Intermountain Delta Community Medical Center
Community Health Needs Assessment
and Implementation Strategy
September 2013

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and Implementation Strategy
September 2013

Intermountain Delta Community Medical Center
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Executive Summary

Intermountain Delta Community Medical Center conducted a Community Health Needs Assessment (CHNA) to identify its local area healthcare needs and develop an implementation strategy to address a significant health priority. The Patient Protection and Affordable Care Act (ACA) signed into law in March 2010 requires each nonprofit hospital to perform a CHNA every three years and develop a three-year implementation strategy to address an identified community health need.

This document fulfills the requirement to make results of the CHNA publicly available.

Delta Community Medical Center is one of Intermountain Healthcare's 21 hospitals located in Utah and southeastern Idaho. Intermountain's Community Benefit Department created a system-wide process to be used by each of its 21 hospitals in conducting components of the CHNA: 1) asking for community input regarding local healthcare needs; 2) quantitative data collection; 3) developing an implementation strategy; and 4) making the CHNA results publicly available.

Intermountain clinical staff determined to use similar health priorities identified in a previous health status report for the 2013 quantitative data collection in order to identify any changes in the health indicators over the past few years. The broad categories remain significant health issues for communities served by Intermountain hospitals. Community input meetings included open-ended questions about local health needs as well as discussion on the health priorities.

1. Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors;
2. Improve access to comprehensive, high-quality healthcare services for low-income populations; and
3. Improve access to appropriate behavioral health services for low-income populations.

The 2013 CHNA combined a review of the data describing the health needs with input from members of the community representing the broad interests of the residents, including healthcare needs of medically underserved and low income populations.

Results of the two-part CHNA were used to develop a three-year implementation strategy for Delta Community Medical Center using an evidence-based program to address a significant health need. Outcome measures for the implementation strategy were defined and will be tracked quarterly over

three years. The implementation strategy is also one of Delta Community Medical Center's Community Stewardship goals.

Delta Community Medical Center's implementation strategy was reviewed by the hospital governing board and signed by: 1) the person accountable for the plan; 2) the hospital administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

Additional community health needs identified in the CHNA not addressed in Delta Community Medical Center's implementation strategy are part of Intermountain's system-wide initiatives to address chronic disease, access to care, and access to behavioral health services.

Delta Community Medical Center Medical Center conducted a Community Health Needs Assessment (CHNA) in 2013. This report addresses the specific requirements outlined in the Patient Protection and Affordable Care Act (ACA) to describe the CHNA process. This document is provided in fulfillment of the requirement to make results of the CHNA publicly available.

Delta Community Medical Center Community

Delta Community Medical Center is one of 21 Intermountain Healthcare owned and operated hospitals in Utah and southeast Idaho. Located in rural Utah, the hospital has 18 staffed beds and offers a spectrum of inpatient and outpatient medical services. Delta Community Medical Center is a Critical Access Hospital. In 2012, the hospital provided more than $457 thousand[1] in charity care in over 763 cases.

Millard County, Utah has two hospitals, both owned by Intermountain including Delta Community Medical Center and Fillmore Community Medical Center.

Based on 2012 estimates, approximately 12,569 individuals live in Millard County which encompasses 6,572 square miles with 1.9 people per square mile, compared to 33.6 for the state of Utah and 87.4 people per square mile in the United States.[2]

US Census Quickfacts[3]	**Millard County**	**Utah**	**US**
Persons under 18 years	31.3%	31.1%	23.7%
Persons 65 years and over	15.4%	9.2%	13.3%
Median household income	$47,062	$57,783	$52,762
Persons below poverty level	12.9%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	86.2%	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	19.5%	29.6%	28.2%

In 2012, approximately nine percent of the Utah population was enrolled in Medicaid (over half of which were children); 10 percent was enrolled in Medicare; and 59 percent was enrolled in employer-sponsored health insurance. Approximately 15 percent of the population did not have health insurance.[4]

[1] Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately $334 thousand.
[2] United States Census, http://quickfacts.census.gov; revised June 17, 2013
[3] Ibid
[4] Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

Community Health Needs Assessment Background

Delta Community Medical Center was part of Intermountain's 2009 health status study (conducted prior to the ACA-required CHNA) to identify significant community health needs, especially for low-income residents in Utah and southern Idaho communities. From data gathered and in consultation with nonprofit and government partners, Intermountain's Community Benefit Department established health priorities dealing with these main issues:

1. Chronic disease associated with weight and unhealthy behaviors;
2. Access to healthcare for low income populations; and
3. Access to behavioral health services for low income populations.

These priorities met Intermountain objectives to improve healthcare for low-income populations, reduce the cost of healthcare for Intermountain and the community, and assure Intermountain meets the hospital healthcare needs of each community where its hospitals are located. The health priorities aligned with *Healthy People 2010*[5] goals and Intermountain clinical goals. Intermountain hospital leaders used the health priorities to identify health improvement strategies and develop Community Benefit programs and the community health goals of its individual hospitals, clinics, and other initiatives.

The Patient Protection and Affordable Care Act (ACA) signed into law in March 2010 requires each nonprofit hospital to perform a CHNA every three years and use the findings to develop three-year implementation strategies to address identified community needs. The ACA requires that each nonprofit hospital solicit input from individuals representing the broad interests of the community to discuss health needs within the community, gather quantitative data on significant health needs, make the CHNA results public, and report how it conducted the CHNA and developed three-year implementation strategy on the IRS Form 990 Schedule H Section V.

Intermountain's Community Benefit Department created a system-wide process to be used by each of its 21 hospitals in conducting components of the CHNA: 1) asking for community input regarding local healthcare needs; 2) quantitative data collection; 3) developing an implementation strategy; and 4) making the CHNA results publicly available.

Intermountain clinical staff determined to use the health priorities identified in the previous health status report for the 2013 quantitative data collection and in order to identify any changes in the health indicators over the past few years; health indicators were selected for the health priority categories. These priorities were also used to elicit perceptions of invited participants in Delta Community Medical Center's community input meeting. The broad categories identified in 2009 remain significant health issues for communities served by Intermountain hospitals. Following is additional information to illustrate how each priority remains an area of focus:

[5] www.healthypeople.gov/2010/

Health Priorities for 2013 CHNA:

Health Priority #1: Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors.

Almost one in two adults in the United States has at least one chronic disease.[6] Moreover, chronic diseases account for 70 percent of all deaths in the United States and cause major limitations in daily living for almost one out of 10 Americans.[7] The five most common causes of death in Utah are:

1. Heart disease
2. Cancer
3. Chronic lower respiratory disease
4. Stroke
5. Accidents

Several of the causes are associated with weight and unhealthy behaviors.[8] Furthermore, there is a high correlation between socioeconomic standing and prevalence of chronic disease.

While chronic diseases are some of the most common of all health problems, they are also the most preventable. Chronic disease places an enormous burden on healthcare resources. More than 75 percent of healthcare costs in the United States are due to chronic conditions.[9]

Four common behaviors—tobacco use, poor eating habits, inadequate physical activity, and excessive alcohol use—are responsible for much of the illness, disability, and premature death related to chronic disease.[10] In Utah, almost 60 percent of adults are considered overweight or obese.[11] Individuals who are obese are at increased risk of morbidity from hypertension, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, and osteoarthritis.

Physical inactivity has been called the biggest public health problem of the 21st century.[12] Strong evidence shows that physical inactivity increases the risk of many adverse health conditions, and is a bigger independent contributor to cardiovascular and all-cause mortality than other risk factors such as obesity, smoking, and diabetes.[13] [14] [15]

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[6] *Chronic Diseases at a Glance*, National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention, U.S. Department of Health and Human Services, 2009.

[7] Ibid

[8] *Utah Burden of Chronic Disease,* National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention, U.S. Department of Health and Human Services, 2008.

[9] *Chronic Disease at a Glance*, 2009.

[10] Ibid

[11] Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010.

[12] Blair SN. Physical inactivity: the biggest public health problem of the 21st century. *Br J Sports Med*. 2009; 43(1): 1-2.

[13] Ibid

[14] Church, TS. Cardiorespiratory fitness and body mass index as predictors of cardiovascular disease mortality among men with diabetes. *Arch Intern Med. 2005;165:2114-2120*

Utah has the lowest adult smoking rate in the country and a lower adolescent smoking rate that has declined by five percent since 1999.[16] In 2011, 56 percent of Utah adults reported getting the recommended amount of physical activity compared to 51 percent nationally.[17]

Health Priority #2: Improve access to comprehensive, high-quality healthcare services for low-income populations.

Healthcare access is "the timely use of personal health services to achieve the best possible health outcomes."[18] More than 40 million Americans do not have access to a particular doctor's office, clinic, health center, or other place to seek health care.[19] People without regular access to healthcare forgo preventative services that can reduce unnecessary morbidity and premature death.

Many barriers exist to access healthcare, including: lack of insurance, inability to pay, not knowing how or when to seek care, language and cultural obstacles, limited transportation options, and lack of primary or specialty care providers. Approximately 421,900 or 15 percent of Utah residents are uninsured.[20] People with lower household incomes and less formal education were more likely to report difficulties in accessing care.[21]

Health Priority #3: Improve access to appropriate behavioral health services for low-income populations.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately one in 17) have a seriously debilitating mental illness.[22]

Approximately 32 percent of the United States population is affected by mental illness in any given year.[23] The 2012 annual report of the Utah Department of Health Division of Substance Abuse and Mental Health reports that five percent of adults and 4.7 percent of youth under age 18 in Utah were classified as needing treatment for mental health issues, or a combined total of about 102,130 individuals needing but not receiving mental health

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[15] Lee IM, Shiroma, EJ, Lobelo F, et al; Lancet Physical Activity Series Working Group. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet.* 2012;380(9838):219-229

[16] Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010.

[17] Kaiser Family Foundation analysis of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2011.

[18] *Access to Health Services, Healthy People 2020*, www.healthypeople.gov

[19] Ibid

[20] Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

[21] *Access to Health Services, Healthy People 2020*, www.healthypeople.gov

[22] Kessler, R.C, Chiu W, Demler O., et al. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry. 2005 Jun; 62(6):617-27.

[23] Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

treatment. The public mental health treatment system served 44,611 individuals, which is less than 31 percent of the current need.[24]

Utah has one of the highest age-adjusted suicide rates in the United States. Suicide is the second leading cause of death for Utahns ages 15 to 44 years of age and the third leading cause of death for Utahns ages 10 to 14.[25] Utah has a higher suicide rate than average in the rest of the United States and it has increased since 2008.[26] Compared to other states, Utah has a similar percentage of adults who reported seven or more days of poor mental health in the last 30 days.[27]

[24] Holzer, C.E., & Nguyen, H.T. (2008). Synthetic Estimates of Mental Health Needs for Utah (based on the Collaborative Psychiatric Epidemiological Surveys and the U.S. Census 2009 Population Estimate), from www.charles.holzer.com.

[25] *Utah Health Status Update, Teen and Adult Suicide,* Utah Department of Health, July 2008.

[26] *2012 Utah Statewide Health Status Report*, Utah Department of Health, January, 2013

[27] Ibid

2013 Community Health Needs Assessment Process

Delta Community Medical Center conducted its 2013 CHNA in two parts: 1) inviting input from community members representing the broad interests of each hospital community; and 2) gathering health indicator data.

CHNA Part One: Community Input

Participants representing the broad interests of the community, including the healthcare needs of uninsured and low-income people, were invited to attend a meeting to share their perspectives on health needs in the hospital's community. The facilitator guided discussion to help hospital staff understand the issues and perceptions of residents. Meeting participants were asked open-ended questions as well as questions about the health priorities. Issues and needs that emerged from the open-ended questions were included in one of the health priority categories. To help prompt thoughtful discussion, community information from the 2009 health status study was shared in the meeting. Meeting participants were also asked to identify successful health-related strategies in the hospital community. Cynthia Boshard, Intermountain Community Benefit Director, facilitated the meeting on April 24, 2012. A recorder was assigned for the meeting to capture the comments and details.

Representatives included the following:

- Brigham Young University – Daniel Anderson, nursing student
- Central Utah Counseling – Raun Child*, Physician Assistant- Certified (PA-C)
- Central Utah Public Health – Linda Stephenson, Health Educator
- Delta Community Medical Center – James Beckstrand, Administrator; Erma Kaye May, Nurse Administrator; and Sonya Taylor, Administrative Assistant, Administration
- Fillmore Community Medical Center – Paul Blad, Nurse Administrator
- Local business person – Rita Tanner,* Zion's Bank
- Millard County Ambulance – Cindy Staples,* Emergency Medical Technician
- Millard School District – Scott Bassett, Director of Pupil Services and Mary Monroe*, Teacher
- Rancher – Kent Swallow*

**Also on Governing Board*

Health Priority #1: From your perspective, what are the biggest challenges our community faces in trying to prevent, detect, and treat chronic diseases associated with weight and unhealthy behaviors?

Issues identified:

- Childhood obesity is problem.
- Unhealthy food is inexpensive compared to expense of healthy food; Women, Infants, and Children (WIC) vouchers for fruit and veggies are always left; clients don't use them.
- People are not aware of how to prepare healthy food, takes too much time.
- Knowledge, affordability and ongoing education are critical.

- Local doctors report seeing more obesity, have referred to dieticians at hospitals.
- Community not paying attention; we need more options for healthy exercise. We have some recreation for youth, but some families can't afford fees and some are not interested.
- Gold Medal Mile program was in schools, no longer available here.
- Bountiful Baskets, (produce delivery program, nation-wide) is great program, but people are not aware.
- Need recipes, cooking classes.
- Health department does scoliosis screening at schools; find obesity as biggest problem, hasn't changed much except that seeing more obesity in early childhood population; measure by sight; monitoring bone structure, not weight.

Strategies discussed:

- Local health department offers online classes for cooking and weight control.
- Schools have changed lunch program and provide whole wheat flower, fruits, vegetables; no vending machines except for water and juice.
- Programs such as Millard County Recreation, Step Express, and sports programs through the schools and cities are working for those that participate.

Health Priority #2: From your perspective, what are the biggest challenges our community faces in providing access to comprehensive, high-quality healthcare for uninsured and low-income people?

Issues identified:

- Cost, lack of insurance, or not having enough insurance.
- People who live in Fillmore go to Kanosh, Piute Health Services because it's affordable; $20-$30 for visit for anyone (don't have to be part of Piute Tribe), unsure of what income documentation is required.
- Intermountain Medical Group clinic in Fillmore, but not Delta; a lot of people don't have $75 cash for appointments.
- Accessing care for children and adolescents is a challenge, especially if not born in the United States because they're not eligible for CHIP.
- Really lacking dental care, even kids who have Medicaid because parents aren't taking kids to dentists and so few dentists accept Medicaid.
- Primary Care Network (PCN) enrollment period is only once a year.
- A lot more adults in area without insurance; more kids have it.
- Fillmore community is lowest in Millard County for cancer screening.
- Many adults don't want to get screened, don't see the need; we need to improve education and awareness of preventive screenings.
- Millard County has lowest colonoscopy screening rate in state.
- Farmers and ranchers are stoic, want to avoid hospitals.
- Women in cancer screening programs don't seem to want to put themselves first, they put their families first.

Strategies discussed:

- Intermountain has been great to offer free mammograms.

- Mammograms are the biggest success through word-of-mouth or at the front desk of hospitals; Fillmore has sent many referrals to the health department; not as much in Delta.
- Local health department has a grant to provide some services to women who meet income and age eligibility for Pap tests, mammograms (only for women without insurance).
- Community bulletin board for certain things going on in community would help, promote through churches, schools, so if not involved there, don't get information.
- Delta and Fillmore communities have senior centers; they provide a lot of education and health screenings.

Health Priority #3: From your perspective, what are the biggest challenges our community faces in providing access to appropriate behavioral health services for uninsured and low-income people?

Issues identified:

- Not enough mental health access in the county; only people with Medicaid have access. Currently there are 73 mental health providers supporting six counties. Central Utah Mental Health has only two therapists is the county; one in Richfield, one in Mt. Pleasant, two in Delta and Juab.
- Communities have limited programs for people with addictions; they serve Medicaid and unfunded population which leaves people in the middle income without services.
- Providers have a hard time making a living in rural communities.
- Not enough providers, access a critical problem, not enough psychiatry in the state; telemedicine may be a good option.
- Some insurance doesn't cover mental health (MH).
- People can't afford it so they suffer; even with "good insurance," limited mental health benefits; hard to find resources.
- Hospitals have a hard time placing patients from Emergency Departments (ED); not enough beds. It takes hours to find an inpatient bed, have to provide one-on-one nursing while patient waits in ED.
- If kids have Medicaid, can send them to mental health resources. (Raun Child, one of two mental health providers in the community and in this meeting, said he has 161 4 to 16 year-olds in his current caseload; need is overwhelming.)
- At least 25 percent of people have family members with mental health needs, serious problem.
- Big problem is substance abuse and prescription drug abuse; more teens die of prescription drug overdoses than motor vehicle accidents.
- Limited state funding, needs to be increased.
- People still deal with the stigma of mental health plus the expense issues.
- People try to "buck up," and carry on.
- National Alliance on Mental Illness (NAMI) used to provide support group, no longer.

Strategies discussed:

- Some Alcoholics Anonymous (AA)-sponsored groups in the community.
- Residential drug treatment programs in Sanpete County.

CHNA Part Two: Indicators for Each Significant Health Priority

Intermountain clinical leaders identified potential health indicators for health issues to include in the 2013 CHNA. Delta Community Medical Center Planning Department staff provided the zip codes that define the primary market area for the hospital to clearly delineate the hospital's "community." Strategic Planning and Research department staff collaborated with the Utah Department of Health to assemble available data on health indicators for the hospital's community. Data were drawn from the Behavioral Risk Factor Surveillance System, Vital Records Statistics, and State Hospital Discharge Data. Two or three years of data were aggregated for each indicator to achieve a large enough sample size to have a reliable estimate for each health indicator. A report containing scores on each health indicator for each community was presented to Delta Community Medical Center Administration and Community Benefit staff; the report was used along with the summaries of the community input meetings for the next step; implementation strategy planning based on the CHNA results.

Intermountain staff identified two significant gaps in the quantitative analysis portion of the CHNA. First, significant health indicators were not available for recent depression, and other behavioral health diagnostic categories from the Utah Department of Health. Second, current Medicaid enrollment and eligibility data and information on the number of healthcare providers accepting Medicaid in local communities was unavailable to Intermountain.

The Delta Community Medical Center community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84624 Delta	84635 Hinckley	84638 Leamington
84649 Oak City	84728 Garrison	84640 Lynndyl

Health indicator data are crude-rated (not age-adjusted) to show "actual burden" of an indicator for the population in a particular hospital community. State and US data are included as crude rates, as well as for informational purposes only, not for precise comparisons with particular hospital communities.

Data sources: State of Utah Behavioral Risk Factor Surveillance System, (BRFSS), 2008, 2009, 2010, and 2011; Utah Department of Substance Abuse and Mental Health, 2012; Utah Vital Statistics, 2008, 2009, 2010, 2011; U.S. BRFSS, 2010; Centers for Disease Control, 2008 and 2009; U.S. Department of Substance Abuse and Mental Health, 2012.

Following is a summary of indicators within each of the three major health priorities:

Table 1 Chronic diseases associated with weight and unhealthy behaviors

#1 Health Priority: Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors.				
Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)	**Community Rank***	**Delta Community**	**Utah**	**US**
Overweight/obese	21	68%	57.8%	64.5%
High blood pressure	12	21.8%	21.4%	28.7%
High cholesterol	1	17.9%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	5	30.2%	33.1%	23%
Diabetes	6	4.7%	6.2%	8.7%
Asthma	19	11.1%	8.5%	9.1%
Arthritis	16	24%	21.6%	26%
Less than 2 servings of fruit daily	20	75.6%	68.8%	NA
Less than 3 servings of vegetables daily	19	82.1%	74.6%	NA
Not meeting recommended physical activity	17	46.1%	42%	49.5%
Current cigarette smoking	13	10%	9.4%	17.3%
Binge drinking	2	*[3.5%]*	8.6%	15.1%
Chronic drinking	1	*[0.1%]*	2.8%	5%
No routine medical checkup in past 12 months	17	49.4%	43%	NA
Adult watch more than 2 hours TV weekdays	10	50%	51.7%	NA
Child watch more than 2 hours TV weekdays	4	*[60%]*	66.5%	NA
Adult more than 1 soft drink/week	18	16.8%	13.7%	NA
Child more than 1 soft drink/week	7	2.4%	2.9%	NA
No colonoscopy after age 50	18	*[41%]*	29.6%	34.8%
Heart disease deaths (per 100K)	18	168.5	104.4	195.2
Stroke deaths (per 100K	16	38.9	27.3	54.6
All cancer deaths (per 100K)	18	151.2	96.7	184.9
Prostate cancer deaths (males, per 100K)	14	*[17]*	14.5	22.8
Breast cancer deaths (females per 100K)	NA	NA	17.5	22.5
Colon cancer deaths (per 100K)	19	34.6	9.1	16.4

*Community rank represents a 1-21 ranking of geographic communities served by Intermountain

Data with brackets [ ] indicates small sample size and possibly unreliable results

Table 2 Access to comprehensive healthcare services

#2 Health Priority: Improve access to comprehensive, high-quality healthcare services for low-income populations.					
Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)		**Community Rank**	**Delta Community**	**Utah**	**US**
No healthcare coverage					
	Overall	8	14.4%	15.1%	17.8%
	Hispanic	NA	NA	44.6%	NA
	Non-Hispanic	19	20.6%	12.3%	NA
Unable to get care due to cost					
	Overall	14	14%	13.3%	14.6%
	Hispanic	NA	NA	26.1%	NA
	Non-Hispanic	17	13.6%	11.6%	NA
No medical home					
	Overall	7	20.3%	23.1%	18.2%
	Hispanic	NA	NA	44.2%	NA
	Non-Hispanic	12	20.5%	20.8%	NA
No routine medical checkup in past 12 months					
	Overall	17	49.4%	43%	32.6%
	Hispanic	NA	NA	51%	NA
	Non-Hispanic	14	48.1%	43.6%	NA
No healthcare coverage for child		1	*[0%]*	5.5%	8.2%
No prenatal care until 3rd trimester		16	5.4%	3.7%	NA
Low birth weight		15	7.7%	7%	8.2%
Last dentist visit 1 year ago or more		12	30.9%	28.7%	30.3%

Data with brackets [ ] indicates small sample size and possibly unreliable results

Table 3 Access to behavioral health services

#3 Health Priority: Improve access to appropriate behavioral health services for low-income populations.				
Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)	**Community Rank**	**Delta Community**	**Utah**	**US**
Mental health not good 7 or more of past 30 days	20	20.1%	14.7%	NA
Suicide rate (per 100K)	18	*[21.6]*	15.8	12
Rx opioid deaths (per 100K)	NA	NA	14.5	4.8
Ever diagnosed with depression	1	10%	22%	9.1%

Data with brackets [ ] indicates small sample size and possibly unreliable results

Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with Delta Community Medical Center Community Benefit staff, planners, administrators, governing board members, and community members with expertise in health, including community health educators, county and state health department staff, and chronic disease experts. The hospital team identified a significant local health need where there was both an opportunity to make measurable health improvements over the next three years and align with Delta Community Medical Center programs, resources, and priorities.

The hospital planning team identified potential collaborative partnerships with county and/or state health departments, schools, health coalitions, and other advocacy agencies that were already engaged in health initiatives. Delta Community Medical Center's implementation strategy incorporates evidence-based approaches to address chronic disease and includes an outline of goals and outcome measures beginning 2013 through 2015.

Based on the results of the two-part CHNA, Delta Community Medical Center identified the following focus and strategy:

> Priority Focus: Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors.
>
> Strategy: Improve the awareness of healthy nutrition and physical activity among fourth graders in the elementary school and promote healthy nutrition, physical activity levels, and preventive health strategies to adults in the community by continuing existing Step Express program in Delta Elementary School fourth grade classes.

Delta Community Medical Center's implementation strategy is not only an annual Community Benefit goal, but is also part of the hospital's Community Stewardship goal. Annual goals are tracked and reported quarterly; the status of each goal will be shared with hospital leadership, hospital governing boards, as well as with Intermountain senior leadership and Board of Trustees. The hospital implementation strategy was reviewed by the hospital governing board and signed by: 1) the hospital staff member accountable for the plan; 2) Delta Community Medical Center administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

Delta Community Medical Center's Response to Additional Community Healthy Needs

Delta Community Medical Center's CHNA identified needs that the hospital determined were not the highest priority to address with an implementation strategy in the local community for several reasons including: limited community resources for providing solutions, ability of the hospital to create a meaningful impact without broader community support, or because the issue would be better addressed by Intermountain as a system. A summary of some of those activities is provided below.

Intermountain continues system-wide efforts to improve chronic disease detection and treatment:

- Cancer screening and referral events for low-income and underserved communities;
- LiVe Well education campaign for middle school students increase awareness of healthy activity levels and nutrition and LiVe Well family education for children, adolescents, and their parents;
- LiVe Well Centers in three of its hospitals provide health risk assessments, education, and coaching;
- Community health education courses on arthritis and diabetes self-management in collaboration with senior centers and safety net clinics; and
- Community support groups for cancer, breast cancer, and heart disease.

Intermountain continues to provide both access to its healthcare services for low-income and uninsured people in communities served by its hospitals and clinics and creates access by establishing clinics and partnerships to reach out to the most underserved communities to ensure they also have access to hospitals and clinics.

- Intermountain operates six community and school clinics located in geographic areas where there are no other health providers; fees are charged on a sliding scale based on Federal Poverty Guidelines;
- Intermountain provides Community Health Centers and free clinics with vouchers for diagnostic imaging and lab tests for patients;
- Intermountain provides grants through Intermountain Community Care Foundation to Community Health Centers and other safety net clinics in excess of $2.3 million annually to create medical home access for low-income and uninsured people; and
- People presenting in Intermountain hospitals and clinics are eligible to receive medically necessary services regardless of ability to pay. In addition, community partners refer directly to Intermountain's specialty and diagnostic services using a voucher. In 2012, $5.6 million in vouchers were used to directly access financial assistance. In total, Intermountain provided $252.4[28] million of charity care to people who are either uninsured or under-insured in more than 239,000 cases in 2012. [29]

Intermountain's CHNA identified access to behavioral services as a need in most communities served by its hospitals. Intermountain continues efforts to create access specifically for low-income,

[28] Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately $158.4 million.
[29] Internal Case Mix Data, Intermountain, 2012

uninsured people. In addition to the charity care services Intermountain has provided since its inception to address this need, current efforts focus on creating access in community-based services.

- Intermountain provided $7.6 million in charity care for low-income mental health patients (defined as Medicaid/uninsured with mental disorders and / or substance abuse issues) in more than 2,700 cases in 2012[30];
- Collaborative partnerships exist in all urban communities to link uninsured people with community-based behavioral health providers;
- Intermountain is developing telehealth and community partnership solutions to address access issues in the rural healthcare setting and in pediatric populations;
- Intermountain leaders participate in county and state initiatives to address access challenges;
- Hospital and clinic staff provide community education on suicide prevention and depression; and
- Intermountain provides grants to Community Health Centers and safety net clinics of $2.3 million annually for comprehensive health services inclusive of mental health.

Community partners continue to work with Delta Community Medical Center on the above health issues include but are not limited to:

- Central Utah Counseling
- Central Utah Public Health
- Delta Elementary School
- Millard County School District

[30] Ibid

Conclusion

Delta Community Medical Center is grateful for the support of community members and agencies for their participation in the process of understanding local community healthcare needs. The implementation strategy developed in partnership with community leaders will require continued collaboration in order to be successful in addressing the identified community health priority.

Delta Community Medical Center will update its assessment of community health needs in 2016 and looks forward to continued partnership to improve the health of our community.

The Delta Community Medical Center CHNA was completed by Intermountain Community Benefit and Strategic Planning and Research Departments.