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live the healthiest  
lives possible®



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Intermountain Healthcare’s mission, helping people live the healthiest lives possible®, is best realized with a comprehensive understanding of the communities it serves. Since 2009, Intermountain Healthcare has engaged in a system-wide process for each of its hospitals to identify local area health needs through a community health needs assessments (CHNA). This local, community approach enhances the understanding of health of annually reviewed national benchmarking metrics. This community intelligence is comprised of:

- Soliciting community input regarding local health needs and health disparities
- Collecting quantitative data on health indicators
- Prioritizing data to identify significant needs
- Making the CHNA results publicly available
- Developing implementation strategies to address the significant priorities
- Making the implementation plan publicly available
- Report progress on the IRS Form 990 Schedule H

As a result of this extensive needs assessment and prioritization process, described in the following pages, Intermountain Healthcare and each of its hospitals identified the significant health needs as:



**Improve Mental Well-Being, Prevent Avoidable Disease & Injury, and Improve Air Quality**

This report focuses on the health needs in the services areas for Intermountain Healthcare with specific findings related to each hospital community. Intermountain’s 23 physical hospitals are located in Utah and southeastern Idaho. Child and adolescent health needs are included in this report and highlighted in the Intermountain Primary Children’s Hospital CHNA summary. Primary Children’s is Intermountain’s pediatric specialty and referral hospital located in Utah that serves more than 1 million children living in a 400,000 square-mile service area.

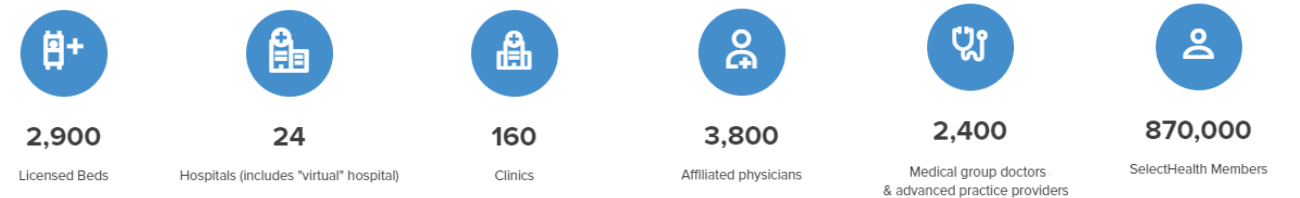
The 2019 CHNA report informs Intermountain leadership, public health partners, and community stakeholders of the significant health needs in our communities, allowing hospitals and their local partners to develop strategies that leverage Intermountain and community resources to address those needs throughout the Intermountain system.

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a CHNA every three years and to develop an implementation plan to address, measure, and report impact of significant health priorities. This report fulfills a key component of that requirement by documenting the process to collect reliable information through a community health needs assessment that allows the organization to develop meaningful implementation strategies. This report has been reviewed and approved by the Intermountain Boards of Trustees, who has final responsibility for Intermountain’s actions and is thus the authorized body for each of its hospitals.

1 Intermountain owns and operates 22 hospitals in Utah and southeastern Idaho and manages Garfield Memorial Hospital, owned by Garfield County, in Panguitch, Utah. Intermountain included Garfield Memorial Hospital in its system-wide CHNA. For purposes of this report, reference will be made to 23 hospitals to include this hospital.

**Intermountain Healthcare**

Intermountain Healthcare is a Utah-based not-for-profit system of 23 hospitals (24 hospitals including a “virtual” hospital, which is not a licensed hospital), a medical group of 2,400 physicians and advance practice providers, 160 clinics and 38,000 employees, a health plans group under the name SelectHealth, and other medical services. As a not-for-profit health system, Intermountain Healthcare is committed to making healthcare more affordable and providing quality care regardless of a patient’s ability to pay. Intermountain strives to create an environment that is inclusive, non-discriminating, and provides meaningful and equal access to all programs, benefits, and activities.



Intermountain Healthcare’s mission, helping people live the healthiest lives possible®, is best realized with comprehensive understanding of the communities it serves. For purposes of this assessment,



Intermountain defines its community by geography and includes underserved, low-income, and minority populations. Using zip codes specific to each hospital community, Intermountain can understand the health needs of communities each hospital serves by neighborhood, county, and local health district in addition to a state as a whole. Each zip code and therefore specific hospital community aligned with public health geographic boundaries to encourage collaboration and more reliable data.

**Hospitals in the Intermountain Healthcare service area**

- Brigham City Community Hospital
- Cache Valley Hospital
- Davis Hospital
- Garfield Memorial Hospital
- Intermountain Alta View Hospital
- Intermountain American Fork Hospital
- Intermountain Bear River Valley Hospital
- Intermountain Cassia Regional Hospital
- Intermountain Cedar City Hospital
- Intermountain Delta Community Hospital
- Intermountain Dixie Regional Medical Center
- Intermountain Fillmore Community Hospital
- Intermountain Heber Valley Hospital
- Intermountain Layton Hospital
- Intermountain LDS Hospital
- Intermountain Logan Regional Hospital
- Intermountain McKay-Dee Hospital
- Intermountain Medical Center
- Intermountain Orem Community Hospital
- Intermountain Orthopedic Specialty Hospital (TOSH)
- Intermountain Park City Hospital
- Intermountain Primary Children’s Hospital
- Intermountain Riverton Hospital
- Intermountain Sanpete Valley Hospital
- Intermountain Sevier Valley Hospital
- Intermountain Utah Valley Regional Hospital
- Jordan Valley Medical Center
- Lakeview Hospital
- Lone Peak Hospital
- Minidoka Memorial Hospital (Rupert, Idaho)
- Mountain Point Medical Center
- Mountain View Hospital
- Ogden Regional Hospital
- Pioneer Valley Hospital
- Salt Lake Regional Medical Center
- Shriners Hospital for Children
- St. Mark’s Hospital
- Timpanogos Regional Hospital
- University of Utah Hospital
- Veterans Administration Salt Lake City Healthcare System



**Safety Net Clinics and Federally Qualified Health Centers (FQHC)** providing healthcare services to underserved populations, including but not limited to uninsured, low-income, and people experiencing homelessness within the Intermountain Healthcare service area:

- Bear River Community Health Center
- Bear River Health Department Clinic
- Cache Valley Community Health Center North
- Cache Valley Community Health Center South
- Clinica de Buena Salud
- Clinica Medica Familiar
- Doctors' Volunteer Clinic
- Family Health Services
  - Burley Medical Clinic
  - Kimberly Medical Clinic
  - Rupert Medical Clinic
- Family Healthcare
  - Cedar City
  - Cedar City East
  - Millcreek High School Clinic
  - Hurricane Middle School Clinic
  - St. George
- Fourth Street Clinic (Wasatch Homeless Clinic)
- Health Clinics of Utah
  - Ogden
  - Provo
- Hope Clinic
- Hope Community Health Center
- Kanosh Community Health Center
- Koosharem Community Health Center
- Maliheh Free Clinic
- Magna Exodus Clinic
- Midtown Community Health Centers
  - Children's Clinic
  - James Madison Elementary Health Center
  - Homeless Clinic
  - Logan
  - Odgen
  - South Salt Lake Clinic
  - Weber Medical and Dental Clinic
  - Wellness Clinic
- Mountainlands Family Health Center
  - Provo
  - East Bay (Homeless Clinic)
  - Payson
  - Wasatch
- Odyssey House Martindale Clinic
- People's Health Clinic
- Planned Parenthood Association Clinics
  - Ogden
  - Orem
  - Logan
  - Salt Lake City
  - Salt Lake City- Metro
  - South Jordan
  - West Valley
- SLC Community Health Centers, Inc.
  - 72<sup>nd</sup> Street Clinic
  - Central City Clinic
  - Neighborhood Clinic
  - Oquirrh View Clinic
  - Stephen Radcliffe
  - Ellis R. Shipp Clinic
- Urban Indian Center of Salt Lake
- Utah Partners for Health Clinics
  - Mid-valley Clinic
  - Mobile Clinic
- Volunteer Care Clinic

**Intermountain Community and School Clinics in for Uninsured/Low-income People**

- Dixon Middle School Clinic
- North Temple Clinic
- Pamela Atkinson Lincoln Elementary School Clinic
- Rose Park Elementary School Clinic

U.S. Census Quick Facts 2018 <sup>2</sup>	Utah	Idaho	U.S.
<b>Population (2018)</b>	3,161,105	1,754,208	327,167,434
<b>Population per square mile</b>	33.6	19.0	87.4
<b>Land area in square miles</b>	82,169.62	82,643.12	3,531,905.43
<b>Persons Under 18</b>	29.5%	25.5%	22.4%
<b>Persons 65 years and over</b>	11.1%	15.9%	16.0%
<b>Language other than English spoken at home, percent of persons age 5 and older</b>	14.8%	10.7%	21.3%
<b>High school graduate or higher (age 25 years+)</b>	91.8%	90.2%	87.3%
<b>Bachelor's degree or higher (age 25+)</b>	32.5%	26.8%	30.9%
<b>Persons in poverty</b>	9.0%	11.8%	11.8%
<b>Persons without health insurance, under 65 years</b>	10.5%	13.2%	10.0%
<b>Race and Hispanic origin:</b>			
<b>White</b>	78.0%	81.7%	60.4%
<b>Hispanic or Latino</b>	14.2%	12.7%	18.3%
<b>Black or African American</b>	1.4%	0.9%	13.4%
<b>American Indian and Alaska Native</b>	1.5%	1.7%	1.3%
<b>Asian</b>	2.7%	1.6%	5.9%
<b>Native Hawaiian and Other Pacific Islander</b>	1.1%	0.2%	0.2%

<sup>2</sup> United States Census, 2018 Quick Facts, <http://quickfacts.census.gov>

The Patient Protection and Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a community health needs assessment (CHNA) every three years.

Since 2009, Intermountain Healthcare has engaged in a system-wide process for each of its hospitals to identify local area health needs and better understand how to help people live the healthiest lives possible<sup>®</sup>. This community intelligence is comprised of:

- Soliciting community input regarding local health needs
- Collecting quantitative data on health indicators
- Prioritizing data to identify significant needs
- Making the CHNA results publicly available
- Developing an implementation strategy to address the significant priority
- Making the implementation plan publicly available
- Report progress on the IRS Form 990 Schedule H

In the prior CHNA (published in 2016), this comprehensive process aimed to identify significant community health needs, especially for underserved, low-income, and minority populations in Utah and southeastern Idaho communities. From data review and consultation with public health, not-for-profit and government partners, Intermountain identified these health priorities:

- Prevention of prediabetes
- Prevention of high blood pressure
- Prevention of depression
- Prevention of prescription opioid misuse
- Prevention of suicide among youth

Intermountain addressed these priorities to improve healthcare for low-income populations, reduce the cost of healthcare for Intermountain and the community, and focused on the healthcare needs of each community where its hospitals are located. The health priorities aligned with *Healthy People 2020* goals (a national program to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death) and Intermountain clinical goals. The 2016 CHNA guided Intermountain's community health improvement efforts and the community health goals of its hospitals, clinics, and programs.

Encouraged by the new regulations set forth by the ACA and public health accreditation standards, the Utah Department of Health, local health districts, hospitals (including but not limited to Intermountain hospitals), and other stakeholders across the state of Utah created a collaboration in 2018 aimed at successfully designing and implementing a needs assessment that meets each organization's objectives. The purpose of this collaboration is to reduce redundancy, better engage community stakeholders, and bring alignment to the needs assessment and implementation planning processes that will ultimately improve the health of our communities.

Intermountain’s mission of helping people live the healthiest lives possible® is best realized with a comprehensive understanding of the health needs of the community served by its hospitals, clinics, and health plans. Intermountain is committed to routinely assessing the community’s health needs through a comprehensive assessment process that both engages members of the community and analyzes the most current health status information. Intermountain uses the assessment to inform its system-wide and local strategies to improve community health.

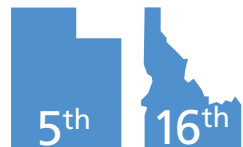
In 2017, Intermountain’s Executive Leadership Team adopted a Community Health Index aimed to help leaders understand health outcomes more broadly. Selection of this metric was based on the following criteria:

- National benchmark capabilities, but also reported at a state level
- Longitudinal data available for trend analysis
- Metrics align with CHNA
- Utilized by community partners

After careful consideration of several different metrics, America’s Health Rankings® (AHR) from the United Health Foundation was selected. Their yearly publication, the Annual Report, is the longest running annual assessment of the nation’s health on a state-by-state basis. This report aligns with the World Health Organization’s definition of health and analyzes a comprehensive set of behaviors, public health and healthcare policies, community and environmental conditions, and clinical care data to provide a holistic view of the health of the people in the nation.

World Health Organization definition of health: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Utah and Idaho, the communities currently served by Intermountain hospitals, rank 5<sup>th</sup> and 16<sup>th</sup>, respectively.



While this metric allows Intermountain leaders to quickly understand health in the communities served by the organization, it has some limitation in the scope of indicators it includes and its lack of community input. While Intermountain considers AHR to be the foundation of health indicators for Intermountain’s 2019 CHNA process, the CHNA allows Intermountain to better understand local needs and disparities in addition to including important indicators that are relevant to the communities served by Intermountain, such as suicide.

The 2019 CHNA process was designed by Intermountain and performed in collaboration with the Utah CHNA Collaboration. Representatives from Intermountain Healthcare currently co-chair this collaboration with the Utah Department of Health. This Collaboration is structured as a working coalition composed of representatives from all participating agencies. The common strategies of the Utah CHNA Collaboration include: (1) initiate relationships with important stakeholders; (2) create a community advisory panel and accountability structure complementary to internal leadership, guidance, and oversight; (3) organize and convene co-hosted community input meetings; (4) define shared health indicators for data collection and help improve the state query database; (5) prioritize health needs based on data; (6) integrate this collaboration of the community health needs assessment into implementation strategies that become the state- and system wide goals and hospital-based clinical programs. Current membership of the Utah CHNA Collaboration includes:

- Bear River Health Department
- Beaver Valley and Milford Hospitals
- Blue Mountain Hospital
- Central Utah Public Health Department
- Comagine Health
- Davis Behavioral Health
- Davis County Health Department
- Get Healthy Utah
- Intermountain Healthcare
- Kem C. Gardner Policy Institute

- MountainStar Healthcare
- Salt Lake County Health Department
- San Juan Health Department
- Shriner’s Hospital for Children
- Southeast Health Department
- Southwest Health Department
- Summit County Health Department
- Tooele County Health Department
- TriCounty Health Department
- Uintah Basin Healthcare
- University of Utah Health
- Utah County Health Department
- Utah Department of Health
- Utah Health Information Network
- Utah Hospital Association
- Wasatch County Health Department
- Weber Human Services
- Weber-Morgan Health Department

This Collaboration is directed by a Community Advisory Panel, which has a formal charter that provides guidance regarding the purpose and work of the Collaboration. The Community Advisory Panel is composed of local health officers and leaders in the state of Utah. While this formal charter provides some guidance, the Utah CHNA Collaboration follows an informal process for decision-making and implementation. The Community Advisory Panel was originally convened in 2015 to provide public health expertise and community guidance to Intermountain in its CHNA and to formalize collaborative partnerships with the local health departments where Intermountain facilities are located. Success of the collaborative CHNA with local and state health departments has resulted in the panel members committing to expand the membership to share information, leverage resources, and measure and evaluate community health improvement strategies together for the benefit of people throughout our service areas. Membership on the Community Advisory Panel includes:

- Executive directors from the following health departments: Davis County Health Department, Central Utah Health Department, Salt Lake County Health Department, Summit County Health Department, Utah County Health Department, Utah Department of Health, Wasatch County Health Department, and Weber-Morgan Health Department
- Leadership from the Association for Utah Community Health (Federally Qualified Health Centers)
- Leadership from Utah’s public behavioral health system, Davis Behavioral Health, Southwest Behavioral Health Center, Utah Division of Substance Abuse and Mental Health, Wasatch Mental Health, and Weber Human Services
- Leadership from the Utah Hospital Association
- Representatives of Intermountain Community Health team, Strategic Research Department, and Medical Group Clinics

In addition to these partnerships, the Intermountain Community Health Leadership Team and Executive Leadership Team provide additional oversight to create alignment with internal strategies, manage resources, and support communication internally.

Final approval of the significant health priorities and CHNA report is given by the Intermountain governing Board of Trustees. The Affordable Care Act (ACA) requires the CHNA and Implementation Plans to be approved and adopted by “an authorized body of the hospital facility”. An “authorized body of the hospital facility” means (i) The governing body (that is, the board of directors, board of trustees, or equivalent controlling body) of the hospital organization that operates the hospital facility”. Intermountain Healthcare is governed by a governing Board of Trustees which sets policy, creates goals, approves operating budgets, evaluate management’s performance, and ensures Intermountain operates in the best interest of the community. While each hospital has a local governing board who was engaged in the CHNA process, they do not approve or manage operations of the hospitals. The Intermountain Board of Trustees has final responsibility for Intermountain’s actions and is thus the authorized body for each of its hospitals.

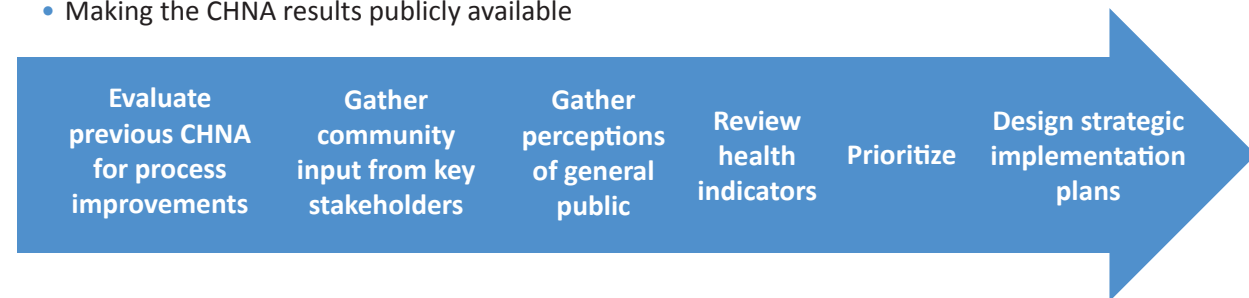
**Evaluation of 2016 CHNA**

In early 2017, Intermountain’s Strategic Research team conducted an online evaluation survey to understand opportunities or gaps in the 2016 CHNA process. The general public was also encouraged to make comments through Intermountain’s website after the publication of the 2016 reports. Two primary recommendations were made through these evaluation efforts:

1. Engage internal partners and clinical leaders in the CHNA process earlier so that more alignment throughout the system can be made.
2. Gather public perceptions of health needs in addition to community stakeholder input meetings.
3. Include more data regarding the social determinants of health.

With these recommendations in mind, Intermountain implemented a system-wide approach in conducting its 2019 CHNA by:

- Asking for broader community input regarding local health needs, including needs of medically underserved and low-income, and minority populations
- Identifying a reliable, valid method for collecting general public perceptions
- Gathering quantitative data collection on health indicators
- Analysis and prioritization of health needs indicators to identify significant needs
- Making the CHNA results publicly available



**Community Input**

Through coordination with the Utah CHNA Collaboration, Intermountain Healthcare, the Utah Department of Health, and the local health district co-hosted the community input meetings. Invitees included representatives of the following groups:

- Food pantries
- Health advocate groups
- Healthcare providers
- Human service agencies
- Law enforcement
- Local business
- Local government
- Low-income, uninsured, underserved populations
- Mental health service providers
- Minority organizations
- Safety net clinics
- School districts
- State and local health departments

These participants, representing a broad range of interests, including the health needs of underserved, low-income, and minority people, were invited to attend the meeting to share their perspectives on health needs in the hospital’s community. Staff from Intermountain facilitated 90-minute input meetings in fall 2018 in 20 different communities. These meetings focused on key health issues and the barriers that cause health needs to persist. Questions included:

1. How is [health issue] affecting the health of your community?
2. What barriers exist in your community that cause [health issue] to persist as a health priority?
3. What other health issues are affecting your community that we may not have discussed yet?

Health issues were identified from previous assessments, both from Intermountain and other organizations, and included:

- Mental health
- Substance misuse
- Chronic diseases associated with unhealthy weight and behaviors
- Air quality
- Social determinants of health
- Communicable diseases, specifically respiratory illness such as influenza and pneumonia

Input meetings took place in the following locations, but included participants for the surrounding communities of each location:

- Burley, ID
- Delta, UT
- Farmington, UT
- Heber, UT
- Logan, UT
- Mt. Pleasant, UT
- Murray, UT
- Ogden, UT
- Panguitch, UT
- Park City, UT
- Richfield, UT
- Riverton, UT
- Salt Lake City, UT
- Sandy, UT
- St. George, UT
- Tremonton, UT

An additional meeting was held at Primary Children’s Hospital to discuss the health needs specific to children and adolescents. As part of the Utah CHNA Collaboration, Intermountain also helped facilitate input meetings in Price, Moab, and Blanding, Utah. Although these communities are not directly within the organization’s service areas, understanding the health needs throughout the entire state allows Intermountain to better collaborate with key partners and understand resources available to address health needs and disparities.

Due to the recent collection of community input in the Provo, UT community by the local public health department, Intermountain collaborated with the Utah County Health Department to share and review previously collected input from that community to avoid duplication of a meeting with key partners.

An online survey was sent to people who could not attend the community input meeting to encourage more representative feedback and engage all who were invited. Not all the people who received the invitation or follow-up survey responded to the request. Transcripts of each meeting and the survey results were then reviewed for a qualitative, thematic analysis. Themes were analyzed by frequency (the number of times a topic is mentioned) and severity (weighted by notetakers as key comments that resulted in an empathetic response during the meeting).

Written comments from the 2016 CHNA and implementation plans were also reviewed for key themes and suggestions regarding significant health priorities.

**General Public Survey**

Under the guidance of the Utah CHNA Collaboration, best practices and recommendations for methods to capture the perceptions of the general public were reviewed and discussed. The primary objective of the general public survey was to capture a broader representation of individuals in addition to the community input meetings. Many organizations within the Collaboration had tried different methodologies (door-to-door surveys, social media polls, focus groups, etc.), but with varying success. All previously tried methodologies had limitations when considering how to implement on a state level and recruit a representative group of participants that included underserved, low-income, and minority populations.



A final recommendation was made to add a qualitative, open-ended question to the Behavioral Risk Factor Surveillance System survey. The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s leading system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services<sup>3</sup>. BRFSS has strong, validated methodology to capture representation across geography, race, ethnicity, income, sexual orientation, and other important demographics.

Prior to implementation, Intermountain conducted a pilot study to test versions on the qualitative question. 800 patients and community members participated in the pilot.

The final question “What would you say are the top three physical and mental health concerns facing you, your family, and/or your community right now” was implemented in January, 2019. The question will be included for one calendar year. While results for this general public survey are not yet available for Intermountain’s 2019 CHNA, the process and results will be invaluable as Intermountain continues to respond to community needs.

**Health Indicators**

The selection of reliable, meaningful health indicators was an important part of the 2019 CHNA. First, Intermountain created an inventory of health indicators used in the 2016 assessment and compared those indicators with published needs assessments and/or annual reports from the Utah Department of Health and local health departments. Second, an extensive literature review of national reporting metrics including AHR, and particularly those that allow for a better understanding of the social determinants of health, also contributed indicators to the inventory. Third, members of the Utah CHNA Collaboration interviewed epidemiologists at the Utah Department of Health and local health departments to identify additional indicators important to their own needs assessments and specific measures that have good reliability and availability. The Utah CHNA Collaboration reviewed and approved the final list of indicators.

Intermountain collaborated with the Utah Department of Health Office of Public Health Assessment to assemble available data on health indicators for the community Intermountain and each hospital serves. The Utah Department of Health Office of Public Health Assessment has a web-based resource to support community health needs assessments and other data needs in the community called the Public Health Indicator Based Information System (IBIS). IBIS includes a large selection of community health indicators that allow users to understand what are the health outcomes from a national, state, local health district, and neighborhood level. This website allows users to view, map, and analyze these indicators as well as understand racial/ethnic, age, sex, and other disparities. Analysts aggregated two or three years of data for each indicator to achieve a large enough sample size to have a reliable estimate for each health indicator. Appendix A contains data for many of the indicators reviewed, specifically those part of AHR, but additional analysis took place through the IBIS query system to better understand disparity and significant health needs by demographics within each indicator.

As previously mentioned, Intermountain and each specific hospital defined its service area using zip codes. These zip codes also align with the Utah Department of Health “Small Areas”, which allows for the aggregation of publicly reported data through IBIS at a neighborhood level. Small area data is used frequently by public health and other partners to understand geographic disparities and communities with high needs. For details regarding all small areas in Utah and how each hospital community is defined, see Appendix B. Data for Cassia Regional Hospital was not available through this methodology. As a result, Cassia Regional Hospital defined its community using zip codes that align with local public health efforts and County Health Rankings & Roadmaps.

<sup>3</sup> <https://www.cdc.gov/brfss/index.html>

Several other secondary data sources were reviewed to understand health needs, including Mental Health America, America’s Health Ranking, Map the Meal Gap Hunger Study, the Autism and Developmental Disabilities Monitoring Network, and the CDC Modified Retail Food Environment Index.

Appendix C contains a list of all health indicators reviewed for the 2019 CHNA.

**Prioritization**

Intermountain engaged its internal and external partners in a rigorous prioritization process to identify significant health needs for Intermountain Healthcare and each of its hospital communities. Prioritization involved identifying dimensions by which to prioritize, analysis based on those dimensions, inviting key stakeholders to evaluate health issues based on those dimensions, and finally, calculating scores to identify the significant health needs.

Intermountain identified dimensions for prioritization using practices established by public health professionals.<sup>4,5,6,7,8</sup> The dimensions reflect needs assessment best practices, ACA requirements, and Intermountain strategic goals.

Dimensions included:

- **Affordability:** the degree to which addressing this health issue can result in more affordable healthcare
- **Alignment:** the degree to which the health issue aligns with Intermountain Healthcare’s or stakeholder organization’s mission and strategic priorities
- **Community input:** the degree to which community input meetings highlighted it as a significant health issue
- **Feasibility:** the degree to which the health issue is feasible to change, taking into account resources, evidence based interventions, and existing groups working on it
- **Health equity:** the degree to which the health issue disproportionately affects population subgroups by race/ethnicity
- **Seriousness:** the degree to which the health issue is associated with severe outcomes such as mortality and morbidity, severe disability, or significant pain and suffering
- **Size:** the number of people affected by the health issue
- **Upstream:** the degree to which the health issue is upstream from and a root cause of other health issues



<sup>4</sup> Association for Community Health Improvement (2007). ACHI Community Health Assessment Toolkit. Available at <http://www.assesstoolkit.org/assesstoolkit/member/Priorities/index.jsp>  
<sup>5</sup> Centers for Disease Control and Prevention. Assessment Protocol for Excellence in Public Health: Appendix E. Available at <http://www.cdc.gov/nphsp/documents/prioritization-section-from-apexph-in-practice.pdf>  
<sup>6</sup> National Association of County & City Health Officials. First Things First: Prioritizing Health Problems. Available at <http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf>  
<sup>7</sup> Excerpted from Nancy R. Tague’s The Quality Toolbox, Second Edition, ASQ Quality Press, 2004  
<sup>8</sup> Duttweiler, M. 2007. Priority Setting Tools: Selected Background and Information and Techniques.

Each dimension was weighted equally. The dimensions of Affordability, Community Input, Health Equity, and Size were calculated using the Hanlon Method, a validated objective method for reviewing and prioritizing baseline data<sup>7</sup>. Following the Hanlon methods guidelines, analysts assigned ratings for each health indicator databased on the following criteria:

- **Affordability:** reduction of costs associated with addressing the health issue being small (1), moderate (2), or large (3), provided by Intermountain’s Population Health Analytics team.
- **Community input:** not mentioned by the community as an issue (1); mentioned, but not a common theme (2); common theme mentioned by several community members (3).
- **Health equity:** calculated by creating a disparity score using race as the only indicator of disparity. The highest number in the race categories was subtracted from the lowest number, divided by the lowest number, and then multiplied by 100 to get a percentage (% disparity). 1 = 0-100% disparity; 2 = 101-300% disparity; 3 = >300% disparity. Further validated with the Utah Department of Health, Office of Health Disparities.
- **Size:** prevalence: 1 = 0 – 9%; 2 = 10 – 24%; 3 = ≥ 25%; incidence: 1 = 0-49 per 100k; 2 = 50-99 per 100k; 3 = 100+ per 100k. Scales reflect national metrics.

Key stakeholders were then asked to participate in a multi-voting technique to consider the dimensions of Alignment, Feasibility, Seriousness, and Upstream. Intermountain identified several key groups throughout the organization to participate in the prioritization process. After a presentation of the CHNA results and health needs identified through the Hanlon prioritization analysis, participants received an online survey to confidentially vote for the health priorities based on the previously mentioned dimensions. Participants included:

- Hospital Administration  
Administrator/Chief Executive, Financial, Medical, Nursing, and Operations Officers
- Clinical Services Leadership
- Clinical Programs Leadership
- Medical Group Chief Executive, Financial, Medical, Nursing, and Operations Officers
- SelectHealth Chief Executive, Financial, Medical, and Operations Officers
- Community Advisory Panel members
- Community Health Leadership Team
- Community Health team members

Comprehensive prioritization results were reviewed by Intermountain’s Executive Leadership Team, who approved the final significant health needs for the system.



**Significant Community Health Need:**

Intermountain Healthcare reviewed the final calculation of priority scores based on ratings across the eight dimensions and identified the priority health needs as:

<p><b>1. Improve Mental Well-Being</b></p> <ul style="list-style-type: none"> <li>• Decreased frequent mental distress rates</li> <li>• Decreased depression rates</li> <li>• Decreased suicide rate</li> <li>• Decreased drug poisoning deaths</li> </ul>	<p><b>2. Prevent Avoidable Disease &amp; Injury</b></p> <ul style="list-style-type: none"> <li>• Increased immunization rates</li> <li>• Decreased prediabetes rates</li> <li>• Decreased high blood pressure rates</li> <li>• Decrease unintentional injury deaths</li> </ul>	<p><b>3. Improve Air Quality</b></p> <ul style="list-style-type: none"> <li>• Decreased bad air days (PM2.5)</li> </ul>
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Understanding both the community input and quantitative data from health indicators is essential to prioritizing health needs and creating meaningful implementation plans. Though 20 individual community input meetings were held, themes and identified health needs were remarkably similar between the different hospital communities. The following summary reflects the overall themes from all community input meetings and includes the perspective of underserved, low-income, and minority populations and the organizations that advocate for them.

**Summary of key issues and ideas from community input meeting**

- 1. Mental health continues to be a critical health needs that affects all other aspects of health and well-being.**
  - a. Suicide is a concern among all ages, not isolated to youth.
  - b. Lack of providers and treatment options are barriers due to the high demand of those seeking mental health care.
  - c. Social isolation is another key barrier, as individuals spend more time engaged in screens/social media and believe their neighborhoods are unsafe.
  - d. Chronic stress is a growing concern as individuals are having to work longer hours, multiple jobs, and/or balance multiple activities in addition to parenting, caring for aging parents, and managing unaffordable housing costs.
  - e. There is a strong relationship between mental health and other chronic conditions.
- 2. Substance use disorders, specifically opioid misuse, is a concern in many communities and is highly linked to mental health needs.**
  - a. However, opioid misuse is one area that many participants noted the positive results of community efforts.
  - b. Vaping, especially among adolescents, is a growing concern.
- 3. Chronic diseases associated with unhealthy weight and behaviors (including prediabetes and high blood pressure) continue to be the result of sedentary lifestyles more than other contributing factors.**
  - a. Screen time and chronic stress are considered key barriers.
  - b. Lack of confidence in nutritional knowledge and access to healthy foods (either because of financial cost and/or time) is a barrier that affects all groups, regardless of demographics.
  - c. The financial cost associated with activities that promote physical activity are considered too high by most community members, especially the cost associated with youth recreation and sports.
- 4. Air quality, both from inversions and wildfires, is a key emerging health need.**
  - a. Poor air days result in poor mental health, according to many participants.
  - b. Many communities are unwalkable and lack adequate public transit, which continues to exacerbate the issue along the Wasatch Front.



A number of critical barriers were identified through the community input meetings that illustrate why significant health priorities persist, in spite of the number of partners working to address them. The social determinants of were a common barrier identifies. Some key quotes from participants that illustrate this are:

“Among folks who have gotten over that hurdle of seeking help, they’re seeking help, they recognize it, and they want to receive the help and maybe they’ve got access to a provider of sorts. And sometimes they can’t get there.”

“Mental health is a huge concern for us from an EMS perspective. We transport EMS patients with a mental health crisis almost daily. And when I say that, we’re transporting them from this facility to a mental health facility. I feel like it’s a broken system because they leave here, they go to a facility that insurance will only pay for a short time stay, that doesn’t give them the long-term help that they need. There’s no follow up after they leave. They leave there with a prescription. And then within a few weeks we pick them up again...there’s got to be a way to help these people overcome these challenges better.”

“If you don’t have a place to live, and you don’t even have water, and you don’t have food, you really don’t care about anything else, honestly. You really can’t care about it because you’re so driven by meeting your basic needs that you really don’t care what you eat. You would eat a Twinkie if there’s a Twinkie because it’s just something to eat.”

### Prioritized Health Indicator Data

In addition to the qualitative information gathered through community input meetings, quantitative data was collected and analyzed. Using the IBIS system and County Health Rankings, among the previously mentioned secondary sources, an accurate understanding of disease burden is acquired. Though only select results of the significant health needs are shared in this report, additional details were collected and can be found again through the IBIS website.

### Mental Well-being

#### Why we are focusing on mental well-being as a health priority

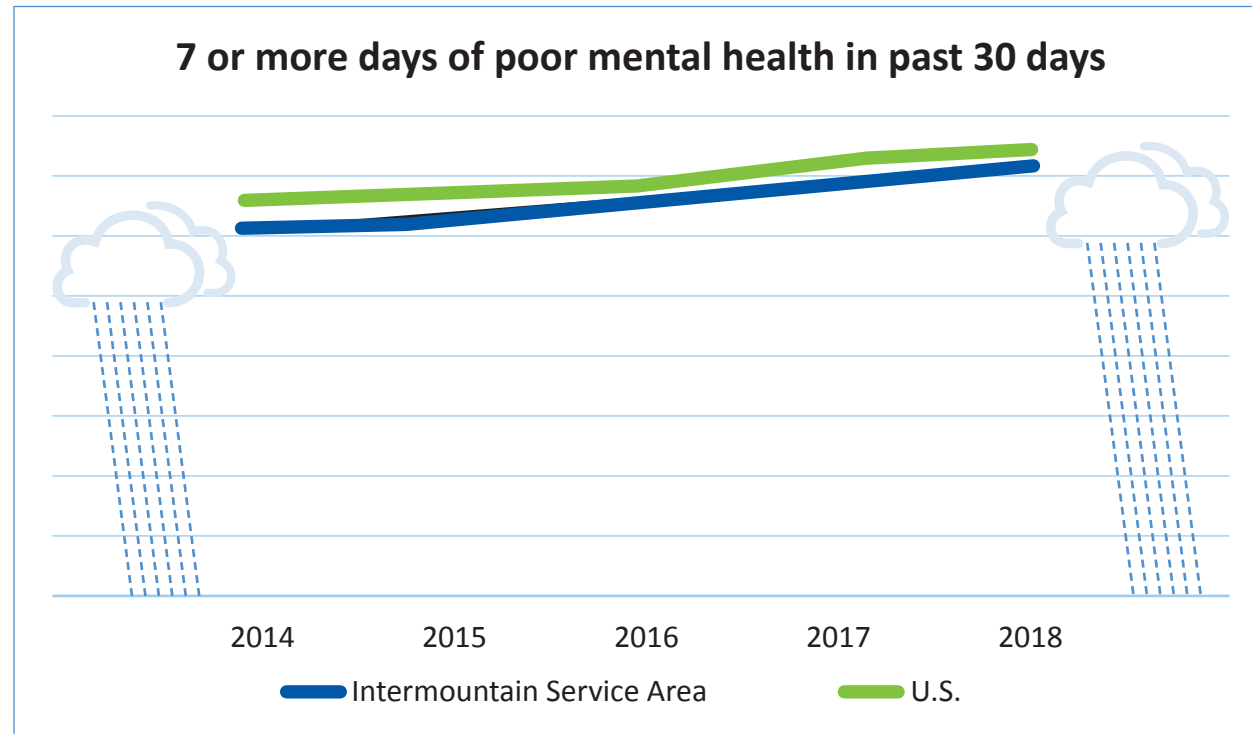
According to the World Health Organization, mental health refers to “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”.

Mental health and mental disorders can be influenced by numerous conditions including biologic and genetic vulnerabilities, acute or chronic physical health conditions, and environmental conditions and stresses. Of all mental illnesses, depression is the most common disorder. Major depression is defined as having severe symptoms that interfere with a person’s ability to work, sleep, study, eat, and enjoy life. Despite the availability of effective treatments for major depression, such as medications and/or psychotherapeutic techniques, it often goes unrecognized and untreated. Depression is a serious concern for children and adolescents as well, with 25.7 percent of adolescents reporting feeling sad or hopeless.

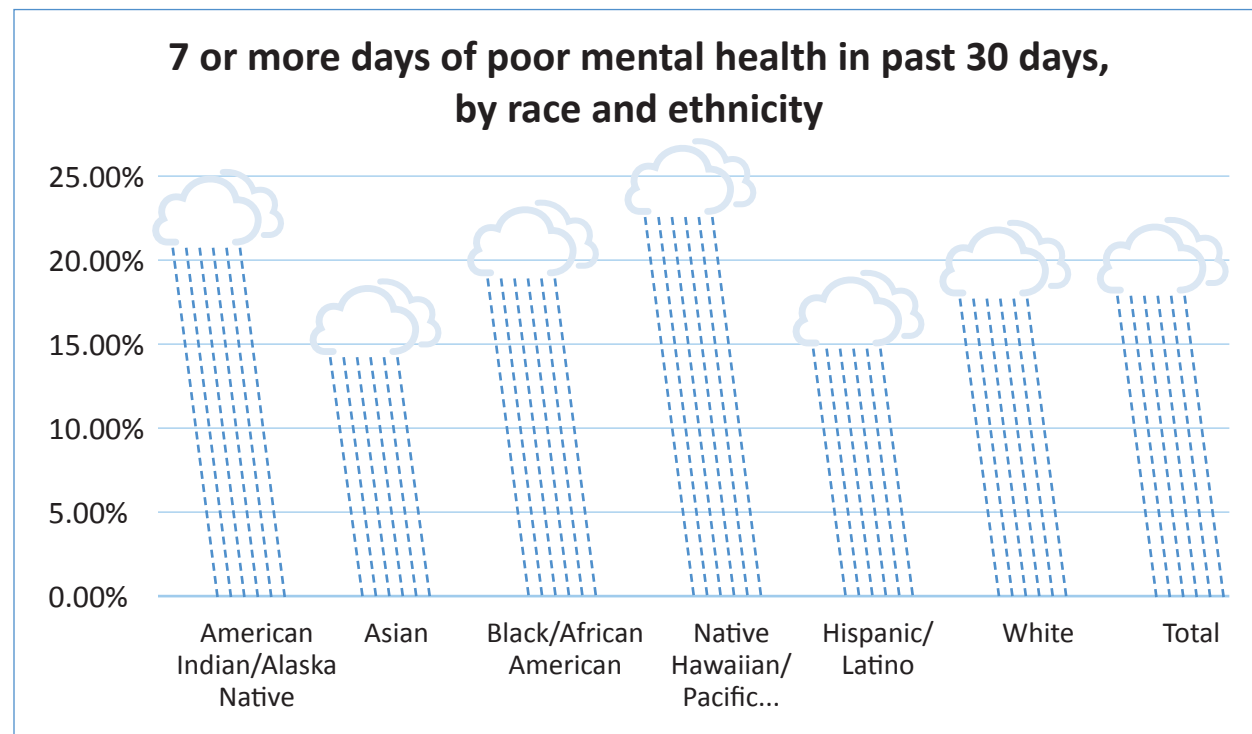
Utah and Idaho have some of the highest suicide rates in the country. Overall, suicide is the sixth-leading cause of death in Utah and eighth in Idaho. Suicide is the leading cause of death for Utahns ages 10 to 24. In Utah, it is the second leading cause of death for ages 25 to 44 and the fourth-leading cause of death for ages 45-64. In Idaho, suicide is the 2nd leading cause of death for Idahoans ages 15-34 and for males up to age 44. All suicide attempts should be taken seriously. More people are hospitalized or treated in an emergency room for suicide attempts than those that are fatal.

Substance use disorders occur when regular use of alcohol and/or drugs impacts daily functioning, including health problems, disability, and inability to meet main responsibilities at home, work, or school. Drug poisoning deaths are a preventable public health problem; they are the leading cause of injury death in Utah, outpacing deaths due to firearms, falls, and motor vehicle crashes. Every month, 53 Utah adults die as a result of a drug poisoning, 84.3% of which are accidental or of undetermined intent, and of these, 75.6% involve opioids. Utah is particularly affected by prescription opioids, which are responsible for half of the accidental and undetermined drug poisoning deaths in the state.

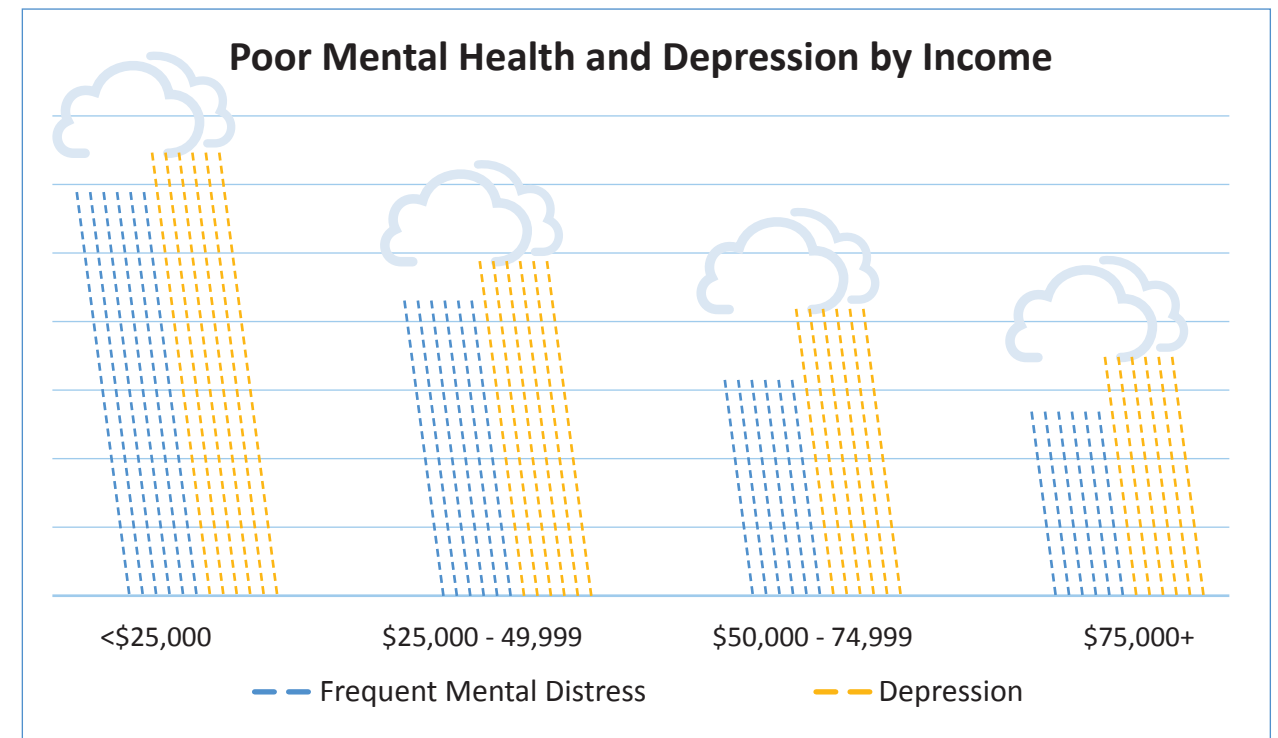
**Poor mental wellbeing is highly prevalent in the communities Intermountain and its hospitals serves**  
 The prevalence of frequent mental distress is steadily increasing in the communities Intermountain serves and nationally.



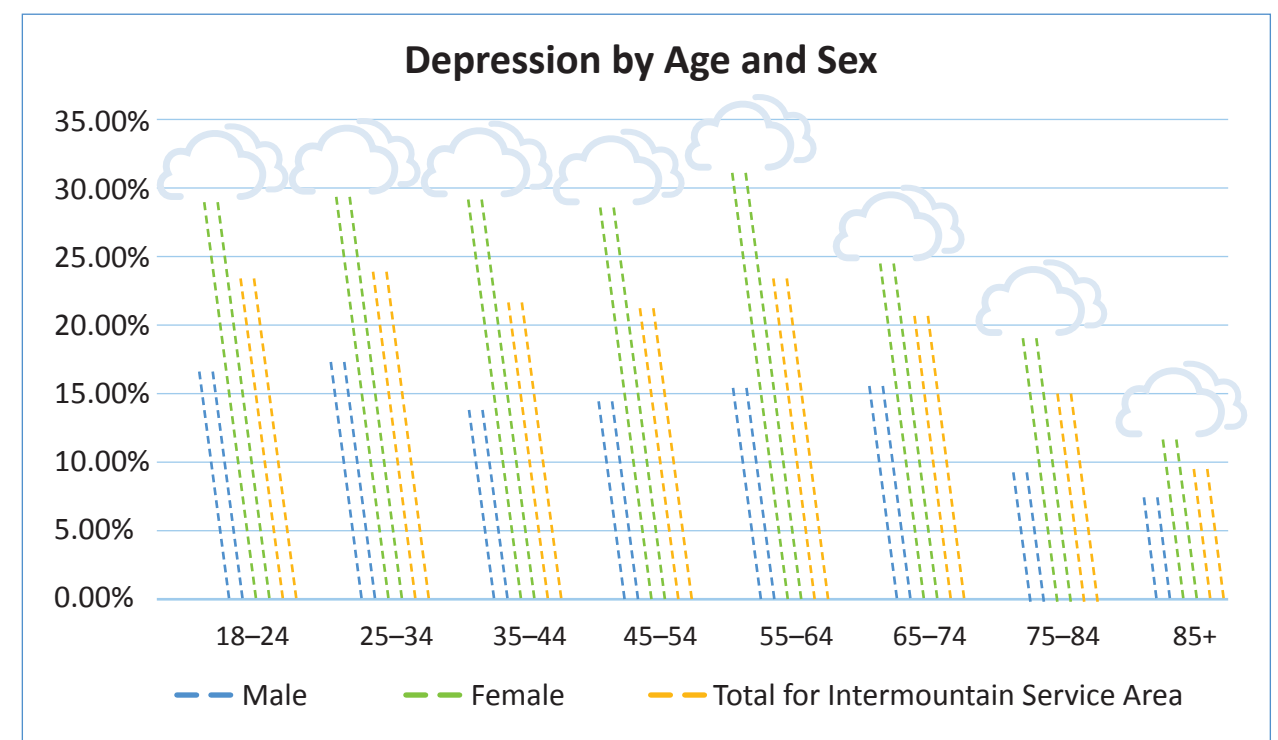
Minority populations tend to experience higher rates of frequent mental distress.



Socioeconomic status also influences frequent mental distress and depression.

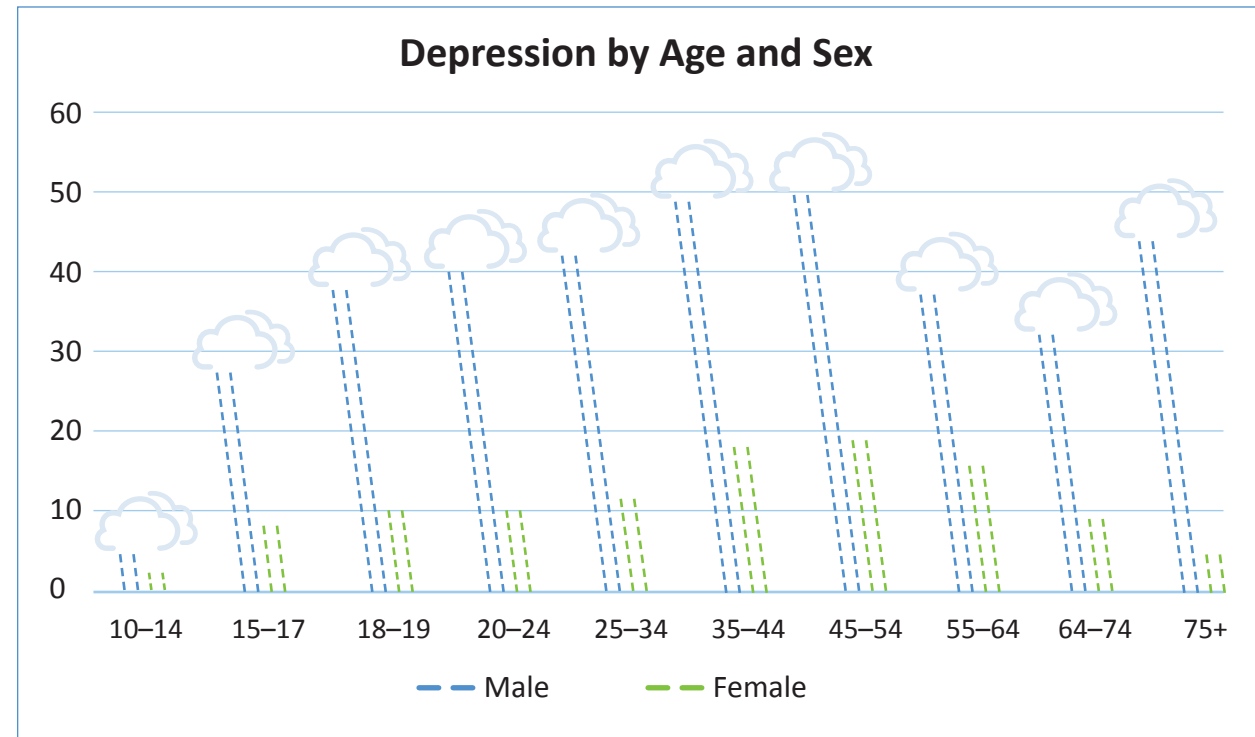


Females and adults younger than 65 are more likely to experience depression.





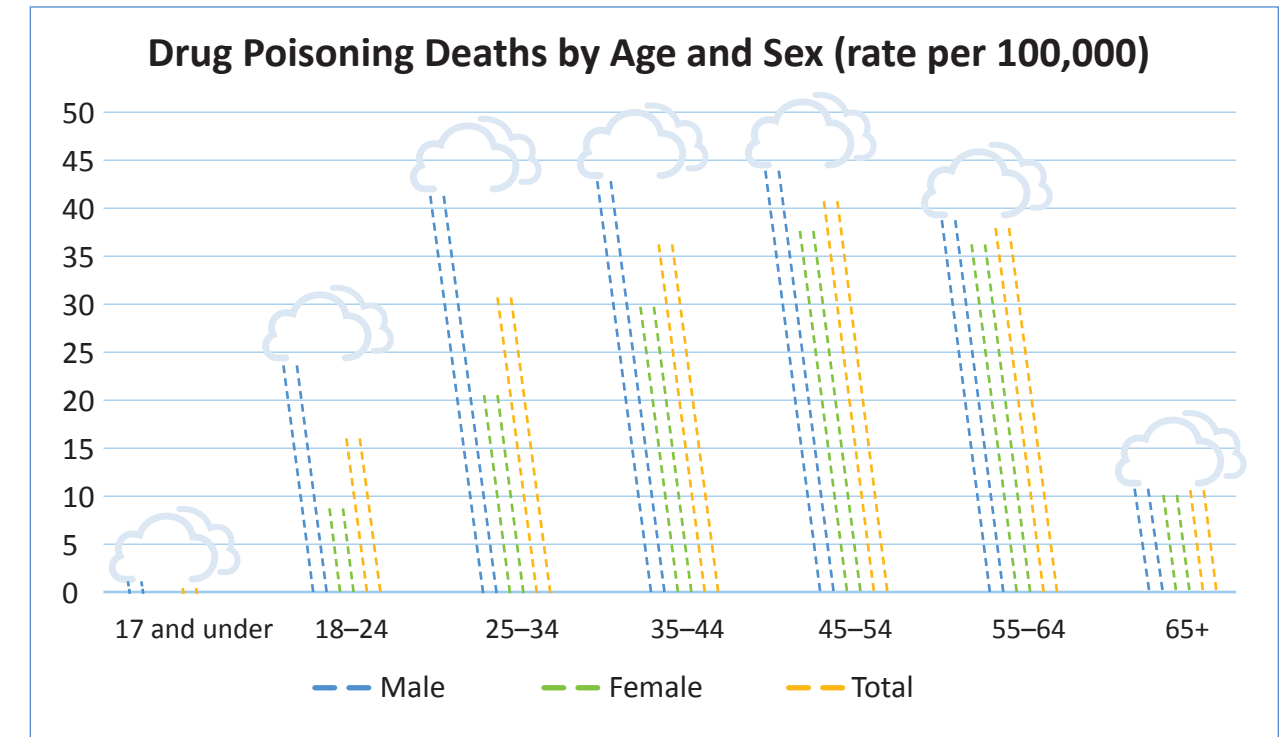
Males, however, are more likely than females to die by suicide. While rates of suicide deaths are highest among men between the ages of 35-64, suicide continues to be the leading cause of death for Utahns ages 10 to 24.



Youth feelings of sad or hopeless, seriously considering suicide, and/or making a suicide attempt are highly prevalent in Intermountain service areas. Minority youth tend to experience higher rates of these experiences compared to their white, non-Hispanic peers.

	White/ Non-Hispanic	Hispanic	Non-White/ Non-Hispanic	All youth
<b>Felt Sad or Hopeless</b>	27.9%	36.9%	31.1%	29.5%
<b>Seriously Considered Attempting Suicide</b>	17.5%	22.7%	22.0%	18.7%
<b>Attempted Suicide</b>	6.8%	13.5%	14.6%	8.5%

While Intermountain service areas are seeing some improvement in preventing drug poisoning deaths, it remains a leading cause of death. Males and older adults are more likely to die as a result of drug poisoning.



**Mental well-being was the number one priority identified by every hospital community**  
 Results from the prioritization exercise, which included specific hospital community representatives, showed mental health was the number one priority recommended (83% ranked it top three). Suicide (44% ranked it top three) and Prescription Opioid Misuse (22% ranked it top three) were also highly recommended.



### Prevent Avoidable Disease & Injury

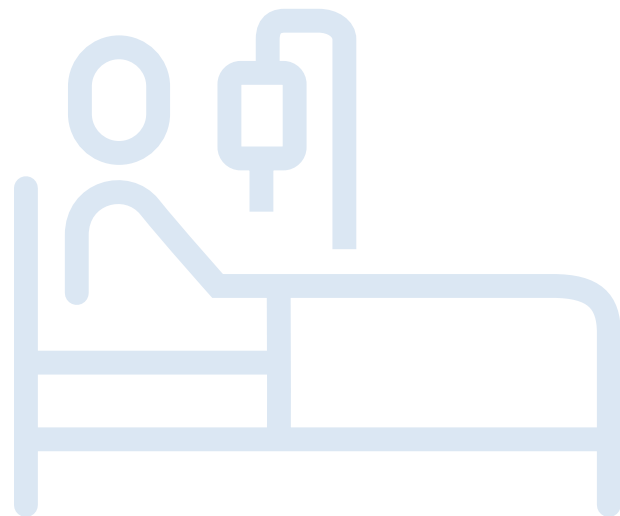
#### Why we are focusing on prediabetes, high blood pressure, immunizations and unintentional injury deaths as health priorities

Diabetes is a disease that can have devastating consequences. It is a leading cause of non-traumatic lower-extremity amputation, renal failure, heart disease and blindness among adults younger than 75. This disease also has an enormous economic burden. Currently, about 80 million Americans aged 20 and older have pre-diabetes, a condition that puts them at high risk for developing diabetes. For many individuals, taking small steps, such as losing 5-7 percent of their weight or increasing physical activity, can help them delay or prevent developing diabetes. Without making lifestyle changes, approximately half of individuals diagnosed with prediabetes progress to diabetes within ten years.

High blood pressure (hypertension) is an important risk factor for heart disease and stroke, both of which continue to be a leading cause of death. In most cases, it can be effectively managed with medication and lifestyle changes (such as diet, exercise, and abstaining from tobacco use). Treatment works best when high blood pressure is identified early. Because high blood pressure does not produce symptoms, regular screening is recommended.

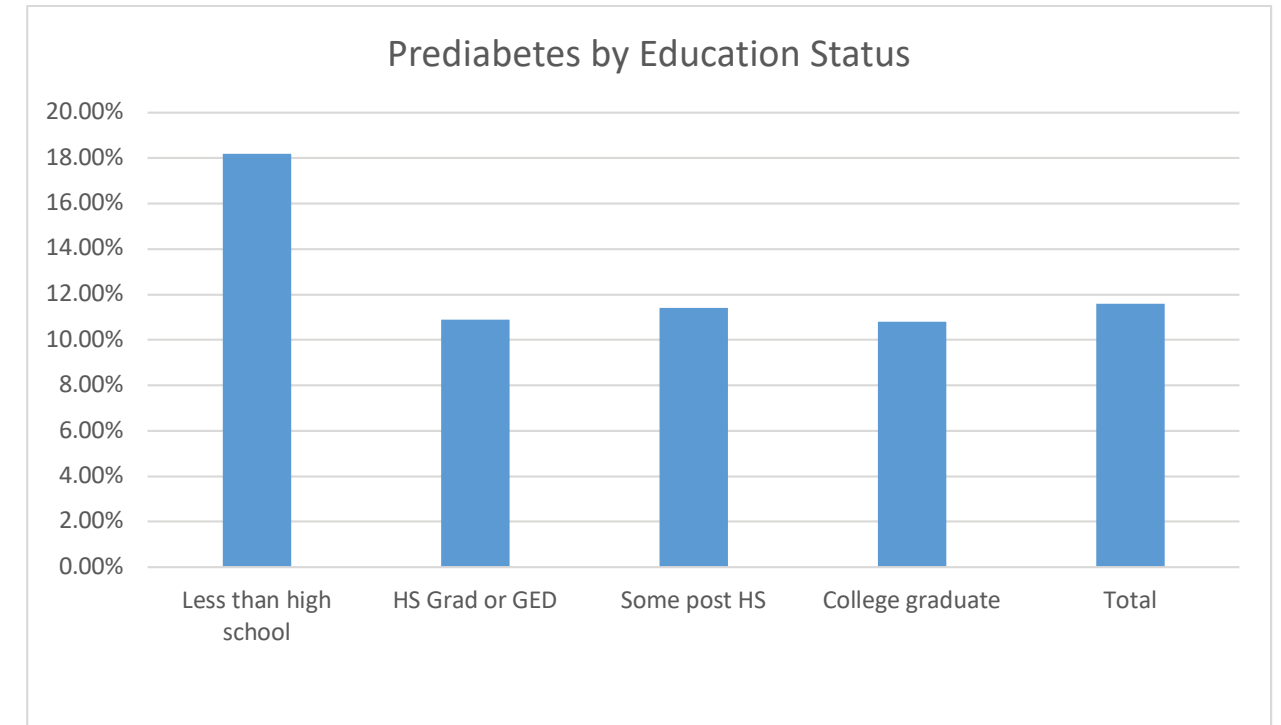
Immunizations are one of the most cost-effective health prevention measures. Development of vaccinations has been cited by the U.S. Public Health Service as one of the Ten Great Public Health Achievements in the 20th Century. Vaccines play an essential role in reducing and eliminating disease. Utah continues to have one of the lowest rates of these childhood immunizations and HPV immunization, which is administered to adolescents, in the nation.

In both Utah and Idaho, unintentional injuries are a leading cause of death and disability. In Utah, unintentional injuries, accounting for 1,238 deaths and 9,715 hospitalizations each year, with thousands of other less severe injuries being treated. The top five leading causes of unintentional injury deaths for all ages in Utah and Idaho were poisoning, motor vehicle traffic crashes, falls, and suffocation, and drowning (with falls being the leading cause of injury deaths for Utahns individuals 65 and older).

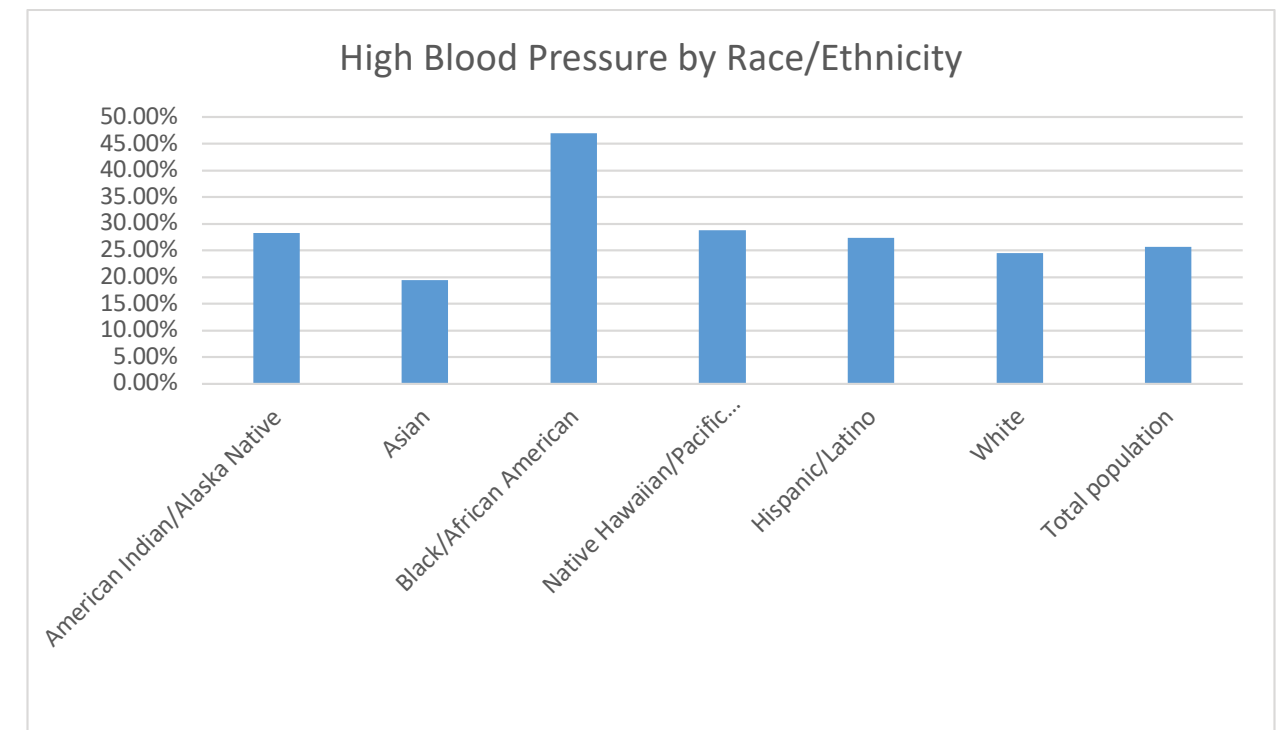


#### Avoidable diseases and injury are highly prevalent

Prediabetes also affects different populations at a higher rate. For example, in the Intermountain service area, individuals with less than a high school degree are more likely to have prediabetes.



Minority populations in the Intermountain service area experience higher rates of high blood pressure (also known as hypertension).





Intermountain service areas continue to have some of the lowest rates of childhood and adolescent immunizations in the nation.

	Utah	Idaho	United States
<b>Childhood Immunizations</b>	67.9% (rank 40)	69.2% (rank 36)	70.4%
<b>HPV – females</b>	42.1% (rank 47)	52.1% (rank 28)	53.1%
<b>HPV – males</b>	32.9% (rank 44)	36.5% (rank 39)	44.3%

For the past decade, unintentional injuries and suicides have been the leading causes of child injury deaths in Utah and Idaho. While the rate of unintentional injury deaths has decreased, there is still work to be done to prevent these avoidable deaths and injury in the Intermountain service areas.

The leading causes of unintentional injury deaths for children 1-19 in the Intermountain service area are:

Rank	Cause of Death	Number
1	Motor vehicle crash	113
2	Drowning/submersion	24
3	Poisoning	21

**Avoidable diseases and injury were critical priorities identified by many hospital communities**

Results from the prioritization exercise with leaders also showed chronic conditions related to obesity, specifically high blood pressure and prediabetes, as health needs. When selected, many leaders recommended obesity over all other health issues, however, only a total of 50% selected obesity as a top three health issue, so it was not prioritized as highly as mental well-being. The two health issues are highly related and many strategies will work to address both. Immunizations were ranked in the top three by 20%. Prevention of unintentional injury deaths was not a health issue originally included in the CHNA prioritization process. However, as Intermountain Healthcare completes a reorganization of their Children’s Health service line, the Executive Leadership Team recognized an opportunity to align with and expand previous community health efforts that were previously only offered through Primary Children’s Hospital.



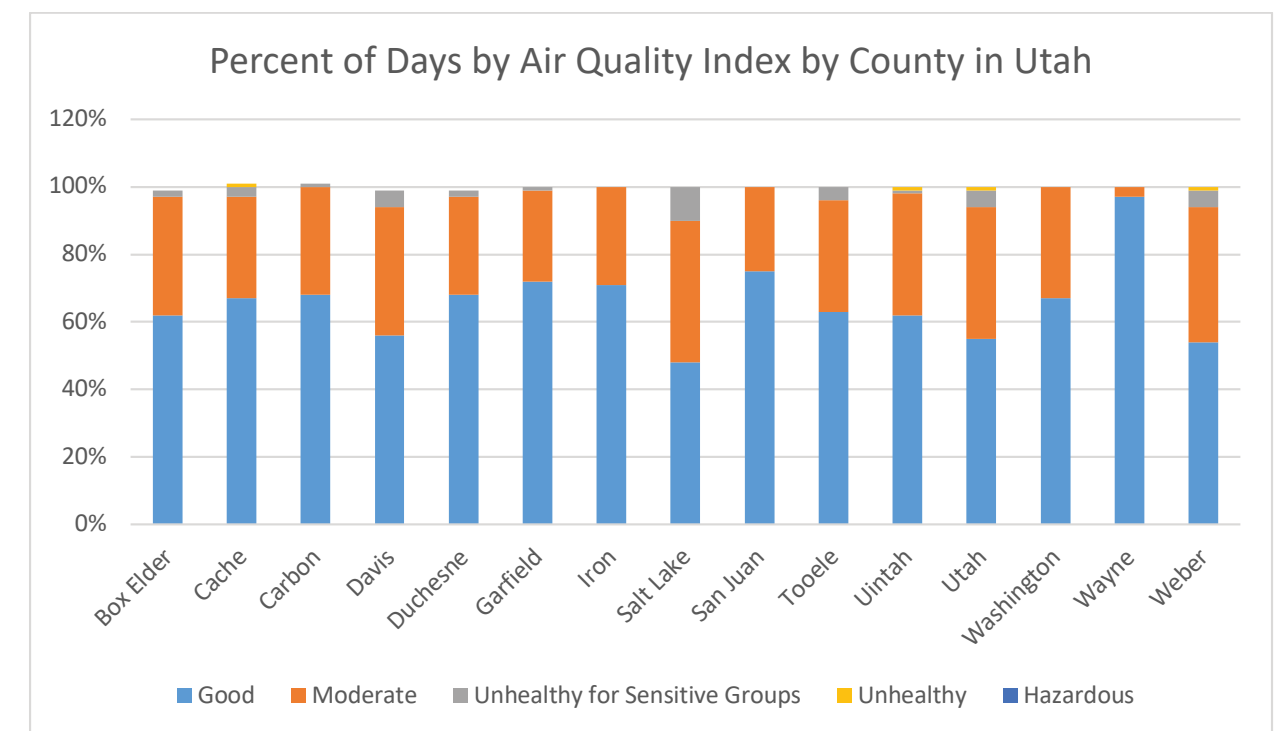
**Air Quality**



**Why We Are Focusing on Air Quality**

Air pollution refers to any biological, physical, or chemical particle that is introduced to otherwise clean air. Pollutants come from many human activities (factories, transportation) and environmental sources (volcanoes, windblown dust). Air quality measures the amount of pollution in the air. Particulate Matter 2.5 (PM2.5) is a measure of air quality. PM2.5 can get deep inside the lungs and cause a variety of symptoms, such as painful breathing, chest tightness, headache, and coughing. PM2.5 can exacerbate respiratory infections, trigger asthma attacks and symptoms, and cause temporary reductions in lung capacity. Additionally, PM2.5 prevents physical exercise, which is essential to maintaining good physical and mental health and preventing chronic conditions.

**Air Quality in much of Utah is poor**



**Air Quality was identified by key stakeholders as a key barrier to achieving success in the other prioritized health needs**

Results from the prioritization exercise with leaders had air quality ranked in the top three recommendations by 4% of leaders. Intermountain’s Executive Leadership Team recognized the relationship between mental well-being and chronic conditions related to obesity, and wanted to respond to the community input that air quality is a critical barrier to preventing and managing these health issues. As Intermountain strives to increase their sustainability efforts and as the largest employer in the state of Utah, there is also interest in becoming an example of how large organizations can contribute positively to environmental health issues in the communities it serves.

## Cassia Regional Hospital

Located in the rural community of Burley in southeast Idaho, the hospital has 25 staffed beds and offers a spectrum of inpatient and outpatient medical services. Cassia Regional Hospital is located on the border of Cassia and Minidoka counties and is a Critical Access Hospital. In 2019, they participated in a community health needs assessment to understand how to help people live the healthiest lives possible®. This hospital participated in a collaborative, system approach to identify health indicators, gather community input, and determine the significant health needs to address over the next few years. Cassia Regional Hospital identified the significant health needs as:

### Improve Mental Well-Being and Prevent Avoidable Disease & Injury

Cassia Regional Hospital, which is part of Intermountain Healthcare, defined its community using zip codes that align with local public health efforts and County Health Rankings & Roadmaps.

### What we heard from the community

Cassia Regional Hospital hosted a community input meeting as part of this process. This meeting included representatives from: food pantries, health advocate groups, healthcare providers (including FQHCs), human service agencies, law enforcement, local business, local government, low-income, uninsured, underserved populations, behavioral health service providers and local mental health authorities, minority organizations, safety net clinics, school districts/higher academic institutions, state and local health departments. Highlights from this community input meeting include:

- Mental health is the most critical health concern and is a result of too few providers (especially those that can speak languages other than English), stigma, and the lack of affordability in mental health care.
- Community members linked unhealthy weight and behaviors to mental health issues.
- Substance misuse is also related to mental health issues, and many community members worry that increased vaping is going to increase substance misuse overall.
- Lack of connectedness among community members and how it relates to social isolation among seniors.
- Childhood abuse and neglect is increasing.
- Underemployment in the community is a contributor to many health issues.

### What we know about the health needs

Below are health indicators that present the most opportunity to improve health in this community:

	Cassia	State of Idaho
Frequent mental distress	12%	11%
Depression	16.4%	18.1%
Suicide death rate	NA	20.4 per 100,000
Drug poisoning death rate	NA	13.7 per 100,000
Childhood immunizations	NA	69.2%
Diabetes	9%	9%
High blood pressure	25.7%	26.3%
Air pollution – particulate matter	7.1	7.4

**Better than State**   **Similar to State**   **Worse than State**

### Why are these health issues important?

- According to the Centers for Disease Control and Prevention (CDC), chronic conditions related to obesity, such as diabetes and poor cardiovascular health, continue to be the leading cause of death and disability in the United States. The community this hospital serves is no exception.
- Mental health disorders are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning. Just like chronic diseases, mental health disorders are treatable, however, many cases often go unrecognized and untreated. There is a strong relationship between chronic disease, depression, and other mental health concerns.
- Suicide is the eighth leading cause of death in Idaho.
- Drug poisoning deaths are a preventable public health problem; they are a leading cause of injury death in Idaho.
- Immunizations are one of the most cost-effective, safe, and effective health prevention measures and play an essential role in reducing and eliminating disease.
- Unintentional injuries have been a leading causes of child injury death and disability in Idaho for decades.
- Air quality measures the amount of pollution in the air. Poor air quality is associated with several adverse health outcomes, including reproductive health issues, poor birth outcomes, and an increase risk of heart attacks, strokes, and high blood pressure.

### How are we going to address these health needs?

Based on the results of the CHNA, Intermountain Healthcare engaged representatives of state and local health departments and multiple community partners to identify potential implementation plans. Partners who participated in the previous community input meeting were invited again to discuss strategies, in addition to representatives from community libraries and case managers. These planning efforts were used to develop a three-year plan outlining health improvement strategies for Cassia Regional Hospital to address the significant health needs using evidence-based programs.

Cassia Regional Hospital’s implementation plan leverages system and local resources to create partnerships that will improve health outcomes, with a particular focus on low-income, underserved, and uninsured populations. The implementation plan, which is reported in a separate document, includes a description of the resources Intermountain has committed to the strategies and how such resources will be augmented by collaborative partnerships in each hospital community. Outcome measures will be tracked and reported annually through the evaluation process.

For more information about Intermountain Healthcare’s community health efforts, contact: Mikelle Moore, Chief Community Health Officer and Senior Vice President, [mikelle.moore@imail.org](mailto:mikelle.moore@imail.org) Stephanie Croasdell Stokes, Consultant, Strategic Research, [stephanie.stokes@imail.org](mailto:stephanie.stokes@imail.org)



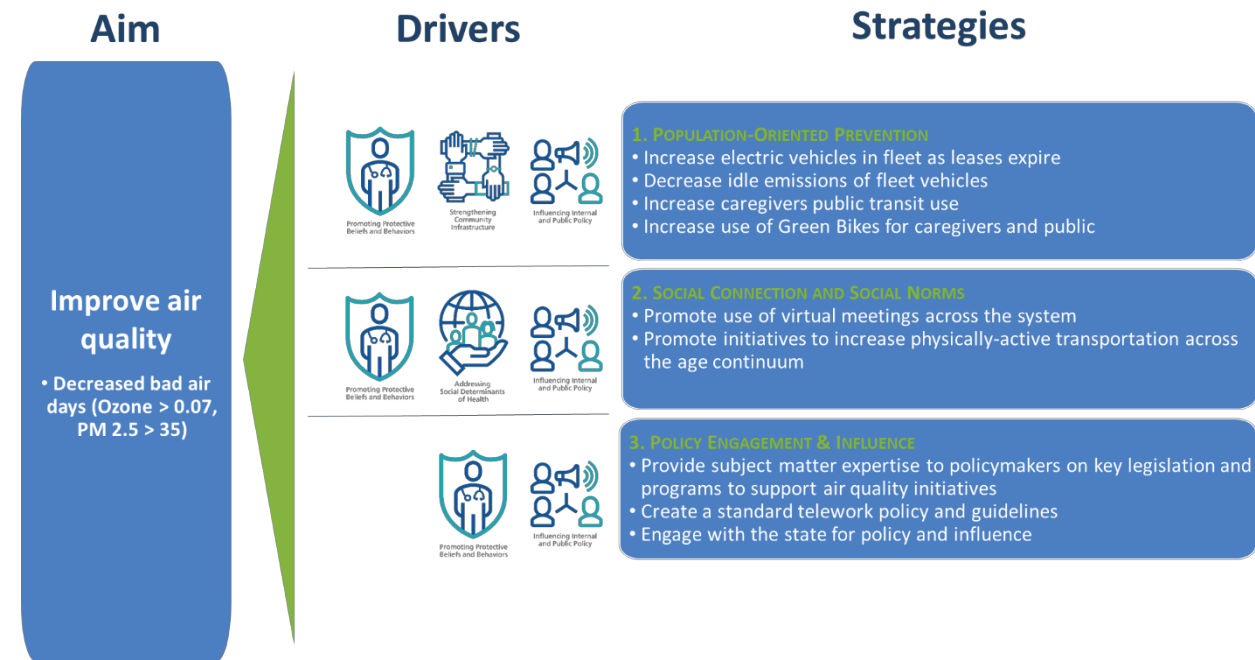
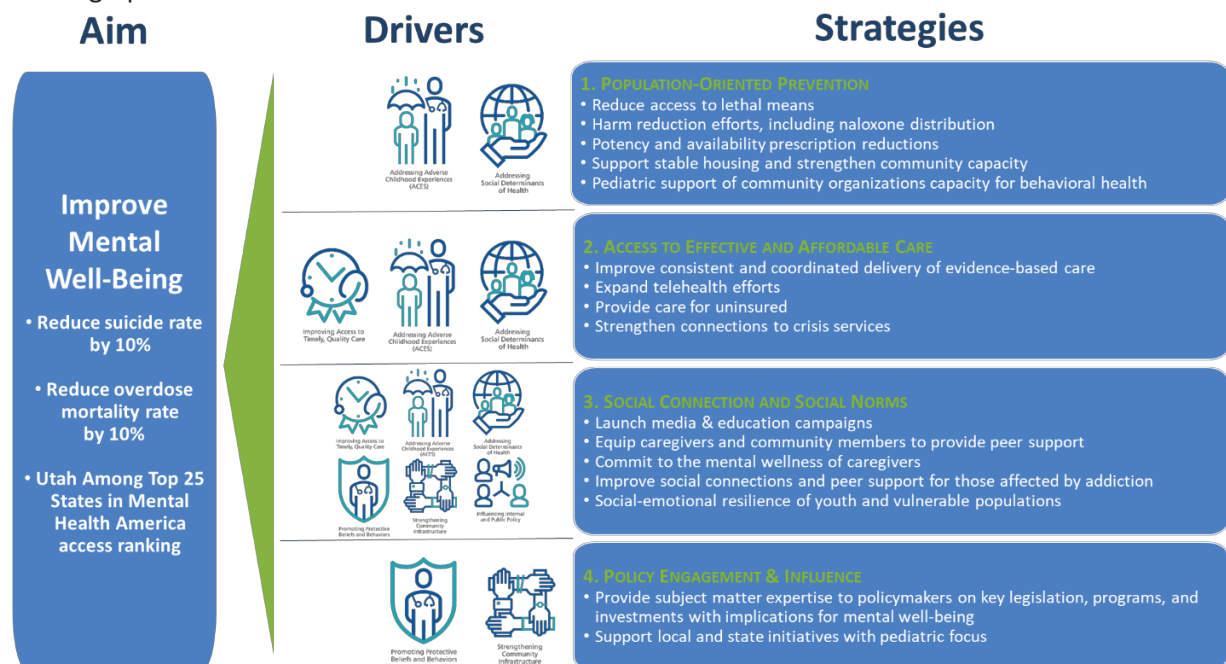
A comprehensive approach was used to identify the community health improvement strategies to address the significant health priorities from this community health needs assessment. Using Intermountain’s Operating Model (a fully integrated framework to drive a culture of Continuous Improvement, that aligns leaders and caregivers in achieving the goals of the organization) internal operational and clinical leadership councils, workgroups and committees along with input from external advisory panels formed through community input meetings—all experts in clinical care, public health, and human services and leaders in their local communities—guided the implementation planning process to create community health improvement strategies for the Intermountain and each hospital’s service area.

Community partners were identified and invited to participate in individual hospital input and planning meetings. Meetings were convened to present Intermountain’s 2020-2022 health priorities and aims to gather strategies and input on how to best address individual priorities in each community we serve.

Intermountain worked with both internal and community partners to create a comprehensive inventory of existing local programs and interventions to address the identified health priorities, focusing on those evidence-based best practices with application to community health improvement initiatives. The community health implementation planning team scored and vetted both internal and external proposed strategies and conducted a thorough literature review on evidenced-based programs that addressed the health priorities and demonstrated health improvement.

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Association of Utah Community Health (Utah’s primary care association)</li> <li>• Comagine Health</li> <li>• Community-based mental health providers</li> <li>• Community libraries</li> <li>• Federally Qualified Health Centers (FQHCs) in Utah and Southeast Idaho</li> </ul> | <ul style="list-style-type: none"> <li>• Idaho Department of Health and Welfare</li> <li>• Idaho South Central Public Health District V</li> <li>• Local colleges and universities</li> <li>• Local mental health and substance abuse authorities</li> <li>• Local law enforcement</li> <li>• Local non-profit organizations</li> <li>• Resource and case management programs for uninsured, low-</li> </ul> | <ul style="list-style-type: none"> <li>income residents</li> <li>• Safety net clinics</li> <li>• School districts</li> <li>• Senior centers</li> <li>• Utah Department of Health</li> <li>• Utah Local Health Departments</li> <li>• Utah Division of Substance Abuse and Mental Health</li> <li>• Utah Substance Abuse Advisory Council</li> </ul> |
|---|--|---|

Identified strategies for each of the CHNA identified health priorities (Aims) and their drivers are detailed in the graphics below:



**2018 Community Benefit Implementation Plan Impact Summary**

**Identified Need**

Prevent prediabetes, high blood pressure, depression, prescription opioid misuse. Suicide was added as a significant health need in between the 2016 and 2019 CHNAs.

**Intervention and Results**

**1. Prevention of chronic disease (including prediabetes and high blood pressure)**

Prediabetes- Strategies focused on identifying people with prediabetes to prevent the development of type 2 diabetes, which is the leading cause of non-traumatic lower-extremity amputation, renal failure, blindness among adults younger than 75, and one of the leading causes of heart disease. If left untreated, prediabetes progresses to type 2 diabetes. Community Health focused efforts on providing screening, brief intervention and referral to treatment for those identified at risk.

High blood pressure- Strategies focused on identifying people at risk for high blood pressure which increases risk of heart disease and stroke (among the highest causes of mortality in the United States, and due to its asymptomatic nature, it is often undiagnosed until further complications arise). Community Health focused efforts on providing screening, brief intervention and referral to treatment for those identified at risk.

Impact from this strategy:

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>Established a Diabetes Operations Council to align diabetes prevention efforts across the system</li> <li>Screened over 13,000 high-risk community members</li> <li>98% screened reside in areas of the highest need as per local area deprivation indexes</li> </ul> | <ul style="list-style-type: none"> <li>1 in 3 were found to be at-risk for prediabetes and referred to appropriate community-based resources</li> <li>Over 1 in 10 were found to be at-risk for high blood pressure and referred to appropriate community-based resources</li> <li>Of those that participate in Diabetes Prevention Programs, the majority lost</li> </ul> | <ul style="list-style-type: none"> <li>5% or more of their body weight</li> <li>Over 90% of those at high-risk are contacted and referred to a preventive program (CDSMP, CPSMP, Better Choices Better Health, Prediabetes 101, NDPP)</li> <li>Provided over 60 CDSMP classes with over 500 participants</li> </ul> |
|--|--|---|

**2. Prevention of depression**

Depression adversely affects mental health through changes in how an person thinks, feels, and behaves. It is the most common of mental disorders in adults. Approximately 18 percent of adults in the U.S. are affected by depression; Utah is slightly higher with more than 20 percent. Depression is also more common in people with other health conditions, such as diabetes and heart disease, and can worsen outcomes in people with those conditions as well as contribute to a poorer overall quality of life. Community Health focused efforts on providing screening, brief intervention and referral to treatment for those identified at risk.

Impact from this strategy:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Screened over 13,000 high-risk community members</li> </ul> | <ul style="list-style-type: none"> <li>More than 1 in 10 were found to be at-risk for depression and referred to appropriate community based resources</li> </ul> | <ul style="list-style-type: none"> <li>Expanded community-based Behavioral Health Networks to 15 organizations with over 30,000 visits provided</li> </ul> |
|--|---|--|

**3. Prevention of prescription opioid misuse**

Prescription opioid abuse is a concern across the U.S., with Utah especially at risk with the death rate exceeding the national rate. In Utah, there were more deaths from unintended prescription opioid overdose (an average of 24 annually) than from firearms, falls, or motor vehicle crashes.

Impact from this strategy:

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Developed and led the Opioid Community Collaborative</li> </ul> | <ul style="list-style-type: none"> <li>tablets prescribed for acute conditions</li> </ul>   | <ul style="list-style-type: none"> <li>over 29,000 pounds of medication</li> </ul>  |
| <ul style="list-style-type: none"> <li>Supported the Use-Only-as-Directed campaign</li> </ul>          | <ul style="list-style-type: none"> <li>Supported a drop box program for disposal of community medications, which saw the disposal of</li> </ul> | <ul style="list-style-type: none"> <li>65,000 Naloxone Kits distributed through Intermountain’s partnership with Utah Naloxone with 3,343 reversals reported</li> </ul> |
| <ul style="list-style-type: none"> <li>Reduced prescribed opioids by 5.4 million</li> </ul>            |   |   |

Due to rising concern in each of Intermountain’s hospital communities, suicide prevention was added in 2018 as a health priority. It’s one-year impact is as follows:

**4. Prevention of death by suicide**

Suicide was the leading cause of death for Utahns ages 10 to 17 and ages 18 to 24. It was the second leading cause of death for ages 25 to 44 and the fourth-leading cause of death for ages 45-64. Overall, suicide is the eighth-leading cause of death for Utahns (age-adjusted rate).

Impact from this strategy:

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>Promotion of safe firearm storage through a \$2 million, three-year media and education risk reduction campaign</li> </ul> | <ul style="list-style-type: none"> <li>Over 1,000 Utah professionals were trained in Counseling on Access to Lethal Means (CALM)</li> </ul>   | <ul style="list-style-type: none"> <li>their confidence and competence in supporting others and themselves at times of mental and emotional distress</li> </ul> |
| <ul style="list-style-type: none"> <li>Adoption of the Zero Suicide framework as a continuous quality improvement initiative</li> </ul>                           | <ul style="list-style-type: none"> <li>Over 10,000 caregivers and 12,000 community members have completed at least one Intermountain supported training this year to enhance</li> </ul> | <ul style="list-style-type: none"> <li>Over 7,000 gunlocks were distributed in the community</li> </ul>   |

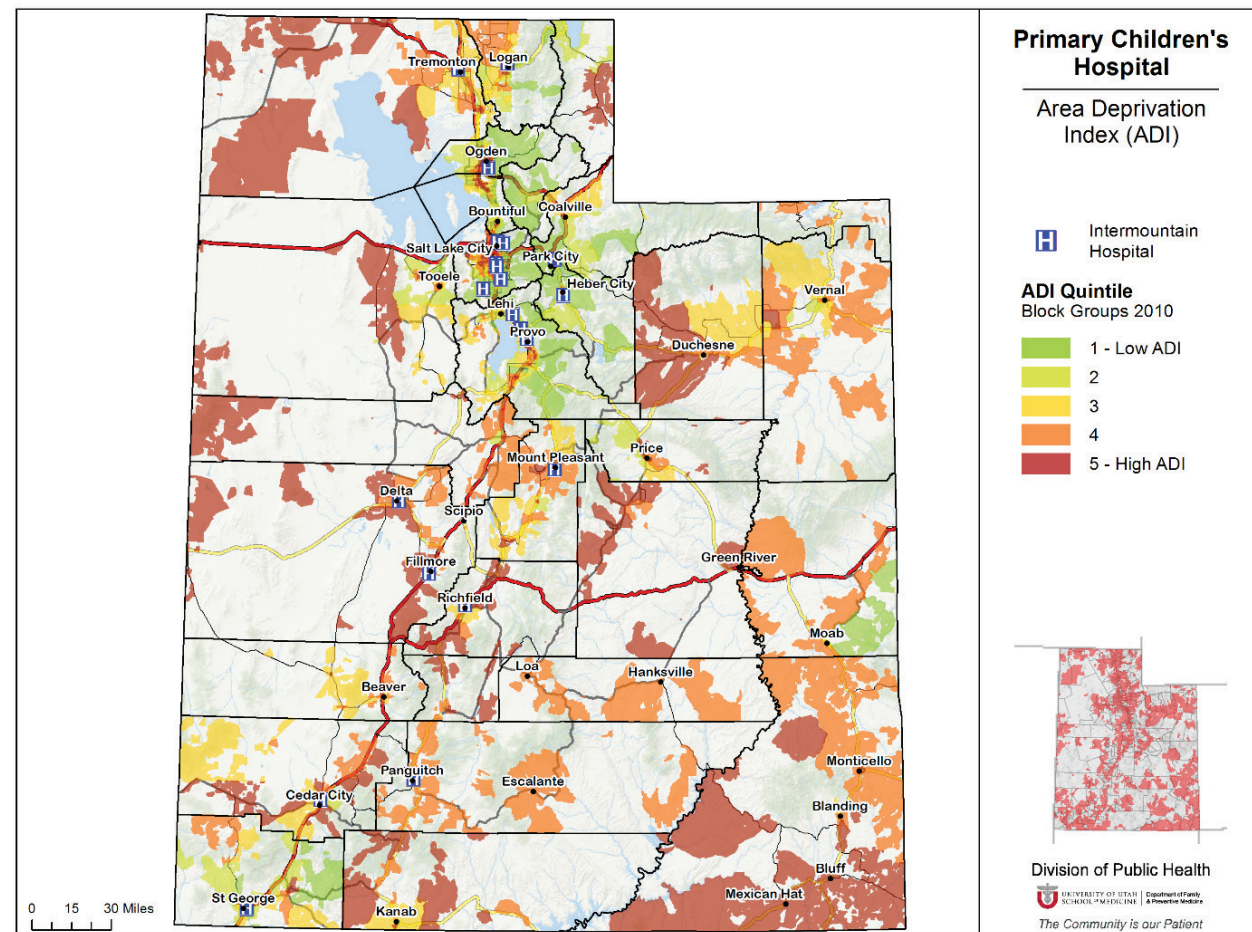
**Area Deprivation Index**

Intermountain Healthcare is committed to serving the most vulnerable communities and populations. Income, education, and other economic and social risk factors affect individual health and well-being. In the 2016 CHNA, Intermountain used the Area Deprivation Index to understand these social determinants of health in the context of geography and continues to use this metric to understand effect of the planned interventions. The Area Deprivation Index (ADI) is a validated, community socio-economic composite measure developed specifically for Utah by Intermountain. The ADI measures the distribution of socio-economic disadvantage within a community at the U.S. Census block group level. Higher socio-economic deprivation levels in communities (noted in orange and red on the map below) are often associated with poorer health and health delivery outcomes. While the ADI does not provide information on specific health needs in a community, it does provide context and information about segments of communities in which greater health disparities may be expected and where implementation strategies could be targeted.

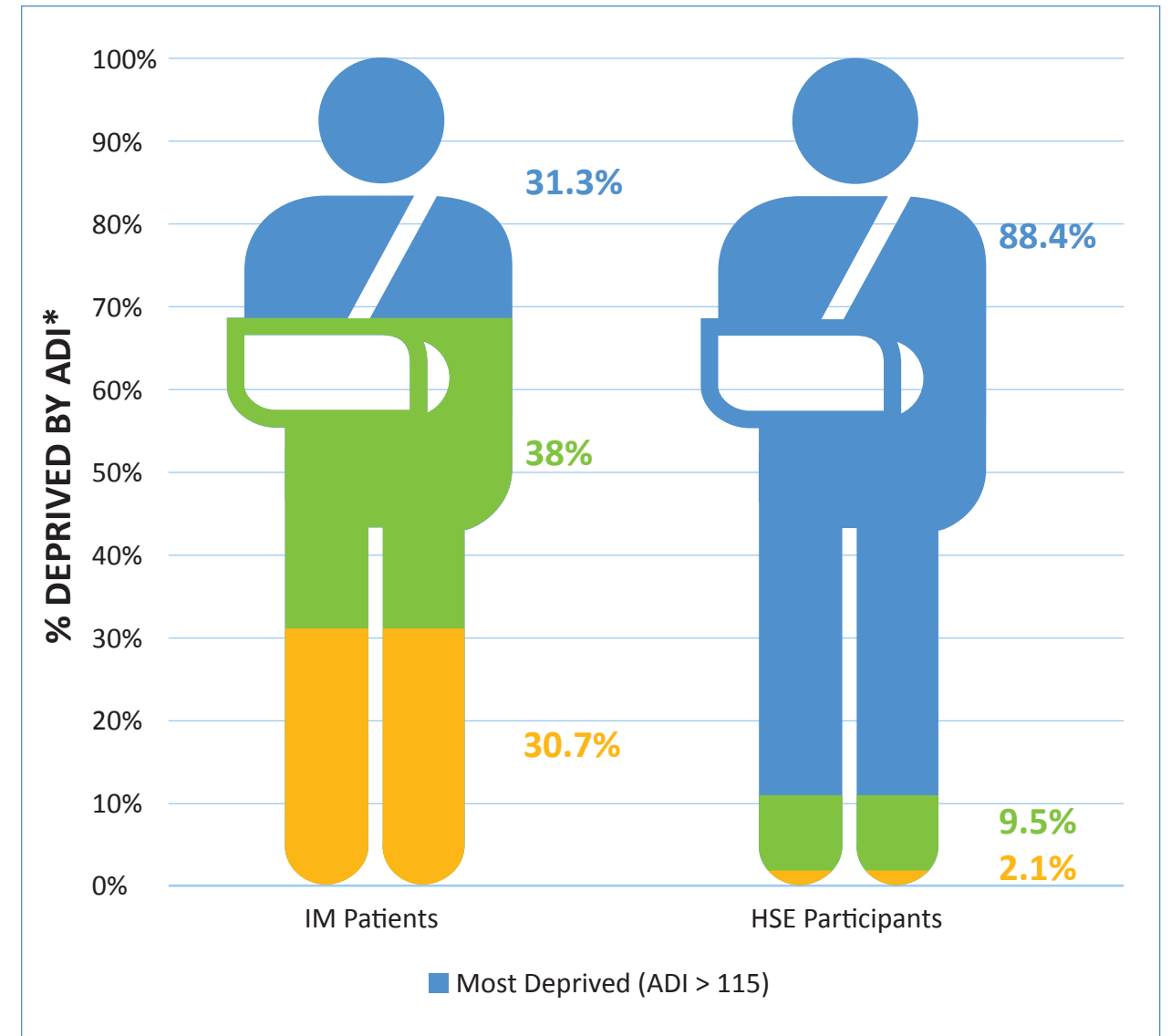


Elements included in the Area Deprivation Index:

- Median family income (dollars)
- Income disparity
- Percent of families below poverty level
- Percent of population below 150 percent poverty threshold
- Percent of single parent households with dependents under age 18
- Percent of households without a motor vehicle
- Percent of households without a telephone
- Percent of housing units without complete plumbing
- Percent occupied housing units
- Percent of households with less than one person per room
- Median monthly mortgage (dollars)
- Median gross rent (dollars)
- Median home value (dollars)
- Percent of employed persons over age 16 with a white collar occupation
- Percent of unemployed civilian labor force over age 16
- Percent of population over age 25 with less than nine years of education
- Percent of population over age 25 with at least a high school education



Intermountain is committed to providing quality care regardless of a patient's ability to pay and outreach to vulnerable communities. Many of the strategies just described were located in communities that experience more health disparities. In an effort to continue to use the ADI to guide strategy, Intermountain monitored the ADI of health screening event participants. As illustrated in the chart below, health screening event participants were often more "deprived", as defined by the ADI, than most Intermountain patients.



**Conclusion**

Intermountain Healthcare is grateful for the support of community members and agencies for their participation in the process of understanding local community health needs and developing strategies to improve health. Intermountain Healthcare will conduct its next CHNA in 2022 and looks forward to continuing collaborations to improve the health of our community.

The Intermountain Healthcare CHNA was completed by Intermountain Community Health and Strategic Research Departments with expert guidance from the Utah CHNA Collaboration.

Send written comments on this Community Health Needs Assessment to: [2016chnacomments@imail.org](mailto:2016chnacomments@imail.org)

**Acknowledgement**

This assessment would not be possible without the Utah Department of Health Office of Public Health Assessment. Their talented team of data specialists helped Intermountain identify reliable public health measures that best illustrate the health of a community. Their dedication to the quality of the data and its dissemination helped make this assessment a true community collaboration. Contributors from the Utah Department of Health Office of Public Health Assessment included Anna Dillingham, Navina Forsythe, Lynne Macleod, Kim Neerings, and Tong Zheng. Intermountain is also grateful for Navina Forsythe’s continued leadership of the Utah CHNA Collaboration, which is co-chairs with Stephanie Stokes.

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**Appendix A**

Health Indicator	Utah		Idaho		United States
	Value	National Rank	Value	National Rank	Value
Drug Deaths (deaths per 100,000 population)	22.9	40	14.2	16	16.9
Excessive Drinking (Percentage of adults)	12.20%	1	16.60%	10	19.00%
High School Graduation (Percentage of students)	85.20%	27	79.70%	40	84.10%
Obesity (Percentage of adults)	25.20%	4	29.30%	19	31.30%
Physical Inactivity (Percentage of adults)	21.10%	5	24.20%	13	25.60%
Smoking (Percentage of adults)	8.90%	1	14.30%	10	17.10%
Air Pollution (Micrograms of fine particles per cubic meter)	8.3	36	6.7	10	8.4
Children in Poverty (Percentage of children ages 0-17)	10.70%	2	15.30%	22	18.40%
Chlamydia (Cases per 100,000 population)	315.7	5	356.3	7	497.3
Pertussis (Cases per 100,000 population)	8.7	42	4.9	29	5.6
Salmonella (Cases per 100,000 population)	10.9	6	10.9	6	16.7
Occupational Fatalities (deaths per 100,000 population)	4.3	17	4.8	28	4.4

Violent Crime (Offenses per 100,000 population)	239	12	226	5	394
HPV Immunization Females (Percentage of females ages 13-17)	42.10%	47	52.10%	28	53.10%
HPV Immunization Males (Percentage of males ages 13-17)	32.90%	44	36.50%	39	44.30%
Meningococcal Immunizations (Percentage of adolescents ages 13-17)	85.10%	22	90.50%	12	85.10%
Tdap Immunizations (Percentage of adolescents ages 13-17)	91.60%	16	87.30%	36	88.70%
Immunizations – Children (Percentage of children ages 19-35 months)	67.90%	40	69.20%	36	70.40%
Public Health Funding (Dollars per person)	\$77	32	\$149	4	\$86
Dentists (Number per 100,000 population)	61.2	16	54.3	27	60.9
Low Birthweight (Percentage of live births)	7.20%	15	7.00%	11	8.20%
Mental Health Providers (Number per 100,000 population)	317.5	14	202	32	234.7
Preventable Hospitalizations (Discharges per 1,000 Medicare enrollees)	27.9	2	32.3	4	49.4
Primary Care Physicians (Number per 100,000 population)	99.2	49	95.7	50	156.7

Health Indicator	Utah		Idaho		United States
	Value	National Rank	Value	National Rank	Value
Cancer Deaths (Deaths per 100,000 population)	150.4	1	182.1	14	189.8
Cardiovascular Deaths (Deaths per 100,000 population)	236.1	19	241.3	25	256.8
Diabetes (Percentage of adults)	7.10%	1	8.70%	8	10.50%
Disparity in Health Status (Percentage point difference)	30.80%	37	33.80%	47	29.90%
Frequent Mental Distress (Percentage of adults)	11.80%	21	11.00%	10	12.00%
Frequent Physical Distress (Percentage of adults)	10.20%	3	11.30%	16	12.00%
Infant Mortality (Deaths per 1,000 live births)	5.2	13	5.4	15	5.9
Premature Death (Years lost before age 75 per 100,000 population)	6,565	14	6,723	15	7,432

NA = Data not publicly reported or unavailable due to small sample size in the community.

**Data sources:** State of Utah Behavioral Risk Factor Surveillance System (BRFSS), 2015, 2016, and 2017; State of Utah Youth Risk Behavior Survey (YRBS), 2015, 2016, and 2017; Utah Department of Health Bureau of Epidemiology, 2016; Utah Cancer Registry, 2015, 2016, and 2017; Utah Emergency Department Encounter Database, 2015, 2016, and 2017; Utah Environmental Public Health Tracking, (EPHT) 2016; Utah Vital Statistics, 2015, 2016, and 2017; State of Utah Pregnancy Risk Assessment Monitoring Survey, 2015, 2016, and 2017; National Immunization Survey, 2010; U.S. BRFSS, 2013; Centers for Disease Control, 2015, 2016, and 2017. Sources specific to the AHR can be found at <https://www.americashealthrankings.org/about/methodology/data-sources-and-measures>.

Appendix B

The table below shows the definition of each hospital community by zip code and the Utah Department of Health Small Areas. Each Small Area includes medically underserved, low-income, and minority populations. The Utah Department of Health created Small Areas in order to facilitate reporting data at the community level. Small Areas are determined based on specific criteria, including population size, political boundaries of cities and towns, and economic similarity, and were reviewed and approved by public health experts. These zip codes and associated Small Areas were used to assemble available data for health indicators.

Intermountain Hospital	As-signed Zip Code	CITY	COUNTY	STATE	Small Area Name	Local Health District
Alta View	84020	Draper	Salt Lake	Ut	Draper	Salt Lake
Alta View	84070	Sandy	Salt Lake	Ut	Sandy (West)	Salt Lake
Alta View	84092	Sandy	Salt Lake	Ut	Sandy (Southeast)	Salt Lake
Alta View	84093	Sandy	Salt Lake	Ut	Sandy (Northeast)	Salt Lake
Alta View	84094	Sandy	Salt Lake	Ut	Sandy (Center) V2	Salt Lake
American Fork	84003	American Fork	Utah	Ut	American Fork	Utah
American Fork	84004	Alpine	Utah	Ut	Alpine	Utah
American Fork	84005	Eagle Mountain	Utah	Ut	Eagle Mountain/Cedar Valley	Utah
American Fork	84042	Lindon	Utah	Ut	Pleasant Grove/Lindon	Utah
American Fork	84043	Lehi	Utah	Ut	Lehi	Utah
American Fork	84045	Saratoga Springs	Utah	Ut	Saratoga Springs	Utah
American Fork	84062	Pleasant Grove	Utah	Ut	Pleasant Grove/Lindon	Utah
Bear River Valley	84301	Bear River City	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84306	Collinston	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84307	Corinne	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84309	Deweyville	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84311	Fielding	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84312	Garland	Box Elder	Ut	Tremonton	Bear River
Bear River Valley	84314	Honeyville	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84316	Howell	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84330	Plymouth	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84331	Portage	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84337	Tremonton	Box Elder	Ut	Tremonton	Bear River
Bear River Valley	84340	Willard	Box Elder	Ut	Box Elder County (Other)	Bear River
Bear River Valley	84302	Brigham City	Box Elder	Ut	Brigham City	Bear River
Cedar City	84720	Cedar City	Iron	Ut	Cedar City	Southwest
Cedar City	84721	Cedar City	Iron	Ut	Cedar City	Southwest
Delta Community	84624	Delta	Millard	Ut	Delta/Fillmore	Central
Delta Community	84631	Fillmore	Millard	Ut	Delta/Fillmore	Central
Delta Community	84635	Hinckley	Millard	Ut	Delta/Fillmore	Central
Dixie Regional	84722	Central	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84725	Enterprise	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84737	Hurricane	Washington	Ut	Hurricane/La Verkin	Southwest
Dixie Regional	84738	Ivins	Washington	Ut	Ivins/Santa Clara	Southwest
Dixie Regional	84745	La Verkin	Washington	Ut	Hurricane/La Verkin	Southwest
Dixie Regional	84746	Leeds	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84757	New Harmony	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84765	Santa Clara	Washington	Ut	Ivins/Santa Clara	Southwest
Dixie Regional	84767	Springdale	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84770	Saint George	Washington	Ut	St George	Southwest
Dixie Regional	84771	Saint George	Washington	Ut	St George	Southwest
Dixie Regional	84774	Toquerville	Washington	Ut	Washington County (Other) V2	Southwest

Dixie Regional	84779	Virgin	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84780	Washington	Washington	Ut	Washington City	Southwest
Dixie Regional	84782	Veyo	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84783	Dammeron Valley	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84784	Hildale	Washington	Ut	Washington County (Other) V2	Southwest
Dixie Regional	84790	Saint George	Washington	Ut	St George	Southwest
Dixie Regional	84791	Saint George	Washington	Ut	St George	Southwest
Fillmore Community	84624	Delta	Millard	Ut	Delta/Fillmore	Central
Fillmore Community	84631	Fillmore	Millard	Ut	Delta/Fillmore	Central
Fillmore Community	84635	Hinckley	Millard	Ut	Delta/Fillmore	Central
Garfield Memorial	84713	Beaver	Beaver	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84714	Beryl	Iron	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84718	Cannonville	Garfield	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84726	Escalante	Garfield	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84735	Hatch	Garfield	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84736	Henrieville	Garfield	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84742	Kanarraville	Iron	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84743	Kingston	Piute	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84751	Milford	Beaver	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84752	Minersville	Beaver	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84756	Newcastle	Iron	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84758	Orderville	Kane	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84759	Panguitch	Garfield	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84760	Paragonah	Iron	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84761	Parowan	Iron	Ut	Southwest Local Health District (Other)	Southwest
Garfield Memorial	84776	Tropic	Garfield	Ut	Southwest Local Health District (Other)	Southwest
Heber Valley	84027	Fruitland	Duchesne	Ut	Duchesne County	Tricounty
Heber Valley	84032	Heber City	Wasatch	Ut	Wasatch County	Wasatch
Heber Valley	84049	Midway	Wasatch	Ut	Wasatch County	Wasatch
Heber Valley	84082	Wallsburg	Wasatch	Ut	Wasatch County	Wasatch
Intermountain Medical Center	84029	Grantsville	Tooele	Ut	Tooele County (Other)	Tooele
Intermountain Medical Center	84044	Magna	Salt Lake	Ut	Magna	Salt Lake
Intermountain Medical Center	84047	Midvale	Salt Lake	Ut	Midvale	Salt Lake
Intermountain Medical Center	84074	Tooele	Tooele	Ut	Tooele Valley	Tooele
Intermountain Medical Center	84084	West Jordan	Salt Lake	Ut	West Jordan (Northeast) V2	Salt Lake
Intermountain Medical Center	84105	Salt Lake City	Salt Lake	Ut	Salt Lake City (Southeast Liberty)	Salt Lake



Intermountain Medical Center	84106	Salt Lake City	Salt Lake	Ut	Salt Lake City (Sugarhouse)	Salt Lake
Intermountain Medical Center	84107	Salt Lake City	Salt Lake	Ut	Murray	Salt Lake
Intermountain Medical Center	84109	Salt Lake City	Salt Lake	Ut	Millcreek (East)	Salt Lake
Intermountain Medical Center	84115	Salt Lake City	Salt Lake	Ut	South Salt Lake	Salt Lake
Intermountain Medical Center	84117	Salt Lake City	Salt Lake	Ut	Holladay V2	Salt Lake
Intermountain Medical Center	84118	Salt Lake City	Salt Lake	Ut	Kearns V2	Salt Lake
Intermountain Medical Center	84119	West Valley City	Salt Lake	Ut	West Valley (East) V2	Salt Lake
Intermountain Medical Center	84120	West Valley City	Salt Lake	Ut	West Valley (Center)	Salt Lake
Intermountain Medical Center	84121	Salt Lake City	Salt Lake	Ut	Cottonwood	Salt Lake
Intermountain Medical Center	84123	Salt Lake City	Salt Lake	Ut	Taylorsville (East)/Murray (West)	Salt Lake
Intermountain Medical Center	84124	Salt Lake City	Salt Lake	Ut	Millcreek (South)	Salt Lake
Intermountain Medical Center	84128	West Valley City	Salt Lake	Ut	West Valley (West) V2	Salt Lake
Intermountain Medical Center	84129	Salt Lake City	Salt Lake	Ut	Taylorsville (West)	Salt Lake
Layton	84010	Bountiful	Davis	Ut	Bountiful	Davis
Layton	84014	Centerville	Davis	Ut	Centerville	Davis
Layton	84015	Clearfield	Davis	Ut	Clearfield Area/Hooper	Davis
Layton	84025	Farmington	Davis	Ut	Farmington	Davis
Layton	84037	Kaysville	Davis	Ut	Kaysville/Fruit Heights	Davis
Layton	84040	Layton	Davis	Ut	Layton/South Weber	Davis
Layton	84041	Layton	Davis	Ut	Layton/South Weber	Davis
Layton	84054	North Salt Lake	Davis	Ut	North Salt Lake	Davis
Layton	84056	Hill Afb	Davis	Ut	Clearfield Area/Hooper	Davis
Layton	84075	Syracuse	Davis	Ut	Syracuse	Davis
Layton	84087	Woods Cross	Davis	Ut	Woods Cross/West Bountiful	Davis
Lds	84101	Salt Lake City	Salt Lake	Ut	Salt Lake City (Downtown) V2	Salt Lake
Lds	84102	Salt Lake City	Salt Lake	Ut	Salt Lake City (Downtown) V2	Salt Lake
Lds	84103	Salt Lake City	Salt Lake	Ut	Salt Lake City (Avenues)	Salt Lake
Lds	84104	Salt Lake City	Salt Lake	Ut	Salt Lake City (Glendale) V2	Salt Lake
Lds	84108	Salt Lake City	Salt Lake	Ut	Salt Lake City (Foothill/East Bench)	Salt Lake
Lds	84111	Salt Lake City	Salt Lake	Ut	Salt Lake City (Downtown) V2	Salt Lake
Lds	84116	Salt Lake City	Salt Lake	Ut	Salt Lake City (Rose Park)	Salt Lake
Logan Regional	84028	Garden City	Rich	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84305	Clarkston	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84318	Hyde Park	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84319	Hyrum	Cache	Ut	Hyrum	Bear River
Logan Regional	84320	Lewiston	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84321	Logan	Cache	Ut	Logan V2	Bear River
Logan Regional	84323	Logan	Cache	Ut	Logan V2	Bear River
Logan Regional	84325	Mendon	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84326	Millville	Cache	Ut	Logan V2	Bear River
Logan Regional	84327	Newton	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River

Logan Regional	84328	Paradise	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84332	Providence	Cache	Ut	Logan V2	Bear River
Logan Regional	84333	Richmond	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84335	Smithfield	Cache	Ut	Smithfield	Bear River
Logan Regional	84338	Trenton	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84339	Wellsville	Cache	Ut	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84341	Logan	Cache	Ut	North Logan	Bear River
Mckay-Dee	84050	Morgan	Morgan	Ut	Morgan County	Weber-Morgan
Mckay-Dee	84067	Roy	Weber	Ut	Roy/Hooper	Weber-Morgan
Mckay-Dee	84310	Eden	Weber	Ut	Weber County (East)	Weber-Morgan
Mckay-Dee	84315	Hooper	Weber	Ut	Roy/Hooper	Weber-Morgan
Mckay-Dee	84317	Huntsville	Weber	Ut	Weber County (East)	Weber-Morgan
Mckay-Dee	84401	Ogden	Weber	Ut	Ogden (Downtown)	Weber-Morgan
Mckay-Dee	84403	Ogden	Weber	Ut	South Ogden	Weber-Morgan
Mckay-Dee	84404	Ogden	Weber	Ut	Ben Lomond	Weber-Morgan
Mckay-Dee	84405	Ogden	Weber	Ut	Riverdale	Weber-Morgan
Mckay-Dee	84414	Ogden	Weber	Ut	Weber County (East)	Weber-Morgan
Orem Community	84057	Orem	Utah	Ut	Orem (North)	Utah
Orem Community	84058	Orem	Utah	Ut	Orem (West)	Utah
Orem Community	84097	Orem	Utah	Ut	Orem (East)	Utah
Park City	84017	Coalville	Summit	Ut	Summit County (East)	Summit
Park City	84033	Henefer	Summit	Ut	Summit County (East)	Summit
Park City	84036	Kamas	Summit	Ut	Summit County (East)	Summit
Park City	84055	Oakley	Summit	Ut	Summit County (East)	Summit
Park City	84060	Park City	Summit	Ut	Park City	Summit
Park City	84061	Peoa	Summit	Ut	Summit County (East)	Summit
Park City	84068	Park City	Summit	Ut	Park City	Summit
Park City	84098	Park City	Summit	Ut	Park City	Summit
Riverton	84009	South Jordan	Salt Lake	Ut	Daybreak	Salt Lake
Riverton	84065	Riverton	Salt Lake	Ut	Riverton/Bluffdale	Salt Lake
Riverton	84081	West Jordan	Salt Lake	Ut	West Jordan (West)/Copperton	Salt Lake
Riverton	84088	West Jordan	Salt Lake	Ut	West Jordan (Southeast)	Salt Lake
Riverton	84095	South Jordan	Salt Lake	Ut	South Jordan V2	Salt Lake
Riverton	84096	Herriman	Salt Lake	Ut	Herriman	Salt Lake
Sanpete Valley	84627	Ephraim	Sanpete	Ut	Sanpete Valley	Central
Sanpete Valley	84629	Fairview	Sanpete	Ut	Sanpete Valley	Central
Sanpete Valley	84642	Manti	Sanpete	Ut	Sanpete Valley	Central
Sanpete Valley	84647	Mount Pleasant	Sanpete	Ut	Sanpete Valley	Central
Sevier Valley	84620	Aurora	Sevier	Ut	Central (Other)	Central
Sevier Valley	84622	Centerfield	Sanpete	Ut	Central (Other)	Central
Sevier Valley	84623	Chester	Sanpete	Ut	Central (Other)	Central
Sevier Valley	84636	Holden	Millard	Ut	Central (Other)	Central
Sevier Valley	84637	Kanosh	Millard	Ut	Central (Other)	Central
Sevier Valley	84644	Meadow	Millard	Ut	Central (Other)	Central
Sevier Valley	84646	Moroni	Sanpete	Ut	Central (Other)	Central
Sevier Valley	84649	Oak City	Millard	Ut	Central (Other)	Central
Sevier Valley	84652	Redmond	Sevier	Ut	Central (Other)	Central
Sevier Valley	84654	Salina	Sevier	Ut	Richfield/Monroe/Salina	Central
Sevier Valley	84657	Sigurd	Sevier	Ut	Central (Other)	Central
Sevier Valley	84662	Spring City	Sanpete	Ut	Central (Other)	Central
Sevier Valley	84667	Wales	Sanpete	Ut	Central (Other)	Central
Sevier Valley	84701	Richfield	Sevier	Ut	Richfield/Monroe/Salina	Central

Sevier Valley	84711	Annabella	Sevier	Ut	Central (Other)	Central
Sevier Valley	84715	Bicknell	Wayne	Ut	Central (Other)	Central
Sevier Valley	84723	Circleville	Piute	Ut	Central (Other)	Central
Sevier Valley	84724	Elsinore	Sevier	Ut	Central (Other)	Central
Sevier Valley	84730	Glenwood	Sevier	Ut	Central (Other)	Central
Sevier Valley	84739	Joseph	Sevier	Ut	Central (Other)	Central
Sevier Valley	84740	Junction	Piute	Ut	Central (Other)	Central
Sevier Valley	84744	Koosharem	Sevier	Ut	Central (Other)	Central
Sevier Valley	84747	Loa	Wayne	Ut	Central (Other)	Central
Sevier Valley	84749	Lyman	Wayne	Ut	Central (Other)	Central
Sevier Valley	84750	Marysvale	Piute	Ut	Central (Other)	Central
Sevier Valley	84754	Monroe	Sevier	Ut	Richfield/Monroe/Salina	Central
Sevier Valley	84775	Torrey	Wayne	Ut	Central (Other)	Central
Utah Valley	84601	Provo	Utah	Ut	Provo (West City Center)	Utah
Utah Valley	84603	Provo	Utah	Ut	Provo (West City Center)	Utah
Utah Valley	84604	Provo	Utah	Ut	Provo/Byu	Utah
Utah Valley	84606	Provo	Utah	Ut	Provo (East City Center)	Utah
Utah Valley	84645	Mona	Juab	Ut	Nephi/Mona	Central
Utah Valley	84651	Payson	Utah	Ut	Payson	Utah
Utah Valley	84653	Salem	Utah	Ut	Salem City	Utah
Utah Valley	84655	Santaquin	Utah	Ut	Utah County (South) V2	Utah
Utah Valley	84660	Spanish Fork	Utah	Ut	Spanish Fork	Utah
Utah Valley	84663	Springville	Utah	Ut	Springville	Utah
Utah Valley	84664	Mapleton	Utah	Ut	Mapleton	Utah

\*The Cassia Regional Hospital defined its community using zip codes that align with local public health efforts and County Health Rankings & Roadmaps. The hospital community includes medically underserved, low-income, and minority populations. These zip codes were used to assemble available data for health indicators:

83311 Albion      83318 Burley      83336 Heyburn      83343 Minidoka      83347 Paul  
 83312 Almo      83323 Delco      83342 Malta      83346 Oakley      83350 Rupert

### Appendix C

The table below lists the health indicators reviewed for the 2019 CHNA:

Age	Breast Cancer	Diabetes	Fruit Consumption
Access to Dental Health providers	Breastfeeding	Diphtheria	General Health Status
Access to MH providers	Burn (minor)	Disability/Activity limitation	Gestational diabetes
ACES	Campylobacter	Drowning	Giardiasis
Air Quality	Child poverty	Duration between Pregnancies	Gonorrhea
Alcohol use during Pregnancy	Childhood vaccination	Education	Heart Failure
All Cancer Deaths	Chlamydia	Ethnicity	Helmet Use (minor)
Alzheimer’s Disease	Cholesterol checked	Excessive Gestational Weight Gain	Hepatitis A
Arthritis	Chronic Drinking	Falls	Hepatitis B, acute
At Least One Primary Provider	Cigarette Smoking	Fetal Deaths	Hepatitis B, chronic
Attempted Suicide (minor)	Colon Cancer	Fire deaths	Hepatitis C, acute
Autism	Colon cancer screening	Firearm	Hepatitis C, chronic
Binge Drinking	COPD	Food Deserts/Low Food Access	High Blood Pressure
Births from Unintended Pregnancy	Coronary Heart Disease	Food Insecurity	High Cholesterol
Births to Women under 18	Cost as a Barrier to Care in Past Year	Frequent mental distress	HIV
	Cryptosporidiosis	Households headed by	HIV Testing
	Depression		Hospital Associated Infections
	Developmental Screening		

single female	Modified Food Retail Environment Index	vaccinations	E.coli
Housing - Overcrowded or Substandard Housing	Mortality/leading causes of death	Poisoning	Skin Cancer
Housing Cost Burden	Motor vehicle traffic crashes	Population Counts	Smoking during third trimester of pregnancy
HPV immunization	Multivitamin use before pregnancy	Pre-Diabetes	Stroke
Illicit Substance Use (minor)	No Health Insurance Coverage	Prescription Drug Misuse & deaths	Suicide
Income	No Prenatal Care until 3rd Trimester	Preterm Births	Sun Safety
Infant Mortality	Non-emergent ED Use	Provider per population/ Physician Supply	Syphilis, all stages
Influenza vaccination	Obese BMI prior to pregnancy	Rabies, animal	Tetanus
Influenza-associated hospitalization	Obesity	Race	Transportation use
Lack of Social and Emotional Support	Occupational Fatalities	Recommended Physical Activity	Tuberculosis, active
Last Dental Visit 1 year ago or more	Opioid Specifically	Recreation and Fitness Facility Access	Uncontrolled Asthma
Life expectancy	Overweight	Safety - crime rates	Unintentional Injury Deaths
Low Birth Weight	Persons living in poverty	Salmonellosis	Vaping
Lung Cancer	Pertussis	Seatbelt use	Varicella (chickenpox)
Mammogram	Pneumococcal	Sex	Vegetable Consumption
Mental Health Status		Sexual Assault (Rape)	Violent Crimes
		Shiga toxin-producing	Walk and Bike Friendly
			Water Quality
			West Nile virus, total

### List Intermountain Healthcare Hospitals w/ link to CHNA and Implementation Plans

#### Alta View Hospital in Sandy, Utah

<https://intermountainhealthcare.org/locations/alta-view-hospital/hospital-information/alta-view-hospital-chna/>

#### American Fork Hospital in American Fork, Utah

<https://intermountainhealthcare.org/locations/american-fork-hospital/hospital-information/american-fork-hospital-chna/>

#### Bear River Valley Hospital in Tremonton, Utah

<https://intermountainhealthcare.org/locations/bear-river-valley-hospital/hospital-information/bear-river-valley-hospital-chna/>

#### Cassia Regional Hospital in Burley, Idaho

<https://intermountainhealthcare.org/locations/cassia-regional-hospital/hospital-information/cassia-regional-hospital-chna-report/>

#### Cedar City Hospital in Cedar City, Utah

<https://intermountainhealthcare.org/locations/cedar-city-hospital/hospital-information/cedar-city-chna-report/>

#### Delta Community Hospital in Delta, Utah

<https://intermountainhealthcare.org/locations/delta-community-hospital/hospital-information/delta-community-hospital-chna-report/>

#### Dixie Regional Medical Center in St. George, Utah

<https://intermountainhealthcare.org/locations/dixie-regional-medical-center/hospital-information/dixie-regional-chna-report/>

#### Fillmore Community Hospital in Fillmore, Utah

<https://intermountainhealthcare.org/locations/fillmore-community-hospital/hospital-information/fillmore-community-hospital-chna-report/>

#### Garfield Memorial Hospital in Panguitch, Utah

<https://intermountainhealthcare.org/locations/garfield-memorial-hospital/hospital-information/garfield-memorial-hospital-chna-report/>

**Heber Valley Hospital in Heber City, Utah**

<https://intermountainhealthcare.org/locations/heber-valley-hospital/hospital-information/heber-valley-hospital-chna-report/>

**Intermountain Medical Center in Salt Lake City, Utah**

<https://intermountainhealthcare.org/locations/intermountain-medical-center/hospital-information/intermountain-medical-center-chna-report/>

**Layton Hospital in Layton, Utah**

<https://intermountainhealthcare.org/locations/layton-hospital/hospital-information/layton-hospital-chna/>

**LDS Hospital in Salt Lake City, Utah**

<https://intermountainhealthcare.org/locations/lds-hospital/hospital-information/lds-hospital-chna-report/>

**Logan Regional Hospital in Logan, Utah**

<https://intermountainhealthcare.org/locations/logan-regional-hospital/hospital-information/logan-regional-hospital-chna-report/>

**McKay-Dee Hospital in Ogden, Utah**

<https://intermountainhealthcare.org/locations/mckay-dee-hospital/hospital-information/mckay-dee-hospital-chna-report/>

**Orem Community Hospital in Orem, Utah**

<https://intermountainhealthcare.org/locations/oreem-community-hospital/hospital-information/oreem-community-hospital-chna-report/>

**Park City Hospital in Park City, Utah**

<https://intermountainhealthcare.org/locations/park-city-hospital/hospital-information/park-city-medical-center-chna-report/>

**Primary Children’s Hospital in Salt Lake City, Utah**

<https://intermountainhealthcare.org/locations/primary-childrens-hospital/hospital-information/primary-childrens-hospital-chna-report/>

**Riverton Hospital in Riverton, Utah**

<https://intermountainhealthcare.org/locations/riverton-hospital/hospital-information/riverton-hospital-chna-report/>

**Sanpete Valley Hospital in Mount Pleasant, Utah**

<https://intermountainhealthcare.org/locations/sanpete-valley-hospital/hospital-information/sanpete-valley-hospital-chna-report/>

**Sevier Valley Hospital in Richfield, Utah**

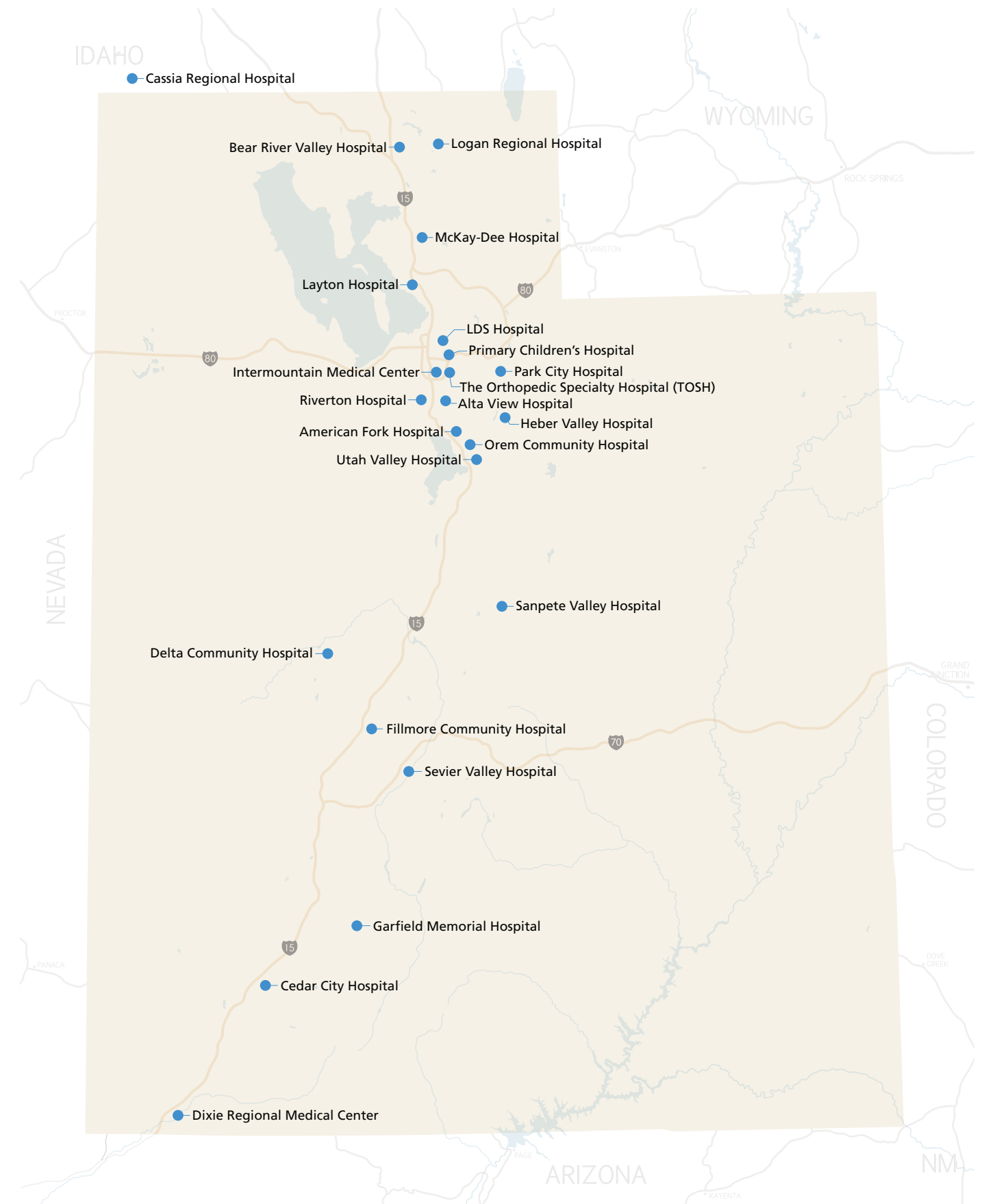
<https://intermountainhealthcare.org/locations/sevier-valley-hospital/hospital-information/sevier-valley-hospital-chna-report/>

**TOSH-The Orthopedic Specialty Hospital in Murray, Utah**

<https://intermountainhealthcare.org/locations/the-orthopedic-specialty-hospital/hospital-information/tosh-chna-report/>

**Utah Valley Hospital in Provo, Utah**

<https://intermountainhealthcare.org/locations/utah-valley-hospital/hospital-information/utah-valley-chna-report/>







**Intermountain<sup>®</sup>**  
**Cassia Regional Hospital**

