Catron County Community Baseline Assessment
Prepared for Catron County DWI Office

The Catron County DWI Office received funds from the New Mexico Department of Finance and Administration to conduct a baseline community assessment in FY2021. Thus far, Catron County had not been able to have their DWI program evaluated as per the state mandate, and due to the small size of the program a baseline assessment was suggested instead. Obtaining a baseline would allow the evaluators to gauge the status quo of drinking-related behaviors and attitudes across the county. Results from this assessment could then inform the type of prevention activities that could be useful in the future and the specific sub-populations that could benefit from these activities, based on attitudes within the community, self-reported alcohol- and other substance-related behaviors, a brief screening to determine the incidence of potential alcohol use disorders, and past encounters with law enforcement involving alcohol or other substances. Attitudes toward law enforcement, and in particular the enforcement of alcohol- and other substance-related laws for both minors and adults, was also of interest.

The assessment extended past alcohol and other substances. The DWI Office was also interested in issues of general health and welfare within the community. Access to and need for health services, including behavioral health services, was very much of interest, as were barriers to services and/or gaps in service coverage. Determining a baseline for these items could then inform the type of services that are sought and/or the recruitment of particular service providers. Lastly, the demographics of the county residents were of interest; in particular age (the county is unusual in that 43% of residents are age 65 and older) and how age might relate to needed health care and substance use behaviors.

METHOD

Participants

Participants were 188 residents residing in Catron County, New Mexico who were recruited in a door-to-door effort. The Coordinator of the DWI Program is also the Chair of the Catron County Health Council and had previously distributed by postal mail a health-related newsletter throughout the county, informing residents of the upcoming data collection so they would potentially be expecting a data collector to contact them at their place of residence. Further demographic data is presented in the Results section in detail as age, race, ethnicity, and household information such as income were items of interest and relevant to the study itself.

Materials

Questionnaire. The questionnaire consisted of a 41-item questionnaire designed by Crimson Research (attached; see Appendix) with questions in the following sub-areas:
- Access to health care and mental health care
- Barriers to access

- Health care services needed
- Screening services received
- Community attitudes toward alcohol and other drugs
- Reasons for using alcohol
- Binge drinking behaviors
- Drinking and driving behaviors
- Alcohol Use Disorders Identification Test-C screening tool (see below)
- Drug use, including prescription drug use to get high
- Enforcement of alcohol- and other drug-related laws, for adults and for minors
- Personal criminal history regarding alcohol and other drugs
- Individual demographics: race/ethnicity, age, gender identification
- Household demographics: total income and number of seniors, veterans, and youth

Several questions pertaining to self-reported alcohol use over the past 30 days were taken from questions found in statewide systems such as the New Mexico Indicator-Based Information System (NM IBIS), and more specifically the Behavioral Risk Factor Surveillance System (BRFSS) and Substance Abuse Epidemiology Profile (SAEP). Other questions, pertaining to health services, barriers and gaps in coverage, perceptions of law enforcement, and individual and household demographic items, were developed by the evaluator. Questions were presented in a multiple-choice format and the questionnaire was expected to take approximately 8-12 minutes to complete. Participants could opt to not answer any question they did not wish to answer.

AUDIT-C. The Alcohol Use Disorders Identification Test—Consumption (AUDIT-C) is a 3-item adaptation of the 10-item AUDIT (containing three of the original 10 questions). The AUDIT was designed by the World Health Organization in 1998 to determine if respondents may have an alcohol dependency or otherwise exhibit risky behaviors with regard to alcohol. Research has shown that the AUDIT-C performs comparably well to the original AUDIT for the detection of heavy drinking and alcohol abuse or dependence (e.g., Bush, et al., 1998). This evaluator, as well, has used the AUDIT and AUDIT-C in a prior research study with over 400 participants, and found that the AUDIT-C captured 94% of cases indicating a cause for concern as determined by the AUDIT. The three questions asked by the AUDIT-C are:

(1) How often did you have a drink containing alcohol in the past year?
(2) How many drinks did you have on a typical *day when you were drinking* in the past year?
(3) How often did you have six or more drinks on one occasion in the past year?

Respondents choose one answer from a multiple-choice format for each question, and responses are scored according to instructions. Total scores range from 0 - 12. Scores equal to three or more are considered positive for females and scores equal to four or more are considered positive for males.

Procedure

A team of four Catron County data collectors enacted a door-to-door campaign to recruit questionnaire respondents. Approximately half of Catron County residents do not have internet access and so in-person data collection was important to obtain data from a representative sample of residents. A careful study of the county had been conducted earlier by the DWI Program Coordinator so that all areas of the county would be represented, not just the county seat of Reserve, and the areas that were canvassed included Quemado, Datil, and Glenwood. Participants primarily lived in houses rather than apartments, and so were more likely to be homeowners and therefore less likely to be younger in age.

As 43% of Catron County is age 65 or older, there was a particular interest in the needs of seniors. As some questionnaire items assessed household information such as total household income, data collectors were instructed to collect data from no more than one member of each household so that such information would not be over-reported.

Data collectors greeted each potential participant with a brief overview of the study, including the incentive that each respondent who completed the questionnaire along with another questionnaire from a different organization (described here later) would have a 1 in 4 chance of winning a $20 pre-paid VISA gift card. Residents then indicated whether they wished to participate. Those that agreed were given a consent form describing the study in more detail, including purpose and duration of the study, measures taken to ensure anonymity and confidentiality, option to not answer any question, option to withdraw from the study at any time, potential benefits and risks, details of the incentive, and contact information for the Catron County DWI Office and Crimson Research. Participants indicated on the form that they understood what was being asked of them and wished to participate and also indicated that they were at least 18 years of age.

COVID-19 Precautions. Due to the ongoing COVID-19 pandemic, many health precautions were taken in accordance with the state and CDC guidelines in effect at the time of data collection. At the time (February—March 2021), Catron County was only very minimally affected by COVID-19 and exhibited a low case number, and it was commonly believed that an in-person data collection effort would not put residents or data collectors at risk. To minimize further risk, the following precautions were taken:

- Data collectors wore face coverings and asked that participants wear face coverings, too, and brought along extra face masks for this purpose for those who answered the door unmasked.
- Data collectors did not enter participants' residences and remained outdoors, socially distanced from participants.
- Pens with which to complete the questionnaires were given to participants to keep, so as to minimize shared touchpoints.
- Participants were provided with envelopes in which to place their completed questionnaires. Upon collection, the envelopes were placed by the participants themselves into a drop box so that data collectors would not touch the completed questionnaires nor the envelopes. This had the added benefit of increasing participants' confidence in anonymity.
- The provided envelopes closed with an adhesive strip that precluded the need for participants to use saliva to seal the envelope.
- Data envelopes remained in data collectors' vehicles for several days before being handled.

Concurrent Data Collection Effort: Anna, Age Eight 100% Community Survey. The Anna, Age Eight Institute, housed at New Mexico State University in the College of Agricultural, Consumer, and Environmental Sciences, has begun distributing the *100% Community* survey, developed by the Center for Community Analysis at NMSU, to several counties in New Mexico in order to assess 10 "surviving and thriving" services relating to food, housing, transportation, medical/dental care, behavioral health care, parent supports, early childhood learning, community schools, youth mentors, and job training. The door-to-door format of data collection for the DWI effort was an opportunity to also collect data for Anna, Age Eight.

Concurrent Information Distribution: New Mexico Department of Health. Door-to-door data collection during the COVID-19 pandemic also provided an opportunity to distribute COVID messaging materials to residents. The New Mexico Department of Health–Office of Health Equity provided materials to Catron

County pertaining to COVID-19 prevention and vaccination, and these materials were distributed along with the two questionnaires.
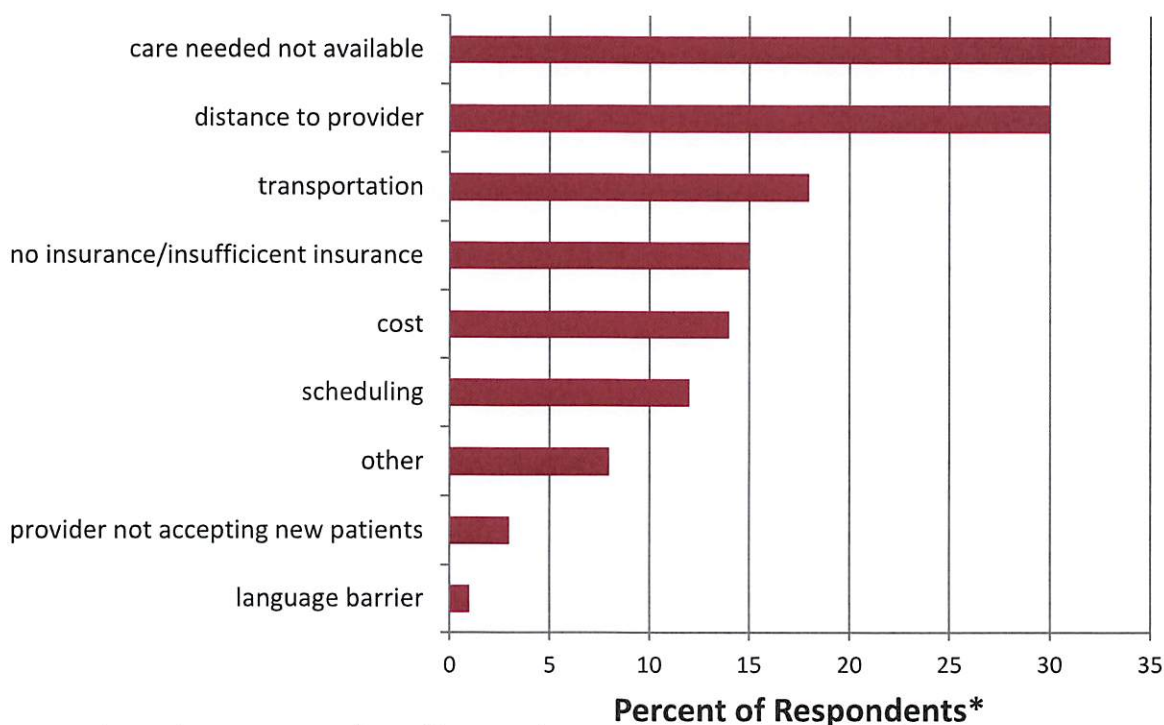
RESULTS AND DISCUSSION

Access and Barriers to Health Care

Participants' access to health care services and mental health care services was assessed using a 7-point Likert-type scale, ranging from 1 (not at all accessible) to 7 (very accessible). Access to health care was rated an average of 4.68 (SD = 1.71) and access to mental health care was rated an average of 4.16 (SD = 2.08), indicating that access is an issue for county residents.

Exploring the issue of access further, participants were asked to select which of eight categories of barriers they had faced in attempting to access care (they could select as many as applied), and/or to indicate any other barriers not listed. The top three categories selected were: (1) type of care needed was not available, (2) distance to provider was too far, and (3) lack of transportation or reliable transportation. In ranked order, barriers are listed here:

Barriers to Health Care in Catron County

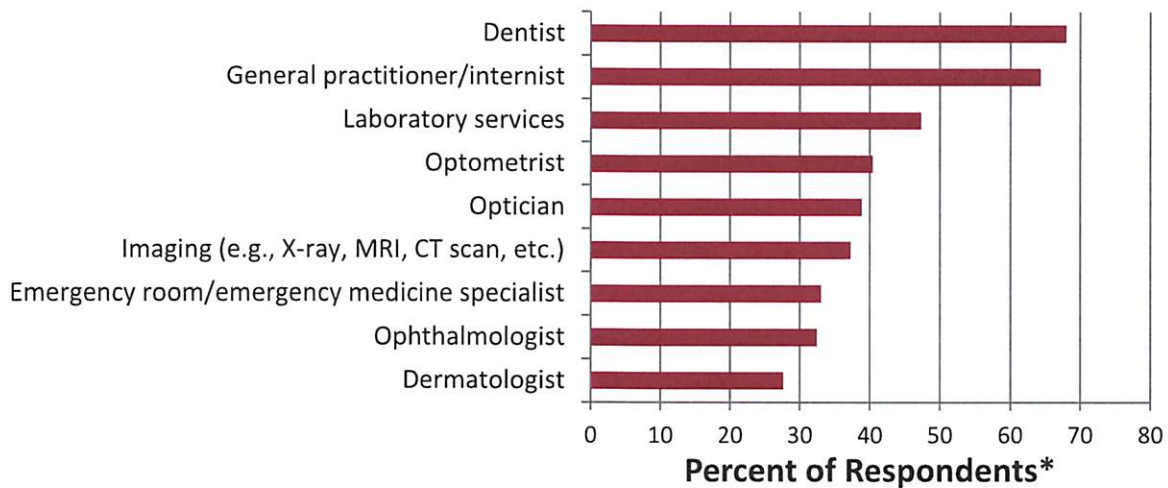
Percent of Respondents*
* Note that percentages will not add up to 100 because participants could select more than one category.

In the 'Other' category, two participants indicated that they didn't know which services were available, one participant indicated uncertainty about where to go, one indicated discomfort with provider, one indicated poor quality of care, and one indicated snowy winter roads preventing travel.

Medical Services Needed and Preventive Care Received

Participants were then asked to indicate which medical services they had needed within the last two years, regardless of whether they had been able to receive them. Forty-three options were provided and participants could select as many as applied, as well as indicate other services needed that were not on this list. Additional information was provided for services that might need explanation or disambiguation; for example, optometrist, optician, and ophthalmologist were disambiguated. The top three medical services selected were dentist, general practitioner/internist, and laboratory services. All services selected by over one-quarter of respondents are listed here. For the category of 'Other', one respondent wrote 'chiropractor' and one wrote 'vascular specialist'.
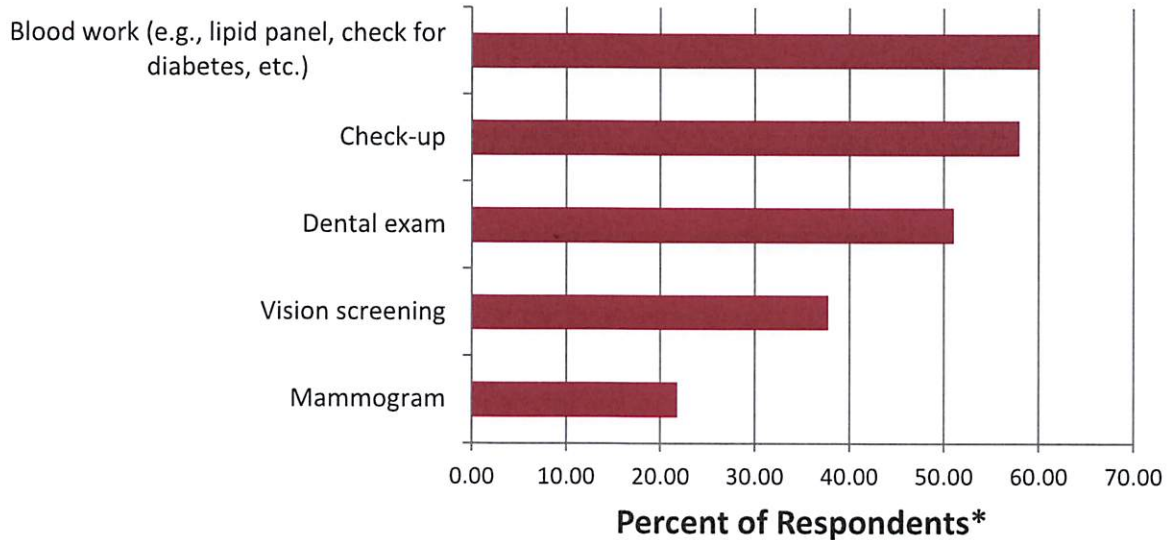
Most Commonly Needed Medical Services in Catron County 2019 - 2021

Percent of Respondents*

* Note that percentages will not add up to 100 because participants could select more than one category.

Next, participants were asked to indicate which preventive screening services they had received over the last two years; this gives an estimate of the rate of screening in Catron County. The top three screenings received were blood work (e.g., lipid panel, check for diabetes, etc.), check-up, and dental exam. This corresponds to the previous finding that dental services, general practitioner services, and laboratory services were the top three most-needed services during the past two years. The top five screening services, each having been indicated by over 20% of respondents, are indicated in the next graph. Alarmingly, Pap tests, prostate exams, and cardiological screenings were not on this list, with the latter two having been received by less than 8% of respondents.

Most Commonly Received Screenings in Catron County, 2019 - 2021

Percent of Respondents*

* Note that percentages will not add up to 100 because participants could select more than one category.

Alcohol and Other Substance Use

Community Attitudes

Participants were asked to characterize community acceptance of alcohol and other drug use. A multiple choice item asked if alcohol was widely used in the county or not widely used, and if widely used whether that behavior was accepted. The majority of respondents (59.57%) felt that alcohol was both widely used and accepted in the community. When asked for the same assessment regarding illegal drug use, including the improper use of prescription drugs, nearly a third (32.45%) felt that use of drugs was both widespread and accepted.
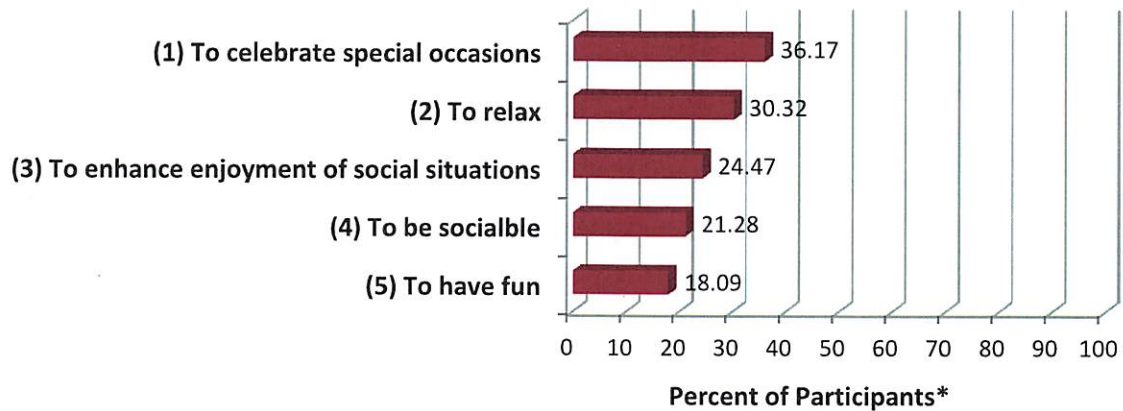
Self-Reported Behaviors

Participants were asked a number of questions about their own personal use of alcohol and other substances and other substance-related behavior questions. These are reported below.

→ **Reasons for Drinking Alcohol.** Participants were asked to indicate the reasons why they drank alcohol, as it was hoped that this might help to shape future prevention efforts. Twenty-four possible reason were listed, and participants were asked to select as many as applied. The top three reasons selected were to celebrate special occasions, to relax, and to enhance enjoyment of social situations, with approximately one-quarter or more of participants choosing these reasons. These were closely followed by drinking to be sociable (21.28%) and drinking to have fun (18.09%). No other reasons were selected by a significant proportion of the population. This illustrates the social nature of alcohol use within this sample; only one reason ("to relax") is individual-focused.

Reasons Given for Alcohol Consumption

"When you drink alcohol, what are your reasons, typically, for drinking?"

(1) To celebrate special occasions — 36.17

(2) To relax — 30.32

(3) To enhance enjoyment of social situations — 24.47

(4) To be socialble — 21.28

(5) To have fun — 18.09

Percent of Participants*

Participants could select as many reasons as applied; total will exceed 100%.

→ **Frequency of Alcohol Consumption.** The next questionnaire items were provided by the state and are typically found in statewide epidemiological surveys. Participants were asked to consider the past 30 days and to indicate on how many of those days they had had a drink of alcohol. The average response considering the entire sample was 5.71 days. However, 54.79% reported not drinking at all in the past 30 days. Of the 45.21% who reported drinking, the average number of days on which they had had a drink was 11.75 days (SD = 10.54, indicating a highly variable sub-sample). Looking at specific responses within this group, '1 day' was the most common response, followed by '30 days' (i.e., every day). The third and fourth most common responses were '2 days' and '7 days', respectively. The fifth most common response was tied among '5 days', '15 days', and '20 days', respectively. The fact that the two most common responses were '1 day' and '30 days' explains the high variability seen within the sample. These two responses made up 29.41% of the sample with 15.29% reporting '1 day' and 14.12% reporting '30 days.' Considering the entire sample (all 188 participants), 6.38% reported drinking every day and 13.83% reported drinking on at least 20 of the past 30 days.
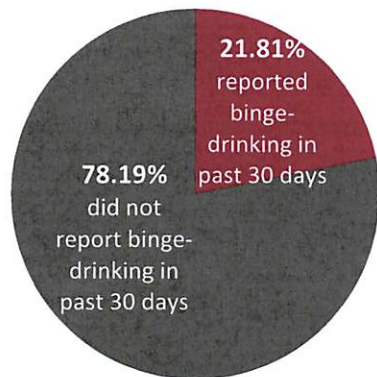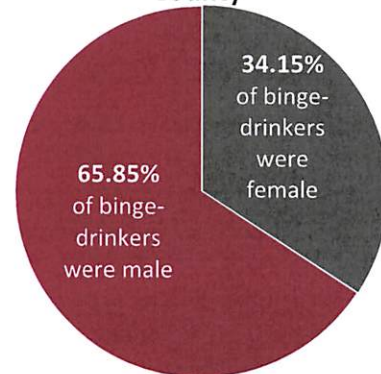
Alcohol Consumption in Past 30 Days

45.21% of participants reported drinking at some point in past 30 days

54.79% of participants reported no drinking in past 30 days

13.83%

of Catron County

participants reported

drinking on at least

20 of the past 30

days.

→ **Prevalence of Binge-Drinking.** Binge-drinking was defined for participants as drinking four or more drinks in a row for females and five or more drinks in a row for males ("in a row" was clarified for participants as meaning "within a couple of hours"). Female participants reported binge-drinking on an average of 1.11 days within the last 30 days. Male participants reported doing so on an average of 3.94 days. Fourteen females (7.45% of all females) reported binge-drinking within the past 30 days; 27 males (14.36% of all males) reported doing so. Taken together, a total of 41 participants (21.81% of the entire sample) reported binge-drinking in the past 30 days, or more than one in five. That is markedly higher than the state average of 15.03% (average 2017–2020 according to the New Mexico Community Survey). The sub-sample here of binge-drinkers was 65.85% male and 34.15% female. This follows state trends which also indicate that binge-drinking is a more popular behavior among males. Of the males that reported binge-drinking, they reported doing so on an average of 13.15 days of the past 30, while the females that reported binge-drinking reported doing so on an average of 8.21 days of the past 30. This indicates that not only are approximately twice as many males than females binge-drinking in general, but they are also doing so much more frequently.
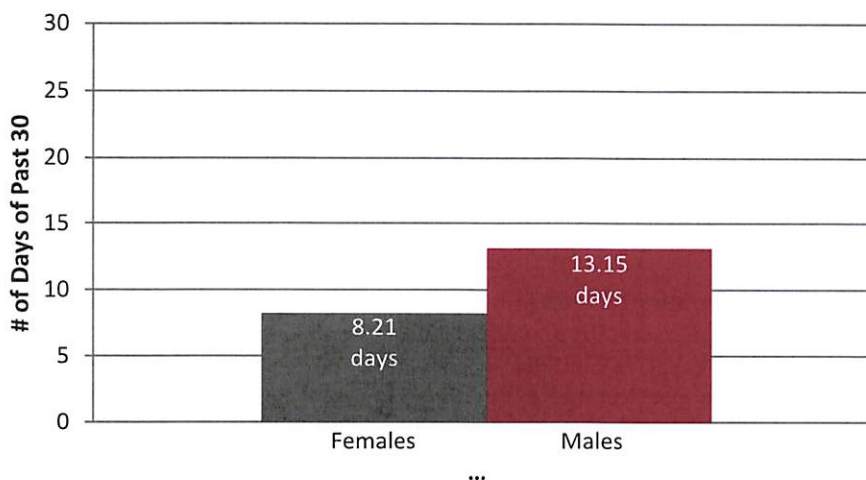
Binge-Drinking in Catron County

21.81% reported binge-drinking in past 30 days

78.19% did not report binge-drinking in past 30 days

Binge-Drinking by Gender in Catron County

34.15% of binge-drinkers were female

65.85% of binge-drinkers were male

Among Binge-Drinkers, Frequency of Binge-Drinking in Past 30 Days by Gender

# of Days of Past 30

Females: 8.21 days
Males: 13.15 days

...

More than 1 in 5 participants reported binge-drinking in the past 30 days.

→ **AUDIT-C Screening.** Of most concern are the results of the 3-item AUDIT-C screening. While overall, the average score received was 2.17, further analyses of scores reveal signs of alcohol dependency in 24.02% of participants (scores of 3 or higher in females and 4 or higher in males). The specific breakdown by gender was that 17.71% of females and 31.33% of males showed signs of alcohol dependency.
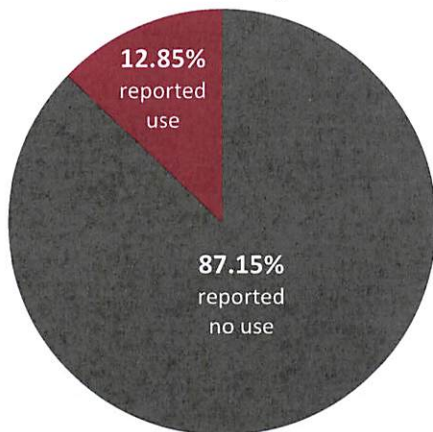
> ## *Nearly 1 out of 4 participants showed signs of alcohol dependency.*

→ **Driving While Intoxicated.** Within this sample 87.5% of participants indicated that they drive. When asked to indicate the number of times they drove while drinking within the past 30 days, 24 participants (13.41%) responded with numbers greater than zero. Of those that indicated they had driven while drinking, the average number of times they did so was 8.98 times within the past 30 days. (Note that both drivers and non-drivers were considered for these calculations because there were participants who answered 'No' to the question 'Do you drive?' and yet still indicated that they had driven while drinking during the past 30 days.) Twenty-two participants (12.36%) reported having ridden in a vehicle driven by someone else who had been drinking within the past 30 days. Of those that reported having done so, the average number of times reported was 7.18 times within the past 30 days.
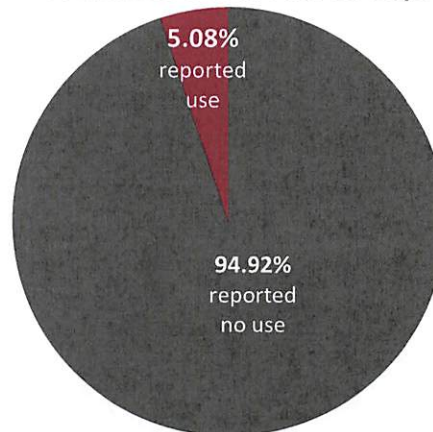
> *13.41% of participants reported driving when they had been drinking in the past 30 days.*

→ **Marijuana Use.** Participants were asked how many times they used marijuana within the past 30 days for non-medical purposes (meaning not prescribed by a health care provider). Examining the entire sample, participants reported using marijuana an average of 2.73 times. However, 87.15% reported not using it at all. The 12.85% (23 participants) who reported using marijuana reported using it an average of 21.2 times within the past 30 days. However, this average was greatly skewed by single outlier responses such as '50 times' and '100 times'. Therefore, the median is a more accurate indicator of central tendency. The median response reported by the subset of participants who did use marijuana was 16.00 times within the past 30 days.

Non-Medical Marijuana Use in Past 30 Days

Non-Marijuana Illegal Substance Use in Past 30 Days

12.85% reported use

87.15% reported no use

5.08% reported use

94.92% reported no use

→ **Use of Non-Marijuana Illegal Substances.** Participants were asked how many times in the past 30 days they had used illegal substances *other* than marijuana. Nine participants (5.08%) reported having used such a substance during that time frame. Of those who reported doing so, the median number of times of use was 18 times in the past 30 days. Participants were then asked which substances they had used; they were presented with a list of 12 substances and asked to select all that applied and to write in any substance they had used that was not included on the list. Non-marijuana substance use does not seem to be prevalent within this sample; the following is the complete list of all substances indicated:

- Methamphetamines (used by 4.26%)
- Painkillers (used by 3.72%)
- Mushrooms (used by 2.13%)
- Heroin (used by 1.06%)
- Cocaine and crack (used by 0.53% each)

For those participants who indicated having used more than one substance within the past 30 days (polysubstance use; 3.19% of participants), the substances indicated were:

- Methamphetamines and painkillers (2 participants)
- Mushrooms, crack, methamphetamines, and heroin (1 participant)
- Mushrooms, methamphetamines, and heroin (1 participant)
- Mushrooms and methamphetamines (1 participant)
- Cocaine and methamphetamines (1 participant)

* Note that analyses in this section do not include marijuana use or alcohol use, described previously.

→ **Improper Use of Prescription Drugs.** When participants were asked if they had taken a prescription drug or extra doses of a prescription drug within the past 30 days for the express purpose of getting high, four participants (2.33%) responded that they had. Those four participants reported doing so an average of four times within the past 30 days. Two reported they didn't know what they had taken, one indicated having taken hydrocodone, and one didn't respond to this item. Improper use of prescription drugs does not appear to be an issue of concern within this sample.

Involvement With Law Enforcement Due to Alcohol and Other Substance Use
Participants were asked to indicate their personal legal/criminal history with regard to alcohol and other substance use. The percent of participants who answered in the affirmative is presented below.
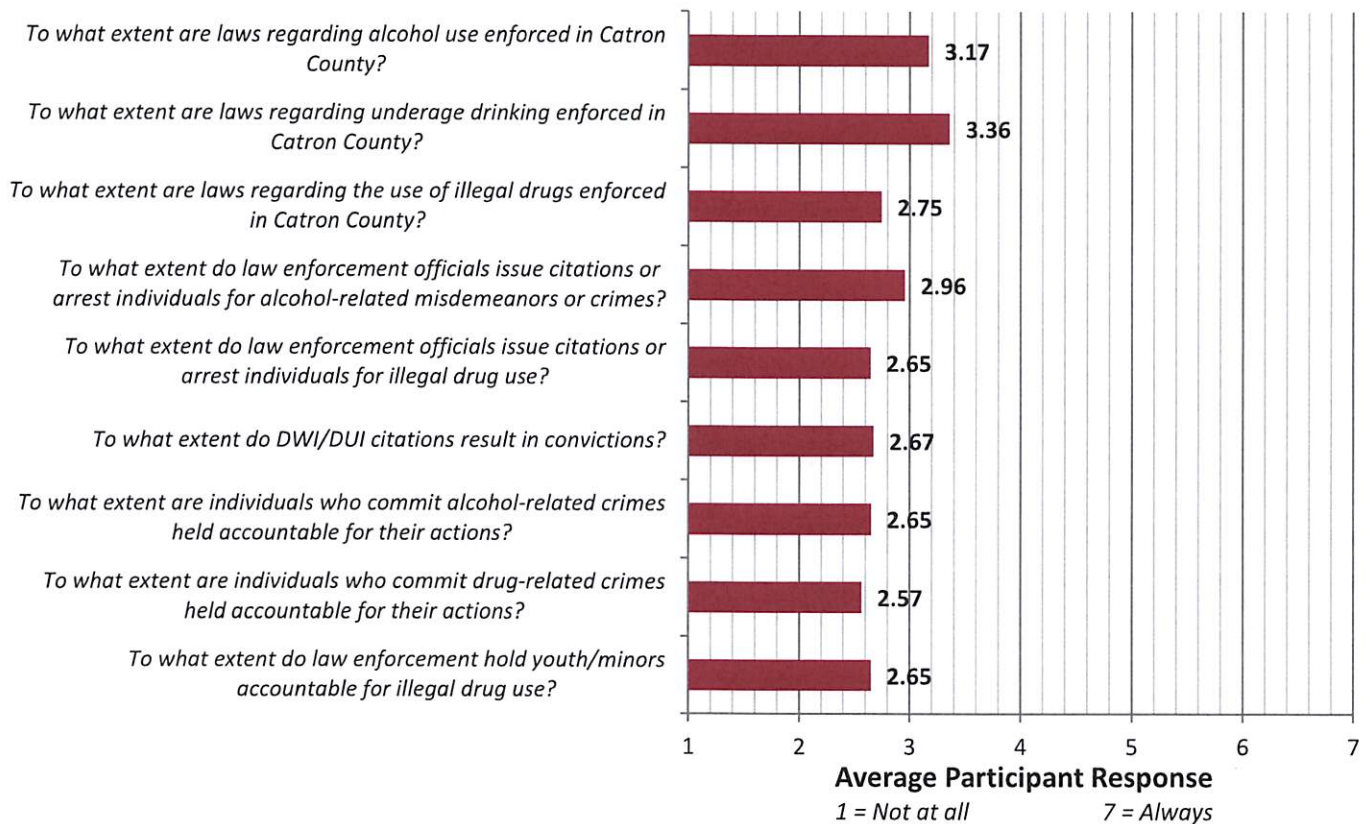
- Have been arrested (even for a few hours) because of alcohol-related behavior: 12.71%
- Have been convicted of a DWI or DUI: 8.84%
- Have been convicted of any other alcohol-related crime: 3.87%
- Have been convicted of a drug-related offense: 3.31%

Attitudes and Beliefs About Enforcement of Alcohol- and Other Substance-Related Laws
Participants were asked to respond to nine items indicating their attitudes and beliefs about the role of law enforcement with regard to alcohol and other substances. These questions were asked because there had been a perception, informally, of a relatively low level of enforcement of laws. Questions concerned enforcement of alcohol-related laws, underage drinking laws, and laws about the use of

illegal drugs, as well as issuance of citations/arrests, incidence of arrests resulting in convictions, and the expected accountability of individuals. Questions were answered on a 7-point Likert-type scale with responses ranging from 1 (Not at all) to 7 (Always). Additionally, this was a topic about which it was expected that many participants might not have specific beliefs or knowledge. Accordingly, the response "don't know" was provided as an option too. Average responses for each item are indicated here:

Beliefs and Attitudes About Enforcement of Alcohol- and Other Drug-Related Laws

Question	Average Participant Response
To what extent are laws regarding alcohol use enforced in Catron County?	3.17
To what extent are laws regarding underage drinking enforced in Catron County?	3.36
To what extent are laws regarding the use of illegal drugs enforced in Catron County?	2.75
To what extent do law enforcement officials issue citations or arrest individuals for alcohol-related misdemeanors or crimes?	2.96
To what extent do law enforcement officials issue citations or arrest individuals for illegal drug use?	2.65
To what extent do DWI/DUI citations result in convictions?	2.67
To what extent are individuals who commit alcohol-related crimes held accountable for their actions?	2.65
To what extent are individuals who commit drug-related crimes held accountable for their actions?	2.57
To what extent do law enforcement hold youth/minors accountable for illegal drug use?	2.65

Average Participant Response

1 = Not at all   7 = Always

A full 45% of responses received a "don't know" response, and analyses were conducted on the remaining responses. Average response values for each item show that as a group, Catron County residents do not believe that there is adequate enforcement of alcohol- and other drug-related laws. *All* responses received average response values far less than even the mid-point of the scale. County officials would do well to confer with law enforcement to develop strategies to determine why these are popular perceptions and to either increase enforcement (if perceptions are accurate according to law enforcement and judicial data) and/or to improve perceptions that law enforcement officials take these laws seriously, if enforcement is indeed found to be adequate.

Demographic Information

Participants (N = 188) were asked a variety of questions about household and individual demographics so as to secure a picture of this sample of respondents and also to gauge the representativeness of the sample as compared to the rest of Catron County.

Number of Household Members
Participants were asked to indicate how many people (including the respondent) resided in the household. Households contained, on average, 2.45 members. More specifically, 181 participants responded to this question and together indicated a total of 443 individuals across the 181 households in the sample. This is consistent with US Census Bureau data for this county (2015 – 2019) which indicated an average of 2.57 members per household.

Age of Household Members
The median age of participants was 58 years old. This is in agreement with US Census Bureau data (via datacommons.org) for Catron County indicating a median age of 58.1. According to census data, Catron County is the county with the highest median age in NM.

Gender Identification
Participants identified as female (53.04%), male (45.86%), non-binary (0.55%), or other (0.55%). This is not completely consistent with the US Census Bureau data, which shows a 46.8%-female population for Catron County, indicating that this sample contained higher female representation than is typically found in the county.

Prevalence of Youth
In this sample, the average number of individuals per household under the age of 18 was 0.58. More specifically, 42 households of the 178 who responded to this question (23.60%) contained children or adolescents ages 0 - 17 years. Of the households that did contain individuals under the age of 18, the average number of children/teens per household was 2.48, for a total of 104 such individuals across these 42 households. All told, this means that 23.48% of all individuals in the households surveyed were under the age of 18. This is twice as high as the 11.7% indicated by the county Census Bureau data.
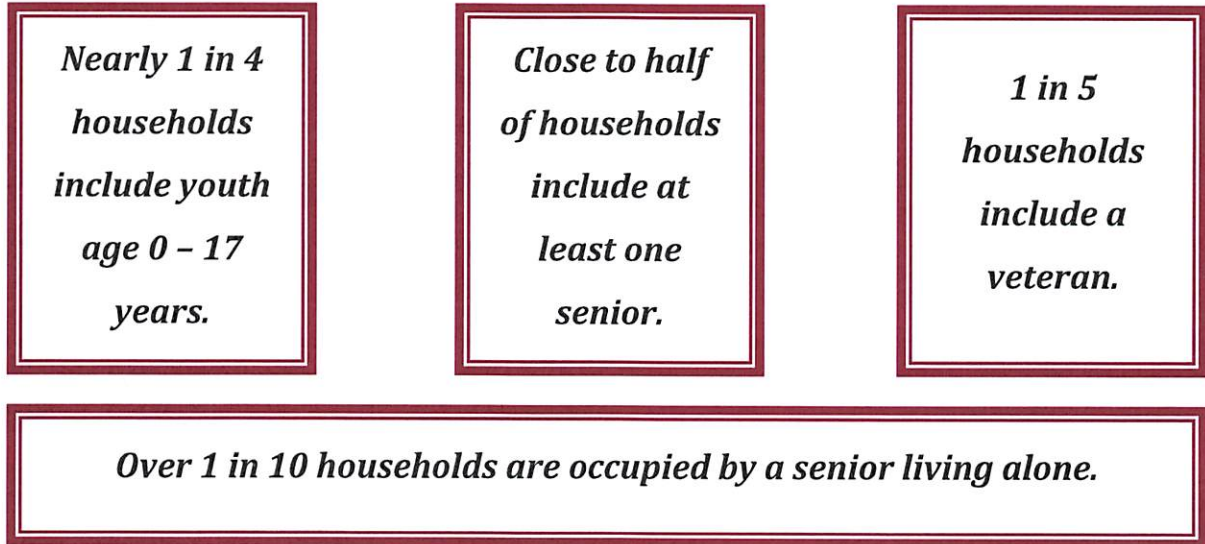
Prevalence of Seniors
The average number of seniors per household, defined as individuals age 65 or older, was 0.65. Of the 177 individuals who responded to this question, 81 (45.7%) lived in households containing at least one senior. Of the households containing at least one senior, the average number of seniors was 1.42, for a total of 115 seniors across these households, or 25.96% of all individuals living in the households surveyed. This is markedly lower than the 43.3% indicated by the county Census Bureau data, perhaps attributable to the unexpectedly large number of youth reported in this same sample.

Of the 81 households containing at least one senior, 20 (24.69%) contained a senior living alone, amounting to 11.30% of all of the households surveyed.

Prevalence of Veterans
Of the 178 participants who responded to the item asking how many veterans resided in their household, 37 (20.79%) indicated the presence of a veteran. The average number of veterans across all households surveyed was 0.21. No household contained more than one veteran, and so the number of

veterans across the 37 veteran-containing households was 37, or 8.35% of all individuals contained in all households surveyed. This was matched by the 2018 Census Bureau American Community Survey 5-year estimate of 9.75%.
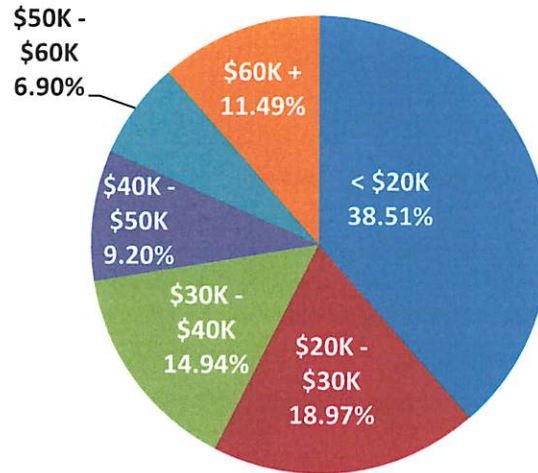
Nearly 1 in 4 households include youth age 0 – 17 years.	*Close to half of households include at least one senior.*	*1 in 5 households include a veteran.*

Over 1 in 10 households are occupied by a senior living alone.

Race and Ethnicity

Not too disparate from the US census data report, 24.58% of this sample reported they were Hispanic or Latino, of any race (US Census Bureau reports 19.0% for the county) and 70.95% reported they were white, non-Hispanic (census data indicates 74.9%). Other races reported were American Indian or Alaska Native (10.06%), African American or Black (2.79%), and Native Hawaiian or other Pacific Islander (0.56%). No participants reported that they were Asian-American. Participants were asked to select as many races as applied, so total percentages here will exceed 100%; 7.82% of the sample reported more than one race or ethnicity. This is more than twice the percentage of those that reported more than one race in the county as a whole according to census data (3.00%).

Household Income

Median household income was just below $30,000; this is considerably lower than the median household income of $41,910 indicated by the US Census Bureau for the county. Over half of this sample reported a household income of $30,000 or less. The full breakdown by income category follows:

Catron County Yearly Household Income

- $50K - $60K 6.90%
- $60K + 11.49%
- < $20K 38.51%
- $40K - $50K 9.20%
- $30K - $40K 14.94%
- $20K - $30K 18.97%

Demographic Representativeness of the County

Taken together, the sample under study shared some demographic characteristics with the county as a whole (e.g., average number of household members, median age, and percent of veterans). The breakdown of race/ethnicity was very close as well (with only a slightly larger Hispanic representation and a slightly lower white, non-Hispanic representation in this sample). Items of divergence with the county were gender identification (this sample showing approximately 7% more females than males, rather than the inverse across the county), as well as considerably more youth and fewer seniors. This last point is interesting given that the median age of the sample was identical to that of the county. While the representation of race/ethnicity was similar overall, the number of participants indicating more than one race in this sample was more than twice the number across the county. Lastly, the yearly household income of the sample was considerably lower than the county average.

The following questions ask about your perception of health care and mental health services in Catron County.

	Services are not at all accessible						Services are very accessible
1. To what extent are you able to access the health care services you need? (Circle one)	1	2	3	4	5	6	7
2. To what extent are you able to access the mental health services you need? (Circle one)	1	2	3	4	5	6	7

3. If you've needed health care or mental health services but couldn't or didn't access them, which of the following were barriers? Check all that apply.

a. The type of care I needed isn't available here ☐

b. No health insurance or insufficient insurance ☐

c. Distance to health care provider was too far ☐

d. Health care provider was not accepting patients ☐

e. No transportation / unreliable transportation ☐

f. Cost was too high ☐

g. There were language barriers ☐

h. Available appointment times were inconvenient ☐

i. Other ☐ Please describe: _____

4. Thinking back over the **last two years**, which providers or services have you <u>needed</u>, regardless of whether you saw a provider or received those services? Check all that apply.

a. General practitioner / internist (preventive care) ☐

b. Acupuncturist ☐

c. Allergist / Immunologist ☐

d. Cardiologist ☐

e. Colorectal surgeon ☐

f. Dentist ☐

g. Oral surgeon ☐

h. Dermatologist ☐

i. Emergency room / emergency medicine specialist ☐

j. Endocrinologist (hormones, metabolism) ☐

k. Gastroenterologist (stomach, colon, and related) ☐

l. Geneticist ☐

m. Gynecologist ☐

n. Hematologist (blood, spleen, lymph) ☐

o. Hospice / end-of life care ☐

p. Infectious disease specialist ☐

q. Marriage / couples counselor ☐

r. Mental health counselor / therapist / psychologist ☐

s. Psychiatrist (prescribes medication; counseling) ☐

t. Substance abuse counselor / treatment ☐

u. Imaging services (X-ray, MRI, CT scan, etc.) ☐

v. Laboratory services ☐

w. Naturopath / holistic medicine specialist ☐

x. Nephrologist (kidneys) ☐

y. Neurologist ☐

z. Obstetrician / pre-natal care ☐

aa. Oncologist (for cancer diagnoses) ☐

bb. Ophthalmologist (eye doctor) ☐

cc. Optician (for eye glasses) ☐

dd. Optometrist (vision testing and correction) ☐

ee. Orthopedist (injuries / pain in movement) ☐

ff. Osteopath (musculoskeletal) ☐

gg. Otolaryngologist (ear, nose, and throat) ☐

hh. Palliative medicine / pain management ☐

ii. Pediatrician ☐

jj. Physical therapist ☐

kk. Plastic or reconstructive surgeon ☐

ll. Podiatrist (feet) ☐

mm. Pulmonologist (lungs, breathing) ☐

nn. Rheumatologist (arthritis, joints, bones) ☐

oo. Sleep specialist / sleep medicine ☐

pp. Urologist (urinary, bladder, prostate) ☐

qq. Kidney dialysis ☐

rr. Other ☐ Please list: _____

5. Thinking back over the **last two years**, which screening procedures have you received? Check all that apply.

a. Blood work (e.g., lipid panel, check for diabetes, etc.) ☐	h. Check-up ☐
b. Mammogram ☐	i. Prostate exam ☐
c. Gynecological exam (e.g., Pap test, culture) ☐	j. Dental exam ☐
d. Screening for depression or anxiety ☐	k. Colonoscopy ☐
e. Screening for alcohol or other substance use disorder ☐	l. Dermatological check (e.g., for melanoma) ☐
f. Cardiology stress test (on a treadmill) ☐	m. Screening for hereditary / genetic disease ☐
g. Cognitive testing or memory test ☐	n. Vision screening ☐

The following questions ask about your perceptions of and experience with alcohol and other drugs. Alcohol includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, tequila, whiskey, etc. Please answer honestly.

6. How would you describe the use of alcohol in your community (in Reserve and other towns across Catron County)? Choose one:

   a. ☐ Alcohol is widely used and this is accepted behavior

   b. ☐ Alcohol is widely used but this is not accepted behavior

   c. ☐ Alcohol is not widely used

7. How would you describe the use of illegal drugs (including improper use of prescription drugs) in your community (in Reserve and other towns across Catron County)? Choose one:

   a. ☐ Drugs are widely used and this is accepted behavior

   b. ☐ Drugs are widely used but this is not accepted behavior

   c. ☐ Drugs are not widely used

8. When you drink alcohol, what are your reasons, typically, for drinking? (Check all that apply)

a. To enhance enjoyment of social situations ☐	i. To increase power ☐	q. To escape problems ☐
b. To celebrate special occasions ☐	j. To feel better ☐	r. To be sociable ☐
c. Because of peer pressure or social influences ☐	k. To get drunk ☐	s. To forget ☐
d. Because of exposure to alcohol in my environment ☐	l. To relax ☐	t. To rebel ☐
e. Genetic factors/family history ☐	m. Ritualistic reasons ☐	u. To reward myself ☐
f. Alcohol is easy to access ☐	n. Because of addiction ☐	v. To decrease anxiety ☐
g. To lose my inhibitions/overcome shyness ☐	o. To enhance a meal ☐	w. To have fun ☐
h. To increase confidence ☐	p. Boredom ☐	x. To cope with stress ☐

9. During the past 30 days, on how many days did you have <u>at least one</u> drink of alcohol?   On _____ days.

10. (a) If female: During the past 30 days, on how many days did you have <u>4 or more</u> drinks of alcohol in a row (meaning within a couple of hours)?   On _____ days.

    (b) If male: During the past 30 days, on how many days did you have <u>5 or more</u> drinks of alcohol in a row (meaning within a couple of hours)?   On _____ days.

11. Do you drive?   ☐ Yes   ☐ No

12. <u>If you drive</u>: During the past **30 days**, how many times did you <u>drive</u> a car or other vehicle when you had been drinking alcohol? _____ times.

13. During the past 30 days, how many times did you <u>ride</u> in a car or other vehicle driven by someone who had been drinking alcohol? _____ times.

14. How often did you have a drink containing alcohol in the past <u>year</u>?

a. Never ☐	c. Two to four times a month ☐	e. Four or more times a week ☐
b. Monthly or less ☐	d. Two to three times a week ☐	

15. How many drinks did you have on a typical *day when you were drinking* in the past year?

a. None, I do not drink ☐	c. 3 or 4 ☐	e. 7 to 9 ☐
b. 1 or 2 ☐	d. 5 or 6 ☐	f. 10 or more ☐

16. How often did you have six or more drinks on one occasion in the past year?

a. Never ☐	c. Monthly ☐	e. Daily or almost daily ☐
b. Less than monthly ☐	d. Weekly ☐	

17. During the past 30 days, how many times did you use marijuana for non-medical purposes (meaning not prescribed by a health care provider)? _____ times.

18. During the past 30 days, how many times did you use illegal drugs <u>not including</u> marijuana? _____ times.

19. Which drugs did you use during the past 30 days? Please check all that apply:

a. Cocaine ☐	e. Mushrooms ☐	i. Ecstasy / X / Molly / MDMA ☐
b. PCP / Angel Dust ☐	f. Crack ☐	j. Heroin ☐
c. Anabolic steroids ☐	g. Special K / Ketamine ☐	k. Painkillers ☐
d. LSD / Acid ☐	h. Methamphetamine / Speed / Crank / Crystal Meth ☐	l. Inhalants ☐

   m. Other ☐   Please write the name of the drug(s): _____

   n. Other, but I don't know the name of the drug(s) ☐

20. During the past 30 days, how many times did you use <u>prescription drugs</u> to get high *or* take extra doses of prescription drugs just to get high? _____ times.

   Please write the name of the drug(s): _____ or ☐ I don't know the name(s)

The following questions ask about your perceptions of the enforcement of alcohol- and other drug-related laws and your experience with these laws.

	Not at all						Always	Don't Know
21. To what extent are laws regarding alcohol use enforced in Catron County? (Circle one)	1	2	3	4	5	6	7	DK
22. To what extent are laws regarding underage drinking enforced in Catron County? (Circle one)	1	2	3	4	5	6	7	DK
23. To what extent are laws regarding the use of illegal drugs enforced in Catron County? (Circle one)	1	2	3	4	5	6	7	DK
24. To what extent do law enforcement officials issue citations or arrest individuals for alcohol-related misdemeanors or crimes? (Circle one)	1	2	3	4	5	6	7	DK

	Not at All						Always	Don't Know
25. To what extent do law enforcement officials issue citations or arrest individuals for illegal drug use? (Circle one)	1	2	3	4	5	6	7	DK
26. To what extent do DWI/DUI citations result in convictions? (Circle one)	1	2	3	4	5	6	7	DK
27. To what extent are individuals who commit alcohol-related crimes held accountable for their actions? (Circle one)	1	2	3	4	5	6	7	DK
28. To what extent are individuals who commit drug-related crimes held accountable for their actions? (Circle one)	1	2	3	4	5	6	7	DK
29. To what extent do law enforcement hold youth/minors accountable for illegal drug use? (Circle one)	1	2	3	4	5	6	7	DK

30. Have you ever been arrested, even for a few hours, because of alcohol-related behavior?   ☐ Yes   ☐ No

31. Were you ever convicted of a DWI or DUI?   ☐ Yes   ☐ No

32. Were you ever convicted of any other alcohol-related crime?   ☐ Yes   ☐ No

33. Were you ever convicted of a drug-related offense?   Yes ☐   No ☐

The following questions will help us understand which services are most needed and how best to serve the residents of Catron County.

34. How many people **including yourself** live in your household? _____ people live in my household.

35. How many people in your household are **under the age of 18**? _____ people are under the age of 18.

36. How many people in your household are **age 65 or older**? _____ people are over the age of 65.

37. How many **veterans** live in your household? _____ veterans live in my household.

38. What is the **total** yearly income of your household?
    a. Less than $20,000 per year ☐
    b. $20,000 - $30,000 per year ☐
    c. $30,001 - $40,000 per year ☐
    d. $40,001 - $50,000 per year ☐
    e. $50,001 - $60,000 per year ☐
    f. Over $60,000 per year ☐

39. I am _____ years old.

40. I am   ☐ female   ☐ male   ☐ non-binary   ☐ transgender   ☐ other _____

41. I am (check all that apply):
    a. African-American or Black ☐
    b. American Indian or Alaska Native ☐
    c. Asian-American ☐
    d. Hispanic or Latino, of any race ☐
    e. Native Hawaiian or other Pacific Islander ☐
    f. White non-Hispanic ☐