

2016 Community Health Needs Assessment

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Primary Children's Hospital



**Intermountain Primary Children's Hospital
Community Health Needs Assessment
2016**



**Primary Children's Hospital
100 North Mario Capecchi Drive
Salt Lake City, Utah 84113**

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Summary

Intermountain Healthcare created a system-wide Community Health Needs Assessment (CHNA) process to be used by each of its hospitals to identify local area health needs and understand how to help people live the healthiest lives possible.

Intermountain Primary Children's Hospital collaborated with the Salt Lake County Health Department and the Utah Department of Health to identify health indicators, gather data, analyze, and then prioritize those indicators to determine the significant health need for children and adolescents to address over the next several years. Health improvement activities to address the prioritized need are detailed in a separate implementation plan.

As a result of this extensive needs assessment and prioritization process, described in the following pages, Primary Children's Hospital and Intermountain identified the priority health need as:

Prevention of depression and prescription opioid misuse

The priority health need for Intermountain's other 21 hospitals:

Prevention of prediabetes, high blood pressure, depression, and prescription opioid misuse

This report focuses on the child and adolescent health needs of the Primary Children's Hospital community, the state of Utah. Adult health needs are reported in each of the other 21 Intermountain hospital CHNA Reports, listed in the Appendix. Primary Children's Hospital is the pediatric referral hospital for the state of Utah and the Intermountain West.

The 2016 CHNA report informs Intermountain leadership, public health partners, and community stakeholders of the significant health needs in our community, 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 strategy to address, measure, and report impact of significant health priorities.

This report fulfills the ACA reporting requirement to make results of the CHNA publicly available. This report has been reviewed and approved by the Primary Children's Hospital Governing Board.

Primary Children's Hospital is one of Intermountain's 22¹ hospitals located in Utah and southeastern Idaho. Intermountain's system-wide process for conducting the CHNA for each hospital community includes:

- Asking for broad community input regarding local health needs including needs of medically underserved and low-income populations
- Analyzing and prioritizing health indicators to identify significant needs
- Making the CHNA results publicly available

¹ Intermountain owns and operates 21 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 22 hospitals to include this hospital.

Intermountain hospital leaders, Community Benefit, and Strategic Planning and Research staff members conducted community input meetings that were co-hosted by each hospital, the local health department, and the Utah Department of Health. Invitees represented the broad interests of the residents, including the healthcare needs of medically underserved and low-income populations. Participants included minority, low-income, and uninsured populations, safety net clinic employees, school representatives, health advocates, mental health providers, local government leaders, senior service providers, and others.

Intermountain collaborated with local health departments, the Utah Department of Health, and internal clinical and operational leadership to identify 100 health indicators representing 16 broad health issues. The indicators form the core of public health data that Intermountain, local health departments, and the Utah Department of Health used or will use for each of their own needs assessments. The Utah Department of Health Office of Public Health Assessment assembled the 100 health indicator data for each of Intermountain's 22 hospital communities.

Intermountain developed a process to prioritize significant health needs. Representatives from local health departments, the Utah Department of Health, Intermountain hospitals and governing boards, and clinical and operational leadership, were invited to participate in the prioritization process. Participants reviewed summaries of community input meetings and health indicator data and completed a survey to quantify the relative priority of the 16 broad health issues.

The priority health need for Primary Children's Hospital: the prevention of depression and prescription opioid misuse; reflects results of the prioritization process that revealed mental health issues, as the top health issue. Selecting a single, specific health issue as the identified need provides clarity and guidance for implementation strategies.

Results of the CHNA were used to develop a three-year implementation strategy for Primary Children's Hospital to address the significant health need using evidence based programs. Outcome measures for the implementation strategy will be defined and tracked quarterly over three years; impact of the strategy will be reported annually.

Community Health Needs Assessment Background

Primary Children's Hospital's first CHNA was part of Intermountain's 2009 comprehensive assessment to identify significant community health needs, especially for low-income residents in Utah and southeastern Idaho communities. From data review and consultation with not-for-profit and government partners, Intermountain identified these health priorities:

- Chronic disease associated with weight and unhealthy behaviors
- Access to healthcare for low-income populations
- Access to behavioral health services for low-income populations

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 2010* goals (a national program to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death) and Intermountain clinical goals. The 2009 CHNA guided Intermountain's community health improvement efforts and the community health goals of its hospitals, clinics, and programs.

The Patient Protection and Affordable Care Act (ACA) requires that each not-for-profit hospital solicit input from people representing the broad interests of the community, gather quantitative data, identify and prioritize significant health needs, create strategies to address the needs, make the CHNA results public, and report on the IRS Form 990 Schedule H. Intermountain conducted another CHNA in 2013; identified the same three health priorities from the 2009 assessment and added a fourth on childhood accident and injury prevention.

New requirements, effective January 1, 2016 from the Department of the Treasury, guided the 2016 CHNA process design. Intermountain's Community Benefit and Strategic Planning and Research Departments created a system-wide process for each of its hospitals in conducting components of the CHNA and creating plans to address the significant need by:

- Soliciting community input regarding local health needs
- Collecting quantitative data on health indicators
- Prioritizing health indicators 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

Defining the Primary Children’s Hospital Community

Primary Children’s Hospital is a pediatric specialty hospital located in urban Salt Lake City, Utah. The hospital is one of 22 Intermountain Healthcare owned and operated hospitals in Utah and southeast Idaho and is a regional pediatric Trauma I referral center for the Intermountain West. The hospital has 332 staffed beds and a broad spectrum of inpatient and outpatient medical services. It is the only pediatric specialty hospital in Utah. In 2015, the hospital provided more than \$13.7 million² in financial assistance to patients in over 12,300 cases.

State of Utah

U.S. Census Quick Facts 2015 ³	Utah	U.S.
Population (2015)	2,995,919	321,418,820
Population per square mile	33.6	87.4
Land area in square miles	82,169.62	3,531,905.43
Persons Under 18	30.5%	22.9%
Persons 65 years and over	10.3%	14.9%
Language other than English spoken at home, percent of persons age 5+	14.6%	20.9%
High school graduate or higher, percent of persons age 25+	91.0%	86.3%
Bachelor’s degree or higher, percent of persons age 25+	30.6%	29.3%
Persons in poverty	11.7%	14.8%
Race and Hispanic Origin		
White	79.0%	61.6%
Hispanic or Latino	13.7%	17.6%
Black or African American	1.3%	13.3%
American Indian and Alaska Native	1.5%	1.2%
Asian	2.5%	5.6%
Native Hawaiian and Other Pacific Islander	1.0%	0.2%

The Primary Children’s Hospital community was defined as the state of Utah since this pediatric specialty hospital serves children and adolescents throughout the state and the majority of inpatient discharges reside in Utah. State data was used to assemble available data for health indicators for children and adolescents. The hospital community includes medically underserved, low-income, and minority populations

In 2014, approximately 4.8 percent of the children and adolescents age 0 to 18 were uninsured in Utah.⁴

² Total gross charges; the total adjusted charity care based on standard established by the Utah State Tax Commission is approximately \$11.5 million.

³ United States Census, 2015 Quick Facts, <http://quickfacts.census.gov>

⁴ Utah Department of Health Behavioral Health Risk Factor Surveillance System (BRFSS) Combined Landline and Cell Query Module – Healthcare Coverage [Healthy People 2020 AHS-1]

2016 Community Health Needs Assessment

CHNA Process Planning, Governance, and Collaboration

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.

Several committees within Intermountain guided the assessment and implementation planning process. This engagement led to a commitment from leaders to apply the assessment results in a three-year cycle to create health improvement strategies in the communities where our facilities are located.

- The Community Health Improvement Guidance Council, established in early 2014, provides strategic direction for Intermountain's Community Health Improvement activities, including the development of the 2016 CHNA and Implementation Strategy Planning process. The Council includes executive leadership from Population Health, Strategic Planning, SelectHealth, (Intermountain's insurance company), Clinical Operations, Medical Group Operations, Legal, Tax, Finance, Communications, and Community Benefit to facilitate alignment with Intermountain strategy and ensure compliance with relevant tax and regulatory requirements. The Council established Guiding Principles for Community Health Improvement during 2014 which guided the development of the 2016 CHNA and Implementation Strategy Process.
- The Community Benefit Steering Committee provides tactical leadership to integrate the CHNA, implementation strategies, and other health improvement initiatives within the Intermountain system while supporting collaborative work with public health departments and other stakeholders. The Steering Committee includes senior leaders for hospital operations, Integrated Care Management, Strategic Planning and Research, Population Health, Behavioral Health, Communications, Medical Group, SelectHealth, and regional Community Benefit.
- The CHNA Executive Committee coordinated the subcommittees and managed the hand-off of each stage in the process through final public reporting. Subcommittees included: Communications, Data Collection, Health Need Prioritization, Evaluation, and Implementation Planning.
- Community Benefit Managers representing geographic areas of Intermountain's service area coordinated local hospital activities including planning and identifying community members with whom to solicit input, convening meetings to report on the CHNA results, exploring potential collaborations, and planning strategies with local health departments and agencies to address the significant health need. Long-term and emerging relationships with community partners and local hospital Community Benefit staffs have led to opportunities for collaborative strategies to address health needs.
- The Community Advisory Panel was convened 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. The role of the panel included providing recommendations on designing the collaborative assessment that met Intermountain and public health departments' needs; identifying the health indicators; co-hosting community input meetings; reviewing data results; providing input to prioritize needs; and participating in planning strategies to address the significant health need.

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:

- Leadership from the Association for Utah Community Health (Federally Qualified Health Centers)
- Representatives from HealthInsight (Utah’s designated quality improvement organization and quality innovation network)
- 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
- Executive directors from the following health departments: Davis County Health Department, Central Utah Health Department, Wasatch County Health Department, Summit County Health Department, Utah County Health Department, Utah Department of Health, Wasatch County Health Department, and Weber-Morgan Health Department
- Representatives of Intermountain Community Benefit Department, Strategic Planning and Research Department, and Medical Group Clinics

CHNA Methodology

Following the Intermountain system-wide approach, Primary Children’s Hospital conducted its 2016 CHNA by:

- Asking for broad community input regarding local health needs including needs of medically underserved and low-income populations
- Gathering quantitative data collection on health indicators
- Reviewing Area Deprivation Index map
- Analysis and prioritization of health needs indicators to identify significant needs
- Making the CHNA results publicly available

Community Input

Primary Children’s Hospital, Salt Lake County Health Department, and the Utah Department of Health co-hosted the community input meeting. Invitees included representatives of the following groups:

- Child advocacy 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 healthcare needs of uninsured and low-income people, were invited to attend the meeting to share their perspectives on health needs in the hospital’s community. Staff from Intermountain facilitated the meeting on May 5, 2015 which was manually and digitally recorded and transcribed.

Discussion highlighted specific issues in the community, concrete examples of challenges, perceptions, and strategies for addressing health needs. 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 surveys responded to the request. Representatives from the following organizations were included:

- Community Advocates
- Family Support Center
- Fourth Street Homeless Clinic
- Head Start
- Intermountain Healthcare
- Intermountain Primary Children's Hospital
- Pediatrician
- Salt Lake County Health Department
- Salt Lake City Mayor's Office
- United Way (serving Davis, Salt Lake, Summit, and Tooele Counties)
- University Neuropsychiatric Institute, Child & Adolescent Psychiatry
- Utah Department of Health
- Utah Family Choices
- Utah Health Policy Project
- Utah State Board of Education
- Utah State legislator
- Utah State Parent Teacher Association

Health Indicators

The selection of reliable, meaningful health indicators was an important part of the 2016 CHNA. First, Intermountain created an inventory of health indicators used in the 2009 and 2013 assessments 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, particularly those used by *Healthy People 2020*,⁵ also contributed indicators to the inventory. Third, the staff conducted interviews with epidemiologists at the Utah Department of Health and local health departments to identify additional indicators important to their own needs assessments and specific measures for each with good reliability and availability. The Community Advisory Panel reviewed the list and provided final recommendations.

Next, the 100 indicators were grouped into 16 different broad health issues to simplify and organize discussions of data. The groupings were based on recommendations from the Institute of Medicine⁶ and *Healthy People 2020*.⁷ Finally, the completed list of 100 indicators grouped by 16 broad health issues was presented to and approved by Intermountain's Community Benefit Steering Committee and Community Health Improvement Guidance Council.

Intermountain collaborated with the Utah Department of Health Office of Public Health Assessment to assemble available data on health indicators for each hospital community. 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. The Appendix contains data for each indicator for the Primary Children's Hospital service area, (the state of Utah), the Intermountain service area, and the United States. Data available for children and adolescents is very limited.

⁵ <https://www.healthypeople.gov/2020/topics-objectives>

⁶ Vital Signs: Core Metrics for Health and Health Care Progress, Institute of Medicine Committee on Core Metrics for Better Health at Lower Cost, 2015

⁷ www.healthypeople.gov/2020/tools-resources

The following table lists the health indicators and respective groupings for the 2016 CHNA: (not all health indicators had available data for children and adolescents.)

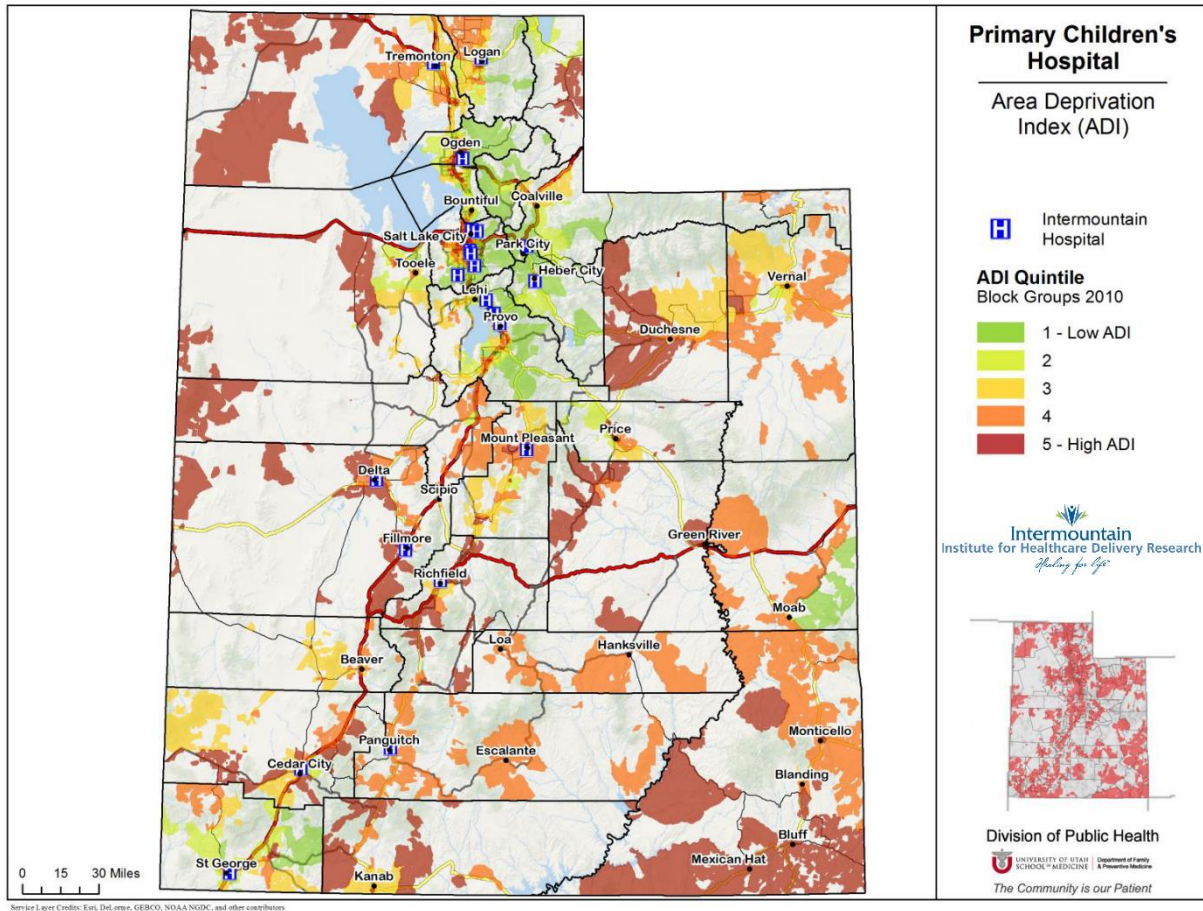
<p>Addictive Behaviors</p> <ul style="list-style-type: none"> • Drug poisoning deaths • Cigarette smoking • E-cigarette use • Smokeless tobacco use • Binge drinking • Chronic drinking 	<p>General Health Status</p> <ul style="list-style-type: none"> • Fair or poor 	<p>Other Infectious Diseases</p> <ul style="list-style-type: none"> • Chlamydia • Gonorrhea • HIV • Syphilis, all stages • Hepatitis C, chronic • Hepatitis C, acute • West Nile virus, total • Tuberculosis, active • Campylobacter • Shiga toxin-producing • E.coli • Salmonellosis • Giardiasis • Cryptosporidiosis • Rabies, animal 	<p>Respiratory Conditions</p> <ul style="list-style-type: none"> • Asthma • COPD
<p>Cancers</p> <ul style="list-style-type: none"> • All cancer deaths • Breast cancer diagnosis • Colon cancer diagnosis • Lung cancer diagnosis • Skin cancer diagnosis 	<p>Maternal & Child Health</p> <ul style="list-style-type: none"> • Infant mortality • No prenatal care until 3rd trimester • Multivitamin use before pregnancy • Preterm births • Low birth weight • Gestational diabetes • Obese BMI prior to pregnancy • Excess gestational weight gain • Alcohol use during pregnancy • Smoking during pregnancy • Breastfeeding • Births from unintended pregnancy • Duration between pregnancies less than 13 mo. • Births to women under 18 	<p>Overweight and Obesity</p> <ul style="list-style-type: none"> • Overweight • Obese • Recommended physical activity • Vegetable consumption • Fruit consumption 	<p>Social Determinants of Health</p> <ul style="list-style-type: none"> • Social determinants of health • Income • Education • Persons living in poverty • Households headed by a single female
<p>Cardiovascular Conditions</p> <ul style="list-style-type: none"> • High blood pressure • High cholesterol • Cardiovascular deaths • Heart failure deaths • Cerebrovascular deaths 	<p>Mental Health</p> <ul style="list-style-type: none"> • Mental health status • Suicide • Attempted suicide by minors • Depression 	<p>Preventive Services</p> <ul style="list-style-type: none"> • Mammogram • Cholesterol checked • Colon cancer screening • Influenza vaccination • Pneumococcal vaccinations • Childhood vaccination • Sun safety • HIV testing 	<p>Vaccine Preventable Diseases</p> <ul style="list-style-type: none"> • Pertussis • Influenza-associated hospitalization • Hepatitis B, chronic • Hepatitis B, acute • Hepatitis A • Tetanus • Diphtheria • Varicella (chickenpox)
<p>Care Access</p> <ul style="list-style-type: none"> • No health insurance • Cost as a barrier to care • Have personal provider • Non-emergent ED use • Dental visit within year 	<p>Other Chronic Conditions</p> <ul style="list-style-type: none"> • Arthritis • Alzheimer's disease 		<p>Violence and Injury Prevention</p> <ul style="list-style-type: none"> • Seatbelt use • Helmet use by minors • Unintentional injury deaths • Any motor vehicle deaths • Firearm deaths • Drowning deaths • Poisoning deaths • Burn deaths
<p>Diabetes Conditions</p> <ul style="list-style-type: none"> • Prediabetes • Diabetes 			

Area Deprivation Index

Income, education, and other economic and social risk factors affect individual health and well-being. 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



Prioritization

Intermountain engaged its internal and external partners in a rigorous prioritization process to identify significant health needs in each hospital community. Prioritization involved identifying dimensions, determining the weight for each, inviting key stakeholders to evaluate the 16 broad health issues on those dimensions, and calculating scores to identify the significant health need.

Intermountain identified dimensions for prioritization using practices established by public health professionals.^{8, 9, 10, 11, 12} 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
- **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

Intermountain’s Community Benefit Steering Committee determined weights for each dimension through a survey process; committee members indicated the relative weight (out of 100 percent) that each dimension should carry. Scores were averaged across committee members to create the assigned weight for each dimension.

Final weights are shown in the chart.

Dimension	Weight
Affordability	14%
Feasibility	14%
Upstream	14%
Health equity	12%
Seriousness	12%
Size	12%
Community input	11%
Alignment	11%

⁸ Association for Community Health Improvement (2007). ACHI Community Health Assessment Toolkit. Available at <http://www.assesstoolkit.org/assesstoolkit/member/Priorities/index.jsp>

⁹ Centers for Disease Control and Prevention. Assessment Protocol for Excellence in Public Health: Appendix E. Available at <http://www.cdc.gov/nphpsp/documents/prioritization-section-from-apexph-in-practice.pdf>

¹⁰ 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>

¹¹ Excerpted from Nancy R. Tague’s The Quality Toolbox, Second Edition, ASQ Quality Press, 2004

¹² Duttweiler, M. 2007. Priority Setting Tools: Selected Background and Information and Techniques.

Intermountain identified more than 400 individuals to participate in the prioritization process for the system-wide step; a subset of the 400 completed the prioritization for Primary Children's Hospital.

Participants included:

- Primary Children's Hospital
 - Administrator/Chief Executive, Financial, Medical, Nursing, and Operations Officers
 - Strategic Planner
 - Community Benefit Manager
 - Communications Director
 - Governing Board
- Intermountain Healthcare
 - Region Vice President
 - Medical Group Chief Executive, Financial, Medical, Nursing, and Operations Officers
 - SelectHealth Chief Executive, Financial, Medical, and Operations Officers
- Local Health Department Officer
- State Health Department Leaders

Participants in the prioritization process for each hospital received the following materials to support their participation:

- An executive summary of the hospital's community input meeting
- A summary of the 100 publicly reported health indicators for the hospital community
- An Area Deprivation Index (ADI) map of the hospital community

Four weeks after receiving the supporting information, participants received an invitation to complete an online survey to rate the 16 broad health issues on four dimensions (alignment, feasibility, seriousness, upstream) using a scale of low (1), medium (2), or high (3). Strategic Planning and Research staff assigned ratings for the remaining dimensions (affordability, community input, health equity, size) based 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.
- **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.

Summary of key issues and ideas from community input meeting:

Key Issues

- Lack of education to prevent poor health behaviors that lead to high rates of obesity
- Challenges of low incomes and affordability of healthy food
- Lack of awareness of healthcare resources for children and adolescents in low-income families
- Need for suicide prevention education
- Mental health issues for children and adolescents
- Stigma associated with mental health conditions
- Challenges of insurance or lack of insurance and accessing mental health services
- Lack of awareness of resources
- Lack of mental health providers, especially for children and adolescents
- Prevalence of suicide

Children's health

- Mental health issues for children and adolescents
- Compliance around childhood immunizations
- Need for prenatal care
- Children living in polygamist communities have health and dental needs but little or no access to care
- Need for parental education about regular well-child visits
- Increase in diagnosed autism
- Effects of parental substance use
- Need for integration of services

Access to mental health

- Need for suicide prevention and conditions underlying suicide
- Disparities in services for autism and severe mental health conditions
- Certain insurance and Medicaid limit access to treatment
- Lack of insurance for mental health services
- Access to insurance doesn't mean access to care (variations in cost, availability and what's covered)
- Stigma associated with mental health
- Concerns about mental health issues of LGBTQ children and youth

Chronic diseases, weight, and unhealthy behaviors

- Challenges of affordable healthy food, especially for some geographic communities
- Need for education on preventing diseases and involvement in children's health
- Lack of respite care for parents of chronically ill children
- Prevalence of obesity
- Need for services for children with disabilities and chronic conditions
- Prevalence of chronic conditions related to the environment including asthma

Access to healthcare

- Lack of access to insurance for low-income women
- Medicaid income gap and need for expansion
- Limited access to care for immigrants, refugees
- Services and resources for healthcare underutilized; lack of awareness
- Cultural and language barriers
- Transportation is a barrier
- Lack of providers accepting Medicaid

Environmental influences on health

- Poor air quality and effects on child/adolescent health
- Lack of affordable quality housing
- Excessive screen time

Significant Community Health Need:

Primary Children's Hospital and Intermountain reviewed the final calculation of priority scores based on ratings across the eight dimensions and identified the priority health need as:

Prevention of depression and prescription opioid misuse

The significant community health needs for the other 21 Intermountain hospitals:

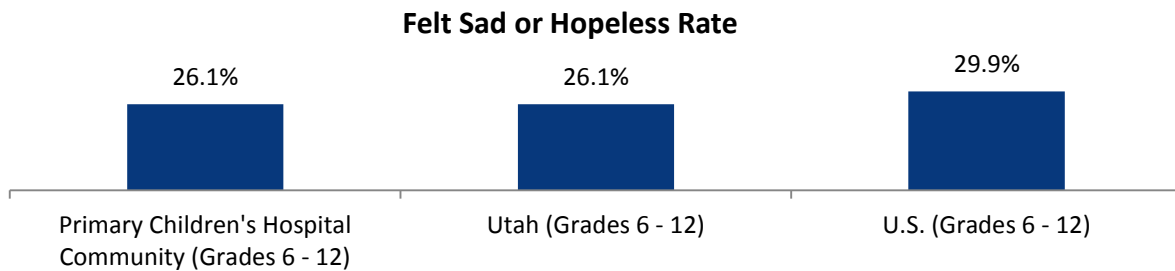
Prevention of prediabetes, high blood pressure, depression, and prescription opioid misuse

Prioritized Health Indicator Data

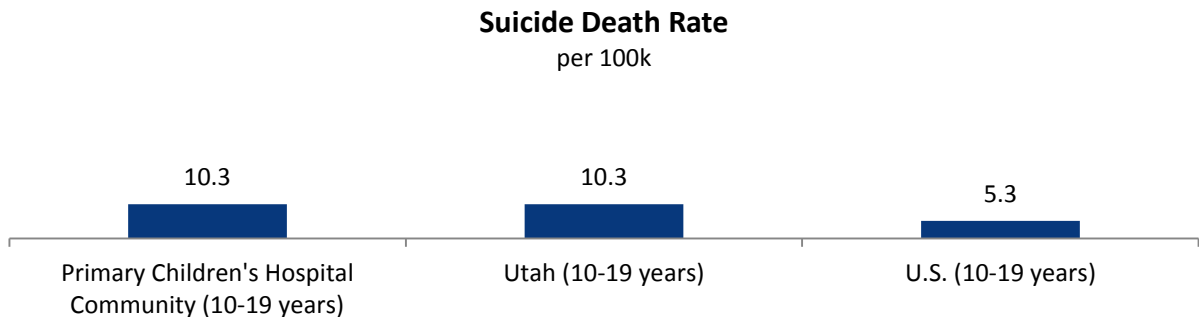
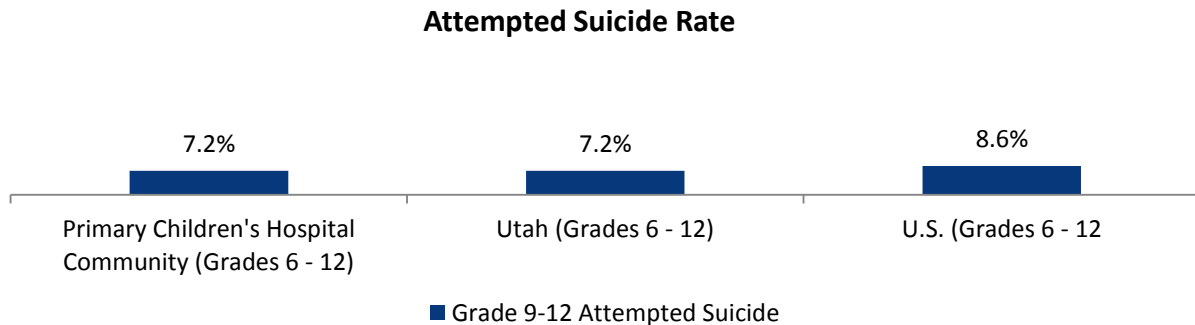
Data in the following tables is the same for Primary Children’s Hospital community and the state of Utah since the hospital’s community is defined as the entire state.

Prevention of Depression

➤ **Approximately one in five adults in the Intermountain Hospital communities reports a diagnosis of depression. While diagnosed depression rate data is currently only available for adults, data from the Youth Risk Behavior Survey indicates that 26.1 percent of youth middle school and high school report feeling sad or hopeless in the past 12 months.¹³ This highlights the importance of prevention efforts that can begin in childhood.**



➤ **Depression can lead to suicide attempts for some individuals. In 2013, suicide surpassed unintentional injuries to become the leading cause of death among youth ages 10-19 in Utah.¹⁴ The suicide death rate for youth in Utah is almost double the national rate.**



¹³ Youth Risk Behavior Survey Public Health Indicator Based Information System (IBIS), Utah Department of Health, 2013

¹⁴ Utah Health Status Update: Risk and Protective Factors for Youth Suicide, Utah Department of Health, February 2015

Prioritization Results: mental health conditions were highly prioritized relative to other health issues

The table below shows how mental health conditions ranked among the 16 broad health issues in each of the prioritization dimensions, for the Primary Children’s Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions illustrate that mental health conditions were highly prioritized relative to other health issues in the Primary Children’s Hospital and Intermountain communities.

Rank of Mental Health Conditions Relative to Other Health Issues		
Prioritization Dimension	Primary Children’s Hospital Community	Intermountain Hospital Communities
Affordability	1 st *	1 st *
Alignment	3 rd *	9 th
Community Input	1 st *	1 st *
Feasibility	3 rd	8 th
Health Equity	3 rd *	3 rd *
Seriousness	1 st	5 th
Size	2 nd *	2 nd *
Upstream	1 st	3 rd

**Indicates there was a tie in the prioritization score between mental health conditions and other health issues on this prioritization dimension.*

Why We Are Focusing on Depression

Mental health is an integral part of an individual’s well-being. Depression is a mood disorder that adversely affects one’s mental health through changes in how an individual thinks, feels, and behaves.¹⁵ Symptoms revolve around emotions of persistent sadness, worthlessness, and thoughts of death or suicide, among many others.¹⁶

The most serious consequence of untreated depression is the development of suicidal thoughts and suicidal attempts. Student Health Risk Prevention Survey (SHARPS) data indicates that 14.4 percent of Utah’s youth have thought about suicide in the past 12 months and 13.9 percent have attempted self-injury.¹⁷

Consequently, the youth suicide rate in Utah is higher than the national average and has been increasing over the past decade. Suicide has surpassed unintentional injuries to become the leading cause of death among youth; in 2014, suicide was the leading cause of death for Utahns ages 10 to 17.¹⁸ On average, 37 youth in Utah die from suicide and 942 are injured in a suicide attempt each year.¹⁹

¹⁵ National Institute of Mental Health, National Institutes of Health (NIH), U.S. Department of Health and Human Services, 2016

¹⁶ *Depression*, Public Health Indicator Based Information System (IBIS), Utah Department of Health, 2014

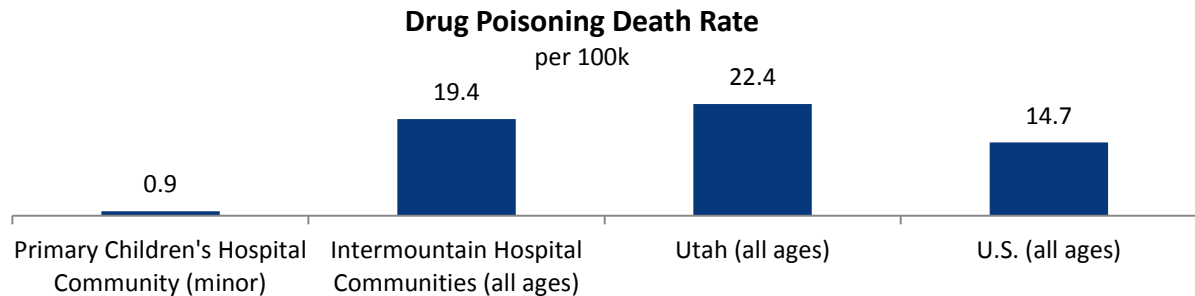
¹⁷ Student Health and Risk Prevention 2015 Prevention Needs Assessment Survey Results, State of Utah Department of Human Services Division of Substance Abuse and Mental Health, November 2015

¹⁸ *Suicide* Public Health Indicator based Information System (IBIS), Utah Department of Health, 2014

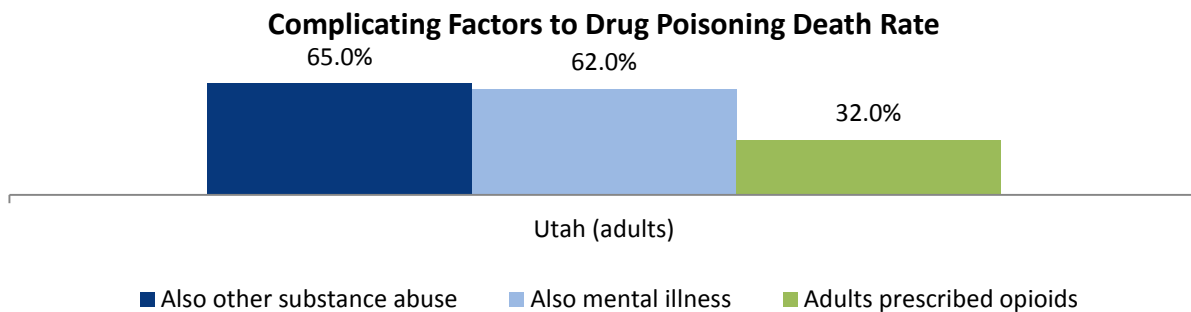
¹⁹ Utah Health Status Update: Risk and Protective Factors for Youth Suicide, February 2015

Prevention of Prescription Opioid Misuse

➤ The majority of drug poisoning deaths are attributed to prescription opioids. Though the drug poisoning death rate for children under 18 years is lower than the overall rate, the occurrence of any deaths due to drug poisonings among children is of concern. The high rate of deaths from prescription opioids among Utah adults make youth vulnerable.



➤ The adult drug poisoning death rate is complicated by the co-occurrence of other substance abuse and mental illness. About one in three adults in Utah received an opioid prescription in 2014.²¹ This data further underscores the importance of prevention among adolescents.



Prioritization Results: addictive behaviors were highly prioritized relative to other health issues

The following table shows how addictive behaviors ranked among the 16 broad health issues in each of the prioritization dimensions, for the Primary Children's Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions illustrate that addictive behaviors were highly prioritized relative to other health issues in both the Primary Children's Hospital community and Intermountain.

²¹ Utah Violence and Injury Prevention Program, 2014; www.health.utah.gov/vipp/topics/prescription-drug-overdose

Rank of Addictive Behaviors Relative to Other Health Issues		
Prioritization Dimension	Primary Children's Hospital Community	Intermountain Hospital Communities
Affordability	2 nd *	2 nd *
Alignment	7 th *	13 th
Community Input	2 nd *	1 st *
Feasibility	7 th	14 th
Health Equity	3 rd *	3 rd *
Seriousness	7 th *	6 th
Size	3 rd *	2 nd *
Upstream	5 th	4 th

**Indicates there was a tie in the prioritization score between addictive behaviors and other health issues on this prioritization dimension.*

Why We Are Focusing on Prescription Opioid Misuse

More than 20 million Americans were suffering from a substance abuse disorder in 2014,²² which includes prescription opioid abuse. Though prescription opioid abuse is increasingly a concern across the U.S., Utah is especially at risk for its consequences as the death rate here exceeds the national rate. In Utah, there are more deaths from unintended prescription opioid overdose than firearms, falls, or motor vehicle crashes.²³ Each month there is an average of 24 deaths from prescription opioid abuse in Utah.²⁴

Youth who use prescription opioids for non-medical reasons generally find them in a household medicine cabinet. Utah students in grades six, eight, and 12 who have used prescription drugs at least once in their lifetimes were asked how wrong their parents would feel it would be if they used prescription drugs not prescribed to them; 43.7 percent answered "Not wrong at all."²⁵ The need for health provider education to decrease prescribing prescription opioids and public education on safe use, storage, and disposal of prescription opioids is essential.

²² National Institute of Mental Health, National Institutes of Health (NIH), U.S. Department of Health and Human Services, 2016

²³ Violence and Injury Prevention Program, Utah Department of Health, 2014

²⁴ Ibid

²⁵ Student Health and Risk Prevention 2015 Prevention Needs Assessment Survey Results, State of Utah Department of Human Services Division of Substance Abuse and Mental Health, November 2015

Strategies to Address the Health Need

Based on the results of the CHNA, Primary Children’s Hospital staff identified community partners to address the health need over the next several years through screening, education, and treatment. The planning committee engaged representatives of state and local health departments and multiple community partners to identify potential implementation strategies. These strategies will be evaluated and health improvement impact will be measured over the next several years.

Potential collaborative partners for the Implementation Strategies

Multiple community agencies have been identified as potential collaborative partners to work with Primary Children’s Hospital on the community health improvement activities include but are not limited to:

- Behavioral health providers
- Child advocacy groups
- Community and safety net clinics throughout Utah
- Local mental health authorities
- Local school districts
- Salt Lake County Health Department
- Utah Department of Health
- Utah Division of Substance Abuse and Mental Health
- Utah State Board of Education
- Voices for Utah Children
- Volunteers of America

Impact Evaluation of Previous Implementation Strategy

2015 Community Benefit Implementation Plan Impact Summary

Identified Need:

Improve accident and injury prevention for children and adolescents

Intervention:

Provide education to families and adolescents to reduce and lessen the severity of injuries from Off Road Vehicle accidents in targeted geographic areas by:

- Providing ATV training activities targeted to adolescents in two high risk areas of the state
- Partnering with retail dealers, law enforcement, Utah Department of Parks and Recreation, and Division of Natural Resources to provide hands-on ATV Rider Safety Course

Results/Outcomes for 2015 Activities:

Measurement:

1. Number of children trained and receiving hands-on ATV safety education and certification
2. Number of courses
3. Funding provided to community partners

Outcomes:

1. Over 200 children received hands-on ATV safety education and certification
2. 11 ATV Rider Safety courses taught across the state
3. 10 grants (\$45,000 each) were awarded to statewide Safe Kids coalitions which included distribution of 400 ATV helmets
4. ATV safety media campaign was developed and implemented

Conclusion

Primary Children's Hospital staff 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. Primary Children's Hospital will conduct its next CHNA in 2019 and looks forward to continuing collaborations to improve the health of our community.

The Primary Children's Hospital CHNA was completed by Intermountain Community Benefit and Strategic Planning and Research Departments.

Send written comments on this Community Health Needs Assessment to:

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 Rachel Eddington, Navina Forsythe, Kathy Marti, Kim Neerings, Brian Paoli, Wu Xu, and Tong Zheng. Other local and Utah Department of Health department contributors included Laurie Baksh, Mike Friedrichs, Nicole Stone, Sasha Zaharoff (Department of Environmental Quality), Danny Bennion and Cindy Morgan (Salt Lake County Health Department), Jacob Matthews (Weber-Morgan Health Department), Isa Perry (Davis County Health Department), Christopher Smoot (Wasatch County Health Department), and Jim Vanderslice (University of Utah).

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Appendix A

Data in the column “Primary Children’s Hospital Community” is for minors only, as this is the population the hospital community serves. (Not all health indicators had available data for children and adolescents.)

Health Indicator	Primary Children’s Hospital Community	Communities Served by Intermountain Hospitals	Utah	U.S.
Addictive Behaviors				
Binge drinking - at risk (5+ drinks for men, 4+ drinks for women, 1 or more times)	NA	11.9%	11.4%	16.0%
Binge drinking MINOR	8.9%	8.9%	8.9%	20.8%
Chronic/heavy drinking - at risk (>30 for women, >60 for men)	NA	4.1%	3.9%	5.8%
Cigarette smoking [HP2020 TU-1] - current smoker	NA	11.0%	9.7%	18.1%
Cigarette smoking MINOR	8.0%	8.0%	8.0%	15.7%
Drug poisoning (X40-X44, X60-X64, X85, Y10-Y14) crude death rate per 100,000, including prescription opioid overdose	0.9	19.4	22.4	14.7
E-cigarette user	NA	3.6%	NA	NA
Smokeless tobacco MINOR	2.6%	2.6%	2.6%	8.8%
Smokeless tobacco user	NA	2.9%	3.0%	4.2%
Cancer				
All cancers (C00-C97) crude rates, deaths per 100,000 population	1.8	99.6	98.2	186.2
Primary cases of breast cancer diagnosis rates per 100,000 population	NA	81.0	114.6	138.6
Primary cases of colon cancer diagnosis rates per 100,000 population	0.0	13.5	31.6	46.4
Primary cases of lung cancer diagnosis rates per 100,000 population	0.0	16.9	27.3	69.4
Primary cases of skin cancer diagnosis rates per 100,000 population	NA	21.6	32.2	20.8
Cardiovascular Conditions				
Cardiovascular disease (I20-I25) crude rates, deaths per 100,000 population	NA	53.3	52.2	122.9
Cerebrovascular diseases (I60-I69) crude rates, deaths per 100,000 population	0.5	28.0	37.9	36.5
Heart failure (I50) crude rates, deaths per 100,000 population	NA	22.8	26.1	92.3
High Blood pressure awareness [HP2020 HDS-5.1] - told blood pressure is high	NA	23.8%	24.2%	31.4%
High cholesterol awareness [HP2020 HDS-7] - told cholesterol is high	NA	23.6%	25.5%	39.1%

Health Indicator	Primary Children's Hospital Community	Communities Served by Intermountain Hospitals	Utah	U.S.
Care Access				
No health insurance [HP2020 AHS-1]	5.4%	17.5%	16.1%	15.2%
Non-emergent Emergency Department use rate per 100	2.7	4.1	4.3	NA
Personal doctor or healthcare provider [HP2020 AHS-3] - one or more personal doctor	NA	73.1%	73.3%	75.9%
Routine dental healthcare - within past 12 months	NA	68.7%	68.9%	65.3%
Unable to get needed care due to cost	NA	15.7%	14.2%	14.9%
Diabetes Conditions				
Doctor diagnosed diabetes	NA	7.0%	7.6%	9.6%
Ever told you have prediabetes	NA	5.6%	5.3%	5.3%
General Health Status - fair or poor	NA	12.8%	12.1%	16.8%
Maternal and Child Health				
Adolescent births rate per 1,000, girls Age 10-17	3.8	3.8	1.8	NA
Alcohol use during last 3 months of pregnancy	NA	9.6%	8.7%	NA
Births from unintended pregnancy	NA	32.6%	32.1%	37.0%
Breastfeeding ever	NA	93.2%	93.3%	79.2%
Duration between pregnancies less than 13 months	NA	9.8%	10.2%	NA
Excess gestational weight gain during pregnancy	NA	49.8%	50.8%	NA
Gestational diabetes	NA	4.1%	4.4%	5.3%
Infant mortality rate per 1000 births	5.0	5.0	5.2	6.0
Low birth weight infants (less than 2500 grams)	6.9%	6.9%	6.9%	8.0%
Multivitamin taken before pregnancy	NA	55.0%	44.7%	NA
No prenatal care until 3rd trimester	NA	3.2%	2.7%	NA
Obese BMI 30+ prior to pregnancy	NA	18.0%	18.5%	23.4%
Pre-term births (less than 37 weeks)	9.2%	9.2%	9.2%	11.3%
Tobacco use during last 3 months of pregnancy	NA	4.3%	4.0%	NA
Mental Health				
Attempted suicide MINOR	7.2%	7.2%	7.2%	8.0%
Doctor ever told had depressive disorder	NA	21.8%	20.7%	18.1%
Mental health past 30 days - 7 or more days not good	NA	16.2%	15.9%	16.5%
Suicide (X60-X84,Y87.0,U03) crude death rate per 100,000	3.3	18.7	20.5	13.0

Health Indicator	Primary Children's Hospital Community	Communities Served by Intermountain Hospitals	Utah	U.S.
Other Chronic Conditions				
Alzheimer's disease (G-30) crude rates, deaths per 100,000 population	NA	14.1	19.5	26.8
Doctor diagnosed arthritis	NA	19.9%	20.1%	26.0%
Other Infectious Diseases				
Campylobacteriosis cases per 100,000 population (rate)	15.1	16.9	18.9	14.0
Chlamydia cases per 100,000 population (rate)	152.7	266.1	279.4	456.1
Cryptosporidiosis cases per 100,000 population (rate)	5.4	4.0	2.3	1.0
Giardiasis cases per 100,000 population (rate)	9.8	8.3	7.5	6.4
Gonorrhea cases per 100,000 population (rate)	6.8	32.9	49.0	110.7
Hepatitis C, acute cases per 100,000 population (rate)	NA	0.6	0.4	0.7
Hepatitis C, chronic cases per 100,000 population (rate)	1.2	30.6	47.7	NA
HIV cases - No reported cases since 2010	0.0	0.0	0.0	NA
Rabies, animal cases per 100,000 population (rate)	0.6	0.2	0.1	NA
Salmonellosis cases per 100,000 population (rate)	11.4	10.3	12.6	NA
Shiga toxin-producing Escherichia coli (STEC) infection cases per 100,000 population (rate)	5.2	3.1	3.1	NA
Syphilis cases per 100,000 population (rate)	NA	7.4	8.4	11.6
Tuberculosis, active cases per 100,000 population (rate)	NA	1.1	1.1	2.96
West Nile virus cases per 100,000 population (rate)	0.0	0.1	0.1	NA
Overweight and Obesity				
Daily Fruit Consumption [HP2020 NWS-14] - less than 2	NA	69.0%	66.2%	NA
Daily vegetable consumption [HP2020 NWS-15.1] - less than 3	NA	82.6%	82.6%	NA
Obese ADULT [HP2020 NWS-9] - BMI 30+	NA	24.4%	25.7%	29.5%
Obese MINOR	7.2%	7.2%	7.2%	13.7%
Overweight ADULT [HP2020 NWS-9] - BMI 25 to 30	NA	34.4%	33.8%	NA
Overweight MINOR	11.3%	11.3%	11.3%	NA
Physical inactivity [HP2020 PA-1] - no leisure time activity	NA	18.5%	20.6%	25.3%
Physical inactivity MINOR	9.6%	9.6%	9.6%	14.3%

Health Indicator	Primary Children's Hospital Community	Communities Served by Intermountain Hospitals	Utah	U.S.
Preventive Services				
Childhood vaccinations	74.6%	74.6%	70.8%	71.6%
Cholesterol screening [HP2020 HDS-6] - within past 5 years	NA	67.6%	68.3%	76.4%
HIV test - ever tested	NA	24.6%	21.6%	NA
Influenza Vaccination within past 12 months	NA	36.9%	38.0%	40.4%
Mammography [HP2020 C-17] - in past 2 years	NA	68.0%	73.2%	78.1%
Pneumococcal vaccination - ever received	NA	70.5%	69.3%	NA
Colon cancer screening [HP2020 C-16] - testing completed	NA	72.3%	74.2%	68.8%
Sun safety [HP2020 C-20] - practice one or more sun safety measure	NA	65.0%	65.8%	NA
Respiratory Conditions				
Emergency Department visit for uncontrolled asthma (ICD-9 493) rate per 10,000	28.1	23.0	28.5	NA
Ever told you have chronic obstructive pulmonary disease (COPD)	NA	3.9%	3.6%	6.5%
Social Determinants of Health				
Education - BA and higher	30.3%	30.3%	30.3%	34.0%
Female headed household	5.6%	5.6%	5.6%	NA
Median household income (weighted)	\$59,715	\$58,387	\$59,715	\$53,482
Children living in poverty	12.8%	12.7%	12.8%	15.9%
Vaccine Preventable Diseases				
Varicella (chickenpox) cases per 100,000 population (rate)	23.0	8.3	7.1	NA
Diphtheria cases - no reported cases since 2010	0.0	0.0	0.0	NA
Hepatitis A cases per 100,000 population (rate)	NA	0.3	0.4	NA
Hepatitis B, acute cases per 100,000 population (rate)	0.0	0.3	0.2	1.0
Hepatitis B, chronic cases per 100,000 population (rate)	2.0	8.3	9.0	NA
Influenza-associated hospitalization cases per 100,000 population (rate)	24.6	33.0	42.3	NA
Pertussis cases per 100,000 population (rate)	86.4	42.0	45.1	10.4
Tetanus cases - no reported cases since 2010	0.0	0.0	0.0	NA

Health Indicator	Primary Children's Hospital Community	Communities Served by Intermountain Hospitals	Utah	U.S.
Violence & Injury Prevention				
Accidental discharge of firearms MINOR (W32-W34) crude rates, deaths per 100,000 population	NA	NA	NA	NA
Accidental drowning and submersion ADULT (W65-W74) crude rates, deaths per 100,000 population	NA	0.9	NA	NA
Accidental drowning and submersion MINOR (W65-W74) crude rates, deaths per 100,000 population	1.1	1.1	NA	NA
Accidental exposure to smoke, fire and flames MINOR (X00-X09) crude rates, deaths per 100,000 population	NA	NA	NA	NA
Accidental poisoning and exposure to noxious substances ADULT (X40-X49) crude rates, deaths per 100,000 population	NA	18.5	21.2	12.3
Accidental poisoning and exposure to noxious substances MINOR (X40-X49) crude rates, deaths per 100,000 population	NA	NA	0.2	NA
Helmet use MINORS	23.7%	23.7%	23.7%	NA
Motor vehicle crash ADULT (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) crude rates, deaths per 100,000 population	NA	10.0	8.7	10.2
Motor vehicle crash MINOR (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) crude rates, deaths per 100,000 population	3.6	3.6	3.0	NA
Seat belt use [HP2020 IVP-15] - always or nearly always	NA	92.8%	93.0%	NA
Unintentional injuries ADULT (V01-X59, Y85-Y86) crude rates, deaths per 100,000 population	NA	50.5	42.3	41.3
Unintentional injuries MINORS (V01-X59, Y85-Y86) crude rates, deaths per 100,000 population	7.4	7.4	5.2	NA

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), 2011, 2012, and 2013; State of Utah Youth Risk Behavior Survey (YRBS), 2011, 2012, and 2013; Utah Department of Health Bureau of Epidemiology, 2013; Utah Cancer Registry, 2010, 2011, and 2012; Utah Emergency Department Encounter Database, 2011, 2012, and 2013; Utah Environmental Public Health Tracking, (EPHT) 2013; Utah Vital Statistics, 2011, 2012, and 2013; State of Utah Pregnancy Risk Assessment Monitoring Survey, 2011, 2012, and 2013; National Immunization Survey, 2010; U.S. BRFSS, 2013; Centers for Disease Control, 2011, 2012, and 2013.

Appendix B

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/>

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/orem-community-hospital/hospital-information/orem-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 HEALTHCARE HOSPITALS

