

# NEW MEXICO 100% COMMUNITY

Welcome! We invite you to participate in the  
"100% Community" Survey for San Juan County

## Consent to Participate in a Research Study

In order to participate, we need your permission. Here is some information about the survey:

The **researcher** for this survey is the Center for Community Analysis at New Mexico State University in collaboration with the Anna, Age Eight Institute. **The purpose and procedures** of this study are to understand if families are able to get quality, basic family services (like education, health care, childcare, affordable housing, and job assistance) in San Juan County. The information you share will be used to make recommendations to city and county officials, and nonprofit groups who work to help families. The results of this survey may appear in presentations at conferences and reports/books/articles.

**You are being asked to participate** because you live in San Juan County, you are 18 or older, and your thoughts and opinions are important. This survey will last **10 minutes or less**. The **potential benefits** of participating are that the results could lead to changes that make family services more available. There are **no expected risks** involved other than those faced in day-to-day life. The survey is completely **anonymous and confidential**, you will not be asked any personally identifiable information. Participation in this survey is **completely voluntary** and **you may withdraw** at any time **without penalty**.

**If you have questions or concerns or want to withdraw:** The Principal Investigator (PI) in charge of this survey is Erica Surova, from NMSU's Center for Community Analysis, who may be reached at 575-646-3352 or [surova@nmsu.edu](mailto:surova@nmsu.edu). If you have any **questions, suggestions, or concerns about your rights as a participant**, contact the Office of Research Integrity and Compliance at New Mexico State University 575-646-7177 or [ovpr@nmsu.edu](mailto:ovpr@nmsu.edu).

By selecting "I agree" you are saying you:

- **Have read the above information.**
- **Voluntarily agree to participate.**
- **Are over the age of 18.**

(Please select one)

- I agree
- I disagree

**Thanks in advance for your participation!**

**1. Please select your neighborhood:**

- |                                   |                                   |  |
|-----------------------------------|-----------------------------------|--|
| <input type="radio"/> Aztec       | <input type="radio"/> Kirtland    | <input type="radio"/> Ojo Amarillo           |
| <input type="radio"/> Beclabito   | <input type="radio"/> La Plata    | <input type="radio"/> Sanostee               |
| <input type="radio"/> Blanco      | <input type="radio"/> Lake Valley | <input type="radio"/> Sheep Spring           |
| <input type="radio"/> Bloomfield  | <input type="radio"/> Lee Acres   | <input type="radio"/> Shiprock               |
| <input type="radio"/> Cedar Hill  | <input type="radio"/> Nageezi     | <input type="radio"/> Upper Fruitland        |
| <input type="radio"/> Crystal     | <input type="radio"/> Naschitti   | <input type="radio"/> Waterflow              |
| <input type="radio"/> Farmington  | <input type="radio"/> Navajo Dam  | <input type="radio"/> Other, please specify: |
| <input type="radio"/> Flora Vista | <input type="radio"/> Nenahnezad  | _____  |
| <input type="radio"/> Huerfano    | <input type="radio"/> Newcomb     |  |

**2. Including yourself, how many people live in your household?**

- 1     2     3     4     5     6     7 or more

**3. Do you have children under 18 living in or outside of your household for whom you are responsible? (For example, you are a parent, guardian, relative, friend, etc.)**

- Yes     No

If "no," please skip to question 7.

**4. Of those whom you are responsible for, how many are under the age of 5?**

- 0     1     2     3     4 or more children

**5. Of those whom you are responsible for, how many are between the ages of 5 and 18?**

- 0     1     2     3     4 or more children

**6. Which school district does your child (children) attend? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Aztec Municipal Schools              | <input type="checkbox"/> They are not in school yet |
| <input type="checkbox"/> Bloomfield School District           | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Central Consolidated Schools         |   |
| <input type="checkbox"/> Farmington Municipal School District |   |

**7. Please describe your household. (Check all that apply.)**

- Single-parent household
- Two-parent household
- Grandparent guardian
- Foster guardian
- Grandparent, aunt, uncle, relative or friend/mentor responsible for helping a child get services like health care, dental care, etc.
- Parent of adult children
- I do not have children/I am not a guardian or caregiver for a child
- I provide childcare in my home or in a childcare center
- Other, please explain: \_\_\_\_\_

**8. Do you live with an extended family or in a tribal community?**

Yes       No

**9. Do you have Internet access in your home?**

Yes       No

**PLEASE ANSWER THE FOLLOWING QUESTIONS BASED ON YOUR EXPERIENCES OVER THE PAST 12 MONTHS.**

THE FOLLOWING QUESTIONS ASK ABOUT **HEALTH-RELATED SERVICES** IN SAN JUAN COUNTY. IF YOU CARE FOR CHILDREN, PLEASE ANSWER THE QUESTIONS BASED ON GETTING SERVICES FOR YOU AND FOR THE CHILDREN.

**10. Have you ever needed these services?**

	Yes	No
<b>Medical care</b> (e.g., primary care doctors, general health checkups, public health clinics, tele-health, etc.)	<input type="radio"/>	<input type="radio"/>
<b>Dental care</b>	<input type="radio"/>	<input type="radio"/>
<b>Mental health care</b> (e.g., psychiatrists, psychologists, therapists, tele-health, counselors, substance use disorder programs, group therapy, etc.)	<input type="radio"/>	<input type="radio"/>

**11. In general, how would you rate the quality of health services you have received?**

	Very bad	Bad	Average	Good	Very good	I haven't needed this service	I don't know because I haven't been able to get this service
Medical care	<input type="radio"/>	<input type="radio"/>					
Dental care	<input type="radio"/>	<input type="radio"/>					
Mental health care	<input type="radio"/>	<input type="radio"/>					

**12. Have you ever had difficulty getting any of the following services? (For example, transportation problems, no insurance, long wait lists, etc.)**

	Yes	No
Medical care	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>

**If "no," please skip to question 14.**

**13. What difficulties have you had? (Check all that apply.)**

	Medical care	Dental care	Mental health care
I don't know where to get this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's too far to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment times don't work for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It takes too long to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments canceled or unavailable due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't find a provider accepting new patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have enough insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They don't accept my insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel bad about going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worried/afraid about going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They don't speak my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't find a quality provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The co-pays are too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't find a specialist near me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

THE FOLLOWING QUESTIONS ASK ABOUT SUPPORT-RELATED SERVICES, SUCH AS ASSISTANCE WITH **AFFORDABLE HOUSING, FOOD ASSISTANCE, PUBLIC TRANSPORTATION, AND JOB TRAINING SERVICES.**

**14. Have you ever needed these services?**

	Yes	No
<b>Affordable housing services</b> (e.g., Section 8, Housing Assistance Programs, etc.)	<input type="radio"/>	<input type="radio"/>
<b>Food assistance services</b> (e.g., WIC, food stamps, food banks, etc.)	<input type="radio"/>	<input type="radio"/>
<b>Public transportation</b>	<input type="radio"/>	<input type="radio"/>
<b>Job training programs</b> (e.g., apprenticeships, vocational training, job training programs at community colleges, colleges or universities, etc.)	<input type="radio"/>	<input type="radio"/>

**15. In general, how would you rate the quality of these services you have received?**

	Very bad	Bad	Average	Good	Very good	I haven't needed this service	I don't know because I haven't been able to get this service
Affordable housing services	<input type="radio"/>	<input type="radio"/>					
Food assistance services	<input type="radio"/>	<input type="radio"/>					
Public transportation	<input type="radio"/>	<input type="radio"/>					
Job training programs	<input type="radio"/>	<input type="radio"/>					

**16. Have you ever had difficulty getting any of the following services?**

	Yes	No
Affordable housing services	<input type="radio"/>	<input type="radio"/>
Food assistance services	<input type="radio"/>	<input type="radio"/>
Public transportation	<input type="radio"/>	<input type="radio"/>
Job training programs	<input type="radio"/>	<input type="radio"/>

If "no," please skip to question 18.

**17. What difficulties have you had? (Check all that apply.)**

	Affordable housing services	Food assistance	Public transportation	Job training	Public transportation <u>only</u>	
It is too far to travel/walk to the bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It doesn't run during the times I need it	<input type="checkbox"/>
They don't speak my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It isn't safe	<input type="checkbox"/>
I don't know where to get this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It doesn't go where I need to go	<input type="checkbox"/>
Costs too much			<input type="checkbox"/>	<input type="checkbox"/>	It takes too long to use	<input type="checkbox"/>
I don't have reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	It doesn't come to where I live	<input type="checkbox"/>
I feel bad about going	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
I feel worried/afraid about going	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<b>Job training <u>only</u></b>	
I don't qualify	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	They don't offer the type of training I want	<input type="checkbox"/>
I was told I don't qualify	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	I don't have anyone to watch my child during the training	<input type="checkbox"/>
Wait list is too long	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No internet access	<input type="checkbox"/>
It takes too long to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Appointment/training times don't work for me	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Offices closed/hours limited due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other: \_\_\_\_\_

THE FOLLOWING QUESTIONS ASK ABOUT CHILD-RELATED SERVICES SUCH AS, **HOME VISITING SERVICES, CHILD CARE, PRESCHOOL, AND PARENTING CLASSES.**

**18. Have you ever needed these services?**

	Yes	No
<b>Home visiting services</b> (By providers such as Smiling Faces, First Born, or similar programs)	<input type="radio"/>	<input type="radio"/>
<b>Parenting classes</b> (e.g., Childhaven, etc.)	<input type="radio"/>	<input type="radio"/>
<b>Preschool programs</b> (e.g., NM Pre-K, Head Start, public school preschool, etc.)	<input type="radio"/>	<input type="radio"/>
<b>Childcare services</b> (e.g., Daycare centers or home-based childcare, babysitters, etc.)	<input type="radio"/>	<input type="radio"/>



**If "no," please skip to question 20.**

**19. What times/days have you needed childcare for school, studying, or work? (Check all that apply.)**

- Full time weekdays     
  Evenings     
  Drop in  
 Part time weekdays     
  Weekends     
  Other: \_\_\_\_\_

**20. In general, how would you rate the quality of these services you have received?**

	Very bad	Bad	Average	Good	Very good	I haven't needed this service	I don't know because I haven't been able to get this service
Home visiting services	<input type="radio"/>	<input type="radio"/>					
Parenting classes	<input type="radio"/>	<input type="radio"/>					
Preschool programs	<input type="radio"/>	<input type="radio"/>					
Childcare services	<input type="radio"/>	<input type="radio"/>					

**21. Have you ever had difficulties getting any of the following services for your child?**

	Yes	No
Home visiting services	<input type="radio"/>	<input type="radio"/>
Parenting classes	<input type="radio"/>	<input type="radio"/>
Preschool programs	<input type="radio"/>	<input type="radio"/>
Childcare services	<input type="radio"/>	<input type="radio"/>

**If "no," please skip to question 23.**

**22. What difficulties have you had? (Check all that apply.)**

	Home visiting	Parenting classes	Preschool	Childcare
I don't know where to get this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They don't speak my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They don't speak my child's language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It takes too long to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>		
Wait list is too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know much about this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The times for the program don't fit my schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't find a quality provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have reliable transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's too far to travel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration occurs at a time I cannot go		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices closed/hours limited due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Home visiting only**

I do not qualify	<input type="checkbox"/>
I do not want strangers in my home	<input type="checkbox"/>
I do not have time/I can't get off work	<input type="checkbox"/>

**Parenting classes only**

Classes are always full	<input type="checkbox"/>
I don't have childcare during class time	<input type="checkbox"/>
I do not have time/I can't get off work	<input type="checkbox"/>

Other: \_\_\_\_\_

**23. Have you ever received a childcare assistance subsidy (the program that pays for your child to receive free or reduced-price childcare) from Children, Youth and Families Department (CYFD)?**

- Yes     
  No     
  Prefer not to answer

**24. Why haven't you received a childcare assistance subsidy (help paying for childcare)? (Check all that apply.)**

- I do not need it                     
  I was told I do not qualify                     
  I am not in school  
 I do not know about this program   
  I do not think I qualify                     
  I am not working

Other: \_\_\_\_\_

ALMOST FINISHED! THIS SECTION WILL ASK QUESTIONS ABOUT SERVICES FOR  
**SCHOOL-AGE CHILDREN.**

**25. Has your child ever needed these services?**

	Yes	No	I don't know
<b>Youth mentor services</b> (e.g., Big Brothers Big Sisters, Boys and Girls Club, and similar services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mental health services at school</b> (e.g., counseling, psychology services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Health services at school</b> (e.g., vision, hearing, routine physicals, immunization screening, sexual health services, and similar services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. In general, how would you rate the quality of services your child has received?**

	Very bad	Bad	Average	Good	Very good	I haven't needed this service	I don't know because I haven't been able to get this service
Youth mentor services	<input type="radio"/>	<input type="radio"/>					
Mental health services at school	<input type="radio"/>	<input type="radio"/>					
Health services at school	<input type="radio"/>	<input type="radio"/>					

**27. Have you ever had difficulty getting any of the following services for your child?**

	Yes	No
Youth mentor services	<input type="radio"/>	<input type="radio"/>
Mental health services at school	<input type="radio"/>	<input type="radio"/>
Health services at school	<input type="radio"/>	<input type="radio"/>

**If "no," please skip to question 29.**

**28. What difficulties have you had? (Check all that apply.)**

	<b>Mental health services at school</b>	<b>Health services at school</b>
Costs too much	<input type="checkbox"/>	<input type="checkbox"/>
It takes too long to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>
Wait list is too long	<input type="checkbox"/>	<input type="checkbox"/>
They don't speak my language	<input type="checkbox"/>	<input type="checkbox"/>
They don't speak my child's language	<input type="checkbox"/>	<input type="checkbox"/>
My child's school doesn't offer this service	<input type="checkbox"/>	<input type="checkbox"/>
They don't offer the type of services my child needs	<input type="checkbox"/>	<input type="checkbox"/>
There aren't enough counselors or mental health professionals at the school	<input type="checkbox"/>	
Office/schools closed due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
No internet access	<input type="checkbox"/>	<input type="checkbox"/>

**Youth mentor services**

Costs too much	<input type="checkbox"/>
Wait list is too long	<input type="checkbox"/>
I don't know where to get this service	<input type="checkbox"/>
They don't speak my language	<input type="checkbox"/>
They don't speak my child's language	<input type="checkbox"/>
We don't have reliable transportation	<input type="checkbox"/>
I feel uncomfortable with my child interacting with someone I don't know well	<input type="checkbox"/>
The program is not right for my child	<input type="checkbox"/>
Office/schools closed due to COVID-19	<input type="checkbox"/>
No internet access	<input type="checkbox"/>

Other: \_\_\_\_\_

PLEASE TELL US MORE ABOUT YOU. THIS WILL HELP US UNDERSTAND IF ACCESS TO BASIC SERVICES IS DIFFERENT FOR VARIOUS GROUPS OF PEOPLE.

**29. Please tell us how much you agree/disagree with the following statement:**

I have extended family support living near me that I can depend on (other family members and friends who help me and my family with childcare, emotional support, etc.)

Strongly disagree    Disagree    Neither agree nor disagree    Agree    Strongly Agree

              

**30. What is your household income per year?**

- Less than \$10,000
- Between \$10,000 and \$24,999
- Between \$25,000 and \$39,999
- Between \$40,000 and \$54,999
- Between \$55,000 and \$69,999
- More than \$70,000
- Prefer not to answer

**31. What describes your gender?**

- Woman     Man     Non-binary     Prefer not to answer  
 Another gender not listed: \_\_\_\_\_

**32. What is your age?**

- 18 - 24     30 - 34     40 - 49     60 or older  
 25 - 29     35 - 39     50 - 59     Prefer not to answer

**33. If you are a parent, how old were you when you became a parent?**

- Under 18     25 - 29     35 - 39     50 - 59     Prefer not to answer  
 18 - 24     30 - 34     40 - 49     60 or older     Not applicable

**34. How would you describe yourself? (Check all that apply.)**

- Asian     Native American or Alaska Native     Another race or ethnicity not listed:  
 Black or African American     Native Hawaiian or Other Pacific Islander  
 Hispanic or Latino     Middle Eastern or North African     White     Prefer not to answer

**35. What is the highest degree or level of school you have completed?**

- Less than high school     Some college     Master's Degree  
 High school graduate     Associate's Degree     Doctorate or Professional  
 Trade certificate from college     Bachelor's Degree     Prefer not to answer

**36. What language do you primary speak at home? (Check all that apply.)**

- English     Spanish  
 Native American language     Other: \_\_\_\_\_

**37. How well do you speak English?**

- Not at all     Not Well     Well     Very well     Don't know     Prefer not to answer

**38. Where were you born?**

- Africa (Egypt, Ethiopia, Ghana, Kenya, Libya, Namibia, South Africa, etc.)  
 East Asia/South Asia (China, Japan, Cambodia, Laos, Thailand, Malaysia, India etc.)  
 Canada  
 Caribbean (Cuba, Dominican Republic, Haiti, etc.)  
 Central America (Costa Rica, Guatemala, El Salvador, etc.)  
 Europe (France, Germany, Italy, Spain, Russia, etc.)  
 Mexico  
 Puerto Rico  
 South America (Brazil, Venezuela, Bolivia, Colombia, Chile, Argentina, etc.)  
 West/Central Asia (Afghanistan, Kazakhstan, Iran, Jordan, etc.)  
 United States  
 Other, please specify: \_\_\_\_\_  
 Don't know  
 Prefer not to answer

**39. In what year did you first enter the United States to either work or live?**

---

**40. If applicable, how can the community better support you as a parent?**

---

---

---

---

---

---

---

**41. Is there anything else you would like to share about access to basic family services in San Juan County?**

---

---

---

---

---

---

---