FILLMORE COMMUNITY MEDICAL CENTER

2016 Community Health Needs Assessment Summary, May 2016

Intermountain Healthcare
Healing for life®

➤ **Fillmore Community Medical Center** conducted a Community Health Needs Assessment (CHNA) of area health needs to understand how to help people live the healthiest lives possible. The hospital collaborated with the Central Utah Public Health Department and the Utah Department of Health to identify health indicators, gather current data, analyze, and then prioritize to determine the significant needs to address over the next several years. The Affordable Care Act requires that each not-for-profit hospital conduct a CHNA and plan strategies to address the identified need.

IDENTIFIED HEALTH PRIORITY

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

COMMUNITY INPUT HIGHLIGHTS—We heard from the community

Community input meetings held in 2015 included people representing: local government, schools, senior services, safety net clinics, minority populations, uninsured and low-income people, social service providers, businesses, advocates, healthcare providers, the Central Utah Public Health Department and the Utah Department of Health.

Participants identified these health issues as important in the community:

- Lack of motivation to exercise and eat healthy;
- Obesity in children and adults;
- Access to recreation and healthy food choices is limited by low-incomes;
- Lack of education and awareness of mental health resources;
- Lack of mental health providers and crisis centers;
- Substance use (self-medication), depression, and anxiety; and
- Teen suicide and need for suicide prevention.

COMMUNITY HEALTH NEEDS DATA HIGHLIGHTS

Following are health indicators that present the most opportunity to improve health:

Health Indicators	Adults in Fillmore Community	Utah	U.S.
Diabetes (% reported ever told by a health professional)	6.7%	7.6%	9.6%
High blood pressure (% reported ever told by a health	32.7 %	25.2%	31.4%
High cholesterol (% reported ever told by a health professional)	45.1%	25.5%	39.1%
Cholesterol screened w/in past 5 years (% self-reported)	78.3%	69.9%	76.4%
Obese (% self-reported BMI 30+)	28.7%	25.7%	29.4%
Physical inactivity (% self-reported no leisure time activity)	32.6%	18.7%	25.3%
Depression (% self-reported no leisure time activity)	24%	20.7%	18.2%
Poor mental health status (% self- reported mental health not good 7 or more of last 30 days)	23.4%	15.9%	16.5%

From the Utah Department of Health Office of Public Health Assessment.

WHY WE ARE FOCUSING ON THESE HEALTH ISSUES

Highlights from the Utah Department of Health Public Health Indicator Based Information System (IBIS)

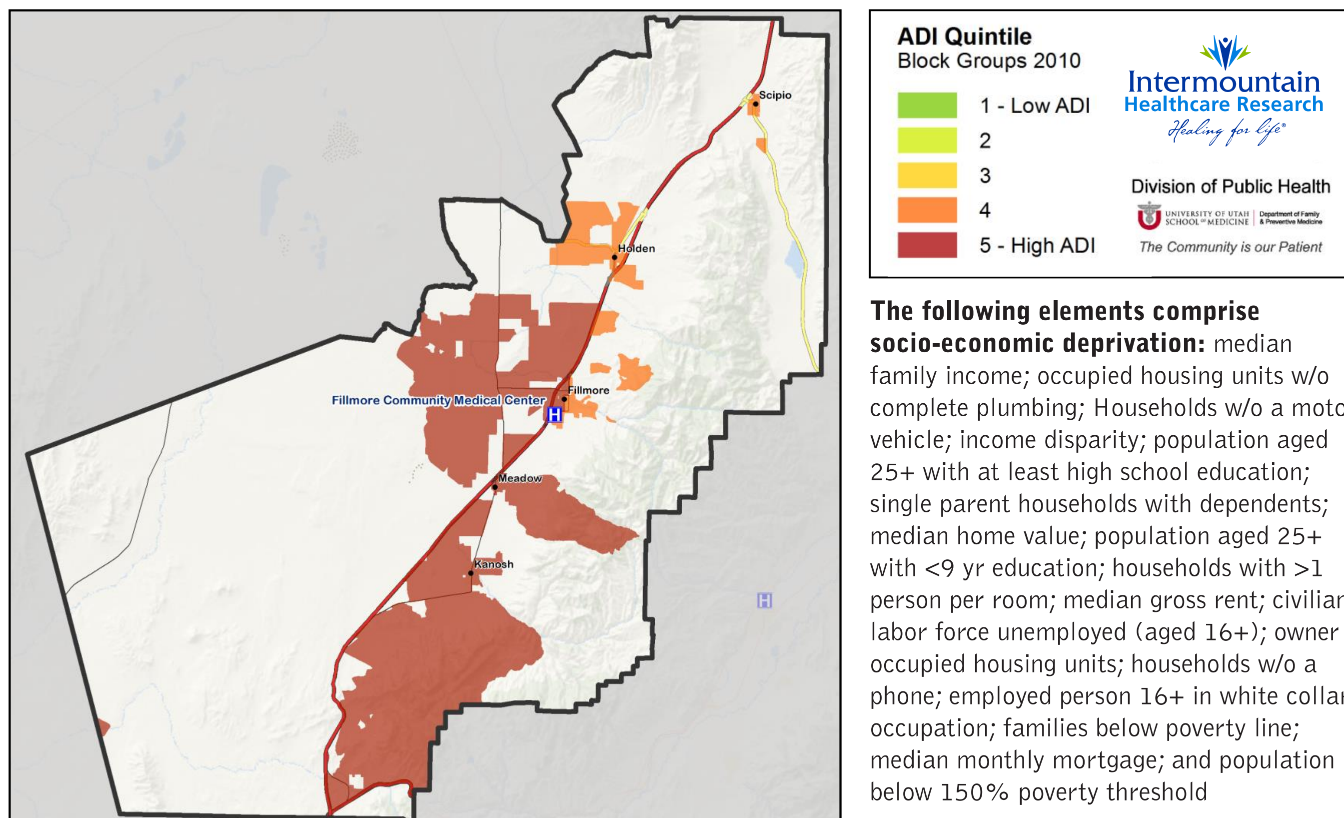
Prediabetes and high blood pressure—Prediabetes and high blood pressure are common among adults, many of whom do not know they have it. Diabetes affects as many as one in three individuals and in Utah costs more than $1 billion a year. Identifying people with prediabetes can help prevent the development of type 2 diabetes, which is the leading cause of non-traumatic lower-extremity amputation, renal failure, and blindness among adults younger than 75, and one of the leading causes of heart disease. High blood pressure usually has no symptoms and increases the risk for heart disease and stroke. Prediabetes and high blood pressure can be managed through lifestyle changes.

Depression—Mental illness affects 20 percent of the US population; depression is the most common illness. Depression is more common in people with other health conditions such as diabetes and heart disease, and can worsen outcomes in people with those conditions and contribute to a poorer overall quality of life.

Prescription Opioid Misuse—Prescription opioid misuse is a major problem in Utah. In 2013, Utah ranked 5th in the U.S. for drug poisoning deaths with a rate of 21.7 per 100,000 population. Every month, 49 Utahns die as a result of a drug poisoning, 82.3 percent of which are accidental or of undetermined intent. Of these, 74.8 percent involve opioids.

AREA DEPRIVATION INDEX (ADI)

Income, education, and other economic and social risk factors affect individual health and well-being. The ADI is a community socio-economic composite measure developed by Intermountain at the U.S. Census block group level to measure the distribution of socio-economic disadvantage within the community. Higher socio-economic deprivation levels in communities (noted in orange and red on the map below) have been associated with poorer patient health and health delivery outcomes.



The following elements comprise socio-economic deprivation: median family income; occupied housing units w/o complete plumbing; Households w/o a motor vehicle; income disparity; population aged 25+ with at least high school education; single parent households with dependents; median home value; population aged 25+ with <9 yr education; households with >1 person per room; median gross rent; civilian labor force unemployed (aged 16+); owner occupied housing units; households w/o a phone; employed person 16+ in white collar occupation; families below poverty line; median monthly mortgage; and population below 150% poverty threshold

ADDRESSING THE NEED

Based on the results of the CHNA, planning is underway with Fillmore Community Medical Center and community partners to address the health need over the next several years through education, screening, and treatment.

For more information contact:
Paul Blad: 435.743.5591 ext 1530; paul.blad@imail.org
Lenny Lyons, Administrator: 435.864.1512; lenny.lyons@imail.org