

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

IDENTIFIED HEALTH PRIORITY

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

COMMUNITY INPUT HIGHLIGHTS—We heard from the community

Community input meetings held in 2015 included people representing: local government, schools, senior services, safety net clinics, minority populations, uninsured and low-income people, social service providers, local businesses, advocates, healthcare providers, the Salt Lake Health Department and the Utah Department of Health. Participants identified these health issues as important in the Primary Children's Hospital statewide community:

- Lack of education to prevent poor health behaviors that lead to high rates of obesity;
- Challenges of low-incomes and affordability of healthy food;
- Lack of awareness of healthcare resources for children and adolescents in low-income families;
- Suicide and need for prevention education;
- Mental health issues for children and adolescents;
- Stigma associated with mental health conditions;
- Challenges of insurance or lack of insurance and accessing mental health services; and
- Lack of awareness about resources.

COMMUNITY HEALTH NEEDS DATA HIGHLIGHTS

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

Health Indicators	Primary Children's Hospital Community	Utah	Idaho	U.S.
Diabetes (% 18 year-olds reported ever told by a health professional)	2.8%	2.8%	NA	NA
High blood pressure (% 18 year-olds reported ever told by a health professional)	8.8%	8.8%	NA	NA
Highcholesterol (% 18 year-olds reported ever told by a health professional)	4.7%	4.7%	NA	NA
Obese (% 13-17 year-olds self-reported BMI 30+)	7.2%	7.2%	9.6%	13.7%
Physical inactivity (% 13-17 year-olds self-reported no leisure time activity)	9.6%	9.6%	10.8%	15.2%
Depression (% 18 year-olds reported ever told by a health professional)	17.4%	17.4%	NA	NA
Poor mental health status (% 18 year-olds reported mental health not good 7 or more of last 30 days)	18.7%	18.7%	NA	NA
Attempted suicide (% 13-17 year-olds self-reported attempted suicide 1 or more times in past 12 months)	7.2%	7.2%	15.8%	8%
Suicide death rate per 100,000 (13-17 year-olds only)	10.0	10.0	NA	NA

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

WHY WE ARE FOCUSING ON THESE HEALTH ISSUES

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

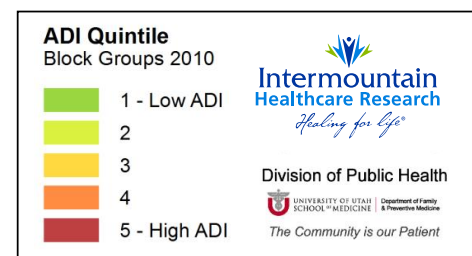
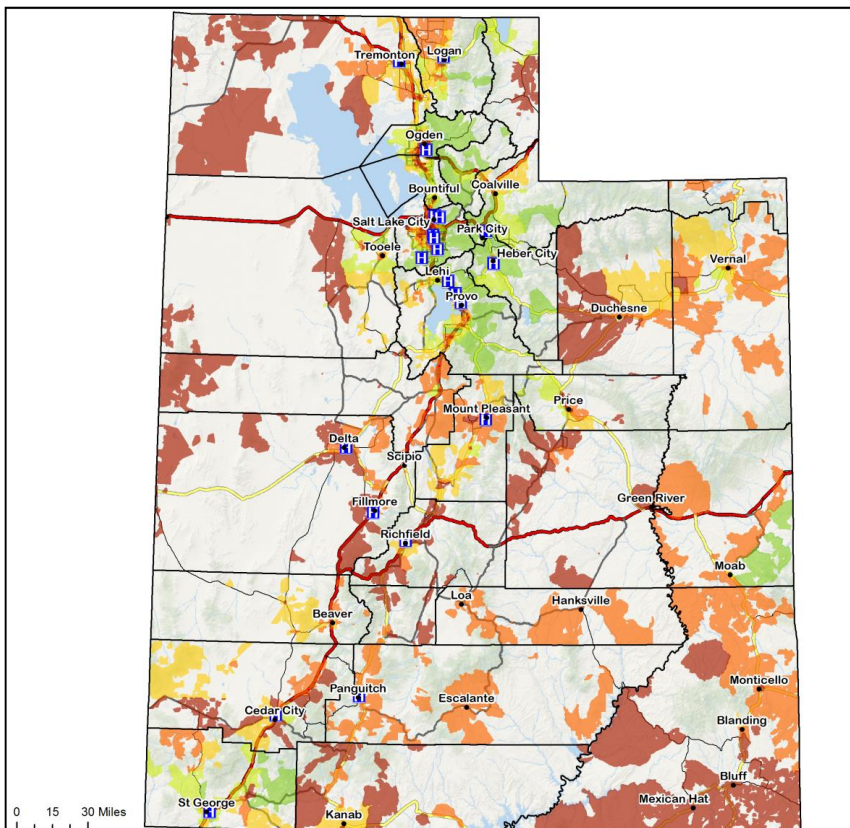
Prediabetes and high blood pressure—Prediabetes and high blood pressure are common among adults, many of whom do not know they have it. Identifying people with prediabetes can help prevent the development of type 2 diabetes which is the leading cause of non-traumatic lower-extremity amputation, renal failure, and blindness among adults younger than 75, and one of the leading causes of heart disease. High blood pressure usually has no symptoms and increases the risk for heart disease and stroke. Developing healthy behaviors among children and adolescents can greatly decrease the risk of developing these conditions as adults.

Depression—Mental illness and depression are serious concerns for children and adolescents, with 25.7 percent of adolescents reporting feeling sad or hopeless. In 2014, suicide was the leading cause of death for Utahns ages 10 to 17. All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

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

AREA DEPRIVATION INDEX (ADI)

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



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

ADDRESSING THE NEED

Based on the results of the CHNA, planning is underway with Primary Children's Hospital and community partners to address the health need over the next several years through education, screening, and treatment.

For more information contact:

Janet Brooks, Community Outreach Manager; 801.662.6585; janet.brooks@imail.org
Katy Welkie, Administrator; 801.662.6225; katy.welkie@imail.org