

**Intermountain Health | Southern Nevada**  
**2024 Implementation Strategy**



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# Executive Summary

The Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) at least every three years to identify significant and sustaining health needs. While Intermountain Health does not operate a hospital in the Southern Nevada community and is not required to complete an assessment, Intermountain recognizes that by regularly assessing and prioritizing health needs, it can better understand and work collaboratively to address disparities and improve the overall health of the communities it serves.

This Implementation Strategy guides efforts to address significant health needs identified during

the CHNA process and sustaining health needs identified through child-specific morbidity and mortality data.

Sustaining health needs are long-standing health needs that may not be specifically identified in the adult population. By considering both significant and sustaining health needs, Intermountain can implement upstream strategies aligned with public health entities and community stakeholders to help people live the healthiest lives possible.

The CHNA and Implementation Strategy are publicly available on [Intermountain's website](#).



**Improving Mental Well-Being**



**Addressing and Investing in Social Determinants of Health**



**Improving Chronic an Avoidable Health Outcomes**



**Sustaining Health Needs: Improving Child and Family Wellbeing**

## Health Equity

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the diverse backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health with a focus on improving the well-being of our most vulnerable communities, who are experiencing the greatest disparities in health outcomes.

Health equity is embedded in the Community Health Needs Assessment process by identifying and prioritizing local health needs and ensures engagement, inclusion, and responsiveness

to our community's unique strengths and challenges. This health equity lens also drives the development of the Implementation Strategy to address differing needs and disparities across race, ethnicity, income, geographic location, gender identity, ability, diagnosis, sexual orientation, and children and families across the lifespan. Health equity also drives Intermountain's collaborative work to remove barriers and invest resources where they have the greatest impact.

As a healthcare system, employer, and community leader, Intermountain Health is committed to improving health equity in the communities we serve.

## Intermountain Health

Headquartered in Utah, with locations in six primary states and additional operations across the western U.S., Intermountain Health is a not-for-profit system of 33 hospitals, 400 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

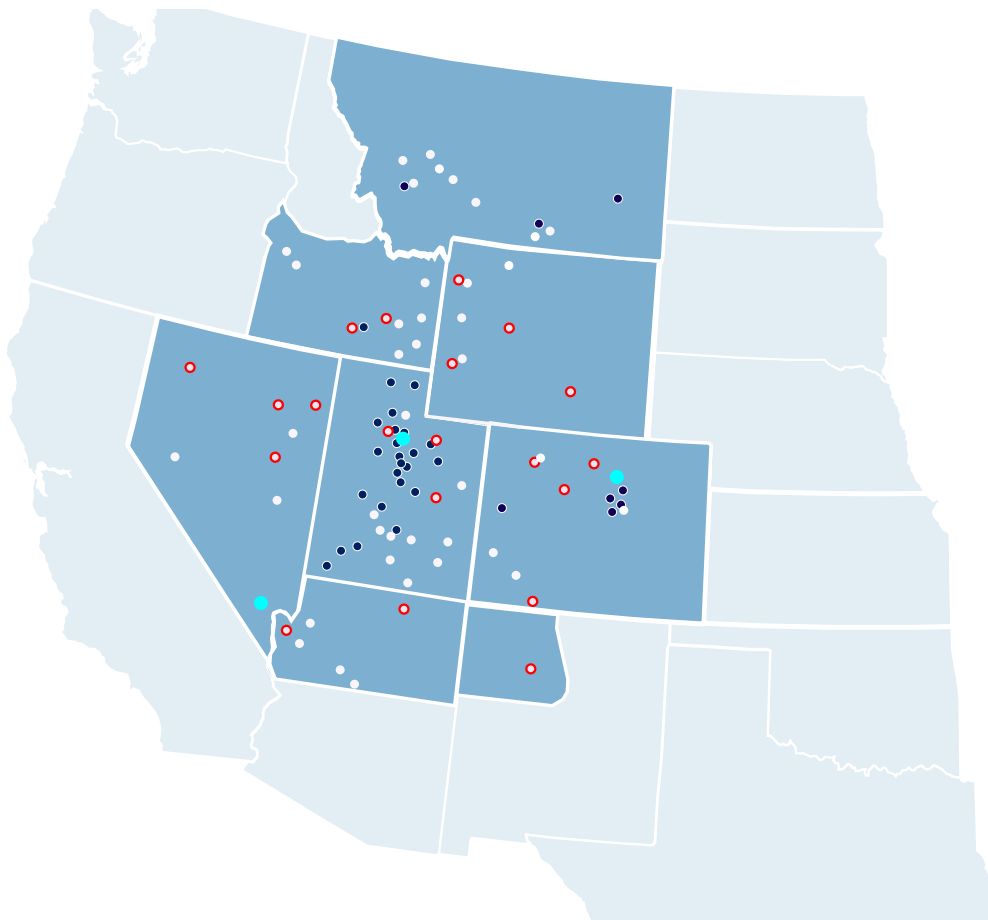
Our mission is “helping people live the healthiest lives possible.” With more than 68,000 caregivers, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

### Our Mission

Helping People Live the Healthiest Lives Possible®

### Our Values





Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarters
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

*Intermountain Health's 400 clinics not highlighted on the map.*

## Intermountain Health by the Numbers



**6 Primary States**  
(UT, NV, ID, CO,  
MT, WY)



**33 Hospitals**  
Including One Virtual  
Hospital



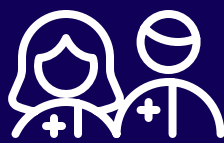
**4,800**  
Licensed Beds



**1.1 Million**  
Select Health  
Members



**400**  
Clinics



**66,000+**  
Caregivers



**\$16.06 billion<sup>1</sup>**  
Total Revenue



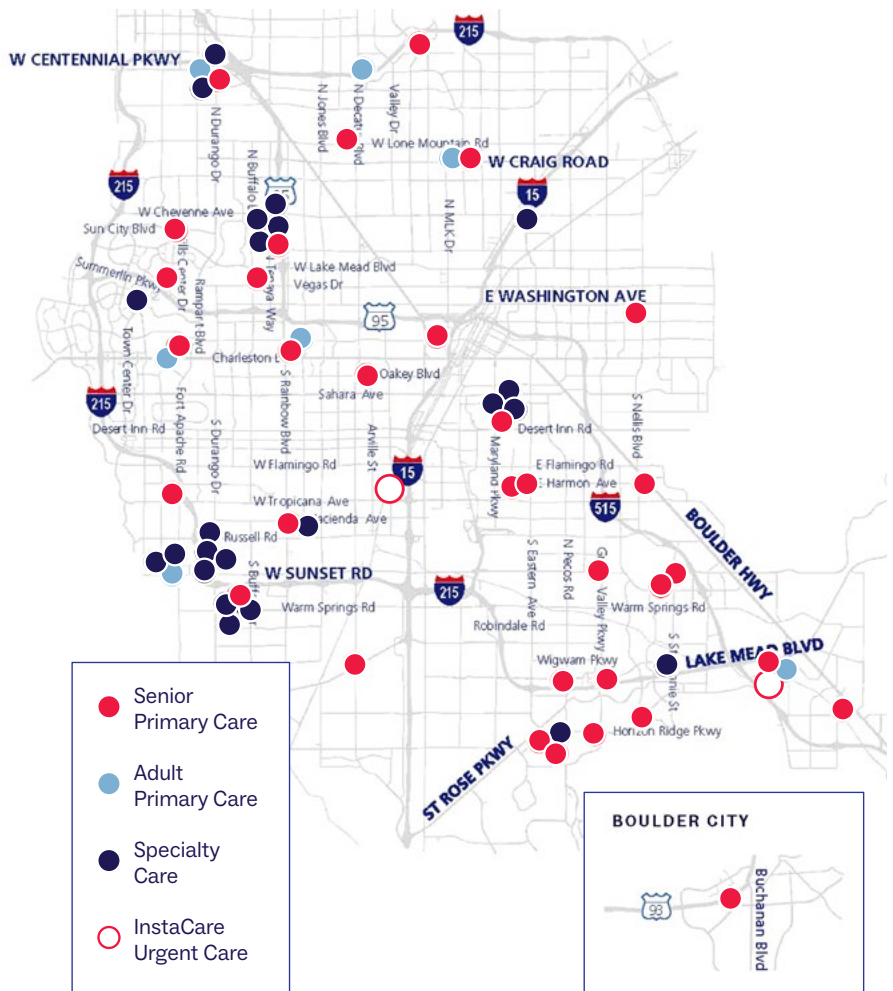
**4,600+**  
Employed Physicians  
& APPs

# Community Profile

Intermountain Health offers more than 65 clinic locations in Nevada, 35 of which are award-winning primary care clinics recognized for providing exceptional healthcare for adults 65 and older. With our extended provider network, we deliver patient-centered primary, specialty, and urgent care services to approximately 350,000 Nevadans.

Intermountain's footprint spans across southern Nevada, and for purposes of the Implementation Strategy, identifies Clark County, Nevada, as the community served.

NORTH LAS VEGAS / LAS VEGAS / HENDERSON



**300+**  
Healthcare Providers



**2,100+**  
Caregivers



**25+** Years serving  
Southern Nevada (since 1996)

## Service Area Demographics

ZIP Code	Clark County	Nevada	United States
Population	2,265,926	3,104,817	331,097,593
Persons Under 18 years	22.7%	22.2%	22.1%
Persons 65 years and over	15.2%	16.2%	16.5%
Female Persons	49.8%	49.5%	50.4%
High school graduate or higher (age 25 years+)	86.5%	87.1%	89.1%
Persons in poverty (100% Federal Poverty Level)	13.4%	12.7%	12.5%
Median Household Income (2022 dollars)	\$69,911	\$71,646	\$75,149
Persons without health insurance (under age 65)	12.0%	11.4%	8.9%
White, not Hispanic or Latino	39.7%	46.4%	58.9%
Hispanic or Latino, any race	32.0%	29.6%	18.7%
Black or African American	11.5%	9.0%	12.1%
Asian	9.9%	8.3%	5.7%
American Indian and Alaska Native	0.4%	0.7%	0.6%
Native Hawaiian and Other Pacific Islander	0.7%	0.6%	0.2%
Speak Language other than English at Home	33.7%	29.8%	21.7%

A demographic snapshot of Clark County compared to Nevada and the United States (Source: American Community Survey, 2018-2022).

# CHNA Significant & Sustaining Needs

The CHNA process began with analyzing secondary data that identified the community’s health needs for children and families across the lifespan. These initial health needs were verified and refined through primary data, including input from marginalized and diverse populations experiencing sustained hardships, disparities, and barriers.

## PRELIMINARY HEALTH NEEDS

<p><b>Access to healthcare</b></p> <p>13% of adult residents reported going without care when needed due to cost, and 14% are uninsured.</p> <p>Both measures are higher than the national average.</p>	<p><b>Affordable housing and nutrition</b></p> <p>51% of renters and 31% of homeowners spend more than a third of their income on housing.</p> <p>15% of all residents and 22% of children are food insecure, higher than state and national averages.</p>	<p><b>Chronic disease</b></p> <p>The rate of adults living with diabetes, prediabetes, and hypertension in Clark County is higher than state averages.</p> <p>32% of residents are obese and the trend is increasing.</p>	<p><b>Child safety</b></p> <p>Injuries are the leading cause of death and disability in children (ages 0 to 18 years).</p>
<p><b>Mental health for adults and children</b></p> <p>Nevada ranks 51st in youth mental health measures and 51st overall for mental health in the nation.</p>	<p><b>Substance use</b></p> <p>19% of Nevada high school students report vaping.</p> <p>Opioid-involved overdose deaths increased 83% from 2018 to 2023 in Clark County.</p>	<p><b>Suicide</b></p> <p>In 2023, Nevada's suicide rate was 21.5 per 100,000, compared to 14.1 in the U.S.</p> <p>It is the 8th highest suicide rate in the country.</p>	<p><b>Transportation</b></p> <p>8% of Clark County households do not have a vehicle, higher than the state average.</p>

(CDC Wonder, MCD, 2021; County Health Rankings & Roadmaps 2023; Healthy Southern Nevada 2022; Mental Health American 2024 Rankings, Nevada Department of Health & Human Services, ACDR 2019)

Intermountain Health determined the final significant and sustaining health needs as a result of the CHNA process. These health needs were prioritized and, in some instances, unified under one heading as shown in the table below. The CHNA report was reviewed and approved by Intermountain’s Board of Trustees.

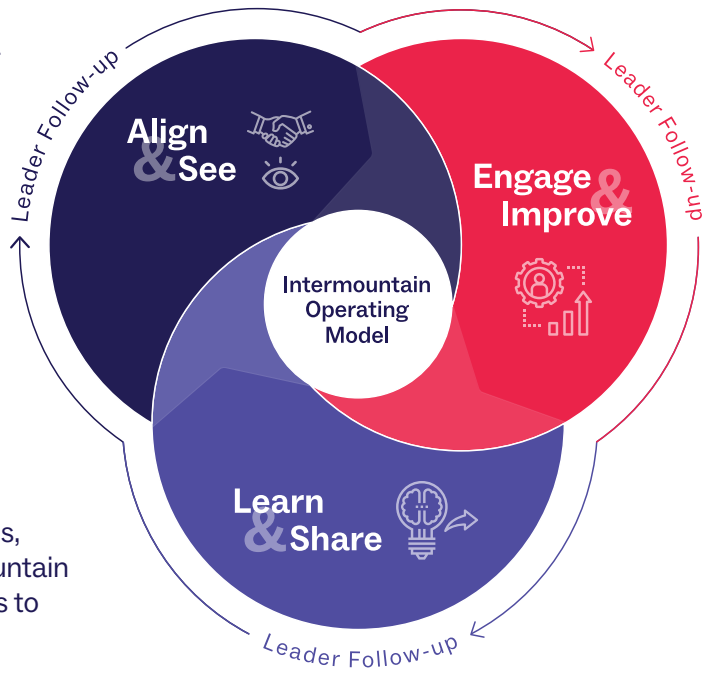
## FINAL HEALTH NEEDS

<p><b>Improving Mental Well-Being</b></p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance use and misuse</li> <li>• Suicide</li> </ul>	<p><b>Addressing and Investing in Social Determinants of Health</b></p> <ul style="list-style-type: none"> <li>• Access to healthcare</li> <li>• Housing and nutrition</li> <li>• Transportation</li> </ul>	<p><b>Improving Chronic and Avoidable Health Outcomes</b></p> <ul style="list-style-type: none"> <li>• Access to healthcare</li> <li>• Chronic disease</li> </ul>	<p><b>Improving Child and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Child safety and injury prevention</li> </ul>
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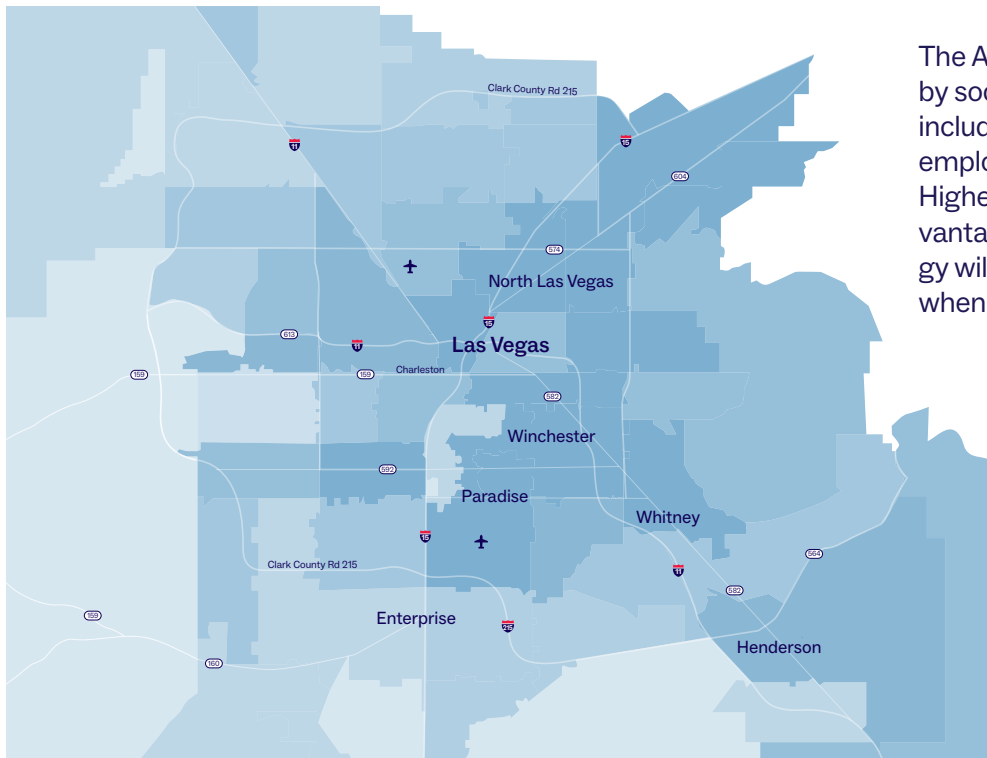
## Evaluation and Impact

Evaluation is an essential component of the Implementation Strategy process. It provides insight into the effectiveness of each strategy, identifies areas for improvement, and ensures there is a measurable and meaningful impact on the significant health needs in communities.

Intermountain Health continuously monitors performance on implementation strategies using the Intermountain Operating Model. This fully integrated framework drives a culture of Continuous Improvement to maximize impact in the communities served. Successful performance will show the reach of activities and resources to the identified focus populations, changes in individual behaviors or attitudes, and removal of barriers to health. Additionally, Intermountain uses evidence-based and evidence-informed programs to ensure we improve anticipated health outcomes.



## Area of Deprivation Index (ADI)



The ADI is a ranking of neighborhoods by socioeconomic disadvantage. It includes factors of income, education, employment, and housing quality. Higher values represent more disadvantage. The Implementation Strategy will focus on high ADI communities, when possible.

In Clark County, Nellis Air Force Base, Laughlin, Spring Valley, North Las Vegas, and Paradise had the highest ADI values between 60 to 70.

2022 Clark County, NV: 40.43%

66.0%

3.5%



Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

## APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY



## Implementation Strategy: Improving Mental Well-Being

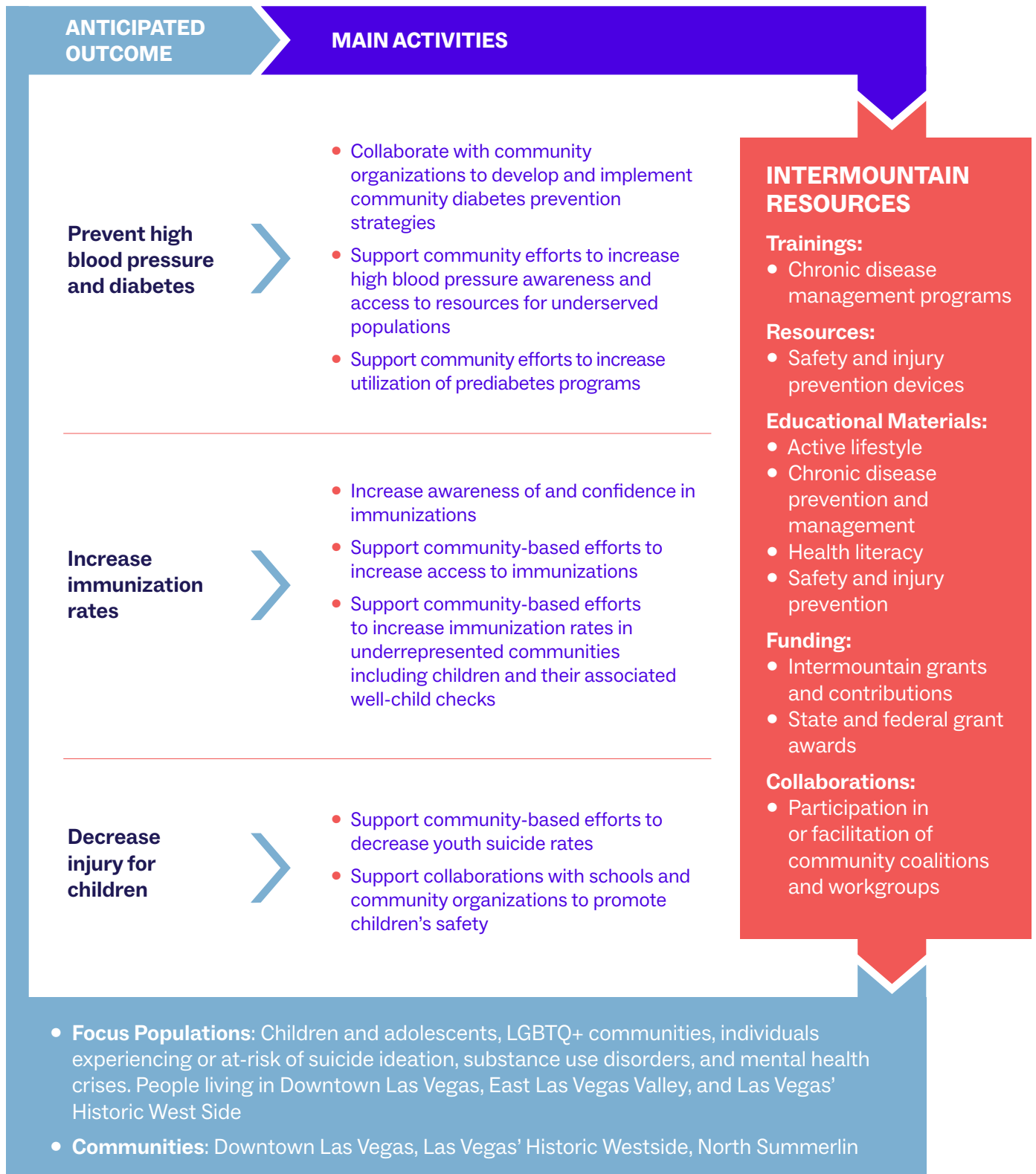
**AIM STATEMENT:** Improve mental well-being in children and adults by reducing suicide deaths, mental distress, and substance misuse with measurable outcomes in awareness and distribution of resources in collaboration with our communities.



### APPENDIX: COMMUNITY COLLABORATORS ADDRESSING HEALTH NEEDS

# Implementation Strategy: Improving Chronic and Avoidable Health Outcomes

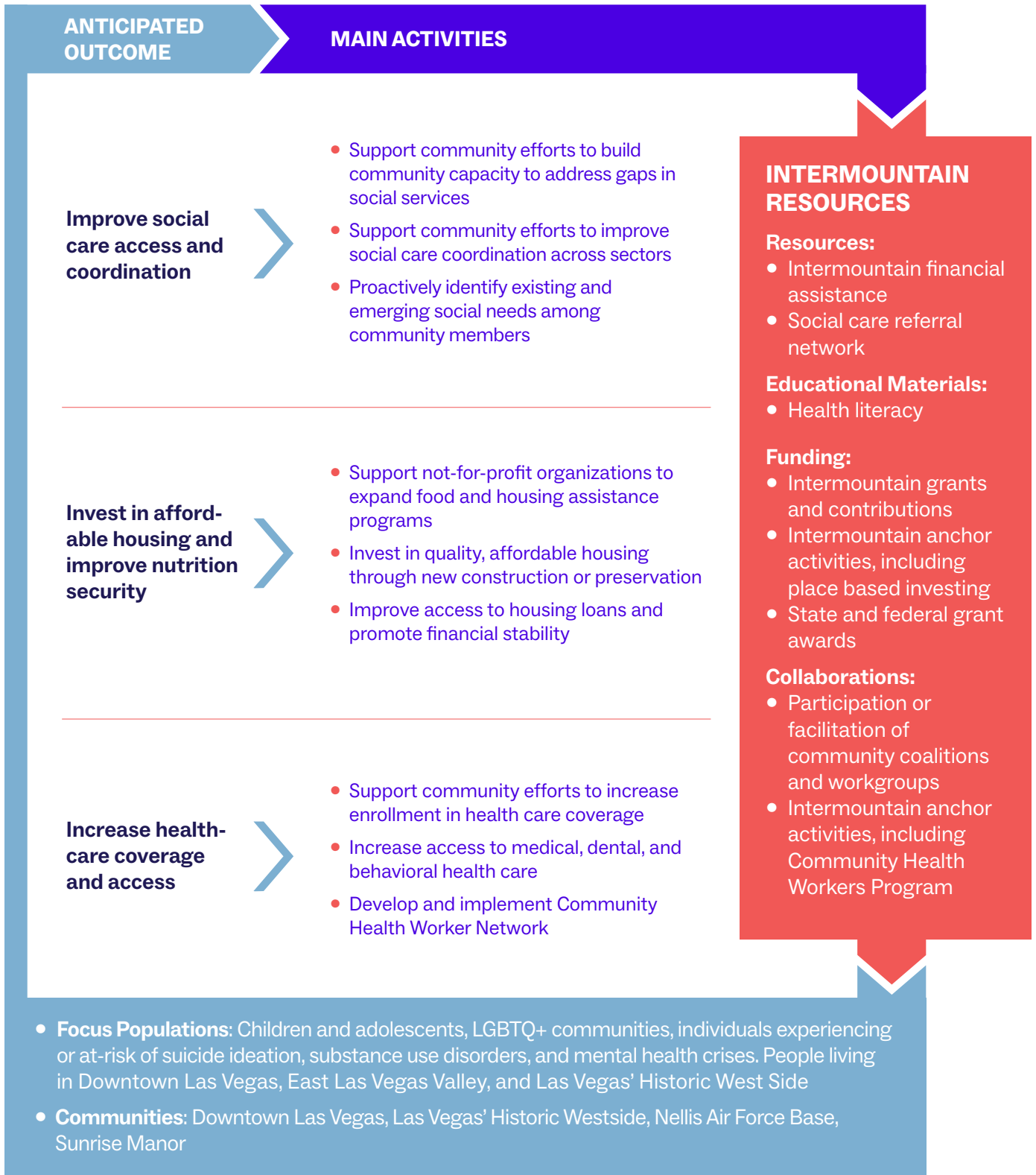
**AIM STATEMENT:** Improve chronic and avoidable health outcomes by preventing high blood pressure and diabetes, increasing immunization rates, and decreasing injury for children with measurable outcomes in access, knowledge, and resources in collaboration with our communities.



## APPENDIX: COMMUNITY COLLABORATORS ADDRESSING HEALTH NEEDS

# Implementation Strategy: Addressing and Investing in Social Determinants of Health

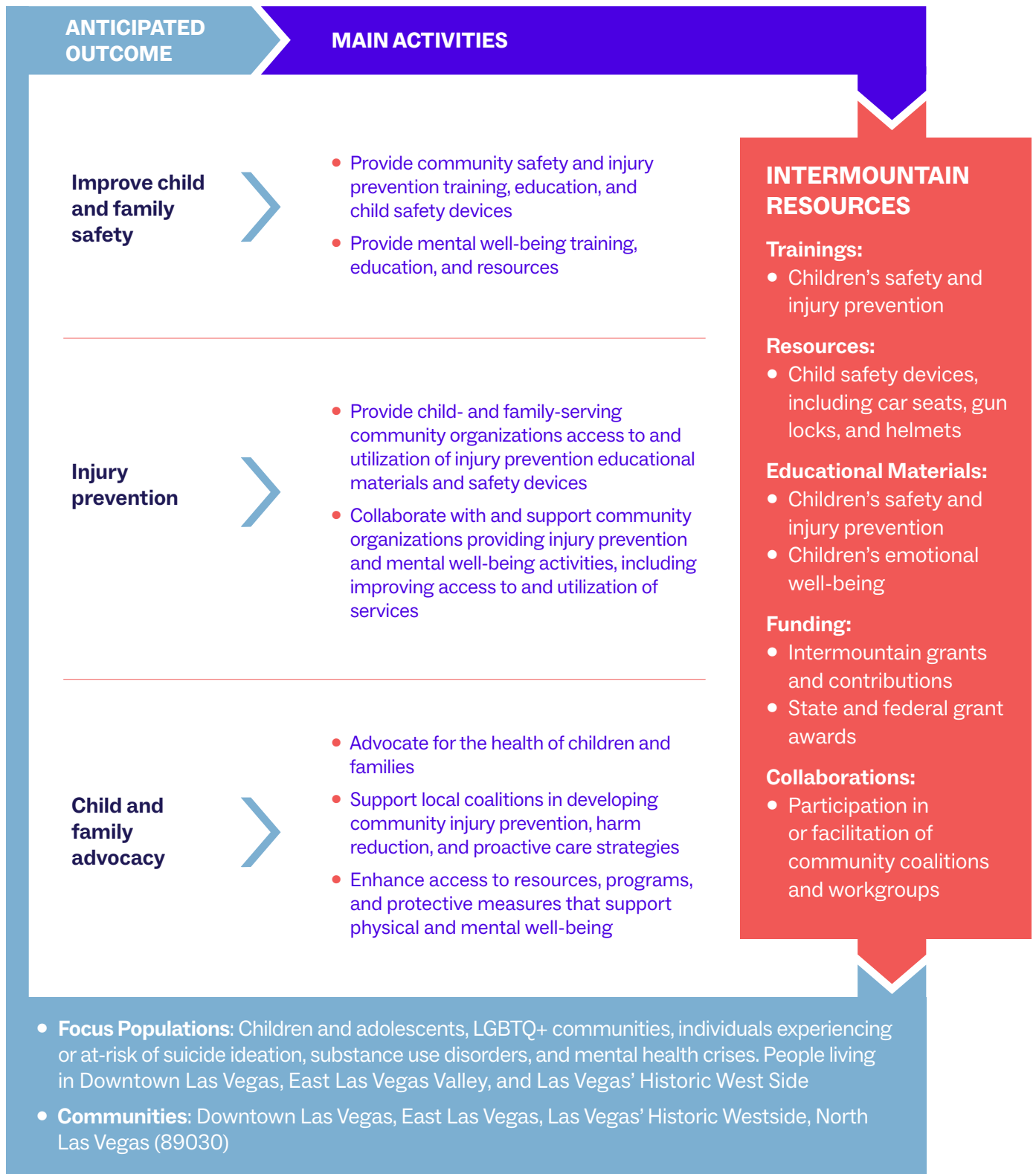
**AIM STATEMENT:** Address and invest in social determinants of health by focusing on social care access and coordination, affordable housing, nutrition, and healthcare coverage with measurable outcomes in access and resource utilization in collaboration with our communities.



## APPENDIX: COMMUNITY COLLABORATORS ADDRESSING HEALTH NEEDS

## Implementation Strategy: Improving Child and Family Well-Being

**AIM STATEMENT:** Improve child and family well-being by improving child and family safety, preventing injuries, and advocating for families with measurable outcomes in behaviors, attitudes, and resources in collaboration with our communities.



### APPENDIX: COMMUNITY COLLABORATORS ADDRESSING HEALTH NEEDS

# Appendices

## Intermountain Health

### CHNA Glossary

Term	Definition
<b>Activity or Program</b>	Evidence-based actions to address each significant health need.
<b>Child and Family Advocacy</b>	Working with systems, government leaders, researchers, community advocates, parents, and caregivers at the local, state, and national level to improve well-being for children and families.
<b>Community Health Needs Assessment (CHNA)</b>	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
<b>Evaluation</b>	Assessment of results from actions taken to address significant health needs.
<b>External Stakeholder</b>	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
<b>Health Disparity</b>	Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations.
<b>Health Equity</b>	Foundational and embedded across Intermountain Health's approach to community health improvement, to include identifying, prioritizing, and addressing disparities including children and across the lifespan, race, ethnicity, income, geographic location and rurality, gender identity, ability, diagnosis, and sexual orientation.
<b>Health Needs</b>	Unmet community health needs identified during the CHNA.
<b>Health Indicators</b>	Specific health discrepancies identified by data within the health needs (i.e., frequent mental distress as an indicator within behavioral health).
<b>Health Outcome</b>	Anticipated impact of strategies on significant health needs.
<b>Implementation Strategies (IS)</b>	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on target populations.
<b>Internal Stakeholder</b>	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
<b>Primary Data</b>	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
<b>Secondary Data</b>	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
<b>Significant Health Needs</b>	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.
<b>Sustaining Health Needs</b>	Health needs prioritized for children and family that are identified through child-specific morbidity and mortality data as long-standing and may not be specifically identified in the adult population.

# Community Resources

## Community Collaborators Addressing Health Needs

Health Need	Organization	Summary of Resources
<b>Mental Well-Being</b>	Community Behavioral Health Centers	Deliver comprehensive mental health care, including treatment for substance use disorders and crisis intervention.
	Schools and Educational Institutions	Offer student counseling, peer support programs, and mental health crisis response teams.
	Advocacy Organizations	Advocate for mental health policies and provide public education, training, and support resources.
	Prevention Coalitions	Coordinate community efforts to reduce mental health stigma, prevent suicide, and address substance misuse.
<b>Social Determinants of Health</b>	Public Health Agencies	Address needs like food insecurity, housing, and transportation through programs targeting vulnerable populations.
	Community-Based Organizations (CBOs)	Provide workforce development, financial literacy, and other support services that address systemic health disparities.
	Housing Authorities and Nonprofits	Develop affordable housing and offer rental assistance, eviction prevention, and housing stability programs.
	Transportation Agencies	Enhance access to healthcare by offering transportation vouchers, shuttle services, or partnerships with ride-share companies.
	Food Banks	Distribute food through pantries and community gardens, while promoting nutritional education.
<b>Chronic and Avoidable Health Outcomes</b>	Not-for-Profit Health Organizations	Conduct health education campaigns, screenings, and management programs for chronic conditions.
	Health Districts	Offer programs targeting chronic disease prevention, physical activity promotion, and community health improvements.
	Federally Qualified Health Centers (FQHCs)	Deliver comprehensive primary care and social services, including chronic disease management, preventive care, and patient education to underserved populations.
	Academic and Research Institutions	Conduct studies, pilot health initiatives, and offer public education informed by health research.
	Faith-Based Institutions	Offer culturally sensitive, pastoral counseling, community workshops addressing mental health and physical health, wellness screenings, and chronic disease management resources.
<b>Child and Family Well-Being</b>	Community Coalitions	Facilitate child safety programs, parent education workshops, and family resource hubs.
	Social Service Agencies	Provide case management, family counseling, and foster care support services.
	Educational Institutions	Offer programs to address health literacy and education and outreach opportunities for health programming.
	Volunteer and Philanthropic Organizations	Support community programs through funding, volunteer work, and donation drives for children and families.
	Early Childhood Education Providers	Offer developmental screenings, nutrition programs, and early intervention services.

To submit written comments on request a paper copy, please email [IH\\_CommunityHealth@imail.org](mailto:IH_CommunityHealth@imail.org)  
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**Intermountain**  
Health