

Moab Regional Hospital

Community Health Needs Assessment: Survey, Focus Group and Key Stakeholder Findings, and Secondary Data

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Moab, Utah



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Contents

- Introduction.....3
- Sampling.....3
- Survey Implementation.....4
- Survey Findings.....5
 - Demographics5
 -10
 - Health Insurance11
 - Perception of Household and Community Health15
 - Individual Healthcare and Preventive Healthcare.....21
- Focus Group Findings35
 - Introduction35
 - Background.....35
 - Participant Demographics36
 - Summary of Major Focus Group Findings36
 - Limitations.....36
 - Summary of Major Points.....36
- Key Stakeholder Findings38
 - Background.....38
 - Limitations.....39
 - Summary of Major Points.....39
- Conclusions, Recommendations, and Acknowledgements.....42
 - Conclusions.....42
 - Recommendations43
- Appendix A: Survey Instrument44
- Appendix B: “Other” Survey Comments.....54
- Appendix C: Secondary Data Analysis61
 - Introduction61
 - Geography and Demographics62
 - Health Outcomes63
 - Social and Economic64
 - Health Factors66

Physical Environment	66
Clinical Care	67
Hospital Compare	68
Appendix D: Index of Secondary Data Indicators	69
Appendix E: Focus Group Invitation and Questions	79
Moab Regional Hospital Focus Group Questions	81
Appendix F: Key Stakeholder Invitation and Questions	82
Moab Regional Hospital Key Stakeholder Questions	84

Introduction

Moab Regional Hospital (MRH) is a 17-bed not-for-profit critical access hospital (CAH) located in Moab, Utah, within Grand County. MRH participated in Community Health Needs Assessment (CHNA) services administered by Rural Health Innovations, LLC (RHI), a subsidiary of the National Rural Health Resource Center.

In May 2022, RHI conferred with leaders from MRH to discuss the objectives of a regional CHNA. It was decided that this CHNA would include a four-page community survey, four focus groups, eight key stakeholder interviews, and the inclusion of secondary data from national sources.

A mailed survey instrument was developed to assess the healthcare 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 residents regarding:

Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

Sampling

MRH provided RHI with a count of inpatient hospital admissions by zip code from the previous year. 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 (800) addresses representing the sample area 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 August 2022, the survey, a cover letter on MRH’s letterhead, and a postage paid reply envelope was mailed first class to 800 randomly selected residents in the targeted region (four zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that MRH would conduct a CHNA throughout the region, in cooperation with RHI.

One hundred forty-seven (147) mailed surveys were returned, providing an 18% 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 7.91. The Center administered a survey for MRH in 2019, 2016, and 2013. Comparative data is included in the survey findings, when applicable. Below is a chart comparing response rates.

Year	Number Sent	Undeliverable	Completed Surveys	Response Rate
2022	800	0	147	18%
2019	800	0	129	16%
2016	800	64	184	25%
2013	800	87	180	25%

A series of focus groups, key stakeholder interviews, and secondary data analysis were also conducted to add information to the CHNA findings. Methodology and findings of the focus groups and key stakeholder interviews are discussed later in the report. Content from the survey, focus groups, key stakeholder interviews, and secondary data analysis are discussed in the report where topics or findings relate. 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 in [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 healthcare services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

Survey Findings

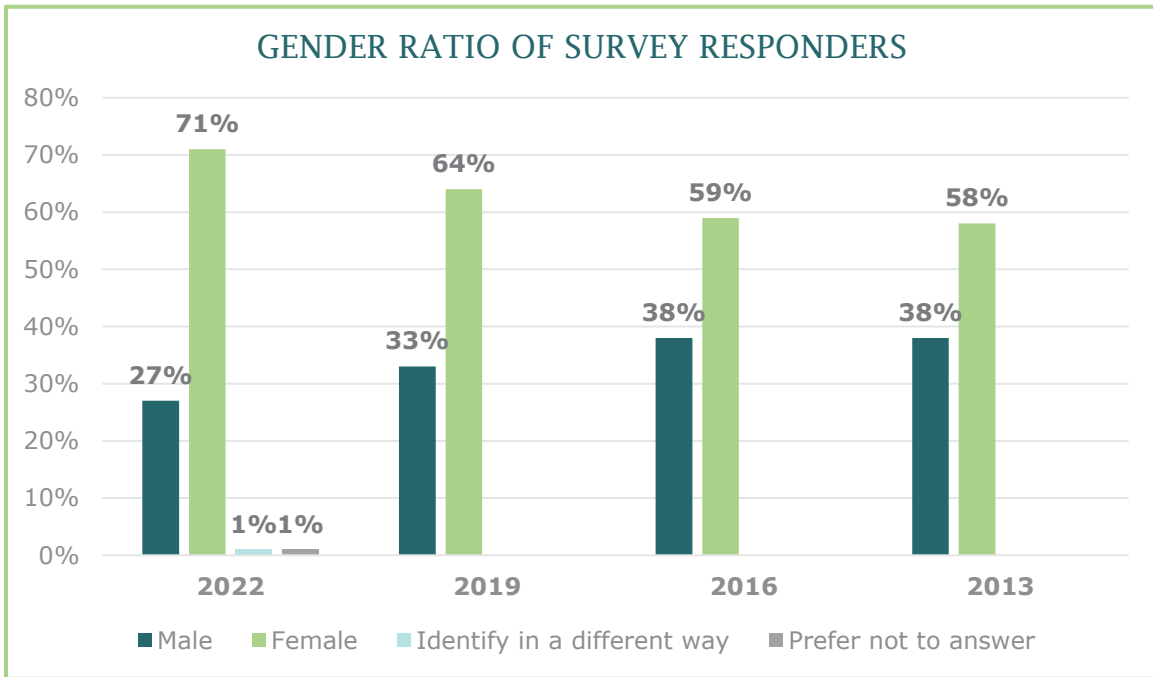
In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as “Q4”. The number of responses per question is also noted.

Demographics

**Q18. Are you male, female, or do you identify in a different way?
(Select only ONE response)**

As in previous CHNAs, more women (71%) than men (27%) returned the survey. This was true of key stakeholders and focus groups as well.

Gender	n= 150	2022	2019	2016	2013
Male	40	27%	33%	38%	38%
Female	107	71%	64%	59%	58%
Identify in a different way	1	1%	N/A	N/A	N/A
Prefer not to answer	2	1%	2%	3%	4%

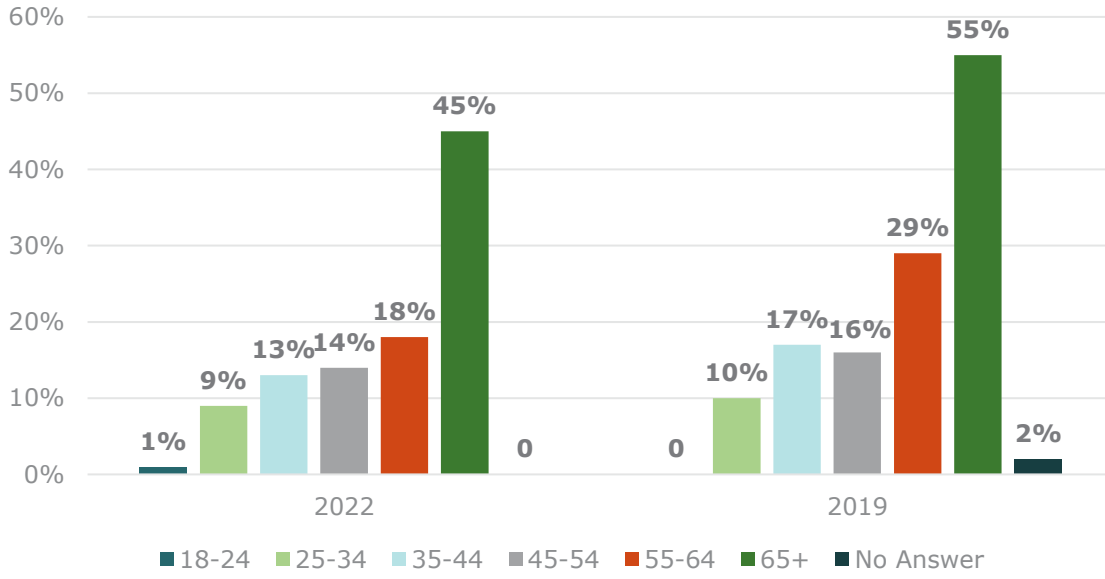


Q19. What is your age range in years? (Select only ONE response)

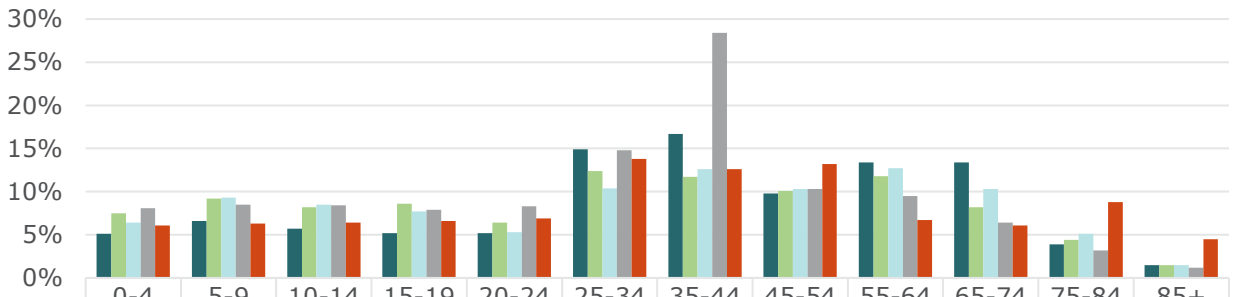
Forty-five percent of the respondents are 65 years of age or older. It is noted that, according to secondary data, this age group makes up only 18.8% of the population of Grand County. The 25-44 age range, according to secondary data, accounts for 31.6% of the population in the county. The focus group attendees more closely represented the secondary data (52% were in 25-44 range).

Age	n= 152	2022	2019	2016	2013
18-24	1	1%	0%	N/A	N/A
25-34	14	9%	10%	N/A	N/A
35-44	20	13%	17%	N/A	N/A
45-54	21	14%	16%	N/A	N/A
55-64	28	18%	29%	N/A	N/A
65 or older	68	45%	55%	N/A	N/A
No Answer	0	0%	2%	N/A	N/A

AGE OF SURVEY RESPONDERS



POPULATION BY AGE



	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
■ Grand County Moab, UT 84532	5.10%	6.60%	5.70%	5.20%	5.20%	14.90%	16.70%	9.80%	13.40%	13.40%	3.90%	1.50%
■ San Juan County La Sal, UT 84530	7.50%	9.20%	8.20%	8.60%	6.40%	12.40%	11.70%	10.10%	11.80%	8.20%	4.40%	1.50%
■ Emery County Green River, UT 84525	6.40%	9.30%	8.50%	7.70%	5.30%	10.40%	12.60%	10.30%	12.70%	10.30%	5.10%	1.50%
■ UT	8.10%	8.50%	8.40%	7.90%	8.30%	14.80%	28.40%	10.30%	9.50%	6.40%	3.20%	1.20%
■ US	6.1%	6.3%	6.4%	6.6%	6.9%	13.8%	12.6%	13%	6.7%	6.1%	8.8%	4.5%

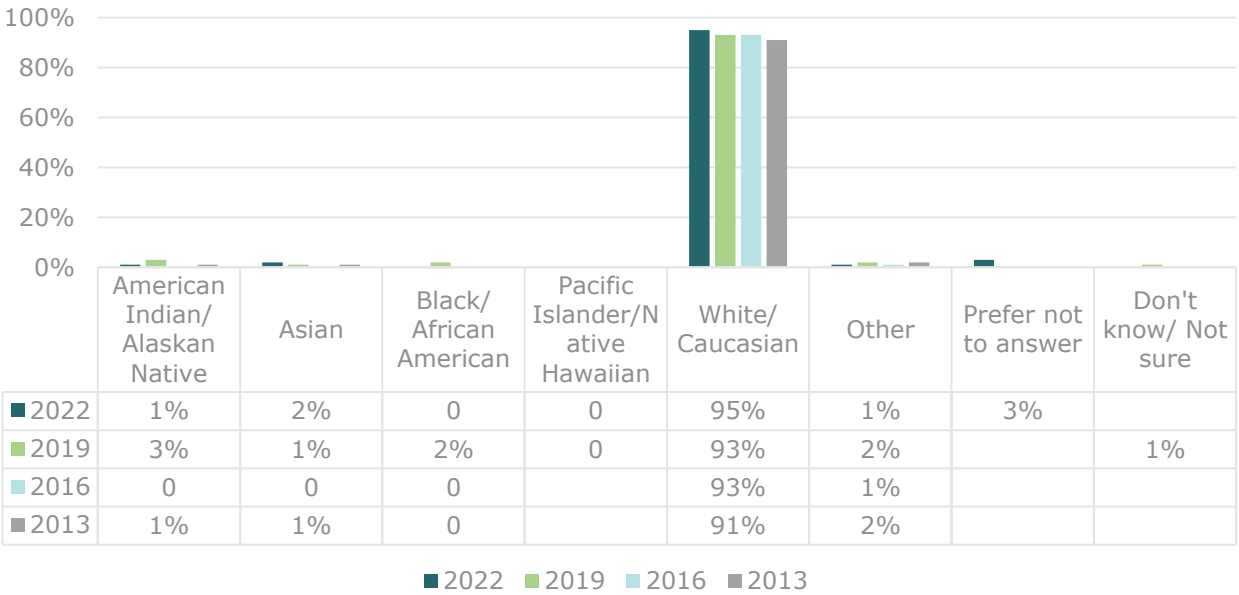
Q21. With what ethnicity do you most identify? (Select ALL that apply)

Ninety-five percent (95%) of survey respondents identify as Caucasian. This is similar to previous years' CHNAs. This is similar to the secondary data for Grand County (92.1%). Other respondents included those identifying as Asian (3%), American Indian/Alaskan Native (1%), and Other (1%). Three percent report Hispanic or Latino ethnicity.

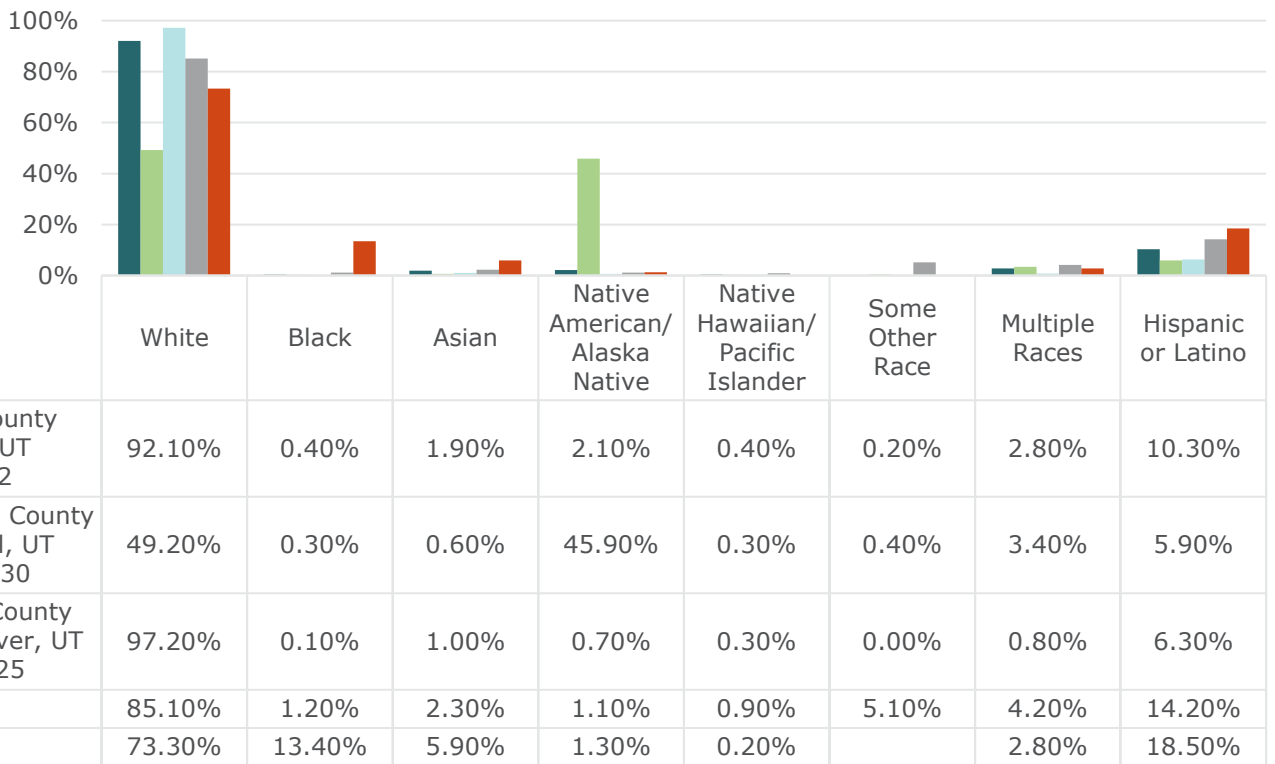
*Each of the 152 respondents could select more than one answer, so the number will not total 152 and the percentage will not total to 100%.

Race	n= 152*	2022	2019	2016	2013
American Indian/Alaskan Native	1	1%	3%	0%	1%
Asian	3	2%	1%	0%	1%
Black/African American	0	0%	2%	0%	0%
Pacific Islander/Native Hawaiian	0	0%	0%	N/A	N/A
White/Caucasian	144	95%	93%	93%	91%
Other	1	1%	2%	1%	2%
Prefer not to answer	4	3%	N/A	N/A	N/A
Don't know/Not sure	0	N/A	1%	N/A	N/A

POPULATION BY RACE OF SURVEY RESPONDERS

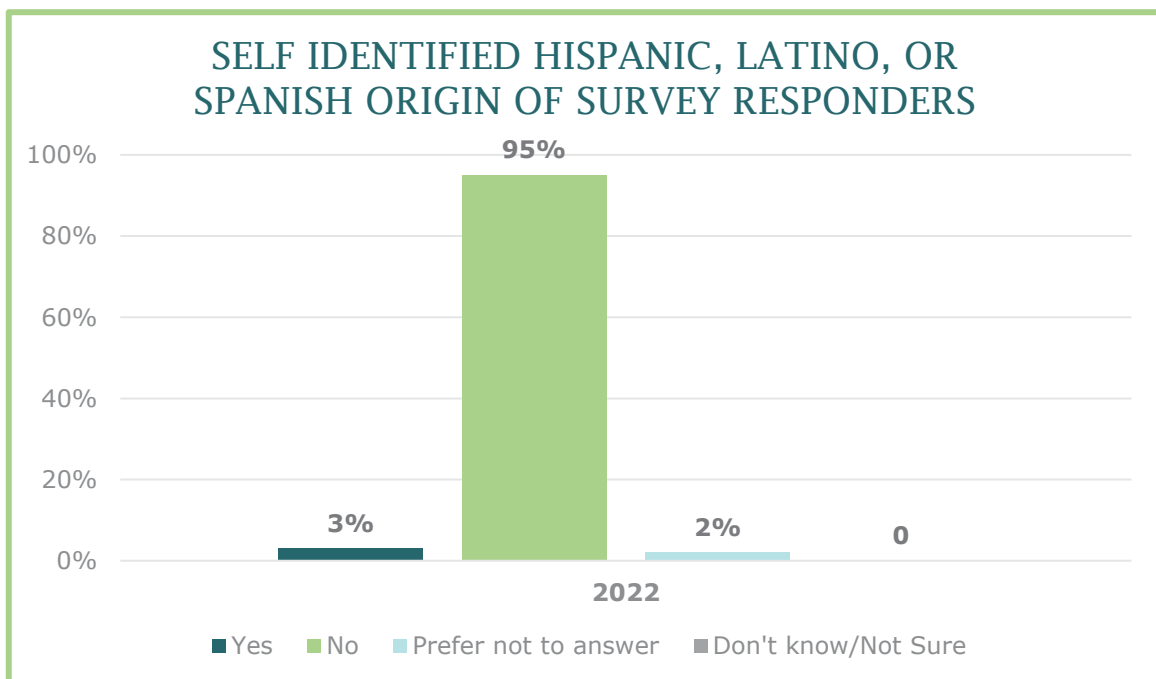


POPULATION BY RACE AND ETHNICITY



Q20. Are you Hispanic, Latino, or Spanish origin? (Select only ONE response)

Ethnicity	n= 149	2022	2019	2016	2013
Yes	4	3%	6%	N/A	N/A
No	142	95%	N/A	N/A	N/A
Prefer not to answer	3	2%	N/A	N/A	N/A
Don't know/Not sure	0	N/A	N/A	N/A	N/A



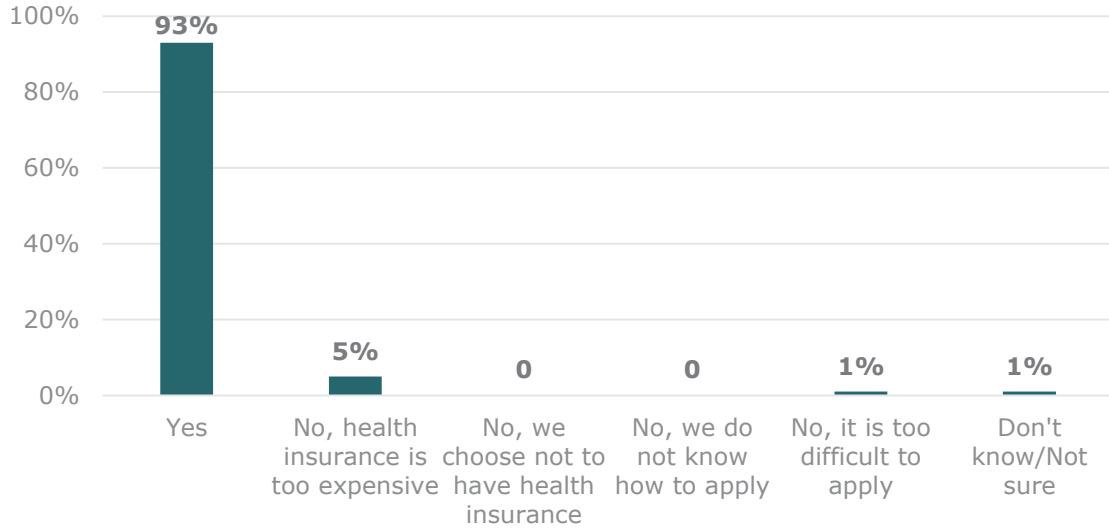
Health Insurance

12. Is everyone in your household covered by health insurance?

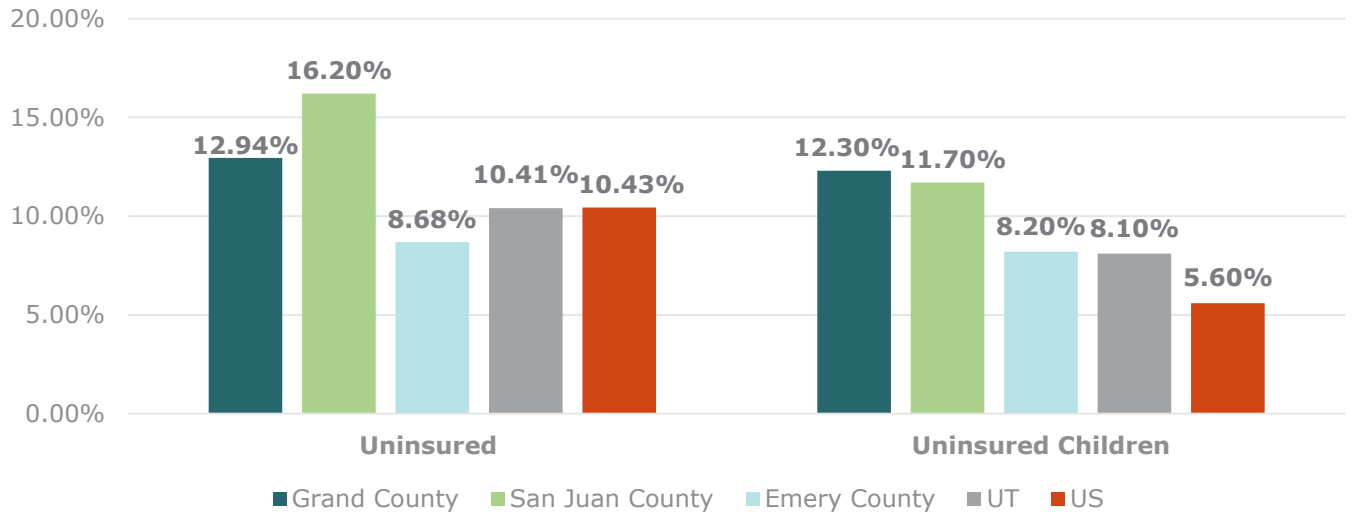
Ninety-three percent (93%) of survey respondents indicated that everyone in their household has health insurance; five percent (5%) reported they do not because it is too expensive. According to secondary data, 12.94% of the adults and 12.3% of children in Grand County are uninsured. For adults in San Juan County, the numbers are even higher (16.2%)

	n= 152*	2022
Yes	141	93%
No, health insurance is too expensive	8	5%
No, we choose not to have health insurance	0	-
No, we do not know how to apply	0	-
No, it is too difficult to apply	1	1%
Don't know/Not sure	1	1%

HEALTH INSURANCE COVERAGE OF SURVEY RESPONSES



UNINSURED INDIVIDUALS



17. Are you aware of programs, such as Medicaid or Financial Aid at Moab Regional Hospital, that help people pay for healthcare expenses?

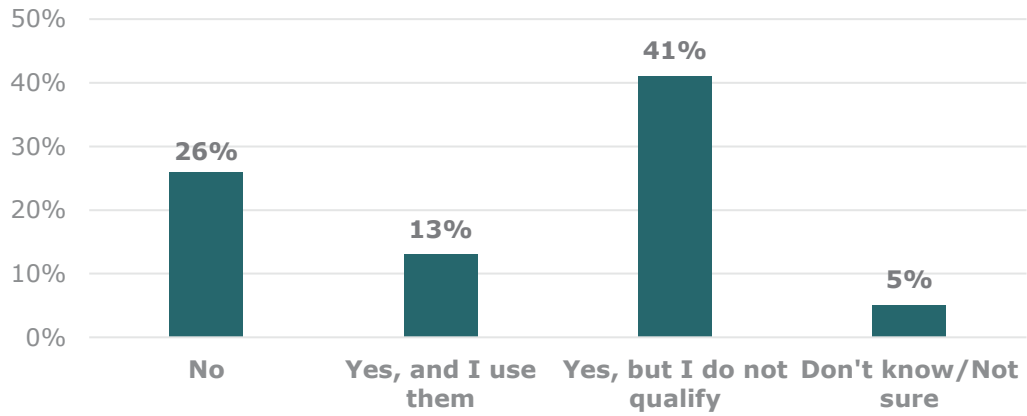
Concerning awareness of programs such as Medicaid or financial aid through MRH, 26% of respondents were not aware and 41% indicated they were aware but do not qualify.

For both focus groups and key stakeholder interviews, one of the top three concerns was for the population living below the poverty level, homelessness, and those working more than one job to achieve a basic standard of living.

According to secondary data, Grand, San Juan, and Emery counties all have a lower median household income as compared to Utah and the US. For instance, Grand County households have a median income of \$53,535 and San Juan is even less at \$49,438, while Utah’s median household has an income much higher at \$75,705. All three counties also have a higher percentage of residents living below the poverty level as compared to Utah and at 25%, San Juan County’s poverty level is more than twice that of the state (9.1%), Grand (9.1%), and Emery (10.8%). All counties have a higher percentage of children living below the poverty level (14.9%) as compared to the state (9.9%).

	n= 149	2022
No	38	26%
Yes, and I use them	20	13%
Yes, but I do not qualify	61	41%
Don't know/Not sure	8	5%

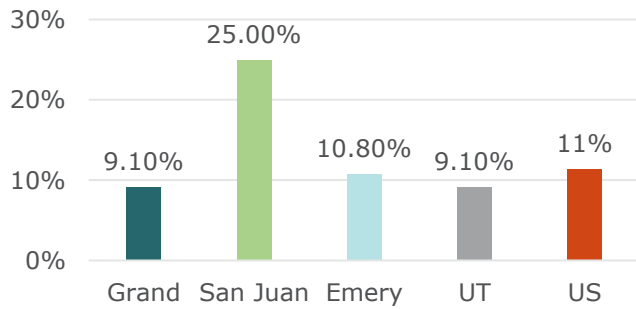
AWARENESS OF MEDICAID AND FINANCIAL ASSISTANCE OFFERED BY MRH BY SURVEY RESPONSES



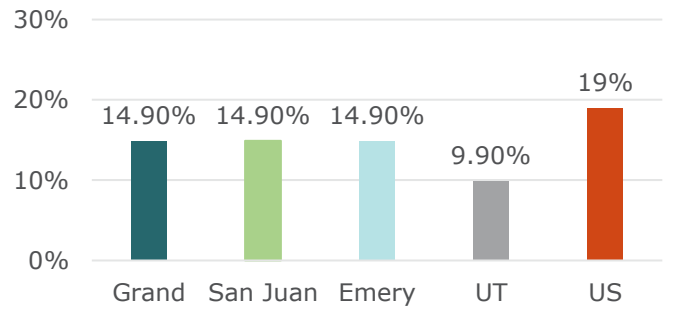
MEDIAN HOUSEHOLD INCOME

Grand	San Juan	Emery	UT	US
\$53,535	\$49,438	\$61,893	\$75,705	\$65,700

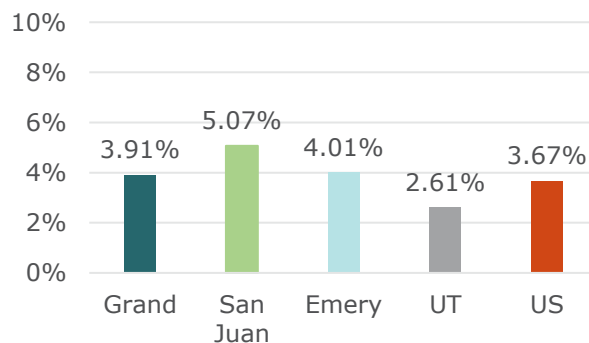
INDIVIDUALS BELOW THE POVERTY LEVEL



CHILDREN BELOW THE POVERTY LEVEL



UNEMPLOYMENT RATE



Perception of Household and Community Health

Q1. In your opinion, what are the most pressing health concerns in our community? (Select up to THREE responses)

According to survey respondents, substance abuse disorder/addiction (illegal substances/prescription drugs) was the number one most pressing health concern (60%). This was followed by depression/anxiety/stress (49%) and cancer (33%). Top responses are highlighted in orange in the table on the following page.

For focus group respondents, the top four most pressing concerns were:

- Mental health services and suicide prevention
- More community education and communication (includes tools and resources)
- Housing/childcare for healthcare workers
- More focus on prevention programs

For key stakeholder interview, the top concerns were:

- Continue with drug abuse and mental health focus
 - Child/adolescent mental health
 - Substance use disorder-become a regional center-more providers, outreach to other counties, create a mobile service
- Help underserved populations
 - Use MRH/health department internal data to track health disparities and address providers that do not treat patients in line with the hospital values. Focus on educating and helping underserved populations in ways they can hear/understand.
 - Provide education about obesity, healthy foods, working with kids in the schools to eat better. Provide healthy snacks/food at hospital events.
 - Services for geriatric population (homeless, psych)
 - Crisis center for homeless

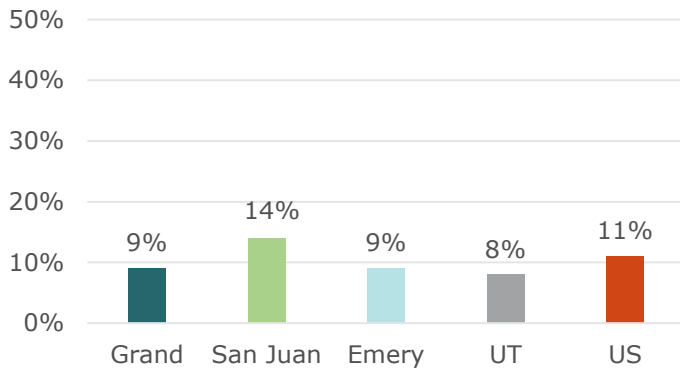
According to secondary data, Grand County has a higher number of deaths due to suicide (31.5 age adjusted per 100,000) and is followed closely by Emery County (24.6) than the state (17). It is noted in key stakeholder interviews and focus groups, several respondents mentioned that the high rate of suicide in Grand County is because there can be a trend for people outside the community to come to a "monument destination" to commit

suicide. However, deaths are counted in the county of residence of the deceased, so any deaths of outside residents are not counted in this data. The data reflects the actual county resident data.

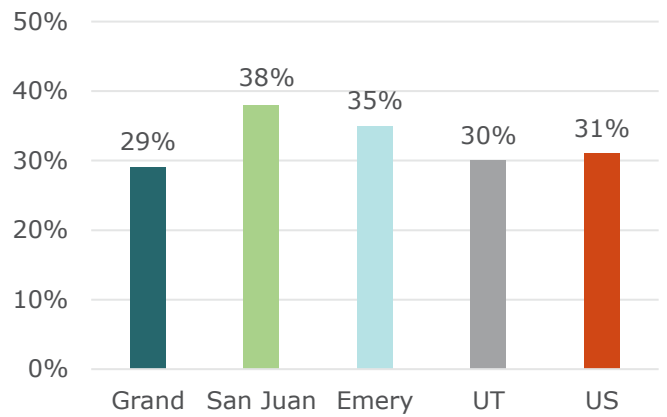
Chronic disease secondary data for Grand County was frequently lower than San Juan and Emery counties and was in line with data from the state. San Juan did have higher rates of diabetes (14%) and obesity (38%) than the other counties or Utah.

	n=152*	2022
Cancer	50	33%
Child abuse/domestic violence	26	17%
Crohn's disease/ulcerative colitis	1	1%
Depression/anxiety/stress	75	49%
Diabetes	15	10%
Environmental quality (air/water)	14	9%
Heart disease/stroke	21	14%
Hunger	7	5%
Immunizations	13	9%
Obesity	21	14%
Psychotic disorders/mental health	44	29%
Substance abuse disorder/addiction (illegal substances/prescription drugs)	91	60%
Respiratory disease	12	8%
Teen pregnancy	4	3%
Tobacco/e-cigarettes	14	9%
Other (please specify)	12	8%

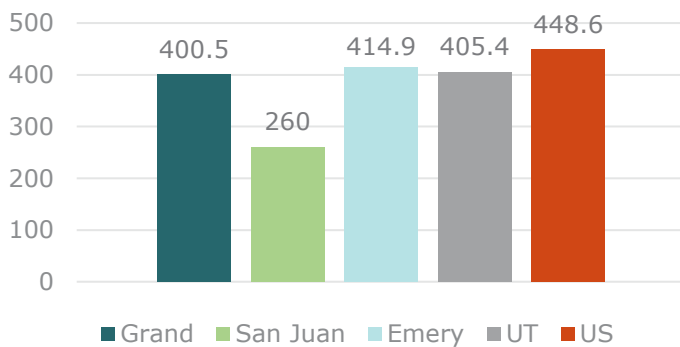
ADULT DIABETES PREVELANCE



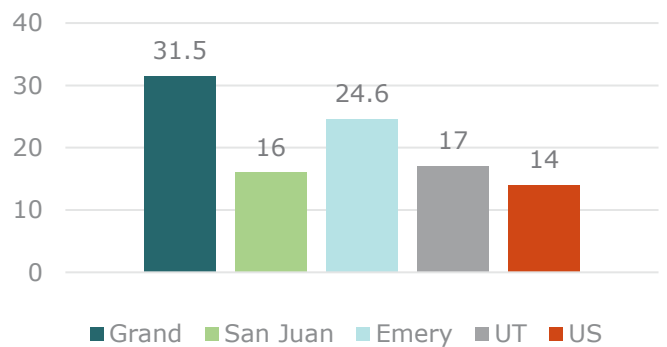
ADULT OBESITY



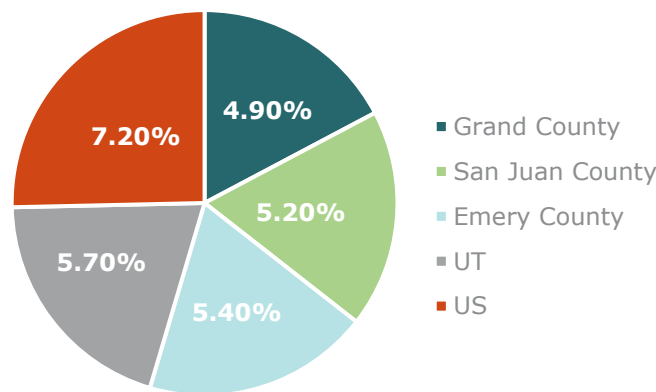
ALL CANCER INCIDENCE RATE PER 100,000 POPULATION



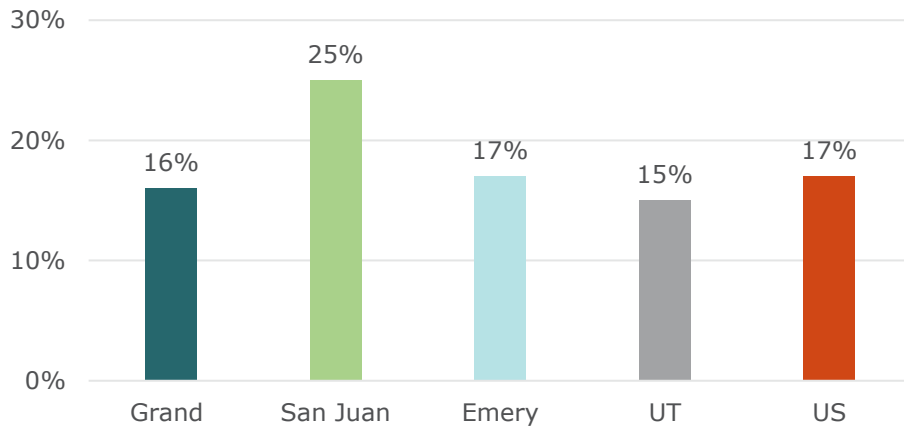
DEATHS DUE TO SUICIDE PER 100,000 POPULATION (AGED-ADJUSTED)



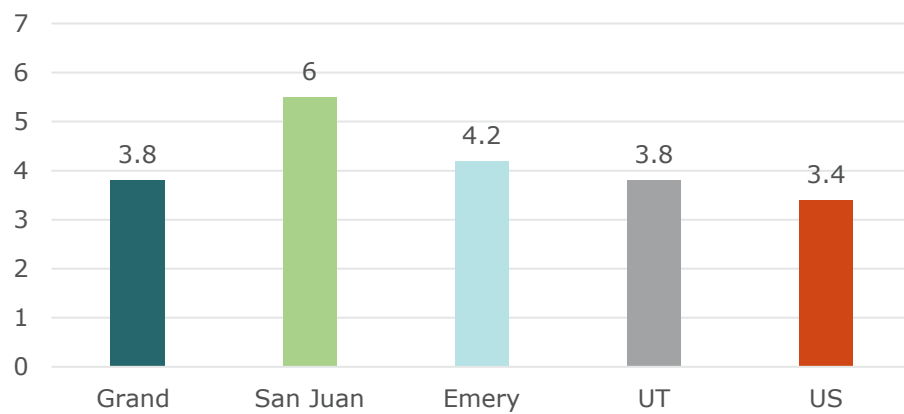
AIR POLLUTION - PARTICULATE MATTER



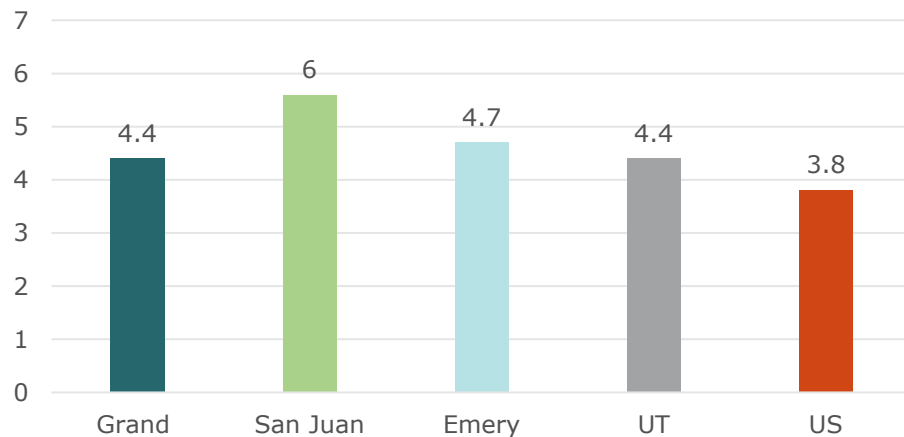
ADULTS REPORTING FAIR OR POOR HEALTH



AVERAGE NUMBER OF POOR PHYSICAL HEALTH DAYS PER MONTH



AVERAGE NUMBER OF POOR MENTAL HEALTH DAYS PER MONTH



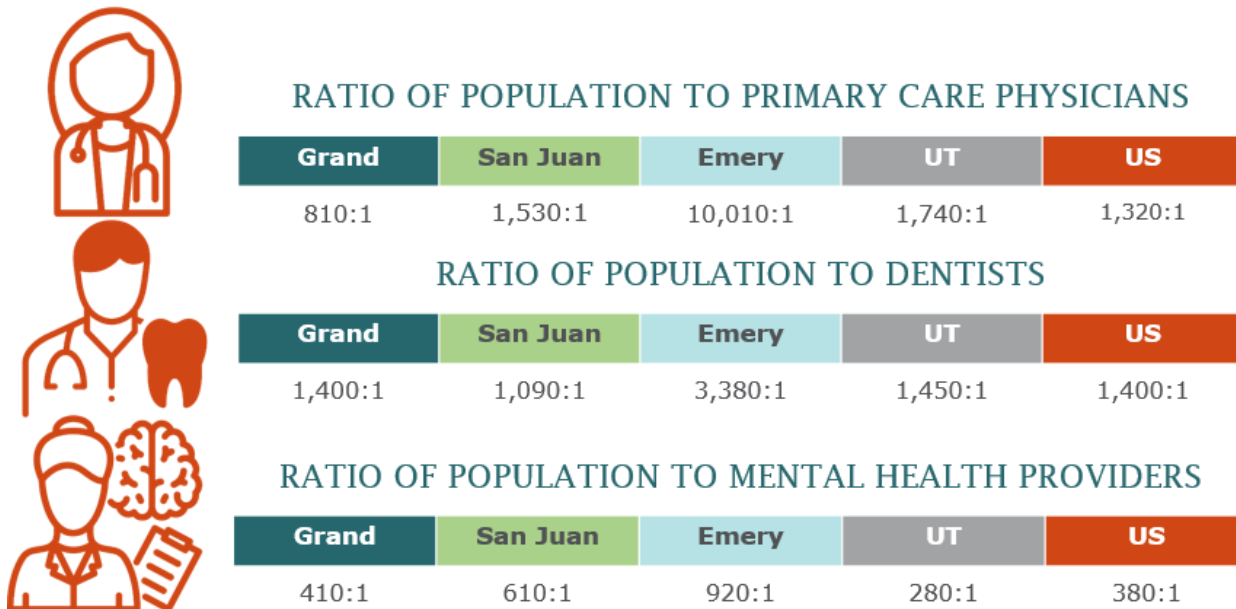
Q3. What are the largest gaps in healthcare services in our community? (Select up to THREE responses)

The top three perceived gap in services according to survey respondents include availability of services/providers (51%), mental health services (28%), and services for low-income residents (26%) as shown on the graph on the following page.

Focus group and key stakeholders were asked about the biggest barriers to accessing care. Availability of primary care was mentioned. Additionally, culture and language barriers, lack of financial resources, and stigma around mental health were also mentioned.

Secondary data does not align with that perception for primary care physicians for Grand County at 810:1 (ratio of residents: physicians) and San Juan County (1,530:1), as compared to Utah (1,740:1) however, Emery County is much worse (10,010:1). The ratio for dentists is much worse for Emery (3,380:1) as compared to Grand (1,400:1), San Juan (1,090:1), and Utah (1,450:1).

Secondary data does confirm survey respondent perception about the gap in mental health services. All counties, Grand (410:1), San Juan (610:1), and Emery (920:1) have worse ratios of residents to mental health providers compared to Utah (280:1).



	n=152*	2022
Availability of services/providers	77	51%
Ability to service different languages/cultures	10	7%
Affordable prescription drug assistance	29	19%
Cancer treatment	33	22%
Chronic care management (heart, lung, diabetes, etc.)	20	13%
Dental care	37	24%
End-of-life care (hospice/palliative care)	10	7%
Geriatric care (seniors)	19	12%
Healthy lifestyle education	16	11%
Mental health services	43	28%
Pain management	9	6%
Primary care	18	12%
Services for low-income people	40	26%
Substance use disorder services (drugs and/or alcohol)	21	14%
Other (please specify)	15	10%

Individual Healthcare and Preventive Healthcare

Q2. What community resources do you rely upon to help keep you and your family healthy? (Select ALL that apply)

The top three resources that survey respondents rely on to keep them and their families healthy include grocery store (73%), the hospital (70%), and community and national parks/public lands/trails (65%).

	n=152*	2022
Faith-based organizations	32	21%
Fitness center/gym	61	40%
Grocery store	111	73%
Library	52	34%
Hospital	106	70%
Community and national parks/public lands/trails	99	65%
Public health department	57	38%
Schools	18	12%
Senior center	8	5%
Social services	6	4%
Other (please specify)	18	12%

Q4. Thinking about health education topics of interest to you, what health topics would you MOST like to learn more about?

The top three education topics of interest to survey respondents were:

- Senior aging (15)
- Nutrition (12)
- Preventative care (7)

The number in parenthesis is the number of times this topic was mentioned. All answers can be found in [Appendix B](#).

Focus group and key stakeholders reported the need for more education regarding mental health and substance use disorders; education that is brought directly into the community; partnerships with schools to provide education that helps build interest in healthcare workforce; and education that focuses on wellness and prevention.

Q5. Do you receive annual health screening exams by a primary care provider? (Select ALL that apply)

Seventy-six percent (76%) of survey respondents indicated that they do receive annual health screenings. For those who reported that they do not receive annual health screenings, the most common reason was “I choose not to” and “some other reason not specified,” both at 9%.

	n=152*	2022
Yes	116	76%
No, I choose not to receive health screenings	13	9%
No, I could not afford exam, regardless of insurance	8	5%
No, appointment times were not convenient	4	3%
No, I have transportation issues	0	-
No, some other reason (please specify)	13	9%

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 these services or delayed getting them? (Select up to THREE responses)

Fifty-six percent of survey respondents said they have not delayed getting healthcare services when needed. For those who stated they had delayed, the top reasons included that appointment waits were too long (24%) and cost was too expensive (14%).

	n=152*	2022
No, I/we received healthcare when needed	85	56%
Yes, could not get an appointment	20	13%
Yes, appointment wait was too long	36	24%
Yes, there was a language/cultural barrier	0	-
Yes, too nervous or afraid	2	1%
Yes, did not know where to go	6	4%
Yes, healthcare providers do not treat me/us with respect	7	5%
Yes, schedule conflicts due to work	4	3%
Yes, unsure of available services	12	8%
Yes, there was a transportation issue	4	3%
Yes, do not like doctors	0	-
Yes, no childcare	1	1%
Yes, cost too much	22	14%
Other (please specify)	14	9%

Q7. What is the location of the healthcare services used most frequently by your household? (Select only ONE response)

Moab Regional Hospital-Family Medicine Clinic was the most frequently used healthcare service (59%). Prior experience (39%), closest to home (38%), and availability of appointment (25%) were the top three reasons given for that choice. Fifty percent (50%) of survey respondents said they learn most about health from their provider.

	n= 152	2022
Moab Regional Hospital – Family Medicine Clinic	89	59%
Moab Regional Hospital – Urgent Care	8	5%
Moab Regional Hospital – Emergency Room	6	4%
Spanish Valley Clinic	10	7%
Dr. Ray Andrew	5	3%
VA Clinic	5	3%
Other (please specify)	29	19%

Q8. Why did you select that particular healthcare provider? (Select ALL that apply)

	n= 152*	2022
Appointment availability	38	25%
Closest to home	58	38%
Cost of care	14	9%
Length of waiting room time	11	7%
Prior experience	59	39%
Recommended by family or friends	35	23%
Referred by physician or another provider	11	7%
Reputation for quality	31	20%
Required by insurance plan	12	8%
Indian Health Service (IHS)	0	-
VA/Military requirement	7	5%
Other (please specify)	18	12%

Q9. Where do you and other members of your household learn about ways to live a healthier life? (Select ALL that apply)

	n=152*	2022
Email or e-newsletter	27	18%
Faith-based organization	17	11%
Fitness center/gym	30	20%
Friends/family	71	47%
Healthcare provider	76	50%
Health fairs or other health-related community events	7	5%
Newspaper	20	13%
Phone apps	22	14%
Public health department	22	14%
Radio	19	12%
Social media	35	23%
Television	15	11%
Text message	3	2%
Website (please specify)	33	22%
Other (please specify)	32	21%

Q10. In the past three years, have you or another member of your household visited any of the following specialists? (Select ALL that apply)

Dentists were the most visited specialist in the last three years (82%). This was followed by ophthalmologist (43%) and physical therapist (41%).

	n= 152*	2022
Allergist	10	7%
Audiologist	18	12%
Cardiologist	30	20%
Chiropractor	44	29%
Chronic pain specialist	6	4%
Dentist	124	82%
Dermatologist	40	26%
Dietician	2	1%
Endocrinologist	6	4%
Gastroenterologist	21	14%
General surgeon	25	16%
Mental health counselor/social worker	30	20%
Neurologist	8	5%
Obstetrician/Gynecologist	26	17%
Occupational therapist	8	5%
Oncologist (cancer)	14	9%
Ophthalmologist (eye doctor)	66	43%

	n= 152*	2022
Orthopedic surgeon	33	22%
Otolaryngologist/ENT (ear, nose, and throat)	17	11%
Pediatrician	9	6%
Physical therapist	62	41%
Podiatrist	14	9%
Psychiatrist/psychologist	10	7%
Pulmonologist	2	1%
Respiratory therapist	4	3%
Rheumatologist	5	3%
Speech therapist	4	3%
Substance use counselor	3	2%
Urologist	16	11%
Wound care specialist	5	3%
Other	4	3%

Q11. Have you, or anyone in your household, ever been told by a doctor or other healthcare provider that you have any of the following conditions? (Select ALL that apply)

Thirty-nine percent (39%) of respondents reported no one in their household has been told they have any of the conditions listed. Arthritis (30%) was the most frequent condition diagnosed for a respondent or someone in their household. The second was high blood pressure (28%).

	n=152*	2022
No, none of us have ever been told that we have any chronic conditions	60	39%
Yes, Alzheimer’s disease/dementia	1	1%
Yes, arthritis	45	30%
Yes, chronic obstructive pulmonary disease (COPD)	8	5%
Yes, depression	23	15%
Yes, diabetes	15	10%
Yes, heart disease	13	9%
Yes, high cholesterol	26	17%
Yes, high blood pressure	43	28%
Yes, high blood sugar	12	8%
Yes, kidney disease	2	1%

Q13. In the past 12 months, please select all of the preventive services you or any household member used. (Select ALL that apply)

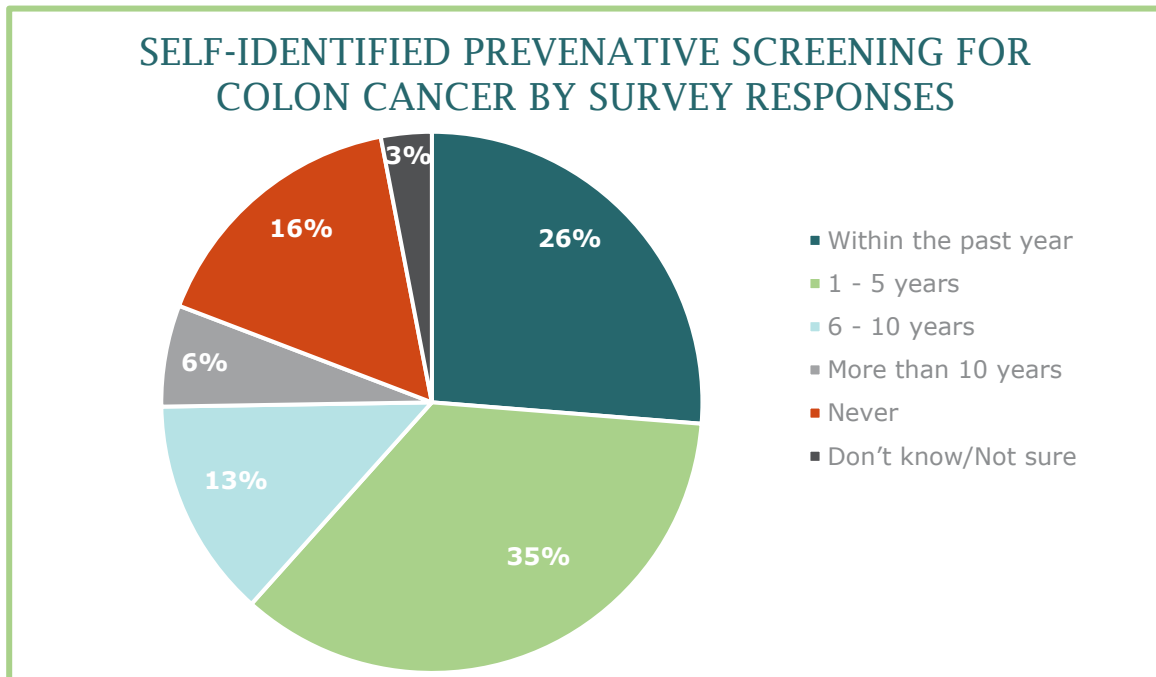
Annual health checkup and blood draw for lab test were the two most frequently used preventive services (74%). This was followed by blood pressure screening (41%) and receiving an influenza shot (40%).

	n=152	2022
Annual health checkup	113	74%
Blood draw for lab test(s)	112	74%
Blood pressure screening	62	41%
Bone density scan	23	15%
Cervical screening/Pap smear	34	22%
Childhood vaccinations	20	13%
Cholesterol screening	37	24%
Coloscopy	34	22%
COVID-19 vaccination(s)	20	13%
Diabetes screening	19	12%
Influenza vaccination/flu shot	61	40%
Mammography	50	33%
Prostate screening/PSA test	22	14%
Skin cancer screening	36	24%
Well Child/Well Baby checkup	17	11%
Other:	7	5%

Q14. If you are over 45 years old, how long has it been since you had an exam or screening for colon cancer? (Select only ONE response)

Sixty-one percent (61%) of respondents have had a screening or exam for colon cancer within that past five years.

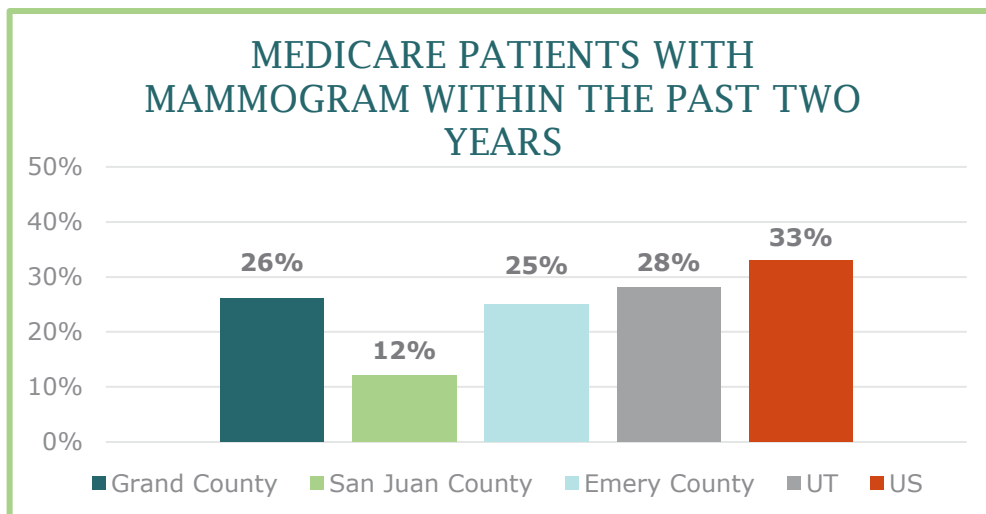
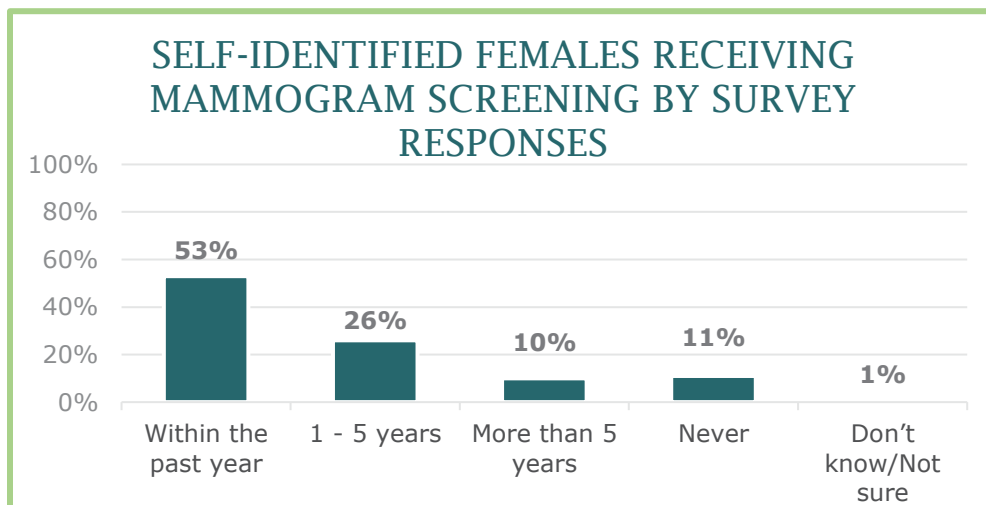
	n= 119	2022
Within the past year	31	26%
1-5 years	42	35%
6-10 years	16	13%
More than 10 years	7	6%
Never	19	16%
Don't know/Not sure	4	3%



Q15. If you are female and over 40 years old, how long has it been since your last mammogram? (Select only ONE response)

Fifty-three percent (53%) of respondents have had a mammogram in the past year. Secondary data indicates, of Grand County Medicare recipients, 26% had this test in the last two years.

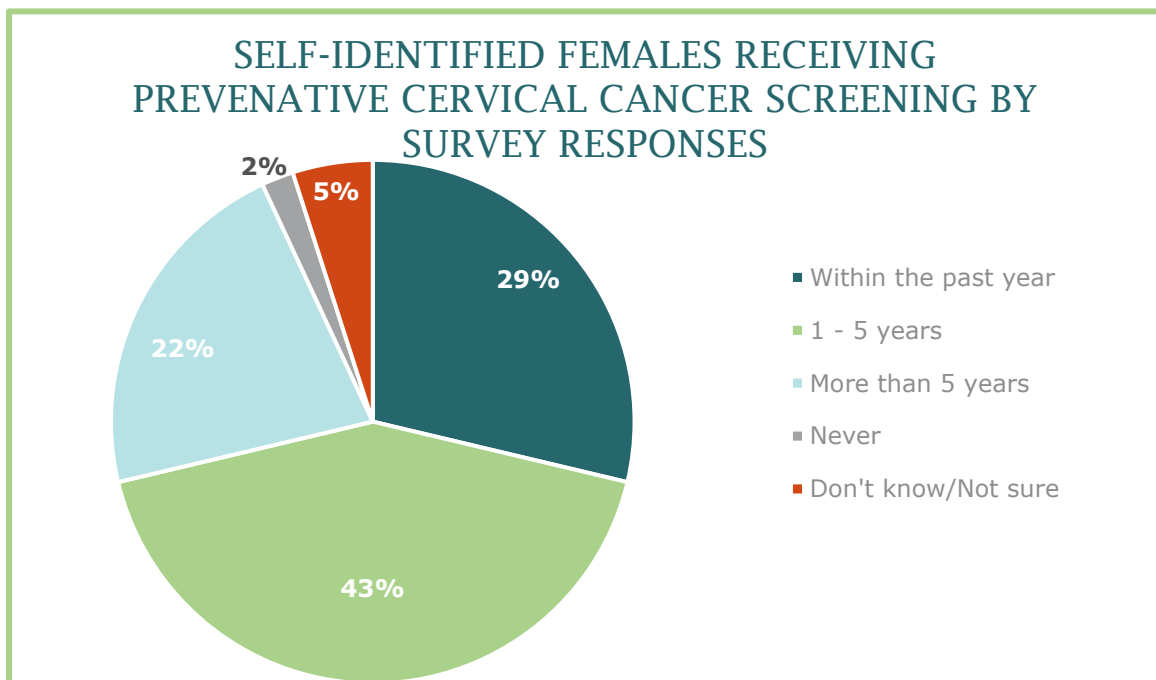
	n= 94	2022
Within the past year	50	53%
1-5 years	24	26%
More than 5 years	9	10%
Never	10	11%
Don't know/Not sure	1	1%



Q16. If you are female, how long has it been since your last Pap smear for cervical cancer? (Select only ONE response)

Seventy-two percent (72%) of survey respondents report having a pap smear in the past five years.

	n= 115	2022
Within the past year	33	29%
1-5 years	49	43%
More than 5 years	25	22%
Never	2	2%
Don't know/Not sure	6	5%



Focus Group Findings

Introduction

RHI was contracted by MRH to conduct focus group interviews to provide qualitative data on the strengths and needs of local healthcare services. Focus group comments reflect the perceptions of the individual and may differ or support survey and secondary data findings.

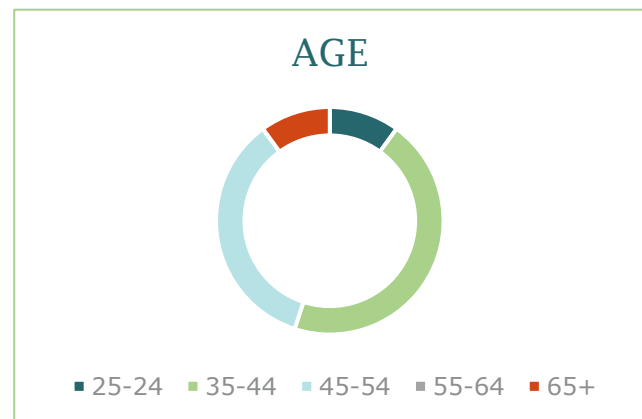
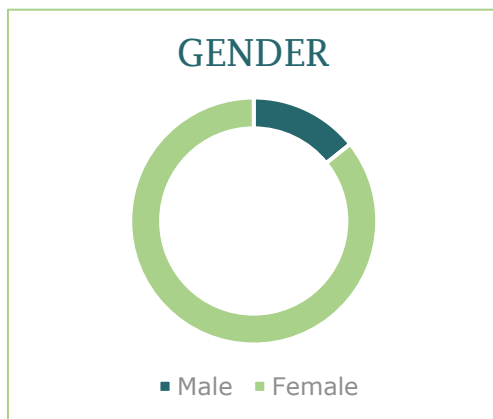
Background

Four focus groups were scheduled to occur over the course of two weeks in August 2022 to obtain information from community residents for the MRH CHNA. MRH provided names, demographics, and contact information for 124 potential attendees. RHI reached out to all 124 to invite them to participate. Some of these were identified as key stakeholders as well. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. Attendees included seniors, representatives from businesses, healthcare consumers, education, healthcare, and social services.

Twenty-four (24) people signed up to attend; 21 attended. In total three males and 18 females attended, representing ages 25-65+. All appeared to be Caucasian.

Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, and suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented.

Participant Demographics



Summary of Major Focus Group Findings

Limitations

There are two major limitations that should be considered when reviewing these results:

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are primarily female and Caucasian. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.).

Summary of Major Points

Below are the common themes in responses.

Do you find any particular statistic surprising?

- Ratio with dentists not surprising; issue is more about hygienists; ratio is probably worse than data indicates
- Grand County-physicians also serve the tourists, so ratios don't reflect that
- Interested to know more about high suicide rate in county

Are some population groups healthier than other groups? If yes, which ones?

- Affluent groups
- Active individuals
- Caucasian

Are some population groups suffering more than other groups? If yes, which ones?

- Aging people who are trying to stay in their homes
 - There is no assisted living
 - Access to home health is dependent on insurance and access to workforce; many are having to pay privately
 - Some begin to use alcohol to cope
 - Generationally might be less like to access help
- Homeless population
- Economic issues
 - Those in intergenerational poverty who are not trusting of system and don't know how to access it
 - Lower middle class who can't receive certain services because they aren't in "poverty"
- Those with substance use disorders (SUD)
- Residents with language and literacy challenges that would find accessing care intimidating

In your opinion, what are some of the barriers to accessing care in this region?

- Local access not available
 - Lack of access to some specialists and when they come, it's not frequent enough to meet the need
 - Lack of certain services like home healthcare, especially for seniors
- Transportation issues
- Living in the same community as provider-privacy, trust, confidentiality, embarrassment
- Financial/insurance
 - Lack of insurance
 - Cost of care for those uninsured or who have high deductibles. People have to make decisions about where to spend their money...healthcare or food or something else?

- Stigma for some issues such as mental health
- Culture issues
 - Trust
 - Lack of providers of the same ethnicity
 - Cultural beliefs about medicine
 - Cultural differences that are not taken into account with inclusion
 - Language barriers

What do you think MRH could do to increase the health of the community? Where are opportunities to collaborate?

- Bring education and resources directly into the community; be more present
- Partner with school to provide more education to students and to help build healthcare workforce for the future
- Continue to address mental health issues and substance use disorders and increase collaboration with other organizations focusing on these issues

What is the greatest health need in this community?

- Mental health services and suicide prevention
- More community education and communication (includes tools and resources)
- Housing/childcare for healthcare workers
- More focus on prevention programs

Key Stakeholder Findings

Background

Nine key stakeholder interviews (one did not attend) were scheduled to occur over the course of two weeks in August 2022 to obtain information from community residents for the MRH CHNA. MRH provided names and contact information for 25 potential attendees. RHI reached out to all 25 to invite them to participate. Eight virtual meeting sessions were held; each approximately 45 minutes in length and included a review of the secondary data at the beginning. Each key stakeholder was asked the same questions.

In total one male and seven females, representing ages 35-65+ participated. Eight appeared to be of Caucasian race and one reported Hispanic ethnicity.

Secondary data was presented to attendees at the beginning of the interviews and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, and suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented.

Limitations

There are two major limitations that should be considered when reviewing these results:

- The information is based on comments from a rather small segment of the community.
- Participants represented are primarily female and Caucasian. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.).

Summary of Major Points

Below are the common themes in responses.

Do you find any particular statistic surprising?

- Suicide rate
 - Believe it is due to non-residents coming to a “monument destination”
 - Believe it is due to substance use disorder (SUD) and overdose
 - Believe it is reflective of young population
 - Believe the rate reflects the community and not non-residents

Are some population groups healthier than other groups? If yes, which ones?

- Affluent groups
- 25–44-year-old group that are here for exercise

Are some population groups suffering more than other groups? If yes, which ones?

- Economic issues
 - Residents who are working multiple jobs
 - Fixed income-expensive to live in Moab and taxes are high
 - Those living below the poverty line
- Aging people
 - Baby Boomers are coming of and have more issues with mental illness, hepatitis, drug issues due to past choices. Cancer is prevalent. Low income and have less access to healthy food.
- Young people
 - Concern for those under age 20 because of gaming, less active. Worry about the data in years concerning obesity and electronic addiction. Kids are less active than they've ever been.
 - The teenagers who are different than others (gender dysphoria and those on the autism spectrum). This has led to much bullying. This often leads to SUD and eating disorders. It is much worse in middle school and gets better in high school.
 - Young people committing suicide. Currently, there is much done in the schools to address this issue so believe the numbers are better.
- Latinx
 - Might be uncomfortable coming in for help and it's hard to get an interpreter.
 - Under-employed, have families, have to work two jobs and might not have opportunity to get healthy food. Even food bank items are often unhealthy. Lower income might also live in apartments and can't grow their own healthy food.
- Those with mental health disorders

In your opinion, what are some of the barriers to accessing care in this region?

- Financial/insurance/poverty
- Culture issues
 - Trust
 - Culture issues of non-whites and mistrust of medical establishment. There is an attitude of "we will take care of our own."
 - Racism (cross culture competency is lacking)
 - Language barriers

- Stigma for some care such as mental health
- Availability of primary care with long wait lists

What do you think MRH could do to increase the health of the community? Where are opportunities to collaborate?

- Increase collaboration with schools, law enforcement, multi-cultural center, mental health authority, library, food pantry, senior center, Moab Free Health Clinic. Several stakeholders noted that the hospital already does a very good job collaborating.
- Wellness focus: Do more to foster healthy living, healthy eating, promote walking groups, exercise in nature and events to help others, incentivize healthy behaviors, provide accurate information by sharing the positive message instead of trying to scare people, hold fun cooking classes, pull all groups (businesses, hospital, other agencies) and build association around a topic such as healthy diets. Hospital could be the driver.

What is the greatest health need in this community?

- Continue with drug abuse and mental health focus
 - Child/adolescent mental health
 - Substance use disorder-become a regional center-more providers, outreach to other counties, create a mobile service
- Help underserved populations
 - Use MRH/health department internal data to track health disparities and address providers that do not treat patients in line with the hospital values. Focus on educating and helping underserved populations in ways they can hear/understand.
 - Provide education about obesity, healthy foods, working with kids in the schools to eat better. Provide healthy snacks/food at hospital events.
 - Services for geriatric population (homeless, psych)
- Crisis center for homeless

Conclusions and Recommendations

Conclusions

Moab Regional Hospital (MRH) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center to administer a Community Health Needs Assessment (CHNA). The CHNA information included secondary data analysis from nationally recognized sources, a four-page survey, a series of focus groups, and key stakeholder interviews. San Juan, Emery, Utah, and US data was included when possible.

Ninety-five percent (95%) of survey respondents identify as Caucasian. This is similar to previous years' CHNAs. This is similar to the secondary data for Grand County (92.1%). Three percent report Hispanic or Latino ethnicity. The median income for the three counties is lower than in Utah. Almost all of survey respondents indicated that everyone in their household has health insurance, however secondary data indicates that 12.94% of the adults and 12.3% of children in Grand County are uninsured. For adults in San Juan County, the numbers are even higher. Key stakeholders and focus group participants indicated concern for the health of those with fewer economic resources. In addition to the ability to access care, there were concerns about whether these groups had supportive transportation to get to appointments, dealt with intergenerational poverty, and suffered a lack of resources for seniors who are trying to stay in their homes. While MRH has some financial assistance, some of those in need might not be aware. Focus group and key stakeholders also mentioned concern about the Latinx population that find navigating the system difficult, especially if there is a language barrier.

The health need of most concern is mental health, suicide, and substance use disorders. Secondary data indicates that there is a higher rate of suicide in Grand County and all counties have a poorer ratio of community residents to mental health providers. Lack of enough resources which can result in longer wait times, stigma, and educational opportunities for prevention were mentioned.

Survey respondents, key stakeholders, and focus groups identified opportunities for wellness based on prevention. It was suggested that the

hospital could be the driver to foster healthy living, healthy eating, promote walking groups, exercise in nature and events to help others, incentivize healthy behaviors, provide accurate information by sharing the positive message instead of trying to scare people, hold fun cooking classes, include all groups (businesses, hospital, other agencies), and build an association around a topic such as healthy diets. Providing educational opportunities directly in the community make it easier for residents to participate. It is also important to reach out and include the underserved populations.

Another concern for the community in the focus groups and stakeholder interviews relates to social drivers of health. Specifically mentioned are lack of transportation and difficulty accessing affordable housing. While this was a concern for the community in general, there was also a concern about the ability of the hospital to hire and maintain a strong healthcare workforce. While these are difficult issues to address, the key is increased collaboration among the hospital, agencies, faith-based groups, employers, and other resources.

Recommendations

Moab Regional Hospital has made strides since the last CHNA to bring more mental health and substance use resources and services to the area. This continues to be identified as one of the top health needs in the community. This is an area that the hospital cannot address alone. It is important to partner with agencies, businesses, faith-based organizations, and consumers to impact this. A multipronged approach would include education in the community which includes all age groups, races, and ethnic groups; programs focused on prevention; and a very intentional connection with at-risk groups. Included in this would be a focus on suicide prevention and addressing stigma.

All sources used to inform this CHNA also identified a need for more health services and support for those in low-income groups or those who are underinsured. This is a challenge for many communities that are destinations for tourism which include a number of hospitality jobs. All information sources also suggested more focus on prevention of illness while maximizing wellness. This could be one strategy for MRH to pursue as they consider addressing health needs of those with lower incomes or other underserved populations.

Appendix A: Survey Instrument

Healthcare Survey Enclosed!
***Please respond to help us better serve
our community!***
In appreciation, we will enter you in a

August 24, 2022

Dear Community Member:

Moab Regional Hospital is partnering with Rural Health Innovations, LLC a subsidiary of 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 individuals to assist in planning healthcare programs, services, and facilities to meet present and future needs of our community.

You have been randomly selected as a community member who lives in the service area of Moab Regional Hospital and your help is critical in determining priorities and future needs for our community health.

The enclosed healthcare survey covers topics such as: 1) Use and awareness of healthcare services; 2) Health insurance; 3) Community health indicators; and 4) Demographic information.

Once you complete the survey, **please use the enclosed self-addressed, stamped envelope** to return it to Rural Health Innovations, LLC, the organization that is assisting with this project. **In order to be entered in the drawing, please include ONE raffle ticket in the envelope with the survey. The envelope must be postmarked by October 5, 2022.**

The winning raffle ticket number will be posted on the hospital's website (www.mrhmoab.org) and social media pages (Facebook and Instagram) and printed in The Ad-Vertiser, Moab Sun News, and Moab Times Independent newspapers on October 19th and 20th. Please keep your raffle ticket in a safe place. If your number is selected, you will need your ticket in order to claim your prize.

The survey is four pages long and should take approximately 10 minutes to complete. All responses will be kept confidential. If you have any questions about the survey, please call Kiona Hermanson at 218-216-7033.

Thank you for your participation in this important project. We appreciate your willingness to honestly and thoughtfully complete the enclosed survey and we look forward to receiving your feedback.

Sincerely,



Jennifer Sadoff
Chief Executive Officer

Community Health Needs Assessment Moab, Utah

Please use a pencil or a pen with **black** or **blue** ink ONLY. Anything else, such as another color of ink or a felt-tip, does not read clearly.

To answer a question, either completely fill in the circle, or where requested, write within the box or space provided. If you make a mistake, DO NOT use Liquid Paper. Instead, mark out the answer you wish to change with an 'X', then completely fill in the circle for your preferred 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. In your opinion, what are the most pressing health concerns in our community?
(Select up to THREE responses)

- Cancer
- Child abuse/domestic violence
- Crohn's disease/ulcerative colitis
- Depression/anxiety/stress
- Diabetes
- Environmental quality (air/water)
- Heart disease/stroke
- Hunger
- Immunizations
- Obesity
- Psychotic disorders/mental health
- Substance abuse disorder/addiction (illegal substances/prescription drugs)
- Respiratory disease
- Teen pregnancy
- Tobacco/e-cigarettes use
- Other (please specify) _____

2. What community resources do you rely upon to help keep you and your family healthy? (Select ALL that apply)

- Faith-based organizations
- Fitness center/gym
- Grocery store
- Library
- Hospital
- Community and national parks/public lands/trails
- Public health department
- Schools
- Senior center
- Social services
- Other (please specify) _____

3. What are the largest gaps in healthcare services in our community? (Select up to THREE responses)

- Availability of services/providers
- Ability to service different languages/cultures
- Affordable prescription drug assistance
- Cancer treatment
- Chronic care management (heart, lung, diabetes, etc.)
- Dental care
- End-of-life care (hospice/palliative care)
- Geriatric care (seniors)
- Healthy lifestyle education
- Mental health services
- Pain management
- Primary care
- Services for low income people
- Substance use disorder services (drugs and/or alcohol)
- Other (please specify) _____

4. Thinking about health education topics of interest to you, what health topics would you MOST like to learn more about? (Please print clearly)

5. Do you receive annual health screening exams by a primary care provider?
(Select ALL that apply)

- Yes
- No, I choose not to receive health screenings
- No, I could not afford exam, regardless of insurance
- No, appointment times were not convenient
- No, I have transportation issues
- No, some other reason (please specify) _____

6. 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 these services or delayed getting them? (Select up to THREE responses)

- No, I/we received healthcare when needed
- Yes, could not get an appointment
- Yes, appointment wait was too long
- Yes, there was a language/cultural barrier
- Yes, too nervous or afraid
- Yes, did not know where to go
- Yes, healthcare providers do not treat me/us with respect
- Yes, schedule conflicts due to work
- Yes, unsure of available services
- Yes, there was a transportation issue
- Yes, do not like doctors
- Yes, no childcare
- Yes, cost too much
- Other (please specify) _____

7. What is the location of the healthcare services used most frequently by your household? (Select only ONE response)

- Moab Regional Hospital – Family Medicine Clinic
- Moab Regional Hospital – Urgent Care
- Moab Regional Hospital – Emergency Room
- Spanish Valley Clinic
- Dr. Ray Andrew
- VA Clinic
- Other (please specify) _____

8. Why did you select that particular healthcare provider?
(Select ALL that apply)

- Appointment availability
- Closest to home
- Cost of care
- Length of waiting room time
- Prior experience
- Recommended by family or friends
- Referred by physician or another provider
- Reputation for quality
- Required by insurance plan
- Indian Health Service (IHS)
- VA/Military requirement
- Other (please specify) _____

9. Where do you and other members of your household learn about ways to live a healthier life? (Select ALL that apply)

- Email or e-newsletter
- Faith-based organization
- Fitness center/gym
- Friends/family
- Healthcare provider
- Health fairs or other health-related community events
- Newspaper
- Phone apps
- Public health department
- Radio
- Social media
- Television
- Text message
- Website (please specify) _____
- Other (please specify) _____

10. In the past three years, have you or another member of your household visited any of the following specialists? (Select ALL that apply)

- Allergist
- Audiologist
- Cardiologist
- Chiropractor
- Chronic pain specialist
- Dentist
- Dermatologist
- Dietician
- Endocrinologist
- Gastroenterologist
- General surgeon
- Mental health counselor/social worker
- Neurologist
- Obstetrician/Gynecologist
- Occupational therapist
- Oncologist (cancer)
- Ophthalmologist (eye doctor)
- Orthopedic surgeon
- Otolaryngologist/ENT (ear, nose, and throat)
- Pediatrician
- Physical therapist
- Podiatrist
- Psychiatrist/psychologist
- Pulmonologist
- Respiratory therapist
- Rheumatologist
- Speech therapist
- Substance use counselor
- Urologist
- Wound care specialist
- Other (please specify) _____

11. Have you, or anyone in your household, ever been told by a doctor or other healthcare provider that you have any of the following chronic conditions? (Select ALL that apply)

- No, none of us have ever been told that we have any chronic conditions
- Yes, Alzheimer's disease/dementia
- Yes, arthritis
- Yes, chronic obstructive pulmonary disease (COPD)
- Yes, depression
- Yes, diabetes
- Yes, heart disease
- Yes, high cholesterol
- Yes, high blood pressure
- Yes, high blood sugar
- Yes, kidney disease

12. Is everyone in your household covered by health insurance? (Select ALL that apply)

- Yes
- No, health insurance is too expensive
- No, we choose not to have health insurance
- No, we do not know how to apply
- No, it is too difficult to apply
- Don't know/Not sure

13. In the past 12 months, please select all of the preventative services you or any household member used. (Select ALL that apply)

- Annual health checkup
- Blood draw for lab test(s)
- Blood pressure screening
- Bone density scan
- Cervical screening/Pap smear
- Childhood vaccinations
- Cholesterol screening
- Colonoscopy
- COVID-19 vaccination(s)
- Diabetes screening
- Influenza vaccination/flu shot
- Mammogram
- Prostate screening/PSA test
- Skin cancer screening

- Well Child/Well Baby checkup
- Other (please specify) _____

14. If you are over 45 years old, how long has it been since you had an exam or screening for colon cancer? (Select only ONE response)

- Within the past year
- 1 - 5 years
- 6 - 10 years
- More than 10 years
- Never
- Don't know/Not sure

15. If you are female and over 40 years old, how long has it been since your last mammogram? (Select only ONE response)

- Within the past year
- 1 - 5 years
- More than 5 years
- Never
- Don't know/Not sure

16. If you are female, how long has it been since your last Pap smear for cervical cancer? (Select only ONE response)

- Within the past year
- 1 - 5 years
- More than 5 years
- Never
- Don't know/Not sure

17. Are you aware of programs, such as Medicaid or Financial Aid at Moab Regional Hospital, that help people pay for healthcare expenses? (Select only ONE response)

- No
- Yes, and I use them
- Yes, but I do not qualify
- Yes, but I don't know if I qualify
- Don't know/Not sure

18. Are you male, female, or do you identify in a different way? (Select only ONE response)

- Male
- Female
- Identify in a different way
- Prefer not to answer

19. What is your age range in years? *(Select only ONE response)*

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 or older

20. Are you of Hispanic, Latino, or Spanish origin? *(Select only ONE response)*

- Yes
- No
- Prefer not to answer
- Don't know/Not sure

21. With what ethnicity do you most identify? *(Select ALL that apply)*

- American Indian/Alaska Native
- Asian
- Black/African American
- Pacific Islander/Native Hawaiian
- White/Caucasian
- Other (please specify) _____
- Prefer not to answer
- Don't know/Not sure

THANK YOU VERY MUCH FOR YOUR TIME

Please return in the postage paid envelope enclosed with this survey or mail to:

National Rural Health Resource Center
525 S. Lake Avenue, Suite 320
Duluth, MN 55802

Appendix B: “Other” Survey

Comments

1. In your opinion, what are the most pressing health concerns in our community? *(Select up to THREE responses)*

- Noise pollution
- Preventative medicine and education
- As a patient, the most pressing is what I have at that time
- Emergency services, accidents
- Difficulty getting appointments
- Climate change (heat)
- Alcoholism
- Elder care
- Healthcare is too expensive
- Care for the elderly (assisted care, residential care)
- Nutritious food for children
- Good doctors!

2. What community resources do you rely upon to help keep you and your family healthy? *(Select ALL that apply)*

- My doctor (2)
- Co-op
- Outdoors
- Bike paths and trails
- Four Corners
- Health food store, internet
- Free health clinic
- Dentist, chiropractor, eye doctor, etc.
- Urgent care
- Friends
- Rolfing/massage therapy, physical therapy, chiropractic
- Tai-chi, yoga
- At-home exercise program
- Healthy environmental conditions/assets: water, air (mostly) ...
- Spanish Valley Clinic
- By mail-order online
- Community 'in person' grants (for mental health)

3. What are the largest gaps in healthcare services in our community?

(Select up to THREE responses)

- Ability to diagnose problems (or lack of)
- Dermatologist
- Services for middle income, people who fall in that gap!
- Gynecology
- Do we have an orthopedic surgeon?
- Midwives
- Limited medical specialties
- Women's health/gynecology specialists, foot/ankle, dermatologist
- ICU and critical care
- Affordable dental care for low income
- Pediatrics
- Home healthcare
- Counseling/therapy
- Specifically, mental health services for children younger than 10
- Affordability in general

4. Thinking about health education topics of interest to you, what health topics would you MOST like to learn more about?

- Senior aging (15)
- Nutrition (12)
- Preventative care (7)
- Diet (6)
- Cancer concerns/treatments (5)
- Mental health (5)
- Pain management (5)
- Arthritis (5)
- Diabetes (4)
- Menopause (4)
- Exercise (4)
- Substance abuse/detox (4)
- Weight control (3)
- Teen pregnancy (3)
- End of life care (2)
- Post-partum care (2)
- Health (2)
- Life-style choice (2)
- Stress management (2)
- Preparing for long-term care
- Heart, orthopedics
- High cost of living
- Yoga, meditation
- Dermatology

- Alternative choices to prescription drugs
- Caregiving
- Hearing aids, physical therapy
- Chronic care management
- Parkinson's, colon cancer
- Current updates on all health issues, publication on available services in Moab
- Managing heart failure and diabetes with diet
- The status of hunger, affordable drug assistance, etc. I do not have enough knowledge of who is in most trouble.
- Reproductive health/birth control, prevention of GERD
- Reduce blood pressure
- Risk reduction for cancer, heart disease, and other common illnesses
- Midlife crisis, childhood obesity
- Senior fitness programs
- Diversity equity and inclusion, food access
- The acceptance of psychoactive drugs in mental health therapy
- Affordable mental healthcare, affordable therapists in my proximity
- EMS
- Injury prevention (particularly when recreating, wilderness medicine, mental health, first aid)
- Outdoor activities to help addicts replace their substance addiction with healthy exercise and positive challenges to a better life
- Autoimmune support groups
- How to afford or find affordable care in Moab. Difficult to find services. I usually leave the area if I need a doctor or have an issue.
- Allergy management, sun damage and spotting skin cancer
- Heart disease
- How to lower cholesterol and stay healthy
- Local risk factors, local non-profit health focus, local low-income services/volunteer opportunities
- Alternative options to things like surgery
- Heart disease prevention and diagnosis for women
- Alternative medicine
- Allergies, inflammation
- When to schedule what preventative care that insurance covers and ensuring it's billed correctly (free)
- Environmental quality, vaccinations
- Future water supply in Castle Valley
- Services I am eligible for that I'm unaware of

5. Do you receive annual health screening exams by a primary care provider? *(Select ALL that apply)*

- I should
- Not always annually
- Most years. Not all.
- Difficulty getting into provider, they are always busy
- I go every few years
- I neglect to
- No, I'm pretty healthy
- Did not get around to it
- Doctor in Grand Junction, CO
- In too much pain to sit in doctor's office and waiting room for a long time
- I've been lazy about doctor visits. None in 20 years.
- Takes weeks for appointment
- My insurance is not covered in Moab

6. 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 these services or delayed getting them? *(Select up to THREE responses)*

- We need a full-time gynecologist in town
- What was needed is not available here!
- Pandemic
- Avoid hospital unless there is a strong need to go
- Dental
- ENT specialist not available
- No provider in Moab
- Visit Free Clinic
- Services not offered in Moab
- My husband is an invalid. Went to get COVID booster and 24 people were in line. Nowhere for him to sit, no consideration given to his condition. We went home without the shots.
- Dental appointments are MONTHS out
- Do not like the doctors that are available
- Husband could not get appointment when needed. Did not get services and moved to Indiana.

7. What is the location of the healthcare services used most frequently by your household? (Select only ONE response)

- University of Utah Health, Salt Lake City (3)
- Free health clinic (2)
- San Juan Hospital (2)
- Dr. Kelly King, Aspen Leaf Medicine, Grand Junction, CO
- Have not used any health services except vaccines at the pharmacy
- N/A - don't use any
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND Urgent Care) (5)
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND Urgent Care AND Emergency Room) (3)
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND Dr. Ray Andrew) (2)
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND Emergency Room) (2)
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND Huntsman Cancer Institute in Salt Lake)
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND VA Clinic)
- Multiple (SCL Health, Grand Junction AND Moab Regional Hospital - Family Medicine Clinic)
- Multiple (Moab Regional Hospital - Family Medicine Clinic AND Spanish Valley Clinic)
- Multiple (Moab Regional Hospital – Urgent Care AND VA Clinic)
- Multiple (Spanish Valley Clinic AND locations out of town)

8. Why did you select that particular healthcare provider? (Select ALL that apply)

- Available PCP
- Hardly any other options
- He isn't subservient to Williams or that jerk Munger
- Hours of availability and need
- Limited choice
- No other options
- It was an emergency and Urgent Care was closed
- Use of 'MyChart' app
- Medicare
- Female doctor available for an older patient
- Open without appointment
- Been my healthcare provider for 30 years
- We are happy with our doctors
- Excellent care
- I've used none
- Billing at Moab Hospital has been a trial on multiple occasions

- Don't have a provider
- Don't remember why

9. Where do you and other members of your household learn about ways to live a healthier life? (Select ALL that apply) Website (please specify)

- Google (7)
- Many (5)
- Mayo Clinic (5)
- Webmd.com (4)
- No website specified (3)
- Nih.com, rx.com
- Forks over knives
- BCBS.com, mdvip.com, healthgrades.com, fepblue.org
- I have quite a few on nutrition, etc.
- Mark's Daily Apple
- CDC, W.H.O.
- Natural health websites
- Federal, Blue Cross/Blue Shield
- Various: AARP, New York Times, Washington Post, etc.

9. o: Where do you and other members of your household learn about ways to live a healthier life? (Select ALL that apply) Other (please specify)

- Books (4)
- Magazines (4)
- AARP (4)
- Reading (2)
- Print media (2)
- Newsletter subscription (2)
- Common sense (2)
- 12 step programs
- Friends, word of mouth
- Work health support
- Self-education
- Back in the day, college courses set me up for healthy living
- Formal education degree
- Research articles
- Nature
- Personal research on a variety of health topics/concerns
- Insurance
- Library
- Athletics since grade school, medical field work history

10. In the past three years, have you or another member of your household visited any of the following specialists? (Select ALL that apply)

- Cardiothoracic surgeon
- Neurosurgeon, rehabilitation
- Vascular
- Plastic surgeon

13. In the past 12 months, please select all of the preventative services you or any household member used. (Select ALL that apply)

- Thermogram screening for breast cancer
- Rheumatologist
- Will soon be getting a colonoscopy and mammogram
- Radiology, surgical suite
- None
- I have a blood pressure cuff that I use
- Vaccinations

21. With what ethnicity do you most identify? (Select ALL that apply)

- Mexican/Hispanic

Appendix C: 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 RHI collects using methods such as surveys, focus groups, interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI knows the source, how it was collected and analyzed. Secondary data is 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 and with varying methods. This can make direct comparisons of secondary data difficult. See [Appendix D](#) for source details and definitions. Please note, the data collected for this report is the most current information as of August 2022. The types of measures selected to analyze in this report were identified based on data available for Grand County, San Juan County, Emery County, Utah, and the United States.

For more secondary data information, The Center offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal: <https://www.ruralcenter.org/population-health-portal/data>

Geography and Demographics

	Grand County	San Juan County	Emery County	Utah	United States
Population	9,698	15,295	10,099	3,151,239	324,697,795
Male	2,638	108	407	1,558,868	159,886,919
Female	2,665	147	386	1,537,980	164,810,876
Age 0-4	5.10%	7.50%	6.40%	8.10%	19,767,670
Age 5-9	6.60%	9.20%	9.30%	8.50%	20,157,477
Age 10-14	5.70%	8.20%	8.50%	8.40%	20,927,278
Age 15-19	5.20%	8.60%	7.70%	7.90%	21,208,186
Age 20-24	5.20%	6.40%	5.30%	8.30%	22,015,108
Age 25-34	14.90%	12.40%	10.40%	14.80%	45,030,415
Age 35-44	16.70%	11.70%	12.60%	28.40%	40,978,831
Age 45-54	9.80%	10.10%	10.30%	10.30%	42,072,620
Age 55-64	13.40%	11.80%	12.70%	9.50%	41,756,414
Age 65-74	13.40%	8.20%	10.30%	6.40%	29,542,266
Age 75-84	3.90%	4.40%	5.10%	3.20%	14,972,513
Age 85+	1.50%	1.50%	1.50%	1.20%	6,269,017
White	92.10%	49.20%	97.20%	85.10%	73.30%
Black	0.40%	0.30%	0.10%	1.20%	13.40%
Asian	1.90%	0.60%	1.00%	2.30%	5.90%

	Grand County	San Juan County	Emery County	Utah	United States
Native American/Alaska Native	2.10%	45.90%	0.70%	1.10%	1.30%
Native Hawaiian/Pacific Islander	0.40%	0.30%	0.30%	0.90%	0.20%
Some Other Race	0.20%	0.40%	0.00%	5.10%	5.50%
Multiple Races	2.80%	3.40%	0.80%	4.20%	2.80%
Hispanic or Latino	10.30%	5.90%	6.30%	14.20%	18.50%
Veterans	6.50%	5%	7.70%	5.40%	7.10%
Limited English Proficiency	3%	3%	1%	2%	8.20%

Health Outcomes

	Grand County	San Juan County	Emery County	Utah	United States
Life expectancy	79.4	75	76.7	80.6	77
COVID-19 age-adjusted mortality	Not Reported (NR)	252	NR	49	350,831
Fair or poor health	16%	25%	17%	15%	17%
Poor physical health days	3.8	6	4.2	3.8	3.4
Poor mental health days	4.4	6	4.7	4.4	3.8
Low birth weight	6%	7%	6%	7%	8.24%

	Grand County	San Juan County	Emery County	Utah	United States
Diabetes prevalence	9%	14%	9%	8%	11%
Suicide death rate	31.5	16	24.6	17	14
Heart disease	6.30%	8.50%	6.90%	2.30%	3.90%
COPD	5.30%	8.30%	6%	5.63%	4.10%
Asthma	9.50%	11.90%	10%	10.80%	9.90%
All cancer sites	400.5	260	414.9	405.4	448.6
Prostate (male)	99	44	105	115.1	106.2
Breast (female)	108.3	69	150.1	115.5	126.8
Colon and rectum	31.4	23	31.2	29.3	38
Uterus (female)	NR	NR	NR	26.9	27.4
Melanoma	29.4	NR	31.7	41	22.6

Social and Economic

	Grand County	San Juan County	Emery County	Utah	United States
Less than 9th grade education	1.40%	6.50%	1.10%	NR	4.90%
Some high school, no diploma	4.70%	7.70%	4.50%	4.60%	6.60%
High school degree	27.10%	30.50%	30.10%	22.80%	26.70%
Some college, no degree	25.10%	24%	31.20%	25.50%	20.30%

	Grand County	San Juan County	Emery County	Utah	United States
Associate's degree	11%	12.10%	17.30%	10%	8.60%
Bachelor's degree	17.30%	12.60%	10.80%	23%	20.20%
Graduate or professional degree	13.40%	6.60%	5%	11.70%	12.70%
Unemployment rate	3.91	5.07	4.01	2.61	3.67
Median household income	53,535	49,438	61,893	75,705	65,712
Poverty	9.10%	25.00%	10.80%	9.10%	11.00%
Children in poverty	14.90%	14.90%	14.90%	9.90%	19.00%
Residential segregation - non-white/white	29	84	NR	40	47
Childcare centers	4	2	NR	1	NR
Childcare cost burden	25%	0	23%	20%	NR
Injury deaths	130	134	129	67	72

Health Factors

	Grand County	San Juan County	Emery County	Utah	United States
Current Smokers	11%	17%	12%	8%	17%
No Leisure Time for Physical Activity	21%	25%	22%	19%	23%
Recreation and Fitness Facility Access	95%	18%	39%	83%	84%
Adult Obesity	29%	38%	35%	30%	30%
Food Insecurity	13%	19%	14%	11%	18%
Binge Drinking	13%	9%	11%	12%	15%
Drug Overdose Deaths	NR	NR	NR	11	19
Teen Birth Rate	27	26	17	15	21

Physical Environment

	Grand County	San Juan County	Emery County	Utah	United States
Air pollution - particulate matter	4.9	5.20	5.4	5.7	7.2
Drinking water violations	No	No	No	NR	Not Available (N/A)
Severe housing problems	16%	20%	8%	14%	18%
Households with no motor vehicle	4.20%	7.10%	3.20%	4%	8.50%

Clinical Care

	Grand County	San Juan County	Emery County	Utah	United States
Uninsured	12.94%	16.20%	8.68%	10.41%	10.43%
Uninsured children	12.30%	11.70%	8.20%	8.10%	5.60%
Access to Primary Care Physicians	810	1,530	10,010	1,740	1320
Access to Mental Health Providers	410	610	920	280	380
Access to Dentists	1,400	1,090	3,380	1,450	1400
Medicare Patients with Mammogram within Past Two Years	26%	12%	25%	28%	33%
Medicare Patients with Annual Influenza Vaccination	55%	14%	40%	47%	38%
Medicare Diabetics with Hemoglobin A1c Test within Past Year	108	183	114	86.63	NR
Adults over Age 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	4%	3%	4%	5%	5%

Hospital Compare

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. In all but two categories, MRH’s scores are equal to or better than the state and national average.

	MRH	Utah	US
Patients who reported that their nurses “Always” communicated well.	81%	80%	81%
Patients who reported that their doctors “Always” communicated well.	85%	80%	83%
Patients who reported that they “Always” received help as soon as they wanted.	75%	66%	69%
Patients who reported that the staff “Always” explained about medicines before giving it to them.	68%	62%	63%
Patients who reported that their room and bathroom were “Always” clean.	59%	73%	76%
Patients who reported that the area around their room was “Always” quiet at night.	77%	62%	65%
Patients who reported that YES, they were given information about what to do during their recovery at home.	92%	86%	89%
Patients who “Strongly Agree” they understood their care when they left the hospital.	61%	52%	56%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	81%	72%	77%
Patients who reported YES, they would definitely recommend the hospital.	73%	70%	75%

Source: [Hospital Compare](#)

Appendix D: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	American FactFinder , American Community Survey, US Census Bureau. April 2020
Male	Percent of male population.	American FactFinder , American Community Survey, US Census Bureau. 2019
Female	Percent of female population.	American FactFinder , American Community Survey, US Census Bureau. 2019
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	American FactFinder , American Community Survey, US Census Bureau. 2020
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	American FactFinder , American Community Survey, US Census Bureau. 2020
Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	American FactFinder , American Community Survey, US Census Bureau. 2020
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian,"	American FactFinder , American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
	<p>"Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.</p>	
<p>American Indian/Alaska Native</p>	<p>A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2020</p>
<p>Native Hawaiian/Pacific Islander</p>	<p>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2020</p>
<p>Hispanic or Latino</p>	<p>The estimated population that is of Hispanic, Latino, or Spanish origin.</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2020</p>
<p>Two or more races</p>	<p>People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Two or More Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"</p>	<p>American FactFinder, American Community Survey, US Census Bureau. 2020</p>

Data Areas	Description	Source and Dates
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	American FactFinder , American Community Survey, US Census Bureau. 2022
Speak English less than “very well”	Percent of the population that speak English less than “very well”.	County Health Rankings . 2022
Life expectancy	Average number of years a person can expect to live.	County Health Rankings . 2017-19 Centers for Disease Control and Prevention , National Center for Health Statistics. 2018
COVID-19 age-adjusted mortality	All deaths occurring between January 01, 2020 through December 31, 2020 due to COVID-19 per 100,000 population (age adjusted).	County Health Rankings . 2022
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings . 2019 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2020
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2019 County Health Rankings. 2021 National Statistics Reference Table
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings . 2019 County Health Rankings. 2021 National Statistics Reference Table
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings . 2014-2020 Centers for Disease Control and Prevention , National

Data Areas	Description	Source and Dates
		Center for Health Statistics. 2020
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings . 2019 County Health Rankings. 2021 National Statistics Reference Table
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	County Health Rankings . 2020 Center for Disease Control and Prevention . Suicide and Self-Inflicted Injury. 2020
Heart disease death rate per 100,000	Percentage of adults with coronary heart disease.	CDC Places . 2019 Behavioral Risk Factor Surveillance Survey (BRFSS) . 2020
Diagnosis of COPD, 18+	Age-adjusted prevalence of COPD among adults aged 18 years and older.	Population Health Toolkit. COPD Risk Factors and Rurality . 2020 https://www.cdc.gov/places . BRFSS 2019 or 2018, Census 2010 population counts or census county population estimates of 2019 or 2018, and ACS 2015-2019 or ACS 2014-2018.
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	National Program of Cancer Registries SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Cancer mortality per 100,000	All Cancers, 2015-2019. All Races (includes Hispanic), Both Sexes, All Ages. Mortality rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	National Program of Cancer Registries SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention

Data Areas	Description	Source and Dates
		(based on the 2020 submission).
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	County Health Rankings . 2019 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2020
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	County Health Rankings . 2019 Feeding America, Map the Meal Gap . 2019
Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	County Health Rankings . 2019 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data . 2020
Less than 9th grade education	Population 25 years and over without a high school degree.	American FactFinder , American Community Survey, US Census Bureau. 2020
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	American FactFinder , American Community Survey, US Census Bureau. 2020
High school degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	American FactFinder , American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
Some college, no degree	Population 25 years and over with some college but no degree.	American FactFinder , American Community Survey, US Census Bureau. 2020
Associate's Degree	Population 25 years and over with an Associate's Degree.	American FactFinder , American Community Survey, US Census Bureau. 2020
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American FactFinder , American Community Survey, US Census Bureau. 2020
Graduate or professional degree	Population 25 years and over with a graduate or professional degree	American FactFinder , American Community Survey, US Census Bureau. 2020
Unemployment rate	Unemployment rates, not seasonally adjusted.	Population Health Toolkit . 2019
Median household income	Median income of households in the geographic area.	Population Health Toolkit . 2019
Poverty	Percent of all individuals below the poverty level.	American FactFinder , American Community Survey, US Census Bureau. 2020
Children in poverty	Percent of children below 18 years old below the poverty level.	American FactFinder , American Community Survey, US Census Bureau. 2020
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential	Population Health Toolkit . 2019

Data Areas	Description	Source and Dates
	segregation index ranges from 0 (complete integration) to 100 (complete segregation).	
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings. 2021 National Statistics Reference Table
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings . 2020 County Health Rankings. 2021 National Statistics Reference Table
Physical Inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings . 2020 County Health Rankings. 2021 National Statistics Reference Table
Recreation and fitness facility access	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	County Health Rankings . 2020 County Health Rankings. 2021 National Statistics Reference Table
Teen birth rates	Number of births per 1,000 female population ages 15-19.	County Health Rankings . 2020 Centers for Disease Control and Prevention, Reproductive Health: Teen Pregnancy . 2020
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings . 2020 County Health Rankings. 2021 National Statistics Reference Table
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs,	County Health Rankings . 2014-2018

Data Areas	Description	Source and Dates
	lack of kitchen facilities, or lack of plumbing facilities.	County Health Rankings. 2021 National Statistics Reference Table
Uninsured	Percentage of population under age 65 without health insurance.	Population Health Toolkit . 2018
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program . 2019
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	County Health Rankings . 2019 County Health Rankings. 2021 National Statistics Reference Table
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental healthcare).	County Health Rankings . 2021 County Health Rankings. 2021 National Statistics Reference Table
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings . 2020 County Health Rankings. 2021 National Statistics Reference Table
Had a mammogram in past 2 years, ages 40+	Percentage of population ages 40+ that had a mammogram in past 2 years.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities . 2020
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities . 2020

Data Areas	Description	Source and Dates
Medicare diabetes with hemoglobin A1c test within past year	Percentage of diabetic Medicare enrollees with hemoglobin A1c test within past year	The Dartmouth Atlas of Health Care . 2015
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities . 2019

Appendix E: Focus Group Invitation and Questions

July 20, 2022

Dear Moab Regional Hospital Area Community Leader:

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of Moab Regional Hospital. Focus groups are an excellent way for community members to share their opinions in an honest yet 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 in the region. This process will help to maintain quality healthcare in the community.

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

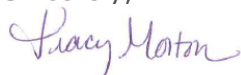
We invite you to participate in a virtual focus group via Zoom. These focus groups are scheduled for the following dates and times. **Please respond to this communication indicating which date and time you'd like to participate in.** Your identity is not part of the focus group report and your individual responses will be kept confidential.

- Tuesday, August 2, 2022 at 7:00 – 9:00 AM Mountain Time
- Friday, August 5, 2022 at 11:00 AM – 1:00 PM Mountain Time
- Tuesday, August 9, 2022 at 1:00 – 3:00 PM Mountain Time
- Wednesday, August 10, 2022 at 1:00 – 3:00 PM Mountain Time

Please confirm your attendance by contacting Kiona Hermanson at the National Rural Health Resource Center by phone (218) 216-7033 or e-mail (khermanson@ruralcenter.org) **by Tuesday, July 26th.**

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health
National Rural Health Resource Center

Moab Regional Hospital 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 Regional Hospital area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups suffering more than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. What do you think Moab Regional Hospital could do to increase the health of the community? Where are opportunities to collaborate?
7. What is the greatest health need in this community?

Appendix F: Key Stakeholder Invitation and Questions

July 20, 2022

Dear [Individual's name]:

You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of Moab Regional Hospital. The purpose of the interview will be to identify strengths and needs of community health 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 healthcare to serve the continuing and future needs of the community.

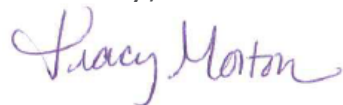
Whether you or a family member are involved with local healthcare services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in a one-hour one-to-one interview during the week of: **August 01st through August 12th**. Your help is very much appreciated in this effort. **Please confirm your willingness to participate before Tuesday, July 26th** by contacting Kiona Hermanson at khermanson@ruralcenter.org to set up a time that works best for your schedule.

No identifiable information will be disclosed and individual responses will be kept confidential.

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health
National Rural Health Resource Center

Moab Regional Hospital Key Stakeholder Questions

The questions below are the types of questions that will be asked during the key stakeholder interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed, and the results will assist the healthcare organization with future care and planning.

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. Are some population groups healthier than other groups? If yes, which ones?
4. Are some population groups suffering more than other groups? If yes, which ones?
5. In your opinion, what are some of the barriers to accessing care in this region?
6. What do you think (Hospital) could do to increase the health of the community? Where are opportunities to collaborate?
7. What is the greatest health need in this community?