



Intermountain®
Healthcare



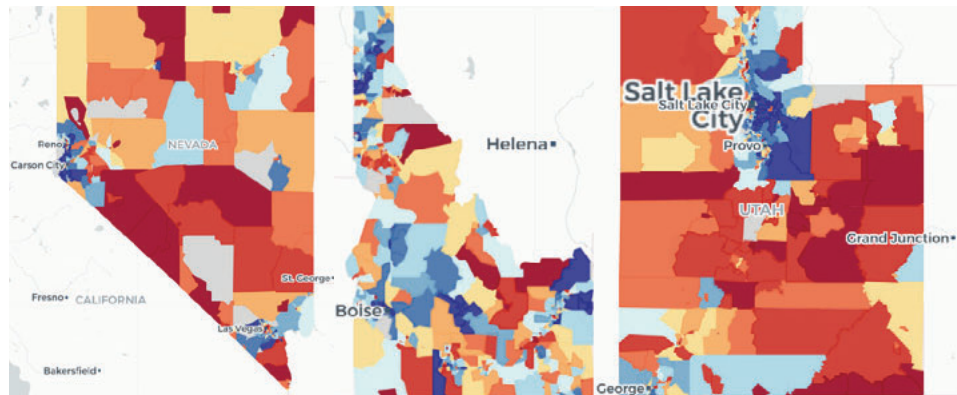
Intermountain Healthcare Community Health Needs Assessment 2022

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. We continue to use the Area Deprivation Index to understand these social determinants of health in the context of geography and continues to use this metric to understand the 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 the poverty level
- Percent of the population below 150 percent poverty threshold
- Percent of single-parent households with dependents under the age of 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 the unemployed civilian labor force over the age of 16
- Percent of the population over age 25 with less than nine years of education
- Percent of the population over age 25 with at least a high school education

These maps illustrate the ADI for Nevada, Idaho, and Utah. Red indicates a community with higher socio-economic needs, blue indicates lower socio-economic needs.



The social determinants of health were identified by key stakeholders as a key barrier to achieving success in the other prioritized health needs in Utah

Facing the realities of economic factors such as inflation, unaffordable housing, and growing gaps in wealth and financial stability, our communities spoke loudly that these drivers of health must be part of any community health strategy. Social determinants of health, especially education, was ranked as the top priority by our advisory panels and community partners. As Intermountain strives to increase its 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 social and economic drivers of health in the communities it serves.

DETAILED FINDINGS – ALTA VIEW HOSPITAL

Located in Sandy, Utah, a suburb of Salt Lake City, in Salt Lake County, Alta View Hospital has 66 staffed beds and offers a broad spectrum of inpatient and outpatient services. In 2022, 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. Alta View Hospital identified the significant health needs as: **Improve Mental Well-Being, Improve Chronic & Avoidable Health Outcomes, and Address & Invest in the Social Determinants of Health.**

What we heard from this community - participants in the community input meeting identified the following issues as key health needs in their community:

- Mental health affecting children:
 - o Isolation as a result of COVID-19 changes and stress;
 - o Long wait lists for providers;
 - o Lack of social skills and tolerance to trauma;
 - o Stigma in certain populations;
 - o Lack of culturally competent providers;
 - o Considered a top priority for community leaders;
 - o High level of motivation to remove barriers; and
 - o Unsure of resources and assets to remove barriers.
- Nutrition and food insecurity. Barriers discussed:
 - o Family resources being spent on housing costs rather than healthy food.
 - o “So if you’re spending the biggest portion of your income, you’re spending it on your rent that means paying for medication is going to be the least- the last thing to think about. Having healthy meals, you don’t think about it. So all these other things that we see in health care are not going to be a priority for you. The first thing would be covering your rent, your utilities, and that’s why housing is a big challenge. And also if you end up living on the street, you cannot be healthy. You cannot be homeless and healthy at the same time.”
- Drugs and alcohol use and misuse:
 - o Meth, Cocaine, Opioid use; and
 - o Co-occurring with mental health.
 - o “I wouldn’t have made it if it had not been for Alcoholics Anonymous or Fit to Recover...I think peer support is very valuable with individuals in the community because I’m very fortunate that I get to go out and work with individuals and help them with all of these, like go teach them public transportation, teach them how to food prep, teach them...Teach a man to fish, he can feed himself, but teach whatever and then they can feed an army. Really that educational piece with individuals.”
- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:
 - o Language barriers among providers; and
 - o Cost of health care.