Blue Mountain Hospital
Community Health Needs Assessment
2019

Blue Mountain Hospital
802 S. 200 W.
Blanding, UT 84511

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Summary

Blue Mountain Hospital created a Community Health Needs Assessment (CHNA) process to identify local area health needs and understand how to help our patients in the community to live healthy lives.

Blue Mountain Hospital collaborated with the Utah Department of Health and San Juan Public Health, to identify health indicators, gather data and community input, analyze, and then prioritize those indicators to determine the significant health needs to address over the next few years.

As a result of this needs assessment and prioritization process, described in the following pages, Blue Mountain Hospital identified the significant health needs for 2019 as:

1- **Alcohol and Substance abuse**
2- **Healthcare staffing shortages**
3- **Indian Health Services funding**
4- **Community engagement & education**

The 2019 CHNA report informs Blue Mountain leadership, public health partners and community stakeholders of the significant health needs in our community, allowing the hospital and local health partners to develop strategies that leverage community resources to address those needs in this community.

The Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a CHNA every three years and to develop an implementation strategy to address, measure, and report the impact of significant health priorities. This report fulfills the ACA reporting requirement to make the results of the CHNA publicly available. This report has been reviewed and approved by Blue Mountain Hospital's Administration and Governing Board.

Blue Mountain Hospital is an 11 bed critical access hospital located in Southeastern Utah. Located in the rural community of Blanding, Utah, it serves the patients of San Juan County and the northern portion of the Navajo Nation.

Mission
Our **mission** is to provide an atmosphere of excellence in healing, quality physician care, and inspired employees.

Vision
Our **vision** is to be the standard for rural hospitals.

Values
We strive to exemplify our **values** of Excellence, Integrity, Respect, Cultural Sensitivity, Compassion, Accountability, Stewardship, and Collaboration.

The process for conducting the CHNA for Blue Mountain Hospital includes:

- Community input regarding local health needs including the needs of the medically underserved and low-income populations.
- Analyzing and prioritizing health indicators to identify significant needs
- Making the CHNA results publicly available

Blue Mountain Hospital leaders met with community partners in the area, including San Juan County, San Juan Public Health, San Juan School District, Utah State University, Blanding City, and Utah Navajo Health System. Invitees represented the board interests of the residents, including the needs of the medically underserved, and low-income populations, school representatives, health advocates, local government leaders, and others.

Blue Mountain Hospital collaborated with the Utah Department of Health and other internal clinical leadership to identify health indicators. These health indicators will be used for each agencies' own needs assessments.

Blue Mountain Hospital's leadership team was invited to participate in the prioritization process. Participants reviewed summaries of the community input meeting and health indicator data from the Utah Department of Health to quantify the relative priority of the top health issues for the community.

Results of the CHNA were used to develop a three-year implementation strategy for Blue Mountain Hospital to address the significant health needs using evidence-based programs. Outcome measures for the implementation strategy will be defined and tracked quarterly over three years; impact of the strategy will be reported to the governing board annually.

Community Health Needs Assessment Background

Blue Mountain Hospital's most recent CHNA (2016), with both review and consultation from other partners, identified these health priorities:

1- Improve Operational Collaboration

2- Educate the Community

3- Engage the community

4- Advocate for Community Needs

Blue Mountain addressed these priorities to improve healthcare for low-income populations, reduce the costs of healthcare, and focus on the healthcare needs of the community we serve. The 2016 CHNA guided the health improvement efforts and the community health goals of its hospital, employees and programs.

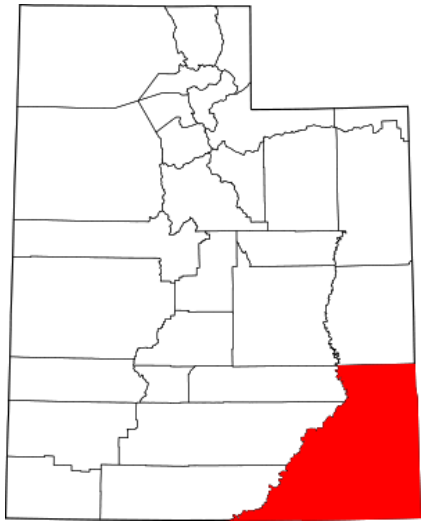
The Affordable Care Act (ACA) requires that each not-for-profit hospital solicit input from people representing the broad interests of the community, gather quantitative data, identify and prioritize significant health needs, create strategies to address the needs, make the CHNA results public, and report on the IRS form 990 Schedule H.

The requirements effective January 1, 2016 from the Department of the Treasury, guided the 2019 CHNA process design. Blue Mountain created a process in conducting components of the CHNA and creating plans to address the significant need by:

- Soliciting community input regarding local health needs
- Collecting quantitative data on health indicators
- Prioritizing health indicators to identify significant needs
- Making the CHNA results publicly available
- Developing an implementation to address the significant priority
- Making the implementation plan publicly available

Defining Blue Mountain Hospital's Community

Blue Mountain Hospital is the only hospital located in the rural community of Blanding, Utah. It is one of 13 critical access hospitals in Utah. Located in San Juan County, it is 22 miles south of San Juan Hospital, a 25 bed critical access hospital. Blue Mountain offers a broad spectrum of inpatient and outpatient medical services. In FY 2018, the hospital provided more than $129,000 in financial assistance to patients and continues to work to serve patients regardless of their ability to pay.



San Juan County

U.S. Census Quick Facts 2019	**San Juan County**	**Utah**	**United States**
Population (2019)	15,449	3,161,105	327,167,434
Population per square mile	1.9	33.6	87.4
Land Area in square miles	7819.99	82,169.62	3,531,905.43
Persons under 18	30.5%	29.5%	22.4%
Persons 65 years and over	13.6%	10.8%	15.6%
Language other than English spoken at home	40.6%	14.8%	21.3%
High school graduate or higher	83.7%	91.8%	87.3%
Bachelor's Degree or higher	17.3%	32.5%	30.9%
Persons in poverty	25.9%	9.7%	13.4%
Race and Hispanic Origin:			
White	47.4%	90.9%	76.6%
Hispanic and Latino	5.8%	14.2%	18.3%
Black or African American	0.4%	1.4%	13.4%
American Indian and Alaska Native	49.2%	1.5%	1.3%
Asian	0.9%	2.7%	5.9%
Native Hawaiian and Other Pacific Islander	0.1%	1.1%	0.2%

Blue Mountain Hospital community was defined by the zip codes in which a majority of patient discharges reside. The hospital community includes medically underserved, low-income, and minority populations. These zip codes were used to assemble available data for health indicators.

84511 Blanding

84535 Monticello

84536 Monument Valley

84512 Bluff

84530 La Sal

84531 Mexican Hat

84533 Lake Powell

84534 Montezuma Creek

84510 Aneth

In 2017, approximately 8% of the population was uninsured in the Blue Mountain Hospital community.[1]

Blue Mountain Hospital patients by zip code, 2019

84511 Blanding - 4765 patients seen

84535 Monticello - 586 patients seen

84536 Monument Valley - 947 patients seen

84512 Bluff - 879 patients seen

84530 La Sal - 28 patients seen

84531 Mexican Hat - 430 patients seen

84533 Lake Powell -71 patients seen

84534 Montezuma Creek - 1797 patients seen

84510 Aneth - 498 patients seen

Other Communities Served

81321 Montezuma County, CO - 98 patients seen

84532 Moab, Grand County, UT - 184 patients seen

86033 Kayenta, AZ - 552 patients seen

[1] Reference: https://ibis.health.utah.gov/ibisph-view/indicator/view/HlthIns.LHD_AA.html

2019 Community Health Needs Assessment

Blue Mountain's mission of providing an atmosphere of excellence in healing, quality physician care, and inspired employees is best realized with a comprehensive understanding of the health needs of the community served by its healthcare community. Blue Mountain is committed to routinely assessing the community's health needs through a comprehensive assessment process that both engages the members of the community and analyzes the most current health status information.

Blue Mountain's leadership guided the assessment and implementation planning process. This engagement led to a commitment to apply the assessment results in a three year cycle to create health improvement strategies in the community where our hospital is located along with other outlying communities.

CHNA Methodology

Blue Mountain Hospital conducted its 2019 CHNA by:

- Asking for community input regarding local health needs, including needs of medically underserved and low-income populations
- Gathering quantitative data collected on health indicators
- Reviewing Area Deprivation Maps
- Analyzing and prioritizing health needs indicators to identify significant needs
- Making the CHNA results publicly available

Community Input

San Juan Public Health hosted the community input meeting. Invitees included representatives from the following groups:

- Healthcare providers
- Local Government
- County Government
- School district
- Local Health Departments
- Behavioral Health
- County Commission
- University

These participants represented a broad range of interests, including the healthcare needs of uninsured and low-income people, and were invited to attend the meeting to share their perspectives on health needs in the community. The following questions were asked: a. How are these health issues affecting the health of your community? b. What barriers exist in your community that cause these issues to persist as a priority?

Discussion highlighted specific needs in the community, concrete examples of challenges, perceptions and strategies for addressing health needs. An online survey was sent to people who could not attend the community input meeting to encourage more representative feedback and engage all who were invited. Not all the people who received the invitation or follow-up survey responded to the request. Transcripts of each meeting and the survey results were then reviewed for a qualitative, thematic analysis. Themes were analyzed by frequency (the number of times a topic is mentioned) and severity

(weighted by notetakers as key comments that resulted in an empathetic response during the meeting). Written comments from the 2016 CHNA and implementation plans were also reviewed for key themes and suggestions regarding significant health needs.

Health Indicators

The selection of reliable, meaningful health indicators is an important part of any CHNA. Blue Mountain Hospital collaborated with the Utah Department of Health Office of Public Health Assessment to assemble available data on health indicators for the community the hospital serves. The Utah Department of Health Office of Public Health Assessment has a web-based resource to support community health needs assessments and other data needs in the community called the Public Health Indicator Based Information System (IBIS). IBIS includes a large selection of community health indicators that allow users to understand what the health outcomes are from a national, state, local health district, and neighborhood level. This website allows users to view, map, and analyze these indicators as well as understand racial/ethnic, age, sex, and other disparities. Analysts aggregated two or three years of data for each indicator to achieve a large enough sample size to have a reliable estimate for each health indicator. The graph below contains data for many of the indicators reviewed, but additional analysis took place through the IBIS query system to better understand disparity and significant health needs by demographics within each indicator.

Health Indicators Data Table

Indicator	San Juan Health Department			Comparison Values	
	Count/ Rate	Confidence Interval*	Compared to Utah	Utah	U.S.
Coronary Heart Disease Deaths, 2017-2018 (Age-adjusted Rate per 100,000 Population) The rate of coronary heart disease-related deaths per 100,000 population.	**44.1**	*(24.5 - 73.1)*	≈	64.8	--
Heart Disease Deaths, 2011 (Age-adjusted Death Rate per 100,000 Population) The rate of heart disease related deaths (ICD-10 codes I00-I09, I11, I13, I20-I51) per 100,000 population (age-adjusted to 2000 U.S. population).	**85.3**	*(41.6 - 149.1)*	≈	139.3	--
Stroke Deaths, 2016-2018 (Age-adjusted Rate per 100,000 Population) The rate of stroke deaths (ICD-10 codes I60-I69 as the underlying cause of death) per 100,000 population.	**30.7**	*(17.1 - 50.8)*	≈	37.1	--
Cancer Death Rate, 2016-2018 (Age-adjusted Rate per 100,000 Population) The rate of death from all cancers per 100,000 persons.	**105.8**	*(78.0 - 140.2)*	≈	121.1	--
Breast Cancer Deaths, 2014-2018 (Age-adjusted Rate per 100,000 Women) The rate of death from cancer of the breast (ICD-10 C50) per 100,000 women.	**17.8**	*(6.9 - 37.5)*	≈	19.9	--
Breast Cancer, 2013-2015	**67.9**			113.8	--

(Age-adjusted Incidence Rate per 100,000 Females) The rate of breast cancer incidence (ICD-10 code C50) in Utah or U.S. per 100,000 females.		*(38.2 - 111.5)*			
Colorectal Cancer Deaths, 2014-2018 (Age-adjusted Death Rate per 100,000 Population) The rate of death from cancer of the colon or rectum (ICD-10: C18-C21) per 100,000 persons.	**12.4**	*(5.5 - 23.9)*		11	--
Colorectal Cancer Incidence, 2012-2014 (Age-adjusted Rate per 100,000 Population) The rate of colon cancer incidence in Utah per 100,000 population. [Cancer sites include Colon, Rectum, and Rectosigmoid Junction.]	**28**	*(13.8 - 50.7)*		30.9	--
Lung Cancer Deaths, 2016-2018 (Age-adjusted Deaths per 100,000 Population) The rate of death from lung cancer (ICD-10: C33-C34) per 100,000 persons.	**17.6**	*(7.5 - 34.9)*		17.2	--
Lung Cancer Incidence, 2012-2014 (Age-adjusted Rate per 100,000 Population) The rate of lung cancer incidence in Utah per 100,000 population.	**		--	27.4	--
Prostate Cancer Deaths, 2014-2018 (Age-adjusted Rate per 100,000 Men) The rate of death from cancer of the prostate (ICD-10: C61) per 100,000 men.	**20.7**	*(8.2 - 42.9)*		20.3	--
Prostate Cancer Incidence, 2012-2014 (Age-adjusted Rate per 100,000 Males) The rate of prostate cancer incidence in Utah per 100,000 males.	**92.4**	*(54.6 - 146.5)*		111	--
Cervical Cancer Deaths, 2013-2017 (Age-adjusted Death Rate per 100,000 Females) The rate of death from cancer of the cervix in Utah or U.S. per 100,000 women.	**		--	1.3	--
Cervical Cancer Incidence, 2010-2014 (Age-adjusted Rate per 100,000 Females) The rate of cervical cancer incidence in Utah or U.S. per 100,000 females.	**		--	5.1	--
Melanoma of the Skin Deaths, 2014-2018 (Age-adjusted Death Rate per 100,000 Population) The rate of death from melanoma of the skin (ICD-10: C43) per 100,000 population.	**		--	2.9	--
Melanoma of the Skin Incidence, 2012-2014 (Age-adjusted Rate per 100,000 Population) The rate of melanoma incidence in Utah per 100,000 population (ICD-O3 Site C440-C449 and Histology 8720-8790: Melanoma of the Skin, which corresponds to ICD-10 code C43).	**23.1**	*(10.9 - 42.8)*		38.4	--

Diabetes as an Underlying Cause of Death, Utah, 2015-2018 (Age-adjusted Rate per 100,000 Population) Diabetes as the underlying cause of death refers to the first-listed cause of death with ICD-10 codes E10-E14.	**35.8**	*(22.5 - 53.9)*	≈	24	--
Adults With Diabetes, 2017-2018 (Age-adjusted Percentage of Adults) Percentage of Utah adults (18+) diagnosed with diabetes.	**8.60%**	*(5.7% - 12.7%)*	≈	8.20%	10.40%
Percentage of Birth Records Indicating Gestational Diabetes, 2016-2017 (Percentage of Births) Percentages of births listing gestational diabetes on the birth certificate.	**7.70%**	*(5.1% - 10.4%)*	≈	6.10%	--
Prediabetes, 2014 and 2016-2018 (Age-adjusted Percentage of Adults) Percentage of adults who have ever been told by a doctor or other health professional that they have prediabetes or borderline diabetes. Prediabetes is a condition in which an individual's blood sugar level is elevated but not high enough to reach a clinical diagnosis for diabetes.	**11.20%**	*(6.6% - 18.3%)*	≈	7.70%	--
Alzheimer's Disease Deaths, 2012-2014 (Age-adjusted Rate per 100,000) The rate of death from Alzheimer's disease (ICD-10 code G30) per 100,000 persons.	**		--	22	--
Unintentional Injury Death, 2014-2018 (Age-adjusted Rate per 100,000 Population) Unintentional deaths due to all causes per 100,000 population. ICD-10 codes V01-X59, Y85-Y86.	**86.7**	*(65.8 - 112.2)*	!	44.4	--
Poisoning:, 2016-2018 (Age-adjusted Drug Deaths per 100,000 Population) __Poisoning deaths:__ number of deaths among Utah residents resulting from poisoning (ICD-10 codes X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2, *U01 [.6-.7]) per 100,000 population. __Drug poisoning deaths:__ number of deaths among Utah residents resulting from drug poisoning (ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14) per 100,000 population. __Prescription opioid deaths:__ number of unintentional and undetermined intent deaths among residents and non-residents resulting from prescription opioids that occurred in Utah.	**10**	*(2.6 - 26.3)*	≈	21.9	--
Motor Vehicle Traffic Crash Deaths, 2014-2018 (Age-adjusted Death Rate per 100,000 Population) Motor vehicle traffic crash deaths among Utah residents per 100,000. ICD-10 codes V02-04 [.1-.9], V09.2, V12-14 [.3-.9], V19 [.4-.6], V20-28 [.3-.9], V29-79 [.4-.9], V80 [.3-.5], V81-82 [.1], V83-86 [.0-.3], V87 [.0-.8], V89.2.	**44.8**	*(30.1 - 64.3)*	!	8.7	--
Unintentional Fall Injury, 2012-2014 (Age-adjusted Hospitalization Rate per 10,000)	**10.2**	*(7.3 - 13.9)*	✓	22.4	28.8

The number of incidents (hospitalizations/deaths) due to unintentional falls per 10,000 population (hospitalizations) or per 100,000 (deaths). ICD-9 codes: E880-E886.9, E888; ICD-10: W00-W19.					
Homicide, Utah 2014-2018 and U.S. 2013-2017 (Age-adjusted Rate per 100,000 Population) Number of resident deaths resulting from the intentional use of force or power, threatened or actual, against another person, per 100,000 population. ICD-10 codes X85-X99, Y00-Y09, Y87.1, U01-U02.	**8.4**	*(3.0 - 18.4)*	--	**	5.6
Suicide, Utah 2016-2018 and U.S. 2015-2017 (Age-adjusted rate per 100,000 Population) Suicide Death Rate: Number of resident deaths resulting from the intentional use of force against oneself per 100,000 population (ICD-10 codes X60-X84, Y87.0, *U03). Suicide Risk Among Students: Percentage of students who reported a suicide risk factor (felt sad or hopeless, seriously considered attempting suicide, made a suicide plan, or attempted suicide) during the past 12 months.	**26.1**	*(13.4 - 45.9)*	≈	22.2	13.6
Infant Mortality, 2016-2018 (Deaths per 1,000 Live Births) Number of infants who died before their first birthday (under 365 days), per 1,000 live births.	**		--	5.5	--
Fetal Mortality Rate, 2012-2014 (Number per 1,000 Fetal Deaths Plus Live Births) Fetal Mortality: the intrauterine death of a fetus, at 20 weeks gestation or greater, before delivery. Perinatal Mortality: fetal deaths of 28 weeks or more plus infant deaths at less than 7 days of age.	**5.2**	*(1.4 - 13.4)*	≈	5.4	--
Low Birth Weight, 2016-2018 and U.S., 2018 (Percentage of Live Born Infants) The number of live births under 2,500 grams (5 pounds, 8 ounces) divided by the total number of live births over the same time period.	**8.00%**	*(6.1% - 10.6%)*	≈	7.20%	8.30%
Preterm Births (Less Than 37 Weeks Gestation), 2018 (Percentage of Live Born Infants) The number of live births under 37 weeks gestation divided by the total number of live births over the same time period.	**7.70%**	*(4.4% - 12.8%)*	≈	9.40%	10.00%
Fair or Poor General Health, 2018 (Age-adjusted Percentage of Persons) Percentage of adults aged 18 years and older who reported fair or poor general health.	**18.90%**	*(11.4% - 29.8%)*	≈	14.90%	17.90%
Activity Limitation, 2015 (Age-adjusted Percentage of Adults) Percentage of adults aged 18 years and older who reported activity limitation.	**17.70%**	*(8.9% - 32.1%)*	≈	17.90%	19.30%

Seven or More Days of Poor Physical Health in the Past 30 Days, 2018 (Age-adjusted Percentage of Adults) Percentage of adults aged 18 years and older who reported seven or more days when their physical health was not good in the past 30 days.	**22.50%**	*(14.2% - 33.9%)*	≈	15.50%	16.60%
Seven or More Days of Poor Mental Health in the Past 30 Days, 2018 (Age-adjusted Percentage of Adults) Percentage of adults aged 18 years and older who reported seven or more days when their mental health was not good in the past 30 days.	**14.10%**	*(8.2% - 23.1%)*	≈	18.20%	18.80%
Depression Prevalence, 2015-2017 (Age-adjusted Percentage of Adults) The percentage of adult aged 18 and above who have ever been told by a doctor, nurse, or other health professional that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression.	**15.00%**	*(10.9% - 20.2%)*	✓	21.60%	--
Doctor-diagnosed Hypercholesterolemia (High Blood Cholesterol), 2017 (Age-adjusted Percentage of Adults) The proportion of adults who have ever been told by a doctor, nurse, or other health professional that they have high blood cholesterol.	**19.20%**	*(13.2% - 26.9%)*	≈	23.70%	27.30%
Doctor-diagnosed Hypertension, 2017 (Age-adjusted Percentage of Adults) The percentage of adults who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure. This indicator is used to estimate prevalence of high blood pressure in Utah. Data are from the Utah Behavioral Risk Surveillance System.	**24.80%**	*(18.0% - 33.2%)*	≈	25.70%	30.30%
Adult Asthma Prevalence, Utah (2017-2018), and U.S. (2018) (Age-adjusted Percentage of Adults) Adults aged 18+ (unless otherwise noted), who reported having been told by a doctor that they have asthma and who currently have asthma.	**6.50%**	*(4.0% - 10.3%)*	≈	9.00%	9.30%
Asthma Prevalence Among Children, 2016-2017 and U.S. 2017 (Percentage of Children 0-17) Percentage of Utah children ages 0-17 who have ever been diagnosed with asthma and who still have asthma.	**11.80%**	*(5.3% - 24.1%)*	≈	5.90%	7.60%
Arthritis Prevalence, 2016-2018 Combined Years and U.S., 2018 (Age-adjusted Percentage of Adults)	**24.90%**	*(20.5% - 30.0%)*	≈	21.50%	23.70%

Percentage of persons who have ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.					
Pertussis Rates, 2018 (Rate per 100,000 Population) For surveillance purposes, pertussis is a cough illness lasting at least two weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting, with or without laboratory evidence of infection.	**6.1**		--	14.5	4.1
Confirmed and Probable Campylobacter Infections, 2017 (Reported Cases per 100,000) Campylobacteriosis is an infectious disease that is a leading cause of acute diarrheal illness worldwide. Symptoms can range from no symptoms to severe bloody diarrhea with symptoms similar to acute appendicitis. However, the most common symptoms are diarrhea, abdominal pain, malaise, fever, nausea, and vomiting. It is caused by a motile, gram negative bacteria of the genus ''Campylobacter''.	**0**		--	19.2	--
Reported Confirmed and Probable STEC Infections, 2017 (Rate per 100,000 Person-Years) Number of reported culture-confirmed and probable cases of infections caused by Shiga toxin-producing ''Escherichia coli'' O157:H7 and non-O157 serogroups per 100,000 population per year.	**0**		--	4.5	--
Rate of Reported Confirmed and Probable Salmonella Cases in Utah, 2017 (Rate per 100,000 Person-Years) Number of reported culture-confirmed and probable cases of ''Salmonella'' infections per 100,000 population per year.	**13**		--	12.5	--
Chlamydia, 2018 (Cases per 100,000 Persons) Rate of newly reported cases of chlamydia by date of diagnosis per 100,000 persons.	**271.9**		--	333.5	539.9
Gonorrhea, 2018 (Cases per 100,000 Population) Rate of newly reported cases of gonorrhea by date of diagnosis per 100,000 population.	**45.3**		--	91.6	179.1
Primary and Secondary Syphilis, 2018 (Cases per 100,000 Persons) Rate of newly reported cases of primary and secondary syphilis by date of diagnosis per 100,000 persons.	**0**		--	5.3	10.8
Number of People Living With HIV/AIDS, 2017 (Number of Cases per 100,000 Population) Number of people infected with HIV and living in Utah.	**		--	99.3	--

Current Cigarette Smoking, 2017 (Percentage of Students (Grades 8, 10, 12)) Percentage of students who smoked cigarettes on one or more of the past 30 days.	**4.00%**	*(1.5% - 10.1%)*		2.90%	--
Electronic Cigarettes, 2017 (Percentage of Students in Grades 8, 10, and 12) __Youth experimentation with electronic cigarettes:__ percentage of students in grades 8, 10, 12 who have used electronic cigarettes in their lifetime. __Current use of electronic cigarettes among youth:__ percentage of students in grades 8, 10, 12 who have used electronic cigarettes in the past 30 days. __Current use of electronic cigarettes among adults:__ percentage of adults (age 18+) who currently use electronic cigarettes every day or some days.	**4.70%**	*(1.9% - 11.2%)*		11.10%	--
Current Cigarette Smoking, 2018 (Age-adjusted Percentage of Adults 18+) Current smoking: Percentage of adults aged 18 years and older who smoke cigarettes every day or some days.[[br]] [[br]] Quit attempt: Percentage of current smokers aged 18 years and older who reported that they stopped smoking for one day or longer in the past 12 months because they were trying to quit.	**9.00%**	*(3.6% - 20.8%)*		9.20%	--
Smoking in the Third Trimester of Pregnancy, 2016-2018 (Percentage of Women) Women who reported smoking during the third trimester of their pregnancies.	**1.50%**	*(0.5% - 2.6%)*		2.30%	--
Sun Safety, 2012 (Age-adjusted Percentage of Adults) Percentage of adults 18+ reporting doing at least one thing to protect themselves from the sun: wearing sunblock, wearing a hat, avoiding the sun, or wearing a long-sleeve shirt.	**70.50%**	*(56.2% - 81.6%)*		65.80%	--
Binge Drinking in the Past 30 Days, 2016-2018 (Crude Percentage of Adults) ''''Binge drinking'''' is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This typically happens when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours. It is listed as the percentage of survey respondents who reported binge drinking during the 30 days prior to the survey. [[img src ="https://www.cdc.gov/vitalsigns/alcohol-screening-counseling/images/problem1_970px.jpg" width = "652" height= "455"]]	**8.80%**	*(5.8% - 13.2%)*		11.50%	--
Heavy Drinking in the Past 30 Days, 2016-2018 (Crude Percentage of Adults)	**4.10%**	*(2.2% - 7.5%)*		4.10%	--

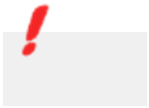
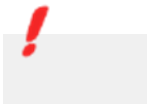
'''Heavy drinking''' is defined as consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men. It is listed as the percentage of adults aged 18 years and older who reported heavy drinking during the 30 days prior to the survey. [[img src ="https://www.cdc.gov/vitalsigns/alcohol-screening-counseling/images/problem1_970px.jpg" width = "652" height= "455"]]					
Illegal Substance on One or More of the Past 30 Days:, 2017 (Percentage Reporting Alcohol Use (Grades 8, 10, 12)) Students who reported using alcohol or marijuana during the past 30 days. Data from the Youth Risk Behavior Survey (YRBS) are from students in grades 9-12. Data from the Prevention Needs Assessment Survey (PNA) are from students in grades 8, 10, and 12.	**6.30%**	*(3.6% - 10.9%)*	≈	8.80%	--
Adults Who Could Correctly Identify the Major Symptoms of Stroke, 2011 (Age-adjusted Percentage of Adults) Percent of Utah adults who could identify 5 stroke warning signs and would call 911 if they thought someone was having a stroke.	**55.60%**	*(28.5% - 79.8%)*	≈	54.30%	--
Family Meals, 2015 (Age-adjusted Percentage of Adults) The percentage of adults who live in households where family members ate meals together at least five or more times in the past seven days	**92.10%**	*(86.5% - 95.5%)*	✓	63.30%	--
Fruit Consumed Two or More Times per Day, 2017 (Age-adjusted Percentage of Adults 18+) The percentage of adults who reported consuming fruit two or more times a day	**30.10%**	*(21.1% - 40.9%)*	≈	34.70%	33.20%
Vegetables Consumed Three or More Times Per Day, 2015 and 2017 (Age-adjusted Percentage of Adults 18+) The percentage of adults who reported consuming vegetables at least three times a day in the past month.	**18.00%**	*(11.1% - 27.8%)*	≈	15.30%	--
Recommended Amount of Aerobic Physical Activity, 2017 (Age-adjusted Percentage of Adults Aged 18+) Percentage of adults aged 18 years and older who meet aerobic physical activity recommendations of getting at least 150 minutes per week of moderate-intensity activity, or 75 minutes of vigorous-intensity activity, or an equivalent combination of moderate-vigorous intensity activity.	**51.60%**	*(42.5% - 60.7%)*	≈	54.30%	50.20%
Recommended Amount of Muscle-strengthening Activity, 2017 (Age-adjusted Percentage of Adults Aged 18+)	**30.70%**	*(21.9% - 41.2%)*	≈	32.80%	--

Percentage of adults aged 18 years and older who reported doing muscle-strengthening activities on two or more days of the week.					
Recommended Physical Activity, 2017 (Percentage of Adolescents in Grades 8, 10, and 12) The percentage of public high school students who were physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on all of the past seven days.	**23.50%**	*(20.0% - 27.4%)*		19.00%	--
Adult Obesity, 2018 (Age-adjusted Percentage of Adults) Percentage of respondents aged 18 years and older who have a body mass index (BMI) greater than or equal to 30.0 kg/m^2^ calculated from self-reported weight and height.	**37.00%**	*(27.7% - 47.5%)*		28.40%	--
Overweight or Obese, 2018 (Age-adjusted Percentage of Adults Aged 18+) The proportion of persons age 18 years and older who have a body mass index (BMI) greater than or equal to 25.0 kg/m^2^ calculated from self-reported weight and height.	**75.20%**	*(64.4% - 83.6%)*		63.40%	65.90%
Percentage of Adolescents Who Were Obese, 2017 (Percentage of Adolescents) Body mass index (BMI) is widely used to determine obesity and overweight because it is inexpensive, reproducible, and convenient. BMI is calculated using the individual's height, weight, age, and sex.^1^ For individuals aged 2 to 20, overweight and obesity is determined by calculating the individual's BMI and comparing it to age and sex standardized growth charts distributed by the Centers for Disease Control and Prevention. Children and adolescents are considered obese if their BMI is greater than or equal to the 95th percentile for BMI by age and sex based on the 2000 CDC Growth Charts.^2^[[br]] [[br]] ---- 1. U.S. Department of Health and Human Services. ''The Surgeon General's call to action to prevent and decrease overweight and obesity''. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General; [2001]. Available from: U.S. GPO, Washington.[[br]] 2. Tools for calculating body mass index (BMI). Nutrition & physical activity. Center for Disease Control and Prevention. Retrieved December 14, 2015, from [https://www.cdc.gov/healthyweight/bmi/calculator.html]	**12.10%**	*(6.0% - 23.0%)*		9.50%	--
Obese BMI Prior to Pregnancy, 2015-2016 (Percentage of Women)	**35.50%**	*(30.2% - 40.8%)*		20.50%	--

Percentage of of women who delivered a live birth and had a body mass index (BMI) greater than or equal to 30.0 kg/m^2^ calculated from prepregnancy weight and height.					
Births From Unintended Pregnancies, 2015-2017 (Percentage of Women With Live Births) Percentage of Utah women with live births who reported their most recent pregnancy was unintended.	**		--	21.30%	--
Birth Rate for Females Aged 15-19, 2017 (Rate per 1,000 Adolescent Females) The adolescent birth rate is reported as the number of live births per 1,000 adolescent females aged 15-19.	**30.8**	*(18.8 - 47.5)*		15.1	18.8
No Health Insurance Coverage, 2017 (Age-adjusted Percentage of Persons) The percentage of persons without health insurance coverage.	**8.10%**	*(5.3% - 12.2%)*		9.10%	--
Cost as a Barrier to Care in Past Year, 2018 (Age-adjusted Percentage of Adults) Percentage of adults aged 18 years and older who reported they were unable to receive needed health care in the past year due to cost.	**16.80%**	*(9.9% - 27.1%)*		12.90%	14.00%
Primary Care Physicians per 10,000 Population, 2017 (Primary Care Physicians per 10,000 Population) This Indicator Report includes two measures of physician supply: [[br]] 1) Active physicians per 10,000 civilian population.[[br]] 2) Primary care physicians per 10,000 civilian population.	**5.7**		n/a	5.8	7.6
Asthma Hospitalizations, 2011-2014 (Age-adjusted Rate per 10,000 Population) Rate: Number of hospitalizations due to asthma (ICD-9 code 493) per 10,000 population.[[br]] Number: Number of hospitalizations due to asthma (ICD-9 code 493).	**2.6**	*(1.4 - 4.3)*		5.5	--
Asthma-related Emergency Department Visits, 2013-2014 (Age-adjusted Rate per 10,000 Population) Rate: Emergency department visits due to asthma (ICD-9 code 493) per 10,000 Utah residents. [[br]] Number: Emergency department visits due to asthma.	**15.5**	*(11.3 - 20.9)*		23.7	--
Adults With Diabetes Who Had at Least Two Hemoglobin A1C Tests in the Past 12 Months, 2009-2011 (Age-adjusted Percentage of Adults With Diabetes) Percentage of adults aged 18 or older with diagnosed diabetes who self-report they had at least two A1C tests during the prior 12 months.	**69.80%**	*(62.3% - 76.4%)*		67.00%	66.00%
At Least One Primary Provider, 2018 (Age-adjusted Percentage of Adults)	**66.00%**	*(54.5% - 75.9%)*		73.50%	76.10%

Percentage of adults who reported having one or more persons they think of as their personal doctor or health care provider.					
Routine Medical Check-up in the Past 12 Months, 2018 (Age-adjusted Percentage of Adults) Percentage of Utah adults who reported a routine check-up in the past year.	**74.00%**	*(62.7% - 82.8%)*		69.80%	69.20%
Dental Visit in the Past Year, 2018 (Age-adjusted Percentage of Adults) Percentage of adults ages 18 years and older who reported a dental visit in the past year.	**61.00%**	*(49.9% - 71.0%)*		72.00%	66.20%
Prenatal Care in the First Trimester of Pregnancy, 2018 and U.S., 2018 (Percentage of Mothers) Number of infants born to pregnant women receiving prenatal care in the first trimester as a percentage of the total number of live births.	**68.10%**	*(61.4% - 74.9%)*		76.20%	77.50%
Influenza Vaccination in the Past 12 Months, 2018 (Crude Percentage of Adults Age 65+) Number of adults who reported receiving an influenza vaccination in the past 12 months.	**		--	52.00%	54.10%
Ever Received Pneumococcal Vaccination, 2018 (Percentage of Adults 65+) Percentage of adults 65+ who reported receiving a pneumococcal vaccination at any point in their lifetime.	**		--	73.70%	71.80%
Cholesterol Checked Within the Past Five Years, 2011-2013 (Age-adjusted Percentage of Adults) Percentage of adults aged 18 years and older who have had their cholesterol checked within 5 years.	**61.40%**	*(52.3% - 69.7%)*		69.90%	--
Mammogram Within the Past Two Years, 2018 (Age-adjusted Percentage of Women Age 40+) The proportion of women 40 years or older who reported having a mammogram in the last two years.	**51.00%**	*(35.5% - 66.2%)*		63.10%	--
Pap Test Within the Past Three Years, 2016 and 2018 (Age-adjusted Percentage of Women Aged 18+) The proportion of women 18 years or older who reported having a Pap test in the last three years.	**48.20%**	*(37.6% - 58.9%)*		65.00%	--
Recommended Colon Cancer Screening, 2018 (Percentage of Adults Ages 50-75) The proportion of respondents ages 50-75 who reported having recommended colorectal cancer screening (sigmoidoscopy or colonoscopy in the past 10 years or having an FOBT [fecal occult blood test] in the last year).	**51.90%**	*(33.0% - 70.2%)*		70.00%	--
Men Aged 40+ Who Reported Ever Having a PSA Test, 2014 and 2016 (Age-adjusted Percentage of Men 40+)	**34.90%**	*(20.4% - 52.9%)*	n/a	47.50%	--

The percentage of men aged 40 and above who reported having a prostate-specific antigen (PSA) test in the last five years or who reported ever having had a PSA test.					
Utah Population Count Estimates, 2018 (Number of Persons) Estimated and projected number of persons living in Utah.	**15,449**		n/a	--	--
Percentage of Persons, 2018 (Percentage of Persons Aged 65+) The percentage of persons in each age group.	**14.20%**		n/a	11.10%	15.80%
Utah White Population:, 2017 (Percentage of White Persons) Number and percentage distribution of racial and ethnic populations.	**47.40%**		n/a	90.90%	76.60%
Birth Rates, 2018 (Number of Births per 1,000 Residents) Number of live births per 1,000 population.	**11.8**	*(10.1 - 13.6)*	n/a	14.9	11.6
General Fertility Rates, 2018 (Number of Live Births per 1,000 Women Aged 15-44) Number of live births per 1,000 women aged 15-44 years.	**63.1**	*(54.3 - 73.0)*	n/a	68.4	59.1
Life Expectancy at Birth, 2014-2018 and U.S. 2017 (Age in Years) Life expectancy is an estimate of the expected average number of years of life (or a person's age at death) for individuals who were born into a particular population. The method developed by C.L. Chiang was used to compute life expectancy.	**77.9**	*(76.6 - 79.1)*		79.8	78.6
Percentage of Households With Children Under 18 That Were Headed by a Single Female (No Husband Present), 2013-2017 ACS (Percentage of All Households) Percentage of households by family type and presence of children.	**8.20%**	*(6.4% - 10.0%)*	n/a	5.20%	6.80%
Educational Attainment:, 2013-2017 ACS 5-year estimate (Percentage of Utahns 25+ With Bachelor's Degree) Educational attainment among adults. Education level categories include: less than high school; high school graduate or G.E.D.; some college; Associate's degree; Bachelor's degree; and advanced degree.	**17.30%**	*(14.8% - 19.8%)*		32.50%	--
Median Annual Household Income, 2017 (Dollars) Median annual household income is the income level at which half of all households' income is lower, and half of all households' income is higher.	**$43,962**		--	$68,395	$60,336
Per Capita Income, 2013-2017 Combined 5-Year Estimate (Per Capita Income (Dollars))	**$17,385**	*($15,997 - $18,773)*	n/a	$26,907	$31,177

Per capita income, also known as income per person, is the mean income of the people in a region such as a state, county, or city. It is calculated by taking all sources of income in the aggregate and dividing it by the total population (every man, woman, and child in a particular group including those living in group quarters).					
Persons Living in Poverty, 2017 (Percentage of Persons) The percentage of persons living in households whose income is at or below the federal poverty threshold.	**25.90%**	*(21.3% - 30.5%)*		9.70%	13.40%
Child Poverty, 2017 (Percentage of Children) Percentage of children (age 17 and under) living in households whose income is at or below the federal poverty threshold.	**32.70%**	*(25.4% - 40.0%)*		10.60%	18.40%

Prioritization

Key leaders from Blue Mountain Hospital's team were asked to participate in a multi-voting prioritization technique to prioritize what the hospital would work on for the next three years. After reviewing all the available data, leaders discussed and decided on what significant health needs they wanted to address.

Participants in this meeting included:

Jeremy Lyman, CEO

Gail Northern, Human Resources Director

Trent Herring, COO

Kent Turek, CFO/CNO

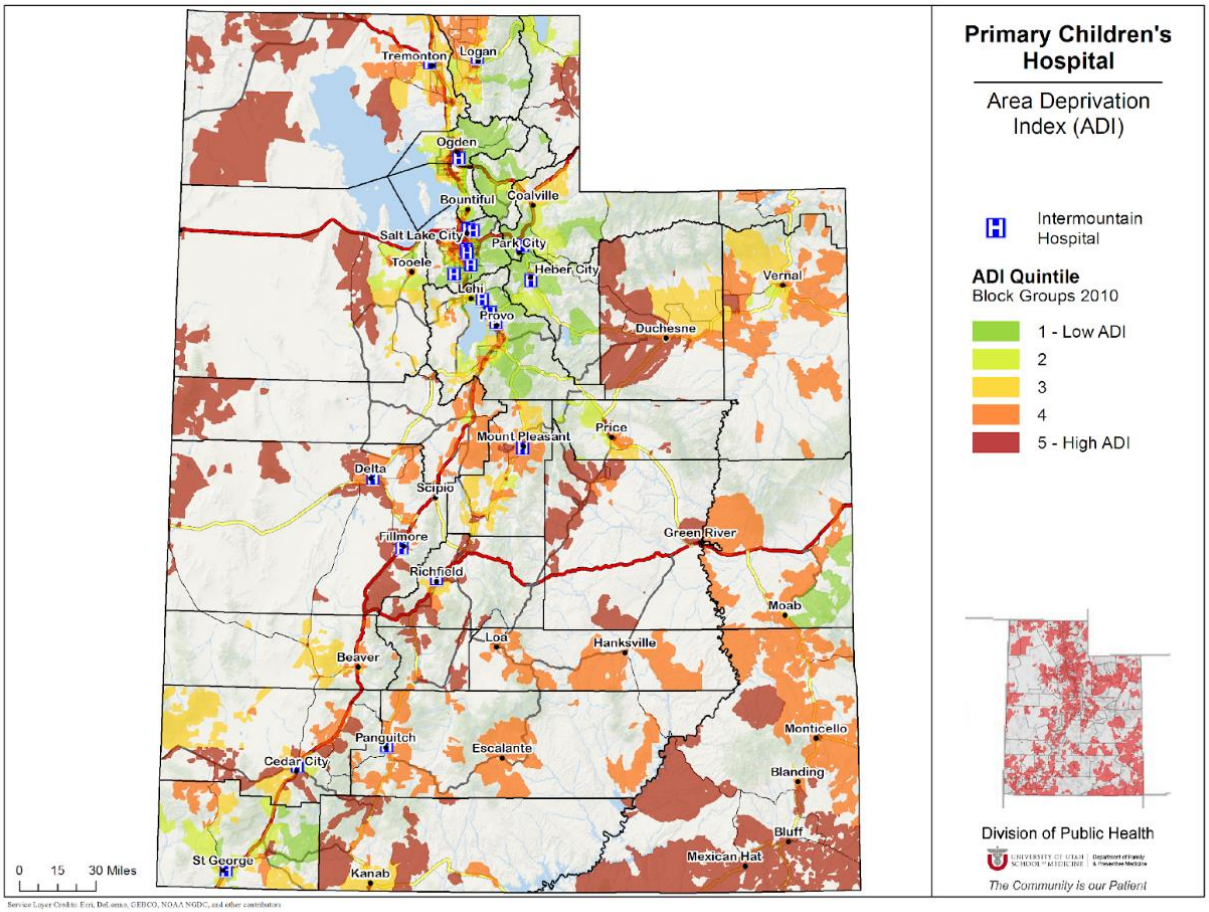
Cari Spillman, Compliance Program Manager

Delaney Nielson, Executive Assistant

Area Deprivation Index (ADI)

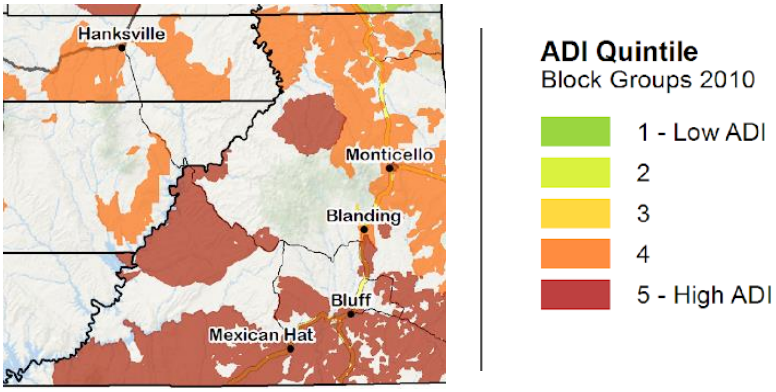
Income, education, and other economic and social risk factors affect individual health and well-being. The ADI is a community socio-economic composite measure developed to measure the distribution of socio-economic disadvantage within the community. Higher socio-economic deprivation levels in communities (noted in orange and red on the map below) have been associated with poorer patient health and health delivery outcomes. While the ADI does not provide information on specific health needs in a community, it does provide context and information about segments of communities in which greater health disparities may be expected and where implementation strategies could be targeted.

This ADI was provided to Blue Mountain Hospital and the community it serves by the Utah Department of Health in collaboration with Intermountain Healthcare at the U.S. Census block group level.



Elements included in the Area Deprivation Index:

- Median family income (dollars)
- Income disparity
- Percent of families below poverty level
- Percent of population below 150 percent poverty threshold
- Percent of single parent households with dependents under age 18
- Percent of households without a motor vehicle
- Percent of households without a telephone
- Percent of housing units without complete plumbing
- Percent of occupied housing units
- Percent of households with less than one person per room
- Median monthly mortgage (dollars)
- Median gross rent (dollars)
- Median home value (dollars)
- Percent of employed persons over age 16 with a white collar occupation
- Percent of unemployed civilian labor force over age 16
- Percent of population over age 25 with less than nine years of education
- Percent of population over age 25 with at least a high school education



CHNA Results

The following is a summary of key issues and ideas from community input meeting.

Obesity and Related Diseases

- Lifestyle
- Lack of access to quality food
- Working moms/convenience
- Screen time
- Escapism
- Stress and emotional eating

Mental Health

- Stress
- Screen time
- Social media comparisons
- Maternal mental health
- Increase in childhood anxiety
- Altitude and mental health

Substance Abuse

- Alcohol Use
- Opioids

Community Issues

- Rural geography and traveling for employment
- Daycare costs
- Poverty
- Unemployment
- Moms who want to work but have no access to childcare
- Part time jobs w/o benefits
- Access to healthcare

Data that is significantly worse in San Juan County than Utah Average

- Unintentional injuries
- Motor vehicle crash deaths
- Obese prior to pregnancy
- Births from unintended pregnancies
- Birth rates for females aged 15-19
- Dental visit in the past year
- Prenatal care in the first trimester of pregnancy
- Cholesterol checked within the past 5 years
- Mammogram within the last two years
- Pap test within the past three years
- Recommended colon cancer screenings
- Educational attainment

Obesity, mental health, and substance abuse are the top three priority issues that the Utah Department of Health and the State of Utah are focusing on for its population currently. All three of these broad issues can be tackled by health care facilities and, more specifically, preventative care.

Significant community health needs:

Blue Mountain Hospital reviewed community input needs and the final decision based on the list of needs are as follows:

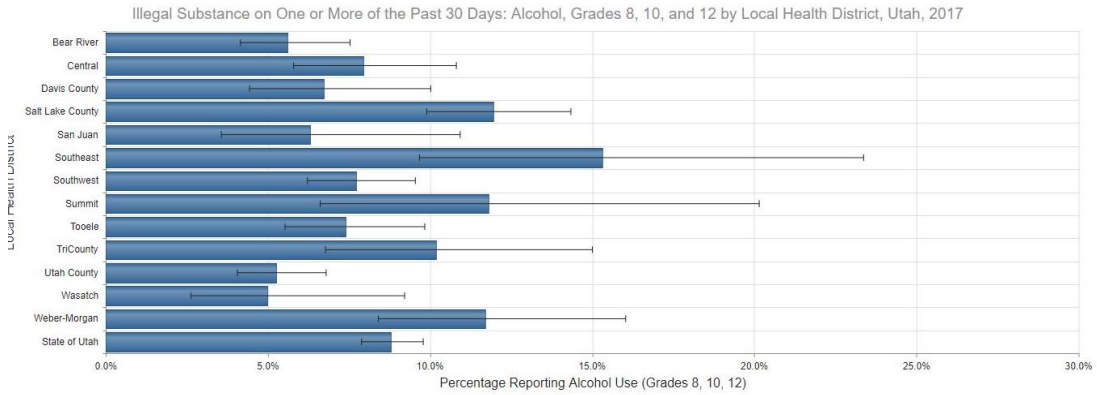
1- **Alcohol and Substance Abuse**
2- **Healthcare staffing shortages**
3- **Indian Health Service funding**
4- **Community engagement & education**

Significant Health Needs Data

Blue Mountain Hospital is located in an area of Utah that requires collaboration to address the many needs of the community. The hospital plans to focus on the following for the next 3 years:

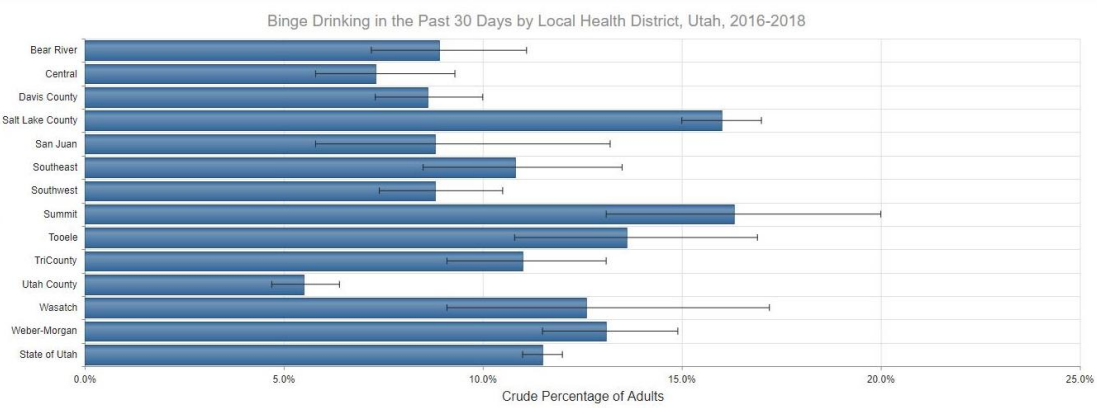
1- Substance Abuse

Substance abuse in San Juan County is a large problem. San Juan County borders a large Navajo Indian Reservation and is a large part of Blue Mountain Hospital's catchment area. Substance abuse leads to other problems such as domestic violence, truancy, crime, depression, social problems, etc.



Binge drinking is the most common pattern of excessive alcohol use in the United States and those who binge drink tend to do so frequently and with high intensity.

One of the biggest social issues on the Navajo reservation is the endemic problems with alcohol use and abuse.

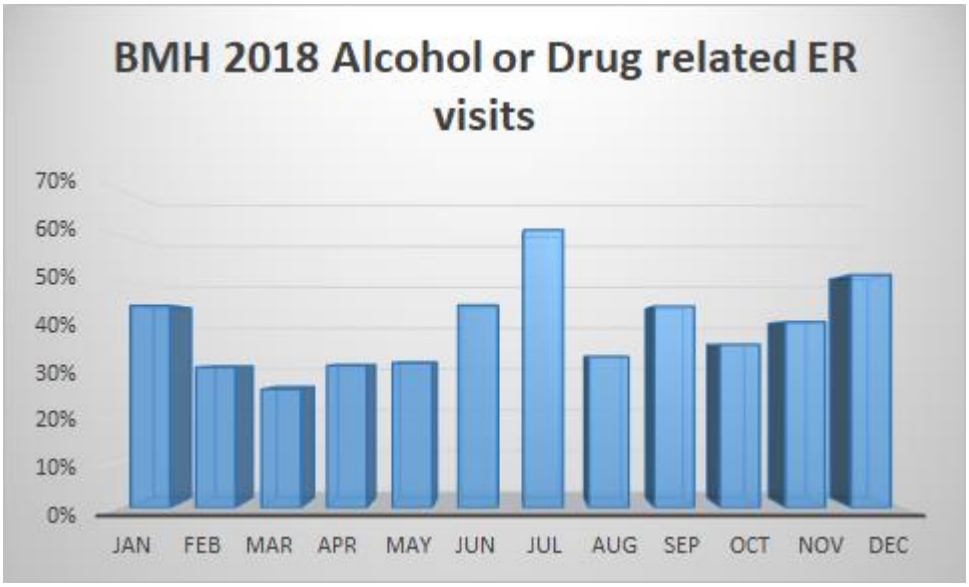


An estimated 220,000 people live on the Navajo reservation. Law enforcement on the reservation estimates that 80 percent of the adult population have an alcohol problem. Approximately two-thirds of youth on the reservation are using alcohol. The sale of alcohol is not permitted on the Navajo reservation, but bootleggers thrive. Residents of the reservation find outlets off the reservation to purchase their alcohol.[2]

[2] 2007. Drinking a big problem on and off reservations. Retrieved from https://www.eastvalleytribune.com/news/drinking-a-big-problem-on-and-off-reservations/article_107e1d40-eb88-5d44-991d-502e461b422e.html

Why we are focusing on Substance Abuse

Blue Mountain Hospital's ER sees a large number of patients who have overdosed or are intoxicated. These visits range from relatively benign to potentially fatal. In the United States, alcohol and illicit drugs make the list of the most common ER visits. Prescription drug abuse is a large part of this equation.



2- Collaborate with the University Regional Network Nursing internship

Blue Mountain Hospital is a part of the University of Utah's Regional Network, a network of rural hospitals across the Mountain West. University of Utah Health Regional Network allows clinicians from other health systems to join a clinically-integrated network focused on improving the quality of care and sharing expertise and clinical best practice. University of Utah Health has started a nursing student internship program where nursing students will spend a certain amount of time working and training at Blue Mountain Hospital, and all the other hospitals in the Network. When their schooling and internships are finished, these students have their choice of any Network hospital to choose from for employment. In participating in this internship program, BMH hopes to gain not only new employees, but fresh perspectives from students who have trained in multiple rural hospitals.

Why we are focusing on our employee pool

One of the most difficult issues that Blue Mountain addresses is nurse staffing shortages. The need for registered nurses, lab technicians, and other support staff is increasing and expected to grow by 15% from 2016-2026. Climbing rates of chronic issues like obesity and diabetes and a growing emphasis on preventative care makes it difficult for the healthcare industry in this county to keep up with the healthcare demands of its communities.

3- Seek additional Indian Health Services funding for hospital care for Native American Patients

Indian Health Services lies within the Department of Health and Human Services. It is the lead federal agency charged with improving the health of American Indians and Alaska Natives. I.H.S. has the authority to receive reimbursement from other federal programs such as Medicaid, Medicare, and the Department of Veterans affairs. I.H.S. provides services to members of 566 federally recognized tribes. It provides services either directly or through facilities and programs operated by Indian Tribes through self-determination contracts and self-governance compacts. I.H.S collects reimbursements for health services it provides.[3]

Why we are focusing on Indian Health Services funding

Blue Mountain Hospital's catchment area includes the northern part of the Navajo Indian Reservation and also a large portion of the Ute Reservation. 49.2% of San Juan County residents are Native American. Our patients have to travel long distances to have access to healthcare at an I.H.S. facility, the closest of which is in Shiprock, NM, approximately 100 miles from Blue Mountain Hospital. By obtaining I.H.S. funding, San Juan County's Native American population will be able to gain access to health care that keeps our patients close to home, therefore helping to relieve the financial burden of paying for those services out of pocket.

4- Community engagement & education

1- Community engagement

a. Healthcare employee social
b. Annual Golf scholarship tournament
c. Suicide prevention committee participation
d. "Unplugged" sponsor

It is important to Blue Mountain Hospital to reach out and engage the community we serve by including the residents of San Juan County in various events and programs. BMH is planning to host a Healthcare employee social in the summer of 2020, and inviting all healthcare employees from all agencies across the county to attend and participate. The goal of this social is to promote collaboration and to show appreciation for our fellow healthcare workers and first responders.

Blue Mountain Hospital will continue its community outreach by co-sponsoring the annual Golf Scholarship Tournament with San Juan Health and being a sponsor for "Unplugged," an event that promotes less screen time and more outdoor activities for San Juan County youth. The community is invited and encouraged to participate in both of these events.

Participation in the Suicide Prevention Committee is an important next step in Blue Mountain Hospital's implementation of our continued community outreach. In collaborating with other county healthcare agencies, BMH employees will receive education on how to combat and prevent Utah's suicide epidemic, which unfortunately has prevalence in San Juan County. From 2016-2018, 26.1 people out of every 100,000 people in San Juan County died from suicide, compared to 22.2 for the State of Utah and 13.6 for the U.S.

[3] Indian Health Service (I.H.S.) Funding: Fact Sheet 2017. Retrieved from https://www.everycrsreport.com/reports/R44040.html

2- Community education

a. Use "Medically Speaking" to send out education to communities
b. Breastfeeding program
c. Sponsor nutrition classes and workshops

"Medically Speaking" is a free newsletter that details monthly health news from both Blue Mountain Hospital and Utah Navajo Health Systems. This is a service BMH provides for every member of San Juan County; once a month this newsletter shows up in every mailbox in the county. "Medically Speaking" gathers news from the health care centers of San Juan County, in addition to promoting health awareness to the public. Articles from previous issues include "Fungus among us: Valley Fever," "Fight the Flu," and "Time to think about vaccinations."

Blue Mountain Hospital currently co-sponsors a public breastfeeding class, along with San Juan Public Health Department, San Juan Health, and Utah Navajo Health Systems. This is a free, monthly class open to new and expecting mothers and their babies and support partners to come and learn about breastfeeding. Education includes the benefits of breastfeeding, getting help with latching, and more from registered nurses and lactation consultants. BMH will continue to co-sponsor and help educate at these classes, as well as other upcoming nutrition classes and workshops for the public.

Why we are focusing on engaging the community

People who are actively engaged in their health care are more likely to stay healthy and manage their conditions by asking their doctors questions about their care, following treatment plans, eating right, exercising, and receiving health screenings and immunizations. Patients without the skills to manage their healthcare incur costs up to 21% higher than patients who are highly engaged in their care. Patient engagement starts with giving patients the right tools they need to understand their health, how to stay healthy and what to do if conditions get worse. Blue Mountain Hospital wants to motivate and empower patients to work with their clinicians and to be active participants in their care by asking questions, knowing their medical history, and learning about care that may be unnecessary. It can also mean giving these patients a seat at the table to improve the care that we give at the hospital. Patients who know how to navigate the healthcare system can often provide insight on how to overcome the barriers that patients face to help improve care.[4]

Strategies to Address the Health Need

Based on the results of the CHNA, BMH identified community partners to address these needs over the next several years through collaborative efforts. The planning committee engaged representatives from state and local health departments and multiple community partners to identify potential implementation strategies. These strategies will be evaluated and health improvement impact will be measured over the next several years.

[4] March 2014. What we're learning: Engaging Patients improves health and health care. Retrieved from https://www.pcpcc.org/resource/what-we%E2%80%99re-learning-engaging-patients-improves-health-and-health-care

Multiple community agencies have been identified as potential collaborative partners to work with Blue Mountain Hospital on the community health improvement activities include but are not limited to:

- San Juan School District
- San Juan Public Health Department
- San Juan Health
- Utah Navajo Health Systems

Impact of Previous Implementation Strategy from 2016

2016 Community Health Needs Implementation Plan Impact Summary

Identified needs

- Improve operational collaboration
    - Collaborate to purchase an MRI
    - Recruit surgery specialists
    - Coordinate cross coverage for specialty services
    - Reduce costs by sharing staff/equipment
    - Collaborate, do not duplicate patient care

- Educate the Community
    - Offer hands on workshops for both communities and providers
    - Educate on service lines available at all facilities and promote career opportunities
    - Establish community committees to address the community health needs
    - Increase education to the public in regard to healthy lifestyle
    - Promote existing services
    - Gain input and participation from local organizations
    - Collaborate with college and nursing program to provide education to the public

- Engage the Community
    - Co-host collaborative events to benefit all communities
    - Co-sponsor events such as a 5k run to promote health
    - Increase outreach to southern part of county
    - Include programming for diverse populations
    - Offer more in-depth and engaging health fairs

- Advocate for Community Needs
    - Co-sponsor community health advocacy events
    - Use EMR's to initiate preventative care
    - Lobby Navajo nation for more funding for road developments and improvement as it links to healthcare outcomes and population health
    - Evaluate a captive county-wide health plan

Outcomes from 2016 Activities

The team identified what San Juan County Healthcare Facilities (Blue Mountain Hospital and San Juan Hospital in Monticello, UT) could do to address the gaps in health in the community as their goal. The following objectives were reached as a result of this CHNA.

- Purchase of an MRI trailer which spends time each week at Blue Mountain and San Juan Hospital
- Co-hosted Golf Tournament which generates scholarship money for up-and-coming healthcare students
- Co-hired two surgeons who collaborate cross coverage between the two facilities - Orthopedic surgeon and General surgeon
- Education to San Juan High School about careers in healthcare
- Recruiting nursing students from USU to have clinical hours for school at BMH and San Juan
- Increase education in "Medically Speaking Newsletter" that goes out monthly in the mail to the entirety of San Juan County

Conclusion

Blue Mountain Hospital staff is grateful for the support of community members and agencies for their participation in the process of understanding local community health needs and developing strategies to improve health. Blue Mountain Hospital will conduct its next CHNA in 2022 and looks forward to continuing collaborations to improve the health of our community.

The Blue Mountain Hospital CHNA was completed by the Compliance Department.

Acknowledgement

This assessment and accompanying documents would not be possible without the Utah Department of Health. The talented team of data specialists helped Blue Mountain to identify reliable public health measures that best illustrate the health of a community. Contributors from the Utah Department of Health included Navina Forsythe, Stephanie Stokes, and Anna Cunningham.

For comments or more information about the CHNA:

Jeremy Lyman, Blue Mountain Hospital Chief Executive Officer jlyman@bmhutah.org

Cari Spillman, Blue Mountain Hospital Compliance Program Manager cspillman@bmhutah.org

Delaney Nielson, Blue Mountain Hospital Executive Assistant dnielson@bmhutah.org

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https://ibis.health.utah.gov/ibisph-view/indicator/view/AgeDistPop.65LHD.html

https://ibis.health.utah.gov/ibisph-view/indicator/view/UTPopEst.LHD.html

https://ibis.health.utah.gov/ibisph-view/indicator/view/EduLevPop.LHDAll.html

https://www.census.gov/quickfacts/fact/table/sanjuancountyutah,UT/PST045218

Substance abuse charts

https://ibis.health.utah.gov/ibisph-view/indicator/view/SubAbuAdol.Alc_LHD.html

https://ibis.health.utah.gov/ibisph-view/indicator/view/AlcConBinDri.LHD.htmll