

# 2016 Community Health Needs Assessment

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Cassia Regional Hospital



Intermountain®  
Healthcare

**Intermountain Cassia Regional Hospital  
Community Health Needs Assessment  
2016**



Cassia Regional Hospital  
1501 Hiland Avenue  
Burley, Idaho 83318

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## Summary

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

Intermountain Cassia Regional Hospital collaborated with the Idaho Department of Health and Welfare to identify health indicators, gather data, analyze, and then prioritize those indicators to determine the significant health needs to address over the next several years. Health improvement activities to address the prioritized need are detailed in a separate implementation plan.

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

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

This report focuses on the adult health needs of the Cassia Regional Hospital community. Child and adolescent health needs are reported in the Intermountain Primary Children's Hospital CHNA Report. Primary Children's is the Intermountain pediatric specialty and referral hospital for the state of Utah.

The 2016 CHNA report informs Intermountain leadership, public health partners, and community stakeholders of the significant health needs in our community, allowing hospitals and their local partners to develop strategies that leverage Intermountain and community resources to address those needs throughout the Intermountain system.

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a CHNA every three years and to develop an implementation strategy to address, measure, and report impact of significant health priorities.

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

Cassia Regional Hospital is one of Intermountain's 22<sup>1</sup> hospitals located in Utah and southeastern Idaho. Intermountain's system-wide process for conducting the CHNA for each hospital community includes:

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

Intermountain hospital leaders, Community Benefit, and Strategic Planning and Research staff members conducted community input meetings hosted by each hospital. Invitees represented the broad interests of the residents, including the healthcare needs of medically underserved and low-income populations. Participants included minority, low-income, and uninsured populations, the local health department,

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<sup>1</sup> Intermountain owns and operates 21 hospitals in Utah and southeastern Idaho and manages Garfield Memorial Hospital, owned by Garfield County, in Panguitch, Utah. Intermountain included Garfield Memorial Hospital in its system-wide CHNA. For purposes of this report, reference will be made to 22 hospitals to include this hospital.

safety net clinic employees, school representatives, health advocates, mental health providers, local government leaders, senior service providers, and others.

Intermountain collaborated with local health departments, the Utah Department of Health, and internal clinical and operational leadership to identify 100 health indicators representing 16 broad health issues. The indicators form the core of public health data that Intermountain, local health departments, the Idaho Department of Health and Welfare, and the Utah Department of Health used/will use for each of their own needs assessments. The Utah Department of Health Office of Public Health Assessment assembled the 100 health indicator data for each of Intermountain's 21 Utah hospital communities. The Idaho Department of Health and Welfare provided the health data for the Cassia community.

Intermountain developed a process to prioritize significant health needs. Representatives from local health departments, the Utah Department of Health, District 5 of the Idaho Department of Health and Welfare, Intermountain hospitals and governing boards, and clinical and operational leadership, were invited to participate in the prioritization process. Participants reviewed summaries of community input meetings and health indicator data and completed a survey to quantify the relative priority of the 16 broad health issues.

The priority health need: Prevention of prediabetes, high blood pressure, depression, and prescription opioid misuse; reflects results of the prioritization process that revealed preventive services, overweight and obesity, diabetes conditions, cardiovascular conditions, mental health issues, and addictive behaviors as the top health issues. Selecting a single, specific health issue as the identified need provides clarity and guidance for implementation strategies.

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

## Community Health Needs Assessment Background

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

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

Intermountain addressed these priorities to improve healthcare for low-income populations, reduce the cost of healthcare for Intermountain and the community, and focused on the healthcare needs of each community where its hospitals are located. The health priorities aligned with *Healthy People 2010* goals (a national program to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death) and Intermountain clinical goals. The 2009 CHNA guided Intermountain's community health improvement efforts and the community health goals of its hospitals, clinics, and programs.

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

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

- Soliciting community input regarding local health needs
- Collecting quantitative data on health indicators
- Prioritizing health indicators to identify significant needs
- Making the CHNA results publicly available
- Developing an implementation strategy to address the significant priority
- Making the implementation plan publicly available

## Defining the Cassia Regional Hospital Community

Cassia Regional Hospital is one of 22 Intermountain Healthcare owned and operated hospitals in Utah and southeastern Idaho. Located in the rural community of Burley in southeast Idaho, the hospital has 25 staffed beds and offers a spectrum of inpatient and outpatient medical services. Cassia Regional Hospital is located on the boarder of Cassia and Minidoka counties and is a Critical Access Hospital. In 2015, Cassia Regional Hospital provided more than \$2.4 million<sup>2</sup> in charity care in over 4,500 cases.

### Hospitals in Cassia and Minidoka County

- Intermountain Cassia Regional Hospital (Burley, Idaho)
- Minidoka Memorial Hospital (Rupert, Idaho)

**Safety Net Clinics and Federally Qualified Health Centers (FQHC)** providing healthcare services to uninsured, low-income, and homeless people in Cassia and Minidoka Counties

- Family Health Services Burley Medical Clinic
- Family Health Services Kimberly Medical Clinic
- Family Health Services Rupert Medical Clinic

### Cassia and Minidoka Counties

U.S. Census Quick Facts 2015 <sup>3</sup>	Cassia County	Minidoka County	Idaho	U.S.
Population (2015)	23,506	20,461	1,654,930	321,418,820
Population per square mile	8.9	26.5	19.0	87.4
Land area in square miles	2,565.08	757.59	82,643.12	3,531,905.43
Persons Under 18	32.4%	28.7%	26.2%	22.9%
Persons 65 years and over	13.6%	15.7%	14.7%	14.9%
Language other than English spoken at home, percent of persons age 5+	20.3%	28.5%	10.6%	20.9%
High school graduate or higher, percent of persons age 25+	78.8%	75.9%	89.1%	86.3%
Bachelor's degree or higher, percent of persons age 25+	16.9%	11.8%	25.4%	29.3%
Persons in poverty, percent	15.6%	16.8%	14.8%	14.8%
Race and Hispanic origin:				
White	70.4%	63.2%	82.5%	61.6%
Hispanic or Latino	27.1%	34.1%	12.2%	17.6%
Black or African American	0.6%	0.8%	0.8%	13.3%
American Indian and Alaska Native	1.6%	2.3%	1.7%	1.2%
Asian	0.7%	0.6%	1.5%	5.6%
Native Hawaiian and Other Pacific Islander	0.2%	NA	0.2%	0.2%

<sup>2</sup> Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission (which 20 of Intermountain's 21 hospitals report) is approximately \$1.5 million.

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

The Cassia Regional Hospital community was defined by the zip codes in which a majority of inpatient discharges reside. The hospital community includes medically underserved, low-income, and minority populations. These zip codes were used to assemble available data for health indicators<sup>4</sup>:

83311 Albion	83312 Almo	83318 Burley
83323 Delco	83336 Heyburn	83342 Malta
83343 Minidoka	83346 Oakley	83347 Paul
83350 Rupert		

In 2014, approximately 26.2 percent of the population in the Cassia Regional Hospital community (defined by zip codes) was uninsured.<sup>5</sup>

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<sup>4</sup> Some data in this report was not available by zip code and was identified for Idaho Health District 5 which includes Cassia and Minidoka counties as well as Blaine, Camas, Gooding, Jerome, Lincoln, and Twin Falls counties.

<sup>5</sup> Idaho Department of Health and Welfare Behavioral Health Risk Factor Surveillance System (BRFSS) Combined Landline and Cell Query Module



## 2016 Community Health Needs Assessment

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### **CHNA Process Planning, Governance, and Collaboration**

Intermountain's mission of helping people live the healthiest lives possible® is best realized with a comprehensive understanding of the health needs of the community served by its hospitals, clinics, and health plans. Intermountain is committed to routinely assessing the community's health needs through a comprehensive assessment process that both engages members of the community and analyzes the most current health status information. Intermountain uses the assessment to inform its system-wide and local strategies to improve community health.

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

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

Success of the collaborative CHNA with local and state health departments has resulted in the panel members committing to expand the membership to share information, leverage resources, and measure and evaluate community health improvement strategies together for the benefit of people throughout our service areas. Membership on the Community Advisory Panel includes:

- Leadership from the Association for Utah Community Health (Federally Qualified Health Centers)
- Representatives from HealthInsight (Utah's designated quality improvement organization and quality innovation network)
- Leadership from Utah's public behavioral health system, Davis Behavioral Health, Southwest Behavioral Health Center, Utah Division of Substance Abuse and Mental Health, Wasatch Mental Health, and Weber Human Services
- Executive directors from the following health departments: Davis County Health Department, Central Utah Health Department, Salt Lake County Health Department, Summit County Health Department, Utah County Health Department, Utah Department of Health, Wasatch County Health Department, and Weber-Morgan Health Department
- Representatives of Intermountain Community Benefit Department, Strategic Planning and Research Department, and Medical Group Clinics.

### **CHNA Methodology**

Following the Intermountain system-wide approach, Cassia Regional Hospital conducted its 2016 CHNA by:

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

### **Community Input**

Cassia Regional Hospital, and the Utah Department of Health co-hosted the community input meeting. Invitees included representatives of the following groups:

- |                          |  |
|--------------------------|--|
| ● Food pantries          | ● Low-income, uninsured, underserved populations |
| ● Health advocate groups | ● Mental health service providers                |
| ● Healthcare providers   | ● Minority organizations                         |
| ● Human service agencies | ● Safety net clinics                             |
| ● Law enforcement        | ● School districts                               |
| ● Local business         | ● State and local health departments             |
| ● Local government       |  |

These participants, representing a broad range of interests, including the healthcare needs of uninsured and low-income people, were invited to attend the meeting to share their perspectives on health needs in the hospital's community. Staff from Intermountain facilitated the meeting on May 11, 2015 which was manually and digitally recorded and transcribed.

Discussion highlighted specific issues in the community, concrete examples of challenges, perceptions, and strategies for addressing health needs. An online survey was sent to people who could not attend the community input meeting to encourage more representative feedback and engage all who were

invited. Not all the people who received the surveys responded to the request. Representatives from the following organizations were included:

- Burley Mayor's Office
- Cassia County Commission
- Cassia School District
- Community Council of Idaho
- Dairy Farm and Dairy Co-op
- Family Health Services Burley Medical Clinic
- Handy Truck Lines
- Intermountain Cassia Regional Hospital
- Intermountain Healthcare
- Minidoka School District
- Retired school principal
- South Central Public Health Department, Idaho Department of Health and Welfare

### **Health Indicators**

The selection of reliable, meaningful health indicators was an important part of the 2016 CHNA. First, Intermountain created an inventory of health indicators used in the 2009 and 2013 assessments and compared those indicators with published needs assessments and/or annual reports from the Utah Department of Health and local health departments. Second, an extensive literature review of national reporting metrics, particularly those used by *Healthy People 2020*<sup>6</sup> also contributed indicators to the inventory. Third, the staff conducted interviews with epidemiologists at the Utah Department of Health and local health departments to identify additional indicators important to their own needs assessments and specific measures for each with good reliability and availability. The Community Advisory Panel reviewed the list and provided final recommendations.

Next, the 100 indicators were grouped into 16 different broad health issues to simplify and organize discussions of data. The groupings were based on recommendations from the Institute of Medicine<sup>7</sup> and *Healthy People 2020*.<sup>8</sup> Finally, the completed list of 100 indicators grouped by 16 broad health issues was presented to and approved by Intermountain's Community Benefit Steering Committee and Community Health Improvement Guidance Council.

Intermountain collaborated with the Utah Department of Health Office of Public Health Assessment to assemble available data on health indicators for each Utah hospital community and with the Idaho Department of Health and Welfare for the Cassia Regional Hospital community. Analysts aggregated two or three years of data for each indicator to achieve a large enough sample size to have a reliable estimate for each health indicator. Appendix A contains data for each indicator for the Cassia Regional Hospital service area, the Intermountain service area, the state of Idaho, and the United States.

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<sup>6</sup> <https://www.healthypeople.gov/2020/topics-objectives>

<sup>7</sup> Vital Signs: Core Metrics for Health and Health Care Progress, Institute of Medicine Committee on Core Metrics for Better Health at Lower Cost, 2015

<sup>8</sup> [www.healthypeople.gov/2020/tools-resources](http://www.healthypeople.gov/2020/tools-resources)

The following table lists the health indicators and respective groupings for the 2016 CHNA:

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

## Prioritization

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

Intermountain identified dimensions for prioritization using practices established by public health professionals.<sup>9,10,11,12,13</sup> The dimensions reflect needs assessment best practices, ACA requirements, and Intermountain strategic goals.

Dimensions included:

- **Affordability:** the degree to which addressing this health issue can result in more affordable healthcare
- **Alignment:** the degree to which the health issue aligns with Intermountain Healthcare's or stakeholder organization's mission and strategic priorities
- **Community input:** the degree to which community input meetings highlighted it as a significant health issue
- **Feasibility:** the degree to which the health issue is feasible to change, taking into account resources, evidence-based interventions, and existing groups working on it
- **Health equity:** the degree to which the health issue disproportionately affects population subgroups
- **Seriousness:** the degree to which the health issue is associated with severe outcomes such as mortality and morbidity, severe disability, or significant pain and suffering
- **Size:** the number of people affected by the health issue
- **Upstream:** the degree to which the health issue is upstream from and a root cause of other health issues

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

Final weights are shown in the chart.

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

<sup>9</sup> Association for Community Health Improvement (2007). ACHI Community Health Assessment Toolkit. Available at <http://www.assesstoolkit.org/assesstoolkit/member/Priorities/index.jsp>

<sup>10</sup> Centers for Disease Control and Prevention. Assessment Protocol for Excellence in Public Health: Appendix E. Available at <http://www.cdc.gov/nphsp/documents/prioritization-section-from-apexph-in-practice.pdf>

<sup>11</sup> National Association of County & City Health Officials. First Things First: Prioritizing Health Problems. Available at <http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf>

<sup>12</sup> Excerpted from Nancy R. Tague's The Quality Toolbox, Second Edition, ASQ Quality Press, 2004

<sup>13</sup> Duttweiler, M. 2007. Priority Setting Tools: Selected Background and Information and Techniques.



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

Participants included:

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

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

- An executive summary of the hospital's community input meeting
- A summary of the publicly reported health indicators for the hospital community

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

- **Affordability:** reduction of costs associated with addressing the health issue being small (1), moderate (2), or large (3), provided by Intermountain's Population Health Analytics team
- **Community input:** not mentioned by the community as an issue (1); mentioned, but not a common theme (2); common theme mentioned by several community members (3)
- **Health equity:** calculated by creating a disparity score using race as the only indicator of disparity. The highest number in the race categories was subtracted from the lowest number, divided by the lowest number, and then multiplied by 100 to get a percentage (% disparity) 1 = 0-100% disparity; 2 = 101-300% disparity; 3 = >300% disparity
- **Size:** prevalence: 1 = 0 – 9%; 2 = 10 – 24%; 3 = ≥ 25%; incidence: 1 = 0-49 per 100k; 2 = 50-99 per 100k; 3 = 100+ per 100k. Scales reflect national metrics

## CHNA Results

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### Summary of key issues and ideas from community input meeting:

#### Key Issues

- Poor eating habits, obesity
- Lack of motivation for physical activity
- Need for culturally sensitive education about healthy food
- Cost of mental health treatment and medications
- Prevalence of depression and anxiety
- Stigma associated with mental health
- Lack of mental health providers
- Need for suicide prevention programs

#### Chronic diseases, weight, and unhealthy behaviors

- Poor eating habits and link to obesity
- Perceptions of convenience of fast food vs. inconvenience of healthy food preparation
- Cultural component in food preparation necessitates culturally sensitive education about health choices
- Lack of motivation for physical activity
- Home environment can limit availability of healthy food and motivation to eat healthy
- Concern about quality of school lunches

#### Access to healthcare

- Confusion about the Affordable Care Act and Healthcare Exchanges and how to use insurance
- Need for bilingual health insurance navigators
- Need for simplified informational material on insurance and healthcare systems
- Complexity to find community health resources
- Cost of healthcare and dental services, lack of transparency for cost of services
- Inappropriate use of Emergency Departments

#### Access to mental health

- Prevalence of substance use among children and young adults
- Lack of respite care
- Cultural aspect of not seeking help for mental health needs
- Prevalence of depression and anxiety
- Stigma associated with seeking mental health services
- Lack of mental health providers, especially bilingual
- High cost of mental health treatment services and medications
- Suicide and need for suicide prevention programs

#### Children's health

- Poverty is a big issue, especially how it limits access to nutritious food, ability to purchase clothes, and proper hygiene
- Lack of physical activity; schools have reduced physical education
- Prevalence of depression
- Lack of awareness of free or discounted recreation activities for children

- High teen birth rate and connection to problematic prenatal care
- Need for education to parents on importance of childhood immunizations

**Environmental influences on health**

- Substandard housing a big issue
- Lack of sidewalks and safe walking areas in rural Idaho

**Significant Community Health Need:**

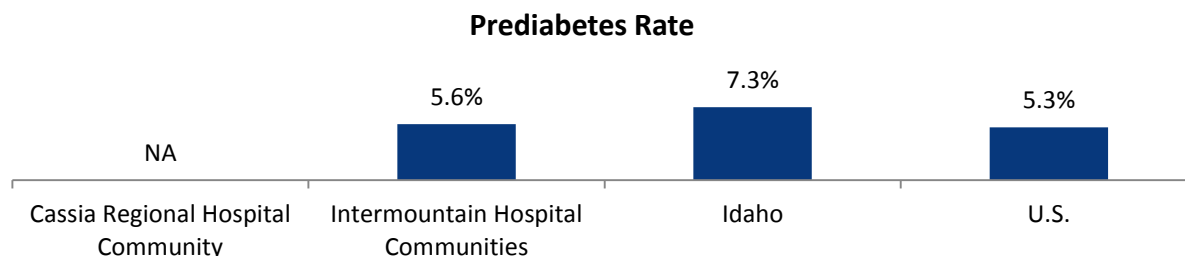
Cassia Regional Hospital and Intermountain reviewed community input and the final calculation of priority scores based on ratings across the eight dimensions and identified the priority health need as:

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

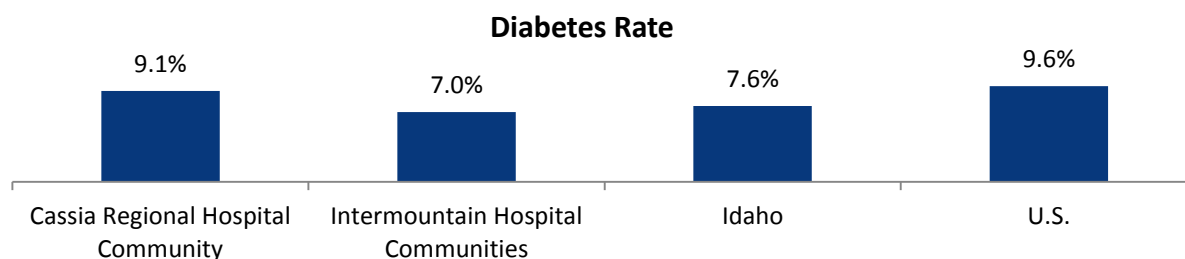
## Prioritized Health Indicator Data

### Prevention of Prediabetes

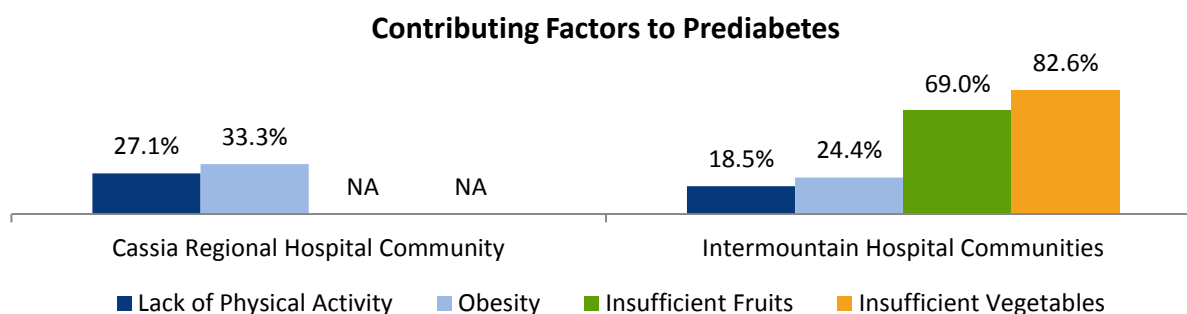
➤ Approximately one in 20 adults in the Intermountain hospital communities reports a diagnosis of prediabetes. That prevalence rate is likely an underestimate, since the majority of adults affected by prediabetes are unaware of it.



➤ Prediabetes often leads to a diagnosis of type 2 diabetes (25 percent diagnosed in three to five years, 50 percent diagnosed in 10 years).<sup>14</sup> The current rate of diabetes is higher than that of prediabetes and will likely grow without focused prevention efforts.



➤ Several health behaviors contribute to developing prediabetes, including lack of physical activity, obesity, and insufficient fruit and vegetable consumption. Rates for these factors are high and illustrate areas in which work can be done to reduce the risk of developing prediabetes.



NA = Data not available due to small sample size in community

<sup>14</sup> Diseases and Conditions: Prediabetes, Mayo Clinic, Mayo Foundation for Medical Education and Research, 2014  
Intermountain Cassia Regional Hospital 2016 Community Health Needs Assessment

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

The following table shows how diabetes conditions ranked among the 16 broad health issues in each of the prioritization dimensions, for both the Cassia Regional Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions illustrate that diabetes conditions were highly prioritized relative to other health issues in the Cassia Regional Hospital and Intermountain communities.

Rank of Diabetes Conditions Relative to Other Health Issues		
Prioritization Dimension	Cassia Regional Hospital Community	Intermountain Hospital Communities
Affordability	1 <sup>st</sup> *	1 <sup>st</sup> *
Alignment	5 <sup>th</sup> *	3 <sup>rd</sup>
Community Input	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Feasibility	1 <sup>st</sup>	4 <sup>th</sup>
Health Equity	2 <sup>nd</sup> *	2 <sup>nd</sup> *
Seriousness	4 <sup>th</sup>	3 <sup>rd</sup>
Size	2 <sup>nd</sup> *	2 <sup>nd</sup> *
Upstream	2 <sup>nd</sup>	2 <sup>nd</sup>

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

**Likewise, the health issue of overweight and obesity that contributes to developing prediabetes was also highly prioritized**

The following table shows how overweight and obesity ranked among the 16 broad health issues in each of the prioritization dimensions, for the Cassia Regional Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions illustrate that overweight and obesity were highly prioritized relative to other health issues in the Cassia Regional Hospital and Intermountain communities.

Rank of Overweight and Obesity Relative to Other Health Issues		
Prioritization Dimension	Cassia Regional Hospital Community	Intermountain Hospital Communities
Affordability	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Alignment	5 <sup>th</sup> *	5 <sup>th</sup>
Community Input	1 <sup>st</sup> *	1 <sup>st</sup> *
Feasibility	6 <sup>th</sup> *	7 <sup>th</sup>
Health Equity	2 <sup>nd</sup> *	2 <sup>nd</sup> *
Seriousness	2 <sup>nd</sup>	4 <sup>th</sup>
Size	1 <sup>st</sup> *	1 <sup>st</sup> *
Upstream	1 <sup>st</sup>	1 <sup>st</sup>

*\*Indicates there was a tie in the prioritization score between overweight and obesity and other health issues on this prioritization dimension.*



### **Why We Are Focusing On Prediabetes**

The number of individuals undiagnosed with prediabetes is an estimated 86 million.<sup>15</sup> Prediabetes is characterized as higher than usual blood sugar levels, though lower than the levels associated with type 2 diabetes.<sup>16</sup> If left untreated, prediabetes will progress to type 2 diabetes.<sup>17</sup>

Diabetes is a very costly condition, with approximately \$245 billion spent annually in the U.S.<sup>18</sup> Identifying people with prediabetes can create opportunity to prevent the development of type 2 diabetes, which is the leading cause of non-traumatic lower-extremity amputation, renal failure, blindness among adults younger than 75, and one of the leading causes of heart disease.<sup>19</sup>

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<sup>15</sup> Annals of Internal Medicine. doi: 10.7326/M15-2345

<sup>16</sup> *Diseases and Conditions: Prediabetes*, Mayo Clinic, Mayo Foundation for Medical Education and Research, 2014

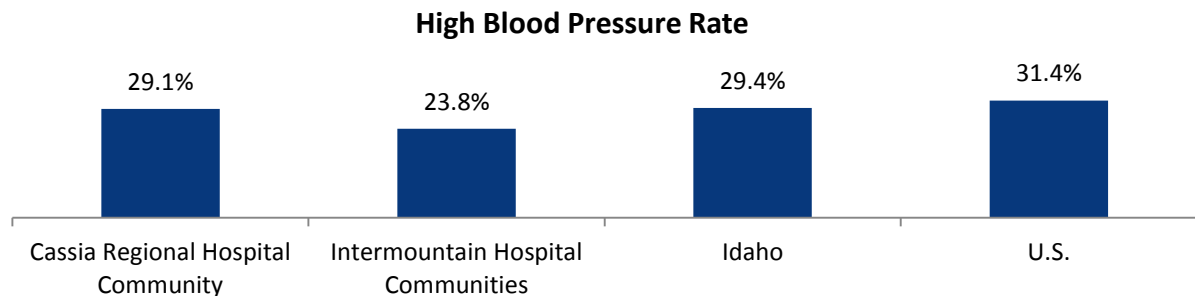
<sup>17</sup> Ibid

<sup>18</sup> Utah Diabetes Prevention Strategic Plan, October 2015 to September 2020

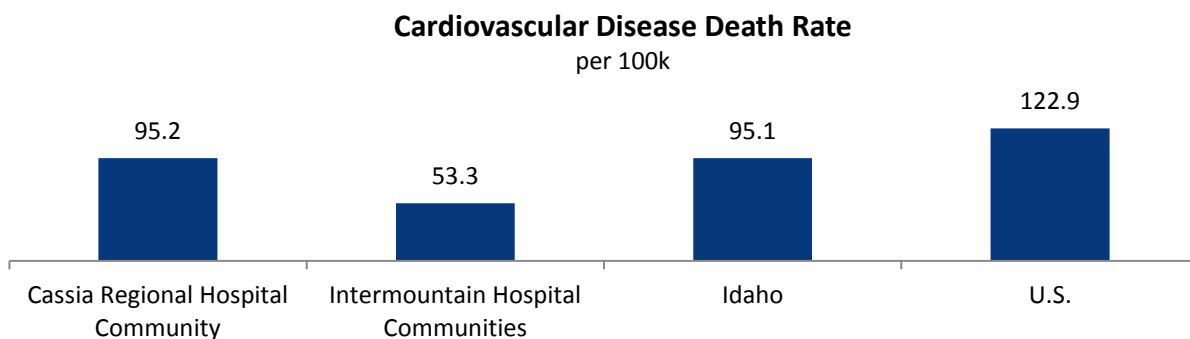
<sup>19</sup> *Diabetes*, Public Health Indicator Based Information System (IBIS), Utah Department of Health, 2014

## Prevention of High Blood Pressure

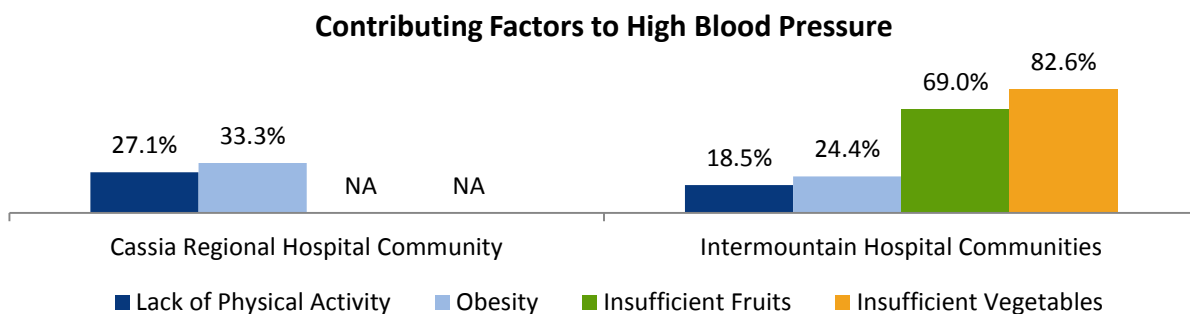
➤ Over one in four adults in the Cassia Regional Hospital community reports a diagnosis of high blood pressure. That prevalence rate is likely an underestimate, since many adults affected by high blood pressure are unaware of it.



➤ Uncontrolled high blood pressure can lead to a variety of cardiovascular diseases. While the current death rate for cardiovascular disease is lower for the Cassia Regional Hospital community when compared to the nation, it remains a leading cause of death and is much higher than the rates seen in all Intermountain hospital communities.



➤ Several health behaviors contribute to developing high blood pressure, including lack of physical activity, obesity, and insufficient fruit and vegetable consumption. Rates for these factors are high and illustrate areas in which work can be done to reduce risk of developing high blood pressure.



NA = Data not available due to small sample size in community

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

The following table shows how cardiovascular conditions ranked among the 16 broad health issues in each of the prioritization dimensions, for the Cassia Regional Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions illustrate that cardiovascular conditions were highly prioritized relative to other health issues in the Cassia Regional Hospital and Intermountain communities.

Rank of Cardiovascular Conditions Relative to Other Health Issues		
Prioritization Dimension	Cassia Regional Hospital Community	Intermountain Hospital Communities
Affordability	1 <sup>st</sup> *	1 <sup>st</sup> *
Alignment	4 <sup>th</sup>	4 <sup>th</sup>
Community Input	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Feasibility	4 <sup>th</sup>	5 <sup>th</sup>
Health Equity	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Seriousness	1 <sup>st</sup>	1 <sup>st</sup>
Size	1 <sup>st</sup> *	1 <sup>st</sup> *
Upstream	3 <sup>rd</sup>	6 <sup>th</sup>

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

**Likewise, the health issue of overweight and obesity that contributes to developing high blood pressure was also highly prioritized**

The following table shows how overweight and obesity ranked among the 16 broad health issues in each of the prioritization dimensions, for the Cassia Regional Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions illustrate that overweight and obesity were highly prioritized relative to other health issues in the Cassia Regional Hospital and Intermountain communities.

Rank of Overweight and Obesity Relative to Other Health Issues		
Prioritization Dimension	Cassia Regional Hospital Community	Intermountain Hospital Communities
Affordability	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Alignment	5 <sup>th</sup> *	5 <sup>th</sup>
Community Input	1 <sup>st</sup> *	1 <sup>st</sup> *
Feasibility	6 <sup>th</sup> *	7 <sup>th</sup>
Health Equity	2 <sup>nd</sup> *	2 <sup>nd</sup> *
Seriousness	2 <sup>nd</sup>	4 <sup>th</sup>
Size	1 <sup>st</sup> *	1 <sup>st</sup> *
Upstream	1 <sup>st</sup>	1 <sup>st</sup>

*\*Indicates there was a tie in the prioritization score between overweight and obesity and other health issues on this prioritization dimension.*

### **Why We Are Focusing on High Blood Pressure**

High blood pressure can be problematic because it is unlikely to result in obvious symptoms making it difficult to detect. Around 70 million American adults have high blood pressure, which is close to one out of every three adults.<sup>20</sup> However, only 52 percent of these adults are successfully managing their condition.<sup>21</sup> High blood pressure can also cause further complications through an increased risk of heart disease and stroke, which continue to be among the highest causes of mortality in the United States.<sup>22</sup>

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<sup>20</sup> *High Blood Pressure*, Center for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016

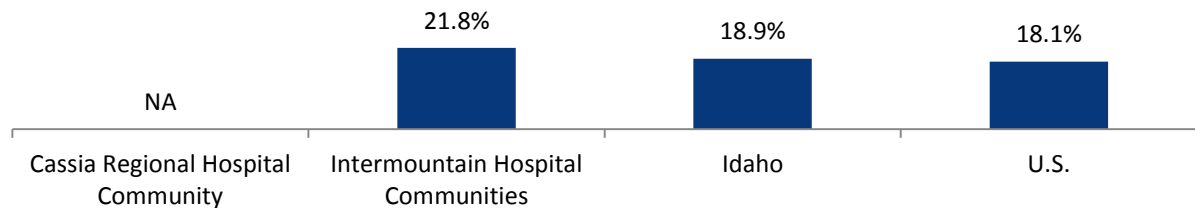
<sup>21</sup> *Blood Pressure: Doctor-diagnosed Hypertension*, Public Health Indicator Based Information System (IBIS), Utah Department of Health, 2014

<sup>22</sup> Ibid

## Prevention of Depression

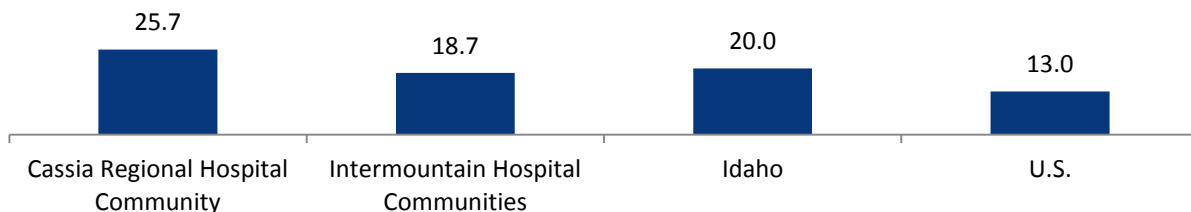
➤ Approximately one in five adults in the Intermountain hospital communities reports a diagnosis of depression. That prevalence rate is likely an underestimate, since many adults affected by depression do not seek diagnosis and treatment.

Depression Rate



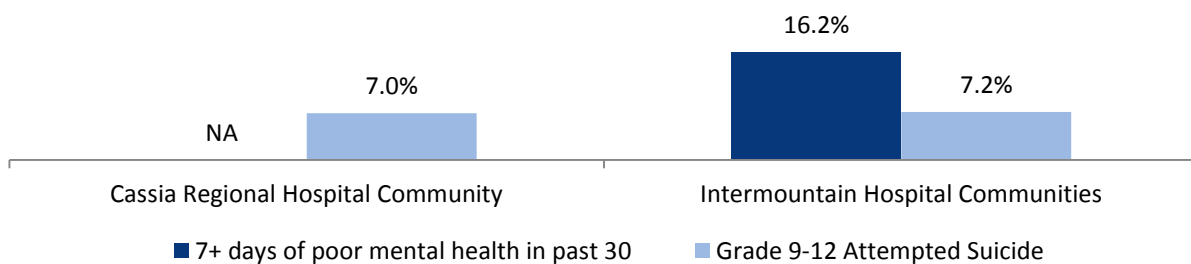
➤ Depression can lead to suicide attempts for some individuals. The suicide death rate in Cassia Regional Hospital community is higher than the state and nation.

Suicide Death Rate  
per 100k



➤ Poor mental health is a complicating factor linked to depression and the high school attempted suicide rate for the Intermountain hospital communities illustrates that early prevention of depression is needed.

Complicating Factors to Depression



NA = Data not available due to small sample size in community



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

The following table shows how mental health conditions ranked among the 16 broad health issues in each of the prioritization dimensions, for the Cassia Regional Hospital community and for all Intermountain hospital communities. The rankings across prioritization dimensions demonstrate that mental health conditions were highly prioritized relative to other health issues in the Cassia Regional Hospital and Intermountain communities.

Rank of Mental Health Conditions Relative to Other Health Issues		
Prioritization Dimension	Cassia Regional Hospital Community	Intermountain Hospital Communities
Affordability	1 <sup>st</sup> *	1 <sup>st</sup> *
Alignment	7 <sup>th</sup> *	9 <sup>th</sup>
Community Input	1 <sup>st</sup> *	1 <sup>st</sup> *
Feasibility	9 <sup>th</sup>	8 <sup>th</sup>
Health Equity	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Seriousness	5 <sup>th</sup>	5 <sup>th</sup>
Size	1 <sup>st</sup> *	2 <sup>nd</sup> *
Upstream	4 <sup>th</sup> *	3 <sup>rd</sup>

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

**Why We Are Focusing on Depression**

Mental health is an integral part of an individual's well-being. Depression is a mood disorder that adversely affects one's mental health through changes in how an individual thinks, feels, and behaves.<sup>23</sup> It is the most common of mental disorders in adults. Symptoms revolve around emotions of persistent sadness, worthlessness, and thoughts of death or suicide, among many others.<sup>24</sup> Approximately 18 percent of adults in the U.S. are affected by depression.<sup>25</sup> Depression is also more common in people with other health conditions, such as diabetes and heart disease, and can worsen outcomes in people with those conditions as well as contribute to a poorer overall quality of life.<sup>26</sup>

<sup>23</sup> National Institute of Mental Health, National Institutes of Health (NIH), U.S. Department of Health and Human Services, 2016

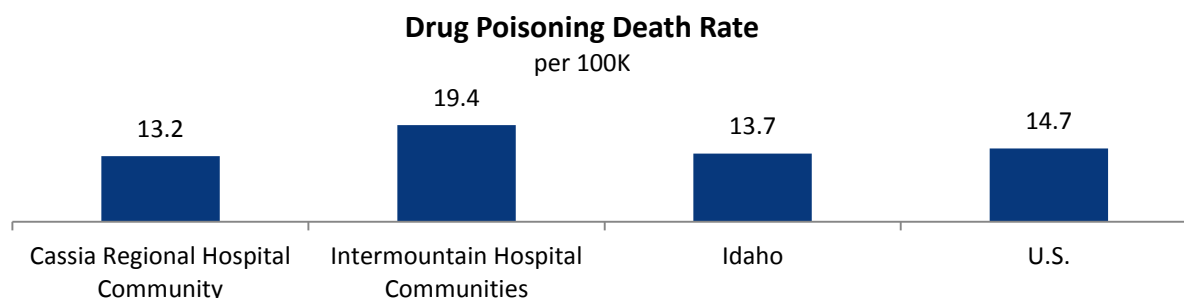
<sup>24</sup> *Depression*, Public Health Indicator Based Information System (IBIS), Utah Department of Health, 2014

<sup>25</sup> IBID

<sup>26</sup> National Institute of Mental Health, National Institutes of Health (NIH), U.S. Department of Health and Human Services, 2016

## Prevention of Prescription Opioid Misuse

➤ The drug poisoning death rate for the Cassia Regional Hospital community is less than the state rate. The majority of drug poisoning deaths are attributed to prescription opioids.



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

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

Rank of Addictive Behaviors Relative to Other Health Issues		
Prioritization Dimension	Cassia Regional Hospital Community	Intermountain Hospital Communities
Affordability	2 <sup>nd</sup> *	2 <sup>nd</sup> *
Alignment	11 <sup>th</sup>	13 <sup>th</sup>
Community Input	2 <sup>nd</sup> *	1 <sup>st</sup> *
Feasibility	10 <sup>th</sup> *	14 <sup>th</sup>
Health Equity	3 <sup>rd</sup> *	3 <sup>rd</sup> *
Seriousness	11 <sup>th</sup>	6 <sup>th</sup>
Size	1 <sup>st</sup> *	2 <sup>nd</sup> *
Upstream	7 <sup>th</sup>	4 <sup>th</sup>

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

### **Why We Are Focusing on Prescription Opioid Misuse**

Substance abuse is a disorder in which drugs or alcohol are used in excess to the point that it becomes disruptive to a person's daily life. 20.2 million Americans were suffering from a substance abuse disorder in 2014,<sup>27</sup> which includes prescription opioid abuse.

Individuals who have a history of prescription opioid misuse are 19 times more likely to use heroin during their lifetime.<sup>28</sup> Identification of people at risk for substance abuse as well as providing treatment are key to improving the rising prescription opioid misuse problem.

## **Strategies to Address the Health Need**

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

### **Potential collaborative partners for the Implementation Strategies**

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

- Cassia School District
- Community Council of Idaho
- Family Health Services Medical Clinic
- Minidoka School District
- South Central Health District, Idaho Department of Health and Welfare
- Region V Mental Health Department of Health and Welfare

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<sup>27</sup> National Institute of Mental Health, National Institutes of Health (NIH), U.S. Department of Health and Human Services, 2016

<sup>28</sup> National Institute on Drug Abuse, National Institutes of Health (NIH), U.S. Department of Health and Human Services, 2015

## Impact Evaluation of Previous Implementation Strategy

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### 2015 Community Benefit Implementation Plan Impact Summary

#### Identified Need

Improve the prevention, detection, treatment, and/or management of chronic diseases associated with weight and unhealthy behaviors.

#### Intervention

Improve the quality of life for low-income and uninsured people with chronic disease living in the Cassia Regional Hospital community by implementing:

Intermountain's diabetes education/coaching program for people at-risk for diabetes referred from the Family Health Services Burley Medical Clinic (the local Federally Qualified Community Health Center). Goal is to help 50 percent of participants decrease HbA1c values based upon results of lab tests and a pre and post education/coaching program.

#### Results/Outcomes for 2015 Activities

Measurement:

1. Number of program sessions
2. Number of participants
3. Percent of participants with decrease in HbA1c values

Outcomes:

1. 43 program sessions
2. 43 individual participants
3. 64 percent of participants decreased their HbA1C values and 57 percent reduced or maintained their body mass index (BMI)

## Conclusion

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Cassia Regional Hospital staff is grateful for the support of community members and agencies for their participation in the process of understanding local community health needs and developing strategies to improve health. Cassia Regional Hospital will conduct its next CHNA in 2019 and looks forward to continuing collaborations to improve the health of our community.

The Cassia Regional Hospital CHNA was completed by Intermountain Community Benefit and Strategic Planning and Research Departments.

Send written comments on this Community Health Needs Assessment to:

[2016chnacomment@imail.org](mailto:2016chnacomment@imail.org)

## Acknowledgement

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This assessment would not be possible without the Utah Department of Health Office of Public Health Assessment. Their talented team of data specialists helped Intermountain identify reliable public health measures that best illustrate the health of a community. Their dedication to the quality of the data and its dissemination helped make this assessment a true community collaboration.

Contributors from the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics included Pam Harder and Christopher Murphy. Christopher J. Johnson from the Cancer Data Registry of Idaho also provided health indicator data.

### **For more information about the CHNA:**

Stephanie Curtis, Cassia Regional Hospital Community Benefit, [stephanie.curtis@imail.org](mailto:stephanie.curtis@imail.org)

Mikelle Moore, Vice President, Intermountain Community Benefit, [mikelle.moore@imail.org](mailto:mikelle.moore@imail.org)

Cynthia Boshard, Intermountain Community Benefit, [cynthia.boshard@imail.org](mailto:cynthia.boshard@imail.org)

### **For more information about the CHNA Data Collection:**

Sean Meegan, Intermountain Strategic Planning and Research, [sean.meegan@imail.org](mailto:sean.meegan@imail.org)

Stephanie Croasdell Stokes, Intermountain Strategic Planning and Research, [stephanie.stokes@imail.org](mailto:stephanie.stokes@imail.org)



## Appendix A

Health Indicator	Cassia Regional Hospital Community	Communities Served by Intermountain Hospitals	Idaho	U.S.
<b>Addictive Behaviors</b>				
Binge drinking - at risk (5+ drinks for men, 4+ drinks for women, 1 or more times)	12.2%	11.9%	14.8%	16.0%
Binge drinking MINOR	NA	8.9%	18.2%	20.8%
Chronic/heavy drinking - at risk (>30 for women, >60 for men)	NA	4.1%	5.0%	5.8%
Cigarette smoking [HP2020 TU-1] - current smoker	20.5%	11.0%	15.9%	18.1%
Cigarette smoking MINOR	NA	8.0%	12.2%	15.7%
Drug poisoning (X40-X44, X60-X64, X85, Y10-Y14) crude death rate per 100,000, including prescription opioid overdose	13.2	19.4	13.7	14.7
E-cigarette user	NA	3.6%	NA	NA
Smokeless tobacco MINOR	NA	2.6%	8.0%	8.8%
Smokeless tobacco user	4.9%	2.9%	5.0%	4.2%
<b>Cancer</b>				
All cancers (C00-C97) crude rates, deaths per 100,000 population	153.6	99.6	160.0	186.2
Primary cases of breast cancer diagnosis rates per 100,000 population	104.0	81.0	125.8	138.6
Primary cases of colon cancer diagnosis rates per 100,000 population	27.0	13.5	39.8	46.4
Primary cases of lung cancer diagnosis rates per 100,000 population	67.0	16.9	53.5	69.4
Primary cases of skin cancer diagnosis rates per 100,000 population	41.0	21.6	24.8	20.8
<b>Cardiovascular Conditions</b>				
Cardiovascular disease (I20-I25) crude rates, deaths per 100,000 population	95.2	53.3	95.1	122.9
Cerebrovascular diseases (I60-I69) crude rates, deaths per 100,000 population	43.0	28.0	36.8	36.5
Heart failure (I50) crude rates, deaths per 100,000 population	NA	22.8	93.1	92.3
High Blood pressure awareness [HP2020 HDS-5.1] - told blood pressure is high	29.1%	23.8%	29.4%	31.4%
High cholesterol awareness [HP2020 HDS-7] - told cholesterol is high	37.1%	23.6%	40.0%	39.1%

Health Indicator	Cassia Regional Hospital Community	Communities Served by Intermountain Hospitals	Idaho	U.S.
<b>Care Access</b>				
No health insurance [HP2020 AHS-1]	26.2%	17.5%	20.1%	15.2%
Non-emergent Emergency Department use rate per 100	NA	4.1	NA	NA
Personal doctor or healthcare provider [HP2020 AHS-3] - one or more personal doctor	76.2%	73.1%	70.7%	75.9%
Routine dental healthcare - within past 12 months	68.1%	68.7%	64.3%	65.3%
Unable to get needed care due to cost	13.1%	15.7%	16.4%	14.9%
<b>Diabetes Conditions</b>				
Doctor diagnosed diabetes	9.1%	7.0%	7.6%	9.6%
Ever told you have prediabetes	NA	5.6%	7.3%	5.3%
<b>General Health Status - fair or poor</b>	16.0%	12.8%	13.1%	16.8%
<b>Maternal and Child Health</b>				
Adolescent births rate per 1,000, girls Age 10-17	3.0	3.8	NA	NA
Alcohol use during last 3 months of pregnancy	3.8%	9.6%	3.0%	NA
Births from unintended pregnancy	34.3%	32.6%	31.5%	37.0%
Breastfeeding ever	93.8%	93.2%	94.5%	79.2%
Duration between pregnancies less than 13 months	11.9%	9.8%	10.8%	NA
Excess gestational weight gain during pregnancy	NA	49.8%	NA	NA
Gestational diabetes	3.2%	4.1%	5.0%	5.3%
Infant mortality rate per 1000 births	7.8	5.0	5.6	6.0
Low birth weight infants (less than 2500 grams)	8.9%	6.9%	6.5%	8.0%
Multivitamin taken before pregnancy	83.5%	55.0%	NA	NA
No prenatal care until 3rd trimester	5.5%	3.2%	5.3%	NA
Obese BMI 30+ prior to pregnancy	25.3%	18.0%	22.3%	23.4%
Pre-term births (less than 37 weeks)	12.1%	9.2%	10.3%	11.3%
Tobacco use during last 3 months of pregnancy	4.9%	4.3%	5.9%	NA
<b>Mental Health</b>				
Attempted suicide MINOR	7.0%	7.2%	15.8%	8.0%
Doctor ever told had depressive disorder	NA	21.8%	18.9%	18.1%
Mental health past 30 days - 7 or more days not good	NA	16.2%	NA	16.5%
Suicide (X60-X84,Y87.0,U03) crude death rate per 100,000	25.7	18.7	20.0	13.0

Health Indicator	Cassia Regional Hospital Community	Communities Served by Intermountain Hospitals	Idaho	U.S.
<b>Other Chronic Conditions</b>				
Alzheimer's disease (G-30) crude rates, deaths per 100,000 population	19.2	14.1	23.2	26.8
Doctor diagnosed arthritis	27.2%	19.9%	24.8%	26.0%
<b>Other Infectious Diseases</b>				
Campylobacteriosis cases per 100,000 population (rate)	7.0	16.9	23.5	14.0
Chlamydia cases per 100,000 population (rate)	53.0	266.1	331.0	456.1
Cryptosporidiosis cases per 100,000 population (rate)	1.0	4.0	1.0	1.0
Giardiasis cases per 100,000 population (rate)	1.0	8.3	15.4	6.4
Gonorrhea cases per 100,000 population (rate)	4.0	32.9	44.6	110.7
Hepatitis C, acute cases per 100,000 population (rate)	1.0	0.6	0.9	0.7
Hepatitis C, chronic cases per 100,000 population (rate)	NA	30.6	NA	NA
HIV cases - No reported cases since 2010	0.0	0.0	2.1	NA
Rabies, animal cases per 100,000 population (rate)	0.0	0.2	1.2	NA
Salmonellosis cases per 100,000 population (rate)	4.0	10.3	17.4	NA
Shiga toxin-producing Escherichia coli (STEC) infection cases per 100,000 population (rate)	0.0	3.1	1.2	NA
Syphilis cases per 100,000 population (rate)	0.0	7.4	4.6	11.6
Tuberculosis, active cases per 100,000 population (rate)	0.0	1.1	1.1	2.96
West Nile virus cases per 100,000 population (rate)	0.0	0.1	19.0	NA
<b>Overweight and Obesity</b>				
Daily Fruit Consumption [HP2020 NWS-14] - less than 2	NA	69.0%	83.0%	NA
Daily vegetable consumption [HP2020 NWS-15.1] - less than 3	NA	82.6%	NA	NA
Obese ADULT [HP2020 NWS-9] - BMI 30+	33.3%	24.4%	28.9%	29.5%
Obese MINOR	NA	7.2%	9.6%	13.7%
Overweight ADULT [HP2020 NWS-9] - BMI 25 to 30	67.4%	34.4%	65.7%	NA
Overweight MINOR	NA	11.3%	NA	NA
Physical inactivity [HP2020 PA-1] - no leisure time activity	27.1%	18.5%	23.7%	25.3%
Physical inactivity MINOR	NA	9.6%	11.7%	14.3%

Health Indicator	Cassia Regional Hospital Community	Communities Served by Intermountain Hospitals	Idaho	U.S.
<b>Preventive Services</b>				
Childhood vaccinations	NA	74.6%	65.9%	71.6%
Cholesterol screening [HP2020 HDS-6] - within past 5 years	65.9%	67.6%	69.3%	76.4%
HIV test - ever tested	NA	24.6%	NA	NA
Influenza Vaccination within past 12 months	36.9%	36.9%	34.9%	40.4%
Mammography [HP2020 C-17] - in past 2 years	59.5%	68.0%	68.6%	78.1%
Pneumococcal vaccination - ever received	68.0%	70.5%	74.0%	NA
Colon cancer screening [HP2020 C-16] - testing completed	56.4%	72.3%	66.4%	68.8%
Sun safety [HP2020 C-20] - practice one or more sun safety measure	NA	65.0%	NA	NA
<b>Respiratory Conditions</b>				
Emergency Department visit for uncontrolled asthma (ICD-9 493) rate per 10,000	9.0	23.0	NA	NA
Ever told you have chronic obstructive pulmonary disease (COPD)	NA	3.9%	4.9%	6.5%
<b>Social Determinants of Health</b>				
Education - BA and higher	15.6%	30.3%	NA	34.0%
Female headed household	6.5%	5.6%	NA	NA
Median household income (weighted)	\$44,160	\$58,387	NA	\$53,482
Persons living in poverty	14.6%	12.7%	15.9%	15.9%
<b>Vaccine Preventable Diseases</b>				
Varicella (chickenpox) cases per 100,000 population (rate)	NA	8.3	NA	NA
Diphtheria cases - no reported cases since 2010	NA	0.0	NA	NA
Hepatitis A cases per 100,000 population (rate)	0.0	0.3	8.0	NA
Hepatitis B, acute cases per 100,000 population (rate)	0.0	0.3	0.8	1.0
Hepatitis B, chronic cases per 100,000 population (rate)	NA	8.3	NA	NA
Influenza-associated hospitalization cases per 100,000 population (rate)	NA	33.0	NA	NA
Pertussis cases per 100,000 population (rate)	4.0	42.0	36.7	10.4
Tetanus cases - no reported cases since 2010	NA	0.0	NA	NA

Health Indicator	Cassia Regional Hospital Community	Communities Served by Intermountain Hospitals	Idaho	U.S.
<b>Violence &amp; Injury Prevention</b>				
Accidental discharge of firearms MINOR (W32-W34) crude rates, deaths per 100,000 population	NA	NA	3.6	NA
Accidental drowning and submersion ADULT (W65-W74) crude rates, deaths per 100,000 population	1.1	0.9	1.3	NA
Accidental drowning and submersion MINOR (W65-W74) crude rates, deaths per 100,000 population	NA	1.1	1.6	NA
Accidental exposure to smoke, fire and flames MINOR (X00-X09) crude rates, deaths per 100,000 population	NA	NA	0.2	NA
Accidental poisoning and exposure to noxious substances ADULT (X40-X49) crude rates, deaths per 100,000 population	NA	18.5	NA	12.3
Accidental poisoning and exposure to noxious substances MINOR (X40-X49) crude rates, deaths per 100,000 population	NA	NA	NA	NA
Helmet use MINORS	NA	23.7%	NA	NA
Motor vehicle crash ADULT (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) crude rates, deaths per 100,000 population	31.0	10.0	11.4	10.2
Motor vehicle crash MINOR (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) crude rates, deaths per 100,000 population	5.0	3.6	4.4	NA
Seat belt use [HP2020 IVP-15] - always or nearly always	NA	92.8%	NA	NA
Unintentional injuries ADULT (V01-X59, Y85-Y86) crude rates, deaths per 100,000 population	95.3	50.5	58.2	41.3
Unintentional injuries MINORS (V01-X59, Y85-Y86) crude rates, deaths per 100,000 population	12.5	7.4	9.5	NA

NA = Data not publicly reported or unavailable due to small sample size in the community.

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

## Appendix B

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### Intermountain Healthcare Hospitals w/ link to CHNA and Implementation Plans

Alta View Hospital in Sandy, Utah

<https://intermountainhealthcare.org/locations/alta-view-hospital/hospital-information/alta-view-hospital-chna/>

American Fork Hospital in American Fork, Utah

<https://intermountainhealthcare.org/locations/american-fork-hospital/hospital-information/american-fork-hospital-chna/>

Bear River Valley Hospital in Tremonton, Utah

<https://intermountainhealthcare.org/locations/bear-river-valley-hospital/hospital-information/bear-river-valley-hospital-chna/>

Cassia Regional Hospital in Burley, Idaho

<https://intermountainhealthcare.org/locations/cassia-regional-hospital/hospital-information/cassia-regional-hospital-chna-report/>

Cedar City Hospital in Cedar City, Utah

<https://intermountainhealthcare.org/locations/cedar-city-hospital/hospital-information/cedar-city-chna-report/>

Delta Community Hospital in Delta, Utah

<https://intermountainhealthcare.org/locations/delta-community-hospital/hospital-information/delta-community-hospital-chna-report/>

Dixie Regional Medical Center in St. George, Utah

<https://intermountainhealthcare.org/locations/dixie-regional-medical-center/hospital-information/dixie-regional-chna-report/>

Fillmore Community Hospital in Fillmore, Utah

<https://intermountainhealthcare.org/locations/fillmore-community-hospital/hospital-information/fillmore-community-hospital-chna-report/>

Garfield Memorial Hospital in Panguitch, Utah

<https://intermountainhealthcare.org/locations/garfield-memorial-hospital/hospital-information/garfield-memorial-hospital-chna-report/>

Heber Valley Hospital in Heber City, Utah

<https://intermountainhealthcare.org/locations/heber-valley-hospital/hospital-information/heber-valley-hospital-chna-report/>

Intermountain Medical Center in Salt Lake City, Utah

<https://intermountainhealthcare.org/locations/intermountain-medical-center/hospital-information/intermountain-medical-center-chna-report/>

LDS Hospital in Salt Lake City, Utah

<https://intermountainhealthcare.org/locations/lds-hospital/hospital-information/lds-hospital-chna-report/>

Logan Regional Hospital in Logan, Utah

<https://intermountainhealthcare.org/locations/logan-regional-hospital/hospital-information/logan-regional-hospital-chna-report/>

McKay-Dee Hospital in Ogden, Utah

<https://intermountainhealthcare.org/locations/mckay-dee-hospital/hospital-information/mckay-dee-hospital-chna-report/>

Orem Community Hospital in Orem, Utah

<https://intermountainhealthcare.org/locations/orem-community-hospital/hospital-information/orem-community-hospital-chna-report/>

Park City Hospital in Park City, Utah

<https://intermountainhealthcare.org/locations/park-city-hospital/hospital-information/park-city-medical-center-chna-report/>

Primary Children's Hospital in Salt Lake City, Utah

<https://intermountainhealthcare.org/locations/primary-childrens-hospital/hospital-information/primary-childrens-hospital-chna-report/>

Riverton Hospital in Riverton, Utah

<https://intermountainhealthcare.org/locations/riverton-hospital/hospital-information/riverton-hospital-chna-report/>

Sanpete Valley Hospital in Mount Pleasant, Utah

<https://intermountainhealthcare.org/locations/sanpete-valley-hospital/hospital-information/sanpete-valley-hospital-chna-report/>

Sevier Valley Hospital in Richfield, Utah

<https://intermountainhealthcare.org/locations/sevier-valley-hospital/hospital-information/sevier-valley-hospital-chna-report/>

TOSH-The Orthopedic Specialty Hospital in Murray, Utah

<https://intermountainhealthcare.org/locations/the-orthopedic-specialty-hospital/hospital-information/tosh-chna-report/>

Utah Valley Hospital in Provo, Utah

<https://intermountainhealthcare.org/locations/utah-valley-hospital/hospital-information/utah-valley-chna-report/>



# INTERMOUNTAIN HEALTHCARE HOSPITALS

