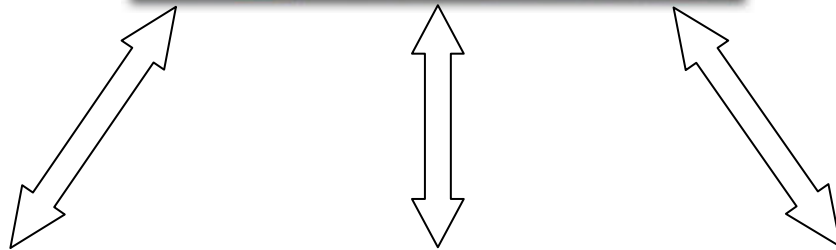


Grand County, Utah Telephone Survey Form and Results



Prepared by:

National Center for Rural Health Works
Oklahoma Cooperative Extension Service
Oklahoma State University

Oklahoma Office of Rural Health
Center for Rural Health
OSU Health Sciences Center, College of Osteopathic Medicine
Oklahoma State University

National Association of Counties Project
Funded by the federal Office of Rural Health Policy

September 2007

Grand County, Utah
Telephone Survey Form and Results

Prepared for:

Grand County, Utah

through

National Association of Counties Project
Funded by the federal Office of Rural Health Policy

Prepared by:

Pamela S. Hartman, Extension Associate
Email: pamela.hartman@okstate.edu

Cheryl F. St. Clair, Associate State Extension Specialist
Email: cheryl@okstate.edu

Gerald A. Doeksen, Extension Economist
Email: gad@okstate.edu

National Center for Rural Health Works
Rural Development
Oklahoma Cooperative Extension Service
Oklahoma State University
(405) 744-6083

and

Val Schott, Director
Oklahoma Office of Rural Health
Email: val.schott@okstate.edu

Oklahoma Office of Rural Health
Center for Rural Health
OSU Health Sciences Center, College of Osteopathic Medicine
Oklahoma State University
(405) 945-9197

September 2007

**Grand County Medical Service Area
Telephone Survey Form**

Survey Date: July 16-20, 2007

NOTE TO INTERVIEWER: All questions are optional and respondent may, of course, choose not to answer. All answers provided on this form are for facilitation purposes only. If an answer does not "fit" into one of the provided answers, please take down the exact answer given. Thank you.

Introduction and screener:

Hello. My name is _____ with _____. I am calling on behalf of the Grand County Rural Health Works committee. We are conducting a brief survey on the topic of health care in Grand County. The community is reviewing the health care situation in Grand County. It is very important that we include the opinion of you or someone in your household in this brief but important survey. To ensure confidentiality, all responses are completely anonymous.

Qualifier: May I ask, are you over the age of 18?

- Yes
- No (*Ask to speak to someone over the age of 18. TERMINATE if there is no one over the age of 18 in the household*)

1. What is your zip code?

- 84530 La Sal
- 84532 Moab
- 84540 Thompson
- Other _____ (*TERMINATE*)

2a. Do you use a family doctor, nurse practitioner, or physician assistant for most of your routine health care?

- Yes (*Skip to Q.3a*)
- No
- (*Do not read*) Don't know/Refused (*Skip to Q.3a*)

2b. If no, then what kind of medical provider do you use for routine care? (*Record exact response. Probe for clarification. Do not read list.*)

- Community Health Center
- The Health Department
- Emergency Room/Hospital
- Medicaid
- Rural Health Clinic
- Specialist
- Other (*Specify*) _____

3a. Which city do you go to for most of your family's routine health care needs? (**DO NOT READ LIST**)

- Grand Junction, CO
- Green River, UT
- Moab, UT (*Skip to Q.4a*)
- Monticello, UT
- Price, UT
- Provo, UT
- Salt Lake City, UT
- Other (*Specify*) _____
- (*Do not read*) Don't know/Refused (*Skip to Q.4a*)

3b. Why do you or your family use a medical provider for routine health care needs outside of Grand County? (**Record exact response. Probe for clarification. Do not read list.**)

- Better quality of providers
- Closer/Convenient location
- Have used for years/Personal relationship
- Nicer facilities
- Specialist
- Speed of getting an appointment
- Approved provider for insurance/Health benefits program
- Other (**Specify**) _____

4a. Have you or someone else in your household been to a doctor, nurse practitioner or physician assistant in Grand County in the past 24 months?

- Yes
- No (*Skip to Q.5*)
- (*Do not read*) Don't know/Refused (*Skip to Q.5*)

4b. How satisfied were you or someone in your household with the quality of care received in Grand County? Would you say that you were... (**READ LIST**)?

- Satisfied
- Dissatisfied
- (*Do not read*) Don't know/Refused (*Skip to Q.5*)

4c. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

5. Do you think there are enough family doctors in Grand County?

- Yes
- No
- (*Do not read*) Don't know/Refused

6. Are you able to get an appointment with your medical provider when you need one?

- Yes
- No
- (*Do not read*) Don't know/Refused

7a. Have you or someone else in your household been to a specialist in the past 24 months?

- Yes
- No (*Skip to Q.8*)
- (*Do not read*) Don't know/Refused (*Skip to Q.8*)

7b. What type of specialist have you or someone in your household been to and in which city are they located?

Type of Specialist	City

7c. Did the specialist request further testing or laboratory work?

- Yes
- No (*Skip to Q.7f*)
- (*Do not read*) Don't know/Refused (*Skip to Q.7f*)

7d. In which city were the tests or laboratory work conducted? (*Record Response Below*)

7e. Are you aware that you can have your tests and/or laboratory work performed at Allen Memorial Hospital regardless of the location of your specialist?

- Yes
- No
- (*Do not read*) Don't know/Refused

7f. Did the specialist prescribe medication(s)?

- Yes
- No (*Skip to Q.8*)
- (*Do not read*) Don't know/Refused (*Skip to Q.8*)

7g. In which city was the pharmacy located that filled your prescription(s)? Or did you use mail-order? (*Record Response Below*)

8. How many people are living in your household? (*Record response below*)

_____ (*If respondent is the only person living in household, ask for "you" only in Q.9*)

9. What type of health insurance covers you and your family? (*Read list if needed. ASK FOR “YOU” AND “FAMILY” (if applicable). Can provide more than one response*)

	<u>You</u>	<u>Family</u>
Champus/TriCare Program	<input type="checkbox"/>	<input type="checkbox"/>
HIP (Uninsured Pool of Utah)	<input type="checkbox"/>	<input type="checkbox"/>
Indian Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Insurance through Employer/ Previous Employer	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
CHIP (Medicaid)	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part D (Prescriptions)	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage (Private pay)	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement (Private pay)	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Network (PCN)	<input type="checkbox"/>	<input type="checkbox"/>
Self-Paid Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>
VA benefits	<input type="checkbox"/>	<input type="checkbox"/>
*Do Not Have Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

10. (*If respondent does not have health insurance, ask Q.10; otherwise, skip to Q.11*)
 Why do you not have health insurance for yourself? (*Do not read list. Record verbatim response.*)

- Too expensive
- Pre-existing medical condition
- Other (*Specify*) _____
- (*Do not read*) Don't know/Refused

11. Have you or someone else in your household used the (non-emergency) services of a hospital in the past 24 months?

- Yes
- No; If no, when was the last time you used non-emergency hospital services? _____
 (*Skip to Q.17*)
- (*Do not read*) Don't know/Refused (*Skip to Q.17*)

12. At which hospital(s) were services received? (*Do not read list unless prompt is needed. Record verbatim responses.*) (**ALLOW FOR RESPONSES FOR MORE THAN ONE HOSPITAL.**)

- Allen Memorial Hospital – Moab, UT (*Skip to Q.15*)
- Community Hospital – Grand Junction, CO
- Salt Lake City, UT hospitals
- San Juan County Hospital – Monticello, UT
- St. Mary's Hospital – Grand Junction, CO
- Provo, UT hospitals
- Veteran's Hospital – Grand Junction, CO
- Other (*Specify*) _____
- (*Do not read*) Don't know/Refused

13. *(If any hospital other than Allen Memorial Hospital was indicated in Q.12, ask Q.13, Q.14a, Q.14b, Q.14c and Q.14d; otherwise, skip to Q.15)* You mentioned that you or someone else in your household received care at a hospital other than Allen Memorial Hospital, why did you or your family member choose this/these hospital(s)? ***(RECORD VERBATIM RESPONSES. Probe for clarification.)***

14a. What hospital services were used there? ***(Do not read list unless prompt is needed. Record verbatim responses)***

- | | |
|---|---|
| <input type="checkbox"/> Birthing Services | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Bone Density | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> CT Scan (CAT Scan) | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dietary Services/Diabetic Counseling | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Sleep Study |
| <input type="checkbox"/> Inpatient Stay | <input type="checkbox"/> Specialty Doctor |
| <input type="checkbox"/> Inpatient Surgery | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Laboratory (Blood) Tests | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |
| <input type="checkbox"/> MRI | |

14b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (Do not read)*** Don't know/Refused ***(Skip to Q.17)***

14c. Why do you say that? ***(RECORD VERBATIM RESPONSES. Probe for clarification)***

14d. Why did you use a hospital outside of Grand County?

- Better quality of providers
- Closer/Convenient location
- Have used for years/Personal relationship
- Nicer facilities
- Specialist
- Speed of getting an appointment
- Approved provider for insurance/Health benefits program
- Other ***(Specify)*** _____

15. (If Allen Memorial Hospital is mentioned in Q.12, ask Q.15, Q.16a and Q.16b; otherwise, skip to Q.17)
 What hospital services were used at Allen Memorial Hospital? (Do not read list unless prompt is needed.
 Record verbatim responses.)

- | | |
|---|---|
| <input type="checkbox"/> Birthing Services/Nursery | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> Cardiac Stress Testing | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Cardio-pulmonary/Respiratory Therapy | <input type="checkbox"/> Outpatient IV Therapy |
| <input type="checkbox"/> CT | <input type="checkbox"/> Outpatient Procedures |
| <input type="checkbox"/> Dietary Services/Diabetic Counseling | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Swing Bed Unit |
| <input type="checkbox"/> Inpatient Stay/Medical Surgical Unit | <input type="checkbox"/> Therapy (Physical/Occupational) |
| <input type="checkbox"/> Inpatient Surgery | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> (Do not read) Don't know/Refused |

16a. How satisfied were you or someone in your household with the services you received at Allen Memorial Hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (Do not read) Don't know/Refused (skip to Q.17)

16b. Why do you say that? (RECORD VERBATIM RESPONSES. Probe for clarification)

17. Have you or your family used emergency room services in the past 24 months?

- Yes
- No (Skip to Q.23)
- (Do not read) Don't know/Refused (Skip to Q.23)

18. At which hospital(s) were emergency room services received? (Do not read list unless prompt is needed.
 Record verbatim responses.) (ALLOW FOR RESPONSES FOR MORE THAN ONE HOSPITAL.)

- | | |
|--|----------------|
| <input type="checkbox"/> Allen Memorial Hospital – Moab, UT | (skip to Q.19) |
| <input type="checkbox"/> Community Hospital, Grand Junction, CO | (skip to Q.21) |
| <input type="checkbox"/> Salt Lake City, UT hospitals | (skip to Q.21) |
| <input type="checkbox"/> San Juan County Hospital – Monticello, UT | (skip to Q.21) |
| <input type="checkbox"/> St. Mary's Hospital – Grand Junction, CO | (skip to Q.21) |
| <input type="checkbox"/> Provo, UT hospitals | (skip to Q.21) |
| <input type="checkbox"/> Veteran's Hospital – Grand Junction, CO | (skip to Q.21) |
| <input type="checkbox"/> Other (Specify) _____ | (skip to Q.21) |
| <input type="checkbox"/> (Do not read) Don't know/Refused | (skip to Q.23) |

19. *(If Allen Memorial Hospital is mentioned in Q.18, ask Q.19, Q.20a, and Q.20b; otherwise, skip to Q.21)*
 What type of emergency room services have you or your family used in the past 24 months at Allen Memorial Hospital? *(Do not read list unless prompt is needed. Record verbatim responses.)*

- | | |
|--|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Trauma Care |
| <input type="checkbox"/> MVA (motor vehicle accident) | <input type="checkbox"/> X-Ray (Radiology) |
| <input type="checkbox"/> Orthopedic Care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory Distress/Breathing Difficulties | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |
| <input type="checkbox"/> Routine Illness | |

20a. How satisfied were you or someone in your household with the services you received at the emergency room in Allen Memorial Hospital? Would you say you were... *(Read List)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(skip to Q.21)*

20b. Why do you say that? *(RECORD VERBATIM RESPONSES. Probe for clarification.)*

21. *(If a hospital other than Allen Memorial Hospital is mentioned in Q.18, ask Q.21, Q.22a, and Q.22b; otherwise, skip to Q.23)* What type of emergency room services have you or your family used in the past 24 months at this hospital? *(Do not read list unless prompt is needed. Record verbatim responses.)*

- | | |
|--|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart | <input type="checkbox"/> Trauma Care |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> X-Ray (Radiology) |
| <input type="checkbox"/> Respiratory Therapy/Breathing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Routine Illness | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |

22a. How satisfied were you or someone in your household with the services you received at the emergency room in this hospital? Would you say you were... *(Read List)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(skip to Q.23)*

22b. Why do you say that? *(RECORD VERBATIM RESPONSES. Probe for clarification.)*

23. Have you or a family member used a nursing home in the past 24 months?

- Yes
- No *(Skip to Q.26)*
- (Do not read)* Don't know/Refused *(Skip to Q.26)*

24. Which local nursing home did you or your family member use and in which city is it located?

- Emery County Care and Rehabilitation – Ferron, UT
- Four Corners Regional Care Center – Blanding, UT
- The Willows – Moab, UT
- Other _____
- (**Do not read**) Don't know/Refused (*Skip to Q.26*)

25a. How satisfied were you or someone in your family with the services you received from the nursing home? Would you say you were... (**Read List**)

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (*Skip to Q.26*)

25b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

26. Have you or someone in your household used the services of the local health department in the past 24 months?

- Yes
- No (*Skip to Q.28*)
- (**Do not read**) Don't know/Refused (*Skip to Q.28*)

27a. How satisfied were you or someone in your household with the services you received at the local health department?

- Satisfied
- Dissatisfied
- (**Do not read**) Don't know/Refused (*Skip to Q.28*)

27b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

28. What concerns you most about health care in your community? (**RECORD VERBATIM RESPONSES**)

The last few questions are for statistical purposes only and like any of the other questions, respondents may choose not to answer.

29. What is your age?

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81+
- (Do not read)** Don't know/Refused

30. What is your ethnicity?

- Caucasian
- Asian
- Hispanic
- African American
- Native American
- Other _____
- (Do not read)** Don't know/Refused

31. What is your annual household income?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,999 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- (Do not read)** Don't know/Refused

32. **INTERVIEWER: RECORD ANSWER BASED ON OBSERVATION ONLY. DO NOT ASK.**

- Male
- Female
- Unknown (Can't Tell)

That completes the survey. Thank you for your time!

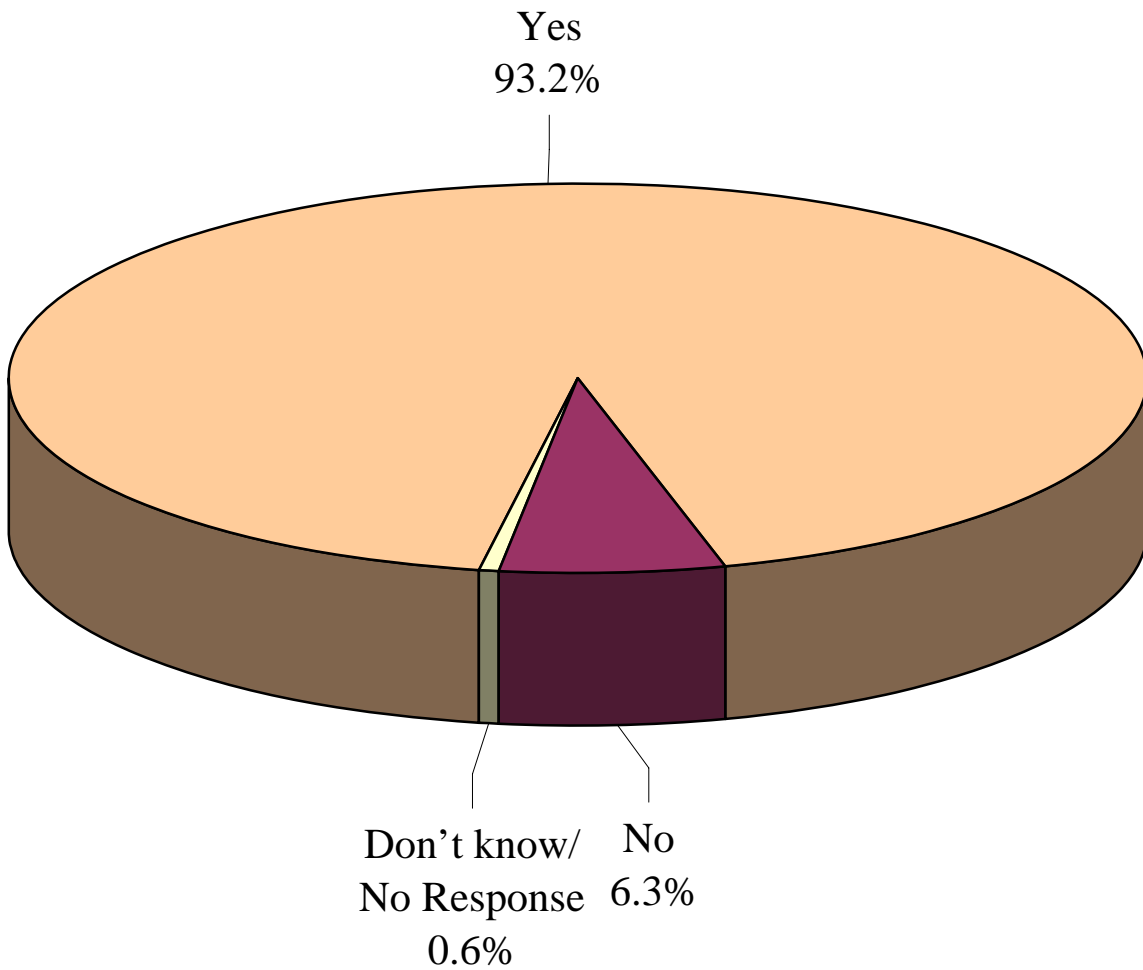
**Grand County Medical Service Area
Telephone Survey Results**

Q1. What is your zip code?

Response Category	No.	Percent
84532 Moab	172	97.7%
84530 La Sal	3	1.7%
84540 Thompson	<u>1</u>	<u>0.6%</u>
Total	176	100.0%

Q2a. Do you use a family doctor, nurse practitioner, or physician assistant for most of your routine health care?

Response Category	No.	Percent
Yes	164	93.2%
No	11	6.3%
Don't know/No response	<u>1</u>	<u>0.6%</u>
Total	176	100.1%



**Q2b. If no, then what kind of medical provider do you use
for routine care?**

Response Category	No.	Percent
Do not use one	6	54.5%
Emergency room/hospital	2	18.2%
Acupuncturist	1	9.1%
Rural health clinic	1	9.1%
Self care	<u>1</u>	<u>9.1%</u>
Total	11	100.0%

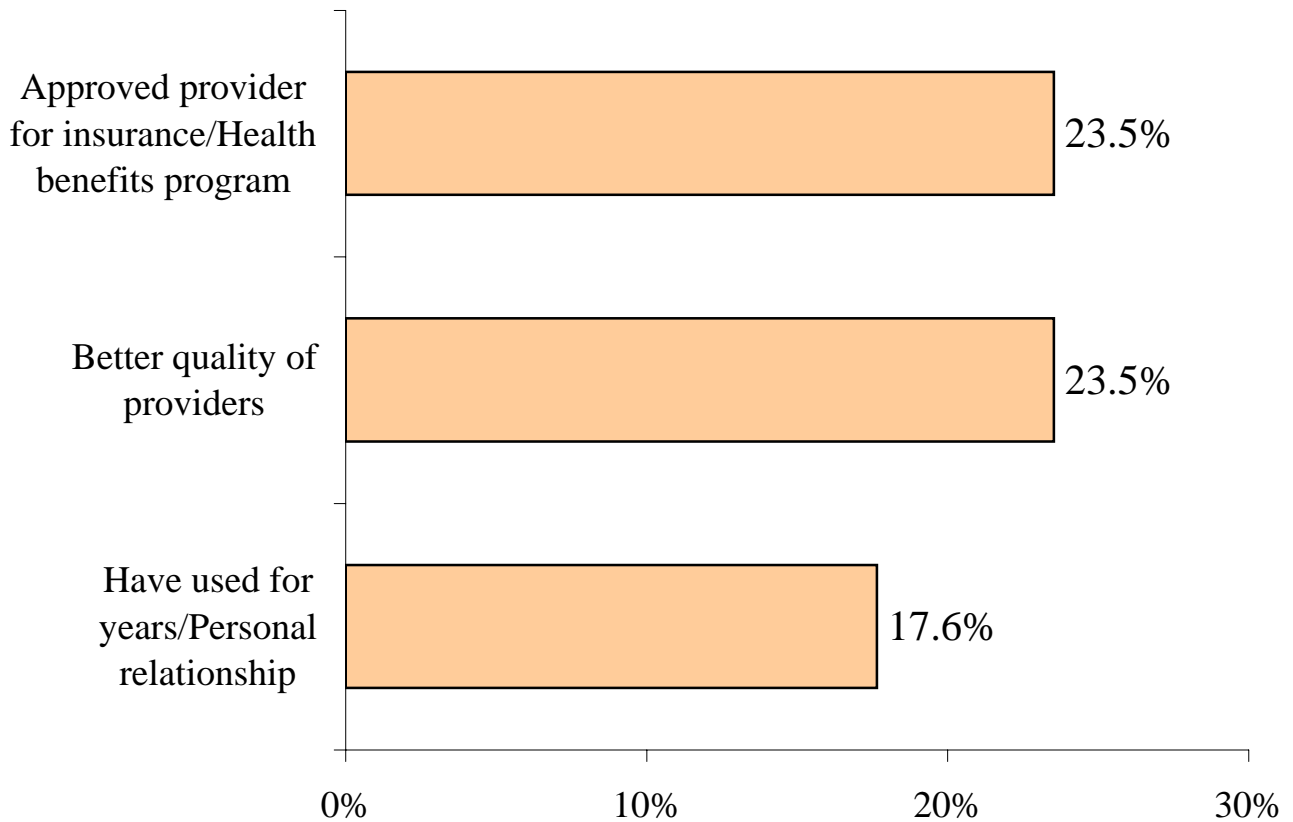
**Q3a. Which city do you go to for most of your family's
routine health care needs?**

City	County	No. by City	City %
Moab	Grand County, UT	156	88.6%
Grand Junction	Mesa County, CO	11	6.3%
Monticello	San Juan County, UT	2	1.1%
Salt Lake City	Salt Lake County, UT	2	1.1%
Don't know/No response		4	2.3%
None		<u>1</u>	<u>0.6%</u>
	Total	176	100.0%

Q3b. Why do you or your family use a medical provider for routine health care needs outside of Grand County?

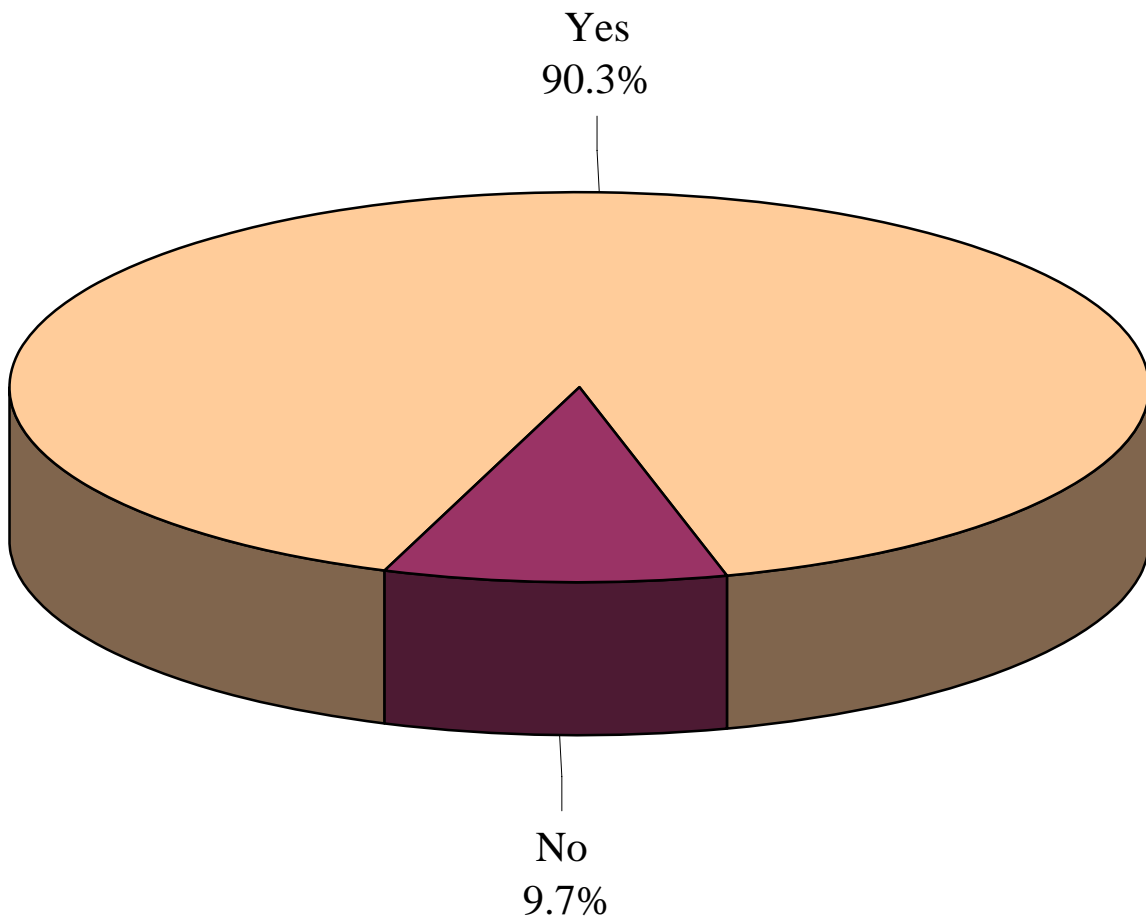
Response Category	No.	Percent
Approved provider for insurance/Health benefits program	4	23.5%
Better quality of providers	4	23.5%
Have used for years/Personal relationship	3	17.6%
Dissatisfaction with local doctors	1	5.9%
Do not use routine health care	1	5.9%
Just moved	1	5.9%
More options elsewhere	1	5.9%
Specialist	1	5.9%
Use VA center	1	5.9%
Total	17	100.0%

Some respondents answered more than once.



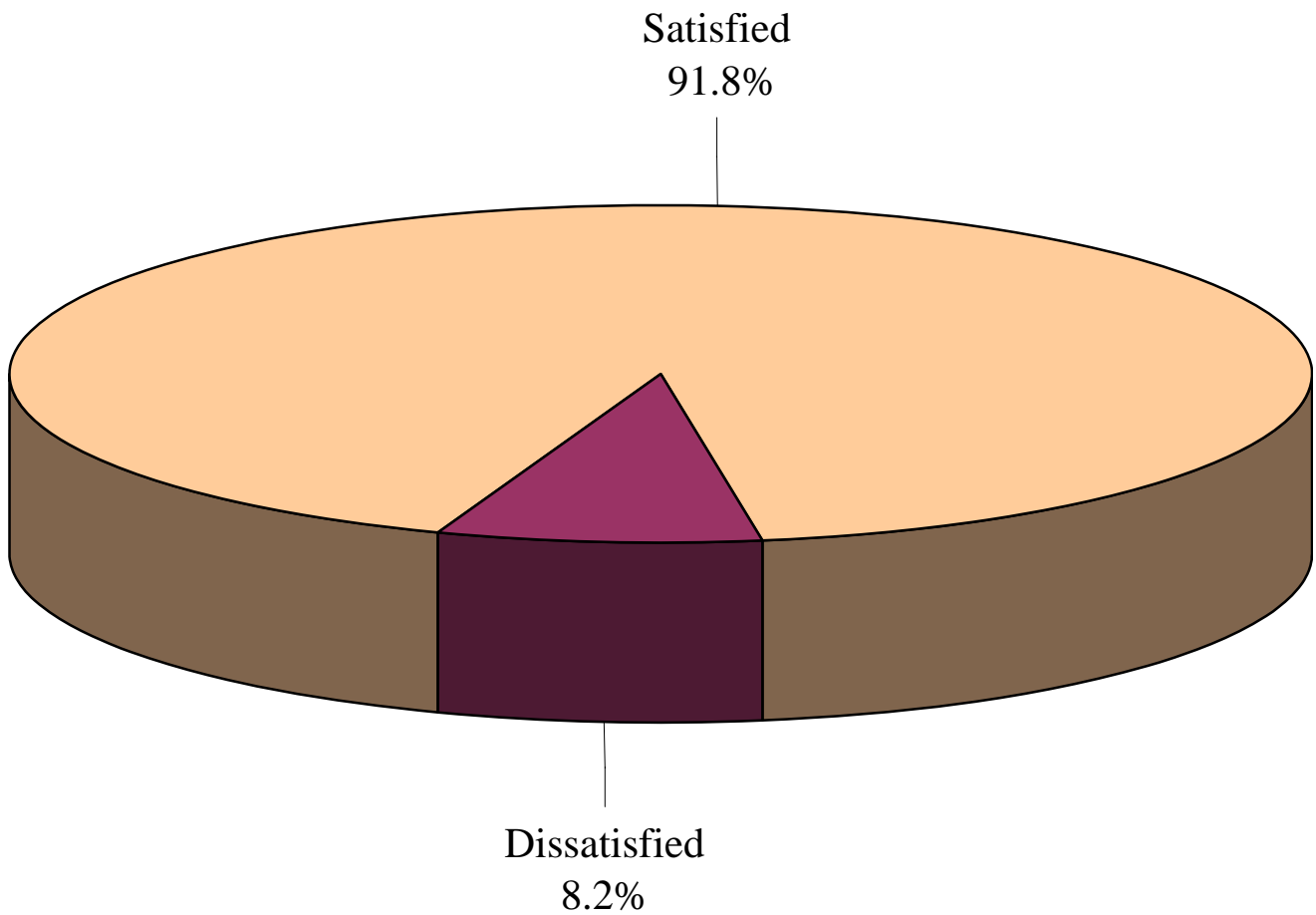
Q4a. Have you or someone else in your household been to a doctor, nurse practitioner or physician assistant in Grand County in the past 24 months?

Response Category	No.	Percent
Yes	159	90.3%
No	<u>17</u>	<u>9.7%</u>
Total	176	100.0%



**Q4b. How satisfied were you or someone in your household
with the quality of care received in Grand County?
Would you say that you were...**

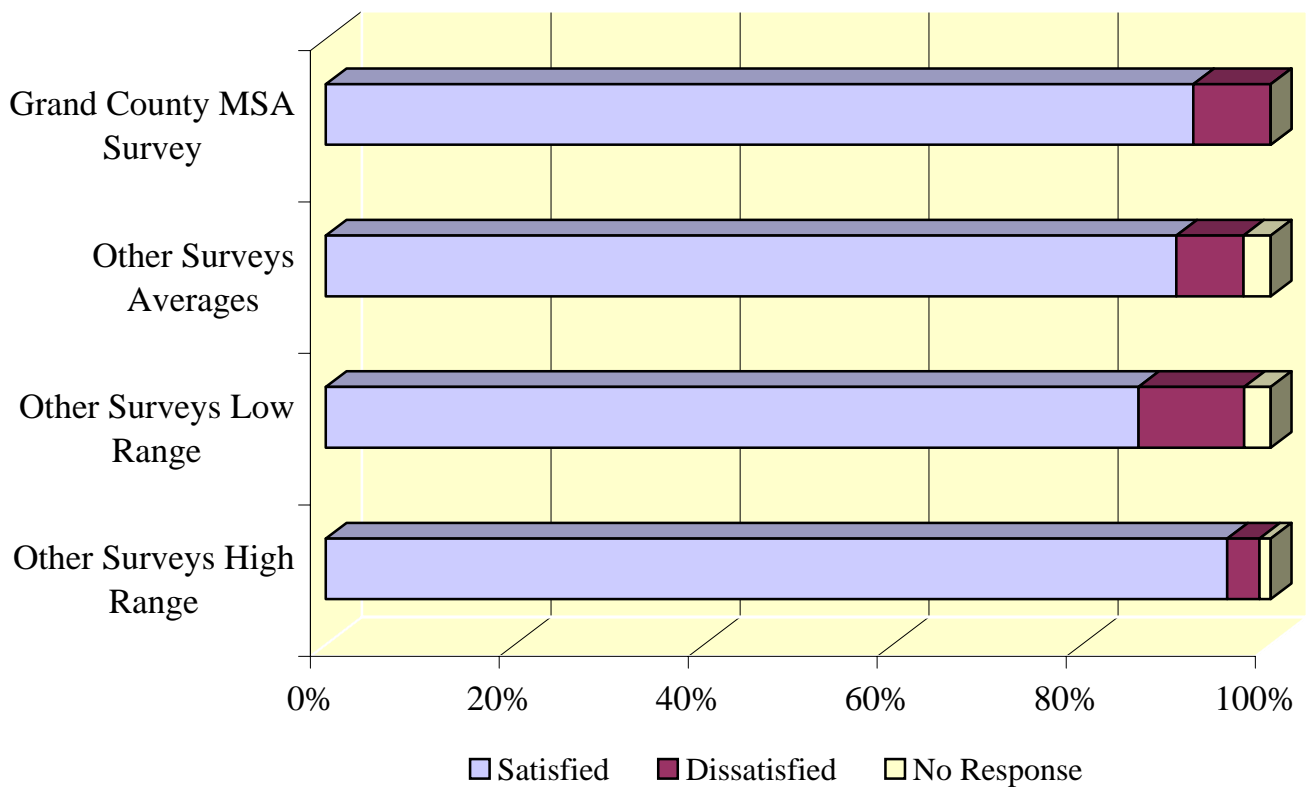
Response Category	No.	Percent
Satisfied	146	91.8%
Dissatisfied	13	8.2%
Total	159	100.0%



Q4b-2. How satisfied were you or someone in your household with the quality of care you received in Grand County?

Compared to Other Studies

Survey Area	Satisfied	Dissatisfied	No Response
Grand County MSA Survey	91.8%	8.2%	0.0%
Other Surveys Averages	90.0%	7.1%	2.9%
Other Surveys Low Range	86.0%	11.2%	2.8%
Other Surveys High Range	95.4%	3.4%	1.2%



Q4c-1. Why do you say that you are satisfied with the quality of care in Grand County?

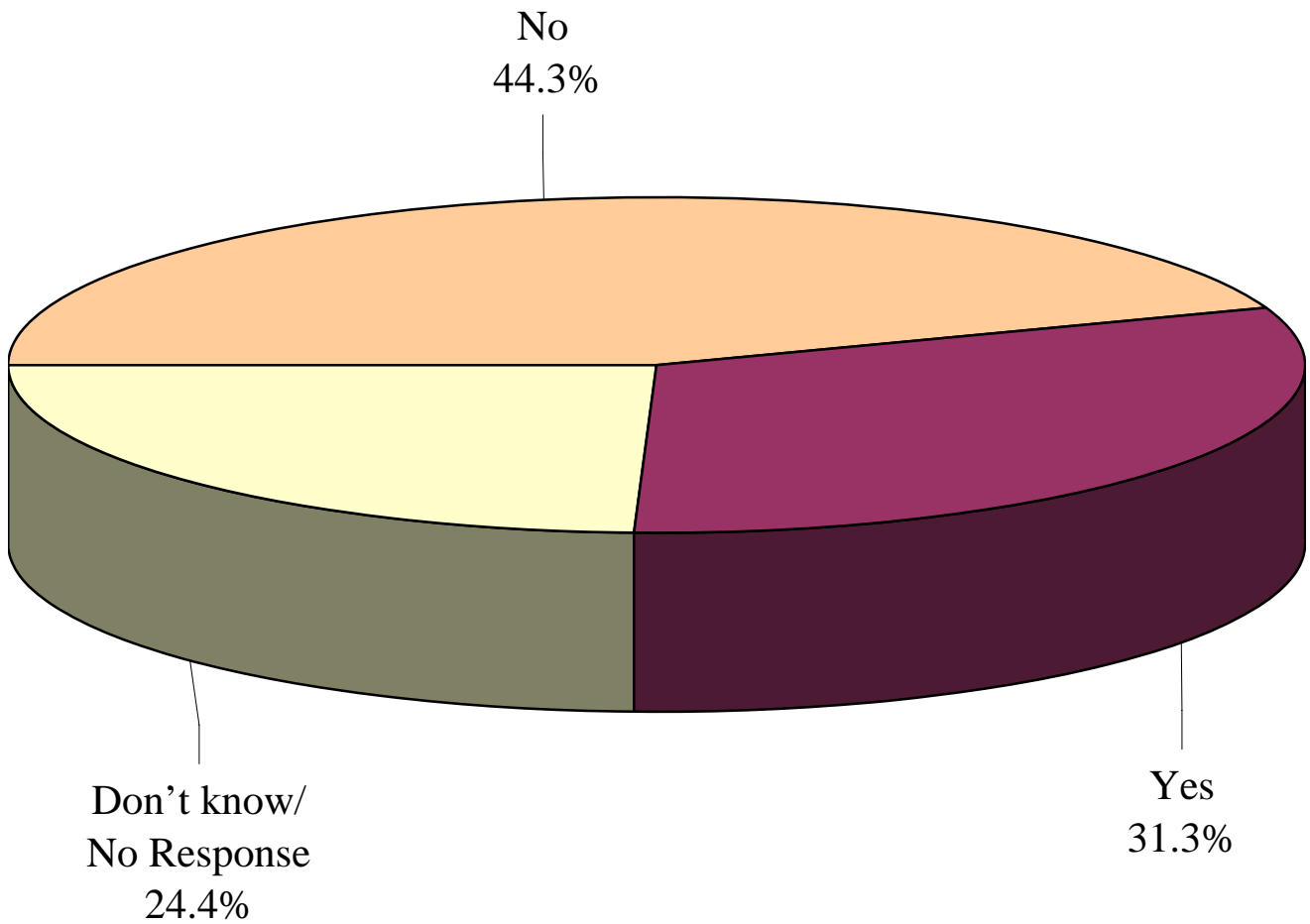
Response Category	No.	Percent
Good treatment/care	32	21.9%
Just satisfied, no reason	28	19.2%
Satisfied with doctors/nurses	28	19.2%
Resolved medical issue(s)	19	13.0%
Established relationship with doctor	14	9.6%
Knowledgeable	8	5.5%
Service was good	7	4.8%
Short waiting time	6	4.1%
Easy access	4	<u>2.7%</u>
Total	146	100.0%

Q4c-2. Why do you say that you are dissatisfied with the quality of care in Grand County?

Response Category	No.	Percent
Incompetent/uncaring medical professionals	5	38.5%
Not meeting my needs	5	38.5%
Long waiting time	2	15.4%
Cleanliness issues	<u>1</u>	<u>7.7%</u>
Total	13	100.1%

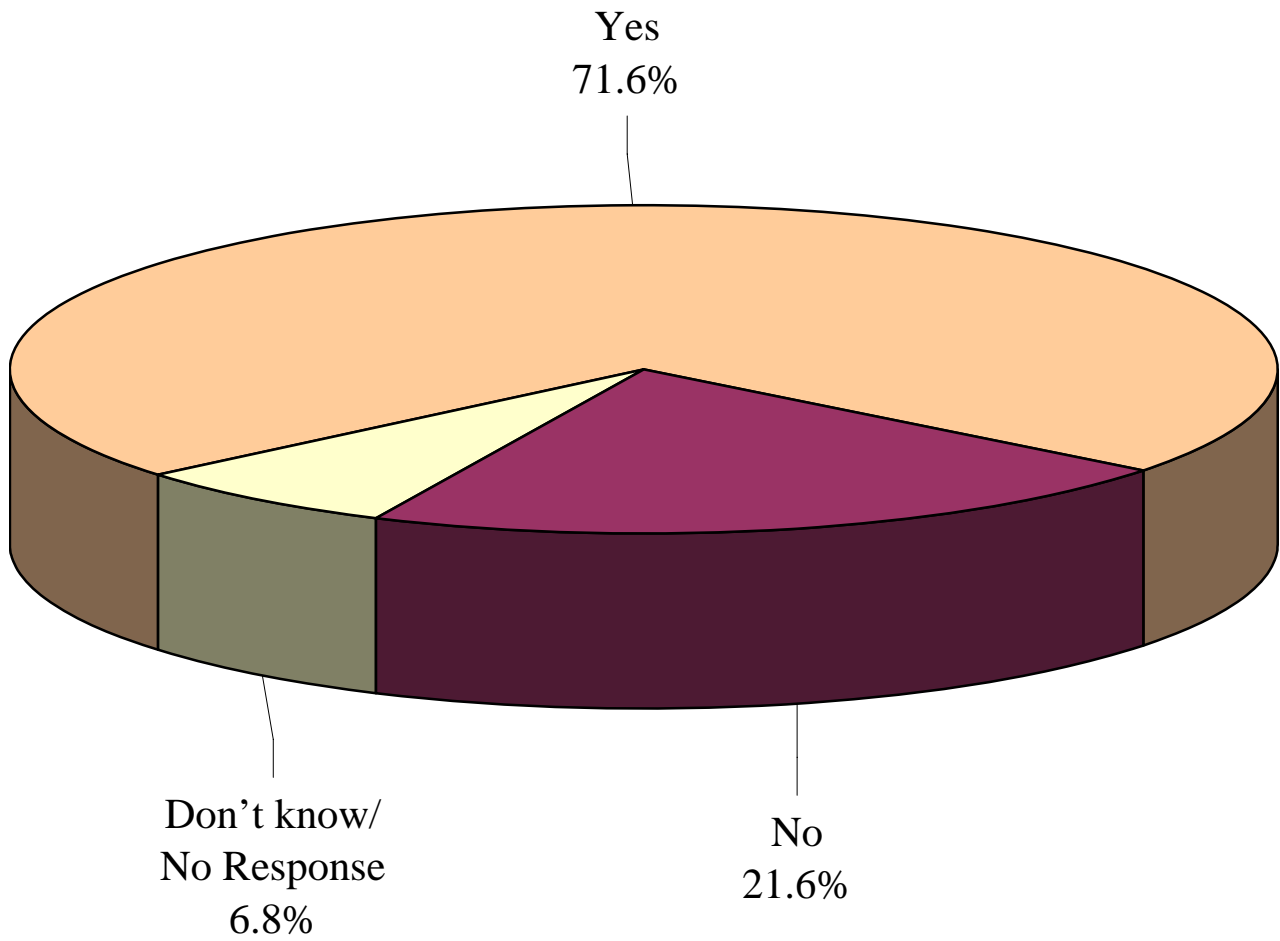
Q5. Do you think there are enough family doctors in Grand County?

Response Category	No.	Percent
No	78	44.3%
Yes	55	31.3%
Don't know/No response	43	24.4%
Total	176	100.0%



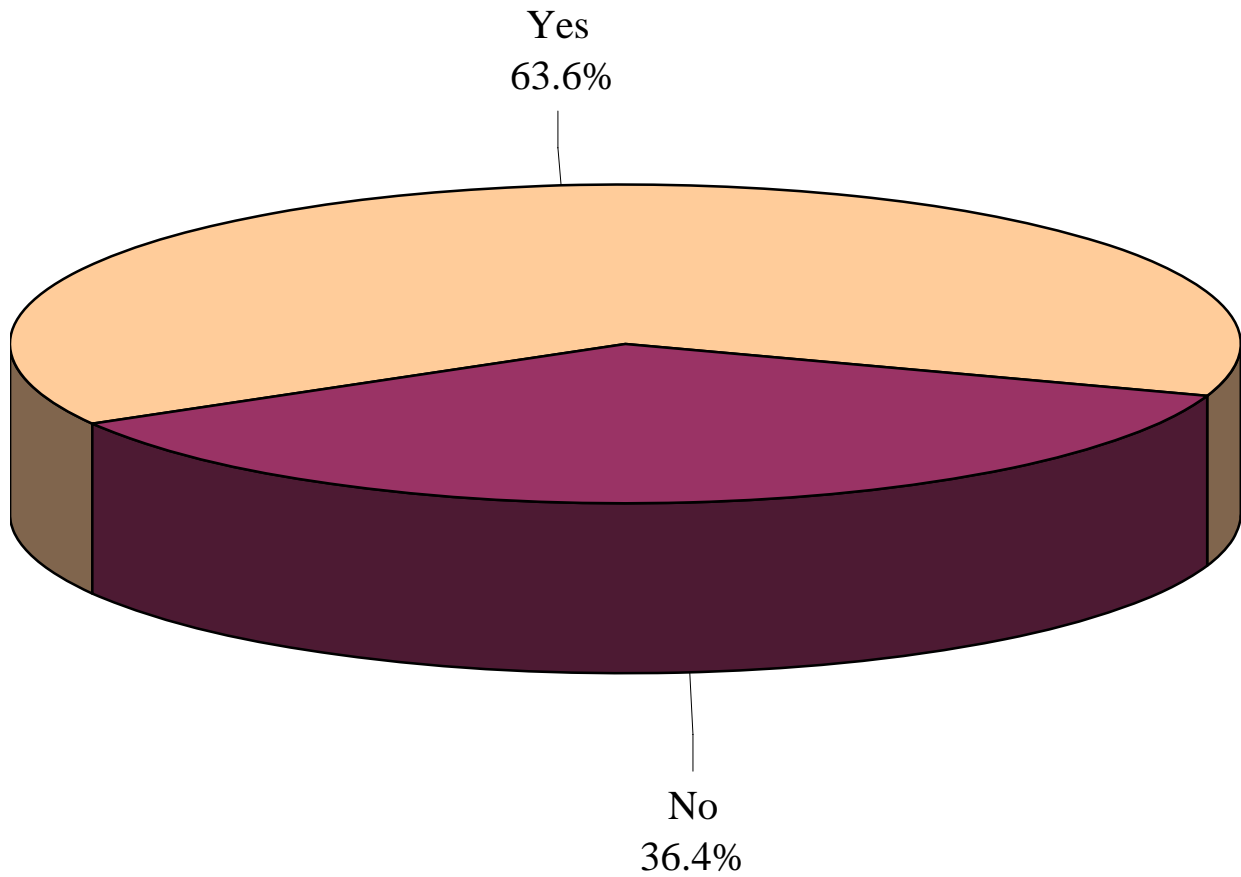
Q6. Are you able to get an appointment with your medical provider when you need one?

Response Category	No.	Percent
Yes	126	71.6%
No	38	21.6%
Don't know/No response	<u>12</u>	<u>6.8%</u>
Total	176	100.0%



Q7a. Have you or someone else in your household been to a specialist in the past 24 months?

Response Category	No.	Percent
Yes	112	63.6%
No	<u>64</u>	<u>36.4%</u>
Total	176	100.0%



Q7b-1. What type of specialist have you or someone in your household been to and in what city are they located?

Type of Specialist	No.	Percent
Top 5 Responses		
Orthopedic surgeon	34	21.7%
Cardiologist	20	12.7%
Oncologist	11	7.0%
Ophthalmologist	11	7.0%
ENT	<u>9</u>	<u>5.7%</u>
Total of Top 5	<u>85</u>	<u>54.1%</u>

Q7b-2. What type of specialist have you or someone in your household been to and in what city are they located?

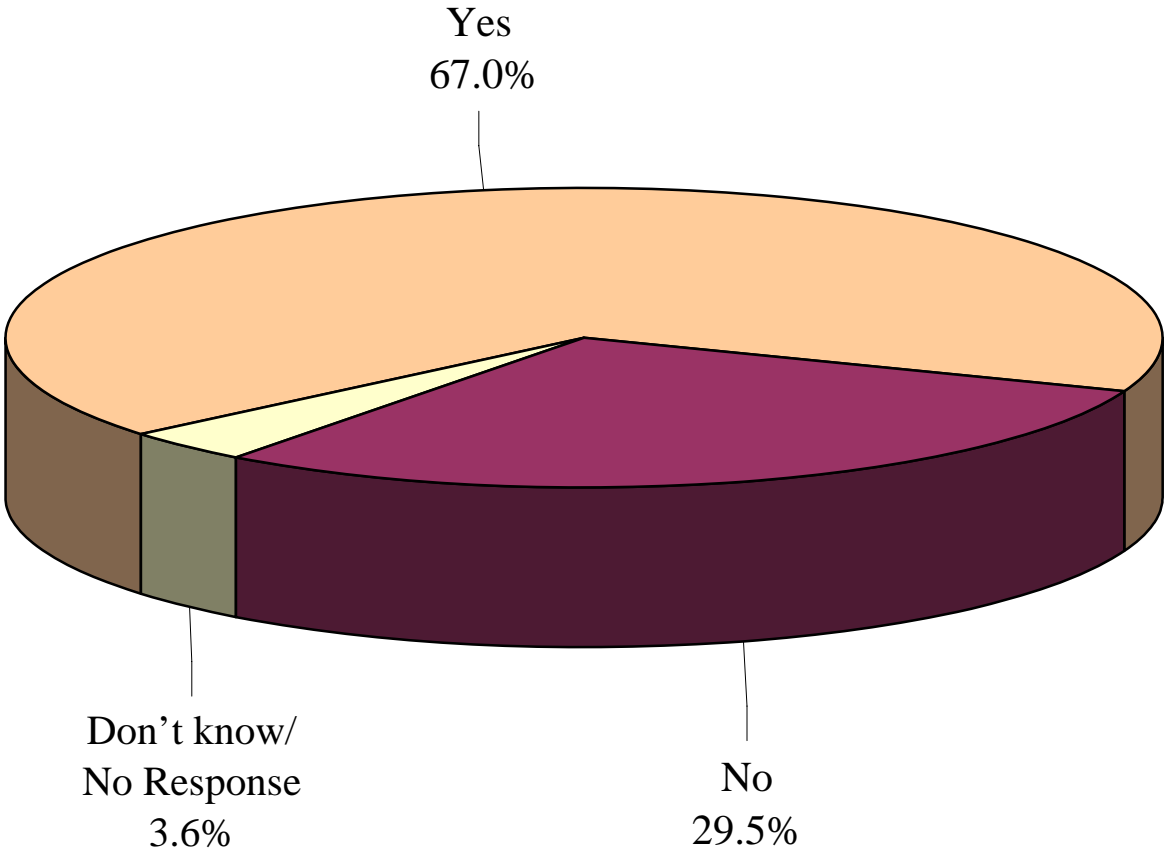
Type of Specialist	City	No.	Percent
Orthopedic surgeon	Grand Junction, CO (14); Moab (13); Salt Lake City (5); Provo (1); Denver, CO (1)	34	21.7%
Cardiologist	Salt Lake City (9); Grand Junction, CO (7); Moab (3); Provo (1)	20	12.7%
Oncologist	Grand Junction, CO (7); Salt Lake City (3); Provo (1)	11	7.0%
Ophthalmologist	Grand Junction, CO (5); Salt Lake City (4); Moab (2)	11	7.0%
ENT	Grand Junction, CO (3); Price (3); Provo (2); Roosevelt (1)	9	5.7%
Dermatologist	Grand Junction, CO (5); Orem (1); Provo (1); Salt Lake City (1)	8	5.1%
Endocrinologist	Grand Junction, CO (3); Salt Lake City (2); Not given (1)	6	3.8%
Gastroenterologist	Grand Junction, CO (4); Moab (2)	6	3.8%
OB/GYN	Grand Junction, CO (6)	6	3.8%
Pulmonologist	Grand Junction, CO (5); Denver, CO (1)	6	3.8%
General surgeon	Moab (2); Cortez, CO (1); Grand Junction, CO (1) Lander, WY (1)	5	3.2%
Obstetrician	Grand Junction, CO (2); Durango, CO (1); Moab (1)	4	2.5%
Urologist	Grand Junction, CO (3); Provo (1)	4	2.5%
Allergist	Grand Junction, CO (2); Provo (1)	3	1.9%
Internist	Moab (3)	3	1.9%
Neurologist	Salt Lake City (2); Grand Junction, CO (1)	3	1.9%
Pediatrician	Moab (1); Grand Junction, CO (1); Salt Lake City (1)	3	1.9%
Rheumatologist	Provo (1); Salt Lake City (1); Grand Junction, CO (1)	3	1.9%
Physical therapist	Moab (2)	2	1.3%
Podiatrist	Grand Junction, CO (2)	2	1.3%
One response each *		<u>8</u>	<u>5.1%</u>
Total		157	100.0%

Some respondents answered more than once.

*One response each: Naturopath (Moab); DNA specialist (Salt Lake City); Nephrologist (University of Utah); Dentist (Grand Junction, CO); Pain management specialist (Grand Junction, CO); Plastic surgeon (Grand Junction, CO); Radiologist (Grand Junction, CO); Sleep study specialist (Grand Junction, CO)

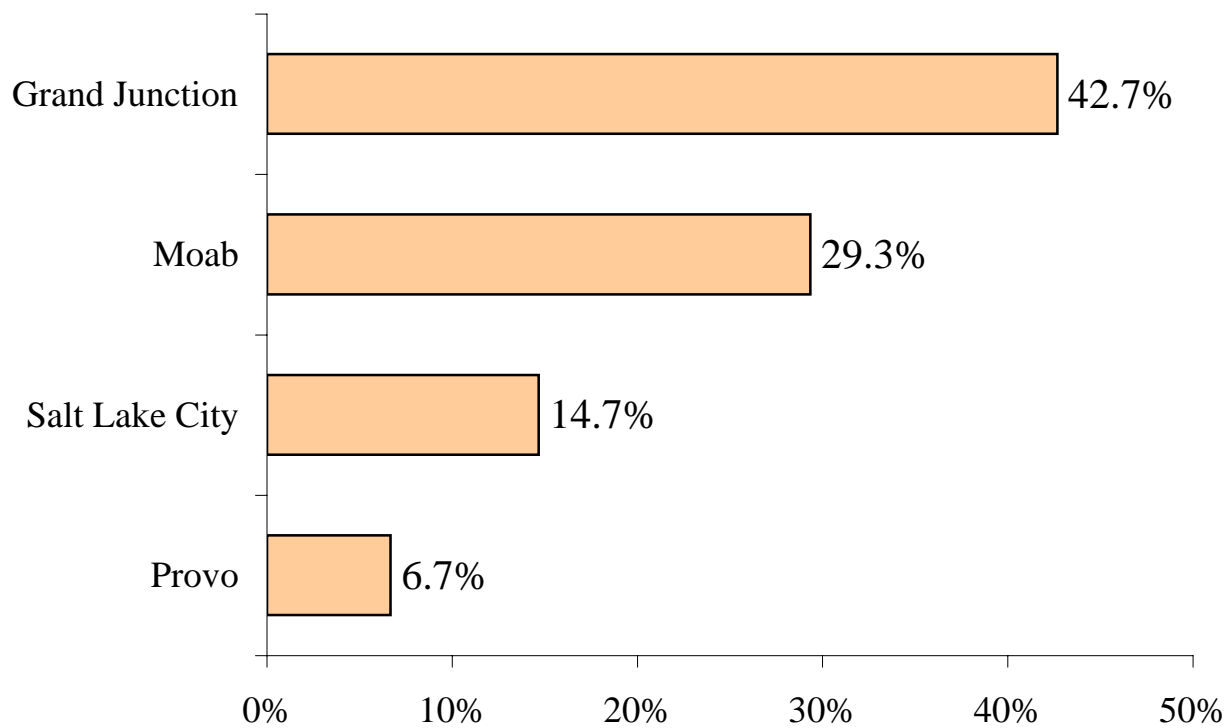
Q7c. Did the specialist request further testing or laboratory work?

Response Category	No.	Percent
Yes	75	67.0%
No	33	29.5%
Don't know/No response	4	3.6%
Total	112	100.1%



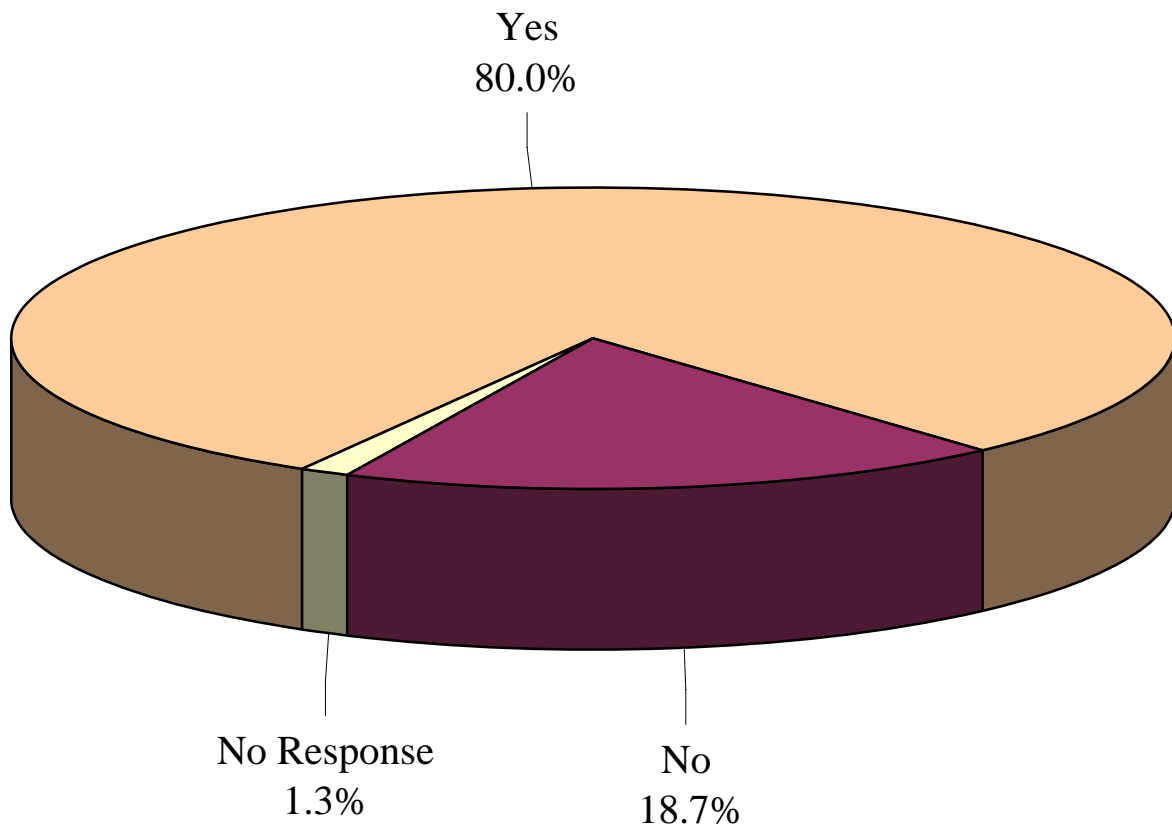
Q7d. In which city were the tests or laboratory work conducted?

Response Category	County	No.	Percent
Grand Junction	Mesa County, CO	32	42.7%
Moab	Grand County, UT	22	29.3%
Salt Lake City	Salt Lake County, UT	11	14.7%
Provo	Utah County, UT	5	6.7%
Denver	Denver County, CO	1	1.3%
New Mexico		1	1.3%
Don't know/No response		3	4.0%
Total		75	100.0%



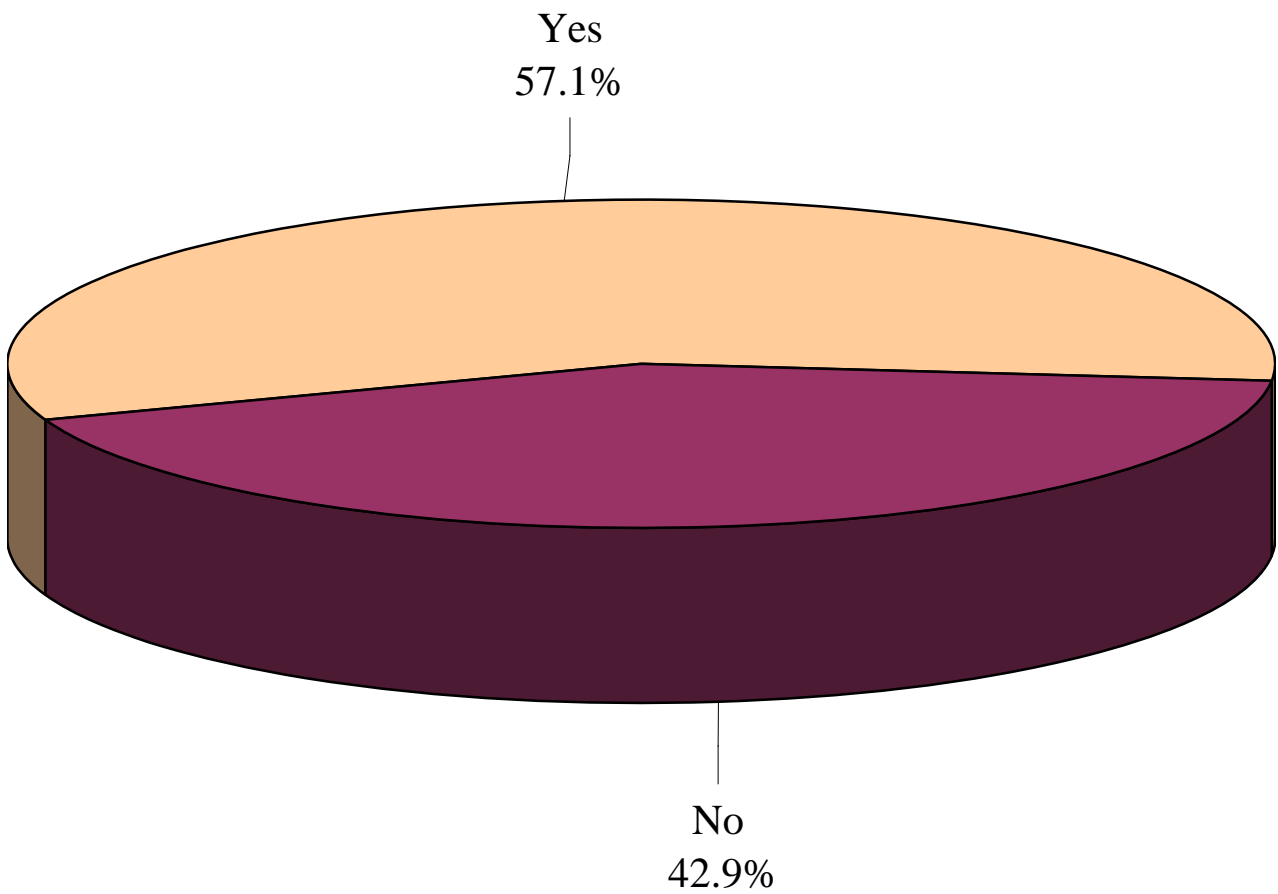
Q7e. Are you aware that you can have your tests and/or your laboratory work performed at Allen Memorial Hospital regardless of the location of your specialist?

Response Category	No.	Percent
Yes	60	80.0%
No	14	18.7%
Don't know/No response	<u>1</u>	<u>1.3%</u>
Total	75	100.0%



Q7f. Did the specialist prescribe medication(s)?

Response Category	No.	Percent
Yes	64	57.1%
No	48	42.9%
Total	112	100.0%



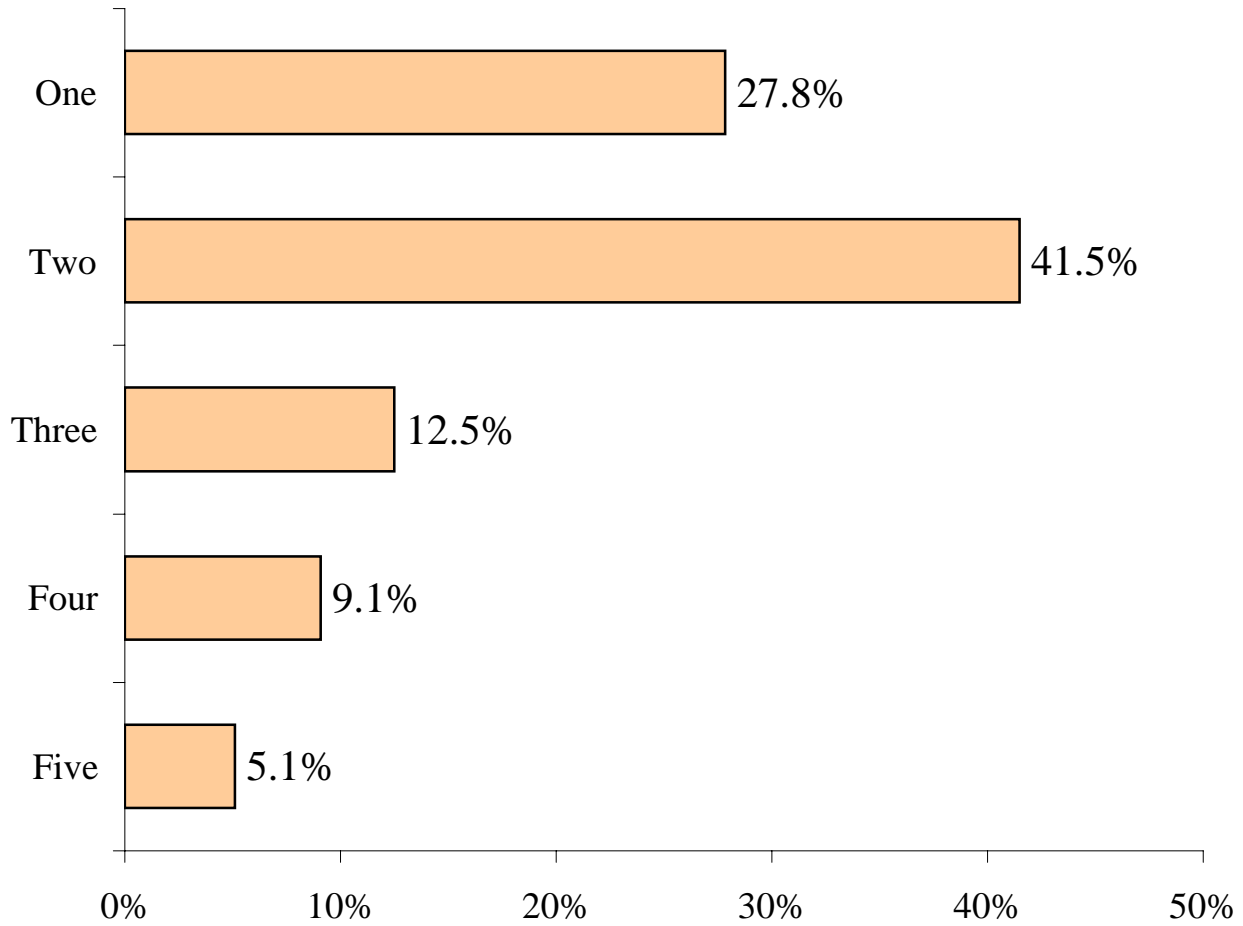
Q7g. In which city was the pharmacy located that filled your prescriptions? Or did you use mail-order?

Response Category	County	No.	Percent
Moab	Grand County, UT	49	71.0%
Grand Junction	Mesa County, CO	3	4.3%
Salt Lake City	Salt Lake County, UT	3	4.3%
Provo	Utah County, UT	1	1.4%
Roosevelt	Duchesne County, UT	1	1.4%
Denver	Denver County, CO	1	1.4%
Lander	Fremont County, WY	1	1.4%
Don't know/No response		<u>10</u>	<u>14.5%</u>
Total		69	100.0%

Some respondents answered more than once.

Q8. How many people are living in your household?

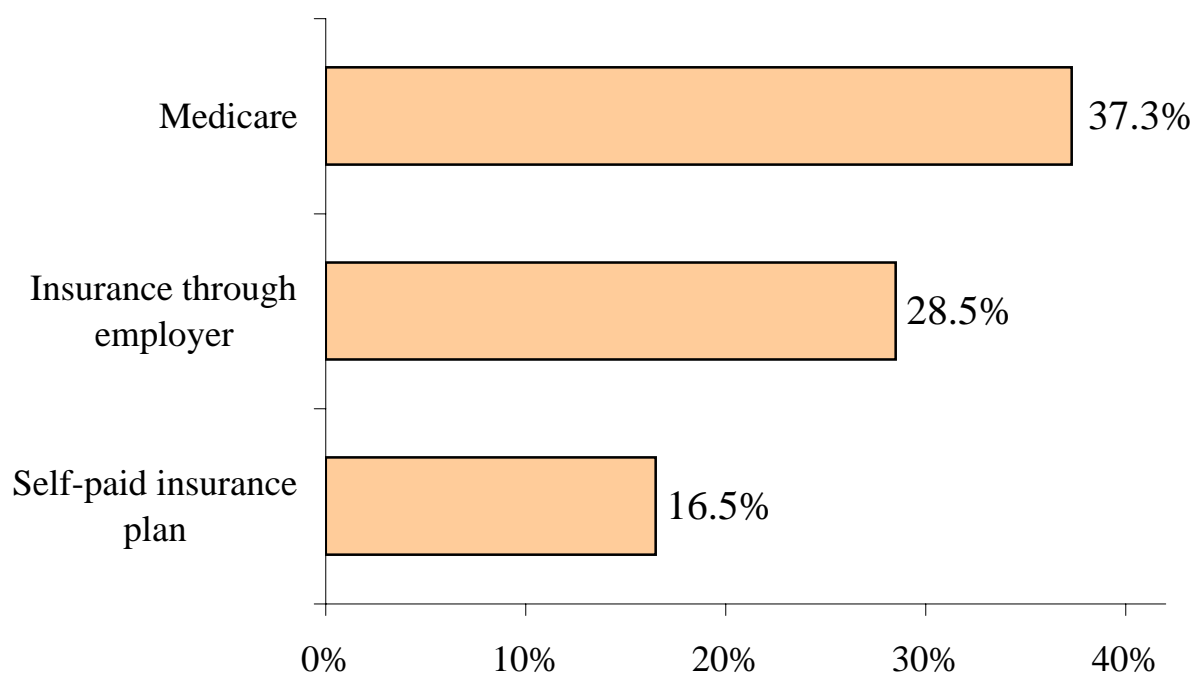
Response Category	No.	Percent
One	49	27.8%
Two	73	41.5%
Three	22	12.5%
Four	16	9.1%
Five	9	5.1%
Six	6	3.4%
Seven	<u>1</u>	<u>0.6%</u>
Total	176	100.0%



Q9a. What type of health insurance covers you?

Response Category	Number by Sub Category	Number by Major Category	Percent
Medicare		93	37.3%
General	60		
Part D	19		
Supplemental	<u>14</u>		
Insurance through employer		71	28.5%
Self-paid insurance plan		41	16.5%
Medicaid		18	7.2%
Do not have insurance		15	6.0%
HIP		4	1.6%
VA benefits		3	1.2%
Primary care network		2	0.8%
Pyramid		1	0.4%
Don't know/No response		<u>1</u>	<u>0.4%</u>
Total		249	99.9%

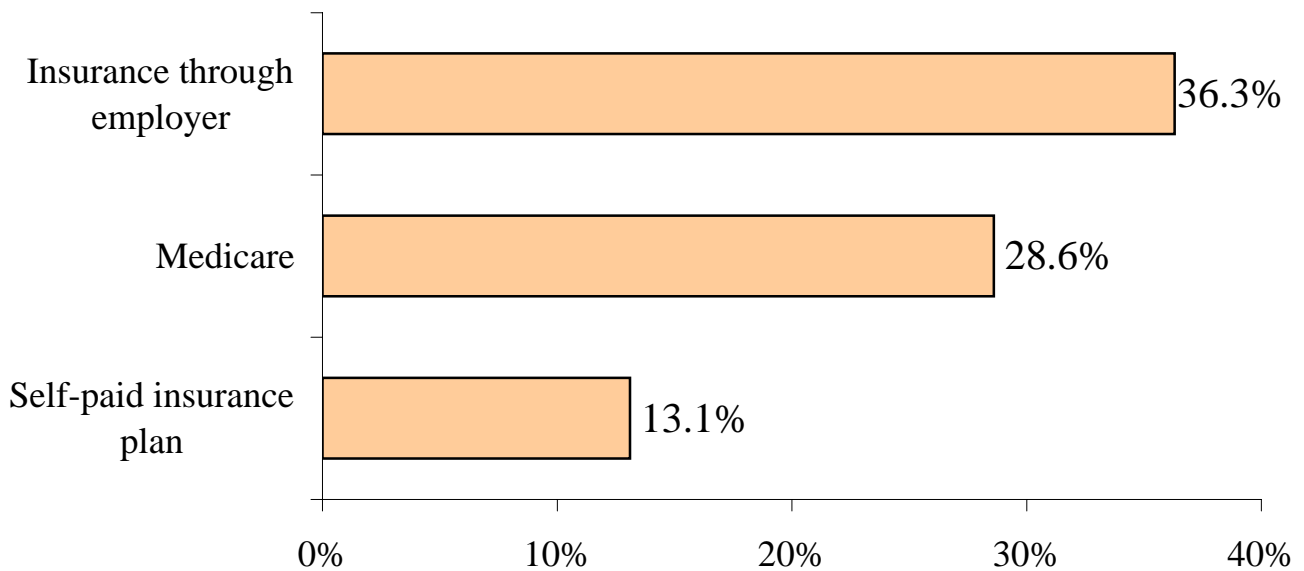
Some respondents answered more than once.



Q9b. What type of health insurance covers your family?

Response Category	Number by Sub Category	Number by Major Category	Percent
Insurance through employer		61	36.3%
Medicare		48	28.6%
General	33		
Supplemental	4		
Part D	10		
Advantage	<u>1</u>		
Self-paid insurance plan		22	13.1%
Medicaid		11	6.5%
General	10		
CHIP	<u>1</u>		
Do not have insurance		15	8.9%
VA benefits		5	3.0%
HIP		2	1.2%
Primary care network		2	1.2%
Don't know/No response		<u>2</u>	<u>1.2%</u>
Total		168	100.0%

Some respondents answered more than once.

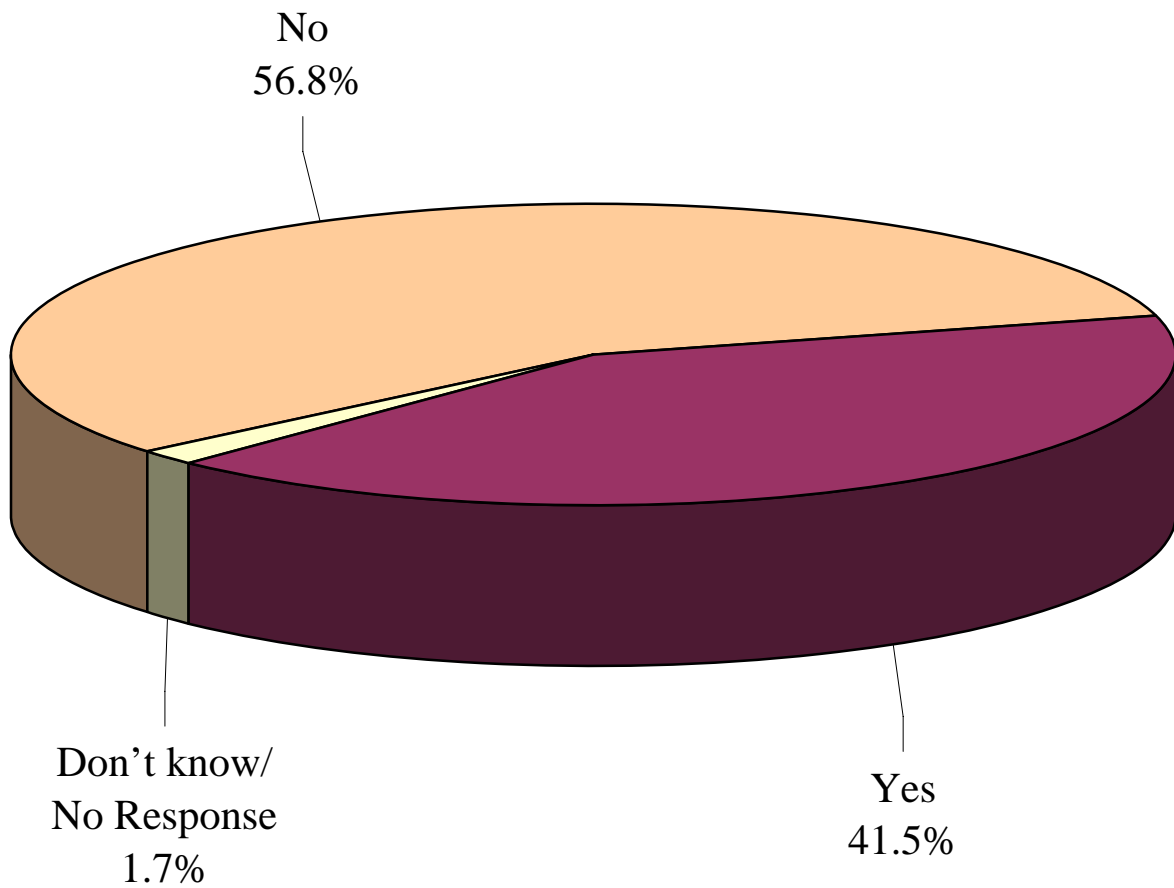


Q10. Why do you not have health insurance for yourself?

Response Category	No.	Percent
Too expensive	14	82.4%
Job does not offer insurance	1	5.9%
Medicaid canceled	1	5.9%
Stock market	<u>1</u>	<u>5.9%</u>
Total	17	100.0%

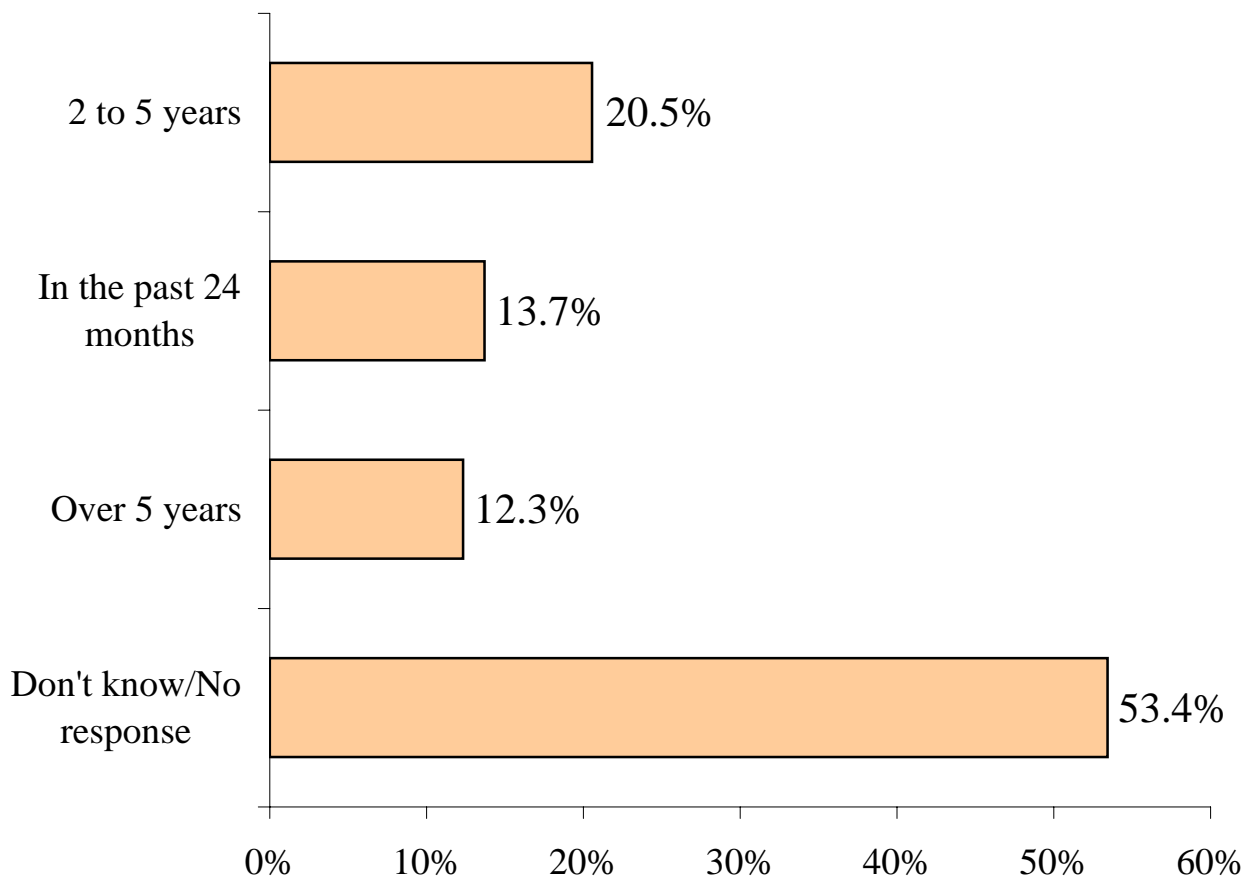
Q11a. Have you or someone else in your household used the (non-emergency) services of a hospital in the past 24 months?

Response Category	No.	Percent
Yes	100	56.8%
No	73	41.5%
Don't know/No response	3	1.7%
Total	176	100.0%



Q11b. If no, when was the last time you used non-emergency services?

Response Category	No.	Percent
2 to 5 years	15	20.5%
In the past 24 months	10	13.7%
Over 5 years	9	12.3%
Don't know/No response	<u>39</u>	<u>53.4%</u>
Total	73	100.0%



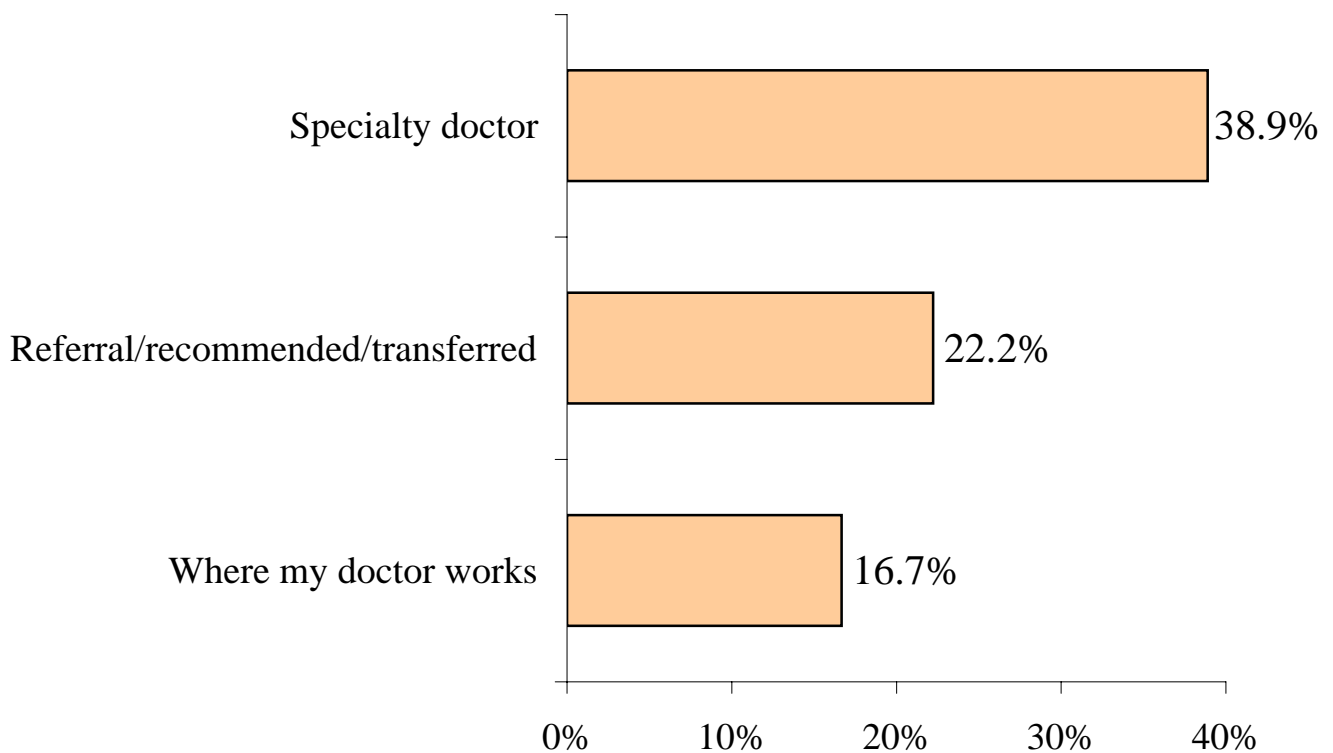
Q12. At which hospital(s) were services received?

Response Category	No. by Hospital	No. by City	Percent
<i>Moab, UT</i> Allen Memorial Hospital		89	83.2%
<i>Grand Junction, CO</i> St. Mary's Hospital Veteran's Hospital	10 <u>2</u>	12	11.2%
<i>Salt Lake City, UT Area Hospitals</i>		2	1.9%
<i>Monticello, UT</i> San Juan County Hospital		1	0.9%
<i>Orem, UT</i> Orem Community Hospital		1	0.9%
<i>Price, UT</i> Castleview Hospital		1	0.9%
<i>Lander, WY</i> Lander Valley Medical Center		<u>1</u>	<u>0.9%</u>
Total		107	100.0%

Some respondents answered more than once.

Q13. You mentioned that you or someone else in your household received care at a hospital other than Allen Memorial Hospital, why did you or your family member choose this/these hospital(s)?

Response Category	No.	Percent
Specialty doctor	7	38.9%
Referral/recommended/transferred	4	22.2%
Where my doctor works	3	16.7%
Better service/care/quality	2	11.1%
Veterans Hospital	<u>2</u>	<u>11.1%</u>
Total	18	100.0%



**Q14a. What services were used at a hospital other than
Allen Memorial Hospital?**

Response Category	No.	Percent
Laboratory	9	19.1%
Outpatient surgery	7	14.9%
Specialist	7	14.9%
X-ray	5	10.6%
CT Scan	3	6.4%
Emergency room	3	6.4%
Mammogram	3	6.4%
Ultrasound	3	6.4%
Birthing services	1	2.1%
Bone density testing	1	2.1%
Cardiac catheterization	1	2.1%
Diagnostic	1	2.1%
Inpatient stay	1	2.1%
Physical therapy	1	2.1%
Radiology	<u>1</u>	<u>2.1%</u>
Total	47	100.0%

Some respondents answered more than once.

**Q14b. How satisfied were you or someone in your household
with the services you received at a hospital other
than Allen Memorial Hospital?
Would you say that you were...**

Response Category	No.	Percent
Satisfied	17	94.4%
Dissatisfied	<u>1</u>	<u>5.6%</u>
Total	18	100.0%



Q14c-1. Why do you say that you are satisfied with the services you received at a hospital other than Allen Memorial Hospital?

Response Category	No.	Percent
Good treatment/care	8	47.1%
Good service	7	41.2%
Quick response to needs	1	5.9%
Resolved medical issue(s)	<u>1</u>	<u>5.9%</u>
Total	17	100.0%

Q14c-2. Why do you say that you are dissatisfied with the services you received at a hospital other than Allen Memorial Hospital?

Response Category	No.	Percent
Poor medical care	<u>1</u>	<u>100.0%</u>
Total	1	100.0%

Q14d. Why did you use a hospital outside of Grand County?

Response Category	No.	Percent
Specialist	10	33.3%
Better quality of providers	6	20.0%
Closer/convenient location	4	13.3%
Have used for years/personal relationship	4	13.3%
Approved medical provider for insurance	2	6.7%
Did not offer equipment that was needed	2	6.7%
Family doctor referral	1	3.3%
Living out of state at the time	<u>1</u>	<u>3.3%</u>
Total	30	100.0%

Some respondents answered more than once.

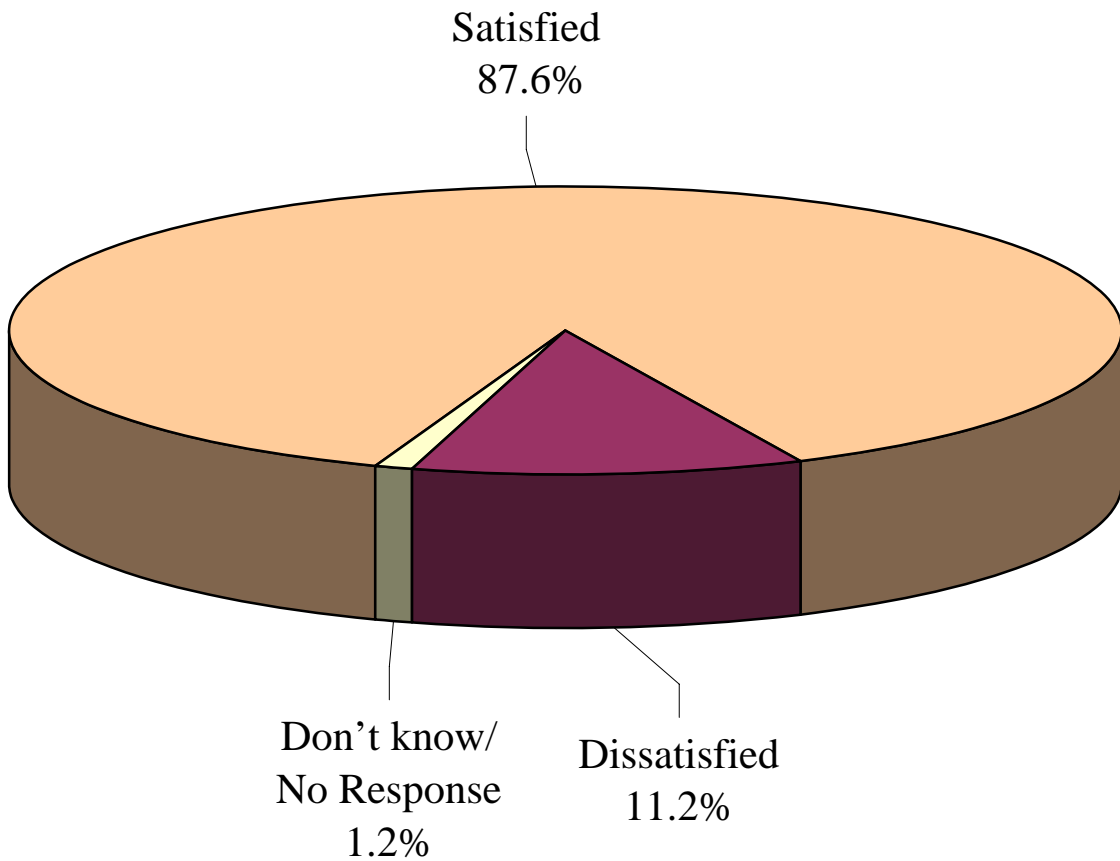
Q15. What hospital services were used at Allen Memorial Hospital?

Response Category	No.	Percent
Laboratory	52	35.4%
Radiology	24	16.3%
Emergency room	14	9.5%
Ultrasound	10	6.8%
MRI	8	5.4%
Outpatient procedures	8	5.4%
Outpatient surgery	8	5.4%
CT Scan	4	2.7%
Birthing services	3	2.0%
Cardiac stress testing	2	1.4%
Inpatient stay	2	1.4%
Inpatient surgery	2	1.4%
Mammography	2	1.4%
Outpatient IV therapy	2	1.4%
Cardiopulmonary/respiratory therapy	1	0.7%
Drug screening	1	0.7%
Therapy	1	0.7%
Don't know/No response	<u>3</u>	<u>2.0%</u>
Total	147	100.0%

Some respondents answered more than once.

Q16a. How satisfied were you or someone in your household with the services you received at Allen Memorial Hospital? Would you say you were...

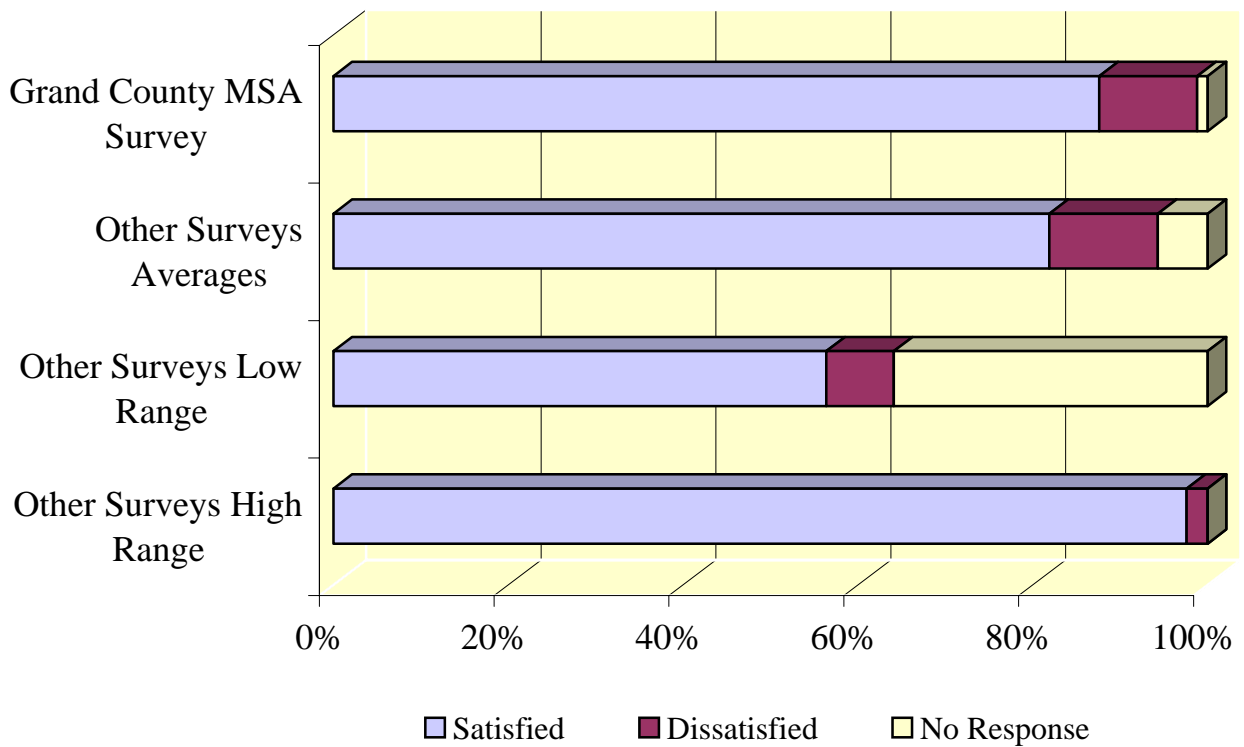
Response Category	No.	Percent
Satisfied	78	87.6%
Dissatisfied	10	11.2%
Don't know/No response	1	1.2%
Total	89	100.0%



Q16a-2. How satisfied were you or someone in your household with the hospital services you received at Allen Memorial Hospital?

Compared to Other Studies

Survey Area	Satisfied	Dissatisfied	No Response
Grand County MSA Survey	87.6%	11.2%	1.2%
Other Surveys Averages	81.9%	12.4%	5.7%
Other Surveys Low Range	56.4%	7.7%	35.9%
Other Surveys High Range	97.6%	2.4%	0.0%



Q16b-1. Why do you say that you are satisfied with the services you received at Allen Memorial Hospital?

Response Category	No.	Percent
Quick service/quick response	22	27.8%
Good care	19	24.1%
Professional, caring doctors/nurses/staff	17	21.5%
Satisfied/no reason	14	17.7%
Resolved medical issue	<u>7</u>	<u>8.9%</u>
Total	79	100.0%

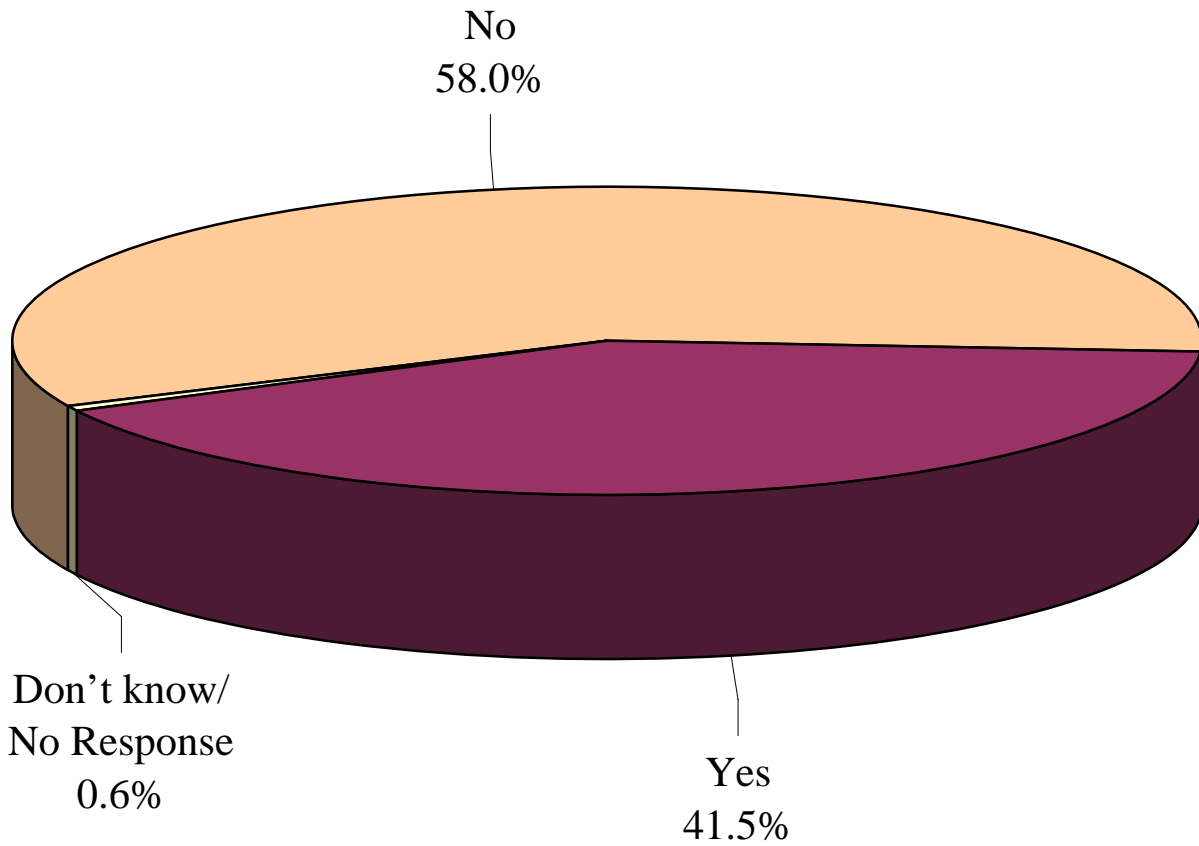
Some respondents answered more than once.

Q16b-2. Why do you say that you are dissatisfied with the services you received at Allen Memorial Hospital?

Response Category	No.	Percent
Unclean facilities	3	30.0%
Unprofessional doctors/nurses/staff	3	30.0%
Unable to diagnose	2	20.0%
Misdiagnosis	<u>2</u>	<u>20.0%</u>
Total	10	100.0%

Q17. Have you or your family used emergency room services in the past 24 months?

Response Category	No.	Percent
No	102	58.0%
Yes	73	41.5%
Don't know/No response	<u>1</u>	<u>0.6%</u>
Total	176	100.1%



Q18. At which hospital(s) were emergency room services received?

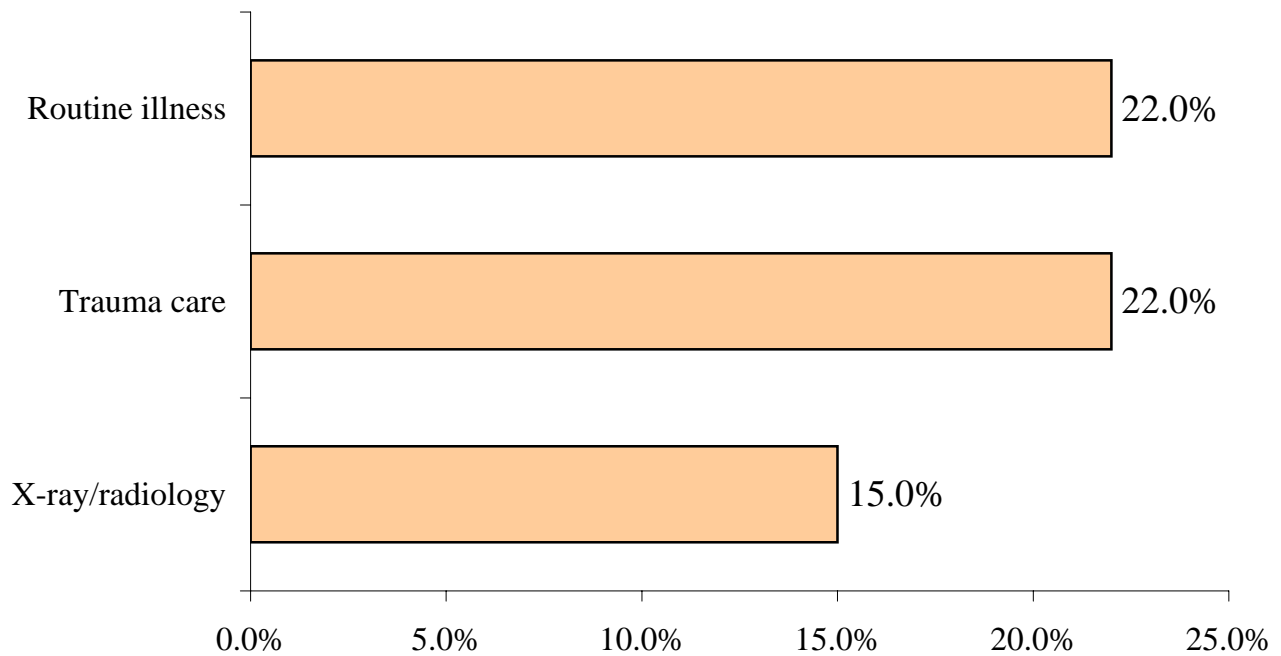
Response Category	City	No.	Percent
Allen Memorial Hospital	Moab, UT	68	87.2%
St. Mary's Hospital	Grand Junction, CO	7	9.0%
San Juan County Hospital	Monticello, UT	1	1.3%
Memorial Hospital	Colorado Springs, CO	1	1.3%
Mercy Medical Center	Durango, CO	<u>1</u>	<u>1.3%</u>
Total		78	100.1%

Some respondents answered more than once.

Q19. What type of emergency room services have you or your family used in the past 24 months at Allen Memorial Hospital?

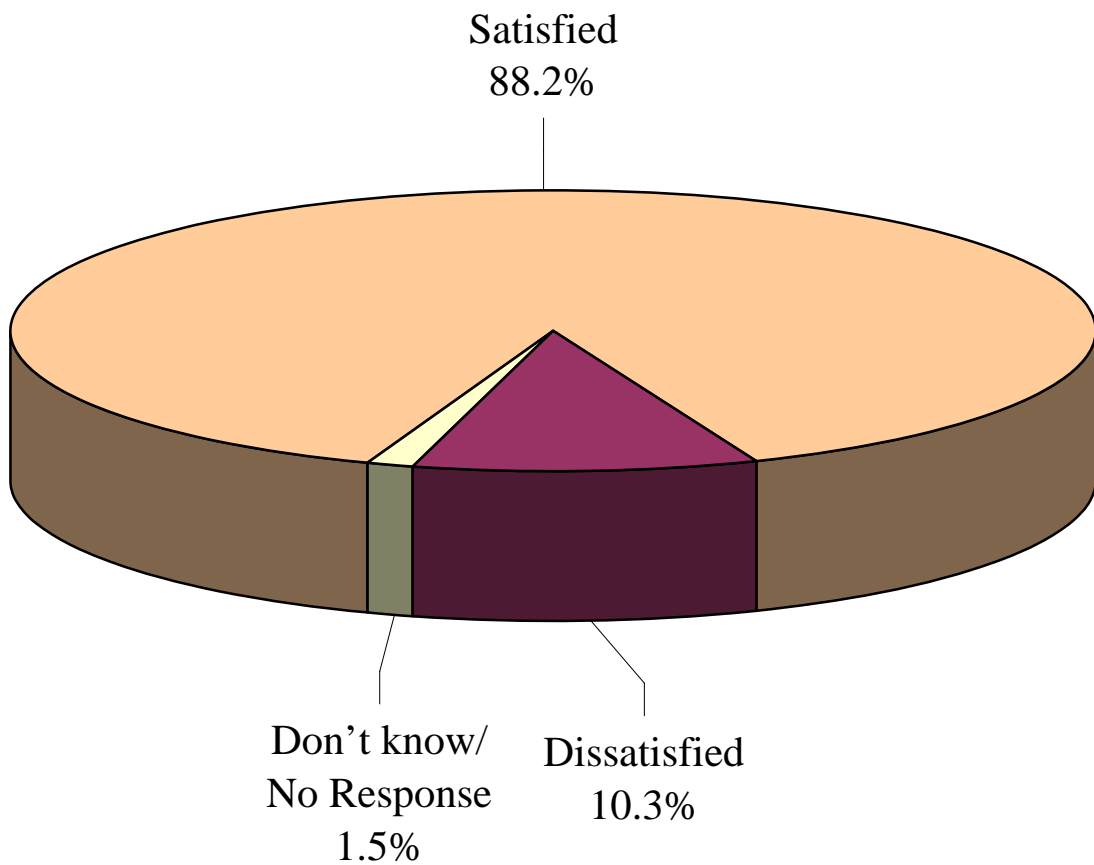
Response Category	No.	Percent
Routine illness	22	22.0%
Trauma care	22	22.0%
X-ray/radiology	15	15.0%
Laboratory	11	11.0%
Respiratory therapy/breathing difficulty	9	9.0%
Cardiac evaluation	8	8.0%
Orthopedic care	4	4.0%
CT Scan	2	2.0%
IV therapy	1	1.0%
Stroke/TIA	1	1.0%
Don't know/No response	5	5.0%
Total	100	100.0%

Some respondents answered more than once.



**Q20a. How satisfied were you or someone in your household with the services you received at the emergency room in Allen Memorial Hospital?
Would you say that you were...**

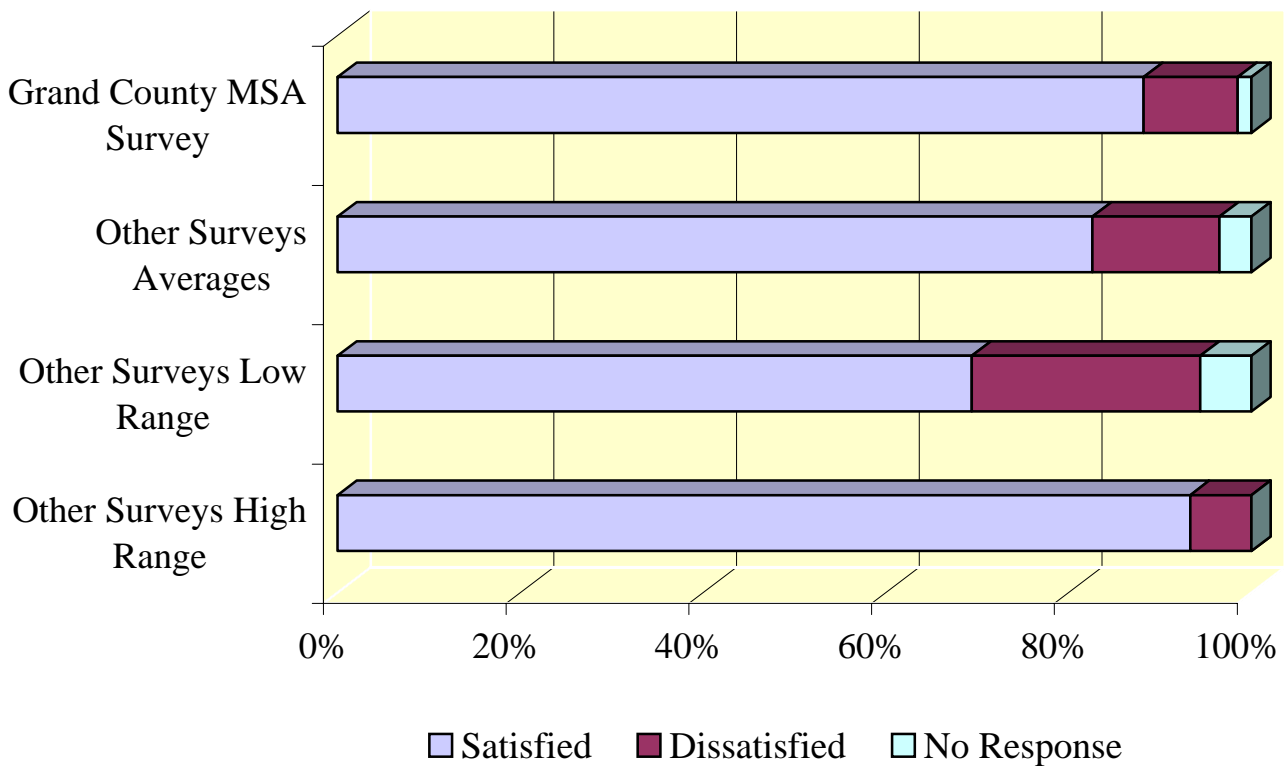
Response Category	No.	Percent
Satisfied	60	88.2%
Dissatisfied	7	10.3%
Don't know/No response	1	1.5%
Total	68	100.0%



**Q20a-2. How satisfied were you or someone in your household
with the services you received at the emergency
room in Allen Memorial Hospital?
Would you say that you were...**

Compared to Other Studies

Survey Area	Satisfied	Dissatisfied	No Response
Grand County MSA Survey	88.2%	10.3%	1.5%
Other Surveys Averages	82.6%	13.9%	3.5%
Other Surveys Low Range	69.4%	25.0%	5.6%
Other Surveys High Range	93.3%	6.7%	0.0%



Q20b-1. Why do you or someone in your household say that you were satisfied with the services you received at the emergency room in Allen Memorial Hospital?

Response Category	No.	Percent
Resolved medical issue(s)	14	23.0%
Good treatment/care	15	24.6%
Just satisfied/no reason	11	18.0%
Satisfied with doctors/nurses	8	13.1%
Easy access/short waiting time	5	8.2%
Knowledgeable	3	4.9%
Transferred to different hospital	3	4.9%
Established relationship with doctor	1	1.6%
Gave relevant referrals	<u>1</u>	<u>1.6%</u>
Total	61	99.9%

Some respondents answered more than once.

Q20b-2. Why do you or someone in your household say that you were dissatisfied with the services you received at the emergency room in Allen Memorial Hospital?

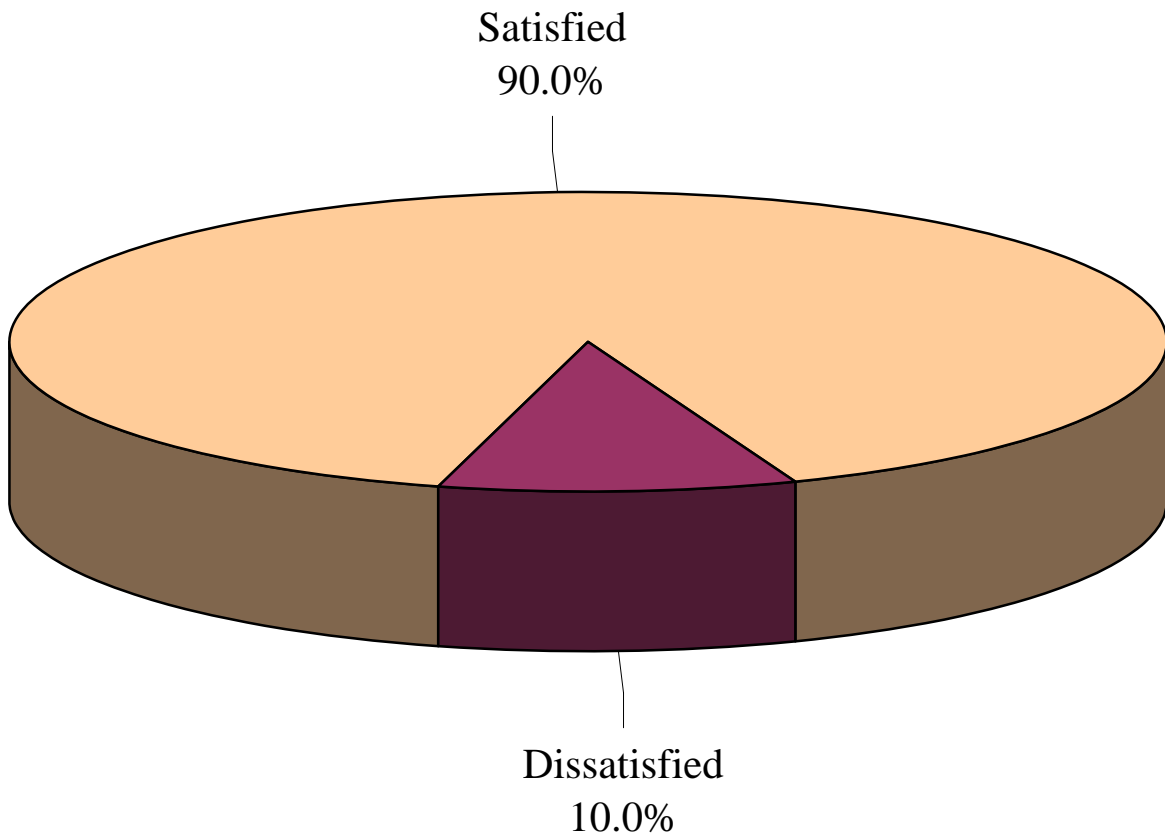
Response Category	No.	Percent
Poor care/service	4	57.1%
Long waiting time	2	28.6%
Poor medical results	<u>1</u>	<u>14.3%</u>
Total	7	100.0%

Q21. What type of emergency room services have you or your family used in the past 24 months at a hospital other than Allen Memorial Hospital?

Response Category	No.	Percent
Cardiac evaluation	2	20.0%
Laboratory	2	20.0%
X-ray	2	20.0%
Don't know/No response	<u>4</u>	<u>40.0%</u>
Total	10	100.0%

**Q22a. How satisfied were you or someone in your household
with the services you received at the emergency room at
a hospital other than Allen Memorial Hospital?
Would you say you were...?**

Response Category	No.	Percent
Satisfied	9	90.0%
Dissatisfied	1	10.0%
Total	10	90.0%



Q22b. Why do you or someone in your household say that you were satisfied with the services you received at the emergency room at a hospital other than Allen Memorial Hospital?

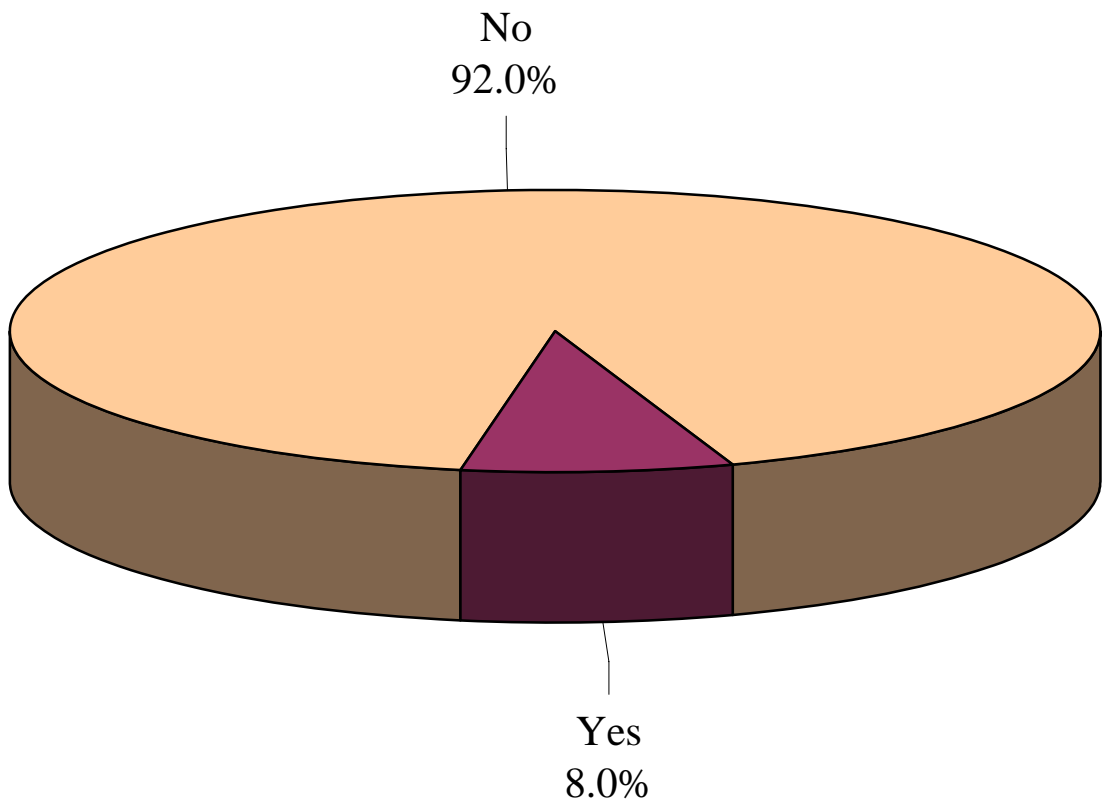
Response Category	No.	Percent
Quick service/quick response	5	55.6%
Professional, caring doctors/nurses/staff	2	22.2%
Good care/service	1	11.1%
Resolved medical issue(s)	<u>1</u>	<u>11.1%</u>
Total	9	100.0%

Q22b. Why do you or someone in your household say that you were dissatisfied with the services you received at the emergency room at a hospital other than Allen Memorial Hospital?

Response Category	No.	Percent
Poor care/service	<u>1</u>	<u>100.0%</u>
Total	1	100.0%

Q23. Have you or a family member used a nursing home in the past 24 months?

Response Category	No.	Percent
No	162	92.0%
Yes	14	8.0%
Total	176	100.0%

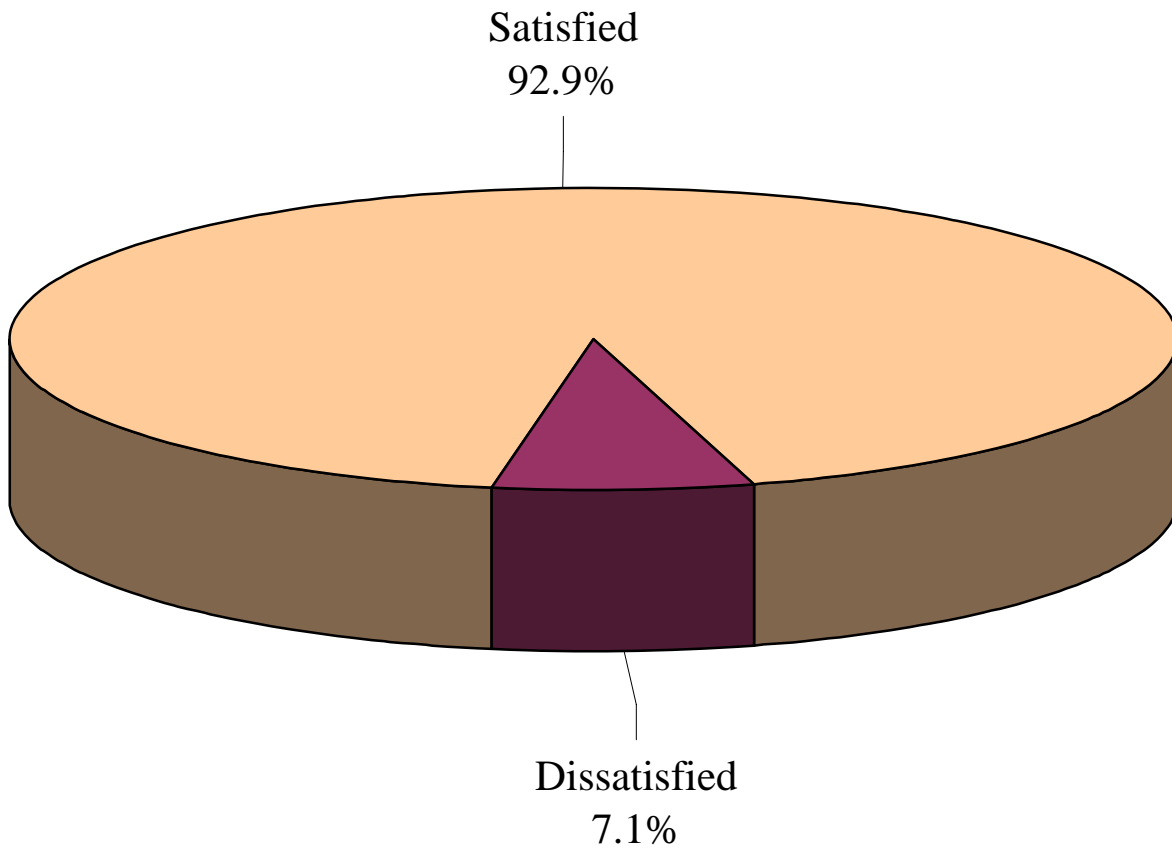


Q24. Which local nursing home did you or your family member use and in which city is it located?

Response Category	City	No.	Percent
Allen Memorial Hospital	Moab, UT	5	35.7%
Don't know name	Price, UT	2	14.3%
Emery County Care & Rehabilitation	Feron, UT	1	7.1%
Silverado Nursing Home	Salt Lake City, UT	1	7.1%
Fruita Hospital and Nursing Home	Fruita, CO	1	7.1%
Family Health	Grand Junction, CO	1	7.1%
Mantey Heights Nursing Home	Grand Junction, CO	1	7.1%
Colorado State Veteran's Nursing Home	Rifle, CO	1	7.1%
Don't know/No response		<u>1</u>	<u>7.1%</u>
Total		14	100.0%

**Q25a. How satisfied were you or someone in your family with the services you received from the nursing home?
Would you say you were...**

Response Category	No.	Percent
Satisfied	13	92.9%
Dissatisfied	1	7.1%
Total	14	100.0%



Q25b-1. Why do you or someone in your household say that you were satisfied with the services you received from the nursing home?

Response Category	No.	Percent
Good care/service	10	71.4%
Professional, caring doctors/nurses/staff	<u>4</u>	<u>28.6%</u>
Total	14	100.0%

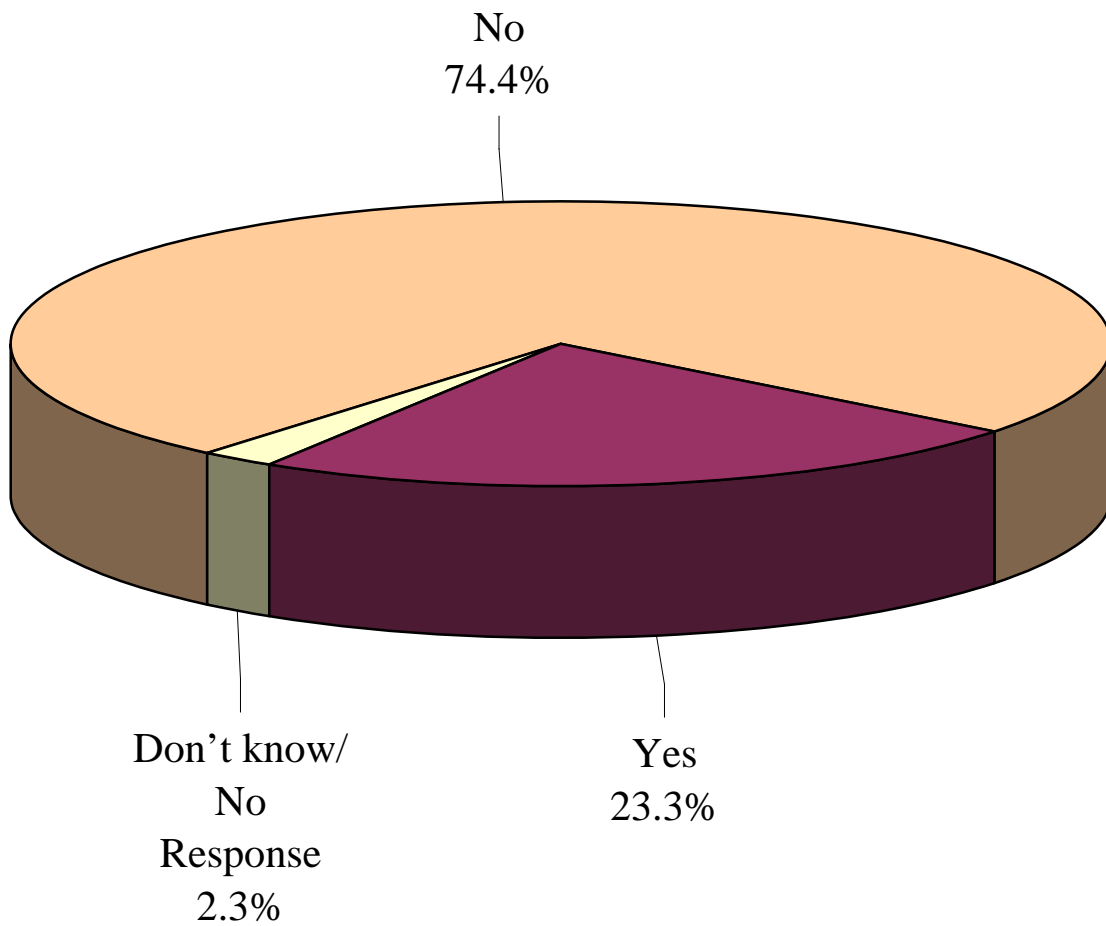
Some respondents answered more than once.

Q25b-2. Why do you or someone in your household say that you were dissatisfied with the services you received from the nursing home?

Response Category	No.	Percent
Poor facilities	<u>1</u>	<u>100.0%</u>
Total	1	100.0%

Q26. Have you or someone in your household used the services of the local health department in the past 24 months?

Response Category	No.	Percent
No	131	74.4%
Yes	41	23.3%
Don't know/No response	<u>4</u>	<u>2.3%</u>
Total	176	100.0%



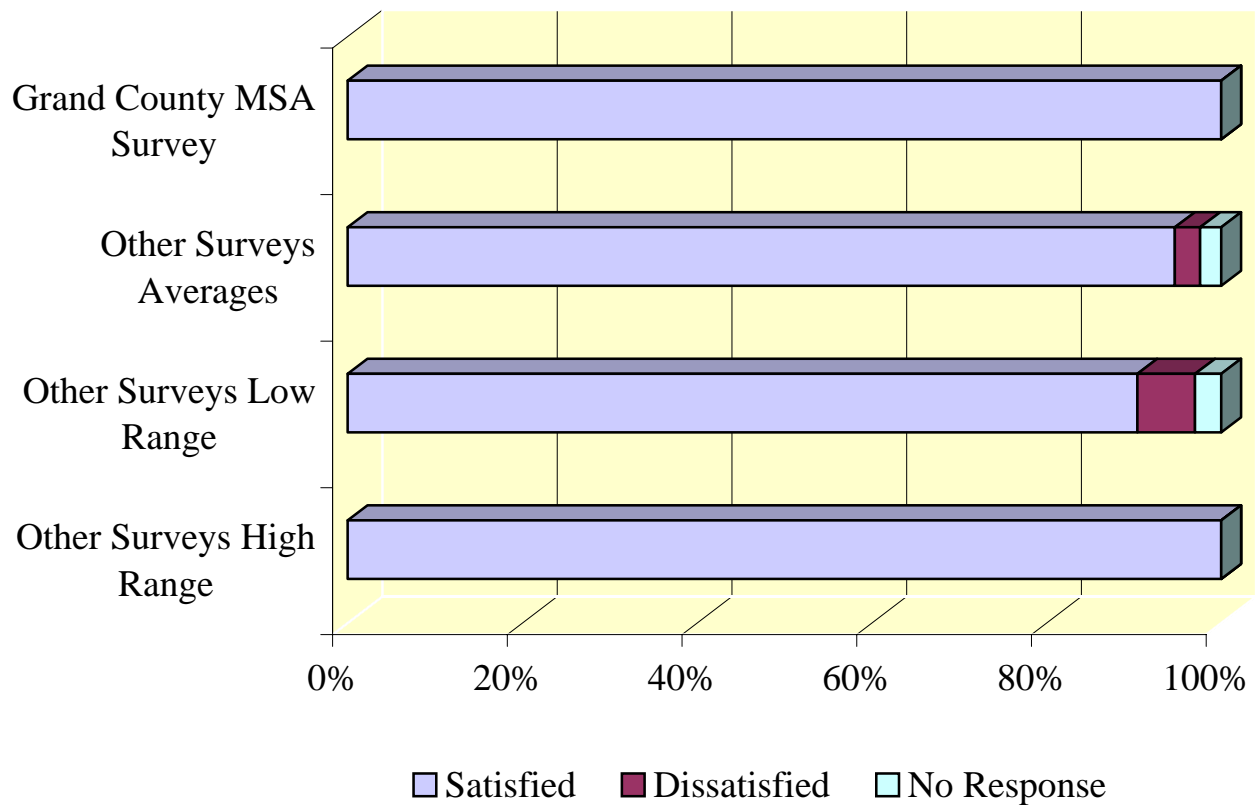
Q27a. How satisfied were you or someone in your household with the services you received at the local health department? Would you say that you were...

Response Category	No.	Percent
Satisfied	<u>41</u>	<u>100.0%</u>
Total	41	100.0%

Q27a-2. How satisfied were you or someone in your household with the local health department?

Compared to Other Studies

Survey Area	Satisfied	Dissatisfied	No Response
Grand County MSA Survey	100.0%	0.0%	0.0%
Other Surveys Averages	94.7%	2.9%	2.4%
Other Surveys Low Range	90.4%	6.6%	3.0%
Other Surveys High Range	100.0%	0.0%	0.0%



Q27b. Why do you or someone in your household say that you were satisfied with the services you received at the local health department?

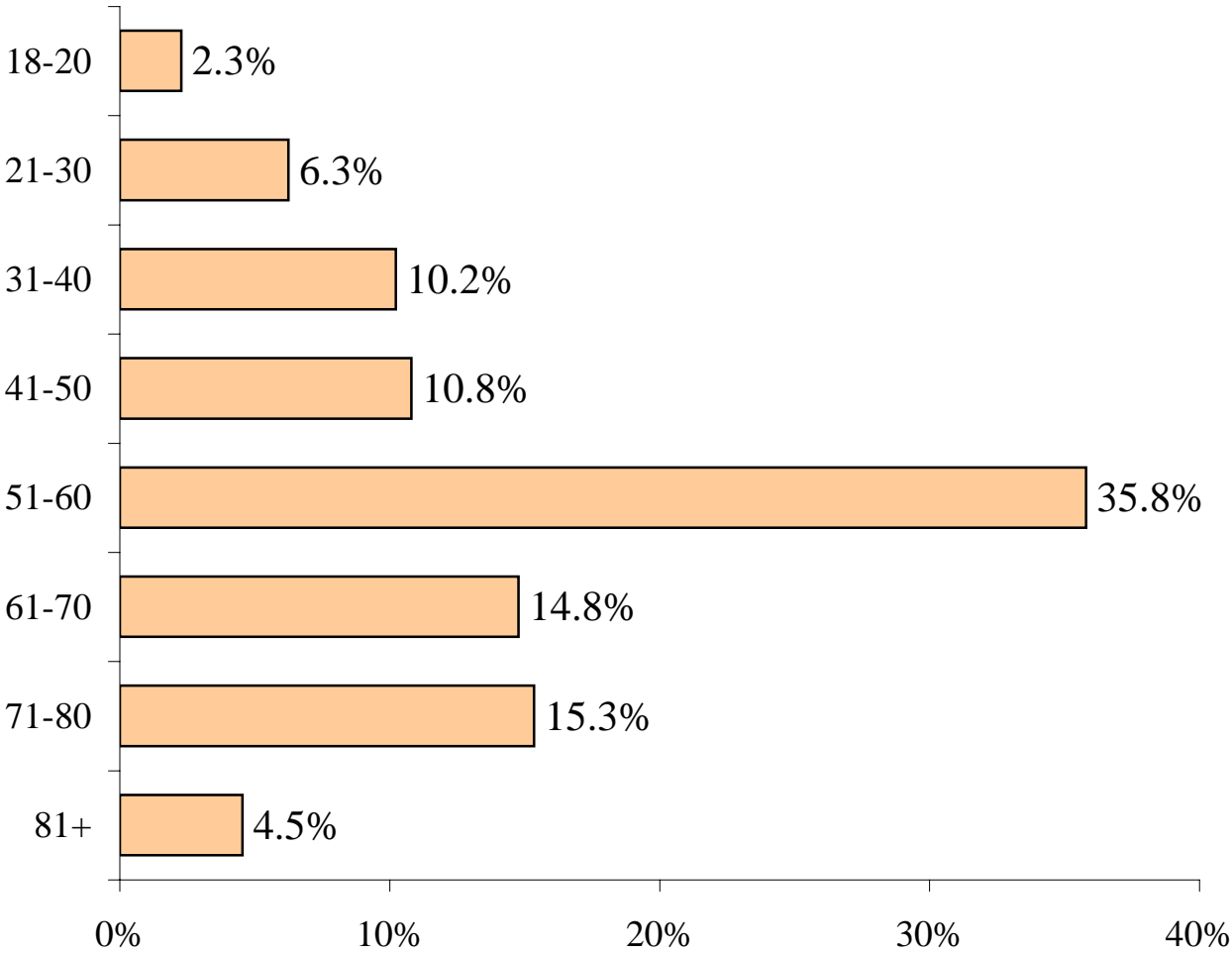
Response Category	No.	Percent
Good care/service	13	31.7%
Doctors explained well and were thorough	7	17.1%
Professional, caring doctors/nurses/staff	7	17.1%
Quick service/quick response	5	12.2%
Resolved medical issue(s)	4	9.8%
Knowledgable	3	7.3%
No reason/just satisfied	<u>2</u>	<u>4.9%</u>
Total	41	100.0%

Q28. What concerns you most about health care in your community?

Response Category	No.	Percent
High cost of care	28	15.9%
No concerns/complaints	26	14.8%
Need for new health care facilities	24	13.6%
Availability of specialists	23	13.1%
Physician and health care availability	21	11.9%
Acquiring newer medical technology	10	5.7%
Insurance issues	10	5.7%
New doctors/younger doctors/more doctors	9	5.1%
Just dissatisfied with health care	7	4.0%
Physician apathy/incompetence	5	2.8%
Distance to health facilities	4	2.3%
Ambulance response time/emergency care	3	1.7%
Health care facility cleanliness	3	1.7%
Lack of geriatric services	<u>3</u>	<u>1.7%</u>
Total	176	100.0%

Q29. What is your age?

Response Category	No.	Percent
18-20	4	2.3%
21-30	11	6.3%
31-40	18	10.2%
41-50	19	10.8%
51-60	63	35.8%
61-70	26	14.8%
71-80	27	15.3%
81+	8	4.5%
Total	176	100.0%

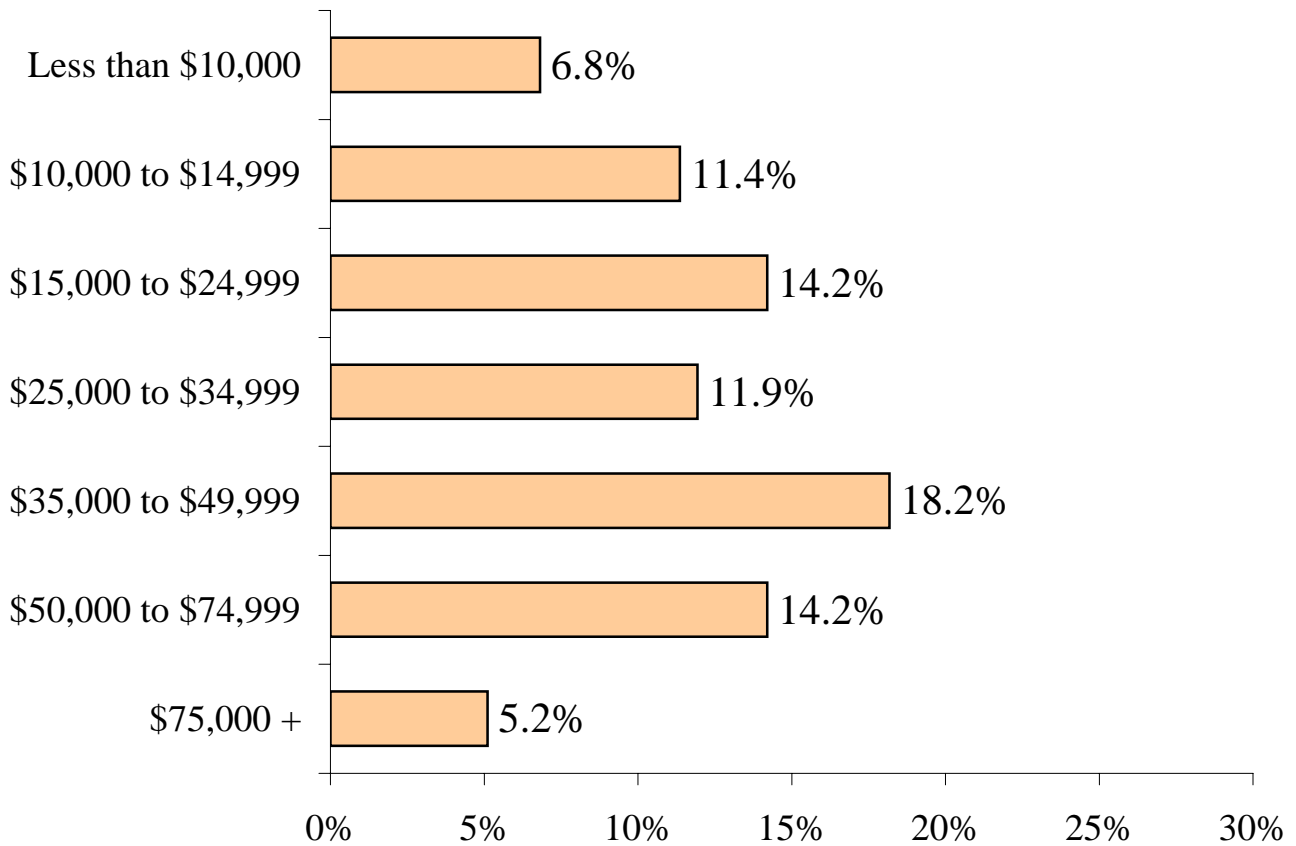


Q30. What is your race?

Response Category	No.	Percent
Caucasian	166	94.3%
African American	3	1.7%
Asian	2	1.1%
Caucasian/Hispanic	1	0.6%
Don't know/No response	<u>4</u>	<u>2.3%</u>
Total	176	100.0%

Q31. What is your annual household income?

Response Category	No.	Percent
Less than \$10,000	12	6.8%
\$10,000 to \$14,999	20	11.4%
\$15,000 to \$24,999	25	14.2%
\$25,000 to \$34,999	21	11.9%
\$35,000 to \$49,999	32	18.2%
\$50,000 to \$74,999	25	14.2%
\$75,000 to \$99,999	4	2.3%
\$100,000 to \$149,999	3	1.7%
\$150,000 to \$199,999	1	0.6%
Over \$200,000	1	0.6%
Don't know/No response	32	18.2%
Total	176	100.1%



Q32. What is your gender?

Response Category	No.	Percent
Female	120	68.2%
Male	<u>56</u>	<u>31.8%</u>
Total	176	100.0%

