



Intermountain®
Bear River Valley Hospital



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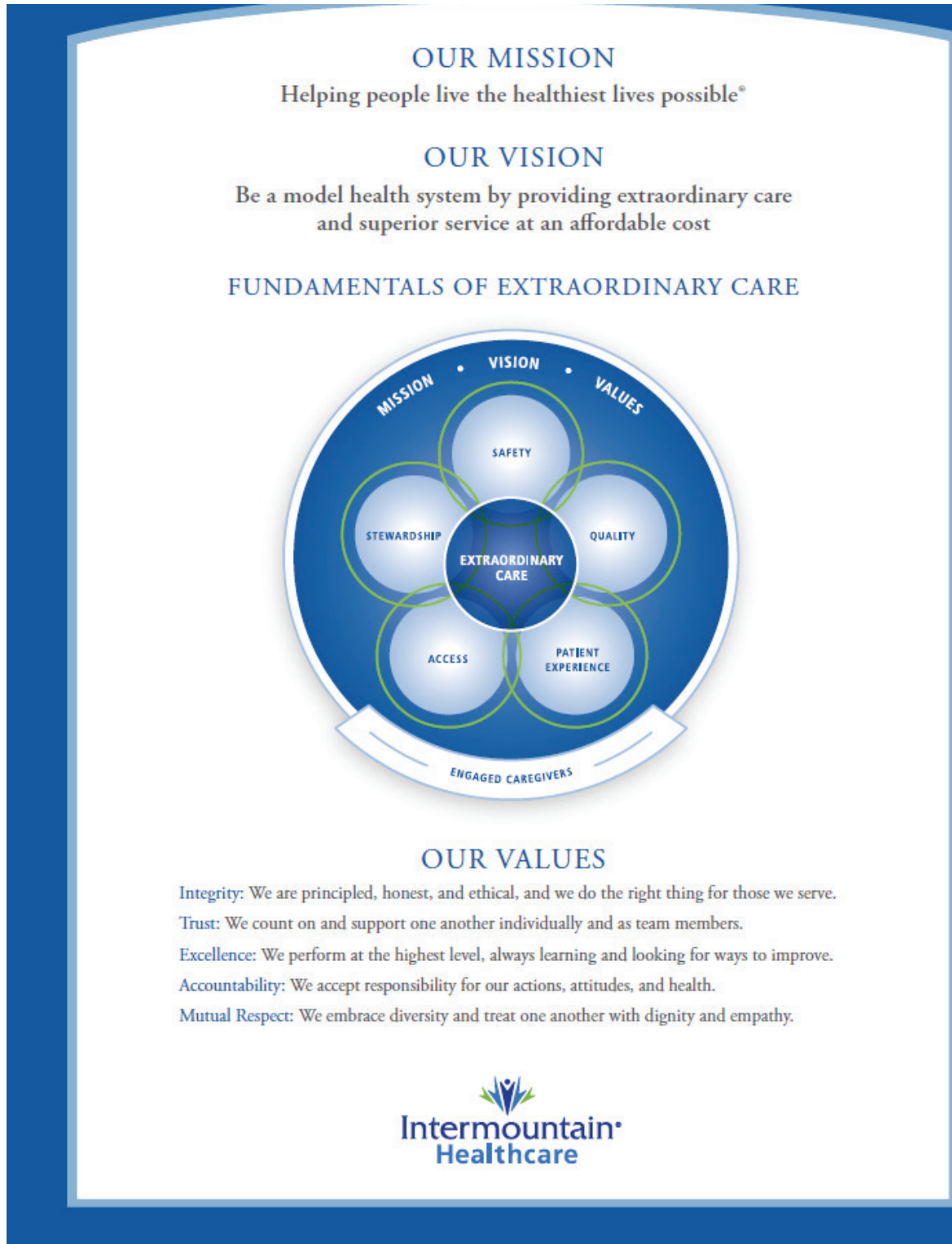
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Intermountain Healthcare's mission statement reflects our ever-expanding community health focus on prevention and overall wellness and wellbeing as we strive to improve the health of all those who live in the communities we serve.



Summary

Intermountain Healthcare created and implemented a system-wide planning process to address the health priorities identified in the 2019 Community Health Needs Assessment (CHNA) for the organization as a whole and each of its 24 hospitals. This implementation plan, a companion to the 2019 CHNA Report, outlines the community health improvement initiatives and strategies Intermountain and its hospitals will implement over the next three years.

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital or system to conduct a CHNA every three years and to develop an implementation plan with strategies that address the CHNA identified health needs, as well as to measure and report their impact. Intermountain reports how it complies with these requirements on the IRS Form 990 Schedule H annually. Intermountain created CHNA reports and implementation plans as a system with local plan application and implementation for each of its 24¹ hospitals. CHNA and Community Health Implementation Plan (CHIP) documents are made publicly available through the Intermountain system and individual hospital websites.

The 2019 CHNA process was designed and guided by the Utah Community Health Needs Assessment Collaboration. This Intermountain led collaboration is structured as a working coalition composed of representatives from participating agencies. Common strategies of the collaboration include: (1) develop relationships with important stakeholders; (2) engage the existing 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 use of the collaborative community health needs assessment results into implementation strategies to support state, system, hospitals and hospital-based clinical programs goals.

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

Intermountain identified dimensions for prioritization using practices established by public health practices. The dimensions reflect needs assessment best practices, ACA requirements, and Intermountain strategic goals.

Dimensions included:

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

¹ Intermountain owns and operates 23 hospitals in Utah and southeastern Idaho and manages Garfield Memorial Hospital, owned by Garfield County, in Panguitch, Utah. Intermountain included Garfield Memorial Hospital in its system-wide CHNA and implementation planning. For purposes of this report, reference will be made to 24.

- **Feasibility:** the degree to which the health issue is feasible to change, considering 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
- **Upstream:** the degree to which the health issue is upstream from and a root cause of other health issues

Based on that prioritization process, Intermountain and its hospitals identified the following priority health needs:



Results of the CHNA and prioritization process were used to develop a three-year plan outlining associated health improvement strategies for each hospital to address the prioritized health needs using evidence-based programs. Using community input, we identified evidence-based programs to benefit our hospitals' communities by leveraging Intermountain's resources as an integrated healthcare system with those of community partners.

As a result, each hospital's strategies leverage system and local resources to create local community partnerships to improve health for low-income, underserved, and uninsured populations. The

implementation plan includes a description of the resources Intermountain has committed to the initiatives and how such resources will be augmented by collaborative partnerships in each hospital community. Outcome measures will be tracked and reported annually through the evaluation process.

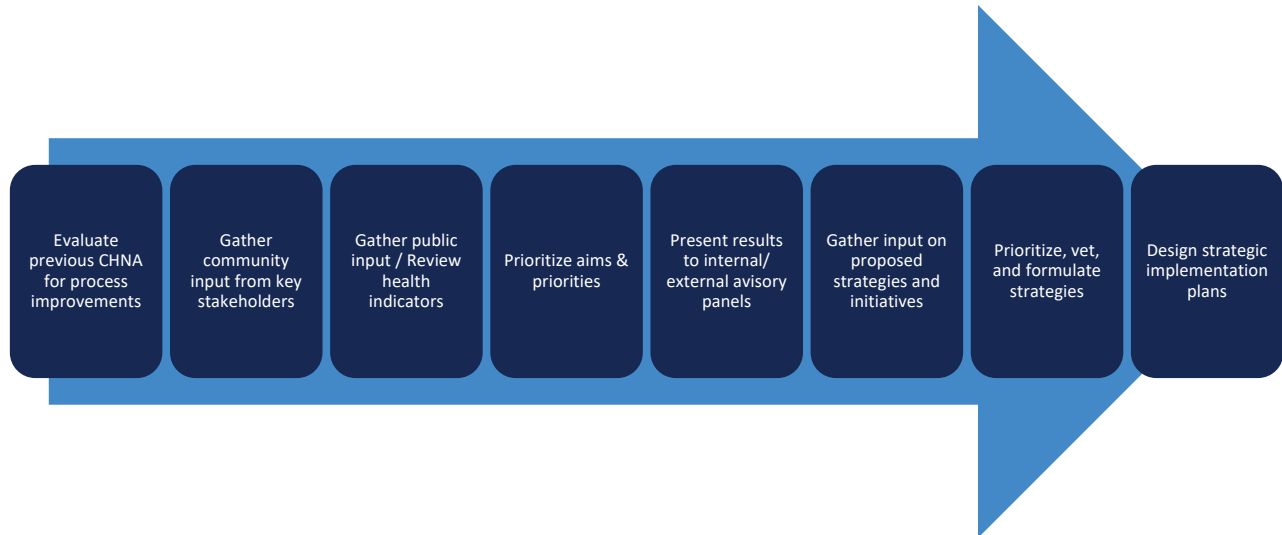
Implementation Planning

A comprehensive approach was used to identify the community health improvement strategies to address the identified health priorities of 1) improving mental wellbeing, 2) preventing avoidable disease and unintentional injury and 3) improving air quality throughout the Intermountain system in each hospital's implementation plan.

Implementation Planning Governance and Collaboration

Using Intermountain's Operating Model (a fully 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 the Intermountain system and each hospital's service area.

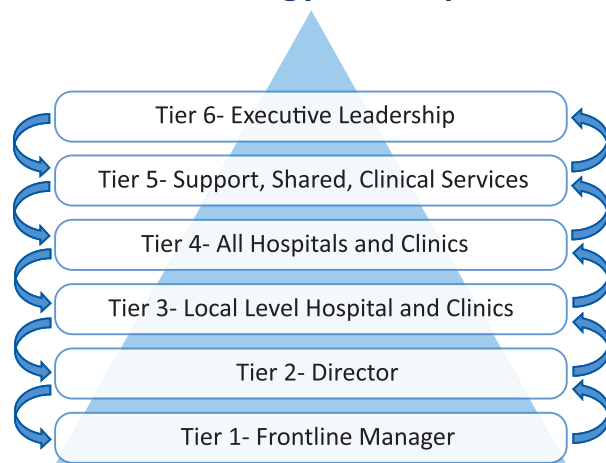
CHNA & Implementation Planning Process



Community partners were identified and invited to participate in individual hospital input and planning meetings. Meetings were convened to present Intermountain's 2020-2022 health priorities and aims to gather strategies and input on how to best address individual priorities in each community we serve.

- Intermountain convened its Community Advisory Panel to provide public health expertise to aid in the development of the health improvement strategies.
- Participants include leadership from:
 - Association for Utah Community Health (Utah's primary care association)
 - Comagine (Utah's quality improvement organization and quality innovation network)
 - Utah's local public behavioral health clinics
 - Utah's local health departments
 - Utah Department of Health
 - Utah Division Substance Abuse and Mental Health
- Internally, all areas at all levels of the organization (such as clinical programs, medical group providers and clinics, specialty and hospital-based care, operational and support services) participated in strategy development.
- Community Health along with the Department of Research and Analytics analyzed, synthesized, vetted and scored all proposed strategies and initiatives from all internal and external sources.
- Intermountain's Executive Leadership Team approved the system community health improvement implementation plan.

Tiered Strategy Development



- Through the Intermountain operating model (above), strategies and initiatives were discussed and strategy developed across departments, clinical programs and services to align community health priorities to system-wide efforts through a tiered strategy deployment process. While efforts for patients and caregivers will not be reported as community benefit, it is critical to note that implementation of aligned strategies is essential to maximize impact for improving and elevating the health of the entire community.

Establishing Criteria for Community Health Improvement Strategies

Intermountain presented the CHNA results to local stakeholders, many of whom were later identified as collaborative partners in each hospital community and worked with them to create a comprehensive inventory of existing local programs and interventions to address the identified health priorities through community input meetings. In addition, Intermountain's community health implementation planning team conducted an inventory of all Intermountain and SelectHealth's (Intermountain's affiliated and integrated health plan) programs and initiatives to identify those evidence-based best practices with application to community health improvement initiatives. The community health implementation planning team scored and vetted both internal and externally proposed strategies and conducted a thorough literature review on evidenced-based programs that addressed the health priorities and demonstrated health improvement.

Community participants included:

- 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
- Utah Local Health Departments
- Utah Division of Substance Abuse and Mental Health
- Utah Substance Abuse Advisory Council

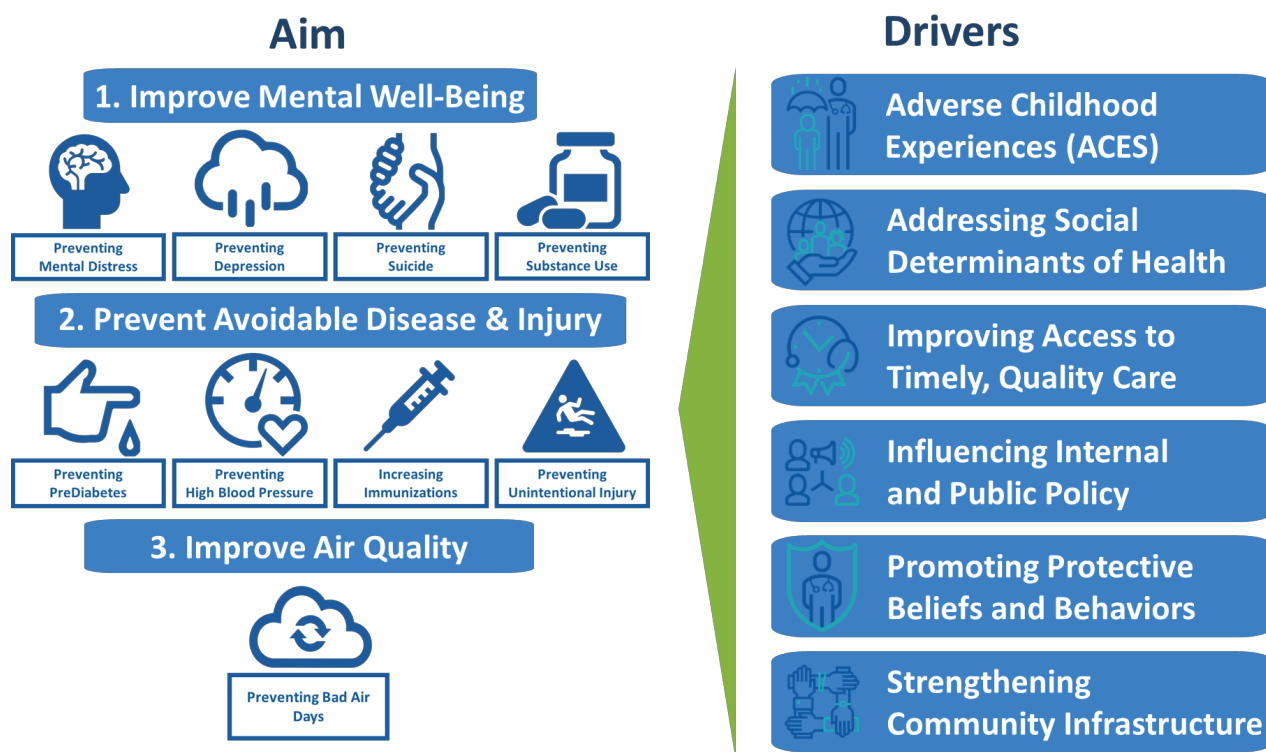
Selection of Community Health Strategies

The inventory of evidence-based interventions were scored by the Intermountain community health implementation planning team according to the following dimensions:

- Ability to implement and maintain fidelity to achieve anticipated outcomes
- Cost – total expense of the intervention (education materials, instructor, screening supplies, promotional materials, evaluation and data management)
- Effectiveness – measure of improved health as a result of intervention

- Evidence based either through peer review, published researched, or validated outcomes
- Existing or potential to create community collaboration
- Health improvement – measure of change in a person’s health status and how it can be maintained over a period
- Potential to influence public policy to improve health
- Reach – measure of people in the target population participating in intervention
- Sustainability – measure of how the intervention can be sustained over a period

The highest scoring intervention strategies were selected for implementation to address the health priorities; all hospitals will address the 3 aims/priorities over the next three years through local application of strategies.



Intermountain Identified Community Health Needs (Aims)

Intermountain has chosen to organize the prioritized health needs into three main categories we have termed aims. Intermountain has established a system wide community health improvement plan to address the health priorities of improving mental wellbeing, preventing avoidable disease and unintentional injury and improving air quality. Intermountain is approaching strategies to serve the health-related needs of its community by identifying the drivers behind the health and well-being of our patients, employees and community. Shifting our focus requires developing strategies that include the social, economic and environmental origins of health and well-being that manifest at the community level along with symptoms or health concerns that we see in our clinics and hospitals. Strategy developed to address the aims to be used has considered the drivers needed to propel lasting change. This upstream approach will allow Community Health to leverage resources throughout the organization and affect change across all identified aims. Strategies will move across the lifespan and will be implemented in alignment with the entire Intermountain system in order to be consistently aligned in

addressing these aims for all our caregivers, patients, and community members – especially those who are low income and uninsured or otherwise at risk. Strategies are summarized below with the detailed framework in the individual hospital community health improvement plans (Appendix A).

AIM/ **IMPROVE MENTAL WELL-BEING**

Frequent Mental Distress

Mental health conditions can be influenced by numerous factors including biologic and genetic vulnerabilities, acute or chronic physical health issues, and environmental conditions and stressors. The World Health Organization defines mental health as “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.” About 19% of Utah and 11% of Idaho adults report seven or more days when their mental health was poor or fair in the past 30 days.

Depression

Of all mental health conditions, depression is the most common. 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 pharmacological and psychological techniques, it often goes unrecognized and untreated. 1 out of 4 adults in Utah and Idaho with any mental illness and almost 40% of youth with depression do not receive treatment.

Suicide

Utah and Idaho have some of the highest suicide rates in the country. Suicide is the leading cause of death for Utahns ages 10 to 24. Overall, suicide is the sixth-leading cause of death in Utah and eighth in Idaho. In Utah, it is the second leading cause of death for ages 25 to 44 and the fourth-leading cause of death for ages 45-64. In Idaho, suicide is the 2nd leading cause of death for Idahoans ages 15-34 and for males up to age 44. For every person who dies by suicide, there are many more non-fatal suicide attempts that may result in significant injury.

Substance Misuse

Drug poisoning deaths 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 a 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.

The following graph illustrates the strategies to be implemented, to achieve the stated outcome from the goals presented.



AIM/ DECREASE AVOIDABLE DISEASE AND INJURY

Diabetes

It is a leading cause of non-traumatic lower-extremity amputation, renal failure, heart disease and blindness among adults younger than 75. About 80 million Americans aged 20 and older have pre-diabetes, a condition that puts them at high risk for developing diabetes. Without making lifestyle changes, approximately half of individuals diagnosed with prediabetes progress to diabetes within ten years. Intermountain Utah community-based screenings indicate about 1 in 3 screened positive for prediabetes.

High Blood Pressure

According to the Centers for Disease Control, 30 percent of Americans have high blood pressure and national studies indicate about 52 percent of people who screen positive will be able to control their high blood pressure through the planned interventions. High blood pressure is a risk factor for heart disease and stroke, which continue to be leading causes of death. In most cases, it can be effectively managed when identified early with lifestyle and medication changes (diet, exercise, and abstaining from tobacco). Because high blood pressure does not produce symptoms, regular screening is recommended. Intermountain Utah community-based screenings indicate 12-14% screened positive for high blood pressure.

Immunizations

Immunizations are one of the most cost-effective health prevention strategies in reducing and eliminating disease. Utah and Idaho continue to have one of the lowest rates of child immunizations in the nation. HPV is a very common virus that can lead to cancer. Nearly 80 million people (1 in 4) are currently infected

with HPV in the United States. About 14 million people, including teens, become infected with HPV each year. HPV vaccination rate in Utah is approximately 37% and Idaho is approximately 44%.

Unintentional Injury

In both Utah and Idaho, unintentional injuries are a leading cause of death and 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 leading causes of unintentional injury deaths for all ages in Utah and Idaho were poisoning, motor vehicle traffic crashes, falls, and suffocation (with falls being the leading cause of injury deaths for individuals 65 and older).

The following graph illustrates the strategies to be implemented, to achieve the stated outcome from the goals presented.



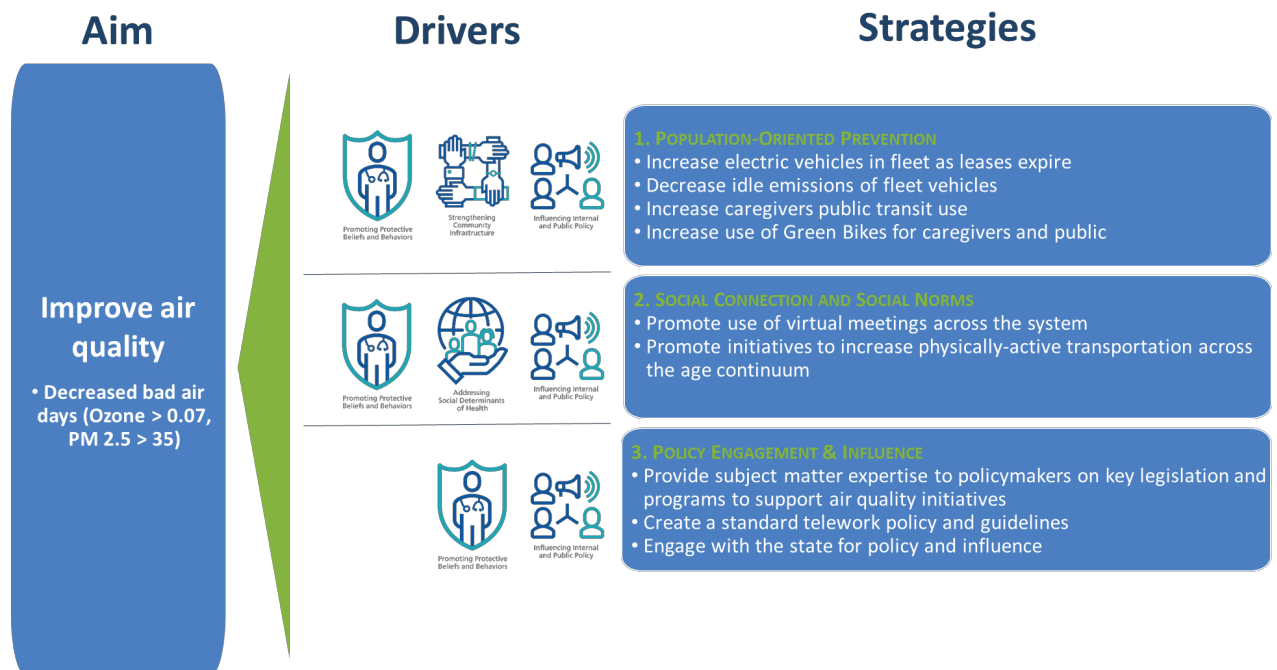
AIM/

IMPROVE AIR QUALITY

Air quality reflects measures of the amount of pollution in the air. Particulate Matter (PM 2.5) is a specific measure of air quality. PM 2.5 can get deep inside the lungs and cause a variety of symptoms, such as painful breathing, chest tightness, headache, and coughing. PM 2.5 can exacerbate respiratory infections, trigger asthma attacks and symptoms, and cause temporary reductions in lung capacity. Air pollution increases instances of low birth weight, premature births, and infant mortality. Air pollution increases certain forms of childhood cancers, especially leukemia. New studies show increases of heart attacks, strokes, and high blood pressure due to air pollution. Additionally, PM 2.5 prevents physical exercise, which is essential to maintaining good health.

The air quality monitors in Salt Lake, Davis, Utah, and Weber Counties indicate violations of the 2015 ozone National Ambient Air Quality Standards (NAAQS) based on the 2016 design values, therefore all or portions of these counties are included in the final nonattainment area designation from the Environmental Protection Agency (EPA). This indicator measures the average exposure of the general public to particulate matter of 2.5 microns (PM2.5) or less in size (3-year average). Air quality was not a identified need in Idaho.

The following graph illustrates the strategies to be implemented, to achieve the stated outcome from the goals presented.



Community Health Improvement Driver-Based Initiatives

ACCESS TO HEALTHCARE SERVICES

Intermountain's CHNA identified "access to healthcare" among the top needs in the community health needs assessment. While it is not a prioritized aim, access is being addressed as a driver that impacts multiples aims with integrated strategies. Intermountain identified access to care as an overall driver that affects all identified priorities and aims. Intermountain provides access to healthcare services for low-income and uninsured people in the communities served by its hospitals and clinics through its Financial Assistance Program (FAP) and by operating and supporting safety net clinics to increase access and eliminate barriers in accessing care for underserved people in our communities:

- People presenting in Intermountain hospitals and clinics are eligible to receive medically necessary services regardless of ability to pay and are assisted with applying for Financial Assistance and government programs for which they are eligible. In 2018, Intermountain provided

more than \$156 (\$419) million in Financial Assistance from 195,100 cases.

- Intermountain owns and operates four community and school clinics located in geographic areas where there are limited or no other healthcare providers; fees are charged on a sliding scale based on Federal Poverty Guidelines.
- Intermountain has agreements with 59 non-Intermountain clinics/sites serving people below the 200 percent of Federal Poverty Guidelines to provide vouchers for diagnostic imaging, lab tests, and specialty care services. In 2018, more than 16,525 vouchers were provided to patients of these clinics to obtain diagnostic and specialty care services in Intermountain facilities/hospitals.
- Intermountain provides grants through its Intermountain Community Care Foundation (ICCF) to Federally Qualified Health Centers and other safety net clinics in excess of \$3.8 million per year to help increase access to comprehensive medical care for low-income and uninsured individuals. In addition, the Foundation provides funds to non-profit organizations to increase access to services aligned with the identified health priorities.
- Intermountain provides funding and operation of multiple mobile screening, diagnostic, and primary care units. Intermountain operates a mobile mammography unit, and primary care mobile clinic. Intermountain funds an additional mobile clinic with a variety of specialty care providers operated by community partners.

Intermountain is committed to continue to support efforts to increase access to timely and quality care.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Adverse Childhood Experiences (ACEs) was identified as a significant driver of Intermountain's prioritized health needs. Where applicable ACEs were considered in hospital plans for certain strategies. Furthermore, screening and provision of trauma-based care will be implemented in two communities (McKay-Dee Hospital in Weber County, and Dixie Regional Hospital in Washington County) in order to align with and leverage the work in the two Alliance geographies (described below).

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have been identified as a main driver of Intermountain's prioritized health needs. As such, strategies supporting the three main aims take social determinants of health into consideration. In addition, specific initiatives include the following:

Anchor Institution

Intermountain and their hospitals are anchor institutions in the communities they serve. An anchor mission approach is defined as "a commitment to intentionally apply an institutions long-term, place-based economic power and human capital in partnership with community to mutually benefit the long-term well-being of both". Under this framework, Intermountain and its hospitals have developed strategies to link their assets to support health and well-being in the communities they serve and equitably address health disparities.

Many of these activities inform and affect our daily business practices to further improve community health. Current Anchor activities include:

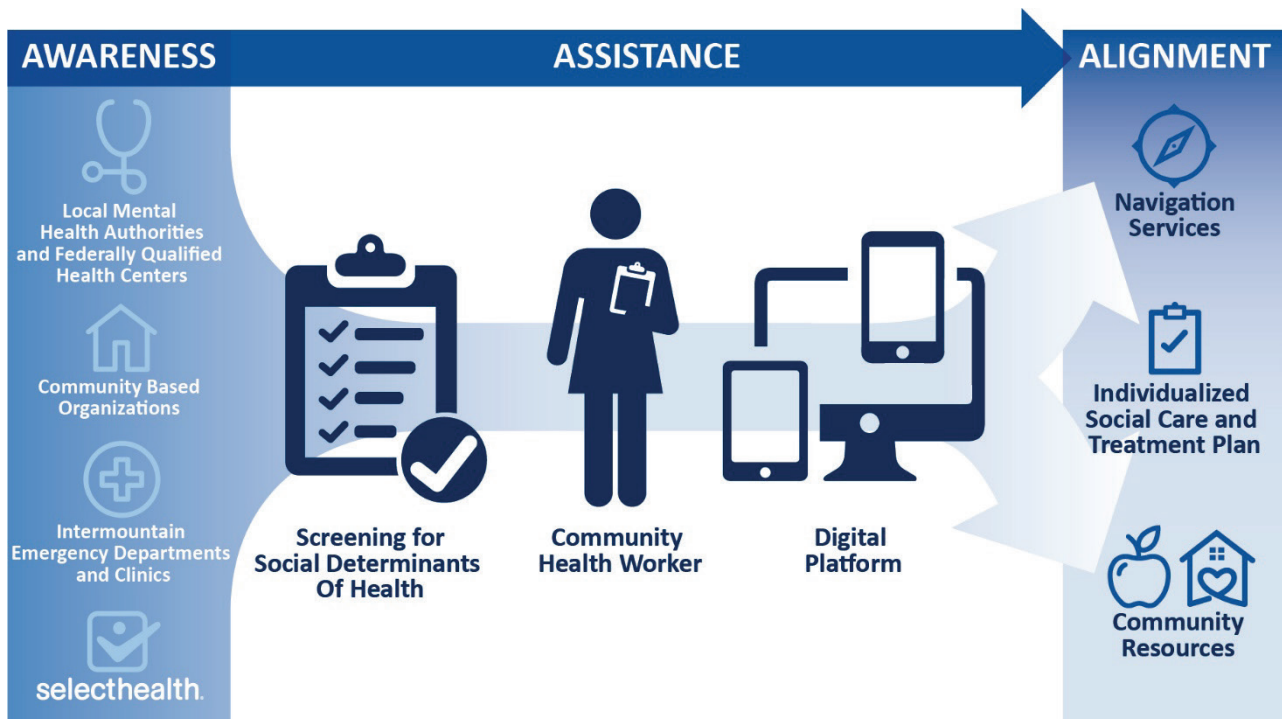
- ✓ Local and diverse purchasing
- ✓ Diverse and inclusive hiring
- ✓ Place-based impact investing
- ✓ Sustainability

The Intermountain system will support each hospital through standardizing policies and procedures for local purchasing, appropriate hiring practices, making impact investing expertise available and implementing sustainability strategies. It should be noted that sustainability strategies are in alignment with the identified air quality health priority and are described in the system and individual hospitals community health improvement plan (see Appendix A).

The Alliance for the Determinants of Health

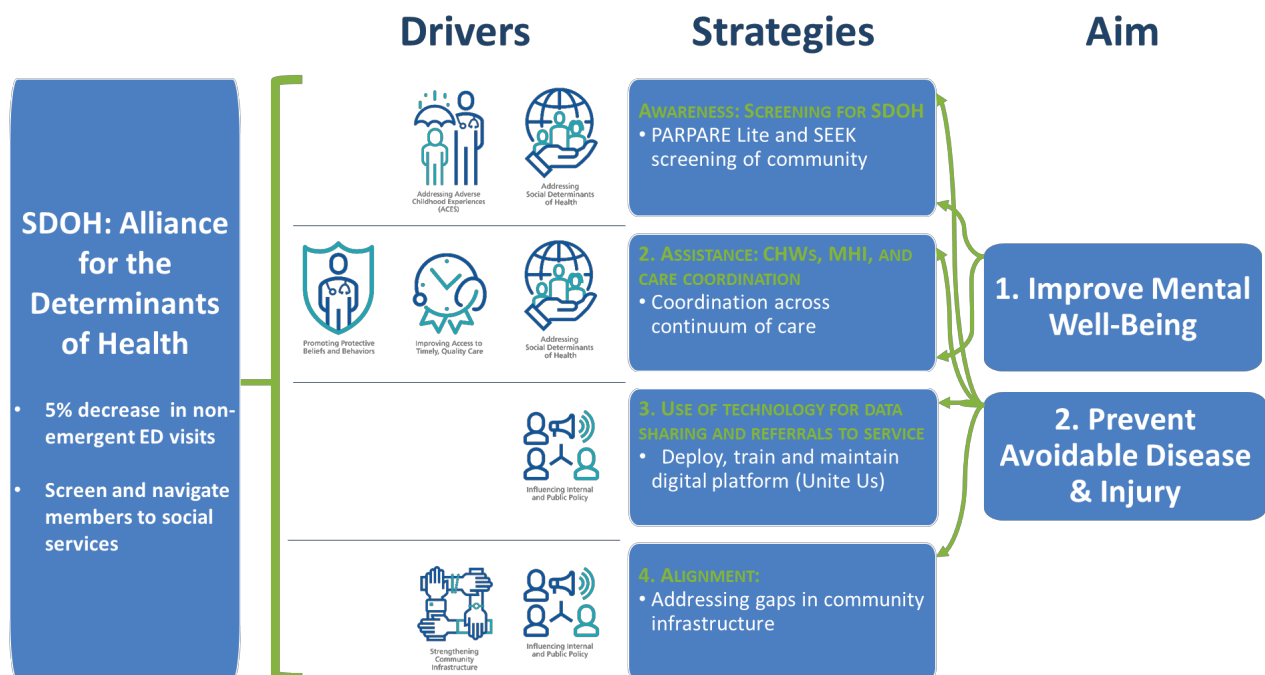


The Alliance for the Determinants of Health (the Alliance) is a community collaboration formed to improve well-being, improve healthcare affordability, and be a model for change by addressing social determinants of health -those non-medical factors that affect health such as housing instability, utility needs, food insecurity, interpersonal violence, and transportation. The Alliance is based on the Accountable Health Communities model of awareness, assistance, and alignment currently under exploration by the Centers for Medicaid and Medicare Services. Awareness includes screening individuals for social needs using the Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences (PRAPARE Lite) and the Safe Environment for Every Kid (SEEK) questionnaires; assistance includes navigation to resources such as the funding of coordination staff and provision of technology required for data sharing across agencies; and alignment is ensuring the readiness and capabilities of social service providers to meet community needs by addressing gaps in community infrastructure. The Alliance is a three-year demonstration project (2019-2021), with evaluation efforts focused on SelectHealth Community Care (Medicaid) members. Community partners in the Alliance such as the Federally Qualified Health Centers and Local Mental Health Authorities will be implementing Alliance workflows for screening for all payers. At the conclusion in 2021, successful components will be scaled to other Utah communities, and potentially other health insurance plans as best practices are shared nationally. The Alliance demonstration takes place in Washington and Weber counties in Utah and applies to McKay-Dee and Dixie Regional hospitals, respectively.



While the Alliance is funded and led by Intermountain Healthcare, it is the result of a collaborative effort from a wide spectrum of partners who are aligning goals, processes, policy, data, resources and outcomes to provide a comprehensive continuum of care for community members.

While the demonstration project's focus is on SelectHealth insured individuals, the intention is to directly address social determinants of health for those most vulnerable and at-risk. Those resources that are provided to the community to address social determinants of health have been determined to be community benefit.



CHNA Identified Needs Not Addressed

Intermountain determined that certain factors were important drivers that impacted the identified aims and priorities in an upstream or preventative manner. These non-prioritized CHNA needs were classified as drivers of health due to their potential to influence and affect multiple identified aims. As a result, there are no significant identified CHNA needs that are not addressed through the proposed strategies.

Evaluation

Continued or expanded strategies will be benchmarked to past performance, whereas new strategies will receive baseline measurements from national, state, local and internal data sources. To determine baseline measures, we used data collected from the previous implementation plan metrics and indicators wherever possible.

Community Health will monitor and evaluate the goals and strategies in the Implementation Plan through process and outcome measures to track, improve and report the anticipated impact.

Community Health is ultimately responsible for implementing this plan. Bimonthly and quarterly reports on measured metrics for each aim and priority will be provided following the Intermountain Operating Model. This model is a fully integrated framework that aims to drive a culture of Continuous Improvement to maximize benefit for all members of the communities we serve. It provides a complete management system to align leaders, caregivers and community in achieving common goals.

A practical and ongoing evaluation process will allow course correction if the implementation is not achieving the intended outcomes. Monitoring will be tailored to each strategy and will include the collection and documentation of tracking measures or performance indicators as presented in Appendix A. Evaluation of the initiatives include: defining the data source and points for process and impact measures, data collection methods and analysis, reporting results, and evaluation review. The evaluation will inform ongoing practices as well as future recommendations. Goal progress and impact will be reported annually for each hospital and the Intermountain system. Results and lessons learned will be shared with stakeholders in all hospitals and their communities and will inform future Community Health Needs Assessment and Implementation Plan cycles.

Intermountain Allocated Resources

Intermountain has committed significant resources to address the health priorities for each hospital community. Budget for the community health improvement initiatives includes:

- Designing and implementing public awareness messaging campaigns
- Developing Continuing Medical Education (CME) courses and materials
- Providing staff for community-based program implementation
- Providing scholarships for priority related education to community providers and partners
- Purchasing materials and supplies to support implementation strategies (e.g. naloxone kits, gunlocks)
- Strategic charitable contributions to community not-for-profit agencies to support efforts to address health priority
- Fund and provide staff support to Behavioral Health Networks for each hospital community
- Develop and support internal and external policies including public health to address Intermountain's health priorities
- Continued funding support for the Alliance (social determinants of health) demonstration project

- Adoption of sustainability initiatives even though more costly (e.g. elimination of bottled water in plastic containers and moving to canned water)
- Measurement and evaluation of each initiative by existing staff and/or outsourced experts

Intermountain can improve mental wellbeing, prevent avoidable disease and unintentional injury and improve air quality through the deployment of these community health strategies across its 24-hospital integrated health system (hospitals, health plans and medical group). Intermountain is committed to addressing these key priorities throughout its system for the benefit of all (caregivers, patients, and community members). The community health initiatives described herein are in alignment with evidence-based care process models developed by clinical programs and services. Community Health and Intermountain's clinical and operational teams will work together to ensure these community health strategies improve the health of the communities we serve.

Approval

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”.¹

Intermountain Healthcare is governed by a governing Board of Trustees which sets policy, creates goals, approves operating budgets, evaluate management's performance, and ensures Intermountain operates in the best interest of the community. While each hospital has a local governing board, they do not approve or manage 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.

Conclusion

Intermountain system and hospital specific implementation plans were developed following the Intermountain Operating Model and approved by Intermountain's Executive Leadership Team and the Intermountain Healthcare Board of Trustees. They reviewed and approved the documents as required by the Affordable Care Act (ACA). Intermountain will conduct its next CHNA in 2022 and will develop health improvement strategies to address the identified health priorities from that assessment.

¹ 501(r) Federal Register Vol 79, No 250, Department of Treasury

Acknowledgement

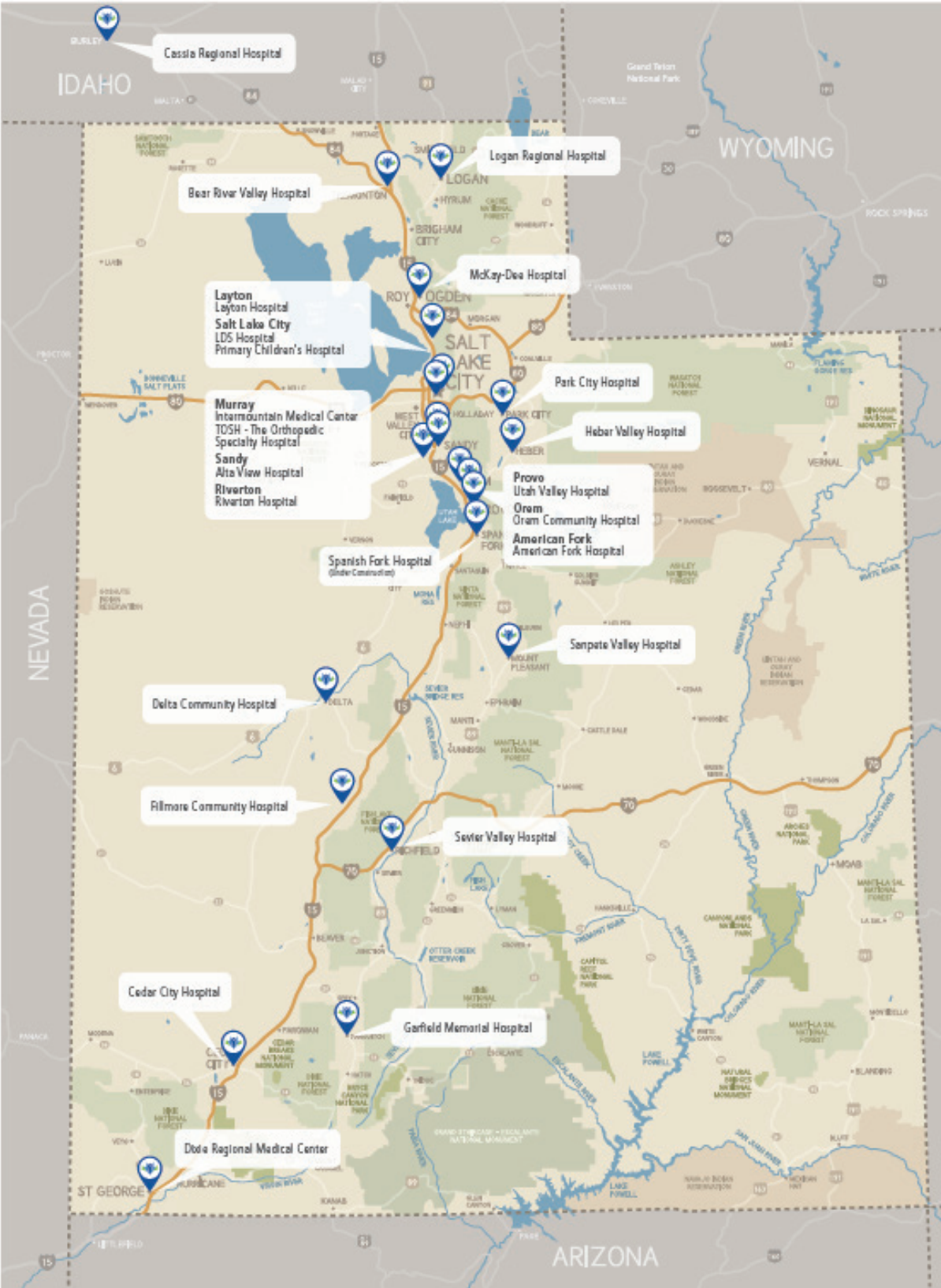
This implementation plan is the result of collaboration and support of state and local health departments, state and local mental health and substance abuse authorities, school districts, universities, safety net providers, local not-for-profit human service agencies, laws enforcement, community members and other experts. We recognize the invaluable contribution and support from Intermountain's clinical experts, programs and services. Many additional partners will be important to the successful implementation of the community health improvement plan strategies. Intermountain staff is grateful for the support of community members and agencies for their participation in developing the community health strategies throughout our service area in Utah and Southeast Idaho. We look forward to working together to improve community health.

For more information about the implementation plan:

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Appendix A Map Intermountain Hospitals



Appendix B System Health Improvement Strategies

Intermountain Healthcare Strategies

Intermountain Healthcare's Community Health Improvement Strategies 2020 – 2022

AIM/Focus Area: Improve Mental Well-Being Anticipated Impact: Reduce suicide rate by 10%, reduce overdose mortality rate by 10%, Utah Among Top 25 States in Mental Health America access ranking		
Strategy: Provide Population-Oriented Prevention		
Supporting activities	Community partners	System/Hospital resources
Reduce access to lethal means for those at risk of suicide or unintentional overdose	- Utah Department of Health - Department of Human Services - SelectHealth - Gun advocacy and retail organizations	- Fund staff coordination of events and trainings as well as gun safety devices - Fund development, printing and distribution of educational materials and messaging
- Support opioid harm reduction efforts, including naloxone distribution - Reduce high-risk prescribing	- Utah Naloxone - Mental Health Authorities - Community-based-not-for-profit agencies - Libraries - Local law enforcement - Community pharmacies - FQHCs and Safety Net Clinics	- Fund Intermountain Speaker's Bureau (training, materials, time and travel) for community-based training and distribution of naloxone - Fund and support system and community led leadership to reduce high risk opioid prescriptions - Fund and maintain prescription drug disposal drop boxes
Support stable housing for people with behavioral health issues	- Local housing agency partners - Utah Non-Profit Housing Corporation	- Explore impact investing to support affordable housing access - In-kind contribution for Community Health coordination and support of local and statewide housing coalition(s) - Provide cash contributions where appropriate
Strengthen the capacity of community organizations that serve those affected by behavioral health issues	- Behavioral Health Network Clinics - Non-for-profit behavioral health agencies - Mental Health Authorities	- In-kind consultation and expertise - Cash contributions to strengthen access

Strategy: Provide Access to Effective and Affordable Care		
• Improve consistent delivery of evidence-based care • Improve care engagement and coordination across sites and services	• FQHCs • Safety Net Clinics • Behavioral Health Network • Association for Utah Community Health (AUCH)	• Provide financial assistance through Intermountain provided services • Fund Federally Qualified Health Centers and Behavioral Health Networks to serve underserved and uninsured populations
• Expand behavioral health provider networks and appointment availability, including telehealth efforts and special support to meet the needs of the underserved	• Health districts • Mental health authorities • FQHCs • Safety net clinics • Community-based not-for-profit agencies • Human Service Agencies • Utah Public Health Association • Association for Utah Community Health (AUCH)	• In-kind coordination, referral and scheduling to local BHNs • Provide cash contributions to maintain and broaden services to Behavioral Health Networks (BHNs) • Fund training and access to Health Answers (phone-based point of access, education, and referral system) and other digital care platforms.
• Strengthen connections to crisis services, to identify and navigate high-risk periods	• University of Utah • Department of Human Services • Utah Legislature	• In-kind consultation, expertise and coordination

Strategy: Improve Social Connections and Social Norms		
• Launch statewide media & education campaigns to promote help-seeking, safety, and recovery around behavioral health issues while reducing stigma and social isolation • Maintain statewide media & education campaigns to decrease opioid misuse	• Non-for-profit organizations • State and local health departments and government entities	• Disseminate public messaging on safe use, storage, and disposal of prescription opioids • Fund media campaigns and educational materials, across the age continuum on suicide prevention and mental well-being
• Train staff and community members with the knowledge and skills to respond to mental and emotional distress and suicide prevention in the community • Commit to the mental wellness of staff, sharing education and subject matter expertise, research engagement for other employers	• HOPE4UTAH • Utah State Office of Education • Local School Districts • Local Health Departments	• Support HOPE4UTAH conferences for peer leaders • In-kind contribution for Community Health coordination and trainings • Fund development, printing and distribution of educational materials and messaging

• Improve healthy social connections and peer support for those affected by addiction • Increase the social-emotional resilience of children and families affected by addiction	• Department of Human Services • State and local health departments • Mental health authorities • Senior centers • FQHCs • Safety net clinics • Community-based not-for-profit agencies	• Fund peer recovery support • Fund licensing, certification and trainings for Chronic Pain Self-Management Program (CPSMP) providers • Fund CPSMP coordination, provide trainings, and support community-hosted workshops
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Strategy: Participate in Policy Engagement and Influence		
• Provide subject matter expertise to policymakers on key legislation, programs, and investments with implications for mental well-being	• Utah Legislature and political leaders	• In-kind consultation and expertise
• Support local, state, and internal initiatives to address mental well-being	• Utah Department of Health • American Cancer Society • University of Utah Department of Pediatrics • Division Substance Abuse and Mental Health (DSAMHA)	• In-kind consultation and expertise • Local staff to implement system policy and guidelines • Create internal policies to inform and direct key efforts.

AIM/Focus Area: Prevent Avoidable Disease and Injury Anticipated Impact: Increase immunization rates, decrease diabetes rates, decrease high blood pressure rates, decrease unintentional injury deaths		
Strategy: Provide Population-Oriented Prevention		
Supporting Activities	Community partners	System/Hospital Resources
• Provide community-based screenings for prediabetes, high blood pressure, depression, and Social Determinants of Health for uninsured, low-income, and underserved people	• FQHCs • Local Safety Net Clinics • Local Food Banks • Community partners • Faith-based partners • Local Health Departments • Local universities	• Fund events and provide event-related materials and screening tools • Fund screening coordinator and staff (time and travel) • Provide referral staff to coordinate treatment and resources for social needs
• Support physical activity and nutritional programs for unhealthy weight management • Support health and wellness educational offerings across the lifespan • Provide educational offering to offer peer support and behavioral change	• School districts • SelectHealth • Local Parks and Rec Departments • Local Health Departments	• Inform, select, and fund school districts to aid in health standards implementation • Fund licensing, certification and training for Chronic Disease Self-Management Program (CDSMP) leaders • Fund CDSMP coordination, provide trainings, and support community-hosted workshops

• Support fall prevention programs in the community	• SelectHealth • Senior Centers • State and local health departments • Community Centers	• In-kind contribution of staff time and travel for program implementation • Create and distribute educational materials • Fund community-based fall prevention programs such as 'Stepping On' or 'Senior Steps'
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Strategy: Provide Access to Effective and Affordable Care

• Develop and support a high blood pressure internal operations council to lead and align intervention efforts • Develop a High Blood Pressure Community Collaborative	• FQHCs and safety net providers • Million Hearts Coalition • State Department of Health • Comagine	• Financial assistance for care through Intermountain- affiliated primary care sites where no other resources are available • Provide education and resources for treatment to people with positive screening results
• Develop and support an Immunizations Community Collaborative to improve state immunization rates	• Utah Department of Health • American Cancer Society • Local Universities • School districts	• Provide expertise and support to immunizations collaboration • In-kind contribution of immunizations director, research & analytics, communications and community health staff • Fund USIIS for state immunizations tracking
• Evaluate current programs and clinical process related to ACEs and trauma-informed care • Complete and evaluate a workflow pathway for identifying and responding to at-risk individuals	• Local Health Departments • FQHCs • Community partners • Department of Human Services	• In-kind staff support for research, evaluation and implementation • Create and distribute educational materials

Strategy: Improve Social Connections and Social Norms

• Provide short-term chronic disease self-management classes	• Comagine • Local Federally Qualified Health Centers • Local Health Departments • State Department of Health • Local not-for profit agencies • Local universities • SelectHealth • Community Centers	• Fund Chronic Disease Self-Management Program (CDSMP), Better Choices Better Health (online CDSMP), and Tomando/Manejo (Spanish CDSMP version) for community members • Fund live and online Prediabetes 101 classes • In-kind contribution of coordinator and staff (time and travel) and provide educational materials
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• Provide long-term chronic disease management classes	• Local NDPP providers • FQHCs and Safety Net Clinics • Local Food Banks • Community partners • Faith-based partners • Local Health Departments • Local universities • SelectHealth	• Fund access to online weight management tools • Fund licenses and support National Diabetes Prevention Program (NDPP) partners • In-kind contribution of coordinator and staff (time and travel) and provide educational materials
• Create an immunizations public awareness campaign • Create a community healthcare awareness campaign and aligned strategy	• Utah Department of Health • Comagine • American Cancer Society	• Develop and disseminate public messaging on safety and efficacy of immunizations as well as internal messaging to providers
• Evaluate and improve the system injury prevention campaign (Hold On to Dear Life)	• Utah Department of Health • University of Utah Department of Pediatrics • SafeKids Coalitions • Utah PTA • SelectHealth • Utah Pediatric Trauma Network	• In-kind contribution of staff for Hold On to Dear Life programs' research, evaluation, and implementation of current curriculum • Fund creation and distribution of materials

Strategy: Participate in Policy Engagement and Influence		
• Provide subject matter expertise to policymakers on key legislation, programs, and investments with implications for avoidable disease and injury	• Utah Legislature and political leaders	• In-kind consultation and expertise
• Support local, state, and internal initiatives to address Intermountain's Community Health priority areas and emerging issues	• Utah Department of Health • University of Utah • Select Health • American Cancer Society • Utah Safety Council • SafeKids Coalitions	• In-kind consultation and expertise • Local staff to implement system policy and guidelines • Create internal policies to inform and direct key efforts

AIM/Focus Area: Improve Air Quality Anticipated Impact: Decrease bad air days (Ozone > 0.07, PM 2.5 > 35)		
Strategy: Provide Population-Oriented Prevention		
Supporting Activities	Community partners	Hospital Resources
- Decrease idle emissions of fleet vehicles - Increase electric vehicles in fleet	- Utah Clean Air (UCAIR) - Department of Environmental Quality (DEQ)	- In-kind contribution of staff coordination for measurement and reduction of idling on current fleet - Staff time for updating and revising current idling guidelines - Fund conversion of current fleet to electric vehicles
- Support use of active transportation for staff and public - Increase staff and community public transit use	- SelectHealth - Utah Transit Authority - School Districts	- Support staff education and messaging to encourage use of public transportation - Fund incentive programs/subsidies for public transportation

Strategy: Participate in Policy Engagement and Influence		
Support local, state, and internal initiatives to address Intermountain's Community Health priority areas and emerging issues	- Utah Clean Air (UCAIR) - Air Quality Task Force - Department of Environmental Quality (DEQ) - SelectHealth	- Increase virtual meeting usage to reduce contribution to bad air-days - In-kind contribution of staff to develop and implement eligibility policy and guidelines for telework - Fund telework licenses and provide staff education and messaging to support increased telework access

AIM/Focus Area: Social Determinants of Health Strategy: Improve well-being, healthcare affordability and be a model for change by addressing social determinants of health through collaborative efforts		
Supporting Activities	Community partners	Hospital Resources
Act as an anchor institution and apply the institution's long-term, place-based economic power and human capital in partnership and for the benefit of the community	- Local suppliers/businesses - Local Housing Agencies - Utah Non-Profit Housing Corporation - Local universities and training programs	- Support diverse and inclusive purchasing - Offer impact investing opportunities - Fund activities that promote sustainability - In-kind contribution for Community Health coordination - In-kind contribution of expertise to appropriate coalitions

• Improve the health of our communities through support of the Alliance for the Determinants of Health demonstration to address non-medical factors that affect health and well-being	• Local Mental Health Authorities • FQHCs • Safety Net Clinics • Housing Authorities • Behavioral Health Network • State & Local Government Agencies • Not-for-profit organizations • Human Service Agencies	• Screen for Social Determinants of Health • Fund digital platform to support bi-directional connectivity among community partners and provide navigation services • Cash contributions to community partners to support non-medical services to Alliance participants • Support individualized social care and treatment planning • Fund and provide in-kind coordination to support screening of social needs and connect individuals to community resources
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*Projections and activities are based on current understanding about the interest and capacity of community partners and pricing of supplies and products available in 2019. This plan may change in accordance with changes in those variables.

Appendix C Hospital Implementation Strategies

Bear River Hospital Strategies

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 2019, they participated in a community health needs assessment to understand how to help people live the healthiest lives possible. The hospital collaborated with key partners, including public health experts, to identify health indicators, gather community input, and determine the significant health needs to address over the next three years.

Bear River Hospital Community Health Improvement Strategies 2020 – 2022

AIM/Focus Area: Improve Mental Well-Being Anticipated Impact: Reduce suicide rate by 10%, reduce overdose mortality rate by 10%, Utah Among Top 25 States in Mental Health America access ranking		
Strategy: Provide Population-Oriented Prevention		
Supporting activities	Community partners	System/Hospital resources
• Reduce access to lethal means for those at risk of suicide or unintentional overdose	• Utah Department of Health • SelectHealth • Brigham City Public Library • Brigham City Suicide Prevention Coalition • Northern Box Elder Suicide Prevention Coalition • Gun advocacy and retail organizations	• Fund staff coordination of events and trainings as well as gun safety devices • Fund development, printing and distribution of educational materials and messaging
• Support opioid harm reduction efforts, including naloxone distribution • Reduce high-risk prescribing	• UtahNaloxone • Utah State University • Bear River Mental Health • Bear River Health Department • Brigham City Public Library	• Fund Intermountain Speaker's Bureau (training, materials, time and travel) for community-based training and distribution of naloxone • Fund and support system and community led leadership to reduce high risk opioid prescriptions • Fund and maintain prescription drug disposal drop boxes
• Support stable housing for people with behavioral health issues	• Local housing agency partners • Utah Non-Profit Housing Corporation	• Explore impact investing to support affordable housing access • In-kind contribution for Community Health coordination and support of local and statewide housing coalition(s) • Provide cash contributions where appropriate

Strengthen the capacity of community organizations that serve those affected by behavioral health issues	- Terri Inman-Miles Community Mental Health Provider - Bear River Mental Health - Brigham City Suicide Prevention Coalition - Northern Box Elder Suicide Prevention Coalition	- In-kind consultation and expertise - Cash contributions to strengthen access
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Strategy: Provide Access to Effective and Affordable Care		
- Improve consistent delivery of evidence-based care - Improve care engagement and coordination across sites and services	- Bear River Mental Health - Behavioral Health Network - Association for Utah Community Health (AUCH)	- Provide financial assistance through Intermountain provided services - Fund Federally Qualified Health Centers and Behavioral Health Networks to serve underserved and uninsured populations
Expand behavioral health provider networks and appointment availability, including telehealth efforts and special support to meet the needs of the underserved	- Bear River Health Department - Terri Inman-Miles Community Mental Health Provider - Bear River Mental Health - Brigham City Suicide Prevention Coalition - Northern Box Elder Suicide Prevention Coalition - Association for Utah Community Health (AUCH) - Bear River Health Department - Bear River Mental Health	- In-kind coordination, referral and scheduling to local BHNs - Provide cash contributions to maintain and broaden services to Behavioral Health Networks (BHNs) - Fund training and access to Health Answers (phone-based point of access, education, and referral system) and other digital care platforms.
Strengthen connections to crisis services, to identify and navigate high-risk periods	- Bear River Health Department - Bear River Mental Health - Department of Human Services - Utah Legislature	In-kind consultation, expertise and coordination

Strategy: Improve Social Connections and Social Norms		
- Launch statewide media & education campaigns to promote help-seeking, safety, and recovery around behavioral health issues while reducing stigma and social isolation - Maintain statewide media & education campaigns to decrease opioid misuse	- Brigham City Suicide Prevention Coalition - Northern Box Elder Suicide Prevention Coalition - Bear River Health Department - Bear River Mental Health	- Disseminate public messaging on safe use, storage, and disposal of prescription opioids - Fund media campaigns and educational materials, across the age continuum on suicide prevention and mental well-being
- Train staff and community members with the knowledge and skills to respond to mental and emotional distress and suicide prevention in the community - Commit to the mental wellness of staff, sharing education and subject matter expertise, research engagement for other employers	- HOPE4UTAH - Utah State Office of Education - Box Elder School District	- Support HOPE4UTAH conferences for peer leaders - In-kind contribution for Community Health coordination and trainings - Fund development, printing and distribution of educational materials and messaging
- Improve healthy social connections and peer support for those affected by addiction - Increase the social-emotional resilience of children and families affected by addiction	- Bear River Health Department - Local senior centers Bear - River Mental Health	- Fund peer recovery support - Fund licensing, certification and trainings for Chronic Pain Self-Management Program (CPSMP) providers - Fund CPSMP coordination, provide trainings, and support community-hosted workshops

Strategy: Participate in Policy Engagement and Influence		
Provide subject matter expertise to policymakers on key legislation, programs, and investments with implications for mental well-being	Utah Legislature and political leaders	In-kind consultation and expertise
Support local, state, and internal initiatives to address mental well-being	- Utah Department of Health - American Cancer Society - University of Utah Department of Pediatrics - Division Substance Abuse and Mental Health (DSAMHA)	- In-kind consultation and expertise - Local staff to implement system policy and guidelines - Create internal policies to inform and direct key efforts.

AIM/Focus Area: Prevent Avoidable Disease and Injury		
Anticipated Impact: Increase immunization rates, decrease diabetes rates, decrease high blood pressure rates, decrease unintentional injury deaths		
Strategy: Provide Population-Oriented Prevention		
Supporting Activities	Community partners	System/Hospital Resources

• Provide community-based screenings for prediabetes, high blood pressure, depression, and Social Determinants of Health for uninsured, low-income, and underserved people	• Acts Six Soup Kitchen • Box Elder Community Pantry • Bear River Health Department • Utah State University	• Fund events and provide event-related materials and screening tools • Fund screening coordinator and staff (time and travel) • Provide referral staff to coordinate treatment and resources for social needs
• Support physical activity and nutritional programs for unhealthy weight management • Support health and wellness educational offerings across the lifespan • Provide educational offering to offer peer support and behavioral change	• Box Elder School District • SelectHealth • Bear River Health Department	• Inform, select, and fund school districts to aid in health standards implementation • Fund licensing, certification and training for Chronic Disease Self-Management Program (CDSMP) leaders • Fund CDSMP coordination, provide trainings, and support community-hosted workshops
• Support fall prevention programs in the community	• Bear River Health Department • Utah Department of Human Services • Bear River Agency on Aging	• In-kind contribution of staff time and travel for program implementation • Create and distribute educational materials • Fund community-based fall prevention programs such as 'Stepping On' or 'Senior Steps'

Strategy: Provide Access to Effective and Affordable Care

• Develop and support a high blood pressure internal operations council to lead and align intervention efforts • Develop a High Blood Pressure Community Collaborative	• Million Hearts Coalition • Comagine • State Department of Health • Bear River Health Department	• Financial assistance for care through Intermountain- affiliated primary care sites where no other resources are available • Provide education and resources for treatment to people with positive screening results
• Develop and support an Immunizations Community Collaborative to improve state immunization rates	• Bear River Health Department • American Cancer Society • Box Elder School District	• Provide expertise and support to immunizations collaboration • In-kind contribution of immunizations director, research & analytics, communications and community health staff • Fund USIIS for state immunizations tracking

Strategy: Improve Social Connections and Social Norms

• Provide short-term chronic disease self-management classes	• Comagine • Bear River Health Department	• Fund Chronic Disease Self-Management Program (CDSMP), Better Choices Better Health (online CDSMP), and Tomando/Manejo (Spanish CDSMP version) for community members • Fund live and online Prediabetes 101 classes • In-kind contribution of coordinator and staff (time and travel) and provide educational materials
• Provide long-term chronic disease management classes	• Bear River Health Department • CHC, Inc	• Fund access to online weight management tools • Fund licenses and support National Diabetes Prevention Program (NDPP) partners • In-kind contribution of coordinator and staff (time and travel) and provide educational materials

• Create an immunizations public awareness campaign • Create a community healthcare awareness campaign and aligned strategy	• Utah Department of Health • Comagine • American Cancer Society	• Develop and disseminate public messaging on safety and efficacy of immunizations as well as internal messaging to providers
• Evaluate and improve the system injury prevention campaign (Hold On to Dear Life)	• Utah Department of Health • University of Utah Department of Pediatrics • SafeKids Coalitions • Utah PTA • SelectHealth • Utah Pediatric Trauma Network	• In-kind contribution of staff for Hold On to Dear Life programs' research, evaluation, and implementation of current curriculum • Fund creation and distribution of materials

Strategy: Participate in Policy Engagement and Influence

• Provide subject matter expertise to policymakers on key legislation, programs, and investments with implications for avoidable disease and injury	• Utah Legislature and political leaders	• In-kind consultation and expertise
• Support local, state, and internal initiatives to address Intermountain's Community Health priority areas and emerging issues	• Utah Department of Health • University of Utah • Select Health • American Cancer Society • Utah Safety Council • SafeKids Coalitions	• In-kind consultation and expertise • Local staff to implement system policy and guidelines • Create internal policies to inform and direct key efforts

AIM/Focus Area: Improve Air Quality

Anticipated Impact: Decrease bad air days (Ozone > 0.07, PM 2.5 > 35)

Strategy: Provide Population-Oriented Prevention

Supporting Activities	Community partners	Hospital Resources
• Decrease idle emissions of fleet vehicles • Increase electric vehicles in fleet	• Utah Clean Air (UCAIR) • Department of Environmental Quality (DEQ)	• In-kind contribution of staff coordination for measurement and reduction of idling on current fleet • Staff time for updating and revising current idling guidelines • Fund conversion of current fleet to electric vehicles
• Support use of active transportation for staff and public • Increase staff and community public transit use	• SelectHealth • Utah Transit Authority • School Districts	• Support staff education and messaging to encourage use of public transportation • Fund incentive programs/subsidies for public transportation

Strategy: Participate in Policy Engagement and Influence		
Support local, state, and internal initiatives to address Intermountain's Community Health priority areas and emerging issues	- Utah Clean Air (UCAIR) - Air Quality Task Force - Department of Environmental Quality (DEQ) - SelectHealth	- Increase virtual meeting usage to reduce contribution to bad air-days - In-kind contribution of staff to develop and implement eligibility policy and guidelines for telework - Fund telework licenses and provide staff education and messaging to support increased telework access

AIM/Focus Area: Social Determinants of Health		
Strategy: Improve well-being, healthcare affordability and be a model for change by addressing social determinants of health through collaborative efforts		
Supporting Activities	Community partners	Hospital Resources
Act as an anchor institution and apply the institution's long-term, place-based economic power and human capital in partnership and for the benefit of the community	- Local suppliers/businesses - Local Housing Agencies - Utah Non-Profit Housing Corporation - Local universities and training programs	- Support diverse and inclusive purchasing - Offer impact investing opportunities - Fund activities that promote sustainability - In-kind contribution for Community Health coordination - In-kind contribution of expertise to appropriate coalitions
Improve the health of our communities through support of the Alliance for the Determinants of Health demonstration to address non-medical factors that affect health and well-being	- Local Mental Health Authorities - FQHCs - Safety Net Clinics - Housing Authorities - Behavioral Health Network - State & Local Government Agencies - Not-for-profit organizations - Human Service Agencies	- Screen for Social Determinants of Health - Fund digital platform to support bi-directional connectivity among community partners and provide navigation services - Cash contributions to community partners to support non-medical services to Alliance participants - Support individualized social care and treatment planning - Fund and provide in-kind coordination to support screening of social needs and connect individuals to community resources

*Projections and activities are based on current understanding about the interest and capacity of community partners and pricing of supplies and products available in 2019. This plan may change in accordance with changes in those variables.

