

➤ **Intermountain Healthcare** conducted a Community Health Needs Assessment (CHNA) to understand how to help people live the healthiest lives possible. The system-wide assessment of 22 hospitals collaborated with the Idaho Department of Health and Welfare, the Utah Department of Health, and local health departments in each community 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 HEALTH NEEDS DATA HIGHLIGHTS

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

Health indicators	Intermountain Hospital Communities	Utah	Idaho	U.S.
<b>Prediabetes</b> (% adults reported ever told by a doctor)	5.6%	5.3%	7.3%	5.3%
<b>Diabetes</b> (% adults reported ever told by a health professional)	7%	7.6%	7.6%	9.6%
<b>High blood pressure</b> (% adults reported ever told by a health professional)	23.8%	25.2%	25.2%	31.4%
<b>High cholesterol</b> (% adults reported ever told by a health professional)	23.6%	25.5%	38.4%	39.1%
<b>Obese</b> (% adults self-reported BMI 30+)	24.4%	25.7%	28.9%	29.4%
<b>Obese</b> (% 13-17 year olds self-reported BMI 30+)	7.2%	7.2%	9.6%	13.7%
<b>Physical inactivity</b> (% adults self-reported no leisure time activity)	18.5%	18.7%	23.7%	25.3%
<b>Physical inactivity</b> (% 13-17 year olds self-reported no leisure time activity)	9.6%	9.6%	10.8%	15.2%
<b>Depression</b> (% adults reported ever told by health professional)	21.8%	20.7%	18.9%	18.2%
<b>Poor mental health status</b> (% adults self-reported mental health not good 7 or more of last 30 days)	16.2%	15.9%	NA	16.5%
<b>Suicide death rate per 100,000 adults</b>	18.7	20.1	19.1	12.5
<b>Attempted suicide</b> (% 13-17 year olds self-reported attempted suicide 1 or more times in past 12 months)	7.2%	7.2%	15.8%	8%
<b>Suicide death rate per 100,000</b> (13-17 year-olds only)	10.0	10.0	NA	NA
<b>Drug poisoning death rate per 100,000</b> (adults, includes prescription opioid overdose)	19.4	21.7	12.9	13.2

*From the Utah Department of Health Office of Public Health Assessment and Idaho Department of Health and Welfare.*

## 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, local health departments and the Utah Department of Health. Participants identified these health issues as important in the Intermountain hospital communities:

- Lack of education about and motivation for healthy behaviors that prevent chronic conditions;
- Prevalence of obesity and diabetes;
- Access to recreation and healthy food choices is limited by low-incomes;
- Prevalence of depression, anxiety, and suicide;
- Lack of access to mental health providers and services; and
- Stigma associated with mental health and substance use disorders.

## WHY WE ARE FOCUSING ON THESE HEALTH ISSUES

Highlights from the Utah Department of Health Public Health Indicator Based Information System (IBIS) and the Centers for Disease Control and Prevention

**Prediabetes and high blood pressure**—Prediabetes and high blood pressure are common among adults, many of whom do not know they have it. Diabetes affects as many as one in three individuals and in Utah costs more than \$1 billion a year; over \$174 billion is spent annually in the U.S. on this condition. 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. Prediabetes and high blood pressure can be managed through lifestyle changes. Developing healthy behaviors among children and adolescents can greatly decrease the risk of developing these conditions as adults.

**Depression**—Mental illness affects 20 percent of the US population; depression is the most common illness. Depression is more common in people with other health conditions such as diabetes and heart disease, and can worsen outcomes in people with those conditions and contribute to a poorer overall quality of life. Mental illness and depression are serious concerns for children and adolescents as well, 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 population. Every month, 49 Utahns die as a result of a drug poisoning, 82.3 percent of which are accidental or of undetermined intent. Of these, 74.8 percent involve opioids. In 2013, 207 individuals died from an opioid overdose in Idaho.

## ADDRESSING THE NEED

Based on the results of the CHNA, planning is underway with each hospital and community partners to address the health need over the next several years through education, screening, and treatment. The Implementation Strategy Planning Committee (including representatives from hospitals, Community Benefit, Clinical Programs, Clinical Services, Medical Group, Integrated Care Management, and Population Health) is guiding development of system-wide and community-specific multi-year, evidence-based strategies to align Intermountain resources with community needs and assets to improve health. Local implementation planning committees will engage representatives of local health departments and multiple community partners.

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