

Blue Mountain Hospital Utah Navajo Health System San Juan Health Service District

Community Health Needs Assessment Focus Groups Findings and Secondary Data Analysis Report

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RURAL HEALTH
RESOURCE CENTER

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TABLE OF CONTENTS

Introduction.....	3
Sampling	3
Survey Implementation	3
Survey Findings.....	5
Survey Demographics	6
Health Insurance	7
Perception of Personal and Community Health	8
Community Health Concerns	9
Criteria for a Healthy Community	10
Community Resources	11
Community Strengths	12
Ideas to Improve Access to Health Care	12
Health Care Service Gaps	13
Health Education	13
Meeting Community Health Needs	14
Delayed Health Care Services	15
Routine Care	16
Hospital Care	17
Households' Most Utilized Hospital	17
Reasons for Selecting the Hospital	17
Preferred Facility for Future Hospitalization	18
Primary Care	20
Utilization and Location of Primary Care Provider	20
Reason for Selecting the Primary Care Provider	21
Future Primary Care Location	21
Rate Primary Care Services	22
Specialty Care.....	26
Utilization of Specialty Care	26
Type of Specialist Seen	26
Location of Specialty Care	27
Future Specialty Care Location	27
Preferred Specialists	28
Healthy Lifestyles and Behaviors	29
Resources	29
Inspiration	29
Stay Healthy	30
Social and Emotional Support	30
Secondary Data Analysis	31
Introduction	31
Demographics	32
Social & Economic Factors	33
Physical Environment	34
Clinical Care	35
Health Behaviors of Adults	35
Health Outcomes	36
Focus Group Interviews	37

Introduction	37
Focus Group Methodology	37
Focus Group Findings	37
Conclusions, Recommendations and Acknowledgments.....	47
Conclusions	47
Recommendations	48
Acknowledgments	48
Establishing Health Priorities	49
Improving Population Health in Your Community.....	50
Population Health Portal	50
Small Rural Hospital Transition Guides and Toolkit	50
Critical Population Health Success Factors	51
Population Health Critical Access Hospital Case Studies.....	53
APPENDIX A: Survey Instrument	55
APPENDIX B: "Other" Survey Comments.....	62
APPENDIX C: Description of Secondary Data Indicators.....	76
APPENDIX D: Survey Cross Tabulations	84
APPENDIX E: Focus Group Invitation and Questions.....	89

INTRODUCTION

Blue Mountain Hospital (BMH), San Juan Health Service District (SJHS) and Utah Navajo Health System (UNHS) partnered together to participate in community health needs assessment services administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

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

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

Sampling

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

Survey Implementation

In August, 2016, the community health needs assessment, a cover letter with all three organizations' letterhead and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (eight zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that BMH, SJHS and UNHS would partner together to conduct a community health needs assessment throughout the region, in cooperation with The Center.

One hundred fifty-nine (159) of the mailed surveys were returned, providing a 20.5% 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 6.96. Note that 25 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

This report includes comparisons to averages from The Center's overall community health needs assessment database (CHNA Database) where applicable. Please note, sample sizes are different for each community, but are comparable.

The Center completed a community health needs assessment (CHNA) for Blue Mountain Hospital in 2014 and San Juan Health Services in 2013, sampling similarly the same zip codes.

Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Report Findings May be Used For:

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

SURVEY FINDINGS

The Center has been administering CHNAs in rural communities across America for over 25 years, which enables historical and comparative analysis if applicable. Comparative analysis from the CHNA Database is included when questions, field selections and methodology are standardized.

We have also included cross tabulations for some of the questions. This enables us to gain a better picture of where respondents live in relationship to their past, present and future facilities of choice.

In the following tables and graphs, the question asked on the mailed survey is bolded and the question number from the mailed survey is appropriately labeled as "Q4".

Survey Demographics

The lists below indicate the demographic characteristics of survey respondents. The CHNA Database average respondents are 64% female and 24% are between 56-65 years old. **(N=159)**

Q35: Place of Residence

Place of Residence	n=	2016	2014 SJHS	2013 BMH
84511 Blanding	64	40%	7%	63%
84535 Monticello	42	26%	67%	16%
84534 Montezuma Creek	19	12%	N/A	8%
84536 Monument Valley	11	7%	N/A	3%
84512 Bluff	8	5%	N/A	6%
84530 La Sal	7	4%	1%	N/A
84531 Mexican Hat	5	3%	N/A	1%
84533 Lake Powell	0	0%	N/A	N/A%

(N/A = was not an answer option in that year)

Q36: Gender

- **64% Female (n=102)** 68% 2014 SJHS; 61% 2013 BMH
- 35% Male (n=56)
- 1% No answer (n=1)

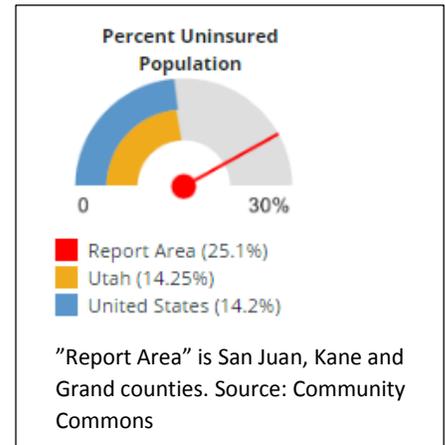
Q37: Age (in years)

- 0% 18-25 (n=0)
- 9% 26-35 (n=14)
- 17% 36-45 (n=27)
- 16% 46-55 (n=26)
- **28% 56-65 (n=45)** 20% 2014 SJHS; 25% 2013 BMH
- 21% 66-75 (n=34)
- 7% 76-85 (n=11)
- 1% 86+ (n=1)
- 1% No Answer (n=1)

Health Insurance

Q33: Health insurance that covers the majority of household medical expenses: In 2014, SJHS results showed 36% “Medicare” and 31% “Employer sponsored”. 2013, BMH results showed 32% “Employer sponsored” and 30% “Medicare”. **(N=159)**

- **33% Employer sponsored (n=52)**
 - 21% Medicare (n=34)
 - 14% No answer (n=23)
 - 10% Commercial plan (n=16)
 - 9% Indian Health Services (n=15)
 - 4% Self paid (n=7)
 - 2% Medicaid (n=3)
 - 2% VA/Military (n=3)
 - 2% Health Savings Account (n=3)
 - 1% Other (n=2)
 - 1% State/Other (n=1)



Q34: Reason respondents do not have health insurance. The CHNA database average for “Cannot afford to pay for it” is 73%. Respondents could select all that apply, so percentages do not total 100%. **(n=41)**

Reason Uninsured	n=	2016	2014 SJHS	2013 BMH
Cannot afford to pay for health insurance	36	88%	80%	64%
Don't know how to apply	5	12%	N/A	N/A
Too difficult to apply	5	12%	N/A	N/A
Choose not to have health insurance	4	10%	0%	6%
Cannot get health insurance due to medical issues	3	7%	10%	14%
Employer doesn't offer insurance	2	5%	7%	8%
Other	-	N/A	23%	25%

(N/A = was not an answer option in that year)

Q35: Are you aware of programs that help people pay for health care expenses? Nine percent or 15 respondents did not answer. **(N=159)**

Awareness of Assistance	n=	2016	2014 SJHS	2013 BMH
Yes, but I do not qualify	59	37%	41%	39%
No	46	29%	25%	22%
Yes, and I use them	25	16%	12%	17%
Not sure	14	9%	13%	7%

Perception of Personal and Community Health

Q29: Overall, how would you rate your personal health? Based on The Center’s CHNA Database, 46% of respondents rate their personal health as “Healthy”. Since 2013/2014, respondents who rate their personal health as “Very healthy” has decreased dramatically. **(N=159)**

Perception of Personal Health						
	No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2016	3% n=4	1% n=2	45% n=71	31% n=49	7% n=11	1% n=2
2013 SJHS	2%	17%	49%	25%	6%	1%
2014 BMH	3%	16%	44%	33%	3%	1%

Q1: How would you rate the general health of our community? Based on The Center’s CHNA Database, 40% of respondents rate their community as “Healthy” and 42% as “Somewhat Healthy”. The perception of community health as “Healthy” in the area has decreased since 2013/2014. **(N=159)**

Perception of Community Health						
	No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
2016	3% n=4	4% n=6	24% n=38	60% n=96	8% n=12	2% n=3
2013 SJHS	5%	3%	41%	43%	6%	2%
2014 BMH	3%	3%	32%	51%	10%	1%

Community Health Concerns

Q2: What are the three most pressing health concerns in the community?

Over half of all respondents rated “Affordable health insurance coverage” as a top concern. There is an opportunity to ease this concern by educating the public on programs that help people pay for health care expenses. Respondents were asked to select three that apply, so totals do not equal 100%. Answer choices have changed; so comparative data is not available. **(n=158)**

BMH 2013: Diabetes (63%), Cancer (53%) and Alcohol/substance abuse (42%) were the top three health concerns.

SJHS 2014: Cancer (79%), Diabetes (38%) and alcohol/substance abuse (36%) were the top three health concerns.

Health Concerns	n=	2016
Affordable health insurance coverage	72	46%
Access to specialists	68	43%
Chronic disease management (diabetes, heart failure)	51	32%
Obesity	39	25%
Cancer	35	22%
Mental health services	29	18%
Substance abuse services	29	18%
Healthy lifestyles (exercise/nutrition)	25	16%
Access to primary care	24	15%
Dental services	21	13%
Coordination of care	19	12%
Prescription drug affordability	18	11%
Personal debt due to medical bills	17	11%
Reliable health information	10	6%
Wellness/prevention services	10	6%
Heart disease/stroke	9	6%
Other	8	5%
Smoking	5	3%
Hunger	2	1%

Criteria for a Healthy Community

Q3: Select the three items below that you believe are the most important for a healthy community. The most frequently selected criteria for a healthy community was “Access to health care and other services” followed closely by “Good jobs and a healthy economy”. Respondents were asked to select three that apply, so totals do not equal 100%. **(N=159)**

BMH 2013: “Access to health care and other services” (62%), “Good jobs and health economy” (49%) and “Healthy behaviors and lifestyles” (46%) were the top criteria for a healthy community.

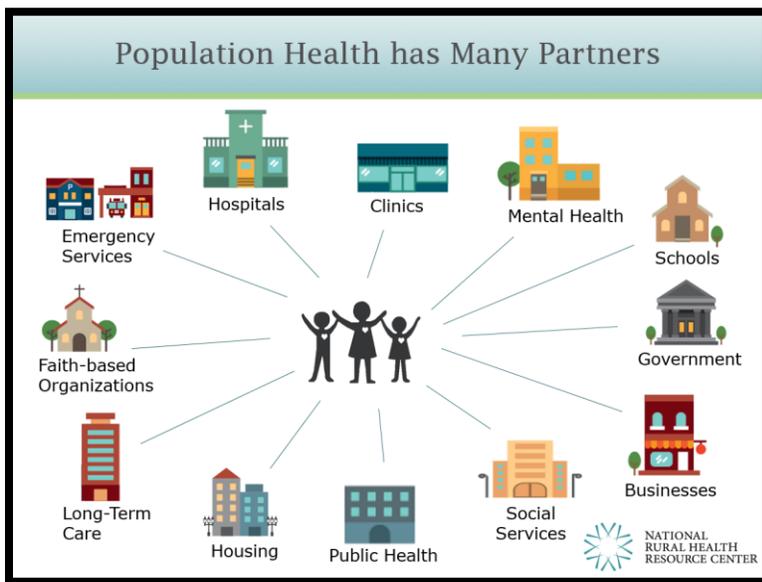
SJHS 2014: “Access to health care and other services” (66%), “Good jobs and health economy” (57%) and “Strong family life” (38%) were the top criteria for a healthy community.

Criteria for a Healthy Community	n=	2016	UT	CHNA Database
Access to health care and other services	90	57%	62%	62%
Good jobs and healthy economy	85	53%	47%	45%
Healthy behaviors and lifestyles	64	40%	42%	36%
Strong family life	48	30%	38%	32%
Religious or spiritual values	41	26%	26%	25%
Low crime/safe neighborhoods	32	20%	15%	20%
Good schools	22	14%	18%	23%
Affordable housing	20	13%	13%	19%
Tolerance for diversity	18	11%	8%	5%
Community involvement	17	11%	7%	9%
Clean environment	14	9%	15%	17%
Parks and recreation	13	8%	4%	4%
Low death and disease rates	9	6%	4%	5%
Low level of domestic violence	9	6%	2%	3%
Arts and cultural events	3	2%	1%	2%
Other	3	2%	1%	2%

Community Resources

Q4: What community resources do you rely upon to help keep you and your family healthy? Clinic, grocery store, places of worship and hospital are the top community resources respondents rely on for a healthy family. Respondents were asked to select three that apply, so totals do not equal 100%. **(n=158)**

Community Resources for Health	n=	2016
Clinic	128	81%
Grocery store	93	59%
Places of worship	78	49%
Hospital	72	46%
Parks/trails/lakes	67	42%
Fitness club	30	19%
Library	24	15%
Public health	24	15%
Senior center	20	13%
Mental health center	14	9%
Other	9	6%
Non-profit organization	8	5%



Community Strengths

Q5: What do you consider to be our community’s greatest strengths? This was an open ended question where respondents were able to write in any answer they wanted. The top answers are listed below. See the full list of answers in [Appendix B](#). (n=126)

- **Willingness & desire to help others** (n=29)
 - Coming together in times of need (n=7)
 - Genuine concern of others in our community (n=6)
- **Local clinic/hospital/Health care system** (n=24)
- **Strong family values** (n=20)
- **The people** (n=20)
 - Small town hospitality (n=7)
 - Close-knit community (n=6)
- **Close to mountains and recreation** (n=14)

Ideas to Improve Access to Health Care

Q6: In your opinion, what would improve our community’s access to health care? “More specialists” is the most frequently cited response. Respondents were asked to select all that apply so percentages do not total 100%. (n=152)

Method to Improve Access	n=	2016	2014 SJHS	2013 BMH	CHNA Database
More specialists	94	62%	46%	53%	40%
More primary care providers	61	40%	36%	42%	44%
Improved quality of care	55	36%	18%	31%	27%
Outpatient services expanded hours	53	35%	32%	27%	25%
Greater health education services	48	32%	29%	29%	21%
Transportation assistance	38	25%	23%	15%	16%
Telemedicine	25	16%	14%	9%	8%
Cultural sensitivity	23	15%	8%	9%	4%
Other	13	9%	10%	7%	10%
Interpreter services	11	7%	5%	9%	2%

Health Care Service Gaps

Q7: What are the three largest gaps in health care services in our community? “Availability of services/providers” and “Substance abuse services” are cited as the top gaps in health care services. **(n=152)**

Health Care Service Gaps	n=	2016
Availability of services/providers	81	53%
Substance abuse services	57	38%
Services for low income	47	31%
Geriatric care (seniors)	39	26%
Mental health services	38	25%
Dental care	35	23%
Primary care	29	19%
End-of-life care (hospice/palliative care)	28	18%
Prescription drug assistance	27	18%
Pain management	26	17%
Other	15	10%
Ability to service different languages/cultures	13	9%

Health Education

Q8: What is the greatest health education need in our community? Respondents feel the need for “Healthy lifestyles education” and “Mental health/substance abuse education” is important. **(N=159)**

Health Education Needs	n=	2016
No Answer	46	29%
Healthy lifestyles education	24	15%
Mental health/substance abuse education	24	15%
Health screenings	21	13%
Disease specific information	20	13%
Obesity prevention	11	7%
Reproductive health education	4	3%
Other	4	3%
Tobacco prevention & cessation	2	1%
Translated health information	2	1%

Meeting Community Health Needs

Q9: What can Blue Mountain Hospital, Utah Navajo Health System and/or San Juan Health Service District do to better meet the health needs of our community? This was an open ended question where respondents were able to write in any answer they wanted. The top answers are listed below. See the full list of answers in [Appendix B](#). (n=97)

- **More specialists/specialty care services** (n=26)
- **Work together to bring better health care to San Juan County & surrounding areas** (n=13)
 - Stop competing/fighting with each other (n=4)
 - Collaborate with each other to bring more services and specialists to our area (n=3)
 - Cooperate! (n=2)
 - Better coordination of services
- **I feel they do a good job** (n=13)
 - But it is used only as an emergency not as preventive care
 - The hospital is going a great job
 - Ever since we moved to Blanding we have had good service from the medical facilities, and Blue Mountain cafeteria food is excellent
- **More available providers** (n=12)
- **Educate** (n=11)
 - Focus on preventive health and healthy lifestyles (n=5)
 - Better patient education – diabetes, prescription drug management, non-medical options for disease management, chronic diseases (n=3)
- **Better customer service & follow-up** (n=10)
 - Faster clinic services - getting in on appointment time not waiting for hours (n=3)
 - Better communication with patients (n=2)
 - Listen to patients needs and not create more problems
 - Be more responsive to voiced or written concerns
 - I've always been asked who my doctor is; I don't know who the doctors are or that I can choose one for my family

Delayed Health Care Services

Q10: In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services? In 2013, 30% of BMH survey respondents said “yes”, while 34% of SJHS respondents said “yes” in 2014. The percent of people delaying health care services has increased in 2016, with almost half of respondents delaying getting medical services.

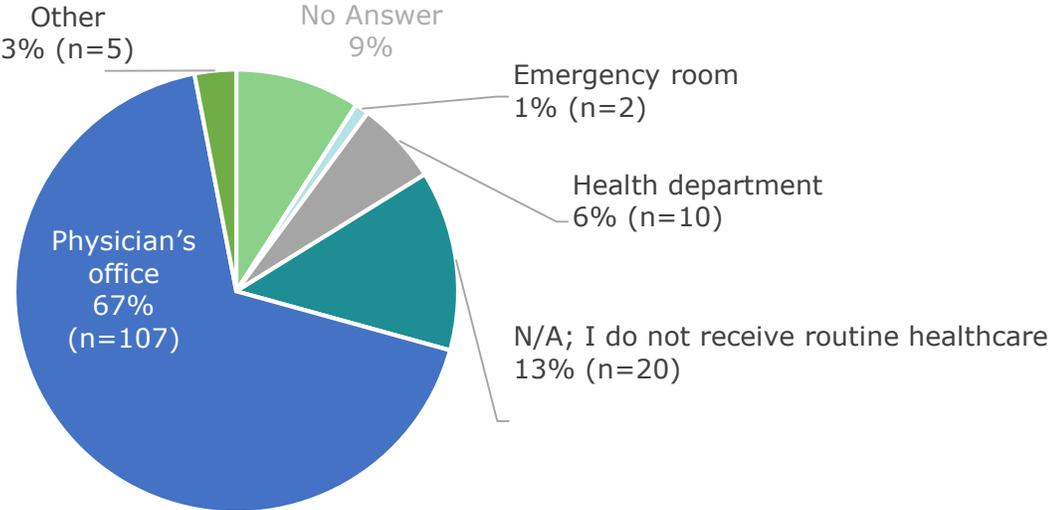
47% said **“Yes, in the past three years, I (household) did NOT get or delayed getting medical services”**. **(N=159)**

Q11: If yes, what were the MOST important reasons why you did not receive health care services? “Could not get an appointment and “Too long to wait for an appointment” were cited by respondents, double the CHNA Database average. **(n=82)**

Reason to Delay	n=	2016	2014 SJHS	2013 BMH	CHNA Database
Too long to wait for an appointment	43	52%	42%	30%	24%
It costs too much	25	30%	45%	45%	48%
Didn't think it was serious enough	24	29%	N/A	N/A	26%
Could not get an appointment	23	28%	31%	19%	18%
No insurance	17	21%	24%	26%	26%
My insurance didn't cover it	17	21%	6%	26%	20%
Office wasn't open when I could go	17	21%	18%	15%	15%
Other	11	13%	10%	15%	16%
It was too far to go	11	13%	N/A	15%	5%
Not treated with respect	10	12%	N/A	23%	12%
Transportation problems	8	10%	6%	13%	5%
Unsure if services were available	8	10%	7%	11%	N/A
Could not get off work	7	9%	4%	6%	8%
Don't like doctors	5	6%	4%	11%	12%
Too nervous or afraid	4	5%	10%	4%	8%

Routine Care

Q12: Where are you most likely to go for routine health care? The majority of respondents are most likely to go to a physician’s office for routine health care. **(N=159)**



HOSPITAL CARE

Q13: In the past three years, has anyone in your household received care in a hospital? Seventy percent “Yes” is the CHNA database average. In 2014, SJHS had 76% “Yes” and in 2013, BMH had 69% “Yes”.

79% said “**Yes**, in the past three years, I (household) have received care in a hospital”. (**n=125**)

Household’s Most Utilized Hospital

Q14: If yes, which hospital does your household use the MOST for hospital care? “Blue Mountain Hospital-Blanding” is the most frequently utilized hospital by respondents this year. See zip code crosstab details in [Appendix D](#). (**N=159**)

Hospital Utilized	n=	2016	2014 SJHS	2013 BMH
Blue Mountain Hospital-Blanding	59	37%	5%	61%
San Juan Hospital-Monticello	48	30%	82%	25%
No Answer	33	21%	N/A	N/A
Other	15	9%	5%	13%

- Of those who currently live in Blanding, 67% utilize BMH-Blanding and 19% utilize SJH-Monticello most for hospital care
- Of those who currently live in Monticello, 74% utilize SJH-Monticello and 2% utilize BMH-Blanding most for hospital care

Reasons for Selecting the Hospital

Q15: Thinking about the hospital you use most frequently, what were the three most important reasons for selecting that hospital? “Closest to home” is the most frequently identified reason for selecting a hospital; it’s also the top response according to The Center’s CHNA Database. “Prior experience with hospital” is also a top reason of respondents, with 20% more than the average Database response. Respondents were asked to select three that apply, so totals do not equal 100%. (**n=137**)

Reason for Selecting Hospital	n=	2016	2014 SJHS	2013 BMH	CHNA Database
Closest to home	104	76%	83%	74%	59%
Prior experience with hospital	89	65%	57%	43%	45%
Hospital’s reputation for quality	63	46%	55%	35%	29%
Referred by physician	41	30%	22%	43%	39%
Emergency, no choice	27	20%	20%	23%	27%

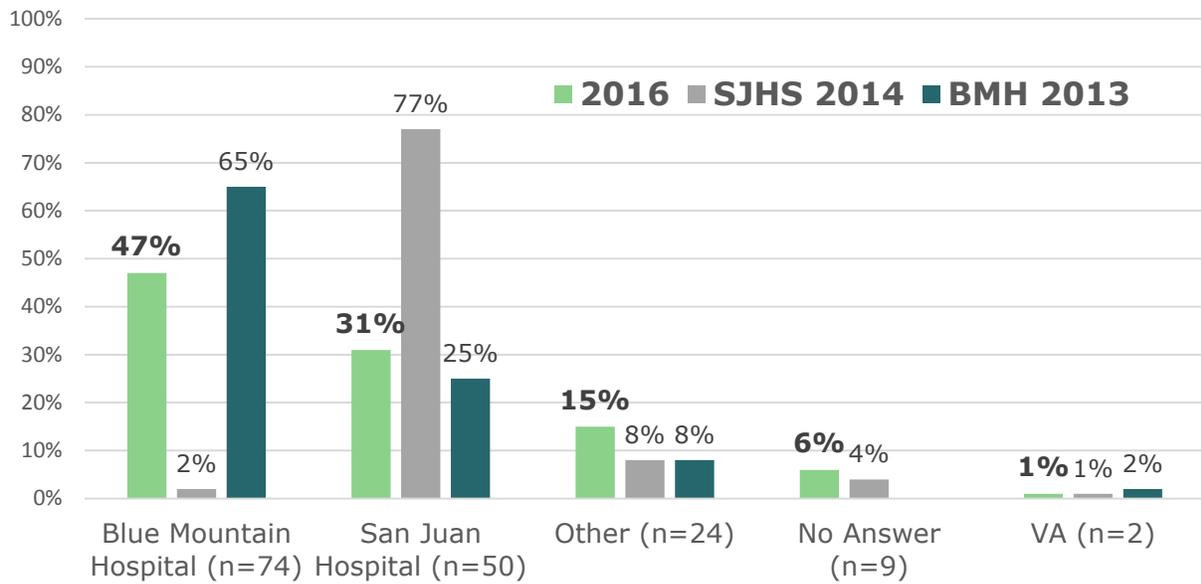
Required by insurance plan	15	11%	6%	10%	7%
Recommended by family or friends	14	10%	10%	15%	9%
Cost of care	14	10%	10%	9%	6%
Other	14	10%	4%	3%	6%
Closest to work	10	7%	7%	13%	7%
VA/Military requirement	5	4%	2%	2%	3%

Q21: If you currently do not use Blue Mountain Hospital, Utah Navajo Health System and/or San Juan Health Service District for care, what could be done to meet your needs? This was an open ended question where respondents were able to write in any answer they wanted. The top answers are listed below. See the full list of answers in [Appendix B](#). **(n=26)**

- **Health insurance/billing** (n=4)
 - Help lower class find affordable health insurance
 - Only if I can qualify for IHS assistance with bills
 - Wish they would accept HMA with my employer
 - In the past, I went to Provo because we did not have health insurance and they gave us a 40% discount for paying the same day of service.
- **Provide more qualified medical doctors/technicians** (n=4)
 - Primary care provider, not switching doctors every time I go in
- **Availability of specialists** (n=3)

Preferred Facility for Future Hospitalization

Q16: If you or a household member needed to be hospitalized in the future, which facility would you choose? “Blue Mountain Hospital-Blanding” was the most frequently cited hospital for future hospitalization this year with almost half of the respondents. See zip code crosstab details in [Appendix D](#). **(N=159)**



- Of those who currently live in Blanding, 69% would chose BMH-Blanding and 20% SJH-Monticello for future hospital care
- Of those who currently live in Monticello, 76% would chose SJH-Monticello and 7% BMH-Blanding for future hospital care
- Of those who currently live in Montezuma Creek, 53% would chose BMH-Blanding and 37% "other" for future hospital care
- Of those who currently live in Bluff, 75% would chose BMH-Blanding and 25% "other" for future hospital care
- Of those who currently live in Monument Valley, 45% would chose BMH-Blanding and 36% "other" for future hospital care

PRIMARY CARE

Utilization and Location of Primary Care Provider

Q17: In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services? In 2014, BMH had 88% of respondents say, “Yes” and in 2013, SJHS 94% of respondents said “Yes”.

92% (n=147) of respondents say **“Yes”**, they saw a primary care provider in the past three years which is comparable to the CHNA Database average of 93%. **(N=159)**

Q18: Where was that primary health care provider (PCP) located? “Blanding Family Practice (UNHS)” was the most frequently cited location for primary care services this year. See zip code crosstab details in [Appendix D](#). **(N=159)**

Location of Primary Care Seen in Last 3 Years	n=	2016
Blanding Family Practice (UNHS)	51	32%
San Juan Health Service-Monticello	39	25%
San Juan Health Service-Blanding	19	12%
No Answer	16	10%
Montezuma Creek Clinic (UNHS)	16	10%
Monument Valley Clinic (UNHS)	9	6%
Other	5	3%
VA	3	2%
Navajo Mountain Clinic (UNHS)	1	1%

- Of those who currently live in Blanding, 66% saw a PCP at Blanding Family Practice and 23% at San Juan Health Service-Blanding
- Of those who currently live in Monticello, 79% saw a PCP at SJHS-Monticello
- Of those who currently live in Montezuma Creek, 63% saw a PCP at Montezuma Creek Clinic
- Of those who currently live in Monument Valley, 45% saw a PCP at Monument Valley Clinic
- Of those who currently live in Bluff, 38% saw a PCP at Montezuma Creek Clinic and 38% at Blanding Family Practice

Reason for Selecting the Primary Care Provider

Q19: Why did you select that particular primary care provider? The top responses, according to The Center’s CHNA Database, are “Closest to home” and “Prior experience with the clinic”. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=163)**

Reason for Selecting Provider	n=	2016	2014 SJHS	2013 BMH	CHNA Database
Closest to home	104	69%	67%	64%	56%
Prior experience with clinic	84	56%	57%	50%	51%
Appointment availability	57	38%	35%	38%	30%
Clinic’s reputation for quality	55	37%	41%	27%	26%
Indian Health Services	24	16%	1%	12%	N/A
Length of waiting room time	23	15%	14%	22%	10%
Recommended by family or friends	22	15%	20%	16%	17%
Cost of care	15	10%	8%	8%	6%
Other	13	9%	10%	8%	8%
Referred by physician or other provider	12	8%	9%	15%	12%
Required by insurance plan	10	7%	5%	6%	5%
VA/Military requirement	4	3%	2%	3%	3%

(N/A = was not an answer option)

Future Primary Care Location

Q22: If you needed primary care (PC) services in the future, which facility would you choose? Blanding Family Practice (UNHS) and San Juan Health Service-Monticello are the top choices for future PC services. See zip code crosstab details in [Appendix D](#). **(n=180)**

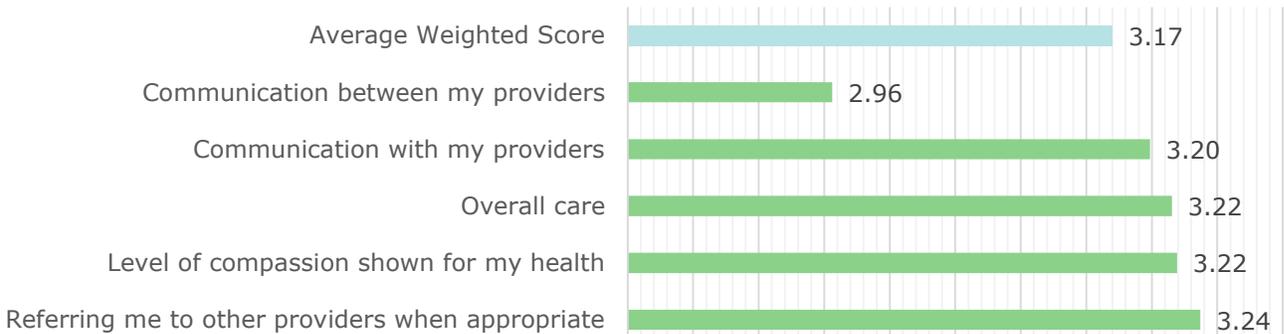
Preferred Future Primary Care Location	n=	2016
Blanding Family Practice (UNHS)	49	31%
San Juan Health Service-Monticello	41	26%
San Juan Health Service-Blanding	20	13%
Montezuma Creek Clinic (UNHS)	16	10%
No Answer	11	7%
Monument Valley Clinic (UNHS)	10	6%
Other	8	5%
VA	4	3%
Navajo Mountain Clinic (UNHS)	0	0%

- Of those who currently live in Blanding, 68% will choose Blanding Family Practice (UNHS) and 22% at San Juan Health Service-Blanding for future PC services
- Of those who currently live in Monticello, 76% will choose SJHS-Monticello
- Of those who currently live in Montezuma Creek, 63% will choose Montezuma Creek Clinic
- Of those who currently live in Monument Valley, 55% will choose Monument Valley Clinic

Rate Primary Care Services

Q20: Please rate the effectiveness of primary care services for the location you seek services from the MOST. Ten percent of respondents chose not to answer this section. See crosstab details in [Appendix D](#). (N=159)

Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. The total average weighted score was 3.17, indicating the **overall effectiveness of services as “Good”**. The average range of overall quality of services in other rural CHNAs conducted by The Center is 2.93-3.51.



Rate PC Services (N=159)	Average Weighted Score	No Answer	Excellent 4	Good 3	Fair 2	Poor 1	Don't Know
Communication with my providers	3.20	11	56	67	19	4	2
Communication between my providers	2.96	12	39	59	33	6	10
Level of compassion shown for my health	3.22	11	59	63	21	3	2
Overall care	3.22	11	51	75	16	2	4
Referring me to other providers when appropriate	3.24	13	60	50	22	3	11
Average weighted Score	3.17						

The following table shows where respondents indicated they went for past primary care services from Q18, and the cross tabulations of the percent of respondents rating the effectiveness of services from the facility where services are sought the most.

Communication with my Providers						
Q18: Past PC Location	No answer	Excellent	Good	Fair	Poor	Total n=
No Answer	44%	25%	13%	6%	0%	16
Blanding Family Practice (UNHS)	4%	37%	47%	12%	0%	51
San Juan Health Service-Blanding	5%	42%	37%	16%	0%	19
Monument Valley Clinic (UNHS)	0%	11%	67%	11%	11%	9
VA	0%	33%	67%	0%	0%	3
San Juan Health Service-Monticello	0%	33%	51%	13%	3%	39
Montezuma Creek Clinic (UNHS)	0%	44%	31%	19%	6%	16
Navajo Mountain Clinic (UNHS)	0%	0%	100%	0%	0%	1
Other	20%	60%	0%	0%	20%	5

Communication Between my Providers						
Q18: Past PC Location	No answer	Excellent	Good	Fair	Poor	Total n=
No Answer	44%	19%	13%	6%	6%	16
Blanding Family Practice (UNHS)	6%	25%	41%	24%	2%	51
San Juan Health Service-Blanding	5%	37%	32%	21%	0%	19
Monument Valley Clinic (UNHS)	0%	0%	67%	11%	11%	9
VA	0%	33%	0%	67%	0%	3
San Juan Health Service-Monticello	0%	23%	46%	18%	0%	39
Montezuma Creek Clinic (UNHS)	0%	19%	31%	38%	13%	16
Navajo Mountain Clinic (UNHS)	0%	0%	100%	0%	0%	1
Other	20%	60%	0%	0%	20%	5

Level of Compassion Shown for my Health						
Q18: Past PC Location	No answer	Excellent	Good	Fair	Poor	Total n=
No Answer	44%	6%	25%	6%	6%	16
Blanding Family Practice (UNHS)	4%	41%	45%	10%	0%	51
San Juan Health Service-Blanding	5%	58%	26%	11%	0%	19
Monument Valley Clinic (UNHS)	0%	22%	56%	22%	0%	9
VA	0%	33%	67%	0%	0%	3
San Juan Health Service-Monticello	0%	41%	41%	15%	3%	39
Montezuma Creek Clinic (UNHS)	0%	25%	44%	25%	6%	16
Navajo Mountain Clinic (UNHS)	0%	0%	100%	0%	0%	1
Other	20%	60%	0%	20%	0%	5

Overall Care						
Q18: Past PC Location	No answer	Excellent	Good	Fair	Poor	Total n=
No Answer	44%	6%	25%	13%	0%	16
Blanding Family Practice (UNHS)	6%	35%	53%	6%	0%	51
San Juan Health Service-Blanding	5%	53%	37%	5%	0%	19
Monument Valley Clinic (UNHS)	0%	22%	44%	22%	0%	9
VA	0%	33%	67%	0%	0%	3
San Juan Health Service-Monticello	0%	33%	54%	13%	0%	39
Montezuma Creek Clinic (UNHS)	0%	19%	56%	19%	6%	16
Navajo Mountain Clinic (UNHS)	0%	0%	100%	0%	0%	1
Other	0%	60%	0%	0%	20%	5

Referring me to Other Providers when Appropriate						
Q18: Past PC Location	No answer	Excellent	Good	Fair	Poor	Total n=
No Answer	50%	13%	19%	13%	0%	16
Blanding Family Practice (UNHS)	6%	45%	33%	8%	0%	51
San Juan Health Service-Blanding	5%	63%	16%	5%	0%	19
Monument Valley Clinic (UNHS)	0%	33%	44%	22%	0%	9
VA	0%	67%	33%	0%	0%	3
San Juan Health Service-Monticello	0%	36%	41%	15%	3%	39
Montezuma Creek Clinic (UNHS)	0%	19%	31%	38%	6%	16
Navajo Mountain Clinic (UNHS)	0%	0%	100%	0%	0%	1
Other	20%	20%	0%	20%	20%	5

SPECIALTY CARE

Utilization of Specialty Care

Q24: In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/ family doctor) for health care services? In 2014, 71% of BMH respondents said “Yes” and in 2013 74% of SJHS respondents said “Yes”.

77% (n=122) say “Yes”, they saw a specialist in the past three years, which is comparable to the CHNA Database average of 74 percent. **(N=159)**

Type of Specialist Seen

Q25: What type of health care specialist was seen? Respondents were asked to select all that apply, so totals do not equal 100%. **(n=126)**

Type of Specialist Seen	n=	2016	2014 SJHS	2013 BMH
Dentist	65	52%	48%	54%
Physical therapist	50	40%	21%	19%
Cardiologist	32	25%	25%	19%
Radiologist	29	23%	19%	12%
Orthopedic surgeon	28	22%	22%	24%
General surgeon	25	20%	15%	26%
Chiropractor	22	17%	29%	23%
ENT (ear/nose/throat)	19	15%	9%	12%
Ophthalmologist	19	15%	14%	10%
Dermatologist	18	14%	18%	12%
OB/GYN	17	13%	9%	10%
Gastroenterologist	16	13%	7%	7%
Mental health counselor	13	10%	4%	6%
Neurologist	13	10%	9%	1%
Occupational therapist	13	10%	7%	5%
Pediatrician	12	10%	1%	3%
Other	11	9%	9%	6%
Urologist	10	8%	10%	9%
Oncologist	9	7%	7%	2%
Psychiatrist (M.D.)	7	6%	1%	3%
Dietician	6	5%	1%	3%
Endocrinologist	6	5%	5%	3%
Neurosurgeon	6	5%	3%	5%
Allergist	5	4%	2%	1%

Psychologist	4	3%	1%	3%
Pulmonologist	4	3%	4%	4%
Rheumatologist	4	3%	1%	4%
Social worker	2	2%	2%	0%
Speech therapist	1	1%	1%	0%
Substance abuse counselor	0	0%	1%	0%

Location of Specialty Care

Q26: Where was the health care specialist located? Respondents could select all that apply so percentages do not total 100%. SJHS and BMH had a different set of multiple choices in 2013/14. **(N=159)**

- **BMH 2014:** 27% answered “BMH” and 24% “SJHS”.
- **SJHS 2013:** 11% answered “BMH” and 33% “SJHS Clinic”.

Location	n=	2016
Blue Mountain Hospital-Blanding	40	25%
San Juan Health Services	37	23%
Other	30	19%
No Answer	23	14%
Utah Navajo Health System	17	11%
Montezuma Creek	7	4%
Indian Health Services Facility	5	3%
Dove Creek Clinic	N/A	N/A
Spanish Valley Clinic	N/A	N/A

- Of those who currently live in Blanding, 60% saw a specialist at “Other” and 38% at Blue Mountain Hospital-Blanding
- Of those who currently live in Monticello, 65% saw a specialist at “Other” and 44% at San Juan Health Services
- Of those who currently live in Montezuma Creek, 56% saw specialist at “Other” and 31% at Montezuma Creek

Future Specialty Care Location

Q27: If you needed specialty care services in the future, which facility would you choose? Respondents could select all that apply so percentages do not total 100%. SJHS and BMH had a different set of multiple choices in 2013/14. **(N=159)**

- **BMH 2014:** 43% answered “BMH” and 21% “SJHS”
- **SJHS 2013:** 3% answered “Blanding Family Practice or Medical Clinic” and 65% “SJHS Clinic”

Future Specialist Location	n=	2016
Other	71	59%
Blue Mountain Hospital-Blanding	31	26%
San Juan Health Services	25	21%
Utah Navajo Health System	17	14%
Montezuma Creek	11	9%
Indian Health Services Facility	10	8%

- Of those who currently live in Blanding, 44% will choose BMH-Blanding and 17% UNHS for future specialty care services
- Of those who currently live in Monticello, 57% will choose SJHS and 29% "Other"

Preferred Specialists

Q28: What type of specialist would you like to have access to most in our community? Respondents would most like to have access to a chronic pain specialist and cardiologist. **(N=159)**

Type of Specialist Seen	n=	2016
No Answer	38	24%
Chronic acute pain	17	11%
Cardiology	16	10%
Dermatology	14	9%
General surgery	14	9%
Ear, nose & throat	13	8%
Endocrinology/diabetes	12	8%
Obstetrics/Gynecology	9	6%
Other	9	6%
Orthopedics	6	4%
Psychiatric services	5	3%
Nephrology	2	1%
Ophthalmology	2	1%
Urology	2	1%

HEALTHY LIFESTYLES AND BEHAVIORS

Resources

Q23: Where do you learn about ways to live a healthier life? Over half of respondents are learning about a healthy lifestyle from their providers. “Personal research” was the top “Other” comment, with nine responses. Respondents could select all that apply so percentages do not total 100%. **(n=153)**

Health Resources	n=	2016
Healthcare provider	82	55%
Friends/family	72	48%
Website	66	44%
Faith based organization	35	23%
Public health	24	16%
Other	21	14%
Newspaper	17	11%
Fitness Center	16	11%

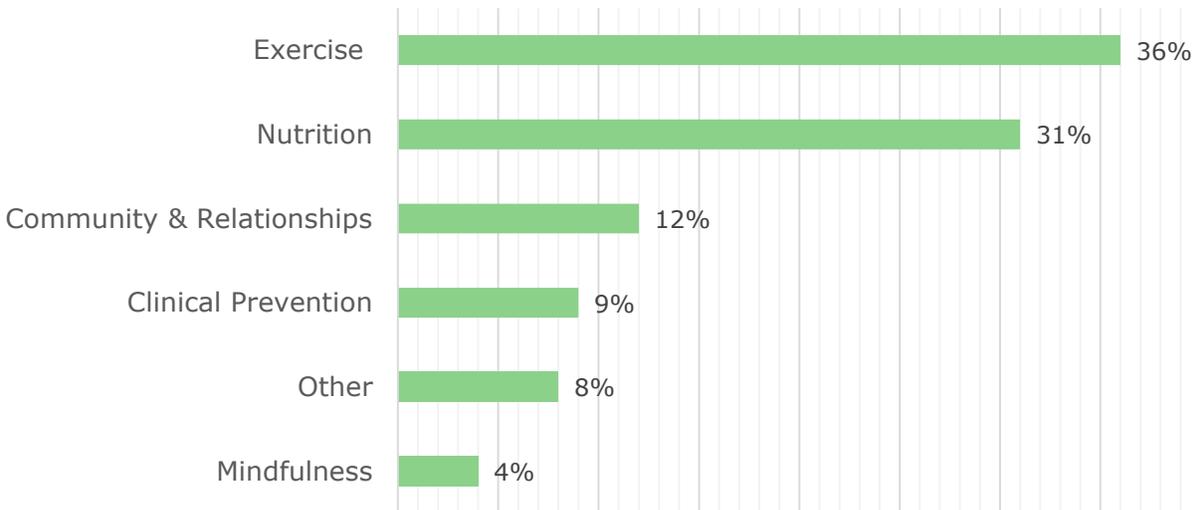
Inspiration

Q30: What inspires you to be healthier? This was an open ended question where respondents were able to write in any answer they wanted. See the full list of answers in [Appendix B](#). **(n=132; average respondent gave 1.3 answers)**



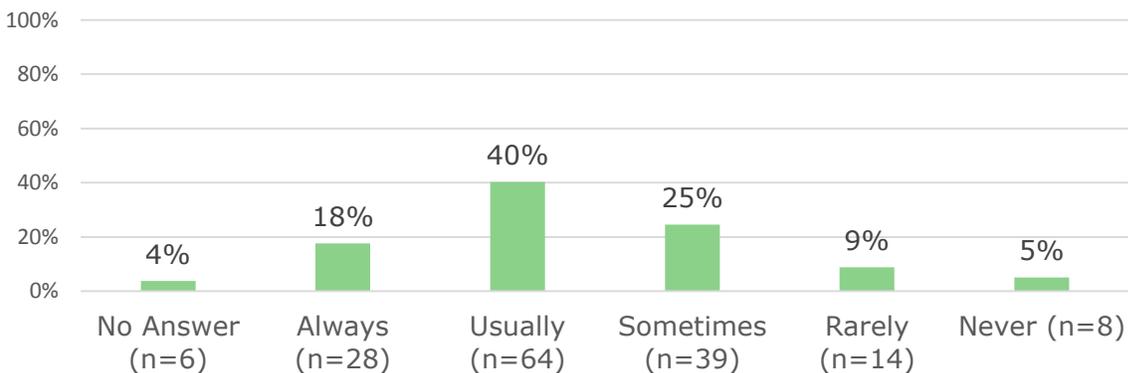
Stay Healthy

Q31: What are the top three things you do to help your family and friends stay healthy? This was an open ended question where respondents were able to write in any answer they wanted. There were 371 answers provided from 131 respondents for an average of 2.8 answers per person. The responses are categorized below. See the full list of answers in [Appendix B](#).



Social and Emotional Support

Q32: How often do you get the social and emotional support you need? This was an open ended question where respondents were able to write in any answer they wanted. **(N=159)**



SECONDARY DATA ANALYSIS

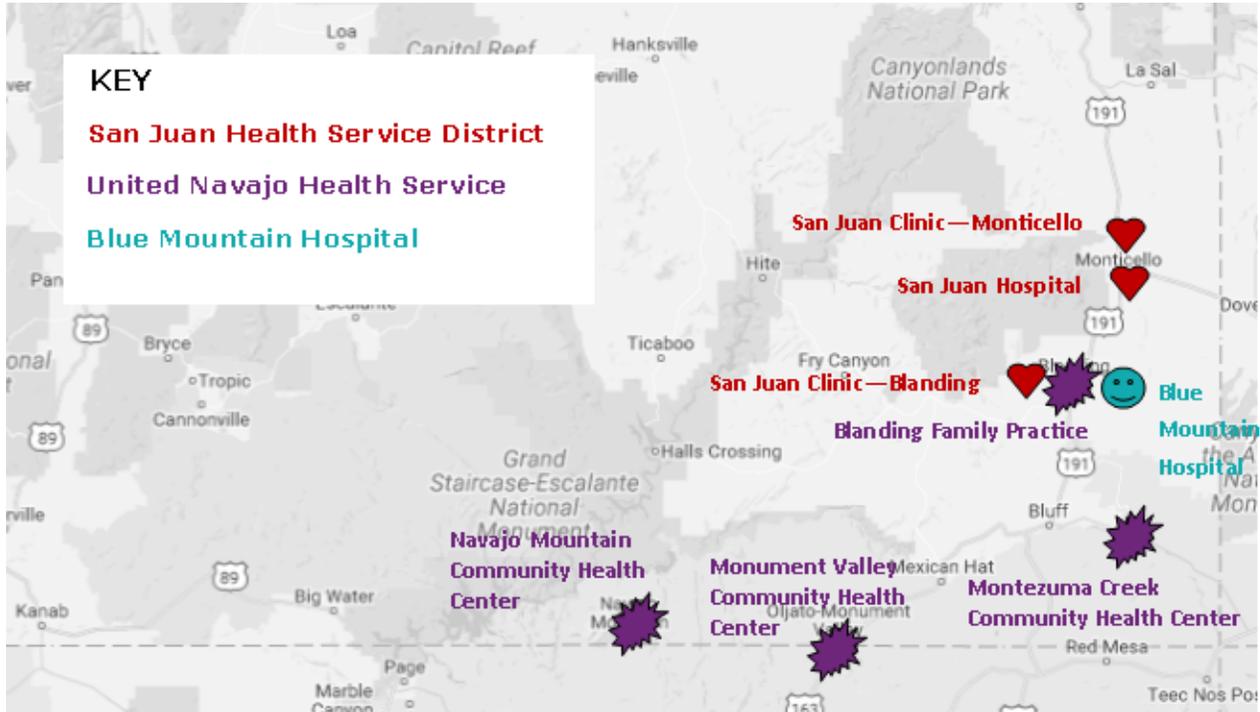
Introduction

There are two different types of sources used to conduct a community health needs assessment. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that The Center collects using methods such as surveys, direct observations, interviews, as well as objective data sources. Primary data is a reliable method to collect data as The Center knows the source, how it was collected and analyzed. Secondary data is from “outside” sources. Secondary data analysis is commonly known as second-hand analysis. It is simply the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks however, as data from the different agencies is collected during different timeframes. This can make direct comparisons of secondary data difficult. [See Appendix C for source details and definitions.](#)

Please note, the data collected for this report is the most current information as of July, 2016. The types of measures selected to analyze in this report were identified based on data available for San Juan County, Grand County, and Kane County, UT. For more secondary data information, The Center offers cross tabulations on key metrics associated with population health management available on the Population Health Portal: <https://www.ruralcenter.org/population-health-portal/data>

Demographics

The population in Kane County is growing at a higher rate than Grand and San Juan counties, as well as the nation. Kane County also holds the largest population aged 65+.



San Juan County’s Native American population is high, due to 60% of the land belonging to the Navajo Indian Reservation and 3% to the Ute Mountain Ute Tribe reservation. The percent of children age 5-17 in San Juan is 25%, much higher than surrounding counties, state or the nation.

	San Juan	Grand	Kane	Utah	Nation
Population	14,944	9,348	7,221	2,858,111	314,107,083
Population Living in Rural	78%	25%	55%	9%	19%
Population Native American	47.55%	5.02%	0.65%	0.21%	0.17%
Hispanic Population	5%	10%	4%	13%	17%
Population Change 2000 - 2010	2.31%	10%	17.85%	23.77%	9.95%

Population Median Age	31	39	43	30	37
Population Age 65+	11%	14%	20%	10%	14%
Population Age 5-17	25%	12%	18%	22%	17%
Veteran Population	6%	9%	12%	7%	9%
Disability Population	16%	11%	16%	9%	12%

Social & Economic Factors

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

	San Juan	Grand	Kane	Utah	Nation
No High School Diploma	17%	10%	4%	9%	14%
Associates Level Degree or Higher	29%	33%	34%	40%	37%
Per Capita Income	\$15,531	\$23,893	\$24,151	\$24,312	\$28,554
Persons Below Federal Poverty Level	28%	16%	9%	13%	16%
Population Receiving Medicaid	33%	15%	13%	13%	21%
Unemployment Rates	9%	6.5%	5%	3.8%	5.2%
Uninsured Population	27%	27%	19%	14%	14%
Population with Food Insecurity	20%	17%	14%	15%	15%
Children Eligible for Free/Reduced Price Lunch	72%	51%	48%	37%	52%
Households with No Motor Vehicle	6%	3%	3%	5%	9%

Adults with Lack of Social or Emotional Support	23%	14%	suppressed	15%	21%
Teen Birth Rate	40.6	55.3	27.5	29.7	36.6
Violent Crime per 100,000 residents	96	228	134	206	396

Physical Environment

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

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

Clinical Care

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

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

Health Behaviors of Adults

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

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

Health Outcomes

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

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

FOCUS GROUP INTERVIEWS

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted to conduct focus groups to provide qualitative data on the strengths and needs of local health care services on behalf of Blue Mountain Health Hospital (BMH), San Juan Health Services (SJHS) and the Utah Navajo Health System (UNHS).

Focus Group Methodology

Three focus groups took place in Monticello, Blanding and Montezuma Creek. Findings from the focus groups are divided up by community name as the needs from each town varied from the other. Focus group participants were identified as people living in the area. The focus groups were designed to represent various consumer groups of local health services including senior citizens, young parents, health care providers, community leaders and representatives from the Hispanic population. Invitations were mailed with the focus group questions attached (Appendix E). Thirty-two people participated in total. Each focus group session was approximately 60 minutes in length and included the same questions. The questions and discussions at the focus groups were led by Kami Norland of the Center.

Focus Group Findings

1. Describe the overall health of this community.

Monticello

- “We are no longer surviving, but thriving”
- It’s never been better, as we now have a critical mass of doctors
- We have limited access to grocery stores so we have to grow our own food
- The sedentary lifestyle of staring at screens and phones is negatively impacting our younger generations
- Socioeconomic status and high rates of social determinants of health challenge the wellness of our community
- The demographics are changing in this community where more transient people are coming in with greater socioeconomic and health challenges which is negatively impacting the overall health of the community
- There is a long history of cancer in this community due to high traces of pollution
- People who come to recreate in San Juan county are healthier than the locals because we don’t get outside

- “We need to take advantage of this beautiful terrain we are surrounded by”
- Once insurance rates started skyrocketing, there has been an increased willingness to focus more on prevention, like exercise and healthier eating

Blanding

- The health of our community is improving all of the time
- “We are so much healthier now than we were a couple of years ago because now there is more availability of health services and greater access to bike paths, etc.”
- “BMH is offering more services now like, surgery, cardiology, a pediatrician, an eye care center and tele-dermatology which are assets to the health of this community”
- There is a high rate of individuals impacted by social determinants of health in this area, for example low literacy rates
- San Juan county is ranked last in overall health according to some state studies due to high levels of poverty

Montezuma Creek

- The overall health of this area is getting better
- “We can handle whatever comes our way; we have gone through a lot as a community and we’ve overcome and we’ll continue to live this way; we’re strong; we’re resourceful; we’re resilient”
- “The school makes this community a healthy place because it teaches kids about safety, nutrition, exercise”
- Some families struggle to get to healthcare appointments, particularly for specialist care like dentists and eye care”

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

Monticello

- “We need connectedness in our community”
- “It is not a pedestrian-friendly community; if there are sidewalks they have light poles in the middle of them, they are not accessible for all and the main street is too risky to walk on, so this inhibits people getting outside and interacting with one another in a healthy way”
- “We have a culture of staying indoors as a town; we need to get outside more”
- Transportation is a barrier to receiving care
- Access to mental health services in this area is a need
- We are overwhelmed with the cancer rate in Monticello with over 600+ cases of cancer annually; however, the county is not designated as a high cancer zone due to the variabilities of other towns in the county that are not as impacted by this disease
- “All of my family members have cancer because they were all miners”

- Many of the kids played on the land where the mines were located once they closed and now these kids have cancer; it's a generational occurrence
- "Coping with cancer as a community is a sore subject in this town"
- "The hospital is trying to save people trips to outside facilities for care by offering telehealth services and providing visiting specialists although it is a balance in trying to manage the cost, services, lack of staff and equipment resources needed to staff an oncologist locally"
- "A study should be done on all of those living in town that have cancer and how it is impacting our lives"

Blanding

- Lack of EMS services for search and rescue
- Lack of mental health services
- Lack of an inpatient drug and rehab center
- Access to wellness services
- Distance to drive to specialty services
- Transportation to get to medical appointments either in town or out of town
- "Many people don't have money to pay for transportation to get to appointments, so any assistance from the community or health centers would be appreciated"
- UNHS has transportation services available but it's only applicable for Medicaid recipients or members of the Navajo nation
- "We live in a food desert; so how do you expect us to be healthy?!"
- Waiting to be seen by a dentist is long, sometimes up to a 6 month waiting period to just get in and that's only if you have Medical Assistance
- "A lot of people put health off because they have to take time off of work or they don't have the money to pay for care unless things get really, really bad"
- Education on prevention and wellness information is the biggest challenge in this community; "We need to be more aware that living a healthy lifestyle can save us healthcare dollars down the road"
- "Helping people know what services are available locally; if they don't know what's here, then they'll go elsewhere"

Montezuma Creek

- High rates of diabetes and obesity
- High rates of respiratory issues
- High rates of domestic violence and elder abuse
- Suicide and mental health issues
- Easy access to drugs and alcohol
- High rates of teen pregnancy

- “Young parents not knowing how to parent”
- “People aren’t afraid of the cops and talk back to elders”
- “People are afraid to discipline their children for fear that they will be taken away”
- Historical trauma
- “Seeking healthcare is taboo unless you really, really need it”
- Gun fights, knife fights
- Illiteracy
- No access to internet or computers
- “When people need help, we have to wait for care; there is a lack of communication, workers and money”
- “Many people have multiple phone numbers or no phone number and there is no address system, so trying to get a hold of someone to help them is really challenging”
- Lack of funding
- Getting access to 911 doesn’t always work due to cell coverage issues
- “It can take a long time to get help from the 911 dispatch because if you have a Utah number, you’ll get the Utah dispatch, but you may be in Arizona so they have to transfer you to that state and the departments are volunteer so it takes each department at least 30 minutes just to get to the scene; volunteers work as quickly, efficiently and as best they can, but they aren’t always able to get there in time”
- “There are risk management and safety restrictions preventing volunteer EMTs to cross state lines to help out a neighbor”
- Lack of education on prevention and wellness
- Poverty
- “Some people don’t have electricity, running water or internet”
- “Lack of internet shuts us off from the rest of the world; it’s also hard to find where others live because we don’t have access to google maps in this area”
- “Lack of funding to purchase and maintain EMS equipment”
- “Finding and keeping volunteers to do EMT work is really hard; nobody wants this job, but we need someone to do it”
- Lack of roads; “having wagon trails isn’t effective because cars and buses are always breaking down making it difficult to get to school and work”
- “Vehicles can’t pass inspection standards because of the rough roads”
- “They say that we don’t have decent roads because we don’t pay county taxes and the tribe can’t afford to pay for roads across all of this land; so they are only able to focus on the main thoroughfares”
- “We need roads in order to respond to medical emergencies, but the rigs can’t always make it to where the victim is lying”

- “There are some jurisdictional issues between state lines being near the four corners, which can be challenging”
- “It’s very expensive to maintain the road system here, we ‘belay’ the roads every 90 days here which is way more frequent than the average two times a year for the rest of the county; the Bureau of Indian Affairs is able to provide funding for about 3 miles of roads only because it is so costly”
- Access to grocery stores that sell fresh produce at a reasonable price
- “There are no recreation centers or after school programming to keep kids out of trouble”

3. **What do you think Blue Mountain Hospital (BMH), San Juan Health Service District (SJHS) and Utah Navajo Health System (UNHS) could do to increase the health of the community? Where are the opportunities to collaborate?**

Monticello

- “Our health system would really be great if we didn’t fight with one another; we need to work together for the greater good and health of our county”
- “Monticello should not fight with Blanding; if we all worked together this could be huge for the community”
- “Leadership needs to role model that they can find some common ground through the people they both serve”
- “There are too many referrals out of the area for specialty care, so perhaps if all of the healthcare services in the county worked together, we wouldn’t need to leave the community so much”
- It was noted that BMH, SHJS and UNHS leadership has been getting together monthly over the last two years to build trust, rapport and discuss services and opportunities for partnership, while maintaining “healthy competition”

Blanding

- Offer or promote wellness services
- Reach out to schools and promote health education more
- Work on lowering the rate of diabetes
- Write articles in the newspaper every other week offering health tips
- Provide education on diabetes, nutrition, exercise classes after hours
- “Each healthcare facility and community needs access to specialists, but if you collaborate together more effectively, we can have access to more specialists in the area”
- “We need to all be looking for ways to work together to reduce hospital admissions and re-admissions”

Montezuma Creek

- “Communication is really lacking between the tribe and the county; money and resources is also really lacking and it’s the people who suffer as a result of this”
- “We should all be working together; it shouldn’t matter if I’m Navajo, Hispanic or White”
- “We need the Navajo nation to listen to us and work with us”
- “The foundation is here, we just need to learn how to work together and communicate more effectively; we’ve just started working together so I’m hopeful for the future”
- Services need to be coordinated more effectively

4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at BMH, SJHS, and/or UNHS?

Monticello

- “Awesome doctors at SJHS!”
- Having more physicians in town has really helped meet the healthcare needs of the community more effectively
- Access to dialysis, surgeries and an orthopedic surgeon has been really beneficial; people come from Colorado because of the high level of quality care provided at SJHS
- “I feel comfortable at SJHS as I’m not treated like a number, but rather a neighbor and a friend; nurses put you at ease when you’re scared”
- “My family has been blown away by the high level of customer service at SJHS as it seems there is now a culture of providing excellent care that has become internalized by every staff member”
- “Amazing care! SJHS goes above and beyond”
- SJHS does a good job of delivering babies
- “SJHS needs to improve their discharge planning process to help make sure that we as patients know exactly what we need to do at home to take care of ourselves. It would also be great if they could help connect us to other resources in the community that we may not be aware of”

Blanding

- BMH gives away teddy bears and books to help kids become familiar with the clinic which has been a really great program; consider expanding this idea
- UNHS also participates in this teddy bear project
- “The quality of care at BMH is excellent”
- “BMH is expensive; lower prices; I can get my labs done \$200 cheaper in Salt Lake City, so I go there instead”
- “BMH billing is confusing, complex and everyone has issues”
- “Care transitions between the BMH, the clinic, pharmacist, nursing, EMS are all done well; I’m impressed”
- “Care transitions can be difficult and challenging to navigate”

Montezuma Creek

- “UNHS really listens well”
- “UNHS is the best thing that could have ever happened to the Navajo”
- UNHS offers specialty care
- “UNHS understands us and values the elders”
- “This community is very resilient; there may be a lack of resources, but we always find a way; if we were given more tools than we could be even better”
- “Every parent cares and nurtures their children; every child is loved”
- “Resiliency is part of the heritage and cultural values of kinship and clanship”
- “We are creative and resourceful and know how to solve problems”
- There is a 4-year college nearby where we can grow our own workforce, which is a strength

5. In your opinion, what are some of the barriers of the health services available at BMH, SJHS, and/or UNHS?

Monticello

- Uninsured or underinsured population
- Some people drive down to Montezuma Creek for care due to the sliding scale option there
- Mental health concerns and lack of access to care and services as most people with these issues have to leave Monticello for treatment; although the new center that will have mental health, public health and the clinic all in the same facility will be great
- Substance misuse and abuse, particularly with opioids
- “We need to all work together and get along with the common goal of serving the health of our neighbors”
- SJHS needs to take the lead on providing more prevention and wellness services; it would be helpful if SJHS could also educate businesses on how to help them lead their workforce on living healthier lives
- “There are some strange barriers or rules that SJHS has set up on why they can or cannot come to do prevention and wellness training with certain organizations”
- SJHS could coordinate better with the city, the county, trail system, airport and other organizations that focus on prevention and wellness activities, “they don’t have to do it alone, partner with us!”

Blanding

- “Lack of education on autism; I’ve had to educate my child’s physician and advocate increased awareness of this condition”

- “Trying to recruit and retain providers is challenging because we want them to be highly qualified; we shouldn’t settle for those less than ‘top notch’”

Montezuma Creek

- “We lack positivity”
- “We pray that our children and our elders make good decisions”

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

Monticello

- MRI
- Nursing home services in Monticello
- Mental health counselors and therapists that are local
- Establish a community health/wellness task force
- A community center that offers exercise and play year round so I don’t have to drive to Moab
- There is a general lack of knowledge of what health services are available locally; it would be nice to know this information
- “We need to make the most of the services we currently have available”
- “We need to work together collaboratively much more than we are now”
- Identify and discuss specialty services that SJHS, BMH and UNHS could provide for the whole county, a cardiologist isn’t needed in all three facilities, if we work together effectively, you just need one. If BMH focuses on cardiology, then maybe SJHS can focus on oncology and UNHS could focus on mental health, you get what I’m saying?”
- “Changing the mentality and education of prevention and wellness is absolutely essential. SJHS should be collaborating with the schools, businesses and the general public as much as possible”

Blanding

- “There is a huge need for a developmental clinic that does more than just diagnose, but offers recreational opportunities as well; this could be an additional revenue stream for BMH as people would move here just for this service”
- Hormonal specialist
- Women’s health services
- Endocrinologist
- Audiologist
- More healthcare workers born and raised locally
- “Look at programs in other areas that bring people in; build whatever that is, here and encourage the people to come”
- “Integrated care NEEDS to happen locally”

Montezuma Creek

- Residential mental health facility that also treats substance misuse
- “We haven’t healed yet from the suicides in our community”

- Nutrition classes
- A recreation center
- Roads
- A grocery store or some place to buy fresh produce
- After school programming, such as the Boys and Girls Club, 4-H, sports, tutoring, art and music programming, etc.
- “Programming that reminds us all how to be the best versions of ourselves”
- “I’m hoping SJHS gets a dialysis machine”
- “I’m hoping to get a mammogram from BMH”
- Programming to help people get work with vocational skills
- Help kids get their G.E.D.

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

Monticello

- Some people shop for doctors that who will prescribe them opioids
- Access to mental health services
- Access to specialty care services
- Privacy concerns, although this has gotten a lot better in recent years

Blanding

- Cost of care
- “If the cost of care were better at BMH, I’d definitely change from traveling elsewhere”
- Privacy
- Access to specialty care; “most people leave for specialty care, but go to BMH for primary care”
- “If there were more specialists available locally, I’d want to support them because I like the idea of supporting local, even if it is more expensive”
- “Retaining high quality providers is challenging, so perhaps if they were paid more or if they had greater incentives, the good doctors would stick around and then so would I”

Montezuma Creek

- “I don’t feel welcome at healthcare facilities other than UNHS; others don’t understand me or my culture; I feel discriminated against and am told bad things; I don’t deserve this, so I don’t get care elsewhere”
- “I see the medicine man for my health because he can treat my physical and spiritual needs and he ‘gets me’; I also don’t have to pay him nearly as much as I do those other places”
- “I use herbs instead of medicine”
- “I went to see a specialist and I didn’t get what he was talking about, so I just left”

- “UNHS is comprehensive and offers us everything we need; there’s no need to go anywhere else”
- “Keep UNHS; it’s really important to our community”

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

Monticello

- Healthcare is a large economic driver in this community
- “To keep the town alive, we need to be able to keep people engaged in the community and start growing our own workforce”
- “San Juan county has the potential to be the best health care system in the country”

Blanding

- Convenience to care
- “Not having to take as much time off of work to go see a doctor”
- “I’m more likely to be treated or get care if I know that it’s available locally”

9. Additional Comments:

Montezuma Creek

- “As natives, we need to get back to raising ‘our kids’ not as ‘those kids’; let’s challenge ourselves to think that it is our kids that will start to heal this community; we need to change our way of thinking from ‘her kid, his kid, those kids’ to OUR kids”.

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

The overall perception of primary care services provided at Blue Mountain Hospital (BMH), San Juan Health Service District (SJHSD) and Utah Navajo Health System (UNHS) is positive, with overall effectiveness of services receiving a score of 3.17 out of 4.00. Facilities in Blanding capture the market share in hospital and primary care services, followed by Monticello facilities. Overall care and level of compassion shown for respondents' health received excellent ratings. However, communication between providers received the lowest rating, and was mentioned in survey comments and focus groups. "Working together" was also cited as a way BMH, SJHSD and UNHS could better meet the health needs of the community. Respondents consider their community's greatest strengths to be the people's willingness and desire to help others and the local clinic/hospital/health system.

When asked about the overall health of the community, over half rate it "somewhat healthy", which is a lower perception than in 2013/2014 when SJHS and BMH asked the same question on their Community Health Needs Assessments (CHNA). The perception of personal health has also decreased since 2013/2014. Respondents rated "Affordable health insurance coverage" as the number one community health concern. This may be an opportunity to promote and educate the public on programs to help pay for health care expenses and prescription drugs. The community identified availability of services/providers and substance abuse services as the top health care service gaps. More specialists were identified as an avenue for improving community health needs. Transportation assistance and cultural sensitivity was also cited above the CHNA database average for methods to improve access.

The number one community resource respondents rely on to keep themselves and their family healthy is the clinic, followed by the grocery store. This is an opportunity for partnerships with the community to improve healthy food options at local grocery stores, convenience stores as well as food available at health care facilities.

Almost half of all respondents have delayed health care services when they thought they needed it, an increase from 2013/2014. The top reason was that it was "Too long to wait for an appointment".

Recommendations

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

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

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

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

Acknowledgements

The Center would like to thank Mr. Jimmy Johnson, Mr. Farley Crofts, Mr. Jeremy Lyman and Mr. Clayton Holt for their contributions and work with developing and distributing the assessment and coordinating the focus groups.

ESTABLISHING HEALTH PRIORITIES

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

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

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

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

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

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

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

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

IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

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

[Population Health Portal](#)

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

[Small Rural Hospital Transition Guides and Toolkit](#)

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

Critical Population Health Success Factors

The following section summarizes the 2014 "[Improving Population Health: A Guide for Critical Access Hospitals](#)", created by The Center and Stratis Health.

Leadership

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

Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes
- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

Engagement

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

Leadership

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

Workforce

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health

- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

Operations and Efficiency

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

Measurement, Feedback & Knowledge Management, Impact & Outcomes

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

POPULATION HEALTH CRITICAL ACCESS HOSPITAL CASE STUDIES

Leadership

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

<http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf>

Strategic Planning

Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information:

<http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy>

Partners, Patients, Community

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

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf>

Workforce and Culture

Mason District Hospital in Illinois is implementing a three tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly \$360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information:

http://www.icaahn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FIN_AL.pdf (page 19)

Operations and Efficiency

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

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf>

Measurement, Feedback, & Knowledge Management, Impact & Outcomes

Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information:

<https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence>

APPENDIX A: SURVEY INSTRUMENT



August 8, 2016

Dear Resident:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of three gift cards for \$150, \$100, or \$50** as a thank you for completing the enclosed survey!

Blue Mountain Hospital (BMH), San Juan Health Service District (SJHS) and Utah Navajo Health System (UNHS) have partnered with the National Rural Health Resource Center to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. **Your help is critical in determining health priorities and future needs.**

Your name has been randomly selected as a resident who lives in our service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. All answers will remain completely confidential.

You are probably aware of many challenges rural citizens face related to health care, such as access to services and affordability. However, by completing the enclosed survey, you can help guide us in developing comprehensive and affordable health care services to our area residents.

1. **Due date to return survey and ONE raffle ticket: September 23, 2016**
2. **Return your completed survey in the envelope provided - no stamp needed**
3. **Keep the other raffle ticket for when we announce the three winners on all of our websites and the BMH and SJHS Facebook pages the week of October 3rd**

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Bridget Hart at 218-216-7039. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Jimmy Johnson
Chief Financial Officer
Blue Mountain Hospital

Clayton Holt
Chief Executive Officer
San Juan Health Service District

Michael Jensen
Chief Executive Officer
Utah Navajo Health System, Inc.

Community Health Needs Assessment San Juan, Utah

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

2. What are the **three** most pressing health concerns in the community? (**Select 3 that apply**)

- | | |
|--|--|
| <input type="radio"/> Access to primary care | <input type="radio"/> Mental health services |
| <input type="radio"/> Access to specialists | <input type="radio"/> Obesity |
| <input type="radio"/> Affordable health insurance coverage | <input type="radio"/> Personal debt due to medical bills |
| <input type="radio"/> Cancer | <input type="radio"/> Prescription drug affordability |
| <input type="radio"/> Chronic disease management (diabetes, heart failure) | <input type="radio"/> Reliable health information |
| <input type="radio"/> Coordination of care | <input type="radio"/> Substance abuse services |
| <input type="radio"/> Dental services | <input type="radio"/> Smoking |
| <input type="radio"/> Healthy lifestyles (exercise/nutrition) | <input type="radio"/> Wellness/prevention services |
| <input type="radio"/> Heart disease/stroke | <input type="radio"/> Other _____ |
| <input type="radio"/> Hunger | |

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

- | | |
|--|--|
| <input type="radio"/> Access to health care and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

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

- | | | |
|-------------------------------------|---|---|
| <input type="radio"/> Clinic | <input type="radio"/> Library | <input type="radio"/> Places of worship |
| <input type="radio"/> Fitness club | <input type="radio"/> Mental health center | <input type="radio"/> Public health |
| <input type="radio"/> Grocery store | <input type="radio"/> Non-profit organization | <input type="radio"/> Senior center |
| <input type="radio"/> Hospital | <input type="radio"/> Parks/trails/lakes | <input type="radio"/> Other _____ |

5. What do you consider to be our community's greatest strengths?



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

- Greater health education services
- Improved quality of care
- Interpreter services
- More primary care providers
- More specialists
- Transportation assistance
- Outpatient services expanded hours
- Telemedicine
- Cultural sensitivity
- Other _____

7. What are the **three** largest gaps in health care services in our community? **(Select 3 that apply)**

- Availability of services/providers
- Ability to service different languages/cultures
- Dental care
- End-of-life care (hospice/palliative care)
- Geriatric care (seniors)
- Mental health services
- Primary care
- Prescription drug assistance
- Pain management
- Services for low income
- Substance abuse services
- Other _____

8. What is the greatest health education need in our community? **(Please select only ONE)**

- Disease specific information
- Healthy lifestyles education
- Health screenings
- Mental health/substance abuse education
- Obesity prevention
- Oral/dental health education
- Reproductive health education
- Tobacco prevention & cessation
- Translated health information
- Other _____

9. What can Blue Mountain Hospital, Utah Navajo Health System and/or San Juan Health Service District do to better meet the health needs of our community?

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

- Yes
- No **(If no, skip to question 12)**

11. If yes, what were the most important reasons why you did not receive health care services? **(Select all that apply)**

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



12. Where are you most likely to go for routine health care?

- Emergency room N/A; I do not receive routine health care Other _____
 Health department Physician's office

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

- Yes No **(If no, skip to question 16)**

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

- Blue Mountain Hospital-Blanding San Juan Hospital-Monticello
 VA Other _____

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

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

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

- Blue Mountain Hospital-Blanding San Juan Hospital-Monticello
 VA Other _____

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

- Yes No **(If no, skip to question 21)**

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

- Blanding Family Practice (UNHS) San Juan Health Service-Monticello
 San Juan Health Service-Blanding Montezuma Creek Clinic (UNHS)
 Monument Valley Clinic (UNHS) Navajo Mountain Clinic (UNHS)
 VA Other _____

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

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

065

Page 3

20. Please rate the effectiveness of primary care services for the location you seek services from the **MOST** on a scale of 1-4.

	4- Excellent	3- Good	2- Fair	1- Poor	NA- Not Applicable
Communication with my providers	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Communication between my providers	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Level of compassion shown for my health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Overall care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Referring me to other providers when appropriate	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

21. If you currently do not use Blue Mountain Hospital, Utah Navajo Health System and/or San Juan Health Service District for care, what could be done to meet your needs?

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

- | | |
|--|--|
| <input type="radio"/> Blanding Family Practice (UNHS) | <input type="radio"/> San Juan Health Service-Monticello |
| <input type="radio"/> San Juan Health Service-Blanding | <input type="radio"/> Montezuma Creek Clinic (UNHS) |
| <input type="radio"/> Monument Valley Clinic (UNHS) | <input type="radio"/> Navajo Mountain Clinic (UNHS) |
| <input type="radio"/> VA | <input type="radio"/> Other _____ |

23. Where do you learn about ways to live a healthier life? **(Select all that apply)**

- | | | | |
|--|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="radio"/> Health care provider | <input type="radio"/> Friends/family | <input type="radio"/> Fitness Center | <input type="radio"/> Website _____ |
| <input type="radio"/> Faith based organization | <input type="radio"/> Public health | <input type="radio"/> Newspaper | <input type="radio"/> Other _____ |

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

- Yes No **(If no, skip to question 27)**

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

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



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

- Blue Mountain Hospital-Blanding
- Utah Navajo Health System
- San Juan Health Service District
- Indian Health Services facility
- Montezuma Creek
- Other _____

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

- Blue Mountain Hospital-Blanding
- Utah Navajo Health System
- San Juan Health Service District
- Indian Health Services facility
- Montezuma Creek
- Other _____

28. What type of specialist would you like to have access to **MOST** in our community? **(Please select only ONE)**

- Cardiology
- Chronic acute pain
- Dermatology
- Ear, nose & throat
- Endocrinology/diabetes
- General surgery
- Nephrology
- Obstetrics/Gynecology
- Orthopedics
- Ophthalmology
- Podiatry
- Psychiatric services
- Urology
- Other _____

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

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

30. What inspires you to be healthier?

31. What are the top three things you do to help your family and friends stay healthy?

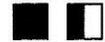
- 1. _____
- 2. _____
- 3. _____

32. How often do you get the social and emotional support you need?

- Always
- Usually
- Sometimes
- Rarely
- Never

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

- Commercial plan
- Employer sponsored
- Medicare
- State/Other
- Healthy Kids
- Medicaid
- VA/Military
- Indian Health Services
- Self paid
- Health Savings Account
- Agricultural Corp. Paid
- Other _____





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

- Cannot afford to pay for health insurance
- Choose not to have health insurance
- Cannot get health insurance due to medical issues
- Don't know how to apply
- Employer doesn't offer insurance
- Too difficult to apply

35. Are you aware of programs that help people pay for health care expenses?

- Yes, and I use them
- Yes, but I do not qualify
- No
- Not sure

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

- 84511 Blanding
- 84512 Bluff
- 84530 La Sal
- 84531 Mexican Hat
- 84533 Lake Powell
- 84534 Montezuma Creek
- 84535 Monticello
- 84536 Monument Valley

37. What is your identified gender? Male Female

38. What is your age range?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential



APPENDIX B

Community Health Needs Assessment “Other” Survey comments

Community Health Needs Assessment

San Juan, Utah

2. What are the **three** most pressing health concerns in the community?
 - IHS assistance on bills
 - Overall cost of healthcare
 - Affordable deductibles and coinsurance
 - Debt due to medical bills
 - Faster services for patients when visiting clinics
 - Chronic pain management
 - After hours service
 - Suicide
 - Drug abuse
 - Geriatric care

3. Select the **three** items below that you believe are most important for a healthy community.
 - Community involvement

4. What community resources do you rely upon to help keep you and your family healthy?
 - Chapter house (2)
 - Community involvement
 - Grocery store
 - None
 - Traditional beliefs
 - Transportation
 - Lower suicide rates
 - Family support group
 - Anything outdoors
 - After school programs

5. What do you consider to be our community’s greatest strengths? (n=126)
 - Willingness & desire to help others (29)
 - Coming together in times of need (7)
 - Genuine concern of others in our community (6)
 - Local clinic/hospital/Health care system (24)
 - Strong family values (20)
 - The people (20)

- Small town hospitality (7)
 - Close-knit community (6)
- Close to mountains and recreation (14)
- Clean town/environment (11)
- Spiritual values (11)
- Good schools (6)
- Cultural Diversity (7)
 - The community has knowledge of more than one right way to live
 - The love of this country and its heritage both Native American and Anglo.
- Low crime (5)
- Community involvement (5)
- College/education system (5)
- Supporting youth involvement (3)
- Safe (3)
- Quiet/rural lifestyle (3)
- Community outreach (3)
- High level of compassion and service (3)
- Leaders with common sense (2)
- Great staff at hospitals (4)
- Recreation (2)
- Churches (2)
- UNHS provides jobs and health classes for community; Blue Mountain Hospital donates and is very involved with community need, also good jobs
- Self-reliance
- Low drug use
- Local government
- Sports
- Wellness center
- Internet for researching health concerns
- VA
- Golf course
- Nursing homes
- High moral standards
- Public awareness
- Public health
- Grocery store
- Elders who are still among us
- People's desire to be healthy
- Excellent primary care
- Community history
- Always moving forward
- Overall quality of life
- Our local health care are starting to provide transportation to get elderlies and those in need to their appointments
- I wish we had a library

- No strengths
- I don't know what our greatest strengths are

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

- Better/more affordable health insurance (3)
- ER services (2)
- Indoor pool
- Lower drug costs
- Expanded pharmacy hours
- Exercise class at after-school program
- Coordination and cooperation between health systems
- IHS access for bills and services
- Transportation assistance
- Health fair
- Permanent doctors
- It has improved so much since the hospital was built

7. What are the **three** largest gaps in health care services in our community?

- High cost of care passed on to patients
- Inconsistency with codes sent to insurance
- Health care covers all these well
- EMT service (we need more)
- Corrupted police officers
- Competing health systems (that aren't cooperating)
- Focus and programs to deal with obesity epidemic
- Optometry
- IHS access for off-res
- Primary care that works with pain management
- Consistency between providers with each visit
- Good helpful service
- Availability of specialists
- ER services
- Mental health
- Education in health & self-care

8. What is the greatest health education need in our community?

- How to save money on services provided (or get discount)
- E-cigs & prescription drugs
- Remove drug suppliers
- How to attain healthy lifestyle on low income
- Radioactive prevention

- Clean water
- Pretty much covered
- Substance abuse
- IHS assisted without Medicaid application
- Anger management classes

9. What can Blue Mountain Hospital, Utah Navajo Health System and/or San Juan Health Service District do to better meet the health needs of our community? (n=97)

- More specialists/specialty care services (26)
 - Pediatrics (2)
 - Dental care
 - Heart & gastrointestinal specialists
 - Urology & dermatology specialists
 - Cancer treatment – chemo availability
 - Access to diabetes care specialist
 - Closer orthopedic surgery
 - Kidney doctor for dialysis patients
 - Rheumatologist
 - Pain management and fibromyalgia doctors
 - OB services in Monument Valley
 - Offer more services so we don't get transferred because you don't want to share patients
 - Bring more mental health providers to Monticello
- Work together to bring better health care to San Juan County & surrounding areas (13)
 - Stop competing/fighting with each other (4)
 - Cooperate! (2)
 - Collaborate with each other to bring more services and specialists to our area (3)
 - Better coordination of services.
- I feel they do a good job (13)
 - But it is used only as an emergency not as preventive care
 - The hospital is going a great job
 - Ever since we moved to Blanding we have had good service from the medical facilities, and Blue Mountain cafeteria food is excellent
- Educate (11)
 - Focus on preventive health and healthy lifestyles (5)
 - Better patient education – diabetes, prescription drug management, non-medical options for disease management, chronic diseases (3)
 - More well-educated clinic and hospital staff
 - Mental health
 - Educate parents
- More available providers (12)
 - Entice good doctors to stay long-term (2)
 - More primary care
 - More medical doctors (2)
 - Difficult to get an appointment

- Have more medical personnel so the doctors can have healthier hours
- Put more doctors to work in the community, clinic and hospital.
- More health jobs
- Better customer service & follow-up (10)
 - Better communication with patients (2)
 - Listen to patients needs and not create more problems
 - Be more responsive to voiced or written concerns
 - Faster clinic services (getting in on appointment time not waiting for hours) (3)
 - I've always been asked who my doctor is; I don't know who the doctors are or that I can choose one for my family
- More quality care (7)
 - Have providers be more culturally aware (3)
 - Most know nothing or little about the culturally diverse people they serve, especially Navajo (Diné) people and White Mesa Ute Mountain tribe
 - More Navajo speaking providers
 - Not be judgmental – be more sensitive to patients' needs
 - Be trustworthy, non-prejudiced and culturally sensitive
 - Just be more helpful, kind and nice
 - Be consistent and professional
- Expand care hours (7)
 - Expanded service hours in clinics (2)
 - Weekend hours (2) – especially during cold and flu season
 - Extended hospital and clinic hours Mon-Sat and pharmacy for medications
 - Emergency Room after hours. So we don't have to travel long hours. No money for gas, some people don't have reliable vehicles.
- Better emergency services (6)
 - Quicker service in ER and outpatient clinic
 - A choice of emergency services
 - Faster response to emergency
 - Better ambulance service (2)
- Billing/Insurance (6)
 - Help the lower class find health insurance
 - Make costs more affordable for those that don't have health insurance and are willing to pay same day of service
 - Improve billing for insured services
 - Help pay for patient bills, especially emergency services
 - Qualify to provide IHS assistance without Medicaid application, especially for senior citizens
 - I would like to have UNHS tie into an affordable dental care insurance program
- Nursing home/assisted living (3)
- Outreach programs (2)
 - After-school and general public
 - Community health fair – consistent healthy activities
- Don't prescribe unnecessary medications (2)
- Better hospital (2)
- Transportation assistance
- Privacy

- Always have a large waiting list (Monticello)
- Have complete health screenings
- Lack of children immunizations available
- Offer bariatric surgery or nutrition classes or both
- Don't know, never go there
- Making others be safe and take care
- Continue with the Utah Health Service
- Need to be stricter on people using subutex. They need to have counseling and to be tapered off – not a permanent solution.
- San Juan needs to replace radiology vacancies
- Don't just hire only LDS employees. Too much favoritism, you have to be LDS to stay longer with Blue Mountain or Utah Health System
- UNHS – Better primary care provider, I was mistreated during my follow-up appointment and wasn't treated enough for my injury
- I'm truly not sure how you can overcome our relative geographic isolation. I'm sure that these providers are aware of health care limitations, but I can't imagine how they recruit providers/professionals to the area.

11. If yes, what was the most important reason why you did not receive health care services?

- Service not available in county (2)
- Didn't have proper equipment to perform tests
- Live close to AZ border
- Doctor was on vacation and patient ran out of med
- All specialists I was referred to were not covered by insurance which delayed care/treatment
- Needed specialist for complex fracture
- Too busy
- Incompetent surgical care
- No money

12. Where are you most likely to go for routine health care?

- Clinic (9)
- Canyonlands Healthcare/Page
- ER
- VA
- Shiprock IHS

14. If yes, which hospital does your household use the MOST for hospital care?

- Farmington NM (4)
- St. Mary's Grand Junction (2)
- Moab Regional Hospital (2)
- Mercy Medical in Durango (2)
- Salt Lake City

- Provo
- Corkz Hospital, Farmington NM
- SJH Monticello
- Durango
- Intermountain Healthcare
- Primary Children's
- Flagstaff AZ
- Durango
- Shiprock HIS
- Tuba City Regional Health Care

15. Thinking about the hospital you use most frequently, what are the **three** most important reasons for selecting that hospital?

- Cheaper than Monticello
- Work there
- Loyalty
- Used Medicare
- IHS available
- Specialist available
- Friendliness
- Friends who work there
- Only one in town
- Tribe help
- Physician available

16. If you or a household member needed to be hospitalized in the future, which facility would you choose?

- San Juan (3)
- Depends on problem (2)
- Moab Regional Hospital (2)
- Durango (2)
- Where IHS will assist with bills (2)
- Farmington NM (2)
- Kayenta
- Cortez
- Utah Valley
- Grand Junction
- Blanding
- U Utah (2)
- SLC
- Shiprock IHS
- IHS

- Wherever clinic sends me
- None in area
- [selected Other] Going to get transferred anyway
- Intermountain Healthcare – would like to use one closer to home
- Go somewhere that I do not know anyone, for privacy

18. Where was that primary health care provider located?

- Moab Regional Hospital (3)
- Kayenta AZ (2)
- Page Canyonland
- Blue Mountain ER
- Monticello
- Cortez
- Tucson AZ
- Shiprock IHS
- SW Internal Medicine

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

- Preferred provider (7)
- Long-term relationship with provider (2)
- Preferred provider for insurance (2)
- Convenient
- Provider's reputation
- Billing department is reliable

21. If you currently do not use Blue Mountain Hospital, Utah Navajo Health System and/or San Juan Health Service District for care, what could be done to meet your needs? (n=26)

- Health insurance/billing (4)
 - Help lower class find affordable health insurance
 - Only if I can qualify for IHS assistance with bills
 - Wish they would accept HMA with my employer
 - In the past, went to Provo because we did not have health insurance and they gave us a 40% discount for paying the same day of service. Now that's where I am comfortable.
- Provide more qualified medical doctors/technicians (4)
 - Primary care provider, not switching doctors every time I go in
- Availability of specialists (3)
 - Uranium exposure
 - Naturopathic doctor
 - Internal medicine
- Cost (2)
- These hospitals cannot meet my specific medical needs (2)

- I go to another hospital (2)
- Shorter wait times (2)
- Quit fighting, work together (really)
- Already use
- Transport assistance to another facility when referred by local health facility
- Staff that care. Ways to report poor treatment by staff and doctors.
- Employees are too nosey/gossip
- Increased hours
- Accept people in the immediate area
- I use the care by UNHS and Blue Mountain only
- I think Montezuma Creek Clinic could do referrals to Blue Mountain Hospital for CAT Scan, MRI rather than being referred to Shiprock or [Luba City] that has a long waiting time for appointment availability

22. If you needed primary care services in the future which facility would you choose?

- Moab Regional Hospital (2)
- Depends on need
- Canyonlands
- Monticello
- None
- Out of area for privacy
- Cortez
- Shiprock IHS
- Kayata // IHS

23. Where do you learn about ways to live a healthier life?

- Personal research (9)
- Health insurance incentives (2)
- TV (3)
- Magazine (2)
- Social media
- Direct newsletter/mail
- Work wellness program
- Work
- Brochures
- None

25. What type of health care specialist was seen?

- Nephrologist (2)
- Vein surgeon
- Rehabilitation PT
- Podiatrist

- ER
- Gastric bypass

26. Where was the health care specialist located?

- Durango (12)
- Grand Junction (12)
- Salt Lake City (12)
- University of Utah (7)
- Moab (5)
- Provo, UT (6)
- Primary Children's (5)
- Cortez CO (5)
- Arizona (4)
- Multiple locations (3)
- Dental office (2)
- Farmington NM (2)
- Monticello (2)
- San Juan (2)
- Timpanogos Hosp
- Blue Mountain chiropractic
- Blanding
- Logan
- Bountiful, UT
- Roosevelt UT
- San Juan counseling
- Rice, UT
- VA
- Four Corners Health Center
- St. Marks
- Lehi
- Huntsman
- Intermountain Healthcare
- Monument Valley
- Shiprock NM
- Las Vegas NV

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

- SLC UT (5)
- Grand Junction (3)
- None (3)
- Durango (2)
- VA (2)

- Don't know
- Kayenta
- Huntsman Cancer
- Out of town for privacy
- Provo
- University of Utah
- Canyonlands
- Private providers
- Outside San Juan county
- Depends on specialist
- Monument valley
- Intermountain Healthcare
- Cortez

28. What type of specialist would you like to have access to **MOST** in our community?

- Gastrointestinal (2)
- Oncologist (2)
- Spine
- Heart
- Pediatrician
- Don't know
- Dental
- IM

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

30. What inspires you to be healthier? (n= 132), actual answers = 170 (average respondent gave 1.3 answers)

- Family (27)
- My children (17)
- To live longer (16)
- To feel better (16)
- Want to age as healthy as possible (17)
- My grandchildren (15)
- Desire to be active (8)
- Happiness (7)
- Work (6)
- Higher quality of life (6)
- Desire to continue hobbies (5)
- Don't want to die (4)
- Self (3)

- Friends (3)
- Weight management (3)
- Healthy habits (4)
- God/Prayer (2)
- Family history of chronic disease (2)
- Appearance
- My spouse
- Recent diagnosis of chronic disease
- To travel
- Info from media
- Reading and research
- Lack of ability to perform daily chores.
- I am healthy but do not exercise or always eat right. I am just lucky and have good genes.
- I am not very healthy

31. What are the top three things you do to help your family and friends stay healthy? (n = 131 respondents) (total answers = 371, average respondent gave 2.8 answers)

Exercise 36% (132)	
	Encourage exercise/Stay active (78)
	Run/walk (16)
	Play (8)
	Garden, Yard/Ranch work (8)
	Hike (7)
	Swim (4)
	Ride bike (2)
	Outdoors (2)
	Camping (2)
	Golf (2)
	Sports
	Ride horse (2)

Nutrition-based = 31% (116)	
	Better eating habits/Nutritional meals (97)
	Don't drink pop (4)
	Limit junk food (3)
	Drink water (3)
	Reduce sugar intake
	Eat less fats

A lot of carbs
Eat meals together (3)
Take vitamins
Monitor/lose weight (2)

Community & Relationships = 12% (43)
Nurture friendships/relationships (10)
Encourage/listen to friends when they have health problems (10)
Educate others/Teach (9)
Family outings (5)
Faith/Church (4)
Community center activities (2)
Loving relationship with children (2)
Be involved

Clinical prevention = 9% (35)
Get regular physicals/health exams (18)
Avoid smoking/drugs & alcohol (9)
Take medications (5)
Healthy alternatives to drug medication (2)
Practice handwashing/cleanliness

Other = 8% (29)
Overall healthy lifestyle (5)
Stay informed (4)
Avoid schools they breed disease
Work (5)
Be a good example (7)
Share information (4)
Travel (3)

Mindfulness-based = 4% (16)
Laugh/Smile (3)
Stay positive
Setting and achieving goals
Stress management
Less time with technology
Get enough sleep (9)

33. What type of health insurance covers the **majority** of your household's medical expenses?

- UNHS Insurance
- Access
- Spouse's insurance

34. If you do **NOT** have health insurance, why?

- Income too high to qualify for Medicaid

Additional Comments:

- My grandson has been sick for 2 years now, he has applied for Medicaid and never can get it. Others I see misusing the health system it's very sad. The ones that need it and can't get it just have to live in pain or die.

APPENDIX C

Description of Secondary Data Indicators

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

Disability Population	Percentage of the total civilian non-institutionalized population with a disability.	<i>US Census Bureau, American Community Survey. 2010-14</i>
NO High School Diploma	Persons aged 25 and older without a high school diploma (or equivalency) or higher.	<i>US Census Bureau, American Community Survey. 2010-14.</i>
Associates Level Degree or Higher	Population aged 25 and older who have obtained an Associate's level degree or higher.	<i>US Census Bureau, American Community Survey. 2010-14</i>
Per Capita Income	The per capita income which includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.	<i>US Census Bureau, American Community Survey. 2010-14</i>
Persons Below Federal Poverty Level	Individuals living in households with income below the Federal Poverty Level (FPL).	<i>US Census Bureau, American Community Survey. 2010-14.</i>
Population Receiving Medicaid	Percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance).	<i>US Census Bureau, American Community Survey. 2010-14</i>
Unemployment Rates	Total unemployment of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).	<i>US Department of Labor, Bureau of Labor Statistics. 2016 - March.</i>
Uninsured Population	Percentage of the total civilian non-institutionalized population without health insurance coverage.	<i>US Census Bureau, American Community Survey. 2010-14.</i>
Population with Food Insecurity	Estimated percentage of the population that experienced food insecurity at some point during the report year.	<i>Feeding America. 2013.</i>
Children Eligible for Free/Reduced Price Lunch	Public school students eligible for Free/Reduced Price lunch.	<i>National Center for Education Statistics, NCES - Common Core of Data. 2013-14.</i>
Households with No Motor Vehicle	Number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.	<i>US Census Bureau, American Community Survey. 2010-14.</i>

Adults with Lack of Social or Emotional Support	<p>Percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time.</p>	<p><i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i></p>
Teen Birth Rate	<p>Rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19.</p>	<p><i>US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12.</i></p>
Violent Crime per 100,000 residents	<p>Rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault.</p>	<p><i>Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12.</i></p>
Recreation and Fitness Facility Access rate	<p>Number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940</p>	<p><i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013</i></p>
Low Food Access	<p>Percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store</p>	<p><i>US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.</i></p>

Liquor Store Access per 100,000 Population	Number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310.	<i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013</i>
Recreation and Fitness Facility Access per 100,000 Population	Number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940	<i>US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013</i>
Population Living in a Health Professional Shortage Area	Percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016</i>
Access to Primary Care Physicians per 100,000	Number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.</i>
Access to Mental Health Providers per 100,000	Rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.	<i>University of Wisconsin Population Health Institute, County Health Rankings. 2016.</i>
Preventable Hospital Events	Discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.	<i>Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.</i>

Access to Dentists per 100,000	Number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.	<i>US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.</i>
Cancer Screening – Medicare Mammograms	Percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years.	<i>Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012</i>
Pneumonia Vaccination age 65+	Percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i>
Colonoscopy or Sigmoidoscopy	Percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.</i>
Current Smokers	Adults age 18 or older self-report currently smoking cigarettes some days or every day.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health</i>

		<i>& Human Services, Health Indicators Warehouse. 2006-12</i>
Physical Inactivity	Adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	<i>Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.</i>
Heavy Drinking	Percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12</i>
Inadequate Fruit/Veggie Consumption	Adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day.	<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09</i>
Suicide Mortality	Rate of death due to intentional self-harm (suicide) per 100,000 population.	<i>Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.</i>
Cancer Mortality	Rate of death due to malignant neoplasm (cancer) per 100,000 population.	<i>Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13.</i>

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

<p>Adults with Poor General Health</p>	<p>Adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?".</p>	<p><i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.</i></p>
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APPENDIX D

Survey Cross Tabulations

		Past Hospital Location(Q14)					Total	Percentage
		No Answer	Blue Mountain Hospital-Blanding	VA	San Juan Hospital-Monticello	Other		
Zip Code (Q 36)	No Answer		1		2		3	2%
	84511 Blanding	6	43		12	3	64	40%
	84512 Bluff	2	5			1	8	5%
	84530 La Sal			2	3	2	7	4%
	84531 Mexican Hat	2	3				5	3%
	84533 Lake Powell						0	0%
	84534 Montezuma Creek	9	5			5	19	12%
	84535 Monticello	6	1	1	31	3	42	26%
	84536 Monument Valley	8	1	1		1	11	7%
	Total	33	59	4	48	15	159	100%
	Percentage	21%	37%	3%	30%	9%	100%	

		Future Hospital Location(Q16)					Total	percentage
		No Answer	Blue Mountain Hospital-Blanding	VA	San Juan Hospital-Monticello	Other		
Zip Code (Q 36)	No Answer		1		2		3	2%
	84511 Blanding	3	44		13	4	64	40%
	84512 Bluff		6			2	8	5%
	84530 La Sal	2		1	3	1	7	4%
	84531 Mexican Hat		5				5	3%
	84533 Lake Powell						0	0%
	84534 Montezuma Creek	2	10			7	19	12%
	84535 Monticello		3	1	32	6	42	26%
	84536 Monument Valley	2	5			4	11	7%
	Total	9	74	2	50	24	159	100%
	Percentage	6%	47%	1%	31%	15%	100%	

		Future Primary Care Location (Q22)									Total
		No Answer	Blanding Family Practice (UNHS)	San Juan Health Service-Blanding	Monument Valley Clinic (UNHS)	VA	San Juan Health Service-Monticello	Montezuma Creek Clinic (UNHS)	Navajo Mountain Clinic (UNHS)	Other	
Zip Code (Q36)	No Answer	0	0	0	0	0	2	1	0	0	3
	84511 Blanding	3	42	14	1	0	2	0	0	2	64
	84512 Bluff	0	3	0	1	0	1	3	0	0	8
	84530 La Sal	1	0	0	0	2	4	0	0	0	7
	84531 Mexican Hat	1	1	1	2	0	0	0	0	0	5
	84533 Lake Powell	0	0	0	0	0	0	0	0	0	0
	84534 Montezuma Creek	1	1	2	0	0	0	12	0	3	19
	84535 Monticello	3	2	2	0	1	32	0	0	2	42
	84536 Monument Valley	2	0	1	6	1	0	0	0	1	11
Total		11	49	20	10	4	41	16	0	8	159
Percentage		7%	31%	13%	6%	3%	26%	10%	0%	5%	100%

		Past Primary Care Location (Q18)									Total	Percentage
		No Answer	Blanding Family Practice (UNHS)	San Juan Health Service-Blanding	Monument Valley Clinic (UNHS)	VA	San Juan Health Service-Monticello	Montezuma Creek Clinic (UNHS)	Navajo Mountain Clinic (UNHS)	Other		
Zip Code (Q36)	No Answer						2	1			3	2%
	84511 Blanding	3	42	15	1		1		1	1	64	40%
	84512 Bluff		3	1	1			3			8	5%
	84530 La Sal	1				2	3			1	7	4%
	84531 Mexican Hat	1	2		2						5	3%
	84533 Lake Powell										0	0%
	84534 Montezuma Creek	4	2					12		1	19	12%
	84535 Monticello	4	2	2		1	33				42	26%
	84536 Monument Valley	3		1	5					2	11	7%
Total		16	51	19	9	3	39	16	1	5	159	100%
Percentage		10%	32%	12%	6%	2%	25%	10%	1%	3%	100%	

		Communication with my providers						Total	percentage
		No Answer	Exc = 4	Good = 3	Fair = 2	Poor = 1	NA		
Past Primary Care Location (Q18)	No Answer	7	4	2	1		2	16	10%
	Blanding Family Practice (UNHS)	2	19	24	6			51	32%
	San Juan Health Service-Blanding	1	8	7	3			19	12%
	Monument Valley Clinic (UNHS)		1	6	1	1		9	6%
	VA		1	2				3	2%
	San Juan Health Service-Monticello		13	20	5	1		39	25%
	Montezuma Creek Clinic (UNHS)		7	5	3	1		16	10%
	Navajo Mountain Clinic (UNHS)			1				1	1%
	Other	1	3			1		5	3%
	Total	11	56	67	19	4	2	159	100%
	Percentage	7%	35%	42%	12%	3%	1%	100%	

		Communication between my providers						Total	percentage
		No Answer	Exc = 4	Good = 3	Fair = 2	Poor = 1	NA		
Past Primary Care Location (Q18)	No Answer	7	3	2	1	1	2	16	10%
	Blanding Family Practice (UNHS)	3	13	21	12	1	1	51	32%
	San Juan Health Service-Blanding	1	7	6	4		1	19	12%
	Monument Valley Clinic (UNHS)			6	1	1	1	9	6%
	VA		1		2			3	2%
	San Juan Health Service-Monticello		9	18	7		5	39	25%
	Montezuma Creek Clinic (UNHS)		3	5	6	2		16	10%
	Navajo Mountain Clinic (UNHS)			1				1	1%
	Other	1	3			1		5	3%
	Total	12	39	59	33	6	10	159	100%
	Percentage	8%	25%	37%	21%	4%	6%	100%	

		Level of compassion shown for my health						Total	percentage
		No Answer	Exc = 4	Good = 3	Fair = 2	Poor = 1	NA		
Past Primary Care Location (Q18)	No Answer	7	1	4	1	1	2	16	10%
	Blanding Family Practice (UNHS)	2	21	23	5			51	32%
	San Juan Health Service-Blanding	1	11	5	2			19	12%
	Monument Valley Clinic (UNHS)		2	5	2			9	6%
	VA		1	2				3	2%
	San Juan Health Service-Monticello		16	16	6	1		39	25%
	Montezuma Creek Clinic (UNHS)		4	7	4	1		16	10%
	Navajo Mountain Clinic (UNHS)			1				1	1%
	Other	1	3		1			5	3%
	Total	11	59	63	21	3	2	159	100%
	Percentage	7%	37%	40%	13%	2%	1%	100%	

		Overall care						Total	percentage
		No Answer	Exc = 4	Good = 3	Fair = 2	Poor = 1	NA		
Past Primary Care Location (Q18)	No Answer	7	1	4	2		2	16	10%
	Blanding Family Practice (UNHS)	3	18	27	3			51	32%
	San Juan Health Service-Blanding	1	10	7	1			19	12%
	Monument Valley Clinic (UNHS)		2	4	2		1	9	6%
	VA		1	2				3	2%
	San Juan Health Service-Monticello		13	21	5			39	25%
	Montezuma Creek Clinic (UNHS)		3	9	3	1		16	10%
	Navajo Mountain Clinic (UNHS)			1				1	1%
	Other		3			1	1	5	3%
	Total	11	51	75	16	2	4	159	100%
	Percentage	7%	32%	47%	10%	1%	3%	100%	

		erring me to other providers when appropriate						Total	percentage
		No Answer	Exc = 4	Good = 3	Fair = 2	Poor = 1	NA		
Past Primary Care Location (Q18)	No Answer	8	2	3	2		1	16	10%
	Blanding Family Practice (UNHS)	3	23	17	4		4	51	32%
	San Juan Health Service-Blanding	1	12	3	1		2	19	12%
	Monument Valley Clinic (UNHS)		3	4	2			9	6%
	VA		2	1				3	2%
	San Juan Health Service-Monticello		14	16	6	1	2	39	25%
	Montezuma Creek Clinic (UNHS)		3	5	6	1	1	16	10%
	Navajo Mountain Clinic (UNHS)			1				1	1%
	Other	1	1		1	1	1	5	3%
	Total	13	60	50	22	3	11	159	100%
	Percentage	8%	38%	31%	14%	2%	7%	100%	

		Past Specialist Location (Q26) Multiple Responses						Total	Percentage
		Blue Mountain Hospital-Blanding	Utah Navajo Health System	San Juan Health Services	Indian Health Services Facility	Montezuma Creek	Other		
Zip Code(Q36)	No Answer	1		1	1	1	1	2	2%
	84511 Blanding	19	11	8	2	2	30	50	42%
	84512 Bluff	1		1	1	1	2	4	3%
	84530 La Sal						4	4	3%
	84531 Mexican Hat	4	1		1	1	1	4	3%
	84533 Lake Powell							0	0%
	84534 Montezuma Creek	2	3		3	5	9	16	13%
	84535 Monticello	2		15			22	34	28%
84536 Monument Valley	2	2		2	1	2	6	5%	
Total		31	17	25	10	11	71	120	100%

		Future Specialist Location (Q27)						Total	Percentage	
		No Answer	Blue Mountain Hospital-Blanding	Utah Navajo Health System	San Juan Health Services	Indian Health Services Facility	Montezuma Creek			Other
Zip Code(Q36)	No Answer				1		1	1	3	2%
	84511 Blanding	9	28	11	9			7	64	40%
	84512 Bluff	2	1		1		3	1	8	5%
	84530 La Sal	2			1			4	7	4%
	84531 Mexican Hat	1	3	1					5	3%
	84533 Lake Powell								0	0%
	84534 Montezuma Creek	2	4	4		3	3	3	19	12%
	84535 Monticello	5	1		24			12	42	26%
84536 Monument Valley	2	3	1	1	2		2	11	7%	
Total		23	40	17	37	5	7	30	159	100%
Percentage		14%	25%	11%	23%	3%	4%	19%	100%	

APPENDIX E: FOCUS GROUP INVITATION AND QUESTIONS

September 22, 2016

Dear San Juan Area Community Leader:

Please accept this invitation to **participate in a focus group** conducted by the National Rural Health Resource Center on behalf of Blue Mountain Hospital (BMH), San Juan Health Service District (SJHS) and Utah Navajo Health System (UNHS) – collaborating under the San Juan Area Health Partnership. Focus groups are an excellent way for individuals to express their opinions in a candid and confidential environment. The goal of this focus group is to assist the San Juan Area Health Partnership in identifying strengths and needs of health services for the region.

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

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

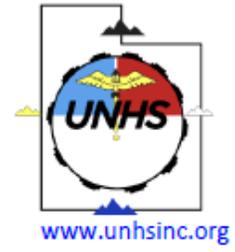
We invite you to participate in the focus group scheduled for **Wednesday, October 26, 2016** from **12:00 - 1:00 p.m.** at the **Montezuma Creek Community Health Center** (East Hwy 262, Montezuma Creek, UT). Your identity is not part of the focus group report and your individual responses will be kept confidential. Refreshments will be provided.

Please confirm your attendance by contacting Bridget at the National Rural Health Resource Center by phone (1-800-997-6685) or e-mail (bhart@ruralcenter.org). We look forward to your participation. Thank you.

Sincerely,



Kami Norland, Community Program Manager
National Rural Health Resource Center



San Juan Area Health Partnership 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 San Juan area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. Describe the overall health of this community.
2. What is the greatest health need in the community?
3. What do you think Blue Mountain Hospital (BMH), San Juan Health Service District (SJHS) and Utah Navajo Health System (UNHS) could do to increase the health of the community? Where are the opportunities to collaborate?
4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at BMH, SJHS, and/or UNHS?
5. In your opinion, what are some of the barriers of the health services available at BMH, SJHS, and/or UNHS?
6. What new health care services would you like to see available locally?
7. Why might people leave the community for health care?
- 8.** What are some of the benefits of having health services available locally?

