

Uintah Basin Healthcare

2020 Community Health Needs Assessment Survey Findings & Goals

Presented to the UBH Board 8/27/20

Introduction

- The Affordable Care Act requires that hospital organizations must complete a **Community Health Needs Assessment** (CHNA) every 3 years to maintain 501(c)(3) status.
- Report findings are used to support organizational and community-based strategic planning and to guide collaborations and partnerships to address key issues.

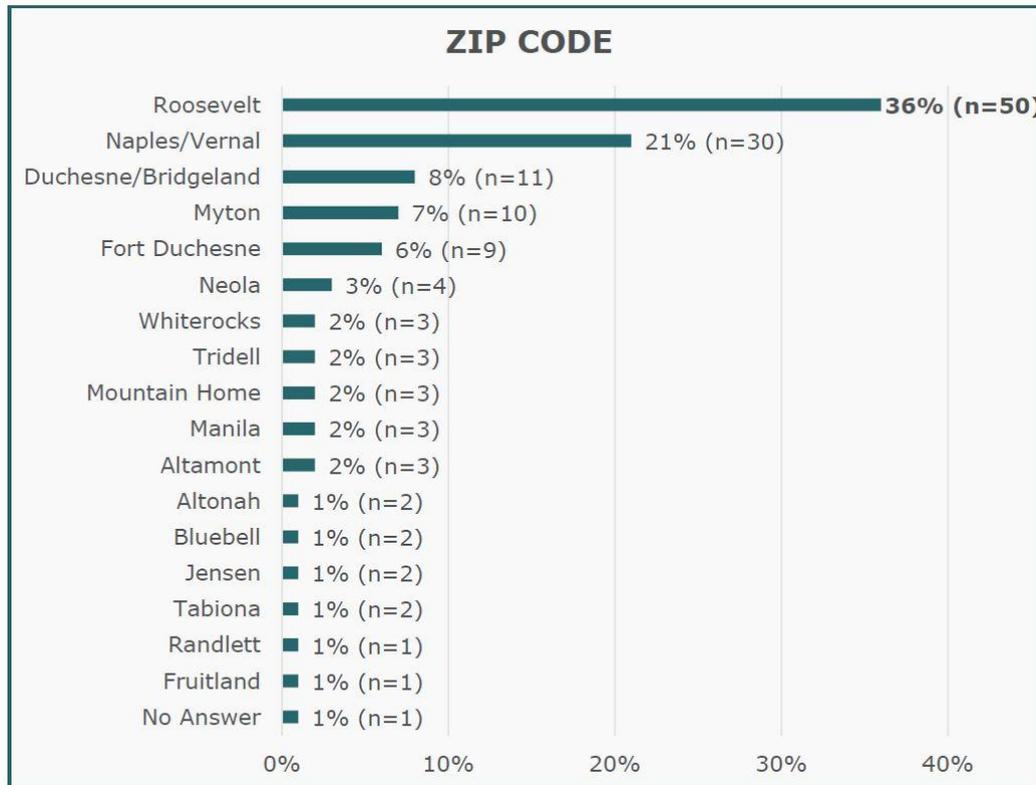
Survey Plan

- Uintah Basin Healthcare partnered with the National Rural Health Resource Center and the University of Duluth the past three cycles (nine years) to conduct a third-party Community Health Needs Assessment.
- 800 residents were selected randomly from the Tri-County area using PrimeNet Data Source, and twelve community leaders were submitted for key informant interviews.
- After a reportable response rate was received, results were reported by NRHRC to Uintah Basin Healthcare.



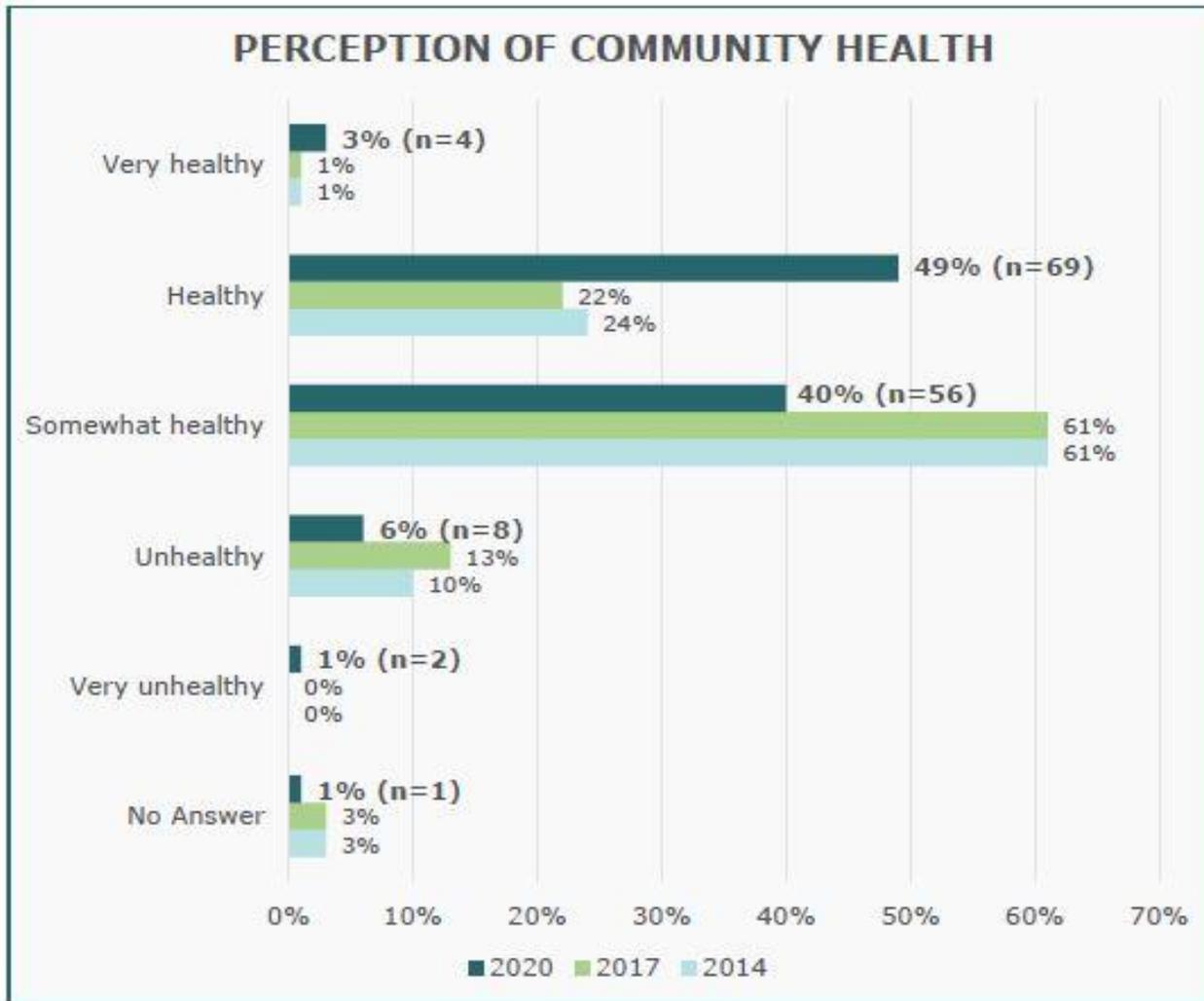
Survey Demographics

- The table below shows the place of residence for 2020 survey respondents.
- The data from 2014 & 2017 was very similar for the majority of zip codes, with an exception of Roosevelt decreasing by 5% and Naples/Vernal increasing by 10%.



- 2020 response rate = 17.5%
- 2017 response rate = 18%.
- 2014 Response rate = 19%.

Perception of Community Health



Community perception is improving!

Respondents shifted from “somewhat healthy” to “healthy”

49% view our community as “healthy”.
2017=22%, 2014=24%

40% view our community as “somewhat healthy”.
2017=61%, 2014=61%

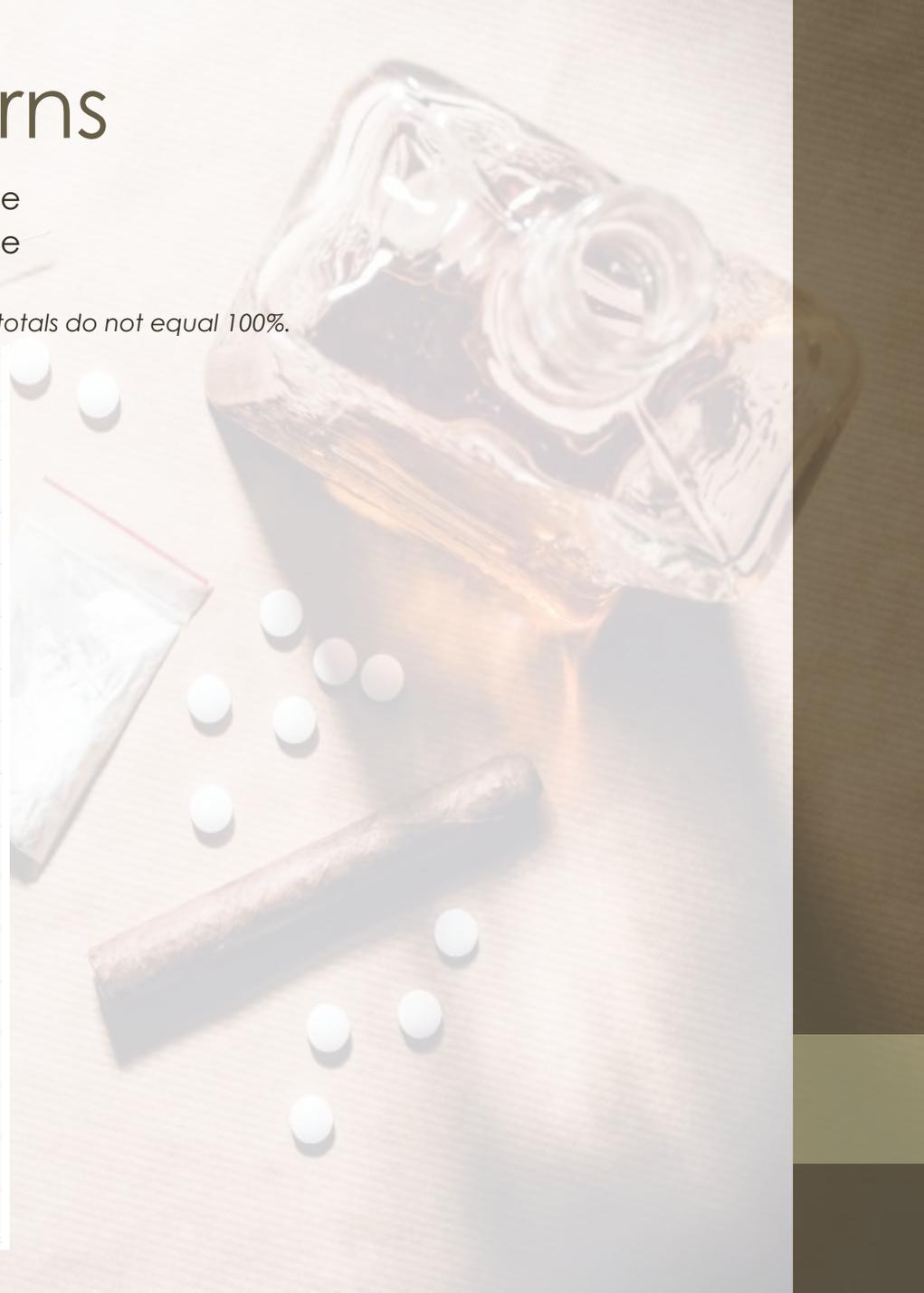
6% “unhealthy”
2017= 13%, 2014=10%



Top Health Concerns

- 2020: 1=Diabetes, 2=Alcohol Abuse, 3=Drug Use
- 2017: 1=Drug Use, 2=Diabetes, 3=Alcohol Abuse
- 2014: 1=Obesity, 2= Drug Use, 3=Diabetes
 - Respondents were asked to select three that apply, so totals do not equal 100%.

| Community Health Concerns | n= | 2020 | 2017 | 2014 |
|---------------------------|----|------|------|------|
| Diabetes | 56 | 40% | 39% | 31% |
| Alcohol Abuse | 52 | 37% | 36% | 28% |
| Drug Use | 51 | 36% | 55% | 42% |
| Tobacco/Smoking/Vaping | 42 | 30% | 17% | 19% |
| Mental Health Issues | 38 | 27% | 23% | 13% |
| Adult Obesity | 33 | 24% | 30% | 49% |
| Cancer | 33 | 24% | 32% | 27% |
| Opioid Addiction | 31 | 22% | N/A | N/A |
| Heart Disease | 27 | 19% | 17% | 14% |
| Childhood Obesity | 14 | 10% | 13% | 10% |
| Child Abuse/Neglect | 12 | 9% | 8% | 9% |
| Lack of Sleep | 6 | 4% | 8% | 4% |
| Stroke | 6 | 4% | 3% | 1% |
| Domestic Violence | 6 | 4% | 5% | 2% |
| Other | 6 | 4% | 2% | 1% |
| No Answer | 1 | 1% | N/A | N/A |



Ideas to Improve Access to Healthcare

- 2020: 1=More Physician Specialists, 2=Greater Health Education, 3=More Primary Care
- 2017: 1=More Physician Specialists, 2=Prompt Pay Discounts, 3=More Primary Care
- 2014: 1=More Physician Specialists, 2=More Primary Care, 3=Greater Health Education

| Improve Access to Healthcare | n= | 2020 | 2017 | 2014 |
|-------------------------------|----|------|------|------|
| More Physician Specialists | 72 | 52% | 53% | 60% |
| Greater Health Education | 56 | 40% | 37% | 37% |
| More Primary Care | 54 | 39% | 40% | 41% |
| Prompt Pay Discounts | 52 | 37% | 41% | N/A |
| Telemedicine | 49 | 35% | 14% | 4% |
| Transportation Assistance | 24 | 17% | 22% | 13% |
| Charity Care | 21 | 15% | 21% | N/A |
| Other | 12 | 9% | 10% | 8% |
| Interpreter Services/Cultural | 7 | 5% | 6% | 2% |

Respondents were asked to select all that apply so percentages do not total 100%.

Most Utilized Healthcare Organization

- 2020: 1=UBH, 2=Basin Clinic, 3=Other
 - Note: UBH has been #1 in 2014, 2017 and 2020. This year we added “Basin Clinic” as a choice (owned by UBH) which received 23%.

| Most Utilized Healthcare Organization | n= | 2020 | 2017 |
|---------------------------------------|----|------|------|
| Utah Basin Healthcare | 82 | 59% | 69% |
| Basin Clinic (now part of UBH) | 32 | 23% | N/A |
| Other | 10 | 7% | 6% |
| Intermountain Healthcare | 5 | 4% | 2% |
| VA | 4 | 3% | 3% |
| University of Utah | 4 | 3% | 3% |
| Ashley Regional Medical | 3 | 2% | 5% |

Open-Ended Questions

Suggestions to Meet Health Needs

- Many responses indicated great satisfaction with UBH.
- Two areas of suggested improvement include improvement in the billing processes and more affordable care.

Additional Healthcare Services Requested

- 2020: Most frequently suggested specialists are cardiologist, pulmonologist, oncologist.
- 2017: cardiologist, oncologist, mental health
 - We have added more visiting physician cardiologists.
 - We started a [Cancer Care & Infusion Service Center](#) in collaboration with Intermountain Healthcare.
 - We hired [Daniel Colver, DBH, LMFT](#) to address mental health.

Reasons for Selecting Healthcare Organization

- 2020: 1/2=Recommended by Family/Friends & Reputation for Quality, 3=Locally Owned
 - This is consistent with the last two surveys
 - Respondents were asked to select three that apply, so totals do not equal 100%.

| Reasons for Selecting Healthcare Organization | n= | 2020 | 2017 | 2014 |
|---|----|------|------|------|
| Recommended by Family or Friends | 17 | 12% | 11% | 10% |
| Organization's Reputation for Quality | 17 | 12% | 12% | 30% |
| Locally Owned | 12 | 9% | 8% | N/A |
| Other | 8 | 6% | 7% | 3% |
| Efficient Billing Process | 4 | 3% | 6% | N/A |
| Technology Driven | 4 | 3% | 5% | N/A |
| VA/Military | 4 | 3% | 2% | 2% |
| Online Scheduling/Portal | 1 | 1% | N/A | N/A |

Delayed Healthcare Services

- 2020:

1=Cost, 2=Wait Time, 3=Poor Insurance Coverage

- 2017:

1=Cost, 2=Wait Time, 3=Billing Frustrations / Poor Patient Experience

- 2014:

1=Cost, 2=Wait Time, 3=Poor Insurance Coverage

| Reasons for Delayed Healthcare | n= | 2020 | 2017 | 2014 |
|-------------------------------------|----|------|------|------|
| It cost too much | 66 | 52% | 47% | 61% |
| Too long to wait for an appointment | 51 | 40% | 41% | 41% |
| Poor insurance coverage | 33 | 26% | 15% | 29% |
| Prior Billing Frustrations | 27 | 21% | 23% | N/A |
| Could not get an appointment | 23 | 18% | 17% | 27% |
| Poor patient experience in the past | 22 | 17% | 23% | N/A |
| Could Not Get Off work | 18 | 14% | 17% | 5% |

| Reasons for Delayed Healthcare | n= | 2020 | 2017 | 2014 |
|-----------------------------------|----|------|------|------|
| Too nervous or afraid | 16 | 13% | 13% | 10% |
| Other | 15 | 12% | 8% | 12% |
| It was too far to go | 12 | 9% | 8% | 7% |
| Unsure if Services were available | 11 | 9% | 14% | 10% |
| No insurance | 11 | 9% | 13% | 24% |
| Didn't trust provider | 11 | 9% | 15% | N/A |
| Didn't Know Where to Go | 10 | 8% | 6% | 2% |
| Transportation Issues | 5 | 4% | 4% | 5% |
| No one to care for my children | 5 | 4% | 2% | 5% |
| No online scheduling | 1 | 1% | 3% | N/A |
| Language barrier | 0 | 0% | 0% | 0% |



Overall, the survey and key stakeholder findings indicate the community is happy with UBH and many of the services available in the rural area. Responses indicate that the hospital is seen as an important partner and collaborator with the community. Survey and key stakeholder responses were consistent in most areas.

-NRHRC

Mode of Marketing

- 2020:
 - 1=Word of Mouth
 - 2=Social Media
 - 3=Internet/Radio
- 2017:
 - 1=Word of Mouth
 - 2=Newspaper
 - 3=Health Provider
- 2014:
 - 1=Word of Mouth
 - 2=Health Provider
 - 3=Phone Directories

| Mode of Marketing | n= | 2020 | 2017 | 2014 |
|---------------------------------|-----------|------------|------------|------------|
| Word of mouth reputation | 84 | 60% | 60% | 83% |
| Social Media | 45 | 32% | N/A | N/A |
| Internet | 41 | 29% | N/A | N/A |
| Radio | 41 | 29% | 28% | 20% |
| Mode of Marketing | n= | 2020 | 2017 | 2014 |
| Health Provider/Public Health | 34 | 24% | 29% | 53% |
| Newspaper | 33 | 24% | 34% | 31% |
| Billboards/Signage | 22 | 16% | 16% | 27% |
| Church/Community announcement | 18 | 13% | 7% | 6% |
| Mailings | 17 | 12% | 15% | 10% |
| Phone directories | 17 | 12% | 22% | 45% |
| Other | 8 | 6% | 5% | 4% |
| Google Ads | 3 | 2% | N/A | N/A |
| No Answer | 1 | 1% | 0% | 0% |

Post-Survey Steps: Summary

- UBH will address diabetes by growing our Diabetes Education and Registered Dietitian offerings, hosting a 5k/fun run annually, promoting an employee wellness program, and sponsoring wellness activities (i.e. youth and high school sports, walking trails, the aquatic center, eat well programs, health fairs, etc). Our providers will monitor children's weight/height/BMI routinely and connect or refer families to breastfeeding support (such as our OB Department's Certified Lactation Counselors) or nutrition education (through our Diabetes Education Program). Our providers/departments are also implementing monitoring systems for patients at risk for diabetes.
- At Uintah Basin Healthcare, we are implementing several initiatives to address drug misuse and alcohol abuse. Our hospital and clinic areas are working to educate and offer alternatives to opioids, as well as promote safe disposal of unused medications by providing a dropbox at the UBMC Pharmacy and DVMC Pharmacy. We will raise awareness through increased community education and collaboration, while identifying and promoting resources for drug and alcohol recovery.
- *In addition, each department manager at Uintah Basin Healthcare has submitted a goal to address a top health concern so we can have a shared vision of our ability to make an impact. Goals/Projects will be monitored over a 3-year process.*



The intent of reporting
our findings and goals
is not just to share information,
but to stimulate action.

Together, we can make a difference.

