



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

San Juan County, Utah

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in San Juan County, the service area of Blue Mountain Hospital. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Blue Mountain Hospital by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

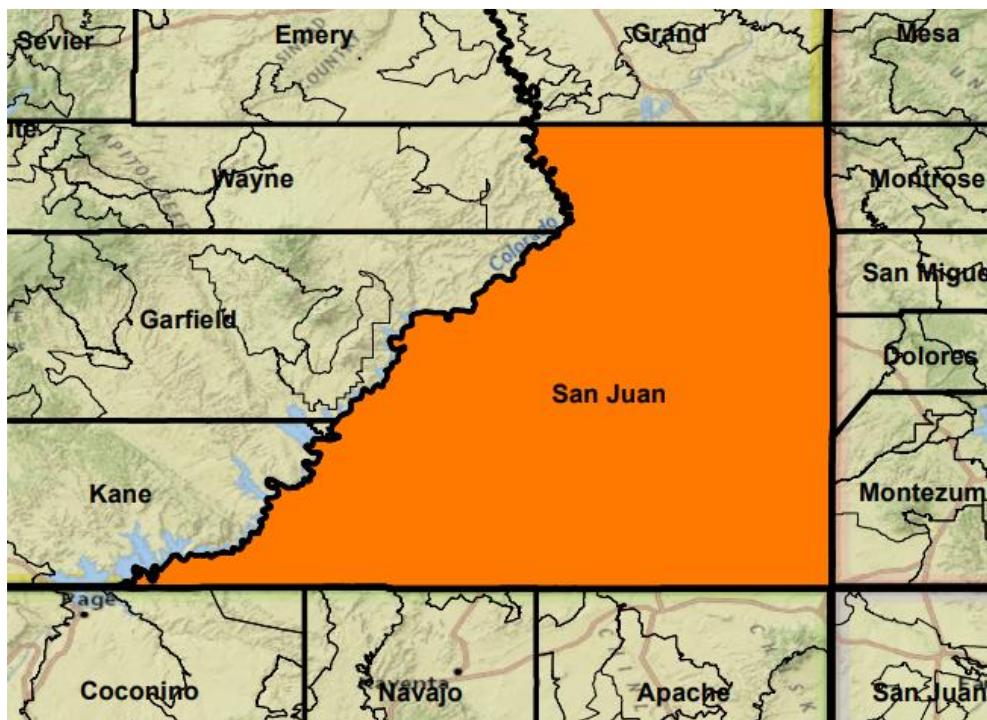
Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research among community leaders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort is defined as San Juan County, Utah. This community definition, determined based on the residences of most recent patients of Blue Mountain Hospital, is illustrated in the following map.



Online Key Informant Survey

To solicit input from community key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Blue Mountain Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 24 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	1
Other Health Providers	6
Social Services Providers	1
Other Community Leaders	15

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Ace Hardware
- Blanding City
- Blanding Visitor Center
- Blue Mountain Hospital
- Canyonlands Youth Center
- Emergency Medical Services
- Monticello Mayor
- San Juan County
- San Juan County Aging
- San Juan County Public Health
- San Juan Credit Union
- Teec Nos Pos Chapter House
- Town of Bluff
- Utah Navajo Health System
- Utah State University
- Ute Mountain Ute Tribe
- Zion's Way

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.



Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Utah and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.



Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Blue Mountain Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Blue Mountain Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Blue Mountain Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	21
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	85
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	89



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in San Juan County with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none">▪ Lack of Health Insurance [Adults & Children]▪ Access to Primary Care Physicians
CANCER	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Breast Cancer Screening [Women 50-74]▪ Colorectal Cancer Screening [Adults 45-75]
DIABETES	<ul style="list-style-type: none">▪ Diabetes Prevalence▪ Key Informants: <i>Diabetes</i> ranked as a top concern.
DISABLING CONDITIONS	<ul style="list-style-type: none">▪ Disability Prevalence
HEART DISEASE & STROKE	<ul style="list-style-type: none">▪ Leading Cause of Death
INJURY & VIOLENCE	<ul style="list-style-type: none">▪ Unintentional Injury Deaths<ul style="list-style-type: none">○ Motor Vehicle Crash Deaths
MENTAL HEALTH	<ul style="list-style-type: none">▪ Suicide Deaths▪ Mental Health Provider Ratio▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none">▪ Low (Geographic) Food Access
RESPIRATORY DISEASE	<ul style="list-style-type: none">▪ Asthma Prevalence▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Diabetes
2. Mental Health
3. Cancer
4. Nutrition, Physical Activity & Weight
5. Heart Disease & Stroke
6. Disabling Conditions
7. Injury & Violence
8. Respiratory Disease
9. Access to Health Care

Further, the **social determinants of health** are an important lens through which to understand and address all of these issues.

Hospital Implementation Strategy

Blue Mountain Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.



Summary Tables: Comparisons With Benchmark Data

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

The following tables provide an overview of indicators in San Juan County, grouped by health topic.

Reading the Summary Tables

- In the following tables, San Juan County results are shown in the larger, gray column.
- The columns to the right of the San Juan County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether San Juan County compares favorably (●), unfavorably (●), or comparably (□) to these external data.



SOCIAL DETERMINANTS	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	6.6 1.8			
Population in Poverty (Percent)	18.4 8.6			
Children in Poverty (Percent)	19.7 8.9			
No High School Diploma (Age 25+, Percent)	12.3 6.7			
Unemployment Rate (Age 16+, Percent)	4.4 3.5			
Housing Exceeds 30% of Income (Percent)	19.2 25.3			

better similar worse

OVERALL HEALTH	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
"Fair/Poor" Overall Health (Percent)	24.3 14.2			

better similar worse

ACCESS TO HEALTH CARE	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Uninsured (Adults 18-64, Percent)	13.2 10.3			
Uninsured (Children 0-18, Percent)	7.4 6.4			
Routine Checkup in Past Year (Percent)	70.7 69.1			
Primary Care Doctors per 100,000	62.1 56.0			

better similar worse

CANCER	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Cancer Deaths per 100,000	127.4	 105.3	 182.7	
Cancer Incidence per 100,000	345.0	 412.7	 444.4	
Female Breast Cancer Incidence per 100,000	100.4	 119.1	 129.8	
Prostate Cancer Incidence per 100,000	82.3	 122.3	 113.2	
Colorectal Cancer Incidence per 100,000	23.8	 29.3	 36.4	
Lung Cancer Incidence per 100,000	29.3	 24.9	 53.1	
Breast Cancer Screening in Past 2 Years (Women 50-74, Percent)	61.6	 72.0	 76.5	 80.5
Cervical Cancer Screening in Past 3 Years (Women 21-65, Percent)	75.7	 77.6	 82.8	 84.3
Colorectal Cancer Screening (Age 45-75, Percent)	56.4	 63.1	 66.3	 74.4

 better  similar  worse

DIABETES	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Diabetes Prevalence (Percent)	15.1	 8.8	 12.0	

 better  similar  worse

		San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
DISABLING CONDITIONS			vs. UT	vs. US	vs. HP2030
Disability Prevalence (Percent)	20.7	 10.3	 13.0		
			 better	 similar	 worse
		San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
HEART DISEASE & STROKE			vs. UT	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	128.7	 128.8	 207.2		
Stroke Deaths per 100,000	35.2	 27.2	 48.3		
High Blood Pressure Prevalence (Percent)	35.4	 25.8	 32.7	 42.6	
High Blood Cholesterol Prevalence (Percent)	30.2	 30.2	 35.5		
			 better	 similar	 worse
		San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
INFANT HEALTH & FAMILY PLANNING			vs. UT	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	5.4	 7.3	 8.4		
Teen Births per 1,000 Females 15-19	18.1	 11.1	 15.5	 worse	
			 better	 similar	 worse

		San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
			vs. UT	vs. US	vs. HP2030
INJURY & VIOLENCE					
Unintentional Injury Deaths per 100,000	116.5				
	44.8	44.8	63.3		
Motor Vehicle Crash Deaths per 100,000	46.1				
	8.8	8.8	12.8		
		better	similar	worse	
MENTAL HEALTH		San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
			vs. UT	vs. US	vs. HP2030
Suicide Deaths per 100,000	29.8				
	20.3	20.3	14.5		
Mental Health Providers per 100,000	181.0				
	403.0	403.0	332.6		
		better	similar	worse	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT		San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
			vs. UT	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	48.7				
	85.6	85.6	81.5		
Population With Low (Geographic) Food Access (Percent)	50.0				
	23.9	23.9	22.2		
No Leisure-Time Physical Activity (Percent)	17.1				21.8
	15.7	15.7	19.5		
Obese (Percent)	37.0				36.0
	31.5	31.5	33.3		
		better	similar	worse	

ORAL HEALTH	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Dental Visit in Past Year (Percent)	59.5	 70.4	 63.9	 45.0
Dentists per 100,000	118.0	 69.0	 73.4	

 better  similar  worse

RESPIRATORY DISEASE	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Asthma Prevalence (Percent)	13.3	 10.9	 9.9	
COPD Prevalence (Percent)	8.5	 4.7	 6.8	

 better  similar  worse

SEXUAL HEALTH	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Chlamydia Incidence per 100,000	404.0	 322.0	 492.2	
Gonorrhea Incidence per 100,000	48.8	 77.9	 179.0	

 better  similar  worse

SUBSTANCE USE	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Excessive Drinking (Percent)	12.8	 13.7	 19.4	

 better  similar  worse

TOBACCO USE	San Juan County	SAN JUAN COUNTY vs. BENCHMARKS		
		vs. UT	vs. US	vs. HP2030
Cigarette Smoking (Percent)	14.4	 8.0	 12.9	 6.1
		 better	 similar	 worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (SQUARE MILES)	POPULATION DENSITY (PER SQUARE MILE)
San Juan County	14,466	7,823.77	2
Utah	3,331,187	82,595.69	40
United States	332,387,540	3,533,298.58	94

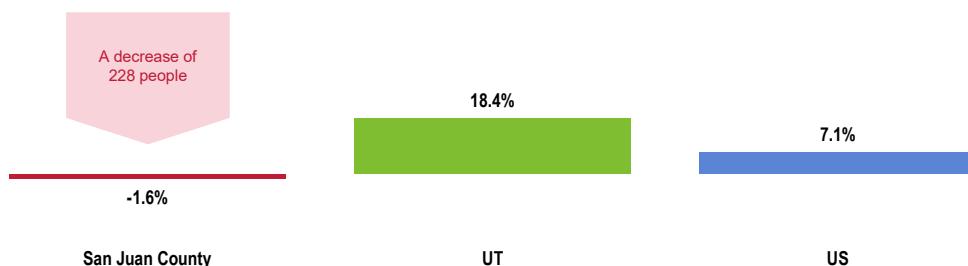
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Population Change

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in San Juan County between the 2010 and 2020 US Censuses.

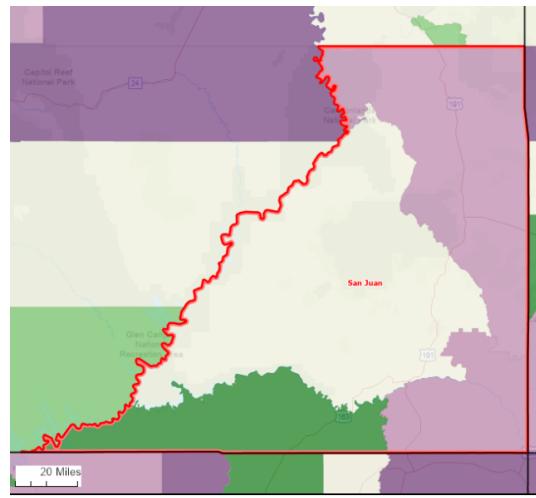
Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).





Map Legend

Report Location, County



SparkMap

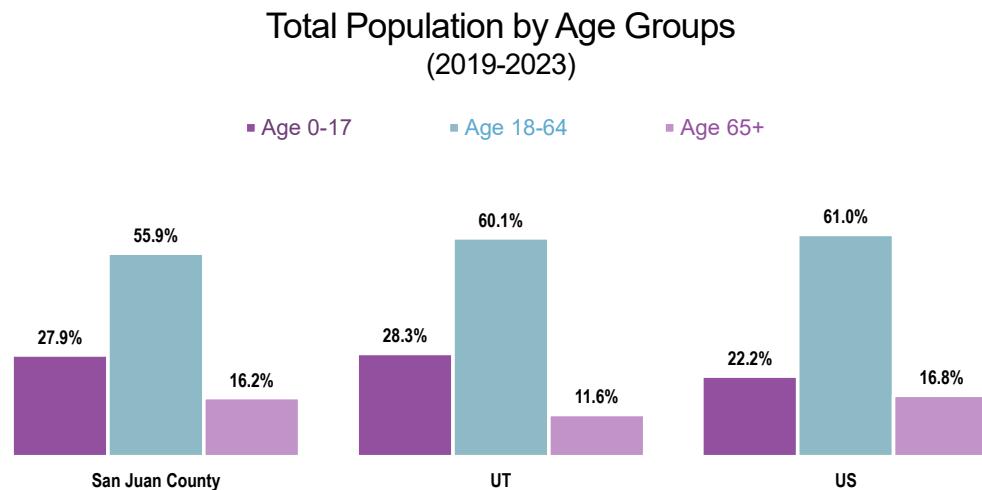
Population Change, Percent by Tract. US Census Bureau 2010 - 2020

- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data



Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

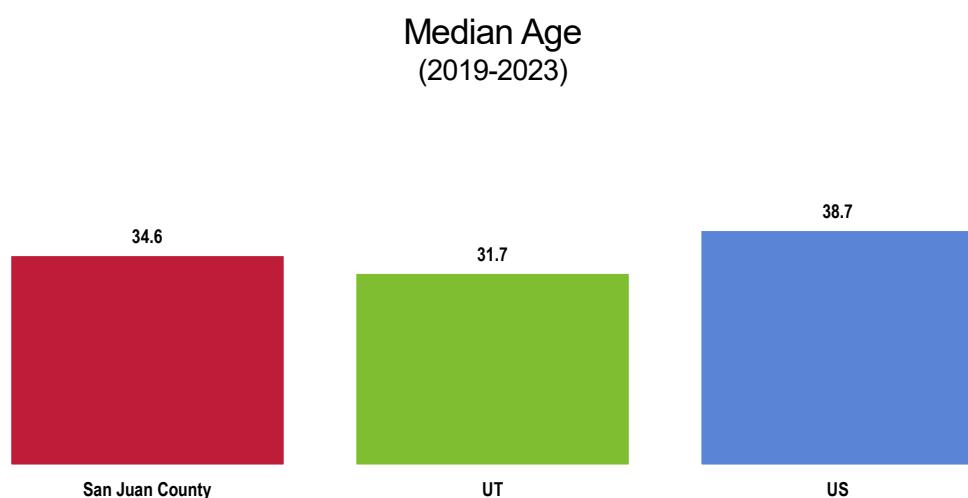


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Median Age

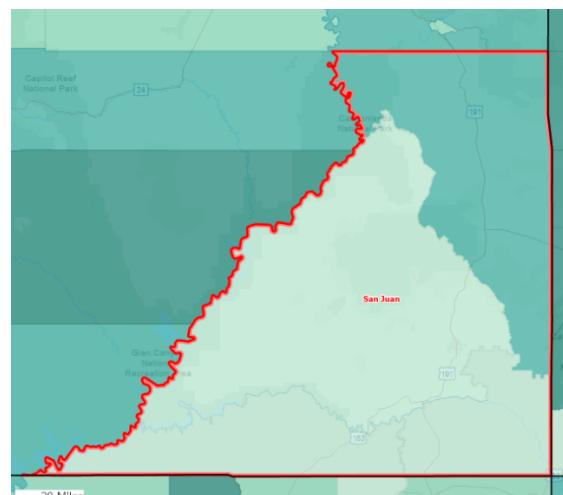
Note the median age of our population, relative to the state and nation.



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).





Report Location, County



Median Age by Tract, ACS 2019-23

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

 SparkMap

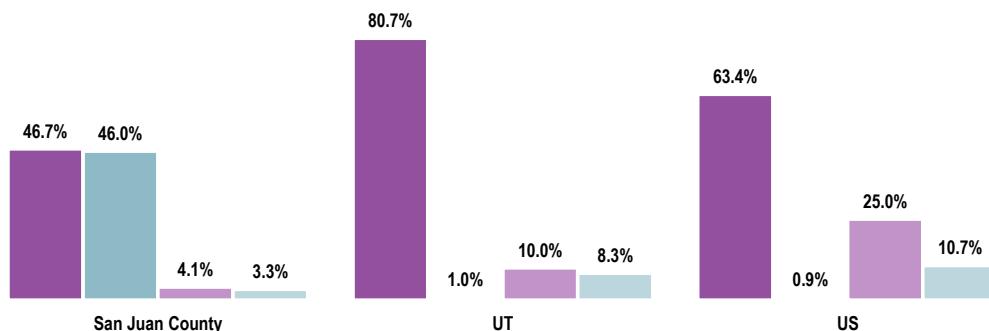


Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. “Race Alone” reflects those who identify with a single race category — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

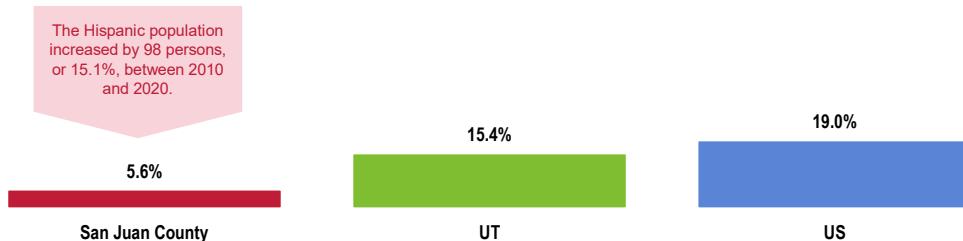
Total Population by Race Alone (2019-2023)

■ White ■ American Indian or Alaska Native ■ Diverse Races ■ Multiple Races



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Hispanic Population (2019-2023)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

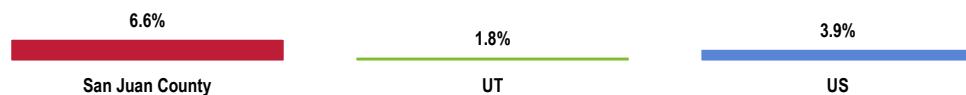
Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which:
1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population (2019-2023)

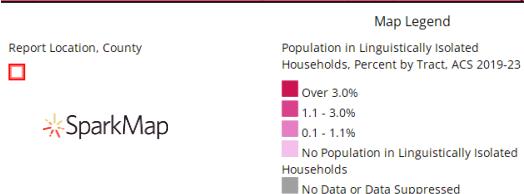
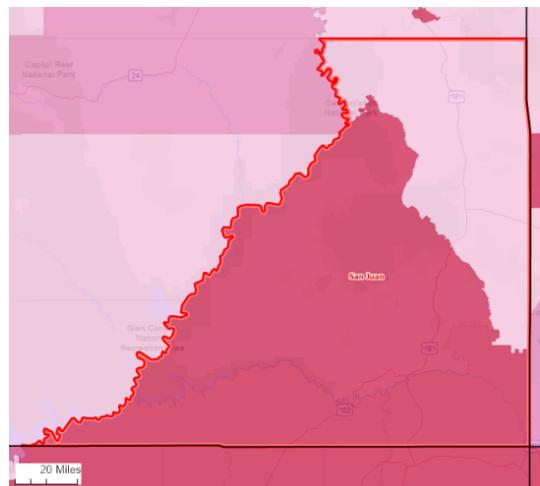


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

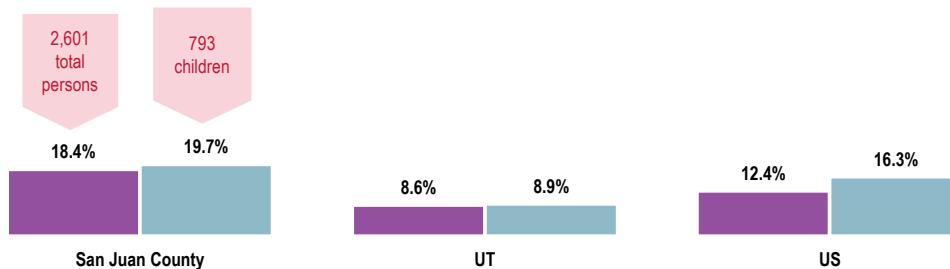
– Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

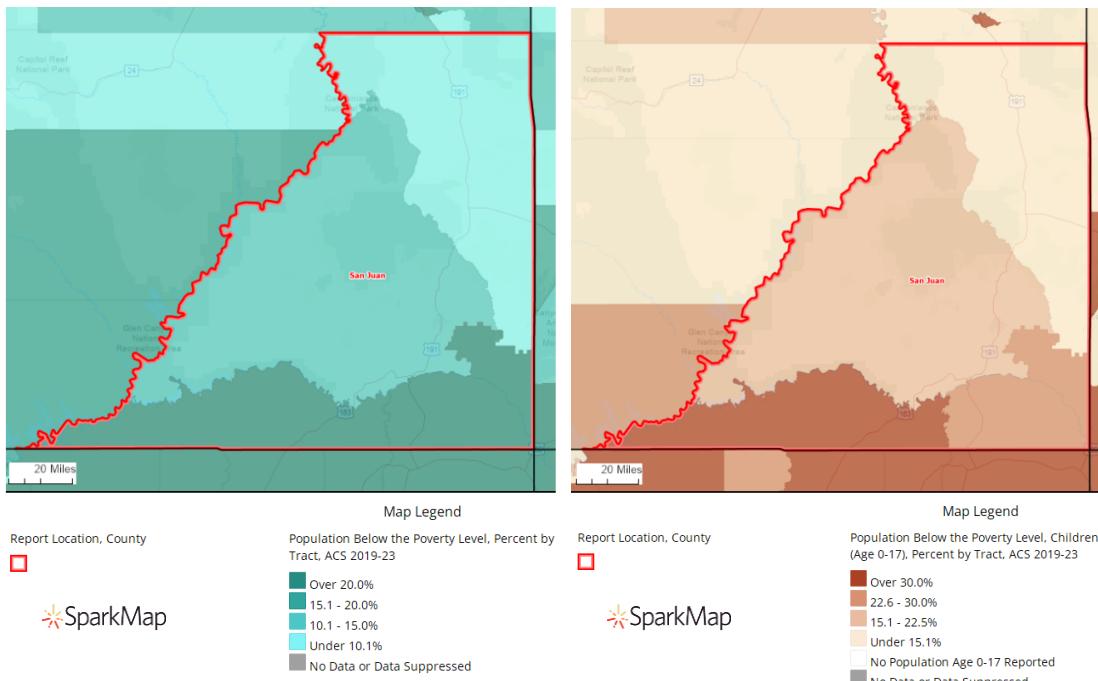
The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in San Juan County living in poverty, in comparison to state and national proportions.

**Percent of Population in Poverty
(2019-2023)**
Healthy People 2030 = 8.0% or Lower
▪ Total Population ▪ Children



Sources:

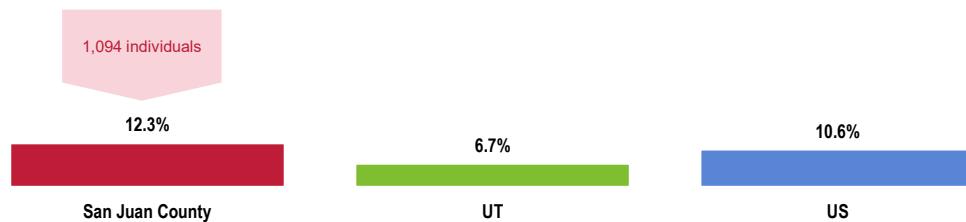
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Education

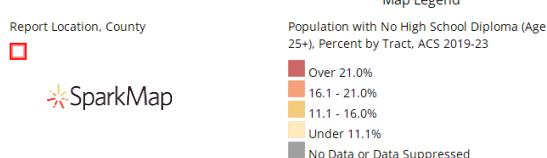
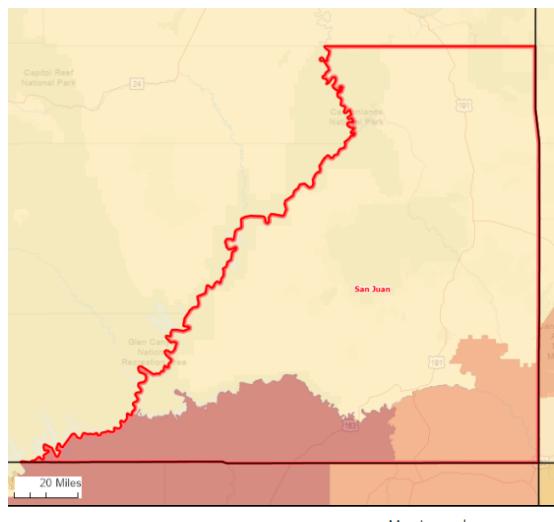
Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older, 2019-2023)



Sources:

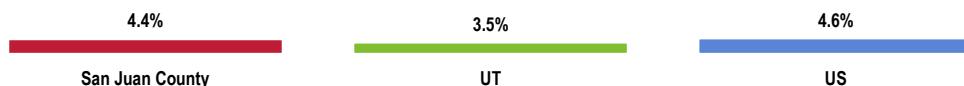
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Employment

The unemployment rate in San Juan County is outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.

Unemployment Rate
(July 2025)



Sources: • US Department of Labor, Bureau of Labor Statistics.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
Notes: • Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).



Housing Burden

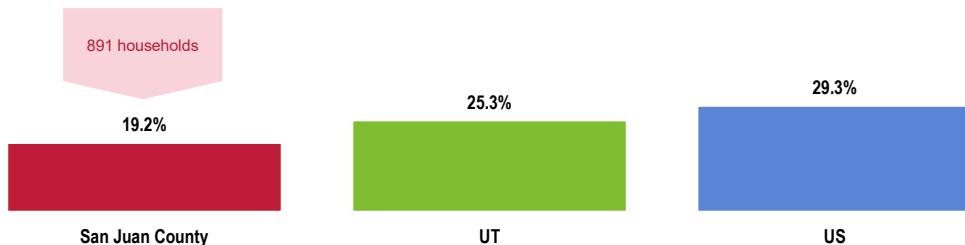
"Housing burden" reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in San Juan County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Housing Costs Exceed 30 Percent of Household Income

(Percent of Households; 2019-2023)

Healthy People 2030 = 25.5% or Lower



Sources:

- US Census Bureau, American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health* as a concern in San Juan County are outlined below.

Perceptions of Social Determinants of Health as a Problem in the Community (Key Informants; San Juan County, 2025)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Housing

Housing is a need. Even rentals are extremely expensive, and people who make minimum wage or slightly over cannot afford the rent. This whole county is just way too expensive. Gas is sky-high, along with food, utilities, and rent. A lot of racial profiling by police and mistreatment is always happening. Even to some of the businesses in Blanding. Blanding is only open to the families who are big names can own businesses.— Community Leader
Housing is outrageous in our county right now. People can't afford rent. People are living in tents or their cars because they can't afford anything the county has to offer. — Community Leader

Income/Poverty

There is a lot of poverty. — Physician
San Juan County remains an area of lower income, lower education levels, poor access to quality fresh fruits and vegetables, water quality is poor in many areas of the reservation, etc. — Community Leader

Incidence/Prevalence

Chronic diseases: Higher rates of diabetes, heart disease, and obesity. Mental health: Increased prevalence of mental health disorders due to limited access to care and social support. Substance abuse: Elevated substance abuse rates, exacerbated by economic and social stressors. Injury and violence: Higher rates of injury and violence, often related to social and environmental factors. — Public Health Representative

Aging Population

The remote location of the community. Most elderly community members struggle with the transportation to seek doctor appointments. — Community Leader





HEALTH STATUS

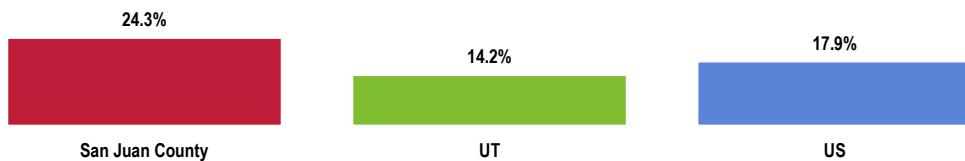
OVERALL HEALTH STATUS

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

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

The following indicator provides a relevant measure of overall health status in San Juan County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

Adults With "Fair" or "Poor" Overall Health (2022)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

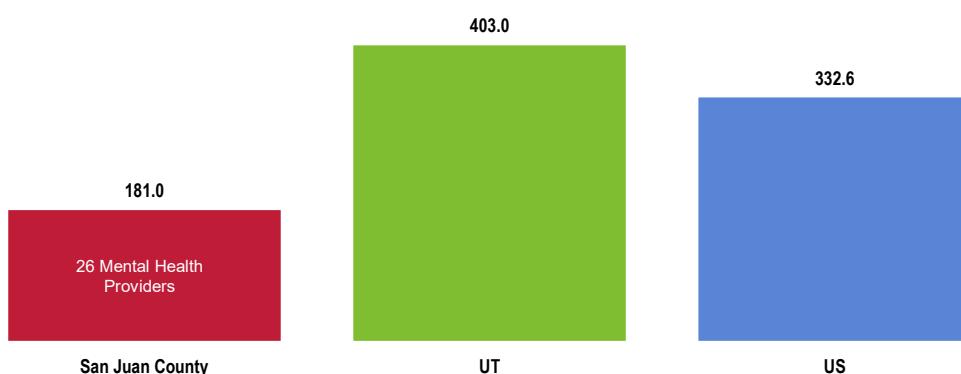
Mental Health Providers

Here, “mental health providers” includes psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care.

Note that this indicator only reflects providers practicing in San Juan County and residents in San Juan County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The data below show the number of mental health care providers in San Juan County relative to the San Juan County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2024)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

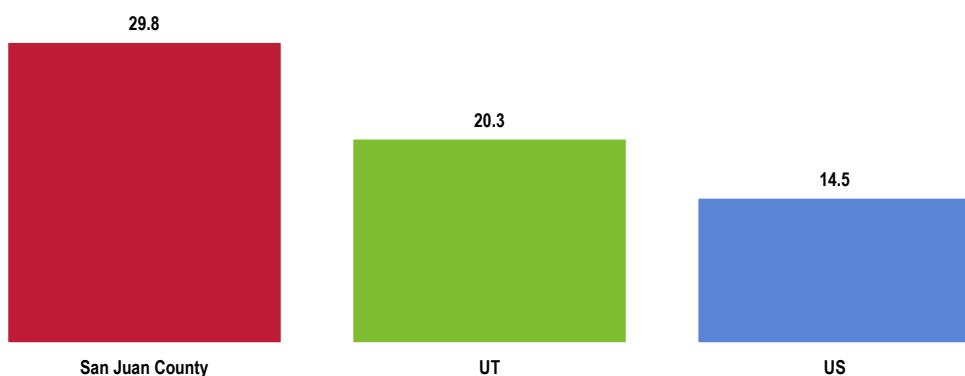
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.



Suicide

The following reports the rate of death in San Juan County due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.

Suicide Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in San Juan County are outlined below.

Perceptions of Mental Health as a Problem in the Community (Key Informants; San Juan County, 2025)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Lack of appropriate, specialized or inpatient treatment options. — Community Leader
No mental health resources. — Health Care Provider
No substance abuse centers that are local, and not enough mental health beds or placements for patients. Just not enough resources or drunk tanks or safe places for them to go and receive help. — Health Care Provider
No access to inpatient treatment. Heavy burden of trauma. — Physician

Suicide Rates

The high suicide rate is well above the state average. The increase in self-reported mental health issues. Youth show substantial mental health burden, which has both immediate risk (self-harm, suicidal ideation) and long-term implications (educational, social). Community perceptions overwhelmingly agree that mental health is a major concern. — Public Health Representative
An increase in suicide and suicidal patients in the emergency room. — Community Leader

Denial/Stigma

The stigma around mental health is still a really big problem. People think you have to be crazy to see a therapist, but that hasn't been the case for a long time. But sometimes when there is a crisis, it is really hard to get in to see someone. Sometimes the need is right now, and unless it's suicidal ideation, there is no right now help. — Community Leader

Diagnosis/Treatment

See mental health problems in adults and children. Many go without being under a physician's care or medication. Mental health to people is taboo. If you have mental health problems, then you must be crazy. Many do not want mental health care to help cope with their past traumas or severe problems. — Community Leader

Remote Living

I think a lot of people are affected by the remote living and by the stresses and pressures of life in general. — Community Leader





DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

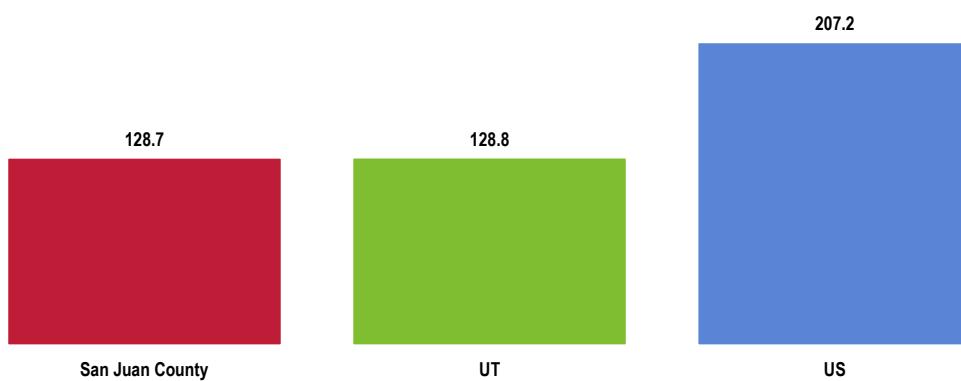
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Heart Disease Deaths

Heart disease is a leading cause of death in San Juan County and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Utah and the US.

Heart Disease Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)

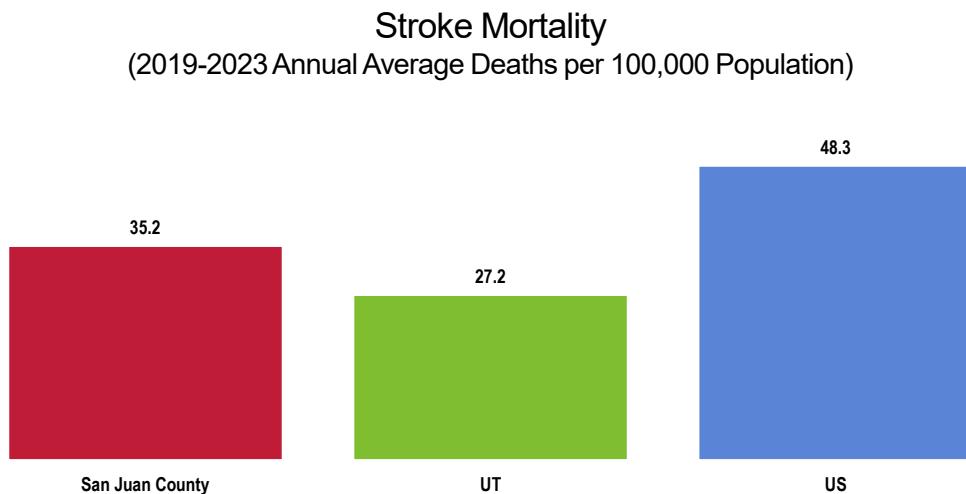


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Stroke Deaths

Stroke, a leading cause of death in San Juan County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



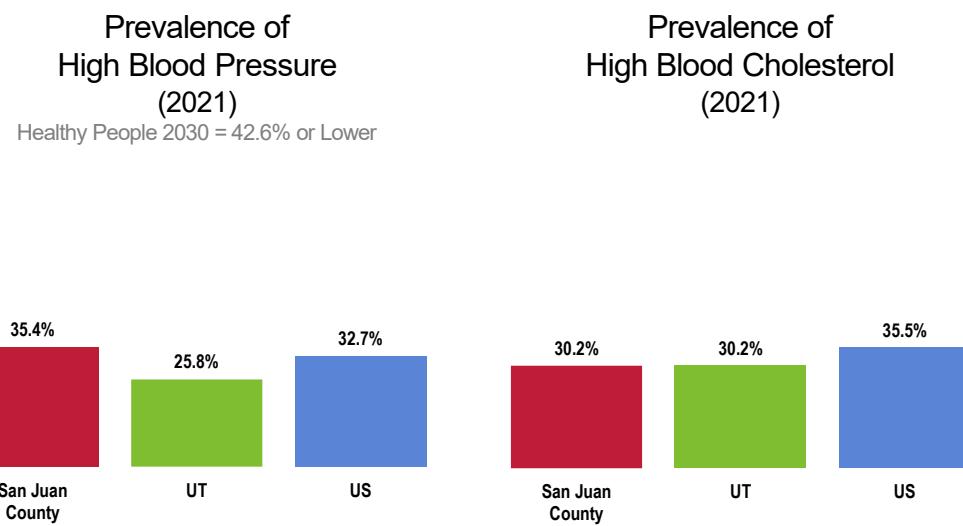
Blood Pressure & Cholesterol

The CDC's Behavioral Risk Factor Survey asked:

"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

"Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?"

The following chart illustrates the percentages of San Juan County adults who have been told that they have high blood pressure or high cholesterol, known risk factors for cardiovascular disease.



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

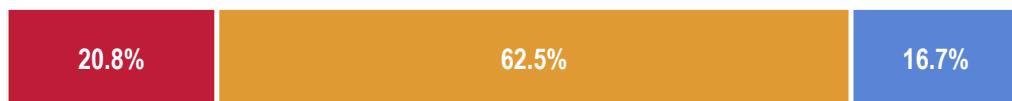


Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in San Juan County.

Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; San Juan County, 2025)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Obesity

Overweight citizens. — Health Care Provider

Again, back to the obesity and poor nutrition in our county. — Community Leader

Aging Population

Bluff is an aging community, and when there is an emergency situation, Bluff has to wait for assistance to transport. This is in part an issue that Bluff is addressing: more EMTs and ability to transport.

— Community Leader

Incidence/Prevalence

There is a vast number of individuals who have high blood pressure and others who have had a stroke.

— Community Leader



CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

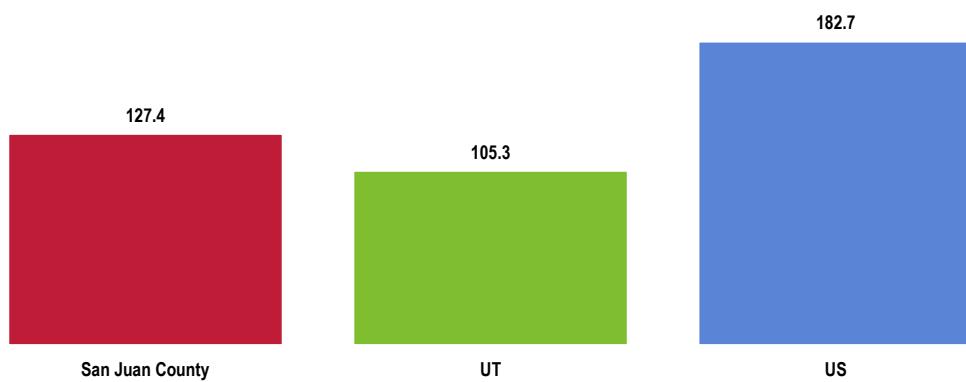
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cancer Deaths

Cancer is a leading cause of death in San Juan County and throughout the United States. Cancer mortality rates are outlined below.

Cancer Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

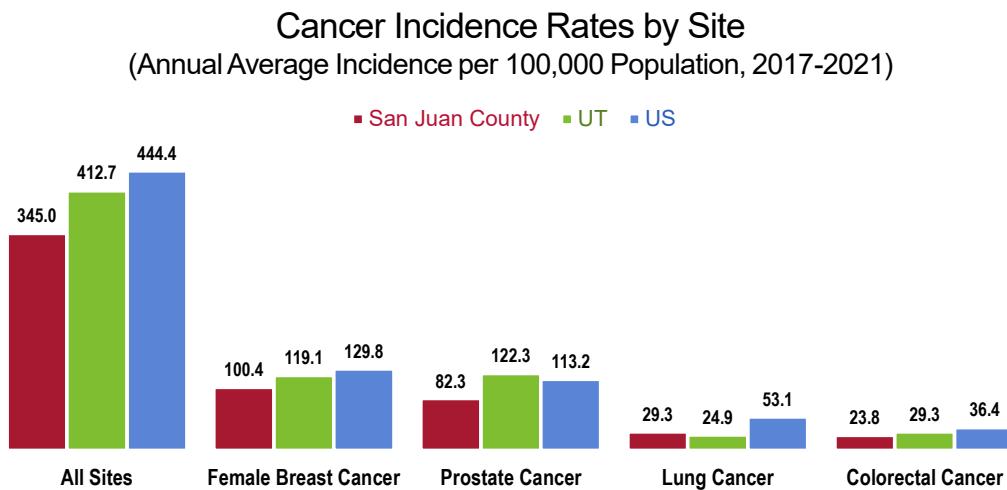
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates San Juan County incidence rates for leading cancer sites.



Sources:

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.



Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

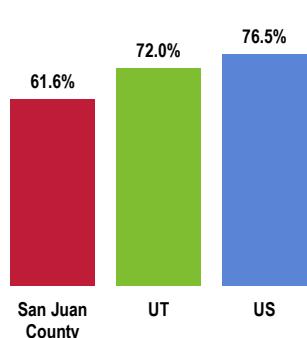
The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

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

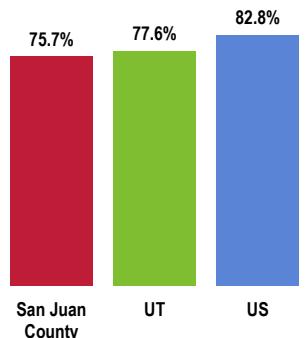
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings (note that the breast cancer screening data below reflect the prior recommended age range of 50 to 74). These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.

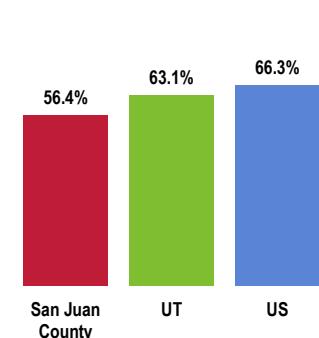
Breast Cancer Screening
(Women 50 to 74; 2022)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21 to 65; 2020)
Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening
(Adults 45 to 75; 2022)
Healthy People 2030 = 74.4% or Higher



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

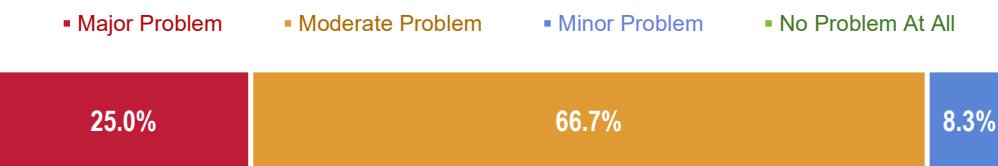
Notes: • Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.



Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

Perceptions of Cancer as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

We have to travel great distances for initial care and diagnostics. There is closer care now for infusions if needed. — Health Care Provider

We've seen a recent increase in our cancer patients and no local options for treatment. — Community Leader

Access to more advanced care like cancer treatment. — Community Leader

Incidence/Prevalence

There has been a rise in cancer from the community I work in. The people do not understand the reasoning behind it. Cancer has cost lives of people of all ages. Most times, the people have been told they have cancer by seeking health care elsewhere. — Community Leader

There seems to be a significantly higher percentage of cancers and less common cancers such as esophageal or gastric cancers. This may be due to the uranium exposure in the history of the cancer. — Physician

Environmental Contributors

Many people seem to develop cancer due to the uranium exposure in the area. — Community Leader

With history of mining and radioactive material in the county, there is a high incidence of cancer.

— Health Care Provider



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

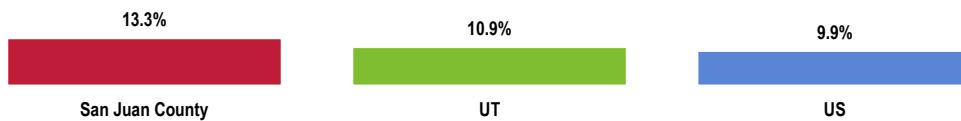
– Healthy People 2030 (<https://health.gov/healthypeople>)

Asthma Prevalence

The following chart shows the prevalence of asthma among San Juan County adults.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:
“Has a doctor, nurse, or other health professional ever told you that you had asthma?”
“Do you still have asthma?”
Prevalence includes those responding “yes” to both.

Prevalence of Asthma (2022)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
Notes: • Includes those who have ever been diagnosed with asthma and report that they still have asthma.



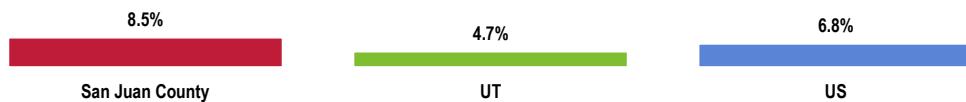
COPD Prevalence

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?"

The following chart shows the prevalence of chronic obstructive pulmonary disease (COPD) among San Juan County adults.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD) (2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

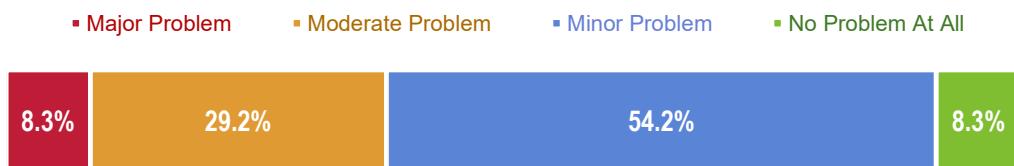
- Includes those who have ever been diagnosed with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.



Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Environmental Contributors

Uranium extraction and gravel pits have contributed to COPD. Close living quarters, lack of water, and the attitudes in San Juan County have contributed to COVID-19. — Community Leader

Aging Population

There are a lot of elderly people in the community of Teec Nos Pos, and many of them are still affected by COVID symptoms, also uranium mine effects. — Community Leader



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

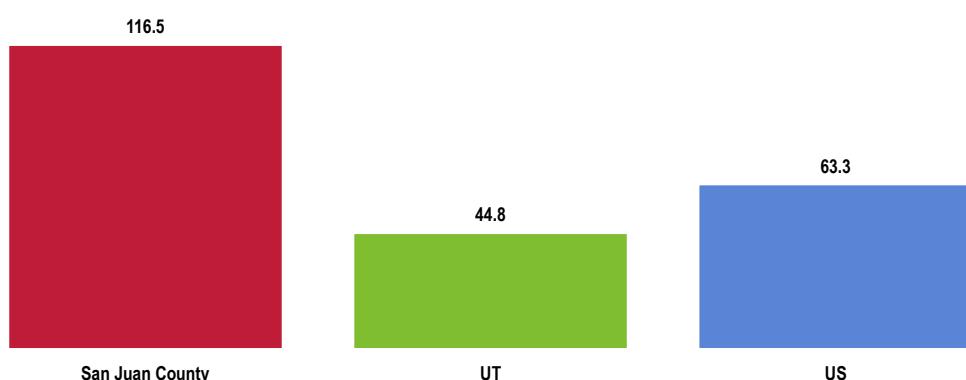
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for San Juan County, Utah, and the US.

Unintentional Injury Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



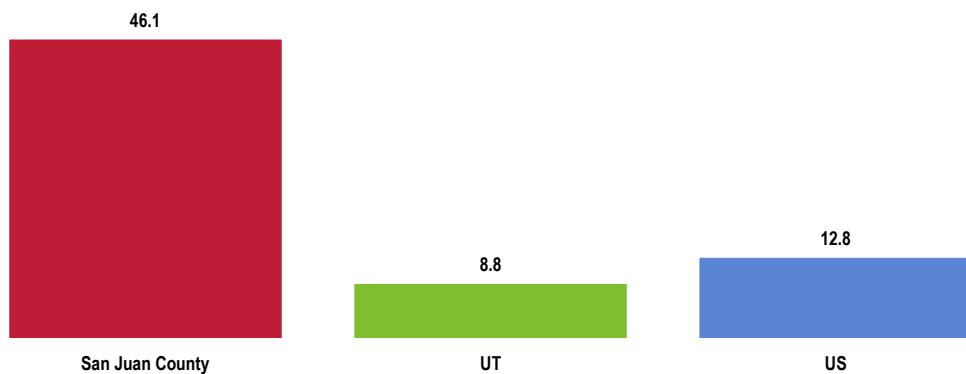
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Motor Vehicle Crash Deaths

Motor vehicle crash deaths are preventable and are a cause of premature death. Mortality rates for motor vehicle crash deaths are outlined below.

Motor Vehicle Crash Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

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



Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

Perceptions of Injury & Violence as a Problem in the Community (Key Informants; San Juan County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

High unintentional injury death rates. Overall injury-related death rate. The combination of high rates of injuries and deaths, along with community perceptions, is a serious issue, suggesting that injury/violence is not only present but has a significant health and safety burden. — Public Health Representative

Income/Poverty

Domestic violence is often coupled with lack of financial resources, substance abuse, and mental health issues. San Juan County in general has a lack of resources to adequately address these problems. — Community Leader

Domestic/Family Violence

Domestic violence is on the rise in the community I work in. Individuals who are hurt are inebriated and beaten by others, resulting in injuries. Most times, substance abuse is involved. — Community Leader

Alcohol/Drug Use

There is a lot of alcohol and drug use that ends up becoming a violent situation and/or injuries. — Health Care Provider



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

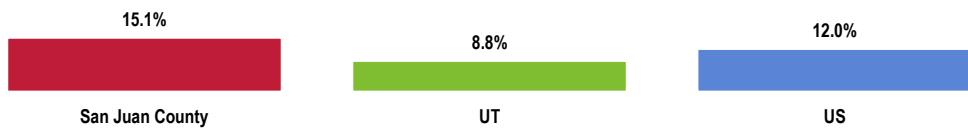
Prevalence of Diabetes

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had diabetes?"

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among San Juan County adults age 20 and older is outlined below, compared to state and national prevalence levels.

Prevalence of Diabetes (Adults Age 20 and Older; 2022)



Sources: • Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in San Juan County.

Perceptions of Diabetes as a Problem in the Community (Key Informants; San Juan County, 2025)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

The biggest challenge that I see is educating patients on managing their diabetes. I have known several people who found out that they had diabetes and did not receive enough counseling and training on proper ways to manage it. — Community Leader

High population of diabetic patients and continuing need to provide better education on patient health and also education on diabetes management, including better understanding of the diabetes medications. — Health Care Provider

I don't think there is enough education on the ways to help control blood sugar through diet, etc. — Community Leader

Education. This concern ties back to the nutrition and obesity issue. People don't always have access to nutritious food. Often eating mostly preprocessed or preprepared food. — Community Leader

Access to Affordable Healthy Food

Availability of low costing healthy food. — Health Care Provider

Affordable healthy food options. — Health Care Provider

Access to healthy food options. — Physician

Nutrition

Eating the right foods and exercise. Departments that promote health such as diabetes prevention, senior meals, etc., often don't follow healthy eating habits. They themselves are also overweight and dealing with some health disparity. Individuals who also have diabetes consume alcohol, which can lead to being injured. They don't know or don't want to believe that diabetes can alter their lives if they were to get hurt on their extremities. — Community Leader

Lack of food that supports diabetes care. — Community Leader

Food desert. — Health Care Provider

Incidence/Prevalence

The prevalence is above the state average. The death rate is high. The disease is increasing and showing income-based disparities. It's not isolated; it impacts a large portion of the adult population. — Public Health Representative

Type 2 diabetes in the area remains a significant challenge. — Community Leader

Access to Care/Services

The biggest challenge that the community of Teec Nos Pos has been the remoteness of the community. This affects the determining factors of the survey. The only reason why some of these questions are not higher is because a lot of the younger community members leave this community as soon as they graduate high school, so their data is not well represented in this survey. — Community Leader



Vulnerable Populations

The Navajo people are disproportionately affected by this, but yet seem to just not understand how serious it is. Their lack of access to good food and better choices is not good. They don't take their disease process seriously. They often end up on dialysis, in DKA, or having amputations of limbs. — Health Care Provider



DISABLING CONDITIONS

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

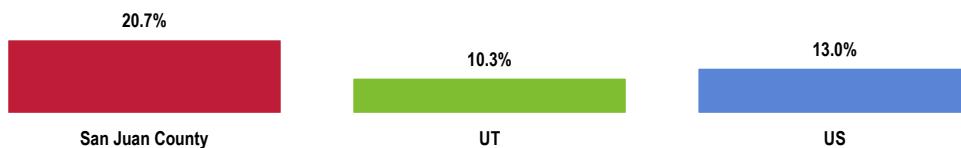
Disability

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

The following represents the percentage of the total civilian, non-institutionalized population in San Juan County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Population With Any Disability
(Civilian Non-Institutionalized Residents; 2019-2023)



Sources:

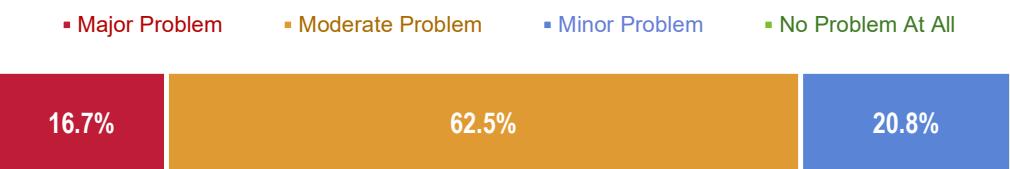
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.

Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

The community of Bluff does not have any physical therapist to address chronic pain; everyone has to travel for vision and hearing issues of which there are many due to the aging population in and around Bluff. Bluff does not have a rehab center or a memory care center. All of these "conditions" could be addressed by an efficient clinic with rehab and nursing care space. — Community Leader

Incidence/Prevalence

In the community, there are individuals who have lost their hearing, vision, have dementia, and are on walkers. A lot of the time, others don't know these people have the problem, so they disregard the signs. One individual has dementia and has been seen driving, but since no one knows, it goes unreported. Another I know of has no hearing and is constantly walking on the highway or streets with no regard that a car is present. Others are constantly looking for a program to build a ramp or put a walk-in shower because of their inability to lift their leg over the tub. People are using walkers or canes to help with their mobility. — Community Leader

Aging Population

For the elderly, there are really no services. They have to travel hundreds of miles to see specialists. There is also no assisted living places. There is home health, but that's really it. Activities, meals, and help for the elderly are really hard to get for our area. — Community Leader

Built Environment

This is a concern for ADA accessibility, especially for infants and youth. My granddaughter has cerebral palsy and travels to Primary Children's for even basic care. — Community Leader





BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

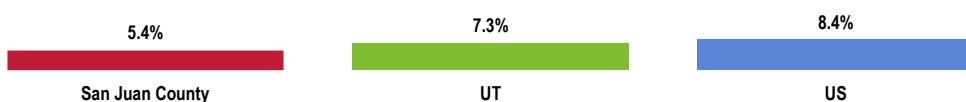
– Healthy People 2030 (<https://health.gov/healthypeople>)

Low-Weight Births

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

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low-Weight Births
(Percent of Live Births, 2017-2023)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

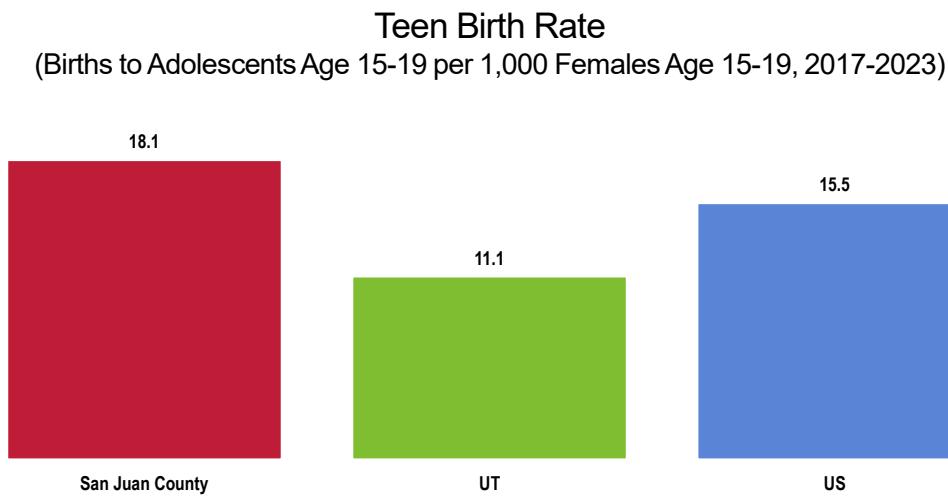
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines the teen birth rate in San Juan County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

Perceptions of Infant Health & Family Planning as a Problem in the Community (Key Informants; San Juan County, 2025)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

Not enough people taking advantage of the WIC services available in the area vs. population that is lower-income levels. — Health Care Provider





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

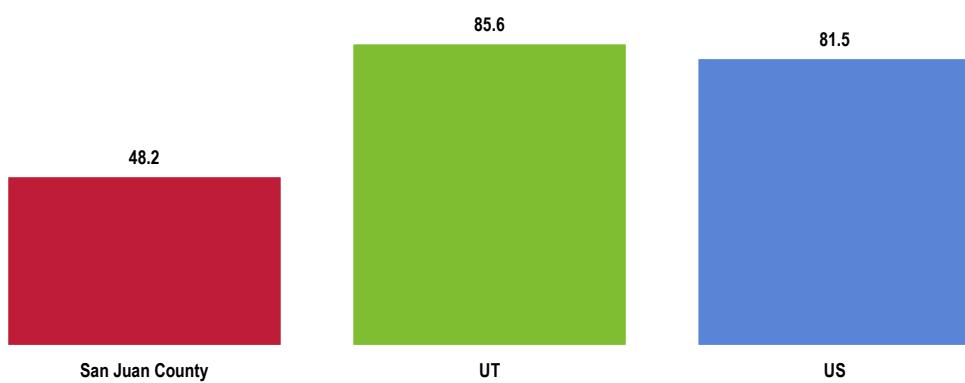
– Healthy People 2030 (<https://health.gov/healthypeople>)

Food Environment: Fast Food

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

The following shows the number of fast food restaurants in San Juan County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2023)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

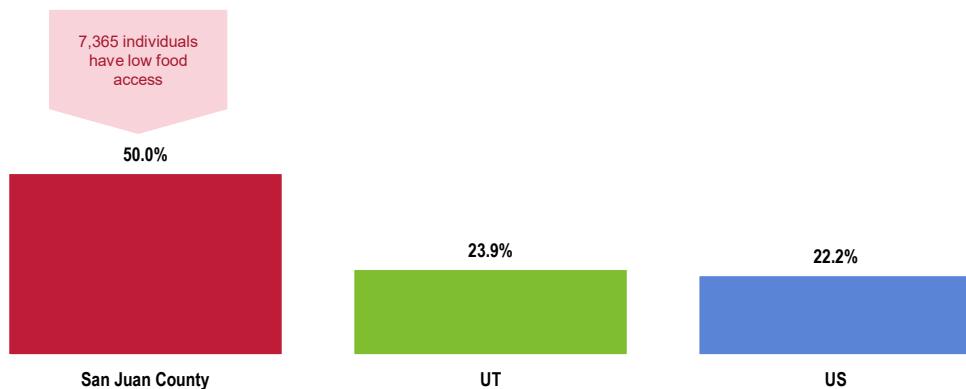


Low (Geographic) Food Access

Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

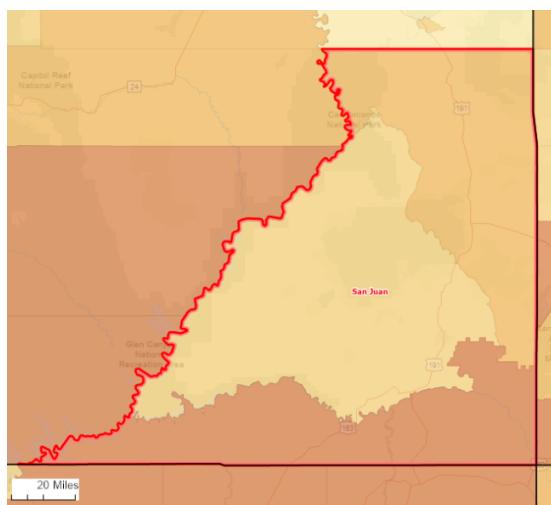
The following chart shows US Department of Agriculture data determining the percentage of San Juan County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

Population With Low (Geographic) Food Access (Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).

Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
• Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Report Location, County



Population with Limited Food Access, Percent
by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

SparkMap



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

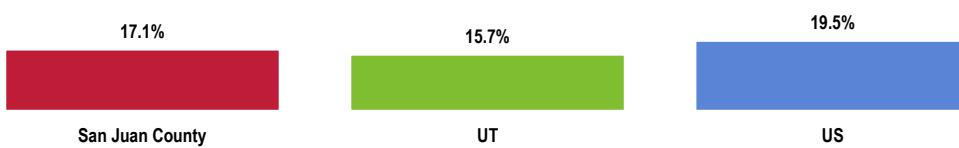
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Below is the percentage of San Juan County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

No Leisure-Time Physical Activity in the Past Month

(Adults Age 20 and Older, 2021)

Healthy People 2030 = 21.8% or Lower



Sources:

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches 2)] $\times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



Obesity

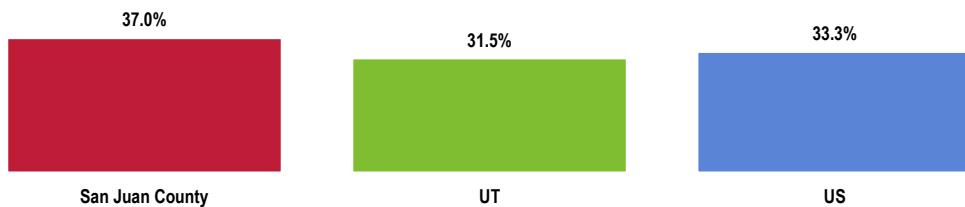
"Obese" includes respondents with a BMI value ≥ 30.0 .

Outlined below is the percentage of San Juan County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity

(Adults Age 20 and Older With a Body Mass Index ≥ 30.0 , 2022)

Healthy People 2030 = 36.0% or Lower



Sources:

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

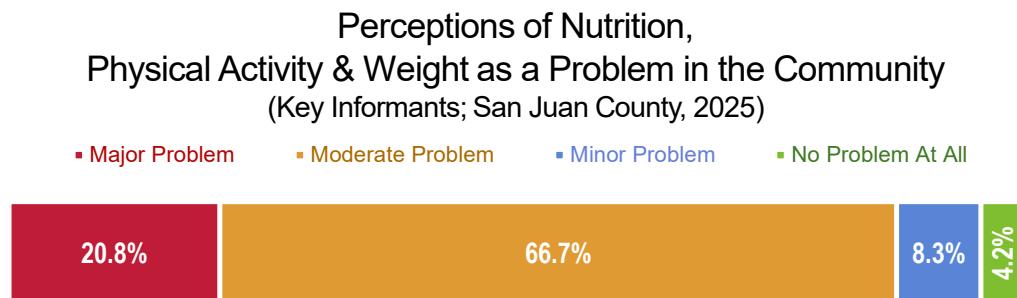
Notes:

- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.



Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Affordable Healthy Food

Healthy choices in the grocery store, education, fitness options, and healthier restaurants. — Community Leader
Healthy food is expensive, especially when only one grocery store exists. Another is people don't know how to cook healthy food, especially when they grew-up getting commodity food that the government issued. People don't have a facility that is free for them to go and get a workout. There is no one that can even train people or help people get the proper workout. — Community Leader

Affordable Care/Services

Not enough gyms in the area that are affordable. — Health Care Provider

Obesity

Obesity is the main cause of heart disease and diabetes in our county. — Community Leader



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

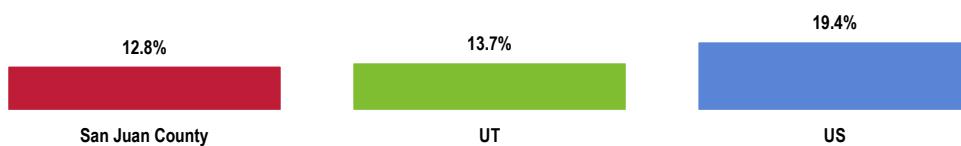
Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinking:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinking in San Juan County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Engage in Excessive Drinking (2022)



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

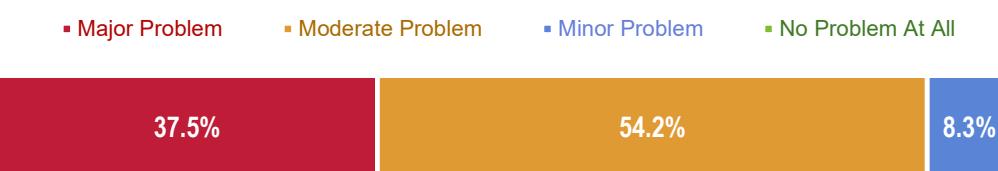
- Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.



Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.

Perceptions of Substance Use as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

There is none, period. If anyone needs the help, they have to go states away or many miles to get the help they need. — Community Leader
There are no specialty resources in the area for substance abuse. And no inpatient options for serious mental health. — Community Leader

Incidence/Prevalence

Drugs and alcohol abuse are a huge problem in the community. If you look at the court docket, 75% of the cases deal with drugs or intoxication. — Community Leader

Diagnosis/Treatment

The greatest barrier would be for those community members to come in to get help. — Community Leader

Law Enforcement

I don't know that access to treatment is the problem as much as lack of enforcement for substance control. — Community Leader

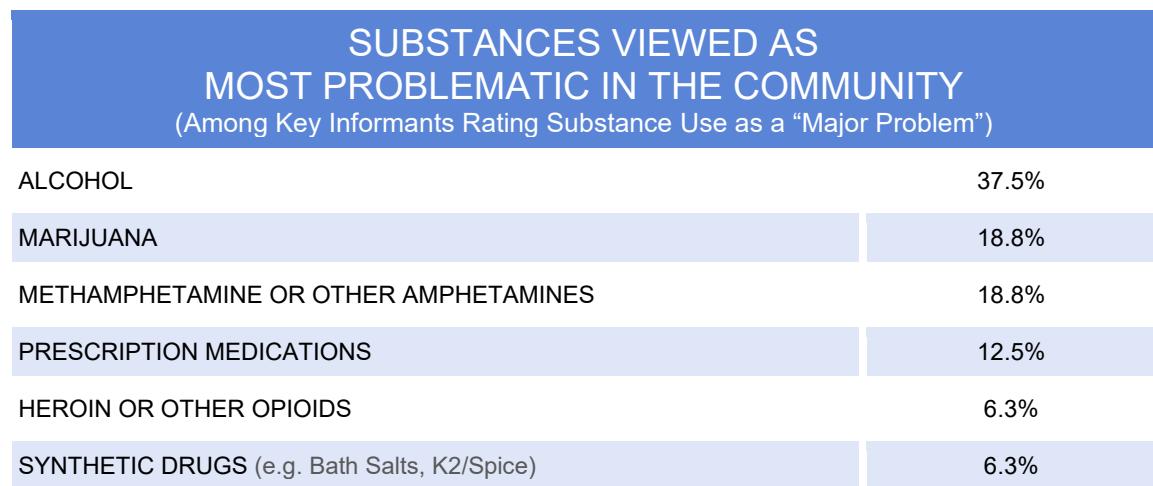
Lack of Providers

Lack of counselors trained in substance abuse treatment. — Physician



Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in San Juan County.



TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking Prevalence

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

“Have you smoked at least 100 cigarettes in your entire life?”

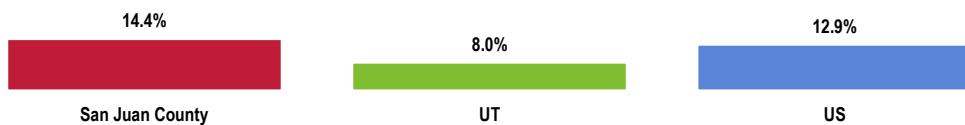
“Do you now smoke cigarettes every day, some days, or not at all?”

Cigarette smoking prevalence includes those who report having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or on some days.

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

Prevalence of Cigarette Smoking (2022)

Healthy People 2030 = 6.1% or Lower



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

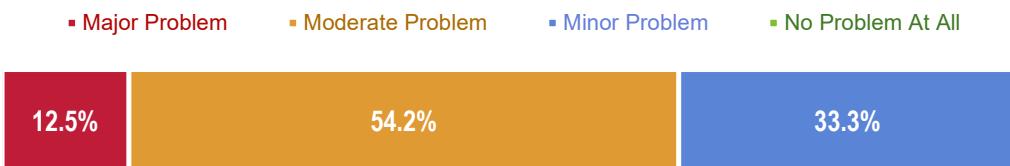
- Includes those who report having smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes every day or on some days.



Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

| See everyone smoking. — Community Leader



SEXUAL HEALTH

ABOUT SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing.

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

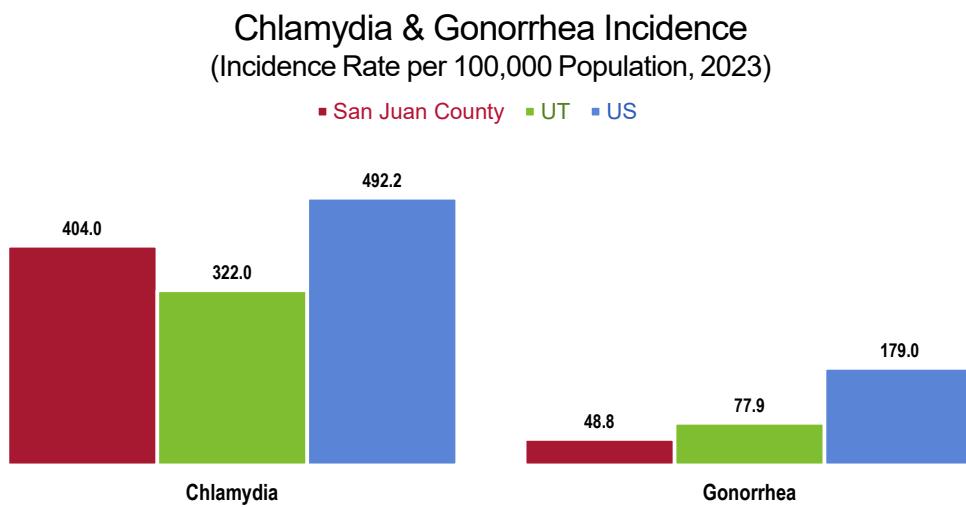
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.



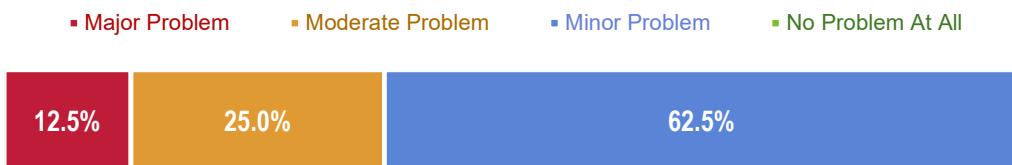
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.

Perceptions of Sexual Health as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

High rates of syphilis. Limited access to sexual health services. — Public Health Representative





ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects those younger than 65 (thus excluding the Medicare population) who have no type of insurance coverage for health care services — neither private insurance nor government-sponsored plans.

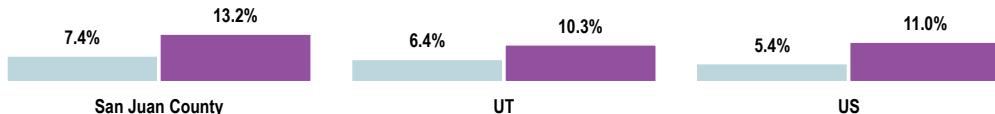
Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) and of uninsured children (under the age of 19) in San Juan County.

Uninsured Population

(2023)

Healthy People 2030 Target = 7.6% or Lower

■ Children (0-18) ■ Adults (18-64)



Sources:

- US Census Bureau, Small Area Health Insurance Estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in San Juan County is outlined below.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants; San Juan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Many people don't have a primary care provider. Residents may have to travel far for even basic or preventive health care. Cost and insurance issues lead to delayed or foregone care. Limited access to specialists and specialty care. — Public Health Representative



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

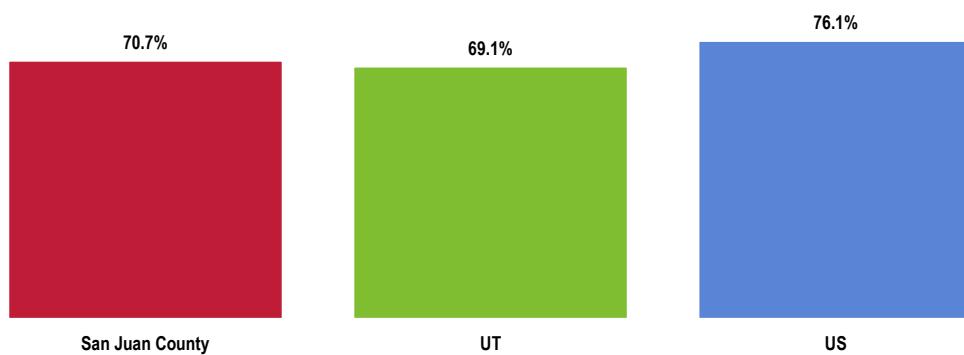
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Primary Care Visits

The following chart reports the percentage of San Juan County adults who visited a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year
(2022)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.

Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

• This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.



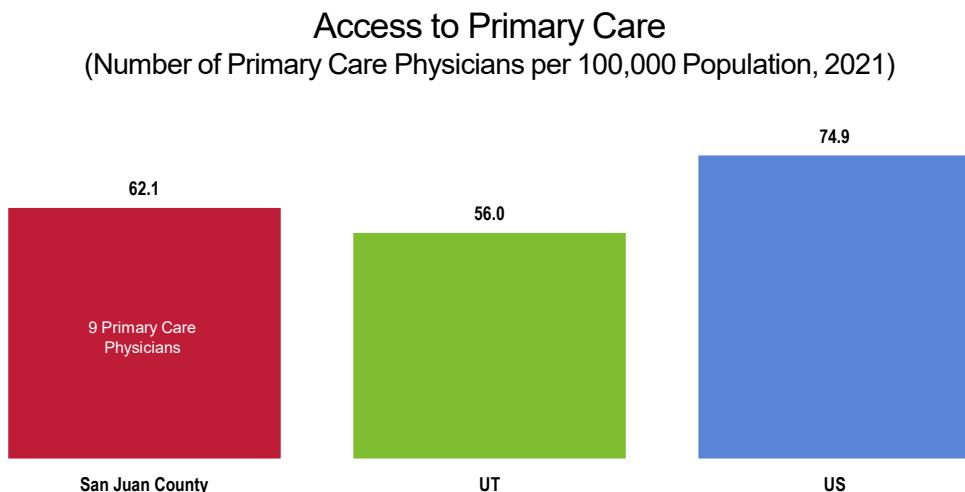
Access to Primary Care

Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs.

Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded.

Note that this indicator takes into account only primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

The following indicator outlines the number of primary care physicians per 100,000 population in San Juan County. Having adequate primary care practitioners contributes to access to preventive care.



Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).

Notes: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
• Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

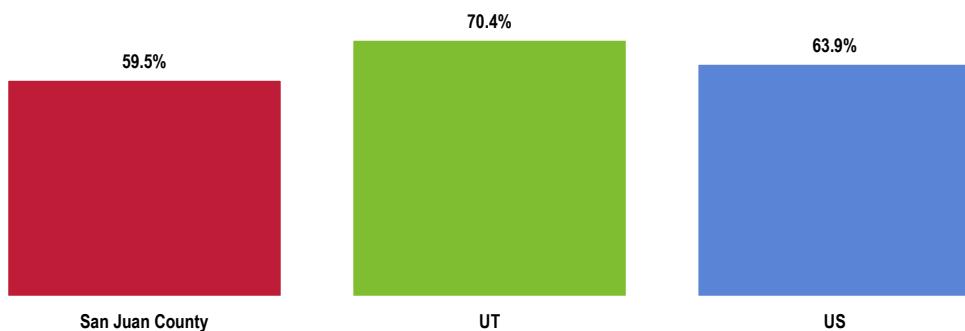
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Visits

The following chart shows the percentage of San Juan County adults age 18 and older who have visited a dentist or dental clinic in the past year.

Visited a Dentist or Dental Clinic in the Past Year (2022)

Healthy People 2030 = 45.0% or Higher



Sources:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

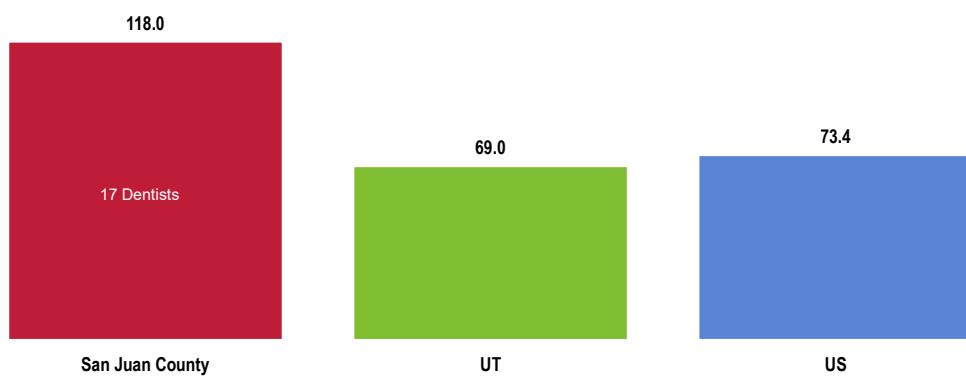


Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in San Juan County.

Access to Dentists
(Number of Dentists per 100,000 Population, 2022)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.



Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.

Perceptions of Oral Health as a Problem in the Community (Key Informants; San Juan County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

The poor nutrition leads to poor oral health. — Community Leader





LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within San Juan County.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Blue Mountain Hospital
- San Juan Counseling
- San Juan County Public Health Department
- San Juan Health Services District
- Utah Navajo Health System

- San Juan Health
- Senior Center
- Utah Navajo Health System
- Utah State University

Cancer

- Blue Mountain Hospital
- Diabetes Department
- San Juan Clinic
- San Juan County Public Health Department
- San Juan Hospital
- Utah Navajo Health System

- Blue Mountain Hospital
- EMTs
- Indian Health Services
- Utah Navajo Health System

Diabetes

- Blue Mountain Hospital
- Community Health Center
- Diabetes Prevention
- Dietitians
- Doctors' Offices
- Food Bank/Food Pantry
- Home Health Care
- Hospitals
- Navajo Nation Indian Health Services
- Pharmacies
- Public Health
- San Juan Clinic
- San Juan County Public Health Department
- Senior Center
- Social Services
- Utah Navajo Health System

- Domestic Violence Programs
- San Juan Counseling
- San Juan County Emergency Medical Services
- San Juan County Public Health Department
- San Juan County Victim Advocate
- Shelter
- Southeast Utah Health Care Coalition

Mental Health

- Blue Mountain Hospital
- Doctors' Offices
- Mobile Crisis Outreach Team
- San Juan Counseling
- San Juan Health
- Social Services
- Suicide Hotlines
- Utah Navajo Health System

Nutrition, Physical Activity & Weight

- Blue Mountain Hospital
- Diabetes Program
- Fitness Centers/Gyms
- Food Bank/Food Pantry
- Parks and Recreation
- Utah Navajo Health System

Disabling Conditions

- Church of Jesus Christ of Latter-day Saints
- Food Bank/Food Pantry
- Health Fairs
- Moran
- Roots for Kids



Oral Health

Utah Navajo Health System

Respiratory Diseases

Community Health Center
Indian Health Services
Navajo Nation Social Services
San Juan County Public Health Department

Sexual Health

Gentle Ironhawk Shelter
San Juan County Public Health Department
San Juan County Victim Advocate
Utah Department of Health
Utah Navajo Health System

Social Determinants of Health

American Civil Liberties Union of Utah
Churches
Food Bank/Food Pantry
Grocery Store
Internet
Navajo Nation Social Services
Navajo Trust Fund
San Juan County Clean Energy Foundation
San Juan County Government
San Juan Unified School District
Social Services
Utah Navajo Health System
Utah State University

Substance Use

AA/NA
Blue Mountain Hospital
Church of Jesus Christ of Latter-day Saints
Community Wellness Center
Counselors
Navajo Nation Indian Health Services
Navajo Nation Social Services
San Juan Counseling
Utah Navajo Health System





APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Blue Mountain Hospital has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$60 million in community benefit.
- More than \$225,000 in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.



Addressing Significant Health Needs

Blue Mountain Hospital conducted its last CHNA in 2022 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities — it was determined at that time that Blue Mountain Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- Improve Coordination of Care
- Healthcare staffing shortages
- Improve access to care
- Community Engagement & Education

Strategies for addressing these needs were outlined in Blue Mountain Hospital's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Blue Mountain Hospital to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Improve Coordination of Care	
Community Health Need	Develop and implement a robust discharge planning/utilization review program.
Goal(s)	<ul style="list-style-type: none"> Support the discharge planning process. Utilize EHR to facilitate better communication between providers and discharge planning. Establish regular care team meetings

Strategy # 1: Support the discharge planning process	
Strategy Was Implemented?	Yes
Target Population(s)	Blue Mountain Hospital Discharged inpatients
Partnering Organization(s)	Utah Navajo Health Systems, Rocky Mountain Home Care, 4CCC <ul style="list-style-type: none"> Hired a full-time discharge planner in 2024 and an assistant in 2025. Start using an upgraded version of Interqual. This is a tool used to determine if a patient meets hospitalization criteria.
Results/Impact	

Strategy #2: Utilize EHR to facilitate better communication between providers and discharge planning.	
Strategy Was Implemented?	Yes
Target Population(s)	Blue Mountain Hospital discharged inpatients.
Partnering Organization(s)	Internal: UNHS External: Interqual Review management, Peterson Medical, Alpine, DJO.
Results/Impact	<p>Use case management feature- this gives the provider and the nursing staff the ability to read the case management note.</p> <p>Discharge planning notes are used for up-to-date and ongoing discharge planning for each patient.</p>

Strategy # 3: Establish regular care team meetings	
Strategy Was Implemented?	Yes
Target Population(s)	Blue Mountain Hospital Inpatients
Partnering Organization(s)	Internal: UNHS
Results/Impact	<p>An interdisciplinary team was created, which includes: a dietitian, social work, infection control, nursing, prior authorization team, PT, and physicians.</p> <p>Meet weekly to discuss inpatient needs, creating patient care plans to ensure the highest level of patient outcomes.</p>

Priority Area: Healthcare staffing shortages	
Community Health Need	Implement strategies to recruit and retain healthcare professionals
Goal(s)	<ul style="list-style-type: none"> Recruitment and retention of healthcare professionals Provide staff opportunities for professional development

Strategy # 1: Recruitment and retention of healthcare professionals.	
Strategy Was Implemented?	Yes
Target Population(s)	BMH surrounding community and region
Partnering Organization(s)	N/A
Results/Impact	<p>Recruitment bonus for current staff to recommend employees</p> <p>An array of benefits to support the care of our employees' health.</p> <p>COLA raises each year to offset inflation</p> <p>Promote a 4-day work week for salaried employees</p> <p>Performance Improvement Team bonuses</p>



Strategy # 2: Provide staff opportunities for professional development.

Strategy Was Implemented?	Yes
Target Population(s)	Blue Mountain Hospital employees
Partnering Organization(s)	Relias, RQI
Results/Impact	Tuition support and reimbursement for education opportunities Leadership training opportunities for department leaders Robust learning software in-house, plus RQI CPR program

Priority Area: Improve access to care

Community Health Need	Invest in processes and strategies to enhance and improve patient access.
Goal(s)	<ul style="list-style-type: none"> • Expand Telehealth Services • Utilize a Clinic/Surgery scheduler

Strategy # 1: Expand Telehealth Services

Strategy Was Implemented?	Yes
Target Population(s)	BMH patients in the community and region
Results/Impact	Looking to add tele-oncology, telepediatrics, and tele-mental health We have Telestroke and tele psych Looking to add more services in the future

Strategy # 2:Utilize clinic/surgery scheduler

Strategy Was Implemented?	Yes
Target Population(s)	BMH patients
Partnering Organization(s)	N/A
Results/Impact	Our full-time surgery scheduler matches our patients with the right provider, ensuring they get the specialized care they need as quickly as possible.

Priority Area: Community Engagement

Community Health Need	Invest in processes and strategies to enhance our community engagement and collaboration with other community partners.
Goal(s)	<ul style="list-style-type: none"> • Implement health education programs to promote chronic disease prevention and healthy lifestyle choices • Partner with schools and community organizations to provide health education, career opportunities, and outreach to underserved populations.

Strategy # 1:Partner with local schools, collaborate with community organizations

Strategy Was Implemented?	Yes
Target Population(s)	Blanding community
Partnering Organization(s)	Internal: Blue Mountain Hospital External: San Juan School District
Results/Impact	Career Fair with different types of healthcare careers presented Breast Cancer awareness football/volleyball game with pink gear provided



Strategy # 2: Major Community Events and sponsorships

Strategy Was Implemented?	Yes
Target Population(s)	San Juan County Community
Partnering Organization(s)	Internal: Blue Mountain Hospital External: Jeep Safari, Blanding City, Cancer Walk
Results/Impact	Sponsored the Jeep safari Helped with the Blanding City marathon Participated in the City cancer walk

Strategy # 3: Social Media Campaign and Digital Outreach

Strategy Was Implemented?	Yes
Target Population(s)	BMH patients and the community
Partnering Organization(s)	N/A
Results/Impact	Breast Cancer Awareness Month Patient Safety Week Campaign Joint Commission Accreditation campaign

