**Intermountain Primary Children's Hospital
Community Health Needs Assessment
and Implementation Strategy
September 2013**

Contents

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Intermountain Primary Children's Hospital
100 North Mario Capecchi Drive
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Executive Summary

Intermountain Primary Children's 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.

Primary Children's 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. A fourth priority was added specifically for Primary Children's Hospital:
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;
3. Improve access to appropriate behavioral health services for low-income populations; and
4. Improve accident and injury prevention for children and adolescents.

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 Primary Children's 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 Primary Children's Hospital's Community Stewardship goals.

Primary Children's 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 Primary Children's 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.

Primary Children's 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 Primary Children's Hospital Community

Primary Children's Hospital is a pediatric specialty hospital located in urban Salt Lake City, Utah. PCH has 281staffed beds and offers a complete range of high-quality wellness, diagnostic, and treatment services. A regional pediatric referral center, Intermountain defines Primary Children's Hospital's community as the entire state of Utah for this CHNA. The In 2012, Primary Children's Hospital provided more than $12 million[1] in charity care to patients in over 13,000 cases.

Salt Lake County has 12 hospitals including Primary Children's Hospital and Shriners Hospital for Children, both pediatric specialty hospitals, University of Utah Hospital, and the Veterans Administration Hospital. Intermountain owns and operates five additional hospitals in Salt Lake County.

Based on 2012 estimates, approximately 2.8 million individuals live in Utah which encompasses 82,169 square miles with 33.6 people per square mile, compared to 87.4 people per square mile in the United States.[2]

US Census Quickfacts[3]	Utah	US
Persons under 18 years	31.1%	23.7%
Persons 65 years and over	9.5%	13.3%
Median household income	$57,783	$52,762
Persons below poverty level	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	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]

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[1]Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately $10.6 million.

[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

Primary Children's 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 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 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; health indicators were selected for the health priority categories. These priorities were also used to elicit perceptions of invited participants in Primary Children's Hospital's community input meeting. The broad categories identified in 2009 remain significant health issues for communities served by Intermountain hospitals. A fourth priority was added specifically for Primary Children's Hospital. Following is additional information to illustrate how each priority remains an area of focus:

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[5] www.healthypeople.gov/2010/

Health Priorities for 2013 CHNA

Health Priority #1: Improve accident and injury prevention for children and adolescents. (Specifically for Primary Children's Hospital, due to its pediatric focus.)

Unintentional injuries are the leading cause of death in the United States for one to 19 year olds and the fifth leading cause of death for newborns and infants under age one.[6] While the overall annual unintentional injury death rate decreased, the poisoning death rate among teens aged 15 to 19 nearly doubled, in part because of an increase in prescription overdoses from 1980 to 2008.[7] From 2002 to 2004 an estimated 13.5 percent of 12 to 17 year olds reportedly had misused prescription drugs at least once.[8] The percentage of poisoning deaths among 15 to 19 year olds with prescription drugs as a contributing cause increased from 30 percent in 2000 to 57 percent in 2009.[9]

Childhood motor vehicle traffic-related deaths also declined but remain the leading cause of unintentional injury death.[10]

Adolescent health is a new priority in Healthy People 2020: "Improve the healthy development, health, safety, and well-being of adolescents and young adults." While adolescence and young adulthood are generally healthy times in a person's life, several important public health and social problems start or peak during these years including:

Homelessness   Smoking
Homicide   Substance use and abuse
Motor vehicle crashes caused by drinking & driving   Suicide
Sexually transmitted infections   Teen & unplanned pregnancies[11]

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[6] *Vital Signs; Unintentional Injury Deaths Among Persons Aged 0-19 years—US, 2000-2009*, Centers for Disease Control and Prevention, April 16, 2012.

[7] Ibid

[8] Colliver JD, Kroutil LA, Dai L, G Froerer, JD . Office of Applied studies. Misuse of prescription drugs: Data from 2002-2004 national surveys on drug use and health.

[9] CDC. WONDER [Database]. Atlanta, GA: US Department of Health and Human Services, CDC; 2011.

[10] *Vital Signs; Unintentional Injury Deaths Among Persons Aged 0-19 years—US, 2000-2009*, Centers for Disease Control and Prevention, April 16, 2012.

[11] *Adolescent Health*, Healthy People 2020 Topics and Objectives, www.healthypeople.gov

Health Priority #2: 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. [12] 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. [13] 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. [14] 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. [15]

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. [16] In Utah, almost 60 percent of adults are considered overweight or obese. [17] 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. [18] 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. [19] [20] [21]

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[12] *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.

[13] Ibid

[14] *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.

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

[16] Ibid

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

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

[19] Ibid

[20] 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*

[21] 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.*

Utah has the lowest adult smoking rate in the country and a lower adolescent smoking rate that has declined by five percent since 1999.[22] In 2011, 56 percent of Utah adults reported getting the recommended amount of physical activity compared to 51 percent nationally.[23]

Health Priority #3: 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."[24] 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.[25] 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.[26] People with lower household incomes and less formal education were more likely to report difficulties in accessing care.[27]

Health Priority #4: 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.[28]

Approximately 32 percent of the United States population is affected by mental illness in any given year.[29] 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 treatment. The public mental health treatment system served 44,611 individuals, which is less than 31 percent of the current need.[30]

2012;380(9838):219-229

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

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

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

[25] Ibid

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

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

[28] 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.

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

[30] 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.

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.[31] Utah has a higher suicide rate than average in the rest of the United States and it has increased since 2008.[32] 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.[33]

[31] *Utah Health Status Update, Teen and Adult Suicide,* Utah Department of Health, July 2008.
[32] *2012 Utah Statewide Health Status Report*, Utah Department of Health, January, 2013
[33] Ibid

2013 Community Health Needs Assessment Process

Primary Children's 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 Primary Children's Hospital 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 four 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. Janet Brooks, Child Advocacy Manager, facilitated the meeting on May 14, 2012. A recorder was assigned for the meeting to capture the comments and details.

Representatives included the following:
- Community Activist – Kristen Oaks*
- Davis County Health Department – Lewis Garrett, Executive Director
- Fourth Street Homeless Clinic – Kim Belliston, Pediatric Coordinator
- Intermountain Community Benefit – Cynthia Boshard, Director; Terry Foust, AuD, Director; and Debbie Hardy, Manager
- Pediatrician – Tim Duffy, MD
- Primary Children's Hospital – Tammer Attallah, Psychology Program Administrative Director; Ed Clark,* MD, Chief Medical Officer; Erin Donnelly, Planner; Judy Geiger, Chief Nursing Officer; Doug Nielsen, Foundation Director; Justin Pallari, Assistant Administrator; Katy Welkie, Chief Executive Officer; and Doug Wolfe, System Improvement Director
- Retired Business Owner – Jim Hallsey*
- Salt Lake City Chamber of Commerce – Natalie Gochnour*, Chief Operating Officer
- Salt Lake City Mayor's Office – Karen Hale,* Director of Communications
- Salt Lake Valley Health Department – Gary Edwards, Executive Director
- Voices for Utah Children – Karen Crompton, Executive Director

   *Also on governing board

Health Priority #1: From your perspective, what are the biggest challenges our community faces related to accident and injury prevention for children and adolescents?
   Issues identified:
- Consider child abuse statistics, add non-accidental trauma because it can be prevented.
- Regarding firearms; our ability to pass statutes in Utah are a challenge.

- The availability of firearms, outdoor culture, insecurity, and the accessibility of firearms are issues.
- Apathy, people don't think it will happen to our kids, same with child safety seats.
- We lack a culture of safety—people think it will happen to someone else.
- Skateboards, long boards, kids have a lack of protection and they don't obey laws.
- There are no long board safety requirements in the state, no requirements at the skate parks, no one wears helmets. We promote safety at pediatric visits, parents need to be aware of safety for their kids.
- Look at the key issues of childhood condition that lead to adult disease; this generation of children in grade school now will be less healthy than their parents.
- One issue not identified three years ago is air quality and the consequences of asthma rates on the rise; they're higher on the west side of Salt Lake City and in rural areas.
- Look at other community health issues such as obesity, behavior, prematurity and the dollar impact on some of these issues.
- Of the children in grade school now, fewer will meet health requirements as they grow older
- We need to know more about firearms—get hard data to influence lawmakers.

Strategies discussed:
- We've had good success working with the legislature on the graduated driver's license, had data for 15 to 17 year-olds to demonstrate the success and illustrate strategies that work.
- Spot the Tot has been very successful.

Health Priority #2: 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:
- Walmart is beginning to label the good food/bad food to help promote awareness about making healthy choices.
- We need to understand the problems of air quality and asthma. Two bills passed this last legislative session that weakened air quality standards; legislators need more information.
- There's a lag time in behavior changes and disease prevention; hard to change behavior.
- 4th Street Clinic serves a homeless population; diabetics are our biggest chronic disease population. This population doesn't have access or choice to get healthy food options; they rely on donations of unhealthy food.
- We can teach kids, but at home the behaviors of parents can undo all they were taught.
- Obesity is not just about school lunches, healthy food costs more; how do we educate kids in schools? Is there curriculum? Kids do drive what's eaten at home. We promote schools changing to healthier food; look at the growth of community gardens.
- There's room for policy change in the school environment—always unhealthy with vending machines selling high calorie drinks. There's room for improvement.
- Heard a report about decrease in bike riding and walking due to safety issues. Are there safe routes to schools? Are parents afraid to promote kids walking to school?
- Medicaid screening of early childhood disease ought to be fully utilized in Utah; preserve what we already have for kids to catch potential disease diagnoses early and move forward with health reform.

- Children's healthcare is fragile; we need to protect children's health insurance and access. How do we make sure we have resources for non-US-born kids? We need to provide access.

Strategies discussed:
- We're starting to analyze data on 250 to 500 births in Cache County.

Health Priority #3: 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:
- Having insurance doesn't guarantee access; we can do a much better job enrolling kids in programs. Participation rates in CHIP and Medicaid in Utah are among the lowest in the country. SelectHealth and Molina are helping market and outreach.
- Our biggest challenge is getting people to come into the clinic (4th Street Homeless Clinic); the "street clinic" is the most popular.
- The healthcare system is unfriendly and out of date; we get answering machines. Compared to progressive industries that are helpful to respond to the public, healthcare is way behind as a system—broken and unfriendly.
- Intermountain has My Health email; there are restrictions with what we can do with technology; healthcare is changing slowly.
- Healthcare is shifting; more changes once more people are enrolled in healthplans. We need to enroll more people, build new incentives, and build quality measures.
- It's doing the "right" care not just less care.
- Are we thinking creatively to do adequate outreach to uninsured families? Are we doing enough? Are there strategies?
- People get apathetic, have no outreach budgeted. Need to remove the red tape. Some states have presumptive eligibility if the family meets food stamp eligibility—they're automatically enrolled in Medicaid or CHIP.
- School-based outreach to families is logical with the free and reduced lunch presumptive eligibility.

Strategies discussed:
- Financial Assistance program (Intermountain Medical Group), all applicants are required to apply first for other programs. At Intermountain we work with care managers; non-Intermountain clinics are also starting to enroll families.
- Engaging the school in the benefit with the mental health provider was effective (speaker worked in a previous model with school mental health).

Health Priority #4: 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:

- Behavioral health waffles about where it fits; in the schools sometimes a behavioral health issue is categorized as a discipline issue. We need to align the language, healthcare and behavioral health language. Teachers can identify early intervention. If there's no training, unfortunately teachers identify a discipline problem, not a behavioral health concern.
- We need to engage children earlier; not just train educators but also support the schools' needs to provide behavioral health services.
- Healthcare workers need to be educated about the barriers to learning due to behavioral health issues. School administrators want behavioral health providers in the schools.
- There's a lack of services, huge waiting lists.
- Are there any programs at Primary Children's Hospital for new teachers to learn some of these (behavioral health provider) skills?
- Even within special education there isn't training; teachers are so inundated with strategies of teaching, they're so focused. We need National Alliance on Mental Illness (NAMI) to provide training on behavioral health.
- There are challenges in working with teachers; could we approach a district to do a pilot for behavioral health education with teachers?
- A challenge people don't speak to and teachers report is the stigma in families; we need to provide education in families on how to get past the stigma.

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. Intermountain and Primary Children's Hospital Planning Department staff determined to define the primary market area for the hospital as the state of Utah since the pediatric specialty hospital serves the entire state as its "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 Primary Children's 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.

Primary Children's Hospital community was defined by all Utah zip codes in identifying indicators for children's health, mental health, substance abuse, accidents, injury, and death. Only child-specific data was included in the indicators for Primary Children's Hospital.

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 Accidents and injuries

#1 Health Priority: Improve accident and injury prevention for children and adolescents.				
Health indicator	**Community Rank**	**PCH Community**	**Utah**	**US**
Adult seat belt use "not always"	9	18.4%	18.4%	15%
Utah Emergency Department treat and release age 0-19:				
Falls (per 100K)	7	22.4	22.4	34.2
Struck by or against (per 100K)	9	13.6	13.6	24.6
Any motor vehicle (per 100K)	10	7.7	7.7	NA
Cut or pierce (per 100K)	10	4.5	4.5	7.5
Poisoning (per 100K)	12	2.5	2.5	1.7
Burn (per 100K)	7	1.1	1.1	1.9
Injury deaths Age 0-19 (per 100K)	8	15.1	15.1	11
Leading causes of child injury death (Utah):				
Any motor vehicle		193	193	
Suffocation		107	107	
Firearm		48	48	
Drowning		41	41	
Poisoning		26	26	

Table 2 Chronic diseases associated with weight and unhealthy behaviors

#2 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***	**PCH Community**	**Utah**	**US**
Overweight/obese**	1	20%	57.8%	64.5%
Diabetes (child)	1	0.4%	6.2%	8.7%
Adult watch more than 2 hours TV weekdays	12	51.7%	51.7%	NA
Child watch more than 2 hours TV weekdays	14	66.5%	66.5%	NA
Adult more than 1 soft drink/week	16	13.7%	13.7%	NA
Child more than 1 soft drink/week	20	2.9%	2.9%	NA

*Community rank represents a 1-21 ranking of geographic communities served by Intermountain
 **Utah Child Height and Weight Study

Table 3 Access to comprehensive healthcare services

#3 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	PCH Community	Utah	US
No healthcare coverage for child	14	5.5%	5.5%	8.2%
No prenatal care until 3rd trimester	9	3.7%	3.7%	NA
Low birth weight	9	7%	7%	8.2%

Table 4 Access to behavioral health services

#4 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	PCH Community	Utah	US*
Children 0 to 12 yrs old received mental health services	NA	21.8%	21.8%	15.6%
Children 13 to 17 yrs old received mental health services	NA	12.7%	12.7%	12.4%
Children 0 to 18 years received substance abuse services	NA	8.7%	8.7%	7.4%

*Utah Department of Substance Abuse and Mental Health

Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with Primary Children's 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 Primary Children's 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. Primary Children's Hospital's implementation strategy incorporates evidence-based approaches to address injury prevention and includes an outline of goals and outcome measures beginning 2013 through 2015.

Based on the results of the two-part CHNA, Primary Children's Hospital identified the following focus and strategy:

> Health Priority Focus: Improve accident and injury prevention for children and adolescents.

> Strategy: Increase injury prevention awareness and interventions for adolescents in targeted risk and geographical areas. Collect and review data, collaborate with community partners, assess existing programs for at-risk adolescents related to self-injury and accidents, and identify prevention gaps.

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

Primary Children's Hospital's Response to Additional Community Healthy Needs

Primary Children's 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;
- 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[34] million of charity care to people who are either uninsured or under-insured in more than 239,000 cases in 2012. [35]

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,

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[34] Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately $158.4 million.
[35] 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[36];
- 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 health partners continue working with Primary Children's Hospital on the above health needs include but are not limited to:

- Fourth Street Clinic
- Safe Kids Utah
- Salt Lake Suicide Prevention Coalition
- Salt Lake Valley Health Department
- Utah Department of Health
- Utah Department of Public Safety – Highway Safety Office
- Utah Department of Transportation – Zero Fatalities
- Variety of community and safety net clinics throughout Utah
- Voices for Utah Children

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[36] Ibid

Conclusion

Primary Children's 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.

Primary Children's Hospital will update its assessment of community health needs in 2016 and looks forward to continued partnership 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.