Moab Regional Hospital
Moab, Utah

Community Health Needs Assessment Findings

June, 2016

NATIONAL
RURAL HEALTH
RESOURCE CENTER

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INTRODUCTION

Moab Regional Hospital (MRH) is a 17-bed critical access hospital located in Moab, Utah. MRH participated in Community Health Needs Assessment services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the winter of 2016, The Center conferred with leaders from MRH to discuss the objectives of a regional community health assessment. A mailed survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from local residents regarding:

- Demographics of respondents
- Utilization and perception of local health services
- Perception of community health

The survey was based on a design that has been used extensively in the states of Minnesota, Montana, Wyoming, Washington, Alaska and Idaho.

Sampling

MRH provided The Center with a list of inpatient hospital admissions. Zip codes with the greatest number of admissions were stratified in the initial sample selection. Each area would be represented in the sampling proportionately to both the overall served population and the number of past admissions. Eight hundred residents were selected randomly from PrimeNet Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from each population area varied. This may result in slightly less proportional results.

Survey Implementation

In March, 2016, the community health needs assessment, a cover letter on Moab's letterhead and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (6 zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that MRH would conduct a Community Health Needs Assessment throughout the region, in cooperation with The Center.

One hundred-eighty of the mailed surveys were returned, providing a 23% response rate. Based on the sample size, surveyors are 95% confident that the

responses are representative of the service area population, with a margin of error of 4.91. Note that 64 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

This report includes comparisons to national averages from The Center's Community Health Needs Assessment (CHNA) Database when applicable. Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Report Findings May be Used For:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

SURVEY FINDINGS

The Center has been administering Community Health Needs Assessments (CHNA) in rural communities across America for over 25 years, which enables historical and comparative analysis if applicable. Comparative analysis from the CHNA Database is included when questions, field selections and methodology are standardized. In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as "Q4".

SURVEY DEMOGRAPHICS

[Photo by Murice D. Miller / Moab Sun News]

The lists to the right indicate the demographic characteristics of survey respondents. The data from 2013 is very similar. **(N=180)**

Q31: Place of Residence

- **96% Moab (n=172)**
- 3% La Sal (n=5)
- 1% Thompson (n=2)

Q32: Gender

- **59% Female (n=106)**
- 38% Male (n=68)
- 3% No answer (n=6)

Q33: Age (in years)

- 0% 18-25 (n=0)
- 4% 26-35 (n=7)
- 10% 36-45 (n=19)
- 11% 46-55 (n=20)
- **29% 56-65 (n=52)**
- **24% 66-75 (n=44)**
- 14% 76-85 (n=25)
- 5% 86+ (n=9)
- 2% No Answer (n=4)

Q34: Dominant Ethnicity

- **93% Caucasian (n=168)**
- 4% No Answer (n=8)
- 1% Hispanic (n=2)
- 1% Other (n=2)

HEALTH INSURANCE & PRESCRIPTIONS

Q29: Health insurance that covers the majority of household medical expenses (N=180)

- **36% Medicare (n=64)**
- 26% Employer sponsored (n=47)
- 8% Healthcare exchange (n=14)
- 6% No answer (n=11)
- 4% None (n=7)
- 4% VA/Military (n=7)
- 3% Other (n=6)
- 3% Health Savings Account (n=5)
- 2% Medicaid (n=3)
- 1% CHIP (n=1)
- 0% Indian Health (n=0)

Top 2013 Responses

- 34% Medicare
- 31% Employer sponsored

Q30: Reason respondents do not have health insurance. An additional 15 respondents answered this question who previously indicated in Q29 that they did not have health insurance. Respondents could select all that apply, so percentages do not total 100%.

- **64% Cannot afford to pay for health insurance (n=14)**
- 14% Employer does not offer insurance (n=3)
- 14% Too difficult to apply for insurance (n=3)
- 5% Chose not to have health insurance (n=1)

Top 2013 Responses

- 74% Cannot afford to pay
- 39% Employer does not offer insurance

Q28: Has cost prohibited you from getting a prescription or taking your medication regularly? 15% say "**Yes**" (n=27). This is higher than the national average of 13%, according to The Center's CHNA Database. In 2013, the same amount, 15%, said "Yes". **(N=180)**

Perception of Personal and Community Health

Q27: Overall, how would you rate your personal health? Based on The Center's CHNA Database, 46% of respondents nationwide rate their personal health as "Healthy". The "Very Healthy" response increased 9% from 2013.

Perception of Personal Health						
Survey Year	No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2016 (N=180)	1% n=1	24% n=43	47% n=85	24% n=43	3% n=5	1% n=2
2013 (N=185)	2% n=3	15% n=28	54% n=99	24% n=44	6% n=11	0% n=0

Q1: How would you rate the general health of our community? Based on The Center's CHNA Database, 40% of respondents nationwide rate their community as "Healthy" and 42% as "Somewhat Healthy".

Perception of Community Health						
Survey Year	No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2016 (N=180)	4% n=8	2% n=4	37% n=66	53% n=95	3% n=6	<1% n=1
2013 (N=185)	4% n=7	1% n=2	39% n=72	50% n=93	5% n=9	1% n=2

Community Health Concerns

Q2: In the following list, what do you think are the three most serious health concerns in our community? The top three health concerns in the area correlate with top concerns nationwide. "Heart disease" and "Diabetes" are in the top five nationwide concerns, but in Moab and the surrounding community, these concerns rate relatively low. The concern of "Cancer" in the community has increased 8% over the last three years. "Diabetes" has decreased from 19% in 2013 to 14% in 2016. Respondents were asked to select three that apply, so totals do not equal 100%. **(n=179)**

Health Concerns	n=	2016	2013	Nation
Alcohol/substance abuse	128	72%	68%	56%
Cancer	82	46%	38%	49%
Obesity	54	30%	30%	33%
Mental health issues	44	25%	21%	11%
Lack of access to health care	43	24%	26%	9%
Heart disease	26	15%	16%	27%
Tobacco use	26	15%	17%	16%
Diabetes	25	14%	19%	25%
Domestic violence	23	13%	17%	7%
Child abuse/neglect	20	11%	15%	7%
Lack of exercise	20	11%	7%	16%
Lack of dental care	15	8%	9%	6%
Underage alcohol use	14	8%	10%	14%
Stroke	5	3%	1%	5%
Other	5	3%	7%	3%

"Many chronic conditions can be prevented by not smoking, being physically active and eating nutritious foods."

Source: CDC, National Center for Chronic Disease Prevention and Health Promotion (2010).

Criteria for a Healthy Community

Q3: Select the three items below that you believe are the most important for a healthy community. The most frequently selected criteria for a healthy community was "Access to health care and other services" (59%, n=107). The need for "Affordable housing" has increased 11% since 2013. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=180)**

Criteria for a Healthy Community	n=	2016	2013	Nation
Access to health care and other services	107	59%	65%	62%
Affordable housing	73	41%	30%	19%
Good jobs and healthy economy	72	40%	41%	45%
Healthy behaviors and lifestyles	66	37%	35%	36%
Strong family life	44	24%	12%	32%
Clean environment	43	24%	16%	17%
Good schools	33	18%	22%	23%
Low crime/safe neighborhoods	30	17%	21%	20%
Religious or spiritual values	18	10%	9%	25%
Removal of cost barriers	14	8%	15%	N/A
Tolerance of diversity	12	7%	14%	5%
Community involvement	9	5%	8%	9%
Low level of domestic violence	9	5%	6%	3%
Removal of health disparities	9	5%	4%	N/A
Parks and recreation	8	4%	6%	4%
Low death and disease rates	7	4%	5%	5%
Arts and cultural events	5	3%	NA	2%
Other	4	2%	0%	2%

Economy

Q5: How important are local health care providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area? From the previous question, surveyors know that respondents value good jobs and a healthy economy in Moab. In 2013, 75% of Moab survey respondents identified healthcare as "Very important" to the economic well-being of the area. This response is comparable nationwide. In 2016, 79% of Moab area respondents reported healthcare as "Very Important" economically. **(N=180)**

- **79% Very important** (n=142)
- 20% Important (n=36)
- 1% Don't know (n=2)
- 0% Not important (n=0)
- 0% No answer (n=0)

Delayed Health Care Services

Q6: In the past three years, was there a time when you or a member of your household thought you needed healthcare services, but did not get or delayed getting medical services? Almost half (43%, n=78) of local respondents reported delaying healthcare services when needed. This is considerably higher than the national average of 27% reporting delayed care. In 2013, 41% of respondents reported delaying services. **(N=180)**

- 52% No (n=94)
- **43% Yes** (n=78)
- 4% No answer (n=8)

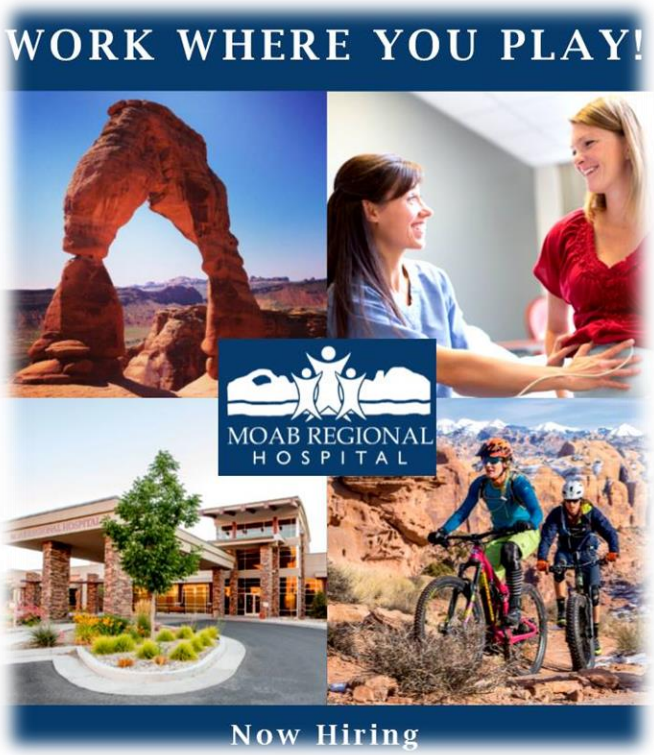
Q7: If yes, what were the MOST important reasons why you did not receive health care services? The concerns about cost of care have dropped 5% since 2013. The percentage of respondents who have delayed care because it was "Too long to wait for an appointment" has doubled over the last three years. This is an opportunity to evaluate your intake and workflow processes, as this is also double the national average. **(n=79)**

Reason to Delay	n=	2016	2013	Nation
It costs too much	44	56%	61%	48%
Too long to wait for an appointment	40	51%	25%	24%
Could not get an appointment	25	32%	16%	18%
My insurance didn't cover it	21	27%	24%	20%
No insurance	16	20%	29%	26%
Other	16	20%	13%	16%
Could not get off work	8	10%	5%	8%
Not treated with respect	8	10%	11%	12%
Unsure if services were available	7	9%	7%	7%
Office wasn't open when I could go	6	8%	16%	15%
Too far/transportation problems	4	5%	2%	5%
Didn't know where to go	4	5%	2%	4%
Don't like doctors	4	5%	11%	12%
Had no one to care for the children	1	1%	0%	2%
Too nervous or afraid	1	1%	9%	8%
Language barrier	0	0%	0%	0%

Ideas to Improve Access to Health Care

Q4: In your opinion, what would improve our community's access to health care "Removal of cost barriers" continues to be the most frequently cited response, however it has dropped 10% over the last three years. The need for "More primary care providers" has increased by 15% since 2013. Respondents were asked to select all that apply so percentages do not total 100%. **(N=180)**

Method to Improve Access	n=	2016	2013	Nation
Removal of cost barriers	103	57%	67%	43%
More primary care providers	98	54%	39%	44%
More specialists	93	52%	33%	40%
Outpatient services expanded hours	59	33%	26%	25%
Improved quality of care	51	28%	43%	27%
Greater health education services	47	26%	37%	21%
Transportation assistance	31	17%	17%	16%
Telemedicine	23	13%	4%	8%
Cultural sensitivity	20	11%	8%	4%
Other	20	11%	7%	10%
Interpreter services	19	11%	7%	2%



Preventative Testing and Services

Q8: Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? A higher frequency of respondents has had a "Routine health checkup" in 2016 compared to 2013. The proportion of respondents noting they had a "Pap smear" has decreased from 2013 and is below the national average. Respondents were asked to select three that apply, so totals do not equal 100%. **(n=178)**

Preventive Testing / Services	n=	2016	2013	Nation
Routine health checkup	115	65%	57%	52%
Routine blood pressure check	104	58%	52%	54%
Flu shot	88	49%	47%	58%
Cholesterol check	75	42%	44%	46%
Mammography	54	30%	28%	35%
Pap smear	33	19%	22%	22%
Prostate (PSA)	26	15%	14%	18%
Colonoscopy	23	13%	16%	17%
Dexa Bone Density	21	12%	--	--
None	15	8%	10%	10%
Other	15	8%	4%	5%
Children's checkup/Well baby	12	7%	8%	9%

Additional Health Services Desired

Q9: What additional health care services would you use if available at Grand County? Respondents continue to identify that a "Weekend walk-in clinic" would be desirable in Grand County. The need for "Assisted Living" has reduced substantially over the last three years.

Health Services	n=	2016	2013
Weekend walk-in clinic	103	75%	65%
Chronic pain	26	19%	--
Other	24	17%	14%
Assisted living	17	12%	21%
Memory care	17	12%	15%
Hospital –based retail pharmacy	16	12%	--
Occupational medicine clinic	8	6%	11%
Dialysis	6	4%	6%
Addiction medicine	5	4%	--
Coumadin clinic	3	2%	4%
Certified midwife	--	--	10%

Location for Routine Medical Care

Q10: If you or a household member have received medical services in Moab within the past three years, what type of medical service has your household utilized the MOST for routine care? Half of the respondents are utilizing "Moab Family Medicine", however, this is a 26% decrease from 2013. **(N=180)**

Medical Care Location	n=	2016	2013
Moab Family Medicine	90	50%	76%
No Answer	35	19%	20%
Moab Regional Hospital	17	--	11%
Moab Regional Medical Clinic	18	10%	--
Ray Andrew, MD	13	7%	--
Emergency Room	9	5%	7%
Not applicable	8	4%	3%
Moab Free Health Clinic	5	3%	0%
Other	2	1%	2%
SE Utah Health Department	0	0%	--

HOSPITAL CARE

Q11: In the past three years, has anyone in your household received care in a hospital?

71% said "**Yes,** in the past three years, I (household) have received care in a hospital". This is 4% more than in 2013. **(n=128)**

Household's Most Utilized Hospital

Q12: If yes, which hospital does your household use the MOST for hospital care? "Moab Regional Hospital" is the most frequently utilized hospital by respondents, a 13% decrease from 2013. **(N=180)**

Hospital Utilized	n=	2016	2013
Moab Regional Hospital	94	52%	65%
No Answer	56	31%	33%
St. Mary's Hospital (Grand Junction)	12	7%	19%
U of U (Salt Lake City)	7	4%	4%
Other	5	3%	2%
VA	4	2%	2%
Castleview Hospital (Price)	1	1%	1%
San Juan Hospital (Monticello)	1	1%	2%
Utah Valley (Provo)	0	0%	2%
Community Hospital	0	0%	0%
Green River	--	--	1%

Reasons for Selecting the Hospital

Q13: Thinking about the hospital you use most frequently, what were the three most important reasons for selecting that hospital? "Closest to home" is the most frequently identified reason for selecting a hospital; it's also the top response nationwide. "Emergency, no choice" is 12% higher in 2016 than in 2013. Respondents were asked to select three that apply, so totals do not equal 100%. **(n=180)**

Reason for Selecting Hospital	n=	2016	2013	Nation
Closest to home	103	71%	63%	59%
Prior experience with hospital	59	40%	42%	45%
Emergency, no choice	58	40%	28%	27%
Referred by physician	55	38%	36%	39%
Hospital's reputation for quality	38	26%	35%	29%
Required by insurance plan	22	15%	9%	7%
Cost of care	21	14%	15%	6%
Other	15	10%	9%	6%
Recommended by family or friends	9	6%	11%	9%
Closest to work	7	5%	11%	7%
VA/Military requirement	6	4%	5%	3%

Hospital Services Received at another Location

Q14: If you or a household member received hospital services at a location other than Moab Regional hospital, which services did you use? "Surgery" was the most frequently cited reason why respondents were leaving Moab for care back in 2013. This percentage has decreased 11% in 2016. "Imaging" is now the most frequent reason why respondents seek hospital services elsewhere. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=98)**

Services Received	n=	2016	2013
Imaging	39	40%	44%
Lab tests	39	40%	43%
Surgery	39	40%	51%
Orthopedic services	20	20%	25%
Inpatient stay	17	17%	24%
Emergency	16	16%	29%
Other	14	14%	16%
Nuclear medicine	11	11%	5%
Oncology/infusion	9	9%	5%
Labor/delivery	2	2%	4%
Hospice	1	1%	1%
Dialysis	0	0%	1%

Preferred Facility for Future Hospitalization

Q15: If you or a household member needed to be hospitalized in the future, which facility would you choose? "Moab Regional Hospital" was the most frequently cited hospital for future hospitalization which is a 2% increase in preference from 2013. **(N=180)**

Preferred for Future Hospitalization	n=	2016	2013
Moab Regional Hospital	91	51%	49%
St. Mary's Hospital (Grand Junction)	37	21%	31%
U of U (Salt Lake City)	15	8%	5%
Other	14	8%	7%
No Answer	12	7%	9%
VA	6	3%	2%
San Juan Hospital (Monticello)	3	2%	2%
Castleview Hospital (Price)	1	1%	0%
Utah Valley (Provo)	1	1%	3%
Green River	--	--	0%

PRIMARY CARE

Utilization and Location of Primary Care Provider

Q16: In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?

92% (n=166) of respondents say **"Yes"**, they saw a primary care provider in the past three years which is comparable to the national average of 93%. In 2013, 94% said "Yes". **(N=180)**

Q17: Where was that primary health care provider located? "Moab Family Medicine" was the most frequently cited location for primary care services. **(N=180)**

Location	n=	2016
Moab Family Medicine	117	65%
Moab Regional Medical Clinic	20	11%
No Answer	19	11%
VA	9	5%
Salt Lake City	5	3%
San Juan	5	3%
Grand Junction	4	2%
Monticello	1	1%
Green River	0	0%
Price	0	0%
Provo	0	0%
Other	0	0%

*This question was not asked in 2013

Reason for Selecting the Primary Care Provider

Q18: Why did you select that particular primary care provider? The top responses nationwide are "Closest to home" and "Prior experience with the clinic". The latter being the top selection for local respondents. Note that "Cost of care" decreased by 8% from 2013. "Appointment availability" increased 10% from 2013. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=163)**

Reason for Selecting Provider	n=	2016	2013	Nation
Prior experience with clinic	81	50%	44%	51%
Closest to home	76	47%	42%	56%
Appointment availability	53	33%	23%	30%
Recommended by family or friends	41	25%	20%	17%
Clinic's reputation for quality	39	24%	30%	26%
Required by insurance plan	22	13%	6%	5%
Referred by physician or other provider	16	10%	12%	12%
Other	11	7%	6%	8%
VA/Military requirement	9	6%	2%	3%
Length of waiting room time	8	5%	7%	10%
Cost of care	7	4%	12%	6%
Indian Health Services	0	0%	1%	3%

Reasons for Seeking Primary Care at another Location

Q19: If you routinely seek primary health care outside of Grand County, why? The frequency of respondents receiving primary care locally has increased 4% over the last three years. The reason for receiving care elsewhere due to the "Quality of staff" has significantly reduced from 41% in 2013 to 22% in 2016. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=116)**

Reasons	n=	2016	2013
N/A: I/we use local services	48	41%	37%
Quality of staff	25	22%	41%
Prior relationship with other health care provider	24	21%	25%
Other	17	15%	19%
Quality of equipment	16	14%	22%
Cost of care	13	11%	24%
VA/Military requirement	12	10%	6%
More privacy	8	7%	15%
Required by insurance plan	7	6%	4%
Closest to home	3	3%	7%
Closest to work	0	0%	1%

Future Primary Care Location

Q20: If you needed primary care services in the future, which facility would you choose? "Moab Family Medicine" was identified as the most likely location for future primary care services in 2016. Answer options were not the same as 2013, so comparative data is skewed. **(N=180)**

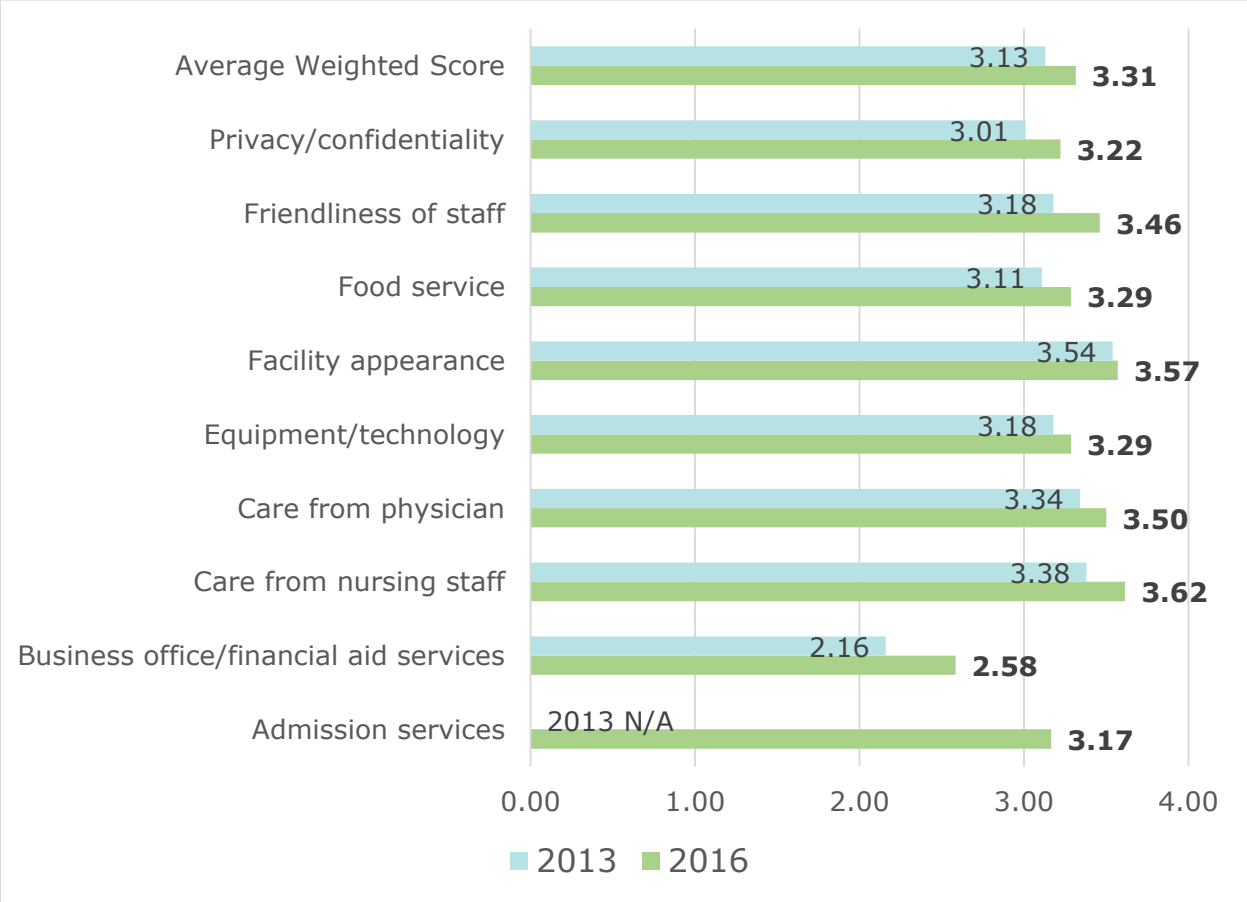
Location	n=	2016	2013
No Answer	66	37%	--
Moab Family Medicine	42	23%	*76%
Grand Junction	33	18%	12%
Salt Lake City	15	8%	3%
Moab Regional Medical Clinic	8	4%	*--
Other	8	4%	2%
VA	4	2%	2%
Provo	2	1%	1%
Monticello	1	1%	2%
Price	1	1%	1%
Green River	0	0%	1%

*In 2013, Moab Family Medicine and Moab Regional Medical Clinic were not distinguished from one another as it was simply listed as "Moab"

Aspects of Care

Q21: In your opinion, how would you rate the following aspects of care provided at Moab Regional Hospital. Please rate the overall quality for each service. Respondents were asked to use a Likert scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor; "Don't Know" was also an available option. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. *(Note: There was a typographical error on the survey that indicated another facility name. Reminder cards and a social media announcement indicated the correction, but this error greatly reduced the response rate)* **(N=15)**

In 2016, the total average weighted score was 3.31, indicating the **overall aspects of care as "Good"**. All services have increased in rating since 2013. The average range of overall aspects of care in other rural Community Health Needs Assessments conducted by The Center is 2.93-3.51.



Quality of Services (N=180)	Average Weighted Score	No Answer	4	3	2	1	Don't Know
Admission services	3.17	2	4	6	2	0	1
Business office/financial aid services	2.58	2	2	5	3	2	1
Care from nursing staff	3.62	2	8	5	0	0	0
Care from physician	3.50	1	7	7	0	0	0
Equipment/technology	3.29	1	5	8	1	0	0
Facility appearance	3.57	1	8	6	0	0	0
Food service	3.29	3	3	3	1	0	5
Friendliness of staff	3.46	2	7	5	1	0	0
Privacy/confidentiality	3.22	3	3	5	1	0	3
Average weighted Score	**3.31**						

SPECIALTY CARE

Utilization of Specialty Care

Q22: In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/ family doctor) for health care services?

73% (n=132) say **"Yes",** they saw a specialist in the past three years. This is the same as in 2013. The national average is 74%. **(N=180)**

Type of Specialist Seen

Q23: What type of health care specialist was seen? Note the similarities of the types of specialists seen between 2013 and 2016. Also note, that 0% of respondents have seen a substance abuse counselor, yet this was identified as the most frequently cited community health concern from Q2. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=189)**

Type of Specialist Seen	n=	2016	2013
Dentist	53	40%	44%
Orthopedic surgeon	42	32%	34%
Physical therapist	28	21%	23%
Chiropractor	24	18%	14%
Ophthalmologist	24	18%	11%
Dermatologist	23	18%	20%
Cardiologist	21	16%	15%
Radiologist	21	16%	14%
ENT (ear/nose/throat)	20	15%	7%
Gastroenterologist	16	12%	10%
OB/GYN	16	12%	11%
Urologist	16	12%	12%
Oncologist	13	10%	4%
Other	12	9%	10%
General surgeon	11	8%	22%
Neurologist	11	8%	11%
Mental health counselor	8	6%	7%
Psychologist	7	5%	2%
Allergist	6	5%	4%
Endocrinologist	6	5%	4%
Psychiatrist (M.D.)	6	5%	4%
Neurosurgeon	5	4%	6%
Rheumatologist	5	4%	2%
Occupational therapist	4	3%	1%
Pulmonologist	4	3%	4%
Social worker	4	3%	1%
Pediatrician	2	2%	3%
Dietician	1	1%	1%
Speech therapist	1	1%	1%
Substance abuse counselor	0	0%	0%

Location of Specialty Care

Q24: Where was the health care specialist located? (Select all that apply) The most frequently cited response for the location of receiving specialty care services was "Grand Junction". This response is consistent from 2013. Note that the frequency of seeking specialty care at "Moab Regional Medical Clinic" has decreased 21%. Respondents could select all that apply so percentages do not total 100%. **(n=130)**

Location	n=	2016	2013
Grand Junction	73	56%	56%
Salt Lake City	46	35%	20%
Moab Regional Medical Clinic	40	31%	52%
Other	30	23%	7%
Provo	8	6%	9%
Price	4	3%	3%
VA	4	3%	6%
Monticello	1	1%	1%
Green River	--	--	1%

Future Specialty Care Location

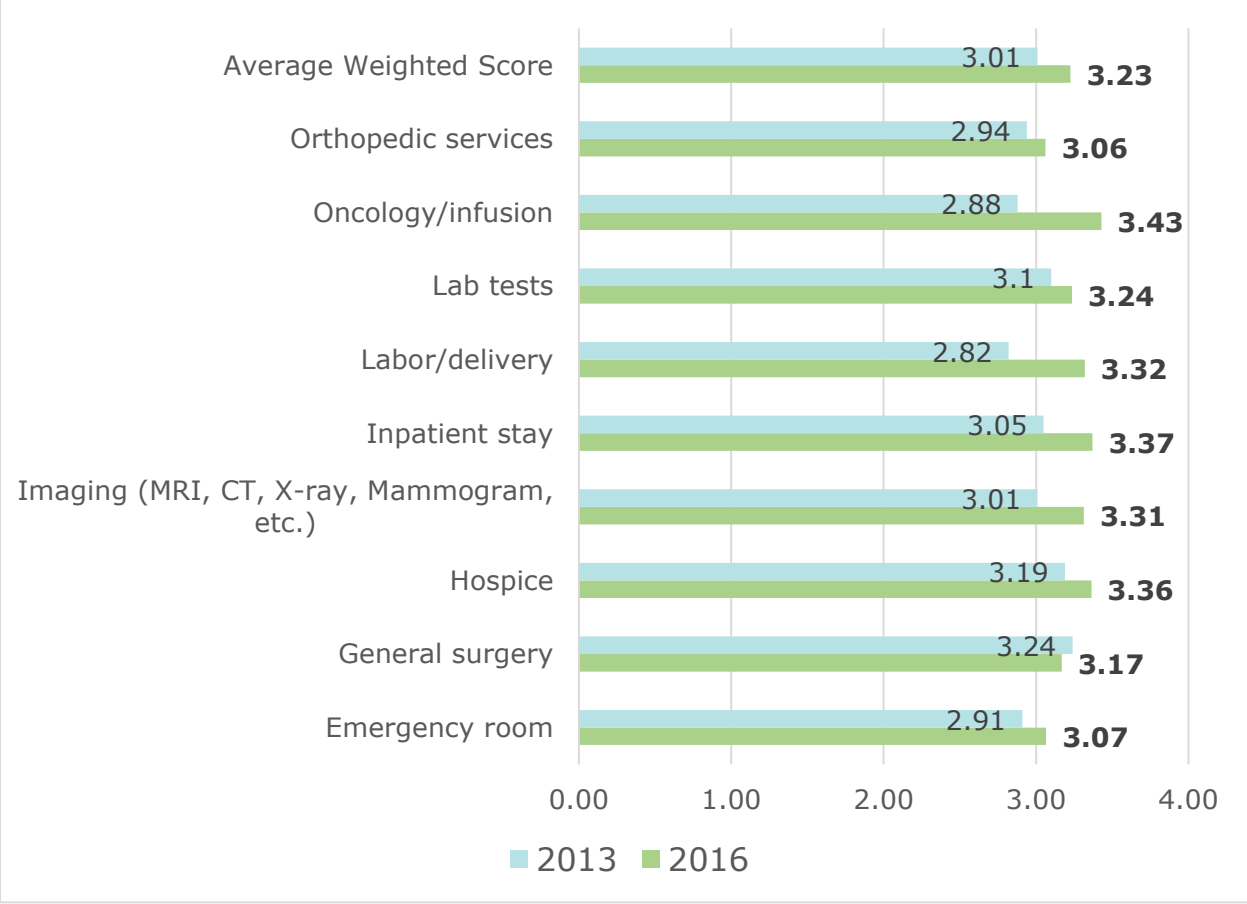
Q26: If you needed specialty care services in the future, which facility would you choose? Respondents identify "Moab Regional Medical Center" as their most likely location for future specialty care services. **(N=180)**

Location	n=	2016	2013
Moab Regional Medical Clinic	64	36%	39%
Grand Junction	46	26%	35%
Salt Lake City	29	16%	13%
No Answer	20	11%	9%
Other	10	6%	6%
VA	6	3%	2%
Provo	4	2%	4%
Price	1	1%	0%
Monticello	0	0%	1%
Green River	--	--	0%

Quality of Services

Q25: The following services are available at Moab Regional Hospital. Please rate the overall quality for each service. Respondents were asked to use a Likert scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor; "Don't Know" was also an available option. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. **(N=180)**

In 2016, the total average weighted score was 3.23, indicating the **overall quality of care as "Good"**. Almost all services have increased in rating since 2013. The average range of overall quality of services in other rural Community Health Needs Assessments conducted by The Center is 2.86-3.56.



Quality of Services (N=180)	Average Weighted Score	No Answer	4	3	2	1	Don't Know
Emergency room	3.07	13	46	59	23	7	32
General surgery	3.17	20	24	31	7	3	95
Hospice	3.36	23	15	16	1	1	124
Imaging (MRI, CT, X-ray, Mammogram, etc.)	3.31	11	64	55	15	3	32
Inpatient stay	3.37	23	28	29	5	0	95
Labor/delivery	3.32	29	10	13	2	0	126
Lab tests	3.24	17	61	51	19	5	27
Oncology/infusion	3.43	24	11	8	2	0	135
Orthopedic services	3.06	22	18	20	5	5	110
Average weighted Score	**3.23**						

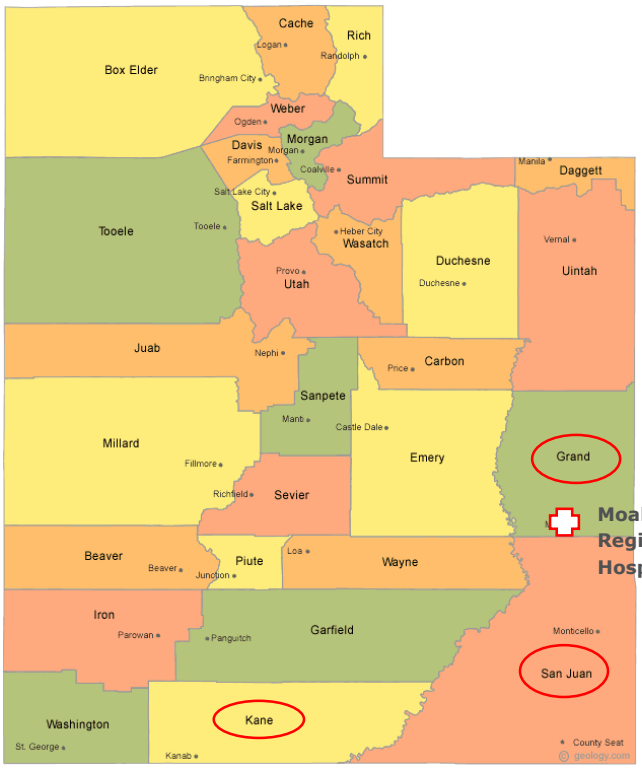
SECONDARY DATA ANALYSIS

Introduction

There are two different types of sources used to conduct a community health needs assessment. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that The Center collects using methods such as surveys, direct observations, interviews, as well as objective data sources. Primary data is a reliable method to collect data as The Center knows the source, how it was collected and analyzed. Secondary data is from "outside" sources. Secondary data analysis is commonly known as second-hand analysis. It is simply the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks however, as data from the different agencies is collected during different timeframes. This can make direct comparisons of secondary data difficult. See Appendix C for source details and definitions. Please note, the data collected for this report is the most current information as of May 2016. The types of measures selected to analyze in this report were identified based on data available for Grand County, San Juan County and Kane County, UT.

For more secondary data information, The Center offers cross tabulations on key metrics associated with population health management available on the Population Health Portal: https://www.ruralcenter.org/population-health-portal/data

Demographics



The population in Kane County is growing at a higher rate than Grand and San Juan counties, as well as the nation. Kane County also holds the largest population aged 65+. San Juan's Native American population is high, due to 60% of the land belonging to the Navajo Indian Reservation and 3% to the Ute Mountain Ute Tribe reservation.

	Grand	Kane	San Juan	Utah	Nation
Population	9,348	7,221	14,944	2,858,111	314,107,083
Population Living in Rural	25%	55%	78%	9%	19%
Population Native American	5.02%	0.65%	47.55%	0.21%	0.17%
Hispanic Population	10%	4%	5%	13%	17%
Population Change 2000 - 2010	10%	17.85%	2.31%	23.77%	9.95%
Population Median Age	39	43	31	30	37
Population Age 65+	14%	20%	11%	10%	14%
Population Age 5-17	12%	18%	25%	22%	17%
Veteran Population	9%	12%	6%	7%	9%
Disability Population	11%	16%	16%	9%	12%

Social & Economic Factors

Grand and San Juan counties have a high uninsured population, almost double the state and national averages. San Juan County has the most poverty and least education, which usually leads to a higher violent crime rate; however, San Juan County has a relatively low violent crime rate.

	Grand	Kane	San Juan	Utah	Nation
No High School Diploma	10%	4%	17%	9%	14%
Associates Level Degree or Higher	33%	34%	29%	40%	37%
Per Capita Income	$23,893	$24,151	$15,531	$24,312	$28,554
Persons Below Federal Poverty Level	16%	9%	28%	13%	16%
Population Receiving Medicaid	15%	13%	33%	13%	21%
Unemployment Rates	6.5%	5%	9%	3.8%	5.2%
Uninsured Population	27%	19%	27%	14%	14%
Population with Food Insecurity	17%	14%	20%	15%	15%
Children Eligible for Free/Reduced Price Lunch	51%	48%	72%	37%	52%
Households with No Motor Vehicle	3%	3%	6%	5%	9%
Adults with Lack of Social or Emotional Support	14%	suppressed	23%	15%	21%
Teen Birth Rate	55.3	27.5	40.6	29.7	36.6
Violent Crime per 100,000 residents	228	134	96	206	396

Physical Environment

Kane County has a high population of residents living in a food desert. Kane also has high liquor store access. One positive about Kane County is that there is a good rate of recreation and fitness facility access. San Juan has zero recreation/fitness access.

	Grand	Kane	San Juan	Utah	Nation
Recreation and Fitness Facility Access rate	7.48	7.92	7.90	10.20	9.70
Low Food Access	8%	65%	43%	27%	24%
Liquor Store Access per 100,000 Population	10.84	14.04	0	2	10.5
Recreation and Fitness Facility Access per 100,000 Population	10.84	28.07	0	8.9	9.7

Clinical Care

Kane County has a very low rate of access to primary care physicians. There may be an opportunity to engage residents in San Juan County in more preventative screening.

	Grand	Kane	San Juan	Utah	Nation
Population Living in a Health Professional Shortage Area	1%	100%	100%	63%	33%
Access to Primary Care Physicians per 100,000	128.6	27.7	66.8	56.6	74.5
Access to Mental Health Providers per 100,000	212.1	110.2	91.8	254.1	202.8
Preventable Hospital Events	46.2	36.7	62.5	34	59.2
Access to Dentists per 100,000	74.8	27.5	80.1	66.6	63.2
Cancer Screening – Medicare Mammograms	52%	53%	29%	60%	63%
Pneumonia Vaccination age 65+	69%	59%	56%	69%	68%
Colonoscopy or Sigmoidoscopy	61%	63%	42%	66%	61%

Health Behaviors of Adults

Over 80% of San Juan County residents and 78% of Grand County residents are consuming less than 5 fruits and vegetables in a day. There are more than double the amount of heavy drinkers in Grand County compared to San Juan County.

	Grand	Kane	San Juan	Utah	Nation
Current Smokers	19%	suppressed	10%	9%	18%
Physical Inactivity	17%	21%	25%	18%	23%
Heavy Drinking	18%	suppressed	7%	9%	17%
Inadequate Fruit/Veggie Consumption	78%	suppressed	81%	77%	76%

Health Outcomes

Grand County has a very high rate of suicide mortality; there was no data for Kane and San Juan counties. San Juan has a lower than average heart disease mortality rate. Grand, Kane and San Juan counties all have lower than state and national averages for Medicare population with high blood pressure.

	Grand	Kane	San Juan	Utah	Nation
Suicide Mortality	43.5	No data	No data	19.7	12.3
Cancer Mortality	178.1	126.2	123.6	128	168.9
Heart Disease Mortality	153.8	135.2	100	144.3	175
Premature Death Mortality	9,439	7,070	9,420	5,882	6,588
Unintentional Injury Mortality	81	65.9	93.4	42	38.6
Adults with Obesity	22%	23%	25%	25%	27%
Adults with Diabetes	7%	7%	10%	8%	9%
Medicare High Blood Pressure	30%	36%	38%	41%	55%
Medicare Population with Depression	13%	13%	10%	16%	15%
Adults with Poor General Health	13%	15%	14%	12%	16%

FOCUS GROUP INTERVIEWS

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Moab Regional Hospital (MRH) to conduct focus groups to provide qualitative data on the strengths and needs of local health care services.

Focus Group Methodology

Five focus groups were scheduled in Moab, UT in March, 2016. Focus group participants were identified as people living in Moab and the surrounding area. Invitations were mailed with the focus group questions attached (Appendix C). The focus groups were designed to represent various consumer groups of local health services including senior citizens, young parents, health care providers, community leaders and representatives from the Hispanic population. Sixty-six people participated in total. Focus groups were held at the hospital. Each focus group session was approximately 60 minutes in length and included the same questions. The questions and discussions at the focus groups were led by Kami Norland of The Center.

Focus Group Findings

1. **Describe the overall health of this community**.
   Divided Perception
   - "There are two classes of people in Moab; those with insurance and those without. Those with insurance are healthy and fit. Those without do not have resources to focus on prevention and therefore don't get care until it's too late"
   - "We have a large amount of low income families that can't afford to care of minor health issues so the problems become bigger and more expensive"
   - "I think the overall health has increased as a result of Obamacare, or at least for those that have access to health care and insurance"
   - "There's been an influx of new people in town that are more active and healthy"
   - "We have some very healthy people and some very unhealthy people in Moab"
   - "We live in a town of the 'haves' and 'have nots'; it's a stark contrast in the way people live"
   - "I can't find anything wrong with this area and there isn't a lot of people who can"
   - "We exercise, but drink too much"
   - "There are higher levels of mental health and drug issues"
   - "Compared to cities with poor air quality, I think ours is pretty good overall"

   Housing Issues

- "There are tons of entry level jobs here but no one can afford to live here"
- Expensive housing is a major issue
- Wages are low and property prices are high
- "Everybody works too much in Moab"
- "We are plagued with cancer"

2. **What is the greatest health need in your community?**

Mental health

- Mental health issues
- Lack of mental health providers
- Coordination of care with mental health providers is very complicated
- "The hospital and clinic should look at integrating behavioral health; healthcare should not address just the physical aspects of care, but mental/emotional as well"
- Integration of behavioral health in the hospital/clinic and schools
- There is an increased awareness of mental health issues and many students go under the radar
- "Mental health needs are currently triaged, but a better system needs to be put into place; there is a 6 month waiting list to get an appointment with a provider"
- "Think beyond crisis management for behavioral health"
- "I don't know at what point I should be calling a mental health worker; mental health training is needed in the schools"
- Addiction, alcohol abuse, opioid use and deaths, pain management, meth, increase in heroin use (x3)
- **"**Mental health care for people who HAVE health insurance"
- More accessible mental health care
- **"**Transition and mobility are top risk factors for those suffering from alcohol and substance abuse"
- "Drinking and drugging"
- Mental health support groups
- Support groups for parents of children with mental and physical challenges
- Education on prevention and wellness
- "Transparency; openness about mental health and substance abuse issues so that people have no stigma associated with getting better"

Care Coordination

- Lack of communication and coordination between Moab and schools
- Health navigation
- Patient education on medications, nutrition and exercise
- Not knowing how to navigate the healthcare system and where to go for specific diseases and care

Urgent Care

• "No weekend or after hours care is available, so we're forced to go to the ER for care and no one wins with this situation"
• "More 24- hour care that's covered by insurance"
• "Urgent care center for those without insurance and those needing care on weekends"
• "We need an all night and day urgent care center due to excessive injuries with our tourists; people vacationing can't generally afford a $4000 bill for an emergency room visit for a minor illness or accident"

Miscellaneous

• Lack of knowledge of community resources
• Lack of assisted living and independent care for seniors
• Transportation to medical appointments
• "Transportation to medical appointments has improved only for those who have insurance"
• "People are needed to help seniors with activities of daily living"
• "Those who are hurt the most in the community are the large number of underinsured"
• Loss of the RSVP program to help with transportation to medical appointments
• Participants noted a perception of many people having cancer
• "Nutrition. Food is expensive; Gas stations accept food stamps but that's not food"
• "Farmer's markets also accept food stamps, although I don't know how to cook vegetables"
• Education on nutrition and fitness
• Education on networking and communication
• "Classism between the haves and have nots"
• "Racism against the Hispanic population; I've been told 'my people' are destroying the community by not paying bills and having too many children; I pay all my bills, it just takes me longer thru payment plans"
• "Need for affordable birth control; I drive to California for birth control because it's much cheaper there"

3. **What do you think Moab Regional Hospital could do to increase the health of the community? Where are the opportunities to collaborate?**

Coordinate Care

• Coordinate with the Community Action Coalition to offer health education and information
• Increase transparency
• "Improve communication with Four Corners Mental Health and collaborate more with mental health/substance abuse providers"
• Streamline the financial aid and charity care processes; "the application process is daunting and complicated; make it more accessible"

- "A community communication strategy is needed to educate people about what the hospital is up to and how they can help support continuity of care and care transitions"
- "Include all people in coordination of care for greater continuity. For example, the school bus driver should be trained on how to help a child with a physical or mental health issue"
- "We need a system for communicating one's healthcare needs effectively"
- "Advocacy services would be nice. I'm not getting the type of care I need"
- "More information is needed on how to sign up for health care programs and services like the Mobile Dental Clinic"

Collaborate with the Community

- "Get the hospital involved in the housing conversation as poor housing options in town create a negative health impact"
- "The hospital should take over the 'Strong Kids Expo'"
- "Connect with the Salvation Army Coalition to market hospital services more"
- More educational outreach
- "Dinner with a doctor is a good idea but limited in the number of people it reaches"
- Increase collaboration with the free health clinic
- Increase collaboration with the schools
- Increase collaboration with the public health department
- Collaborate with Planned Parenthood services
- "Create a community network of more than just business leaders; people in the field need to network and collaborate too"
- "Go to worksites to promote hospital services and offer health education and screenings; this will also help improve the perception of care"
- "Hold semi-annual networking get-togethers that are like the focus groups; invite different people throughout the community to give input and ask/answer questions"
- "Continue the excellent conversations held during this focus group; this serves as a starting point, but our community needs more frequent communication efforts like this one"

Education

- "Education in the schools on health nutrition"
- "Education on first aid and CPR"
- "Education on signs and symptoms of common illnesses"
- "Information how to be a better parent; healthy eating for picky eaters, first aid"
- "Offer parent support and education groups"
- "Physician training on trauma"
- "The hospital could share information and resources on health education"

- "Have someone from the hospital attend the 'Active Shooter Situation' to help with any potential community crisis"
- "Let people know how to apply for Medicaid"
- Health care navigation services was suggested by all focus groups

Focus on Prevention

- "Let people know about preventative care"
- "People can't afford preventative medicine, so they become very ill before they do anything about their health"
- "Offer the health fair more frequently to help out with screenings. My family relies on the health fair as our primary care source"
- "Many delay care because they can't afford lab tests, so change the prices. Don't charge us the tourist prices- we can't afford that"
- "There are no bi-lingual dentists; offer translation services"
- Many focus group participants reported that they see whichever primary care provider is available and do not have just one provider they see

Employee Care

- "Employee wellness services"
- "Help the doctors feel less stressed and be more compassionate"
- "Help the staff feel more appreciated; we feel undervalued"
- "Streamline processes for coordinating care and making referrals; it's very time consuming"
- "More primary care doctors"
- "There's a high turnover rate of nurses"
- "Housing support for nurses and front end staff"

4. **In your opinion, what are some of the strengths (availability, quality) of the health services offered at Moab Regional Hospital?**

Availability

- "Excellent availability for those who have insurance"
- "Offering screenings at the health fair is a great service; continue this"
- "Continue being pro-active in offering interactive discussions on health education"
- "The variety of specialists in Moab is incredible for our little town"
- "The primary care doctors are so busy and overwhelmed they told me to not come back for 2-3 years because I'm so healthy… so now I go to Grand Junction because they have more time for me and focus more on prevention so I stay healthy"

Quality

- "The leadership team, Jen in particular, has had an outstanding impact on the hospital and the community. She knows everyone, is kind, thoughtful, and strategic and has the people's best interests and health in mind. She's an excellent leader"

- "The CEO does excellent work; she's new to the position and learning, but she's going to improve the hospital and make us a national example of excellence"
- "The hospital does a great job providing high quality, excellent care"
- "The communication and coordination of care is exceptional and goes above and beyond"
- "The care I have received at Moab has been of higher quality than any large hospital I've ever been too- and I'm old"
- "Retirees move to Moab because of the hospital"
- Many focus group participants raved about the facility appearance and the up to date technology
- "Bringing in specialty help is getting much better and our early morning urgent care hours really help the community"
- "I constantly hear great things about the nursing and hospice staff"
- "High quality providers"
- "Good birthing experience here"
- Nurses received high accolades from every focus group; "they are very nice; they put the care in healthcare"
- "The quality of care from the doctors depends upon who you get; some are very cranky, disrespectful and misdiagnose; Others are outstanding, friendly, helpful and highly skilled"
- "Care from physicians is really inconsistent; some are great, some are terrible so I generally just avoid receiving care"
- "One doctor is really, really good because he will give you a follow up call and will even call on Sundays; he's very compassionate"
- "The focus of care is on productivity and not on quality. Volume overload is a real issue. Providers are exhausted and don't want to do weekend or after hours care"
- "Most of the physicians and staff seem really burned out, exhausted, over-worked and the quality of care suffers as a result"
- "Doctors in the ER are not very compassionate and are judgmental"
- "Most of us delay receiving care because it's too expensive and we get treated poorly, so we just use the internet or home remedies for care"

5. **In your opinion, what are some of the barriers of the health services available at Moab Regional Hospital?**

   Cost and Billing

   - Cost of care
   - "Moab is substantially more expensive than other facilities for care; the cost for a lab test at Moab is $500, the cost in Grand Junction is $45, so why would I stick around here for a lab?!"

- All focus groups described negative experiences with the billing processes, having received bills months later or misinformation on bills or miscommunication regarding bills
- "The billing process needs to be completely redone; it's terrible"
- "People avoid care and would rather die than have to get a bill from the hospital or go thru the financial aid process"

Internal Processes

- "We wait in the waiting room a long time to be seen by the doctor for only 5 minutes, but if we're late 5 minutes for our appointment, we can't be seen by the doctor"
- "More diversity training is needed at the hospital and education on how to work with an interpreter; cultural training with the Navajo is so different from the Hispanic population, which is a large barrier"
- "Few providers seem willing to work with interpreters, particularly mental health and substance abuse providers and dentists"
- "Tele-psych is available, but it's challenging to get good quality of care from this mode"
- "Take a greater team approach to care"

Relationships and Reputation

- "In general, the Hispanic population does not feel welcome at the hospital; we all have stories of how the ER staff have spoken inappropriately or judged us because they thought we couldn't understand English; but most of us can understand it, we just struggle with speaking it"
- "It's a joke around town: did you go to the hospital to pay too much for Tylenol again?"
- "My daughter was sent home three times from the ER because she didn't have insurance. She died two days later and I blame the hospital"
- "I'll use the local hospital when pigs fly"
- "We don't receive good care here"
- "The doctors are so frazzled, they don't have time to even take care of themselves"
- "I've overheard doctors yelling at nurses or other staff; this is really inappropriate. I can't imagine working under those conditions; I'd quit"
- "I don't go to the hospital for care, I go to the Free Clinic even though they provide just basic care and its very busy there"
- "The more we can sell the hospital as a great resource, the more we will attract other employers to the area"

6. **What new health care services would you like to see available locally?**

Health care navigation

- "Someone to help me navigate the complexities of health care"
- "I'd like someone to help me understand the hospital's billing"

- "I'd like help on knowing which doctor is good and getting good referrals to specialists"
- "Outreach to help people fill out forms; perhaps collaborate with the public library because librarians are skilled at this sort of thing"

Mental Health

- Child psychiatry
- More mental health providers
- More substance abuse counselors
- "An addiction specialist who deals with opioids and pain management"

Other

- "We want to have babies here, it's hard to leave the area for care when you don't have access to transportation"
- "Transportation to see the doctor, pharmacist and get groceries"
- "Uber for healthcare"
- "Offer consistent service to everyone; even if you don't have insurance"

7. **Why might people leave the community for healthcare?**
   - Cost of care
   - Advanced specialist care
   - Intensive Care Unit
   - Cancer treatment
   - Dialysis
   - Pediatrician
   - Urology
   - Endocrinology
   - Ophthalmology
   - Occupational therapy
   - Dental care
   - Dermatology
   - 3D mammogram
   - OB/GYN
   - Urgent care
   - "More expertise and less expensive"
   - "If you don't have insurance, you can't get service here. It's the first thing they ask you when you walk in. Just to walk in you have to $120, then any care you receive is additional. This is so expensive, so I don't come here"
   - Extreme accidents and trauma
   - Negative hospital reputation and cost
   - "Perception that bigger is better"
   - "Burnout of providers; I know I'll get better quality care from other providers that aren't so stressed out"
   - "Lack of diversity training"
   - "Confidentiality; particularly in the ER"
   - "Lack of privacy in a small town"
   - "People leave less frequently now, I don't think they are leaving for the perception of care, but rather for insurance of specialty care"

8. **What are some of the benefits of having health services available locally?**
   - Access to specialist care
   - Access to an ER and trauma care
   - "Very rapid access to care"
   - "Less hassle/work to help arrange for specialty care"
   - Not having to travel, security, safety
   - "The hospital is a pretty building with good people here who are caring, professional and some are compassionate"
   - "Receiving care from Antje"
   - "Having Dr. Rouser as my doctor"
   - "We could become more of a retirement community if we had more health benefits available"
   - "Healthier community"
   - "Moab Regional Hospital is a key institution for the community; a pillar in our society and it has the largest economic impact for this area, employing highly skilled, talented and dedicated staff"

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

The perception of personal and community health has remained relatively consistent since 2013. Focus group participants indicate a discrepancy amongst the community with the perception of individuals who have health insurance are very fit, active and healthy and those without insurance are unhealthy. Alcohol/substance abuse was rated as the top community health concern, which has increased since 2013. The county percentage of those identified as "heavy drinkers" is over double that of surrounding counties. This perception was reiterated in the focus groups, indicating a lack of mental health providers and services in the area as well. The concern of mental health issues have increased since 2013. When asked what would improve the community's access to care, "removal of cost barriers" was identified by survey respondents and validated by focus group participants. Survey respondents are delaying care more than double the national average. Focus group participants also indicate delaying care due to cost, a poor reputation or availability of providers. Even with that in mind, MRH is still retaining the primary market for current and future hospital and clinic care. Currently, Grand Junction is the most frequently visited location for specialty care service, but MRH is the preferred location of choice for future specialty care. Respondents rated the overall quality of services available at MRH as "Good", and increased the average weighted score of almost every service compared to 2013.

Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population's health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the board should also be educated on this transition as it is imperative for future sustainability and viability of MRH.

It is also recommended the hospital increase efforts on role modeling wellness and expanding collaborative community partnerships to improve the overall coordination of care for patients. Reference the section below on "Improving Population Health in Your Community", as cited below.

There is also an opportunity to improve customer processes and perception of quality care by implementing management frameworks such as Baldrige, the Balanced Scorecard, Lean and/or Studer methodologies. These frameworks evaluate and monitor the effectiveness and efficiencies of staff processes, manage ongoing performance improvement, and help create a positive work culture that can result in greater staff and patient satisfaction. Please contact The Center for more information and guidance on these services or go to www.ruralcenter.org for further details. Focus groups also indicated a high burnout rate of providers and so consider resiliency training for all staff to assist with retention and improve overall quality and morale.

Share results and communicate proposed strategies that address community needs as this will promote customer loyalty. It is advised to create a communications strategy for releasing the report findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Acknowledgements

The Center would like to thank Ms. Sarah Shea for her contributions and work with developing and distributing the assessment and coordinating the focus groups.

ESTABLISHING HEALTH PRIORITIES

Sufficient resources frequently are not available to address all the health concerns identified in a Community Health Needs Assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

Once priorities have been established, set aside time to develop, implement and monitor an action plan that assesses progress

Criteria that can be used to identify the most significant health priorities include:

- The magnitude of the health concern
  (the number of people or the percentage of population impacted)
- The severity of the problem
  (the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

Criteria that can be used to evaluate which health issues should be prioritized include:

- The community's capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue
  (to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems
  (thereby possibly affecting multiple issues)

Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements. *(Adapted from materials by the Association for Community Health Improvement)*

IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

> If you don't help your community to thrive and grow,
> how will your organization thrive and grow?

The U.S. health care industry is undergoing profound change in financing and service delivery, as it shifts from a financial system that rewards "volume" to one that is based on "value". Driven by the health marketplace itself, the new health industry goals are articulated in the Institute for Health Improvement's Triple Aim: better population health, better health quality and lower health costs. Payers are increasingly factoring in population health outcomes into reimbursement formulas.

Population Health Portal

Navigate the journey towards improved population health by accessing a Critical Access Hospital Readiness Assessment, resources and educational modules that offer step-by-step instructions of common population health analytical procedures.

Small Rural Hospital Transition Guides and Toolkit

Informational guides developed by field experts and a toolkit developed by Rural Health Innovations that concentrates on best practices and strategies to support small rural hospital performance improvement and preparation for transitioning to value-based care and purchasing.

Critical Population Health Success Factors

The following section summarizes the 2014 "Improving Population Health: A Guide for Critical Access Hospitals", created by The Center and Stratis Health

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes

- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

Engagement

- Use the community health needs assessment (CHNA) process as an opportunity for community and patient engagement
- Articulate vision of hospital contributing to population health based on community conversations
- Engage all types of health care and social service providers to coordinate transitions of care and address underlying needs

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Workforce

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health
- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

Operations and Efficiency

- Maximize the efficiency of operational, clinical, and business processes under current payment structures
- Utilize health information technology (HIT) (such as electronic medical records, health information exchange and telemedicine) to support population health goals

Measurement, Feedback & Knowledge Management, Impact & Outcomes

- Identify measurable goals that reflect community needs
- Utilize data to monitor progress towards strategic goals on population health
- Publicly share goals, data and outcomes. Use it as an opportunity to engage partners and the community

POPULATION HEALTH CRITICAL ACCESS HOSPITAL CASE STUDIES

Leadership
Clearwater Valley Hospital in Idaho is utilizing a dyad management model which is a two-pronged approach to physician/hospital integration. This model places the organization's leadership under the management of qualified physician and non-physician teams aimed to incorporate the concept of value into health care decision-making where departments have been restructured to meet patient needs in both the inpatient and outpatient settings. This facility has received multiple awards for incorporating this management model. For more information: http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf

Strategic Planning
Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information: http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy

Partners, Patients, Community
The Community Connector Program was established by Tri County Rural Health Network in Helena, Arkansas which aims to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The return on investment was $3 of every $1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of $2.619 million over three years. For more information: http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf

Workforce and Culture
Mason District Hospital in Illinois is implementing a three tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly $360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information: http://www.icahn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FINAL.pdf (page 19)

Operations and Efficiency
Mercy Health Network in Iowa has adopted a Process Excellence tool modeled after Lean to improve operations, efficiency and patient safety. Each hospital in the network was assigned accountabilities, selected process improvements and helped educate the hospital board. After 18 months, process improvements results in a 51 percent decrease in patient falls and a 37 percent decrease in medical errors. For more information: http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf

Measurement, Feedback, & Knowledge Management, Impact & Outcomes
Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information: https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence

APPENDIX A: SURVEY INSTRUMENT

Community Health Needs Assessment
Moab, UT

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. If you need assistance completing the survey, please contact the National Rural Health Resource Center at 1-800-997-6685. **All responses will be kept confidential**.

1. How would you rate the general health of our community?

○ Very healthy ○ Healthy ○ Somewhat healthy ○ Unhealthy ○ Very unhealthy

2. What do you think are the three most serious health concerns in our community? **(Select 3)**

○ Alcohol/substance abuse	○ Heart disease	○ Mental health issues
○ Cancer	○ Lack of access to health care	○ Obesity
○ Child abuse/neglect	○ Lack of dental care	○ Stroke
○ Diabetes	○ Lack of exercise	○ Tobacco use
○ Domestic violence	○ Underage alcohol use	○ Other _____

3. Which three items below do you believe are most important for a healthy community? **(Select 3)**

○ Access to health care and other services	○ Low crime/safe neighborhoods
○ Affordable housing	○ Low death and disease rates
○ Arts and cultural events	○ Low level of domestic violence
○ Clean environment	○ Parks and recreation
○ Community involvement	○ Religious or spiritual values
○ Good jobs and healthy economy	○ Removal of cost barriers
○ Good schools	○ Removal of health disparities
○ Healthy behaviors and lifestyles	○ Strong family life
○ Tolerance of diversity	○ Other_____

4. In your opinion, what would improve our community's access to health care? **(Select all that apply)**

○ Greater health education services	○ Telemedicine	○ Removal of cost barriers
○ Improved quality of care	○ More specialists	○ Cultural sensitivity
○ Interpreter services	○ Transportation assistance	○ Other_____
○ More primary care providers	○ Outpatient services expanded hours	

5. How important are local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living etc.) to the economic well-being of the area?

○ Very important ○ Important ○ Not important ○ Don't know

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6. In the past three years, was there a time when you or a member of your household thought you needed health car services but did NOT get or delayed getting medical services?

○ Yes ○ No **(If no, skip to question 8)**

7. If yes, what were the **three** most important reasons why you did not receive health care services? **(Select 3)**

○ Could not get an appointment	○ It costs too much	○ Not treated with respect
○ Too long to wait for an appointment	○ Could not get off work	○ Too nervous or afraid
○ Office wasn't open when I could go	○ Didn't know where to go	○ Language barrier
○ Unsure if services were available	○ No insurance	○ Don't like doctors
○ Had no one to care for the children	○ My insurance didn't cover it	○ Other _____
○ Too far/transportation problems		

8. Which of the following preventative services have you used in the past year? **(Select all that apply)**

○ Children's check up/Well baby	○ Mammography	○ Routine health checkup
○ Cholesterol check	○ Pap smear	○ Dexa Bone Density
○ Colonoscopy	○ Prostate (PSA)	○ None
○ Flu shot	○ Routine blood pressure check	○ Other _____

9. What additional health care services would you use if available in Grand County? **(Select all that apply)**

○ Assisted living	○ Dialysis	○ Weekend walk-in clinic
○ Addiction medicine	○ Hospital based retail pharmacy	○ Other _____
○ Chronic pain	○ Memory care	
○ Coumadin clinic	○ Occupational medicine clinic	

10. If you or a household member have received medical services in Moab within the past three years, what type of medical service has your household utilized the MOST for routine care?**(Please select only ONE)**

○ Emergency Room	○ Moab Family Medicine	○ Moab Regional Medical Clinic
○ Moab Free Health Clinic	○ SE Utah Health Dept	○ Not applicable
○ Ray Andrew, MD		○ Other _____

11. In the past three years, have you or a household member received care in a hospital? (i.e. hospitalized overnight day surgery, obstetrical care, rehabilitation, radiology or emergency care)

○ Yes ○ No **(If no, skip to question 15)**

12. If yes, which hospital does your household use the **MOST** for hospital care? **(Please select only ONE)**

- ○ Moab Regional Hospital
- ○ St. Mary's Hospital
- ○ Castleview Hospital
- ○ Utah Valley (Provo)
- ○ U of U (SLC)
- ○ San Juan Hospital
- ○ VA
- ○ Other _____
- ○ Community Hospital

13. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital? **(Select 3 that apply)**

- ○ Cost of care
- ○ Closest to home
- ○ Closest to work
- ○ Emergency, no choice
- ○ Hospital's reputation for quality
- ○ Prior experience with hospital
- ○ Recommended by family or friends
- ○ Referred by physician
- ○ Required by insurance plan
- ○ VA/Military requirement
- ○ Other _____

14. If you or a household member received hospital services at a location other than Moab Regional Hospital, which services did you use? **(Select all that apply)**

- ○ Emergency
- ○ Dialysis
- ○ Hospice
- ○ Imaging
- ○ Inpatient stay
- ○ Labor/delivery
- ○ Lab tests
- ○ Nuclear medicine
- ○ Oncology/infusion
- ○ Orthopedic services
- ○ Surgery
- ○ Other _____

15. If you or a household member needed to be hospitalized in the future, which facility would you choose? **(Please select only ONE)**

- ○ Moab Regional Hospital
- ○ St. Mary's Hospital
- ○ Castleview Hospital
- ○ Utah Valley (Provo)
- ○ U of U (SLC)
- ○ San Juan Hospital
- ○ VA
- ○ Other _____

16. In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?

○ Yes ○ No **(If no, skip to question 20)**

17. Where was that primary health care provider located? **(Please select only ONE)**

- ○ Moab Family Medicine
- ○ Moab Regional Medical Clinic
- ○ Green River
- ○ Grand Junction
- ○ Monticello
- ○ Price
- ○ Provo
- ○ Salt Lake City
- ○ VA
- ○ Other _____

18. Why did you select that particular primary care provider? (**Select all that apply**)

○ Appointment availability	○ Length of waiting room time	○ Required by insurance plan
○ Clinic's reputation for quality	○ Prior experience with clinic	○ VA/Military requirement
○ Closest to home	○ Recommended by family or friends	○ Indian Health Services
○ Cost of care	○ Referred by physician or other provider	○ Other _____

19. If you routinely seek primary health care outside of Grand County, why? (**Select all that apply**)

○ Cost of care	○ More privacy
○ Closest to home	○ Required by insurance plan
○ Closest to work	○ VA/Military requirement
○ Quality of equipment	○ N/A: I/we use local services
○ Quality of staff	○ Other _____
○ Prior relationship with other health care provider	

20. Where was that primary health care provider located? **(Please select only ONE)**

○ Moab Family Medicine	○ Grand Junction	○ Provo	○ VA
○ Moab Regional Medical Clinic	○ Monticello	○ Salt Lake City	○ Other _____
○ Green River	○ Price		

21. In your opinion, how would you rate the following aspects of care provided at Gunnison Valley Hospital? (**Please mark DK if you haven't used the service**)

	Excellent = 4	*Good = 3*	*Fair = 2*	*Poor = 1*	*Don't Know = DK*
Admission services	○ 4	○ 3	○ 2	○ 1	○ DK
Business office/financial aid services	○ 4	○ 3	○ 2	○ 1	○ DK
Care from nursing staff	○ 4	○ 3	○ 2	○ 1	○ DK
Care from physician	○ 4	○ 3	○ 2	○ 1	○ DK
Equipment/technology	○ 4	○ 3	○ 2	○ 1	○ DK
Facility appearance	○ 4	○ 3	○ 2	○ 1	○ DK
Food service	○ 4	○ 3	○ 2	○ 1	○ DK
Friendliness of staff	○ 4	○ 3	○ 2	○ 1	○ DK
Privacy/confidentiality	○ 4	○ 3	○ 2	○ 1	○ DK

22. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?

○ Yes ○ No **(If no, skip to question 25)**

23. What type of health care specialist was seen? (**Select all that apply**)

○ Allergist	○ Mental health counselor	○ Psychiatrist (M.D.)
○ Cardiologist	○ Neurologist	○ Psychologist
○ Chiropractor	○ Neurosurgeon	○ Pulmonologist
○ Dentist	○ OB/GYN	○ Radiologist
○ Dermatologist	○ Occupational therapist	○ Rheumatologist
○ Dietician	○ Oncologist	○ Speech therapist
○ Endocrinologist	○ Ophthalmologist	○ Social worker
○ ENT (ear/nose/throat)	○ Orthopedic surgeon	○ Substance abuse counselor
○ Gastroenterologist	○ Pediatrician	○ Urologist
○ General surgeon	○ Physical therapist	○ Other _____

24. Where was the health care specialist located? (**Select all that apply**)

○ Moab Regional Medical Clinic	○ Monticello	○ Provo	○ VA
○ Grand Junction	○ Price	○ Salt Lake City	○ Other _____

25. The following services are available at Moab Regional Hospital. Please rate the overall quality for each service. (**Please mark DK if you haven't used the service**)

	Excellent = 4	*Good = 3*	*Fair = 2*	*Poor = 1*	*Don't Know = DK*
Emergency room	○ 4	○ 3	○ 2	○ 1	○ DK
General surgery	○ 4	○ 3	○ 2	○ 1	○ DK
Hospice	○ 4	○ 3	○ 2	○ 1	○ DK
Imaging (MRI, CT, X-ray, Mammogram, etc.)	○ 4	○ 3	○ 2	○ 1	○ DK
Inpatient stay	○ 4	○ 3	○ 2	○ 1	○ DK
Labor/delivery	○ 4	○ 3	○ 2	○ 1	○ DK
Lab tests	○ 4	○ 3	○ 2	○ 1	○ DK
Oncology/infusion/chemotherapy	○ 4	○ 3	○ 2	○ 1	○ DK
Orthopedic services	○ 4	○ 3	○ 2	○ 1	○ DK

26. If you needed specialty care services in the future which facility would you choose? (**Please select only ONE**)

○ Moab Regional Medical Clinic	○ Monticello	○ Provo	○ VA
○ Grand Junction	○ Price	○ Salt Lake City	○ Other _____

27. Overall, how would you rate your personal health?

○ Very healthy ○ Healthy ○ Somewhat healthy ○ Unhealthy ○ Very unhealthy

28. Has cost prohibited you from getting a prescription or taking your medication regularly?

○ Yes ○ No ○ Not Applicable, I don't take medications

29. What type of health insurance covers the majority of your household's medical expenses? **(Please select only ONE)**

○ None ○ Medicaid ○ Healthcare exchange ○ VA/Military
○ Employer sponsored ○ CHIP ○ Health Savings Account ○ Self-paid
○ Medicare ○ Indian Health Services ○ Other _____

30. If you do **NOT** have health insurance, why? (**Select all that apply**)

○ Cannot afford to pay for health insurance ○ Employer does not offer insurance
○ Choose not to have health insurance ○ Too difficult to apply for insurance
○ Don't know how to apply for health insurance ○ Other _____

Demographics - *All information is kept confidential and your identity is not associated with any answers.*

31. Where do you currently live, by zip code?

○ 84532 Moab ○ 84511 Blanding ○ 84525 Green River
○ 84535 Monticello ○ 84540 Thompson ○ 84530 La Sal

32. What is your gender? ○ Male ○ Female ○ Other

33. What is your age range?

○ 18-25 ○ 26-35 ○ 36-45 ○ 46-55 ○ 56-65 ○ 66-75 ○ 76-85 ○ 86+

34. With which ethnicity do you most identify?

○ African American ○ Hispanic ○ Caucasian
○ Asian ○ American Indian ○ Other _____

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S Lake Ave, Suite 320, Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

APPENDIX B

Community Health Needs Assessment "Other" Survey comments

1. How would you rate the general health of our community?

- People are either fit or fat in Moab

2. What do you think are the three most serious health concerns in our community? (Select 3 that apply)

- Health education
- Not enough doctors
- High cost of hospital treatment

3. Which three items below do you believe are most important for a healthy community? (Select 3)

- Take care of our own and not cater to tourism. Does not help locals
- Lower cost (x2)
- Growth-oriented government
- Poverty

4. In your opinion, what would improve our community's access to health care?

- More affordable health care (x3)
- Availability of select health doesn't allow going to nearest large center in Grand Junction
- Quick Care (x2)
- Urgent Care (x2)
- Include reproductive services
- We have some of these services
- Universal single payer
- Eliminate private insurance companies and pharmaceuticals
- Physical therapy
- More walk-in clinics with better hours
- Geriatric specialist
- Hospital acceptance of all health insurance brands
- Medicaid expansion
- Health education for nurse practitioners
- More monitoring, oversight, certification updates
- We have "care" providers that aren't even aware of health/disease issues we have-such as Lyme's
- Expense
- Expanded Medicaid for the state of Utah

- All of these apply
- Unbiased health care; doctors who do not force their religion on patients
- All health providers do all they can do to help and are pretty great here
- Affordability

7. If yes, what were the three most important reasons why you did not receive health care services? (Select 3)

- No appropriate specialist (x6)
- Go to G.J.
- Practicing natural health methods
- Allergy
- Need rehab facilities
- No weekend clinic
- Unexpected medical need
- Thought it would heal on its own
- Misdiagnosis in the past, didn't want the hassle of trying to get help
- Doctor too slow to act on issue
- No Insta-Care
- Did not want to go to Moab facility
- I was not sure if the problem was worth the cost. No sense paying money to discover it will heal
- Doctor said they don't treat it here

8. Which of the following preventative services have you used in the past year? (Select all that apply)

- Blood sugar
- Dental cleaning
- Blood test for cancer markers
- Lung
- Dental checkups
- Yearly physical
- No urgent care available
- Skin cancer check
- Thyroid blood test
- Illness
- Blood work
- Special bloodwork from lab outside the area- too expensive here
- Diabetes A/C
- Surgery- Hip replacement
- Breast thermography

9. What additional health care services would you use if available in Grand County?

- Dermatologist (x5)
- Current facilities need to be open 7 days a week
- ENT specialist (x2)
- None of the above (x4)
- Podiatrist and other board certified specialists such as gastroenterologist, GYN, geriatric
- Urgent care facility, not an ER visit
- Dental care
- Sleep lab
- Specialists
- Single payer Medicare for ALL
- Weekday clinic
- More doctors with lower costs
- Ophthalmology
- OB/GYN (x2)
- Respiratory therapy
- Preventative
- Insta-Care
- Acupuncture
- Structural integration
- Urology doctor
- Urgent Care Clinic

10. If you or a household member have received medical services in Moab within the past three years, what type of medical service has your household utilized the MOST for routine care? (Please select only ONE)

- VA (x3)
- Moab Immediate Care
- Dr. Sanders
- Doctor visits
- Com. nursing
- Moab Family Medicine and SE Utah Health Department are "useless"
- Health Fair-love it.
- Surgery
- Chiropractor

12. If yes, which hospital does your household use the MOST for hospital care? (Please select only ONE)

- Huntsman Salt Lake City
- Intermountain Healthcare (x2)
- LDS
- Salt Lake Regional

- University of Utah
- Hospital in Fruita, CO
- Salt Lake City VA
- Dixie Regional Medical Center

13. Thinking about the hospital you use most frequently, what are the three most important reasons for selecting that hospital? (Select 3 that apply)

- Specialists (x3)
- Pulmonology
- Orthopedics
- Dr. Rouser
- Specialized treatment available only at Huntsman
- Grand Junction or Provo is too far
- Know staff well
- Range of services available
- Visiting specialist did surgery there
- Current orthopedic
- Current orthopedic doctor at Moab Regional Hospital did not want to care for my knee, so I went to Price (Castleview) Hospital
- Moab could not do
- Covered by insurance provider
- Used by my neurosurgeon and pain clinic in Fruita, CO, Family Health West
- "On-the-ball" doctors
- No other choice
- There was no choice-cardiologist is in Grand Junction
- Only hospital in the area

14. If you or a household member received hospital services at a location other than Moab Regional Hospital, which services did you use? (Select all that apply)

- Specialists NEU
- Colonoscopy (x3)
- Mammogram
- Cardiology
- N/A
- Stroke unit
- Detached retina
- Sleep lab
- Eye care (x2)
- Occupational therapy, post hand surgery
- None
- Specialists
- Arthritis

- Eye Institute at Salt Lake City
- Cardiology services
- Type 1 diabetes care
- Pediatric care
- Ophthalmology

15. If you or a household member needed to be hospitalized in the future, which facility would you choose? (Please select only ONE)

- Salt Lake Hospital
- Depends on illness/care needed (x10)
- Community
- Community Hospital-Grand Junction
- Intermountain Healthcare (x3)
- U of U in Salt Lake City
- Required by my insurance plan
- University of Utah
- Huntsman
- Moab Regional Hospital for emergencies/routine
- St. Mary's for serious emergencies/specialists
- VA if possible
- Whoever accepts my insurance at an in-network rate
- We would choose to be here but often the services have to be done at St. Mary's
- Dixie Regional Medical Center

17. Where was that primary health care provider located? (Please select only ONE)

- Red Valley Chiropractor
- Ray Andrew (x6)
- Dr. Sanders
- There are two people in our household and one has primary care in Durango, CO
- St. George

18. Why did you select that particular primary care provider?

- My choice
- Osteoarthritis specialty
- Worked with the provider
- Use of complementary medicine
- Range of services available
- Affiliated with major hospital
- Excellent doctor
- Always gone there for years

- Didn’t trust Moab
- Covered by employer insurance

19. If you routinely seek primary health care outside of Grand County, why? (Select all that apply)

- Heart and liver specialists
- Availability of specialists and providers that are more “current” on treatment guidelines
- Retinal specialist
- Cardiology at University of Utah
- Referred to U of Utah by Moab Family Practice (not primary care)
- Specialist like skin care
- Specialty care (x2)
- Some specialists require travel
- They take my insurance: Regence BlueCross/BlueShield
- Cost too high
- Specialists-Neurosurgeon, foot & ankle specialist, chronic pain specialist (Family Health West)
- Dermatologist-none in Moab
- Durango has an excellent Naturopathic Health Clinic
- Had to travel to find a gynecologist
- They can get the billing done right the first time
- Don’t have specialists needed
- Quality of care
- Care/service unavailable here

20. If you needed primary care services in the future which facility would you choose? (Please select only ONE)

- Ray Andrew
- Colorado, not Grand Junction
- Denver
- N/A (x2)
- Fruita, CO
- Durango, CO
- St. George

22. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?

- Cataract surgery

23. What type of health care specialist was seen? (Select all that apply)

- Retinal specialist (x2)
- Pain clinic
- Podiatrist (x2)
- Naturopathic physician
- Lymph massage
- 4 Corners Health Union Worker
- Colorectal
- Ophthalmologist
- Emergency room doctor
- Plastic surgeon for hand surgery
- Acupuncturist
- Renal –Podiatry
- Colonoscopy
- Optometrist

24. Where was the health care specialist located? (Select all that apply)

- Moab (x20)
- Dentist
- Physical therapy
- St. Mary's
- Denver (x2)
- Utah University
- Durango, CO (x3)
- Specialist visits Moab from Steamboat Springs, CO
- Fruita Family Health West
- St. George

25. The following services are available at Moab Regional Hospital. Please rate the overall quality for each service. (Please mark DK if you haven't used the service)

- Labor/delivery services are way too expensive
- Lab tests would be less expensive if did in-house

26. If you needed specialty care services in the future which facility would you choose?

- Not sure (x2)
- Denver
- I.M.H. in Salt Lake City
- IHC
- Depends on the illness/care needed (x6)
- I would choose if I could
- Ogden, UT

- Dr. Meininger
- Something bigger to have access to center of excellence
- Fruita, CO
- All of the above
- Would choose Moab Regional if possible
- St. George

28. Has cost prohibited you from getting a prescription or taking your medication regularly?
- No- due to VA

29. What type of health insurance covers the majority of your household's medical expenses? (Please Select only ONE)
- Federal Retirement (Cigna)
- Healthcare exchange, getting too expensive though
- BlueCross BlueShield (x2)
- PERA
- OPM (Federal Retiree)
- Supplementary/secondary
- Federal Employees Health Benefits
- One Medicare, one Health Exchange
- Select Health
- PEHP

30. If you do NOT have health insurance, why? (Select all that apply)
- Dropped my Medigap insurance because of cost
- Have school insurance
- Comprehensive dental care cost
- Single payer and Medicare for everyone
- Cost

32. What is your gender?
- I answered some of these questions in regards to my husband since it seemed more of a household questionnaire

34. With which ethnicity do you most identify?
- I don't identify-I am an American

APPENDIX C

Description of Secondary data indicators

Data Areas	Description	Source and Dates
Population	Total population	*US Census Bureau, American Community Survey. 2010-14*
Population Living in Rural	Percentage of population living in rural areas. Rural areas are identified using population density, count, and size thresholds.	*US Census Bureau, Decennial Census. 2010*
Population Native American	The estimated population that identifies as Native American/Alaskan Native.	*US Census Bureau, American Community Survey. 2010-14*
Hispanic Population	The estimated population that is of Hispanic, Latino, or Spanish origin.	*US Census Bureau, American Community Survey. 2010-14*
Population Change 2000 - 2010	Total change in total population between the years 2000-2010.	*US Census Bureau, Decennial Census. 2000 - 2010*
Population Median Age	Population median age based on the 5-year American Community Survey estimate.	*US Census Bureau, American Community Survey. 2010-14*
Population Age 65+	Estimated percentage of the population in the report area age 65 or older.	*US Census Bureau, American Community Survey. 2010-14*
Population Age 5-17	Percentage of youth aged 5-17 in the designated geographic area.	*US Census Bureau, American Community Survey. 2010-14*
Veteran Population	Percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II.	*US Census Bureau, American Community Survey. 2010-14*

Disability Population	Percentage of the total civilian non-institutionalized population with a disability.	*US Census Bureau, American Community Survey. 2010-14*
NO High School Diploma	Persons aged 25 and older without a high school diploma (or equivalency) or higher.	*US Census Bureau, American Community Survey. 2010-14.*
Associates Level Degree or Higher	Population aged 25 and older who have obtained an Associate's level degree or higher.	*US Census Bureau, American Community Survey. 2010-14*
Per Capita Income	The per capita income which includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.	*US Census Bureau, American Community Survey. 2010-14*
Persons Below Federal Poverty Level	Individuals living in households with income below the Federal Poverty Level (FPL).	*US Census Bureau, American Community Survey. 2010-14.*
Population Receiving Medicaid	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance).	*US Census Bureau, American Community Survey. 2010-14*
Unemployment Rates	Total unemployment of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).	*US Department of Labor, Bureau of Labor Statistics. 2016 - March.*
Uninsured Population	Percentage of the total civilian non-institutionalized population without health insurance coverage.	*US Census Bureau, American Community Survey. 2010-14.*
Population with Food Insecurity	Estimated percentage of the population that experienced food insecurity at some point during the report year.	*Feeding America. 2013.*
Children Eligible for Free/Reduced Price Lunch	Public school students eligible for Free/Reduced Price lunch.	*National Center for Education Statistics, NCES - Common Core of Data. 2013-14.*

Households with No Motor Vehicle	Number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	*US Census Bureau, American Community Survey. 2010-14.*
Adults with Lack of Social or Emotional Support	Percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time.	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12*
Teen Birth Rate	Rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19.	*US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12.*
Violent Crime per 100,000 residents	Rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.	*Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for*

		Political and Social Research. 2010-12.
Recreation and Fitness Facility Access rate	Number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940	*US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013*
Low Food Access	Percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store	*US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.*
Liquor Store Access per 100,000 Population	Number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310.	*US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013*
Recreation and Fitness Facility Access per 100,000 Population	Number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940	*US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013*
Population Living in a Health Professional Shortage Area	Percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals.	*US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016*
Access to Primary Care Physicians per 100,000	Number of primary care physicians per 100,000 population. 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	*US Department of Health & Human Services, Health Resources and Services Administration,*

	over and physicians practicing sub-specialties within the listed specialties are excluded	*Area Health Resource File. 2012.*
Access to Mental Health Providers per 100,000	Rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.	*University of Wisconsin Population Health Institute, County Health Rankings. 2016.*
Preventable Hospital Events	Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.	*Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.*
Access to Dentists per 100,000	Number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.	*US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.*
Cancer Screening – Medicare Mammograms	Percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.	*Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012*
Pneumonia Vaccination age 65+	Percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine.	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health*

		Indicators Warehouse. 2006-12
Colonoscopy or Sigmoidoscopy	Percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.*
Current Smokers	Adults age 18 or older self-report currently smoking cigarettes some days or every day.	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12*
Physical Inactivity	Adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?".	*Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.*

Heavy Drinking	Percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12*
Inadequate Fruit/Veggie Consumption	Adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day.	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09*
Suicide Mortality	Rate of death due to intentional self-harm (suicide) per 100,000 population.	*Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.*
Cancer Mortality	Rate of death due to malignant neoplasm (cancer) per 100,000 population.	*Centers for Disease Control and Prevention, National Vital Statistics*

		System. Accessed via CDC WONDER. 2009-13.
Heart Disease Mortality	Rate of death due to coronary heart disease per 100,000 population.	*Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.*
Premature Death Mortality	Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark.	*University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2011-13*
Unintentional Injury Mortality	Rate of death due to unintentional injury (accident) per 100,000 population.	*Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13*
Adults with Obesity	Adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese).	*Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.*
Adults with Diabetes	Percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes.	*Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention*

		and Health Promotion. 2012
Medicare High Blood Pressure	Percentage of the Medicare fee-for-service population with hypertension (high blood pressure).	*Centers for Medicare and Medicaid Services. 2012.*
Medicare Population with Depression	Percentage of the Medicare fee-for-service population with depression.	*Centers for Medicare and Medicaid Services. 2012.*
Adults with Poor General Health	Adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?".	*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.*