Intermountain American Fork Hospital
Community Health Needs Assessment
and Implementation Strategy
September 2013

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American Fork Hospital
170 North 1100 East
American Fork, Utah 84403

Executive Summary

Intermountain American Fork 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.

American Fork 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 American Fork 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 American Fork Hospital's Community Stewardship goals.

American Fork 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.

American Fork 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 American Fork Hospital Community

American Fork Hospital is one of 21 Intermountain owned and operated hospitals in Utah and southeast Idaho. Located in urban American Fork, Utah, a suburb of Provo, the hospital has 90 staffed beds and offers a full spectrum of inpatient and outpatient medical services. In 2012, American Fork Hospital provided more than $6 million[1] in charity care in over 5,000 cases.

Utah County has five hospitals including three owned by Intermountain.

Based on 2012 estimates, approximately 540,504 individuals live in Utah County which encompasses 2,003 square miles with 257.8 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]	**Utah County**	**Utah**	**US**
Persons under 18 years	34.8%	31.1%	23.7%
Persons 65 years and over	6.8%	9.1%	13.3%
Median household income	$59,338	$57,783	$52,762
Persons below poverty level	12.9%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	93.6%	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	35.9%	29.6%	28.2%

In 2012, approximately nine percent of the Utah population was enrolled in Medicaid (over half of which was 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 $4 million.
[2] United States Census, http://quickfacts.census.gov; revised June 27, 2013
[3] Ibid
[4] Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

Community Health Needs Assessment Background

American Fork 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 interests of the community to discuss health needs within the community, gather quantitative data on significant health needs, make the CHNA results public, and report how it conducted the CHNA and developed a three-year implementation strategy on the IRS Form990 Schedule H Section V.

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

Intermountain clinical staff determined to use the health priorities identified in the previous health status report for the 2013 quantitative data collection and in order to identify any changes in the health indicators over the past few years; 37 health indicators were selected for the health priority categories. These priorities were also used to elicit perceptions of invited participants in American Fork 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 United States 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 unhealthy weight and 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

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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[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*

[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

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

CHNA Part One: Community Input

Participants representing the broad interests of the community, including the healthcare needs of uninsured and low-income people, were invited to attend a meeting to share their perspectives on health needs in the hospital's community. Facilitators 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. Kye Miner, Urban South Region Community Benefit Manager, facilitated the meeting on April 26, 2012. Recorders were assigned for each meeting to capture the comments and details of each meeting.

Representatives included the following:

- Alpine School District – Paul Rasband
- American Fork City – J.H. Hadfield
- American Fork Hospital – Lori Bertelsen and Holly Hardy
- Centro Hispano – Maria Leticia Collazo
- Daily Herald – Barbara Christiansen
- Eagle Mountain City – Heather Jackson
- Highland City – Lynn Ritchie
- Intermountain Community Benefit – Terry Foust, AudD, Director
- LDS Church – Tim Welch
- Lehi City – Bert Wilson
- Lindon City Council – Randi Powell
- Mountainlands Community Health Center (CHC) – Todd Bailey, Executive Director
- Pleasant Grove City – Betty Memmott
- Thanksgiving Point – Lorraine Gaufin
- United Way of Utah County – Robin Lindsay
- Utah County Health Department – Joseph Miner, MD, Executive Director
- Wasatch Mental Health – Lisa Schumacher

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:

- Diabetes, cardio vascular disease and arthritis and some cancers can have association with obesity.
- Unhealthy behaviors like smoking, alcohol, substance abuse are risk factors for increased obesity issues.
- Sedentary lifestyles, and technology (TV, video games, internet) and not taking opportunities to find something in the community that would help us be active.
- Youth have peer issues and parenting issues that lead to substance abuse and violent behaviors in youth with gangs, etc., and those issues can lead to misuse of food and obesity issues.
- Changes in our behaviors don't happen unless we have a significant emotional event, so our challenge is to take the step before a significant event happens.
- We hear about exercise and eating a lot but it hasn't become part of the lifestyle.
- Mental illness contributes to obesity issues.
- Access and economics; health fairs find situations that can be helped.
- American Fork Emergency Department physicians and nurses don't know who to refer to in the north part of the county; no Mountainlands Community Health Center (CHC) clinic at this end of the county.
- Seniors don't understand the process and sometimes are not qualified to care for their loved one and then they end up back in the Emergency Department (ED).
- Economics, transportation, lack of awareness of resources.
- Accountability, attitude, taking responsibility for our actions are important—the question is how do you change what they feel is important?
- Event plus response equals outcome; parents who have been affected by making healthier choices will then affect their children.

Strategies discussed:

- United Way's Help Me Grow program teaches parents that playtime is an active time; participants receive screenings so when there's a diagnosis they need help with, low-income families are connected to services.
- American Fork Hospital is trying to find out why people are returning to the ED after seven days rather than going to their referral for treatment and follow up care.
- Strategies for employee health and wellness are a benefit; insurance companies are incentivizing companies to help their employees to be active and to stay healthy.
- Mountainlands CHC has a patient database for patients with chronic conditions; they call them to make sure they make their regular visits and are staying current with their tests and medications.
- PE classes in schools have more emphasis on healthy activities or lifetime sports so kids can develop those skills.
- Mayor Ritchie said they are requiring their employees to participate in healthy fitness activities that can then reduce their healthcare premiums; if they don't sign up, they pay the higher premium.

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:

- A lot of healthcare places in the county have not been utilized; United Way looked at the sites and believes that we don't have to create new programs.
- If goal is to not have chronic health issues, we should help them start eating healthier on food stamps; why shouldn't food stamps be more like Women, Infants, and Children (WIC)?
- County health department and United Way can help people on strict budgets spend money on fresh.
- Education; Church-related resources are not well informed enough to help their congregants to find resources.
- Important to have community-based services for people without insurance.
- Education on where to find care is a major need.

Strategies discussed:

- Mountainlands CHC is always trying to find ways to educate and improve the access to care – especially dental care.
- Culture is a part of this, along with education; Centro Hispano gives out information at the health fairs, in the school districts and through outreach.
- The 211 resource list will be extended to the entire state at the end of June; could bring several groups together to help educate groups, it might increase the opportunities.
- County resource guide has been a great tool.

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:

- Most people don't understand that they can still receive care if they don't have insurance, but funding for providers and clinics to provide care is critical.
- Agencies don't have enough funding to provide care for all who need it then people go without or they serve more but not as effectively on less money.
- Not just an uninsured and low income problem; mental healthcare is stigmatized so people don't seek care and then when they do need care, it uses up too much money.
- Concerned about the number of suicides in their city; issue of needs to be solved by neighbors and cities, not just a healthcare concern.
- Don't think cities know how big the suicide problem really is; have held parent meetings to help educate their neighbors.
- There's an overlap with substance abuse and then suicide.
- It takes massive community support to deal with this issue and the shame that can result because of public knowledge.
- For a young adult too old to be on their parent's insurance, you literally have to mortgage your house to get them the help they need when they have a mental illness.

- High costs and access creates a financial burden and as a result just creates a domino effect that goes on for years.

Strategies discussed:

- Mayor Ritchie's program is called "Communities That Care"; Eagle Mountain and Saratoga Springs are involved in this program focused on youth and suicide prevention.
- Mountainlands CHC provides mental health services; working on integrating substance abuse and mental health.
- Wasatch Mental Health awareness night targeted to churches, some don't know about this; it is a great resource and can have all the players there.
- Centro Hispano can help address language barrier for some of these activities.

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. American Fork 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 American Fork Hospital 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 American Fork 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 American Fork Hospital community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84003 American Fork	84004 Alpine	84005 Eagle Mountain
84013 Cedar Valley	84043 Lehi	84045 Saratoga Springs
84062 Pleasant Grove	84062 Lindon	

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***	**Am Fork Community**	**Utah**	**US**
Overweight/obese	3	53%	57.8%	64.5%
High blood pressure	6	18%	21.4%	28.7%
High cholesterol	3	18.5%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	16	38.7%	33.1%	23%
Diabetes	3	3.9%	6.2%	8.7%
Asthma	11	8.1%	8.5%	9.1%
Arthritis	1	15.8%	21.6%	26%
Less than 2 servings of fruit daily	11	68.4%	68.8%	NA
Less than 3 servings of vegetables daily	11	75.1%	74.6%	NA
Not meeting recommended physical activity	11	37.5%	42%	49.5%
Current cigarette smoking	2	4.7%	9.4%	17.3%
Binge drinking	1	*[2.2%]*	8.6%	15.1%
Chronic drinking	4	*[0.8%]*	2.8%	5%
No routine medical checkup in past 12 months	12	45.6%	43%	NA
Adult watch more than 2 hours TV weekdays	1	37.2%	51.7%	NA
Child watch more than 2 hours TV weekdays	9	64%	66.5%	NA
Adult more than 1 soft drink/week	5	12.7%	13.7%	NA
Child more than 1 soft drink/week	18	4%	2.9%	NA
No colonoscopy after age 50	4	25%	29.6%	34.8%
Heart disease deaths (per 100K)	5	86.9	104.4	195.2
Stroke deaths (per 100K	7	24.6	27.3	54.6
All cancer deaths (per 100K)	7	85.5	96.7	184.9
Prostate cancer deaths (males, per 100K)	10	13.4	14.5	22.8
Breast cancer deaths (females per 100K)	8	15.9	17.5	22.5
Colon cancer deaths (per 100K)	9	8.4	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***	**Am Fork Community**	**Utah**	**US**
No healthcare coverage					
	Overall	3	12.4%	15.1%	17.8%
	Hispanic	2	22%	44.6%	NA
	Non-Hispanic	6	10.6%	12.3%	NA
Unable to get care due to cost					
	Overall	2	9.8%	13.3%	14.6%
	Hispanic	2	*[11.9%]*	26.1%	NA
	Non-Hispanic	6	10.3%	11.6%	NA
No medical home					
	Overall	9	21%	23.1%	18.2%
	Hispanic	1	24.7%	44.2%	NA
	Non-Hispanic	10	19.5%	20.8%	NA
No routine medical checkup in past 12 months					
	Overall	12	45.6%	43%	32.6%
	Hispanic	1	34.3%	51%	NA
	Non-Hispanic	5	40.9%	43.6%	NA
No healthcare coverage for child		17	7.1%	5.5%	8.2%
No prenatal care until 3rd trimester		13	4%	3.7%	NA
Low birth weight		12	7.3%	7%	8.2%
Last dentist visit 1 year ago or more		1	19.6%	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***	**Am Fork Community**	**Utah**	**US**
Mental health not good 7 or more of past 30 days	3	10.7%	14.7%	NA
Suicide rate (per 100K)	14	17.7	15.8	12
Rx opioid deaths (per 100K)	11	13.9	14.5	4.8
Ever diagnosed with depression	10	20%	22%	9.1%

Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with American Fork 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 American Fork 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. American Fork 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, American Fork 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: Implement the "100 Day Heart Challenge" chronic disease self-management program with select populations to develop skills and confidence to self-manage their condition and improve their health.

American Fork 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 American Fork Hospital staff member accountable for the plan; 2) American Fork Hospital administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

American Fork Hospital's Response to Additional Community Healthy Needs

American Fork 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 health partners continue to work with American Fork Hospital on the above health issues include but are not limited to:

- Community Health Centers (two in Utah County)
- Community Health Connect a referral/case management program for uninsured, low-income Utah County residents
- National Alliance on Mental Illness
- United Way of Utah County
- Utah County Health Department
- Utah Department of Health
- Volunteer Care Clinic

[30] Ibid

Conclusion

American Fork 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.

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

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