RWJF Culture of Health
Sentinel Community Snapshot:

San Juan County, New Mexico
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ABOUT THIS REPORT

The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

Tucked into the northwest corner of New Mexico, San Juan County sits atop the Colorado Plateau, a high-desert region known for its vast mesas, fertile river valleys, and the towering majesty of Shiprock Pinnacle. Such rugged beauty, forged by the constant interplay of weather on landscape, mirrors a complicated social history, one of American Indians displaced onto reservation lands and the diverse frontier community that grew up along their borders. San Juan County’s population of 127,358, which consists primarily of white (41%), American Indian (36%), and Hispanic (19%) residents, faces deep socioeconomic and health disparities that pose powerful challenges to any unified vision of community health.

COUNTY MOSTLY NAVAJO NATION LAND

San Juan County encompasses several governing bodies: the semi-autonomous Navajo Nation Reservation comprising approximately 21 percent of the population living on more than 63 percent of the county’s land area; the county; and the municipal governments of its largest cities—Farmington, Bloomfield, and the county seat of Aztec. Farmington, the county’s largest metropolitan area, is a majority white community of 45,4261 that borders Navajo Nation and is the commercial hub for tourism in the Four Corners area (where the borders of New Mexico, Arizona, Utah, and Colorado meet).

Racial tensions in San Juan County have decreased over the years, but its history of marginalizing the American Indian population,
reflected in the tenuous relationship between the county/municipalities and Navajo Nation, presents significant challenges for achieving health equity. Agencies and individuals, located on- and off-reservation, are responding to selected health and social concerns. However, many of these initiatives focus largely within one governing unit or the other and typically do not encompass the population as a whole. Several collaborative partnerships between on- and off-reservation agencies do exist and may provide a blueprint for addressing marked ethnic disparities in income, employment, educational attainment, access to care, and exposure to environmental toxins. Going forward, an increased focus on and support for such partnerships may stimulate progress toward an achievable goal of community health.  

Racial Tension Makes Collaboration a Challenge  
Health partnerships in San Juan County face inherent challenges posed by the boundaries of governance, the complexities of past racial tensions, and the marginalization of the American Indian population. Navajo Nation has its own three-branch government divided into five agencies, with the Shiprock, Fort Defiance, and Crownpoint/Eastern Agencies each governing portions of San Juan County. The U.S. government requires the Navajo Nation Council to submit all proposed laws for approval through the Bureau of Indian Affairs. However, the administration of a wide range of services—from law enforcement to health care to emergency fire services to infrastructure—is handled solely by Navajo Nation agencies or in complex combinations with county, state, and federal organizations.  

An estimated $0.70 of every $1 in aggregated personal income is spent off-reservation in border towns which further complicates efforts by Navajo Nation to maximize local sources of revenue. The challenges of such imbalanced spending were evident in March 2015, when San Juan County reported a decreased tax base and transferred on-reservation fire protection services to an underfunded Navajo Nation Fire Department. In negotiating with the county for a more effective transfer of jurisdiction, Navajo Nation President Russell Begaye said, “These are critical services. Our people go to Farmington and shop, paying taxes in the process. Those taxes benefit the county, including the fire tax” (para. 16).  

Navajo Nation is an expansive, rural area largely connected by unpaved roads. As a result, transportation and infrastructure are key barriers in connecting residents with services, resources, and opportunities. The Navajo Transit System—funded in part by the New Mexico; Arizona, and Utah Departments of Transportation; the Federal Transit Administration; and the Navajo Nation—is an on-reservation department that provides public transportation services to 41 of 110 Navajo Nation chapters. However, its buses are only able to serve major highways, and “many people who want services are not able to reach locations where buses normally pick up passengers.”  

Although the separation of governance is vital for Navajo Nation’s preservation and protection of its tribal heritage, a lack of communication and understanding between the reservation and nonreservation communities has led to racial tensions and contributed to stark disparities. Tensions peaked in 1974 when three white high school students were charged with the brutal murders of three Navajo residents. Although racial strife has since subsided, the county still grapples with the challenges that accompany its marginalized population. A 2010 report by Navajo Nation Human Rights Commission found that the Navajo continue to experience severe economic and health disparities; unequal access to services, benefits, and opportunities; and other examples of institutional racism.5  

Fluctuating Fuel Prices Cause Economic Distress  
San Juan County’s fertile valleys have long supported a robust agriculture economy, with 2,628 farms covering 73 percent of the county’s lands as of 2012. The 1950s brought the oil and gas extraction industry to the county, and today extraction and production of petroleum and natural gas play a significant role in the local economy. Currently, San Juan County has a higher prevalence of employment in agriculture (12%) and the transportation/warehousing sectors (7%), which includes utilities and extraction, compared with New Mexico (4% and 5%, respectively) and the nation (2% and 5%, respectively).1 The median household income in the county is $48,824, which is higher than that of the state ($44,968) but lower than that of the nation ($53,482).1  

The county’s unemployment rate was 9 percent as recently as 2014, but this rate fluctuates as a result of changing oil and gas prices. For example, in 2015, the continued drop in oil and gas prices led to a loss of approximately 1,200 jobs in Farmington. This was the largest increase in unemployment recorded in any of the 387 metropolitan areas nationwide. Efforts are underway to diversify the economy into retail and tourism, centered on the Four Corners area and Farmington.  

In San Juan County, 26 percent of the population is uninsured, which is significantly higher than state (18%) and national (14%) averages.1 However, in 2013, New Mexico opted to expand Medicaid under the Affordable Care Act, providing coverage for all legal residents with household incomes up to 138 percent of the poverty level. Enrollment in Medicaid has subsequently increased by 66 percent since October 2013. With regard to health outcomes, mortality rates are higher in San Juan County than the state for chronic lower respiratory diseases, Alzheimer’s disease, suicide, and cirrhosis, The county’s per capita rate for violent crimes (644 per 100,000 residents) is also significantly higher than the national rate (366 per 100,000 residents).  

Marginalization and Disparate Health Indicators  
A closer look at the county’s demographics shows a largely segregated population. Much of the San Juan County American Indian population is concentrated on reservation lands (Figure 1).  

Figure 1. Predominant Race/Ethnicity by Census Tract, San Juan County  


Divisions between the county’s white and American Indian populations extend beyond geography and governance, with
**FIGURE 1. PREDOMINANT RACE/ETHNICITY BY CENSUS TRACT, SAN JUAN COUNTY**

**KEY:**

- **NAVAJO NATION**
- **WHITE, 70–90%**
- **WHITE, 50–70%**
- **WHITE, <50%**
- **AMERICAN INDIAN, >90%**
- **AMERICAN INDIAN, 70–90%**
- **AMERICAN INDIAN, 50–90%**
- **AMERICAN INDIAN, <50%**
- **HISPANIC, >90%**
- **HISPANIC, 70–90%**
- **HISPANIC, 50–90%**
- **HISPANIC, <50%**

socioeconomic and health indicators telling a dramatic story of unequal access to education, employment opportunities, and health care. American Indian residents have almost half the household income (Figure 2), a lower level of educational attainment (college and Bachelor’s or higher) (Figure 3) than their white counterparts, and much higher rates of unemployment and poverty (Figure 4). They are also twice as likely as whites to be uninsured, much less likely to have access to primary or dental care, and twice as likely to have used the emergency room in the past year.

With so many American Indian residents in San Juan County unemployed and living in poverty, it is not surprising that there are similarly dramatic health disparities by race and ethnicity (Figure 5). Prevalence of diabetes is twice as high (16% and 8%, respectively), and the diabetes mortality rate is nearly three times higher (62 to 23 per 100,000 residents) for American Indians compared with white residents in the county.15 These disparities extend to mental health, with American Indians reporting not only higher rates of poor overall health (20% and 15%, respectively), but also higher rates of poor mental health (19% and 12%, respectively), and more symptoms of chronic depression (41% and 24%, respectively) than their white counterparts.15

Nowhere are disparities more evident than alcohol abuse, which contributes heavily to elevated rates of drunk driving, diabetes, and cirrhosis in San Juan County. American Indian residents have a higher prevalence of binge drinking (21%) compared with white residents (7%) and Hispanic residents (17%). Also, American Indians are more than twice as likely to drive after drinking as Hispanic residents, who have the second highest rate of drinking and driving.17 The cirrhosis mortality rate for American Indians (33 per 100,000 county residents) is nearly four times that of whites (9 per 100,000 county residents)17 (Figure 5).

MINING AND ENVIRONMENTAL TOXINS
Oil and gas extraction—which currently dominates the county economy, and previous uranium mining operations—are sources of environmental pollution that affect the health of American Indian residents far more than other groups. Navajo Nation Environmental Protection Agency, which is separate from the federal agency and governed by the Nation, estimates that up to 30 percent of on-reservation residents (approximately 54,000 people) are not served by Navajo public water systems and instead haul water from distribution points or from unregulated springs and wells that are prone to contamination. According to limited U.S. Department of Health and Human Services data, nearly 25 percent of unregulated water sources on or near eastern Navajo Nation exceed the drinking water standard for kidney toxicants, including uranium.

Abandoned uranium mines pose significant health risks when toxic wastewater leaks into freshwater sources. Seventy-five percent of the nation’s 15,000 mines are located on federal or tribal lands, including 521 mines on Navajo Nation.19 In 2014, the Environmental Protection Agency (EPA) scanned nearly 500 mines on Nation lands for radiation, and the majority had radiation levels that were at least 10 times higher than generally accepted “background” levels, with some as high as 25 times. Although EPA has partnered with the Navajo EPA and other governmental agencies on a successful five-year cleanup plan completed in 2013, enough significant contamination remained to warrant a second five-year plan to be completed in 2019.19 Exposure to water-borne radioactive pollution has been linked to cancer, genetic defects, and higher mortality rates. In 2015, EPA accidentally spilled 3 million gallons of toxic mine wastewater into the Animas River, which flows directly through San Juan County, and which many Navajo Nation farmers rely on for irrigation and livestock. The pollution affected more than 2,000 Navajo Nation farmers, and the Nation could incur up to $335 million in costs related to the spill. As of April 2016, EPA had...
compensated Navajo response agencies only $157,000.

Motivated by vast differences in health and wellness, many individuals and agencies in San Juan County are seeking to address the social and environmental factors that have led to and sustained social and health disparities. But these efforts are influenced to some extent by the nuances of the county’s multiple social, political, and geographic fault lines. Thus, most partnerships focus primarily on off- or on-reservation initiatives and outcomes or target specific populations, health topics, or issues rather than addressing countywide needs. Below are examples of major initiatives primarily focused on either off- or on-reservation residents.

Local Initiatives to Keep County Healthy and Safe

The San Juan Safe Communities Initiative is an example of a nonprofit organization that aims to bring largely off-reservation community leaders together to take a comprehensive approach to what its board has identified as the county’s most pressing issues. With board members from across municipal, county, and state governments, the oil and gas industry, law enforcement, health care, faith-based organizations, local businesses, and other nonprofits, the initiative takes a three-pronged approach to its work. Through suppression (law enforcement), intervention (support services), and prevention (awareness), the initiative aims to engage individuals and agencies across sectors to identify and address root causes of county substance abuse, violence, and crime.

As part of the Farmington Metropolitan Planning Organization’s 2040 Metropolitan Transportation Plan, the Complete Streets initiative is a long-term plan to apply city-approved design guidelines to San Juan County’s transportation framework. Designed by committees of state, county, and municipal transportation stakeholders—these guidelines are focused on improving urban and rural built environments by constructing safer, more accessible streets for pedestrians, bicyclists, motorists, and transit riders. Another transportation collaboration is the federally funded Safe Routes to School (SRTS) program, a partnership between municipal engineering departments; the Farmington Police Department; San Juan College; local schools; and parents. Since 2009, SRTS has been developing action plans and allocating funding for non-infrastructure and infrastructure projects in Farmington. The plans aim to create safer, walkable routes to school, and continually track student arrival counts at participating elementary schools. Future plans include schools in Aztec and Bloomfield, but planners have not yet turned their attention to on-reservation schools.

RESERVATION PROVIDES HEALTH SERVICES

Although most municipal partnerships focus primarily on off-
funding to members of the American Indian community, who are then tasked with reaching out to residents individually to address their most pressing health needs.

Through its national research priority, the public-private Patient-Centered Outcomes Research Institute (PCORI) is partnering with and analyzing CHRP’s effectiveness specifically as it pertains to the prevalence of diabetes and access to health care in Navajo Nation. PCORI’s ongoing studies aim to measure the effectiveness of CHRP’s efforts in engaging Navajo residents to manage or prevent diabetes. While work is ongoing, PCORI has acknowledged the challenges that external agencies face in connecting, engaging, and collaborating with on-reservation agencies and people, including the need to navigate requisite on-reservation Navajo Chapter government permissions and the Nation’s largely unpaved roads.

**Collaboration Key for an Equitable Community**

Off- and on-reservation initiatives have engaged many community sectors that collaborate to accomplish definable goals. However, most of these initiatives have a relatively narrow scope and geographic reach, thereby limiting their potential effect on health equity for the county as a whole. However, a few key efforts are underway that have effectively bridged the divide between San Juan County’s off- and on-reservation governing units. Although these efforts are ongoing, at present, limited evidence is available demonstrating their effectiveness. More collaborative coordination and partnerships between on-reservation and off-reservation stakeholders may be necessary to address root causes of disparities more broadly.

The reach and focus of the New Mexico Health Equity Partnership offers a promising case for identifying and addressing disparities through cross-sectoral collaboration and community engagement. Through its local chapter, the San Juan Community Alliance (SJCA, formerly known as the Place Matters initiative), brings together individuals, organizations, and resources. The alliance places an emphasis on promoting cultural diversity and reflecting community voice and input. SJCA promotes engagement through its health impact assessment studies, which are structured assessments of the effects of particular policies, projects, or other efforts on the health of a population.

In an example of collaboration to understand and address root causes of recurring health community issues, the New Mexico Health Equity Partnership and SJCA worked with Farmington’s municipal departments and state agencies to study San Juan County’s related homelessness and street inebriate issues. With alcohol technically not allowed on reservation lands and alcoholism disproportionately affecting the American Indian population, SJCA targeted an “access corridor impact study” to analyze the significant flow of American Indian residents into and out of Farmington for access to alcohol, especially along the Bisti Highway and the Northern Edge Casino turnoff, an industrial and unsafe pedestrian area.

Based on their findings—SJCA’s Safe Passage Initiative Council; alongside Shiprock Health Promotion; Strides for Shiprock; Totah Behavioral Health Authority; the Farmington Police Department and Planning Office; and other community partners—recommended and oversaw improvements to the built environment in this high-traffic corridor. Coordinated efforts led to the construction of two centers that provide individuals with safe and supportive spaces to recover and receive access to counseling, intervention programs, and other treatment resources. Opened in March 2016, the Sobering House is a voluntary facility with 40 beds that incorporates the Navajo philosophy of K’e or kinship, with center professionals referring to clients receiving treatment as “brother” or “sister.” Sobering House also provides clients with direct access to counseling and treatment options. These include the Totah Behavioral Health Authority (across the parking lot), a 140-day joint-intervention residential program. SJCA also holds events like Policy Advocacy Day, a full-day networking and training event that brings together on- and off-reservation community members and organizations to discuss the county’s vulnerable populations and to review progress of Safe Passage and other initiatives.

**Questions and Considerations**

In the face of historic marginalization of the American Indian population and its resulting disparities in health outcomes, San Juan County is taking initial steps to address inequities through focused attention on root causes and cross-sector collaborations that respect Native traditions. Additional surveillance; data and information gathering; analysis; and reporting will determine the extent to which these initiatives address the needs of the community. The resulting data should help identify the most effective methods and partnerships and also help guide the community’s efforts and resource allocations. Answers to the following questions could provide insights into the degree to which meaningful change is taking place and can be sustained:

- What type of health outcomes may result from more health equity-focused partnerships?
- How will these partnerships involve those directly affected by health inequities in addressing the structural causes of those inequities?
- In what ways can partnerships between San Juan County, local municipalities, and Navajo Nation more effectively coordinate efforts to achieve positive outcomes both on- and off-reservation?
- How can existing and future partnerships and initiatives better assess, address, and include the Hispanic population?
References

1. The U.S. Census samples reservations.
11. San Juan County. History. www.sjcounty.net/history