Intermountain McKay-Dee Hospital
Community Health Needs Assessment
and Implementation Strategy
September 2013

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4401 Harrison Boulevard
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Executive Summary

Intermountain McKay-Dee Hospital 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.

McKay-Dee Hospital Center 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 the 2009 health status study 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 McKay-Dee Hospital 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 McKay-Dee Hospital Center's Community Stewardship goals.

McKay-Dee Hospital 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 McKay-Dee Hospital Center's implementation strategy are part of Intermountain's system-wide initiatives to address chronic disease, access to care, and access to behavioral health services.

McKay-Dee Hospital Center 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 McKay-Dee Hospital Community

McKay-Dee Hospital Center is one of 21 Intermountain owned and operated hospitals in Utah and southeast Idaho. Located in urban, northern Utah, it is one of two hospitals in Weber County; has 310 staffed beds and offers a full spectrum of inpatient and outpatient medical services. In 2012, McKay-Dee Hospital Center provided more than $33 million[1] in charity care in over 22,000 cases.

Based on 2012 estimates, approximately 236,640 individuals live in Weber County which encompasses 576 square miles with 401.4 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, 2011[3]	**Weber County**	**Utah**	**US**
Persons under 18 years	29.9%	31.2%	23.7%
Persons 65 years and over	10.2%	9.2%	13.3%
Median household income	$54,666	$57,783	$52,762
Persons below poverty level	11.8%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	88.8%	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	22.2%	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.[4]

[1] Total gross charges; the total adjusted charity care based on standards established by the Utah State Tax Commission is approximately $18.6 million.
[2] United States Census, http://quickfacts.census.gov
[3] Ibid
[4] Behavioral Risk Factor Surveillance Survey, Utah, 2007, 2008, 2009, and 2010

Community Health Needs Assessment Background

McKay-Dee Hospital Center's first CHNA 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 programs.

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 Form 990 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 2009 health status study 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 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

[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

McKay-Dee Hospital 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. Kristy Jones, Urban North Region Community Projects Coordinator, facilitated the meeting on May 14, 2012. A recorder was assigned for the meeting to capture the comments and details.

Representatives included the following:

- Community Advocate – Telitha Greiner*
- Davis Area Business – Barbara Riddle*
- Davis County Commission – Bret Millburn, Commission Chair and Director of Student Services
- Davis County Health Department – Lewis Garrett, Executive Director
- Intermountain Community Benefit – Cynthia Boshard, Director; Terry Foust, AuD, Director; Debbie Hardy, Manager; and Mikelle Moore, Vice President
- Intermountain Urban North Region – Chris Dallin, Communications Director; and Doug Smith, Chief Financial Officer
- McKay-Dee Hospital – Christine Nefcy*, MD, Chief Medical Officer
- McKay-Dee Hospital Governing Board – Scott Buehler and Karen Fairbanks
- Midtown Community Health Center – Lisa Nichols, Executive Director
- Retired business owner – Blake Wahlen*
- Weber Human Services – Jed Burton, Director of Clinical Sevices; and Kevin Eastman, Executive Director
- Weber/Morgan Health Department – Claudia Price, Nursing Director
- Weber School District – Debbie Campbell, Nurse; and Claudia Streuper, Head Nurse
- Weber State University – Bruce Davis

**Also on Governing Board*

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:

- Compared to other states, we're in better shape; everyone is increasing with obesity and chronic disease but Utah started lower.
- Poverty in the underserved community.
- Lack of availability of fresh food and the high cost of fresh food.
- We have high calorie food tastes.
- Kids are becoming couch potatoes.
- Kids are watching commercials that promote fast food.
- The addiction of sodas, Diet Coke, and all those drinks is getting bigger; we see kids with drinks in bottles, high sugary beverages are becoming addictions.
- One of the biggest issues of community-based health is the lack of evidence of how to change behavior—it took years for smoking habits to change. No one knows what really works.
- California requires that restaurants list calories on menus; we're unaware of calories.
- Schools have federal requirements, and there are soda machines in schools.
- Calorie counts on menus might be helpful, but the Utah Legislature killed bills about that. We need policy work to get better access to healthy food.
- Soda machines are too accessible in schools.
- In 2008 each school district had a wellness policy about more fruits and veggies in schools; have improved and are making progress in elementary schools.
- Junior and senior high schools lock machines, kids go off campus to get the food they want
- We need child/parent activities to involve the parents.
- With urban sprawl we're addicted to cars. How do we incorporate exercise in our lifestyles?
- We're couch potatoes; have too much screen time, phones, and video games.
- Patient is diagnosed but not managed; don't take their prescribed medications.
- Affording medications is an issue; when you're low-income and work multiple jobs, lifestyle changes with multiple stressors compound the challenge.
- There's no core curriculum for activities.
- We did a height/weight study and found that 20 percent of students are obese.
- The classroom is a frustration as a parent—teachers reward kids with treats including liters of soda.
- Gold Medal schools can't use treats as incentives.

Strategies discussed:

- There are a few evidence-based strategies regarding chronic disease; one-on-one time is expensive.
- LiVe Well program seems to be successful.

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?

- Midtown Community Health Center (CHC) has grown dramatically, some challenges for our patients are transportation, language and cultural; the way we practice healthcare is different from many countries. People are accustomed to walking into a hospital for care; for low-income people high quality healthcare is available through a hospital Emergency Department, but not high quality at clinics.
- Percent of eligible kids not signed up for Medicaid, CHIP and Women, Infants, and Children (WIC)—there are more eligible for these services than have signed-up; there are cultural barriers, challenges of documentation.
- There are partnerships and collaborations for helping the unfunded gain access. What can schools, teachers, and parents do?
- As much as we do with the low income clinics, there aren't as many programs for prescription medication needs; this is a growing problem, particularly diabetes patients.
- We have generations of people going to the Emergency Department (ED), can we divert costs to appropriate clinics and break generations of bad habits?
- We don't link programs for school lunch with eligibility for Medicaid.

Strategies discussed:

- We (Midtown CHC) promote our services through word-of-mouth, neighborhood networks have an advocate/resource who can help identify people; "wise woman" model.
- Intermountain pays staff to help enroll people in pharmacy assistance programs.
- People with pre-existing conditions and difficult to insure can become insured. This hospital pays some premiums for people to get on a plan that may cost $900-$1000/month.
- The application process for Medicaid, etc., is unfriendly. Midtown CHC hired staff to help people in our clinics apply for programs because that's an important link to accessing services. Our staff help people get the documentation they need for the applications.

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:

- Availability of resources to pay for specialists is the biggest gap for uninsured people to get medications.
- Uninsured can't afford medications and/or the specialist.
- No one will take people without insurance for substance abuse treatment.
- Behavioral health is harder for low-income people.
- Primary care doctors try to find medications covered by a patient's insurance plan.
- Even with great insurance and ability to pay, there aren't enough providers, a shortage of specialists.
- Weber Mental Health had policy changes about seeing unfunded clients; have a mandate to treat unfunded, and are committed to provide treatment, have used "savings" from the system to treat unfunded, including the incarcerated.
- The principle of capitation was to be able to treat more people, it doesn't work that way.

- Our providers can't prescribe mental health medications to kids (Midtown CHC).
- Primary care providers are not well-paid for their time to manage mental health and medications with kids. Same with obesity; treatment is difficult, hard to get parents to return with their child for appointments, they don't see a difference in their child.

Strategies discussed:

- Weber Mental Health applied for a grant for providers in schools to treat unfunded; partner with Midtown CHC and have an advance practice registered nurse (APRN) who runs the mental health clinic. Midtown CHC has limited capacity, need to add prescriber time, but don't have funding to add 10 hours a week for a doctor.
- We focus on getting everyone "eligibilized" so they have access to services (Midtown CHC).

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. McKay-Dee Hospital 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 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 McKay-Dee Hospital Center 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 McKay-Dee Hospital Center community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84015 Clearfield	84016 Clearfield	84037 Kaysville
84040 Layton	84041 Layton	84056 Hill Air Force Base
84075 Syracuse	84089 Clearfield	84018 Croydon
84050 Morgan	84067 Roy	84310 Eden
84315 Hooper	84317 Huntsville	84401 Ogden
84402 Ogden	84403 Ogden	84404 Ogden
84405 Ogden	84408 Ogden	84409 Ogden
84412 Ogden	84414 Ogden	84415 Ogden

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***	**McKay-Dee Community**	**Utah**	**US**
Overweight/obese	14	59.8%	57.8%	64.5%
High blood pressure	11	21.8%	21.4%	28.7%
High cholesterol	13	23.5%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	4	29.9%	33.1%	23%
Diabetes	15	6.5%	6.2%	8.7%
Asthma	8	7.8%	8.5%	9.1%
Arthritis	14	23.3%	21.6%	26%
Less than 2 servings of fruit daily	17	70.9%	68.8%	NA
Less than 3 servings of vegetables daily	14	75.7%	74.6%	NA
Not meeting recommended physical activity	13	42.2%	42%	49.5%
Current cigarette smoking	10	9.6%	9.4%	17.3%
Binge drinking	11	9.4%	8.6%	15.1%
Chronic drinking	14	3.5%	2.8%	5%
No routine medical checkup in past 12 months	3	39.4%	43%	NA
Adult watch more than 2 hours TV weekdays	17	56.4%	51.7%	NA
Child watch more than 2 hours TV weekdays	16	68.2%	66.5%	NA
Adult more than 1 soft drink/week	10	13.8%	13.7%	NA
Child more than 1 soft drink/week	17	3.5%	2.9%	NA
No colonoscopy after age 50	3	24.9%	29.6%	34.8%
Heart disease deaths (per 100K)	8	104.2	104.4	195.2
Stroke deaths (per 100K	9	26.8	27.3	54.6
All cancer deaths (per 100K)	10	96.4	96.7	184.9
Prostate cancer deaths (males, per 100K)	6	12.7	14.5	22.8
Breast cancer deaths (females per 100K)	9	16.6	17.5	22.5
Colon cancer deaths (per 100K)	13	10.3	9.1	16.4

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

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**	**McKay-Dee Community**	**Utah**	**US**
No healthcare coverage					
	Overall	5	12.7%	15.1%	17.8%
	Hispanic	5	38.4%	44.6%	NA
	Non-Hispanic	3	9.9%	12.3%	NA
Unable to get care due to cost					
	Overall	9	11.8%	13.3%	14.6%
	Hispanic	7	24.2%	26.1%	NA
	Non-Hispanic	4	9.9%	11.6%	NA
No medical home					
	Overall	17	24.8%	23.1%	18.2%
	Hispanic	4	37.7%	44.2%	NA
	Non-Hispanic	16	21.8%	20.8%	NA
No routine medical checkup in past 12 months					
	Overall	3	39.4%	43%	32.6%
	Hispanic	3	41.2%	51%	NA
	Non-Hispanic	6	41.2%	43.6%	NA
No healthcare coverage for child		9	4.4%	5.5%	8.2%
No prenatal care until 3rd trimester		4	3.2%	3.7%	NA
Low birth weight		13	7.3%	7%	8.2%
Last dentist visit 1 year ago or more		6	26.1%	28.7%	30.3%

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**	**McKay-Dee Community**	**Utah**	**US**
Mental health not good 7 or more of past 30 days	12	14.8%	14.7%	NA
Suicide rate (per 100K)	12	17.3	15.8	12
Rx opioid deaths (per 100K)	12	16.3	14.5	4.8
Ever diagnosed with depression	12	23%	22%	9.1%

Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with McKay-Dee Hospital 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 McKay-Dee Hospital 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. McKay-Dee Hospital 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, McKay-Dee Hospital 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: 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.

McKay-Dee Hospital 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 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) McKay-Dee Hospital Center administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

McKay-Dee Hospital Center's Response to Additional Community Healthy Needs

McKay-Dee Hospital 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 continues system-wide efforts to improve chronic disease detection and treatment:

- Cancer screening and referral events for low-income and underserved communities;
- LiVe education campaign for middle school students increase awareness of healthy activity levels and nutrition and LiVe 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 McKay-Dee Hospital Center on the above health issues include but are not limited to:

- Midtown Community Health Center
- Weber/Morgan Health Department
- Weber School District

[30] Ibid

Conclusion

McKay-Dee Hospital 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.

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 McKay-Dee Hospital Center CHNA was completed by Intermountain Community Benefit and Strategic Planning and Research Departments.