Intermountain Health
Primary Children's Hospital - Salt Lake City

2025 Community Health Needs Assessment

Intermountain Children's Health

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Executive Summary

The Power of We

Dear neighbors,

For more than a year, our Intermountain Health Community Health team worked to understand the unmet health needs of the service area through our Community Health Needs Assessment process. This report shares those findings, which are the backbone of our mission of helping people live the healthiest lives possible.

A wealth of quantitative and qualitative health data informed this assessment, including public health indicators, stakeholder and resident surveys, public meeting discussions, and interviews with subject matter experts. To the individuals and organizations who worked with us to understand the community's significant health needs: thank you. We are grateful for your collaboration.

This report outlines our process and the key lessons we have learned. It also serves to highlight our community's significant health needs, which will be prioritized for investment over the next three years. Specifically, we aim to improve behavioral health, invest in social drivers of health, increase access to care, and prevent childhood injury and illness.

Our efforts now shift from assessing needs to developing an Implementation Strategy to meet those needs. We know that having an impact means working together - the Power of We. As we consider how Intermountain's resources can be allocated in the service area, we want to collaborate with community-based organizations, local government agencies, and area leaders to improve community health.

Sincerely,

Sue Robel,
Canyons Region President

Lisa Nichols,
Vice President of Community Health

2025 CHNA Significant Health Needs

Intermountain Health

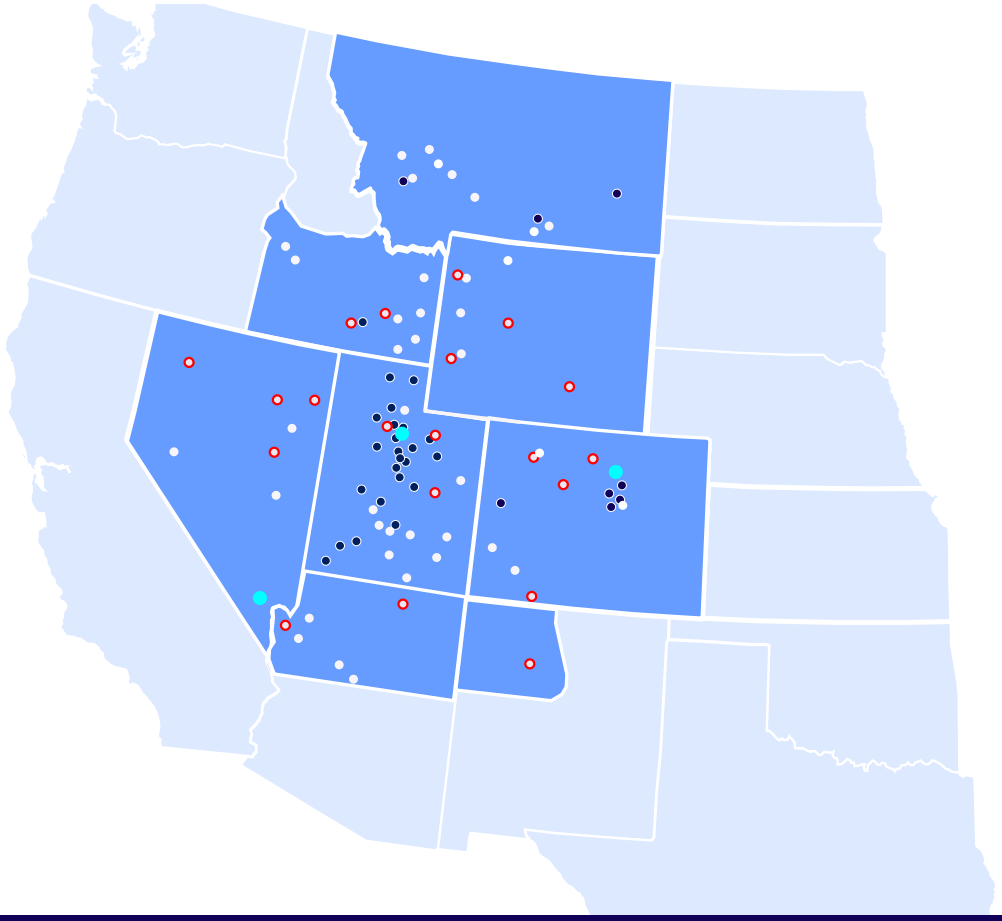
Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 33 hospitals, 409 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

Helping People Live the Healthiest Lives Possible®

Our Values



Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarter
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400+ clinics are not highlighted on the map

Intermountain Health by the Numbers

6 Primary States
(UT, NV, ID, CO, MT, WY)

33 Hospitals
Including One Virtual Hospital

4,700+
Licensed Beds

1.1 Million
Select Health Members

409
Clinics

68,000+
Caregivers

$17.15 Billion[1]
Total Revenue

4,800+
Employed Physicians & APPs

[1] Revenue for the year ended December 31, 2024

Primary Children's Hospital - Salt Lake City Campus

Primary Children's Hospital in Salt Lake City, Utah, originally opened its doors in 1922. It was a pioneer home converted to a hospital exclusively for children. Today, it is a nationally ranked pediatric acute care teaching hospital serving critically ill and injured children throughout the Intermountain West, including Utah, southeastern Idaho, Montana, Nevada, Wyoming, and beyond. The hospital offers comprehensive care across a wide range of specialties, such as emergency services, cardiology, oncology, neurology, and orthopedics. Recognized nationally for excellence in all 11 pediatric specialties by U.S. News & World Report, the hospital treats more than 80,000 children each year with a commitment to provide the best medical care available to all children, regardless of their ability to pay.

To submit comments on the 2025 CHNA Report or to request a paper copy, please email IH_CommunityHealth@imail. org.

Acknowledgments

The Patient Protection and Affordable Care Act (ACA) requires each nonprofit hospital to conduct a Community Health Needs Assessment (CHNA) every three years to identify significant health needs and develop an Implementation Strategy in response. Intermountain Health adheres to all applicable laws and continuously reviews regulatory requirements to ensure compliance. Accordingly, we may adjust our CHNA processes and Implementation Strategy as regulations change.

The Intermountain Health Primary Children's Hospital's CHNA process examines unmet health needs and health disparities in geographical areas by analyzing primary and secondary data. Intermountain determines significant health needs through an objective, evidence-based prioritization process with final approval by Regional Boards.

The identified needs guide efforts to align strategies and leverage resources with other public health and community organizations. By regularly assessing and prioritizing community health needs, the hospital can work collaboratively to improve overall health.

Both the CHNA and Implementation Strategy, which is developed and adopted to address health needs, are publicly available on Intermountain's website.

The Value of the Collaborative

Intermountain Health joined the Utah Community Health Needs Assessment Collaborative for our 2025 CHNA. It resulted in collaborative opportunities to improve the quality of health data, reduce duplication, and align on health needs.

The collaborative adopted an evidence-based process that streamlined data collection and prioritization. It also improved the mechanisms for gathering community input by collectively designing surveys, presenting at input meetings, and engaging public and local stakeholders through distinctive community connections. Both the quantitative and qualitative data were made available to participating organizations for use in their own needs assessments.

A full list of organizations participating in the collaborative, including health districts, healthcare providers, and other stakeholders, is available in the appendix.

Additionally, Primary Children's participated in the Utah Department of Health and Human Services Title V Maternal and Child Health Block Grants Needs Assessment planning committee to understand the health needs of women and children.

What Is Health Equity at Intermountain Health?

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health with a focus on improving the well-being of our most vulnerable communities.

Our Community Health Needs Assessment process is driven by data. We look carefully at public health data to understand the prevalence of health issues in our communities and where those issues create the greatest disparities or differences in healthy outcomes.

We talk with residents, community-based organizations, and local leaders to understand how health disparities connect and how they affect individuals and families across the lifespan. With an understanding of the needs our communities face, we develop a Community Health Implementation Strategy that directs our resources to remove barriers and invest resources where they will have the greatest impact. Using data and community input to identify the greatest needs and targeting our approach to meeting those needs is health equity in action.

As a healthcare system, employer, and community leader, Intermountain is committed to improving health equity in the communities we serve.

APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

APPENDIX: UTAH COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE

Community Profile

Service Area

Primary Children's Hospital is a specialty pediatric hospital with campuses in Salt Lake City and Lehi, Utah. The campus in Taylorsville, Utah, is a dedicated pediatric behavioral health hospital. These hospitals provide care for all ZIP Codes in Utah and serve as a referral center from surrounding states.

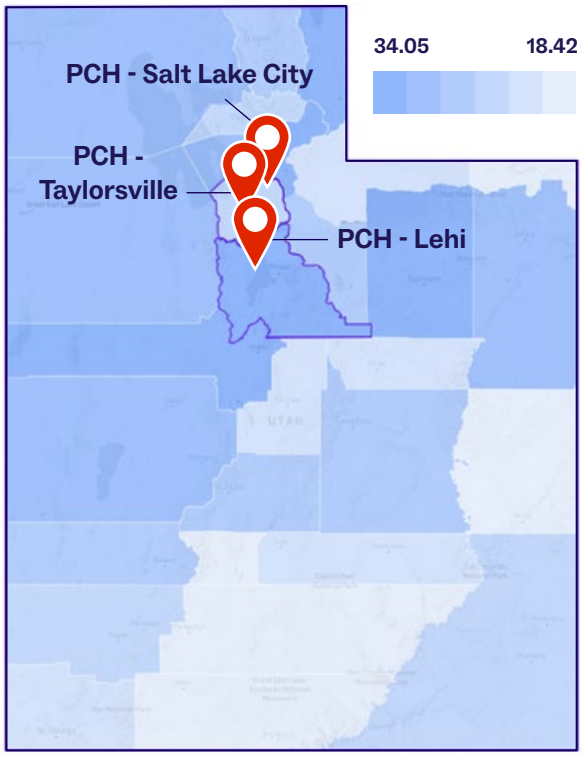
The service area is uniquely defined by the population's age and then by geography. The primary service area for the hospitals is children (under 18 years). The secondary service area is all counties within the state of Utah. The tertiary service area is the counties where each hospital is geographically located, namely Salt Lake and Utah counties.

The map shows the service area by the percentage of the population in each Utah county under 18 years. Overall, children make up 28% of the population in Utah.

Service Area

Utah Children Demographics

2019 - 2023 | Ages 0 to 17 years | Utah State: **28.34**



Metopio | Tiles © Mapbox, Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau: Decennial Census (2020 data only)

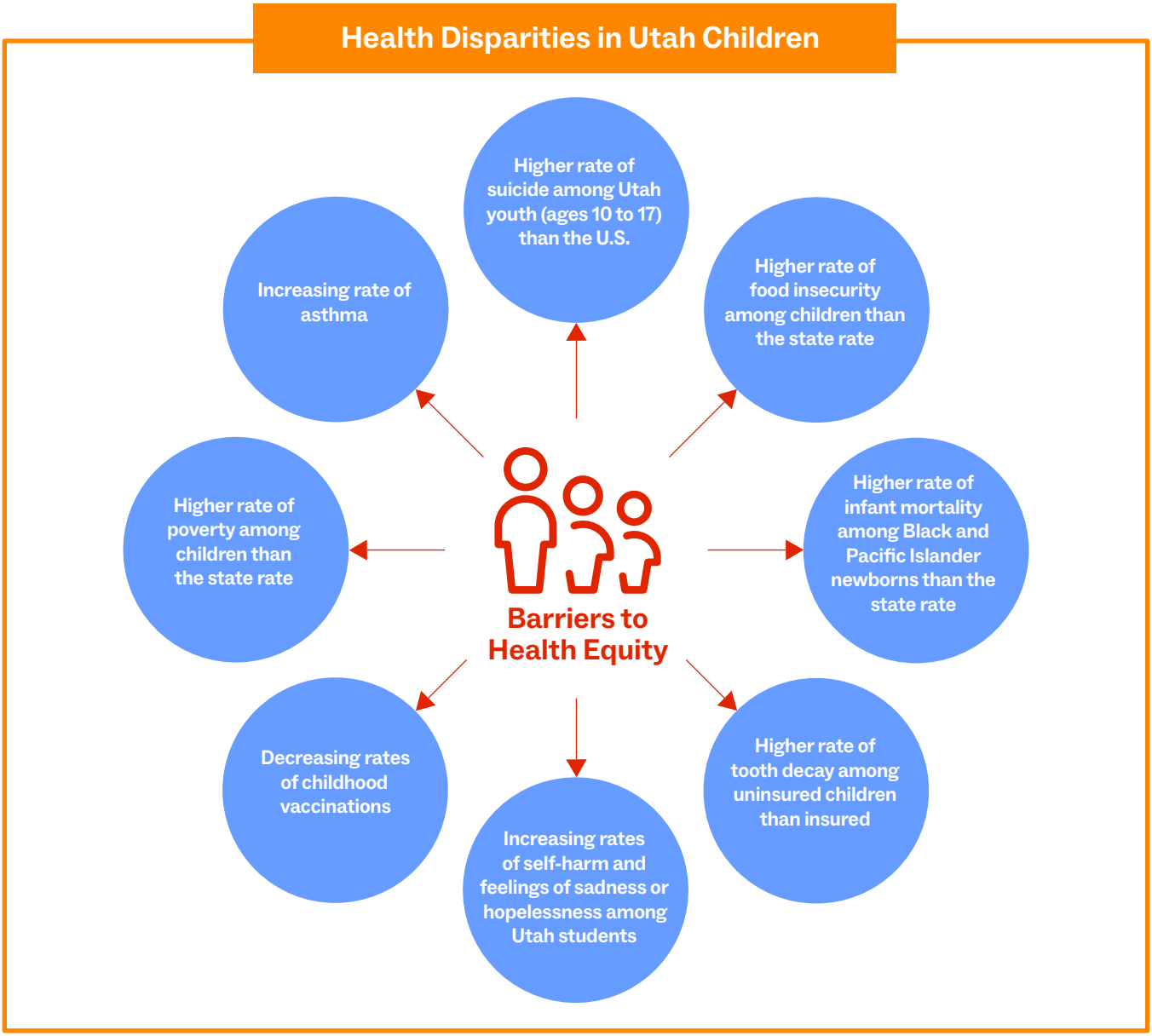
Service Area Demographics

Demographic Factors for Children	Utah	United States
Total Population	3,331,187	332,387,540
Children, ages 0-4	7.2%	5.7%
Children, ages 5-17	21.2%	16.5%
Children, ages 0-17	28.3%	22.2%
White, not Hispanic or Latino, ages 0-17	20.0%	10.6%
Hispanic or Latino, ages 0-17	5.5%	5.7%
Black or African American, ages 0-17	0.4%	3.0%
Asian, ages 0-17	0.4%	1.1%
American Indian and Alaska Native, ages 0-17	0.2%	0.2%
Native Hawaiian and Other Pacific Islander, ages 0-17	0.3%	0.1%
Two or More Races, ages 0-17	3.4%	3.6%
Households with Spanish as Primary Language Spoken at Home	12.1%	13.0%
Single Parent Households	5.0%	6.2%
Percentage of Children with Special Healthcare Needs	16.5%	20.0%

A demographic snapshot of children in Utah compared to the United States (Data sources: All indicators sourced from U.S. Census Bureau: American Community Survey, 2019-2023, except "Children with special healthcare needs" from the National Survey of Children's Health, 2021-2022)

Data-Driven Needs

The CHNA process involves a data-driven comprehensive analysis of the unique health needs of the communities served. By identifying county level health disparities through primary and secondary data, Intermountain can better understand how they affect children and direct our resources to remove barriers and invest resources where they will have the greatest impact. The following barriers to health were identified among Utah children in the CHNA secondary data.



Healthy Kids Scorecard

The Healthy Kids Scorecard is a framework developed by Primary Children's Hospital and Intermountain Children's Health to improve health equity for Utah children and engage community-based organizations in aligned strategies. It is a public-facing database of pediatric measures on mental health, preventive services, injury prevention, healthy habits, infant health, school readiness, chronic disease, and social factors. The scorecard supports community coalitions to identify barriers to health and address them through data-driven strategies and a collective impact model.

APPENDIX: SECONDARY DATA SOURCES

Collaborating with Our Communities

Focus on Collaboration

Intermountain Health takes a collaborative approach with our community to improve health and address health equity through the CHNA. This approach incorporates evaluation of Intermountain's previous CHNA process and impact of Implementation Strategies. It also relies on working closely with local leaders and residents to understand unique health needs in each community. Intermountain and its collaborators invited a broad range of community members with diverse backgrounds, voices, and experiences to participate and offer input in the 2025 CHNA.

Participants

Intermountain collaboratively solicited participation from a variety of individuals and organizations representing local public health departments and the medically underserved, low-income, and minority residents and youth. There was a public request for written comments concerning the most recently conducted CHNA and Implementation Strategy, and no responses were received. The 2025 CHNA had intentional participation from these sectors:

- Healthcare consumers and consumer advocates
- Not-for-profit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Healthcare providers and community health centers
- Public health professionals
- Health insurance and managed care organizations
- Private businesses
- Labor and workforce representatives
- Residents of the community

CHNA Timeline

The governance and decision-making process for the 2025 CHNA is data-driven and community-centric, following a cycle of data collection, analysis, and community feedback before final approval by the Intermountain Health Regional Board.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Secondary Data Analysis	●	●	●	●								
Stakeholder & Public Surveys	●	●										
Community Input Meetings				●	●	●	●					
Analysis & Prioritization of Health Heeds						●						
Stakeholder Interviews								●	●	●		
Board Approval of CHNA Report											●	
CHNA Report Publication												●

APPENDIX: COMMUNITY INPUT PARTICIPANTS

CHNA Data Methodology and Prioritization

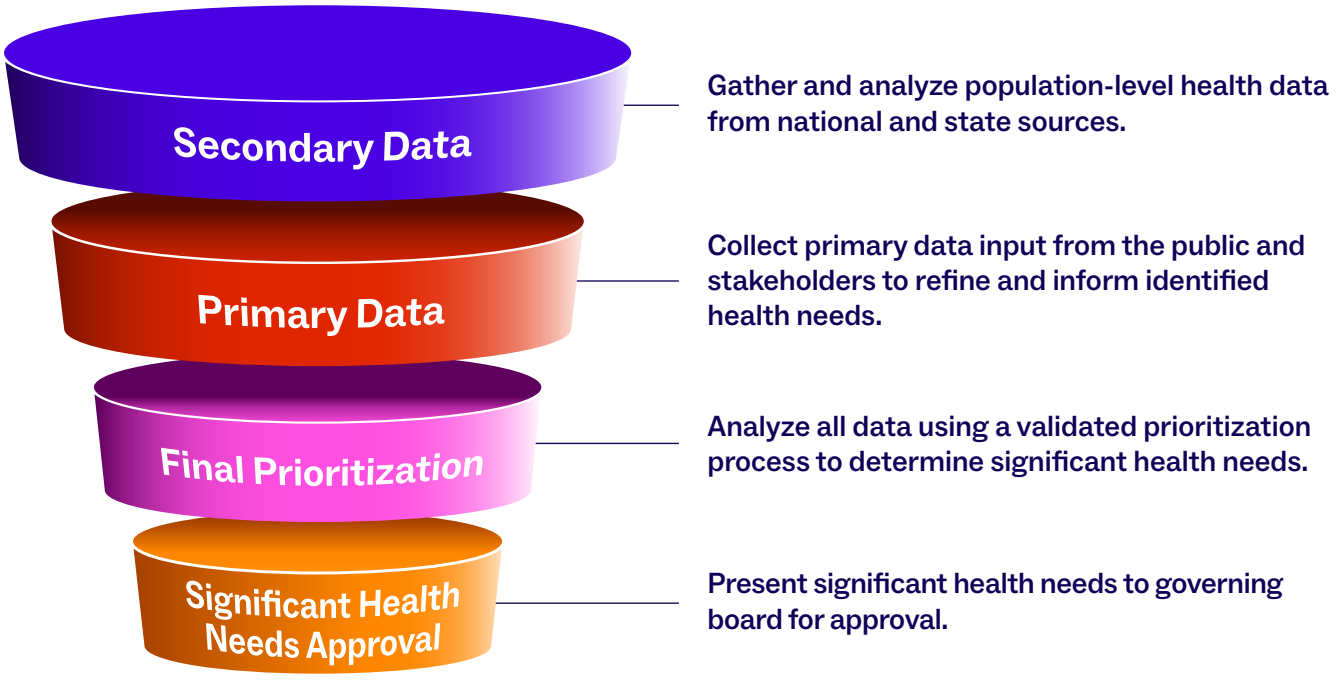
The CHNA prioritization methodology began with analyzing secondary data while concurrently gathering primary data through public and stakeholder surveys. This preliminary analysis took into consideration identifying the community's health needs for children.

These findings were presented at community input meetings to inform the prioritization process. This valuable local involvement provided in-depth and diverse insight on the backgrounds and experiences of people in the communities we serve.

The CHNA concluded with the application of validated analysis and scoring models that produced the final significant health needs. The findings were presented to the governing board for approval.

Additional stakeholder interviews followed prioritization to provide insights into current resources and community capacity to address significant health needs. This input informs the development of an Implementation Strategy.

Data Methodology & Prioritization Process



APPENDIX: PERSONS INVOLVED IN DATA COLLECTION AND ANALYSIS

APPENDIX: CHNAS FROM CHILD-SERVICE ORGANIZATIONS IN THE SERVICE AREA

Secondary Data

Intermountain Health generated secondary data from the data platform, Metopio™, to access data sources, including the American Community Survey, Behavioral Health Risk Factor Surveillance System, Centers for Medicare and Medicaid, and others. Youth-based surveys, such as the Utah Student Health and Risk Prevention (SHARP) survey, were also used and all data resources are inventoried in the appendix. Local health departments provided supplementary data insights during community input meetings.

Where localized data were available, the analysis identified notable changes in health indicators over time and differences between select demographic, minority, and medically underserved groups.

Intermountain used the following criteria to analyze the larger body of health indicators and identify a narrower field for community input discussions and prioritization:

- Review leading causes of death by age group, with additional focus on leading injury-related deaths.
- Assess data relevant to the significant health needs identified in the hospital's previous CHNA to determine impact and inclusion in the current cycle.
- Identify emerging trends and patterns not included in criteria above regarding health outcomes, healthcare access, health behaviors, and social needs in children.

Primary Data

Intermountain used primary data to harness the community's voice and included a broad representation of perspectives and experiences. As part of the Utah CHNA Collaborative, there was close collaboration with local health departments to engage local residents and stakeholders, which fostered a shared understanding of health needs and commitment to improving the communities we serve.

The tools and methods used to collect and analyze primary data were designed to engage populations across the lifespan and also understand the pediatric needs in all communities. Overall, the process was sequenced to identify, understand, refine, and prioritize the community's health needs.

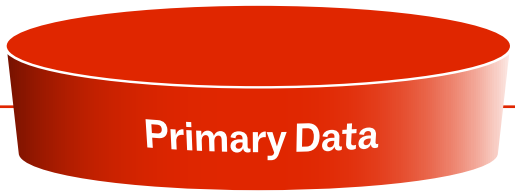
Public Survey

Intermountain Health administered the CHNA Public Survey via email using the Qualtrics® platform between January 6 and February 3, 2025. The technology allowed for panel management that produced responses from a representative and diverse sample of community members from the service area who reported having children in the home. The survey provided the public with an opportunity to voice their experiences regarding health needs, barriers to equal health opportunities, emerging needs not identified in secondary data, and community strengths.

Community Stakeholder Survey

The CHNA Community Stakeholder Survey was sent via email in English and Spanish between January 21 and February 14, 2025, to stakeholders representing community organizations, healthcare, public health, education, and local government. The stakeholders were selected based on an exhaustive statewide review to ensure a diverse mix of representation that serve children and families. A Youth Voice Survey was also conducted to capture the unique health needs and input of the service area.

The community and youth surveys expanded input gathered during the public survey and provided additional feedback and insight on health needs, including existing efforts and capacity to address needs.



Community Input Meetings

The community input meetings were held in May 2025. They were co-facilitated by Intermountain Health and local health departments, which provided insights on current and emerging health needs. Invited stakeholders included representatives from medically underserved, low-income, and minority populations. An additional youth voice focus group was held in April 2025.

The attendees discussed the preliminary health needs identified through primary data surveys and secondary health data. The meetings were designed to understand local impact of these health needs and to gain awareness of others not included in the preliminary analysis.

Community Stakeholder Interviews

Intermountain conducted Community Stakeholder Interviews via phone following prioritization of significant health needs. These in-depth phone interviews capitalized on the engagement of stakeholders during the CHNA process and informed the development of Implementation Strategies. Interviewees were selected based on their expertise and community involvement and their input allowed Intermountain to identify potential community collaborators, existing efforts, and resources.

Following community input meetings, participants were surveyed to help identify the top ten health needs across the state. These are the preliminary health needs for children that were scored during the prioritization process.

Child abuse/ neglect	Childhood injury	Community safety	Financial security
Food security	**Preliminary Health Needs**		Healthcare access
Health insurance cost	Housing stability	Mental health	Substance use and addiction

APPENDIX: SECONDARY DATA SOURCES

APPENDIX: COMMUNITY INPUT INVENTORY

APPENDIX: SUMMARY OF PRIMARY DATA FINDINGS

Final Prioritization

Intermountain Health began the final prioritization of the preliminary health needs by applying the Hanlon Method for Prioritizing Problems.

The Hanlon Method is a nationally-recognized technique used in public health needs assessments and recommended by the National Association of County and City Health Officials. Its scoring process reliably develops objective, data-driven priorities regarding the size and seriousness of the issue, and potential effectiveness of the intervention.

Intermountain Health leadership, hospital presidents, internal subject matter experts, and Community Health leaders scored health needs specific to children, which were used to calculate the final Hanlon Method scores.

Following the scoring process, the team applied the PEARL test to screen out health needs based on feasibility to impact through community health improvement efforts. The PEARL test used these criteria:

- **P** **Propriety:** Is a hospital-led or -supported activity for the health need suitable?
- **E** **Economics:** Does it make economic sense for the hospital to address the need? Are there economic consequences if a need is not addressed by the hospital?
- **A** **Acceptability:** Will the community accept the hospital's intervention? Is the intervention wanted?
- **R** **Resources:** Is funding available or potentially available for the intervention?
- **L** **Legality:** Do current laws allow the intervention to be implemented?

This analysis determined the significant health needs that would be the focus of the Implementation Strategy for the upcoming three-year cycle. Through this process there were instances where additional health needs were identified, unified under one heading, or prioritized.

Significant Health Needs Approval

With comprehensive data analysis, gathering of public and stakeholder input, and determination of the significant health needs, the Intermountain Health Regional Board approved the CHNA process, findings, and report as presented on November 13, 2025. It was published to the Intermountain Health website before December 31, 2025.

CHNA Significant Needs

PRELIMINARY HEALTH NEEDS

Childhood injury, abuse, and neglect

Injuries are the leading cause of death and disability in children (ages 0 to 18 years).

Community safety

11% of Utah students (grades 6 to 12) reported feeling unsafe in their neighborhoods.

Financial security

One in five public survey respondents, who had children in the household, reported trouble finding employment or a source of income.

Food security

More children in Utah experience food insecurity than adults, with a rate of 15% compared to 12% of the general Utah population.

Healthcare access

Utah children have a higher uninsured rate than the U.S. and only 63% of children have adequate insurance compared to the national rate of 68%.

Housing stability

Utah households with children have higher rates of housing cost burden (spending 30% or more of income on housing).

Single mothers in Utah have the highest rates of housing cost burden.

Mental Health

Mental health issues like depression, social isolation, self-harm, and bullying victimization are disproportionately higher among gay or lesbian identifying youth.

Substance use and addiction

The rate of cigarette use among Utah students is decreasing, but the use of vape products and nicotine pouches is increasing.

SIGNIFICANT HEALTH NEEDS

IMPLEMENTATION STRATEGY

Identify hospital and community resources to address significant health needs

Develop strategies to address significant health needs with an emphasis on health equity and anticipated impact

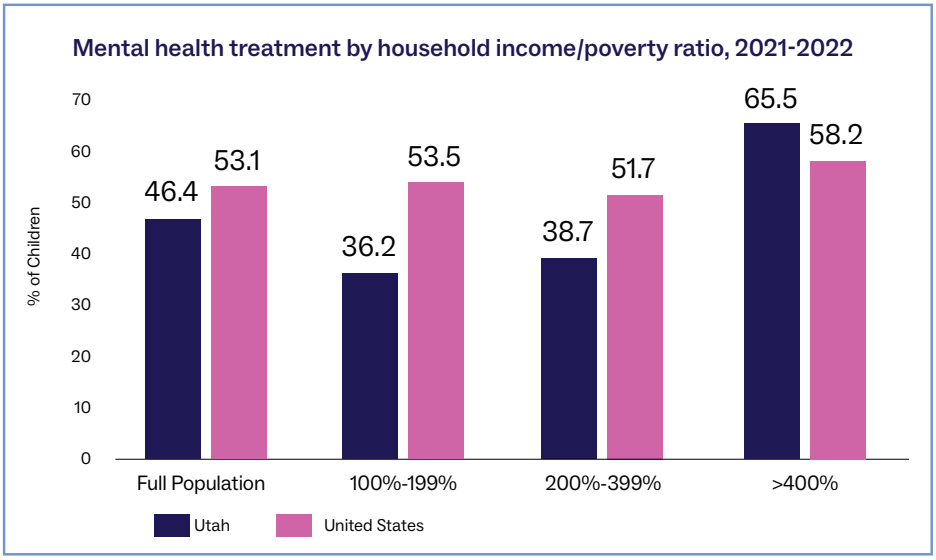
Collaborate with other community organizations to have the greatest possible impact on data-identified needs

Improve Behavioral Health

The 2025 CHNA prioritizes improving behavioral health as a significant health need through addressing mental health, substance use, and addiction. This unifies the preliminary health needs identified during data collection and prioritization under Behavioral Health.

"Children from birth to six-years-old have mental health needs, and if they can access appropriate services, they can receive the tools that they need, and that changes the trajectory of their lives."

— Community Stakeholder



Almost one in three Utah students reported having depression. In the state, 46.4% of children received mental health treatment while 65.5% of children in households with the highest incomes received treatment. Access to appropriate mental health care is essential for children and youth brain development.

Created on Metopio | metopio.io/i/6141m92d | Data source: National Survey of Chilren's Health (NSCH)

DISPARITIES, HEALTH EQUITY & BEHAVIORAL HEALTH

34% of Utah students reported feeling sad or hopeless almost every day for two weeks or more.

This increases to over 40% for American Indian/Alaskan Native, Pacific Islander, and Hispanic/Latino students.

One in five public survey respondents, who had children in the home, reported an unmet mental health need among the household.

45% of Hispanic/Latino students reported vaping tobacco or marijuana, almost double the rate of other peer groups.

Youth with mental health needs are twice as likely to use alcohol.

COMMUNITY STRENGTHS

- Available high-quality behavioral health providers that offer community and care management services with adjustable income-based fees.
- Alignment with public health agencies and other health systems on behavioral health as a significant health need.
- Sustaining and expanding current community collaborations and programming from previous Implementation Strategy to address behavioral health.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

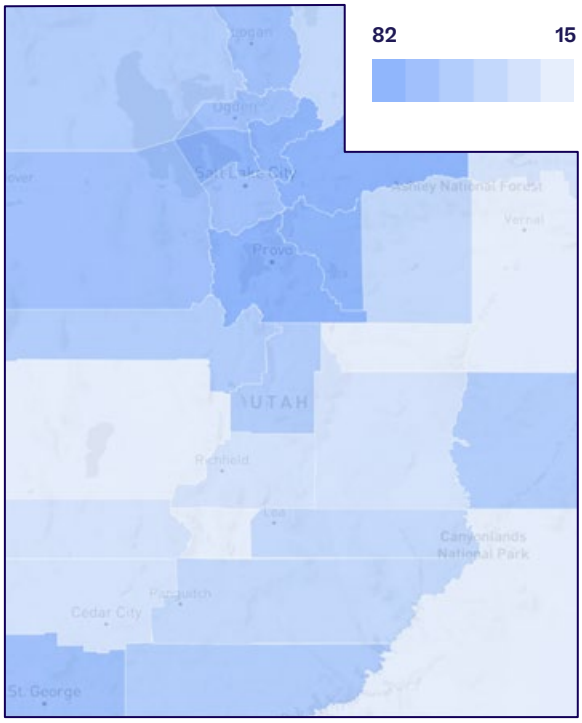
Invest in Social Drivers of Health

The 2025 CHNA prioritizes investing in social drivers of health as a significant health need through addressing community safety and food security. This unifies the preliminary health needs identified during data collection and prioritization under Social Drivers of Health.

"As a single mom I am very overwhelmed and stressed about money and my children can see that. Sometimes they worry as well."

— Community Stakeholder

Child Opportunity Index 3.0
2017 - 2021 | Social & Economic | Utah State: **49**



Metopio | Tiles © Mapbox, Data source: diversitydatakids.org: Child Opportunity Index 3.0

Within the Child Opportunity Index 3.0, there is a composite index specific to social and economic resources and conditions that impact children's health. Scaled from 1 to 100, higher values represent more opportunity. Utah scores 49 overall, compared to the average of 52 in the U.S.

The index shows social and economic resources are unequally distributed across neighborhoods and highly predictive of children's short- and long-term health outcomes. In Utah, highest scoring counties are urban and the lowest scoring counties are rural or frontier.

Lowest county scores: Piute at 15, Carbon at 16, San Juan at 16

Highest county scores: Morgan at 82, Summit at 77, Wasatch at 64.

DISPARITIES, HEALTH EQUITY & SOCIAL DRIVERS OF HEALTH

Food insecurity affects 15% of Utah children and increases to 20% among Hispanic/Latino children.

Over 20% of Utah children who are Black, Native American, or Pacific Islander are living in poverty, compared to about 15% of all Utah children and 9% of all Utahns.

Over a third of stakeholders who serve children surveyed reported a high concern for community safety.

COMMUNITY STRENGTHS

- An existing collaborative network of community-based organizations that support service coordination and resource sharing across sectors.
- Family- and service-oriented with a strong community identity.
- Low unemployment and crime rates, outdoor recreation, and strong economy promote economic stability.
- Responsive to social issues and needs with a history of volunteerism and charitable giving.

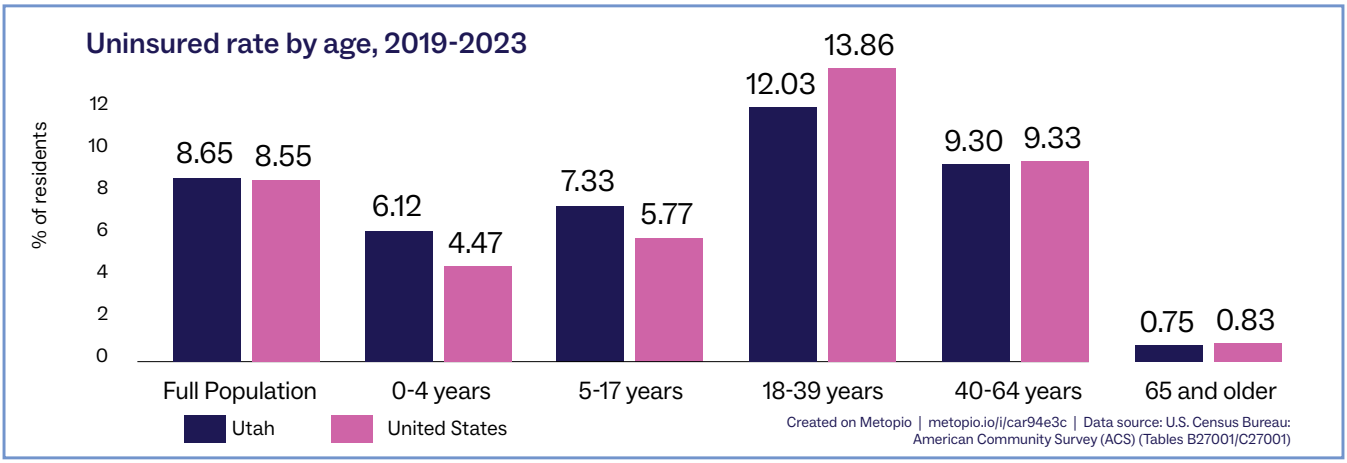
APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Increase Access to Care

The 2025 CHNA prioritizes addressing access to care as a significant health need based on data-driven needs specific to Utah children.

"There is an urgent need for culturally competent healthcare providers and mental health professionals who understand the unique challenges and perspectives of our community."

— Community Stakeholder



Utah's overall uninsured rate is comparable to the U.S. but higher among children, with notable differences by rurality and race/ethnicity. The uninsured rate among Utah youth (ages 5 to 17) is highest in the rural counties of Beaver (28%), Grand (26%), San Juan (18%), and Millard (14%). It is lowest in Utah children who are White (5%), and highest in children who are Native American (17%), Hispanic/Latino (15%), and Pacific Islander (14%).

Note: Uninsured rate is defined as residents without health insurance at the time of ACS survey.

DISPARITIES, HEALTH EQUITY & ACCESS TO CARE

Access to early prenatal care is lowest among Black and Pacific Islander Utahns.

Infants born to mothers who are Black and Pacific Islander experience higher rates of prematurity, low birthweight, and mortality within the first year.

37% of stakeholders who serve children reported they felt healthcare access should be prioritized over the next three years.

Only half of Utah's Hispanic children have adequate insurance coverage, compared to 66% of Hispanic children in the US.

COMMUNITY STRENGTHS

- Federally Qualified Health Centers, community clinics, and other community-based health organizations offer access to comprehensive, culturally appropriate care with with adjustable income-based fees.
- Collaboration opportunities with community-based organizations that have trusted relationships with residents experiencing access needs.
- Existing navigation and benefits programs inform and assist residents in accessing coverage and benefits.
- Diverse population with unique perspectives and skills that strengthen cultural capabilities.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Prevent Childhood Injury and Illness

Proactively addressing children's health can have an upstream and life-long impact. Intermountain Health prioritized preventing childhood injury and illness as a significant health need through addressing child abuse/neglect and injury prevention. Using child-specific morbidity and mortality data and community input, the CHNA identified and prioritized health needs that differ from the adult population.

"I think educating, like the parents, in society that mental health is a real thing... because I've seen people my age go to adults who they trust and are being told that it's not actually happening. We need people, adults, who we can go to when we are struggling."

— Youth Community Member

TOP CAUSES OF INJURY-RELATED DEATH IN CHILDREN (2019-2023)

Injuries are the leading cause of mortality and disability among children (ages 0 to 18 years). Injuries are classified by their intent: unintentional, suicide or intentional self-harm, and homicide/assault

Ages 0 to 1 year	Ages 1 to 4 years	Ages 5 to 9 years	Ages 10 to 14 years	Ages 15 to 19 years
Unintentional • Suffocation (sleep related)	**Unintentional** • Drowning • Suffocation • Motor vehicle accidents	**Unintentional** • Motor vehicle accidents • Drowning **Homicide or Assault** • Firearms	**Unintentional** • Motor vehicle accidents **Homicide or Assault** • Firearms **Suicide** • Asphyxia	**Unintentional** • Motor vehicle accidents • Drug overdose • Drowning **Homicide or Assault** • Firearms **Suicide** • Firearms • Asphyxia • Drug overdose

DISPARITIES, HEALTH EQUITY & CHILDHOOD INJURY

Utah children living in rural and frontier counties are more likely to die by suicide, motor vehicle crashes, and firearms compared to children living in urban counties.

American Indian/Alaska Native and Black/African American children in Utah are twice as likely to have an injury-related death compared to all races and ethnicities in the state.

Young women are more likely to attempt suicide; young men are more likely to die by suicide.

Firearms are the leading cause of death for ages 13 to 18 years in Utah.

COMMUNITY STRENGTHS

- Children's hospitals and specialty clinics with expertise to address the specialized health needs of infants, children, and youth in the services area.
- Family-focused communities and a readiness to collaborate on issues relating to children's health.
- The state ranks high for safety rates and low for crime rates compared to the U.S.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Evaluation of Prior CHNA

The previous CHNA was conducted in 2022, and the significant health needs were identified as improving mental well-being, improving chronic and avoidable health outcomes, and addressing and investing in social determinants of health. A companion Implementation Strategy was also developed to address these health needs identified among the medically underserved, low- income, and minority residents in the CHNA data. Notable outcomes from those activities are below.

2023 - 2025 Implementation Strategies and Outcomes

Significant Health Need	Strategies	Outcomes 2023-2025*
 **Mental Well-Being**	• Reduce suicide deaths • Reduce frequent mental distress, including anxiety and depression • Decrease opioid misuse and prevent opioid overdose deaths	• Led or provided funding for 407 community suicide prevention trainings for 15,922 Utah residents. • Distributed 17,766 gunlocks along with mental health pamphlets tailored with community resources. • Funded 32 mental health organizations to serve 3,655 uninsured or underinsured people providing access to 13,122 mental health encounters. • Developed and distributed public education for adult and youth mental health and resource navigation. • Distributed 3,860 naloxone kits at 135 public events in Utah.
 **Chronic and Avoidable Health Outcomes**	• Prevent or delay the onset of type 2 diabetes and high blood pressure • Improve immunization rates • Decrease unintentional injuries and vaping for children and youth	• Led or provided funding for 5,177 prediabetes screenings and 27 prediabetes prevention classes for 141 participants. • Provided funding for enrollment in an evidence-based diabetes health coaching program for 109 patients at Utah community clinics. • Supported the Utah Immunizations Community Collaborative, which helped increase the state HPV immunization rate from 55% in 2022 to 61% in 2024. • Distributed 9,444 safety devices to prevent childhood injury, including car seats, bike helmets, life jackets, and others. • Conducted 1,434 car seat checks for proper installation and fit throughout Utah. • Trained staff from three Utah school districts, who instructed over 5,000 students with Catch My Breath curriculum, a vaping prevention program.
 **Social Determinants of Health**	• Improve individual- and community-level social determinants of health • Build community capacity to address social needs	• Provided 68 community organizations with diagnostic vouchers for uninsured and low-income patients to access 34,048 diagnostic services. • Funded the launch of a statewide social care referral platform that has onboarded 467 community organizations with 952 programs in Utah. • Implemented interpersonal violence screenings in 22 Intermountain clinics with 280 providers and connected individuals to community resources. • Invested $40 million in place based investing to create 299 affordable housing units and improved the financial wellness for 187 people. • Opened two hospital food pantries with the Utah Food Bank and distributed food to over 7,000 people. • Held seven cohorts of Healthcare Career Academy to introduce Utah secondary students to public health and healthcare professions, provide mentorship, and scholarship opportunities.

* Totals as of April 2025

Conclusion

Intermountain is grateful for the support of community members and organizations for their valuable participation in the CHNA process. Their community voices offered a deeper understanding of unique local needs and health disparities identified through the CHNA data. Intermountain leverages this valuable input to develop an Implementation Strategy in collaboration and alignment with the community to create equitable opportunities for health.

Intermountain caregivers from Community Health and Consumer Experience worked with the Utah CHNA Collaboration to lead the 2025 CHNA process. We recognize the value of working alongside collaborative, which resulted in a more comprehensive, inclusive, and impactful CHNA.

Intermountain will conduct the next CHNA in 2028 and looks forward to continuing collaborations to improve the health of our communities.

For additional information about the CHNA, contact:

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To submit written comments on this CHNA or request a paper copy, please email IH_CommunityHealth@imail.org

Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Community Health Needs Assessment (CHNA)	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Data-identified and preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by communities.
Health Equity	Foundational and embedded across Intermountain Health's approach to health improvement is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i. e. , frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategies (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on data-driven needs.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.

CHNA Participants

Utah Community Health Needs Assessment Collaborative

Bear River Health Department	Beaver Valley Hospital	Blue Mountain Hospital
Central Utah Public Health Department	Comagine Health	CommonSpirit Health
Davis Behavioral Health	Davis County Health Department	Division of Public Health, School of Medicine, University of Utah
Get Healthy Utah	Huntsman Cancer Institute	Intermountain Health
Kem C. Gardner Policy Institute	Milford Valley Memorial Hospital	MountainStar Healthcare
One Utah Health Collaborative	Salt Lake County Health Department	San Juan Public Health Department
Southeast Utah Health Department	Southwest Utah Health Department	Summit County Health Department
Tooele County Health Department	Tri-County Health Department	Uintah Basin Healthcare
Utah County Health Department	University of Utah	Utah Hospital Association
Wasatch County Health Department	Weber-Morgan Health Department	

Community Input Organizations

1999 Collective	Ability First Utah	Alpine City
Alpine School District	Alzheimer's Association	Boys & Girls Clubs of Greater Salt Lake
BYU Comprehensive Clinic	Carry On	Centro Hispanico
Children's Service Society of Utah	Circles Utah Valley	Clyde Companies
Davis County Health Department	Envision Utah	Family Haven
Friends of the Children - Utah	Get Healthy Utah	Health Choice Utah
Intermountain Health	Juvenile Justice and Youth Services – Utah	Kids Who Count
Magna City Council	Molina Utah	Mountainland Technical College
Prevent Child Abuse Utah	Project Read	SafeKids Utah
Salt Lake County Health Department	Salt Lake County Library	Springville City
State of Utah Behavioral Health Commission	The Children's Center Utah	The Policy Project
Unite Us	United Way of Salt Lake	United Way Utah County
United Way Utah County - Help Me Grow UT	University of Utah	University of Utah, Department of Pediatrics
University of Utah, Health	Utah Afterschool Network	Utah Area Health Education Centers
Utah Community Action	Utah County Health Department	Utah Department of Health and Human Services
Utah School Mental Health Collaborative	Utah Transit Authority	Utah Valley University
Waterford Upstart	YWCA Utah	

CHNA Methodology

Persons Involved in Data Collection and Analysis

Organization	Name, Credentials	Title	Responsibilities
Intermountain Health	Kathryn Barker, MPH	Community Health Manager	Support secondary data analysis and evaluation
Intermountain Health	Chris Grosh, PhD	Strategic Research Senior Consultant	Gather and analyze data from public and stakeholder surveys and interviews

Related CHNAs from Child-Service Organizations in the Service Area

2025 Kids Count Data Book
Early Childhood Mental Health in Utah
Title V Maternal & Child Health Block Grant Needs Assessment & 2025 Data Report
The Flowering of Youth: The Next Generation in Utah Report by Utah Foundation
Utah 4-H Impact Evaluation by Utah State University
Utah State Board of Education School Climate Survey
Utah Statewide Childhood & Adolescent Injuries
Utah Statewide Needs Assessment of Out-of-School Time Programs for Elementary-Aged Children
Youth Housing Needs Assessment (Salt Lake County)
Youth Needs Assessment by Utah State University

Methodology: Secondary Data

Secondary Data Sources

Unless noted otherwise, CHNA secondary data sources are accessible in the Metopio database at this link.

Data Source	Year(s)	Indicators
Area Health Resources Files	2021-2022	Family medicine providers per capita
Boston University, diversitydatakids.org	2021	Child Opportunity Index 3 .0
Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS)	2022	Housing insecurity
Centers for Disease Control and Prevention (CDC): Pregnancy Risk Assessment Monitoring System (PRAMS)	2022	Postpartum depression
Centers for Disease Control and Prevention (CDC): CDC WONDER and WISQARS online databases	2019-2023	Leading causes of death, Firearm-related deaths; Accessible at this link
Centers for Disease Control and Prevention (CDC): Na-tional Immunization Survey	2022-2023	Flu vaccine via Metopio, Recommended immunizations by age 24 months; Accessible at this link
Centers for Disease Control and Prevention (CDC): Na-tional Vital Statistics System- Mortality (NVSS-M)	2019-2023	Mortality rates: drug overdose, firearms, infant, motor vehicle traffic accidents, suicide
Centers for Disease Control and Prevention (CDC): Na-tional Vital Statistics System- Natality (NVSS-N)	2022	Infant mortality, preterm birth
Centers for Disease Control and Prevention (CDC): Youth Risk Behavior Surveillance System (YRBSS)	2021	Vaping among high school students
Environmental Protection Agency (EPA): EJScreen: Envi-ronmental Justice Screening and ACS estimates	2019-2023	Potential lead paint indicator
Feeding America: Map the Meal Gap	2022	Food insecurity
Health Professional Shortage Areas (HPSA)	2024	Provider ratios
KIDS COUNT	2020-2022	Low birth weight
National Center for Education Statistics: Common Core of Data	2023	Free school lunch eligibility
National Provider Identifier Files (NPI)	2021-2024	Mental health providers per capita
National Survey of Children's Health	2016-2022	Adequate insurance, Adolescent well-visits, Bullying perpetra-tion, Bullying victimization, Overall health status, Children with spe-cial healthcare needs, Developmental screening, Mental health treatment, Obesity, Child physical activity, Preventive dental visit, School readiness, Tooth decay/cavities
U.S. Census Bureau: American Community Survey (ACS)	2019-2023 Five-Year File 2023 One-Year File	Population (B01001), High school graduation (B15002), Poverty rate (B17001), Median household income (B19013), Uninsured rate (B27001/C27001), Spanish primary language (B16002), Lim-ited English proficiency (B16004), Below 150% of poverty level (C17002), Housing cost burden (B25070/B25091), Medicaid cov-erage (S2704, S2701, and B27010)
University of Wisconsin-Madison, Neighborhood Atlas	2022	Area Deprivation Index (ADI)
Utah Department of Health and Human Services	2022	Youth asthma ED and hospitalization rates
Utah Department of Health, Utah Child Fatality Review, Annual report	2021	Injury-related mortality rates for children; Accessible at this link
Utah Office of the Medical Examiner	2016-2021	Youth suicide attempts; Accessible at this link
Utah Student Health and Risk Prevention (SHARP) Survey	2023	Considered suicide among students, Depression, Mental health treatment needs, Binge drinking, Vaping, Student safety, Sub-stance use, Alcohol and mental health; Accessible at this link
Utah Student Health and Risk Prevention (SHARP) Survey Special Report: Results for Gay or Lesbian Students	2023	Mental health outcomes among gay or lesbian students; Acces-sible at this link

Methodology: Primary Data

Community Input Inventory

Input Types and Dates	Sample	Method	Topics Covered	Community Representation
Public Survey 1/6 - 2/3/2025	n=1,081 346 with children in the home	Web-based survey through email	• Health and well-being • Health insurance status • Health care access • Unmet social needs • Community concerns • Community strengths	• 14% Ages 18 – 24 • 42% Ages 25 – 39 • 42% Ages 40 – 59 • 2% Ages 60 or older • 2% American Indian/Alaska Native • 2% Asian • 3% Black/African American • 10% Hispanic/Latino • 1% Native Hawaiian/Pacific Islander • 87% White, Non-Hispanic/ Latino • 65% Female • 34% Male • 8% LGBTQIA affiliation • 100% Child living in household • 41% Disability in household • 12% Unemployed
Stakeholder Survey 1/21 - 2/14/2025	n=238 186 serve children and youth	Web-based survey through email	• Community demographics • Community health focus • Community concerns • Community priorities • Community strengths	• Community-based organization representative (nonprofits, community groups) • Education/youth serving representative (teachers, school administrators, youth program coordinators) • Elected official (city council members, state legislators) • Faith-based organization representative (clergy, church leaders) • Healthcare administrator (hospital administrators, clinic managers) • Medical professional serving adults (doctors, nurses, physician assistants) • Medical professional serving children (pediatric doctors, nurses, physician assistants) • Mental/behavioral health representative (psychologists, social workers, counselors) • Public health worker (public health nurses, health educators) • Youth representative (youth leaders, student council members)
Community Input Meetings 5/19/2025 5/22/2025	n=86	In-person and virtual meetings	• Primary and secondary data review • Discussion of preliminary health needs and community impact • Identification of additional community health needs	• Community-based organizations • Education and government • Health care organizations • Older adult serving organizations • Private sector • Public health departments • Youth-serving organizations
Youth Focus Group 4/2/2025	n=59	In-person meeting	• Primary and secondary data review • Discussion of preliminary health needs and community impact • Identification of additional community health needs	• High school students from Utah school districts • Primary Children's Hospital Youth Advisory Council

Summary of Primary Data Findings

Input Type	Findings
Public Survey	• Top Reported Unmet Health Needs in Service Area – Dental care, 34% – Prescription medications, 23% – Primary care, 22% – Mental healthcare, 21% – Specialty healthcare, 12% • Children with Unmet Healthcare Needs, 19% • Top Reported Household Needs for Service Area – Overwhelmed by caregiving, 22% – Trouble finding employment, 20% – Food insecurity, 19% – Utilities being shut off, 18% – Unreliable transportation, 14% – Social isolation, 13% – Housing instability, 11% – Internet access, 10% • Top Reported Community Concerns for Service Area – Health insurance costs, 39% – Mental health, 38% – Childhood bullying, 32% – Housing instability, 32% – Financial insecurity, 32% – Substance use/addiction, 27% – Suicide, 25% – Unsafe driving/traffic, 23% – Pollution (air, ground, water), 23% – Unemployment, 22%
Stakeholder Survey	• Top community concerns ranked in order were mental health issues, housing instability, financial insecurity, health insurance costs, healthcare access, food insecurity, suicide, substance use/addiction, child abuse, immigrant/refugee needs, and health equity. • Top health needs that should be prioritized were mental health including suicide and substance use, financial insecurity including housing instability and food insecurity, healthcare access, and health insurance costs.
Stakeholder Interviews	• Identification of community strengths and resources to address Significant Health Needs • Current community efforts to address Significant Health Needs identified in 2025 CHNA. • Opportunities for on-going or potential collaboration with stakeholders to address Significant Health Needs identified in 2025 CHNA.
Youth Voice Focus Group	• Top community concerns were substance use, especially vaping, and increased enforcement of school policies; trusted adults who understand stress caused by school; and parental validation of how youth are feeling. • Mental health was the top heath need identified by youth participants, followed by substance use.

Community Resources

Resources to Address Significant Health Needs

Significant Health Need	Organization	Summary of Resources
Improve Behavioral Health	Local Mental Health Authorities	Mental health therapy, case management, group therapy, and trainings. Individual and group services on a sliding fee scale that support access for low-income individuals.
	Substance Use Disorder Treatment Centers	Organizations that provide Medication Assisted Treatment (MAT) programs for individuals with substance use disorder.
	County Public Health Departments	Provide prevention programming and harm reduction.
	Peer-Support Substance Use Organizations	Peer recovery coaching, family support services, and social supports.
Invest in Social Drivers of Health	Nonprofit Housing Organizations	Housing and utility assistance, emergency and respite shelter, case management, and workforce development.
	Housing Authorities	Affordable housing and support, case management, and transition services.
	County and State Government Agencies	Local workforce centers, government programs like Women, Infants and Children (WIC), and collaboration on economic stability strategies.
	Nonprofit Food Organizations	Community-based organizations that provide food assistance programs, local food banks, and pantries.
	Nonprofit Employment and Economic Stability Organizations	Community-based organizations that provide training programs leading to employment pathways, financial literacy education, and wrap-around support for people experiencing poverty.
Increase Access to Care	Federally Qualified Health Centers	Community-based organizations that provide comprehensive primary medical, dental, and behavioral healthcare regardless of ability to pay and insurance status.
	Safety Net Clinics	Community and school based primary care services including medical, behavioral health, and dental for low-income and uninsured residents.
	Nonprofit Community Organization	Navigation and application assistance for public programs, including government and other health insurance.
	Nonprofit Transportation Organization	Transportation services that improve access to care.
	Government Agencies	Enrollment assistance for numerous types of public benefits related to access, income, and insurance coverage.
	Law Enforcement and Corrections	Connection to medical, behavioral health, and social support services.
Prevent Childhood Injury and Illness	Early Childhood Government Agencies	In-home services, health and wellness support, and child protection.
	Nonprofit Community-Based Organizations	Assistance in connecting children and families experiencing poverty, abuse, neglect, or crisis to social services and other community resources. Supervision and programs for children focused on safety, health, learning, and development.
	Child Behavioral Health Organizations	Specialized pediatric behavioral health providers who serve children and youth.
	Education Organizations and Schools	Youth mental health resources, promotion of injury prevention and mental well-being, and career pathways leading to economic stability.

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