Intermountain Healthcare
Community Health Needs Assessment
2022

Intermountain Healthcare
36 S State Street Suite 2200
Salt Lake City, Utah 84111

Update

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Letter from Mikelle Moore

Together, We Can Make the World a Healthier, Safer Place for All

Health is foundational to overall well-being. It begins at home and is grounded in strong communities. This is evident in things like quality education, affordable housing, clean drinking water, and other social drivers or factors that ultimately determine health. We remain committed to clinical excellence inside our health system. Still, we realize that impacting health must come from working with and supporting our communities. This assessment highlights the needs of our community and showcases initiatives possible through strong collaborations with community organizations, community leaders, and numerous caregivers (employees) throughout our Intermountain Healthcare system.

Much of this report reflects the fantastic assessment work done with our Utah, Idaho, and Nevada communities – and there is much more to come! Even at the time of publication, our efforts have grown across additional states. By the end of 2022, we'll be serving communities in six states.

With this report, we realign our focus to the needs of our communities after a tumultuous three years with the COVID-19 pandemic. These shifts increased our focus on mental well-being, which has suffered significantly since the pandemic began. We continue to invest in numerous behavioral health strategies, including diverse clinical networks, to ensure our most vulnerable populations have access to mental health services. Like many areas across the country, our communities continue to face shortages in affordable housing. We have created new collaborations and invested in affordable housing initiatives to meet these needs. As we develop systems that ensure a more equitable experience, craft inclusive and impactful policies, and address other social drivers of health, those we serve will flourish. We strive to be resilient and agile – listening to the unique needs of each community we serve.

As we look to the future, we continue to learn how best to align the strengths and assets inherent in our organization with what we see in our diverse communities. We look forward to improving the health of those in the communities we serve and sharing those efforts with you.

Warmly,

Mikelle Moore
Chief Community Health Officer
Intermountain Healthcare

Executive Summary

Our Intermountain mission, helping people live the healthiest lives possible®, is best realized with a comprehensive understanding of the communities it serves. Therefore, since 2009, Intermountain Healthcare has engaged in a system-wide process for each of its hospitals and other communities served through clinics to identify local area health needs through a community health needs assessments (CHNA). This local, community approach enhances the understanding of what annually reviewed national benchmarking metrics reveal about community health. This community intelligence comprises of:

- Soliciting community input regarding local health needs and health disparities
- Collecting quantitative data on health indicators
- Prioritizing data to identify significant needs
- Making the CHNA results publicly available
- Developing implementation strategies to address the significant priorities
- Making the implementation plan publicly available
- Reporting progress on the IRS Form 990 Schedule H

As a result of this extensive needs assessment and prioritization process, described in the following pages, Intermountain Healthcare and each of its hospitals and communities served by clinics identified the significant health needs as:

Improve Mental Well-Being, Improve Chronic & Avoidable Health Outcomes, and Address & Invest in Social Determinants of Health

Improve Mental Well-Being

Improve Chronic and Avoidable Health Outcomes

Address and Invest in Social Determinants of Health

Intermountain Healthcare is a Utah-based, nonprofit system of 33 hospitals (includes a "virtual" hospital), a Medical Group with more than 3,800 physicians and advanced practice clinicians at 385 clinics, a health plans division called SelectHealth, and other health services. Helping people live the

healthiest lives possible, Intermountain is widely recognized as a leader in clinical quality improvement and efficient healthcare delivery. Child and adolescent health needs are included in this report and highlighted in the Intermountain Primary Children's Hospital CHNA summary. Primary Children's is Intermountain's pediatric specialty and referral hospital located in Utah that serves more than 1 million children living in a 400,000-square-mile service area. On April 1, 2022, SCL Health and Intermountain Healthcare merged into one organization, expanding our reach to communities in six states.

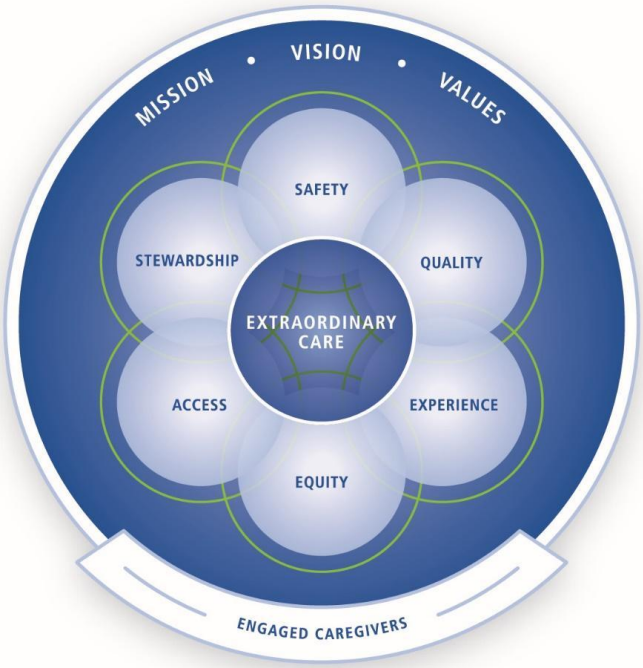
The 2022 CHNA report informs Intermountain leadership, public health partners, and community stakeholders of the significant health needs in our communities. This intelligence allows hospitals and their local partners to develop strategies that leverage Intermountain and community resources to address those needs throughout the Intermountain system.

The Patient Protection and Affordable Care Act (ACA) requires each nonprofit hospital to conduct a CHNA every three years and to develop an implementation plan to address, measure, and report the impact of significant health priorities. This report fulfills a vital component of that requirement by documenting the collection of reliable information through a community health needs assessment that allows the organization to develop meaningful implementation strategies. These priorities have been reviewed and approved by the Intermountain Board of Trustees, who has final responsibility for Intermountain's actions and is thus the authorized body for each of its hospitals.

DEFINING THE COMMUNITY

Intermountain Healthcare

Intermountain Healthcare is a team of nearly 60,000 caregivers who serve the healthcare needs of people across the Intermountain West, primarily in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas. We are an integrated, nonprofit health system based in Salt Lake City, with clinics, a medical group, affiliate networks, hospitals, homecare, telehealth, health insurance plans, and other services, along with wholly owned subsidiaries including SelectHealth, Saltzer Health, Castell, Tellica, and Classic Air Medical.



Mission

Helping people live the healthiest lives possible®

Vision

Be a model health system by providing extraordinary care and superior service at an affordable cost.

Values

Integrity: We are principled, honest, and ethical, and we do the right thing for those we serve.

Trust: We count on and support one another individually and as team members.

Equity: We eliminate disparities and create opportunities for caregivers, patients, members, and communities to thrive.

Excellence: We perform at the highest level, always learning and looking for ways to improve.

Accountability: We accept responsibility for our actions, attitudes, and health.

Mutual Respect: We embrace diversity and treat one another with dignity and empathy.

On April 1, 2022, SCL Health and Intermountain Healthcare merged into one organization. SCL Health and Intermountain Healthcare are already two of the nation's leaders in providing better healthcare outcomes for lower costs. SCL Health has a proven track record of efficiency across Colorado, Montana, and Kansas and excellent quality, safety, and patient satisfaction outcomes — and Intermountain Healthcare has similar success in Utah, Idaho, and Nevada. Combining their operational and clinical programs will strengthen that focus and is ongoing. Complete integration of the community health needs assessment process will occur by 2025. You can access the most recent SCL Health CHNA reports here: https://www.sclhealth.org/about/community-benefit/community-health-needs-assessment/

Intermountain Healthcare is a Utah-based, nonprofit system of 33 hospitals (includes a "virtual" hospital, which is not a licensed hospital), a Medical Group with more than 3,800 physicians and advanced practice clinicians at 385 clinics, a health plans division called SelectHealth, and other health services. Helping people live the healthiest lives possible, Intermountain is widely recognized as a leader in clinical quality improvement and efficient healthcare delivery. Child and adolescent health needs are included in this report and highlighted in the Intermountain Primary Children's Hospital CHNA summary. Primary Children's is Intermountain's pediatric specialty and referral hospital located in Utah that serves more than 1 million children living in a 400,000-square-mile service area.

As a nonprofit health system, Intermountain Healthcare is committed to making healthcare more affordable and providing quality care regardless of a patient's ability to pay. In addition, Intermountain strives to create an inclusive, non-discriminating environment that offers meaningful and equitable access to all programs, benefits, and activities.

Our mission, *helping people live the healthiest lives possible®*, is supported by a clear vision and strong values that guide us. At Intermountain Healthcare, we believe financial circumstances should not dictate whether a person has access to basic medical care. That's why we assist those in our communities who cannot pay for needed care. We also believe a comprehensive understanding of the communities we serve is essential to expanding our role as we focus even more strongly on prevention and wellness and strive to improve the health of those who live in our communities.

For this assessment, Intermountain defines its community by geography and the identities of the people it serves, including underrepresented, medically underserved, low-income, and minority populations. This report will only focus on the legacy Intermountain hospitals and other communities served by our clinics, specific to the states of Idaho, Nevada, and Utah. Intermountain worked closely with the Utah Department of Health & Human Services to overlap their definition of small areas with the communities we defined around each hospital. For our Nevada and Burley, Idaho communities, we worked closely with the local health district in each geography.

Using zip codes specific to each hospital community, based on where our patients live, Intermountain can understand the health needs of communities each hospital serves by neighborhood, county, and local health district in addition to a state-as-a-whole. In addition, each zip code and specific hospital community is aligned with public health geographic boundaries to encourage collaboration and more reliable data.

The Utah Small Areas are determined based on specific criteria, including population size, political boundaries of cities and towns, and economic similarity. The health measures that are reported by Small Areas are those with events occurring with sufficient frequency to be meaningful.

We also considered the unique demographics and identities of the communities we serve. For example, to better collaborate with and assess the needs of underrepresented and minority populations, we included communities whose preferred language is Spanish throughout our assessment. We also adopted a lifespan approach to this assessment by including, more intentionally, data indicators and health insights specific to children and seniors.

Thinking broadly about the opportunity to access healthcare in our communities, we recognize the following access points through hospitals in the Intermountain Healthcare service area:
Utah:

- Beaver Valley Hospital | Beaver
- Blue Mountain Hospital | Blanding
- Brigham City Community Hospital | Brigham City
- Cache Valley Hospital | North Logan
- Castleview Hospital | Price
- Central Valley Medical Center | Nephi
- Davis Hospital and Medical Center | Layton
- Garfield Memorial Hospital (operated by Intermountain Healthcare) | Panguitch
- Green River Medical Center | Green River
- Gunnison Valley Hospital | Gunnison
- Intermountain Alta View Hospital | Sandy
- Intermountain American Fork Hospital | American Fork
- Intermountain Bear River Valley Hospital | Tremonton
- Intermountain Cedar City Hospital | Cedar City
- Intermountain Delta Community Hospital | Delta
- Intermountain Fillmore Community Hospital | Fillmore
- Intermountain Heber Valley Hospital | Heber City
- Intermountain Layton Hospital | Layton
- Intermountain LDS Hospital | Salt Lake City
- Intermountain Logan Regional Hospital | Logan
- Intermountain McKay-Dee Hospital | Ogden
- Intermountain Medical Center | Murray
- Intermountain Orem Community Hospital | Orem
- Intermountain Park City Hospital | Park City
- Intermountain Primary Children's Hospital | Salt Lake City
- Intermountain Riverton Hospital | Riverton
- Intermountain Sanpete Valley Hospital | Mt. Pleasant
- Intermountain Sevier Valley Hospital | Richfield
- Intermountain Spanish Fork Hospital | Spanish Fork
- Intermountain St. George Regional Hospital | St. George
- Intermountain TOSH – The Orthopedic Specialty Hospital | Murray
- Intermountain Utah Valley Regional Hospital | Provo
- Jordan Valley Medical Centers | West Jordan
- Kane County Hospital | Kanab
- Lakeview Hospital | Bountiful
- Lone Peak Hospital | Draper
- Milford Valley Memorial Hospital | Milford
- Moab Regional Hospital | Moab
- Mountain Point Medical Center | Lehi
- Mountain View Hospital | Payson
- Ogden Regional Medical Center | Washington Terrace
- Salt Lake Regional Medical Center | Salt Lake City
- Shriners Hospital for Children | Salt Lake City
- St. Mark's Hospital | Salt Lake City
- Timpanogos Regional Hospital | Orem
- University of Utah Hospital | Salt Lake City
- Veterans Administration Salt Lake City Healthcare System | Salt Lake City

Idaho:

- Minidoka Memorial Hospital | Rupert
- St Luke's Magic Valley Medical Center | Twin Falls

Nevada:

- Centennial Hills Hospital Medical Center | Las Vegas
- Desert Springs Hospital Medical Center | Las Vegas
- Desert View Hospital | Pahrump
- Dignity Health Urgent Care | Henderson
- Henderson Hospital | Henderson
- Horizon Specialty Hospital | Las Vegas
- Kindred Hospital Las Vegas Flamingo | Las Vegas
- Mesa View Regional Hospital | Mesquite
- Mountain View Hospital | Las Vegas
- Southern Hills Hospital & Medical Center | Las Vegas
- Spring Valley Hospital Medical Center | Las Vegas
- St. Rose Dominican Hospital – Blue Diamond | Las Vegas
- St. Rose Dominican Hospital – North Las Vegas | Las Vegas
- St. Rose Dominican Hospitals – Rose de Lima Campus | Henderson
- St. Rose Dominican Hospital – Sahara Campus | Las Vegas
- St. Rose Dominican Hospital – San Martin Campus | Las Vegas
- St. Rose Dominican Hospital – Siena Campus | Henderson
- St. Rose Dominican Hospital – West Flamingo | Las Vegas
- Summerlin Hospital Medical Center | Las Vegas
- Sunrise Children's Hospital | Las Vegas
- Sunrise Hospital & Medical Center | Las Vegas
- Valley Hospital Medical Center | Las Vegas

Safety Net Clinics and Federally Qualified Health Centers (FQHC) providing healthcare services to underrepresented and medically underserved populations, including but not limited to uninsured, low-income, and people experiencing homelessness within the Intermountain Healthcare service area:

- Bear Lake – Cache Valley Community Health Center, Logan
- Bear Lake Community Health Center, Garden City
- Bear River Community Health Center
- Bear River Health Clinic
- Box Elder Community Health Center
- Brigham City Community Health Center
- Cache Valley Community Health Center
- Clinica Medica Familiar
- Doctors' Volunteer Clinic
- Family Health Services
    - Burley Medical Clinic
    - Kimberly Medical Clinic
    - Rupert Medical Clinic
- Family Healthcare
    - Cedar City
    - Cedar City East
    - Millcreek High School Clinic

    - Hurricane Middle School Clinic
    - St. George
- Fourth Street Clinic (Wasatch Homeless Clinic)
- Health Clinics of Utah
    - Ogden
    - Provo
    - Salt Lake
- Hope Clinic
    - Midvale
    - Ogden
- Intermountain
    - Lincoln Elementary Clinic
    - Neighborhood Clinic
    - North Temple Clinic
    - Rose Park Clinic
- Kanosh Community Health Center
- Koosharem Community Health Center
- Maliheh Free Clinic
- Magna Exodus Clinic
- Midtown Community Health Centers
    - Children's Clinic, Washington Terrace
    - Davis County Medical Clinic Clearfield
    - Davis Medical Clinic Farmington
    - Hope Community Health Center
    - James Madison Elementary School-Based Health Center
    - Ogden 2240 Adams Ave
    - South Salt Lake Clinic, Weber Medical and Dental Clinic
    - Weber Wellness Clinic
- Moab Free Health Clinic
- Mountainlands Family Health Center
    - Provo
    - East Bay (Homeless Clinic)
    - Payson
    - Wasatch
- North West Community Health Center
- Odyssey House Martindale Clinic
- Oquirrh View Health Center
- People's Health Clinic
- Planned Parenthood Association Clinics
    - Ogden
    - Orem
    - Logan
    - Salt Lake City
    - Salt Lake City- Metro
    - South Jordan
    - West Valley
- SLC Community Health Centers, Inc.

72nd Street Clinic
Central City Clinic
Neighborhood Clinic
Oquirrh View Clinic
Stephen Radcliffe
Ellis R. Shipp Clinic

- Stephen D. Ratcliffe Health Center, SLC
- South Main Clinic, SLC
- Urban Indian Center of Salt Lake
- Utah Partners for Health Clinics
  - Mid-valley Clinic, Midvale
  - Mobile Clinic
- Veterans Affairs Clinics
  - Ogden VA Clinic
  - George E. Wahlen Department of Veterans Affairs Medical Center
  - Western Salt Lake VA Clinic
  - Salt Lake Mobile Vet Center
  - Orem VA Clinic
  - Provo Vet Center
  - Price VA Clinic
  - Moab VA Clinic
  - St. George Mobile Vet Center
- Volunteer Care Clinic

Intermountain Community and School Clinics for Uninsured/Low-income People:

- North Temple Clinic
- Pamela Atkinson Lincoln Elementary School Clinic
- Rose Park Elementary School Clinic

A quick snapshot of the community we serve:

U.S. Census Quick Facts 2021[1]	Utah	Idaho	Nevada	U.S.
Population (2021)	3,337,975	1,900,923	3,143,991	331,893,745
Population per square mile (2020)	39.7	22.3	28.3	93.8
Land area in square miles (2020)	82,376.85	82,645.14	109,860.46	3,533,038.28
Persons Under 18	28.4%	24.7%	22.2%	22.2%
Persons 65 years and over	11.7%	16.6%	16.5%	16.8%

[1] United States Census, 2021 Quick Facts, https://www.census.gov/quickfacts/fact/table/NV,ID,UT,US/PST045221

Language other than English spoken at home, percent of persons age 5 and older	15.3%	10.8%	30.2%	21.5%
High school graduate or higher (age 25 years+)	93.0%	91.3%	86.9%	88.5%
Bachelor's degree or higher (age 25+)	34.7%	28.7%	25.5%	32.9%
Persons in poverty	8.6%	11.0%	14.1%	11.6%
Persons without health insurance, under 65 years	10.1%	10.5%	13.7%	9.8%
Race and Hispanic origin:				
White, not Hispanic or Latino	77.2%	81.1%	46.6%	59.3%
Hispanic or Latino	14.8%	13.3%	29.9%	18.9%
Black or African American	1.5%	0.9%	10.6%	13.6%
American Indian and Alaska Native	1.6%	1.7%	1.7%	1.3%
Asian	2.7%	1.6%	9.1%	6.1%
Native Hawaiian and Other Pacific Islander	1.1%	0.2%	0.9%	0.3%

As this CHNA was a collaborative effort between Intermountain and local health departments across the state, the data above gives statewide perspective. The table below shows a more detailed description of the constituents we serve within the Bear River Health Jurisdiction of Box Elder, Cache and Rich Counties.

Bear River Health District	Cache	Box Elder	Rich
Population	130,004	57,007	2,452
Population under 18	29.7%	30.9%	28.8%
Population over 65	9.9%	12.9%	19.5%
White	92.8%	94.9%	97.1%
Hispanic/Latino	11.2%	9.8%	6.5%
Black or African American	1.1%	0.6%	0.4%
American Indian/Alaska Native	1.1%	1.2%	0.8%
Asian	2.3%	0.9%	0.3%
Hawaiian/Pacific Islander	0.6%	0.3%	0.1%
High school graduates	93.5%	92.9%	95.7%
Persons without insurance under 65	9.6%	13.7%	9.8%
Median household income	$60,530	$63,575	$63,917
Persons in poverty	9.2%	6.8%	8.4%

Number of Speakers (5+) who speak English only	102,975 (88.99%)	46,895 (92.66%)	2050 (90.31%)
Number of Speakers (5+) Spanish	8,395 (7.25%)	2,680 (5.3%)	215 (9.47%)
Number of Speakers (5+) Chinese (inc.Mandarin, Cantonese)	590 (0.51%)	130 (0.26%)	X
Number of Speakers (5+) German	185 (0.16%)	235 (0.46%)	X

Community Health Needs Assessment Background

The Patient Protection and Affordable Care Act (ACA) requires all nonprofit hospitals to complete a community health needs assessment (CHNA) every three years. Understanding the needs of our community is core to Intermountain Healthcare's mission and vision. Our community health needs assessment (CHNA) and community health implementation strategy (CHIS) guide the strategic focus of our work. We work collaboratively with other organizations to understand the needs, disparities, and strengths within each community we serve.

Since 2009, Intermountain Healthcare has engaged in a system-wide process to support each hospital in the identification of local community health needs and better understand how to *help people live the healthiest lives possible®*. This community intelligence is comprised of:

- Thoughtfully defining the communities and people we serve to ensure equity and engagement
- Using evidence-based and scientifically valid frameworks and methods
- Soliciting community input regarding local health needs
- Collecting quantitative data on health outcomes and health-related indicators
- Prioritizing data to identify significant needs
- Identify resources potentially available to address significant needs
- Making the CHNA results publicly available
- Developing an implementation strategy to address the significant priority
- Making the implementation plan publicly available
- Report progress on the IRS Form 990 Schedule H

Since our 2019 publication, we have increased our efforts to work closely with internal and external partners to ensure equity is foundational and driving each of these steps, and that the process is designed to collaborate with and support underrepresented, medically underserved, low-income, and minority populations. Working closely with partners from the Office of Health Equity at the Utah Department of Health & Human Services, we prioritized the inclusion of the structural and social determinants of health as we designed the methodology and collected insights for this CHNA.

In the prior CHNA published in 2019, Intermountain strengthened its collaboration with public health, nonprofit, and government in Utah and southeastern Idaho communities. From data review and consultation with Intermountain, we identified these health priorities:

Intermountain continues to lead and seek collaborations to complete this work. The Utah CHNA Collaboration continues to function as a lead consulting and guiding agency and includes the Utah Department of Health & Human Services, local health districts, hospitals (including but not limited to Intermountain hospitals), and other stakeholders across the state of Utah. This collaboration, first created in 2018, aims to successfully design and implement a needs assessment that meets each organization's objectives. The purpose of this collaboration is to reduce redundancy, better engage community stakeholders, and bring alignment to the assessment and implementation planning processes that will ultimately improve the health of our communities.

2022 CHNA Process Planning, Governance, and Collaboration

Our Intermountain mission of *helping people live the healthiest lives possible®* is best realized with a comprehensive understanding of the health needs of the community served by its hospitals, clinics, and health plans. Intermountain is committed to routinely assessing the community's health needs through a comprehensive assessment process that both engages members of the community and analyzes the most current health status information. Intermountain uses the assessment to inform its system-wide and local strategies to improve community health.

Since 2017, Intermountain's operational leaders monitor a Community Health Index aimed to help leaders understand public health outcomes more broadly. The selection of this metric was based on the following criteria:

- National benchmark capabilities, but also reported at a state level
- Longitudinal data available for trend analysis
- Metrics aligned with CHNA
- Utilized by community partners
- Inclusion of health-related drivers, such as the social determinants of health

America's Health Rankings® (AHR) from the United Health Foundation continues to be the source of this Community Health Index. Their yearly publication, the Annual Report, is the longest-running annual assessment of the nation's health on a state-by-state basis. This report aligns with the World Health Organization's definition of health and analyzes a comprehensive set of behaviors, public health and healthcare policies, community and environmental conditions, and clinical care data to provide a holistic view of the health of the people in the nation.[2]

> World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Utah: ranked 7th decline from our last publication where we ranked 5th

Idaho: ranked 17th decline from 16th

Nevada: ranked 40th decline from 36th

[22] American's Health Rankings. https://www.americashealthrankings.org/about/methodology/introduction

While this metric allows us to quickly understand health in the communities we serve, it has some limitations in the scope of indicators included and its lack of community input. While we consider AHR to be the foundation of health indicators for Intermountain's 2022 CHNA process, the CHNA allows us to better understand local needs and disparities in addition to including important indicators that are relevant to the communities themselves.

The 2022 CHNA process was designed by Intermountain and performed in collaboration with the Utah CHNA Collaboration. Representatives from our Strategic Research team currently co-chair this collaboration with the Utah Department of Health & Human Services. This Collaboration is structured as a working coalition composed of representatives from all participating agencies. The common strategies of the Utah CHNA Collaboration include: (1) initiate relationships with important stakeholders; (2) create a community advisory panel and accountability structure complementary to internal leadership, guidance, and oversight; (3) organize and convene co-hosted community input meetings; (4) define shared health indicators for data collection and help improve the state query database; (5) prioritize health needs based on data; (6) integrate this collaboration of the community health needs assessment into implementation strategies that become the state- and system-wide goals and hospital-based clinical programs. Current organizational membership of the Utah CHNA Collaboration includes:

- Bear River Health Department
- Beaver Valley and Milford Hospitals
- Blue Mountain Hospital
- Central Utah Public Health Department
- Comagine Health
- Davis Behavioral Health
- Davis County Health Department

- Get Healthy Utah
- Huntsman Cancer Institute
- Intermountain Healthcare
- Kem C. Gardner Policy Institute
- Mountainstar Healthcare
- Salt Lake County Health Department
- San Juan Health Department
- Shriner's Hospital for Children
- Southeast Health Department
- Southwest Health Department
- Summit County Health Department
- TriCounty Health Department
- Uintah Basin Healthcare
- University of Utah Kem C. Gardner Policy Institute
- University of Utah Health
- Utah County Health Department
- Utah Department of Health & Human Services
- Utah Health Information Network
- Utah Hospital Association
- Wasatch County Health Department
- Weber Human Services
- Weber-Morgan Health Department

In Utah, this Collaboration is directed by a Community Health Advisory Panel, which has a formal charter that provides guidance regarding the purpose and work of the Collaboration. The Community Health Advisory Panel is comprised of local health officers, local mental health authorities and leaders in the state of Utah. While this formal charter provides some guidance, the Utah CHNA Collaboration follows

an equal participation process for decision-making and implementation. The Community Health Advisory Panel was originally convened in 2015 to provide public health expertise and community guidance to Intermountain in its CHNA and to formalize collaborations with the local health departments where Intermountain facilities are located. The success of the collaborative CHNA with local and state health departments has resulted in the panel members committing to expand the membership to share information, leverage resources, and measure and evaluate community health implementation strategies together for the benefit of people throughout our service areas. Membership on the Community Health Advisory Panel includes:

- Executive directors from all local health departments in Utah
- Leadership from the Association for Utah Community Health (Federally Qualified Health Centers)
- Leadership from Utah's public behavioral health system, Davis Behavioral Health, Southwest Behavioral Health Center, Utah Division of Substance Abuse and Mental Health, Wasatch Mental Health, and Weber Human Services
- Leadership from the Utah Hospital Association
- Representatives of Intermountain Community Health Team, Strategic Research Department, and Medical Group Clinics

In addition to these collaborations, the Intermountain Community Health Leadership Team and Executive Leadership Team provide further oversight to create alignment with internal strategies, manage resources, and support communication internally.

In Nevada and Burley, Idaho, we work closely with the local public health leaders and hope to establish similar collaborations in the future.

Final approval of the significant health priorities and CHNA report is given by the Intermountain governing Board of Trustees. The Affordable Care Act (ACA) requires the CHNA and Implementation Plans to be approved and adopted by "an authorized body of the hospital facility." An "authorized body of the hospital facility" means (i) The governing body (that is, the board of directors, board of trustees, or equivalent controlling body) of the hospital organization that operates the hospital facility." Intermountain Healthcare is governed by a Board of Trustees, which sets policy, creates goals, approves operating budgets, evaluates management's performance, and ensures Intermountain operates in the best interest of the community. While each hospital has a local governing board that was engaged in the CHNA process, they do not approve or manage the operations of the hospitals. The Intermountain Board of Trustees has final responsibility for Intermountain's actions and is thus the authorized body for each of its hospitals. Priorities were reviewed and approved by the Intermountain Board of Trustees on Wednesday, November 30, 2022.

2022 CHNA Methodology

Evaluation of 2019 CHNA

Intermountain's Strategic Research team was asked to gather feedback from internal and external stakeholders to understand how the CHNA process could be improved. This feedback was gathered through several focus groups and semi-structured interviews with both internal and external individuals who are part of the CHNA governing process. The primary recommendations from these evaluative conversations included:

- Thoughtfully re-engage the Utah CHNA Collaboration as we prioritize this work during the COVID-19 pandemic
- Gather more lived experiences related to community member's health needs and experiences, in addition to input from stakeholder meetings
- Assess the CHNA process in the context of emerging equity initiatives and frameworks

The general public was also encouraged to make comments through Intermountain's website after the publication of the 2019 reports. No comments were made.

Gather input from key stakeholders

Through coordination with the Utah CHNA Collaboration, Intermountain Healthcare, the Utah Department of Health & Human Services, and the local health district co-hosted the community input meetings. Invitees included representatives of the following groups:

- Association of Utah Community Health (Utah's primary care association)
- Comagine Health
- Community-based mental health providers
- Community libraries
- Federally Qualified Health Centers (FQHCs) in Utah and Southeast Idaho
- Idaho Department of Health and Welfare
- Idaho South Central Public Health District V
- Local colleges and universities
- Local mental health and substance abuse authorities

- Local law enforcement
- Local mayors and other elected officials
- Local non-profit organizations
- Resource and case management programs for uninsured, low-income residents
- Safety net clinics
- School districts
- Senior centers
- Utah Department of Health & Human Services
- Utah Local Health Departments
- Utah Division of Substance Abuse and Mental Health
- Utah Substance Abuse Advisory Council

Invited participants, representing a broad range of interests, were invited to attend a community input meeting to share their perspectives on the health needs in their community. Staff from Intermountain or the Utah Department of Health & Human Services facilitated the meeting. Meetings were held either virtually or in-person, depending on the preferences of collaborative leaders and the risk of COVID-19 infection in the community at the time the meeting was scheduled. These community conversations took place between February – May 2022. The meeting was manually and digitally recorded and transcribed.

Prior to the meeting, community participants were asked to rank the health issues they felt were the most significant [survey questions available in Appendix D]. The primary data results of the pre-survey were used to guide the conversation. Specific questions used to facilitate the conversation included:

1. What are the most significant health issues in your community?
2. Thinking about the individuals who you serve through your organization, do you think they would also consider mental health the top health issues for our community?
3. Do you think your community is motivated to remove barriers and prevent and/or treat mental health?
4. Do you think the community has what it needs (assets, resources, leader buy-in, etc.) to prevent and/or treat mental health?
5. What other significant health issues are on your mind that that could benefit from collective attention?
6. What are the greatest strengths in your community?
7. Where are there opportunities?
8. What other root causes, or social determinants, do we need to be thinking about?
9. As you start to think about opportunities for improving the quality of lives for the people you serve, at what level do you think there is the most opportunity for impact?
10. Thinking about your organization, which level are you most confident in your ability to design and implement health improvement programs and strategies?
11. How can we begin to work together to address these top health issues?
12. Who do we also need to engage to be effective in this work?
13. What additional programs, resources, interventions would solve, prevent, and/or treat these top health issues?

Transcripts of each meeting were reviewed for a primary, qualitative, thematic analysis. Themes were analyzed by frequency (the number of times a topic is mentioned) and severity (weighted by notetakers

as key comments that resulted in an empathetic response during the meeting) using Dedoose, a collaborative web-based tool designed for qualitative analysis.
Input meetings took place in the following locations and included participants from the surrounding communities of each location:

- Burley, ID (live, April 4, 2022)
- Delta, UT, with representation from Fillmore (virtual, April 18, 2022)
- Farmington, UT (virtual, September 28, 2021)
- Heber, UT (live, April 11, 2022)
- Logan, UT (virtual, February 15, 2022)
- Ephraim, UT (with representatives from Mt. Pleasant) (live, April 21, 2022)
- Murray (with representative from West Valley City), UT (virtual, March 22, 2022)
- Nephi, UT, with representation from Fillmore (live, April 21, 2022)
- Ogden, UT (virtual, March 3, 2022)
- Panguitch, UT (live, May 3, 2022)
- Park City, UT (virtual, March 15, 2022)
- Provo, UT (with representatives from American Fork, Orem, & Spanish Fork) (virtual, February 28, 2022)
- Richfield, UT (live, April 18, 2022)
- Riverton, UT (virtual, March 17, 2022)
- Salt Lake City, UT (virtual, March 15, 2022)
- Sandy, UT (virtual, March 17, 2022)
- St. George, UT (virtual, March 24, 2022)
- Tremonton, UT (virtual, February 22, 2022)

Three additional community input meeting were held virtually. One with Primary Children's Hospital Youth Advisory Committee on March 3, 2022, to gather the youth perspective on their needs and those of their peers. A second was held with Primary Children's Hospital community partners on March 11, 2022 to discuss the health needs specific to children and adolescents in the state of Utah. Another was held with leaders and community members who are Spanish-preferred an serve the Hispanic and Latinx communities in Utah. This meeting was conducted entirely in Spanish on April 1, 2022.

As part of the Utah CHNA Collaboration, Intermountain also helped facilitate input meetings in Blanding, Dutch John, Roosevelt, and Vernal, Utah in April 2022. Although these communities are not directly within the organization's service areas, understanding the health needs throughout the entire state allows Intermountain to better collaborate with key partners and understand the resources available to address health needs and disparities.

An online survey, available in both English and Spanish, was sent to people who could not attend the community input meeting to encourage more representative feedback and engage all who were invited. Not all the people who received the invitation or follow-up survey responded to the request. Results from those who did participate are included in the results section of this report.

Written comments from the 2019 CHNA and implementation plans were also reviewed for key themes and suggestions regarding significant health priorities. No comments were made.

Gather perceptions of general public
Under the guidance of the Utah CHNA Collaboration, best practices and recommendations for methods to capture the general public's perceptions were reviewed and discussed. The primary objective of a general public survey is to capture lived experiences from a broader representation of individuals in

addition to the community input meetings. Many organizations within the CHNA Collaboration had tried different methodologies (door-to-door surveys, social media polls, focus groups, etc.), but with varying success in representation and inclusion of community voices. In addition, all previously attempted methodologies had limitations when considering how to implement on a state level and recruit a representative group of participants, including underrepresented, medically underserved, low-income, and minority populations.

A final recommendation was made to add a qualitative, open-ended question to the Behavioral Risk Factor Surveillance System survey. The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's leading system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and the use of preventive services[3]. BRFSS has a robust and validated methodology to capture representation across geography, race, ethnicity, income, sexual orientation, and other important demographics.

The open-ended question, "What would you say are the top three physical and mental health concerns facing you, your family, and/or your community right now" was implemented in January 2019 after pilot testing. Data from this question was collected for one calendar year. The questions were placed at the end of the interview script.

Though the results from the data are limited due to the impactful reality of the COVID-19 pandemic and therefore results should be interpreted with caution. However, we believe the continued collaboration to include lived experiences and perceptions of the community at-large is an important part to the CHNA.

In an effort to better understand the needs and experiences of youth in our communities, Intermountain partnered with Salt Lake County Health Department on their Teen Health Film Festival.[4] Students in grades 7–12 in Utah were invited to participate by creating a 30–60-second original short film discussing how they or their peers have shown resilience in the following topics: Mental Health, Physical Health or Social Health. Videos were coded by Intermountain Healthcare Strategic Research and findings were reviewed with the Salt Lake County Health Department.

Review Health Indicators

The selection of reliable, meaningful health indicators was an important part of the 2022 CHNA. First, Intermountain created an inventory of health indicators used in the 2019 assessment and compared those indicators with published needs assessments and/or annual reports from the Utah Department of Health & Human Services and local health departments. Second, an extensive literature review of national reporting metrics, including AHR, and particularly those that allow for a better understanding of the social determinants of health and equity, also contributed indicators to the inventory. Third, members of the Utah CHNA Collaboration interviewed epidemiologists at the Utah Department of Health & Human Services and local health departments to identify additional indicators important to their own needs assessments and specific measures that have good reliability and availability.

Intermountain collaborated with the Utah Department of Health & Human Services Division of Data, Systems, and Evaluation to assemble available data on health indicators for the community Intermountain, and each hospital serves. The Utah Department of Health & Human Services Division of Data, Systems, and Evaluation has a web-based resource to support community health needs assessments and other data needs in the community called the Public Health Indicator Based

[33] https://www.cdc.gov/brfss/index.html

[4]4 Salt Lake County Health Department: Teen Health Film Festival https://slco.org/health/teens/teen-film-fest/

Information System (IBIS). IBIS includes a large selection of community health indicators that allow users to understand health outcomes at a national, state, local health district, and neighborhood level. This website allows users to view, map, and analyze these indicators as well as understand racial/ethnic, age, sex, and other disparities. Analysts aggregated two or three years of data for each indicator to achieve a large enough sample size to create a reliable estimate for each health indicator. Appendix A contains data for many of the indicators reviewed, specifically those part of AHR, but additional analysis took place through the IBIS query system to better understand disparity and significant health needs by demographics within each indicator.

As previously mentioned, Intermountain and each specific hospital defined its service area using zip codes. These zip codes also align with the Utah Department of Health & Human Service's "Small Areas," which allows for the aggregation of publicly reported data through IBIS at a neighborhood level. Small area data is used frequently by public health and other partners to understand geographic disparities and communities with high needs. For details regarding all small areas in Utah and how each hospital community is defined, see Appendix B.

Data for Cassia Regional Hospital was not available through this methodology. As a result, Cassia Regional Hospital defined its community using zip codes that align with local public health efforts and County Health Rankings & Roadmaps. Data for our Nevada clinics also used zip codes.

Several other secondary data sources were reviewed to understand health needs, including Mental Health America, America's Health Ranking, Map the Meal Gap Hunger Study, the Autism and Developmental Disabilities Monitoring Network, and the CDC Modified Retail Food Environment Index.

Appendix C contains a list of all health indicators reviewed for the 2022 CHNA.

Prioritize

Intermountain engaged its internal and external partners in a rigorous prioritization process to identify significant health needs for Intermountain Healthcare and each of its hospital communities. Prioritization involved identifying dimensions by which to prioritize, analysis based on those dimensions, inviting key stakeholders to evaluate health issues based on those dimensions, and finally, calculating scores to identify the significant health needs.

Intermountain identified dimensions for prioritization using practices established by public health professionals.[5, 6, 7, 8, 9] The dimensions reflect community health needs assessment best practices, ACA requirements, and Intermountain strategic goals.

Dimensions of prioritization included:

- **Affordability**: the degree to which addressing this health issue can result in more affordable healthcare

[5] Association for Community Health Improvement (2007). ACHI Community Health Assessment Toolkit. Available at http://www.assesstoolkit.org/assesstoolkit/member/Priorities/index.jsp

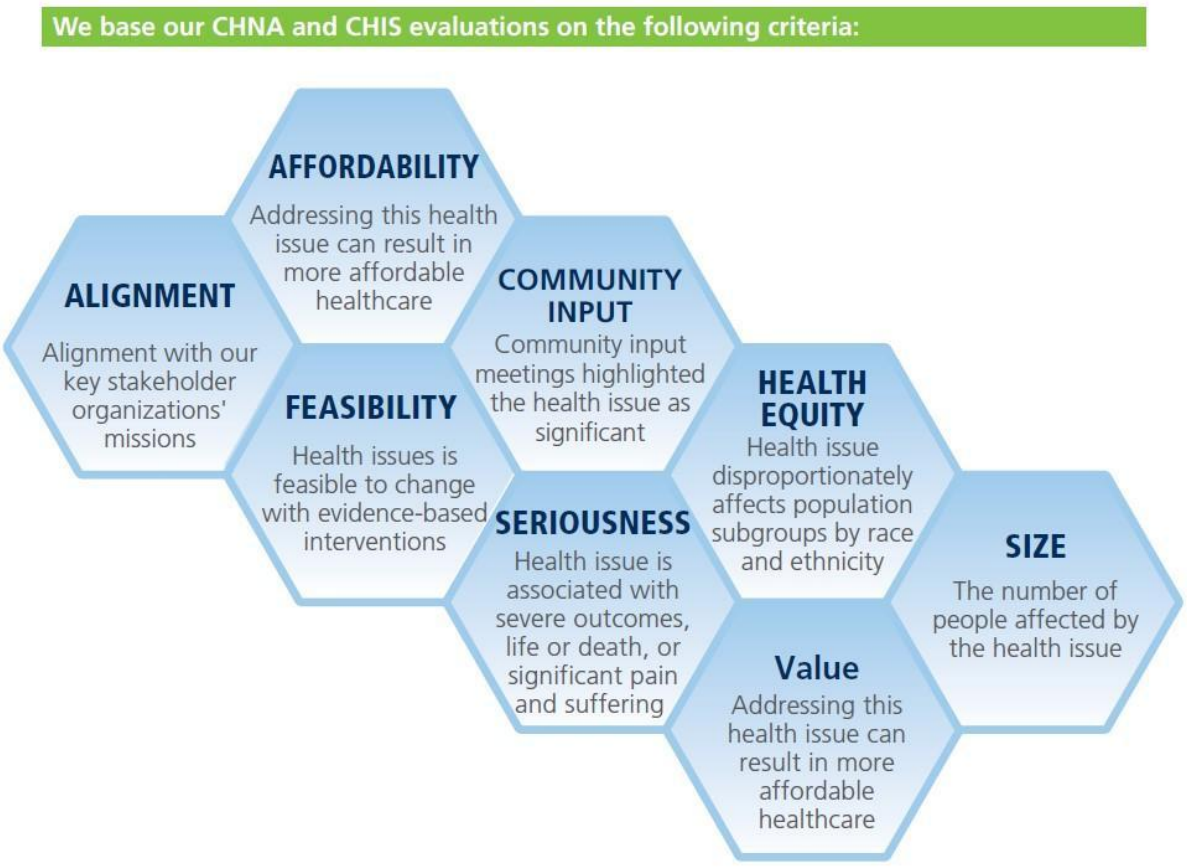
[6] Centers for Disease Control and Prevention. Assessment Protocol for Excellence in Public Health: Appendix E. Available at http://www.cdc.gov/nphpsp/documents/prioritization-section-from-apexph-in-practice.pdf

[7] National Association of County & City Health Officials. First Things First: Prioritizing Health Problems. Available at http://archived.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf

[8] Excerpted from Nancy R. Tague's The Quality Toolbox, Second Edition, ASQ Quality Press, 2004

[9] Duttweiler, M. 2007. Priority Setting Tools: Selected Background and Information and Techniques.

- **Alignment**: the degree to which the health issue aligns with Intermountain Healthcare's or stakeholder organization's mission and strategic priorities
- **Community input**: the degree to which community input meetings highlighted it as a significant health issue
- **Feasibility**: the degree to which the health issue is feasible to change, taking into account resources, evidence-based interventions, and existing groups working on it
- **Health equity**: the degree to which the health issue disproportionately affects population subgroups by race/ethnicity
- **Seriousness**: the degree to which the health issue is associated with severe outcomes such as mortality and morbidity, severe disability, or significant pain and suffering
- **Size**: the number of people affected by the health issue
- **Value**: the degree to which we have opportunity to positively impact and improve the quality of lives for people we serve



Each dimension was weighted equally. The dimensions of Affordability, Community Input, Health Equity, and Size were calculated using the Hanlon Method, a validated objective method for reviewing and prioritizing baseline data[7]. Following the Hanlon methods guidelines, analysts assigned ratings for each health indicator databased on the following criteria:

- **Affordability**: reduction of costs associated with addressing the health issue being small (1), moderate (2), or large (3), provided by Intermountain's Population Health Analytics team and validated using the Centers for Disease Control and Prevention.[10]
- **Community input**: not mentioned by the community as an issue (1); mentioned, but not a common theme (2); common theme mentioned by several community members (3).
- **Health equity**: calculated by aggregating health indicators by age (65+), race, ethnicity, gender, education and income to identify potential health disparities. 1 = no disparity, 2 = disparity in two of the aggregates, 3 = disparity in three of more of the aggregates.
- **Size**: prevalence: 1 = 0 – 9%; 2 = 10 – 24%; 3 = ≥ 25%; incidence: 1 = 0-49 per 100k; 2 = 50-99 per 100k; 3 = 100+ per 100k. Scales reflect national metrics.

Key stakeholders were then asked to participate in a multi-voting technique to consider the dimensions of Alignment, Feasibility, Seriousness, and Value. Intermountain identified several groups throughout the organization to participate in this part of the prioritization process. After a presentation of the CHNA results and health needs identified through the Hanlon prioritization analysis, participants received an online survey to confidentially vote for the health priorities based on the previously mentioned dimensions. Participants included internal leaders, Intermountain Community Relations Committee Board members, and advisory panels.

Comprehensive prioritization results were reviewed by Intermountain's Executive Leadership Team and Regional Executive Teams, who approved the final significant health needs for the system. Priorities were reviewed and approved by the Intermountain Board of Trustees on Wednesday, November 30, 2022.

Significant Community Health Need:
Intermountain Healthcare reviewed the final calculation of priority scores based on ratings across the eight dimensions and identified the significant health needs for all hospital and clinic communities as:

Improve Mental Well-Being, Improve Chronic & Avoidable Health Outcomes, and Address & Invest in the Social Determinants of Health

[10] Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/about/costs/index.htm

Improve Mental Well-Being

Improve Chronic and Avoidable Health Outcomes

Address and Invest in Social Determinants of Health

CHNA Results

Most of the results included in this report will focus on findings for our hospital communities in Utah and Idaho. Additional details regarding southern Nevada are available in supplemental reports.

Thematic Results of Community Input Meetings

Understanding both the community input and quantitative data from health indicators is essential to prioritizing health needs and creating meaningful implementation plans. The following summary reflects the overall themes from all community input meetings and includes the perspective of underrepresented, medically underserved, low-income, and minority populations and the organizations that advocate for them.

Participants in the stakeholder discussion group identified the following issues as key health needs in their community:

- Mental health affecting children and adults:
    - Isolation as a result of COVID-19 changes and stress;
    - Suicide remarked as a prominent concern;
    - Stigma in some communities;
    - Financial pressures;
    - Lack of coping skills being taught;
    - Lack of providers, difficult to recruit new caregivers;
    - Considered a top priority for most community leaders; and
    - General lack of resources and assets to remove barriers.

- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:
    - Obesity and diabetes;
    - Lack of preventative health emphasis; and
    - Cost and access of health care.

- Substance use and Misuse:
    - Tied into mental health, self-medicating;
    - Lack of detox and treatment facilities in rural communities; and
    - Homelessness.

- Other community concerns include:
    - Inflation;
    - Cost of housing;
    - Lack of Spanish speaking providers;
    - Domestic violence and Adverse Childhood Experiences;
    - Intergenerational poverty; and
    - Nutrition and hunger.

- Most noted Community Strengths include:
    - Education;
    - Access to outdoor recreation; and

    - Strong social connections and family life.
- Most noted Community Opportunities
    - Affordable, safe quality housing;
    - Low crime, safe neighborhoods;
    - Celebration of Diversity;
    - Transportation;
    - Childcare/after school programs;
    - Access to high speed internet in rural communities;
    - Knowledge of available resources; and
    - Intermountain involvement in policy.

Summary of themes from the community input meeting with Spanish-preferred providers:

- Mental health is an issue of significant importance to the Latinx community. However, many still consider it a taboo subject.
- For those ready to ask for help, there are two primary significant barriers:
    - access to affordable health insurance, especially for those who are undocumented
    - the lack of Spanish speaking and culturally appropriate healthcare providers
- Latinos do not feel welcomed by health providers.
- The focus group participants argued that while leaders seek ways to give everyone access to insurance and the health care system finds and trains much-needed bilingual and bicultural providers, offering comprehensive services supported by bilingual and bicultural CHWs could be the bridge Utah needs.

Summary of themes from youth voice assessments:

1. The primary themes, or health-related issues, expressed and discussed in the films include:
    - Unhealthy nutrition or access to healthy foods
    - Social connections and friends
    - Physical health and exercise
    - Anxiety and Depression
    - School and Grades
    - Time management
2. Many of the videos blurred the line between mental health and social connections. Friendships and reaching out to others were a good solution; but with 19 of the 39 videos mentioning mental health concerns, not one mentioned reaching out for professional help.
3. In relation to physical health, most films focused on bodily health and image. While the youth demonstrated an understanding of nutrition and maintaining a balance in their diet many of the videos referencing weight and obesity focused on avoiding food. There was some inclusion regarding the importance of exercise.
4. Most of the youth in the videos had phones, computers, ear buds, etc. visible. The importance and presence of technology was obvious in the films. While some used this in their videos as a means for positive intervention, but most expressed the extra stress and anxiety technology and social media brought to their life.

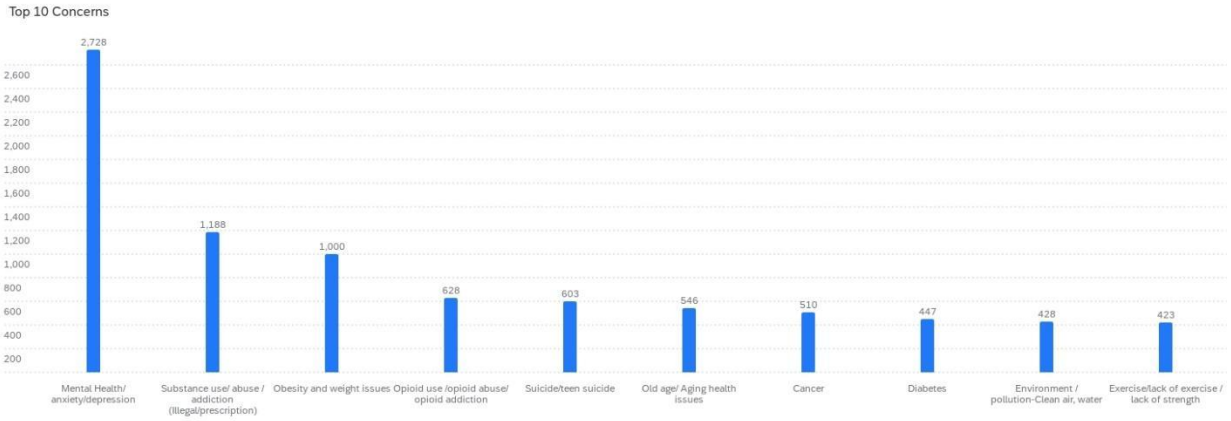
Notable quotes

- *"Well again, we said rent, if that's the choice, it takes away from every other bucket and even a mortgage…You don't do preventative visits, even $50 co-pay to go to the doctor. You're like 'Ah, it's just a mole.' Three years later, 'Ah, if I'd only.' So it's just making those choices and feeling like, 'well I need to feed my kids. I need to pay the childcare bill and I'm not going to do maybe a preventative visit or get that counseling service I know I need, but I have to pay a little bit out of pocket every single time and that adds up.'"*
- *"I feel like mental health is still a big issue. [The pandemic] put people in a really vulnerable place. What to do, a lot of people, how to feed their families, things shut down…and if you don't have a church group or a close family, then you get into the suicide part because they don't see a way out. And so, I think in what I've seen, mental health still exists because people have a hard time getting out of that long time period."*
- *"[Thinking about the mental health crisis] We have been undergoing a serious staff shorting crisis. We can't hire therapists. We can't get the workforce into our area…Where we are right now is we are still trying to see everybody that walks through the door, but we could definitely hire 50% more therapists than what we have right now. It's an issue. It's a scary thing."*
- "*What I see is that within pediatrics in particular, having an empty stomach, if you're hungry, it's hard to focus on education. When we look at education, there's a very clear and direct correlation and probably causation of education and health care outcomes, then one of the levers we can pull is strong education. And if we want strong education, one of the levers we can pull is to ensure that kids are getting an education and are able to focus on their education instead of where they're going to get their next meal."*

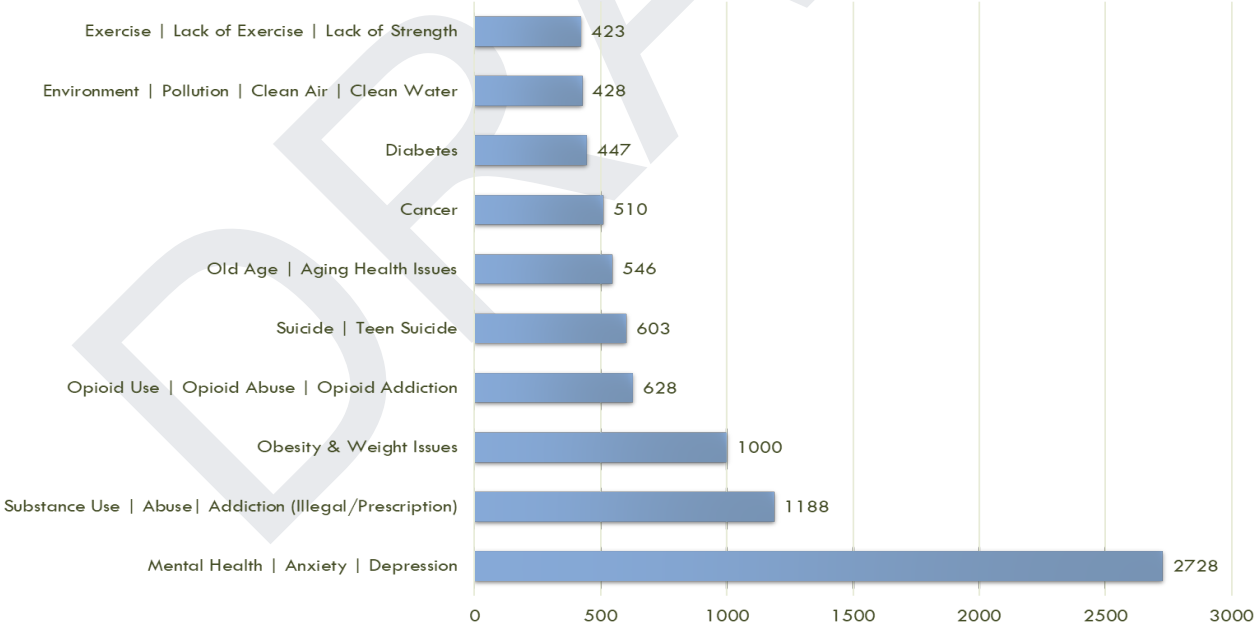
Results of General Public Survey

The primary objective of the general public survey, administered for one year in 2019 through BRFSS, was to capture a broader representation of individual perceptions in addition to the community input meetings. Results were analyzed by Qualtrics Text iQ.

Results of this survey showed that general public perceptions and stakeholder perceptions are well aligned, with mental health being a key priority. We also learned that "health" is not a top-of-mind concept, with more than a third of respondents answering they "don't know" or are "unsure" to the question.



Top 10 Concerns	**Count**
Mental Health/ anxiety/depression	2728
Substance use/ abuse / addiction (Illegal/prescription)	1188
Obesity and weight issues	1000
Opioid use /opioid abuse/ opioid addiction	628
Suicide/teen suicide	603
Old age/ Aging health issues	546
Cancer	510
Diabetes	447
Environment / pollution-Clean air, water	428
Exercise/lack of exercise / lack of strength	423



Given that this CHNA was a collaborative process with Intermountain, data specific to our local jurisdiction has been added for additional consideration. The table below outlines the leading health causes of death as identified by secondary data from vital statistics.

Bear River Health District Top 10 Leading Causes of Death (2018-2020)

Cause of Death	Age-Adjusted Rate per 100,000
Disease of the Heart	160.14
Malignant Neoplasm (Cancer)	117.26
Alzheimer's disease	48.97
Unintentional Injuries	46.06
Cerebrovascular diseases	33.48
Diabetes Melitus	26.50
Chronic Lower Respiratory Disease	23.09
Intentional Self-Harm (Suicide)	21.18
COVID-19	13.61
Nephritis, Nephrotic Syndrome and Nephrosis	11.5

- Box Elder has a statistically significant higher mortality rate than Cache County and the State for unintentional injuries deaths. 60.43 per 100,000 (48.67-74.17)
- Box Elder has a statistically significant higher mortality rate for heart diseases than the State, BRHD, and Cache County. 193.58 per 100,000 (172.57- 216.44)
- Looking at 2016-2020 as well as in 2020 alone, Alzheimer's Disease Mortality was statistically significantly higher in BRHD than State. The rate was 1.4x higher in 2020 and 1.2x from 2016-2020 or 20.8% increase from the State rate.

Given that this CHNA was a collaborative process with Intermountain, data specific to our local health department has been added for additional consideration. The table below outlines health challenges and health inequities identified by secondary data from the Utah Behavioral Risk Factor Surveillance Survey (BRFSS) for our jurisdiction.

Bear River Health District disparity data that examines what disparities exist in the community.

	American Indian or Alaska Native only, non-Hispanic	Asian only, non-Hispanic	Black or African American only, non-Hispanic	Hispanic/Latino	Native Hawaiian or Other Pacific Islander only, non-Hispanic	Two or More Races only, non-Hispanic	White only, non-Hispanic
Demographics							
Population by race/ethnicity	1,053	3,245	1,371	19,906	651	3,068	160,169
Education attainment, high school graduate or higher	84.70%	81.20%	58.70%	66.60%	95.50%	95%	96.30%
Median Household income	N/A	N/A	N/A	36,337	N/A	N/A	61,066
Percentage below poverty level	22.80%	25.40%	31.00%	18.40%	12.50%	N/A	11.80%
Labor force participation rate 16+	68	65	53.3	72.2	51.1	74.7	67.1
Unemployment rate 16+	0	2.9	0	4.6	0	4.1	2.9
Health status							
Physical health past 30 days- <7 days not good	76%	N/A	N/A	84.90%	N/A	81%	86.40%
Mental health past 30 days < 7 days not good	84%	83.30%	N/A	84.20%	N/A	81%	86.40%
Doctor diagnosed arthritis	26.20%	8.90%	N/A	18.90%	42.20%	21.30%	23.40%
Doctor diagnosed asthma	15%	N/A	N/A	6%	N/A	10.60%	8.60%
Diagnosed with heart disease	11%	N/A	N/A	8%	N/A	6.39%	6.20%
Diabetes prevalence	12%	N/A	N/A	15.90%	N/A	13%	7.30%
Have prediabetes	N/A	N/A	N/A	5.16%	N/A	N/A	6.70%
Doctor diagnosed high blood pressure	N/A	22.20%	N/A	25.00%	N/A	31.40%	25.30%
Doctor diagnosed high cholesterol	18.20%	16.40%	N/A	14.6%%	N/A	32.30%	26.00%
Doctor ever told depressive disorder	36.60%	N/A	N/A	19.20%	N/A	22.60%	22.10%
Access to Healthcare							
No Healthcare coverage	9.50%	7.40%	30%	32.60%	N/A	20%	10.20%
Adults Unable to get needed care due to cost	26.00%	14.02%	N/A	20.00%	N/A	33.80%	11.70%
With One or more Healthcare provider	72.90%	70.90%	N/A	59%	89%	74%	80%

Did Routine medical check up within past 12 months	62.50%	73.10%	N/A	56.10%	63.5*%	51.20%	61.70%
Screening and preventive services							
Had Mammography, women 40+	N/A	N/A	N/A	N/A	N/A	53.90%	67.80%
Pap test in past 3 years	N/A	74%	N/A	61%	N/A	56.30%	63.70%
Completed Colon cancer screening, age 50-75	50*	55*	N/A	74.19%	N/A	55.58%	76.17%
Those who had Influenza vaccination	30.6	29.3	N/A	31.5	N/A	34.3	37.9
Physical activity and nutrition							
Physical Inactivity	26.00%	13%	N/A	31.00%	N/A	24.10%	15.10%
Obesity among adults	34.60%	10%	N/A	29.30%	N/A	33.10%	26.80%
Recommended aerobic and muscle strengthening activity	20.50%	42%	N/A	8.90%	N/A	17.20%	23.60%
BMI< 25, Ideal weight	29.30%	63%	38.60%	31.90%	24.80%	14.60%	37.60%
Daily fruit consumption, 2 or more times	N/A	N/A	N/A	21%	N/A	N/A	34%
Addictive and abused substance							
Current cigarette smoking	15.70%	N/A	N/A	8.40%	N/A	N/A	6.50%
Current e-cigarette use	N/A	N/A	N/A	4.20%	N/A	N/A	3.60%
Current alcohol use	33.20%	31.70%	N/A	31.20%	23.70%	20.60%	20.90%
Binge drinking	14.40%	N/A	N/A	12.20%	N/A	10.30%	7.70%
Safety							
Seat belt use	N/A	N/A	N/A	94.60%	93%	96%	93.20%
Fallen in the past year, age 45+	38.10%	30.00%	N/A	31.50%	N/A	27%	29.40%
Disability status							
Have a disability	33.69%	N/A	N/A	30.50%	N/A	16%	21.60%
Cognitive disability	11.40%	9.60%	N/A	12.4%%	N/A	N/A	10.30%
Mobility disability	14.26%	N/A	N/A	13.80%	N/A	11.20%	8.40%
Mortality rate							
Infant mortality rate	N/A	N/A	N/A	5.62	N/A	N/A	3.87

Prioritized Health Indicator Data

In addition to the qualitative information gathered through community input meetings, quantitative data were collected and analyzed. Using the IBIS system and County Health Rankings, among the previously mentioned secondary sources, an accurate understanding of disease burden was acquired. Though only select results of the significant health needs are shared in this report, additional details were collected and can be found again through the links available in Appendix A

Health-related indicator	Idaho	Utah	Nevada	Concern for community?
Adverse Childhood Experiences	15.5%	13.7%	13.4%	Y
Avoided Care Due to Cost	10.6%	10.4%	11.1%	Y
Dedicated Health Provider	74.3%	73.7%	66.8%	Y
Depression	18.9%	23.1%	17.6%	Y
Frequent Mental Distress	12.7%	15.0%	17.3%	Y
High School Graduation	80.8%	87.4%	84.1%	Y
HPV Immunizations	54.5%	45.0%	50.1%	N
Residential Segregation^	67	70	50	Y
Severe Housing Problems	14.1%	13.5%	18.5%	Y
Suicide Deaths*	21.0	21.5	21.0	Y
Uninsured	10.8%	9.7%	11.4%	Y

Data Source: America's Health Rankings

% indicates a percent of total adult population

**Deaths due to intentional self-harm per 100,000 population*

^Index of dissimilarity, with higher values indicating greater segregation between Black and white residents, ranging from zero (complete integration) to 100 (complete segregation)

Detailed Results from Prioritization Survey

Results from the prioritization survey were collected using ranking items. The survey was distributed electronically through Qualtrics. Prioritization from Intermountain leaders and members of Intermountain's committees shows behavioral health concerns ranking at 2.83 out of a possible score of 3.0, access to primary care at 2.78, and chronic disease prevention and management at 2.77. There was one inconsistency with our Community Relation Committees and Advisory Boards scoring high school education at 3.0 compared to 2.11 for Intermountain leaders.

A few health-related issues were identified as top needs by the communities we serve, but not selected as final priorities. These issues include cancer screenings and treatments and access to prenatal care and improving birth outcomes. Intermountain will continue to consider ways to partner with organizations meeting these needs.

Mental Well-being

Why are we focusing on mental well-being as a health priority?
According to the World Health Organization, mental health refers to "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community."

Mental health is influenced by numerous factors, including biological and genetic vulnerabilities, acute or chronic physical health conditions, and environmental conditions and stresses. Of all mental health conditions, depression is the most common disorder. Major depression is defined as having severe symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy life. Despite the availability of effective treatments for major depression, such as medications and/or psychotherapeutic techniques, it often goes unrecognized and untreated. Depression is a serious concern for children and adolescents as well, with 39% percent of adolescents in Utah reporting feeling sad or hopeless.[11]

Utah and Idaho have some of the highest suicide rates in the country. Overall, suicide is in the top ten leading causes of death in Utah, Idaho and Nevada. Suicide is the leading cause of death for Utahns ages 10 to 24. In Utah, it is the second leading cause of death for ages 25 to 44 and the fifth-leading cause of death for ages 45-64. In Idaho, suicide is the 2nd leading cause of death for Idahoans ages 10-44 and fourth-leading cause of death for ages 45-54. Throughout the state of Nevada, suicide is the second-leading cause of death for ages 10-34 and fourth leading cause of death for ages 35-54. All suicide attempts should be taken seriously. More people are hospitalized or treated in an emergency room for suicide attempts than those that are fatal.

Substance use disorders occur when regular use of alcohol and/or drugs impacts daily functioning, including health problems, disability, and inability to meet main responsibilities at home, work, or school. Drug poisoning deaths are a preventable public health problem; they are the leading cause of injury death in Utah, outpacing deaths due to firearms, falls, and motor vehicle crashes. Every month, 53 Utah adults and 22 Idaho adults die as a result of drug poisonings; of these, approximately three-quarters involve opioids. Utah and Idaho are particularly affected by prescription opioids, which are responsible for about half of the accidental and undetermined drug poisoning deaths in both states.

[11] Public Health Indicator Based Information System (IBIS), Utah Department of Health & Human Services, 2021

Poor mental wellbeing is highly prevalent in the communities Intermountain hospitals serve

The prevalence of frequent mental distress is steadily increasing in the communities Intermountain serves as well as nationally.

Utah	**17.1%**
Idaho	**14.6%**
Nevada	**17.6%**

Socioeconomic status also influences frequent mental distress and depression.

Seven or More Days of Poor Mental Health in the Past 30 Days by Education Level, Utah, 2020

Education Level	Age-adjusted Percentage of Adults 25+
Less Than High School	25.5%
H.S. Grad or G.E.D.	24.2%
Some Post High School	20.6%
College Graduate	16.8%

Females, younger adults (18-34), and middle age (55-64) adults are more likely to experience depression.

Depression Prevalence by Age and Sex, Utah, 2019-2021

	Male vs. Female	Age Group	Percentage of Adults
Male			
	Male	18-24	22.90%
	Male	25-34	20.30%
	Male	35-44	16.70%
	Male	45-54	12.80%
	Male	55-64	14.10%
	Male	65-74	13.50%

	Male	75-84	8.10%
	Male	85+	4.60%
Female			
	Female	18-24	36.90%
	Female	25-34	35.30%
	Female	35-44	31.60%
	Female	45-54	29.50%
	Female	55-64	29.60%
	Female	65-74	25.70%
	Female	75-84	17.70%
	Female	85+	9.70%
Total			
	Total	18-24	29.70%
	Total	25-34	27.70%
	Total	35-44	24.10%
	Total	45-54	21.00%
	Total	55-64	22.00%
	Total	65-74	19.80%
	Total	75-84	13.30%
	Total	85+	7.60%

Males, however, are more likely than females to die by suicide. While rates of suicide deaths are highest among men between the ages of 35-64, suicide continues to be the leading cause of death for Utahns ages 10 to 24.

Suicide by Age Group and Sex, Utah, 2018-2020

	Males vs. Females	**Age Group**		**Rate per 100,000 Population**
Male				
	Male	10-14 years		6
	Male	15-17 years		28.7
	Male	18-19 years		44.6
	Male	20-24 years		42
	Male	25-34 years		44.5
	Male	35-44 years		46.6
	Male	45-54 years		46.6
	Male	55-64 years		39.9
	Male	65-74 years		28.8
	Male	75+ years		40
Female				
	Female	10-14 years		2.6

	Female	15-17 years		5.7
	Female	18-19 years		13.2
	Female	20-24 years		9
	Female	25-34 years		11.4
	Female	35-44 years		14.2
	Female	45-54 years		15.8
	Female	55-64 years		13.2
	Female	65-74 years		6.7
	Female	75+ years		6.6

Youth feelings of sad or hopeless, seriously considering suicide, and/or making a suicide attempt are highly prevalent in the Utah market of Intermountain's service areas, which is Primary Children's Hospital. Minority youth tend to experience higher rates of these experiences compared to their white, non-Hispanic peers.

	White/Non-Hispanic	Hispanic	Non-White/Non-Hispanic	All youth
Felt Sad or Hopeless	**38.4%**	**53.2%**	**44.5%**	**41.5%**
Seriously Considered Attempting Suicide	**20.7%**	**26%**	**29.9%**	**22.4%**
Attempted Suicide	**7.6%**	**14.5%**	**11.9%**	**9.1%**

While Intermountain service areas are seeing some improvement in preventing drug poisoning deaths, it remains a leading cause of death. Males and older adults are more likely to die as a result of drug poisoning.

Utah	**20.5 per 100,000**

Idaho	**16.3 per 100,000**
Nevada	**26.4 per 100,000**

Mental well-being was the number one priority identified by every hospital community
Results from the prioritization exercise, which included specific hospital community representatives, showed mental health was the number one priority recommended. Stakeholders also felt suicide and substance use prevention are intrinsically tied to this priority and are included.

Improve Chronic and Avoidable Health Outcomes

Why are we focusing on prediabetes, high blood pressure, immunizations, vaping, and unintentional injury as health priorities?
Diabetes is a disease that can have devastating consequences. It is a leading cause of non-traumatic lower-extremity amputation, renal failure, heart disease, and blindness among adults younger than 75. This disease also has an enormous economic burden. Currently, about 80 million Americans aged 20 and older have pre-diabetes, a condition that puts them at high risk for developing diabetes.[12] For many individuals, taking small steps, such as losing five to seven percent of their weight or increasing physical activity, can help them delay or prevent the development of diabetes. Without making lifestyle changes, approximately half of individuals diagnosed with prediabetes progress to diabetes within ten years.

High blood pressure (hypertension) is an important risk factor for heart disease and stroke, both of which continue to be a leading cause of death. In most cases, it can be effectively managed with medication and lifestyle changes (such as diet, exercise, and abstaining from tobacco use). Treatment works best when high blood pressure is identified early. Because high blood pressure does not produce symptoms, regular screening is recommended. Recently revised guidelines lowered the cutoff for what counts as high blood pressure, which means that even more people may unknowingly have it. In 2016-2017, the total direct cost of high blood pressure was $52.4 billion. By 2035, it is projected that the total direct costs of high blood pressure could reach $220.9 billion.[12]

Immunizations are one of the most cost-effective health prevention measures. The development of vaccinations has been cited by the U.S. Public Health Service as one of the Ten Great Public Health Achievements of the 20th Century. Vaccines play an essential role in reducing and eliminating the disease. Utah continues to have one of the lowest rates of these childhood immunizations and HPV immunization, which is administered to adolescents, in the nation.

Electronic cigarettes or vape products are battery-powered devices that turn liquids into aerosol. They are marketed under a variety of different names but are most commonly referred to as electronic cigarettes, e-cigarettes, vape products, mods, or tanks. They may also be known as JUUL, Vuse, Suorin, MarkTen, and Blu. The liquids frequently contain nicotine and flavors. Since 2011, Utah has seen a sharp increase in vape product experimentation and use among youth and young adults. Given the uncertain public health impact of vaping and the potential for increasing nicotine addiction among young people, monitoring the use of vape products and enforcing and strengthening policies that regulate youth access are emerging public health priorities.

[12] Public Health Indicator Based Information System (IBIS), Utah Department of Health & Human Services, 2021

In both Utah and Idaho, unintentional injuries in children is a leading cause of death and life-long disability. In Utah, unintentional injuries account for 1,238 deaths and 9,715 hospitalizations each year, with thousands of other less severe injuries being treated. The top five leading causes of unintentional injury deaths for all ages in Utah and Idaho were poisoning, motor vehicle traffic crashes, falls, suffocation, and drowning (with falls being the leading cause of injury deaths for Utahns individuals 65 and older).

Avoidable diseases and injuries are highly prevalent

Diabetes rates are steadily increasing in both the Intermountain service areas and the United States. Social determinants, specifically education received, show significant disparities in this health outcomes.

Education Level	Adults With Diabetes by Education, Utah, 2021
Less Than High School	11.1%
H.S. Grad or G.E.D.	9.4%
Some Post High School	9.3%
College Graduate	6.3%

Minority populations in the Intermountain service area experience higher rates of high blood pressure (also known as hypertension).

Doctor-diagnosed Hypertension by Race, Utah, 2021

Race/Ethnicity group data	Age-adjusted Percentage of Adults
American Indian/Alaskan Native	**24.1%**
Asian	**24.8%**
Black/African American	**34.9%**
Native Hawaiian/Pacific Islander	**37.7%**

White	**27.2%**
Other	**26.6%**

Doctor-diagnosed Hypertension by Ethnicity, Utah, 2021

Hispanic Ethnicity	Age-adjusted Percentage of Adults
Hispanic/Latino	**29.0%**
Non-Hispanic/ Latino	**27.6%**

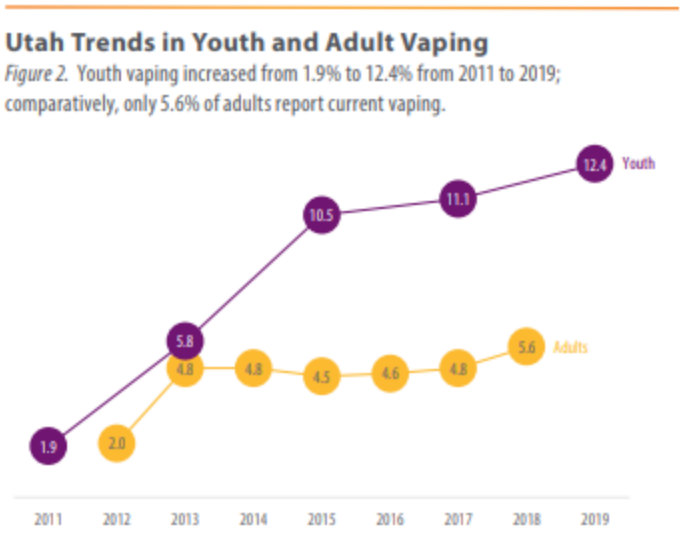
Intermountain service areas continue to have some of the lowest rates of childhood and adolescent immunizations in the nation.

	Utah	Idaho	Nevada	United States
Childhood Immunizations	82.3% (rank 7)	77.0% (rank 23)	76.3 (rank 25)	75.4%
HPV Vaccination	45.0% (rank 47)	54.5% (rank 33)	50.1% (rank 43)	58.6%

Since their introduction to the U.S. market in 2006, electronic cigarettes (or vape devices) have become extremely popular, especially among youth and young adults. In Utah, youth vaping increased from 1.9% in 2011 to 12.4% in 2019. Nearly 25% of Utah students in grades 8, 10, and 12 have tried vaping. In comparison, only 5.6% of Utah adults currently use vape products and 18.4% ever tried vaping. This suggests the potentially harmful health effects of vaping are disproportionately affecting youth.

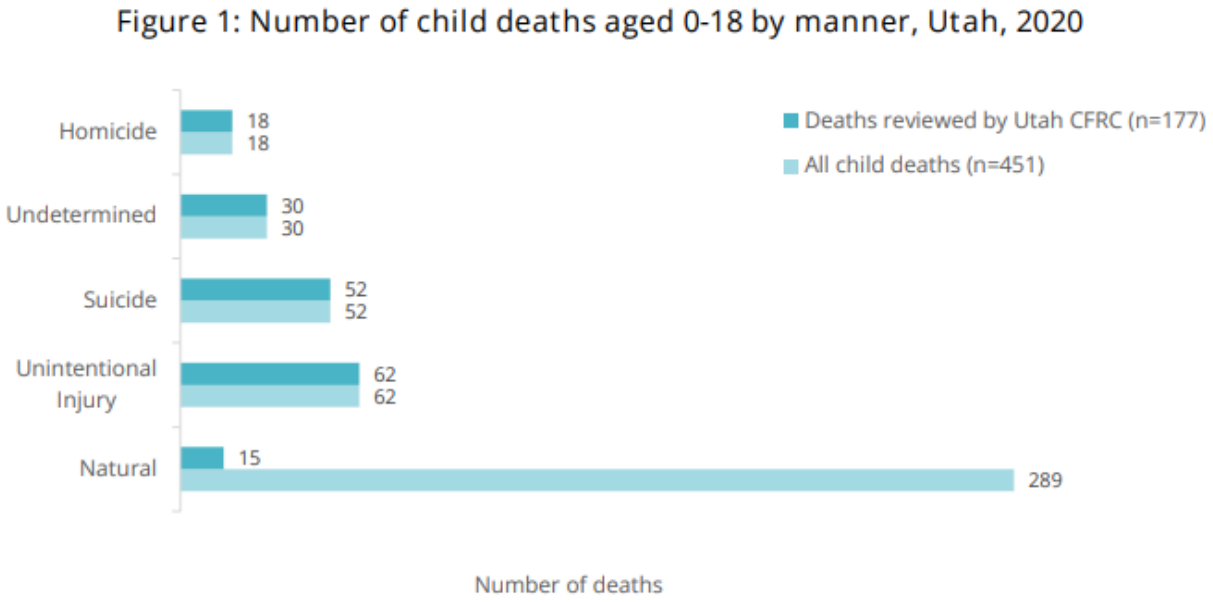
Even though Utah law prohibits the sale of vape products to people under the age of 19, 16- to 17-year-olds report the highest rate of vaping (15.1%) among all surveyed age groups.[13] More than 70% of Utah teens who currently use a tobacco product tried a vape product first. Among adults, vaping is most common among 18- to 24-year-olds and least common among adults aged 65 and older.

[13] Utah Health Status Update, February 2020: Vaping & the Increased Risk for Youth Nicotine Addiction

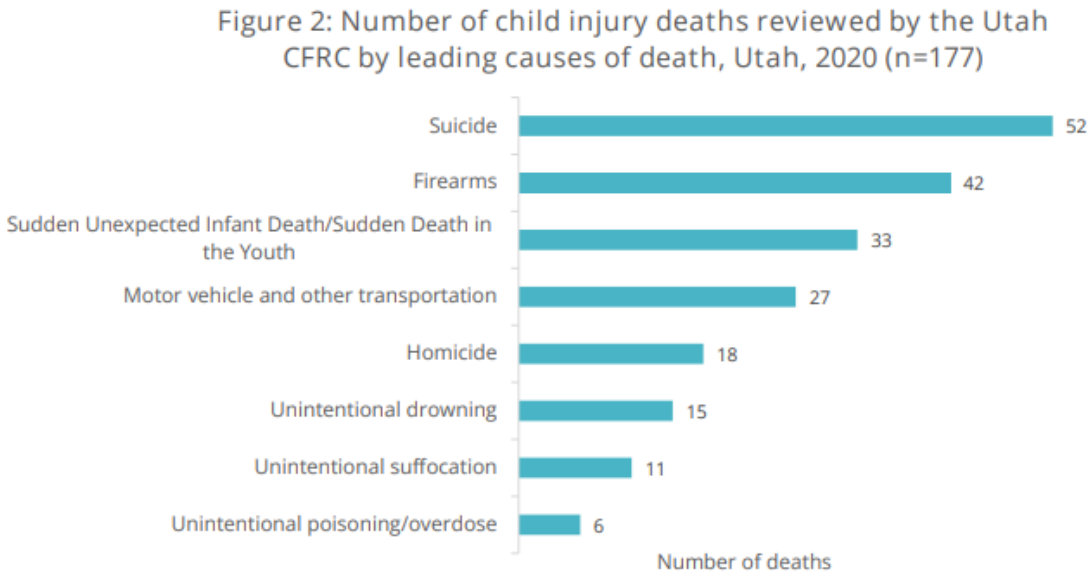


For the past decade, unintentional injuries and suicides have been the leading causes of child injury deaths in Utah and Idaho. While the rate of unintentional injury deaths has decreased, there is still work to be done to prevent these avoidable deaths and injuries in the Intermountain service areas.

The leading causes of unintentional injury deaths for children 1-19 in the Intermountain Utah area, where our Primary Children's Hospital serves[14], are:



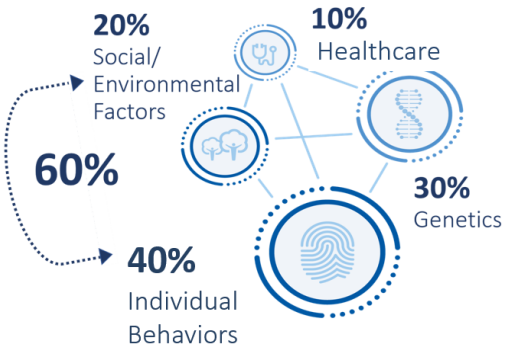
[14] Utah Child Fatality Review Annual Report, 2020 data



Avoidable diseases and injury were critical priorities identified by many hospital communities
Results from the prioritization exercise with stakeholders also showed chronic conditions related to obesity, specifically high blood pressure, and prediabetes, as significant health needs. Influenced by how the COVID-19 pandemic increased the vulnerability of individuals with chronic conditions, most internal leaders ranked this health issue as second only to mental well-being. Pediatric leaders ranked immunizations the same as mental well-being and advocated for the addition of injury prevention as it relates to suicide, violence, and death.

Address & Invest in Social Determinants of Health

Why We Are Focusing on the Social Determinants of Health
Addressing social determinants of health is important for improving health and reducing health disparities. Though health care is essential to health, it is less of a determinant or driver than other factors. Research shows that health outcomes are driven by an array of factors, including underlying genetics, health behaviors, social and environmental factors, and health care.



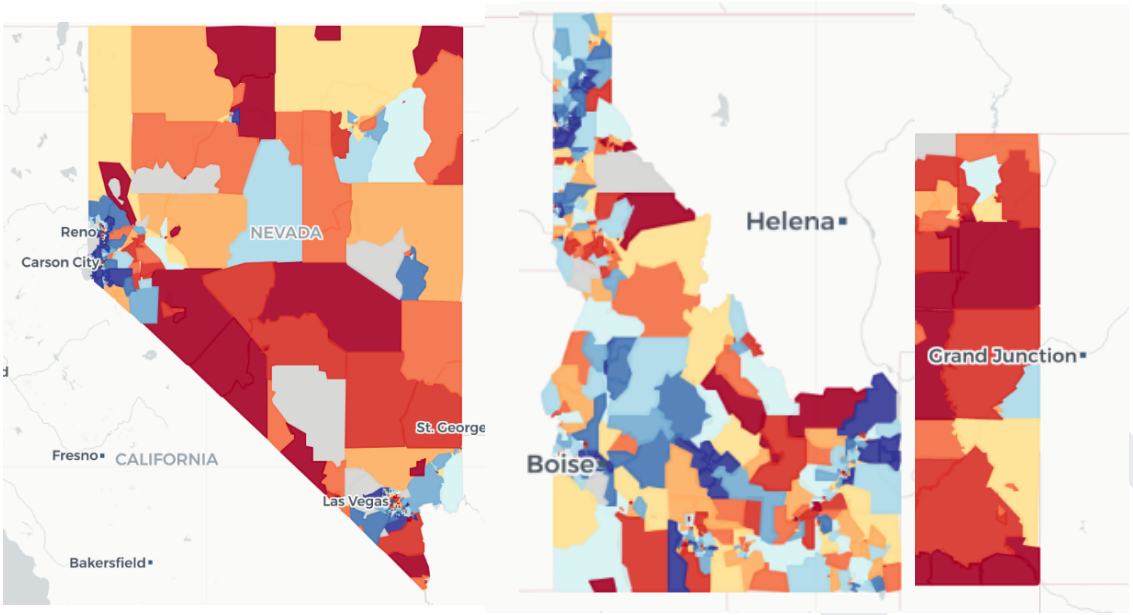
Numerous research studies consistently show that health behaviors, such as exercise, diet, and smoking, and social and economic factors are the primary drivers of health outcomes. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Analysis of public health data by demographic characteristics is essential to the reduction and elimination of health disparities. The Minority Health and Health Disparities Research and Education Act of 2000 describes health disparities as differences in "the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population."[15] The definition can be applied to any demographic group, not just racial/ethnic minorities. Analysis by demographic characteristics also shows at what age certain diseases and conditions typically appear.

Health equity is the principle of pursing the highest possible standard of health for all while focusing on those with the greatest obstacles. Social determinants have a large impact on disparities and health equity. In order to improve health outcomes for those with disparities, social determinants often need to be targeted for intervention and prevention efforts.

Health-related indicator	Idaho	Utah	Nevada
Adverse Childhood Experiences	15.5%	13.7%	13.4%
Avoided Care Due to Cost	10.6%	10.4%	**11.1%**
Dedicated Health Provider	**74.3%**	**73.7%**	**66.8%**
High School Graduation	**80.8%**	87.4%	84.1%
Residential Segregation	**70**	**67**	50
Severe Housing Problems	14.1%	13.5%	**18.5%**
Uninsured	**10.8%**	**9.7%**	**11.4%**

[15] Public Health Indicator Based Information System (IBIS), Utah Department of Health & Human Services, 2021



Intermountain Healthcare is committed to serving the most vulnerable communities and populations. Income, education, and other economic and social risk factors affect individual health and well-being. We continue to use the Area Deprivation Index to understand these social determinants of health in the context of geography and continues to use this metric to understand the effect of the planned interventions. The Area Deprivation Index (ADI) is a validated, community socio-economic composite measure developed specifically for Utah by Intermountain. The ADI measures the distribution of socio-economic disadvantage within a community at the U.S. Census block group level. Higher socio-economic deprivation levels in communities (noted in orange and red on the map below) are often associated with poorer health and health delivery outcomes. While the ADI does not provide information on specific health needs in a community, it does provide context and information about segments of communities in which greater health disparities may be expected and where implementation strategies could be targeted.

Elements included in the Area Deprivation Index:

- Median family income (dollars)
- Income disparity
- Percent of families below the poverty level
- Percent of the population below 150 percent poverty threshold
- Percent of single-parent households with dependents under the age of 18
- Percent of households without a motor vehicle
- Percent of households without a telephone
- Percent of housing units without complete plumbing
- Percent occupied housing units
- Percent of households with less than one person per room
- Median monthly mortgage (dollars)

- Median gross rent (dollars)
- Median home value (dollars)
- Percent of employed persons over age 16 with a white-collar occupation
- Percent of the unemployed civilian labor force over the age of 16
- Percent of the population over age 25 with less than nine years of education
- Percent of the population over age 25 with at least a high school education

The social determinants of health were identified by key stakeholders as a key barrier to achieving success in the other prioritized health needs in Utah

Facing the realities of economic factors such as inflation, unaffordable housing, and growing gaps in wealth and financial stability, our communities spoke loudly that these drivers of health must be part of any community health strategy. Social determinants of health, especially education, was ranked as the top priority by our advisory panels and community partners. As Intermountain strives to increase its sustainability efforts and as the largest employer in the state of Utah, there is also interest in becoming an example of how large organizations can contribute positively to social and economic drivers of health in the communities it serves.

In the Bear River Health District, a partners and stakeholders meeting was held in October of 2022 to present these preliminary findings. In addition to the primary data that was collected as part of the February Community Input meeting, Utah State University presented the results of their Utah Well Being Study and the Bear River Health Department presented primary data from key informant surveys as well as their disparity dashboard. As such, our local partners slightly modified our key priorities from those outlined in this report by Intermountain. For the Bear River Health Department it was decided that two priorities (versus three) would be included in our Community Health Improvement Plan and included:

Bear River Health Jurisdiction's Health Priorities

1. Mental Health
    - Adverse Childhood Experiences (ACES)
    - Suicide
    - Access to care
2. Social Determinants of Health
    - Affordable housing
    - Educational attainment
    - Poverty
    - Access to Care

Detailed Findings – Bear River Valley Hospital

Located in the rural community of Tremonton, in northern Utah, Bear River Valley Hospital has 16 staffed beds and offers a spectrum of inpatient and outpatient medical services. In 2022, they participated in a community health needs assessment to understand how to help people live the healthiest lives possible®. This hospital participated in a collaborative system approach to identify health indicators, gather community input, and determine the significant health needs to address over the next few years. Bear River Valley Hospital identified the significant health needs as: **Improve Mental Well-Being, Improve Chronic & Avoidable Health Outcomes, and Address & Invest in the Social Determinants of Health**

What we heard from this community - participants in the community input meeting identified the following issues as key health needs in their community:

- Mental health affecting children and adults:
    - Isolation as a result of COVID-19 changes and stress;
    - Suicide;
    - Social isolation in children;
    - Considered a top priority for community leaders;
    - Lack of motivation to remove barriers; and
    - Lack of resources and assets to remove barriers.
    - *"You grow up in a place where you perceive everything's normal, and all of a sudden, you get things pulled out from underneath you and everybody seems to be free falling. We were having a struggle with suicide and things before this and now it seems like it's way more on people's mind than anything else"*

- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:
    - Obesity;
    - Gym closures due to COVID-19 restrictions; and
    - Cost of health care.
    - *"A lot of people are delaying their health care, because as we've said, their money is required elsewhere, primarily with housing. So we don't see them until they have an emergency and come to the ED where their costs are even higher and then it contributes to that cycle of debt or not being able to afford checkups and preventative health care that would be beneficial to them earlier in the process."*

- Other community concerns include:
    - Inflation;
    - Cost of housing;
    - Intergenerational poverty; and
    - Food insecurity.

- Community Strengths include:
    - Education;
    - Access to outdoor recreation;
    - Strong social connections;
    - Low crime, safe neighborhoods;
    - Access to healthy foods; and
    - Emergency Preparedness

- Community Opportunities
    - Affordable, safe quality housing;
    - Celebration of Diversity;
    - Affordable Healthcare and prescription costs;
    - Focus on preventative health;
    - Transportation;
    - Childcare/after school programs; and
    - Access to high speed internet

- Community Assets and Resources Beyond Healthcare and the Bear River Health Department that were mentioned during the meeting but will conversation will be expanded on during the Community Health Improvement Planning included the resource directories listed below:
    - Box Elder County Health Living Handbook
    - Mental Health Resource Directory
    - Opioid Alternatives Directory

A snapshot of health-related indicators and outcomes can be accessed through this link: https://ibis.health.utah.gov/ibisph-view/community/snapshot/report/AllIndicators/GeoLHD/1.html?PageName=

Detailed Findings – Logan Regional Hospital

Located in the urban community of Logan in northern Utah, Logan Regional Hospital has 128 staffed beds and a broad spectrum of inpatient and outpatient medical services. Logan Regional Hospital is one of two hospitals in Cache County. In 2022, they participated in a community health needs assessment to understand how to help people live the healthiest lives possible®. This hospital participated in a collaborative, system approach to identify health indicators, gather community input, and determine the significant health needs to address over the next few years. Logan Regional Hospital identified the significant health needs as: **Improve Mental Well-Being, Improve Chronic & Avoidable Health Outcomes, and Address & Invest in the Social Determinants of Health**

What we heard from this community - participants in the community input meeting identified the following issues as key health needs in their community:

- Mental health affecting children and adults:
    - Driven by financial stress;
    - Disappearing stigma means more need for resources;
    - Lack of caregivers;
    - Affordability;
    - Considered a top priority for community leaders;
    - High motivation to remove barriers; and
    - Lack of resources and assets to remove barriers.
    - *"I'm not terribly surprised when I looked at the last year to even just with not just our staff, but with clients we've seen more struggles with mental health. More angry clients, more outbursts, just issues in general, and the wear and tear of long-term stress on the psyche. And so I think it's both and challenges faced by our staff, mental illnesses not just due to COVID but other things that kind of come as a result of a lot of stress and struggles with mental health…I think we could say in the last two years, we've had more issues with clients threatening suicide or other challenges."*

- Substance use and misuse
    - Related to homelessness; and
    - Lack of coping skills
    - "*The amount of time that folks spend homeless is increasing and with that comes increased barriers. They're more likely to go back to drugs or alcohol, if they struggle with those issues in the past, the longer they're homeless, and the more likely to lose a job if they have one. And it'll be more difficult to find a job, the longer the homelessness is."*

- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:
    - Obesity; and
    - Cost of health care.

- Other community concerns include:
    - Suicide;
    - Domestic violence;
    - Homelessness; and
    - Affordable housing

- Community Strengths include:
    - Good jobs and health economy;
    - Access to outdoor recreation;
    - Strong social connections;
    - Low crime, safe neighborhoods;
    - Access to the outdoors;
    - Arts and cultural events; and
    - Transportation

- Community Opportunities
    - Affordable, safe quality housing;
    - Celebration of Diversity;
    - Affordable Healthcare and prescription costs; and
    - Policy change to fund resources.

- Community Assets and Resources Beyond Healthcare and the Bear River Health Department that were mentioned during the meeting but will conversation will be expanded on during the Community Health Improvement Planning included the resource directories listed below:
    - Mental Health Resource Directory
    - Opioid Alternatives Directory
    - Cache Valley's Health Living Handbook

A snapshot of health-related indicators and outcomes can be accessed through this link: https://ibis.health.utah.gov/ibisph-view/community/snapshot/report/AllIndicators/GeoLHD/1.html?PageName=

Strategies to Address the Health Needs

A comprehensive approach was used to identify the community health improvement strategies to address the significant health priorities from this community health needs assessment. Using Intermountain's Operating Model (an integrated framework to drive a culture of Continuous Improvement that aligns leaders and caregivers in achieving the goals of the organization), internal operational and clinical leadership councils, workgroups, and committees, along with input from external advisory panels formed through community input meetings—all experts in clinical care, public health, and human services and leaders in their local communities—guided the implementation planning process to create community health improvement strategies for Intermountain and each hospital's service area.

Community partners were identified and invited to participate in individual hospital input and strategic planning meetings. These meetings were co-hosted with local and state public health partners and held in the same session as the community input meetings described previously.

Intermountain worked with both internal and community partners to create a comprehensive inventory of existing local programs and interventions to address the identified health priorities, focusing on those evidence-based best practices with application to community health improvement initiatives. The community health implementation planning team assessed both internal and external proposed strategies and conducted literature reviews on evidenced-based programs that addressed the health priorities and demonstrated health improvement.

Community partners involved in this process include:

- Association of Utah Community Health (Utah's primary care association)
- Comagine Health
- Community-based mental health providers
- Community libraries
- Federally Qualified Health Centers (FQHCs) in Utah and Southeast Idaho
- Idaho Department of Health and Welfare
- Idaho South Central Public Health District V
- Local colleges and universities
- Local mental health and substance abuse authorities
- Local law enforcement
- Local non-profit organizations
- Resource and case management programs for uninsured, low-income residents
- Safety net clinics
- School districts
- Senior centers
- Utah Department of Health & Human Services
- Utah Local Health Departments
- Utah Division of Substance Abuse and Mental Health
- Utah Substance Abuse Advisory Council

Our Community Health Implementation Strategies include the following:

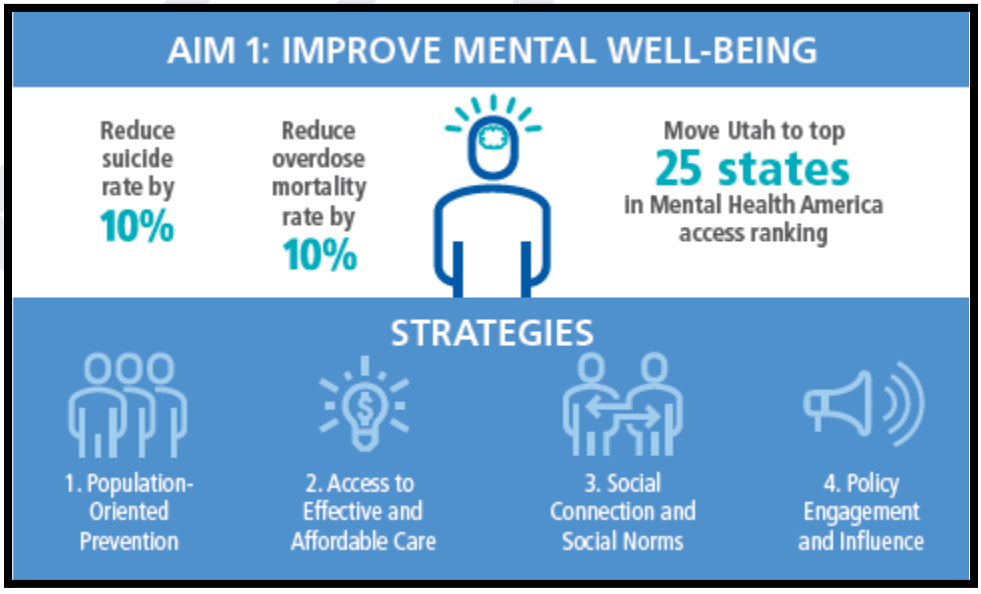
Improve Mental Well-Being	Improve Chronic and Avoidable Health Outcomes	Address & Invest in Social Determinants of Health
• Deploy Upstream Mental Well-Being Resources • Expand Community-Based Suicide Prevention • Improve Access to Behavioral Health Care • Improve Suicide Focused Care • Improve Caregiver Mental Well-Being • Expand Opioid Harm Reduction Strategies • Reduce Childhood Vaping	• Increase Screening for Diabetes & High Blood Pressure • Increase Chronic Disease Self-Management Programs • Improve Access to Primary Care Treatment for Chronic Diseases • Improve Flu & HPV Immunization Rates • Expand Hold on to Dear Life Injury Prevention Campaign • Deploy Community Health Workers	• Expand Identification of Social Needs through Screenings & Analytics • Implement Social Care Assistance Fund • Expand Nurse Home Visitation Program • Increase Healthcare Coverage • Improve Nutrition Security • Invest in Affordable Housing • Deploy Sourcing & Hiring to Create Well-Being • Improve Environmental Health Conditions • Improve Educational Outcomes

The proposed strategies above will be developed into a formal written plan with greater details that will be included on each hospital website as required by federal regulation.

Intermountain created several logic models to illustrate what we plan to do, why we do it, what we hope to achieve, and how we will measure success. The logic model below summarizes the CHNA and CHIS with the priorities from this 2022 assessment.

Impact Evaluation of Previous CHNA

In the prior CHNA published in 2019, we identified these health priorities: Improve Mental Well-Being, Prevent Avoidable Disease & Injury, and Improve Air Quality. While the COVID-19 pandemic caused disruptions and delays to some of this work, many achievements were still made.



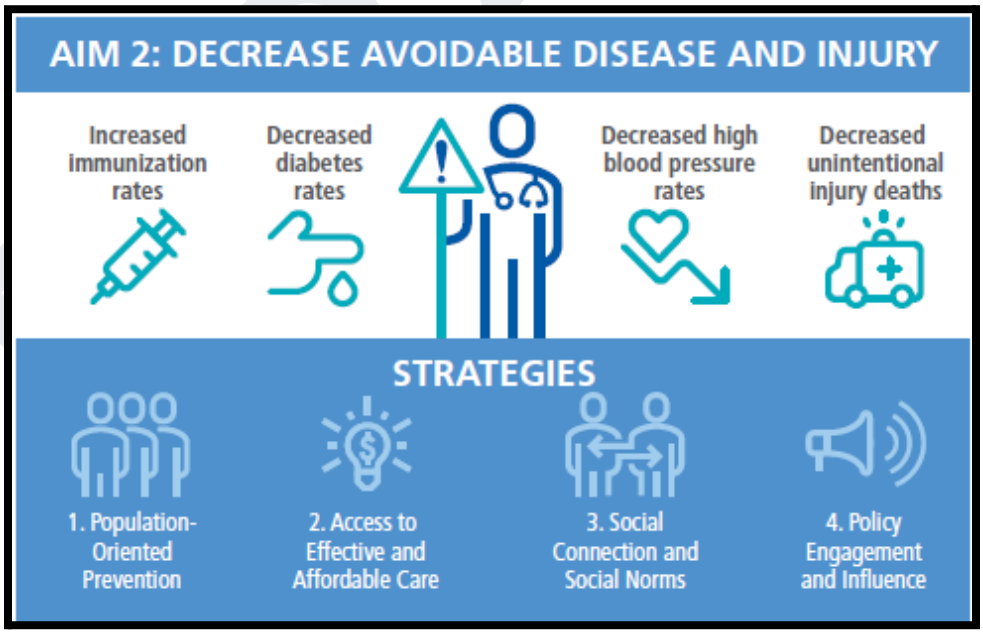
Collaborating to improve access to behavioral health, supporting positive messaging around mental well-being and increasing protective behaviors have all been key to supporting our aim to improve mental well-being. We are proud to have collaborated with and offered philanthropic support to several of our public health and community-based organizations to offer counseling and treatment to uninsured and underinsured community members. We have also focused on ensuring access to behavioral health services to our underrepresented communities through numerous community partnerships to offer linguistically appropriate and culturally relevant care.

Behavioral Health Network

The Behavioral Health Network (BHN) provides funding and support to nonprofit providers to increase behavioral health access for Utah's most vulnerable populations. The BHN provides timely and affordable (no cost or low cost) treatment for behavioral health, substance use disorder, and medication management to uninsured and underinsured community members. The BHN has grown to include 24 organizations across Utah and Southwest Idaho, covering twenty-four Intermountain hospital service areas. From 2020 to the end of 2022, the program served 26,000 people.

Results

- Reduced high-dose opioid prescriptions by 48%
- Distributed 6,784 Naloxone kits
- Distributed 63,271 gunlocks
- Trained 45,187 providers in suicide prevention
- Conduced more than 42,734 behavioral health visits for underinsured and uninsured community members

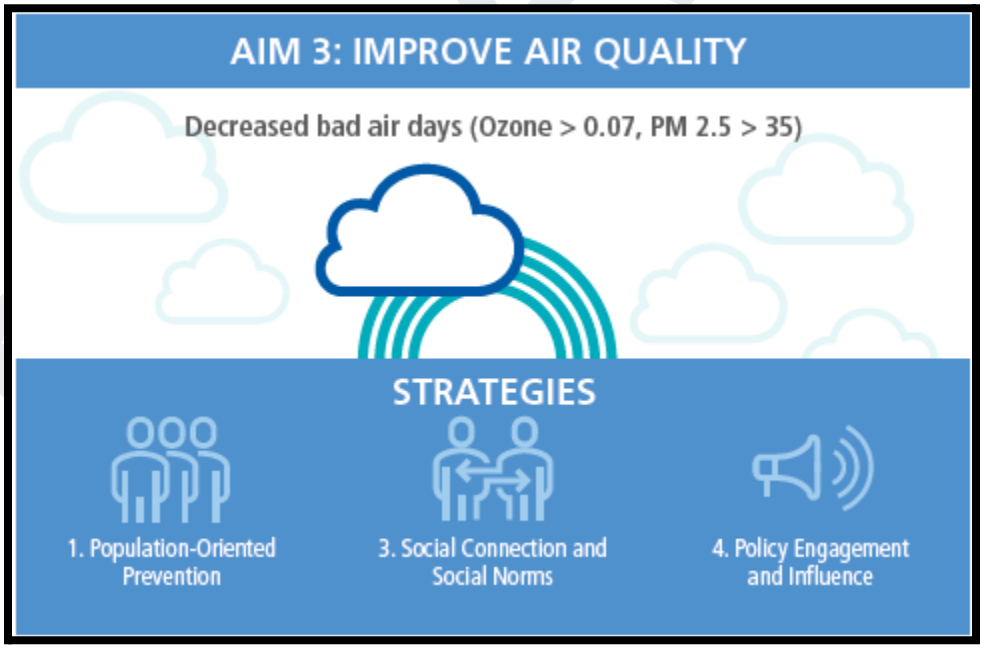


Avoiding disease and injury is core to living a healthy life. Intermountain has made a significant impact to prevent disease and injury and drive towards more affordable care overall and helping our communities live their lives to the fullest. Prevention is the first step toward longer, healthier lives. Immunization, preventative screenings, and education are low-impact ways for everyone to improve their health before needing healthcare. For example, our Immunization Community Collaborative is a team of public health, community-based organizations, health systems, and health insurance companies striving to increase flu and human papillomavirus vaccination (HPV) rates. These efforts increase access to vaccines and provide educational materials.

Intermountain supports people of all ages, from infancy to those who are more advanced in years. We have programs that support everyone to live their healthiest lives. Our children's health programming addressed the distinct needs of children and adolescents for injury prevention, mental health, substance use, and more, including timely issues like vaping and emotional well-being.

Results

- Increased flu vaccinations by 15.8%
- Increased HPV vaccinations by 7.8%
- Taught 143 chronic disease self-management classes with digital and Spanish language offerings
- Conducted in-person and virtual checks of more than 992 car seats
- Distributed nearly 17,436 safety devices including bike and ATV helmets, booster seats, and Safety Snaps to prevent hot car deaths
- 37% increase in visits to SeeThroughTheVape.org from innovative vaping prevention programs
- Trained 12 community members in CATCH My Breath (an evidence based program to prevent Vaping) and implemented the program in a local school district



Improving air quality is a community health issue that emerged as a focus area during our previous CHNA. The air quality monitors in several Utah Counties indicated high amounts of particulate matter.

Particulate matter can get deep inside the lungs, exacerbate respiratory infections, trigger asthma attacks and symptoms, and cause temporary reductions in lung capacity. As a result, air pollution increases rates of low birth weight, premature birth, infant mortality, and certain childhood cancers like leukemia. In addition, recent studies show increases in heart attacks, strokes, and high blood pressure due to air pollution.

Results

- Moved 22% of our system fleet vehicles to alternative fuel
- Partnered with Utah Clean Cities to collaborate on anti-idling signage to implement systemwide
- Created a new community partnership with the Utah Clean Air Partnership Program
- Installed idle free signage at 70% of our hospitals
- Installed electric charging stations at 65% of our core facilities
- Reduced our use of desflurane anesthetic gas by 63%, reducing our greenhouse gas impact
- Funded seven community air quality and sustainability projects
- Partnered with Airsset Technologies to install indoor air quality monitors

Driver: Addressing the Social Determinants of Health and Strengthening Community Infrastructure

In addition to our three core AIMs above, we also focused strongly on improving social determinants of health in our communities across all the AIMs. This included a focus on education; employment and financial stability; social inclusion and non-discrimination; affordable housing and basic utilities, including Internet access; and neighborhood and community characteristics, such as safety, transportation services, and the availability of nutritious food, clean water and air, and health services. Our main strategies included impact investing, local and diverse hiring, local sourcing, sustainable purchasing, environmental sustainability, and our investment in screening for and addressing individual social needs for every patient and member.

Our impact investments have focused on addressing the social determinants. Since 2019 we have invested more than $50 million in local projects in housing stability, stabilizing employment and financial wellness.

In 2019, Intermountain launched a research demonstration project and community collaborative called the Alliance for Determinants of Health. Its purpose was to develop and evaluate a model for social care aimed at increasing the affordability, equity, and value of healthcare. It involved processes for identifying the social barriers to health experienced by SelectHealth Medicaid members in two counties and aligning with community resources to aid those in need. Notable community resources funded by the Alliance included dedicated community health workers with funds they could use to help with short term critical needs, the development of a social care provider network supported by a digital, closed-loop referral platform, and collaborations with community-based medical and behavioral health services.

Cumulative Alliance Results from 2019-2021

- 20,697 total social need screenings completed
- 1,811 total Community Health Worker cases
- 31.6% Community Health Worker clients who completed their program goals
- 34.2% Decrease in nonemergent use of the Emergency Department among SelectHealth Medicaid members living in Weber and Washington County from 2018 baseline * Multiple factors, some tied to COVID-19, led to the reduction

The processes, relationships, and community infrastructure that resulted from the Alliance provided the foundation for the expansion of social care into new geographies and through new initiatives. For example, the social care provider network and referral platform that started with around 20 community partners in two counties will include several hundred partners that cover the state of Utah by the end of 2022. Processes to screen patients that started in a handful of clinics have been scaled across all Intermountain Medical Group primary care clinics in Utah. We moved screening upstream from the point of care using social risk analytics to predict members who may need assistance and deploying social care coordinators to follow up telephonically.

Initially, this use of social risk prediction and proactive outreach is being used to address food insecurity with Medicaid in four counties but will expand to include Medicaid and Medicare members in additional areas. Finally, several primary care and women's health clinics in the Intermountain Medical Group participated in a pilot to adopt screening and assistance workflows for patients experiencing or who are at risk for experiencing intimate partner violence. Thus far, over 40 providers and their office staff across 15 clinics have been trained on how to screen and assist patients experiencing IPV and have screened over 4,000 patients.

Driver: Access to Healthcare Services

Our CHNA identified "access to healthcare" among the top needs in the community health needs assessment. We support this community need by providing access to healthcare services for low income and uninsured populations in the communities we serve, often in collaboration with our partners and programs listed below.

The Equitable Health Insurance Committee

The committee was created in 2021 to develop, lead, and sustain efforts to improve health insurance coverage for underrepresented people and communities across Utah. The support of multiple community leaders and stakeholders from government, non-for-profit organizations, insurance companies and other key leaders has been leveraged to achieve the following committee objectives:

- Develop the structure, scope, and measures of the Equitable Health Insurance Coverage Committee
- Support collaboration across health systems, health plans, tribal government, public entities, and community-based organizations to improve Medicaid/CHIP, and marketplace coverage
- Support public messaging around coverage options and enrollment safety
- Bring data, subject-matter, and consumer expertise to help guide the work

Through the efforts of this collaborative we have been able to increase support of enrollment efforts across organizations and provide information on open enrollment in various languages and in different media sources. Also, to further support state efforts we support the One Utah Collaboration at the governor's office with high-level leadership and have been able to influence the insurance conversation within that area. In other policy-related work, the committee supports the legislative efforts in the state to provide coverage for all children.

Voucher Program

We have agreements with 59 non-Intermountain clinics and sites serving people living below 200% of federal poverty guidelines to provide vouchers for diagnostic imaging, lab tests, and specialty care services. Between 2020 and the end of 2022, we provided more than 53,980 vouchers to patients of these clinics to obtain diagnostic and specialty care services in our Intermountain facilities and hospitals.

Community Clinics and School Clinics

We own and operate three community and school clinics located in geographic areas with limited or no other healthcare providers; we charge fees on a sliding scale based on federal poverty guidelines. We also provide funding to clinics that we do not own but provide care to our underrepresented communities. Between 2020 and the end of 2022, we provided more than $11.7 million in funding to community and school clinics.

Driver: Adverse Childhood Experiences (ACES)

We identified Adverse Childhood Experiences (ACEs) as a driver of our Intermountain prioritized health needs. ACEs are potentially traumatic events that occur in childhood. According to the Centers for Disease Control, studies show that ACEs have a tremendous impact on lifelong health and well-being.

Examples of our pilots and programs to prevent ACEs

Intimate Partner Violence (IPV) Screening

According to Utah's Social Services Appropriations Committee, since 2000, 42% of Utah's homicides are domestic violence-related. More than 80 Utah children witness their mother's murder or attempted murder by an intimate partner every year. IPV significantly impacts families and their long-term health and well-being and is a focus area for community health. We created a pilot intimate partner violence screening program in women's health and internal medicine clinics in response to this significant community need. Providers receive education about the importance of screening, best practice guidelines for screening developed with local and national advocates, and referral pathways for individuals that screen positive. We focus on providing screening in a private environment and securing results within the patient's medical record to remain confidential.

Nurse-Family Partnerships

We have partnered with community nonprofits to fund and support Nurse-Family Partnerships (NFP)
in Weber County. NFP is the gold standard of maternal home visitation programs for high-risk, first-time mothers. And we have committed to secure ongoing funding for this program through private-public collaboration.. We are also working with local home visitation providers in Weber County to streamline the referral process and increase access for expectant mothers to the various
home visitation programs are currently operating.

ACEs Public Education Campaign

We recognize the need for public education around ACEs and resiliency topics to the general

public. We are developing a statewide strategy to support an ACEs public education campaign tailored to different audiences through relationships with community groups.

ACEs Community Collaborative

Community Health works with local providers in Washington County to educate and provide technical assistance around screening for ACEs in early childhood. We are also committed to building provider capacity in rural areas by training local mental health therapists in trauma-focused treatment modalities so that children can access appropriate treatment for their behavioral health needs close to home. Finally, we are committed to building a network of local advocates, schools, medical providers, and local mental health authorities to move work around ACEs forward on a local level.

Driver: Influencing Internal and Public Policy

The Intermountain Healthcare Policy Council was established in May 2021. The Council meets quarterly to discuss specific public policy topics and how Intermountain should approach each item. The 2023 Policy Plan reflects their agreed upon approach to address policies related to our Aims and Drivers. In 2021 we also created a financial assistance policy review committee, which resulted in internal policy changes for influenza and HPV vaccines being given without application. These significantly reduced barriers to care for our uninsured and underinsured community members.

Community Giving

Our organization provides charitable contributions, including donations and grants, to nonprofit agencies that align with identified community health aims and drivers as determined in the Community Health Needs Assessment. We award funding from Intermountain Healthcare Community Giving and the Intermountain Community Care Foundation. From 2020 to the end of 2022, we allocated more than $141 million to more than 300 organizations.

Conclusion

We are grateful for the support of community members and agencies for their participation in this process of understanding local community health needs and developing strategies to improve health. Intermountain Healthcare will publish its next CHNA in 2025 and looks forward to continuing collaborations to improve the health of our community.

The Intermountain Healthcare CHNA was completed by Intermountain Community Health and Strategic Research Departments with expert guidance from the Utah CHNA Collaboration.

Alta View Hospital 2016 CHNA

Acknowledgment

This assessment would not be possible without the Utah Department of Health & Human Services Division of Data, Systems, and Evaluation. Their talented team of data specialists helped Intermountain identify reliable public health measures that best illustrate the health of a community. Their dedication to the quality of the data and its dissemination helped make this assessment a true community collaboration. Contributors from the Utah Department of Health & Human Services Division of Data, Systems, and Evaluation included Anna Dillingham, Vangie Lund, and Tong Zheng. Intermountain is also grateful for Anna Dillingham's continued leadership of the Utah CHNA Collaboration, which is co-chaired with Stephanie Stokes.

For more information about the CHNA, contact:

Mikelle Moore, Chief Community Health Officer and Senior Vice President, mikelle.moore@imail.org
Stephanie Croasdell Stokes, Senior Consultant, Strategic Research, stephanie.stokes@imail.org

Appendix A

These reports, provided by America's Health Rankings, provide a high-level state summary of community health indicators.

Insert PDFs from:
Annual Reports
http://assets.americashealthrankings.org/app/uploads/utah-annualreport20211.pdf
http://assets.americashealthrankings.org/app/uploads/nevada-annualreport20211.pdf
http://assets.americashealthrankings.org/app/uploads/idaho-annualreport20211.pdf

Senior Reports
http://assets.americashealthrankings.org/app/uploads/utah-senior2022.pdf
http://assets.americashealthrankings.org/app/uploads/nevada-senior2022.pdf
http://assets.americashealthrankings.org/app/uploads/idaho-senior2022.pdf

Women & Children Report
http://assets.americashealthrankings.org/app/uploads/utah-hwc2022.pdf
http://assets.americashealthrankings.org/app/uploads/nevada-hwc2022.pdf
http://assets.americashealthrankings.org/app/uploads/idaho-hwc2022.pdf

Additional community-level data for all hospitals, beyond what is shared in these reports, can be found at:
Utah: https://ibis.health.utah.gov/ibisph-view/
Idaho: https://www.countyhealthrankings.org/
Nevada: https://www.healthysouthernnevada.org/

Data sources: State of Utah Behavioral Risk Factor Surveillance System (BRFSS), 2018, 2019, 2020, 2021; State of Utah Youth Risk Behavior Survey (YRBS), 2017, 2019, 2021; Utah Department of Health & Human Services Bureau of Epidemiology, 2020; Utah Cancer Registry, 2018, 2019, 2020; Utah Emergency Department Encounter Database, 2018, 2019, 2020; Utah Environmental Public Health Tracking, (EPHT) 2020; Utah Vital Statistics, 2018, 2019, 2020; State of Utah Pregnancy Risk Assessment Monitoring Survey, 2018, 2019, 2020; National Immunization Survey, 2020; American Community Survey, 2020. Sources specific to the AHR can be found at https://www.americashealthrankings.org/about/methodology/data-sources-and-measures

Appendix B

The table below shows the definition of each hospital community by zip code and the Utah Department of Health & Human Services Small Areas. Each Small Area includes medically underserved, low-income, and minority populations. The Utah Department of Health & Human Services created Small Areas in order to facilitate reporting data at the community level. Small Areas are determined based on specific criteria, including population size, political boundaries of cities and towns, and economic similarity, and were reviewed and approved by public health experts. These zip codes and associated Small Areas were used to assemble available data for health indicators.

Intermountain Hospital	Assigned Zip Code	CITY	COUNTY	STATE	Small Area Name	Local Health District
Alta View	84020	DRAPER	SALT LAKE	UT	Draper	Salt Lake
Alta View	84070	SANDY	SALT LAKE	UT	Sandy (West)	Salt Lake
Alta View	84092	SANDY	SALT LAKE	UT	Sandy (Southeast)	Salt Lake
Alta View	84093	SANDY	SALT LAKE	UT	Sandy (Northeast)	Salt Lake
Alta View	84094	SANDY	SALT LAKE	UT	Sandy (Center) V2	Salt Lake
American Fork	84003	AMERICAN FORK	UTAH	UT	American Fork	Utah
American Fork	84004	ALPINE	UTAH	UT	Alpine	Utah
American Fork	84005	EAGLE MOUNTAIN	UTAH	UT	Eagle Mountain/Cedar Valley	Utah
American Fork	84042	LINDON	UTAH	UT	Pleasant Grove/Lindon	Utah
American Fork	84043	LEHI	UTAH	UT	Lehi	Utah
American Fork	84045	SARATOGA SPRINGS	UTAH	UT	Saratoga Springs	Utah
American Fork	84062	PLEASANT GROVE	UTAH	UT	Pleasant Grove/Lindon	Utah
Bear River Valley	84301	BEAR RIVER CITY	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84306	COLLINSTON	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84307	CORINNE	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84309	DEWEYVILLE	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84311	FIELDING	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84312	GARLAND	BOX ELDER	UT	Tremonton	Bear River
Bear River Valley	84314	HONEYVILLE	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84316	HOWELL	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84330	PLYMOUTH	BOX ELDER	UT	Box Elder County (Other)	Bear River

Bear River Valley	84331	PORTAGE	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84337	TREMONTON	BOX ELDER	UT	Tremonton	Bear River
Bear River Valley	84340	WILLARD	BOX ELDER	UT	Box Elder County (Other)	Bear River
Bear River Valley	84302	BRIGHAM CITY	BOX ELDER	UT	Brigham City	Bear River
Cedar City	84720	CEDAR CITY	IRON	UT	Cedar City	Southwest
Cedar City	84721	CEDAR CITY	IRON	UT	Cedar City	Southwest
Delta Community	84624	DELTA	MILLARD	UT	Delta/Fillmore	Central
Delta Community	84631	FILLMORE	MILLARD	UT	Delta/Fillmore	Central
Delta Community	84635	HINCKLEY	MILLARD	UT	Delta/Fillmore	Central
Fillmore Community	84624	DELTA	MILLARD	UT	Delta/Fillmore	Central
Fillmore Community	84631	FILLMORE	MILLARD	UT	Delta/Fillmore	Central
Fillmore Community	84635	HINCKLEY	MILLARD	UT	Delta/Fillmore	Central
Garfield Memorial	84713	BEAVER	BEAVER	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84714	BERYL	IRON	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84718	CANNONVILLE	GARFIELD	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84726	ESCALANTE	GARFIELD	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84735	HATCH	GARFIELD	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84736	HENRIEVILLE	GARFIELD	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84742	KANARRAVILLE	IRON	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84743	KINGSTON	PIUTE	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84751	MILFORD	BEAVER	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84752	MINERSVILLE	BEAVER	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84756	NEWCASTLE	IRON	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84758	ORDERVILLE	KANE	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84759	PANGUITCH	GARFIELD	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84760	PARAGONAH	IRON	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84761	PAROWAN	IRON	UT	Southwest Local Health District (Other	Southwest
Garfield Memorial	84776	TROPIC	GARFIELD	UT	Southwest Local Health District (Other	Southwest

Heber Valley	84027	FRUITLAND	DUCHESNE	UT	Duchesne County	TriCounty
Heber Valley	84032	HEBER CITY	WASATCH	UT	Wasatch County	Wasatch
Heber Valley	84049	MIDWAY	WASATCH	UT	Wasatch County	Wasatch
Heber Valley	84082	WALLSBURG	WASATCH	UT	Wasatch County	Wasatch
Intermountain Medical Center & TOSH	84029	GRANTSVILLE	TOOELE	UT	Tooele County (Other)	Tooele
Intermountain Medical Center & TOSH	84044	MAGNA	SALT LAKE	UT	Magna	Salt Lake
Intermountain Medical Center & TOSH	84047	MIDVALE	SALT LAKE	UT	Midvale	Salt Lake
Intermountain Medical Center & TOSH	84074	TOOELE	TOOELE	UT	Tooele Valley	Tooele
Intermountain Medical Center & TOSH	84084	WEST JORDAN	SALT LAKE	UT	West Jordan (Northeast) V2	Salt Lake
Intermountain Medical Center & TOSH	84105	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Southeast Liberty)	Salt Lake
Intermountain Medical Center & TOSH	84106	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Sugarhouse)	Salt Lake
Intermountain Medical Center & TOSH	84107	SALT LAKE CITY	SALT LAKE	UT	Murray	Salt Lake
Intermountain Medical Center & TOSH	84109	SALT LAKE CITY	SALT LAKE	UT	Millcreek (East)	Salt Lake
Intermountain Medical Center & TOSH	84115	SALT LAKE CITY	SALT LAKE	UT	South Salt Lake	Salt Lake
Intermountain Medical Center & TOSH	84117	SALT LAKE CITY	SALT LAKE	UT	Holladay V2	Salt Lake
Intermountain Medical Center & TOSH	84118	SALT LAKE CITY	SALT LAKE	UT	Kearns V2	Salt Lake
Intermountain Medical Center & TOSH	84119	WEST VALLEY CITY	SALT LAKE	UT	West Valley (East) V2	Salt Lake
Intermountain Medical Center & TOSH	84120	WEST VALLEY CITY	SALT LAKE	UT	West Valley (Center)	Salt Lake
Intermountain Medical Center & TOSH	84121	SALT LAKE CITY	SALT LAKE	UT	Cottonwood	Salt Lake

Intermountain Medical Center & TOSH	84123	SALT LAKE CITY	SALT LAKE	UT	Taylorsville (East)/Murray (West)	Salt Lake
Intermountain Medical Center & TOSH	84124	SALT LAKE CITY	SALT LAKE	UT	Millcreek (South)	Salt Lake
Intermountain Medical Center & TOSH	84128	WEST VALLEY CITY	SALT LAKE	UT	West Valley (West) V2	Salt Lake
Intermountain Medical Center & TOSH	84129	SALT LAKE CITY	SALT LAKE	UT	Taylorsville (West)	Salt Lake
Layton	84010	BOUNTIFUL	DAVIS	UT	Bountiful	Davis
Layton	84014	CENTERVILLE	DAVIS	UT	Centerville	Davis
Layton	84015	CLEARFIELD	DAVIS	UT	Clearfield Area/Hooper	Davis
Layton	84025	FARMINGTON	DAVIS	UT	Farmington	Davis
Layton	84037	KAYSVILLE	DAVIS	UT	Kaysville/Fruit Heights	Davis
Layton	84040	LAYTON	DAVIS	UT	Layton/South Weber	Davis
Layton	84041	LAYTON	DAVIS	UT	Layton/South Weber	Davis
Layton	84054	NORTH SALT LAKE	DAVIS	UT	North Salt Lake	Davis
Layton	84056	HILL AFB	DAVIS	UT	Clearfield Area/Hooper	Davis
Layton	84075	SYRACUSE	DAVIS	UT	Syracuse	Davis
Layton	84087	WOODS CROSS	DAVIS	UT	Woods Cross/West Bountiful	Davis
LDS	84101	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Downtown) V2	Salt Lake
LDS	84102	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Downtown) V2	Salt Lake
LDS	84103	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Avenues)	Salt Lake
LDS	84104	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Glendale) V2	Salt Lake
LDS	84108	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Foothill/East Bench)	Salt Lake
LDS	84111	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Downtown) V2	Salt Lake
LDS	84116	SALT LAKE CITY	SALT LAKE	UT	Salt Lake City (Rose Park)	Salt Lake
Logan Regional	84028	GARDEN CITY	RICH	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84305	CLARKSTON	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84318	HYDE PARK	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84319	HYRUM	CACHE	UT	Hyrum	Bear River

Logan Regional	84320	LEWISTON	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84321	LOGAN	CACHE	UT	Logan V2	Bear River
Logan Regional	84323	LOGAN	CACHE	UT	Logan V2	Bear River
Logan Regional	84325	MENDON	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84326	MILLVILLE	CACHE	UT	Logan V2	Bear River
Logan Regional	84327	NEWTON	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84328	PARADISE	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84332	PROVIDENCE	CACHE	UT	Logan V2	Bear River
Logan Regional	84333	RICHMOND	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84335	SMITHFIELD	CACHE	UT	Smithfield	Bear River
Logan Regional	84338	TRENTON	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84339	WELLSVILLE	CACHE	UT	Cache County (Other)/Rich County (All)	Bear River
Logan Regional	84341	LOGAN	CACHE	UT	North Logan	Bear River
McKay-Dee	84050	MORGAN	MORGAN	UT	Morgan County	Weber-Morgan
McKay-Dee	84067	ROY	WEBER	UT	Roy/Hooper	Weber-Morgan
McKay-Dee	84310	EDEN	WEBER	UT	Weber County (East)	Weber-Morgan
McKay-Dee	84315	HOOPER	WEBER	UT	Roy/Hooper	Weber-Morgan
McKay-Dee	84317	HUNTSVILLE	WEBER	UT	Weber County (East)	Weber-Morgan
McKay-Dee	84401	OGDEN	WEBER	UT	Ogden (Downtown)	Weber-Morgan
McKay-Dee	84403	OGDEN	WEBER	UT	South Ogden	Weber-Morgan
McKay-Dee	84404	OGDEN	WEBER	UT	Ben Lomond	Weber-Morgan
McKay-Dee	84405	OGDEN	WEBER	UT	Riverdale	Weber-Morgan
McKay-Dee	84414	OGDEN	WEBER	UT	Weber County (East)	Weber-Morgan
Orem Community	84057	OREM	UTAH	UT	Orem (North)	Utah
Orem Community	84058	OREM	UTAH	UT	Orem (West)	Utah
Orem Community	84097	OREM	UTAH	UT	Orem (East)	Utah

Park City	84017	COALVILLE	SUMMIT	UT	Summit County (East)	Summit
Park City	84033	HENEFER	SUMMIT	UT	Summit County (East)	Summit
Park City	84036	KAMAS	SUMMIT	UT	Summit County (East)	Summit
Park City	84055	OAKLEY	SUMMIT	UT	Summit County (East)	Summit
Park City	84060	PARK CITY	SUMMIT	UT	Park City	Summit
Park City	84061	PEOA	SUMMIT	UT	Summit County (East)	Summit
Park City	84068	PARK CITY	SUMMIT	UT	Park City	Summit
Park City	84098	PARK CITY	SUMMIT	UT	Park City	Summit
Riverton	84009	SOUTH JORDAN	SALT LAKE	UT	Daybreak	Salt Lake
Riverton	84065	RIVERTON	SALT LAKE	UT	Riverton/Bluffdale	Salt Lake
Riverton	84081	WEST JORDAN	SALT LAKE	UT	West Jordan (West)/Copperton	Salt Lake
Riverton	84088	WEST JORDAN	SALT LAKE	UT	West Jordan (Southeast)	Salt Lake
Riverton	84095	SOUTH JORDAN	SALT LAKE	UT	South Jordan V2	Salt Lake
Riverton	84096	HERRIMAN	SALT LAKE	UT	Herriman	Salt Lake
Sanpete Valley	84627	EPHRAIM	SANPETE	UT	Sanpete Valley	Central
Sanpete Valley	84629	FAIRVIEW	SANPETE	UT	Sanpete Valley	Central
Sanpete Valley	84642	MANTI	SANPETE	UT	Sanpete Valley	Central
Sanpete Valley	84647	MOUNT PLEASANT	SANPETE	UT	Sanpete Valley	Central
Sevier Valley	84620	AURORA	SEVIER	UT	Central (Other)	Central
Sevier Valley	84622	CENTERFIELD	SANPETE	UT	Central (Other)	Central
Sevier Valley	84623	CHESTER	SANPETE	UT	Central (Other)	Central
Sevier Valley	84636	HOLDEN	MILLARD	UT	Central (Other)	Central
Sevier Valley	84637	KANOSH	MILLARD	UT	Central (Other)	Central
Sevier Valley	84644	MEADOW	MILLARD	UT	Central (Other)	Central
Sevier Valley	84646	MORONI	SANPETE	UT	Central (Other)	Central
Sevier Valley	84649	OAK CITY	MILLARD	UT	Central (Other)	Central
Sevier Valley	84652	REDMOND	SEVIER	UT	Central (Other)	Central
Sevier Valley	84654	SALINA	SEVIER	UT	Richfield/Monroe/Salina	Central
Sevier Valley	84657	SIGURD	SEVIER	UT	Central (Other)	Central
Sevier Valley	84662	SPRING CITY	SANPETE	UT	Central (Other)	Central
Sevier Valley	84667	WALES	SANPETE	UT	Central (Other)	Central
Sevier Valley	84701	RICHFIELD	SEVIER	UT	Richfield/Monroe/Salina	Central
Sevier Valley	84711	ANNABELLA	SEVIER	UT	Central (Other)	Central
Sevier Valley	84715	BICKNELL	WAYNE	UT	Central (Other)	Central
Sevier Valley	84723	CIRCLEVILLE	PIUTE	UT	Central (Other)	Central
Sevier Valley	84724	ELSINORE	SEVIER	UT	Central (Other)	Central
Sevier Valley	84730	GLENWOOD	SEVIER	UT	Central (Other)	Central

Sevier Valley	84739	JOSEPH	SEVIER	UT	Central (Other)	Central
Sevier Valley	84740	JUNCTION	PIUTE	UT	Central (Other)	Central
Sevier Valley	84744	KOOSHAREM	SEVIER	UT	Central (Other)	Central
Sevier Valley	84747	LOA	WAYNE	UT	Central (Other)	Central
Sevier Valley	84749	LYMAN	WAYNE	UT	Central (Other)	Central
Sevier Valley	84750	MARYSVALE	PIUTE	UT	Central (Other)	Central
Sevier Valley	84754	MONROE	SEVIER	UT	Richfield/Monroe/Salina	Central
Sevier Valley	84775	TORREY	WAYNE	UT	Central (Other)	Central
Spanish Fork	84660	SPANISH FORK	UTAH	UT	Spanish Fork	Utah
St. George Regional	84722	CENTRAL	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84725	ENTERPRISE	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84737	HURRICANE	WASHINGTON	UT	Hurricane/La Verkin	Southwest
St. George Regional	84738	IVINS	WASHINGTON	UT	Ivins/Santa Clara	Southwest
St. George Regional	84745	LA VERKIN	WASHINGTON	UT	Hurricane/La Verkin	Southwest
St. George Regional	84746	LEEDS	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84757	NEW HARMONY	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84765	SANTA CLARA	WASHINGTON	UT	Ivins/Santa Clara	Southwest
St. George Regional	84767	SPRINGDALE	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84770	SAINT GEORGE	WASHINGTON	UT	St George	Southwest
St. George Regional	84771	SAINT GEORGE	WASHINGTON	UT	St George	Southwest
St. George Regional	84774	TOQUERVILLE	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84779	VIRGIN	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84780	WASHINGTON	WASHINGTON	UT	Washington City	Southwest
St. George Regional	84782	VEYO	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84783	DAMMERON VALLEY	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84784	HILDALE	WASHINGTON	UT	Washington County (Other) V2	Southwest
St. George Regional	84790	SAINT GEORGE	WASHINGTON	UT	St George	Southwest
St. George Regional	84791	SAINT GEORGE	WASHINGTON	UT	St George	Southwest
Utah Valley	84601	PROVO	UTAH	UT	Provo (West City Center)	Utah
Utah Valley	84603	PROVO	UTAH	UT	Provo (West City Center)	Utah
Utah Valley	84604	PROVO	UTAH	UT	Provo/BYU	Utah

Utah Valley	84606	PROVO	UTAH	UT	Provo (East City Center)	Utah
Utah Valley	84645	MONA	JUAB	UT	Nephi/Mona	Central
Utah Valley	84651	PAYSON	UTAH	UT	Payson	Utah
Utah Valley	84653	SALEM	UTAH	UT	Salem City	Utah
Utah Valley	84655	SANTAQUIN	UTAH	UT	Utah County (South) V2	Utah
Utah Valley	84663	SPRINGVILLE	UTAH	UT	Springville	Utah
Utah Valley	84664	MAPLETON	UTAH	UT	Mapleton	Utah

*Primary Children's Hospital defines its community as the entire geographic state of Utah, including the medically underserved, low-income, and minority populations that live within the state.
*Cassia Regional Hospital defines its community using zip codes that align with local public health efforts and County Health Rankings & Roadmaps. The hospital community includes underrepresented, medically underserved, low-income, and minority populations. These zip codes were used to assemble available data for health indicators:

83311 Albion	83312 Almo	83318 Burley
83323 Delco	83336 Heyburn	83342 Malta
83343 Minidoka	83346 Oakley	83347 Paul
83350 Rupert		

*Southern Nevada community defines it's community to include Clark & Nye county.

Appendix C

The table below lists the health indicators reviewed for the 2022 CHNA:

Age
Sex
Race
Ethnicity
Population Counts
Persons living in poverty
Child poverty
Food Insecurity
Housing Cost Burden
Income
Education
Households headed by a single female
Lack of Social and Emotional Support
Air Quality
Water Quality
Food Deserts/Low Food Access
Modified Food Retail Environment Index
Housing - Overcrowded or Substandard Housing
Recreation and Fitness Facility Access
Safety - crime rates
Walk and Bike Friendly
Transportation use
Occupational Fatalities
General Health Status
Life expectancy
Mortality/leading causes of death
Disability/Activity limitation
Uncontrolled Asthma
COPD
All Cancer Deaths
Breast Cancer
Colon Cancer
Lung Cancer
Skin Cancer
High Blood Pressure
High Cholesterol
Coronary Heart Disease
Heart Failure
Stroke
Pre-Diabetes

Diabetes
Overweight
Obesity
Recommended Physical Activity
Vegetable Consumption
Fruit Consumption
Arthritis
Alzheimer's Disease
Pertussis
Influenza-associated hospitalization
Hepatitis B, chronic
Hepatitis B, acute
Hepatitis A
Tetanus
Diphtheria
Varicella (chickenpox)
Chlamydia
Gonorrhea
HIV
Syphilis, all stages
Hepatitis C, chronic
Hepatitis C, acute
West Nile virus, total
Tuberculosis, active
Campylobacter
Shiga toxin-producing E.coli
Salmonellosis
Giardiasis
Cryptosporidiosis
Hospital Associated Infections
Rabies, animal
Mental Health Status
Suicide
Frequent mental distress
Attempted Suicide (minor)
Depression
Prescription Drug Misuse & deaths
Opioid Specifically
Cigarette Smoking
Vaping
Binge Drinking
Chronic Drinking
Illicit Substance Use (minor)

No Health Insurance Coverage
Cost as a Barrier to Care in Past Year
At Least One Primary Provider
Non-emergent ED Use
Last Dental Visit 1 year ago or more
Access to MH providers
Access to Dental Health providers
Provider per population/Physician Supply
Mammogram
Cholesterol checked
Colon cancer screening
Influenza vaccination
Pneumococcal vaccinations
Childhood vaccination
HPV immunization
Sun Safety
HIV Testing
Infant Mortality
Fetal Deaths
No Prenatal Care until 3rd Trimester
Multivitamin use before pregnancy
Preterm Births
Low Birth Weight
Gestational diabetes
Obese BMI prior to pregnancy
Excessive Gestational Weight Gain
Alcohol use during Pregnancy
Smoking during the third trimester of pregnancy
Breastfeeding
Births from Unintended Pregnancy
Duration between Pregnancies
Births to Women under 18
Developmental Screening
ACES
Autism
Seatbelt use
Helmet Use (minor)
Unintentional Injury Deaths
Falls
Motor vehicle traffic crashes
Firearm
Drowning
Poisoning

Burn (minor)
Fire deaths
Sexual Assault (Rape)
Violent Crimes

Appendix D

Pre-survey questionnaire that was sent to community members prior to scheduled input meetings

Q1 What organization do you represent?

Q2 Below is a list of health-related issues identified in previous assessments. Today, what would you say are the most significant health issues for your community? Drag and drop to rank your answers, with the most significant issue at the top.

Q3 What is different or unique about understanding and addressing [top issue identified] today, compared to three years ago when we last did this assessment?

Q4 What barriers continue to get in the way of preventing or solving this health issue?

Q5 Think specifically about aging and senior adults in your community. How would you rank the most significant health issues for aging and senior adults differently, if at all?

Q6 What other health issues, if any, should we be considerate of for aging or senior adults in our community?

Q7 Think specifically about children (individuals 0-17) in your community. How would you rank the most significant health issues for children differently, if at all?

Q8 What other health issues, if any, should we be considerate of for children in our community?

Q9 Think specifically about racial and ethnic minority groups in your community. How would you rank the most significant health issues for these underrepresented populations differently, if at all?

Q10 What other health issues, if any, should we be considerate of for racial and ethnic minority groups in our community?

Q11 Below is a list of community factors that drive health. Which do you feel your community does well, or you would consider a strength of your community? Select all that apply.

Q12 What other strengths or assets does your community have that can be used to improve health? What is missing, if anything?

Appendix E

The following hospital CHNA reports can be accessed using this link:
https://intermountainhealthcare.org/about/who-we-are/chna-reports/

- **Alta View Hospital in Sandy, Utah**
- **American Fork Hospital in American Fork, Utah**
- **Bear River Valley Hospital in Tremonton, Utah**
- **Cassia Regional Hospital in Burley, Idaho**
- **Cedar City Hospital in Cedar City, Utah**
- **Delta Community Hospital in Delta, Utah**
- **St. George Regional Medical Center in St. George, Utah**
- **Fillmore Community Hospital in Fillmore, Utah**
- **Garfield Memorial Hospital in Panguitch, Utah**
- **Heber Valley Hospital in Heber City, Utah**
- **Intermountain Medical Center in Salt Lake City, Utah**
- **Layton Hospital in Layton, Utah**
- **LDS Hospital in Salt Lake City, Utah**
- **Logan Regional Hospital in Logan, Utah**
- **McKay-Dee Hospital in Ogden, Utah**
- **Orem Community Hospital in Orem, Utah**
- **Park City Hospital in Park City, Utah**
- **Primary Children's Hospital in Salt Lake City, Utah**
- **Riverton Hospital in Riverton, Utah**
- **Sanpete Valley Hospital in Mount Pleasant, Utah**
- **Sevier Valley Hospital in Richfield, Utah**
- **Spanish Fork Hospital in Spanish Fork, Utah**
- **TOSH-The Orthopedic Specialty Hospital in Murray, Utah**
- **Utah Valley Hospital in Provo, Utah**

Intermountain Healthcare