Moab Regional Hospital
Moab, UT

Community Health Needs Assessment
Secondary Data Analysis and
Focus Group Report
May 2013

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Moab Regional Hospital
Community Health Needs Assessment, Focus Group, and Secondary Data Assessment Findings

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Moab Regional Hospital
Community Health Needs Assessment
Summary Report

Introduction

Moab Regional Hospital (Moab) is a voluntary, non-profit; 17-bed Critical Access Hospital located in Moab, Utah. Moab participated in the Community Health Assessment survey process administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the spring of 2013, a random stratified sample within Moab's service area was surveyed on the utilization and perception of local health care services. This report details the results of the survey in both narrative and chart formats, as well as a summary report of focus groups and secondary data analysis. Included in the assessment findings are recommendations for developing and implementing plans that address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Findings from this report 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
- 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
- Establishing baselines as a reference point for measuring progress over time
- Supporting community-based strategic planning

Survey Methodology

Survey Instrument

In January 2013, The Center conferred with leaders from Moab Regional Hospital to discuss the objectives of a regional community health needs assessment survey. A 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

Moab Regional Hospital 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 Prime Net 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 April 2013, the community health needs assessment, a cover letter on Moab Regional Hospital's letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region. A press release was sent to local newspapers prior to the survey distribution announcing that Moab would conduct a community health needs assessment throughout the region in cooperation with The Center.

One hundred eighty-five of the mailed surveys were returned providing a 26% 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 5.44%. Note that 87 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

Percentages indicated on the following tables and graphs are based upon the number of responses for each individual question from the survey and are rounded to the nearest whole number. The top three percentages in each table have been bolded for easy reference.

Survey Respondent Demographics

The following tables indicate the demographic characteristics of survey respondents. Information on place of residency, gender, age, and employment status is included. Percentages indicated in the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

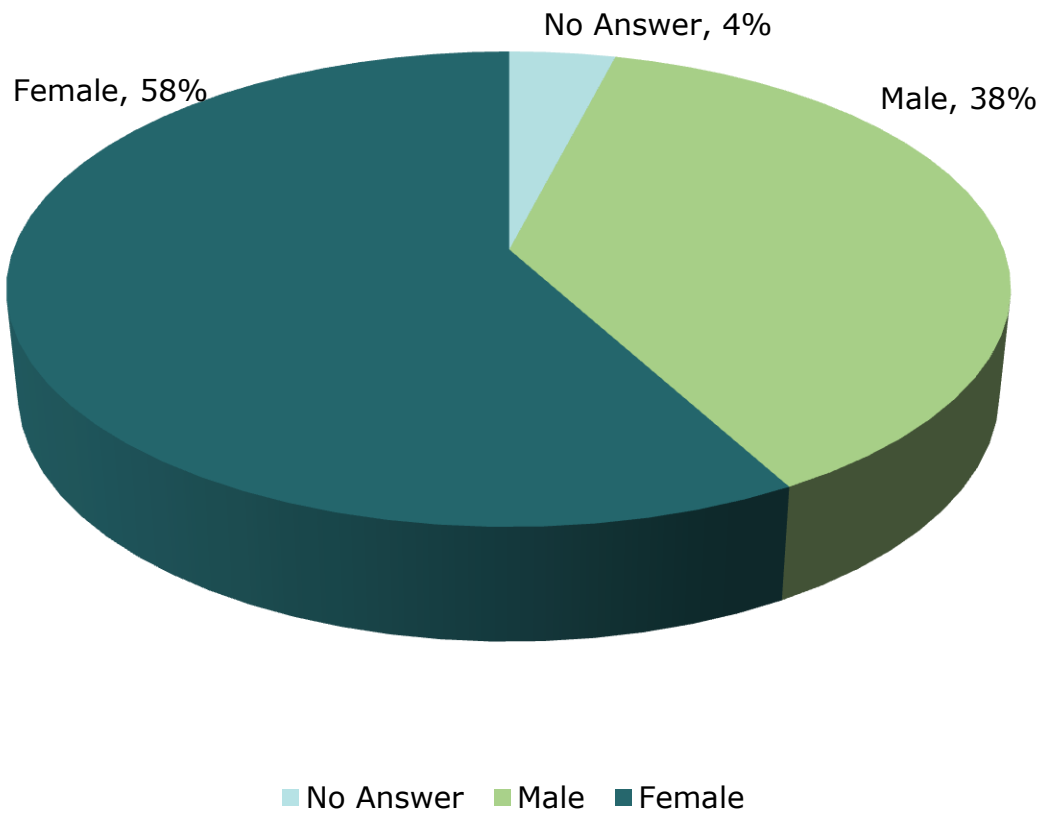
Place of Residence (Question 31)

Zip codes with the greatest number of admissions were stratified in the initial sample selection so that each area would be represented in proportion to both the overall served population and the proportion of past admissions. Based on this selection, 94% (n=174) of respondents reside in Moab, Utah. (N=185)

Location	Count	Percent
84532 Moab	**174**	**94%**
84530 La Sal	**5**	**3%**
84525 Green River	**3**	**2%**
No Answer	2	1%
84540 Thompson	1	1%
84535 Monticello	0	0%
84511 Blanding	0	0%

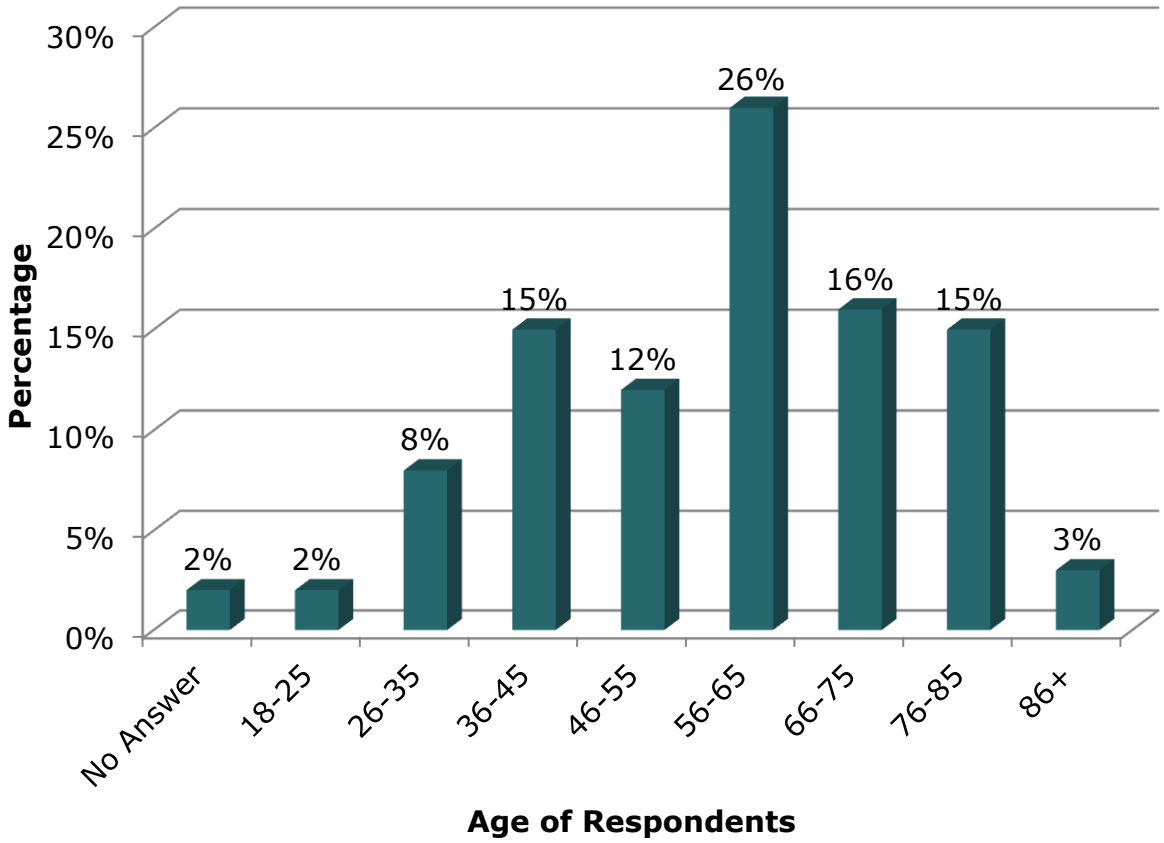
Gender of Respondents (Question 32)

Of the 185 surveys returned, 58% (n=108) of survey respondents were female, 38% (n=70) were male and 4% (n=7) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families. (N=185)



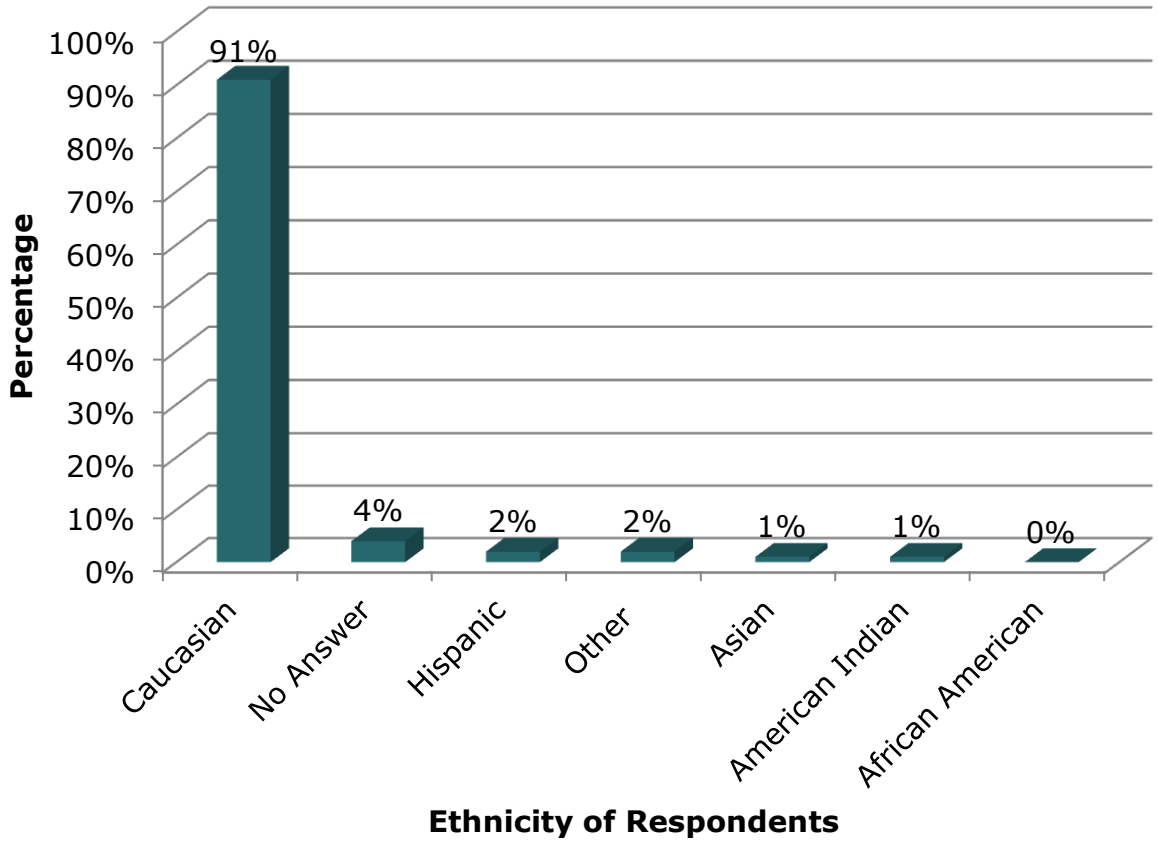
Age of Respondents (Question 33)

Twenty-six percent (n=49) of respondents were between the ages of 56-65 years old and 16% (n=29) were 66-75 years old. The population of respondents in this community is comparable to other rural community health assessment demographics. The increasing percentage of elderly residents in rural communities is a trend that is seen throughout rural America and will likely have a significant impact on the need for health care services during the next 10-20 years. Older residents are also more invested in health care decision making; therefore they are more likely to respond to health care surveys, as reflected by the graph below. It is important to note that the survey was targeted to adults and therefore no respondents are under age 18. (N=185)



Ethnicity of Respondents (Question 34)

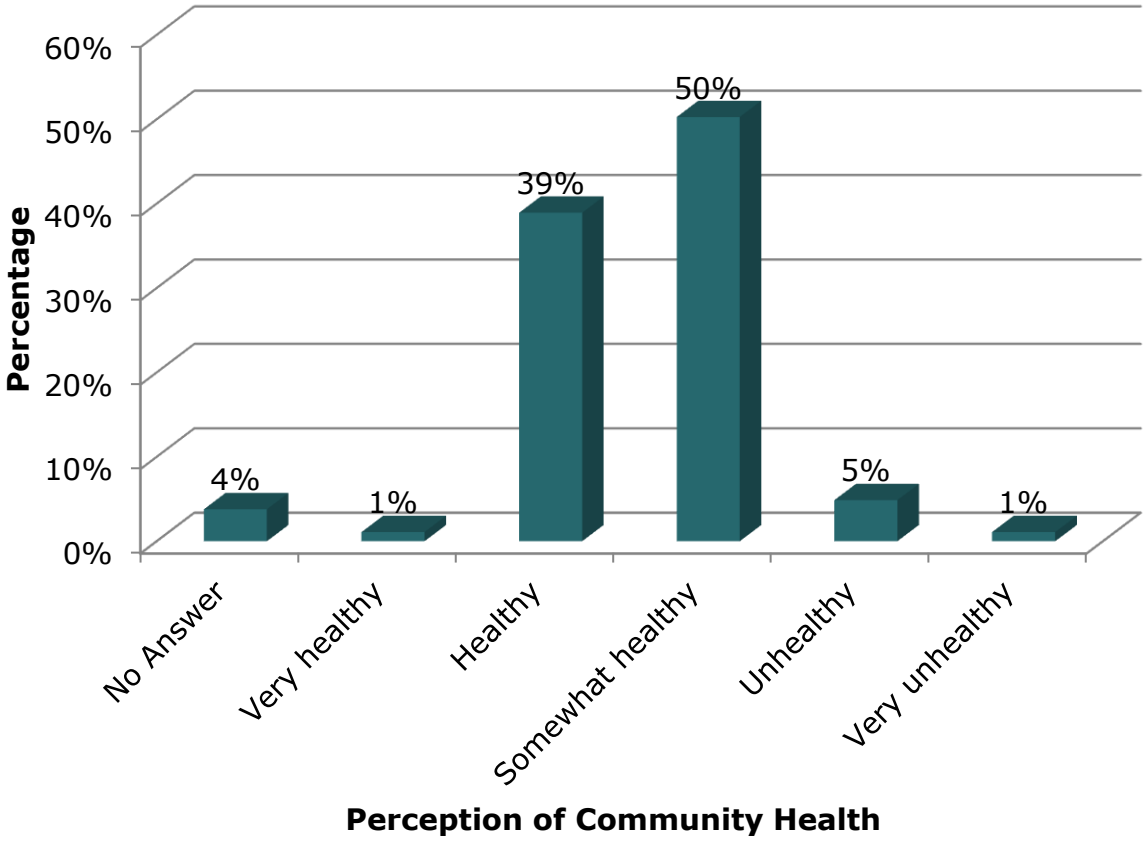
Ninety-one percent (n=168) of respondents indicate they are Caucasian, 4% (n=7) chose not to answer this question. (N=185)



Survey Findings

Perception of Community Health (Question 1)

Respondents were asked how they would rate their community as a healthy place to live. Thirty-nine percent (n=72) of respondents rated their community as "Healthy" while 50% (n=93) felt their community was "Somewhat healthy." This indicates an opportunity to improve Moab residents' perception of their community's health. (N=185)



Community Health Concerns (Question 2)

Respondents were asked to identify the three most serious health concerns in the community. The number one health concern identified by respondents was "Alcohol/substance abuse" (68%, n=123), followed by "Cancer" (38%, n=69) and "Obesity" (30%, n=54). "Alcohol/substance abuse" is typically the most frequent response from other rural community health needs assessments conducted by The Center. Respondents were asked to pick their top three health concerns, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 182)

Health Concerns	Count	Percent
Alcohol/substance abuse	**123**	**68%**
Cancer	**69**	**38%**
Obesity	**54**	**30%**
Lack of access to health care	47	26%
Mental health issues	39	21%
Diabetes	34	19%
Domestic violence	31	17%
Tobacco use	31	17%
Heart disease	29	16%
Child abuse/neglect	28	15%
Underage alcohol use	18	10%
Lack of dental care	16	9%
Lack of exercise	13	7%
Other	12	7%
Motor vehicle accidents	3	2%
Stroke	2	1%

Criteria for a Healthy Community (Question 3)

Respondents were asked to identify the three most important criteria to a healthy community. Sixty-five percent (n=121) of respondents indicated "Access to health care and other services" was important for a healthy community and "Good jobs and a healthy economy" was the second most indicated criteria to a healthy community (41%, n=75). "Healthy behaviors and lifestyles" (35%, n=65) was the third most frequent selection identified as a criteria for a healthy community. These are generally the top 3 responses in rural community health needs assessments conducted by The Center. Respondents were asked to identify their top three choices thus the percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (N=185)

Important Criteria	Count	Percent
Access to health care and other services	**121**	**65%**
Good jobs and a healthy economy	**75**	**41%**
Healthy behaviors and lifestyles	**65**	**35%**
Affordable housing	56	30%
Good schools	41	22%
Low crime/safe neighborhoods	38	21%
Clean environment	30	16%
Removal of cost barriers	27	15%
Tolerance of diversity	26	14%
Strong family life	23	12%
Religious or spiritual values	17	9%
Community involvement	15	8%
Low level of domestic violence	11	6%
Parks and recreation	11	6%
Low death and disease rates	9	5%
Removal of health disparities	7	4%

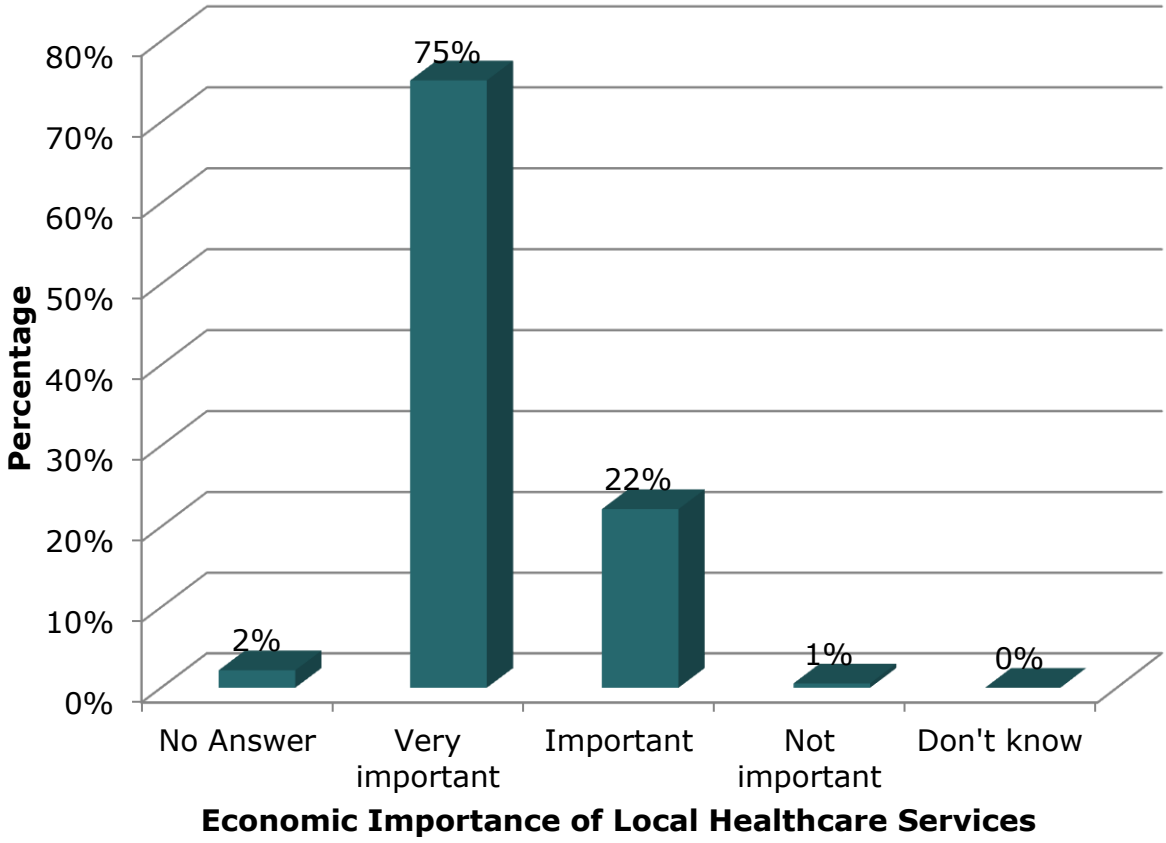
Ideas for Improving Access to Health Care (Question 4)

Respondents were asked to identify methods for improving access to local health care services. "Removal of cost barriers" (67%, n=121) was the most frequently reported method indicated, followed by "Improved quality of care" (43%, n=78). These responses are atypical based on other community health needs assessments offered by The Center, where more primary care providers and more specialists are the most frequent responses. Respondents could select more than one method so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 180)

Method	Count	Percent
Removal of cost barriers	**121**	**67%**
Improved quality of care	**78**	**43%**
More primary care providers	**70**	**39%**
Greater health education services	66	37%
More specialists	60	33%
Outpatient services expanded hours	47	26%
Transportation assistance	31	17%
Cultural sensitivity	14	8%
Interpreter services	13	7%
Other	13	7%
Telemedicine	7	4%

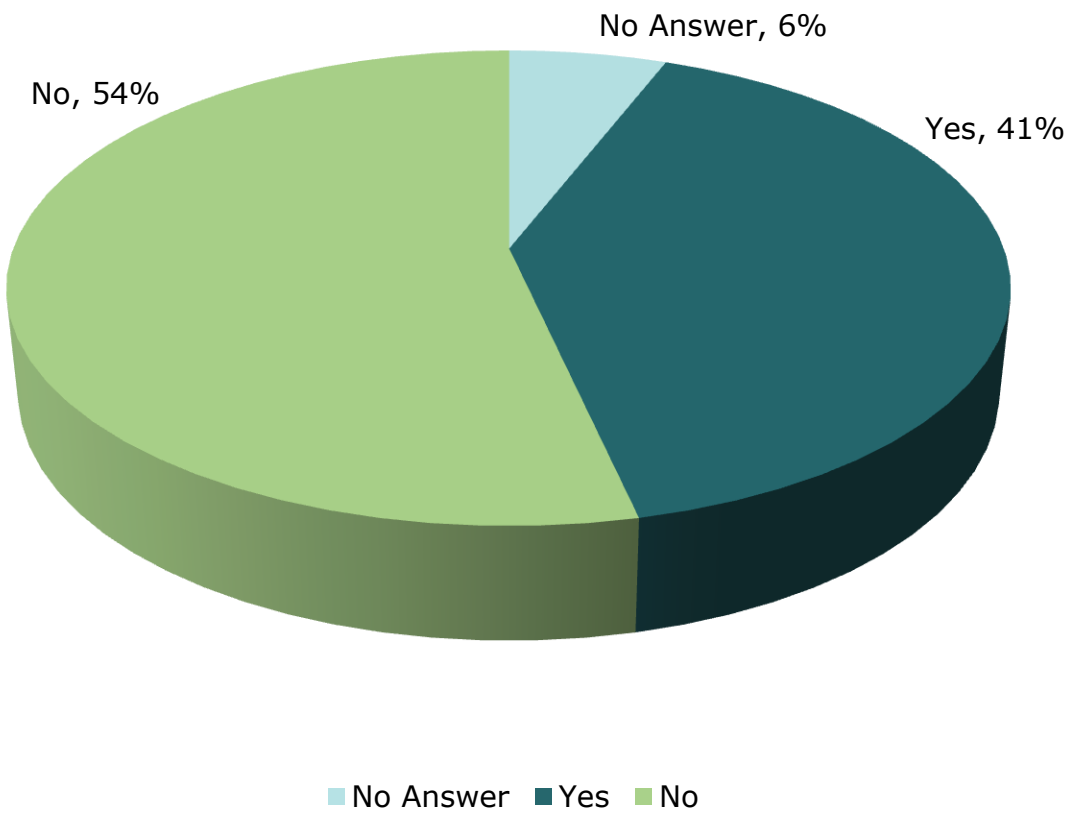
Economic Importance of Local Health Care Services (Question 5)

The majority of respondents (75%, n=139) indicated that local health care services are very important to the economic well-being of the area while 22% (n=41) indicated they are important. (N=185)



Delayed Receiving Health Care Services (Question 10)

Of the 185 surveys completed, 41% (n=75) reported they, or a member of their household, thought they needed health care services but either did NOT get the service or experienced a delay in receiving it. This percentage is substantially higher than the average of 23% of those that did not receive care when it was needed. Fifty-four percent (n=99) of respondents felt they were able to get the health care services they needed without delay. (N=185)



Reasons for Delaying Health Care Services (Question 7)

The reasons most frequently cited for why respondents were not able to receive, or had a delay in receiving health care services were: "It cost too much" (61%, n=52), "No insurance" (29%, n=25) and "Too long to wait for an appointment" (25%, n=21). Comments listed as "Other" are available in Appendix B. Respondents were asked to select up to three applicable choices, therefore percentages do not total 100%. (n= 45)

Reason	Count	Percent
It costs too much	**52**	**61%**
No insurance	**25**	**29%**
Too long to wait for an appointment	**21**	**25%**
My insurance didn't cover it	20	24%
Could not get an appointment	14	16%
Office wasn't open when I could go	14	16%
Other	11	13%
Not treated with respect	9	11%
Don't like doctors	9	11%
Too nervous or afraid	8	9%
Unsure if services were available	6	7%
Could not get off work	4	5%
Didn't know where to go	2	2%
Transportation problems	2	2%
It was too far to go	1	1%
Had no one to care for the children	0	0%
Language barrier	0	0%

Preventative Services Used in the Last Year (Question 8)

Respondents were asked to identify which of the following preventative test and early diagnostic services they have received in the past year. Of the preventative services listed, "Routine health checkup" was the most frequent response by 57% (n=105) of respondents. Fifty-two percent (n=95) of respondents also had a "Routine blood pressure check" and 47% (n=86) had a "Flu shot". Comments listed as "Other" are available in Appendix B. Respondents were asked to select all that applied, therefore percentages do not total 100%. (n= 184)

Preventative Service	Count	Percent
Routine health checkup	**105**	**57%**
Routine blood pressure check	**95**	**52%**
Flu shot	**86**	**47%**
Cholesterol check	81	44%
Mammography	51	28%
Pap smear	41	22%
Colonoscopy	29	16%
Prostate (PSA)	25	14%
None	19	10%
Children's checkup/Well baby	15	8%
Other	8	4%

Additional Health Care Services Desired (Question 9)

Respondents were asked to identify additional health care services they desired locally. The most frequently cited request was a "Weekend walk-in clinic" by 65% (n=81) of respondents. "Assisted living" (21%, n=26) and "Memory care" (15%, n=18) was also requested. Please reference Appendix B for a complete listing of additional services desired locally. (n=124)

Health Care Service	Count	Percent
Weekend walk-in clinic	**81**	**65%**
Assisted living	**26**	**21%**
Memory care	**18**	**15%**
Other	17	14%
Occupational medicine clinic	14	11%
Certified midwife	13	10%
Dialysis	7	6%
Coumadin clinic	5	4%

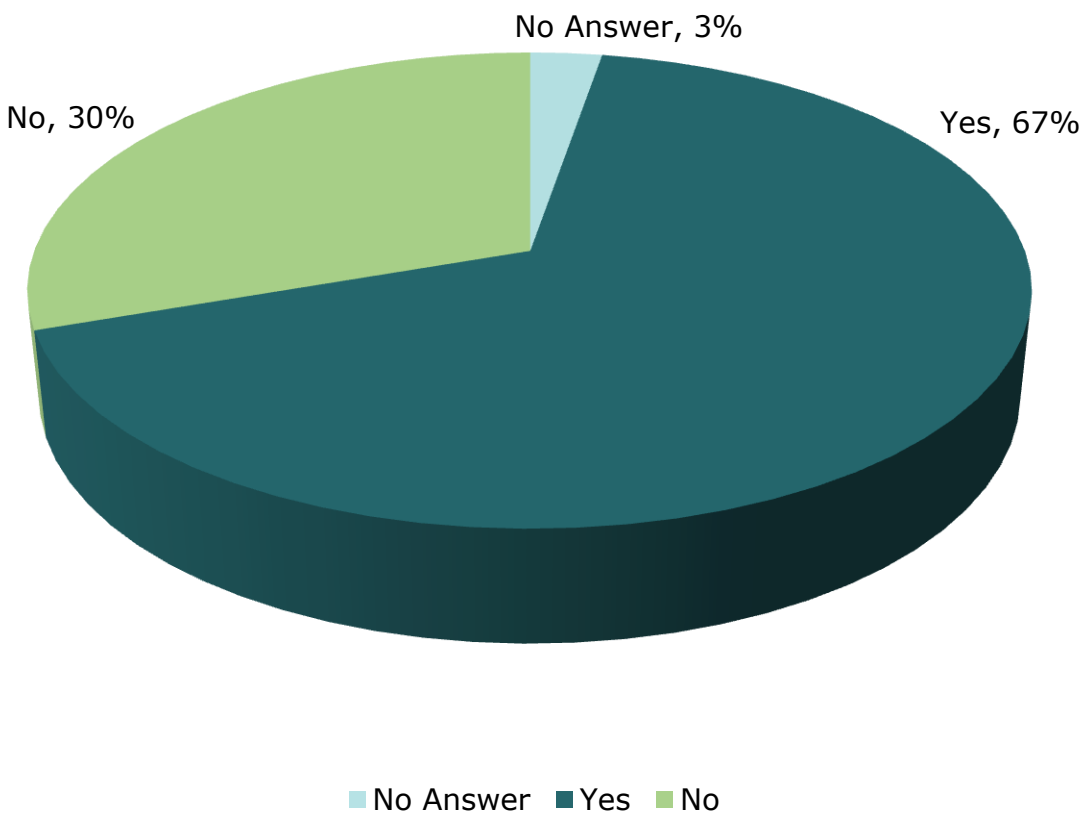
Medical Services Received in Moab in the Past Three Years (Question 10)

Respondents were asked to identify what type of medical service in Moab their household utilized the MOST for routine care within the past three years. Of the 148 respondents that answered this question, "Moab Family Medicine" was the most frequently reported medical service received at 76% (n=112). "Moab Regional Hospital" was the second most frequent response (11%, n=17), followed by the "Emergency room" (7%, n=10). This question is unique to Moab, so there is no comparative data available from The Center. (n=148)

Medical Service	Count	Percent
Moab Family Medicine	**112**	**76%**
Moab Regional Hospital	**17**	**11%**
Emergency Room	**10**	**7%**
Not applicable	5	3%
Other	3	2%
Moab Public Health Department	1	1%
Moab Free Health Clinic	0	0%

Hospital Services Received in the Past Three Years (Question 11)

Sixty-seven percent (n=124) of respondents reported that they or a member of their household had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care) during the past three years. This is comparable to other community health needs assessments conducted by The Center, with the average of 71% of respondents having utilized a hospital service. (N=185)



Hospital Location (Question 12)

Of the 124 respondents who received care at a hospital within the past three years, 65% (n=80) report Moab as the facility their household uses the most for day surgery, obstetrical care, rehabilitation, radiology, emergency care or overnight hospitalization. Respondents were asked to select only one response. Comments listed as "Other" are available in Appendix B. (n=124)

Hospital Location	Count	Percent
Moab	**80**	**65%**
Grand Junction	**24**	**19%**
Salt Lake City	**5**	**4%**
Provo	3	2%
San Juan	3	2%
VA	3	2%
Other	3	2%
Green River	1	1%
Monticello	1	1%
Price	0	0%

Reason for Selecting the Hospital Used (Question 13)

Of respondents who received care in a hospital, the primary reason for selecting a site was "Closest to home" (63%, n=89) which is the most frequent response in other rural community health needs assessments conducted by The Center. Respondents were asked to select three field choices that most applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=141)

Reason	Count	Percent
Closest to home	**89**	**63%**
Prior experience with hospital	**59**	**42%**
Referred by physician	**51**	**36%**
Hospital's reputation for quality	50	35%
Emergency, no choice	40	28%
Cost of care	21	15%
Closest to work	16	11%
Recommended by family or friends	16	11%
Required by insurance plan	13	9%
Other	13	9%
VA/Military requirement	7	5%

Hospital Services Received Outside of Moab Regional Hospital (Question 14)

Respondents were asked to identify which hospital services, they or a household member have received outside of Moab Regional Hospital. "Surgery" was the most frequent response at 51% (n=56), followed by "Imaging" (44%, n=48) and "Lab tests" (43%, n=43). Note that 110 of the 124 respondents that have received hospital services responded to this question. Respondents could select all that apply, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=110)

Hospital Services	Count	Percent
Surgery	**56**	**51%**
Imaging	**48**	**44%**
Lab tests	**47**	**43%**
Emergency	32	29%
Orthopedic services	28	25%
Inpatient stay	26	24%
Other	18	16%
Nuclear medicine	6	5%
Oncology/infusion	5	5%
Labor/delivery	4	4%
Dialysis	1	1%
Hospice	1	1%

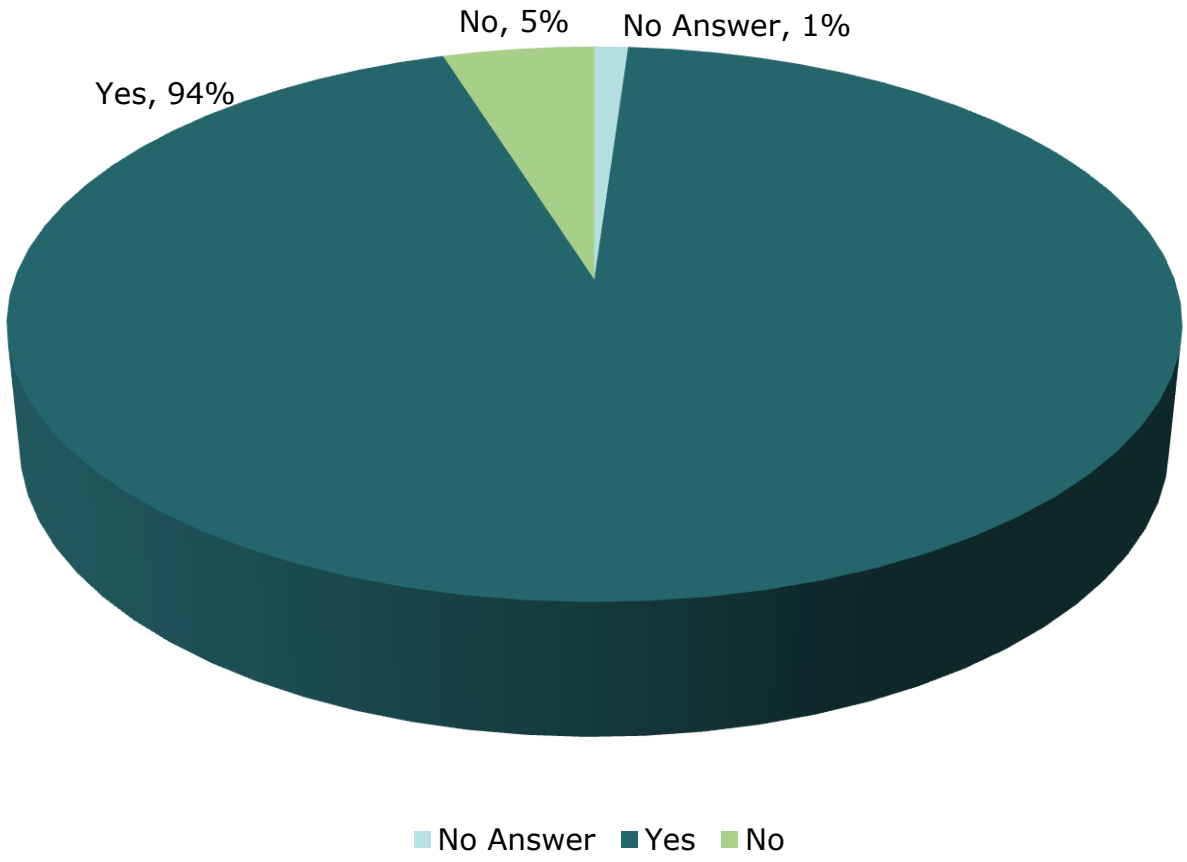
Location of Future Hospitalization (Question 15)

Respondents were asked to identify which facility they or a household member would use in the event of a future hospitalization. Almost half (49%, n=83) of respondents selected Moab as their top choice, while Grand Junction was ranked second by 31% (n=52) of respondents. Respondents were asked to select only one field selection. Comments listed as "Other" are available in Appendix B. (n=168)

Hospital Location	Count	Percent
Moab	**83**	**49%**
Grand Junction	**52**	**31%**
Other	**11**	**7%**
Salt Lake City	9	5%
Provo	5	3%
Monticello	4	2%
VA	4	2%
Green River	0	0%
Price	0	0%
San Juan	0	0%

Primary Care Received in the Past Three Years (Question 16)

Ninety-four percent (n=174) of respondents reported that they or a member of their family had received primary care services from a family physician, physician assistant, or nurse practitioner over the past three years. This is a comparable percentage from other rural community health needs assessments conducted by The Center, where the average is 94%. (N=185)



Reason for Selecting the Primary Care Provider (Question 18)

Respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked why they chose that primary care provider. "Prior experience with the clinic" (44%, n=74) was the most frequently cited factor in primary care provider selection, followed by "Closest to home" (42%, n=71). Typically, closest to home is the most frequent response in other community health needs assessments administered by The Center. Respondents were asked to select all that applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 170)

Reason	Count	Percent
Prior experience with clinic	**74**	**44%**
Closest to home	**71**	**42%**
Clinic's reputation for quality	**51**	**30%**
Appointment availability	39	23%
Recommended by family or friends	34	20%
Cost of care	21	12%
Referred by physician or other provider	20	12%
Length of waiting room time	12	7%
Required by insurance plan	11	6%
Other	10	6%
VA/Military requirement	4	2%
Indian Health Services	1	1%

Reasons for Seeking Primary Care Outside of Grand County (Question 19)

Respondents were asked to identify why they may seek primary health care services outside of Grand County. Forty-one (n=45) reported they seek health care services elsewhere because of the "Quality of staff" or because they have a "Prior relationship with another health care provider" (25%, n=27). Thirty-seven percent (n=41) indicated they use local health care services and therefore this question is not applicable to them. Note that 42 out of the 174 respondents that indicated use of primary care services did not answer this question. Respondents could select all that apply, so percentages do not total 100%. Comments listed as "Other" are available in Appendix B. (n=132)

Reason	Count	Percent
Quality of staff	**45**	**41%**
N/A: I/we use local services	**41**	**37%**
Prior relationship with other health care provider	**27**	**25%**
Cost of care	26	24%
Quality of equipment	24	22%
Other	21	19%
More privacy	17	15%
Closest to home	8	7%
VA/Military requirement	7	6%
Required by insurance plan	4	4%
Closest to work	1	1%

Location of Future Primary Health Care Provider (Question 20)

Seventy-six percent (n=132) of respondents indicated Moab as the location for their future primary health care provider needs, followed by Grand Junction (12%, n=21) at a distant second and Salt Lake City (3%, n=6) at a distant third. Respondents were asked to select only one response. Comments listed as "Other" are available in Appendix B. (n=174)

Location	Count	Percent
Moab	**132**	**76%**
Grand Junction	**21**	**12%**
Salt Lake City	**6**	**3%**
VA	4	2%
Monticello	3	2%
Other	3	2%
Provo	2	1%
Green River	1	1%
Price	1	1%
San Juan	1	1%

Overall Quality of Care at Moab Regional Hospital (Question 21)

Respondents were asked to provide quality ratings for a variety of services offered at Moab Regional Hospital using a scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor. "Don't Know" was also an available choice. Non-numerical selections were eliminated, and the sums of the average weighted scores were calculated. "Facility appearance" received the top average weighted score for quality with 3.54 out of 4.00. The total average weighted quality score for the hospital was 3.13 indicating the overall quality of services at the hospital as good. The average range of overall quality of services in other rural community health needs assessments conducted by The Center is 2.86-3.65. A chart of the average weighted scores is below. Percentages and counts from each category are available in the table on the next page.

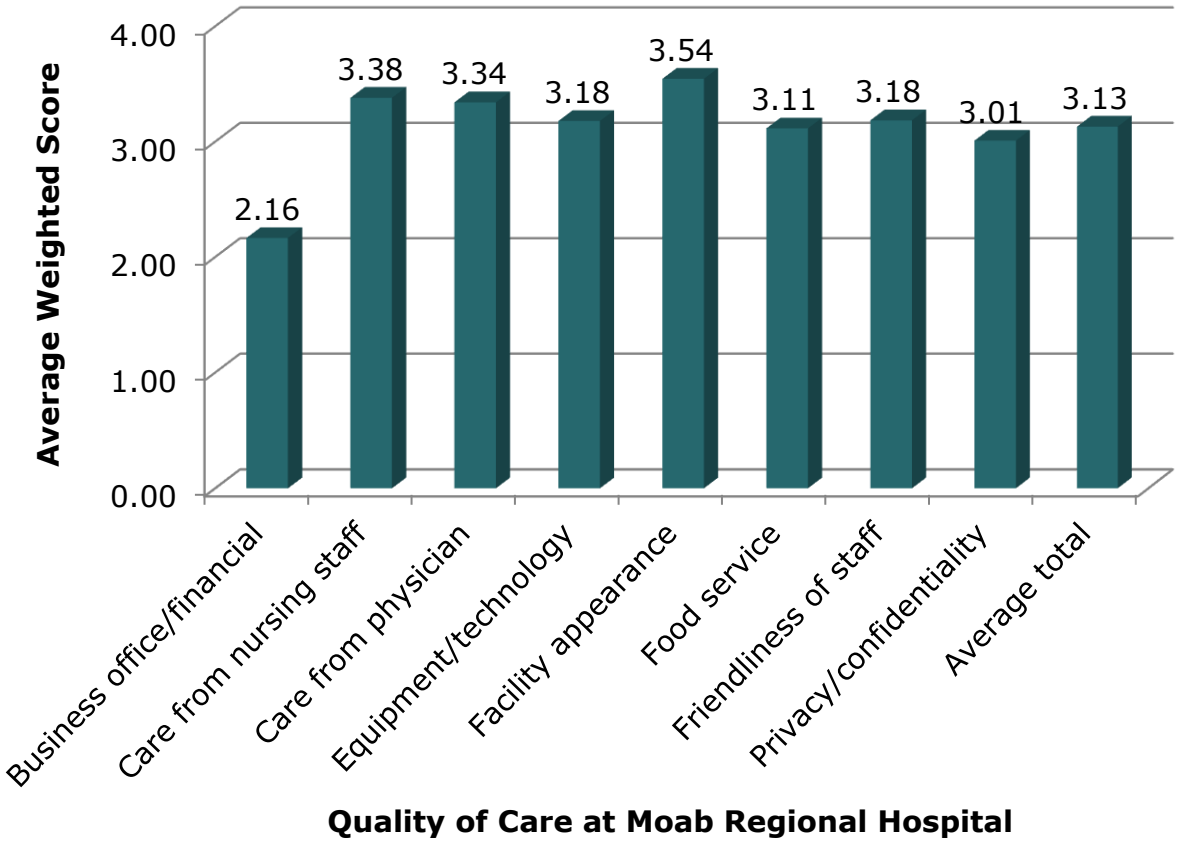
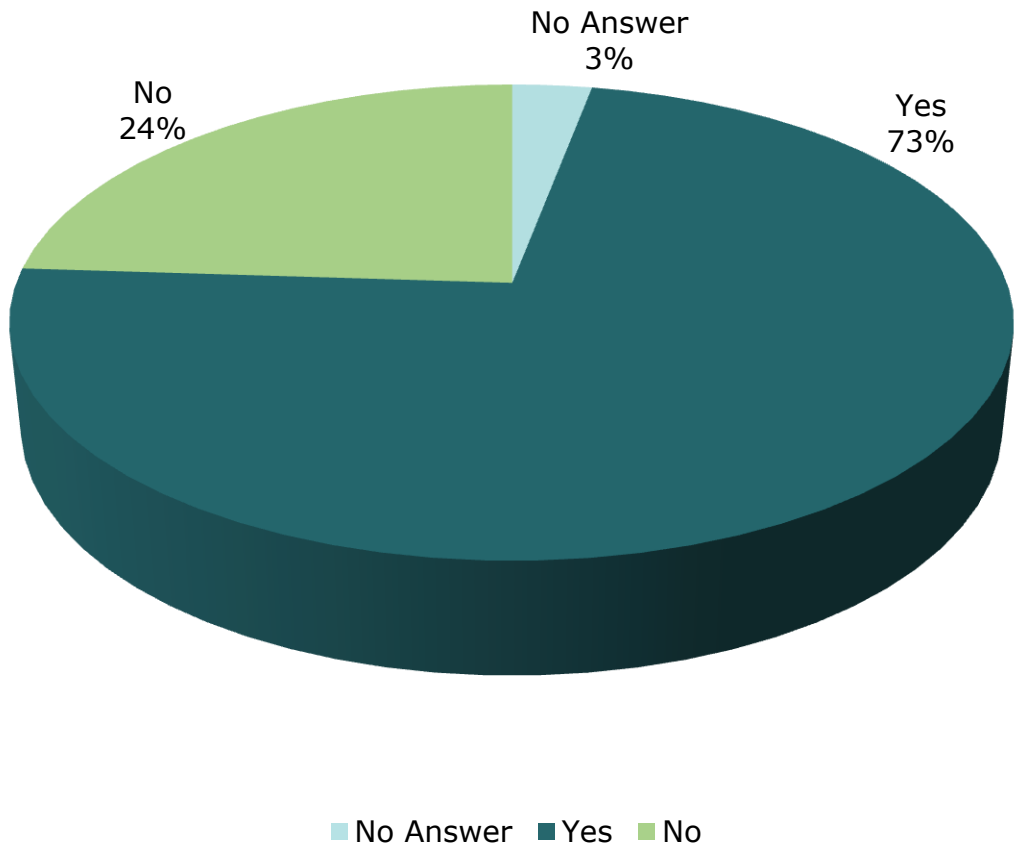


Table of Overall Quality of Care at Moab Regional Hospital (Question 21)

Service	Excellent 4	Good 3	Fair 2	Poor 1	Don't Know	No Answer	Average Weighted Score
Business office/financial	12% (n=16)	28% (n=37)	25% (n=34)	**35% (n=47)**	n=39	n=12	**2.16**
Care from nursing staff	**50% (n=68)**	42% (n=58)	4% (n=6)	4% (n= 5)	n=40	n=8	**3.38**
Care from physician	**53% (n=78)**	33% (n=48)	10% (n=14)	4% (n=7)	n=33	n=5	**3.34**
Equipment/ technology	36% (n=50)	**48% (n=67)**	15% (n=21)	1% (n=2)	n=38	n=7	**3.18**
Facility appearance	**61% (n=97)**	32% (n=51)	6% (n=9)	1% (n=1)	n=19	n=8	**3.54**
Food service	**39% (n=27)**	36% (n=25)	24% (n=17)	1% (n=1)	n=105	n=10	**3.11**
Friendliness of staff	40% (n=61)	**42% (n=64)**	14% (n=21)	4% (n=6)	n=26	n=7	**3.18**
Privacy/ confidentiality	37% (n=47)	**39% (n=49)**	13% (n=16)	11% (n=15)	n=49	n=9	**3.01**
N=	**444**	**399**	**138**	**84**	**N=349**	**N=66**	**3.13**

Use of Health Care Specialists during the Past Three Years (Question 22)

Seventy-three percent (n=135) of respondents indicated that they or a household member had seen a health care specialist during the past three years, which is comparable to other rural community health needs assessments conducted by The Center, where the average is 73%. (N=185)



Type of Health Care Specialist Seen (Question 24)

Survey respondents reported seeing a wide array of health care specialists. The type of specialists most frequently reported were "Dentist" (44%, n=63), "Orthopedic surgeon" (34%, n=48) and "Physical therapist" (23%, n=32). The use of dentistry and services is similar to other communities surveyed by The Center. Note that zero respondents indicated seeing a substance abuse counselor; however substance abuse was rated the top community health concern. Again, respondents were asked to select all that applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=142)

Health Care Specialist	Count	Percent
Dentist	**63**	**44%**
Orthopedic surgeon	**48**	**34%**
Physical therapist	**32**	**23%**
General surgeon	31	22%
Dermatologist	29	20%
Cardiologist	22	15%
Chiropractor	20	14%
Radiologist	20	14%
Urologist	17	12%
Ophthalmologist	16	11%
Neurologist	15	11%
OB/GYN	15	11%
Gastroenterologist	14	10%
Other	14	10%
ENT (ear/nose/throat)	10	7%
Mental health counselor	10	7%
Neurosurgeon	9	6%
Allergist	6	4%
Endocrinologist	6	4%
Oncologist	6	4%
Psychiatrist (M.D.)	6	4%
Pulmonologist	5	4%
Pediatrician	4	3%
Psychologist	3	2%
Rheumatologist	3	2%
Occupational therapist	2	1%
Speech therapist	2	1%
Dietician	1	1%
Social worker	1	1%
Substance abuse counselor	0	0%

Location of Health Care Specialist (Question 24)

Of the respondents that indicated they saw a health care specialist in the last three years, 56% (n=80) saw a specialist in Grand Junction, 52% (n=74) saw a specialist in Moab, and 20% (n=28) saw a specialist in Salt Lake City. Respondents could select more than one location, therefore percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 143)

Location	Count	Percent
Grand Junction	**80**	**56%**
Moab	**74**	**52%**
Salt Lake City	**28**	**20%**
Provo	13	9%
Other	10	7%
VA	8	6%
Price	4	3%
San Juan	3	2%
Green River	2	1%
Monticello	1	1%

Overall Quality of Services at Moab Regional Hospital (Question 25)

Respondents were asked to provide quality ratings for a variety of services offered at Moab Regional Hospital using a scale of 1-4 where 4= Excellent, 3= Good, 2= Fair, and 1= Poor. "Don't Know" was also an available choice. Non-numerical selections were eliminated, and the sums of the average weighted scores were calculated. "Surgery" received the top average weighted score for quality with 3.24 out of 4.00. The total average weighted quality score for the hospital was 3.01 indicating the overall quality of services at the hospital as good. The average range of overall quality of services in other rural community health needs assessments conducted by The Center is 2.93-3.51. A chart of the average weighted scores is below. Percentages and counts from each category are available in the table on the next page.

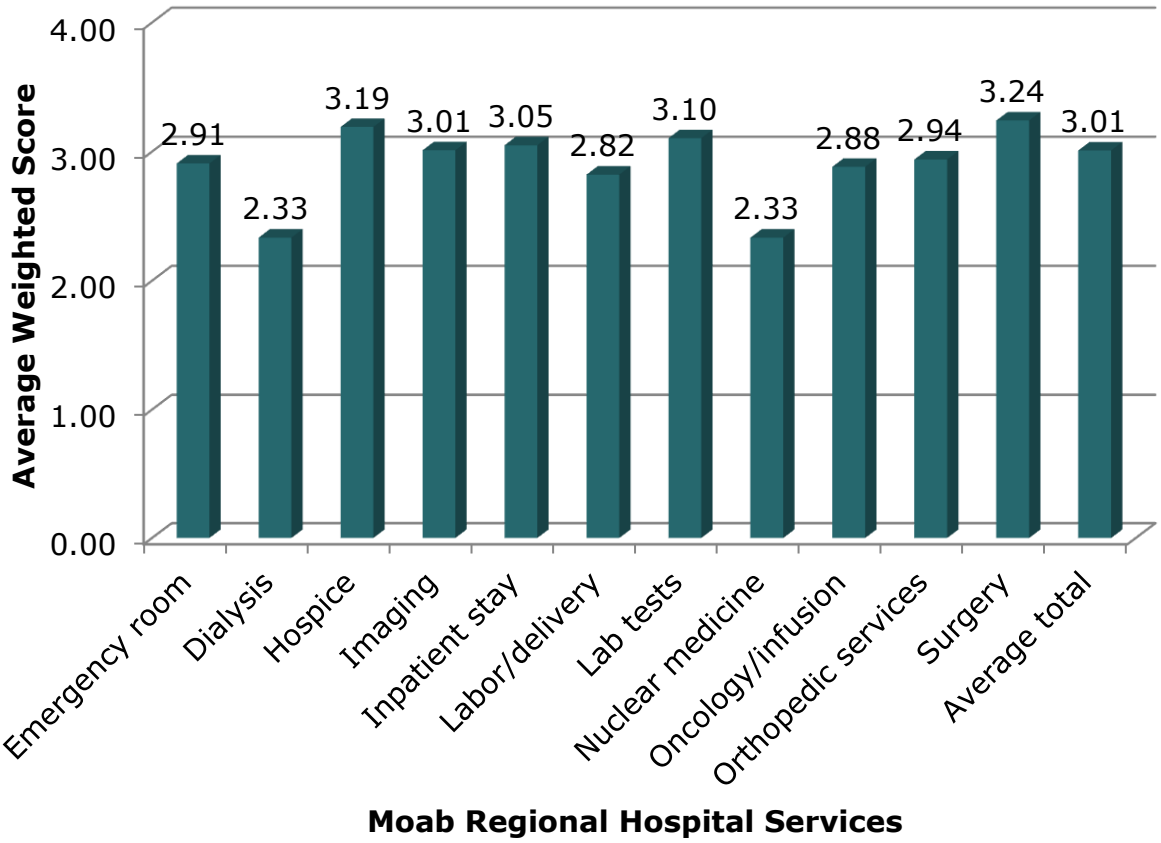


Table of Overall Quality of Services at Moab Regional Hospital (Question 25)

Service	Excellent 4	Good 3	Fair 2	Poor 1	Don't Know	No Answer	Average Weighted Score
Emergency room	25% (n=27)	**50% (n=54)**	16% (n=17)	9% (n=10)	n=110	n=69	**2.91**
Dialysis	17% (n=1)	**33% (n=2)**	17% (n=1)	**33% (n=2)**	n=122	n=73	**2.33**
Hospice	**48% (n=10)**	32% (n=7)	10% (n=2)	10% (n=2)	n=103	n=74	**3.19**
Imaging	30% (n=30)	**47% (n=47)**	17% (n=17)	6% (n=6)	n=57	n=72	**3.01**
Inpatient stay	**39% (n=16)**	**39% (n=16)**	10% (n=4)	12% (n=5)	n=110	n=77	**3.05**
Labor/delivery	21% (n=6)	**54% (n=15)**	11% (n=3)	14% (n=4)	n=83	n=76	**2.82**
Lab tests	33% (n=41)	**50% (n=62)**	13% (n=16)	4% (n=6)	n=106	n=72	**3.10**
Nuclear medicine	17% (n=1)	**33% (n=2)**	17% (n=1)	**33% (n=2)**	n=110	n=77	**2.33**
Oncology/ infusion	24% (n=4)	**59% (n=10)**	0% (n=0)	17% (n=3)	n=84	n=71	**2.88**
Orthopedic services	29% (n=14)	**45% (n=22)**	18% (n=9)	8% (n=4)	n=78	n=70	**2.94**
Surgery	**46% (n=25)**	41% (n=22)	4% (n=2)	9% (n=5)	n=103	n=78	**3.24**
N=	**175**	**259**	**72**	**49**	**N=1280**	**N=200**	**3.01**

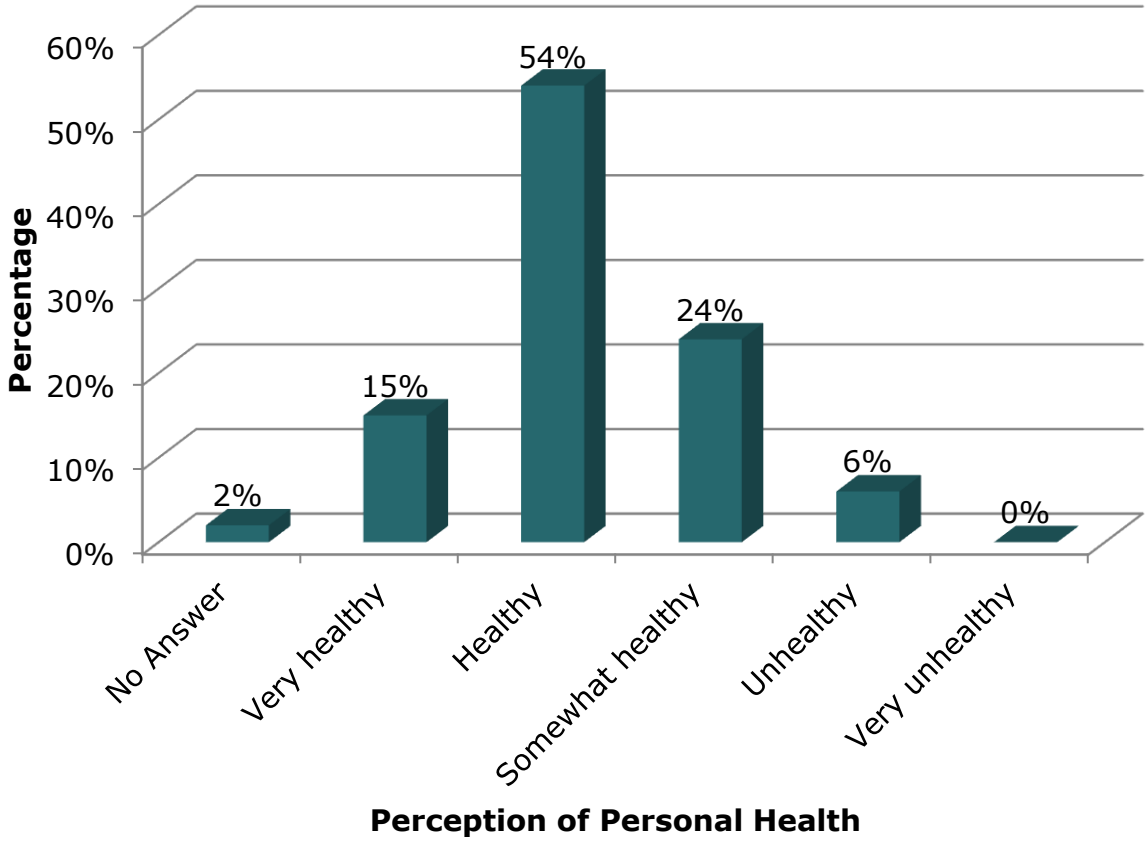
Location of Future Specialty Care Services (Question 26)

Thirty-nine percent (n=65) of respondents indicated Moab as the location for their future primary specialty care needs, followed by Grand Junction (35%, n=59) and Salt Lake City (13%, n=21). Respondents were asked to select only one response. Comments listed as "Other" are available in Appendix B. (n=167)

Location	Count	Percent
Moab	**65**	**39%**
Grand Junction	**59**	**35%**
Salt Lake City	**21**	**13%**
Other	10	6%
Provo	7	4%
VA	4	2%
Monticello	1	1%
Green River	0	0%
Price	0	0%
San Juan	0	0%

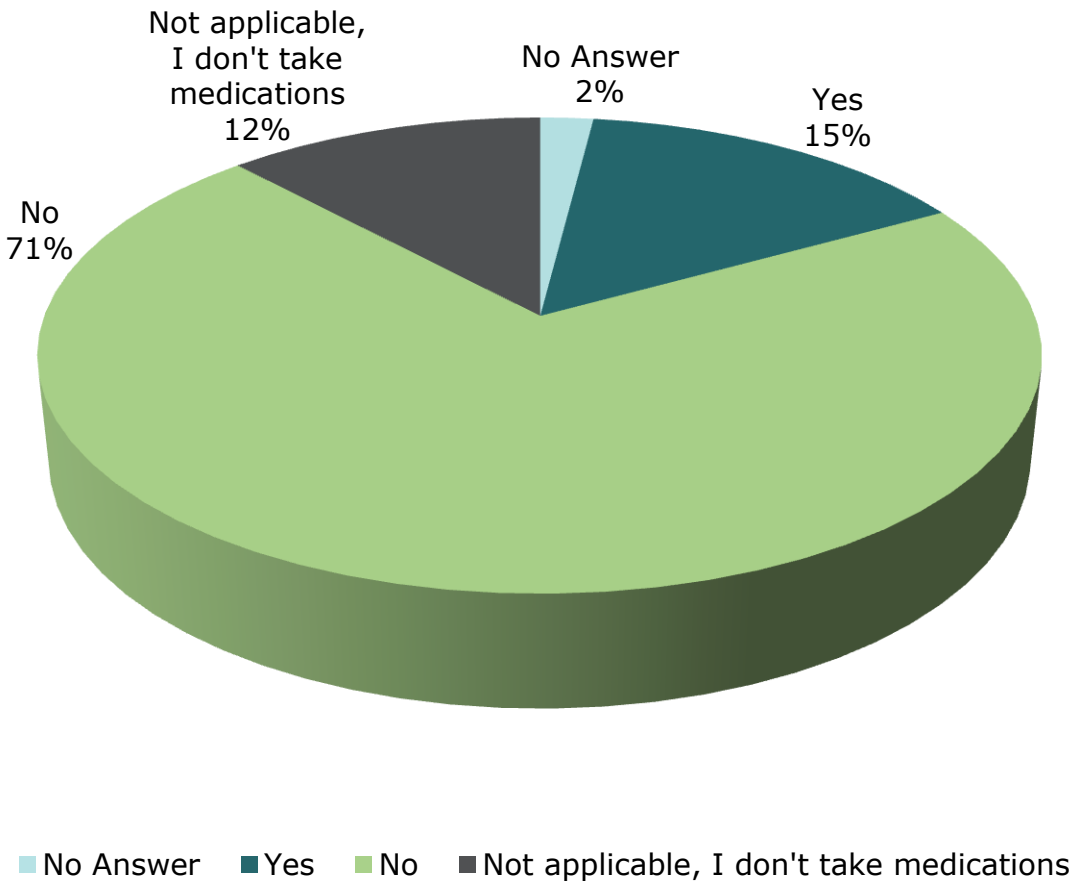
Perception of Personal Health (Question 27)

Respondents were asked how they would rate their own level of health. Fifty-four percent (n=99) perceived their personal level of health to be "Healthy" and 15% (n=28) indicated their level of health as "Very healthy." This is atypical compared to other community health needs assessments conducted by The Center where generally 50% of respondent indicate their health as "Somewhat healthy". (N=185)



Prohibited from Getting Medications (Question 30)

Respondents were asked if cost prohibited them from receiving prescription medications or taking medications regularly. Seventy-one percent (n=132) of respondents are not prohibited by cost in receiving medications, whereas 15% (n=27) have experienced difficulties in this area. (N=185)



Type of Health Care Insurance (Question 29)

Respondents were asked to identify which type of health insurance covers the majority of their household's medical expenses. Thirty-four percent (n=62) of respondents indicate that Medicare covers the majority of healthcare expenses, followed by 31% (n=58) of respondents that have Employer sponsored health insurance. Seven percent (n=13) reported having no health insurance. Respondents were asked to select only one field selection. Comments listed as "Other" are available in Appendix B. (N=185)

Type of Health Insurance	Count	Percent
Medicare	**62**	**34%**
Employer sponsored	**58**	**31%**
Self-paid	**20**	**11%**
No Answer	14	8%
None	13	7%
Medicaid	5	3%
Health Savings Account	5	3%
Other	4	2%
VA/Military	3	2%
State/Other	1	1%
Healthy Kids	0	0%
Indian Health	0	0%
Agricultural Corp. Paid	0	0%

Reasons for Not Having Health Insurance (Question 32)

Of the respondents who indicated they do not have health insurance, 74% (n=23) report they did not have health insurance because they "Cannot afford to pay for health insurance". Please note that an additional 17 individuals responded to this question indicating they had no health insurance compared to question number 29. Respondents were asked to select all answers that applied, thus the percentages do not total 100%. Comments listed as "Other" are available in Appendix B. (n=31)

Reason	Count	Percent
Cannot afford to pay for health insurance	**23**	**74%**
Employer does not offer insurance	**12**	**39%**
Cannot get health insurance due to medical issues	**5**	**16%**
Other	4	13%
Choose not to have health insurance	0	0%

Focus Group Findings

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Moab Regional Hospital (Moab) to conduct focus groups to provide qualitative data as a supplement to the community survey. The purpose of the focus groups was to hear directly from local residents on the strengths and needs of health services in Moab.

Focus Group Methodology

Five focus groups were scheduled in Moab, Utah in March 2013. 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). Fifty-seven people participated in total. The focus groups were designed to represent various consumer groups of local health services including senior citizens, caregivers, business owners, health care providers and special populations in the community. Three focus groups were held at Moab Regional Hospital's Education Classroom, one at the senior center and one at city hall. 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 National Rural Health Resource Center. No identifiable information is disclosed in the focus group summary to maintain confidentiality.

Demographics

Of the 57 focus group participants, there were 31 females and 26 males. The ages ranged from approximately 23-82 years old. It is typical to see a greater participation rate from females as they are often times the primary health care decision maker within a household. All of the respondents reported having direct experience with the health care services provided in Moab. Many respondents self-disclosed that they did not have health insurance.

Focus Group Findings

In your opinion, what are some of the strengths of the health services available in Moab and the surrounding area?

Moab Regional Hospital provides very personable care "where providers are invested in the community and actually listen" to patients. Many respondents indicated that they "could not say enough positive things about the care they have received at the hospital". Participants commended the Emergency Room staff for their high level of competent, professional care. "The staff in the ER is very strong; they see such a variety of illnesses and trauma," reported one participant. "The wait time is always short in the ER compared to other places I've been" recognized a participant. Another acknowledged how all providers at the hospital were effective and knew when to make

referrals appropriately. "I like that people know me (when I come to the hospital)" reported a respondent. The hospital facility was described by many as clean and beautiful, with state of the art equipment and technology. Many were proud to have such a large hospital available locally. The food and food delivery services in the hospital was recognized for "being good."

Participants recognized how valuable it is to have health care accessible locally, not only for emergency situations, but also to support the local economy. Respondents also reported that their level of awareness of services the hospital offers has increased with the hiring of a marketing director. Respondents also commended the hospital's more recent community outreach activities and noted the increased level of community partnerships as a positive step for improving negative perceptions.

Other strengths of health services identified in the community included: impressive services offered through the urgent care; colonoscopy and orthopedic services are well done; home health services are exceptionally valuable for the community; hospice is fabulous; the free clinic is a huge strength as it meets an enormous need in the community; the creation of a health resource directory with costs of services is helpful; the university's development of telemedicine services could be beneficial, as well as the university's potential creation of an LPN nursing program is encouraging; the level 4 trauma emergency medical system designation is reassuring and is perceived to be the "best in Utah" by many; and the work environment within the hospital was described by some as "positive."

In your opinion, what are some of the barriers of the health services available in Moab and the surrounding area?

The primary barrier of the health services available in Moab is the cost of care as the majority of focus group participants perceived Moab's services to be much higher than neighboring facilities, citing that "ultrasounds are twice as expensive in Moab compared to Grand Junction and Salt Lake City." "The hospital's bad reputation lingers and it is only exacerbated by poor budgeting" noted a respondent. "The financial books are terrible. It seems like the hospital is pricing themselves out of the market," shared a participant. Examples were cited of individuals receiving hospital bills that were too high for the quality of care and services received, which is resulting in many refusing to return to Moab for services. There was a perception that the hospital has inflated the cost of care due to the high rate of tourism. "The hospital billing is scary and confusing" reported many. "Once you finally get a bill (6-10 months later), it is often wrong and requires a frustrating conversation in attempts of straightening it out," replied a participant. Many reported being sent to collections prior to even receiving a bill from the hospital, which has angered many as their credit has been negatively impacted by this action. The majority of respondents also self-reported that they did

not have health insurance and therefore, medical expenses were more costly for them. The reason for not having health insurance was due to cost. The errors in billing and the perceived cost of care of being much higher than other facilities has generated a lack of trust in the hospital amongst several focus group participants. "I need to see greater financial transparency at the hospital if I'm going to return there for care" reported a participant. "Many people in Grand County struggle to pay health care expenses—the type of insurance one has (if at all) dictates who gets served and who doesn't; many with Medical Assistance have to go to the free clinic for care" stated a group of participants. A few respondents reported that they have stopped receiving health care services due to cost; instead opting to self-medicate or just not receive care at all. "We want to know the cost of health care services upfront and be given the opportunity to evaluate how to make services cheaper for us (reduced screenings, payment plans, discounts for paying upfront, etc.)- post prices of services like a menu" recommended several participants. Participants suggested that it would be helpful if they were informed of which department (lab, surgery, etc.) they can anticipate receiving a bill from with explanations of the billing process clearly articulated. Translation of the bill in Spanish or instructions on where to go to receive translation services would also be helpful for many community members.

Some focus group participants have feared that the hospital has been struggling more recently since the CEO has left; noting that staff appears to be more territorial regarding their individual departments and coordination of care efforts amongst hospital departments is strained. "Staff don't work as a team; I heard a nurse get yelled at by a housekeeper for grabbing a pillow for me," confided a respondent. "Nobody at the hospital appears to know or demonstrate the mission statement" cited a respondent after describing several examples of ineffective and unprofessional communication amongst staff. "The patient's best interest is not always demonstrated; therefore, I seek care elsewhere" disclosed a respondent. "There is a lack of accountability and transparency at the hospital. There were also complaints within the focus groups of service from the front desk staff as being variable in quality; with some staff reportedly gossiping and being rude. "Front desk staff set the first impression of the facility. Consistency in service excellence needs to be defined by leadership" offered a participant. It was suggested that front desk staff also be bi-lingual to assist Spanish speaking consumers.

Internal awareness of available services also appears to be lacking. "The hospital physicians are transient and therefore don't know what other services are available locally- which is a barrier for internal referrals. Consequently, I know many who have driven to Salt Lake for specialty care services when they could have received this service here in Moab" replied a participant. Although many perceived that recent marketing and outreach efforts have improved, some participants shared that it will be hard for the hospital to change its reputation for not collaborating well with others in

the community and encouraged a greater focus on effective leadership and patient-centered care. Updating the website was also recommended.

How would you describe the availability and quality of care of health services available in Moab?

"The variety of services offered in Moab is impressive IF you are aware of them all" cited a participant. Participants appreciated having mental health, substance abuse and chemical dependency services available, noting that mental and behavioral health issues are a major health concern locally.

Focus group participants recommended increasing awareness and visibility of local health services. In addition, sharing the health resource directory online to inform community members (and physicians) of all of the health services available locally. "People are driving elsewhere for some services just because they didn't know they could get the care they need right here in town." Other recommendations included a process improvement of the intake worker asking individuals what level of assistance the hospital could provide to assist patients' understanding of diagnostic or treatment interventions. For instance: participants thought it would be really helpful if a nurse called the patient to interpret lab or test results, provided baseline information for what is "normal," set goals with the patient for improving the lab result, and offered practical suggestions for methods of improving (or coping with) the overall lab result.

It was suggested that a pediatrician be hired (or utilized as a volunteer or consultant) for the hospital as this was a need identified by several focus groups participants.

What type of new health care services would you like to see available locally?

There was a variety of services recommended that focus group participants would like to see available locally, including: low cost sexual health services including HIV awareness and prevention; testing for sexually transmitted diseases; advanced OB/GYN for high risk pregnancies; education on men's sexual health care; lactation specialist available immediately post birth; pediatrics at the hospital; pediatric dentistry; train front line staff on managing mental/behavioral health crisis situations; assistance with navigating the health care system (between mental health, dental health, hospital, clinic, long term care, etc.); dialysis treatment; bone density tests; dermatology; pulmonology; ophthalmology more than monthly; advocacy programs for patient rights and vulnerable populations; increased prevention and wellness education and outreach activities- specifically, cost effective nutrition and exercise management education; education on health insurance; transportation assistance to

tertiary care facilities; increased community partnerships; and more open financial policies regarding charity care.

There were also recommendations to increase the awareness and marketing of existing health services and information on programs that help low income folks pay for medical expenses.

Why might people leave the community for health care?

The primary reason people cited for leaving the community for health care was the cost of services and the lack of trust with billing. "I feel like I have been shamed by the hospital for not being able to pay my health care bills on time. Staff should get trained on being more respectful and compassionate towards those who are poor," confided a respondent. Participants reported that some individuals are disgruntled due to negative experiences and won't return as a result of it. However, it was also acknowledged that negative stories are often heard louder than the positive stories. Others leave due to confidentiality and privacy issues. Another reason cited for why people may leave the community for health care is the need for advanced specialty care services, including nursing home care- memory care unit; pediatric dentistry; and dialysis treatments.

What are some of the benefits of having health services available locally?

Convenience was the primary benefit to having health services available locally. "It's nice to not have to travel or take more time off from work just to see the doctor," said one respondent. "I'm more likely to see the doctor and get the care I need when I need it because care is local," said another participant. Several participants noted the importance of having physicians available locally to detect health concerns at the earlier stages of diagnosis before problems escalate and require greater interventions. Retirees are more inclined to stay in Moab if health services are available locally. "Ultimately, having health services available in Moab saves lives. The emergency response team does an exceptional job of treating accidents and injuries," reported several participants.

Another benefit of having health services available locally is the positive economic impact of the facility on the community. A recommendation from one participant was to have a hospital economic impact assessment conducted to help the community understand how valuable local health care services are to the financial well-being of the area.

Do you have any additional comments or suggestions regarding health services in Moab?

Participants offered several suggestions to improve care and services, including: hire a CEO that lives in Moab so he/she understands what the community experiences directly; enhance the hospital board and leadership team's training on effective communication and understanding of the mission statement; develop a mission statement, a vision, goals and a strategic plan for the next 3-5 years; revise the mission statement to be simple for all to understand and remember- such as "Moab- the hospital you'll want to live without" or "We're here if you need us"; improve internal and external communication; establish more hospital outreach and expand upon the "dinner with a doc" events; correct customer service interactions immediately; evaluate partnerships with other hospitals (Price? Grand Junction?) for patient referrals and to not duplicate services; collaborate more with the Hispanic and Navajo populations; increase the number of Spanish speaking staff; partner more with the Multi-cultural Center; partner more with the public health department; partner more with the Community Health Center (CHC). Document the return on investment of partnering with the CHC to determine how much money CHC saves on unpaid emergency room expenses. One participant specifically noted, "Having community input is essential to knowing how to make an organization work in a community. Good job for initiating a survey and focus groups. Follow through and build a team that knows and follows the plan for improving the community's health."

In Conclusion

Based on the above qualitative information, it appears that Moab Regional Hospital is providing personalized health care services, with accolades being extended to many hospital departments, including the emergency room. However, the primary concern for local health care services is the cost of care and billing processes which have negatively impacted the reputation of the hospital. Participants suggest improving the billing processes and increasing the marketing of existing services to increase local utilization. Focus group participants recognize the value local health care services contribute to the local economy.

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. Please note, that the data collected for this report is the most current information as of June 2013.

Sources used for the collection of secondary data are primarily from government agencies, including the United States Census Bureau, the Bureau of Labor Statistics, County Health Rankings, and Health Resources and Services Administration,

Demographic & Economic Information on Grand, Wayne and San Juan Counties, Utah

Population Rates

Estimated Population (2012)

Moab	Grand	Wayne	San Juan	Utah
5,046	9,328	2,737	814,965	2,855,287

Source: US Census Bureau (2010)

Population Change 2000-2010

Moab	Grand	Wayne	San Juan	Utah
+0.9%	+1.1%	-1.5%	+1.5%	+3.3%

Source: US Census Bureau (2010)

Population by Age Group

	Grand	San Juan	Wayne	Utah
Persons under 5 years old	6.8%	9.0%	6.7%	9.3%
Persons under 18 years old	23.0%	33.2%	29.1%	31.2%
Persons 65 years old and over	13.9%	11.1%	15.9%	9.2%

Source: US Census Bureau (2011)

Population Estimates by Race

	Grand	San Juan	Wayne	Utah
White persons	92.1%	47.6%	96.2%	91.9%
American Indian/Alaska Native	4.4%	49.0%	1.0%	1.5%
Black persons	0.6%	0.5%	0.3%	1.3%
Asian persons	0.9%	0.5%	1.0%	2.2%
Native Hawaiian/Pacific Islander	0.1%	0.1%	0.1%	1.0%
Hispanic or Latino origin	9.4%	5.3%	4.4%	13.2%
Persons reporting two or more races	83.9%	2.2%	1.6%	80.1%

Source: US Census Bureau (2010)

Education and Workforce

High School Graduates (percent of persons age 25+ that has a high school education)

Grand	San Juan	Wayne	Utah	Nation
84.8%	81.0%	91.9%	90.6%	84.6%

Source: US Census Bureau (2011)

Bachelor's Degree Graduates (percent of persons age 25+ that has a college education)

Grand	San Juan	Wayne	Utah	Nation
27.0%	18.3%	21.9%	29.6%	27.5%

Source: US Census Bureau (2011)

Veterans 2007-2011

Grand	San Juan	Wayne	Utah	Nation
737	576	208	147,944	2,894,578

Source: US Census Bureau (2010)

Primary Care Physicians (all currently licensed): population per 1 provider

Grand	San Juan	Wayne	Utah
846:1	2,118:1	N/A	1,795:1

Range in Utah: 1,562:0 - 846:1

Source: County Health Rankings (2011)

Health Professional Shortage Areas (HPSA): shortage of primary, dental or mental health providers in a county or service area

Grand	San Juan	Wayne
Mental health	Mental health	Primary Care, Dental, Mental health

Source: Health Resources and Services Administration (2013)

Medically Underserved Area (MUA): shortage of providers with high poverty or elderly population on a scale of 0 – 100; score of >62 qualifies as a MUA

Grand	San Juan	Wayne
0.00	41.00	57.7

Source: Health Resource and Services Administration (2013)

Income Rates

Median Household Income 2007-2011

Grand	San Juan	Wayne	Utah	Nation
$42,004	$37,611	$49,847	$57,783	$50,221

Source: US Census Bureau (2011)

Unemployment Rates

Grand	San Juan	Wayne	Utah	Nation
9.8%	11.5%	10.5%	6.7%	7.9%

Source: Bureau of Labor Statistics (2013)

Persons below Poverty Level (2007-2011)

Grand	San Juan	Wayne	Utah	Nation
13.3%	29.4%	14.5%	11.4%	14.3%

Source: US Census Bureau (2011)

Uninsured: Percent of population under age 65 with no health insurance coverage

Grand	San Juan	Wayne	Utah	Nation
23%	23%	22%	17%	16%*

Range in Utah: 12-25%

Source: County Health Rankings (2013), US Census Bureau (2010)*

Behavioral Risk Factors of Adults

Adult Obesity: BMI index greater than or equal to 30

Grand	San Juan	Wayne	Utah	Nation
20%	29%	25%	25%	27.5%*

Range in Utah: 16-30%

Source: County Health Rankings (2013), CDC (2010)*

Adult Smokers: has smoked 100 cigarettes and now smokes every day

Grand	San Juan	Wayne	Utah	Nation
21%	10%	12%	10%	17.3% *

Range in Utah: 5-21%

Source: County Health Rankings (2013), CDC (2010)*

Excessive Drinking: respondents who report they have consumed 5 or more drinks on an occasion, one or more times in the month prior to the survey

Grand	San Juan	Wayne	Utah	Nation
20%	6%	9%	9%	15%*

Range in Utah: 4-20%

Source: County Health Rankings (2013), CDC (2010)*

Teen Birth Rate: per 1,000 population ages 15-19

Grand	San Juan	Wayne	Utah	Nation
54	39	N/A	32	34.3*

Range in Utah: 13-63

Source: County Health Rankings (2013), State Health Facts (2010)*

Access to Recreational Facilities: number of recreational facilities per 100,000 persons

Grand	San Juan	Wayne	Utah
0	0	36	7

Range in Utah: 0-36

Source: County Health Rankings (2013)

Secondary Data Conclusion

This secondary data was collected to identify the demographic and economic information of Grand, San Juan and Wayne residents. Based on US Census data, the city of Moab, Grand County and San Juan County have increased in population since 2000.

Grand County residents have a higher rate of obtaining a bachelor's degree compared to San Juan and Wayne Counties. Grand County residents are also more likely to serve in the military. The median household income for Grand County is higher than San Juan County, but lower than Wayne County. The unemployment rate is also lower than seen in the other counties assessed.

The behavioral health risks of Grand County residents indicate a lower frequency of individuals with obesity, yet higher rates of smoking habits and excessive drinking compared to state percentages. Data indicating the leading causes of death per county were inconsistent or unavailable, therefore this information is not included in the analysis.

Conclusions, Recommendations, and Acknowledgements

Conclusions

Overall, the respondents within Moab Regional Hospital 's service area are seeking hospital and primary care services at a rate that is similar to other rural areas. Respondents acknowledged that prior experience and proximity to home is a factor when seeking health care services, particularly hospital and primary care. Respondents recognize the major impact the health care sector has on the economic well-being of the community. Both the survey and the focus groups identified cost of services as a barrier to receiving health care services locally.

Respondents identified the overall quality of care (facility appearance, care from nursing staff, care from physicians) as good to excellent. The overall quality of services (surgery, hospice, lab test) provided at Moab Regional Hospital is rated as good to excellent.

In summary, it appears that there is support for local health care and that many seek care locally, but there are opportunities to capture a greater market share for specialty care services.

Recommendations

Moab Regional Hospital receives positive ratings related to overall quality of care and services. However, there is always 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.

Moab Regional Hospital is capturing the market within the service area in hospital, and future primary care and specialty care services. However, some residents are leaving the area for care. Evaluate opportunities to increase the market share by expanding marketing efforts of existing services and improving the billing and financial processes. Word of mouth advertising and community engagement efforts may help retain local market share.

Build loyalty with residents by focusing on assets such as the high level of quality care provided by nurses and physicians, as these attributes were referenced in the focus groups.

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

Tips for Next Steps:

- Document community health needs assessment processes and results to meet the charitable hospital tax-exempt status requirements, if applicable
- Determine how the assessment results will influence future planning
- Utilize findings to develop goals and an action plan
- Evaluate if an outside, neutral facilitator can assist in strategic planning
- Assess the value of framing strategic plans in a Balanced Scorecard or similar measurement framework
- Reflect on strengths within the hospital, clinic, and community. Utilize these assets when addressing community health needs
- Consider presenting assessment results at a community health education forum to demonstrates the impact health care has on the local economy and quality of life
- Share assessment results with other local or state health care organizations (clinic, public health, mental health, non-profit, etc.) to gather input on how to collectively address needs identified from the survey. Assess if any non-health related organization could support the health needs of the community. Think outside the box
- Promote positive assessment results as hospital marketing tools for capturing market share

Acknowledgements

The Center would like to thank Ms. Vicki Gigliotti and Ms. Jennifer Sadoff for their contributions and work with developing and distributing the assessment and the coordination of focus groups.

PPACA Tax Exempt Hospital Status Requirements: 9007

The **Patient Protection and Affordable Care Act: section 9007** (Pub. L. No. 111-148) includes four primary adjustments to the federal income tax exemption requirements for nonprofit hospitals. Nonprofit is defined as an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code. Hospital is defined as an organization that is licensed, registered, or similarly recognized as a hospital. If a hospital organization operates more than one hospital facility, the organization is required to meet the requirements separately with respect to each facility. Under the act, tax-exempt hospitals must take the following actions to avoid penalties:

- Conduct a **community health needs assessment** at least once every three years that takes into account the broad interests of the community served by the hospital and must include individuals with expertise in public health
    - The community health needs assessment must be made widely available to the public.
    - An action plan must be developed by the hospital that identifies how the assessment findings are being implemented in a strategic plan.
    - If the findings are not being utilized in a strategic plan, documentation must be included as to why they are not being addressed at this time.
    - Requirements are met only if the organization has conducted a community health needs assessment in the taxable year or in either of the two taxable years immediately preceding the current taxable year.
        - Applicable beginning in taxable years starting after March 23, 2010
        - Will need to complete a needs assessment and adopt an implementation plan some time during a period that begins with the start of the first tax year after March 23, 2010 and end of its tax year the begins after March 23, 2012.
- Make **financial assistance policies widely available** which specifies eligibility criteria for discounted care and how billed amounts are determined for patients (Interpretation: prohibits the use of gross charges)
- **Notify patients of financial assistance policies** through "reasonable efforts" before initiating various collection actions or reporting accounts to a credit rating agency ("Reasonable efforts" is yet to be defined as of 8/19/10)
- **Restrict charges of uninsured, indigent patients** to those amounts generally charged to insured patients

This act imposes penalties on hospitals that fail to timely conduct their community health needs assessments which could include penalties of equal to $50,000 and possible lose of the organization's tax exempt status. Under the act, the Internal Revenue Service must review the exempt status of hospitals every three years. For additional information, please review the requirement as laid out in the legislation (see link above) or contact the National Rural Health Resource Center 218-727-9390.

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.

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)

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

Appendix A: Cover Letter and Survey Instrument

MOAB VALLEY
HEALTHCARE

Moab Regional Hospital
450 W. Williams Way
PO Box 998
Moab, UT 84532
ph: (435) 719-3500
www.mrhmoab.org

April 3, 2013

Dear Resident:

Participate in our Community Health survey and have a chance to WIN $100.00!

Contatese con el Centro Multicultural se necesita ayuda con esta traduccion. 435-259-5444, 156 North 100 West Moab.

Moab Regional Hospital is partnering with the National Rural Health Resource Center to administer a community health survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future health care needs.

You are probably aware of many challenges facing rural health care, such as access to services and affordability. Unfortunately, many of the factors that threaten health care services in other rural areas challenge our local health care system as well. However, by completing the enclosed survey, you can help guide Moab Regional Hospital in developing comprehensive and affordable health care services to our area residents.

Your name has been randomly selected as a resident who lives in the Moab Regional Hospital service area. **Your help is critical in determining health priorities and future needs.** The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future needs, in addition to identifying community health and wellness needs.

Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by May 15, 2013.** Keep the other raffle ticket in a safe place. The winning raffle ticket number will be announced in the Moab Sun News, The Advertiser, The Times Independent, KCYN, KZMU, on the hospital's Facebook page and website: www.mrhmoab.org, the week of **May 22, 2013.**

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Moab Regional Hospital is offering you this chance to win $100 as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Kami Norland at 1-800-997-6685, ext. 223. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,

John Hart

John Hart, CEO
Moab Regional Hospital

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. In the following list, what do you think are the **three** most serious health concerns in our community? **(Select 3 that apply)**

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

3. Select the **three** items below that you believe are most important for a healthy community. **Select 3 that apply)**

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

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

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

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

6. In the past three years, was there a time when you or a member of your household thought you needed health care 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 that apply)**

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

8. 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? **(Select all that apply)**

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

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

○ Assisted living
○ Certified midwife
○ Weekend walk-in clinic
○ Dialysis
○ Memory care
○ Other _____
○ Occupational medicine
○ Coumadin 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 Free Health Clinic
○ Moab Family Medicine
○ Moab Public Health Dept
○ Moab Regional Hospital
○ Not applicable
○ Other _____

11. In the past three years, has anyone in your household 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	○ Monticello	○ Provo	○ San Juan
○ Grand Junction	○ Price	○ Salt Lake City	○ VA
○ Green River			○ Other _____

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

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	○ Imaging	○ Lab tests	○ Orthopedic services
○ Dialysis	○ Inpatient stay	○ Nuclear medicine	○ Surgery
○ Hospice	○ Labor/delivery	○ Oncology/infusion	○ 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	○ Monticello	○ Provo	○ San Juan
○ Grand Junction	○ Price	○ Salt Lake City	○ VA
○ Green River			○ 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. If you or a household member needed to be hospitalized in the future, which facility would you choose? **(Please select only ONE)**

○ Moab	○ Monticello	○ Provo	○ San Juan
○ Grand Junction	○ Price	○ Salt Lake City	○ VA
○ Green River			○ Other _____

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

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

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

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

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

- ○ Moab
- ○ Grand Junction
- ○ Green River
- ○ Monticello
- ○ Price
- ○ Provo
- ○ Salt Lake City
- ○ San Juan
- ○ VA
- ○ Other _____

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

	Excellent = 4	*Good = 3*	*Fair = 2*	*Poor = 1*	*Don't Know = DK*
Business office/financial	○ 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 health care specialist (other than your primary care provider/family doctor) for health care 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	○ Monticello	○ Provo	○ San Juan
○ Grand Junction	○ Price	○ Salt Lake City	○ VA
○ Green River			○ 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
Dialysis	○ 4	○ 3	○ 2	○ 1	○ DK
Hospice	○ 4	○ 3	○ 2	○ 1	○ DK
Imaging	○ 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
Nuclear medicine	○ 4	○ 3	○ 2	○ 1	○ DK
Oncology/infusion	○ 4	○ 3	○ 2	○ 1	○ DK
Orthopedic services	○ 4	○ 3	○ 2	○ 1	○ DK
Surgery	○ 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	○ Monticello	○ Provo	○ San Juan
○ Grand Junction	○ Price	○ Salt Lake City	○ VA
○ Green River			○ 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
○ Employer sponsored
○ Medicare
○ State/Other
○ Healthy Kids
○ Medicaid
○ VA/Military
○ Indian Health
○ Self paid
○ Health Savings Account
○ Agricultural Corp. Paid
○ Other _____

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

○ Cannot afford to pay for health insurance
○ Choose not to have health insurance
○ Cannot get health insurance due to medical issues
○ Employer does not offer 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
○ 84535 Monticello
○ 84511 Blanding
○ 84540 Thompson
○ 84525 Green River
○ 84530 La Sal

32. What is your gender? ○ Male ○ Female

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

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix B- Responses to Other and Comments

2. In the following list, what do you think are the **three** most serious health concerns in our community? (**Select 3 that apply**)
-All of these and surgery abuse
-Lack of doctors
-Teen sex issues
-extreme sports accidents
-Unplanned pregnancy
-Extended Care facility
-Various drugs
-Nutrition
-Lac of economic opportunity
-lack of actual pediatrician
-Health care too expensive
-Elder care facilities

3. Select the **three** items below that you believe are most important for a healthy community. (**Select 3 that apply**)
-Health education
-People having pride in where they live, not having junk everywhere
-Affordable health care

4. In your opinion, what would improve our community's access to health care? (**Select all that apply**)
-Local paper keeping people informed of health care available
-OB/GYN
-Lower insurance premiums
-More respect and support from our local doctors or we are going to lose them
-Low income assistance for high-cost procedures, i.e. MRI
-Really don't think there is a probably w/ access to health care
-National Health Care
Improved perception of existing healthcare resources/privacy issues, historical ideas, other non-financial barriers to seeking healthcare
-Health care providers and Billings that know their business
-Lower cost not removal of cost
-Health insurance for everyone
-Trust in our hospital, which is lacking
-Cost of health care
-Health education
-Dial-A-nurse

-Preventative Programs

7. If yes, what were the **three** most important reasons why you did not receive health care services? (**Select 3 that apply**)
-None
-Don't trust hospital
-No confidence in local doctor/dentist
-Too high of a deductible w/ insurance
-Doctor wouldn't take new patients
-Service I needed in Moab was not available
-Cost of services
-Inadequate insurance
-Procrastination
-No Primary Doctor
-Went to Grand Junction instead
-[No respect] Doctors take NO time with patients
-Made a bad decision

8. 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? **(Select all that apply)**
-Lab Work
-Thyroid check up every 3 months
-Joint Pain
-Thx to Medicare
-Routine lab work
-CBC
-Dr. Griffith
-Health fair
-Bone density
-ER
-Dental Cleaning
-Eye screenings

9. What additional health care services would you use if available in Grand County?
-Skin doctor
-Preventative Programs
-N/A (2)
-Free health care like in all other prosperous counties
-None (6)
-Dermatology (2)
-Endocrinologist

-Heart
-Better mental health care
-I wouldn't
-Allergy shot clinic
-Dexa Scan
-geriatrics
-rheumatology
-Menopause specialists
-Free exercise class for seniors
-Urologist
-Parasitic care and prevention
-Improved home health care
-[Dialysis] but no one available to explain results

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**)
-Dr. Andrew
-Moab Regional Family Practice
-Family doctor

12. If yes, which hospital does your household use the MOST for hospital care? (**Please select only ONE**)
-[Monticello] Regular services
-[Provo] Surgery
-[Salt Lake City] Surgery
-Will not use Moab Regional
-Changing due to problems to Grand Junction

13. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital? (**Select 3 that apply**)
-Needed specialized care (neurosurgery)
-Billing is better
-No other choices
-Great physician
-Better service and respect
-I want to support our local hospital well call now and make an
-Only facility available
-Better M.D.'s
-Staff
-Moab could NOT diagnose me
-Specialty not available in Moab

-Dr's hospital privileges
-Surgery specialists
-Specialist I needed was available
-No complaints from me

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**)
-OBGYN/Midwife
-Spinal surgery
-None (2)
-N/A (2)
-Rehab
-rheumatology
-Dexa Scan
-Ob/gyn
-Specialists
-Doctors
-Colonoscopy- upper GI (2)
-Sleep Study
-Pneumonia while traveling in Louisiana

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 City] University of Utah
-[Moab] As long as our current doctors are still here
-Depends on the problem (9)
-It depends on the purpose
-Future spinal surgery would be Grand Junction
-Will not use Moab Regional
-Emergency-Moab
-St. Mary's
-Unknown
-Not sure, it depends entirely on need
-Cardiac Care- Grand Junction
-If a specialist was not in Moab

17. Where was that primary health care provider located? **(Please select only ONE)**
-[Salt Lake City] University of Utah
-[Moab] As long as our current doctors are still here
-Depends on the problem (7)
-Will not use Moab Regional for anything.
-Emergency-Moab

-Cardiac Care- Grand Junction

18. Why did you select that particular primary care provider?
(**Select all that apply**)
-Been going there over 10 years
-Last 27 years known them
-Had met the doctor in a social situation
-Better care/experience
-Tired of turnover rate of the Moab doctors
-More specialists/experience
-Gone there for years
-I liked her
-Morals and integrity of people
-Checked on her reputation by asking around

19. If you routinely seek primary health care outside of Grand County, why? **(Select all that apply)**
-Quality of Care
-AMH has repeatedly messed up on instance billing- billing department is deplorable! Many community members have had same issues, and they don't take accountability when issues are addressed.
-DOPL
-Affiliated with much better hospitals
-Fulfilling experience
-More options/specialists
-We live out of the area 5 months out of the year
-Care given here not adequate, almost killed baby
-Heart Specialist, ear, nose, throat
-None (2)
-Advances surgery
-Professionalism
-Don't
-Specialized
-Better M.D.'s
-N/A
-Specialty not available in Moab

20. If you needed primary care services in the future which facility would you choose? **(Please select only ONE)**
-Depends
-[Moab] with current doctor
-Have many health problems

-Moab for minor stuff

21. In your opinion, how would you rate the following aspects of care provided at Moab Regional Hospital? (**Please mark DK if you haven't used the service**)
-Messed up billing on more than one occasion (2)
-We like the lab personnel

23. What type of health care specialist was seen? (**Select all that apply**)
-Retina
-Dr. Griffith
-Vascular surgeon also plastic surgeon
-P. Kopell
-F.N.P.
-Ultrasound for my stem/artery swollen
-OBGYN/Neonatal specialist
-Podiatrist
-I needed a total knee
-Massage
-Colo-Doctal Surg. Pain Specialist (ANES)
-Acupuncturist

24. Where was the health care specialist located? (**Select all that apply**)
-Vernal, UT
-Durango, CO
-Idaho, CA
-Mesa, AZ
-Boulder, CO
-Denver, CO
-Columbus, OH

25. The following services are available at Moab Regional Hospital. Please rate the overall quality for each service.
-[Lab Tests] Results take too long
-Seattle
-[Moab] If service was provided and recommendations were good

26. If you needed specialty care services in the future which facility would you choose? **(Please select only ONE)**
-Depends on need, Moab or Grand Junction
-Dependent on services needed (7)
-Depends, Moab with current doctor or Grand Junction
-Mesa, AZ

-Unknown
-St. Mary's
-For something very serious I would go to U of U med center
-Moab unless not available
-Depends, but probably Grand Junction
-Will not use Moab Regional.

27. Overall, how would you rate your personal health?
-[Somewhat Healthy] I have M.S.

29. What type of health insurance covers the **majority** of your household's medical expenses? **(Please Select only ONE)**
-Oper. Eng. Local #3
-[Medicaid] CHIP
-Self employed
-Selet Health

30. If you do **NOT** have health insurance, why? (**Select all that apply**)
-VA paperwork needed
-Or the deductible and don't want the burden of society or tax payer
-Can't afford supplement for Medicare and not eligible for Medicaid
-UT High risk pool costs $765/mo. for $2500 deductible policy- cannot afford it

34. With which ethnicity do you most identify?
-Human (2)

COMMENTS
-Have limited knowledge of the area, I can't begin to guess. Sorry.
-Truthfully, I got to St. Mary's in Grand Junction because even after the 1.5 hr. drive the cost is till so much less. MRH is poor care and HIGH cost
-Both doctors are a joke at Moab
-Moab needs a gastroenterologist and pain specialists (Board Certified)

Appendix C- Focus Group Invitation and Questions

NATIONAL
RURAL HEALTH
RESOURCE CENTER

600 East Superior Street ▪ Suite 404
Duluth, Minnesota 55802

February 27, 2013

Dear Community Leader,

Please accept this invitation to participate in a focus group conducted by the National Rural Health Resource Center on behalf of Moab Regional Hospital. Focus groups are an excellent way for individuals to express their opinions in a candid and confidential environment. The goal of this focus group is to assist Moab Regional Hospital in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

Participants for focus groups were identified as those living in the area that represents various groups of health care consumers including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in the focus group scheduled for Tuesday, March 12, 2013, from 11:30 am -12:30 pm at City Hall, 217 East Center Street, Moab UT, in the meeting room adjacent to the Council Chambers. Your identity is not part of the focus group report and your individual responses will be kept confidential. A light lunch will be provided by Moab Regional Hospital.

To confirm your attendance, please contact Kim at the National Rural Health Resource Center at 1-800-997-6685, Ext. 0 or e-mail knordin@ruralcenter.org by March 5, 2013. We look forward to your participation. Thank you.

Sincerely,

Kami Norland, Community Specialist
National Rural Health Resource Center

NATIONAL
RURAL HEALTH
RESOURCE CENTER

Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the Moab region. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. In your opinion, what are some of the strengths of the health services available in Moab and the surrounding area?

2. In your opinion, what are some of the barriers of the health services available in Moab and the surrounding area?

3. How would you describe the availability and quality of care of health services available at the local hospital and clinic?

4. What are some of the benefits of having health services available locally?

5. Why might people leave the community for health care?

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

7. Do you have any additional comments or suggestions regarding local health services?