



**Intermountain Logan Regional Hospital
Community Health Needs Assessment
and Implementation Strategy
September 2013**

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Intermountain Logan Regional Hospital Community Health Needs Assessment and Implementation Strategy September 2013

**Intermountain Logan Regional Hospital
1400 North 500 East
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Executive Summary

Intermountain Logan Regional Hospital 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.

Logan Regional Hospital 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 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 Logan Regional Hospital 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 Logan Regional Hospital's Community Stewardship goals.

Logan Regional Hospital'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 Logan Regional Hospital's implementation strategy are part of Intermountain's system-wide initiatives to address chronic disease, access to care, and access to behavioral health services.

Logan Regional Hospital 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.

The Logan Regional Hospital Community

Logan Regional Hospital is one of 21 Intermountain owned and operated hospitals in Utah and southeast Idaho. Located in urban, northern Utah; is one of two hospitals in Cache County; the other is Cache Valley Specialty Hospital. Logan Regional Hospital has 126 staffed beds and offers a full spectrum of inpatient and outpatient medical services. In 2012, Logan Regional Hospital provided more than \$6 million¹ in charity care in over 9,000 cases.

Based on 2012 estimates, approximately 115,520 individuals live in Cache County which encompasses 1,164 square miles with 96.7 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 Quickfacts³	Cache County	Utah	US
Persons under 18 years	30.9%	31.1%	23.7%
Persons 65 years and over	8.2%	9.5%	13.3%
Median household income	\$48,338	\$57,783	\$52,762
Persons below poverty level	15.7%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	91.6%	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	35.6%	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 \$4.9million.

² United States Census, <http://quickfacts.census.gov>; revised June 27, 2013

³ Ibid

⁴ Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

Community Health Needs Assessment Background

Logan Regional Hospital 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 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 a 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; 37 health indicators were selected for the health priority categories. These priorities were also used to elicit perceptions of invited participants in Logan Regional Hospital'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}

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

¹⁵ Lee IM, Shiroma, EJ, Lobelo F, et al; Lancet Physical Activity Series Working Group. Effect of physical inactivity on

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

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 the 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

Logan Regional Hospital 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 three 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. Kristy Jones, Urban North Region Community Projects Coordinator, facilitated the meeting on May 9, 2012. A recorder was assigned for the meeting to capture the comments and details.

Representatives included the following:

- Bear River Association of Governments – Roger Jones, Executive Director
- Bear River Head Start – Kami Christensen, Health Specialist
- Bear River Health Department – Cami Davis; Jill Parker, Public Information Officer; and Ed Redd, MD, Medical Director
- Cache County School District – Maurine Donovan and Karen Liechty, School Nurse
- Cache Valley Community Clinic – Heidie Moser and Breck Rushton, Manager
- Child & Family Support Center – Esther Lee Molyneux, Director
- Intermountain Community Benefit – Cynthia Boshard, Director
- Intermountain Urban North Region – Chris Dallin, Communications Director
- Logan Regional Hospital – Mike Clark, Administrator; Ramona Fannesbeck, Director of Volunteers; Troy Oldham, Communications and Foundation Director; and Alan Robinson, CFO
- Logan Regional Hospital Foundation – Pam Allen, Board Member
- Multicultural Center – Norma Martinez, Director
- Small business owners – Doug Swenson, Dennis Watkins
- Utah State University – Carlos Sanchez

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:

- Cost of care is a barrier to access.
- Cost of food is difficult for low-income people; healthy food is expensive.

- More home cooking decades ago; today people are so busy that fast food is their best option.
- Lifestyles have changed; less natural food, more fast food.
- Fall harvest is very popular; people who can't afford fresh food most of the time choose fresh produce when it is donated to the pantry. When the community participates in food drives for the pantry, food is not healthy.
- Looked at student health in the Cache School District; kids are not exercising.
- Schools have one semester, once a year for physical education, which is not adequate.
- Studies show that kids with a history of neglect or abuse adopt unhealthy behaviors.
- The media promote unhealthy food, kids are bombarded with what to eat; they see what their peers eat.
- Money drives food choices, lots of marketing bad food choices; we need education on what to eat.
- Still see an increase with obesity.
- Parents need awareness of healthy lifestyle choices and how they impact health in many ways; we want to get into homes with education.
- The Hispanic community needs to do programs on healthy eating and help teach the next generations.
- Teach kids about nutrition, good eating habits.
- We may have information, but we need strategies to implement healthy habits; support families and address real issues with education, psychological support to address food addiction.
- Kids have easy access to unhealthy foods at the schools.
- Kids are not getting fat just at school; we need to face the facts of what we're doing at our own homes.

Strategies discussed:

- Start with education, money is not the solution.
- Stop doing things that are bad such as having a huge mug of sugary drinks all day.
- The 5-2-1-0 program is very good.
- 100 Mile Club at the city office in Providence which encourages walking.
- Incentives help, we need nutrition literacy.
- Farmers' Market takes food stamps; people can get starter plants for their own gardens.
- Educate parents about how to purchase and prepare healthy food.

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:

- People without primary care come to the Emergency Department (ED); they delay care until it's more serious.
- We see sicker patients in the ED. At the Cache Community Clinic, open two days a week, we deal with acute care, not chronic illnesses, don't have the resources. We refer to nutritional counseling but cost is a problem for those patients.

- This is a problem in our schools; parents can't afford to take kids to the doctor because they can't miss work so they send kids to school, sickness spreads and there's a ripple effect.
- In vision screenings in the schools we see kids whose families can't afford glasses.

Strategies discussed:

- Resources at the Community Health Center are provided on a sliding fee scale.
- We (Cache Community Clinic) refer to an eye doctor who takes referrals; we have limited resources so we work with many providers in the community.
- 2-1-1 is an excellent resource.
- Our staff knows the resources, know where to send people (Child & Family Support Center).

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:

- The number one issue is to identify and refer people who qualify for Medicaid to get care at Bear River Mental Health (contracted with the state to provide services to Medicaid clients).
- There aren't good options for uninsured; we provide as much free medication as possible, but that's not adequate. (Bear River Health Department).
- Utah State has counseling graduate students that we (Cache Community Clinic) send some of our patients to but there's a long waiting time.
- People are falling through the cracks; limited resources and access for the uninsured.
- We try to refer from our agency (Multicultural Center); we have limited number of translators, appointments are two to three weeks out.
- Not enough Spanish-speaking providers in the community.
- People aren't aware of services; don't want to talk about mental health.
- Cultural approach to avoid mental health; the perception of "crazy" and the social stigma about mental health.
- Medications are expensive; access to care is an ongoing problem.
- Mental health requires long-term therapy plus access to medications.

Strategies discussed:

- The Migrant Farm Clinic or Community Health Center provides services on a sliding fee.
- Child & Family Support Center can fill some gaps; work with people in crisis by providing two appointments and then refer for on-going treatment.
- Some counseling available in Title I schools; partnership with Bear River Mental Health.
- Some resources in Box Elder and Weber counties but not in Cache.
- Community Health Centers of Utah have different resources; the Migrant Clinic has Spanish speaking staff.
- There are some services in Box Elder County for people without Social Security numbers.

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. Logan Regional Hospital 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 Logan Regional Hospital 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 Logan Regional Hospital community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84304 Cache Junction	84305 Clarkston	84308 Cornish
84318 Hyde Park	84319 Hyrum	84320 Hyrum
84320 Lewiston	84321 Logan	84322 Logan
84323 Logan	84325 Mendon	84326 Millville
84327 Newton	84328 Paradise	84332 Providence
84333 Richmond	84335 Smithfield	84338 Trenton
84339 Wellsville	84341 Logan	84028 Garden City
84038 Laketown	84064 Randolph	84086 Woodruff

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 U.S. 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*	LRH Community	Utah	US
Overweight/obese	4	53.2%	57.8%	64.5%
High blood pressure	5	17.8%	21.4%	28.7%
High cholesterol	7	20.8%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	19	41.2%	33.1%	23%
Diabetes	8	5.1%	6.2%	8.7%
Asthma	4	6.2%	8.5%	9.1%
Arthritis	2	16.8%	21.6%	26%
Less than 2 servings of fruit daily	6	66.6%	68.8%	NA
Less than 3 servings of vegetables daily	6	72.1%	74.6%	NA
Not meeting recommended physical activity	6	34.2%	42%	49.5%
Current cigarette smoking	1	4.2%	9.4%	17.3%
Binge drinking	5	5.1%	8.6%	15.1%
Chronic drinking	2	[0.4%]	2.8%	5%
No routine medical checkup in past 12 months	15	48.3%	43%	NA
Adult watch more than 2 hours TV weekdays	2	43%	51.7%	NA
Child watch more than 2 hours TV weekdays	7	[61.7%]	66.5%	NA
Adult more than 1 soft drink/week	16	15.1%	13.7%	NA
Child more than 1 soft drink/week	2	1.6%	2.9%	NA
No colonoscopy after age 50	2	24.9%	29.6%	34.8%
Heart disease deaths (per 100K)	4	83.1	104.4	195.2
Stroke deaths (per 100K)	4	21.9	27.3	54.6
All cancer deaths (per 100K)	3	65.4	96.7	184.9
Prostate cancer deaths (males, per 100K)	13	14.7	14.5	22.8
Breast cancer deaths (females per 100K)	4	11.5	17.5	22.5
Colon cancer deaths (per 100K)	1	4.6	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	LRH Community	Utah	US	
No healthcare coverage					
Overall	13	15.9%	15.1%	17.8%	
Hispanic	14	60.3%	44.6%	NA	
Non-Hispanic	14	13%	12.3%	NA	
Unable to get care due to cost					
Overall	12	13%	13.3%	14.6%	
Hispanic	12	32.3%	26.1%	NA	
Non-Hispanic	9	11.1%	11.6%	NA	
No medical home					
Overall	18	25.7%	23.1%	18.2%	
Hispanic	9	45%	44.2%	NA	
Non-Hispanic	18	22.7%	20.8%	NA	
No routine medical checkup in past 12 months					
Overall	15	48.3%	43%	32.6%	
Hispanic	14	62.6%	51%	NA	
Non-Hispanic	15	48.9%	43.6%	NA	
No healthcare coverage for child	3	2.9%	5.5%	8.2%	
No prenatal care until 3 rd trimester	5	3.5%	3.7%	NA	
Low birth weight	4	6.3%	7%	8.2%	
Last dentist visit 1 year ago or more	14	32%	28.7%	30.3%	

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	LRH Community	Utah	US	
Mental health not good 7 or more of past 30 days	7	13.3%	14.7%	NA	
Suicide rate (per 100K)	1	8.8	15.8	12	
Rx opioid deaths (per 100K)	2	7.9	14.5	4.8	
Ever diagnosed with depression	4	17%	22%	9.1%	

Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with Logan Regional Hospital 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 Logan Regional Hospital 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. Logan Regional Hospital'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, Logan Regional Hospital identified the following focus and strategy:

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

Strategy: Improve the health status of targeted families in high-risk neighborhoods by providing Intermountain's LiVe Well programs including the LiVe Well Weigh to Health: Healthy Habits for Kids weight management program for families.

Logan Regional Hospital'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) Logan Regional Hospital administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

Logan Regional Hospital's Response to Additional Community Healthy Needs

Logan Regional Hospital'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 \$252.4²⁸ million of charity care to people who are either uninsured or under-insured in more than 239,000 cases in 2012.²⁹

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

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, 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 2012³⁰;
- 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.

Multiple community partners continue to work with Logan Regional Hospital on the above health issues include but are not limited to:

- Bear River Health Department
- Bear River Mental Health
- Child and Family Support Center
- Cache County School District
- Utah Department of Health

³⁰ Ibid

Conclusion

Logan Regional Hospital 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.

The hospital will update its assessment of community health needs in 2016 and looks forward to continued partnership to improve the health of our community.

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