



**Intermountain Medical Center  
Community Health Needs Assessment  
and Implementation Strategy  
September 2013**

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# Intermountain Medical Center Community Health Needs Assessment and Implementation Strategy September 2013

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## Executive Summary

Intermountain Medical Center 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.

Intermountain Medical Center is one of Intermountain Healthcare's 21 hospitals located in Utah and southeastern Idaho. Intermountain Healthcare'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 Healthcare 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 Healthcare 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 the broad interests of the residents, including healthcare needs of medically underserved and low income populations.

Results of the two-part CHNA were used to develop a three-year implementation strategy for the Intermountain Medical Center 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. The Intermountain Medical Center'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.

Intermountain Medical Center conducted a Community Health Needs Assessment (CHNA) in 2013. This report addresses the specific requirement 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.

## Intermountain Medical Center Community

Intermountain Medical Center is one of 21 Intermountain Healthcare owned and operated hospitals in Utah and southeast Idaho. Located in urban Murray, Utah, a suburb of Salt Lake City, the hospital has 472 staffed beds offering centers of excellence in medical care and treatment for inpatient and outpatient services. In 2012, Intermountain Medical Center provided more than \$61 million<sup>1</sup> in charity care to patients in over 28,000 cases.

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

Based on 2012 estimates, approximately 1.1 million individuals live in Salt Lake County which encompasses 742 square miles with 1,390 people per square mile, compared to 33.6 for the state of Utah and 87.4 people per square mile in the United States.<sup>2</sup>

US Census Quickfacts <sup>3</sup>	Salt Lake County	Utah	US
Persons under 18 years	29.0%	31.1%	23.7%
Persons 65 years and over	8.9%	9.5%	13.3%
Median household income	\$59,168	\$57,783	\$52,762
Persons below poverty level	11.1%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	88.7%	90.6%	85.4%
Bachelor’s degree or higher, percent of persons age 25+	30.2%	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.<sup>4</sup>

<sup>1</sup> Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately \$36 million.

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

<sup>3</sup> Ibid

<sup>4</sup> Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

## Community Health Needs Assessment Background

Intermountain Medical Center was part of Intermountain Healthcare'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 Healthcare meets the hospital healthcare needs of each community where its hospitals are located. The health priorities aligned with *Healthy People 2010*<sup>5</sup> goals and Intermountain Healthcare clinical goals. Intermountain Healthcare 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 with broad community representation to discuss health needs within the community, gather quantitative data on significant health needs, make the CHNA results public, and report how it conducted the CHNA and developed a three-year implementation strategy on the IRS Form 990 Schedule H Section V.

Intermountain Healthcare'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 Healthcare 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 Intermountain Medical Center'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:

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<sup>5</sup> [www.healthypeople.gov/2010/](http://www.healthypeople.gov/2010/)

## Health Priorities for 2013 CHNA

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

Almost one in two adults in the United States has at least one chronic disease.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup>

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.<sup>10</sup> In Utah, almost 60 percent of adults are considered overweight or obese.<sup>11</sup> 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 21<sup>st</sup> century.<sup>12</sup> 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.<sup>13 14 15</sup>

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<sup>6</sup> *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.

<sup>7</sup> *Ibid*

<sup>8</sup> *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.

<sup>9</sup> *Chronic Disease at a Glance*, 2009.

<sup>10</sup> *Ibid*

<sup>11</sup> Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010.

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

<sup>13</sup> *Ibid*

<sup>14</sup> 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.<sup>16</sup> In 2011, 56 percent of Utah adults reported getting the recommended amount of physical activity compared to 51 percent nationally.<sup>17</sup>

### **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.”<sup>18</sup> 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.<sup>19</sup> 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.<sup>20</sup> People with lower household incomes and less formal education were more likely to report difficulties in accessing care.<sup>21</sup>

### **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.<sup>22</sup>

Approximately 32 percent of the United States population is affected by mental illness in any given year.<sup>23</sup> 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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<sup>15</sup> 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

<sup>16</sup> Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010.

<sup>17</sup> Kaiser Family Foundation analysis of the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2011.

<sup>18</sup> *Access to Health Services, Healthy People 2020*, www.healthypeople.gov

<sup>19</sup> Ibid

<sup>20</sup> Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

<sup>21</sup> *Access to Health Services, Healthy People 2020*, www.healthypeople.gov

<sup>22</sup> 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.

<sup>23</sup> 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.<sup>24</sup>

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.<sup>25</sup> Utah has a higher suicide rate than the average in the rest of the United States and it has increased since 2008.<sup>26</sup> 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.<sup>27</sup>

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<sup>24</sup> 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](http://www.charles.holzer.com).

<sup>25</sup> *Utah Health Status Update, Teen and Adult Suicide*, Utah Department of Health, July 2008.

<sup>26</sup> *2012 Utah Statewide Health Status Report*, Utah Department of Health, January, 2013

<sup>27</sup> Ibid

## 2013 Community Health Needs Assessment Process

Intermountain Medical Center conducted its 2013 CHNA in two parts: 1) inviting input from community members representing the broad interests of each hospital community; and 2) gathering health indicator data.

### CHNA Part One: Community Input

Participants representing the broad interests of the community, including the healthcare needs of uninsured and low-income people, were invited to attend a meeting to share their perspectives on health needs in the hospital's community. The facilitator guided discussion to help hospital staff understand the issues and perceptions of residents. Meeting participants were asked open ended questions as well as questions about the health priorities. Issues and needs that emerged from the open-ended questions were included in one of the three health priority categories. To help prompt thoughtful discussion, community information from the 2009 health status study was shared in the meeting. Meeting participants were also asked to identify successful health-related strategies in the hospital community. Mikelle Moore, Vice President, Community Benefit, Intermountain Healthcare, facilitated the meeting on April 12, 2012. A recorder was assigned for the meeting to capture the comments and details.

#### Representatives included the following:

- Community representatives – Jack DeMann, retired Murray City employee and Eleanore Jorgensen
- Jewish Family Services – Ellen Silver, LCSW, Executive Director
- Malihah Free Clinic – Jeanie Ashby, Executive Director
- Murray Library – Dan Barr, Executive Director
- Murray School District – Steven Hirase, PhD, Superintendent
- Salt Lake Valley Health Department – Gary Edwards, Executive Director
- SelectHealth – Elizabeth Craig, Public Relations Specialist
- Utah State Representative – Tim Cosgrove

#### **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:**

- We know what the issues are but prevention is difficult.
- We need to provide significant education, look into self-management.
- People know what they need to do but they choose not to do it.
- Cost is a factor for healthy diets.
- Behavioral health is a big issue; people don't make the connections between behavioral health and obesity.
- There is a great connection between depression and eating habits.
- Less expensive food is less healthy.
- Elementary schools need to focus more on physical activity.

- Both parents are working and don't have the time to cook – children do eat healthy food if provided.
- Dental health is a huge concern.
- Dentists don't want Medicaid patients in their clinics – they would rather volunteer weekly time to a low income clinic.

**Strategies discussed:**

- Providing opportunities; if people receive education then they need to have options to make healthy choices.
- Chances to exercise at work; incentives work.

**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:**

- Need more volunteers to expand hours of services at safety net clinics (Maliheh Free Clinic).
- Access to psychiatric services is a huge challenge, even if a person has Medicaid.
- Access to services and medication, especially for seniors is big concern.
- Cost is an issue; people cannot afford healthcare services.
- Not enough Medicaid providers.
- Accessing specialty care.
- There's no a place for dialysis for low-income and insured people; nephrology is a great concern.

**Successful Strategies**

- A patient advocate helping people find and qualify for available resources.
- Using volunteers to connect people with resources.
- Intermountain Healthcare vouchers for diagnostic services.
- Helping seniors understand the Medicare Advantage Plan.
- Case management for students and their families.
- Bilingual staff in clinics.

**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 in general.
- People with mental illness are underserved.
- No funding to increase staff of agencies that provide services.
- Lack of providers.
- People want the services, can't find where to go.
- Lack of trained staff to work with veterans and issues related to war; lack of services for veterans.
- Lack of coordination of between medical and mental health issues.

- Lack of integrated services for seniors creates serious issues with medication and behavioral health.

**Successful Strategies**

- Mental health integration.
- Finding multiple services at the same place.
- National Alliance on Mental Illness (NAMI) is a great resource to the community.
- The NAMI “Hope for Tomorrow” program for high school students.
- Support groups, peer support.

**CHNA Part Two: Indicators for Each Significant Health Priority**

Intermountain Healthcare clinical leaders identified potential health indicators for health issues to include in the 2013 CHNA. Intermountain Medical Center 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 Medical Center 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 together 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 the Medical Center’s 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 Intermountain Medical Center community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84044 Magna	84047 Midvale	84084 West Jordan
84088 West Jordan	84106 Salt Lake City	84107 Salt Lake City
84109 Salt Lake City	84114 Salt Lake City	84115 Salt Lake City
84117 Salt Lake City	84118 Salt Lake City	84119 Salt Lake City
84120 Salt Lake City	84121 Salt Lake City	84123 Salt Lake City
84124 Salt Lake City	84125 Salt Lake City	84128 Salt Lake City
84129 Salt Lake City	84150 Salt Lake City	84152 Salt Lake City
84157 Salt Lake City	84165 Salt Lake City	84170 Salt Lake City
84171 Salt Lake City	84022 Dugway	84029 Grantsville
84071 Stockton	84074 Tooele	

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**

<b>#1 Health Priority: Improve the prevention, detection, and treatment of chronic diseases associated with weight and unhealthy behaviors.</b>				
<b>Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)</b>	<b>Community Rank*</b>	<b>IMed Community</b>	<b>Utah</b>	<b>US</b>
Overweight/obese	15	60.2%	57.8%	64.5%
High blood pressure	16	22.9%	21.4%	28.7%
High cholesterol	15	25.1%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	9	32.1%	33.1%	23%
Diabetes	17	7%	6.2%	8.7%
Asthma	18	10.4%	8.5%	9.1%
Arthritis	12	22%	21.6%	26%
Less than 2 servings of fruit daily	10	68.1%	68.8%	NA
Less than 3 servings of vegetables daily	16	77.3%	74.6%	NA
Not meeting recommended physical activity	18	48.1%	42%	49.5%
Current cigarette smoking	18	12.9%	9.4%	17.3%
Binge drinking	19	11.4%	8.6%	15.1%
Chronic drinking	16	3.6%	2.8%	5%
No routine medical checkup in past 12 months	8	42.1%	43%	NA
Adult watch more than 2 hours TV weekdays	15	53.2%	51.7%	NA
Child watch more than 2 hours TV weekdays	17	71%	66.5%	NA
Adult more than 1 soft drink/week	6	12.7%	13.7%	NA
Child more than 1 soft drink/week	8	2.5%	2.9%	NA
No colonoscopy after age 50	11	28.3%	29.6%	34.8%
Heart disease deaths (per 100K)	11	112.4	104.4	195.2
Stroke deaths (per 100K)	11	28.6	27.3	54.6
All cancer deaths (per 100K)	13	105.9	96.7	184.9
Prostate cancer deaths (males, per 100K)	7	12.8	14.5	22.8
Breast cancer deaths (females per 100K)	14	19.4	17.5	22.5
Colon cancer deaths (per 100K)	11	8.8	9.1	16.4

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

**Table 2 Access to comprehensive healthcare services**

<b>#2 Health Priority: Improve access to comprehensive, high-quality healthcare services for low-income populations.</b>					
<b>Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)</b>		<b>Community Rank</b>	<b>IMed Community</b>	<b>Utah</b>	<b>US</b>
<b>No healthcare coverage</b>					
	Overall	14	16.1%	15.1%	17.8%
	Hispanic	6	41.2%	44.6%	NA
	Non-Hispanic	12	12.6%	12.3%	NA
<b>Unable to get care due to cost</b>					
	Overall	17	14.9%	13.3%	14.6%
	Hispanic	10	27.4%	26.1%	NA
	Non-Hispanic	14	12.9%	11.6%	NA
<b>No medical home</b>					
	Overall	16	25.2%	23.1%	18.2%
	Hispanic	7	43.1%	44.2%	NA
	Non-Hispanic	17	22.6%	20.8%	NA
<b>No routine medical checkup in past 12 months</b>					
	Overall	8	42.1%	43%	32.6%
	Hispanic	4	50.2%	51%	NA
	Non-Hispanic	8	42.1%	43.6%	NA
No healthcare coverage for child		11	5%	5.5%	8.2%
No prenatal care until 3 <sup>rd</sup> trimester		15	4.5%	3.7%	NA
Low birth weight		17	7.7%	7%	8.2%
Last dentist visit 1 year ago or more		13	31.8%	28.7%	30.3%

**Table 3 Access to behavioral health services**

<b>#3 Health Priority: Improve access to appropriate behavioral health services for low-income populations.</b>					
<b>Health indicator (Source: Utah Department of Health Behavior Risk Factor Surveillance System)</b>		<b>Community Rank</b>	<b>IMed Community</b>	<b>Utah</b>	<b>US</b>
Mental health not good 7 or more of past 30 days		17	17.2%	14.7%	NA
Suicide rate (per 100K)		16	18.2	15.8	12
Rx opioid deaths (per 100K)		15	17.8	14.5	4.8
Ever diagnosed with depression		16	24%	22%	9.1%

## Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with Intermountain Medical Center 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 Intermountain Medical Center 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. The Intermountain Medical Center'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, Intermountain Medical Center 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: Define and understand the met and unmet health needs of the diabetic population served by the hospital; develop partnerships in the diabetes community to enhance care and access. Identify, develop, and implement an evidence-based program to address self-management of diabetes to improve health.

The Intermountain Medical Center'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 Healthcare senior leadership and Board of Trustees. The hospital implementation strategy was reviewed by the hospital governing board and signed by: 1) the Intermountain Medical Center staff member accountable for the plan; 2) Intermountain Medical Center administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

## Intermountain Medical Center's Response to Additional Community Healthy Needs

Intermountain Medical Center'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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare hospitals and clinics are eligible to receive medically necessary services regardless of ability to pay. In addition, community partners refer directly to Intermountain Healthcare'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 Healthcare provided \$252.4<sup>28</sup> million of charity care to people who are either uninsured or under-insured in more than 239,000 cases in 2012.<sup>29</sup>

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<sup>28</sup> Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately \$158.4 million.

<sup>29</sup> Internal Case Mix Data, Intermountain Healthcare, 2012

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

- Intermountain Healthcare 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<sup>30</sup>;
- Collaborative partnerships exist in all urban communities to link uninsured people with community-based behavioral health providers;
- Intermountain Healthcare is developing telehealth and community partnership solutions to address access issues in the rural healthcare setting and in pediatric populations;
- Intermountain Healthcare 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 Healthcare 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 Intermountain Medical Center on the above health issues include but are not limited to:

- Family Counseling Center
- Four Salt Lake City Community Health Centers
- Fourth Street Homeless Clinic
- Hope and Maliheh clinics which provide primary care free to low-income and uninsured people
- Health Access Project, a referral/case management program for uninsured, low-income Salt Lake County residents
- National Alliance on Mental Illness
- Polizzi Clinic (behavioral health services) for low-income people
- Salt Lake Valley Health Department
- Utah Department of Health
- Utah Partners for Health provides referrals to primary and specialty care providers for low-income and uninsured people
- Utah Support and Advocates for Recovery Awareness (support for substance abuse recovery)
- Valley Mental Health
- Volunteers of America

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<sup>30</sup> Ibid

## **Conclusion**

Intermountain Medical Center 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.

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

Intermountain Medical Center's CHNA was completed by Intermountain Healthcare's Community Benefit and Strategic Planning and Research Departments.