



Sage Memorial Hospital
NAVAJO HEALTH FOUNDATION

Community Health Needs Assessment and Implementation Plan

**Adopted by the Sage Memorial Hospital Board of
Directors on August 18, 2023**

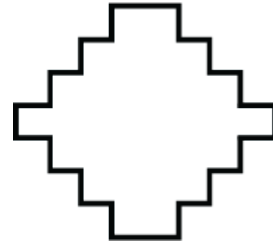
Community Health Needs Assessment

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Message from Board of Directors

Yá'át'ééh,



Dear Valued Members of our Community,

We are delighted to share with you the Community Health Needs Assessment and Implementation Plan from Navajo Health Foundation - Sage Memorial Hospital. This comprehensive plan was created to identify and address the specific health needs of our community. As the Board of Directors Sage Memorial Hospital we feel privileged to serve you and to contribute to the wellbeing of our beloved community.

Our approach involved a combination of direct input from yourself, extensive demographic research, and rigorous data analysis, all of which have contributed to a comprehensive understanding of your healthcare needs. Your active participation and honest feedback have been instrumental in helping us identify and address the distinct health care needs of our community.

We are continuously working towards the enhancement and expansion of our health services, guided by our dedication to providing the best possible care. As we move forward, your health remains our utmost priority. We are committed to maintaining open lines of communication and encourage you to share any concerns, questions, or suggestions you may have. Your voice matters to us and we value your feedback.

Once again, we express our gratitude for your trust and partnership and as we continue our journey, we look forward to sharing it with you. Together we can continue improving the quality of life for all members of our community.

Ahéhee'

Board of Directors,
Navajo Health Foundation - Sage Memorial Hospital



Introduction

Board of Directors



DELORES J. NOBLE

Board Chair

Ms. Delores Noble comes to the Board as a member of the community of Steamboat, Arizona and has been a Sage Memorial Hospital Board member since May 2019. Ms. Noble holds a Bachelor of Art in Elementary Education which she earned from Prescott College and a Master of Education in Educational Leadership which she earned from Northern Arizona University.



AARON LONG

Vice-Chair

Aaron Long comes to the Board as a member of the Klagetoh, Arizona and has been a Sage Memorial Hospital Board member since October 2021. Mr. Long retains a bachelor's degree in Global Business Management and American Indian Studies from California State University San Marcos. He is a Veteran of the United States Marine Corps, arborist, and native owned business owner.



VERONICA CLARK

Secretary/Treasurer

Ms. Veronica J. Clark comes to the Board as a member of the community of Steamboat, Arizona and has been a Sage Memorial Board member since May 2019. Ms. Clark holds a Bachelor of Science in Food & Nutrition Science which she earned from Northern Arizona University and is currently enrolled at the Grand Canyon University for the Master of Education in Education Administration program.



ANDREW SIMPSON

Board Member

Mr. Andrew Simpson is a distinguished veteran and valued member of the Steamboat, Arizona community who has served on Sage Memorial Hospital Board since 2007. His admirable service includes four terms on Council Delegate for Navajo Nation from 1986-2003, US Marine Corps deployment in Vietnam, Steamboat Chapter President, and time spent serving as Police Officer with the Navajo Nation.



MAYBELLE KELEWOOD

Board Member

Ms. Maybelle Kelewood comes to the Board as a member of the community of Kinlichee, Arizona and is a senior member of the Board and has been a Board member since 2007. Ms. Kelewood holds a Bachelor of Science in Business Administration which she earned from the University of Phoenix.



Introduction

Executive Summary

Established in 1978, Navajo Health Foundation – Sage Memorial Hospital Memorial Hospital, Inc. (“Sage Memorial Hospital”) is an Arizona private 501(c)(3) not-for-profit healthcare corporation. The organization includes a 25-bed Critical Access Hospital and outpatient clinics located in Ganado and Greasewood Springs, Arizona.

Sage Memorial Hospital Memorial Hospital is a Native-managed comprehensive healthcare system and is the only Native-governed hospital to hold a license from the Arizona Department of Health. Today, Sage Memorial Hospital serves approximately 20,000 people as the sole provider of health care services across the Navajo Nation chapters and communities of Cornfields, Ganado, Kinlichee, Klagetoh, Greasewood Springs, Steamboat, Wide Ruins, and a portion of Nazlini encompassing the communities south of Route 26. Many patients from outside of our community service area choose to travel to Sage Memorial Hospital to receive health care services.

Sage Memorial Hospital facilitated a comprehensive Community Health Needs Assessment for both the main campus and Greasewood Springs satellite clinic. The purpose was to understand the public health needs facing those communities for which it provides health care services. This Community Health Needs Assessment was conducted between March 1, 2022 through May 1, 2022 as an update to the Community Health Needs Assessment performed by Sage Memorial Hospital in 2019.

This report fulfills federal regulations requiring non-profit hospitals to conduct a community health needs assessment every three years. Performing this assessment at regular intervals enables the hospital to monitor and respond to the community’s changing public health needs.

Sage Memorial Hospital performed the Community Health Needs Assessment with the collaboration of the hospital administration, executive leadership, public health professionals, and clinical staff (“Assessment Team” or “Team”). The Assessment Team conducted surveys with the community members and focus groups and researched secondary data sources for relevant community health information.

Sage Memorial Hospital conducted a Community Health Needs Assessment in collaboration with various organizations, including the Ganado Fire Department, Ganado, Steamboat, Klagetoh, Wide Ruins, Kinlichee, Cornfields, Greasewood Springs Chapter Houses, and Ganado Unified School District.

This assessment utilized a systematic, comprehensive data collection and analysis to define priorities for health improvement. It fostered a collaborative community environment that actively involved stakeholders and prioritized an open open and transparent process to listen and truly understand the health needs of Ganado and its surrounding communities.



Summary of Findings

DEMOGRAPHICS

Approximately 95% of the residents served by Sage Memorial Hospital are of American Indian or Alaskan Native descent. The age distribution of the populations weighed toward younger age groups, with approximately 52% of the population under the age of 44. Compared to national averages, the community has a lower level of education, a higher poverty rate, a higher unemployment rate, and a lower average household income. The Navajo language (or another language other than English) is spoken in 45% of the households served by Sage Memorial Hospital, and 82% of the population speaks English.¹

HEALTH CARE NEEDS

The Assessment Team identified the following priority health care needs from the greatest to the lowest priority within the service area of the hospital:

- **Diabetic Care and Prevention**
- **Dental**
- **Specialty Clinics**
- **Behavioral Health Services**
- **Pediatric Care**
- **Rehabilitation Therapy**

Several of these needs were also identified as high priority during the 2022 Community Health Needs Assessment and are expected to be major health care concerns in the future due the low socioeconomic conditions coupled with the remote frontier location.



Addressing the Health Care Needs of the Community



In accordance with the findings for the 2022 Community Health Needs Assessment, Sage Memorial Hospital's leadership initiate an implementation strategy to address the high priority health care needs of the community. Sage Memorial Hospital continues to expand upon the 2022 strategy through the following actions that address the community's health care needs.

Prevention	<ul style="list-style-type: none"> • The Diabetes and Community Health Services Department provides services to patients with communicable disease which require surveillance/control, newly diagnosed chronic disease requiring lifestyle changes, diabetic patients new to insulin therapy or glucose monitoring, wound care patients, high risk obstetrical patients, patients that are "homebound" and require case management, and high risk patients. • Increase community activities that encourage exercise and healthy lifestyles. • Develop and support the Native Diabetes Wellness Program initiative to coincide with emerging Medicare trends shifting toward preventative care versus tertiary care. • Continue to expand the Sage Memorial Hospital Community Garden to increase community involvement in wellness activities and supplement nutritional resources with health food alternatives. • Expand health screenings at the community chapter level to identify at risk individuals.
Dental	<ul style="list-style-type: none"> • The Dental Department provides preventive, restorative and emergency dental services including exams, cleaning, periodontal treatment, fillings, crowns, bridges, root canal therapy, extractions, and dentures
Specialty Clinics	<ul style="list-style-type: none"> • Sage Memorial Hospital is expanding with a new hospital and innovative services. The hospital is introducing telehealth, telemedicine, telepsychiatry and implementation of a Patient-Centered Medical Home (PCMH) Model with the following services. • Cardiology • Critical Care Services • Nephrology • Sexually Transmitted Infectious Disease • Neurology • Urgent Care/Extended Care • Women's Health • Wound Care
Pediatric Care	<ul style="list-style-type: none"> • Expand public health immunization programs for children ages 6 months and older. • Increase nutritional education outreach programs. • Increase child and teen health information and education. • Recruit/retain Board Certified Pediatricians. • Expand the capacity for pediatric services at Sage Memorial Hospital and Greasewood Springs clinic.
Rehabilitation Therapy	<ul style="list-style-type: none"> • The current services provide are in the following category: Physical Therapy – geriatric, Adult, Sports, Orthopedic, Pediatric, Neurologic, Cardiovascular/Pulmonary. • Speech Therapy – Pediatric, Geriatric, Adult, Developmental delay, Swallow studies (non-imaging), and School based.

Background Information

History

HISTORY OF NAVAJO HEALTH FOUNDATION – SAGE MEMORIAL HOSPITAL MEMORIAL HOSPITAL

The Navajo Health Foundation-Sage Memorial Hospital Memorial Hospital, Inc. ("Sage Memorial Hospital") is a private Arizona 501(c)(3) not for profit Health as a Rural General Hospital, is Joint Commission Accredited and is also Certified by the Centers of Medicare and Medicaid Services.⁸

The Sage Memorial Hospital is governed by a five (5) member all Navajo Governing Board. The hospital is located on the Navajo Nation in the community of Ganado, Arizona on private land owned by the Presbytery of Grand Canyon. The hospital campus consists of the main hospital, an outpatient clinic, administrative offices, allied health clinics, employee childcare, center employee, wellness center and subsidized employee housing. Sage Memorial Hospital is licensed by the Arizona Department of Health as a Rural General Hospital and maintains Approval and Accreditation from the Joint Commission.

The Sage Memorial Hospital includes the following facilities:

- 25 bed Critical Access Hospital, Ganado, Arizona
- Outpatient Rural Health Clinic, Ganado, Arizona
- Outpatient Rural Health Clinic, Greasewood Springs, Arizona

Sage Memorial Hospital has been recognized by the United States Department of Health and Human Services-Indian Health Services for providing high quality healthcare; 2021 Navajo Area IHS Director's Award for Outstanding Health Care Collaboration, Dr. Daniel T. Cloud Teen Award and Hot Shot Innovation Carole Joyce Award.



Background Information

Services Provided



SAGE MEMORIAL HOSPITAL PROVIDES THE FOLLOWING HEALTH CARE SERVICES TO THE COMMUNITY:

- **Emergency Services**
- **Emergency Medical Transportation (Ground and Air)**
- **Inpatient Services include:**
 - Medical Telemetry Unit
 - Swing Bed Services
 - Radiology**
 - X-Ray
 - Computed Tomography Scan
 - Magnetic Resonance Imaging (MRI)
 - Respiratory Therapy**
 - Rehabilitative Services**
 - Physical Therapy
 - Speech Therapy
- **Outpatient Services include:**
 - Primary Care
 - Pediatrics
 - Dental
 - Optometry
 - Rehabilitative Services**
 - Physical Therapy
 - Speech Therapy
 - Community Health Nursing**
 - Pharmacy**
 - Radiology**
 - Laboratory**
 - Respiratory Therapy**
 - Behavioral Health and Social Services**

Community base health promotion and disease prevention activities

- Diabetes Prevention and Treatment Program
- Community Mass Vaccination Events
- Diabetes Wellness Center Referrals
- Community COVID testing
- Wound Care

All other health care services in the region are referred to health care facilities in the surrounding areas.

Service Area

Location

DEFINITION OF THE COMMUNITY SERVED BY SAGE MEMORIAL HOSPITAL

Sage Memorial Hospital primarily serves the Navajo Nation communities and Chapters of Cornfields, Ganado, Kinlichee, Klagetoh, Greasewood Springs, Steamboat, Wide Ruins and portion of the Nazlini that includes communities south of Navajo Route 26. The region is predominantly part of the Apache County of Arizona, with some overlap into Navajo County of Arizona.

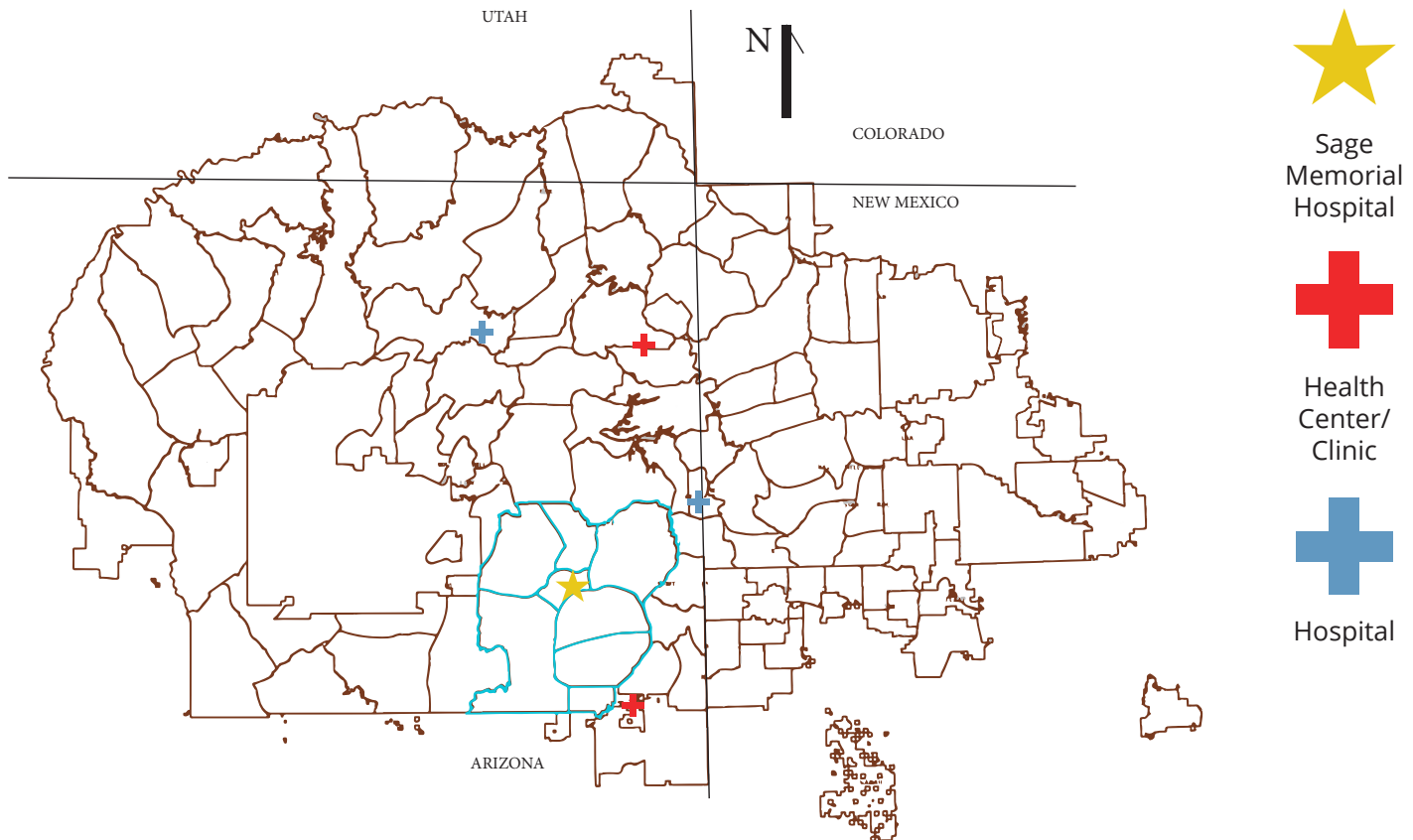


Figure 1; Map of the Navajo Nation indicating Sage Memorial Hospital's location and service area Chapters

Other Regional Healthcare Facilities

Sage Memorial Hospital is the sole provider of health care service within its service area. There are two (2) hospitals located approximately 50 miles outside of Sage Memorial Hospital's primary service area: Chinle Comprehensive Health Care Facility which is federally owned and operated by the Indian Health Services, and Tsehootsoi Medical Center which is a designated tribal health facility.

Financial

Statement of Operations

STATEMENT OF OPERATIONS

Years Ended September 30

	2021	2020
UNRESTRICTED REVENUE, GAINS, AND OTHER SUPPORT		
Net Patient Service Revenue	\$ 15,609,729	13,488,342
Indian Self-Determination Revenue	28,340,890	22,521,166
Grant Revenue	944,981	4,994,577
Other Revenue	550,596	613,246
Contribution Received for Operations	64,757	149,072
Total Unrestricted Revenue, Gains, and Other Support	45,510,953	41,766,403
EXPENSES		
Salaries	\$ 18,526,684	\$ 15,262,044
employee benefits	2,998,645	2,371,452
supplies and other expenses	10,635,696	9,207,978
purchased services and professional fees	8,192,365	10,589,419
depreciation and amortization	1,124,381	951,290
interest	4,642	8,677
Total Expense	41,482,413	38,210,860
INCOME FROM OPERATIONS	4,028,540	3,555,543
OTHER INCOME (EXPENSE)		
Interest and Investment Income, Net	1,303,001	1,581,873
Other Expense	-	(195,836)
Total Other Income	1,303,001	45,510,953
REVENUE IN EXCESS OF EXPENSES	\$ 5,331,541	\$ 4,941,580

Approach

Community Health Needs Assessment Approach

OVERVIEW

Sage Memorial Hospital's Assessment Team comprised of hospital administration and executive leadership, public health professionals and clinical staff, implemented a comprehensive approach in assessing the health care needs of Sage Memorial Hospital's service area.

The team first engaged with the community through surveys and interviews to capture firsthand input about health needs and factors affecting the access and delivery of health care services to the region.

The Team then researched secondary data sources to better understand the community and its associated health issues. Finally, the Team analyzed the community input and secondary data.

Sage Memorial Hospital's executive leadership together with medical and clinical staff and public health experts with institutional knowledge of the overall health needs of the region reviewed and presented the data to the Board of Directors who then directed its administrative executive staff to prepare an implementation plan addressing the needs identified in this assessment.

METHODOLOGY

The process for consulting with persons representing the community's interests.

Individual members of the community

This group participated in the surveys and focus group coordinated by those Assessment team members with public health expertise. Results supported identification and prioritization of the community's health needs.



The Health of the community depends on many different factors. For example, the Sage Memorial Hospital design its questions on demographics, health behaviors, education, household incomes, health service's need, distance to travel for healthcare services, distance to travel for groceries, do they have running water and electricity's are just a few of the questions asked of the participants taking part in the survey. The Take Action Cycle Model is designed with the understanding that each community has its unique set of resources and capacities, and then community health efforts can start at any point in the Take Action Cycle Model (Take Action Cycle | County Health Rankings & Roadmaps).²²

Approach

Data Collection

THE PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS AND SERVICES

The Assessment Team presented the conclusions of the primary and secondary data analyses process to Sage Memorial Hospital's executive team for additional input, cost-benefit analysis, and as implementation feasibility analysis.

The team obtain information using the following sources:

- Surveys completed by the community within Sage Memorial Hospital's service area
- Surveys completed by the Sage Memorial Hospital hospital staff
- Sage Memorial Hospital Health information system data; and Electronic Health Records
- Relevant secondary data from publicly available resources such as the United States Census Bureau, American Community Survey, Navajo Nation Department of Economic Services, Agency for Healthcare Research and Quality

COMMUNITY SURVEY

The Assessment Team developed a community health needs assessment survey and worked to gather data from a representative group of community members. Paper surveys consisting of 49 questions were distributed to members of the community and Sage Memorial Hospital staff during a community survey event. There were 841 surveys distributed and 605 were completed and return to the Assessment Team member. The survey contained questions tailored specifically to the communities represented. The participant

was asked what social and health issues they believe are affecting their community. The survey included questions about family and lifestyle backgrounds, demographics, veterans' status, veteran needs, health behaviors, community needs, and environmental concerns and access to and availability of health care resources. The survey included questions about the quality and level of health care received specifically from Sage Memorial Hospital Memorial Hospital.

FOCUS GROUP & COMMUNITY REPRESENTATIVES

Sage Memorial Hospital Employee Survey

The employee survey consisted of nineteen (19) questions and asked participants what they considered to be top community and health issues affecting the hospital and its communities.

SECONDARY DATA

The Assessment Team gathered and reviewed the data from various authoritative sources such as the U.S. Department of Census Bureau, U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality to complete the initial assessment and help determine the priorities of the Community Health Needs Assessment.

HEALTH INFORMATION SYSTEMS (ELECTRONIC HEALTH RECORDS)

Sage's Health Information System contains historical patient healthcare data with ICD-10 CM medical diagnosis codes. The Health Information System Department provided the Assessment Team with standard reports consistent with the Health Insurance Portability and Accountability Act (HIPAA) rules and standards, which were used to quantify patient volumes and compare with qualitative data from surveys and focus groups.

DATA ANALYSIS

The Assessment Team reviewed and analyzed the qualitative/quantitative primary data gathered from the community and focus group survey with the objective of mining useful information that suggest the top health care trends and concerns in the community. The trends were then cross-referenced with national healthcare databases to either validate or negate the outcomes.

Key Findings

Population

POPULATION

At the end of 2020, the total population in the (8) eight service areas was estimated at 9,448 individuals. The figure illustrates the total population compared with the local county, state, and national historical census data and current 5-year estimates.²¹

Total Population		SERVICE AREA	APACHE COUNTY	ARIZONA	UNITED STATES
1.	2000 Census	11,753	69,423	5,130,632	281,421,906
2.	2010 Census	10,835	71,518	6,392,017	308,745,538
3.	2010-2020 Estimates	9,448	66,021	7,151,502	331,449,281

As illustrated, the population of Sage Memorial Hospital service area continues to decline between the years 2000 and 2020.



Key Findings +

Education Attainment

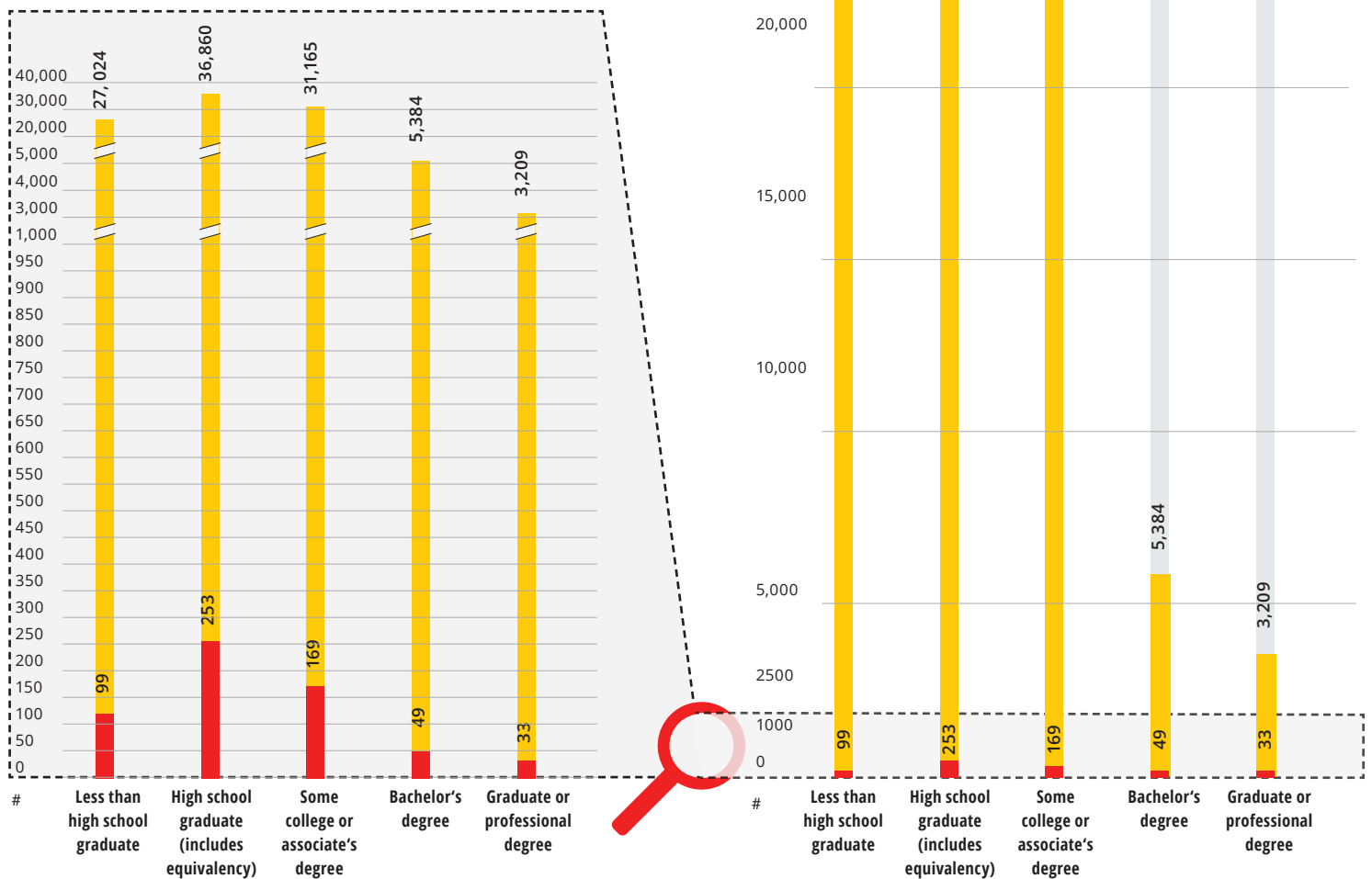
POPULATION BY EDUCATION ATTAINMENT

The education attainment is similar in areas of high school graduate/GED, Bachelor, and graduate degree. According to the American Community Survey (ACS) 5-year estimates, 26,860 (35.59%) of individuals 25 years and older have graduated with a high school degree and 27,024 (26.09%) did not graduate, 39,758 (38.39%) have a higher degree (bachelor or graduate).²⁴



ACS

Sage Service Area



Keys Findings

Poverty Rate



Poverty for all people found
in Sage Memorial Hospital
service area

57.4%

POVERTY RATE

The **57.4%** rate of poverty for all people found in Sage Memorial Hospital's service area is slightly lower than the U.S. national average of **57.8%** according to the latest ACS 5-year estimates. The figure below further compares poverty rate statistics by age group for the service area against national averages. Across all age groups the poverty rate in Sage Memorial Hospital's service area remains slightly higher than the national rate.²⁴

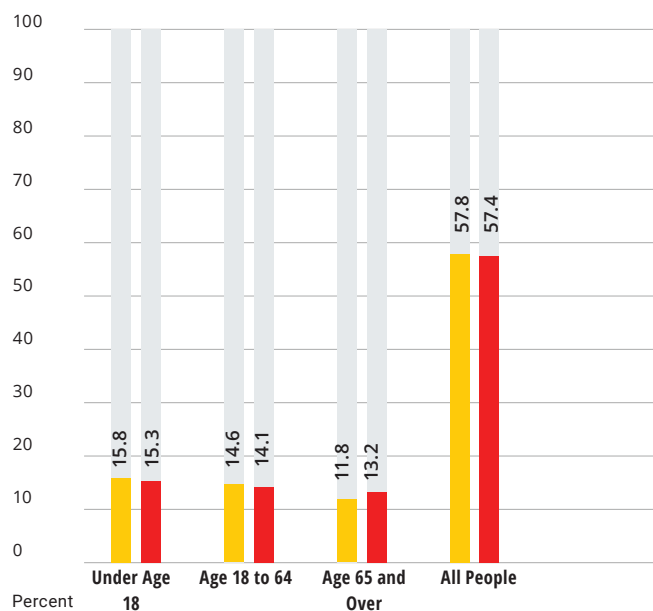


Poverty for all people found
in U.S.

57.8%

Poverty rate Sage Memorial Hospital vs. National Ave.

Sage Memorial Hospital Service Area
US



Key Findings

Household Income

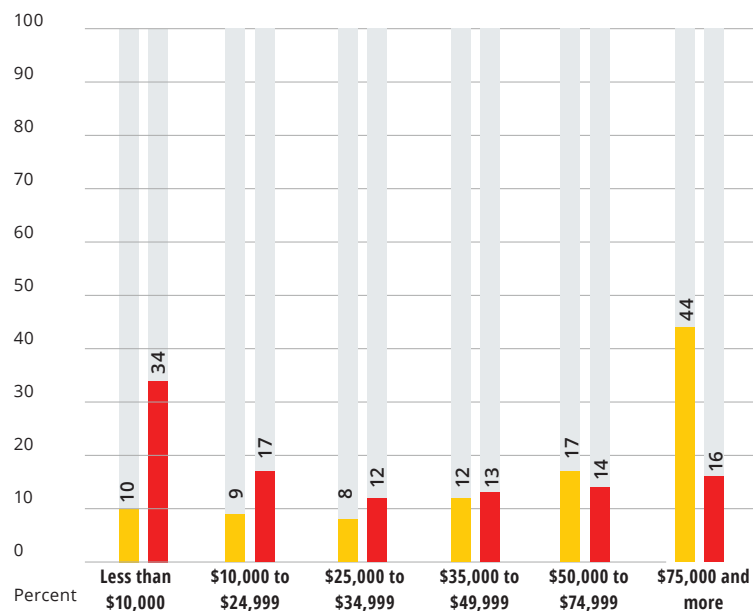


Most households in the service area have incomes of less than \$10,000 annually, while the percentage of households with a six-figure income is negligible. The next largest household income group is in the \$10,000 to \$24,999 range. In this region, it is apparent the community is predominantly of low socio-economic status. The figure

compares the household income for Sage Memorial Hospital's service area with national averages according to the last 5-year ACS estimates. Over 33.7% of the community survey respondents indicated a household income of less than \$10,000 with another 16.8% indicating a household income between \$10,000 and \$24,999 annually.²⁴

Household income compared to ACS

Sage Service Area
ACS

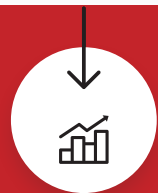


Unemployment rate
for all people found
in Sage Memorial
Hospital service area

6.4%

UNEMPLOYMENT RATE

Although employment statistics are constantly fluctuating over time, the unemployment rate in the service area and overall region consistently remains much higher than the national rate. The U.S. National unemployment rate is 3.7%. Qualitative primary data collected through community surveys indicates the unemployment rate currently remains high in the service area at 6.4%.²⁴



Unemployment rate
for all people found
in U.S.

3.7%

Results

Community Needs

Significant disparities exist with race, ethnicity, household income, and location of residence is a contributing factor for access to healthcare. The connection alludes to the continue on-going source of care, receiving timely care and care when needed.²³

The Community Health Needs Assessment is a quantitative collection of data to assist health care organizations to recognize those health care barriers.

SOCIOECONOMIC INDICATORS

The following twelve (12) questions were used to determine the percentage for the socioeconomic indicators mentioned above.

Household Income

- I. What percentage of the population is elderly are in poverty?
- II. What percentage of the age population are in poverty?
- III. What percentage are a single income household in poverty?

Cultural/Language

- IV. What percentage of the population is a minority status?
- V. What percentage of the population is monolingual (not including English) or has limited English speaking proficiency?

Location of residence

- VI. What percentage of the population has extensive travel?
- VII. What percentage travel to other location for healthcare?

Transportation status

- VIII. What percentage of the population have no transportation?
- IX. What percentage of the population lack own transportation?

Location of Hospital

- X. What percentage of the population is finding it difficult for the location of the hospital?

Appointment availability

- XI. What percentage of the population is finding it difficult making an appointment?

Insurance

- XII. What percentage of the population lacks health insurance?
- XIII. What percentage of the population is unemployed?

Results

Community Needs

The figure below illustrates the percentage of the eight (8) Community Chapters within Sage Memorial Hospital's service area for the questions above.

		TOTAL POPULATION	UNEMPLOYED	UNINSURED	MINORITY	LANGUAGE ENGLISH	MARRIED W/CHILD	SINGLE W/CHILD	65+ POVERTY	TRAVEL DISTANCE TO HOSPITAL	LACK OWN TRANSPORTATION	NO TRANSPORTATION	NO APPOINTMENT AVAILABILITY	LOCATION OF HOSPITAL
CHAPTERS														
1.	Ganado	2666	4%	7%	20%	12%	7%	7%	6%	15%	5%	3%	8%	3%
2.	Cornfields	879	12%	22%	60%	36%	20%	22%	18%	47%	15%	8%	23%	9%
3.	Greasewood	1039	10%	18%	51%	31%	17%	19%	15%	40%	13%	7%	20%	7%
4.	Nazlini	1172	9%	16%	45%	27%	15%	17%	14%	35%	11%	6%	17%	6%
5.	Klagetoh	1108	10%	17%	48%	29%	16%	18%	14%	37%	12%	7%	18%	7%
6.	Kinlichee	1746	6%	11%	30%	18%	10%	11%	9%	24%	7%	4%	12%	4%
7.	Steamboat	1352	8%	14%	39%	24%	13%	15%	12%	30%	10%	5%	15%	6%
8.	Wide Ruins	658	17%	29%	81%	48%	27%	30%	24%	62%	20%	11%	31%	12%

A closer examination of these percentages reveals the following observations:

- I. The Cornfields community has the highest percentage of households with a single parent and children living in poverty at 20%
- II. The Wide Ruins community has the highest rate of unemployment at 17% and the highest rate of uninsured 29%.
- III. The Cornfields and Wide Ruins communities have a minority population of 81% and 60% respectively. (other minority groups)
- IV. The Wide Ruins community has the highest rate of individuals who speak English less than well at 48%.

Results

Outpatient Clinic



The Regular Health exams are more prevalent among the American Indian or Alaskan Native population than the overall population of the United States. The need for regular check-ups is to reduce the risk of getting sick, detect potentially life-threatening health conditions or diseases early, limit risk of complications by closely monitoring existing conditions, reduce healthcare cost over time and form a partnership with a Provider so treatment can be more efficient.

- American Indian or Alaskan Native individuals have some lower cancer rates than the non-Hispanic white population. Disparities still exist in certain types of cancer.
- 2014-2018, American Indian or Alaskan Native men were likely to have liver & Inflammatory bowel disease (IBD) cancer as compared to non-Hispanic white men. American Indian or Alaskan Native data of 21.7% compared to non-Hispanic white of 11.3%
- American Indian or Alaskan Native men have a 30% likely to have stomach cancer than non-Hispanic white men and 1.3% most likely die from the disease.
- American Indian or Alaskan Native women are 2.3 times likely to have, and 2.2 times likely to die from liver & IBD cancer compared to non-Hispanic white women.
- American Indian or Alaskan Native women are 20% more likely to have kidney/renal pelvis cancer than non-Hispanic white women.

Regular health exams remain a tremendous problem in American Indian or Alaskan Native populations nationwide and its impact is felt throughout Sage Memorial Hospital's service community.²³ The response from the community has shared that 257 survey of the 605; 2.6% have were returned have answered that they have come back for a wellness checkup.

The shortage of providers at Sage Memorial Hospital is due to the remoteness of the service area and the National demand for Medical Providers. The members of the community embrace traditional Navajo cultural values, there is a great need to attract Medical Providers who are culturally sensitive or who are originally from the area. To connect with the community, it is important to recruit and retain Providers who can be responsive to the language, histories, traditional beliefs, and values of the Navajo culture.

Cancer Death Rate per 100,000 – Men (2014- 2018) - Table 1 ²³

Cancer		AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN) MEN	NON-HISPANIC WHITE MEN	AI/AN NON-HISPANIC WHITE RATIO
1.	All Sites	169.3	190.2	0.9
2.	Colon & Rectum	18.5	16.1	1.1
3.	Kidney	8.3	5.5	1.5
4.	Liver & IBD	14.8	8.4	1.8
5.	Lung	38.4	49.4	0.8
6.	Prostate	18.5	17.9	1.0
7.	Stomach	6.3	3.1	2.0

Cancer Death Rate per 100,000 – Women (2014-2018) - Table 2 ²³

Cancer		AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN) WOMEN	NON-HISPANIC WHITE WOMEN	AI/AN NON-HISPANIC WHITE RATIO
1.	All Sites	120.1	137.8	0.9
2.	Breast	14.8	20.1	0.7
3.	Cervical	2.4	2.0	1.2
4.	Colon & Rectum	12.4	11.5	1.1
5.	Kidney	3.2	2.3	1.4
6.	Liver & IBD	7.0	3.6	1.9
7.	Lung	27.4	35.6	0.8
8.	Stomach	3.5	1.6	2.0
9.	Uterus	3.5	4.5	0.8

Results

Outpatient Clinic



HEART DISEASE AND AMERICAN INDIANS/ALASKA NATIVES (OP)

The Sage Memorial Hospital Community Regular health exams remain a tremendous problem in American Indian or Alaskan Native populations nationwide and its impact is felt throughout Sage Memorial Hospital's service community. The community survey shares the following health topics are important; Diabetes, Exercises, Blood Pressure and Nutrition to them and their families. The nationwide heart disease in 2018 were 50% likely to be diagnosed with coronary heart disease.

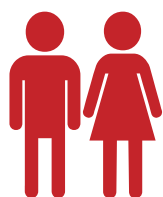
These and other risk factors are contributing to the related heart disease.

- American Indian or Alaskan Native were 50% likely to be current cigarette smokers.
- American Indian or Alaskan Native are 10% likely to have high blood pressure.

Diagnosed Cases of Coronary Heart Disease

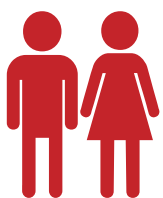
Age-adjusted percentage of coronary heart disease among persons 18 years of age and over (2018)¹⁸

DIAGNOSED CASES OF CORONARY HEART DISEASE RATE PER 100,000¹⁸



9%

AMERICAN INDIAN (AI)/
ALASKA NATIVE (AN) MEN



6%

NON-HISPANIC WHITE



1.5

AMERICAN INDIAN (AI)/
ALASKA NATIVE (AN) MEN
NON-HISPANIC WHITE
(RATIO)

DEATH RATE AGE-ADJUSTED HEART DISEASE RATE PER 100,000¹⁸



144%

NON-HISPANIC AMERICAN
INDIAN/ALASKA NATIVE

115

Women



178.6

Men



168%

NON-HISPANIC WHITE

130.7

Women



213.1

Men



0.9

NON-HISPANIC AMERICAN
INDIAN/ALASKA NATIVE/
NON-HISPANIC WHITE
(RATIO)

0.9

Women



.08

Men

Results

Outpatient Clinic



OBESITY AND AMERICAN INDIANS/ALASKA NATIVES

THESE AND OTHER RISK FACTORS ARE CONTRIBUTING TO THE RELATED HEART DISEASE.

American Indian or Alaskan Native adults are 50% likely to be obese than the non-Hispanic whites.

People who are overweight are more likely to suffer from high blood pressure, high levels of blood fats and diabetes. ¹⁸

American Indians and Alaskan Natives communities have intuitive strengths and resilience rooted in tribal culture and traditional ways of life. The Navajo Nation is a recipient of the Good Health and Wellness in Indian Country which is the largest investment to improve American Indian and Alaskan Native tribal health, focused on health promotion and chronic disease prevention. The goals are to work on community-chosen and culturally adapted strategies to reduce commercial tobacco use and exposure, improve nutrition and physical activity, increase health literacy, improve team-based health care, and strengthen links between community programs and clinical services. ¹⁸

AMERICAN INDIAN
(AI)/ALASKA NATIVE
(AN)

NON-HISPANIC
WHITE

AI/AN NON-
HISPANIC WHITE
RATIO

33.1

33.9

1.0

Age-adjusted percentage of persons 18 years of age and over who were overweight but not obese 2018 rates per 100,000 (Body Mass Index of 25 or greater) ¹⁸

AMERICAN INDIAN
(AI)/ALASKA NATIVE
(AN)

NON-HISPANIC
WHITE

AI/AN NON-
HISPANIC WHITE
RATIO

33.1

33.9

1.0

Age-adjusted percentage of persons 18 years of age and over who were overweight but not obese 2018 rates per 100,000 (Body Mass Index of 30 or greater) ¹⁸



Results

Mental Health

BEHAVIORAL HEALTH TREATMENT

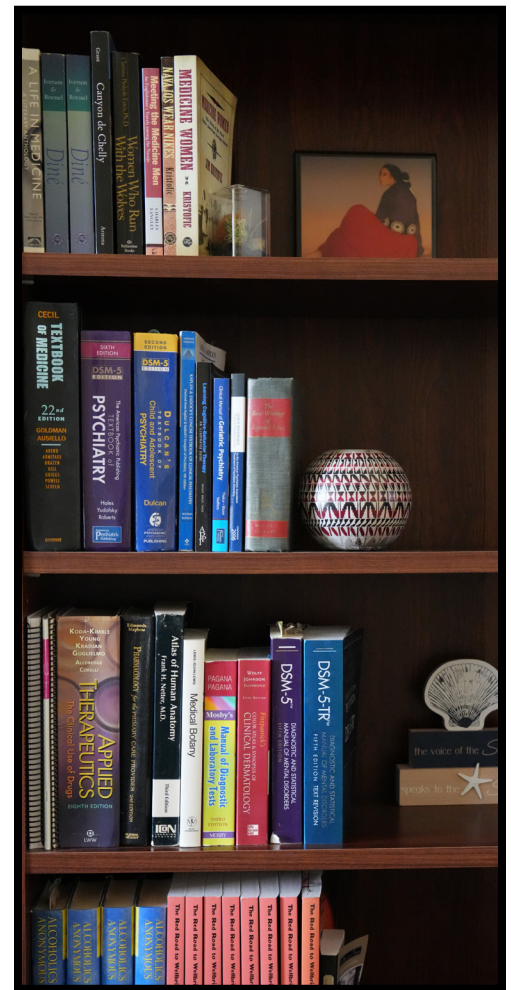
Behavioral health issues are more prevalent among the American Indian or Alaskan Native population than the overall population of the United States. At least 1.6% of the American Indian or Alaskan Native are more likely to experience worthlessness and everything is an effort. The 1.2% of the adult American Indian or Alaskan Native are likely to experience a serious psychological distress.⁶

	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN)	NON-HISPANIC WHITE	AI/AN NON-HISPANIC WHITE RATIO
1. Sadness	-	2.6	-
2. Hopelessness	-	2.2	-
3. Worthlessness	3.4	2.3	1.5
4. Everything is an effort	10.5	6.6	1.6

Percentage of population with feelings of sadness, hopelessness, worthlessness, or that everything is an effort, all or most of the time, among persons 18 years of age and over, 2018 rates per 100,000.¹⁵

	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN)	NON-HISPANIC WHITE	AI/AN NON-HISPANIC WHITE RATIO
1. Total	4.5	3.8	1.2

Percentage of population with serious psychological distress among persons 18 years of age and over rate per 100,000, 2018¹⁵



Results

Mental Health



THE OVERALL DEATH RATE FOR AMERICAN INDIAN OR ALASKAN NATIVE IS 1.2% COMPARED TO THE NON-HISPANIC WHITE.



	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN)	NON-HISPANIC WHITE	AI/AN NON-HISPANIC WHITE RATIO
Total	22.3	18.1	1.2

Age-adjusted death rates for suicide rates per 100,000, 2018.

	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN) MEN	NON-HISPANIC WHITE MEN	AI/AN NON-HISPANIC WHITE MEN RATIO
Total	33.6	28.6	1.2

Death rates for suicide, age, race, and Hispanic origin rates per 100,000, 2018: Men

	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN) WOMEN	NON-HISPANIC WHITE WOMEN	AI/AN NON-HISPANIC WHITE WOMEN RATIO
Total	11.1	8.0	1.4

Death rates for suicide, age, race, and Hispanic origin rates per 100,000, 2018: Women ¹²

Results

Mental Health



SUICIDE RATES IN ADOLESCENTS

In 2019, suicide was the second leading cause of death for American Indian or Alaskan Native between the ages of 10 and 34 yrs. ¹²

SUICIDAL IDEATION

Suicidal ideation among students in grades 9-12, 2019 percentage of students who seriously considered suicide rates per 100,000 ¹²



0

Men

34.9%

AMERICAN INDIAN (AI)/
ALASKA NATIVE (AN)

0

Women



13.8

Men

19.1%

NON-HISPANIC WHITE



24.3

Women



0

Men

1.8

AMERICAN INDIAN/ALASKA
NATIVE/NON-HISPANIC
WHITE RATIO (PER 1000)

0

Women

DEATH RATE

Age 15-19 rates per 100,000, 2019 ¹²



49.1

Men

39.5%

AMERICAN INDIAN (AI)/
ALASKA NATIVE (AN)

29.7

Women



18.3

Men

12.2%

NON-HISPANIC WHITE



5.7

Women



2.7

Men

3.2

AMERICAN INDIAN/ALASKA
NATIVE/NON-HISPANIC
WHITE RATIO
(PER 1000)

5.2

Women

Results

Mental Health



ACCESS TO CARE

Alcohol and drug addiction remains a tremendous problem in American Indian or Alaskan Native populations nationwide and its impact is felt throughout Sage Memorial Hospital's service community. The Community Health Needs Assessment for Sage survey shares that 310 do not drink alcoholic beverages, but 136 shares that they either drink daily, 3-5 times per a week, once a week, only on the weekends or on special occasions. Alcohol and drug abuse has a detrimental effect on the physical and

mental wellbeing of addicted individuals, in addition to negatively affecting the people involved in the addict's life, such as friends and family members. Substance abuse was identified in both the community surveys and the focus groups as a major health concern in the region.

Sage Memorial Hospital has a shortage of mental health professionals providing behavioral health services in the outpatient clinic due to the remoteness of the service

area and a national shortage of Behavioral Health Providers. Since many members of the community embrace traditional Navajo cultural values, there is a great need to attract mental health professionals who are culturally sensitive or who are originally from the area. To connect with the community, it is important to recruit and retain providers who can be responsive to the language, histories, traditions beliefs, and values of the Navajo culture.



AMERICAN INDIAN (AI)/
ALASKA NATIVE (AN)

13.9%



NON-HISPANIC
WHITE

19.8%



AI/AN NON-HISPANIC
WHITE RATIO

0.7

Percentage of adults age 18 and over who received mental health services in the past year rates per 100,000, 2019

Results

Mental Health



HOW IS SAGE MEMORIAL HOSPITAL ADDRESSING BEHAVIORAL HEALTH NEEDS

The Sage Memorial Hospital Behavioral Health provide Counseling services/therapy (individual, couple, family), telehealth, medication management, discharge planning, and AA meetings by appointments and a referral system now.

The focus with Behavioral Health is working with Sage Memorial Hospital Emergency Room, Outpatient Department, Medical

Telemetry unit for consults for child abuse/neglect, elderly abuse/neglect, domestic violence issues, advance directive care, alcohol abuse issues, suicidal ideation, psychiatric issues, dementia-related issues, bereavement-related issues, and other needed services. What is on the horizon is domestic violence and parenting classes. Behavioral Health is expected to have a Clinical Psychologist on board to start up these classes.

The Behavioral Health collaborates with other Behavioral Health services such as the Navajo nation Division of Behavioral Health and Indian Health Services on Nursing Home placement, Group Home placement, Skilled Nursing placement and referrals to Elderly Task Force, ALTCS applications, Navajo Nation Family Services and consults for Social Services.



Results

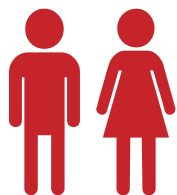
Speciality Clinics



DIABETES

Due to the prevalence of diabetes (type II) among American Indians/Alaskan Natives, the Sage Memorial Hospital service area demographic implies a need for diabetes care in the community. American Indian or Alaskan Native population are almost three times more likely than non-Hispanic white adults to be diagnosed with diabetes.

Diagnosed cases of Diabetes



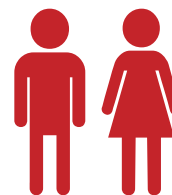
23.5%

AMERICAN INDIAN (AI)/
ALASKA NATIVE (AN)



8%

NON-HISPANIC WHITE



2.9

AI/AN NON-HISPANIC
WHITE RATIO

Age-adjusted percentage of persons 18 years of age and over with diabetes rates per 1000,000 (2018) ¹⁴

In 2018, American Indian or Alaskan Native were 2.3 times more likely than non-Hispanic whites to die from diabetes.

		AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN)	NON- HISPANIC WHITE	AI/AN NON- HISPANIC WHITE RATIO
1.	Male	50.6	24.3	2.1
2.	Female	37.3	14.3	2.6
3.	Total	43.7	18.9	2.3

Age-adjusted diabetes death rates per 100,000 rates per 100,000 (2018) ³⁶

Results

Speciality Clinics



PEDIATRIC

Sage Memorial Hospital's service area population is skewed toward younger age groups compared to the general U.S. population. The infant mortality rate, particularly the post-neonatal infant mortality rate in the region is significant higher than the U.S. rate.

Category		APACHE COUNTY	ARIZONA	UNITED STATES
1.	Infant Mortality rate	8.4	4.6	1.8
2.	Post-neonatal Infant mortality	4.3	1.7	2.5

Infant mortality and post neonatal rates per 1,000 live births 2014-2019 ¹

The latest data suggests that the American Indian or Alaskan Native children are at a higher risk for disparate health outcomes. Pediatric Care was identified as a high-priority health care need in Sage Memorial Hospital's service area by the 2019 Community Health Needs Assessment, and since that time Sage Memorial Hospital was able to implement measures to improve

the community's access to Pediatric Care by recruiting a Board-certified pediatrician or Nurse Practitioner to provide services in its outpatient clinics. Pediatric Care continues to be identified as a major health care concern through analysis of primary and secondary data sources during the Community Health Needs Assessment.



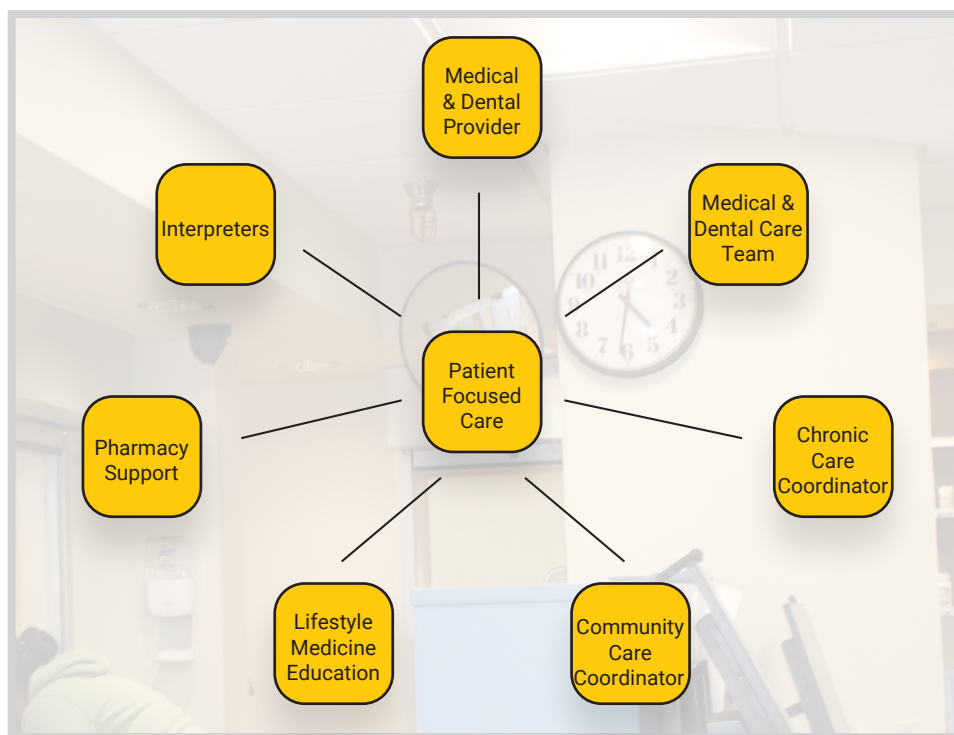
Results

Speciality Clinics

ADDRESSING ACCESSIBLE HEALTH CARE SERVICES

Access to quality health care services is a vital public health issue for American Indian or Alaskan Native communities. Care Access was identified as a disparity among American Indian or Alaskan Native populations by the 2021 National healthcare & Disparities report. It is a recognized fact that American Indian or Alaskan Native populations frequently contend with issues that prevent them from receiving quality medical care, including geographic location.²⁶ The Centers for Disease Control and Prevention (CDC) are used interchangeable with Telehealth and Telemedicine or eHealth. CDC defines Telehealth “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.” And Telemedicine or eHealth is defined by Federation of State Medical Boards as “the practice of medicine using electronic communication, information technology, or other means between a physician in on location, and a patient in another location, with or without an intervening health care provider.” And since then, the World Health Organization has defined eHealth as “the use of information and communication technologies (ICT) for health.”²

The prospect of implementation of Telehealth is a promising public health tool for underserved population and a belief that it can reduce healthcare costs and improve health outcomes overall. Despite this demand and popularity with the recent pandemic telehealth faces several barriers such as information security, patient privacy,



licensing, insurance reimbursement, and liability concerns.²

How Sage Memorial Hospital is Addressing Accessible Health Services

The Assessment Team identified Geographic Accessibility to Health Care Services as a major concern of the community. On average, 3.2% of the Community Health Needs Assessment survey have indicated that Sage Memorial Hospital is the closest healthcare facility, 10.2% lack their own transportation, and 18.2% have no transportation. Sage Memorial Hospital has developed the following strategies to improve the community's access to care:

- Expansion of Community Health Nursing and implementation of Mobile

Health clinic within the Chapter communities.

- Review the viability of telemedicine program that would allow patients to access specialty providers.
- Coordinate patient home visits by Community Health Nurse and collaborate with the Community Health Representatives to increase patient compliance with physicians' plan of care for patients who do not have reliable transportation or no transportation.

Results

Speciality Clinics



EMERGENCY TRAUMA CARE

The fatality percentage rate from unintentional injuries for American Indian or Alaskan Native is **85.4%** rate per 100,000 population. ¹²



	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN)	NON-HISPANIC WHITE	AI/AN NON-HISPANIC WHITE RATIO
1. total	85	40	2
2. unintentional injuries	49	28	2

Unintentional Cause of Death

In 2017, the unintentional injuries are the third leading cause of death for all for the American Indian or Alaskan Native population, after malignant neoplasms and Diseases of the heart. Motor vehicle accounts for 46% of the unintentional injuries. The (other) unintentional injuries rates highest due to poisoning. In 2017, the highest Indian Health Service (IHS) area rate is Billings (130.3%), Navajo (116.2%), Great Plains (110%), and Alaska (103%). The comparison for, the U.S. unintentional rate was at 37.5%, while Indian Health Service areas rate are at 91.9%.

The motor vehicle crashes death rate per 100,000 population by area rates Billings at 66%, Great Plains 53%, Navajo 51% and Oklahoma City at 42%. ¹²

	AMERICAN INDIAN (AI)/ ALASKA NATIVE (AN)	NON-HISPANIC WHITE	AI/AN NON-HISPANIC WHITE RATIO
3. Motor vehicle	37	12	3

Results

Speciality Clinics

EMERGENCY TRAUMA CARE

Specific rates of unintentional injuries and motor vehicle injuries are unavailable at the Chapter level in Sage Memorial Hospital's service area.

The Sage Memorial Hospital looks to become a designate level 4 trauma. The level 4 trauma are usually located in rural areas. The level 4 trauma have resources to provide advanced trauma life support (ATLS) before transferring patients to a higher-level trauma center. The designation would allow the Sage Memorial Hospital to evaluate, stabilize, and diagnose injured people. The elements of a level 4 trauma center would provide for basic emergency department facilities, trauma nurses and physicians available when the injured person arrives, provision of surgery and critical care services, the ability to transfer patients to a high level of trauma center and a active outreach program for its referring communities.

The vision of Sage Memorial Hospital is to advance the Nursing Community to become Trauma Certified Registered Nurse, Certified Emergency Nurse and becoming a Certified Pediatric Nurse by the Pediatric Nursing Certification Board. This certification is a specialized nurse to deal with life-threatening or critical injuries and handle adolescent and child health issues.

Another program that Sage Memorial Hospital expectation is obtaining the nationally recognized Child Passenger Safety certification. This certification would bring the awareness about child car safety to our community.

	IHS AREA	DEATHS	MOTOR VEHICLE CRASH PEDESTRIAN- RELATED
1.	Billings	66	9
2.	Great Plains	53	18
3.	Navajo	51	21
4.	Oklahoma City	42	11

Motor Vehicle Crashes ³



Results

Speciality Clinics

How Sage Memorial Hospital is Addressing Emergency Trauma Care

CHALLENGES IN MEETING THE LONG-TERM NEEDS OF THE COMMUNITY

Medical and Clinical Staff Recruitment

Staff recruitment/retention: According to HRSA, Sage Memorial Hospital's service area is designated as a Health Professional Shortage Area indicating that the region has a shortage of providers for the population in each area. The Human Resources is working diligently to implement a robust Preceptor Program with Universities and College to gain the attention of perspective students to complete their clinical hours.

The Grown Your Own Program is Sage Memorial Hospital that is anticipating to establish which is to design to recruit, develop, and retain healthcare professionals who are already in the community with the local Primary and Secondary educations.

NEW FACILITY

The existing hospital was built in 1964. The hospital continues to be face with multiple maintenance issues which interfere with regulator compliance, such as life safety and environment of care requirements imposed by the State of Arizona Department of Health, The Center for Medicare and Medicaid and the hospital accreditation agency, The Joint Commission. The plan and design of a new facility is in construction. The expanded services include surgical services, labor and delivery, and Intensive Care Unit.

EMPLOYEE HOUSING

Sage Memorial Hospital is ecstatic about the additional housing that will be available for the additional healthcare staffing. It is expecting to have the additional 27 units apartments available in 1 bedroom to 3 bedrooms. The Sage Housing department will increase the housing inventory to a total of 87 units. The other planning approach is to designate rooms for anticipate Professional Healthcare Students who wish to complete their clinical hours at Sage.

The amenities offered for housing are access to internet, satellite television, secure parking areas, available washer/dryer for single rooms and apartments, furnished apartments, and utilities paid.

FINANCIAL CHALLENGES

At the direction of the Board of Directors, Sage Memorial Hospital has executed its plan of a new campus that includes a new hospital facility, medical office building, club house and housing. Sage Memorial Hospital will be expanding its services to include labor and delivery, surgery, and other services. The Sage Memorial Hospital will continue to receive funding levels from Indian Health Services that are equal to the amounts awarded when these expanded services were not offered. Sage Memorial Hospital will continue to receive reimbursement from third party payors including Medicare and Medicaid.

Overview of U.S. Healthcare System Landscape



In 1999, Congress passed the Healthcare Research and Quality Act (P.L. 106-129), mandating that the Agency for Healthcare Research and Quality (“AHRQ”) produce an annual report on “national trends in the quality of health care provided to the American people,” titled the National Healthcare Disparities Report (“NHDR”).¹¹

As of 2014, the NDHR has been combined with the National Healthcare Quality Report (“NHQR”) to replace both reports and form a new report entitled the National Healthcare Quality & Disparities Report (“QDR”). This annual report focuses on “national trends in the quality of health care provided to the American people: (42 U.S.C. 299b-2(b)(2)) and “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations.”²⁶

This report examines the quality and disparities in health care received by designated care differences in each priority population, however, it does not provide a complete assessment of health care differences in each priority population. The measures tracked were selected as applicable across many population groups with the purpose of tracking quality and disparities data at the national level.

The NHDR shares “the many factors contribute to the quality of care, including access to timely care, affordability of care, and use of evidence-based guidelines to drive treatment”. In this report, we will look at the quality measures whether the healthcare system at Sage Memorial Hospital is adequately addressing the risk factors and conditions that place burden on the healthcare system and if changes have occurred since the last report.²⁶

The Sage Memorial Hospital has written values that addresses the goals of high-quality healthcare that is culturally and linguistically sensitive, patient centered, timely, affordable, well-coordinated and safe. The next step is strategically planning to facilitate the continue coordination with other healthcare facilities to better serve social welfare, education, and economic development.

According to the Healthy People 2030 social determinants of health domains, the Education Access and Quality, Healthcare Access and Quality, Neighborhood and Built Environment, Social and Community and Community Context, and Economic Stability continue to contribute to the complexity of the healthcare system.²⁶



Access to Healthcare and Disparities

The overview of racial and ethnic disparities that are categorized for federal statistics and program administrative reporting are:

- **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South American and maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent.
- **Black or African American:** A person having origins in any of the Black racial groups of Africa.
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian/Pacific Islander (NHPI):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North America.

According to the 2021 National Healthcare Disparity Report, the racial and ethnic disparities experience better, same or worse quality care compared with the White populations.

- The American Indian or Alaskan Native people had worse access to care than White people for 50% of access measures.
- Influenza vaccination received the 2nd highest flu associated with hospitalization rates. In 2018, 81.6% of American Indian or Alaskan Native hospital patients received influenza

vaccinations. The benchmark in 2016 was set at 96.6%.

- The American Cancer Society's newest guidelines recommended that colorectal cancer screenings begin at an early age of 45. The previous recommendation began at 50 years of age.
- Recent data shows that HIV infections fell 8% from 2015 to 2019. American Indian or Alaskan Native people represent about 1.3% of the U.S. population and less than 1% of the HIV diagnoses. In 2019, the percentage of new HIV cases was higher for American Indian or Alaskan Native people at 10.5%.²⁶

The trends in quality of care for American Indian and Alaska Native Populations.

The 116 quality measures with data for American Indian or Alaskan Native people were 46% were improving, 47% were not changing and 7% are worsening from 2000 to 2019. Diabetes is the leading cause of kidney disease in the U.S. From 2001 to 2018, the disparity for American Indian or Alaskan Native decrease for the adjusted incident rate of End Stage Renal Disease (ESRD) due to diabetes. The rate decreases from 526 per million population to 273 per million.

- The education from a provider to children ages 2-17 about the amount and kind of exercise, sports, or physically active hobbies, and
- The education from a provider to children ages 2-17 about healthy eating.

Causes of Death among American Indians Alaska Natives compared to all other races.

The Indian Health Focus: Injuries 2017 Edition published its studies identifying the health trends of the minority group

of American Indians/Alaskan Natives residing in the Indian Health Service's area. Sage Memorial Hospital service area has over 50% falls into the American Indian or Alaskan Native category and also resides in the Indian Health Service area.¹²

One of the most alarming statistics presented was the cause of death among American Indian or Alaskan Native populations as compared to all races in the United States.

According to the Indian Health Focus, American Indian or Alaskan Native (2008-2010 data) have higher death rates than all U.S. races from the following causes:

- Malignant neoplasms 116.5 crude rate per 100,000 population
- Disease of the Heart 116.3 crude rate per 100,000 population
- Unintentional Injuries 85.4 crude rate per 100,000 population
- Diabetes Mellitus 40.3 crude rate per 100,000 population
- Chronic Liver Disease and Cirrhosis 35.8 crude rate per 100,000 population

While these causes of death are chronic illness and behavioral health issues that are often preventable with the right care. The American Indian or Alaskan Native populations see much higher percentages of deaths attribute to these causes indicates a higher need for care and prevention services related to these health issues. While Sage Memorial Hospital is a subset of a broader Indian Health Services area, there is a need for care related to these public health problems.¹²

References



1. Arizona Department of Health Services. (2019). Vital Statistics Trends in Arizona-Infant Mortality. Retrieved 02/21/2023, from Population Health and Vital Statistics: ADHS | Vital Statistics Trends in Arizona (azdhs.gov)
2. Brackney, J., Hulkower, R., Pepin, D., McCord, R., (July 2019). Telehealth and Telemedicine: A Research Anthology of Law and Policy Resources. Centers for Disease Control and Prevention. Retrieve from <https://www.CDC.gov>.
3. Arizona Department of Health Services Bureau of Emergency Medical Service and Trauma System. (March 2023). Retrieve from https://apps.azsos.gov/public_services/Title_09/9-25.pdf
4. Centers for Disease Control and Prevention. (July 8, 2020). Telehealth and Telemedicine. Retrieved from Centers for Disease Control and Prevention: CDC | Telehealth and Telemedicine
5. Center for Disease Control and Prevention. (July 31, 2019). Telehealth and Telemedicine: A Research Anthology of Law and Policy Resources. Retrieved from Centers for Disease Control and Prevention: CDC | Public Health Law Anthologies: Telehealth and Telemedicine
6. Center for Disease Control and Prevention. (2011-2021). Youth Risk Behavior Survey Data Summary & Trends Report. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf
7. National Center for Health Statistics. Crude percentages of all types of heart disease for adults aged 18 and over, United States, 2015-2018. National Health Interview Survey. Generated interactively: Wed Feb 22 2023: NHIS - Summary Health Statistics - Adults (cdc.gov)
8. Internal Revenue Service (02/22/2023). Requirements for 501(c)(3) Hospitals Under the Affordable Care Act - Section 501(r). Retrieved 02/22/2023, from IRS.gov: Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r) | Internal Revenue Service (irs.gov)
9. Navajo Nation Division of Community Development (2019). Navajo Nation WIND. Retrieved from Community Development: <https://navajoprofile.wind.enavajo.org>
10. U.S. Census Bureau. (2021). Navajo Nation Reservation and Off-Reservation Trust Land, AZ—NM—UT. Retrieved 11 07 2022, from <https://www.census.gov/quickfacts/fact/>
11. U.S. Government Accountability Offices. Health Care (2017). Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Program. Retrieved on 02/21/2023. From GAO-17-365, HEALTH CARE: Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs
12. U.S. Department of Health and Human Services – Indian Health Service. (2017). Indian Health Focus: Injuries 2017 Edition. Retrieved from Indian Health Service: Indian Health Focus: Injuries 2017 Edition (ihs.gov)
13. U.S. Department of Health and Human Services. Office of Disease and Prevention and Health Promotion. (May 2023). Social Determinants of Health. Retrieve from <https://health.gov/healthypeople/priority-areas/social-determinants-health>
14. U.S. Department of Health and Human Services Office of Minority Health– Policy and Data. (2020). Diabetes and American Indians/Alaska Natives. Retrieved from Office of Minority Health: Diabetes and American Indians/Alaska Natives - The Office of Minority Health (hhs.gov)
15. U.S. Department of Health and Human Services Office of Minority Health– Policy and Data. (2020). Mental and Behavioral Health American Indians/Alaska Natives. Retrieved from Office of Minority Health: Mental and Behavioral Health - American Indians/Alaska Natives - The Office of Minority Health (hhs.gov)
16. U.S. Department of Health and Human Services Office of Minority Health– Policy and Data. (2020). Cancer and American Indians/Alaska Natives. Retrieved from Office of Minority Health: Cancer and American Indians/Alaska Natives - The Office of Minority Health (hhs.gov)
17. U.S. Department of Health and Human Services Office of Minority Health– Policy and Data. (2020). Heart Disease and American Indians/Alaska Natives. Retrieved from Office of Minority Health: Heart Disease and American Indians/Alaska Natives - The Office of Minority Health (hhs.gov)
18. U.S. Department of Health and Human Services Office of Minority Health– Policy and Data. (2020). Obesity and American Indians/Alaska Natives. Retrieved from Office of Minority Health: Obesity and American Indians/Alaska Natives - The Office of Minority Health (hhs.gov)



References

19. World Health Organization (May 7, 2021). Implementing telemedicine services during COVID-19: guiding principles and considerations for a stepwise approach.
20. National Center for Health Statistics. Crude percentages of all types of heart disease for adults aged 18 and over, United States, 2015-2018. National Health Interview Survey. Generated interactively: Wed Feb 22 2023: NHIS - Summary Health Statistics - Adults (cdc.gov)
21. U.S. Census Bureau. (2021). Navajo Nation Reservation and Off-Reservation Trust Land, AZ—NM—UT. Retrieved 11 07 2022, from <https://www.census.gov/quickfacts/fact/>
22. County Health Rankings & Roadmaps. (2023). Take Action Cycle. University of Wisconsin Population Health Institute. School of Medicine and Public Health. Retrieve from - Take Action Cycle | County Health Rankings & Roadmaps
23. U.S. Department of Health and Human Services. (2021). Healthy Communities. Retrieve from Community - Healthy People 2030 | health.gov
24. U.S. Census Bureau. (2021) Social Characteristics in the United States. Retrieved from American Community Survey (ACS) (census.gov)
25. Joint Commission. (2023). Quality Check and Quality Reports. Retrieve from Quality Check | The Joint Commission
26. U.S. Department of Health & Human Services. (December 2021). 2021 National Healthcare Quality and Disparities Report. Rockville, MD. Retrieve from www.ahrq.gov.



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Mission

The mission of Sage Memorial Hospital is to provide quality healthcare for the Dine people with respect, unity, beauty, harmony in honor of K'é an the sacredness of life

Vision

Sage Memorial Hospital's vision is to embrace the Diné philosophy of life while delivering innovative healthcare

Values

Bee łá'í 'dlį (Together/Unity)
Hodíłzin (Sacred)
Hózhó (Beauty/Balance)
lł'íłį (Respect)

Appendix 1



COMMUNITY HEALTH NEEDS ASSESSMENT 2022 SURVEY

Your answers to the following questions will be an important part of identifying factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Please remember that your identity and answers are completely anonymous.

There are 4 sections and 46 questions in total. Please mark the bubble next to or circle your answer.

Note: Questions are on the front AND back of the page.

SECTION 1 – DEMOGRAPHICS

THIS SECTION ASKS QUESTIONS ABOUT YOU AND YOUR FAMILY.

1. Which Chapter are you registered with?

- | | |
|--|--|
| <input type="radio"/> Cornfields | <input type="radio"/> Nazlini |
| <input type="radio"/> Ganado | <input type="radio"/> Steamboat |
| <input type="radio"/> Greasewood Springs | <input type="radio"/> Wide Ruins |
| <input type="radio"/> Klagnetoh | <input type="radio"/> Other Chapter: _____ |
| <input type="radio"/> Kinlichee | <input type="radio"/> N/A |

2. What is your Gender?

- | | |
|--|--|
| <input type="radio"/> Female | <input type="radio"/> Male |
| <input type="radio"/> Female (Transgender) | <input type="radio"/> Male (Transgender) |

3. What is your age range?

- | | |
|-----------------------------|------------------------------------|
| <input type="radio"/> 18-24 | <input type="radio"/> 45-54 |
| <input type="radio"/> 25-34 | <input type="radio"/> 55-64 |
| <input type="radio"/> 35-44 | <input type="radio"/> 65 and older |

4. What year were you born? _____

5. Which of the following best describes your marital status?

- | | |
|--|--|
| <input type="radio"/> Cohabiting (living with someone) | <input type="radio"/> Separated |
| <input type="radio"/> Divorced | <input type="radio"/> Single (never married) |
| <input type="radio"/> Married | <input type="radio"/> Widowed |

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6. What is the highest level of education you have completed?

- | | |
|--|---|
| <input type="radio"/> Less than high school | <input type="radio"/> Associate's Degree (2 yr) |
| <input type="radio"/> Some high school, but did not graduate | <input type="radio"/> Bachelor's Degree (4 yr) |
| <input type="radio"/> High School Degree (GED) | <input type="radio"/> Graduate degree (more than 4-year college degree) |
| <input type="radio"/> Technical School | |

7. Are you a veteran?

Yes ☐ No ☐

What branch of service?

Were you involved in a military campaign?

Yes ☐ No ☐

What type of services would you like to see for veterans?

8. What is your ethnicity or racial background?

- | | |
|--|---|
| <input type="radio"/> Asian/Pacific islander | <input type="radio"/> Middle Eastern |
| <input type="radio"/> Black/African American | <input type="radio"/> Multi-racial |
| <input type="radio"/> Caucasian/White | <input type="radio"/> Native American/Alaska Native |
| <input type="radio"/> Hispanic/Latino | <input type="radio"/> Other: _____ |

9. What is the PRIMARY language spoken in your home?

- | | |
|-------------------------------|------------------------------------|
| <input type="radio"/> English | <input type="radio"/> Spanish |
| <input type="radio"/> Navajo | <input type="radio"/> Other: _____ |

10. Which best describes your housing status?

- | | |
|--|---|
| <input type="radio"/> Own my home/apartment | <input type="radio"/> Living with friends |
| <input type="radio"/> Rent a home or apartment | <input type="radio"/> I do not have a permanent home/homeless |
| <input type="radio"/> Living with family | |

11. How many bedrooms are in your home?

- | | |
|-------------------------|------------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 or more |
| <input type="radio"/> 2 | <input type="radio"/> Other: _____ |

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- ☐ 3

12. Do you have electricity in your home?

- ☐ Yes ☐ No

☐

13. Do you have running water in your home?

- ☐ Yes ☐ No

14. What is your primary mode of transportation?

- | | |
|--|------------------------------------|
| <input type="radio"/> Automobile-that you own or lease) | <input type="radio"/> Walk |
| <input type="radio"/> Borrowed automobile | <input type="radio"/> Bicycle |
| <input type="radio"/> Navajo Transit (public transportation) | <input type="radio"/> Motorcycle |
| <input type="radio"/> Friends/family | <input type="radio"/> Other: _____ |

15. Please indicate the number of people in your household: _____

16. How many people live in your home? How old are they?

17. Which of the following best describes your employment status?

- | | |
|---|--|
| <input type="radio"/> Employed, working 1 – 39 hours per week | <input type="radio"/> Disabled, not able to work |
| <input type="radio"/> Employed, working 40 or more hours per week | <input type="radio"/> Not employed, NOT looking for work |
| <input type="radio"/> Not employed, looking for work | <input type="radio"/> Homemaker |
| | <input type="radio"/> Student |
| | <input type="radio"/> Retired |

18. What is your approximate average total household income per year? (including spouse's income)

- | | |
|--|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$35,000–\$49,999 |
| <input type="radio"/> \$10,000–\$24,999 | <input type="radio"/> \$50,000–\$74,999 |
| <input type="radio"/> \$25,000–\$34,999 | <input type="radio"/> \$75,000 or more |

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19. Indicate the current health insurance status for yourself and those in your household:

	Yourself	Spouse	Children	Others in household
No health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private insurance through employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AHCCCS (Arizona Medicaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military/Veteran's coverage (Tricare, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. If you do not currently have health insurance, please indicate the reason for not having insurance. (Skip this question if you have health insurance)

- ☐ I obtain my health care services from an Indian Health Services facility
- ☐ Do not know where/how to obtain health insurance
- ☐ Cannot afford insurance
- ☐ Not eligible for government assisted insurance
- ☐ I do not need insurance
- ☐ Employer does not provide insurance

21. Do you or anyone in your household currently receive any of the following assistance? Choose all that apply:

- ☐ Food Stamps/EBT
- ☐ TANF (Temporary Assistance for Needy Families)
- ☐ General Assistance
- ☐ Social Security Disability Benefits
- ☐ Public Housing Assistance
- ☐ None

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SECTION 2 – BEHAVIOR

THIS SECTION CONTAINS QUESTIONS ABOUT YOUR REGULAR BEHAVIORS.

22. Indicate your ratings in terms of how often each of the following statements applies to you:

	Never	Rarely	Usually	Most of the time	Always
I eat a well-balanced diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat the recommended amount of fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get 30 minutes or more of exercise daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid high-risk sexual behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adequate resources to purchase healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my neighborhood is a safe place for my children to play and for me to exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am exposed to second hand smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How often do you get 30 minutes or more of exercise?

- ☐ 4-6 times a week
- ☐ 2-3 times per week
- ☐ Never
- ☐ Once a month
- ☐ Less than once a month

24. How many 12 oz. cans/bottles of soda, if any, do you drink on an average day?

- ☐ 4 or more
- ☐ 3
- ☐ 2
- ☐ 1
- ☐ None

25. Do you use tobacco products?

- ☐ No
- ☐ Yes – smoke less than one pack per day
- ☐ Yes – smoke more than one pack per day
- ☐ Yes – smoke a pipe or cigars
- ☐ Yes – use smokeless tobacco (chewing tobacco, etc.)

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26. How often do you drink alcoholic beverages?

- ☐ Every day
- ☐ 3-5 times per week
- ☐ Once a week
- ☐ Only on weekends
- ☐ On special occasions
- ☐ I do not drink alcoholic beverages

27. Do you engage in binge drinking? (5 or more drinks in a sitting)

- ☐ Yes
- ☐ No

SECTION 3 – HEALTH

THIS SECTION ASKS QUESTIONS ABOUT YOUR HEALTH.

28. Where do you look for information about health? Choose all that apply.

- ☐ Friends/family
- ☐ Doctor/nurse/medical professional
- ☐ Newspaper/magazine/TV
- ☐ Health Department
- ☐ Internet
- ☐ Church
- ☐ Chapter House Meetings
- ☐ Community Health Representative
- ☐ School
- ☐ Library
- ☐ Other: _____

29. In what language do you prefer to receive your healthcare services?

- ☐ English
- ☐ Navajo
- ☐ Spanish
- ☐ Other: _____

30. How would you describe your overall health?

- ☐ Excellent (physically active, rarely see a doctor, don't drink, don't use tobacco)
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor (not physically active, sick often, drink, use tobacco, unhealthy lifestyle)

30. Has a doctor/healthcare professional ever told you that you have/had any of the following health challenges? Choose all that apply.

- ☐ ADD/ADHD
- ☐ Allergy
- ☐ Alcohol overuse
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Chronic lung disease (COPD, chronic bronchitis, emphysema)
- ☐ Dental problems
- ☐ Depression
- ☐ Diabetes
- ☐ Difficulty hearing
- ☐ Drug addiction
- ☐ Heart problems (heart attack, angina, or heart disease)
- ☐ High blood pressure

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- ☐ High cholesterol
- ☐ Mental health issues (not including depression)
- ☐ Overweight/obesity
- ☐ Seizure disorder/epilepsy
- ☐ Sexually transmitted infections (STIs)
- ☐ Stroke
- ☐ I do not have any health challenges
- ☐ Other: _____

31. What health topics are important to you and/or your family members?

Choose all that apply.

- ☐ Asthma
- ☐ Blood pressure
- ☐ Cancer
- ☐ Cholesterol
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Depression
- ☐ Exercise
- ☐ Flu
- ☐ Healthy pregnancy
- ☐ Heart Disease
- ☐ HIV/AIDS
- ☐ Immunizations
- ☐ Injury prevention
- ☐ Lead poisoning
- ☐ Men's health
- ☐ Nutrition
- ☐ Oral health
- ☐ Quitting smoking
- ☐ Sexually Transmitted Infections (STIs)
- ☐ Stress management
- ☐ Substance abuse
- ☐ Violence prevention
- ☐ Women's health
- ☐ Other: _____

32. Where do you and your family go for routine health care?

- ☐ Doctor's office in the hospital
- ☐ Doctor's office outside the hospital
- ☐ Health clinic
- ☐ Hospital emergency room
- ☐ Medicine Man/Woman
- ☐ I do not receive routine health care
- ☐ Other: _____

33. Are you able to visit a doctor when needed?

- ☐ Yes, always
- ☐ Sometimes
- ☐ No, never

34. What are your greatest barriers to accessing health care when needed? Choose all that apply.

- ☐ No appointment available when I need it
- ☐ Cannot take time off from work
- ☐ No transportation
- ☐ Location of clinic or hospital is too far away
- ☐ Do not have health insurance
- ☐ Language barriers; I cannot understand the doctors, or they cannot understand me
- ☐ Cultural or traditional barriers

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- ☐ Costs too much
- ☐ None, I am always able to visit the doctor when needed
- ☐ Other: _____

35. Which of the following preventative care procedures have you had in the past 12 months? Choose all that apply.

- | | |
|--|---|
| <input type="radio"/> Bone density test (detects osteoporosis) | <input type="radio"/> Hearing screening |
| <input type="radio"/> Blood pressure check | <input type="radio"/> Mammogram (if female) |
| <input type="radio"/> Blood sugar check | <input type="radio"/> Pap smear (if female) |
| <input type="radio"/> Cardiovascular screening (heart) | <input type="radio"/> Physical exam |
| <input type="radio"/> Cholesterol screening | <input type="radio"/> Prostate cancer screening (if male) |
| <input type="radio"/> Colon/rectal exam | <input type="radio"/> Skin cancer screening |
| <input type="radio"/> Dental cleaning/x-rays | <input type="radio"/> Vision screening |
| <input type="radio"/> Flu shot | <input type="radio"/> Other: _____ |
| | <input type="radio"/> None of the above |

36. How long has it been since your last routine check-up/physical exam?

- | | |
|---|---|
| <input type="radio"/> Never had a routine check- up/physical exam | <input type="radio"/> 2 years |
| <input type="radio"/> Within the last year | <input type="radio"/> 3-5 years |
| | <input type="radio"/> More than 6 years |

37. How satisfied are you with the health care you currently receive from your area hospital?

- ☐ Completely satisfied
- ☐ Somewhat satisfied
- ☐ Undecided
- ☐ Somewhat unsatisfied
- ☐ Not Satisfied

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38. How satisfied are you with the health care you currently receive from your primary care provider?

- ☐ Completely satisfied
- ☐ Somewhat satisfied
- ☐ Undecided
- ☐ Somewhat unsatisfied
- ☐ Completely unsatisfied

**39. When you leave the doctor, do you fully understand your care plan?
(When to take medication, how to take medication, when to return, etc.)**

- ☐ Yes
- ☐ No
- ☐ Not sure

40. Do you trust your doctor to take care of your health care needs?

- ☐ Yes
- ☐ No
- ☐ Not sure

41. Please provide additional comments about the health care you receive:

SECTION 4 – COMMUNITY HEALTH NEEDS ASSESSMENT

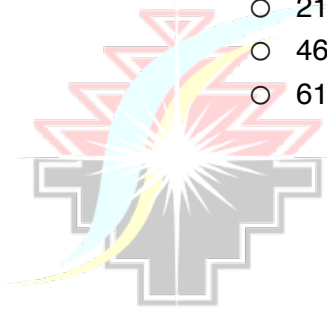
THIS SECTION WILL ASK YOU ABOUT THE COMMUNITY IN WHICH YOU RESIDE. THIS INFORMATION IS COLLECTED TO LEARN WHAT YOU THINK ARE THE GREATEST NEEDS IN YOUR COMMUNITY.

42.What is the distance (in miles) to the nearest grocery store from your home?

- ☐ 1-5 miles
- ☐ 6-10 miles
- ☐ 11-20 miles
- ☐ 21-45 miles
- ☐ 46-60 miles
- ☐ 61 or more miles away

43.What is the distance (in miles) to the nearest clinic or hospital from your home?

- ☐ 1-5 miles
- ☐ 6-10 miles
- ☐ 11-20 miles
- ☐ 21-45 miles
- ☐ 46-60 miles
- ☐ 61 or more miles away



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THE NEXT 2 QUESTIONS ADDRESS YOUR PERCEPTION OF SOCIAL AND HEALTH ISSUES IN YOUR COMMUNITY.

44. What are the top 5 services in the hospital that you use the most?

WhatList

1. _____

2. _____

3. _____

4. _____

5. _____

45. What are the top 5 services you wish Sage Memorial Hospital would provide?

1. _____

2. _____

3. _____

4. _____

5. _____

46. What are 5 areas of improvement you feel Sage Memorial Hospital should work on?

1. _____

2. _____

3. _____

4. _____

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5. _____

47. How has COVID 19 affected your ability to get the healthcare you need?

List your top 5 reasons:

1. _____

2. _____

3. _____

4. _____

5. _____

48. What do you feel would help the MOST for you to be able to get the healthcare you need during this COVID Pandemic?

Thank you for taking the time to complete this survey. Your input will help us to better understand and further address the health needs in your community.

Ahéheé

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Appendix 2

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COMMUNITY HEALTH NEEDS ASSESSMENT 2022 EMPLOYEE SURVEY

Your answers to the following questions will be an important part of identifying factors that affect the health of a population and determine the availability of resources to adequately address those factors.

Please remember your identity and answers will remain anonymous.

This survey contains 3 sections and 19 questions in total; your time providing this feedback is greatly appreciated.

SECTION 1 – SAGE MEMORIAL HOSPITAL

THIS SECTION WILL ASK QUESTIONS ABOUT THE HOSPITAL'S SERVICES AND THE CAMPUS.

1. Identify three (3) areas you see as **strengths** at Sage Memorial Hospital.

2. Identify three (3) areas in which **improvements could be made** at Sage Memorial Hospital.

3. Do you receive your medical care at Sage Memorial Hospital?

- ☐ Yes
- ☐ No

4. If you answered "NO" to question #3, please tell us where is your primary choice for medical care? If you answered "YES" to #3, skip this question.

- | | |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> Chinle | <input type="radio"/> Sanders |
| <input type="radio"/> Fort Defiance | <input type="radio"/> Tuba City |
| <input type="radio"/> Gallup | <input type="radio"/> Winslow |
| <input type="radio"/> Kayenta | <input type="radio"/> Other _____ |

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5. Please rank the following items by what you feel are the **greatest needs** for Sage Memorial Hospital/Campus. (rating of 5 indicates “greatest need,” while a rating of 1 indicates “no significant need”)

	Greatest Need	Significant Need	Average Need	Some Need	No Significant Need
Adequate Parking	5	4	3	2	1
Build/Improve Communication	5	4	3	2	1
Build/Improve Community to Attract Providers	5	4	3	2	1
Continue Bringing in Good Executives/Providers	5	4	3	2	1
Decreased Health Disparities	5	4	3	2	1
Emergency Preparedness Plans for Community	5	4	3	2	1
Helipads	5	4	3	2	1
Hospital Transportation System	5	4	3	2	1
Improve Navajo Translators/Navajo Speaking Healthcare Direct Service Staff	5	4	3	2	1
Improved Cellular Service	5	4	3	2	1
Improved Continuity of Care	5	4	3	2	1
Improved Customer Service	5	4	3	2	1
Improved EHR System	5	4	3	2	1
Improved ER wait times	5	4	3	2	1
Improved Internet Service	5	4	3	2	1
Improved Patient Education	5	4	3	2	1
Improved Technology	5	4	3	2	1

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Mobile Clinics	5	4	3	2	1
More Teamwork Among Area Clinics/Hospitals	5	4	3	2	1
New Hospital/Facilities	5	4	3	2	1
Personalized Care Plans	5	4	3	2	1
Quality Care Improvement	5	4	3	2	1
Signage and Directions	5	4	3	2	1
Surgery Center	5	4	3	2	1
Telemedicine Services	5	4	3	2	1
Trauma Center	5	4	3	2	1
Walking/Bike Trails	5	4	3	2	1
Wellness Centers	5	4	3	2	1

6. What do you think are the top five (5) barriers to offering these services?

Please choose five (5) answers:

- | | |
|--|--|
| <input type="radio"/> Difficulty maintaining new services (e.g., OB/GYN) | <input type="radio"/> Lack of space |
| <input type="radio"/> Distance to shopping centers | <input type="radio"/> Lack of transportation |
| <input type="radio"/> Funding | <input type="radio"/> Limited access to resources (e.g., clean water, electricity, plumbing) |
| <input type="radio"/> Inadequate public services (Fire/Police) | <input type="radio"/> Rural location |
| <input type="radio"/> Inadequate/old infrastructure | <input type="radio"/> Resistance to change |
| <input type="radio"/> Lack of fresh foods | <input type="radio"/> Socioeconomic status |
| <input type="radio"/> Lack of qualified personnel | <input type="radio"/> Other: _____ |

7. What do you think are the top five (5) solutions to overcome these barriers? Please choose five (5) answers:

- | | |
|--|---|
| <input type="radio"/> Community collaboration | <input type="radio"/> Patient/community education |
| <input type="radio"/> Create cultural programs (e.g., community gardens) | <input type="radio"/> Philanthropy/fundraising |
| <input type="radio"/> Designate one area for economic growth | |
| <input type="radio"/> Grants | |
| <input type="radio"/> Offering healthy alternatives | |

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- ☐ Provide transportation/infrastructure
- ☐ Use land more efficiently
- ☐ Utilize Federal funding
- ☐ more efficiently
- ☐ Utilize grocery store surpluses
- ☐ Volunteers
- ☐ Youth education/youth programs
- ☐ Other:_____

SECTION 2 – COMMUNITY HEALTH NEEDS ASSESSMENT

THIS SECTION WILL ASK YOU ABOUT THE COMMUNITY IN WHICH YOU PROVIDE HEALTH CARE SERVICES. THIS INFORMATION IS COLLECTED TO LEARN WHAT YOU THINK ARE THE GREATEST PUBLIC HEALTH NEEDS IN THE COMMUNITY.

8. What top five (5) issues affect the community's health? Please choose five (5) answers.

- ☐ Alcohol abuse
- ☐ Asthma
- ☐ Cancer
- ☐ Child Care Services
- ☐ Child/Teen Health (e.g., Newborn screening, well child checks, bullying)
- ☐ Dental health
- ☐ Diabetes
- ☐ Drug abuse
- ☐ Heart Disease
- ☐ HIV/AIDS
- ☐ Homelessness
- ☐ Lack of health insurance
- ☐ Landscape/Beautification hospital premises
- ☐ Men's Health (e.g., Prostate cancer)
- ☐ Obesity
- ☐ Parenting Issues (e.g., one parent households, guardianship designee)
- ☐ Pediatric Providers
- ☐ Poor nutrition
- ☐ STI's
- ☐ Stress
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Trauma
- ☐ Unemployment
- ☐ Unsafe housing (e.g., asbestos, lead paint, unsteady foundation, etc.)
- ☐ Veterans Services
- ☐ Violence (e.g., Domestic violence, Bullying, Child/Elder Abuse)
- ☐ Women's health (e.g., OB/GYN, Breastfeeding consultant, Mammogram/Breast US)
- ☐ Other:_____

9. What do you think are the top five (5) behavioral risk factors the community faces? Please choose five (5) answers.

- ☐ Absence of role models for youth
- ☐ Alcohol abuse
- ☐ Domestic abuse
- ☐ Drug abuse/dependency
- ☐ (e.g., marijuana, prescription medication)
- ☐ Family Planning (e.g., Contraceptives, Breastfeeding)
- ☐ Homelessness

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- ☐ Insufficient vaccination
- ☐ Language barriers
- ☐ Obesity
- ☐ Physical inactivity
- ☐ Poor diet and nutrition
- ☐ Poverty
- ☐ Teen pregnancy
- ☐ Tobacco use
- ☐ Unemployment
- ☐ Unprotected sexual activity
- ☐ Untreated mental health
- ☐ Other: _____

10. What are the **top three (3) environmental risk factors** you believe the community faces? Please choose three (3) answers.

- ☐ Commuting between work/home
- ☐ Exposure to hazardous chemicals/substances (e.g., pesticides, asbestos, etc.)
- ☐ Hazardous road conditions (e.g., weather, wild animals/livestock on roadways, etc.)
- ☐ Human Trafficking
- ☐ Inadequate emergency preparedness
- ☐ Lack of electricity and plumbing
- ☐ Lack of recycling services
- ☐ Overgrazing/erosion
- ☐ Poor water quality
- ☐ Trash/illegal dumping
- ☐ Other: _____

11. How knowledgeable are you regarding the culture, values, and beliefs of the patient population?

- ☐ Very knowledgeable
- ☐ Somewhat knowledgeable
- ☐ Minimally knowledgeable
- ☐ Not knowledgeable at all

12. Have you ever received any information/educational materials on the culture of the community?

- ☐ Yes
- ☐ No

SECTION 3 – PATIENT CARE

THIS SECTION ASKS QUESTIONS ABOUT THE CARE PATIENTS RECEIVE AT SAGE MEMORIAL HOSPITAL.

13. What do you think are the **top three (3) cultural factors** that affect the delivery of patient care? Please choose three (3) answers.

- ☐ Confusion/Conflict of traditional vs. innovative practices.
- ☐ Cultural beliefs/taboo
- ☐ Lack of collaboration of Medicine Men/providers
- ☐ Language barriers
- ☐ Patients preferring traditional practices
- ☐ Other: _____

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14. Do you think patients with a language barrier leave the hospital fully understanding their care plan?

☐ Yes

☐ No

15. If you answered “YES” to question #14, briefly describe how you currently overcome the communication barriers?

16. If you answered “YES” to question #14, what are at least three (3) possible solutions to overcome these communications barriers in the future?

17. Do you feel your input is taken into consideration when addressing quality issues?

☐ Yes

☐ No

18. Has a patient ever asked to see another provider because they weren't comfortable with your gender?

☐ Yes

☐ No

☐ Not Applicable; non-clinical staff

19. Please provide additional comments related to the community's public health needs that you feel are important and were not addressed in this survey.

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Thank you for taking the time to complete this survey. Your input will help us to better understand and further address the health needs in the community. Ahéheé



Appendix 3



Navajo Health Foundation
SAGE MEMORIAL HOSPITAL

1. In what areas do you see weaknesses at Sage Memorial Hospital?
2. In what areas do you see strengths at Sage Memorial Hospital?
3. What goals do you have for Sage Memorial Hospital?
4. What do you think are the top 3 behavioral risk factors the community faces?
5. What do you think are the top 3 environmental risk factors the community faces?
6. What resources do you use to identify the community's needs?
7. How do you keep residents informed about new programs and services in the community? Please explain.
8. Do you think the school system is comparable to schools off the reservation? Please explain.
9. Do you feel your public safety needs are being met? Please explain.
10. Do you think the healthcare resources available to the community are adequate? Please explain.

11. For each community issue, please state whether you think it is a large, medium, small concern, or not a problem:

	Small	Medium	Large	No Problem
Alcohol Abuse				
Tobacco Use				
Drug Abuse				
Underage alcohol consumption				
Adolescent pregnancy				
Inadequate youth programs				
Funding for education				
Graduation rates				
Unemployment				
Remote location				
Access to grocery stores				
Access to electricity				
Access to sanitation services				
Access to clean water				
Access to NHA housing				
Inadequate mental health services				
Domestic Violence				
Gang Violence				
Juvenile delinquency				
Vandalism				
Elderly Abuse				

12. For each community services, please choose 5 services that should be available:

- ☐ Alcohol/drug abuse programs
- ☐ Crime Prevention
- ☐ Childcare Services
- ☐ Services for disabled persons
- ☐ Elder care
- ☐ Prenatal care
- ☐ Public safety services
- ☐ Affordable health care
- ☐ Poverty relief
- ☐ Fresh food/community gardens
- ☐ Recycling Services
- ☐ Youth Programs
- ☐ Other

13. What are the barriers to offering these services? Please explain.
14. What are some possible solutions to overcome those barriers? Please explain.
15. What impact does culture have on the delivery of patient care? Please explain.
16. Are there communication barriers that affect the delivery of patient care? Please explain.
17. Do you think patients with a language barrier leave the hospital fully understanding their care plan? Please explain.