Intermountain Bear River Valley Hospital
Community Health Needs Assessment
and Implementation Strategy
September 2013

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100 West 905 North
Tremonton, Utah 84337

Executive Summary

Intermountain Bear River Valley 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.

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

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

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

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

Results of the two-part CHNA were used to develop a three-year implementation strategy for Bear River Valley 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 the hospital's Community Stewardship goals.

Bear River Valley 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 the 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.

Bear River Valley 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 Bear River Valley Hospital Community

Bear River Valley Hospital is one of 21 Intermountain owned and operated hospitals in Utah and southeast Idaho. Bear River Valley Hospital is located in rural northern Utah. The only hospital in Box Elder County, Bear River has 14 staffed beds and offers a spectrum of inpatient and outpatient medical services. In 2012, Bear River Valley Hospital provided more than $700 thousand[1] in charity care in over 1,500 cases.

Based on 2012 estimates, approximately 50,171 thousand individuals live in Box Elder County which encompasses 5,745 square miles with 8.7 people per square mile, compared to 33.6 for the state of Utah and 87.4 people per square mile in the United States.[2]

US Census Quickfacts[3]	**Box Elder County**	**Utah**	**US**
Persons under 18 years	33.2%	31.1%	23.7%
Persons 65 years and over	11.8%	9.5%	13.3%
Median household income	$55,588	$57,783	$52,762
Persons below poverty level	9.1%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	90.6%	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	22.5%	29.6%	28.2%

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

[1] Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately $602 thousand.
[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

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

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

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

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

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

Intermountain clinical staff determined to use the health priorities identified in the previous health status report for the 2013 quantitative data collection and in order to identify any changes in the health indicators over the past few years; 37 health indicators were selected for the health priority categories. These priorities were also used to elicit perceptions of invited participants in Bear River Valley Hospital's community input meeting. The broad categories identified in 2009 remain significant health issues for communities served by Intermountain hospitals. Following is additional information to illustrate how each priority remains an area of focus:

[5] www.healthypeople.gov/2010/

Health Priorities for 2013 CHNA

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

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

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

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

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

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

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

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

[7] Ibid

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

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

[10] Ibid

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

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

[13] Ibid

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

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

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

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

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

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

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

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

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

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

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

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

[19] Ibid

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

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

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

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

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

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

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

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

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

[27] Ibid

2013 Community Health Needs Assessment Process

Bear River Valley 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 broad interests of the community, including the healthcare needs of uninsured and low-income people, were invited to attend a meeting to share their perspectives on health needs in the hospital's community. The facilitator guided discussion to help hospital staff understand the issues and perceptions of residents. Meeting participants were asked open-ended questions as well as questions about the health priorities. Issues and needs that emerged from the open-ended questions were included in one of the three health priority categories. To help prompt thoughtful discussion, community information from the 2009 health status study was shared in the meeting. Meeting participants were also asked to identify successful health-related strategies in the hospital community. Kristy Jones, Urban North Region Community Projects Coordinator, facilitated the meeting on May 17, 2012.

Representatives included the following:

- Bear River Area Agency on Aging – Melissa Lewis, Case Manager
- Bear River Health Department – LaPriel Clark, Nursing Director
- Bear River Mental Health – LuEllen Brown, Supervisor
- Bear River Valley Hospital – Sean Horsley, Clinical Social Worker; Mary Marble, Health Information Manager; and Shari Scott, Bear River Hospital Foundation Specialist and Outreach Coordinator
- Bear River Valley Senior Center –Marion Layne, Director
- Box Elder School District – Terry Jackson, Assistant Superintendent
- Intermountain Community Benefit – Cynthia Boshard, Director
- Intermountain Urban North Region – Chris Dallin, Communications Director
- Retired business person – Max Weese, former mayor
- Small business owner – Bryant Curtis, owner Ace Hardware
- Tremonton Food Pantry – Cathy Newman, Director

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

Issues identified:

- Hard for some people to find prevention services.
- People are having a hard time affording medications and following-up with care.
- Physicians don't seem to have time to counsel patients.
- If you don't have access to lab work, hard to track any health improvements.
- Can't find a diabetic counselor for uninsured clients; hear that the number one issue is the high cost of care.

- Schools want the nurses to screen for hypertension, obesity, but what do we do without access to care?
- Kids don't exercise. We can't track behavior. We're trying to teach new healthy behaviors, where's the parent?
- Lunch and learn programs (Bear River Valley Senior Center) on nutrition and talk about chronic diseases; people come to the center for social contact and education, sometimes get health checked.
- Seniors need transportation to doctor appointments.
- Finance is a barrier for seniors.
- Money is part of the issue.
- Desire and our decision to lose weight is important.
- Need more education on which fruits and vegetables to eat, need a program for practical people, a model on how to shop and exercise.
- People think they can't afford fresh vegetables; we need to get to grass roots and teach people about healthy food and shopping.
- Fast food appears to be cheaper.
- Teach people how to make healthier choices at McDonald's.

Strategies discussed:

- Classes at the Senior Center help.
- Be Wise program for women over age 50 is good; women receive screening for hypertension, mammogram and Pap smear. Lifestyle coaches review needs and invite husbands to learn about nutrition.
- The Just Do It campaign has been good.
- Correlation with obesity and mental health; we incorporate nutrition education, how to cook healthy and good exercise in our therapy groups. We had quit smoking patches to clients, but have not tracked.
- Motivation with family to lose weight and increase activity worked in our extended family
- Competition at work has promoted cultural changes.
- Deweyville has a project with walking; participants have a walking trail with benches, very popular.

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

Issues identified:

- In rural communities with so many self-insured, add "under-insured" to list.
- School district is moving to high deductible insurance plans so many people may skip preventive services because they don't want to or can't afford to pay; many people don't understand that preventive services are covered in high deductible plans.
- Even with some preventive services covered, we need education and follow-up for motivation.
- We don't have community health centers; the clinic in Logan won't take people from this community; they told us that since there aren't volunteer doctors from Box Elder, they can't see patients from here.

- Even with the Community Health Center in Logan, but co-pays are higher than what people can afford.
- Transportation is a huge barrier.
- Have a community transportation project for students, senior citizens.
- Have heard at the Senior Center that people on Medicaid are treated badly.
- Need to improve provider and staff training.
- People on Medicaid use the Emergency Department because they have no access to primary care.
- About 50 percent of our families (who use the local pantry) don't have insurance; they wait until it's critical.
- Just getting people in with a sliding fee will do minimum amount of visits but not enough to get better.

Strategies discussed:

- There's an Intermountain Medical Group clinic on this hospital's campus where people pay $20 and qualify for Intermountain's Financial Assistance.

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

Issues identified:

- Access for young children; when kids don't get help when they're young, they can have a crisis when they get older.
- See needs for services in schools, but not enough counselors; schools do a lot with Bear River Mental Health.
- Bear River Mental Health accepts all insurances, in every school in Box Elder County, have some unfunded clients.
- If the schools contact a parent about a child, parent says no.
- Some parents are reluctant, won't participate with their child; issues of time.
- If a child struggles and is told to "buck-up" their mental health needs are not understood. Need to educate about mental, social issues.
- Schools are maxed out; parents aren't involved, lack of resources, lack of access to care, financial constraints, and stigma tied to mental health.
- There's a stigma; denial, maybe it will go away.
- Need more access to services.
- Same issues related to mental health if you're 5 or 90.
- Issues people have had their entire lives are manifested now.

Strategies discussed:

- The suicide prevention coalition is helping.
- My grandson's bus driver tried to commit suicide recently; the kids are still talking about it. Maybe that awareness is good.
- Creating a more positive environment helps, to tell people it gets better, support them; let them know it is okay to seek help, okay to be working with counselors.

- Education to involve the family is essential for kids and parents.
- During our school maturation program we talk about what's happening in the community with sexually transmitted diseases (STDs), teen pregnancy; it's a good thing, parents are more aware of what to talk to their kids about.
- Brigham City had a grant for parents and kids to learn about mental health issues.
- Bear River Mental Health has a building in Tremonton, share space with the health department hoping to have combined, integrated healthcare delivery.
- There's a huge issue with people about the fear of judgment by others in the community that prevents them from seeking help.

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

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

The Bear River Valley Hospital community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84301 Bear River City	84309 Deweyville	84312 Garland
84329 Park Valley	84330 Plymouth	84331 Portage
84334 Riverside	84336 Snowville	84337 Tremonton
84306 Collinston	84311 Fielding	84302 Brigham City
84307 Corinne	84313 Grouse Creek	84314 Honeyville
84316 Howell	84324 Mantua	84340 Willard

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

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

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

Table 1 Chronic diseases associated with weight and unhealthy behaviors

#1 Health Priority: Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors.				
Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)	**Community Rank***	**Bear River Community**	**Utah**	**US**
Overweight/obese	18	64.8%	57.8%	64.5%
High blood pressure	8	20.9%	21.4%	28.7%
High cholesterol	8	20.9%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	15	36.4%	33.1%	23%
Diabetes	12	6.3%	6.2%	8.7%
Asthma	7	7.3%	8.5%	9.1%
Arthritis	15	23.8%	21.6%	26%
Less than 2 servings of fruit daily	16	70.7%	68.8%	NA
Less than 3 servings of vegetables daily	13	75.3%	74.6%	NA
Not meeting recommended physical activity	20	55.2%	42%	49.5%
Current cigarette smoking	12	9.9%	9.4%	17.3%
Binge drinking	13	9.6%	8.6%	15.1%
Chronic drinking	17	*[3.8%]*	2.8%	5%
No routine medical checkup in past 12 months	16	49.1%	43%	NA
Adult watch more than 2 hours TV weekdays	8	*[48.2%]*	51.7%	NA
Child watch more than 2 hours TV weekdays	19	*[77.3%]*	66.5%	NA
Adult more than 1 soft drink/week	14	14.7%	13.7%	NA
Child more than 1 soft drink/week	13	2.9%	2.9%	NA
No colonoscopy after age 50	16	30.9%	29.6%	34.8%
Heart disease deaths (per 100K)	17	134.3	104.4	195.2
Stroke deaths (per 100K)	20	55.6	27.3	54.6
All cancer deaths (per 100K)	14	122.1	96.7	184.9
Prostate cancer deaths (males, per 100K)	16	22.9	14.5	22.8
Breast cancer deaths (females per 100K)	15	23.2	17.5	22.5
Colon cancer deaths (per 100K)	15	12.2	9.1	16.4

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

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

Table 2 Access to comprehensive healthcare services

#2 Health Priority: Improve access to comprehensive, high-quality healthcare services for low-income populations.					
Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)		**Community Rank***	**Bear River Community**	**Utah**	**US**
No healthcare coverage					
	Overall	16	17.8%	15.1%	17.8%
	Hispanic	7	*[42%]*	44.6%	NA
	Non-Hispanic	11	12.4%	12.3%	NA
Unable to get care due to cost					
	Overall	19	15.8%	13.3%	14.6%
	Hispanic	NA	NA	26.1%	NA
	Non-Hispanic	19	14.6%	11.6%	NA
No medical home					
	Overall	2	15%	23.1%	18.2%
	Hispanic	NA	NA	44.2%	NA
	Non-Hispanic	1	11.3%	20.8%	NA
No routine medical checkup in past 12 months					
	Overall	16	49.1%	43%	32.6%
	Hispanic	13	*[61.9%]*	51%	NA
	Non-Hispanic	11	43.7%	43.6%	NA
No healthcare coverage for child		6	3.4%	5.5%	8.2%
No prenatal care until 3rd trimester		3	2.8%	3.7%	NA
Low birth weight		18	7.7%	7%	8.2%
Last dentist visit 1 year ago or more		2	21.8%	28.7%	30.3%

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

Table 3 Access to behavioral health services

#3 Health Priority: Improve access to appropriate behavioral health services for low-income populations.				
Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)	**Community Rank***	**Bear River Community**	**Utah**	**US**
Mental health not good 7 or more of past 30 days	10	14%	14.7%	NA
Suicide rate (per 100K)	11	17	15.8	12
Rx opioid deaths (per 100K)	3	9.5	14.5	4.8
Ever diagnosed with depression	17	25%	22%	9.1%

Implementation Strategy

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

Based on the results of the two-part CHNA, Bear River Valley Hospital identified the following focus and strategy:

> Health Priority Focus: Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors.
>
> Strategy: Improve the health status of targeted families in high-risk neighborhoods by providing Intermountain's LiVe Well programs including the LiVe Well Weigh to Health: Healthy Habits for Kids weight management program for families.

Bear River Valley 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) Bear River Valley Hospital administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

Bear River Valley Hospital's Response to Additional Community Healthy Needs

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

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

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

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

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

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

Intermountain's CHNA identified access to behavioral services as a need in most communities served by its hospitals. Intermountain continues efforts to create access specifically for low-income, uninsured people. In addition to the charity care services Intermountain has provided since its inception to address this need, current efforts focus on creating access in community-based services.

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

Multiple community partners continue to work with Bear River Valley Hospital on the above health issues include but are not limited to:

- Bear River Health Department
- Bear River Mental Health
- Bear River Valley Senior Center
- Box Elder School District

[30] Ibid

Conclusion

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

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

The Bear River Valley Hospital CHNA was completed by Intermountain Community Benefit and Strategic Planning and Research Departments.