Females	54.1%	50.4%
Ethnicity		
Anglo	41.8%	42.5%
Native American/Navajo	35.6%	36.6%
Hispanic/Latino/Spanish	19.5%	19.1%
Other	3.1%	1.8%
Age		
18 through 29	33%	24%
30 to 49	36.5%	35%
50 or older	30.5%	41%
Educational Attainment		
High school or less	56.8%	47%
Some college	37.6%	47.7%
Graduate education	3.5%	5.3%

The population of San Juan County has grown over the decades to its present point. The 2011 estimated population is the same as was the estimate for 2010 – this is not the historical pattern of growth from year-to-year. There has been some speculation that the county’s population will stay stable or perhaps even slightly drop because of the number of individuals and families moving to other oil/gas producing parts of the United States. The county has been a minority majority county for the past few years and this continues to be the case. The minority population has a higher birth rate and a higher in-migration pattern than for the Anglo population. The sample of residents who completed surveys is slightly discrepant from the characteristics of the county as a whole. These discrepancies are not any more significant that those present in past years and did not compromise the outcomes.

- Community Needs.** Respondents rated a series of 25 questions about needs specific to the county as a whole by indicating whether or not they felt the statement stood for a major/moderate/minor need. These perception ratings on the part of all respondents were then aggregated by giving each response a positive score and then adding all of the scores together for each question. The question with the

highest total was then considered that with the greatest need as rated by this group of residents. The top three needs have remained the same for each of the past quadrennial needs assessments – namely, drunk driving, alcoholism and drug abuse. Table C displays the results in rank order for all of the problem areas respondents identified and the full rankings are listed in Appendix C.

While the first three needs remained in the same rank order as has been seen historically, the number of people who rated unemployment as a major/moderate problem was much higher than in the past. Unemployment was seen as the 4th most important community need and the rating for emergency food/shelter was the highest it has ever been rated as well.

Table C. Rank Order Comparisons, Historical to Contemporary Ratings of 15 Community Needs

1996	2004	2008	2012
Drunk driving	Drunk Driving	Drunk driving	Drunk Driving
Drug Abuse	Alcoholism	Alcoholism	Alcoholism
Alcoholism	Drug Abuse	Drug Abuse	Drug Abuse
Youth & Traditions	Youth & Traditions	Theft, Vandalism	Unemployment¹
Vandalism, Theft	Vandalism, Theft	Gang Activity	Family Violence
Teen Pregnancy	Gang Activity	Affordable Housing	Affordable Housing
Gang Activity	Family Violence	Family Violence	Youth & Traditions
Unemployment	Teen Pregnancy	Youth & Traditions	Teen Pregnancy
Medical	Environment	Medical	Medical
Violent Crime	Dental Care	Teen Pregnancy	Violent Crime
Affordable Housing	Unemployment	Violent Crime	Racial Tensions
Family Violence	Medical	Racial Tensions	Environment
Services for Disabled	Affordable Housing	Available Housing	Recreation
Environment	Violent Crime	Environment	Emergency Food/Shelter¹
Illiteracy	Public Education	Dental Care	Available Housing

¹This represents the highest rating ever for these items.

Additional analyses were completed using the gender, ethnicity, age and educational characteristics of the respondents. These additional analyses allowed for a better determination of how these community needs were perceived. As previously explained, a statistical procedure called “cross-tabs” was employed to look at each demographic characteristic as related to each need. The key outcome of this procedure was to determine whether or not certain patterns in rating the community needs were related to the characteristics of the respondent.

The first cross-tabs procedure examined the difference between males and females in rating each of the 25 items in the survey. In most instances males and females rated the same items with the same relative degree of importance. There were four exceptions to this generalization – women were more likely to rate certain needs as being more important than did men. Women rated concerns about family violence, the lack of day care, the lack of services for those with mental illness and the poor availability of housing as being more important than did men.

These same 25 items were then examined using the cross-tabs procedure for differences in responses among the three main ethnic groups participating in the survey – Anglo, Native American/Navajo, and Hispanic. For 17 of the 25 items, Native American/Navajos rated these items as having greater importance than did Anglos or Hispanics. These included concerns about the environment, family violence, assault, day care, teen suicide, recreation, affordable housing, emergency care, overcrowded housing, racial tensions, availability of housing, after school programs, services for those with disabilities, prenatal care, senior services, family traditions, and dental care. Hispanic respondents were more concerned than Anglos about affordable housing, family traditions and dental care.

There were more mixed findings when using the cross-tabs procedure to look at the age of respondents and the ratings of the 25 items. For convenience, the age distribution of the respondents was made into three categories, those between 18 and 29, between 30 and 49, and those over 50. The lack of recreation supports was noted as being a more significant problem by the younger and middle aged groups. Middle aged to older respondents rated items related to services for the mentally ill, after school programs, services for those with disabilities, and problems with family traditions as being more important than did the younger respondents. The older respondents were more concerned about day care than were the middle or younger aged.

The only item that was rated differentially when using the level of education in the cross-tabs procedure was overcrowded housing. Individuals with less than a high school education rated this item as being much more of a problem than did those with higher educational attainment.

- **Personal/Family/Household Needs.** In addition to rating the various items that related to needs the community as a whole might be experiencing, respondents were asked to rate the degree to which a number of statements about their own family situations might be causing major to minor problems. The instruction to the respondents included a request to name from whom they received assistance for any need given a “major” rating. Too few individuals completed this portion of the survey to allow for any reporting of results. As discussed earlier, major changes from the historical pattern of rating these needs occurred during this needs assessment. Individual respondents rated items having to do with financial problems more likely to be major problems than they did at any time in the past.

Table D. Rank Order Comparisons, Historical to Contemporary Ratings of 14 Personal/Household Needs

1996	2004	2008	2012
Anxiety or Stress	Dental Care	Anxiety or Stress	Finding Work¹
Money for Doctor	Anxiety or Stress	Medical Insurance	Medical Insurance
Afford Legal Help	Medical Insurance	Money for Doctor	Anxiety or Stress
Medical Insurance	Money for Doctor	Afford Legal Help	Money for Utilities¹
Finding Work	Afford Legal Help	Dental Care	Money for Housing¹
Affordable Recreation	Depression	Money for Clothes/Shoes	Money for Food¹
Feel Safe in the Streets	Affordable Recreation	Money for Utilities	Money for Doctor
Depression	Finding Work	Depression	Housing Needs/Repairs¹
Care for Disabled/Elderly	Care for Disabled/Elderly	Money for Food	Money for Clothes/Shoes
Money for Clothes/Shoes	Money for Clothes/Shoes	Affordable Recreation	Affordable Recreation
Housing Needs/Repairs	Housing Needs/Repairs	Feel Safe in the Streets	Depression
Money for Utilities	Money for Utilities	Housing Needs/Repairs	Alcohol and/or drug problem²
Money for Housing	Money for Housing	Money for Housing	Dental Care
Money for Food	Money for Food	Finding Work	Child Behavior Problems²

¹This represents the highest rating ever for these items.

²First presence of item in the top rankings of personal needs.

Of particular concern is the movement of the ratings for financial related needs from lower to higher in the rank order. This might suggest that county residents completing the survey have been experiencing much higher rates of financial stress than they have at any earlier point in the survey process. Two other items also moved up in the rankings – alcohol and/or drug problems and child behavior problems. Psychologists often suggest that family financial problems carry over into problems in the way families function, problem-solve and get along with each other.

Cross-tabs only determined two differences by gender on these family-related problems. Women were more likely to rate needs associated with depression and physical conflicts in the family as being more serious.

Both Hispanics and Native Americans/Navajos rated 9 of the 20 items in this section of the survey as being greater problems than did the Anglo population. Minority group members rated housing in need of major repairs, needing money for food, housing, utilities, clothes/shoes, and medical insurance, child behavior problems, receiving help at school, and accessing dental care as being higher in need than did Anglo respondents. Native American/Navajo respondents also rated an

additional five items as being more serious - physical conflict, affordable day care, after school care, prenatal care and school safety.

The analyses for age and educational differences in ratings of personal/family needs only resulted in one significant finding. Middle and older aged individuals reported higher ratings for problems in having enough money for medical services.

- Personal Health Behaviors.** Respondents were asked about a number of health practices and conditions in this portion of the survey. Respondents were again reminded that their answers were confidential and that it would not be possible for anyone to match their answers to their name.

Approximately 31% of the respondents admitted smoking cigarettes and 36% said they used alcohol on at least some basis. Other related responses related to health behaviors are listed below in Table E.

Table E. Percent of Sample Exhibiting Suboptimal Health Characteristics

Health Characteristic	% of Sample
Uses Tobacco	31%
Uses Alcohol	37%
Uses Illegal Drugs	15%
Addicted to Prescription Drugs	4%
Admit Drinking and Driving	11%
Admit a Drug Problem in their Family	38%
Never Exercise	16%
Overweight	44%

Other questions asked whether or not the respondent was presently experiencing any physical and behavior health disorders or diseases. These conditions ranged from life threatening to being less serious but disruptive to day-to-day activities. Table F shows the percent of the respondents reporting one or more disorders or diseases.

Table F. Reported Disorders or Diseases by Percent of Sample

Disorder or Disease	% of Sample
Anxiety or Stress	62%
Depression	50%
Domestic Violence	26%
Children Being Bullied	26%
High Blood Pressure	24%
Suicide Attempt in Broader Family Constellation	14%
Diabetes	13%
Asthma	12%
Child Abuse	11%
Sexual Abuse	10%
Other Disease ¹	5%
Cancer	3%
Cirrhosis	2%

¹including gall stones, kidney problems, blindness, neurological disorders, etc.

Approximately half of the respondents reporting a disorder/disease said that they were receiving treatment for the condition. Finally, just over 16% of the respondents said that they went outside of San Juan County to receive their medical care (e.g., for pediatric care, psychiatry, dermatology, etc.).

Analysis by gender showed that males were more likely to report using tobacco and alcohol. Females were more likely to report being overweight. Males were more likely to report using illegal drugs. Females reported more concerns with suicide and domestic violence.

Ethnicity was related to several of these health concerns. Native Americans/Navajos were less likely than Anglos or Hispanics to report using tobacco. Alcohol was more likely to be used by Anglos than Hispanics or Native Americans/Navajos. Native Americans/Navajos and Hispanics reported more concerns with drug problems and domestic violence. Native Americans/Navajos were more likely to report being diagnosed with diabetes. Hispanics were the least likely to report having high blood pressure. Anglos were the most likely to report having received health care for identified diseases. Native American/Navajos reported having the lowest levels of overall health.

Age played a role with several items. The lowest reported rate for tobacco use was in the older group and the youngest group was the most likely to use illegal drugs. The youngest respondents

reported the highest rate of being at an appropriate weight for their gender and height. As people aged, the percent being overweight increased. The youngest group also reported the lowest rate of diseases such as diabetes, high blood pressure, etc. and reported the highest overall levels of general health.

While levels of education were not usually associated with items in the overall needs assessment, four items were shown to be different according to the levels of education of the respondents. Tobacco use was reported at a higher rate in the least educated, who also reported the highest rate for use of prescription drugs to get high. Alcohol use was reported at a higher rate among the more educated. The rate of diabetes was higher in the less educated group. The more educated were much more likely to be receiving medical care for their medical conditions.

Two remaining indices of health-related functioning were included in the survey. These included a measure of life satisfaction and one of an overall assessment personal health status. Table G shows the results for these two measures. These measures are almost identical to the scores obtained during the 2008 needs assessment survey.

Table G. Percent Satisfaction Levels for Health and Life in General

Measure	Overall Health	Life Satisfaction
Poor	5%	5%
Fair	34%	10%
Good	51%	40%
Excellent	11%	45%

- Community Perceptions of High School Aged Residents.** Participants in the survey were asked for their estimates regarding various aspects of safety and health behavior displayed by local high school students. These items track the discrepancy between what high school students in the county say they are actually doing in each of these areas with what “adults” think high school students are doing. Survey questions were designed to correspond with questions asked on the Youth Risk and Resiliency Survey (YRRS)¹² used by the Public Education Department of the State of New Mexico every other year throughout New Mexico. Data are available for several high schools in the county. Residents rated how many high-school aged youth they thought engaged in risky behaviors, using a 1 to 5 scale, with 1 = Very Few and 5 = Almost All. Several items were added to this portion of the assessment. A question was asked to determine if residents had any knowledge of the Most of Us[®] program. If they responded in the affirmative, they were asked to identify where they had encountered the media messages.

Results for the current needs assessment are listed in Table H below. In general, the respondents overestimated the extent to which high school students engaged in risky behavior and underestimated how often a common safety behavior was displayed. This inaccuracy in perception

is related to continuing support of inappropriate behaviors related to those misperceptions (e.g., “It is okay, because everyone is doing it”). While it is not possible to give statistical quantification for the degree of relationship to these misperceptions and the presence or absence of the Most of Us[®] media campaign, it was generally noted that adult misperceptions were reduced in parts of the county where the campaign has been active (Shiprock and Aztec).

One way to detect discrepancies between the perceptions of adults and the self-reported behavior of local high school students was to examine responses on the needs assessment to the data concerning teens made available by the Public Education Department of the State of New Mexico. Every other year high school students have been surveyed using a device called the “Youth Risk and Resiliency Survey (YRRS).” These data were last collected in the Fall of 2010. Several positive and more destructive types of behavior analyzed in the YRRS are displayed below and used in a comparison to data from the current needs assessment.

Table H. High School Aged Youth in San Juan County, Self-Reported Alcohol-Drug Related Behaviors, YRRS, 2010

Behavior	YRRS Behavior - Defined
Wear seat belts	Frequency of wearing seat belt
Current Drinker	Had at least one drink in past 30 days
Drove after Drinking	Drove a car after drinking, in past 30 days
Rode with Drinker	Rode with someone who had been drinking
Pain Killers	Used pain killer to get high
Meth Use	Used methamphetamines in past 30 days
Current Smoker	Smoked cigarettes in past 30 days

The data from the YRRS as compared to the data collected from adult respondents during this last needs assessment show several misperceptions about teen behaviors. In one instance the adults underestimated the compliance shown by teens to safe driving habits. In the other comparisons shown below (Table I), adults overestimated the extent to which teens were engaging in inappropriate or dangerous behaviors. Several of these misperceptions were large and would paint a very negative view of local teens.

Table I.
Adults’ Perceptions of Percent of High School Aged Youth Engaging in Alcohol-Drug Related Behaviors

Behavior	Adult Perception	Teen Self-Reports
Wear seat belts	33% ¹	89%
Current drinker	43% ²	37%
Drove after drinking	28% ²	11%
Rode with drinker	28% ²	25%
Pain Killers	22% ²	16%
Uses meth	21% ²	4%
Current smoker	44% ²	24%

¹Underestimate of actual self-reported behavior of teens in San Juan County.

²Overestimate of actual self-reported behavior of teens in San Juan County.

When residents were asked about their knowledge of the Most of Us[®] campaign, 32% reported that they had some level of knowledge concerning the program. These respondents were then asked to note the locations where they had heard or seen one or more of the messages. Respondents could note more than one location and over half identified two or more locations when they said that they knew about the program. In order of frequency these locations were checked off: newspaper (81), billboards (79), radio (63), Movie Theater in Farmington (59), hospital (52), sporting event or school (37), and city building or library (36).

Cross-tabs designed to test whether or not gender, ethnicity, age or education were related to misperceptions or awareness of the Most of Us[®] campaign showed no statistically significant relationships to be present.

- **Economics and Housing.** During the previous administration of this needs assessment process, additional funding sources that supported the effort, and the sections devoted to economic and housing issues were considerably expanded. The number of items for the respondents to review and the multiple response options formerly available became reduced or restricted. The data available for this evaluation will allow for some determination of the pattern of challenges of a financial nature but will be less thorough than previously.

Four general lines of inquiry were pursued – availability of general financial resources, housing-specific items, transportation items, and questions about how to access help or to which they gave help to others. A considerable percentage of the respondents had moderate to major problems with economics and/or housing. Table J shows responses to the items concerning financial resources.

Table J. General Financial Concerns of Respondents

Category	% of Sample indicating moderate to major problems
Housing	
Locating Affordable	81%
Overcrowded	61%
Availability	70%
Paying utilities	58%
Satisfied with housing	73%
Racial barriers to acquiring housing	14%
Sufficient money for medical care	53%
Sufficient money for clothes/shoes	54%
Sufficient money for health insurance	61%
Sufficient money for food	58%
Affordable recreation	52%
Used payday loans	25%
Had credit card debt	44%
Worried about same	26%

As can be seen, financial concerns were expressed by most respondents. There was a huge amount of support (89%) for the further development of affordable housing options in the county.

In terms of transportation, most respondents had a functioning car (83%) and a minority had used the Red Apple Transit system (21%) at least once.

Twenty-six percent had heard of the Help Line maintained by United Way of San Juan County and 3.6% had used the line to receive help in finding supports. Three percent noted that they had contributed money to the United Way campaign.

Respondents reported being generous in helping others with their money; over 53% indicated that they had provided financial support to various groups. The two most frequent recipients of financial support were members of their families and their churches. Other nonprofits besides United Way were supported by about 11% of the sample.

Analysis of differences in response by gender shows that women more often reported difficulty in finding affordable housing, and noted that the county had always had a major problem with limited availability of housing. No differences were noted in terms of financial concerns or transportation.

Minority group members were the most likely to report using pay day loans. Anglos reported the highest rate of home ownership and the highest satisfaction with their housing. Native Americans/Navajos reported the highest levels of dissatisfaction with their housing as well as having the most difficulty with limited housing and its affordability.

Respondents in the oldest age category were the most likely to report owning their own homes, but were also the most concerned about limited housing options for themselves as they aged. The youngest age category reported the most difficulty in finding affordable housing. The oldest age group was the most likely to own their transportation and the least likely to have used the Red Apple transit system. The youngest age group was the least likely to know of or to use the Help Line.

The “most educated” group was the most likely to have their own transportation and to own their own home. And, interestingly, they were the most likely to report having credit card debt.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, INTERSEX SAMPLE

During each of the preceding needs assessments an effort has been made to provide a baseline measure of the needs of some specific subset of the population as a whole. These numerically small groups may perceive the constellation needs they experience quite differently than the general population might as a whole. Recent estimates of the percent of the US population who identify themselves as lesbian, gay, bisexual, transgendered, questioning, or intersex (LGBTQI) ranges from 1% to 3% of the total population. With an estimated county population of just over 130,000 this could mean that as many as 4,000 county residents might fall into this group.

An examination of needs assessments conducted around the US specific to LGBTQI issues was completed before making modifications to the items used in this evaluation and prior to conducting the two focus groups. Needs assessments were available from the Midlands Sexual Health Research Collaborative (2011)¹³, the Empire State Pride Agenda Foundation (2011)¹⁴, New Mexico Department of Health (2010)⁵, Queens Pride House (2009)¹⁵, Arizona Department of Health Services (2006)¹⁶, and Seattle Lesbian, Gay, Bisexual and Transgendered Commission (2011)¹⁷. Each of these reports had the common purpose in providing recommendations to various levels of local and/or state governments in providing more responsive services. Common findings among these differing needs assessments from around the United States centered around themes such as higher rates of mental distress and suicide ideation, higher consumption of tobacco and alcohol, higher rates of some health disorders/diseases such as asthma and obesity, and a tendency to receive poorer service from health care providers if the provider knew of their sexual identity. Several reports noted that many people had reported hate crimes and/or violence directed at them due to their sexual identity. Unemployment and underemployment was reported to be higher than for the general population – coinciding with the finding that LGBTQI individuals have, on average, fewer financial resources than the general community. In urban areas more homelessness was reported in younger populations and in transgendered individuals. A final concern of many of the more urbanized respondents in the various surveys administered in different parts of the country, was that related to marriage equity.

With this background, this small additional outreach for data took place in the context of the more extensive needs assessment for the county as a whole. Needs assessment activities reaching out to this community included several small focus groups and the gathering of a small sample of responses to the same needs assessment questionnaire used with other county residents. Several local advocacy groups agreed to help invite LGBTQI individuals and their supporters to the focus groups with the supervising evaluation staff. These meetings were held on the campus of San Juan College in February and March of 2012.

The needs assessment questionnaire was modified in two places (see Appendix D). The section asking community members to estimate various aspects of teen risk behaviors was deleted and replaced by a selection of questions gathered from state level needs assessment devices used in other parts of the United States. These included questions about being “out,” items related to discrimination or violence towards the LGBTQI in San Juan County, and so on. The second set of items changed had to do with questions about sexual orientation, gender (extended set), amount of formal education completed and current employment status.

- **Sample Recruitment.** Recruitment for the purpose of filling out the modified questionnaire occurred during a Valentine’s Day Dance at San Juan College, during meetings of the San Juan College Safe Zone and at Diné College in Shiprock. No attempt was made to conduct a random selection of respondents from among the total possible set of LGBTQI individuals in the county. For this preliminary assessment the evaluation staff directly approached members of the community who might be willing to participate. As might be anticipated, not all those approached agreed to complete the questionnaire or to attend the focus groups.
- **Sample.** The sample was obtained from residents of San Juan County volunteering to participate between the months of February 2012 and March 2012. A total of 34 residents completed at least some sections of the survey and 13 participated in the two focus groups.
- **Data Analysis.** All data acquired were compiled using the SPSS statistical package – for this sample only descriptive analyses were conducted. The sample size was insufficient for any more detailed examination of the data. Many of the inferential estimates of probabilities depend upon a minimum sample size in order to reduce error estimates. In a sample of only 34, the error estimates were too large to give confidence to more refined statistics.
- **Respondent Motivation.** San Juan County has experienced a mixed history in responding to the needs of a diverse population. In the past year efforts have been undertaken by community advocates to be more understanding of the needs of the LGBTQI population. Individuals responding to the opportunity to begin efforts at quantifying these needs were highly motivated to make a difference. No tangible incentives were provided to any participants other than having coffee and snacks available during the focus groups.

- Age Restriction and Confidentiality.** A restriction was placed on participation so that those below the age of 18 were not able to complete a survey. While those completing the survey were not anonymous to the evaluation staff helping them complete the survey, all answers provided were kept confidential. To assist in this process, no names were listed anywhere on the survey instrument. Certain personal information was obtained but it was impossible for these data to be connected to any one community member.

RESULTS FOR LGBTQI RESIDENTS’ SURVEY

- Demographics.** As described, surveys were collected from residents between the months of February and March of 2012. These volunteers considered themselves to be residents of San Juan County at the time they completed the survey. More people were approached to be volunteers than actually agreed to participate. No information about those that refused is available. A total of 34 residents between the age of 18 and 60 completed the survey. Table K displays both the characteristics of the LGBTQI sample.

Table K. Demographic characteristics of 2012 LGBTQI Respondents

Characteristic	2012 Sample
Total sample size	34
Gender	
Males	62%
Females	32%
Other	6%
Sexual Orientation	
Gay	38%
Lesbian	18%
Bisexual	21%
Straight	12%
Unsure/questioning	9%
Other	3%
Ethnicity	
Anglo	26%
Native American/Navajo	59%
Hispanic/Latino/Spanish	12%
Other	3%
Average Age	31
Average years of school completed	14

- Community Needs.** Respondents rated a series of 25 questions about needs within the community by indicating whether or not they felt the statement stood for a major/moderate/minor need. These perception ratings on the part of all respondents were then aggregated by giving each response a positive score and then adding all of the scores together for each question. The question with the highest total was then considered to be indicative of the greatest need as rated by this group of

volunteers. Table L shows these results in comparison to the same items having been rated by the sample of county residents as a whole. The full listing of community concerns as seen by the LGBTQI sample may be found in Appendix F.

Table L. Rank Order Comparisons of Community Needs Perceived by County Residents as a Whole and by Those in the LGBTQI Sample

LGBTQI Respondents	General Community Respondents
Drunk Driving	Drunk Driving
Alcoholism	Alcoholism
Unemployment	Drug Abuse
Drug Abuse	Unemployment
Affordable Housing	Family Violence
Youth & Traditions	Affordable Housing
Family Violence	Youth & Traditions
Violent Crime	Teen Pregnancy
Environment	Medical
Recreation	Violent Crime
Racial Tensions	Racial Tensions
Teen Pregnancy	Environment
Dental Care	Recreation
Medical Care	Emergency Food/Shelter
Available Housing	Available Housing

The results of the rank order process look remarkably similar between the two samples of county residents. The top four items in rank order are the same, although in slightly different orders.

- Personal/Family/Household Needs.** In addition to rating the various items that related to needs the community as a whole might be experiencing, respondents were asked to rate the degree to which a number of statements about their own family situations might be causing major to minor problems. Table M again shows the comparisons between the LGBTQI and larger samples. Appendix G displays all household/personal needs in their rank order.

Table M. Rank Order Comparisons of Personal Needs Perceived by County Residents as a Whole and by those in the LGBTQI Sample

LGBTI Respondents	General Community Respondents
Finding Work	Finding Work
Anxiety or Stress	Medical Insurance
Money for Doctor	Anxiety or Stress
Housing Needs Repairs	Money for Utilities
Medical Insurance	Money for Housing
Alcohol/Drug Problem	Money for Food
Depression	Money for Doctor
Money for Utilities	Housing Needs Repairs
Money for Clothes/Shoes	Money for Clothes/Shoes
Money for Food	Affordable Recreation
Affordable Recreation	Depression
Child Behavior Problems	Alcohol/Drug Problem
Money for Housing	Dental Care
Dental Care	Child Behavior Problems

Both samples agreed about the importance of work to their households. The LGBTQI community rank ordered items relating to mental health concerns higher overall than did the general community.

- **Personal Health Behaviors.** A number of health practices and conditions were asked about in this portion of the survey. Respondents were again reminded that their answers were confidential and that it would not be possible for anyone to match their answers to their name.

Approximately 31% of the respondents admitted smoking cigarettes and 36% said they used alcohol on at least some basis. Other related problems related to health behaviors are listed below in Table N below.

N. Percent of LBGTQI Sample Exhibiting Suboptimal Health Characteristics

Health Characteristic	LBGTQI Sample	General Community Sample
Uses Tobacco	32%	31%
Uses Alcohol	74%	37%
Uses Illegal Drugs	35%	15%
Addicted to Prescription Drugs	30%	4%
Admit Drinking and Driving	30%	11%
Admit a Drug Problem in their Family	36%	38%
Never Exercise	25%	16%
Overweight	41%	44%

Other questions asked whether or not the respondent was presently experiencing several physical and behavioral health disorders or diseases. These conditions ranged from life threatening to being more disruptive to day-to-day activities. Table O shows the percent of the respondents reporting one or more disorders or diseases and items related to interpersonal relationships.

Table O. Reported Disorders or Diseases in Rank Order for LGBTQI Respondents

Disorder or Disease	LGBTQI Sample	General Community Sample
Domestic violence	64%	26%
Child abuse	55%	11%
Sexual abuse	46%	10%
Depression	41%	50%
Asthma	38%	12%
Suicide attempt in broader family constellation	36%	14%
Anxiety or stress	25%	62%
Diabetes	24%	13%
High blood pressure	18%	24%
Other disease ¹	9%	5%
Cirrhosis	6%	2%
Cancer	0%	3%
Children being bullied	...	26%

¹including gall stones, kidney problems, blindness, neurological disorders, HIV, etc.

Approximately 83% of the respondents reporting a disorder/disease said that they were receiving treatment for the condition.

Two remaining indices of health-related functioning were included in the survey. These included a measure of life satisfaction and one of an overall assessment of their personal health status. Table P shows the results for these two measures. Both measures were assumed to be related to quality of life in an holistic manner.

Table P. Percent Satisfaction Levels for Health and Life in General for LGBTQI Sample

Measure	LGBTQI Sample Overall Health	General Community Sample Overall Health	LGBTQI Sample Life Satisfaction	General Community Sample Life Satisfaction
Poor	3%	5%	6%	5%
Fair	47%	34%	15%	10%
Good	50%	51%	44%	40%
Excellent	--	11%	35%	45%

- Economics and Housing.** Four general lines of inquiry were pursued – availability of general financial resources, housing-specific items, transportation items and questions about how to access help or to which they gave help to others. A considerable percentage of the sample had moderate to major problems in these dimensions. Table Q shows responses to the items concerning financial resources.

Table Q. General Financial Concerns of LGBTQI Respondents as Compared to the General Community Sample

Category	LGBTQI Sample % of sample indicating moderate to major problems	General Community Sample % of sample indicating moderate to major problems
Housing		
Locating Affordable	50%	81%
Overcrowded	47%	61%
Availability	70%	70%
Paying utilities	48%	58%
Unsatisfied with housing	31%	37%
Racial barriers to acquiring housing	25%	14%
Sufficient money for medical care	51%	53%
Sufficient money for clothes/shoes	54%	54%
Sufficient money for health insurance	51%	61%
Sufficient money for food	51%	58%
Affordable recreation	42%	52%
Used payday loans	38%	25%
Had credit card debt	62%	44%
Worried about same	50%	26%

There was a huge amount of support (97%) for the further development of affordable housing options in the county.

In terms of transportation, most respondents had a functioning car (77%) and a minority had used the Red Apple Transit system (15%) at least once.

Twenty-three percent had heard of the Helpline maintained by United Way of San Juan County and 3% had used the line to receive help in finding supports. No one had contributed to United Way.

Respondents reported being generous in helping others with their money, over 82% indicated that they had provided financial support to various groups – most frequently cited were friends and family.

- LGBTQI Specific Survey Items.** To try to understand the specific challenges of living with a different sexual orientation, survey items were collected from several national and/or state level needs assessments specific to the LGBTQI community. The items focused on self-acceptance, opportunities for socialization, discriminatory behavior they might have experienced, and the extent to which various health/safety/educational gatekeepers were responsive to their needs.

An item taken from the needs assessment conducted in Nebraska asked individuals to note how “out” they were to various members of their both immediate and less personal surroundings. Quoting from the Nebraska report “coming out is a multidimensional and complex process consisting of acknowledging a gay, lesbian, bisexual, or transgender identity to oneself and to others. Outness is relevant to the wellness of LGBT individuals because not only has it been shown to be negatively associated with suicidality and anxiety but also because it is positively associated with self-esteem and overall social support” (13, pg 17). These ratings may be converted into a total score but here will be shown only in the raw scores. Table R shows the ratings given by those completing the survey.

Table R. Percent of Relationship Types with Whom Sexual Identity Was Shared by LGBTQI Individuals

Percent of Sample Indicating Degree of Outness				
RELATIONSHIP TYPE	NOBODY KNOWS	SOME KNOW	MANY KNOW	EVERYBODY KNOWS
Friends	3%	15%	24%	57%
Parents	19%	6%	12%	63%
Siblings	19%	13%	6%	63%
Family	22%	22%	19%	37%
Co-workers	22%	9%	16%	53%
Employers	37%	6%	9%	47%
Acquaintances	21%	24%	24%	30%
Health Care Providers	28%	9%	12%	50%
Teachers	32%	12%	20%	36%

This response pattern relative to having shared information about their sexual identity is also seen in the degree to which respondents felt comfortable with their own identity (73% positive, 18% ambivalent, and 9% negative). The respondents also reported that the number of community-based social opportunities which recognized the gay community or were welcoming of the gay community were small in number. Twenty-seven percent of the respondents indicated that they felt there were no social opportunities available to them in San Juan County. A very important aspect of everyone's life satisfaction and community engagement has to do with the extent to which violence of an overt or subtle nature is directed towards us. Many reports of discrimination and violence directed towards those with a different sexual orientation have been published. As reported above, San Juan County is in a state that ranks in the middle of all states in the United States on violence. San Juan County ranks in the higher ranks as a county as well. Respondents were asked in the modified sections of this needs assessment about their experiences with violence and discrimination and the data were reported in Table S below.

Table S. Percent of LGBTQI Sample Reporting Discrimination and/or Violence

Percent of LGBTQI Sample Experiencing		
RATING	DISCRIMINATION	VERBAL/PHYSICAL VIOLENCE
Never	18%	36%
Rarely	46%	36%
Occasionally	24%	9%
Frequently	12%	18%

A community perception that was also highly related to quality of life and comfort in a geographic area was the perception on the part of individuals that they might be able to trust important community gatekeepers with knowledge about themselves. Gatekeepers have been perceived as important conduits for health and well-being for a considerable time. Limited information sharing with various community gatekeepers also perpetuates generalizations gatekeepers might have about the absence of LGBTQI individuals in this county or a lack of interest by LGBTQI individuals in interacting with them. The respondents were asked to identify the extent to which various important gatekeepers were responsive to the needs of the LGBTQI community.

Table T. Community Gatekeepers’ Responsiveness to the Needs of LGBTQI Respondents

COMMUNITY SUPPORT CATEGORY	Gatekeeper Response			
	HOSTILE	MINIMALLY SUPPORTIVE	MODERATELY SUPPORTIVE	MAXIMALLY SUPPORTIVE
Health Care Providers	12%	23%	44%	20%
Mental Health Staff	9%	23%	38%	29%
Law Enforcement	42%	19%	32%	7%
Recreation Providers	26%	29%	32%	13%
Legal Providers	19%	23%	42%	16%
Politicians	36%	29%	35%	--
Local Government	12%	31%	41%	16%
Local Nonprofit	10%	19%	55%	16%
Local Religious Community	44%	22%	28%	6%
Local Financial Community	16%	29%	42%	13%

The perception that gatekeepers, and perhaps the community as a whole, were hostile and minimally supportive relates to the fact that only 31% of respondents felt that the community climate had improved in the last year and that nine percent felt it had become more negative. Additionally, 18% of respondents felt unsafe living in San Juan County.

- **Focus Group Priorities.** Thirteen individuals were willing to meet with the evaluation supervisor to discuss what it was like to live in San Juan County as a lesbian, gay, bisexual, transgendered, questioning, or intersex individual. The meeting agenda was open-ended and allowed the participants to spend more time discussing issues that were of common concern. All individuals were over the age of 18 and no recordings or sign-in sheets with names were collected. Both groups were held on the campus of San Juan College. The focus groups included friends/advocates of LGBTQI individuals.

A common theme was the lack of recreational/social opportunities in San Juan County in which the individuals could be “themselves.” People felt that they had to suppress their identity to fit in when they were in public. Lack of social opportunities in the community led people to socialize in private. Concern was expressed about an apparent lack of knowledge within San Juan County about LGBTQI individuals. This lack of accurate knowledge constrained personal relationships and led people to withhold information on sexuality from health care providers, even though this information could be relevant to the therapeutic relationship between the patient and the doctor.

The focus groups expressed a definite need for an “LGBTQI friendly” health provider resource list. A problem with minimal support from law enforcement was discussed as the lack of response to exploitation and violence directed towards LGBTQI individuals. In both meetings, people mentioned that there were youth kicked out of their homes when they disclosed their sexual identity, and that having a safe house for them would be desirable. Finally, all felt that having some location(s) within the community where they could feel safe to be themselves was vital.

IV. CONCLUSION

The clearest pictures of the needs identified through this process may be ranked into several categories.

- **Data from Outside Groups.** Data from outside groups suggest that San Juan County has less than optimal outcomes for children and for those on the economic fringes. Outcomes for San Juan County on objective items such as childhood poverty, teen pregnancies and high school graduation rates, are quite poor compared to other geographic areas within New Mexico and, certainly, across the country.
- **Data from Residents of San Juan County.** Data from residents of San Juan County continue a multi-year trend of being very concerned about substance use and its negative impact on health and well-being among the county population.
- **Poverty.** Poverty, either directly or indirectly exaggerated by the recession, has played a much more significant role in the perception of personal/household needs than in previous years. Residents reported major problems in almost all areas concerning financial resources.

SUGGESTIONS FOR FUTURE NEEDS ASSESSMENTS

Reliable, valid, and predictable mechanisms should be considered necessary in the modern system of responding to community challenges. The precise format for doing so does not have to remain constant nor be completed with same timing as historically. Continuity with at least some subset of items from the primary needs assessment device used over these past 16 years would be useful. However, the presence of many other data collection systems which allow for greater comparisons with other parts of the state and nation may mean that the local process may be reduced considerably in scope without losing information or losing the ability to make data based decisions. Technology continues to change our ways of interacting with each other. Land lines are no longer as common as other forms of communication. As older individuals are being replaced by younger, more technologically sophisticated individuals, some other methodology for data collection may become necessary. Continued reliance on the existing telephone protocols for the recruitment of volunteers does not seem reasonable.

References

- 1 – www.census.gov/acs/www
- 2 – www.navajonation.gov
- 3 – www.state.nm.us (labor force)
- 4 – www.countyhealthrankings.org
- 5 – www.nmhealth.org
- 6 – www.ibis.health.state.nm.us
- 7 – www.datacenter.kidscount.org
- 8 – www.sanjuanregional.com
- 9 – www.hsc.unm.edu/community/countyreportcards/index.html
- 10 – www.visionofhumanity.org
- 11 – www.lung.org
- 12 – www.ped.state.nm.us
- 13 – www.unmc.edu/publichealth/mshrc.htm
- 14 – www.prideagenda.org
- 15 – www.queenspridehouse.org
- 16 – www.azdhs.gov
- 17 – www.seattle.gov/LGBT/contact.htm

Appendix A: Community Concerns as seen by LGBTQI Sample

Community members were asked to rate a list of 25 items as to their relative importance as descriptions of the needs of the county as a whole. Respondents were also asked to add items that were not a part of the list if they felt a need had not been addressed. Ratings ranged from “major problem for your community” to “not a problem for your community.” After converting ratings into a numerical summary, the following rank order was possible – the summary score is listed behind each item. The top item received to highest cumulative rating as being a “major” problem. The remaining items are in the indicated rank order from most major to least.

Rank Order

Drunk driving (92)
 Alcoholism or excessive drinking (92)
 Unemployment or underemployment (91)
 Drug abuse (84)
 Affordable housing (83)
 Young people not learning or respecting family traditions (81)
 Family violence or abuse (76)
 Assault, rape or violent crime (76)
 Environmental concerns (75)
 Shortage of recreational facilities or programs (73)
 Racial or ethnic tensions or distrust (72)
 Teenage pregnancy (71)
 Availability, accessibility or affordability of dental care (69)
 Availability, accessibility or affordability of medical care (68)
 Available housing (66)
 Mental illness or mental problems (66)
 After-school programs (66)
 Overcrowded housing (64)
 Emergency food and shelter (64)
 Teen suicide (58)
 Adequate senior services (57)
 Shortage of child day care (53)
 Services and access for the disabled (49)
 Illiteracy (46)
 Availability of health care during pregnancy (37)

Appendix B: Household/Personal Concerns as Seen by LGBTQI Sample

Community members were asked to rate a list of 20 items as to their relative importance as descriptions of the needs of members in their immediate household and without consideration of what other residents of the county might need. Respondents were also asked to add items that were not a part of the list if they felt a need had not been addressed. Ratings ranged from “major problem for you” to “not a problem for you.” After converting ratings into a numerical summary, the following rank order was possible – the summary score is listed behind each item. The top item received to highest cumulative rating as being a “major” problem. The remaining items are in the indicated rank order from most major to least.

Rank Order

- Finding work (65)
- Anxiety or stress (64)
- Enough money to pay the MD or buy prescription medicines (56)
- Housing that needs major repairs (53)
- Paying for or getting medical insurance (52)
- Alcohol and/or drug problem (49)
- Depression (49)
- Enough money to pay utility bills (48)
- Enough money to buy needed clothing and shoes (48)
- Enough money for food (47)
- Affording recreational activities (47)
- Children or teenager’s behavior or emotional problems (45)
- Enough money to pay for housing (42)
- Availability, accessibility or affordability of dental care (41)
- Physical conflict in the household (30)
- Finding or affording child day care (26)
- Getting adequate help for your child at school (25)
- Finding after-school child care (24)
- Your child’s safety at school (20)
- Getting prenatal care (14)

Appendix C: Community Concerns

Community members were asked to rate a list of 25 items as to their relative importance as descriptions of the needs of the county as a whole. Respondents were also asked to add items that were not a part of the list if they felt a need had not been addressed. Ratings ranged from “major problem for your community” to “not a problem for your community.” After converting ratings into a numerical summary, the following rank order was possible – the summary score is listed behind each item. The top item received the highest cumulative rating as being a “major” problem. The remaining items are in the indicated rank order from most major to least.

Rank Order

Drunk driving (1565)
Alcoholism or excessive drinking (1548)
Drug abuse (1545)
Unemployment or underemployment (1454)
Family violence or abuse (1347)
Affordable housing (1340)
Young people not learning or respecting family traditions (1328)
Teenage pregnancy (1298)
Availability, accessibility or affordability of medical care (1264)
Assault, rape or violent crime (1231)
Racial or ethnic tensions or distrust (1197)
Environmental concerns (1182)
Shortage of recreational facilities or programs (1174)
Emergency food and shelter (1164)
Availability, accessibility or affordability of dental care (1157)
Available housing (1141)
Teen suicide (1027)
Illiteracy (1090)
After-school programs (1080)
Overcrowded housing (1019)
Services and access for the disabled (984)
Mental illness or mental problems (957)
Shortage of child day care (929)
Adequate senior services (860)
Availability of health care during pregnancy (799)

Appendix D: Household/Personal Concerns

Community members were asked to rate a list of 20 items as to their relative importance as descriptions of the needs of members in their immediate household and without consideration of what other residents of the county might need. Respondents were also asked to add items that were not a part of the list if they felt a need had not been addressed. Ratings ranged from “major problem for you” to “not a problem for you.” After converting ratings into a numerical summary, the following rank order was possible – the summary score is listed behind each item. The top item received the highest cumulative rating as being a “major” problem. The remaining items are in the indicated rank order from most major to least.

Rank Order

Finding work (860)
Paying for or getting medical insurance (837)
Anxiety or stress (831)
Enough money to pay utility bills (808)
Enough money to pay for housing (800)
Enough money for food (797)
Enough money to pay the MD or buy prescription medicines (786)
Housing that needs major repairs (779)
Enough money to buy needed clothing and shoes (726)
Affording recreational activities (701)
Depression (695)
Alcohol and/or drug problem (664)
Availability, accessibility or affordability of dental care (637)
Children or teenager’s behavior or emotional problems (589)
Physical conflict in the household (513)
Finding or affording child day care (502)
Getting adequate help for your child at school (492)
Finding after-school child care (477)
Your child’s safety at school (465)
Getting prenatal care (399)

Appendix E: Respondent Survey Instrument

Needs Assessment Questionnaire

Interview Number _____ Interview date: _____

Interviewer _____ Circle starting Section: A - B - C - D - E - F - G - DEMO

INFORMATION IN CAPITAL LETTERS IS ONLY FOR THE INTERVIEWER AND SHOULD NOT READ TO THE RESPONDENT.

FIRST, INTRODUCE YOURSELF, SHOW YOUR ID, AND THANK THE RESPONDENT FOR AGREEING TO THE INTERVIEW. EXPLAIN THE PURPOSE OF THE INTERVIEW BY READING THE FOLLOWING OUT LOUD TO THE RESPONDENT:

“Today I will be asking you questions about our county, like what kinds of problems you think we have and what kinds of services we need. There are no right or wrong answers to these questions. I will also be asking you about what kinds of challenges you or your family might have had this year while living here.

Something that is very important for you to realize is that your answers are strictly confidential. Your name will not be written down with your answers. We will be interviewing over 400 people, and no one will know your answers.

The information collected from all the hundreds of people we interview will be used by service planners at the county, city, tribal, and private agencies responsible for guiding how help is provided. When you are finished answering all of the questions, I will give you a gift card in appreciation of your assistance. Do you have any questions?” (ANSWER QUESTIONS)

IF THE RESPONDENT EXPRESSES A DESIRE TO FILL OUT THE QUESTIONNAIRE BY THEMSELVES, THEY MAY DO SO. IN THIS CASE SIMPLY MAKE YOURSELF AVAILABLE IF HELP IS REQUESTED.

Section A

Sometimes people see problems in San Juan County. Here is a list of problems people sometimes talk about. For each problem, please rate whether or not you felt it was a problem here in San Juan County in the past year. For each problem, rate whether you believe it was:

(GIVE THEM THE CUE CARD TO LOOK AT WHILE YOU READ THE ITEMS)

Score = 0 if the statement was not a problem in San Juan County
 = 1 if the statement was a minor problem in San Juan County
 = 2 if the statement was a moderate problem in San Juan County
 = 3 if the statement was a major problem in San Juan County
 = "n/s" if you are not sure whether or not the statement reflected a problem in San Juan County

- | | |
|-------------|--|
| 0 1 2 3 n/s | 1. Environmental concerns (air pollution, water pollution, cutting forests, destroying the land) |
| 0 1 2 3 n/s | 2. Unemployment or under employment |
| 0 1 2 3 n/s | 3. Alcoholism or excessive drinking |
| 0 1 2 3 n/s | 4. Drunk driving |
| 0 1 2 3 n/s | 5. Drug abuse |
| 0 1 2 3 n/s | 6. Teenage pregnancy |
| 0 1 2 3 n/s | 7. Family violence or abuse |
| 0 1 2 3 n/s | 8. Assault, rape or violent crime |
| 0 1 2 3 n/s | 9. Illiteracy (people not being able to read) |
| 0 1 2 3 n/s | 10. Shortage of child day care |
| 0 1 2 3 n/s | 11. Mental illness or mental problems |
| 0 1 2 3 n/s | 12. Teenage suicide |
| 0 1 2 3 n/s | 13. Shortage of recreational facilities or programs |
| 0 1 2 3 n/s | 14. Affordable housing |
| 0 1 2 3 n/s | 15. Emergency food and shelter |
| 0 1 2 3 n/s | 16. Overcrowded housing |
| 0 1 2 3 n/s | 17. Availability, accessibility or affordability of medical care |
| 0 1 2 3 n/s | 18. Racial or ethnic tension or distrust |
| 0 1 2 3 n/s | 19. Availability of housing |
| 0 1 2 3 n/s | 20. After-school programs |
| 0 1 2 3 n/s | 21. Services and access for the disabled |
| 0 1 2 3 n/s | 22. Availability of health care during pregnancy |
| 0 1 2 3 n/s | 23. Adequate senior services |
| 0 1 2 3 n/s | 24. Young people not learning or respecting family traditions |
| 0 1 2 3 n/s | 25. <u>Availability, accessibility or affordability of dental care</u> |

(ARE THERE ANY OTHER PROBLEMS IN SAN JUAN COUNTY THAT YOU THINK WE SHOULD KNOW ABOUT?) record below with the rating they give each item

Section B

Keeping in mind that your answers to this survey are strictly confidential, please tell me whether any of the problems I read to you have been a problem for you or someone in your home over the past year. (CUE CARD) Please rate each problem listed using the same scoring system we used for Section A.

<u>Part 1: rate each item</u>		Part 2: for any item with a score of 3, ask: Did you seek help for this problem? (if Yes) who did you go to, where did you go for help	
0 1 2 3 n/s	1. Housing that needs major repairs	YES	NO
0 1 2 3 n/s	2. Enough money for food	YES	NO
0 1 2 3 n/s	3. Enough money to pay for housing	YES	NO
0 1 2 3 n/s	4. Enough money to pay for utilities	YES	NO
0 1 2 3 n/s	5. Enough money to buy needed clothes and shoes	YES	NO
0 1 2 3 n/s	6. Paying for or getting medical insurance	YES	NO
0 1 2 3 n/s	7. Enough money to pay the doctor or buy prescription medicines	YES	NO
0 1 2 3 n/s	8. Finding work	YES	NO
0 1 2 3 n/s	9. Affording recreational activities	YES	NO
0 1 2 3 n/s	10. Anxiety or stress	YES	NO
0 1 2 3 n/s	11. Depression	YES	NO
0 1 2 3 n/s	12. Alcohol and/or drug problem	YES	NO
0 1 2 3 n/s	13. Physical conflict in the household	YES	NO
0 1 2 3 n/s	14. Children or teenager's behavior or emotional problems	YES	NO
0 1 2 3 n/s	15. Finding or affording child day care	YES	NO
0 1 2 3 n/s	16. Finding after-school child care	YES	NO
0 1 2 3 n/s	17. Getting prenatal care	YES	NO
0 1 2 3 n/s	18. Getting adequate help for your child at school	YES	NO
0 1 2 3 n/s	19. Your child's safety at school	YES	NO
0 1 2 3 n/s	20. Availability, accessibility or affordability of dental care	YES	NO

“Were there any other problems that I didn’t ask about?”

Section C

In order to better understand the health needs and concerns of San Juan County residents, below is a set of health-related questions.

1. do you use tobacco products? Yes No (IF YES) how often per week _____
 2. do you drink alcohol? Yes No (IF YES) how often per week _____
 3. how often do you do at least 30 minutes of physical exercise?
 - ___ Never
 - ___ 2-3 times per week
 - ___ 4-5 times per week
 - ___ daily
 4. according to your height and weight, would you say you are
 - ___ underweight
 - ___ overweight
 - ___ average weight for your height
 5. here is a list of health problems that people experience. Did you have any of these in the past year?

Diabetes	Yes	No		
High blood pressure or other heart problems			Yes	No
Asthma or other breathing difficulties	Yes	No		
Cirrhosis or other chronic liver conditions	Yes	No		
Cancer	Yes	No		
Other: _____				
- (if yes to any of the above, ask) are you receiving the appropriate medical care Yes No
6. In the past year, have any children in your household experienced health problems? Yes No
(if yes, ask their permission to know what was the condition and if treatment was given)
 7. How would you rate your overall health? Would you say that you are in
 - ___ poor health
 - ___ fair health
 - ___ good health
 - ___ excellent health
 8. what health care services do you seek outside of San Juan County?
 9. How happy or satisfied are you with your life, taken as a whole. Would you say you are
 - ___ very dissatisfied
 - ___ somewhat dissatisfied
 - ___ somewhat satisfied
 - ___ very satisfied

Section E

PLEASE HAVE THE RESPONDENT ANSWER THIS SECTION BY THEMSELVES.

“The following questions are very sensitive and we appreciate that they might make you uncomfortable. Please remember we are hoping to use the results of these surveys to help extend or create services here in San Juan County. Your willingness to answer these items will help us greatly.”

“Please give your answers on the survey by circling the YES or NO listed in from of each question. Please answer these questions based on what has happened to you and/or your family in the past year. If you do not wish to answer a question, just leave your answer for that question blank. When you are done, please let me know and we will go on to the rest of the survey.”

YES NO - did you use any type of illegal drugs

YES NO - were you addicted to prescription medications

YES NO - did you drive a vehicle after having more than 3 or 4 drinks in a couple of hours

YES NO - did a family member have a drug or alcohol problem

YES NO - did any family member attempt suicide

YES NO - was a child in your family a victim of bullying

YES NO - were any family members a victim of domestic violence

YES NO - were any family members a victim of child abuse

YES NO - were any family members a victim of sexual abuse

Section F

In this section, I'm going to ask you some questions about where you live and your housing situation.

1. are you a homeowner YES NO
 Are you renting YES NO

2. how would you rate your overall satisfaction with your current housing situation? Would you say you are (check what applies)
 ___ very dissatisfied
 ___ somewhat dissatisfied
 ___ somewhat satisfied
 ___ very satisfied

3. during the past 5 years, have you had trouble finding a place to live that you could afford, because rent or a mortgage was too expensive YES NO

4. during the past 5 years, have you had trouble finding a place to live because of limited availability, in other words, there weren't places available to rent or buy YES NO

5. have you ever experienced barriers to renting or buying a home or apartment because of race, skin color, national origin, religion, family status, gender, disability or sexual orientation?
 YES NO

6. should the cities of Aztec, Bloomfield, and Farmington, and San Juan County support the development of affordable housing YES NO

Section G

In this section, I am going to ask a few questions related to bills and finances

1. in the past year, have you received any payday loans or short-term cash loans YES NO
2. do you have a car you can use YES NO
3. have you ever used the Red Apple Transit YES NO
4. do you have any credit card debt YES NO
5. does the amount of your credit card debt worry you YES NO
6. are you aware of the San Juan United Way Help Line YES NO
7. have you ever used the San Juan United Way Help Line (211) YES NO
8. in the last year, have you given donations to any of the following
 - ___ family
 - ___ church
 - ___ San Juan United Way or Navajo United Way
 - ___ other local nonprofit agency
 - ___ other: _____

DEMOGRAPHICS

This final set of questions covers common demographic questions. Please circle, check or fill in your answer.

1. gender FEMALE MALE

2. what do you consider to be your ethnicity - ___WHITE/ANGLO
Please check all that apply ___NAVAJO/NATIVE AMERICAN
 ___HISPANIC/LATINO/SPANISH
 ___AFRICAN AMERICAN
 ___OTHER

3. what is your age - _____

4. what is the highest grade or year of formal education you completed - _____

5. what is your zip code - _____

“That was the last question. Our supervisor, Lynn Westberg, will be calling a small number of people we interview to make sure everything went OK. Thank you for your time and for participating in the survey.”

Appendix F: LGBTQI Survey

*Assessing the Needs of Numerically Small Populations
2012 San Juan County Partnership*

LGBTQI Population

San Juan County Partnership (SJCP) has routinely surveyed members of the community concerning their health related needs. These needs assessments have been completed every four years since 1996. Each assessment cycle has included a special outreach effort to a group within the community which, while small in total numbers, has important needs that are otherwise overlooked in the sampling techniques used to assess the community as a whole.

Based on reasonable population demographics, it is estimated that several thousand people within San Juan County might consider themselves members of the lesbian, gay, bi-sexual, transgendered, questioning, or investigating (LGBTQI) community. No needs assessment regarding health/community issues has ever been conducted with the LGBTQI community in San Juan County. In the past several years many groups around the nation and in New Mexico have gathered such data for the purpose of being more responsive to the needs of this segment of the population.

We would invite you to complete the attached questionnaire to help us determine what health/community needs are perceived at this present time. Once the data have been compiled the results will be made available through San Juan County Partnership (566-5867).

Thank You For Your Assistance.

David Wesch, PhD – assessment coordinator

Instructions:

This survey asks questions about life in San Juan County and what kinds of problems you think we have and what kinds of services we need. There is no right or wrong answer to these questions. It is very important for you to realize that your answers are strictly anonymous. There is no way for us to track answers by any one individual participating in the needs assessment. *Please do not write your name anywhere on the survey.*

The information collected from these surveys will be used by service planners at county, city, tribal, and private agencies responsible for guiding how community supports are provided. A final report will be made available to any interested parties in the Spring of 2012.

PLEASE NOTE THAT ONLY INDIVIDUALS OVER THE AGE OF 18 MAY COMPLETE THIS SURVEY.

The following items represent the modifications done to the questionnaire used with county residents as a whole.

Section G

The following questions are specific to your experiences as being self-identified as member of the LGBTQI community. Please circle or check your response.

1. To what degree are you “**out**” with the following people – please use this scale when answering: **0=nobody, 3=everybody** (leave the item blank if it is not applicable)
 - 0 1 2 3..... Proportion of friends
 - 0 1 2 3..... Proportion of parents
 - 0 1 2 3..... Proportion of siblings
 - 0 1 2 3..... Proportion of other family members
 - 0 1 2 3..... Proportion of co-workers
 - 0 1 2 3..... Proportion of employers
 - 0 1 2 3..... Proportion of acquaintances
 - 0 1 2 3..... Proportion of health care providers
 - 0 1 2 3..... Proportion of teachers (only if currently attending college)

2. To what degree do you accept your LGBTQI status
 - I am positive about being LGBTQI
 - I am ambivalent about being LGBTQI
 - I am negative about being LGBTQI

3. How many social opportunities specifically for the LGBTQI community exist in San Juan County?
 - None A few opportunities Many opportunities

4. How often have you felt that you are discriminated against, or unfairly treated, because of your sexual orientation?
 - I have never felt discriminated against
 - I have rarely felt discriminated against
 - I have occasionally felt discriminated against
 - I have frequently felt discriminated against

5. How often have you experienced violent verbal and/or physical treatment from others because of your sexual orientation?
 - I have never had violence directed towards me
 - I have rarely had violence directed towards me
 - I have occasionally had violence directed towards me
 - I have frequently had violence directed towards me

6. How do you think that the community climate regarding LGBTQI issues has changed in the past year here in San Juan County?

Shiprock

64

Farmington

491

Aztec

Bloomfield

550

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