

Blue Mountain Hospital, Blanding, UT

Community Health Needs Assessment and Economic Impact Findings

April 2014



**NATIONAL
RURAL HEALTH
RESOURCE CENTER**

600 East Superior Street, Suite 404

Duluth, Minnesota 55802

Phone: 218-727-9390

Fax: 218-727-9392

info@ruralcenter.org

www.ruralcenter.org

Table of Contents

Introduction	2
Survey Methodology	3
Survey Respondents Demographics	4
Survey Findings	8
Blue Mountain Hospital Economic Impact Assessment.....	35
Conclusions, Recommendations and Acknowledgements	43
Patient Protection and Affordable Care Act: Section 9007 (Pub. L. 114-118).....	45
Establishing Health Priorities	46
Appendix A	47
Cover Letter and Survey Instrument	
Appendix B.....	54
Responses to Other and Comments	
Appendix C	60
Economic Impact References	

Blue Mountain Hospital

Community Health Needs Assessment Summary Report

Introduction

Blue Mountain Hospital is an 11 bed critical access hospital located in Blanding, Utah. The hospital participated in a Community Health Assessment survey process administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the winter of 2014, a random stratified sample within San Juan County was surveyed on the utilization and perception of local healthcare services. This report details the results of the survey in both narrative and chart formats, as well as a summary report of focus groups and secondary data analysis. Included in the assessment findings are recommendations for developing and implementing plans that address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Findings from this report may be used for:

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

Survey Methodology

Survey Instrument

In December 2013, The Center conferred with leaders from Blue Mountain Hospital to discuss the objectives of a regional community health needs assessment survey. A survey instrument was developed to assess the healthcare needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from local residents regarding:

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

The survey was based on a design that has been used extensively in the states of Minnesota, Montana, Wyoming, Washington, Alaska, and Idaho.

Sampling

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

Survey Implementation

In February 2014, the community health needs assessment, a cover letter on Blue Mountain's letterhead, and a postage paid reply envelope were mailed first class to 800 randomly selected residents in the targeted region (7 zip codes). A press release was sent to local newspapers prior to the survey distribution announcing that Blue Mountain Hospitals would conduct a community health needs assessment throughout the county in cooperation with The Center.

One hundred fifty-three of the mailed surveys were returned providing a 21% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 7.06%. Note that 60 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable.

Percentages indicated on the following tables and graphs are based upon the number of responses for each individual question from the survey and are rounded to the nearest whole number.

Survey Respondent Demographics

The following tables indicate the demographic characteristics of survey respondents. Information on place of residency, gender, age, and employment status is included. Percentages indicated in the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

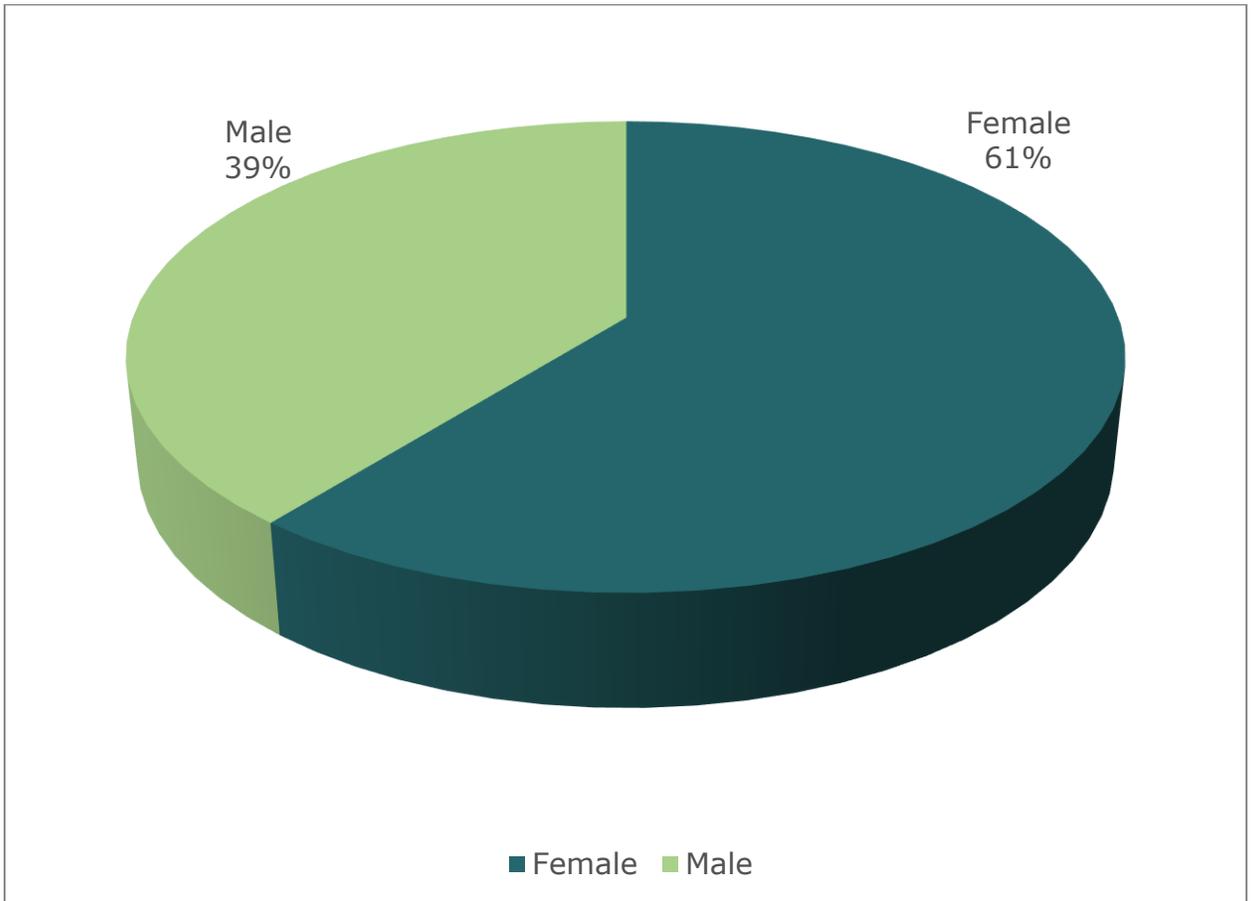
Place of Residence (Question 34)

Zip codes with the greatest number of admissions were stratified in the initial sample selection so that each area would be represented in proportion to both the overall served population and the proportion of past admissions. Based on this selection, 63% (n=97) of respondents reside in Blanding, Utah. (N=153)

Location	Count	Percent
84511 Blanding	97	63%
84535 Monticello	25	16%
84534 Montezuma Creek	13	8%
84512 Bluff	9	6%
84536 Monument Valley	5	3%
84531 Mexican Hat	2	1%
No Answer	2	1%

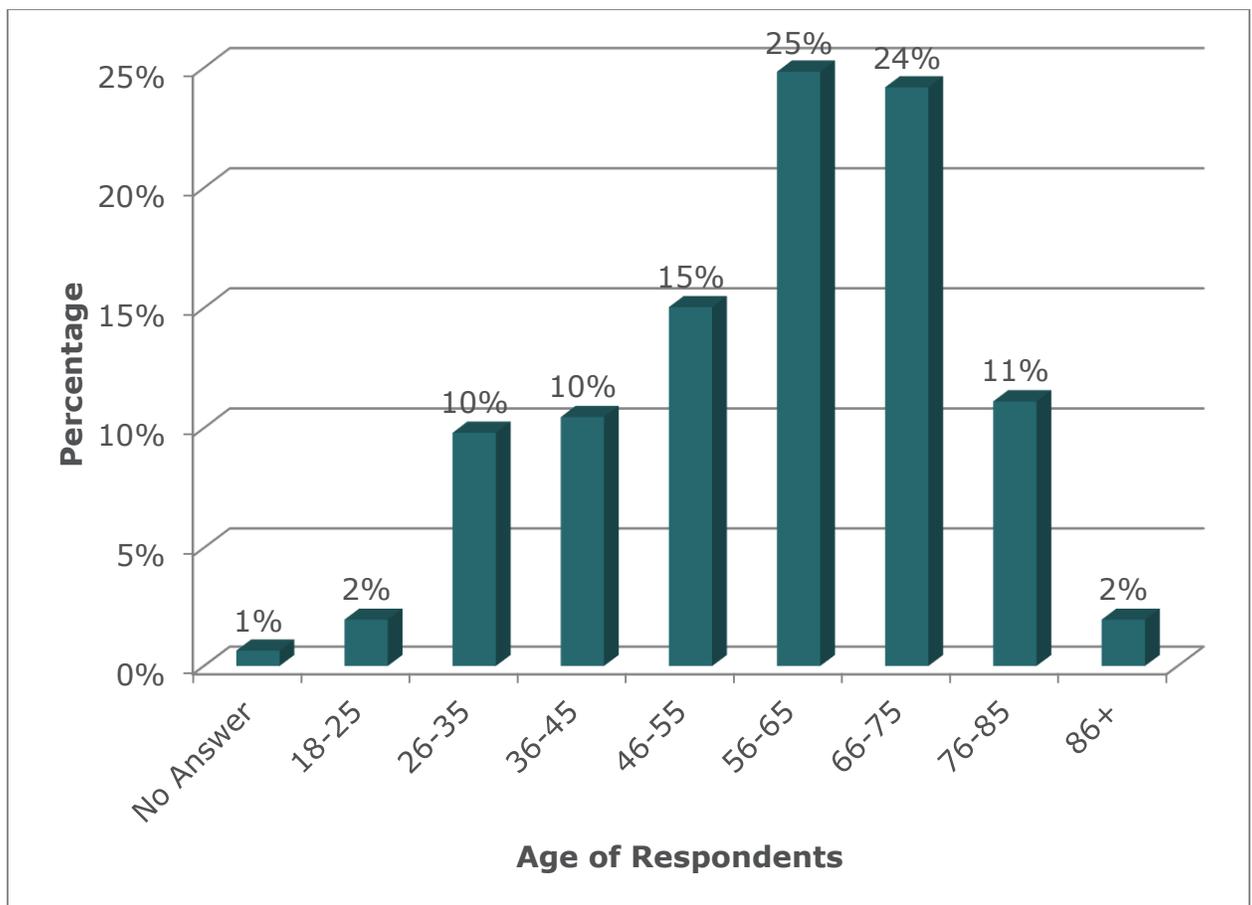
Gender of Respondents (Question 35)

Sixty-one percent (n=93) of survey respondents were female, 39% (n=81) were male and 1% (n=3) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare oriented since women are frequently the healthcare decision makers for families. (N=153)



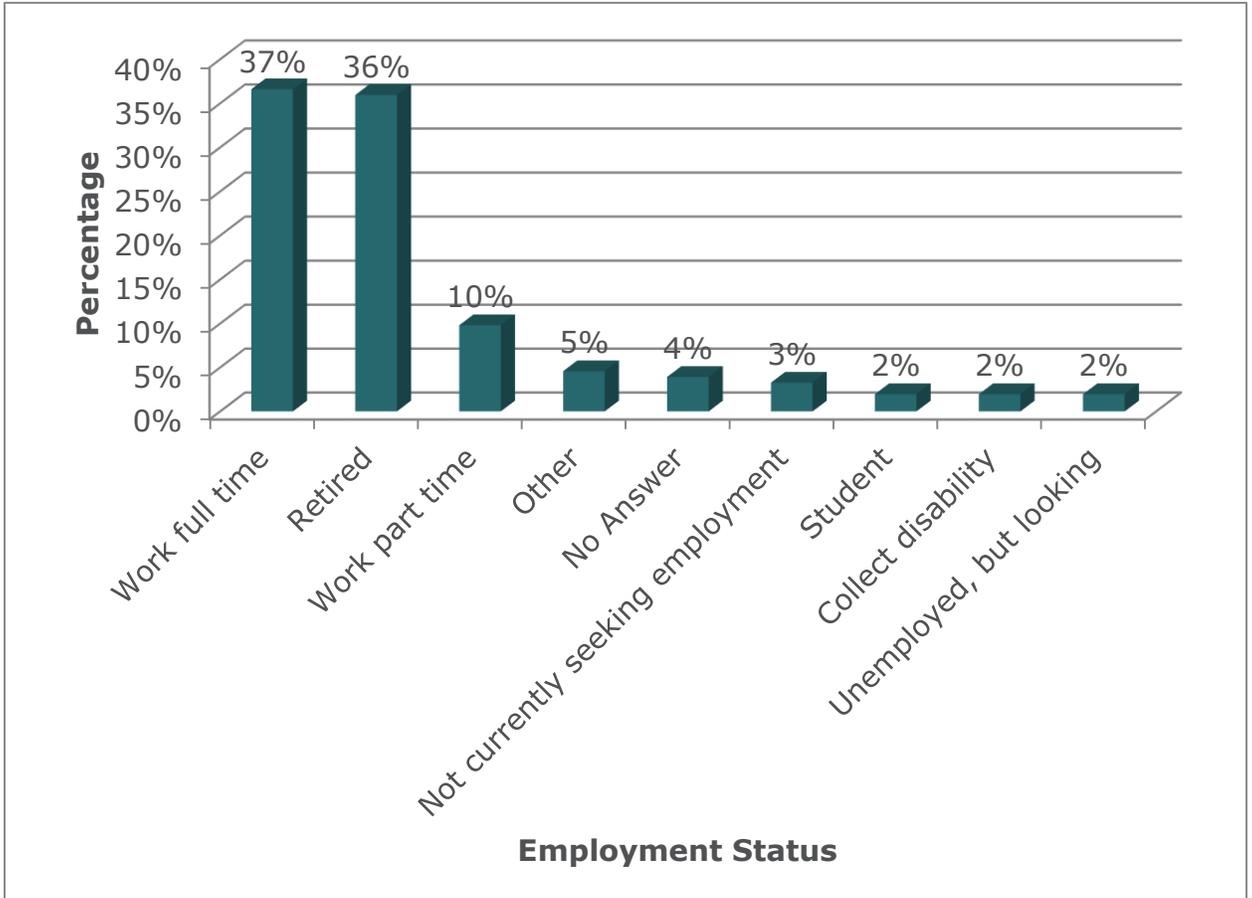
Age of Respondents (Question 36)

Twenty-five percent (n=38) of respondents were between the ages of 56-65 years old and 24% (n=37) were 66-75 years old. The population of respondents in this community is comparable to other rural community health assessment demographics. The increasing percentage of elderly residents in rural communities is a trend that is seen throughout rural America and will likely have a significant impact on the need for healthcare services during the next 10-20 years. Older residents are also more invested in healthcare decision making; therefore they are more likely to respond to healthcare surveys, as reflected by the graph below. It is important to note that the survey was targeted to adults and therefore no respondents are under age 18. (N=153)



Employment Status (Question 37)

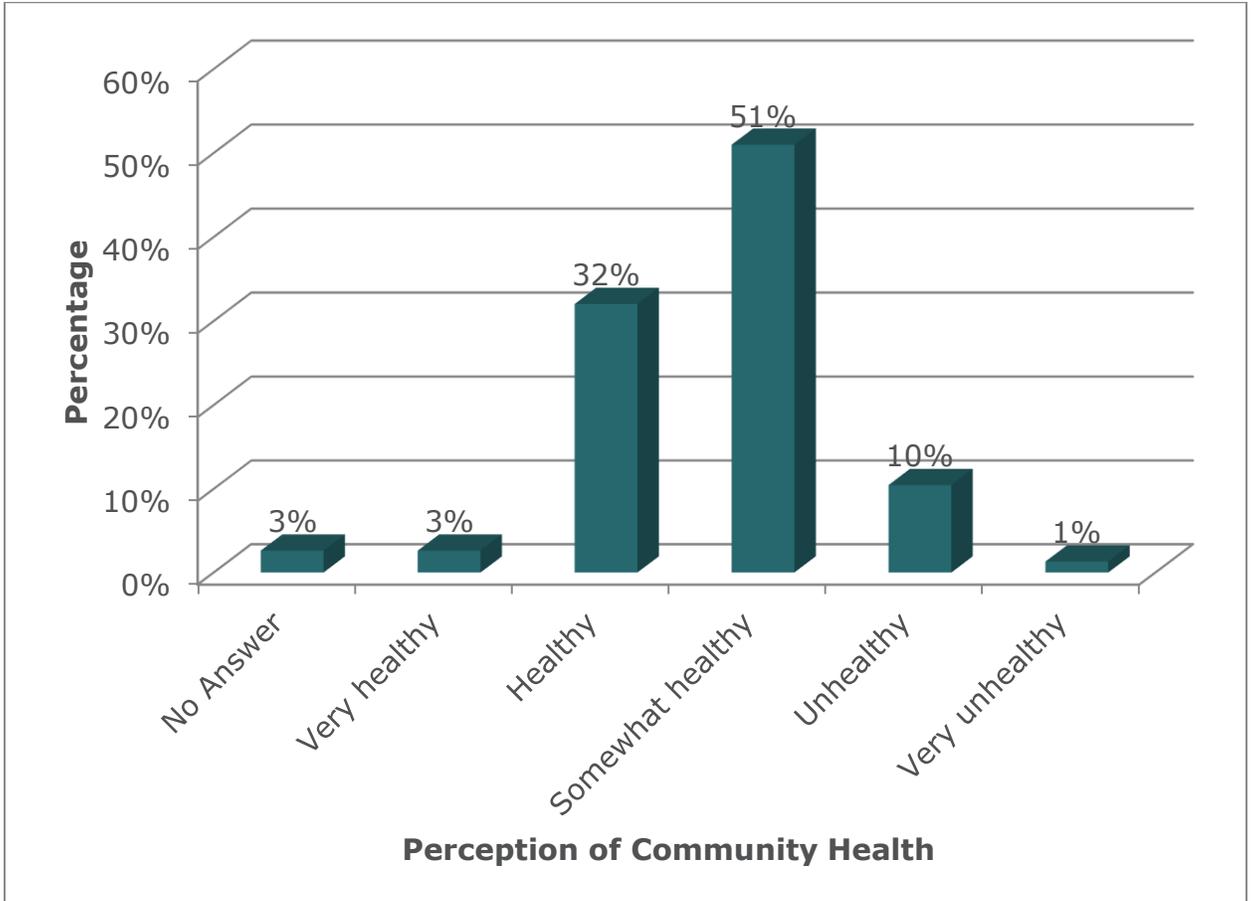
Thirty-seven percent (n=56) of respondents work full time, while 36% (n=55) of respondents report being retired. These results are consistent with the age of respondents. (N=153)



Survey Findings

Perception of Community Health (Question 1)

Respondents were asked how they would rate their community as a healthy place to live. Fifty-one percent (n=78) of respondents rated their community as “Somewhat Healthy” while 32% (n=49) felt their community was “healthy”. This indicates an opportunity to improve area residents’ perception of their community’s health. (N=153)



Community Health Concerns (Question 2)

Respondents were asked to identify the three most serious health concerns in the community. The number one health concern identified by respondents was "Diabetes" (63%, n=96), followed by "Cancer" (53%, n=81) and "Alcohol/substance abuse" (37%, n=89). "Alcohol/substance abuse" is typically the most frequent response from other rural community health needs assessments conducted by The Center. Respondents were asked to pick their top three health concerns, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 152)

Health Concerns	Count	Percent
Diabetes	96	63%
Cancer	81	53%
Alcohol/substance abuse	64	42%
Obesity	56	37%
Heart disease	47	31%
Lack of exercise	30	20%
Mental health issues	28	18%
Domestic violence	14	9%
Lack of dental care	12	8%
Child abuse/neglect	10	7%
Lack of access to healthcare	8	5%
Underage alcohol use	4	3%
Stroke	4	3%
Motor vehicle accidents	3	2%
Tobacco use	1	1%
Other	1	1%

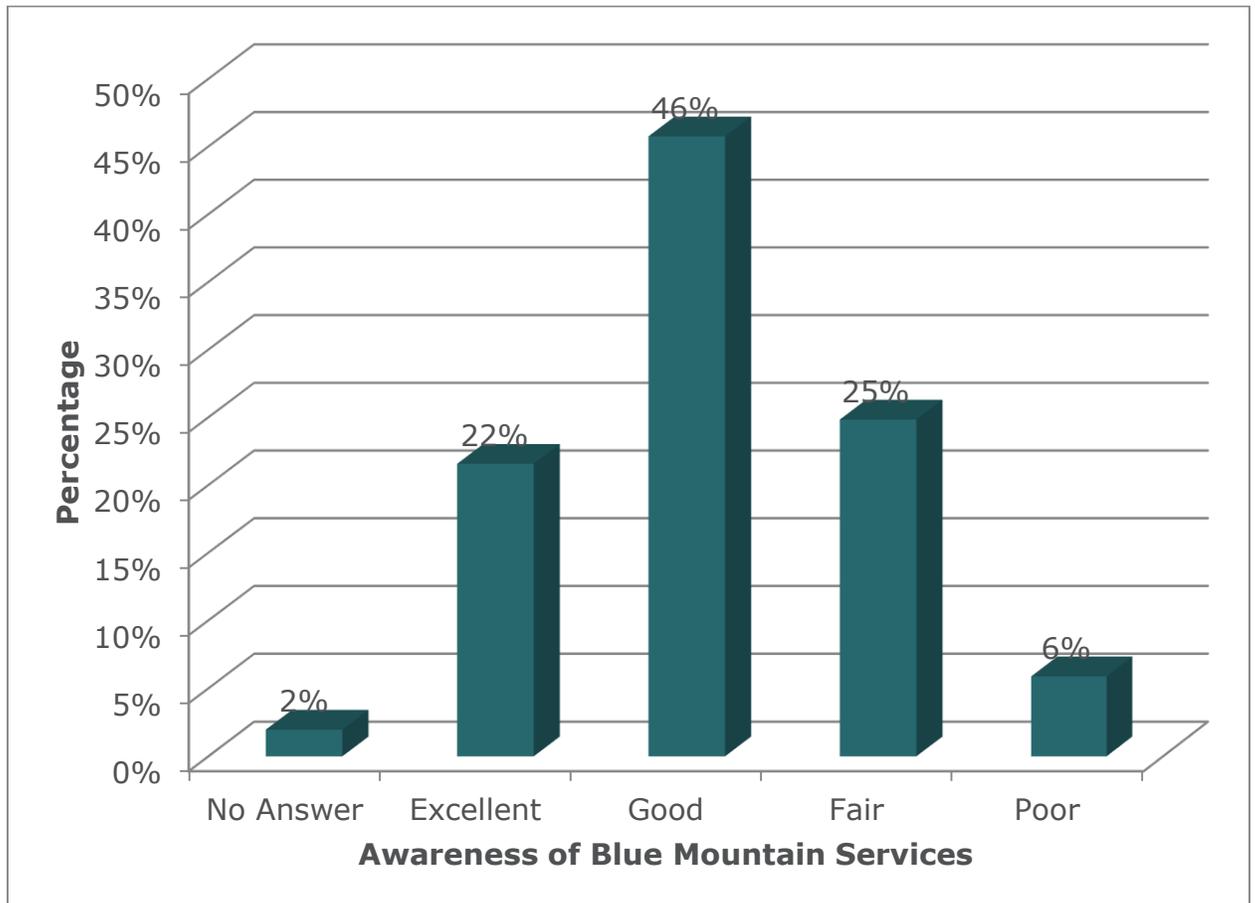
Criteria for a Healthy Community (Question 3)

Respondents were asked to identify the three most important criteria to a healthy community. Sixty-two percent (n=93) of respondents indicated "Access to healthcare and other services" was important for a healthy community and "Good jobs and a healthy economy" was the second most indicated criteria to a healthy community (49%, n=74). "Healthy behaviors and lifestyles" (45%, n=107) was the third most frequent selection identified as a criteria for a healthy community. These results are typical compared to other rural community health needs assessments conducted by The Center. Respondents were asked to identify their top three choices thus the percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=151)

Important Criteria	Count	Percent
Access to healthcare and other services	93	62%
Good jobs and healthy economy	74	49%
Healthy behaviors and lifestyles	69	46%
Strong family life	59	39%
Religious or spiritual values	45	30%
Clean environment	24	16%
Good schools	20	13%
Low crime/ safe neighborhoods	17	11%
Affordable housing	16	11%
Tolerance for diversity	11	7%
Community involvement	8	5%
Low death and disease rates	6	4%
Arts and cultural events	3	2%
Low level of domestic violence	3	2%
Parks and recreation	3	2%
Other	2	1%

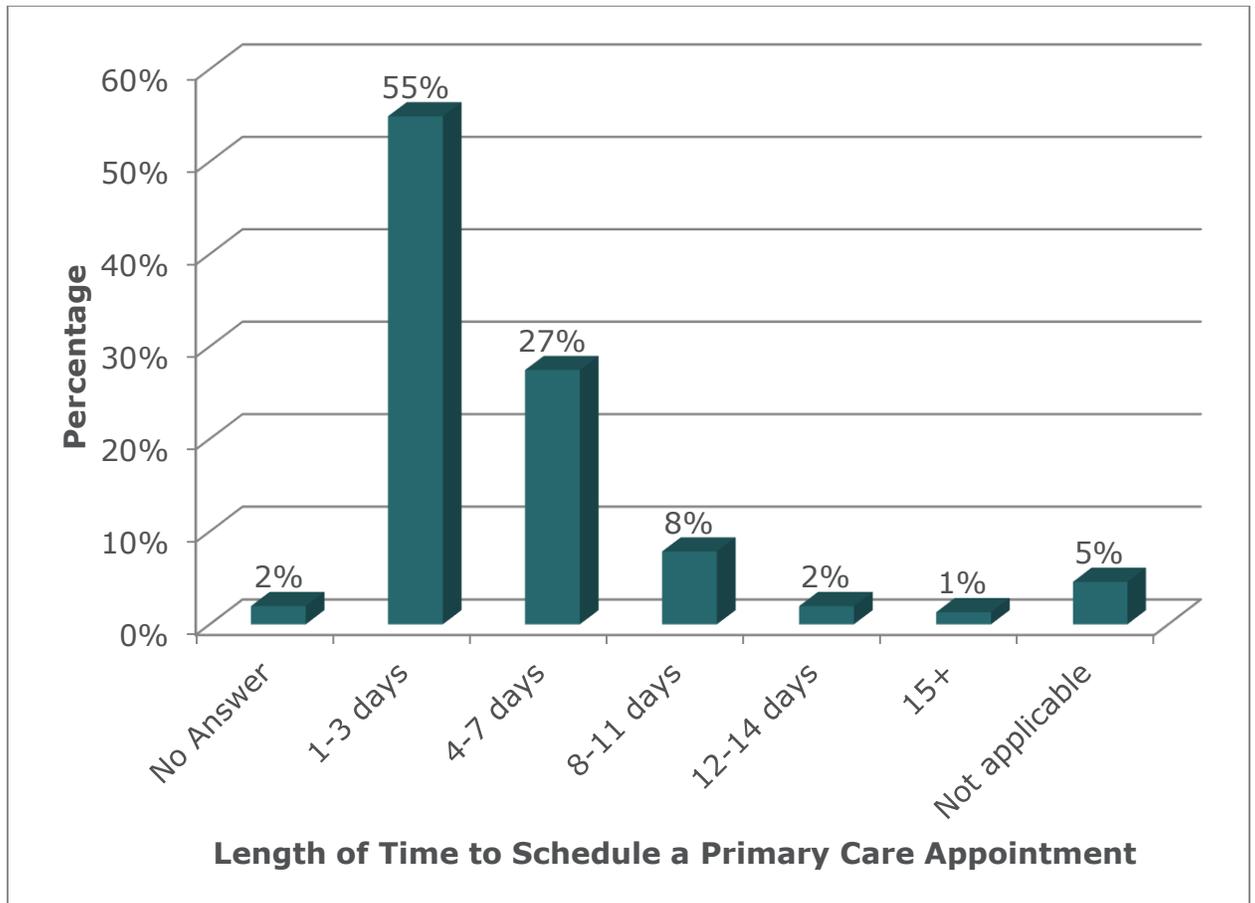
Awareness of Services Available at Blue Mountain Hospital (Question 4)

Respondents were asked to rate their knowledge of health services available at Blue Mountain Hospital. Approximately half (46%, n=70) of the respondents rate their knowledge of local health services available as "Good". Twenty-five percent (n=38) of respondents indicated their level of awareness as "Fair". This level is an opportunity for the hospital to increase awareness of services through greater community outreach activities. (N=153)



Length of Time to Schedule a Primary Care Appointment (Question 5)

Respondents were asked to identify the average length of time it takes to schedule an appointment with a primary care provider at Blue Mountain. Fifty-five percent (n=84) indicate that it takes 1-3 days to schedule an appointment, which is a substantially higher percentage when compared to other community health needs assessments conducted by The Center. The average is 34% percent for scheduling time to see a primary care provider in 1-3 days. This is a good indicator to track over time to assure that the scheduling time does not increase. (N=153)



Method for Learning about Healthcare Services (Question 6)

Respondents were asked to identify methods for improving access to local healthcare services. "Word or mouth/reputation" (75%, n=112) was the most frequently reported method indicated, followed by "Healthcare provider" (53%, n=79). These responses are typical based on other community health needs assessments offered by The Center. Respondents could select more than one method so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n= 149)

Method	Count	Percent
Word of mouth/reputation	112	75%
Healthcare provider	79	53%
Newspaper	76	51%
Mailings	39	26%
Public health	18	12%
Yellow pages	10	7%
Website/internet	9	6%
Other	8	5%
Church	6	4%
Presentations	2	1%

Utilization of Healthcare Services Used in the Last Three Year (Question 7)

Respondents were asked to identify additional healthcare services utilized outside of the hospital and clinic over the last three years. Eighty-six percent (n=127) of respondents reported utilizing services from the "Pharmacy" and 67% (n=99) reported utilizing services from the "Dentist." These responses are comparable to other community health needs assessments administered by The Center. Comments listed as "Other" are available in Appendix B. Respondents were asked to select all that applied, therefore percentages do not total 100%. (n= 148)

Community Health Resources	Count	Percent
Pharmacy	127	86%
Dentist	99	67%
Eye doctor	86	58%
Chiropractor	36	24%
Public health	23	16%
Community Health Center	21	14%
Mental health	14	9%
Other	13	9%
Council on Aging	3	2%
VA	3	2%

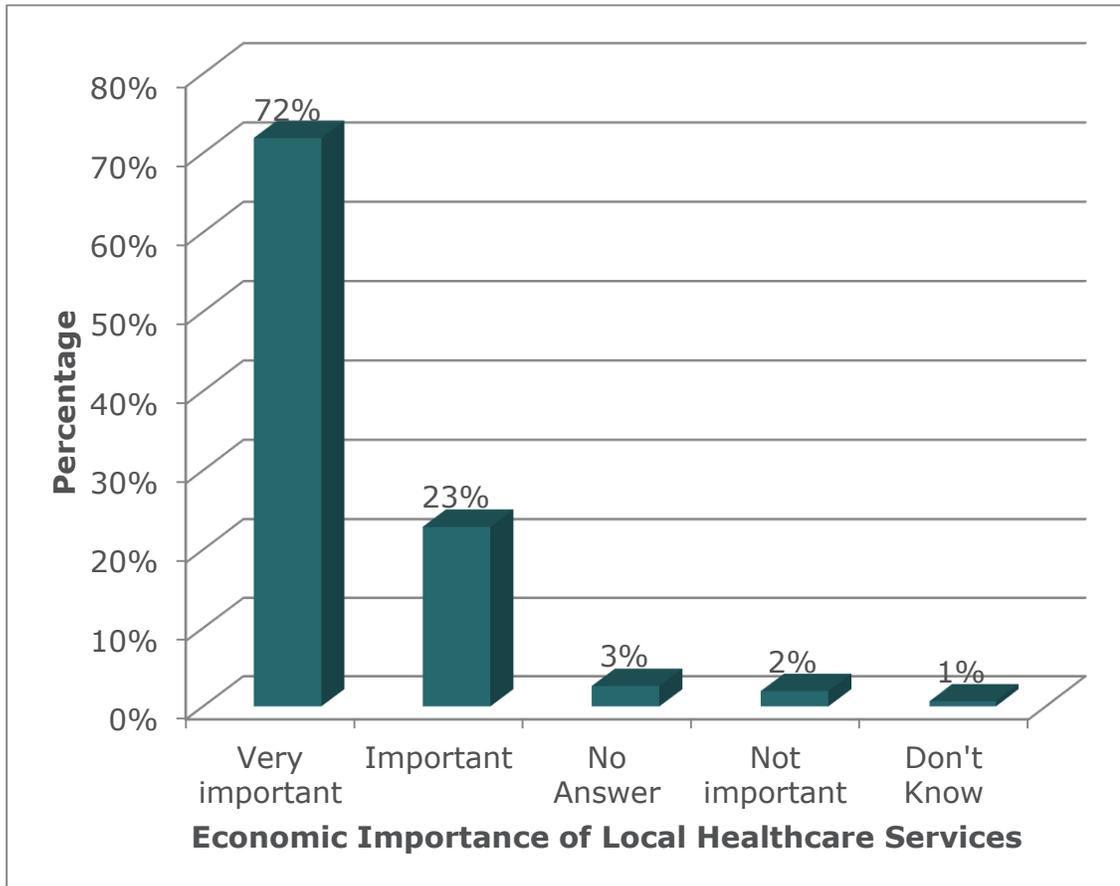
Ideas for Improving Access to Healthcare (Question 8)

Respondents were asked to identify methods for improving access to local healthcare services. "More specialists" (53%, n=74) was the most frequently reported method indicated, followed by "More primary care providers" (42%, n=58). These responses are typical based on other community health needs assessments offered by The Center. The mention of improved cultural sensitivity at 5% (n=12) is unusually high. Respondents could select more than one method so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=139)

Method	Count	Percent
More specialists	74	53%
More primary care providers	58	42%
Improved quality of care	43	31%
Greater health education services	40	29%
Outpatient services expanded hours	38	27%
Transportation assistance	21	15%
Telemedicine	13	9%
Interpreter services	12	9%
Cultural sensitivity	12	9%
Other	10	7%

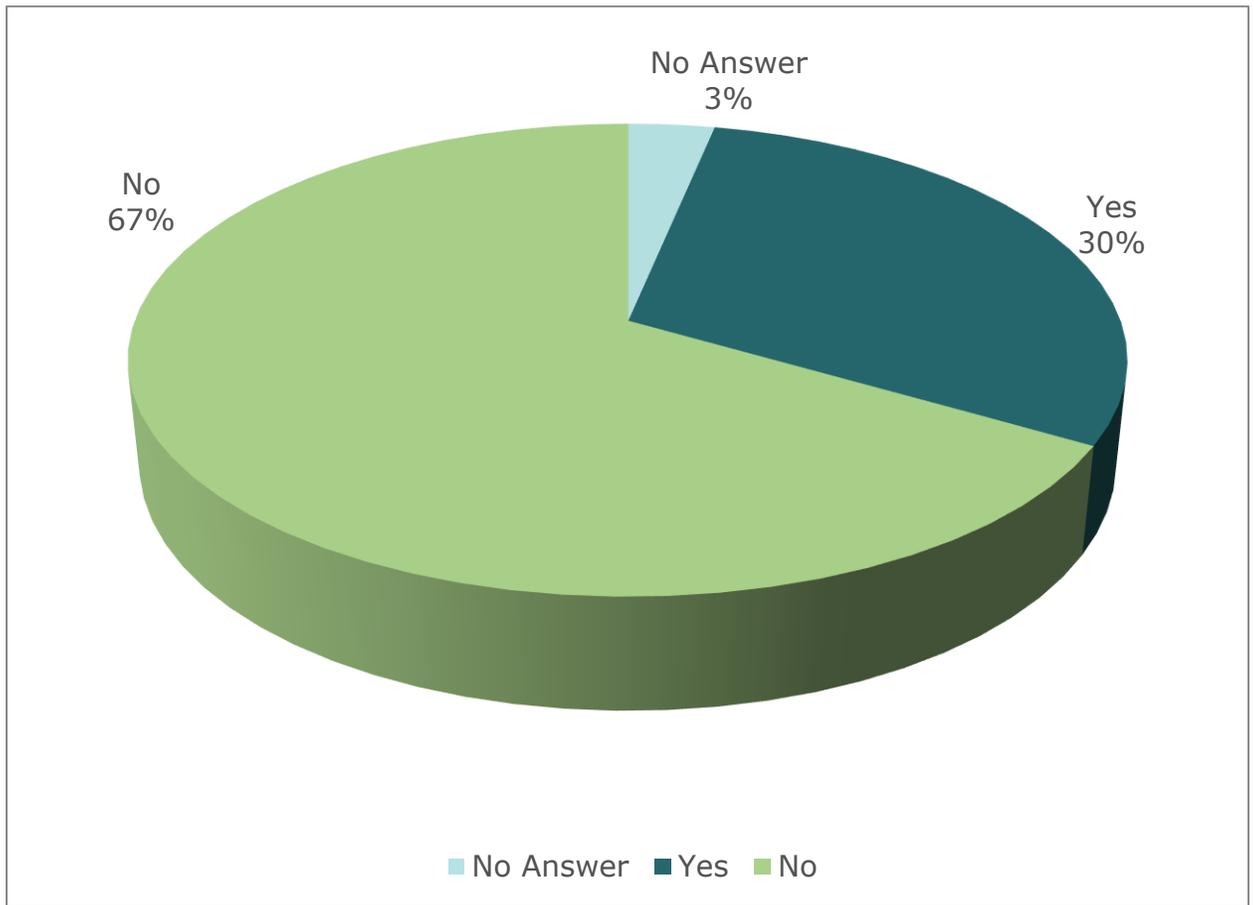
Economic Importance of Local Healthcare Services (Question 9)

The majority of respondents (77%, n=110) indicated that local healthcare services are "Very important" to the economic well-being of the area while 23% (n=35) indicated they are "Important". (N=153)



Delayed Receiving Healthcare Services (Question 10)

Thirty percent (n=46) reported they, or a member of their household, thought they needed healthcare services but either did NOT get the service or experienced a delay in receiving it. This percentage is significantly higher compared to the average of 23% of those that did not receive care when it was needed based on other community health needs assessments administered by The Center. Sixty-seven percent (n=102) of respondents felt they were able to get the healthcare services they needed without delay. (N=153)



Reasons for Delaying Healthcare Services (Question 11)

Of the 30% (n=46) of respondents that delayed receiving care when need, the reasons for the delay most frequently cited were: "It costs too much" (45%, n=21), "Too long to wait for an appointment" (30%, n=14), and "My insurance didn't cover it" or "No insurance" both at (26%, n=12). Comments listed as "Other" are available in Appendix B. Respondents were asked to select up to three applicable choices, therefore percentages do not total 100%. (n= 46)

Reason	Count	Percent
It costs too much	21	45%
Too long to wait for an appointment	14	30%
My insurance didn't cover it	12	26%
No insurance	12	26%
Not treated with respect	11	23%
Could not get an appointment	9	19%
Office wasn't open when I could go	7	15%
It was too far to go	7	15%
Other	7	15%
Transportation problems	6	13%
Unsure if services were available	5	11%
Don't like providers	5	11%
Could not get off work	3	6%
Didn't know where to go	3	6%
Had no one to care for the children	2	4%
Too nervous or afraid	2	4%
Language barrier	0	0%

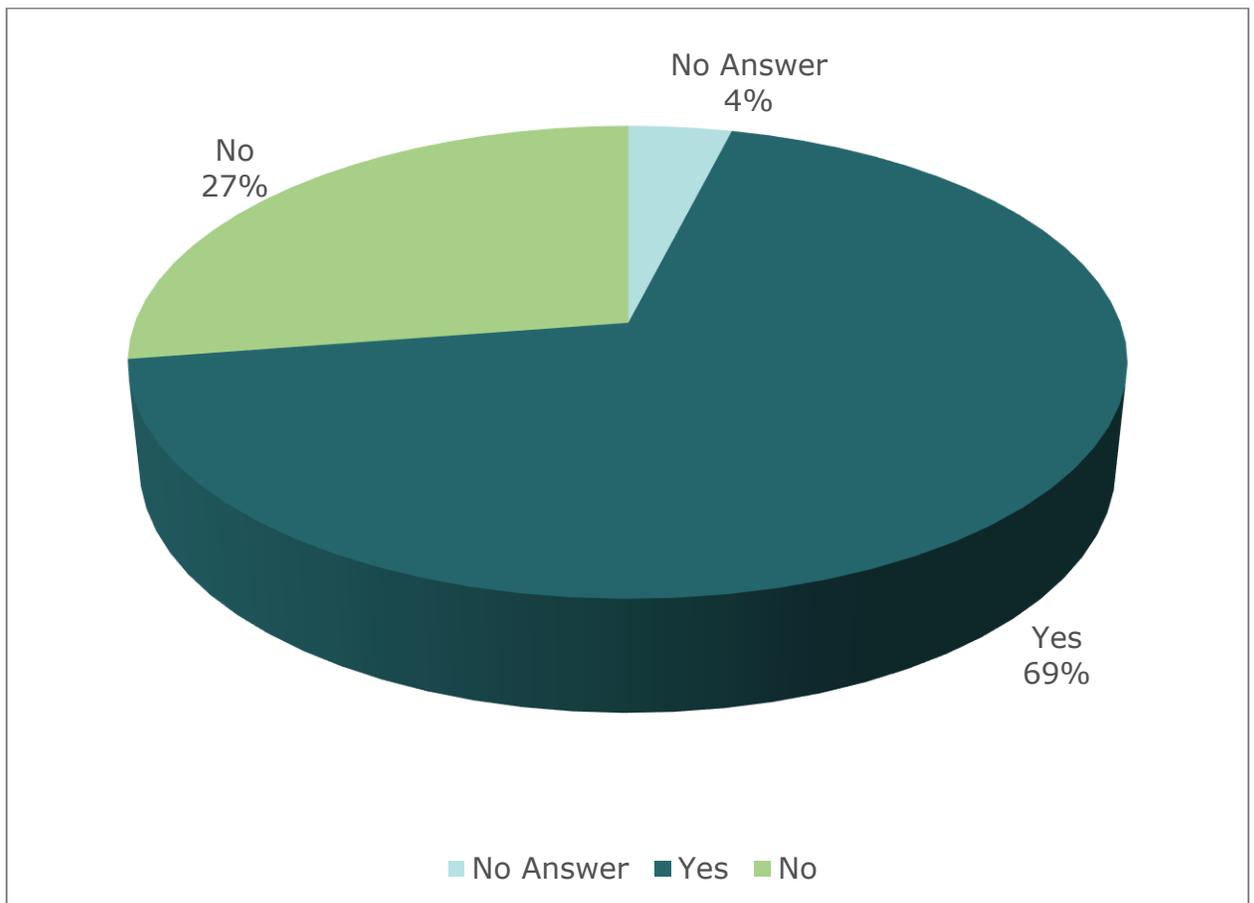
Preventative Services Used in the Last Year (Question 12)

Respondents were asked to identify which of the following preventative test and early diagnostic services they have received in the past year. Of the preventative services listed, "Routine health checkup" was the most frequent response 57% (n=86). Fifty-five percent (n=82) of respondents also had a "Flu shot". Comments listed as "Other" are available in Appendix B. Respondents were asked to select all that applied, therefore percentages do not total 100%. (n=150)

Preventative Service	Count	Percent
Routine blood pressure check	86	57%
Flu shot	82	55%
Routine health checkup	69	46%
Cholesterol check	55	37%
Mammography	43	29%
Pap smear	30	20%
Prostate (PSA)	27	18%
Colonoscopy	24	16%
Children's check up/well baby	16	11%
None	16	11%
Other	6	4%

Hospital Services Received in the Past Three Years (Question 13)

Sixty-nine percent (n=105) of respondents reported that they or a member of their household had received hospital care (i.e., hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the past three years. This is comparable to other community health needs assessments conducted by The Center, with the average of 71% of respondents having utilized a hospital service. (N=153)



Hospital Location (Question 14)

Of the respondents who received care at a hospital within the past three years, 61% (n=63) report Blue Mountain Hospital as the facility their household uses the most for day surgery, obstetrical care, rehabilitation, radiology, emergency care, or overnight hospitalization. Respondents were asked to select only one response. Comments listed as "Other" are available in Appendix B. (n=103)

Hospital Location	Count	Percent
Blue Mountain Hospital-Blanding	63	61%
San Juan Hospital-Monticello	26	25%
Other	13	13%
VA	1	1%

Reason for Selecting the Hospital Used (Question 15)

Of respondents who received care in a hospital, the primary reason for selecting a site was "Closest to home" (74%, n=92) which is the most frequent response in other rural community health needs assessments conducted by The Center. Respondents were asked to select three field choices that most applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. Note that an additional 21 respondents answered this question who had not previously indicated receiving hospital services. (n=124)

Reason	Count	Percent
Closest to home	92	74%
Prior experience with hospital	53	43%
Referred by physician	53	43%
Hospital's reputation for quality	44	35%
Emergency, no choice	29	23%
Recommended by family or friends	19	15%
Closest to work	16	13%
Required by insurance plan	12	10%
Cost of care	11	9%
Other	4	3%
VA/Military requirement	3	2%

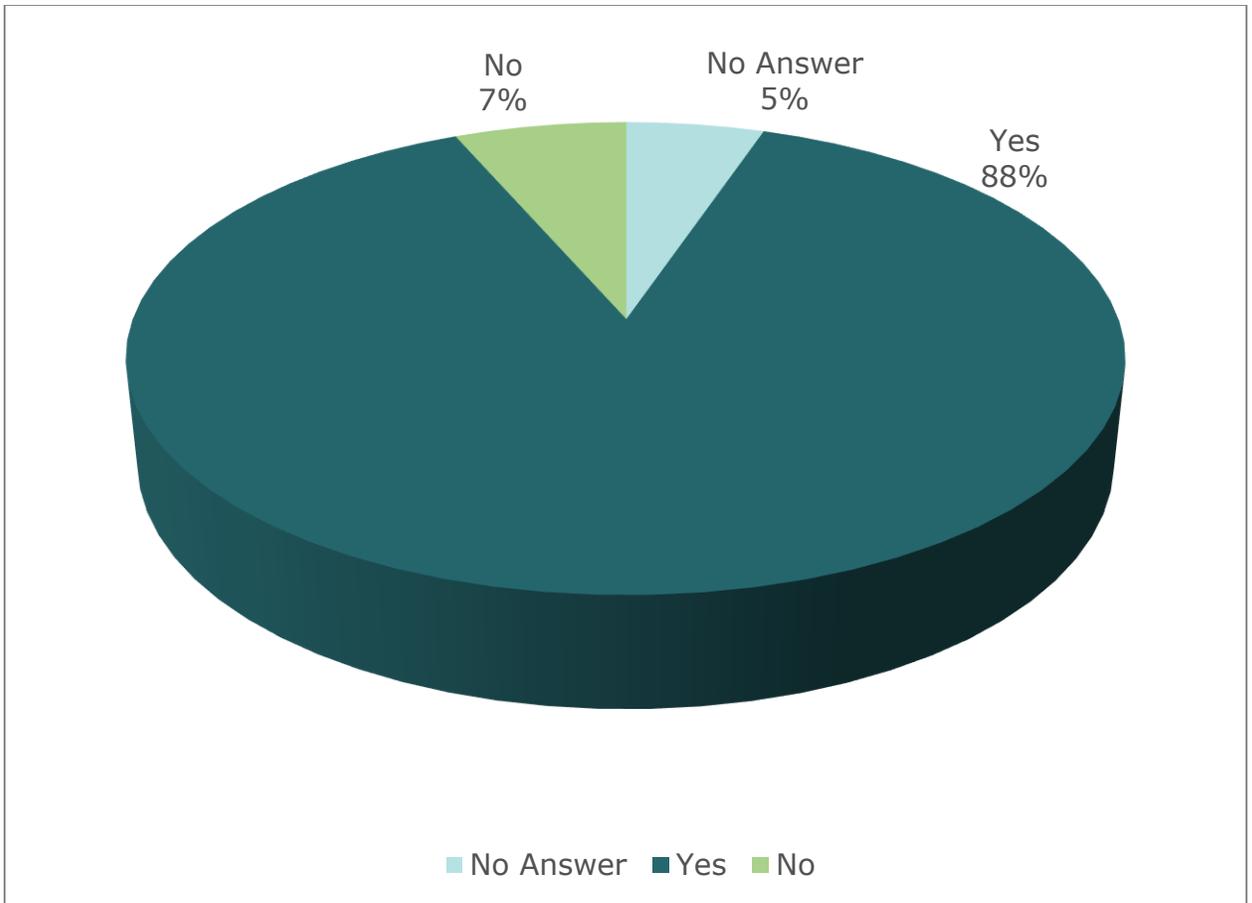
Future Hospital Location (Question 16)

Respondents were asked to identify which facility they or a household member would use in the event of a future hospitalization. Sixty-five percent (n=93) report Blue Mountain as their top choice, while San Juan in Monticello was ranked second by 25% (n=36) of respondents. Comments listed as "Other" are available in Appendix B. (n=143)

Hospital Location	Count	Percent
Blue Mountain Hospital-Blanding	93	65%
San Juan Hospital-Monticello	36	25%
Other	11	8%
VA	3	2%

Primary Care Received in the Past Three Years (Question 17)

Eighty-eight percent (n=135) of respondents reported that they or a member of their family had received primary care services from a family physician, physician assistant, or nurse practitioner over the past three years. The average is 94%. (N=153)



Primary Care Location (Question 18)

Of the respondents who received primary care services within the past three years, 61% (n=76) report Blanding Family Practice (UNHS) as the location their household uses the most, followed by San Juan Health Services in Monticello. Respondents were asked to select only one response. Comments listed as “Other” are available in Appendix B. (n=125)

Primary Care Location	Count	Percent
Blanding Family Practice (UNHS)	76	61%
San Juan Health Service-Monticello	18	14%
San Juan Health Service-Blanding	15	12%
Montezuma Creek Clinic (UNHS)	10	8%
Monument Valley Clinic (UNHS)	3	2%
Other	2	1%
Navajo Mountain Clinic (UNHS)	1	1%
VA	0	0%

Reason for Selecting the Primary Care Provider (Question 19)

Respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked why they chose that primary care provider. "Closest to home" (64%, n=91) was the most frequently cited factor in primary care provider selection, followed by "Prior experience with the clinic" (50%, n=71). Closest to home is the most frequent response in other community health needs assessments administered by The Center. Respondents were asked to select all that applied, so percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=143)

Reason	Count	Percent
Closest to home	91	64%
Prior experience with clinic	71	50%
Appointment availability	55	38%
Clinic's reputation for quality	38	27%
Length of waiting room time	31	22%
Recommended by family or friends	23	16%
Referred by physician or other provider	22	15%
Indian Health Services	17	12%
Cost of care	12	8%
Other	11	8%
Required by insurance plan	8	6%
VA/Military requirement	4	3%

Reason for Seeking Care Outside of Blue Mountain Hospital (Question 20)

Of respondents who sought primary care services outside of Beaver County, the reason they did, was due to a "Prior relationship with another healthcare provider" (29%, n= 32). Comments listed as "Other" are available in Appendix B. (n=110)

Reason	Count	Percent
Prior relationship with other healthcare provider	32	29%
Quality of staff	29	26%
N/A: I/we use local services	29	26%
Closest to home	27	25%
More privacy	14	13%
Other	14	13%
Cost of care	12	11%
Quality of equipment	12	11%
Required by insurance plan	9	8%
Closest to work	6	5%

VA/Military requirement	5	5%
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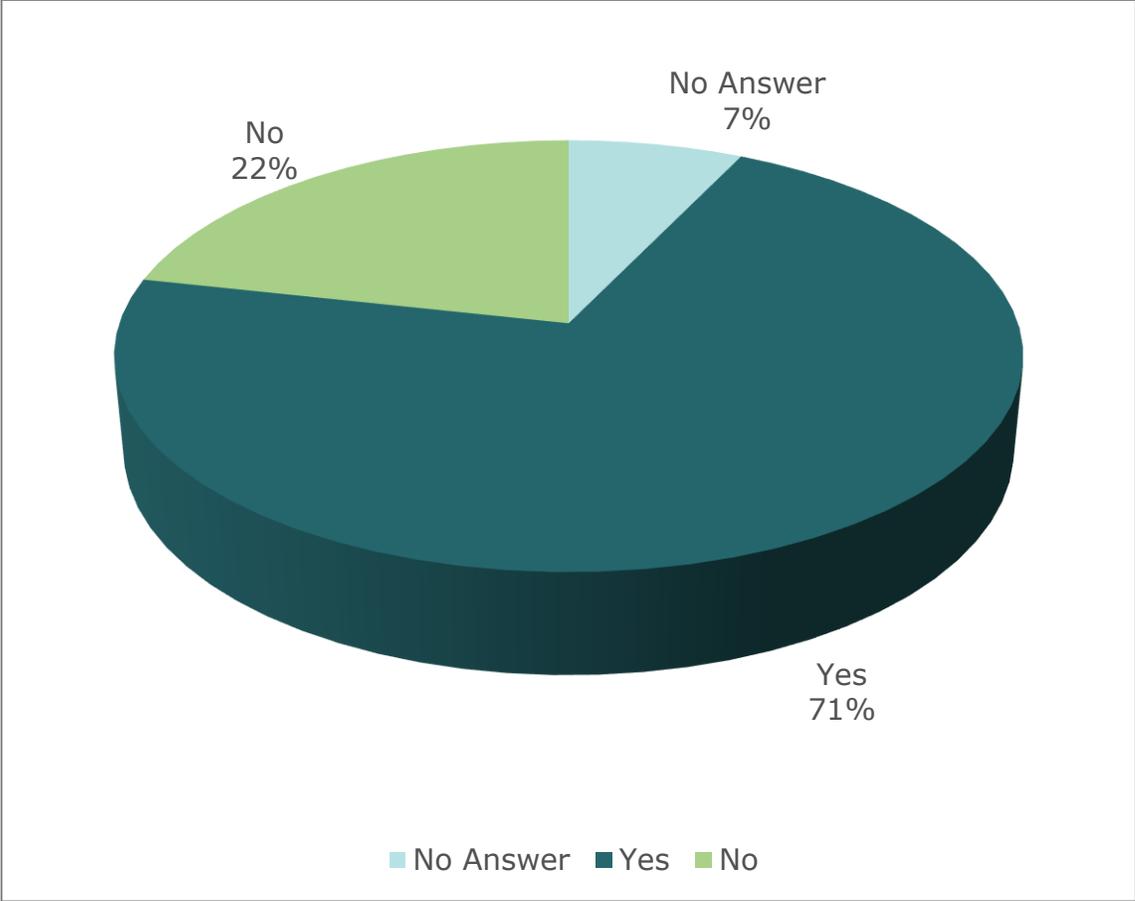
Location of Future Primary Healthcare Provider (Question 21)

Sixty percent (n=84) of respondents indicated Blanding Family Practice as the location for their future primary healthcare provider needs, followed by San Juan Health Services in Monticello (16%, n=22) at a distant second. Respondents were asked to select only one response. Comments listed as “Other” are available in Appendix B. (n=141)

Location	Count	Percent
Blanding Family Practice (UNHS)	84	60%
San Juan Health Service-Monticello	22	16%
San Juan Health Service-Blanding	13	9%
Montezuma Creek Clinic (UNHS)	7	5%
Other	7	5%
Monument Valley Clinic (UNHS)	5	4%
VA	2	1%
Navajo Mountain Clinic (UNHS)	1	1%

Use of Healthcare Specialists during the Past Three Years (Question 22)

Seventy-one percent (n=109) of respondents indicated that they or a household member had seen a healthcare specialist during the past three years, which is high when compared to other rural community health needs assessments conducted by The Center, where the average is 73%. (N=153)



Type of Healthcare Specialist Seen (Question 23)

Survey respondents reported seeing a wide array of healthcare specialists. The type of specialists most frequently reported were “Dentist” (54%, n=61) which is the most frequent response by other community health needs assessment conducted by The Center. Note that alcohol/substance abuse was the third most frequently identified community health concern, yet no individuals reported receiving services from a alcohol/substance counselor. Respondents were asked

to select all that applied, so percentages do not total to 100%. Comments listed as “Other” are available in Appendix B. (n=113)

Healthcare Specialist	Count	Percent
Dentist	61	54%
General surgeon	29	26%
Orthopedic surgeon	27	24%
Chiropractor	26	23%
Cardiologist	22	19%
Physical therapist	21	19%
Dermatologist	14	12%
ENT (ear/nose/throat)	14	12%
Radiologist	13	12%
OB/GYN	11	10%
Ophthalmologist	11	10%
Urologist	10	9%
Gastroenterologist	8	7%
Mental health counselor	7	6%
Other	7	6%
Occupational therapist	6	5%
Neurosurgeon	5	4%
Pulmonologist	5	4%
Rheumatologist	5	4%
Allergist	4	4%
Dietician	3	3%
Endocrinologist	3	3%
Pediatrician	3	3%
Psychiatrist (M.D.)	3	3%
Oncologist	2	2%
Neurologist	1	1%
Psychologist	1	1%
Speech therapist	0	0%
Social worker	0	0%
Substance abuse counselor	0	0%

Location of Healthcare Specialist (Question 24)

Of the respondents that indicated they saw a healthcare specialist in the last three years, 49% (n=55) saw a specialist in other locations outside of San Juan County, for instance: Mercy Hospital in Durango was the most frequently mentioned (n=8). Whereas, Blue Mountain Hospital was identified as the most frequent location by 27% (n=31) of respondents. Respondents could select

more than one location, therefore percentages do not total to 100%. Comments listed as "Other" are available in Appendix B. (n=113)

Location	Count	Percent
Other	55	49%
Blue Mountain Hospital-Blanding	31	27%
San Juan Health Services	27	24%
UNHS	23	20%
IHS Facility	10	9%
VA	5	4%

Future Location of Healthcare Specialist (Question 25)

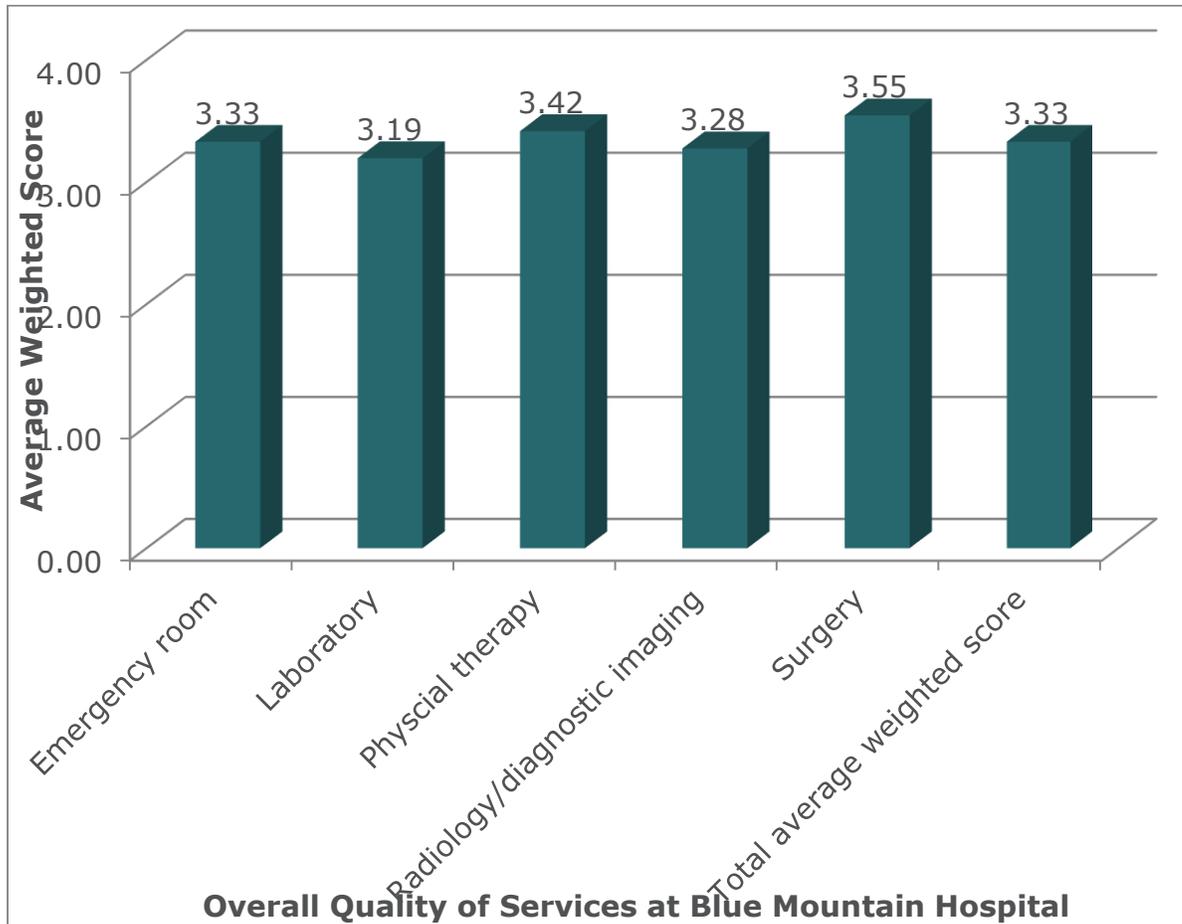
Forty-three percent (n=58) of respondents indicated they would seek future specialty services at "Blue Mountain", followed by San Juan Health Services (21%, n=28). The University of Utah was the most frequently cited comment (n=4). Comments listed as "Other" are available in Appendix B. (n=135)

Location	Count	Percent
Blue Mountain Hospital-Blanding	58	43%
San Juan Health Services	28	21%
Other	25	19%
UNHS	15	11%
IHS Facility	5	4%
VA	4	3%

Overall Quality of Services at Blue Mountain Hospital (Question 26)

Respondents were asked to provide quality ratings for a variety of services offered at Blue Mountain Hospital using a scale of 1-4 where 4 = Excellent, 3 = Good, 2 = Fair, and 1 = Poor. "Don't Know" was also an available choice. Non-numerical selections were eliminated, and the sums of the average weighted scores were calculated. "Surgery" received the top average weighted score for

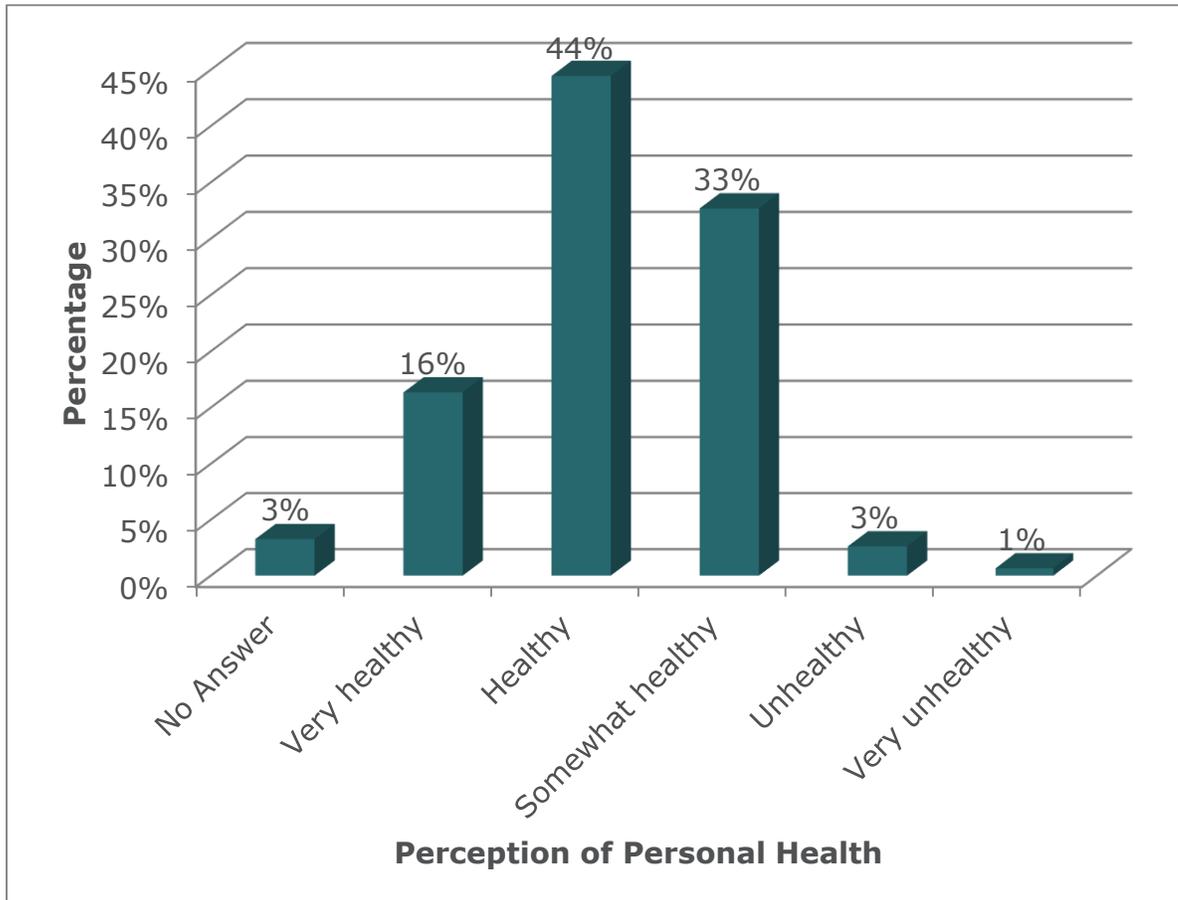
quality with 3.55 out of 4.00. The total average weighted quality score for the hospital was 3.33 indicating the overall quality of services at the hospital as good. The average range of overall quality of services in other rural community health needs assessments conducted by The Center is 2.93-3.51.



Perception of Personal Health (Question 27)

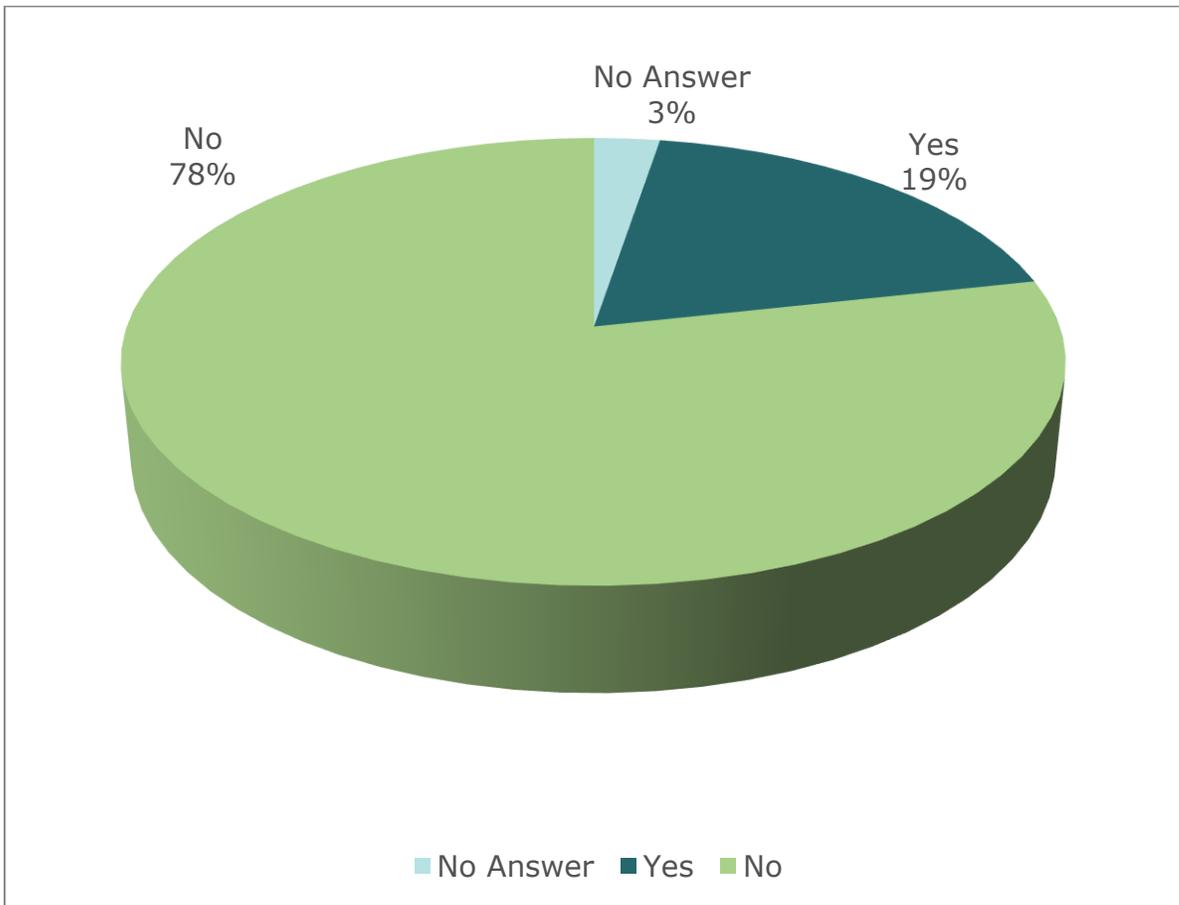
Respondents were asked how they would rate their own level of health. Forty-four percent (n=68) perceived their personal level of health to be "Healthy" and 33% (n=50) indicated their level of health as "Somewhat healthy". This is typical compared to other community health needs assessments conducted by

The Center where generally 50% of respondent indicate their health as "Healthy". (N=153)



Experienced Symptoms of Depression (Question 28)

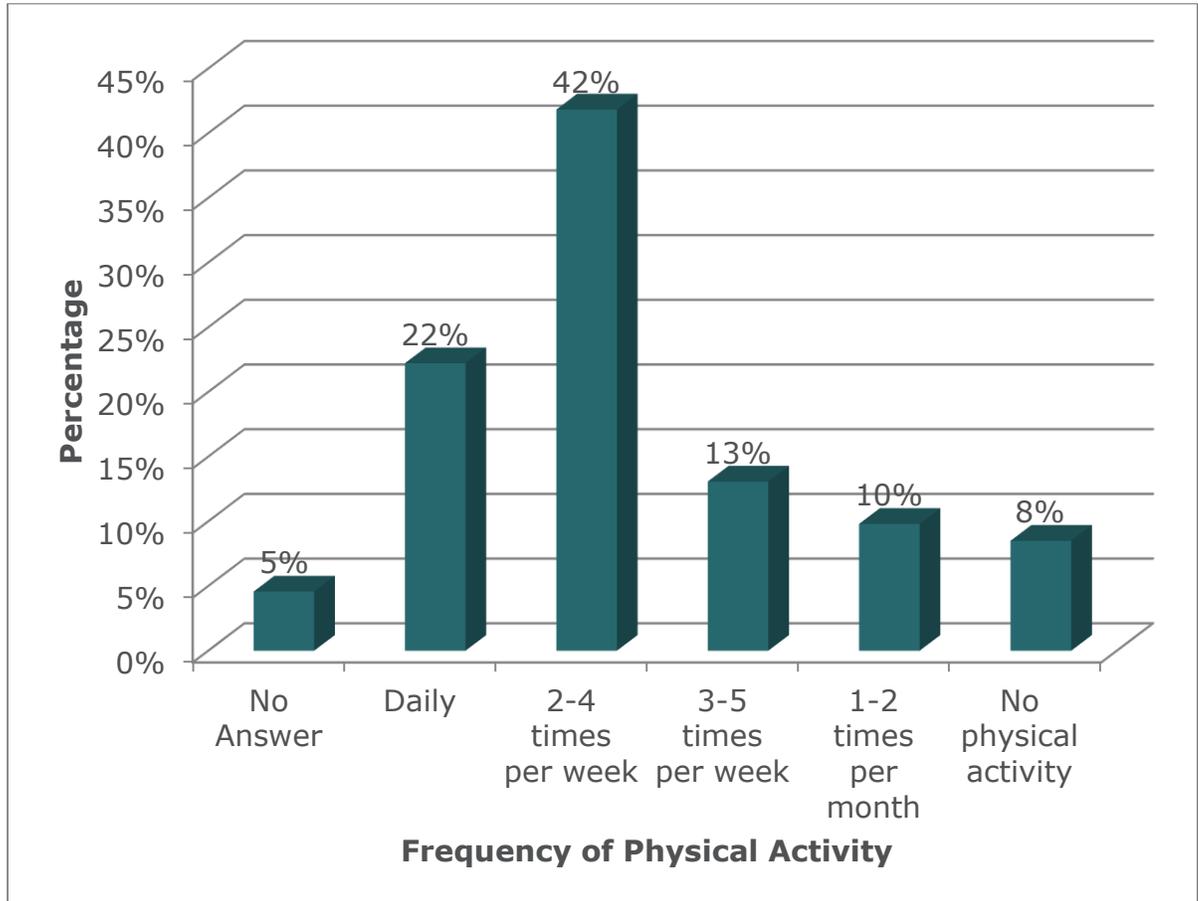
Nineteen percent (n=29) of respondents indicated they or someone in their household had experienced symptoms of depression over the last three months. This statistic is comparable to other community health needs assessments administered by The Center. (N=153)



Reported Frequency of Physical Activity (Question 29)

Respondents were asked to identify the level of frequency of physical activity they engage in a monthly basis. Forty-two percent (n=64) respondents reported they exercise 2-4 times per week. These results are better compared to other community health needs assessments administered by The Center, where the

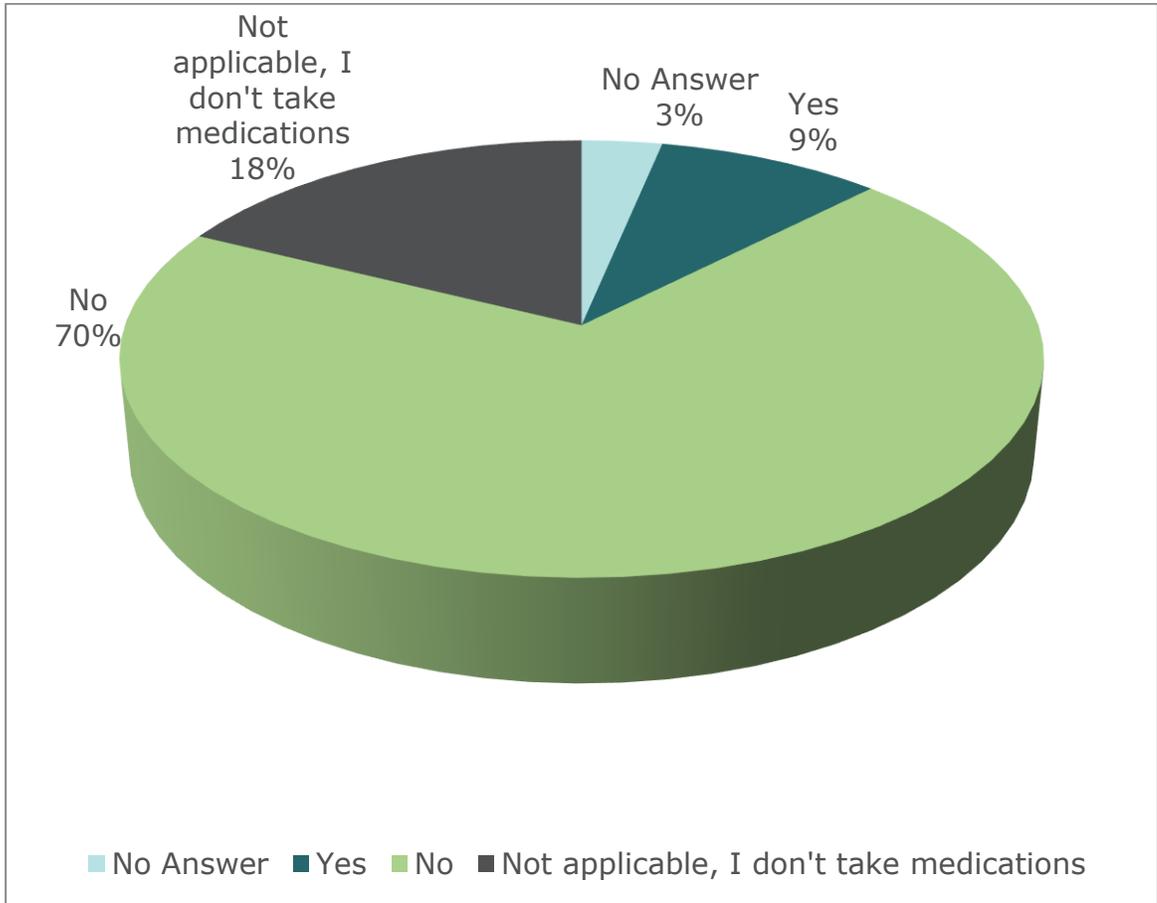
most frequent response is 32% of respondents exercise 2-4 times per week. Respondents could select only option. (N=153)



Prohibited from Taking Medications due to Cost (Question 30)

Respondents were asked if cost prohibited them from receiving prescription medications or taking medications regularly. Seventy percent (n=107) of respondents are not prohibited by cost in receiving medications, whereas 9%

(n=14) have experienced difficulties in this area, which is 5% lower than the average compared to other community health needs assessments administered by The Center. (N=153)



Type of Healthcare Insurance (Question 31)

Respondents were asked to identify which type of health insurance covers the majority of their household's medical expenses. Thirty-two percent (n=49) of respondents indicate that "Employer sponsored" insurance covers the majority of healthcare expenses, followed by 30% (n=46) of respondents that have

“Medicare” health insurance. Three percent (n=4) report having no health insurance. Respondents were asked to select only one field selection. Comments listed as “Other” are available in Appendix B. (N=153)

Type of Health Insurance	Count	Percent
Employer sponsored	49	32%
Medicare	46	30%
No Answer	19	12%
Self paid	9	6%
Indian Health	6	4%
Other	5	3%
Medicaid	5	3%
None	4	3%
Contract Health	3	2%
VA/Military	2	1%
State/Other	2	1%
Health Savings Account	2	1%
Healthy Kids	1	1%
Agricultural Corp. paid	0	0%

Reasons for Not Having Health Insurance (Question 31)

Of the respondents who indicated they do not have health insurance, 64% (n=23) report they did not have health insurance because they “Cannot afford to pay for health insurance”. Respondents were asked to select all answers that applied, thus the percentages do not total 100%. Comments listed as “Other” are available in Appendix B. Note that an additional 31 more respondents answered this question than those who had previously indicated they did not have health insurance in question number 30. (n=35)

Reason	Count	Percent
Cannot afford to pay for health insurance	23	64%
Other	9	25%
Cannot get health insurance due to medical issues	5	14%
Employer does not offer insurance	3	8%
Choose not to have health insurance	2	6%

Awareness of Programs that Help with Healthcare Expenses (Question 32)

Respondents were asked about their awareness of services that could help with healthcare expenses, in which 29% (n=45) of respondents indicated that they

are not aware of these types of services (22%, n=34) or not sure (7%, n=11). This is an opportunity to enhance education and awareness of these types of programs. (N=153)

Awareness	Count	Percent
Yes, but I do not qualify	59	39%
No	34	22%
No Answer	26	17%
Yes, and I use them	23	15%
Not sure	11	7%

Blue Mountain Economic Impact Assessment

The first step in measuring the economic effect of a business on a community is to determine if the spending created by the business is additional spending or simply a re-allocation of existing expenditures¹. For example, the addition of a new convenience store or video rental shop would likely add little to the level of spending for the goods they sell or rent. Such additions would merely divide the current level of spending between the competitors.

In a community with a single hospital, this is clearly not the case. If residents cannot purchase the inpatient and outpatient hospital services locally, they will go to another community. This is not to say that patients do not use hospitals in other communities anyway. They do. However, the economic impact of the local hospital is limited to the level of utilization. Hospitals also serve as a mechanism for recapturing dollars sent out of the community to pay for health insurance. These dollars include tax money spent to fund Medicare and Medicaid programs as well as private insurance company programs. If the hospital did not exist, these dollars would continue to be spent, yet they could never be returned to the community when beneficiaries use hospital services elsewhere.

A hospital has a special place in the economic landscape of a community. It is linked in a forward sense as an employer and purchaser of goods and services. In a small community, the hospital is generally one of the largest employers and usually employs individuals with moderately high to very high annual incomes. This report explains the nature and extent of these forward linkages and how hospital spending affects the surrounding community.

Return on Investment

Rural hospitals are surviving in an environment filled with uncertainty where external and internal influences threaten their existence. The presence of a hospital plays a vital role in the health status, access to health services, and economic well-being of the community they serve. The purpose of this analysis is to describe and estimate the economic impact of Beaver Valley Hospital in Beaver County, Utah. Beaver Valley Hospital provides inpatient and outpatient hospital services. For the purpose of this report we will refer to Beaver Valley Hospital as the hospital.

¹ Three sources

A study of Consumer Expenditures, Income and Saving, Wharton School of Finance and Commerce, University of Pennsylvania.

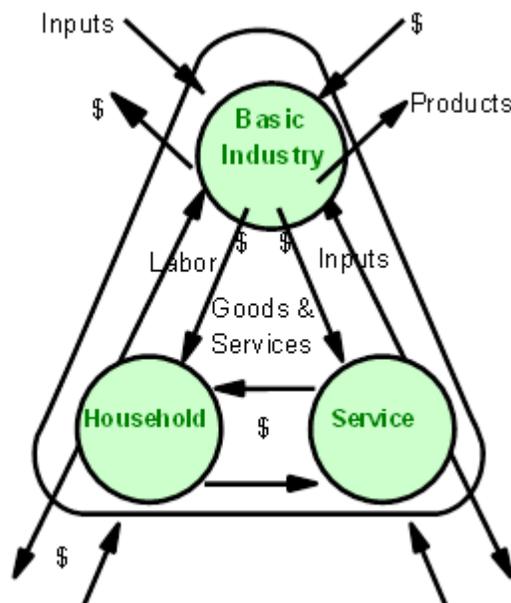
Brigham Young University Employees Survey, Fall 1986

Department of Labor, Bureau of Labor Statistics, Rural Families Expenditures by Category at Three Levels of Income

The hospital is a focal point of the healthcare delivery system. The existence of the hospital is likely to support the presence of other medically related businesses and activities. Most commonly, medical services, pharmacies, home health services, and independent allied health professionals such as physical therapists. These businesses or services are connected through the hospital and with each other. It has been asserted the closure of a community hospital would likely result in the flight of these businesses and services from the community.

Research indicates the presence of a hospital also affects overall community economic development opportunities. Healthcare considerations weigh into community perceptions of quality of life and “livability”ⁱ. In addition, the availability of health services is highly valued in attracting and retaining businesses and residentsⁱⁱ. Further, studies have shown health service quality and availability are major factors for people considering interstate moves for the purpose of retirement livingⁱⁱⁱ. The actual employment, income and sales of goods and services the industry provides are key aspects of the overall local economic impact. Some of the goods and services are sold to buyers outside of the community, which creates a flow of dollars into the community (Figure 1). To produce these goods and services for export, the basic industry purchases inputs from outside the community, labor from the households, and inputs from service industries located in the community. The flow of labor, goods, and services in the community is completed when households use their earnings to purchase goods and services from the community’s service industries such as healthcare.

Figure 1. Community Economic System



Job creation is vital to rural economic development. It is also important to note that the health sector is growing. Nationally, employment in healthcare services increased by 28 percent from 1990 to 2000, and by more than 200 percent since 1970 (Table 1). Table 1 illustrates how health services, as a share of gross domestic product (GDP), have increased over time. In 1970, Americans spent \$73.1 billion on healthcare, which accounted for 7 percent of the GDP. In 2000, healthcare costs ballooned to nearly \$1.3 trillion, or about 13.2 percent of the GDP. Capturing this economic growth can only help a rural community.

Table 1. National Health Expenditures and Employment Data: 1970-2011

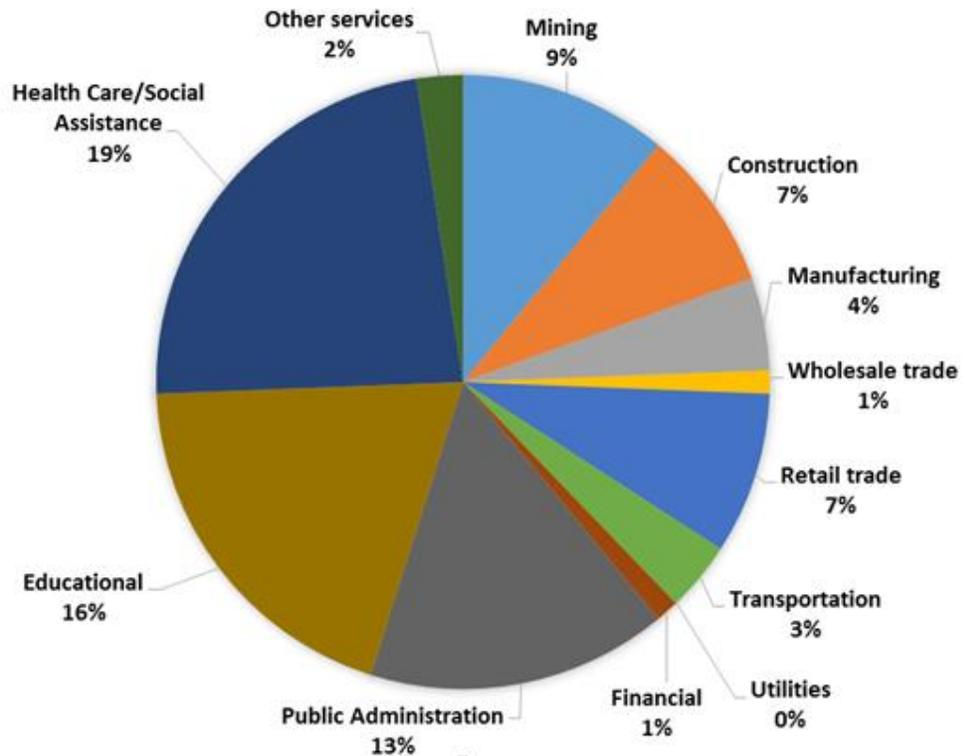
Year	Total Expenditures (\$ Billion)	Per Capita Expenditures (\$)	Expenditures as a % of GDP	Health Sector Employment (Million jobs)	Annual Increase in Employment
1970	73	348	7.0	3,053	
1980	246	1067	8.8	5,278	5.6%
1990	696	2,736	12.0	7,814	4.0%
2000	1,300	4,637	13.2	10,103	1.3%
2011	2,700	8,680	17.9	13,109	3.0%

Centers for Medicare and Medicaid Services, National Health Expenditures and Selected Economic Indicators, and Bureau of Labor Statistics (BLS)

U.S. healthcare spending decelerated in 2010, increasing 4.0 percent compared to 4.7 percent in 2009. Total health expenditures reached 2.7 trillion, which translates to \$8,680 per person or 17.6 percent of the nation's Gross Domestic Product (GDP).

However, job growth occupations are dominated by healthcare related occupations. Perhaps even more important is the fact that these jobs require varying levels of education. These projected occupational opportunities in healthcare should have an impact on the training and education of youth within the local community. Health service jobs provide one of the few mechanisms for rural youth to return to and work in rural communities after education.

Figure 2. Employment by Sector for San Juan County



Source: Utah Department of Workforce Services

Because we are trying to determine the economic impact the hospital has on San Juan County, we must start by eliminating wages paid to the hospital employees who do not live in San Juan County. Currently 91% of the hospital employees are San Juan County residents. During the twelve months of 7/1/2012 - 6/30/2013, total net payroll was \$2,340,000. Therefore, \$2,340,000 multiplied by 91% leaves \$2,129,400. \$2,129,400 represents the take-home-pay paid by the hospital to the employees who are San Juan County residents. Studies indicate that a typical family spends its take-home pay in a fairly predictable manner^{iv}. The percent of money spent in ten categories is listed in **Table 2**. The \$2,129,400 can thus be distributed to estimate the potential spending impact the hospital employees have on certain businesses in the county. The total amount represents the total potential spending amounts by hospital wage earners. Of course, we know that many purchases of these items do occur outside the local area. A complete review of the personal spending habits of every wage earner would be required to determine specific amounts, which is beyond the scope of this analysis.

Table 2. Distribution of Wages on Household Expenditures

Food	.188	\$2,129,400	=	\$680,989.77
Housing	.239	\$2,129,400	=	\$865,726.35
Transportation	.093	\$2,129,400	=	\$336,872.60
Contributions	.119	\$2,129,400	=	\$431,052.03
Gifts	.065	\$2,129,400	=	\$235,448.59
Clothing	.048	\$2,129,400	=	\$173,869.73
Medical Care	.071	\$2,129,400	=	\$257,182.31
Personal Care	.038	\$2,129,400	=	\$137,646.87
Property Tax	.038	\$2,129,400	=	\$137,646.87
Residual	.098	\$2,129,400	=	\$365,850.89
Total	1.0	x \$2,129,400	=	\$2,129,400

Direct Economic Impact

Wages

Hospitals have a direct economic effect on the economies they serve by making expenditures for goods and services. The most obvious expenditures are payments of wages to hospital employees. From 7/1/2012 - 6/30/2013, the hospital paid \$3,250,000 to its employees. However, this amount needs to be reduced in order to calculate take-home-pay. The hospital's employee taxes and deductions average 28%. Therefore \$910,000 is subtracted from the total wages, leaving \$2,340,000 in employee disposable income (take-home-pay).

Direct Purchases by the Hospital

Rural hospitals also make purchases of some locally produced goods and services. The goods include items such as vehicle repair, utilities, insurance, postage, advertising, construction materials and services, drugs, food and office supplies. Many local purchases often are also for medically related services provided by other local health related businesses. For example, the local pharmacist may own a business, and the hospital may buy medicines from that pharmacy or contract with it for consulting purposes. This is a direct expenditure to another local business, thus contributing to the local economy. This also holds true for consulting or contractual fees paid to local physicians. Other expenditures would include contractor expenses such as electricians, plumbers, newspaper advertising costs, and locally owned utilities. 7/1/2012 - 6/30/2013 expenditures by the hospital to other business in the county totaled \$950,500.

Some goods and services that the hospital requires are not manufactured or sold locally, and the hospital must spend money outside the community to make the purchases. These non-local purchases are referred to as "economic leakage." These items usually include laboratory equipment, diagnostic tools, medical supplies, and

some professional services. For most rural hospitals (and many urban hospitals), these purchases can be considerable, causing a sizable but unavoidable economic leakage from the community. In the case of the hospital, the distribution of hospital dollars is displayed in **Table 3**.

Direct Purchases to Local Businesses

Table 3. Distribution of Blue Mountain Hospital Dollars and Leakage

Local purchases	\$0.09
Value-added ²	\$0.20
Economic leakage	<u>\$0.71</u>
Total Spending =	\$1.00

Imports

In the case of the hospital, imports would be defined as hospital users who are NOT residents of San Juan County. In a sense, the hospital is importing services by bringing outside money into San Juan County. Of the inpatients at the hospital from 7/1/2012 - 6/30/2013, 20 resided outside of San Juan County. The average charges per admission during that same period were \$9,791. Twenty Admissions multiplied by \$9,791 equals \$195,820.

To determine the total direct economic impact or effect Blue Mountain Hospital has on San Juan County, add:

Direct amount of wage paid	\$2,129,400
Direct purchases from local businesses	\$950,500
Imports	<u>\$195,820</u>
TOTAL DIRECT EFFECT	\$3,275,720

Induced or Indirect Economic Impact

By impacting the overall level of community activity, organizations such as hospitals have a variety of induced consumption effects on the local economies^v. When the hospital spends its money in the community, this spending filters through the local economy, causing more spending beyond the hospital's initial expenditures. This is known as the "multiplier effect."

The following is an example of the income multiplier effect or induced spending impact: The hospital pays a pharmacist \$1.00 for a service. The pharmacist uses part of that dollar to buy his groceries from the local grocer. The grocer uses part to pay his rent to a local landlord. He or she uses the dollar to help buy additional properties in the community, and so on. However, this induced spending does not last forever. A portion of that dollar leaks out of the community during each spending cycle through savings or purchases made outside the area.

This study estimates the economic multiplier effect for San Juan County by using a common approach called the Minimum Requirement Method^{vi}. This approach offers a quantitative approximation of the minimum percentage of the labor force required to maintain the viability of a trade area. It compares the relationship and services for consumption outside the community (exports). Non-basic employment creates goods and services consumed within the community. The relationship between population size and county employment determines the multiplier value.

In the case of San Juan County, the estimated multiplier value is 1.3.

The induced or indirect economic impact is determined by multiplying the:

Total Direct Economic Impact x Multiplier Value:

$$\mathbf{\$3,275,720 \times 1.3 = \quad \$4,258,436}$$

Overall Economic Impact of Blue Mountain Hospital on San Juan County: \$4,258,436

Blue Mountain Hospital Economic Impact Assessment Conclusion

In economic terms, induced economic impact is the amount of money created by the existence of the hospital. If monetary support of the hospital is higher than that amount, it is paying for the "social value" of having a hospital. If the support is lower, an investment is being made in the local economy that is paying back a much greater financial return. Monetary benefit is not the only factor to consider though. It stands to reason that the existence of a hospital helps to increase the attractiveness of a community to physicians interested in possible employment, and to retail businesses and manufacturing firms considering expansion. Viable hospitals will also encourage existing businesses to remain in a community. As a result, the presence of a hospital may indirectly affect the overall level of community economic activity

Blue Mountain Hospital plays a vital role in the infrastructure of the community. Aside from serving as an important provider for the community's health care needs, the hospital employs 87 people, representing 68 full-time equivalents. Based on this study, the hospital contributed \$4,258,436 back to the area from 7/1/2012 - 6/30/2013. In a study conducted by Richard Lichty, Wayne Jesswein, and David McMillian (1986), the effects of a hospital closing were measured in northeast Minnesota using a computerized simulation model. When health services were

removed, which contributed 4% of that region's output, total regional output declined by almost twice that much in the first year. By year five the effect was five times what health services contributed to the region before the hospital closed. A typical critical access hospital (CAH) employs 141 employees, generates \$6.8 million in wages, salaries and benefits with a total annual impact of 195 jobs and \$8.4 million in wages, salaries and benefits from hospital operations.^{vii}

This report illustrates the economic benefit that Blue Mountain Hospital provides to the residents of San Juan County. It shows that continued support by community members through the use of community healthcare resources and charitable contributions, when possible, will help in the continuation of quality, community-based primary healthcare services.

A prosperous health sector contributes to the **economic** health of the community:

- Ten new jobs in the health care sector creates three non-health care jobs
- Blue Mountain Hospital provides 87 jobs and \$3,250,000 in employee salaries
- A conservative estimate is that local spending filters through the economy another 1.3 times
- The overall economic impact of health care in San Juan County is estimated at **\$4,258,436**

Conclusions, Recommendations, and Acknowledgements

Conclusions

Overall, the respondents within Blue Mountain Hospital's service area are seeking hospital and primary care services at a rate that is similar to other rural areas. Respondents acknowledged proximity to home as a factor when seeking healthcare services, particularly hospital and primary care. However, respondents are willing to drive elsewhere for specialty care. Respondents recognize the major impact the healthcare sector has on the economic well-being of the community.

Respondents rated the quality of services as good and were relatively aware of healthcare services provided by Blue Mountain Hospital.

In summary, it appears that there is support for local healthcare and that many seek care locally; however there are opportunities to capture a greater market share in specialty care services.

Recommendations

Blue Mountain Hospital receives positive ratings related to overall quality of services. However, there is always an opportunity to improve customer processes and perception of quality care by implementing management frameworks such as Baldrige, the Balanced Scorecard, Lean and/or Studer methodologies. These frameworks evaluate and monitor the effectiveness and efficiencies of staff processes, manage ongoing performance improvement, and help create a positive work culture that can result in greater staff and patient satisfaction. For more information about these frameworks, please contact The Center.

Blue Mountain Hospital is capturing the current and future market within the service area in hospital and primary care services. However, some residents are leaving the area for specialty care services. Evaluate opportunities to increase the market share by expanding marketing efforts of existing specialty services. Follow up phone calls after hospitalization (if not already implemented) may also be beneficial in minimizing readmission rates and improving patient retention. Word of mouth advertising and community engagement efforts centered on prevention/wellness education may also help retain local market share.

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

Tips for Next Steps:

- Document community health needs assessment processes and results to meet the charitable hospital tax-exempt status requirements, if applicable
- Determine how the assessment results will influence future planning
- Utilize findings to develop goals and an action plan
- Evaluate if an outside, neutral facilitator can assist in strategic planning
- Assess the value of framing strategic plans in a Balanced Scorecard or similar measurement framework
- Reflect on strengths within the hospital, clinic, and community. Utilize these assets when addressing community health needs
- Consider presenting assessment results at a community health education forum to demonstrate the impact healthcare has on the local economy and quality of life
- Share assessment results with other local or state healthcare organizations (clinic, public health, mental health, non-profit, etc.) to gather input on how to collectively address needs identified from the survey. Assess if any non-health related organization could support the health needs of the community. Think outside the box
- Promote positive assessment results as hospital marketing tools for capturing market share

Acknowledgements

The Center would like to thank Mr. Jeremy Lyman for his contributions and work with developing and distributing the assessment and the coordination of the economic impact assessment.

PPACA Tax Exempt Hospital Status Requirements: 9007

The [Patient Protection and Affordable Care Act: section 9007](#) (Pub. L. No. 111-148) includes four primary adjustments to the federal income tax exemption requirements for nonprofit hospitals. Nonprofit is defined as an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code. Hospital is defined as an organization that is licensed, registered, or similarly recognized as a hospital. If a hospital organization operates more than one hospital facility, the organization is required to meet the requirements separately with respect to each facility. Under the Act, tax-exempt hospitals must take the following actions to avoid penalties:

- Conduct a **community health needs assessment** at least once every three years that takes into account the broad interests of the community served by the hospital and must include individuals with expertise in public health.
 - The community health needs assessment must be made widely available to the public.
 - An action plan must be developed by the hospital that identifies how the assessment findings are being implemented in a strategic plan.
 - If the findings are not being utilized in a strategic plan, documentation must be included as to why they are not being addressed at this time.
 - Requirements are met only if the organization has conducted a community health needs assessment in the taxable year or in either of the two taxable years immediately preceding the current taxable year.
 - Applicable beginning in taxable years starting after March 23, 2010.
 - Will need to complete a needs assessment and adopt an implementation plan some time during a period that begins with the start of the first tax year after March 23, 2010 and end of its tax year the begins after March 23, 2012.
- Make **financial assistance policies widely available** which specifies eligibility criteria for discounted care and how billed amounts are determined for patients (Interpretation: prohibits the use of gross charges).
- **Notify patients of financial assistance policies** through “reasonable efforts” before initiating various collection actions or reporting accounts to a credit rating agency (“Reasonable efforts” is yet to be defined as of 8/19/10).
- **Restrict charges of uninsured, indigent patients** to those amounts generally charged to insured patients.

This Act imposes penalties on hospitals that fail to timely conduct their community health needs assessments which could include penalties of equal to \$50,000 and possible loss of the organization's tax exempt status. Under the act, the Internal Revenue Service must review the exempt status of hospitals every three years. For additional information, please review the requirement as laid out in the legislation (see link above) or contact the National Rural Health Resource Center 218-727-9390.

Establishing Health Priorities

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

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

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

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

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

Once priorities have been established, set aside time to develop, implement, and monitor an action plan that assesses progress. Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements.

Appendix A: Cover Letter and Survey Instrument



February 10, 2014

Dear Resident:

This letter and survey concern the future of health care in Blanding and the surrounding area. Your help is critical in determining health priorities and future needs.

You are probably aware of many challenges facing rural health care, such as access to services and affordability. Unfortunately, many of the factors that threaten health care services in other rural areas challenge our local health care system as well. However, by completing the enclosed survey, you can help guide Blue Mountain Hospital in developing comprehensive and affordable health care services to our area residents.

Please take a few moments to complete the enclosed survey by **March 24, 2014**. **Your name was selected at random and your answers will be kept confidential.** Your response is very important because your comments will represent others in the area. The purpose of the survey is to obtain information from a wide range of area residents to assist in planning programs, services, and facilities to meet present and future health care needs. Even if you don't use health care services with Blue Mountain Hospital, your input is still helpful. We know your time is valuable so we have made every effort to keep the survey brief. It should take less than 15 minutes to complete. **Your help is much appreciated in responding to this survey.**

Once you complete the survey, simply **return it in the enclosed self-addressed, postage paid envelope.** All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Kami Norland at 1-800-997-6685, ext. 223. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Jeremy Lyman, CEO
Blue Mountain Hospital

**Community Health Needs Assessment
San Juan County, Utah**

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

2. In the following list, what do you think are the **three** most serious health concerns in our community? **(Select 3 that apply)**

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Heart disease | <input type="radio"/> Mental health issues |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of access to health care | <input type="radio"/> Obesity |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of dental care | <input type="radio"/> Stroke |
| <input type="radio"/> Diabetes | <input type="radio"/> Lack of exercise | <input type="radio"/> Tobacco use |
| <input type="radio"/> Domestic violence | <input type="radio"/> Underage alcohol use | <input type="radio"/> Motor vehicle accidents |
| | | <input type="radio"/> Other _____ |

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

(Select 3 that apply)

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

4. How do you rate your knowledge of the health services that are available at Blue Mountain Hospital?

- Excellent Good Fair Poor

5. In your experience, what is the average length of time to schedule an appointment with your primary care provider? **(Please select only ONE)**

- 1-3 days 4-7 days 8-11 days 12-14 days 15+ Not Applicable



6. How do you learn about the health services available in our community? **(Select all that apply)**

- Yellow pages
- Word of mouth/reputation
- Website/internet
- Health care provider
- Newspaper
- Mailings
- Public health
- Church
- Presentations
- Other _____

7. Which community health resources, other than the hospital or clinic, have you used in the last three years? **(Select all that apply)**

- Pharmacy
- Dentist
- Council on Aging
- Public health
- Mental health
- Chiropractor
- Eye doctor
- Community Health Center
- VA
- Other _____

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

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

9. How important are local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

- Very important
- Important
- Not important
- Don't know

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

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

11. If yes, what were the **three** most important reasons why you did not receive health care services? **(Select 3 that apply)**

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



12. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? **(Select all that apply)**

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/well baby | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> None |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____ |
| <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check | |

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

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

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

- | | |
|---|--|
| <input type="radio"/> Blue Mountain Hospital-Blanding | <input type="radio"/> San Juan Hospital-Monticello |
| <input type="radio"/> VA | <input type="radio"/> Other _____ |

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

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

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

- | | |
|---|--|
| <input type="radio"/> Blue Mountain Hospital-Blanding | <input type="radio"/> San Juan Hospital-Monticello |
| <input type="radio"/> VA | <input type="radio"/> Other _____ |

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

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

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

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

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

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

20. If you routinely seek primary health care outside of Blue Mountain Hospital, why? (Select all that apply)

- Cost of care
- More privacy
- Closest to home
- Required by insurance plan
- Closest to work
- VA/Military requirement
- Quality of equipment
- N/A: I/we use local services
- Quality of staff
- Other _____
- Prior relationship with other health care provider

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

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

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

- Yes
 - No
- (If no, skip to question 25)**

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

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

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

- San Juan Health Services UNHS VA
 Blue Mountain Hospital-Blanding IHS Facility Other _____

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

- San Juan Health Services UNHS VA
 Blue Mountain Hospital-Blanding IHS Facility Other _____

26. The following services are available at Blue Mountain Hospital. Please rate the overall quality for each service. (Please mark DK if you haven't used the service)

	<i>Excellent = 4</i>	<i>Good = 3</i>	<i>Fair = 2</i>	<i>Poor = 1</i>	<i>Don't Know = DK</i>
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Radiology/diagnostic imaging	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Surgery	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

28. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?

- Yes No

29. Over the past month, how frequently have you participated in physical activity for at least 20 minutes?

- Daily 3-5 times per month
 2-4 times per week 1-2 times per month No physical activity

30. Has cost prohibited you from getting a prescription or taking your medication regularly?

- Yes No Not Applicable, I don't take medications

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

- None Healthy Kids Self paid
 Employer sponsored Medicaid Health Savings Account
 Medicare VA/Military Contract Health
 Agricultural Corp. paid State/Other Indian Health
 Other _____

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

- Cannot afford to pay for health insurance Employer does not offer insurance
 Choose not to have health insurance Other _____
 Cannot get health insurance due to medical issues

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

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

Demographics - All information is kept confidential and your identity is not associated with any answers.

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

- 84511 Blanding 84531 Mexican Hat 84535 Monticello
 84512 Bluff 84534 Montezuma Creek 84536 Monument Valley
 84510 Aneth

35. What is your gender? Male Female

36. What is your age range?

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

37. What is your employment status?

- Work full time Student Not currently seeking employment
 Work part time Collect disability Other _____
 Retired Unemployed, but looking

**Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802**

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential



Appendix B: Responses to Other and Comments

2. In the following list, what do you think are the **three** most serious health concerns in our community?

- unhealthy diet
- mostly all
- lack of counselors

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

- all of the above
- healthy diet

6. How do you learn about the health services available in our community?

(Select all that apply)

- I work at a hospital
- personal experience
- call you and ask
- survey
- medically speaking
- work

7. Which community health resources, other than the hospital or clinic, have you used in the last three years?

- herbalist
- physical therapy (4)
- Salt Lake Hospital
- PHS
- hospice
- wellness center
- counseling
- massage therapy

8. In your opinion, what would improve our community's access to healthcare?

- lower cost (3)
- doctor's that really care
- physicians who do their jobs correctly
- better Blue mountain clinic inner communication. People are often confused (your people)
- Employee's to be moral, ethically and confidentiality!
- trained receptionist (2)

- be responsible to keep yourself healthy without prescription meds and unnecessary Dr. methods

11. If yes, what were the **three** most important reasons why you did not receive healthcare services?

- could not get heart monitoring equipment (EKG)
- nurses simply not knowing doctors schedules, and therefore they could not make an appointment, or even know when it would be possible to do so
- the doctor didn't care!
- not enough top providers – enough Dr. Joneses!
- my mother broker both of her arms and was not given any pain meds to travel to SLC
- told nothing could be done for a broken back. Had to spend 2 years searching before I found a local primary physician that said "of course!" Now I'm up and walking
- Don't have dental insurance

12. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year?

- CDL physical
- vitamin D level check
- MRI, X-Ray, Diabetes check, osteoporosis check
- infection
- dental
- eye appointment
- thyroid Screening

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

-Shiprock Medical Center

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

- Mercy Hospital, Durango (3)
- Huntsman Center (2)
- Lakeview
- Moab Regional (4)
- Southwest Memorial
- VA
- Cortez
- Grand Junction
- Keyento HIS
- IMC

- Branding Clinic
- U of U
- Utah Valley

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

- that is where my doctor practices
- specialist
- I avoid Dr.'s and hospitals all I can
- work
- Native American

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

- Mercy Hospital, Durango
- Cortez
- Farmington, NM
- Southwest Memorial
- San Juan Hospital – Monticello. Has better payment options
- would depend on where the doctor was located
- PHS Hospital
- Shiprock, NM (3)
- SomeTimeAnyTime
- Keyento, AZ HIS
- NNMC
- Depend on situation (2)
- out of area

18. Where was that primary healthcare provider located?

- Southwest Memorial
- have seen several specialists in Salt Lake, Flagstaff, Durango, and Cortez.
- PHS Shiprock, NM (2)
- Durango Orthopedic
- Keyenta IHS Only
- Red Mesa (HCRHC)

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

- surgeon available
- I like Dr. Jones
- that's where primary MD is located (2)
- I like my provider and she works there
- that's where the specialist was, Dr. Cook

- Utah medical refused to do spinal surgery on a 77 year old woman
- work
- my provider works here
- I trust them

20. If you routinely seek primary healthcare outside of Blue Mountain Hospital, why?

- everything else is too far away and I have trouble traveling
- I seldom need doctors
- PHS Red Mesa
- specialties
- X-ray fee (none)
- referral to Specialists
- I avoid any hospital as much as possible
- Keyento, AZ HIS
- specialized services
- easier to get a last minute appointment
- needed specialized care for cancer

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

- we live in Monticello
- Southwest Memorial
- I tend to prefer specialists
- PHS, Shiprock (FCRHS) (3)
- Josh Nielson
- MOAB, My doctor is moving there
- Keyento, AZ HIS
- depend on situation
- Red Mesa Clinic (HCRHC)
- out of area. Fed up with San Juan county

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

- MS specialist

23. What type of healthcare specialist was seen?

- float doctor
- podiatrist (2)
- in the past I often used endocrinologists, dermatologists, and orthopedic surgeons
- plastic surgeon
- VA: sleep apnia
- cancer doctor
- eye doctor

- skin graph
- kidney dr.

24. Where was the healthcare specialist located?

- Mercy Hospital, Durango (8)
- Huntsman Center (3)
- U of U Hospital (7)
- Central Utah Clinic (2)
- Salt Lake Clinic (6)
- San Juan Dental
- Cortez, CO (3)
- Farmington
- Moab (4)
- American Fork
- Spine, CO
- Flagstaff
- Grand Junction (3)
- Dental office and Chiropractic office
- Primary Children's
- Provo, UT (3)
- May
- Monticello (2)
- Shiprock, NM
- Arizona, Payson UT
- LDS church counseling services
- IMC
- Murray, UT
- Mesa, AZ
- out of area. Fed up with San Juan county
- san juan chiropractic
- san juan vision

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

- depends in circumstances (3)
- wherever recommended by PCP
- Farmington
- Durango
- Whatever fits the need
- Mayo
- U of U (4)
- Shiprock, NM
- Wherever I could get the special care

- Provo, UT
- Where the specialist was (2)
- San Juan Counseling
- out of area. Fed up with San Juan county
- kidney dr.

28. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?

- I am on meds for depression

29. Over the past month, how frequently have you participated in physical activity for at least 20 minutes?

- I'm totally disabled

30. Has cost prohibited you from getting a prescription or taking your medication regularly?

- I take very little, just hormones

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

- Arches
- BC/BS (2)
- Tri Care for Life
- Retired government mail handlers benefit plan
- PEHP
- Department of Labor Benefits
- managed care adm. (2)

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

- insurance does not cover for "alternatives"
- doesn't apply (2)
- have insurance but deductible is too high. PEHP=Stinks. Thank you Mr. Obama
- I have only basic Medicare
- not employed, only VA will cover me
- not employed and not 65
- I use private/employer insurance and HIS
- BCBS of UT – high deductible \$7000/person
- my provider does not offer health insurance. Insured under my spouse

37. What is your employment status?

- mother (5)
- still work as professional driver part-time

- part-time
- self employed
- I work when work is available

Comments:

-the main problem I've found at your clinic is that employees are often confused over whatever is going on. You need better coordination-but they are all really nice people.

-I wouldn't and do not go to blue mountain hospital. They are over priced. Quit sending me your trash. You want me to waste my time then I'll waste some of yours ☺

-the billing system you use is terrible!

-Thank you for sending the mailer reminder!

Appendix C: Economic Impact References

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