



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

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

Intermountain Heber Valley Medical Center  
1485 South Highway 40  
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## Executive Summary

Intermountain Heber Valley 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.

Heber Valley Medical 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 conducting the 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 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 Heber Valley 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 Heber Valley Medical Center's Community Stewardship goals.

Heber Valley 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 Heber Valley Medical 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.

Heber Valley Medical Center Medical 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 Heber Valley Medical Center Community

Heber Valley Medical Center is one of 21 Intermountain Healthcare owned and operated hospitals in Utah and southeast Idaho. Located in rural Utah, the hospital is a Critical Access Hospital and the only hospital in Wasatch County with 20 staffed beds and a spectrum of inpatient and outpatient medical services. In 2012, Heber Valley Medical Center provided more than \$846 thousand<sup>1</sup> in charity care in over 1,000 cases.

Based on 2012 estimates, approximately 25,273 individuals live in Wasatch County which encompasses 1,175 square miles with 20 people per square mile, compared to 33.6 for the state of Utah and 87.4 people per square mile in the U.S.<sup>2</sup>

US Census Quickfacts <sup>3</sup>	Wasatch County	Utah	US
Persons under 18 years	33.1%	31.1%	23.7%
Persons 65 years and over	9.1%	9.5%	13.3%
Median household income	\$64,651	\$57,783	\$52,762
Persons below poverty level	7.0%	11.4%	14.3%
High school graduate or higher, percent of persons age 25+	91.1%	90.6%	85.4%
Bachelor's degree or higher, percent of persons age 25+	30.5%	29.6%	28.2%

In 2012, approximately nine percent of the Utah population was enrolled in Medicaid (over half of which were children); 10 percent was enrolled in Medicare; and 59 percent was enrolled in employer-sponsored health insurance. Approximately 15 percent of the population did not have health insurance.<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 \$598 thousand.

<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

Heber Valley Medical Center 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*<sup>5</sup> 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 the 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 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; health indicators were selected for the health priority categories. These priorities were also used to elicit perceptions of invited participants in Heber Valley 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 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

Heber Valley 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 Heber Valley Medical Center 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 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. Cynthia Boshard, Intermountain Community Benefit Director facilitated the meeting on May 21, 2012. A recorder was assigned for the meeting to capture the comments and details.

#### Representatives included the following:

- Business owners – Byron Day\* and Clair Provost\*
- Heber City Police Department – Ed Rhoades, Chief of Police
- Heber Valley Counseling – Dennis Hansen, Director and Jenny Pinter, Therapist
- Heber Valley Medical Center – Steve Anderson, Administrator; Gidget Carroll, Administrative Assistant, Administration; Robert Giles, Materials Management; Lenny Lyons, Administration; and Amy Tuddenham, Communications
- Heber Valley Medical Center Governing Board – George Bennett; Laura Camper; Robert John Hicken; Shauna VanWagoner; Paul Weller; and Phil Wright
- Intermountain Community Benefit – Debbie Hardy, Manager
- Intermountain Medical Group providers – Stanton McDonald, MD
- Peoples' Health Clinic – Sarah Klingenstein, Patient Advocate
- Wasatch County Health Department – Jonelle Fitzgerald, Health Promotion Director; Dallin Koecher, Public Information Officer, and Amber Pulley, Health Educator
- Wasatch County Sheriff's Office – Todd Bonner, Sheriff
- Wasatch County Victim Advocate – Lynn Robertson, Program Coordinator

*\*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:**

- Schools deal with prevention; looking at unhealthy weight and obesity issues.
- At People's Health Clinic, staff identified that among the uninsured and Latino population there's no habit of wellness checkups so staff is educating on the need for being seen before getting sick; 25 percent of patient visits are from Heber.
- Grocery stores not doing their fair share in teaching the public about healthy food choices.
- People just like to eat, so when you get down to healthy choices it is part of your culture and personal choice; you have to change a whole mind set to get people to eat healthier.
- Dealing with people that have a lot of anxiety, sometimes chronic, or substance abuse issues, would like to see more referrals to the nutritionists and other coaching from healthcare providers once they are in the healthcare system.
- Smoking behaviors are very prevalent in the area, a chronic health issue.
- Cost of healthy foods, fruits, and vegetables is a deterrent to eating healthy.

**Strategies discussed:**

- Women, Infants, and Children (WIC) is giving better choices on the use of their vouchers and encouraging women to make healthier choices with their food purchases.
- Local health department has put in a "Be Wise" program for the women who come in for cancer screenings and will encourage them to choose a healthier lifestyle through education.
- School board put together a physical activity and nutrition policy in the school district several years ago. Other school districts followed; school district probably needs to update; district was very proactive in trying to get students to stay active and healthy.
- The district's food policy is good; a group of local mothers are working on healthy choices in the schools and encouraging the schools to serve healthier meals, also trying to revamp recess so it occurs before lunch, also teaching the kids healthy lifestyles.
- Peoples' Health Clinic working on a grant to offer free exercise classes in some of the low income apartment complexes in Park City.

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

- High deductible plans are a problem; people will wait until they're really sick before going to a doctor.
- There are issues with injuries sustained in a crime scene where the injured person will refuse care because they're afraid they will incur all of the bills associated with the ambulance and hospital care. They can sometimes refer these people to Crime Victims Reparations for help with their healthcare bills, but it is scary for some people to be faced with this decision.
- At the county jail, inmates can request medical treatment, very expensive to get care though that avenue. Jail staff think people will get arrested on purpose to have access to medical care so that they don't have to pay, tax payer pays for it instead (working toward developing a program where the inmate will need to reimburse the county for the healthcare costs they incur).

- Many transients in Heber Valley; there's a good referral plan, but still an issue that police and county sheriff have to deal with. Search and Rescue has the biggest quandary— where to take injured parties who are transients in the area.
- High deductible plans have driven people away from seeking care; people deliberately delay care and when they're really sick, seek treatment in the Emergency Department (ED).

**Strategies discussed:**

- ED care is expensive, but people continue to use it for things that aren't.
- Emergencies; Heber Valley opened an after-hours clinic to help people access care in a place other than the ED; open variable hours, clinic provides access to care that is less expensive.
- People's Health Clinic is another place for people to go that is low cost.

**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:**

- Wasatch County is lowest in the state for Medicaid eligibility.
- So many people don't have insurance; have a hard time getting uninsured patients in for mental health or substance abuse treatment. Insurance only covers a few treatment sessions, not enough to complete treatment at some of the facilities in the Heber area.
- Heber Valley Counseling holds Medicaid contract for the county; takes all insurance and offers a sliding fee. Waiting lists and cost for people is a big issue, wrote for funding for school-based mental health for a therapist in the schools in order to remove that barrier to treatment.
- Local schools might have a licensed clinical social worker (LCSW), but not a psychologist.
- One of the biggest challenges from an Emergency Medical System (EMS) standpoint is that there isn't a place for some of mental health patients. Either no bed available, (Heber doesn't have psych beds) or hospitals will turn them away, even after they call ahead. A person might have to wait in jail or somewhere else for a couple of days before they can receive treatment.
- Takes time to get mentally ill people into treatment; even with a severely mentally ill patient, it can take several hours to make the assessment and find a bed. It's especially hard with suicidal patients hospitalized to protect themselves, and then released without any referral care and receive a huge hospital bill that increases their anxiety.
- This is common in every police department; sometimes takes hours for a police officer to find a place (for a person who needs mental health services) to stay and receive treatment. It creates problems for officers spending nearly a full eight hour shift trying to place people, or essentially makes the jail the psych ward. The Crisis Interventions Team (CIT) training is helpful but it doesn't solve the problem of where to place people for care.
- If people can't pay for it, they get treated and released and then they go right back to the jail.
- Heber Valley Counseling has a designated bed for acute psychiatric patients available to them at the state mental hospital but it's a laborious process; multiple steps and multiple barriers to housing the serious cases at the state mental hospital.
- Suicide numbers are high for prescription overdose – accidental or purposeful.
- Poison Control says they suspect that suicide attempts and completion are under reported because they are often labeled as a poisoning.

- In this county, due to farming and hunting, there's a lot of access to firearms.

**Strategies discussed:**

- Programs to get unused prescription medicine out of the homes and disposed of has been very successful; have a big day twice a year to promote it, drop boxes all over to provide easy access.
- The police department has disposal boxes in foyers, recently collected nine full boxes to take to the incinerator. It would be great to have more, but have to be under watchful care, so it does prohibit the expansion of areas where they can place drop boxes.
- Education through events like community health fairs is a great way to spread the word about healthy living and awareness of health issues in the community.
- Physicians in the county are being careful about what they are writing prescriptions for so they can be stingy with narcotics more than some of the others in the state. They've had more training, use the controlled substance report, probably more effective because they are a small group. ED docs meet regularly to talk about the cases and other doctors that are not careful which helps change behaviors. Many of the problems come from meds prescribed elsewhere, people have been shopping elsewhere.
- County mental health provider works with the court system to get people with mental health and substance abuse issues into care; National Alliance on Mental Illness (NAMI) provides great help.
- Success with Heber Valley Counseling working on tobacco cessation and a smoke-free campus, a lot of the doctors are telling patients to quit to improve their health.
- Medical Group physicians see a rotation of students that are using drugs and then those that follow don't use drugs; education in the schools is very important to reducing drug addiction.
- People's Health Clinic would like to collaborate more with Heber/Wasatch County providers and community agencies to help educate and provide access to care.

## **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. Heber Valley 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 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 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 Heber Valley Medical 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 Heber Valley Medical Center community was defined by its primary market zip codes, which were used to assemble available data for health indicators:

84032 Heber City

84049 Midway

84082 Wallsburg

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 US 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>Heber Community</b>	<b>Utah</b>	<b>US</b>
Overweight/obese	12	59.3%	57.8%	64.5%
High blood pressure	9	21.3%	21.4%	28.7%
High cholesterol	12	22.2%	23.2%	37.5%
Last cholesterol screening 5 years ago or more	12	33.5%	33.1%	23%
Diabetes	7	4.9%	6.2%	8.7%
Asthma	5	6.6%	8.5%	9.1%
Arthritis	8	20%	21.6%	26%
Less than 2 servings of fruit daily	8	67.1%	68.8%	NA
Less than 3 servings of vegetables daily	2	68%	74.6%	NA
Not meeting recommended physical activity	5	33.4%	42%	49.5%
Current cigarette smoking	9	8.8%	9.4%	17.3%
Binge drinking	9	8.7%	8.6%	15.1%
Chronic drinking	11	2.9%	2.8%	5%
No routine medical checkup in past 12 months	9	42.7%	43%	NA
Adult watch more than 2 hours TV weekdays	18	56.5%	51.7%	NA
Child watch more than 2 hours TV weekdays	8	63.2%	66.5%	NA
Adult more than 1 soft drink/week	7	13%	13.7%	NA
Child more than 1 soft drink/week	19	4.3%	2.9%	NA
No colonoscopy after age 50	7	26.8%	29.6%	34.8%
Heart disease deaths (per 100K)	10	109.4	104.4	195.2
Stroke deaths (per 100K)	5	23.1	27.3	54.6
All cancer deaths (per 100K)	8	89.4	96.7	184.9
Prostate cancer deaths (males, per 100K)	1	[6.1]	14.5	22.8
Breast cancer deaths (females per 100K)	7	[15.7]	17.5	22.5
Colon cancer deaths (per 100K)	16	13.9	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**

<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>Heber Community</b>	<b>Utah</b>	<b>US</b>	
<b>No healthcare coverage</b>					
Overall	12	15.8%	15.1%	17.8%	
Hispanic	12	58.9%	44.6%	NA	
Non-Hispanic	13	12.9%	12.3%	NA	
<b>Unable to get care due to cost</b>					
Overall	10	12.7%	13.3%	14.6%	
Hispanic	6	23%	26.1%	NA	
Non-Hispanic	12	12%	11.6%	NA	
<b>No medical home</b>					
Overall	4	18.7%	23.1%	18.2%	
Hispanic	11	48.6%	44.2%	NA	
Non-Hispanic	5	17.2%	20.8%	NA	
<b>No routine medical checkup in past 12 months</b>					
Overall	9	42.7%	43%	32.6%	
Hispanic	15	63%	51%	NA	
Non-Hispanic	12	44.2%	43.6%	NA	
No healthcare coverage for child	18	8.1	5.5%	8.2%	
No prenatal care until 3 <sup>rd</sup> trimester	21	7.5	3.7%	NA	
Low birth weight	19	8.2	7%	8.2%	
Last dentist visit 1 year ago or more	8	26.8	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>Heber Community</b>	<b>Utah</b>	<b>US</b>	
Mental health not good 7 or more of past 30 days	5	12.8%	14.7%	NA	
Suicide rate (per 100K)	7	13.9	15.8	12	
Rx opioid deaths (per 100K)	6	10.8	14.5	4.8	
Ever diagnosed with depression	9	19%	22%	9.1%	

## Implementation Strategy

Results of the two-part CHNA were used to develop a three-year implementation strategy with Heber Valley 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 Heber Valley 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. Heber Valley 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, Heber Valley Medical Center identified the following focus and strategy:

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

Strategy: Improve the awareness of healthy nutrition and physical activity among students in elementary schools in the community. Identify successful evidence-based programs and implement Step Express in three Wasatch County elementary schools' fourth grade classes.

Heber Valley 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 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) Heber Valley Medical Center administrator (also accountable for achieving the goals over the next three years); and 3) the governing board chair.

## Heber Valley Medical Center's Response to Additional Community Healthy Needs

Heber Valley 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 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<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>

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,

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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, 2012

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<sup>30</sup>;
- 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.

Community partners continue to work with Heber Valley Medical Center on the above health issues include but are not limited to:

- People's Health Clinic
- Wasatch County School District

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<sup>30</sup> Ibid

## **Conclusion**

Heber Valley 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.

Heber Valley 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.

The Heber Valley Medical Center CHNA was completed by Intermountain Community Benefit and Strategic Planning and Research Departments.