Blue Mountain Hospital
Community Health Needs Assessment
2022

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 Health and Human Services, Intermountain Healthcare 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 community needs for 2022 as

1- **Improve Coordination of care**
2- **Healthcare staffing shortages**
3- **Improve access to care**
4- **Community engagement & education**

The 2022 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

- Soliciting community input regarding local health needs and health disparities, including medically underserved, low-income, and minority populations
- Collecting quantitative data on health indicators
- Prioritizing data to identify significant needs
- Making the CHNA results widely available to the public
- Developing implementation strategies to address the significant priorities
- Making the implementation plan publicly available
- Reporting progress on the IRS Form 990 Schedule H

Blue Mountain Hospital leaders met with community partners in the area, including San Juan County, San Juan Public Health, San Juan Counseling, 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, religious leaders, law enforcement, and others.

Blue Mountain Hospital collaborated with the Utah Health and Human Services and other internal clinical leadership to identify health indicators.

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 Health and Human Services 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; the impact of the strategy will be reported to the governing board annually.

Community Health Needs Assessment Background

Blue Mountain Hospital's most recent CHNA (2019), with both review and consultation from other partners, identified these health priorities:

1- Alcohol and Substance Abuse

2- Healthcare Staffing Shortages

3- Indian Health Service funding

4- Community engagement and education

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 2019 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, and updated July 15, 2022, guided the 2022 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 and health disparities, including medically underserved, low-income, and minority populations
- Collecting quantitative data on health indicators
- Prioritizing data to identify significant needs
- Making the CHNA results widely available to the public
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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.

San Juan County

U.S. Census Quick Facts 2021	**San Juan County**	**Utah**	**United States**
Population (2021)	14,489	3,337,975	331,893,745
Population per square mile	1.9	39.7	93.8
Land Area in square miles	7819.99	82,169.62	3,533,038.28
Persons under 18	28.6%	28.4%	22.2%
Persons 65 years and over	14.9%	11.7%	16.8%
Language other than English spoken at home	39.3%	15.3%	21.5%
High school graduate or higher	85.7%	93.0%	88.5%
Bachelor's Degree or higher	19.2%	34.7%	32.9%
Persons in poverty	18.6%	8.6%	11.6%
Race and Hispanic Origin:			
White	48.0%	90.3%	75.8%
Hispanic and Latino	6.1%	14.8%	18.9%
Black or African American	0.4%	1.5%	13.6%
American Indian and Alaska Native	48.5%	1.6%	1.3%
Asian	0.6%	2.7%	6.1%
Native Hawaiian and Other Pacific Islander	0.1%	1.1%	0.3%

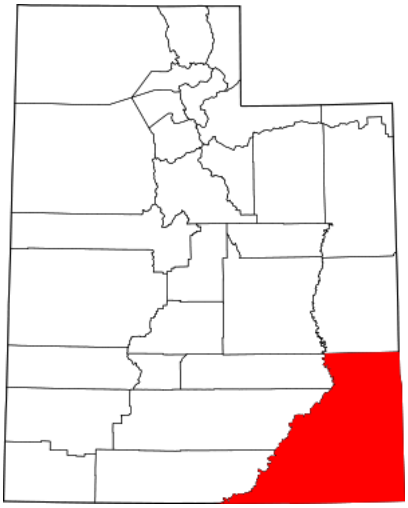
Blue Mountain Hospital community was defined by the zip codes in which a majority of patient discharges reside. The hospital community includes medically underserved, low-income, and minority populations. These zip codes were used to assemble available data for health indicators.

Zip Code	**City, St**	**Visits**
84511	Blanding, UT	6193
84535	Monticello, UT	903
84536	Monument Valley, UT & AZ	1256
84512	Bluff, UT	1142

84530	La Sal, UT	44
84531	Mexican Hat, UT	55
84533	Lake Powell, UT	59
84534	Montezuma Creek, UT	2381
84510 Aneth	Aneth, UT	615
84511	White Mesa, UT	211

Other communities served:

Zip Code	**City, St**	**Visits**
81321	Cortez, Montezuma County, CO	305
84532	Moab, Grand County, UT	268
86033	Kayenta, AZ	746
86514	Teec Nos Pos, AZ	287
86044	Tonalea, AZ	240
86535	Dennehotso, AZ	117
86545	Rock Point, AZ	69



The Underinsured

Health insurance is critical in helping people receive the preventative and medical care they need to achieve and maintain good health. San Juan County's underinsured rate is 28.6% which is more than double Utah's at 12.5%. Uninsured adults have more health disadvantages than insured adults do. They can have worse health outcomes, higher rates of mortality, higher cancer rates, and inadequate access to quality care, including preventative services and expensive medical bills. Individuals with income levels below the federal poverty level are at higher risk than individuals with higher incomes. San Juan County's median income is just over $20,000 annually with a Poverty rate of over 18%. This is a major contributor to the decline in health in the area that Blue Mountain Hospital serves.

2022 Community Health Needs Assessment

Blue Mountain's mission of providing an atmosphere of excellence in healing, quality physician care, and inspired employees are 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 2022 CHNA by

Inviting participants, representing a broad range of interests, were invited to participate in a community input meeting to share their perspectives on the health needs of this community. Staff from Intermountain Healthcare facilitated the virtual meeting on April 28, 2022. The

meeting was digitally recorded and transcribed. Transcripts from the meeting are reviewed for a qualitative, thematic analysis that results in the summary shared in this document. Themes were analyzed by frequency and severity. BMH also:

- Gathered quantitative data collected on health indicators
- Reviewed Area Deprivation Maps
- Analyzed and prioritized health needs indicators to identify significant needs
- Made the results publicly available by posting the CHNA results on the website. www.bmhutah.org

Community Input

Blue Mountain Hospital and San Juan Public Health co-hosted the community input meeting. Invitees included representatives from the following groups:

- Healthcare providers
- Local & County Government
- School district
- Local Health Departments
- Behavioral Health
- County Commission
- University
- Agency for Aging
- Chapter Houses
- Religious Leaders
- Law Enforcement
- EMS Providers
- Workforce Services

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. Some of the question that were asked:

Prior to the meeting, community participants were asked to rank the health issues they felt were the most significant [survey questions available in Appendix]. The results of the pre-survey were used to guide the conversation. Specific questions used to facilitate the conversation included:

1. What are the most significant health issues in your community?
2. Thinking about the individuals who you serve through your organization, do you think they would also consider mental health the top health issues for our community?
3. Do you think your community is motivated to remove barriers and prevent and/or treat mental health?

4. Do you think the community has what it needs (assets, resources, leader buy-in, etc.) to prevent and/or treat mental health?
5. What other significant health issues are on your mind that that could benefit from collective attention?
6. What are the greatest strengths in your community?
7. Where are there opportunities?
8. What other root causes, or social determinants, do we need to be thinking about?
9. As you start to think about opportunities for improving the quality of lives for the people you serve, at what level do you think there is the most opportunity for impact?
10. Thinking about your organization, which level are you most confident in your ability to design and implement health improvement programs and strategies?
11. How can we begin to work together to address these top health issues?
12. Who do we also need to engage to be effective in this work?
13. What additional programs, resources, interventions would solve, prevent, and/or treat these top health issues?

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 using Dedoose. 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 2019 CHNA and implementation plans were also reviewed for key themes and suggestions regarding significant health needs. No comments were made.

Community Input Summary

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

- Mental health affecting community:
    - Community Isolation as a result of COVID-19 changes and stress;
    - Suicidal ideation;
    - Increased ER visits for mental health and
    - Substance use related to mental health;
    - Mental health staffing shortage
    - Mixed results of motivation to remove barriers; and
    - Unsure of resources and assets to remove barriers.

    - *"We have been undergoing a serious staff shorting crisis. We can't hire therapists. We can't get the workforce into our area…Where we are right now is we are still trying to see everybody that walks through the door, but we could definitely hire 50% more therapists than what we have right now. It's an issue. It's a scary thing."*
- Nutrition and food insecurity. Barriers discussed:
    - Lack of access to affordable and healthy foods; and
    - Little access and resources to get food into Navajo Nation due to COVID-19 lockdowns.
    - *"I think it just continues to be a need because of the rural remoteness of areas that we have. There is just really two grocery stores. One in Monument Valley and here in Blanding. But if you want to do some serious shopping, it's at least an hour to two hours away."*
- Other community concerns include:
    - Increase in domestic violence;
    - Prenatal care;
    - Lack of school attendance and learning;
    - Transportation; and
    - Intergenerational poverty.
- Community Strengths include:
    - Parks and Recreation;
    - Low crime, safe neighborhoods;
    - Clean Environment; and
    - Access to outdoors.
- Community Opportunities
    - Affordable, safe quality housing;
    - Communication with partners regarding available resources;
    - Transportation;
    - Childcare/after-school and summer programs; and
    - Access to high-speed internet for telehealth opportunities.

Health Indicators

The selection of reliable, meaningful health indicators is an important part of any CHNA. Blue Mountain Hospital collaborated with the Utah Health and Human Services to assemble available data on health indicators for the community the hospital serves. The Utah Health and Human Services Office 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 are the health outcomes 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.

	Community Data			Comparison Values	
Indicator	Count/ Rate	Confidence Interval*	Compared to Utah	Utah	U.S.
Adults With Diabetes, 2019 and 2020 (Age-adjusted Percentage of Adults) Percentage of Utah adults (18+) diagnosed with diabetes.	**20.40%**	*(14.2% - 28.4%)*	Worse than	8.50%	10.00%
Unintentional Injury Death, 2016-2020 (Age-adjusted Rate per 100,000 Population) Unintentional deaths due to all causes per 100,000 population. ICD-10 codes V01-X59, Y85-Y86.	**90.6**	*(69.5 - 116.1)*	Worse than	45.5	--
Motor Vehicle Traffic Crash Deaths, 2016-2020 (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.	**51.6**	*(36.0 - 71.7)*	Worse than	8.6	--
Child Injury Death Rate, 2012-2021 (Deaths per 100,000 Population) Injury deaths among children aged 0-19 due to all causes per 100,000 children (ICD-10 codes V01-Y36, Y85-Y87, Y89, *U01-*U03)	**32.2**	*(18.7 - 51.5)*	Worse than	15	--

Doctor-diagnosed Hypertension, 2019 (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 the prevalence of high blood pressure in Utah. Data are from the Utah Behavioral Risk Factor Surveillance System.	**42.00%**	*(31.9% - 52.9%)*	Worse than	27.00%	30.20%
Obese BMI Prior to Pregnancy, 2018-2020 (Percentage of Women) Percentage 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.	**34.80%**	*(29.7% - 39.9%)*	Worse than	23.10%	--
No Health Insurance Coverage, 2019 (Age-adjusted Percentage of Persons) The percentage of persons without health insurance coverage	**28.60%**	*(18.2% - 42.0%)*	Worse than	12.50%	--
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%)*	Worse than	72.00%	66.20%
Prenatal Care in the First Trimester of Pregnancy, 2020 and U.S., 2019 (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.	**66.10%**	*(59.1% - 73.1%)*	Worse than	75.90%	77.60%

Ever Received Pneumococcal Vaccination, 2019 (Percentage of Adults 65+) Percentage of adults 65+ who reported receiving a pneumococcal vaccination at any point in their lifetime.	**37.00%**	*(20.5% - 57.1%)*	Worse than	76.10%	71.70%
Life Expectancy at Birth, 2016-2020 and U.S. 2020 (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**	*(75.7 - 78.3)*	Worse than	79.7	77.3
Per Capita Income, 2016-2020 Combined 5-Year Estimate (Per Capita Income (Dollars)) 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).	**$20,088**	*($18,224 - $21,952)*	Worse than	$30,986	$35,384
Persons Living in Poverty, 2020 (Percentage of Persons) The percentage of persons living in households whose income is at or below the federal poverty threshold.	**18.60%**	*(13.6% - 23.6%)*	Worse than	7.30%	11.90%
Child Poverty, 2020 (Percentage of Children) Percentage of children (age 17 and under) living in households whose income is at or below the federal poverty threshold.	**22.80%**	*(14.4% - 31.2%)*	Worse than	7.50%	15.70%

Percentage of Persons, 2020 (Percentage of Persons Aged 65+) The percentage of persons in each age group.	**14.90%**		n/a	11.70%	16.30%
Birth Rates, 2020 (Number of Births per 1,000 Residents) Number of live births per 1,000 population.	**11.6**	*(9.9 - 13.4)*	n/a	14.1	10.9
Percentage of Households With Children Under 18 That Were Headed by a Single Female (No Husband Present), 2016-2020 ACS (Percentage of All Households) Percentage of households by family type and presence of children.	**6.20%**	*(4.3% - 8.1%)*	n/a	4.80%	6.40%
Binge Drinking in the Past 30 Days, 2016-2021 (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, on one occasion. 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"]]	**7.70%**	*(5.5% - 10.6%)*	Better than	11.50%	--

Illegal Substance on One or More of the Past 30 Days:, 2021 (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.	**1.20%**	*(0.4% - 3.6%)*	Better than	5.30%	--
Vegetables Consumed Three or More Times Per Day, 2017 & 2019 (Age-adjusted Percentage of Adults 18+) The percentage of adults who reported consuming vegetables at least three times a day in the past month.	**22.10%**	*(15.5% - 30.4%)*	Better than	13.00%	--
Routine Medical Check-up in the Past 12 Months, 2020 (Age-adjusted Percentage of Adults) Percentage of Utah adults who reported a routine check-up in the past year.	**79.20%**	*(69.8% - 86.2%)*	Better than	69.00%	73.20%
Ischemic Heart Disease Deaths, 2019-2020 (Age-adjusted Rate per 100,000 Population) The rate of coronary heart disease-related deaths per 100,000 population.	**67.2**	*(42.5 - 101.2)*	About the Same	63.8	--
Stroke Deaths, 2019-2020 (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.	**37.1**	*(19.6 - 63.7)*	About the Same	34.4	--

Cancer Death Rate, 2018-2020 (Age-adjusted Rate per 100,000 Population) The rate of death from all cancers per 100,000 persons.	**118.7**	*(90.2 - 153.3)*	About the Same	119.2	--
Diabetes as an Underlying Cause of Death, Utah 2016-2020 (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.	**34.3**	*(22.6 - 50.0)*	About the Same	24.8	--
Percentage of Birth Records Indicating Gestational Diabetes, 2018-2020 (Percentage of Births) Percentages of births listing gestational diabetes on the birth certificate.	**8.10%**	*(5.7% - 10.6%)*	About the Same	6.50%	--
Prediabetes, 2016-2018 and 2020 (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.	**6.70%**	*(4.7% - 9.5%)*	About the Same	9.10%	--

Poisoning:, 2017-2020 (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.	**12.9**	*(5.1 - 26.8)*	About the Same	21.3	--
Homicide, Utah 2011-2020 and U.S. 2011-2020 (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.	**5.1**	*(2.0 - 10.7)*	About the Same	2.2	5.8
Self-reported child emotional abuse prevalence (BRFSS, age-adjusted), 2013, 2016, 2018, 2020 (Percentage) Self-reported child emotional abuse data is retrospective data collected from adults via the Utah BRFSS Adverse Childhood Experiences (ACEs) Module and youth via the Utah YRBS tier 2 ACEs and Positive Childhood Experiences (PCEs) questionnaire. Adult prevalence is	**34**	*(26.9 - 41.9)*	About the Same	38.3	--

looking retrospectively at their whole childhood (<18), while youth prevalence only looks back at the previous 12 months.					
Self-reported child sexual abuse prevalence (BRFSS, age-adjusted), 2013, 2016, 2018, 2020 (Percentage) Self-reported child sexual abuse data is retrospective data collected from adults via three questions in the Utah BRFSS Adverse Childhood Experiences (ACEs) Module and youth via the Utah YRBS tier 2 ACEs and Positive Childhood Experiences (PCEs) questionnaire. Adult prevalence is looking retrospectively at their whole childhood (<18), while youth prevalence only looks back at the previous 12 months.	**12.4**	*(8.4 - 17.9)*	About the Same	13.9	--
Suicide, Utah 2018-2020 and U.S. 2018-2020 (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.	**25.8**	*(12.6 - 46.9)*	About the Same	21.4	13.9
Preterm Births (Less Than 37 Weeks Gestation), 2020 (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.	**6.80%**	*(3.7% - 11.8%)*	About the Same	9.30%	10.10%

Fair or Poor General Health, 2020 (Age-adjusted Percentage of Persons) Percentage of adults aged 18 years and older who reported fair or poor general health.	**17.30%**	*(8.7% - 31.5%)*	About the Same	10.90%	13.90%
Seven or More Days of Poor Mental Health in the Past 30 Days, 2020 (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.	**19.90%**	*(12.0% - 31.2%)*	About the Same	22.60%	20.50%
Depression Prevalence, 2019-2021 (Age-adjusted Percentage of Adults) The percentage of adults aged 18 and above who have ever been told by a doctor, nurse, or other health professionals that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression.	**18.10%**	*(13.4% - 24.1%)*	About the Same	23.40%	--
Current Cigarette Smoking, 2019-2020 (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.	**9.40%**	*(4.6% - 18.2%)*	About the Same	8.20%	--

Family Meals, 2017, 2019 (Age-adjusted Percentage of Adults) The percentage of adults who live in households where family members ate meals together five or more times in the past seven days	**79.30%**	*(66.1% - 88.3%)*	About the Same	68.30%	--
Fruit Consumed Two or More Times per Day, 2019 (Age-adjusted Percentage of Adults 18+) The percentage of adults who reported consuming fruit two or more times a day	**30.40%**	*(21.5% - 41.1%)*	About the Same	30.60%	--
Recommended Amount of Aerobic Physical Activity, 2019 (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.	**65.20%**	*(53.7% - 75.2%)*	About the Same	55.20%	50.60%
Recommended Physical Activity, 2019 (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.	**21.20%**	*(9.5% - 40.8%)*	About the Same	18.00%	--

Adult Obesity, 2020 (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.	**36.60%**	*(28.6% - 49.0%)*	About the Same	29.40%	--
Overweight or Obese, 2020 (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.	**68.00%**	*(57.7% - 76.8%)*	About the Same	63.80%	--
Percentage of Adolescents Who Were Obese, 2019 (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.	**9.70%**	*(6.5% - 14.3%)*	About the Same	9.80%	--

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]					
Birth Rate for Females Aged 15-19, 2020 (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.	**11.8**	*(5.1 - 23.2)*	About the Same	10.7	15.4
Cost as a Barrier to Care in Past Year, 2020 (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.	**12.70%**	*(6.4% - 23.8%)*	About the Same	10.20%	11.20%
Adults With Diabetes Who Had at Least Two Hemoglobin A1C Tests in the Past 12 Months, 2015-2019 (Age-adjusted Percentage of Adults With Diabetes Who Had at Least 2 A1C Tests in the past year) 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.	**67.70%**	*(49.6% - 81.6%)*	About the Same	70.20%	--
At least one primary provider, 2021 (Age-adjusted percentage of adults)	**83.50%**	*(73.7% - 90.1%)*	About the Same	81.30%	82.00%

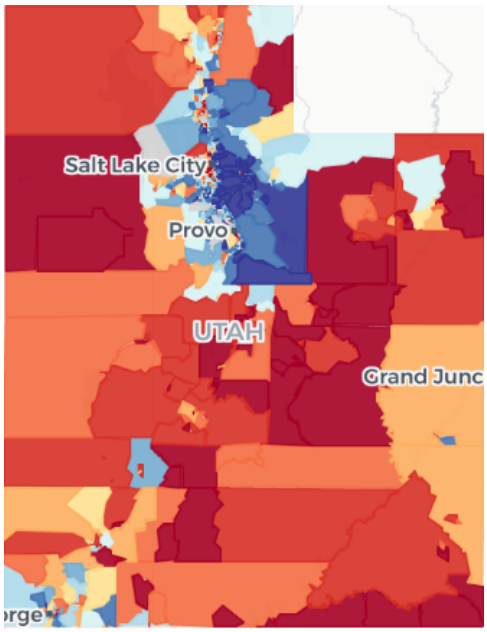
Percentage of adults who reported having one or more persons they think of as their personal doctor or health care provider.					
Influenza Vaccination in the Past 12 Months, 2020 (Crude Percentage of Adults Age 65+) Number of adults who reported receiving an influenza vaccination in the past 12 months.	**57.40%**	*(40.3% - 72.9%)*	About the Same	68.50%	67.30%
Cholesterol Checked Within the Past Five Years, 2019 (Age-adjusted Percentage of Adults) Percentage of adults aged 18 years and older who have had their cholesterol checked within 5 years.	**80.60%**	*(71.0% - 87.6%)*	About the Same	82.10%	--
Median Annual Household Income, 2020 (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.	**$50,686**		--	$77,785	$67,340

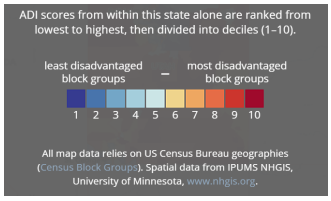
San Juan County IBIS Community Snapshot. Retrieved on 11/30/2022 from Utah Health and Human Services and Human Services, Division of Data, Systems, and Evaluation, Indicator-Based Information System for Public Health website: http://ibis.health.utah.gov/.

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 Health and Human Services in collaboration with Intermountain Healthcare at the U.S. Census block group level.





https://www.neighborhoodatlas.medicine.wisc.edu/mapping

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

State of Utah Priorities

Obesity and related chronic conditions, Mental Health and suicide and Prescription Drug misuse and overdose, and immunizations are the top four priority issues that the Utah Health and Human Services and the State of Utah are focusing on for its population currently. All of these broad issues can be tackled by health care facilities and, more specifically, preventative care.

Final Prioritization

Key leaders from Blue Mountain Hospital's team were asked to participate in a prioritization discussion 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, Chief Executive Officer

Gail Northern, Human Resources Director

Trent Herring, Chief Operations Officer

Kent Turek, Chief Financial/Nursing Officer

Cari Spillman, Compliance Program Manager

CHNA Results

Significant community health needs

Blue Mountain Hospital reviewed the data collected, including the community input needs and the final decision based on the data, are as follows:

1- **Improve Coordination of care**
2- **Mitigate Healthcare staffing shortages**
3- **Improve access to care**
4- **Community engagement & education**

Significant Health Needs Data

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

1- Improving coordination of care between local service providers

San Juan County has multiple healthcare service providers, and our patients don't always know or understand the resources that are available to them. San Juan County is a large county that borders a Navajo & Ute Indian Reservation. The Navajo and Ute reservations are a large part of Blue Mountain Hospital's catchment area. An estimated 220,000 people live on the Navajo reservation, and 13,000 on the Ute reservation. This massive area (approximately 10,000 square miles) contributes to patients and their caregivers not knowing where resources are and not having the transportation to get to the places where they can receive the health care they need.

Why we are focusing on improving patient care coordination

Blue Mountain Hospital has many challenges regarding patient care coordination. Some of these challenges include:

- Lack of reliable patient transportation
- Lack of reliable patient communication
- Lack of follow up care after a procedure
- Lack of Hygiene for patients to keep their wounds clean
- Lack of Education
- Lack of caregiver support
- Some patients do not care about their health or taking the steps recommended by their provider.
- Patients are not educated by their Primary care provider about the care they need.
- A large percentage of our patients do not speak English, and Navajo is a hard language to translate with medical terminology.
- Patients on the reservation only have access to gas station food, so that makes it difficult for them to follow a particular diet.
- Patients do not understand the education provided to them.
- Poor medication reconciliation between multiple doctors.
- Poor communication between facilities.
- Cultural challenges

Blue Mountain has also set some financial goals, that when met, will allow us to hire a discharge planner, who can help us tackle coordination of care issues.

2- Healthcare staffing shortages

Blue Mountain Hospital has partnered with several educational institutions to further education for students who want to work in the medical field who live here. When their schooling and internships are finished, these students can be prime candidates for new hires. BMH hopes to gain not only new employees but fresh perspectives from students who have trained in multiple rural hospitals and universities. These students will come from these institutions to complete their clinical hours for their programs.

Why we are focusing on our employee pool

One of the most difficult issues that Blue Mountain addresses are nurse staffing shortages. The need for registered nurses, lab technicians, and other support staff is increasing and is 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- Improve our patients' access to care

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.[1]

Why we are focusing on improved access

Blue Mountain Hospital's catchment area includes the northern part of the Navajo Indian Reservation and also a large portion of the Ute Reservation. 48.5% of San Juan County residents are Native American. Our patients have to travel long distances to have access to healthcare. The closest Indian Health Service facility is in Shiprock, NM, approximately 100 miles from Blue Mountain Hospital. Patients receiving their healthcare at this facility can receive their healthcare for free. By obtaining I.H.S. inpatient 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.

Blue Mountain Hospital has opened multiple service lines in order for its patients to have access to other services that are not located in the county.

The southeast corner of Utah keeps its residents from lots of services afforded by the larger cities and towns in Utah, Arizona, New Mexico, and Colorado. To see a cancer specialist, a patient would have to travel 300 miles. The closest Walmart or any other major shopping is 75 miles from Blanding. If a patient lives deep in the Arizona side of the Navajo Nation, they likely have to travel several hours one way to seek care or shopping. This adds to the problem of transportation, as patients have to pay for gas, motels, and food to travel where they need to.

4- Community engagement & education

Blue Mountain Hospital is invested in the quality of healthcare in the community it serves. Engaging the community as a central component of the community health needs assessment process is mutually beneficial to both the hospital and the community.

Benefits for Blue Mountain Hospital

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

- A clearer understanding of the community served by Blue Mountain Hospital, including specific health issues, their root causes, and the availability of resources and assets to address them.
- Strengthened bonds between the community and hospital, leading to increased collaboration around priority issues.
- Greater community buy-in and a sense of shared ownership of and commitment to community health.
- Stronger relationships with individuals and organizations that are assets for improving community health.
- Healthier communities where individuals have access to preventive care and seek care at the appropriate level, potentially leading to lower costs for the hospital.

Benefits for the local Community

- A different perspective of the community and the hospital's role in health promotion.
- Improved communication between the community and hospital, contributing to increased collaboration, mutual respect and understanding.
- A sense of shared ownership and commitment to the community health needs assessment (CHNA) process and any subsequent community coalitions or collaborative improvement efforts.
- The ability to apply knowledge and experiences to improve the health of the community.
- Building involvement and investment in the short- and long-range success of the CHA process.
- The opportunity for leadership development and capacity-building.
- The potential for a healthier community.

https://www.healthycommunities.org/resources/toolkit/files/community-engagement

Below are some of the ways in which Blue Mountain Hospital strives to engage and educate the community:

1- Community engagement

- Healthy Heart Month
- Annual Golf scholarship tournament
- 4th of July Scavenger Hunt
- Breast Cancer awareness
- Seatbelt check
- Sun safety month at the pool
- Teddy bear clinic with UNHS
- Kidney Disease month

2- Community education

- BMH Newsletter to send out education to communities
- Bariatric seminars
- Bariatric support group

- Heart Healthy month- we had a dedicated website to encourage community members to eat heart-healthy foods.
- Breast Cancer awareness month- education went out to the public about the importance of annual mammograms
- Demonstration for Pediatric CPR
- Sponsor nutrition classes and workshops

Blue Mountain Hospital Newsletter

The Blue Mountain Hospital e-newsletter goes out to staff and the community on the first of each month to highlight monthly health news and events that are going on at BMH and the community. This is a platform that BMH uses to educate and provide information to the community. BMH gathers information from local health centers, experts, and our own staff to create meaningful information and promote health awareness to the public. Previous topics have included Summer Sun Safety, Heart Health Awareness, Diabetes Prevention, Healthy Eating, and more.

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 the 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.[2]

Areas that were not included in the list of final priorities are:

- Higher rates of chronic conditions such as diabetes and hypertension
- Depression rates are lower, however, persons living in poverty are high. This information, in context of what we heard from the community input meeting, suggest that some of the community strengths might lead to lower rates of clinical depression or anxiety, but the realities of living in poverty facilitate enough stress and trauma that individuals are feeling poorly when it comes to their mental health. Stigma in a smaller community might contribute to lower self-reported rates as well.
- Low air pollution and low asthma rates

[2] 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

These needs in the community were not chosen as the focus for this CHNA due to a lack of a primary practice clinic housed in our facility. There are two clinic systems that are currently addressing the needs in the community. BMH works closely with both clinic systems to give our patients the resources and option for care that they need.

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.

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

- San Juan School District
- San Juan Public Health
- San Juan Health
- Utah Navajo Health Systems
- San Juan County
- San Juan Counseling

The Community Health Implementation Strategy will be available on www.bmhutah.org in May 2023. Blue Mountain Hospital plans to bring multiple department leaders together to brainstorm about strategies for our goals for this cycle and how we can all work together to start working towards those goals. Blue Mountain Hospital will also be working closely with San Juan Counseling, Utah Navajo Health System, and other area agencies to collaborate on common needs in the community.

Impact of Previous Implementation Strategy from 2019

2019 Community Health Needs Implementation Plan Impact Summary

1- Alcohol and Substance abuse- decrease the number and Alcohol and Drug Related visits to the ER.

Outcome measures:

- Increase education to the public about alcohol and drug abuse
- Increase referrals to Addiction programs

Strategies and Tactics:

- Identify potential programs available for patients
- Identify potential access barriers for patients wanting to participate in these programs
- Address cost barriers
- Support providers with suboxone training

2- Healthcare staffing shortages

Outcome measures:

- Complete BMH hiring needs assessment to determine actual staffing needs
- Continue collaboration with UUHRN
- Be fully staffed and have multiple applications for waiting positions

Strategies and Tactics:

- Work closely with surrounding health professional programs
- Attend all job fairs and community events to recruit healthcare staff
- Continue ER Tech LPN Program
- Officer in house scholarships and tuition reimbursement
- Officer competitive wages and benefits in the region

3- Indian Health Services funding

Outcome measures:

- Identify tribal partnerships

Strategies and Tactics:

- Receive authorization from the Ute Mountain Utes or Navajo Nation to contract with Indian Health Services
- Negotiate Service contracts with IHS

4- Community engagement & education

Outcome Measures:

- Identify events to participate in and around the community and region
- Support and sponsor events

Strategies and Tactics:

- Co-sponsor healthcare education scholarship gold tournament
- Host Sterling scholar event
- Publish education in the BMH Newsletter
- Offer scholarships to San Juan county medical programs

Outcomes from 2019 Activities

The team identified items Blue Mountain Hospital 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.

- Co-hosted Golf Tournament which generates scholarship money for up-and-coming healthcare students
- Joined SJPAC committee to be more involved in events and resources going on in the community
- Chief Operations Officer became a member of the San Juan Public Health board
- Support and involvement in Education to San Juan High School about careers in healthcare
- Recruiting nursing students from USU, WGU, and San Juan College to have clinical hours for school at BMH
- Hired Marketing Specialist to further create and enhance community engagement and education efforts
- Continue to hire staff into the ER Tech LPN program
- BMH has collaborated with the Ute Mountain Utes and began exploring the possibility of a contract under public law 93-638, which would increase funding and access for care for Native American patients at BMH. We met with the Ute Mountain Utes Council multiple times to discuss possibilities and to propose that we seek a 638 contract. The Council eventually passed a resolution authorizing us to request information from IHS. We have requested that information, but IHS has not been forthcoming with the information yet.
- Education in the ER and referrals to San Juan Counseling for drug addiction needs.
- Medical director on staff is suboxone training and licensure.

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 at Blue Mountain Hospital.

Acknowledgement

This assessment and accompanying documents would not be possible without the Utah Health and Human Services, and Intermountain Healthcare. The talented team of data specialists helped Blue Mountain to identify reliable public health measures that best illustrate the health of a community. Contributors included Stephanie Croasdell Stokes and Anna Dillingham.

For comments or more information about the CHNA:

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

References

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

https://ibis.health.utah.gov/ibisph-view/indicator/view/RacEthPop.WhiteLHD.html

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

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

This document has been approved by the Blue Mountain Hospital Board of Directors on 12/12/2022.

Appendix A

Pre-survey questionnaire that was sent to community members prior to scheduled input meetings

Q1 What organization do you represent?

Q2 Below is a list of health-related issues identified in previous assessments. Today, what would you say are the most significant health issues for your community? Drag and drop to rank your answers, with the most significant issue at the top.

Q3 What is different or unique about understanding and addressing [top issue identified] today, compared to three years ago when we last did this assessment?

Q4 What barriers continue to get in the way of preventing or solving this health issue?

Q5 Think specifically about aging and senior adults in your community. How would you rank the most significant health issues for aging and senior adults differently, if at all?

Q6 What other health issues, if any, should we be considerate of for aging or senior adults in our community?

Q7 Think specifically about children (individuals 0-17) in your community. How would you rank the most significant health issues for children differently, if at all?

Q8 What other health issues, if any, should we be considerate of for children in our community?

Q9 Think specifically about racial and ethnic minority groups in your community. How would you rank the most significant health issues for these underrepresented populations differently, if at all?

Q10 What other health issues, if any, should we be considerate of for racial and ethnic minority groups in our community?

Q11 Below is a list of community factors that drive health. Which do you feel your community does well, or you would consider a strength of your community? Select all that apply.

Q12 What other strengths or assets does your community have that can be used to improve health? What is missing, if anything?