

COMMUNITY HEALTH NEEDS ASSESSMENT

MOAB REGIONAL HOSPITAL

2025



TABLE OF CONTENTS

Background.....	2
About Moab Regional Hospital.....	2
About Community Health Needs Assessments (CHNA)	5
Service Area	7
Processes and Methodology	8
Resources and Secondary Information.....	9
Data Collection & Community Demographics.....	11
Demographics	11
Developing the CHNA.....	18
Meetings with Community Members and Focus Groups.....	18
Distribution of Survey	18
Community Engagement	18
Survey Results	20
Awareness of Services at Moab Regional Hospital.....	20
Services Used at Other Locations	21
Health Priorities in the Community	22
Health Needs of Older Adults.....	22
Key Healthcare Needs Identified by the Community	23
Community Insights and Future Opportunities.....	24
Conclusion.....	25
Appendix	27
CHNA Team	27

BACKGROUND

ABOUT MOAB REGIONAL HOSPITAL

Moab Regional Hospital (MRH), formerly known as Allen Memorial Hospital, has a rich history rooted in the community's need for medical care. It began as Grand County Hospital in 1919, sparked by a Spanish Flu epidemic and the need for more physicians. Dr. I.W. Allen's arrival in 1920 marked a significant era in the hospital's development, with his 28 years of service to the community. Over the next 37 years, the hospital expanded several times to meet the needs of the community as the population grew from the increase in uranium mining.

In 1957, the Moab Chamber of Commerce pledged to raise funds for a new hospital, and voters authorized a bond for construction. They created the Hospital Special Service District and Allen Memorial Hospital was owned and operated by the Hospital Special Service District until 1995.

Our Mission

Our dedicated team puts the patient first, delivers quality cost-effective healthcare, and promotes wellness to all we serve.

On February 14, 2011, a brand new facility opened its doors under the name of Moab Regional Hospital. MRH is a 17-bed, independent, not-for-profit Critical Access Hospital and Level IV Trauma Center serving the rural communities of Grand County and nearby regions in southeast Utah, including San Juan and Emery Counties. MRH is located in the heart of Moab, Utah. Because Moab is a world-renowned travel destination, MRH also delivers essential care to the more than 3 million visitors who pass through the area each year.

Rooted in its mission —“*Our dedicated team puts the patient first, delivers quality, cost-effective healthcare, and promotes wellness to all we serve*”— MRH has grown into a trusted healthcare hub in a rural and often resource-constrained setting. Guided by its core values of Compassion, Honesty, and Excellence, the hospital provides a full range of services, including Family Medicine, Emergency Care, Behavioral Health, Surgical Services, Obstetrics, Orthopedics, Addiction Medicine, Hospice Care, and Imaging and Lab Services.

To expand access to care, MRH regularly brings in visiting specialists in areas like Podiatry, Dermatology, Gynecology, Neurology, Oncology, Cardiology, and Urology—making it easier for residents to get the care they need without leaving the community.

As a Level IV Trauma Center, MRH is an important part of the region's emergency response. The hospital stabilizes seriously injured patients and works closely with Grand County EMS and air ambulance teams to safely transfer them to higher-level trauma centers.

Our Values

Compassion — Honesty — Excellence

In 2024, Moab Regional Hospital provided over \$4 million in financial assistance to 3,419 patients, demonstrating its strong commitment to accessible and equitable healthcare.

Today, Moab Regional Hospital continues to be a forward-thinking and patient-centered institution, serving as a healthcare lifeline for rural Utah and beyond. Its focus on innovation, collaboration, and community engagement ensures that it remains both a trusted care provider and a vital community partner for years to come.

MRH demonstrates its commitment to community health by utilizing data to drive long-term improvements. The hospital relies on Community Health Needs Assessments to identify local health challenges and plan new services and outreach efforts. Here are some ways MRH has responded to those findings.

Preventive Health & Substance Use Disorder Initiatives

- Created free wellness classes and community support groups
- Opened a Recovery Center that partners with the local jail and community organizations
- Started a syringe exchange program and provides free naloxone and training to help prevent opioid overdoses

Mental & Behavioral Health Expansion

- Added 3 Licensed Clinical Social Workers (LCSWs)
- Introduced mid-level psychiatric care

- Integrated case workers into the emergency department to improve behavioral health support

Improved Access to Care

- Added several new providers, including:
 - Dr. Zoë Cross (Primary Care)
 - Dr. Maureen Maher (Cardiology)
 - Dr. Kathryn Sarnoski (Gynecology)
 - Dr. Sara Walker (Sports Medicine, Eating Disorders)
 - Riki Gifford-Ferguson, PA-C, CAQ-Psych (Psychiatry)
- Expanded availability of dermatology and mental health services

Our Vision

From patient care to community wellness, Moab Regional Hospital serves as your portal to health.

Reducing Social & Financial Barriers

- Hired a Spanish-speaking financial navigator to better support Spanish-speaking patients
- Added a Medicaid eligibility specialist to help patients access coverage
- Simplified the financial assistance process to make it easier for patients to apply
- Offered low-cost services like blood draws, skin screenings, and sports physicals to improve access to preventive care
- Launched a pharmacy assistance program to help patients afford medications
- Opened an Urgent Care clinic to increase access to same-day, after-hours care

Healthcare Workforce Support

- Purchased property for employee housing to help recruit and retain staff
- Formed a Wellness Committee offering programs such as yoga, acupuncture, crochet, and meditation

- Opened an employee gym
- Donated to Utah State University to help establish a Nurse Training Center at the Moab campus
- Partnered with universities to provide clinical rotations for students

ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA)

The Affordable Care Act (ACA), which was enacted March 23, 2010, added new requirements hospital organizations must satisfy in order to be described in section 501(c)(3) as a nonprofit hospital. It also instituted new reporting and excise tax for those 501(c)(3) hospitals.



Mauricio S. Cornelio, a Lab Technician, collects a blood sample from a patient.

These new requirements for charitable 501(c)(3) hospitals are articulated in section 501(r). The following are new requirements on organizations that operate one or more hospital organization. Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- Establish written financial assistance and emergency medical care policies
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy
- Make reasonable efforts to determine whether an individual's eligibility falls under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual
- Conduct a Community Health Needs Assessment (CHNA) and adopt an Implementation Strategy at least once every three years

These CHNA requirements are effective for tax years beginning after March 23, 2012. They carry the minimum requirement of once every three years; however, hospitals are not penalized for doing them more often.

IRS ruling 69-545 established the community benefit standard as the basis for a tax exemption. Community benefit is determined if the hospital promotes the health of a broad class of individuals in the community, based on factors that include:

- Emergency room care is open to all, regardless of ability to pay
- Surplus funds are used to improve patient care, expand facilities, train staff, etc.
- The hospital is controlled by independent civic leaders
- All available qualified physicians are privileged

The healthcare reform law, the Patient Protection and Affordable Care Act, added a new provision to the IRS code for not-for-profit hospitals. Under this provision, not-for-profit hospitals must conduct a Community Health Needs Assessment every three years. The health needs identified in the CHNA must be addressed in implementation strategy. Other requirements of the new IRS provision include:

- The CHNA must take into account the broad interests of the community
- The assessment must involve individuals with expertise in public health
- The findings must be made widely available to the public

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital's tax year (three years after their last CHNA) starting after March 2012. Failure to complete a CHNA could result in a \$50,000 excise tax and possible loss of tax-exempt status.



Erin Young and Tony Chavez ensure the CT scanner is operating at peak performance.

Moab Regional Hospital engaged Cycle of Business (COB) to perform a Community Health Needs Assessment.

SERVICE AREA

For this Community Health Needs Assessment, Moab Regional Hospital defines its service area as Grand County, Utah—home to approximately 11,251 residents.

Located along Utah’s eastern border with Colorado, Grand County includes some of the state’s most iconic destinations, including Arches National Park, Dead Horse Point State Park, and the White Wash Sand Dunes. These attractions draw visitors from around the world, making tourism a major part of the local landscape. Seasonal tourism also brings significant population swings which shape local health needs and service demands.

For the purposes of this report, Moab Regional Hospital has identified the following ZIP codes as its primary service area:

Community	Zip Code	Population
Cisco	84515	10
Moab, Castle Valley, Spanish Valley	84532	10,203
Thompson Springs	84540	70
Green River	84525	968
Estimated Service Area Population		11,251

Source: 2020 US Census

*US Census was last updated in 2020.

Data describing health status rankings at the zip code level was difficult to find. Therefore, data from Grand County was used to represent the service area. Special note was taken when the focus group took exception with the data provided about the county in general.



Grand County, Utah

PROCESSES AND METHODOLOGY

Completion of the MRH Community Health Needs Assessment followed a modified outline designed by the Center for Rural Health at the University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA generally follow their suggested methodology, but have been modified to meet the needs of Moab Regional Hospital and Grand County.

An initial meeting was held with community representatives to discuss the current understanding of healthcare needs in the region. Participants reviewed general health data for Grand County to help establish a shared view of the hospital's service area. They were also asked to provide feedback on the community survey before it was distributed to the public, helping to ensure that the survey reflected the diverse needs of the communities they represent. Their input was incorporated to make the survey more comprehensive and responsive.

The survey was then shared with community representatives to distribute widely and gather a broad, diverse range of responses. The goal was to better understand the community's health needs and priorities. It was especially important to learn where people were seeking

care outside the area, as this helped identify service gaps and opportunities to improve access within the county.

Moab Regional Hospital's Senior Leadership Team aimed to ensure the CHNA reflected



Emergency Department and Urgent Care

community input and guided realistic, meaningful action. Based on the findings, the hospital identified several goals to focus on over the next few years to better serve the region's health needs. These goals were organized into the hospital's Implementation Strategy, which outlines how MRH plans to address the priority needs identified. Progress on these goals will be tracked

internally to support accountability and guide ongoing improvement efforts. The final CHNA was reviewed and approved by the hospital's Board of Directors.

RESOURCES AND SECONDARY INFORMATION

The CHNA for Moab Regional Hospital utilized data from:

County Health Rankings. Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2019.

Current Census Data. The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for Grand County, Utah, was conducted in 2022.

Survey Conducted through the Hospital and Community. A survey was designed with the help of MRH and the focus team to gather information from the community on the immediate needs of the population.

Public Health Indicator Based Information System (IBIS). The community snapshot report provides information on several health indicators for Grand County, Utah, as well as

other areas of the state. Where available, it compares local data to both state and national figures.

CDC State Cancer Profiles. This information compares state cancer data to national figures to highlight potential areas for improvement. MRH used this data to help validate findings from the survey and IBIS reports.

Broad Interests of the Community Were Considered. Moab Regional Hospital took special care to find individuals who could help define the healthcare needs of the community representing youth, the elderly, Indigenous peoples, and varied demographics. Information from their survey was used in the creation of the hospital CHNA and Implementation Strategy.

The individuals involved in the initial meeting were asked to review the survey and community demographics and provide their input on the health and wellness needs of the community. Additional efforts were made to gather broader community input on the survey. A link to the survey was sent to major employers in the area, emailed to community partners, and shared via social media. After a month and a half, the survey had received over 500 responses representing all demographics. This information was then brought back to the hospital and community representatives to discuss the most important health priorities and opportunities for the hospital to address.



Moab Regional Hospital Retail Pharmacy

DATA COLLECTION & COMMUNITY DEMOGRAPHICS

COB and MRH used the most recent population and demographic information available to ensure community needs were being met. This included gathering national statistics, as well as the demographics of the service area. This information was compiled to give a baseline, to show where certain health needs were being met and areas that needed improvement. It was also used to verify and validate the information received from the survey itself. Areas that needed improvement were considered when working on the Implementation Strategy.

DEMOGRAPHICS

Demographics for the area were collected using census data and other reports, with the most recent data from the 2022 Census. While exact population and demographic figures may vary slightly from those presented in the CHNA, any minor discrepancies are not expected to effect the CHNA's findings.

The population of Grand County, MRH's primary service area, is approximately 11,251 as of 2024. The following provides an overview of the demographics and health situation in Grand County:

- 39.6% of the population are between the ages of 20 and 59
- 30% are aged 60 or older
- 49% of the population are female
- 79% are White
- 13% are Hispanic
- 4% are Indigenous peoples

Age

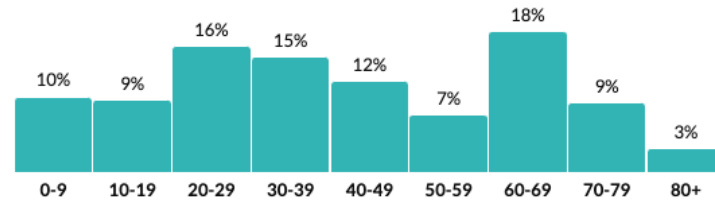
39.6

Median age

about 25 percent higher than the figure in Utah: 31.7

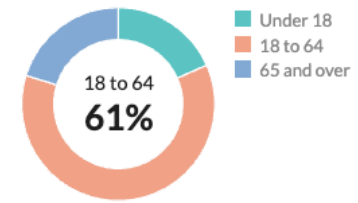
about the same as the figure in United States: 38.7

Population by age range



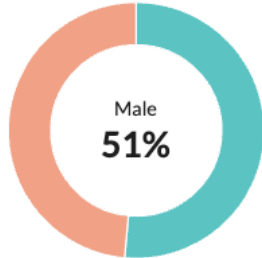
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Population by age category



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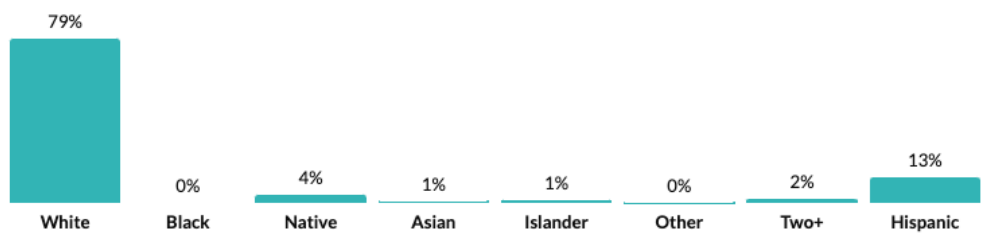
Sex



Male
Female

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Race & Ethnicity



* Hispanic includes respondents of any race. Other categories are non-Hispanic.

[Show data / Embed](#)

censusreporter.org

- 94.3% of Grand County residents have graduated from high school compared to the Utah average of 93.3%
- 34.7% of Grand County residents have a Bachelor's degree or higher

Educational attainment

94.3%

High school grad or higher

about the same as the rate in Utah: 93.3%

a little higher than the rate in United States: 89.4%

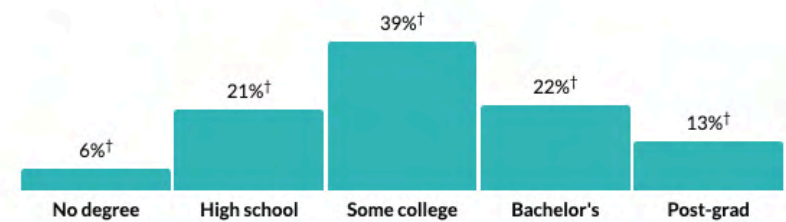
34.7%

Bachelor's degree or higher

a little less than the rate in Utah: 36.9%

about the same as the rate in United States: 35%

Population by highest level of education

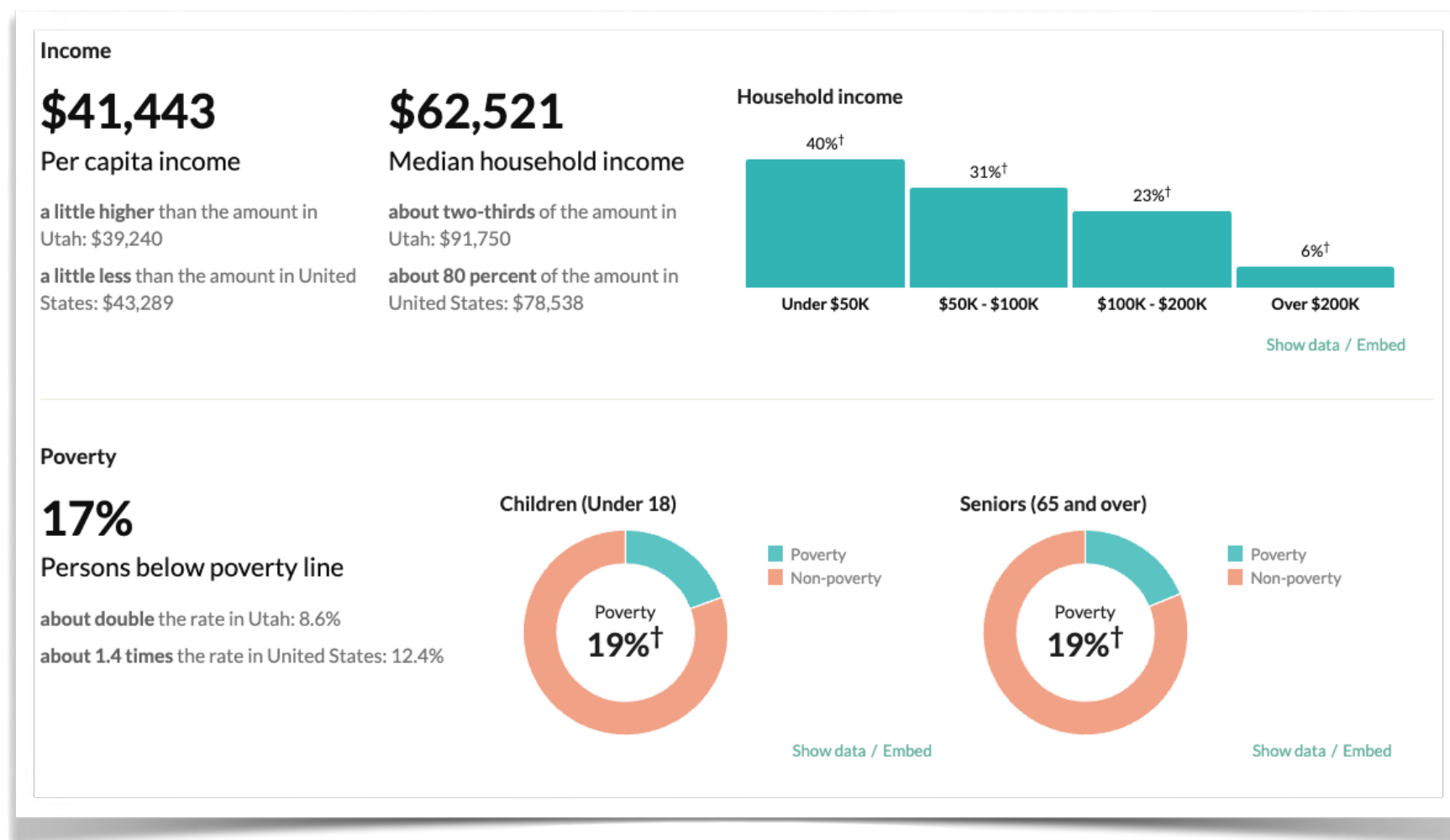


* Universe: Population 25 years and over

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censusreporter.org

- The median household income is \$62,521 with a per capita income of \$41,443
- 17% of the population live in poverty, compared to 8.6% in the State of Utah
- 19% of children live in poverty



censusreporter.org

When it comes to health, Grand County is generally close to national and Utah averages. In a few areas, however, the county's data suggests potential concerns compared to how Grand County compares to the rest of the country.

- People in Grand County are less likely to have health insurance. Approximately 13% of the population report being uninsured compared to 10% nationally and 9% in the state of Utah.
- People in Grand County are more likely to die from injuries than the state or national averages. This is primarily due to the recreational activities popular in the area. Moab attracts visitors and residents who participate in sports such as river running, climbing, mountain biking, and Jeep events, which can lead to a higher risk of life threatening injuries.
- Suicide is a concern for both Grand County and the state of Utah. The suicide rate in Grand County is 19 per 100,000 (approximately 2 deaths per year), slightly below Utah's

rate of 21 per 100,000 but higher than the national average of 14 per 100,000, highlighting the importance of mental health support and intervention.

	2022 Grand County	2025 Grand County	Utah	National Averages
Uninsured	13%	13%	9%	10%
Injury Deaths	108.0	131.0	69.0	84.0
Suicides	32	19	21	14

countyhealthrankings.org

There is a healthcare provider shortage in the United States. However, Grand County has been able to improve on national averages.

- Primary Care Physicians: The county has a patient to physician ratio of 810:1, compared to 1330:1 nationally and 1790:1 for the state of Utah.
- Dentists: The county has a ratio of 1400:1, the same as the state of Utah. Nationally the ratio is slightly better at 1360:1.
- Mental Health Providers: The county has a ratio of 250:1, compared to the national average of 300:1 and the Utah average of 250:1.

	2021 Grand County	2025 Grand County	Utah	National Averages
Primary Care Physicians	810:1	810:1	1790:1	1330:1
Dentists	1400:1	1400:1	1440:1	1360:1
Mental Health Providers	410:1	300:1	250:1	300:1

countyhealthrankings.org

When it comes to health risk factors, Grand County has mixed numbers as it relates to the state as well as national averages.

- 17% of the population reported Poor Health. This is the same as national averages and 3% points higher than the Utah average.
- Adult Smoking is 11%, which is better than the national average, but 4% higher than the state of Utah rate.
- Adult Obesity is 31%, slightly lower than Utah's obesity rate of 32% the national average of 34%.
- Excessive Drinking affects 14% of the population, which is the same as the Utah average. However, Alcohol-Impaired Driving Deaths are lower than both the Utah rate and national rates.

	2022 Grand County	2025 Grand County	Utah	National Averages
Poor Health	16%	17%	14%	17%
Adult Smoking	11%	11%	7%	13%
Adult Obesity	29%	31%	32%	34%
Excessive Drinking	13%	14%	14%	19%
Alcohol-Impaired Driving Deaths	16%	20%	23%	26%

countyhealthrankings.org

Teen sexual health shows mixed trends:

- Sexually Transmitted Infections are much lower than the national average and the Utah average.
- Teen Births are still high compared to national averages, and they are also much higher than Utah's rates.
- HIV Prevalence in Utah is lower than the national average, and Grand County is even lower than the state. However, the rate per 100,000 has been rising since 2022.

	2022 Grand County	2025 Grand County	Utah	National Averages
Sexually Transmitted Infections	328.1	255.9	328.6	495
Teen Births	27	18	11	16
HIV Prevalence	97	120	133	387

countyhealthrankings.org

Additional Health Highlights in Grand County:

- The average Life Expectancy for Grand County residents is 80.3 as compared to 77.1 for the national average and 78.8 for Utah. In other words, people in Grand County are expected to live almost 3 years longer than the average U.S. resident.
- Premature Age Adjusted Mortality refers to the number of people per 100,000 who die before the age of 75. This means that if Grand County had a population of 100,000 we would expect 340 people to die before age 75. This rate is much lower than the national average but slightly higher than the Utah rate.
- Mammography Screenings were low, but improving at 38%; a 2% increase from Grand County's 2022 data. The National averages is 44%. Utah is at 43%.
- Flu Vaccination rates are 46%, slightly lower than the national average of 48% or Utah's rate of 47%.
- Physical Inactivity and Access to Exercise are two key indicators of overall well-being, and Grand County performs better than the U.S. on both measures. The Physical Inactivity rate is 20%, compared to 23% nationally and 17% in Utah. Access to Exercise opportunities is at 95%, compared to 84% nationally and 85% in Utah.

	2021 Grand County	2024 Grand County	Utah	National Averages
Life Expectancy	79.4	80.3	78.8	77.1
Premature Age Adjusted Mortality	330	340	320	410
Mammography Screenings	36%	38%	43%	44%
Flu Vaccinations	47%	46%	47%	48%
Physical Inactivity	21%	20%	17%	23%
Access to Exercise	95%	95%	85%	84%

countyhealthrankings.org

- Grand County has twice as many physicians per resident as Utah and about 60% more per resident than the national average.
- Access to mental health has increased in the county and continues to be a focus for the Hospital.
- Sexually Transmitted Infections and Teen Births have both decreased since 2022.
- Suicide rates have been reduced by nearly half since 2022.

DEVELOPING THE CHNA

MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

In February 2025, Moab Regional Hospital began the Community Health Needs Assessment in conjunction with Cycle of Business. Prior to this, Cycle of Business gathered community data to help construct a survey for the CHNA and Implementation Strategy.

A meeting was held with members of the community. People representing the healthcare community, as well as well as representatives of other demographics were invited to attend.

The public survey launched in March 2025 to gather critical feedback from the community at-large. Responses were analyzed and presented to focus groups, which discussed the most important health issues in Grand County and potential actions. Focus group discussions were held on February 25th, with feedback received over the next few days.

Understanding that Community Health Needs Assessments address broad issues, some beyond the hospital's influence, MRH reviewed the data to focus on community needs it could realistically address.

DISTRIBUTION OF SURVEY

Moab Regional Hospital worked diligently to maximize the survey's reach within the community to ensure the validity of the data received. In partnership with community and other stakeholders, the survey was distributed to the community representatives.

Community members were given one month to complete the survey. In total, 517 members of the community responded, representing nearly 5% of the population and providing an accurate representation community needs.

COMMUNITY ENGAGEMENT

During the process, the first meeting focused on a review of the demographics for Grand County. MRH also looked at the health and wellness needs of the community and focused on refining the community survey.

The second meeting involved a presentation and discussion of the completed survey responses. Cycle of Business sorted and prioritized the data to identify the most important



OB Nursing Team

health issues. Community members gave input on the issues most important to them, and the people they represent.

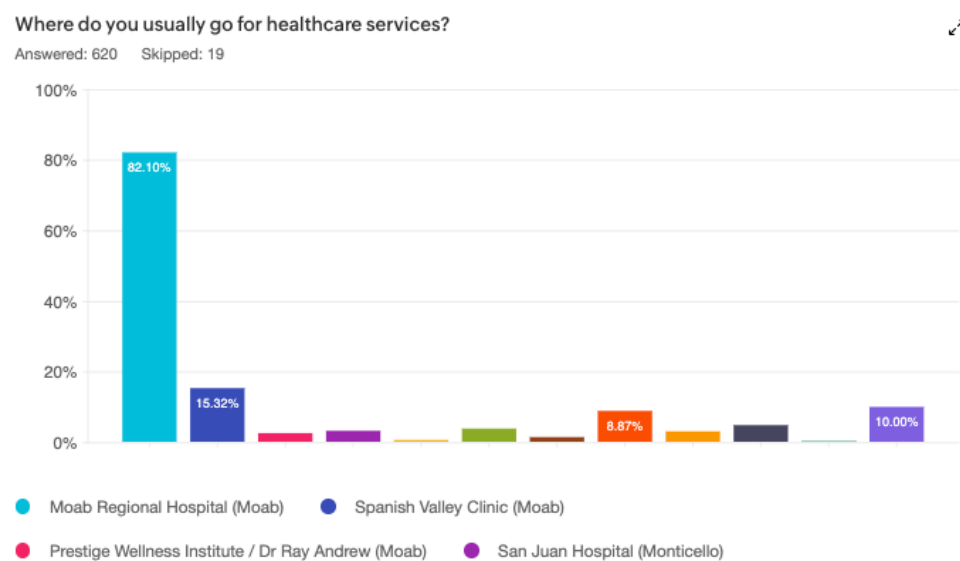
An additional meeting with hospital leaders was held to review the survey findings and community feedback. This meeting addressed areas the hospital would focus on directly and areas they could help with in the community. It showed the hospital was willing to address issues under its direct control and assist with broader community challenges.

SURVEY RESULTS

Before distributing the surveys to the community, MRH and COB worked diligently to clean up the survey, ensuring clarity and focus of the data received. The goal was to inform the hospital about current community conditions and how its services were being utilized. The survey addressed various aspects of healthcare, including general healthcare needs, specialties, youth, elderly, and general community concerns. These insights provided the hospital with a comprehensive understanding of how to better meet community needs and identify areas where the hospital could increase services offered.

AWARENESS OF SERVICES AT MOAB REGIONAL HOSPITAL

In the survey, 82.10% of respondents indicated that they use MRH or one of its clinics for their primary healthcare needs. This data shows that very few of county residents are seeking healthcare from places other than the hospital. Many hospitals face the challenge of retaining local patients due to privacy concerns, as patients might prefer that their neighbors, who may work at the hospital, remain unaware of their health issues. However, this does not seem to be the case for Moab Regional Hospital.



Survey Results: Where residents access primary healthcare

Additionally, some patients seek services that MRH does not offer. This is understandable, given the insufficient volume to support certain specialties. MRH recognizes its role in providing basic healthcare, emergency care, and community-specific specialties that have enough demand to support the physicians. In addition, MRH has also taken a proactive approach to healthcare for some services they know are in demand in the community based on past CHNAs. Mental Health and Dermatology are two examples.

The survey also revealed several services that MRH offers, but are not well known among participants. Understanding which services lack awareness and are being used elsewhere helps the hospital know where to bring awareness and improve local health for the

community. The top six specialties that residents were receiving elsewhere included Dermatology, ENT, Radiology/Imaging, Mental Health, Ophthalmology, and Audiology.

By increasing awareness of these available services, MRH can ensure that more residents take advantage of basic care provided locally, thereby enhancing overall community health and eliminating the need for people to travel outside the community for these basic services.

SERVICES USED AT OTHER LOCATIONS

The survey revealed that patients were receiving certain services at locations other than MRH, providing unique insights into patient preferences and available services. These

	I went somewhere else for this service.	Total Use
Vaccines/Immunizations	118	424
Dermatology Clinic Visits (skin care)	82	198
Imaging & Radiology (X-ray, MRI, CT, Ultrasound, DEXA scan, CT Calcium Scoring, etc.)	77	465
ENT (ear, nose, and throat care)	77	139
Portal Pharmacy (outpatient medication pickup)	76	178
Laboratory Services (bloodwork, testing)	75	529
Mental Health Services: Therapy Services (including Licensed Clinical Social Workers (LCSW), Licensed Mental Health Counselors (LMHC), & other therapy providers)	75	162
Mental Health Services: Psychiatrist (mental health & medication management)	75	162
Ophthalmology Surgery (eye care)	74	97
Cancer Screening Skin Cancer	66	184
Family Medicine & Primary Care Clinic Visits	65	519
Audiology (hearing care)	59	97
Gynecology Clinic Visits or Procedures (women's health)	56	284
Cancer Screening Colonoscopy (Colon Cancer)	56	191
Cancer Screening Mammogram (Breast Cancer)	55	243
Orthopedics Clinic Visits or Procedures (bone & joint care)	54	203

services were ranked by the most popular services used outside of MRH and its clinics. The services were considered important to

Community Survey Results: Where the Community Receives Services

review if they fell within the top 10 used elsewhere and within the top 10 used by the survey participants or their households.

During the second meeting, where the feedback from the survey was reviewed, reasons were given for why these services were not being used. They included availability, cost, and hospital reputation. Several of the services MRH offers were chosen to explore as opportunities for the hospital to streamline processes and reduce wait times. Those included Dermatology, Cardiology, Urgent Care, and Women's Health.

Another avenue MRH is exploring to improve services is Telehealth. The hospital is reviewing what it would take to develop a Telehealth clinic and which services could be offered.

HEALTH PRIORITIES IN THE COMMUNITY

One of the key reasons for conducting a Community Health Needs Assessment is to better understand community concerns. Understanding what is most important to them helps the hospital remain relevant and act as a partner in community health.

When asked about the most important health priorities, the top 10 concerns fell into a few key categories. The top 10 areas needing more help could be categorized in two ways.

	Plenty Available	We need more	Not sure
Dermatology (skin care)	30	309	189
Preventative Dental Care	48	306	162
Mental Health Services	61	256	201
Long-Term Care (includes nursing homes, assisted living, memory care, & other facilities for ongoing care for seniors or those with disabilities)	27	253	237
Women's Health	79	248	185
Psychology (therapy & counseling)	46	246	221
Psychiatry (mental health & medication management)	38	236	238
Family Medicine & Primary Care	184	235	106
Ophthalmology (eye care)	36	233	248
Help Enrolling in Insurance (private, medicare, medicaid)	37	215	264
Areas the hospital already covers			

Community Survey Results: Most Important Health Priorities

1. Services the hospital currently provides.
2. Services the hospital does not, or may never provide.

Services the hospital currently provides include Dermatology, Mental Health, Women's Health, Psychology, Psychiatry, Family Medicine and Primary Care, and help enrolling in Insurance programs.

Services not currently offered include Preventative Dental Care, Long-Term Care, and Ophthalmology. All of these services were discussed at length to determine where MRH could have the biggest impact on the community and their health.

HEALTH NEEDS OF OLDER ADULTS

MRH is aware of the aging population in the area and recognizes that advancements in healthcare are enabling people to live longer. To ensure a better quality of life in their later years, the hospital must focus on elderly care. As mentioned earlier in the survey, primary concerns for the elderly include quality long-term care, in-home health services, and

	Extremely relevant	Somewhat relevant	Not relevant	Combined (B&C) Percentages
Affordable & Stable Housing	333	51	5	77%
Food Insecurity & Poor Nutrition	280	82	8	73%
Access to Dental Care	266	86	10	72%
Long-Term Care (nursing homes, assisted living)	293	58	4	71%
Depression, Anxiety & Mental Health Support	250	90	12	70%
Independent Living Options (seniors who are mostly self-sufficient but enjoy services like meals, housekeeping, & social activities)	282	63	6	69%
Transportation to Medical Appointments	257	83	12	69%
Caregiver Support & Resources	263	75	14	69%
Memory Care (care for individuals with memory loss)	280	58	8	68%
Physical & Mental Health Evaluations	242	91	10	68%
In-Home Health Services	258	77	13	68%
Currently offered	Top 10 extremely relevant			Top 10 combined

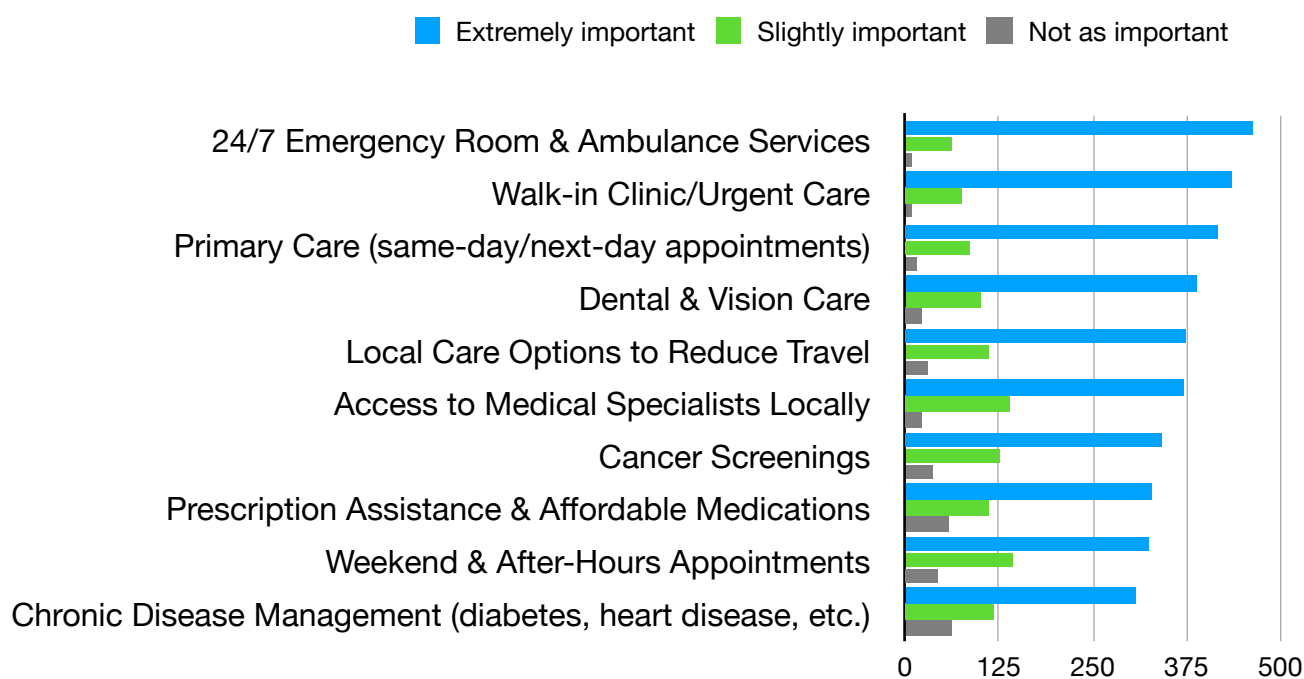
Most Important to Older Adults

also highlighted the need for Elderly Mental Health Services.

Moab Regional Hospital understands that many of these concerns will not fall within the purview of the hospital. However, they have decided this is an area they should focus on and create solutions before it becomes a larger problem.

KEY HEALTHCARE NEEDS IDENTIFIED BY THE COMMUNITY

MRH sought to understand the healthcare aspects most important to their community. Not surprisingly, urgent care services, such as Emergency Room and Ambulance Services topped the list. Walk-in Clinics came next, followed by the need for expanding Primary Care.



transportation issues. In addition to facilitated care, there were several concerns that would allow seniors to receive care outside of official facilities. These included Transportation to and from Medical Appointments, Caregiver Support, Senior Care Planning, and Adult Daycare Services. The survey

Community Survey
Results: Most Important
Services

Specialties like Dental and Vision care were high on the list, as these are not widely available in the area. In addition to Dental and Vision, other specialties were mentioned as needed closer to home. These specialties were identified from what respondents reported receiving outside of MRH's services.

These insights emphasize the need for MRH to keep improving urgent care and to consider extending walk-in clinic hours. The survey also reinforces the need to expand the range of services and specialists to better serve the community. Travel to hospitals in other areas of Utah or Colorado can be dangerous, especially in the winter months. By expanding services, more community members can receive the treatment they need closer to home.

COMMUNITY INSIGHTS AND FUTURE OPPORTUNITIES

Something that became apparent from the beginning of this process was the community's desire for MRH to address local needs and the value they place on the CHNA process. As mentioned earlier in this document, Moab Regional Hospital has always strived to make their community a better place through actions the hospital can take directly and by helping other organizations with funding and counsel when possible.

Chronic Conditions						
Survey Response count	Choices	Areas Grand County Ranked higher than National Averages	Cases	Med Speciaty	Med Speciaty	Med Speciaty
174	High Blood Pressure	High Blood Pressure	33.5%	Primary Care	Cardiologist	
161	Depression	Depression	25.6%	Mental Health	Psychiatrist	
132	High Cholesterol	High Cholesterol	34.9%	Endocrinologists	Cardiologist	Lipidologist
117	Arthritis	Arthritis	29.4%	Primary Care	Rheumatologists	
107	Diabetes/High Blood Sugar	Diabetes	12.3%	Endocrinologists		
53	Heart Disease	Heart Disease	7.6%	Cardiologist		
31	Autism			Mental Health		
29	COPD	COPD	7.7%	Pulmonologist		
28	Kidney Disease			Nephrologist		
19	Alzheimer's Disease/ Dementia			Mental Health	Psychologist	Neurologist
		Asthma	11.3%	Primary Care	Pulmonologist	
	Skin Cancer	Cancer	9.3%	Primary Care	Dermatologist	
	IBIS says higher than should be for State and US	CDC Areas of Concern for Grand County		Specialties requested most in survey	Specialties to consider by issue.	

Community Survey Results: Chronic Conditions

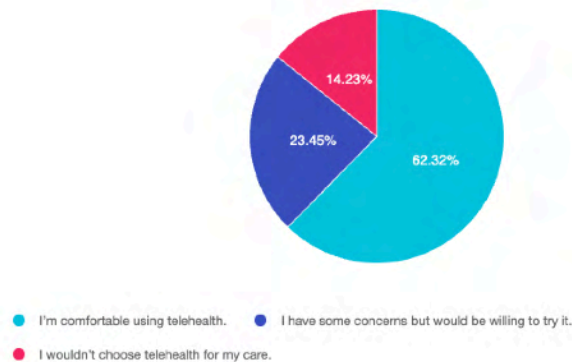
Moab Regional Hospital was very concerned that the information provided by the survey be backed up with evidence from other sources. They provided COB with references to ensure they could validate areas that needed attention. One of those came in the area of Chronic Conditions. As MRH looks to bring in specialists to serve the community, they will focus on

areas where Grand County ranks higher than the national average and where IBIS data also indicates concerns. Bringing in specialists to address these issues will involve consideration of resources, coverage, and how to maximize those positions.

Rural hospitals face the challenge of addressing community needs with limited resources. This challenge is not unique to Moab Regional Hospital. Telehealth is one way that

specialists can treat patients at the hospital when patient volume cannot support a full-time physician and bringing in a traveling physician presents logistical challenges.

Survey participants were asked how they



Community Survey Results: Approval of Telehealth

felt about Telehealth as an option to receiving treatment in the area. Over 85% of the survey participants said they would be comfortable or open to trying Telehealth.

CONCLUSION

Moab Regional Hospital has long recognized that the voice of the community is essential to understanding local health needs. This CHNA reflects the perspectives of residents, community representatives, and public health data, highlighting significant areas where healthcare services can be strengthened. Key findings include mental and behavioral health, access to primary and specialty care, support for older adults, workforce stability and community trust, awareness of existing services, preventive health education, and equitable care for underserved populations.

“Moab Regional Hospital is such a great asset for Moab. Thanks for being here for the community.”

This assessment is part of an ongoing effort to listen to the community and provide a comprehensive picture of current health priorities. Together, these findings show opportunities for MRH, community partners, and stakeholders to collaborate in improving health and well-being across Grand County.

The Implementation Strategy, authored separately by Moab Regional Hospital, outlines the actions the hospital plans to take in response to these findings over the next three years. Both the CHNA and the Implementation Strategy will be available on the MRH website.

Moab Regional Hospital's Greatest Strength is its People!



APPENDIX

CHNA TEAM

Name	Organization	Title
Colette Lyman	Canyonlands Care Center	Director
Aubrey Davis, CSW	Four Corners Community Behavioral Health	Therapist
John Garcia, RN	Moab Free Health Clinic	Clinical Nurse
Yordy Eastwood	Grand Center	Director
Aaron Lindberg	Grand County Economic Opportunity Advisory Board & Planning Commission	Private Sector Representative & Commissioner
Cari Caylor	Grand County High School	Principal
Kelly Vagts, LCSW, BCN	Grand County School District	School Therapist, MRH Board Member
Mary Frothingham, RN	Grand County School District	School Nurse
Cameron Willford	Green River Medical Center	Chief Executive Officer
Shan Hackwell	Grand County Sheriff's Office	Lieutenant
Joette Langaniese	Moab City	Mayor
Zaida Agreda Winn	Moab Valley Multicultural Center	Program Coordinator & Certified Medical Interpreter
Sandra Billie	Seekhaven	Indigenous Community Coordinator
Donald Cotton, RN	Southeast Utah Health Department	Public Health Nurse
Kristian Olsen	Utah State University — Moab Campus	President
Doug Caylor, RN	Moab Regional Recovery Center	Director
Jennifer Sadoff	Moab Regional Hospital	Chief Executive Officer
Holly Sloan	Moab Regional Hospital	Board of Directors
Margy Swenson, RN	Moab Regional Hospital	Director of Nursing
Vicki Gigliotti, RN	Moab Regional Hospital	Chief Clinical Officer
William Gustin, MD	Moab Regional Hospital	Chief Medical Officer
Jessica Holyoak	Moab Regional Hospital	Director of Human Resources
Kathy Williams, MD	Moab Regional Hospital	Medical Director (Family Medicine Clinic, Urgent Care, Hospice)
Zach Wojcieszek	Moab Regional Hospital	Chief Financial Officer
Ronnie Boongaling	Moab Regional Hospital	Chief Operations Officer
Daniela Barajas	Moab Regional Hospital	ER Case Manager
Natalie Olsen, LCSW	Moab Regional Hospital	Social Worker
Zoe Huston, RN	Moab Regional Hospital	Nurse Navigator (Family Medicine Clinic)
Christy Calvin	Moab Regional Hospital	Director of Marketing & Community Relations



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