



Central Valley Medical Center

Community Health Needs Assessment 2019



SANTAQUIN CLINIC

210 East Main Street, Santaquin, UT 84655
801-754-3600



NEPHI MEDICAL CLINIC & HOSPITAL

48 West 1500 North, Nephi, UT 84648
435-623-3200



FOUNTAIN GREEN MEDICAL CLINIC

275 West 300 South, Fountain Green, UT 84632
435-445-3301

Table of Contents

Central Valley Medical Center	
<i>History and Services</i>	4
<i>Our Mission and Message to Our Community</i>	5
<i>Our Leadership</i>	6
<i>By the Numbers 2017-18</i>	7
Executive Summary	
<i>Background</i>	8
<i>Priorities and Strategies</i>	9
Our Community	
<i>CVMC Community Service Area</i>	10
<i>Key Demographics:</i>	
People and Population	11
Socioeconomic Status	15
Annual Household Income	16
Poverty	17
Education	19
Access to Care	20
Health of the Community	
<i>Indicators of Health Status:</i>	
Routine Medical Care	24
General Health Status	25
Death, Disease, and Chronic Conditions	27
2019 Community Health Needs Assessment	
<i>CHNA Process:</i>	
Methods for Assessment	30
Data Sources	30
Existing Healthcare Facilities and Resources	36
CHNA Results & Analysis	39
CHNA Identified Needs	44
Endnotes & Data	49
Appendix A	53
Appendix B	56



History & Services

Central Valley Medical Center, also known as CVMC, is an independent, 25-bed, not-for-profit, Critical Access Hospital (CAH) located in the heart of Central Utah. The hospital serves persons of all ages and ethnicities. In its early days, the hospital operated as a county-owned health care institution. However, for over 30 years, CVMC has been successfully managed by Rural Health Group, Inc.

CVMC is known as a leader among rural health care facilities and has received numerous awards for patient satisfaction, utilizing technology, and seeking improvement in the delivery of care. With a growing selection of board-certified physicians trained in a variety of medical specialties, multiple clinic locations, emergency department, integrated state-of-the-art surgical suites, orthopedic medicine, birthing center, women's health, radiology, diagnostic lab, respiratory therapy, and sleep health clinic; CVMC provides superior medical care.

Central Valley Medical Center staff members are committed to working together to treat patients with compassion, integrity, and respect. We respond to a broad spectrum of medical needs from routine screening exams and outpatient visits to unexpected emergencies and traumas. With our commitment to care that is sensitive and kind, we strive for excellence with our patients and their families.

CVMC defines quality as a comprehensive approach to all aspects of a patient's experience, from the first phone call to the patient's next appointment. Central Valley Medical Center takes pride in providing quality healthcare at each of its locations, offering medical services not often found in a rural hospital, to Central Utah and surrounding areas.

CVMC offers primary health care services including but not limited to:

Cardiopulmonary /
Respiratory Therapy
Diagnostic Imaging
Emergency Services
Endoscopy
Gastrointestinal Surgery
General Surgery
Gynecology
Gynecological Surgery
Home Health
Hospice Services
Inpatient Nursing Care
Labor and Delivery
Laboratory Testing
Obstetrics
Occupational Therapy
Orthopedic Surgery
Outpatient Medical Clinics:
• Nephi, UT
• Fountain Green, UT
• Santaquin, UT
Pediatrics
Physical Therapy
Rehabilitation
Retail Pharmacy
Sleep Health
Speech Therapy
Swing Bed Services
Wound Care

.....□ Our Mission

The mission of Central Valley Medical Center is to provide sensitive, compassionate health care of the highest quality to our patients, their families, and friends.

We do this in a manner that encourages the efficient use of resources while providing a working environment that promotes the personal and professional growth of our employees.

Message to Our Community



Mark Stoddard,
CVMC, President & CEO

Central Valley Medical Center has provided compassionate medical care to residents of Juab, Sanpete, Millard, and more recently South Utah County for more than 35 years. CVMC's commitment is supported by skilled professionals who are dedicated to offering the finest patient care. Advances in medicine and technology have had an impact on CVMC's decision-making with respect to equipment purchases, recruitment efforts, and the expansion of our facilities and services.

In collaboration with various partners in our service area, CVMC has conducted a community health needs assessment (CHNA). A survey was prepared to obtain feedback from the patients residing in the communities we serve. The purpose of the survey was to gather relevant health information and to request feedback from community members regarding high-priority community health needs. Data from the survey also allows an evaluation of CVMC's healthcare services. Survey information will be useful as CVMC continues to deliver health care based on the needs and preferences identified by our patients. Their interests will be considered in guiding CVMC's decisions and the delivery of healthcare.



Randy Cuff,
CVMC, COO

CVMC is pleased to make a difference in the lives of our patients. The insights of our patients and the communities they live in are valued and helpful in our strategic planning for the future.

Our Leadership

CVMC's Executive Leadership Team consists of the following individuals:



Mark Stoddard
CVMC President &
Chief Executive Officer



Brent Davis
Chief Financial Officer



Randy Cuff
Chief Operating Officer



Ken Richens
Chief Information Officer



Randy Allinson
Chief Nursing Officer



Brian Allsop
Human Resource Director



Von Nelson
Outpatient Clinic Director

The Community Governing Board of Trustees for Central Valley Medical Center is comprised of a CVMC Executive Team Member along with volunteer community and business leaders committed to improving the quality of healthcare provided to all patients. The Board is charged with providing input and direction to the executive leadership team and administration of the Hospitals & Clinics to ensure that the institution fulfills its mission.



Mark Stoddard
CVMC President &
Chief Executive Officer



Alan Kenison
Board Chairman



Mark Chase
Board Vice-Chairman



Gail Ludlow
Board Member



Sue Ann Whitlock
Board Member



Tim Blackham
Board Member



Leanna Lundell
Board Member

By the Numbers 2017-18

As Central Valley Medical Center continues to expand its footprint in Central Utah and reach across the state, CVMC is trusted to deliver the highest quality care, provide the most personalized patient experience, and elevate the standards of care through meaningful innovation. This allows CVMC to continue its commitment to the mission of providing sensitive, compassionate health care of the highest quality to our patients, their families, and friends.

INPATIENT DAYS OF CARE 2017-2018

Acute Beds	5,765
Swing Beds	2,818
Total Inpatient Days of Care	8,583

SURGICAL CASES | 2,624

Inpatient	382
Outpatient	1,525
Endoscopy	717

OUTPATIENT PROCEDURES | 62,987

Laboratory/Radiology Visits	32,623
Emergency Room	8,467
Other Visits	21,897

PHYSICIAN VISITS | 63,952

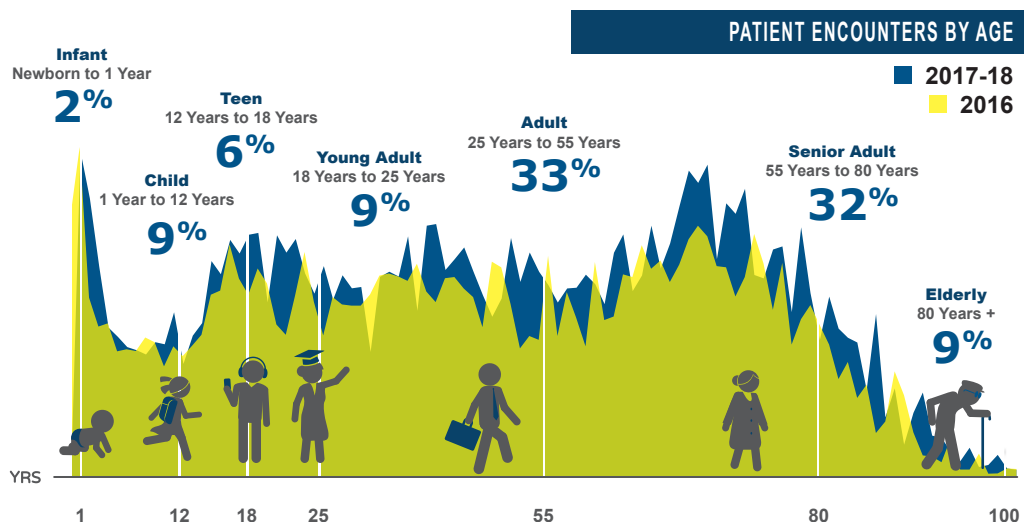
Nephi Medical Clinic	53,844
Fountain Green Medical Clinic	6,186
Santaquin Clinic	3,922

HOME HEALTH & HOSPICE VISITS | 18,714

Home Health Visits	17,178
Hospice Visits	1,536

RETAIL PRESCRIPTIONS FILLED | 123,237

Average per Day	203
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2,501
Births from
2001 to 2018



223

NEWBORN BIRTHS
IN 2017-18

were supported by
CVMC's Labor and
Delivery Department

Executive Summary



.....□ Background

With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals are required to conduct a community health needs assessments (CHNA) and develop implementation strategies. These strategies allow insight and guidance for plans to actively improve the health of communities served by health systems. This provides hospitals and health systems with the information needed to deliver medical services that can be targeted to address the specific needs of their communities. Coordination and management of these strategies based upon the outcome of a CHNA can improve the impact of health care community benefits.

In early 2019, CVMC began the process to conduct a Community Health Needs Assessment (CHNA) to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). As indicated in the PPACA, the overarching view of the assessment and identification of the health needs must be taken from the perspective of the community. The structured CHNA process not only serves as an opportunity to maintain compliance with state and federal regulations, but also serves as a means to engage community members in identifying the most pressing health care concerns and needs.

The CHNA process for the Central Valley Medical Center (CVMC) 2019 Community Health Needs Assessment included the collection and analysis of primary and secondary data, with the goal to provide a better understanding of the health needs in our community. This is also helpful to guide CVMC in their community benefit efforts and development of an implementation strategy to address evaluated needs.

A Community Advisory Committee was established by including the widest representation of community members. This was achieved by collaborating with a community council and coalition groups, the Local Interagency Council and Juab Unites Motivating Prevention Coalition. These partnerships provided a broad range of input for assessment questions and survey distribution from core community leaders and representatives. In total, the primary data collection phase resulted in more than 180 responses from community leaders, medical personnel, community coalitions/councils, and community residents in the CVMC service area.

Executive Summary

.....□ Priorities and Strategies

Central Valley Medical Center conducted its 2019 Community Health Needs Assessment (CHNA) for hospital and clinical sites located in Nephi UT and surrounding areas. These services and needs were reviewed and prioritized by CVMC's Governing Board on July 31, 2019. Based on the CHNA and other data collected, CVMC identified these key priorities:

- | | |
|-------------------|------------------------------|
| ■ UROLOGY | ■ BILLING/COST OF HEALTHCARE |
| ■ CARDIOLOGY | ■ DIALYSIS / KIDNEY SERVICES |
| ■ ONCOLOGY | ■ DIABETES |
| ■ MENTAL HEALTH | ■ DERMATOLOGY |
| ■ PROFESSIONALISM | ■ PATIENT WAITING TIMES |

Central Valley Medical Center's administration and staff are grateful for the support of the community members and agencies for their participation in the process of helping us understand the local community health needs and developing strategies to improve health. Implementation plans in the report address how Central Valley Medical Center will or are currently addressing the identified needs over the next several years.

Our Community



.....■ CVMC Community Service Area

Central Valley Medical Center, Nephi Campus is the primary facility for the CVMC health system and is located in Nephi, Utah, which is geographically close to the center of the state of Utah. This area, which includes most of CVMC's primary service area, is often referred to as Central Utah. Nephi city is a small, rural town with a population of approximately 6,111 and is located in Juab County, which as of July 1, 2018, has an estimated population of 11,550 according to the United States Census Bureau (V2018).¹

The Nephi facility and CVMC's two clinic locations provide services primarily to communities from Juab, Sanpete, Millard, and Utah Counties (See Figure 1). CVMC is situated near the convergence of several major highway systems (I-15, SR 132 and SR 28); serving as a critical access hospital and medical clinic to populations from other neighboring counties. CVMC also provides care to many travelers and visitors taking advantage of nearby outdoor recreation attractions such as the Little Sahara Desert, Mount Nebo, and Yuba Lake.

The community health needs assessment focused on Juab and Sanpete County which are CVMC's primary service area, where most of the patients seen by CVMC reside. There are 19 zip codes that are contained within or overlap this focused service area. Juab County had 4 specific zip codes and Sanpete County had 15 specific zip codes between an estimated population total of 42,178 which includes rural and suburban areas.

This area was chosen as the focus of the CHNA "community"

Figure 1: Primary Community Service Area

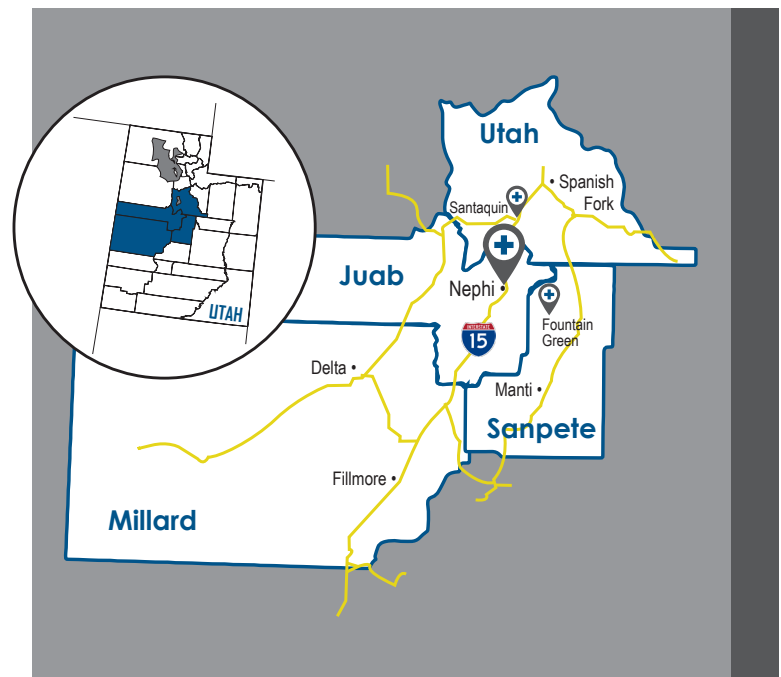
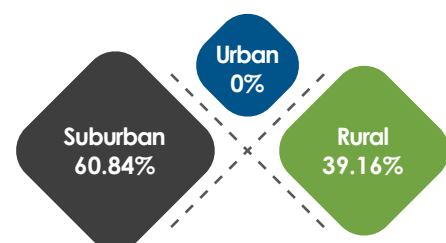


Figure 2
Urban & Rural
Population



Source: broadstreet.io | Indicator Report

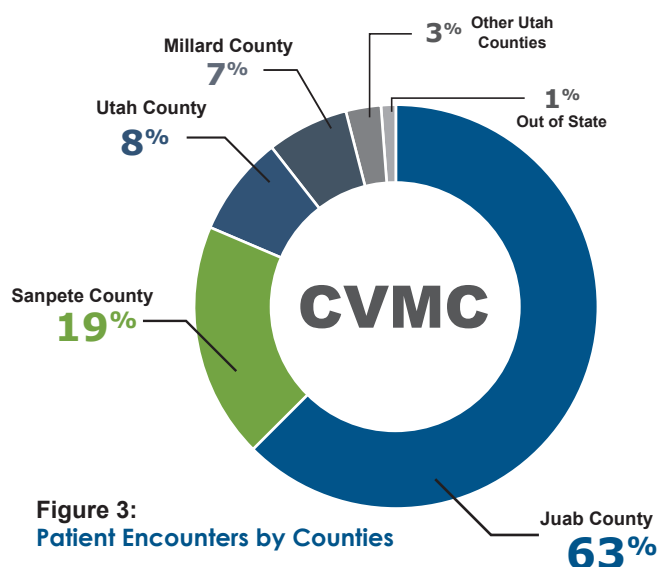
Our Community

CVMC Community Service Area

because it reflects the populations with the largest use of services provided by Central Valley Medical Center and its outreach clinics. This area also represents the majority of the communities that may be affected by changes made due to this report.

An analysis of the total patients served by CVMC indicates that the majority of patients claimed residency in Juab County, accounting for 63% of all patient encounters (See Figure 3). This includes the following main city centers and zip codes:

City	Zip Code
Nephi, UT	84648
Levan, UT	84639



Source: CVMC Data, CernerWorks

Further analysis indicated that 19% of all patient encounters claimed residency in Sanpete County (See Figure 2). Those include the following main city centers and zip codes:

City	Zip Code
Fountain Green, UT	84632
Moroni, UT	84646
Mt. Pleasant, UT	84647
Fairview, UT	84629
Ephraim, UT	84627
Centerfield, UT	84622
Chester, UT	84623
Gunnison, UT	84634

City	Zip Code
Spring City, UT	84662
Wales, UT	84667
Manti, UT	84642
Sterling, UT	84665
Mayfield, UT	84643
Fayette, UT	84630
Axtell, UT	84621

The remaining 18% of patient encounters were from various counties in Utah, or from outside the State of Utah, but did not represent a significant data pool and were combined into “Other Service Areas” categories.

Our Community

Key Demographics

The following section highlights key data points on the demographic, social, and economic indicators of Central Valley Medical Center's primary service area for the CHNA, Juab and Sanpete Counties in Utah, and factors that have a significant impact on population health.

Each community is unique and what each community consists of is significantly related to the rates of health outcomes and behaviors of the area. The health status of a community depends on many factors, including quality of healthcare, social and economic determinants, individual behaviors, heredity, education, and the physical environment, among other factors. Because "health" is more than just the absence of disease, a focus on socioeconomic factors is required. This section provides an overview of the socioeconomic context of Central Valley Medical Center's primary service area.

PEOPLE & POPULATION

The overall population of Juab and Sanpete County continues to increase, Juab County saw a 12.8% change in total population from 10,246 in 2010 to 11,555 in 2018; and Sanpete County saw a 10.1% change in total population from 27,822 in 2010 to 30,623 in 2018.¹ The gender delineation for Juab County is 48.7% Female and 51.3% Male. Sanpete County also has

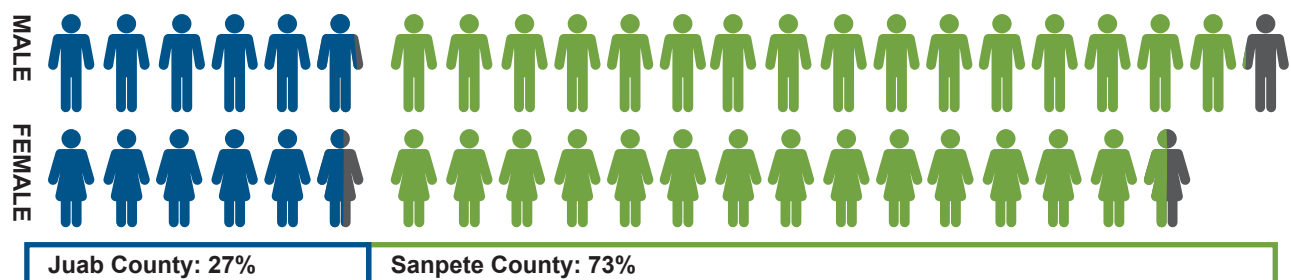


Figure 4: Total Population CVMC Primary Service Area³

Source: U.S. Census Bureau, Population Division

roughly the same gender delineation at 47.4% Female and 52.6% Male.³

The composition of these two counties comprises approximately 83% of CVMC's service encounters. While Juab County only has roughly one-third the population of Sanpete County,

Our Community

Key Demographics

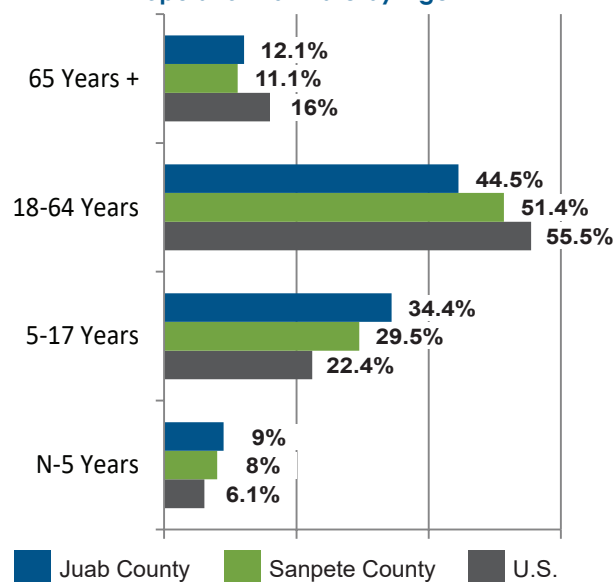
the majority of CVMC's patients reside in Juab County. This is largely due to geographical barriers and CVMC's largest facility, which houses a local hospital and clinic, located in Nephi City, Utah. Nephi comprises approximately 52% of Juab County's population.¹

With people living longer, the percentage of older adults is expected to continue to increase. The older adult population is projected to double between 2012 and 2060, from 43.1 to 92.0 million.² With an aging population, the socio-economic stability begins to be strained. As a large proportion of the U.S. population approaches retirement, greater demand is placed on Social Security, and cuts in these benefits are anticipated. These circumstances place low-income older Americans at a serious disadvantage. This will directly affect the need for psychological health and well-being.

CVMC's primary service area is currently slightly behind the same trends in age distribution as the national average. Americans age 65 years and over comprise nearly 16 percent of the U.S. population.³

Juab's population density, of persons per square mile, is estimated to be 3.0 from an area of 3,406 square miles. Juab County's name is derived from the Native American Ute word "yoab" meaning "thirsty plain" or "level plain." This describes much of the County's western portion of the landscape consisting of broad, semiarid valleys and low desert mountains, except for the Rocky Mountains found on the eastern border of the county.¹¹ Sanpete's population density, of persons per square mile, is estimated to be 17.5 from an area of 3,406 square miles. Sanpete Valley is tucked between the higher Wasatch Plateau to the east and the San Pitch or Gunnison Plateau to the west. Mountains separate

Figure 5:
2018 Juab, Sanpete, & U.S.
Population Estimate by Age⁴



Source: U.S. Census Bureau, Population Division

Our Community

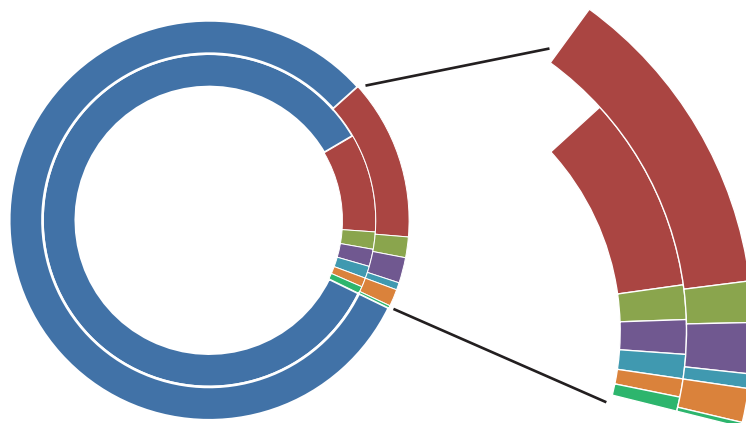
Key Demographics

the county from Interstate-15, the state's major north/south highway, causing the area to be isolated with much of the interstate and recreational traffic bypassing it.¹² As a result, none of the small, scattered towns has developed as a center of economic development.

Central Valley Medical Center strives to meet the needs of specific populations it serves and provides quality care, while decreasing health disparities for specific populations in the community. The development of services and activities tailored to specific populations is an on-going process. Understanding the diversity of the communities we serve is the first step in helping meet their needs.

Figure 6: CVMC Top 2 Community Counties Population by Race³

Source: U.S. Census Bureau, Population Division



Race and Origin	Juab	Sanpete
White, not Hispanic or Latino	91.9	85.6
Hispanic or Latino	5.1	9.7
Two or More Races	1.5	1.7
American Indian and Alaska Native	1.3	1.7
Black or African American	0.6	1.2
Asian	0.4	0.9
Native Hawaiian and Other Pacific Islander	0.2	0.7

Analysis of public health data by demographic characteristics is essential to the reduction and elimination of health disparities. The Robert Wood Johnson Foundation describes health disparities as differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.⁸ This directly affects the differences in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general

Our Community

Key Demographics

population. The definition can be applied to any demographic group, not just racial/ethnic minorities. Analysis by demographic characteristics also shows at the age certain diseases and conditions typically appear. Health equity and health disparities are closely related to each other. Disparities in health and in its key determinants are the metrics for assessing progress toward health equity.⁸

Health equity is the principle to pursue the highest possible standard of health for all while focusing on those with the greatest obstacles. Social determinants have a large impact on disparities and health equity. In order to improve health outcomes for those with disparities, social determinants often need to be targeted for intervention and prevention efforts. Analysis of these social determinants may affect which populations and in what areas CVMC will focus its main efforts. County Health Rankings estimates that social, economic, and physical environment factors account for 50% of health factors.¹⁰

Socioeconomic Status

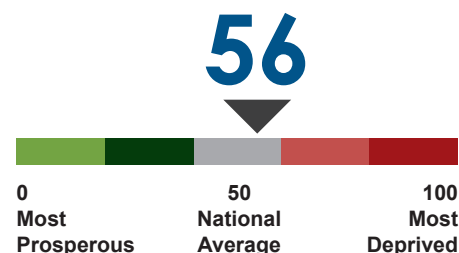
The socioeconomic status focuses on the social determinants of health which can contribute to or detract from overall health in a community. The following information is a statistical overview of strengths and weaknesses within the primary community CVMC serves.

The Area Deprivation Index (ADI). As a measurement of social vulnerability. The ADI combines 17 indicators of socioeconomic status (e.g. income, employment, education, housing conditions) and has been linked to health outcomes such as 30-day re-hospitalization rates, cardiovascular disease death, cervical cancer incidence, cancer deaths, and all-cause mortality. In our Community, there are regional and racial disparities in deprivation. These disparities may contribute to unique health

Figure 7: Area Deprivation Percentile⁶

Source: [BroadStreet.io](https://broadstreet.io) | 2018

PERCENTILE FOR AREA DEPRIVATION
OUR COMMUNITY vs. THE U.S.



Our Community

Key Demographics

challenges for those living in the most deprived areas.⁶ Indicators that were higher than the national average were: people below 150% of poverty, families below poverty, unemployment rate, white-collar employment, single parents with children, homes with crowding, median gross rent, median monthly mortgage, and homes without complete plumbing.

Annual Household Income

The median household income in Utah has generally kept pace with that in the U.S., but households in Utah are larger, making per capita income in Utah lower than in the U.S. overall. The median household income in 2017 for Juab County, UT was \$60,078 with a 95% confidence interval between \$53,677 and \$66,479 (+/- \$6,401). The median household income in 2017 for Sanpete County, UT was \$52,251 with a 95% confidence interval between \$47,449 and \$57,053 (+/- \$4,802). Median annual household income is the income level at which half of all households' income is lower, and half of all households' income is higher.¹³

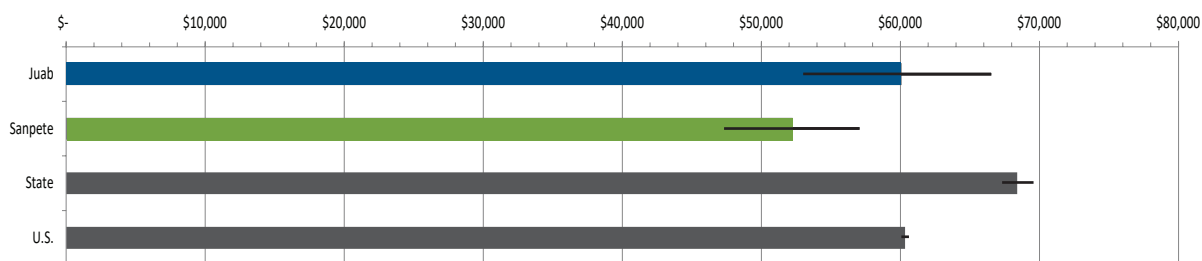


Figure 8: Median Annual Household Income

Source: Utah Department of Health, IBIS

County/ Region	Median Income	Lower 95% CI	Upper 95% CI
Juab County	\$60,078	\$53,677	\$66,479
Sanpete County	\$52,251	\$47,449	\$57,053
Utah	\$68,395	\$67,267	\$69,523
U.S.	\$60,336	\$60,250	\$60,422

Income is strongly related to the health status of individuals and the community. This is due to the fact that low-income persons tend to have poorer health status, in part because they cannot always afford good health care. However, some people have low-income levels because chronic mental or physical illness limits their ability to complete educational goals and earn a

Our Community

Key Demographics

good income. Poor health can limit one's ability to work, reduce economic opportunities, inhibit decision making, and lead to medical debt and bankruptcy; sometimes creating a negative feedback loop.

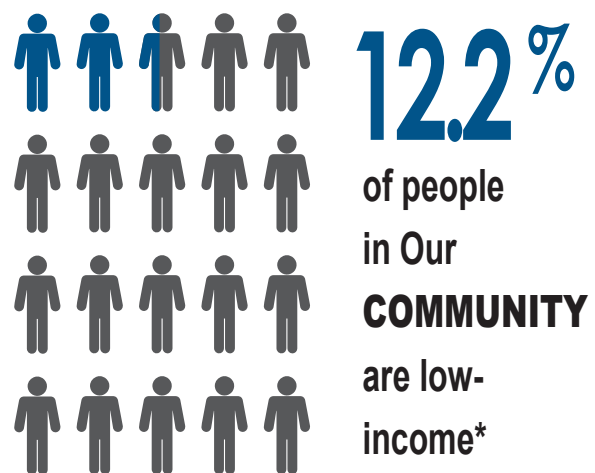
Poverty

The devastating effects of living in poverty can be traced back to well before babies are born and seen throughout their adult lives. Poverty can affect living conditions due to limited financial resources available to individual persons or families. Generally living in substandard housing and neighborhoods that can be dangerous. This usually implies they live in more toxic environments which leads to an increased chance of health issues and hazards. These conditions may also force harsh choices - knowingly putting yourself or others health at risk to accommodate the basic necessities (e.g, food, clothing, etc.).

According to the Utah Department of Health:

Poverty takes into account both income and family size and has both immediate and long-lasting effects on health. Poverty status is determined by comparing annual income to a set of dollar values called thresholds that vary by family size, number of children, and age of the householder. If a family's before tax money income is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual's income to his or her threshold. The poverty threshold for a family

Figure 9:
**LOW INCOME STATUS FOR
OUR COMMUNITY¹⁴**



* Estimated Percent of population living below 150% federal poverty level for Juab and Sanpete Counties in Utah.

Source: Utah Department of Health , IBIS

Our Community

Key Demographics

of four including two children was \$24,858 in 2017. Poverty thresholds are updated annually to allow for changes in the cost of living using the Consumer Price Index for All Urban Consumers (CPI-U). They do not vary geographically.¹⁴

The following is the percentage of persons living in households whose income is at or below the federal poverty threshold for Central Valley Medical Center's primary service area, the state of Utah, and nationally in the U.S. The percentage of persons living below the poverty threshold in 2017 for Juab County, UT was estimated to be 10.2% with a 95% confidence interval between 8.1% and 12.3 (+/- 2.1%). The percentage of persons living below the poverty threshold in 2017 for Sanpete County, UT was 14.2 with a 95% confidence interval between 11.1% and 17.3% (+/- 3.1%). Poverty can cause poor nutrition, healthcare gaps, toxic environments, and stressed-filled, homes making it very difficult for kids and adults struggling to maintain good health from their past.

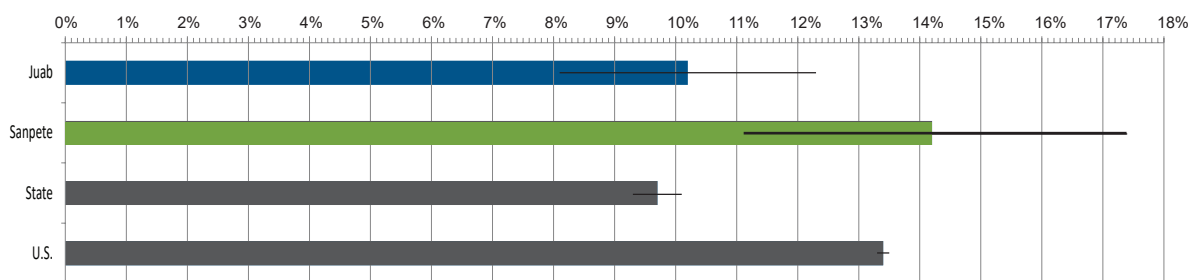


Figure 10: Percentage of Persons Living in Poverty

Source: Utah Department of Health, IBIS

County/ Region	Percentage of Persons	Lower 95% CI	Upper 95% CI
Juab County	10.2%	8.1%	12.3%
Sanpete County	14.2%	11.1%	17.3%
Utah	9.7%	9.3%	10.1%
U.S.	13.4%	13.3%	13.5%

Health care “safety net” programs, such as Medicaid, CHIP (Children's Health Insurance Plan), and the Primary Care Network (PCN) provide some relief to those who are eligible. Utah's community health centers also fill a critical niche in providing high-quality health care services

Our Community

Key Demographics

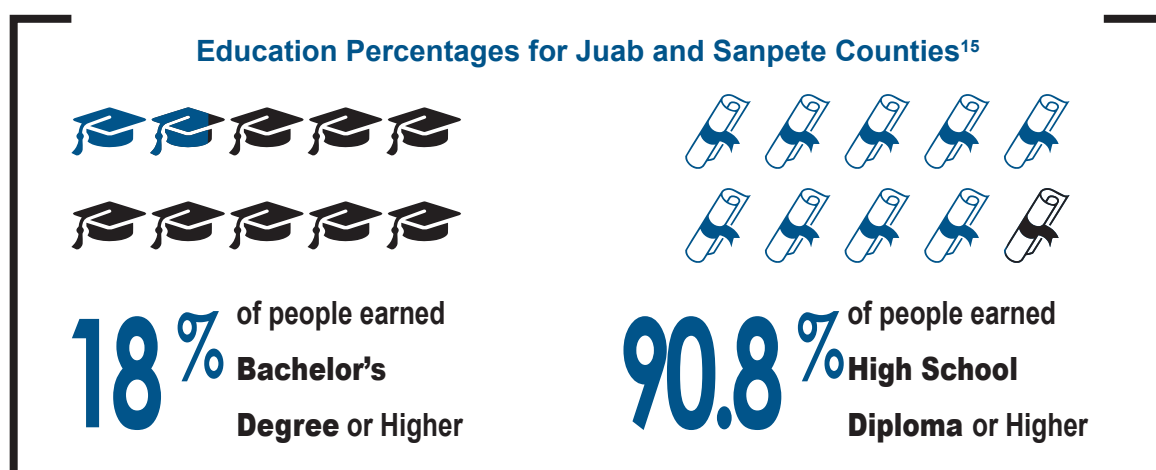
to Utahans of any income level.

Programs and organizations such as Head Start, the Utah Department of Workforce Services and those that provide assistance linking people with jobs aim to reduce poverty by increasing social functioning and self-sufficiency. Others, such as minimum wage requirements, food stamps, Temporary Assistance for Needy Families (TANF), and government-subsidized health insurance and child care provide assistance to families needing additional support.

Education

There is a strong correlation between higher levels of education and health status. Higher education often results in higher family income, greater self-determination, an understanding of health and illness factors, improved mental health, and a higher level of social and family support. All of these factors can result in better health.

Census data show lower educational attainment among CVMC's Primary Service Area for adult residents aged 25 years and older, with an average of 18% having earned a college degree or more. This is significantly lower when compared to the state average in Utah of 32.5% and the national average of 30.9%. However, 9 out of 10 residents in Juab and Sanpete Counties have completed high school with an average high school graduation rate of 90.8%.¹⁵



Our Community

.....□ Key Demographics

Access to Care

There are very few situations where people don't need some form of health care at some point in their lives. Access to comprehensive, quality health care services in rural and under-served communities is an identified problem in the study community. As a point of reference, this typically refers to the ability and ease with which people can obtain health care or use health care coverage and maintain their health status. Access to primary medical care and mental/behavioral services is important for promoting and maintaining health, preventing and managing diseases, and reducing unnecessary disability and premature deaths.

With the state of Utah being predominantly rural, with frontier counties making up 94.2% for the state and housing approximately 21.5% of the population, the CHNA service area faces some major barriers as a rural community. Rural communities as a whole, generally have a more difficult time gaining access to necessary healthcare services and have worse health outcomes than their urban counterparts.¹⁸ Some of these major barriers are health insurance coverage and healthcare costs, workforce shortages, social stigma and privacy issues, poor health literacy, and isolation and transportation.²⁰

Health Insurance Coverage and Healthcare Costs. Health care needs can vary but are often quite expensive and becoming more expensive. Health insurance covers all or some costs of care and protects people from very high expense. Because of this, people with health insurance are more likely to have a regular source of primary care and routine preventative care than persons without health insurance. This in part is due to people without health insurance who have to cover all costs which can lead to debt or even bankruptcy. Uninsured individuals may not seek the usual source of medical care needed. They tend to skip routine and preventive medical care, thus increasing their risk for developing serious and disabling health conditions that cost more and could have been prevented.¹⁸

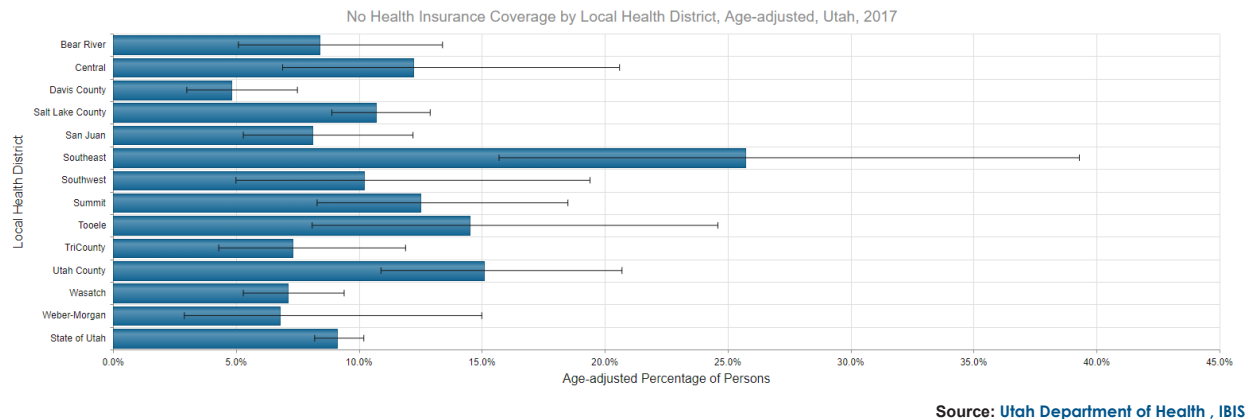
Juab and Sanpete Counties are part of Utah's Central Local Health District. This district includes six counties located in the central part of Utah; Juab, Sanpete, Millard, Sevier, Wayne, and Piute. According to the Utah Health Department, the percentage of all persons with no

Our Community

Key Demographics

health insurance coverage in the Central Local Health District was 12% with a 95% confidence interval between 6.9% and 20.6% (see figure 11).¹⁷

Figure 11: No Health Insurance Coverage



The increasing concerns about rising health care costs and affordability of health care insurance led to the enactment of the Affordable Care Act, or ACA. One of the key challenges moving forward will be finding the best mix of policies that both encourage health and prevent illness, and also ensure that government, corporate, and private health spending is as efficient as possible. We can greatly impact health care needs by implementing strategies that are designed to move us from a system of sick care to one based on wellness and prevention.¹⁹

Poor Health Literacy. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. This can also be a barrier to accessing and maintaining proper healthcare; as this can impact a patient's ability to understand health information and instructions from their healthcare providers. Rural communities are highly affected by this, where lower education levels and higher incidence of poverty often impact residents more. This shows that health literacy can be linked to educational attainment. While, Utah has higher education than the U.S. average, the level of education is disproportionately distributed to favor the urban areas of the state. Juab, Millard, and Sanpete County's area show only 19.4% attainment of a Bachelor's Degree or higher, while the state is at 31.7% of a Bachelor's Degree

Our Community

Key Demographics

or higher.²⁰

Isolation and Transportation. Population in rural areas are more likely required to travel longer distances to access healthcare services, especially for specialist and sub-specialist services. In Utah, most rural counties do not have quick access to hospital services, with one small hospital that is geographically close, if any hospital at all. Much of these restrictions are in part due to the large amount of federally-owned land that cannot be developed along with natural geographical barriers that isolate many rural areas. These barriers can significantly burden rural populations with issues of travel time, increased cost, time away from the workplace and the lack of reliable personal transportation or access to public transportation. Greater access to local hospital care in rural communities typically results in better health outcomes due to the increased available care options.

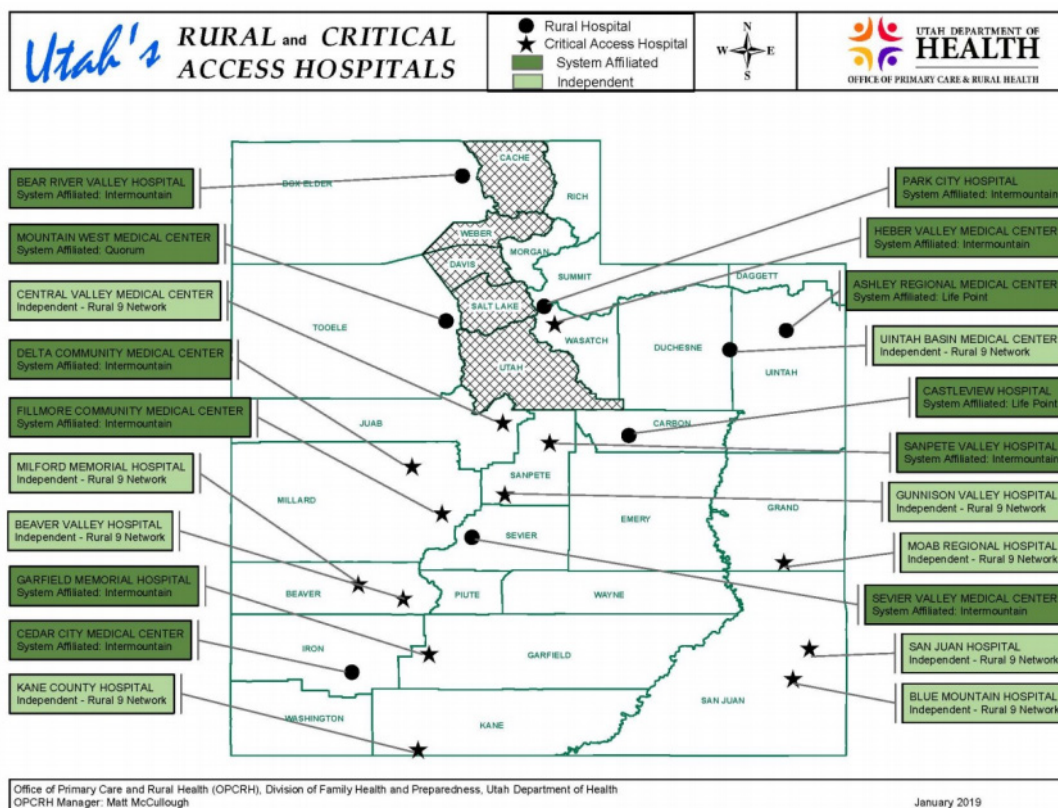


Figure 12: Utah's Rural and Critical Access Hospitals

Source: Utah Department of Health, Office of Primary Care & Rural Health

Our Community

.....□ Key Demographics

Social Stigma and Privacy Issues. Because there is limited anonymity in rural areas, social stigma and privacy concerns tend to be more of an active barrier to healthcare access. Community members in rural areas can have concerns about seeking care for healthcare they may deem “private” or “personal” about conditions they may not want people to know they are seeking treatment for. These patients’ feelings may be caused by personal relationships with their healthcare provider or others working in the healthcare facility. Additionally, patients may feel uncomfortable that other residents, who are often friends, extended family, family, or co-workers, could notice them at the facility, utilizing service for medical conditions that are not openly discussed. This can cause individuals to feel hesitant and affect their willingness to keep doctor appointments/visits, check ups, and important health screenings.

.....□ Indicators of Health Status

Routine Medical Care

As stated before, there is a factor commonly associated with better health outcomes when an individual has a personal healthcare provider and participates in routine medical care. Studies have shown that individuals who have a personal primary care provider have more positive health outcomes and lower rates of all-cause mortality.²²

Many benefits can be obtained from having a personal healthcare provider which include increased access to preventive medicine like immunizations and screenings, chronic disease and condition management, maintaining health out of the emergency setting, medical insight, more familiarity with patient history allowing for individualized care. Juab, Millard, and Sanpete County residents reported in 2018 that 79.2% had a personal healthcare provider. This was higher than the state at 7.38%. However, looking at the routine medical checks in the last year, our area only had 53.7% compared to the state at 60.4%. This could be an indicator that the access to care barriers could have played a significant role in the frequency of how residents in Juab, Millard, and Sanpete Counties are utilizing their personal healthcare providers.

While having a personal healthcare provider improves health outcomes, routine medical checkups are also an important factor in maintaining health and preventing serious medical conditions. While studies have shown that maintaining routine checkups for access to preventive medicine such as screenings and immunizations, can have a drastic impact on health outcomes, approximately only half of the population is taking advantage of this and even less with screenings. For instance, cancer is one of the leading causes of death in Utah. Prevention checkups and screenings can help decrease these rates.

In fact, according to the Utah Department of Health, Office of Primary Care & Rural Health Office; Juab, Millard, and Sanpete County residents were below the state average in primary and preventative services (see figure 13); along with being listed as one of the five worst small health areas in Utah for all screenings except prostate. This indicates a clear illustration of the lack of preventive care in rural areas.²⁰

Health of the Community

Indicators of Health Status

Figure 13: Primary and Preventive Service Indicators

Primary and Preventive Service	JMS SHA (%)	STATE (%)
Routine Medical Check in the past year	53.7	60.4
Influenza Vaccine in the past year	33.4	38.6
Tetanus Shot	51.2	55.7
Mammogram Screening in the past 2 years (<i>women > 40</i>)	51.0	65.4
Clinical Breast Exam in the past 2 years (<i>women > 40</i>)	56.0	68.7
Pap Test in the past 3 years (<i>women</i>)	58.7	69.1
Prostate-Specific Antigen	48.6	48.8
Colonoscopy/Sigmoidoscopy (>50)	71.8	76.5
Recommended Colon Cancer Screening	67.6	73.3
HIV Test	18.0	22.9

Source: Utah Department of Health, Office of Primary Care & Rural Health

Routine access to primary medical care services is important for promoting and maintaining health. Routine visits and screenings are commonly associated with better health outcomes and are important for preventing the onset of serious and preventable medical conditions.

General Health Status

Perceived Overall Health Status. The improvement of perceived overall health and the well-being of their patients as a “state of complete physical, mental, and social well-being” as defined by the World Health Organization (WHO) is the goal of most healthcare professionals.²³ This perceived health can also be directly associated with income inequality. However, having access to a primary care physician significantly reduces the negative effects of income inequality on self-reported health status. In 2017, 15% of residents in Juab, Millard, and Sanpete Counties reported their general health status as “poor” or “fair” and 20% reported having more than seven (7) days of poor physical health in the last month.^{24,25} Many factors can affect disparities in these health indicators besides geographical access including social economical factors.

Mental Health. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being,

Health of the Community

.....□ Indicators of Health Status

family and interpersonal relationships, and the ability to contribute to community or society. Mental health and physical health are closely connected. Mental health plays a major role in maintaining good physical health. Mental illnesses, such as depression and anxiety, affect the ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.²⁶ However, research has also indicated that access to primary medical care and mental health services can improve some of the negative health outcomes associated with mental health disorders, such as severe depression, anxiety disorder, suicide, and drug abuse/overdose.^{27,28}

Mental health is one of the 12 Healthy People 2020 Leading Health Indicators. In 2017, 16.6% of residents 18 years and older in Juab, Millard, and Sanpete Counties reported having more than seven (7) days of poor mental health in the last month. This compared to state and national percentages of 17.5% in Utah and 18.3% in the U.S.²⁹

Opioid Use & Self-harm. Not only is opioid use a prevalent problem throughout the U.S. but opioids are also becoming a serious problem here in Utah, and the populations in the CVMC service area are no exception. Opioids are a class of drug that include legal, prescription painkillers and illicit compounds, such as heroin. According to the CDC, on average, 115 Americans die each day from opioid overdose, a 66% increase from 1999.⁴¹ This epidemic continues to devastate all areas of Utah; however, while this epidemic is not restricted to urban or rural areas, it appears that it is disproportionately impacting rural areas. According to CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) data, in 2016 in the western United States, 18.7/100,000 people died of a drug overdose in rural (non-metro areas) compared with 13.69/100,000 in metro areas.⁴² In 2017, a campaign was launched by the Utah Department of Health (UDOH) to address the opioid crisis in Utah. This campaign, called Stop the Opidemic, is targeted to increase public awareness and to educate people about the dangers of abusing prescription opioids.⁴³ In an effort to help guide healthcare providers with proper treatment and management of pain for their patients, and to prevent under or over treating pain, in 2018 UDOH released an updated clinical guideline on prescribing opioids for

Health of the Community

.....□ Indicators of Health Status

pain treatment.⁴⁴

In addition to opioid use, Utah has had increased rates of suicide. The CDC reported, in 2016 30.4% of all injury-related deaths in Utah were suicide.⁴⁵ According to data collected from the Utah Death Certificate Database, Utah Medical Examiner Database, and the U.S. Census Bureau, the suicide rate in Utah significantly increased from 20.0 per 100,000 in 2016 to 24.2 deaths per 100,000 in 2019.⁴⁶ Intentional self-harm (suicide) was listed as the fourth leading cause of death in the Juab, Millard, Sanpete Counties in 2017.⁴⁷ While it is easy to focus on the number of people we are losing to suicide, we have to remember this data is giving us hope. The data we collect on suicide deaths is providing us with more information than we have ever had before about the underlying issues and how to address this problem in our state.

Death, Disease, & Chronic Conditions

Leading Causes of Death. The Utah Department of Health shows that residents of Juab, Millard, and Sanpete Counties have roughly the same life expectancy (78.9 years), when compared to the state average of 79.8 years.⁴⁸ Heart disease, cancer, diabetes, and stroke are among the top 10 causes of death in the CVMC service area. These and other chronic diseases are responsible for seven of the top ten causes of death each year, and treating people with chronic diseases accounts for 86 percent of our nation's health care costs according to the CDC. Although common, many of the chronic diseases diagnosed in community members are preventable or are less likely to occur when living a healthy lifestyle. This can be done by incorporating exercise, eating healthy foods, and avoiding tobacco and alcohol which has been shown to reduce the risk of developing certain diseases.

Cardiovascular Disease. The leading cause of death in Juab, Millard, and Sanpete County is diseases of the heart.³⁰ Several different factors act as precursors to cardiovascular disease as well as other chronic diseases. By focusing on several of these precursors, this issue can be addressed from both a preventive and a primary care level. According to the American Heart Association, the following screenings and health indicators are recommended to monitor

Health of the Community

.....□ Indicators of Health Status

optimal cardiovascular health: blood pressure, fasting lipoprotein profile, body weight, blood glucose, smoking, physical activity and nutrition.³⁵ Prevention of heart disease is key to reducing the leading mortality rate in our service area.

Prediabetes. Diabetes is one of the risk factors associated with cardiovascular disease and is also one of the top 10 leading causes of death in CVMC's service area. Focusing on prediabetes as the more preventable precursor to type 2 diabetes which increases in individuals who are overweight or obese, older, sedentary, and who belong to a minority racial or ethnic group. There is no cure for diabetes but with proper medication and lifestyle choices, it can often be controlled. Diabetes increases the risk for serious complications, including heart disease and stroke, blindness, kidney failure, and lower-extremity amputation. CVMC's service area sits at a 7.5% of adults who have ever been told by a doctor or other health professional that they have prediabetes or borderline diabetes.³²

The CDC states that following their National Diabetes Prevention Program for lifestyle changes can lead to a 58% decreased chance of developing type 2 diabetes.³³ This program, along with other programs, encourages weight loss, proper nutrition, and moderate-intensity exercise. One of the indicators positively associated with these three risk reduction behaviors is receiving advice from a healthcare provider, making access to healthcare and preventative screenings even more of a priority. Currently only 1/3 of individuals with prediabetes receive management advice from a primary care provider. Additionally, only 7.3% of adults with prediabetes know they have it. Those who are most likely to not know of their prediabetes are individuals who have access to healthcare but do not have a routine primary care provider.³⁴ This stresses the importance between access to a primary care provider and the patient in managing prediabetes and preventing type 2 diabetes.

Obesity & Nutrition. Weight can also be a precursor to cardiovascular disease along with chronic diseases, stroke, hypertension, type 2 diabetes, osteoarthritis, and some cancers. Being overweight and/or obese, defined by BRFSS as having a BMI greater than or equal to 25, affects 61.9% of the Utah population and 56.1% of the CVMC service area.³⁶ Achieving and

Health of the Community

.....□ Indicators of Health Status

sustaining appropriate body weight across the lifespan is vital to maintaining good health and quality of life. Many behavioral, environmental, and genetic factors have been shown to affect a person's body weight. Maintaining a healthy body weight and preventing excess weight gain throughout the lifespan are highly preferable to losing weight after weight gain.

Alcohol Use. Excessive alcohol use is related to many different poor health outcomes, including hypertension, cardiovascular disease, and stroke.³⁷ Heavy drinking is a type of excessive alcohol use. It exceeds the Dietary Guidelines for Americans definition of moderate drinking which is up to 1 drink per day for women, and up to 2 drinks per day for men. Most heavy drinkers are also binge drinkers. Binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This typically happens when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours.

In the Central Local Health District, where CVMC's service area is located, 3.3% of adults reported heavy drinking in the past 30 days and 7.1% reported binge drinking. This data is derived from the Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, from the Utah Department of Health. Access to healthcare plays a vital role in allowing providers the opportunity to identify excessive drinkers, especially chronic drinkers, and direct them toward resources to manage their drinking.^{39,40}

Tobacco/Smoking. Tobacco use remains the leading preventable cause of death and disease in the United States. In Utah, smoking claims more than 1,300 lives each year. It causes or worsens nearly every chronic condition and contributes to Utah's primary causes of death including heart disease, respiratory disease, and cancer.³⁸ According to the Utah Health Department, 8.9% of the current population of Juab, Millard, and Sanpete Counties report to be an active smoker and 47.5% of them have attempted to quit in the past year.

Methods for Assessment

In early 2019, CVMC began the process to conduct a Community Health Needs Assessment (CHNA) to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). As indicated in the PPACA, the overarching view of the assessment and identification of the health needs must be taken from the perspective of the community. The structured CHNA process not only serves as an opportunity to maintain compliance with state and federal regulations, but it also serves as a means to engage community members in identifying the most pressing health care concerns and needs.

It was determined that due to the rural geographical barriers, the main delivery channel to distribute the CHNA survey would be electronically via our website CentralValleyMedicalCenter.com. This would allow the easiest access to most of the population within their own homes and mobile devices. The survey was conducted during the last quarter of CVMC's fiscal year of 2019. During the time the survey was live, Central Valley Medical Center made efforts to inform surrounding communities that the survey was available and how to locate and take the survey. Promotional efforts included but were not limited to Facebook campaigning, CVMC website banners, locally placed printed posters/fliers, local newspaper ads, community contacts, community ads, and digital outdoor signage. See the corresponding examples attached as Exhibit A.

Data Sources

The CHNA process for the Central Valley Medical Center (CVMC) 2019 Community Health Needs Assessment included the collection and analysis of primary and secondary data; with the goal to provide a better understanding of the health needs in our community. This is also helpful to guide CVMC in their community benefit efforts and development of an implementation strategy to address evaluated needs.

In total, the primary data collection phase resulted in more than 180 responses from community stakeholders, leaders and community residents. Primary data in the form of both online and paper surveys gathered feedback from community leaders, medical personnel, community

2019 Community Health Needs Assessment

.....□ CHNA Process

coalitions/councils, and community residents in the CVMC service area.

A secondary data profile of health statistics were also derived from a variety of local, state, national and business sources including, but not limited to, the Community Commons analytics platform, Utah Department of Health, and the United States Census Bureau. These, and other sources of data include the most current publicly available data for health indicators covering a variety of topics in population health, determinants of health, and quality of life. Collecting and examining this data in regards to different community aspects and behaviors can help identify and explain the factors that influence health outcomes.

Informational Gaps. As with all data collection efforts, there are several limitations related to these data sources that should be acknowledged. A number of secondary data sources were drawn upon for quantitative data in creating this report. Although all the sources used for this purpose are considered credible, sources may use different methods and assumptions when conducting analyses. In addition, it must be noted that this assessment cannot measure all possible aspects of health in the communities being analyzed, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might limit the ability to assess all of the community's health needs.

Collaborating Organizations. While Central Valley Medical Center was the sole organization conducting this Community Health Needs Assessment, a Community Advisory Committee was utilized by involving the widest representation of community members. This was done by collaborating through already established community council and coalition groups like the Local Interagency Council and Juab Unites Motivating Prevention Coalition. These partnerships provided more in-depth and wider range of input for assessment questions and survey distribution from core community leaders and representatives.

While these two groups have some overlap in members, and operate in a similar function with each other, they focus on two different objectives in the community that Central Valley Medical Center serves.

2019 Community Health Needs Assessment

.....□ CHNA Process

The Juab Local Interagency Council (LIC Group) was formed in the 1980s by Juab School District. This council was made up of all local agencies interested in the service of Juab County families and specifically children. The LIC team meets monthly at the Juab School District office. The mission of the LIC is to staff, coordinate, and provide appropriate wrap around services and resources including physical, mental, and social services to families and children of Juab County. The Local Interagency Council consists of the following members from different organizations in the community:

- Blair Albrecht, NVES Principal
- Heather Allinson, Juvenile Court
- Doug Anderson, Juab County Sheriff
- Wayne Arner, Families First
- Seth Atkinson, Nephi City
- Krystle Bassett, Innovation Specialist JSD
- Kyle Bell, SRO JSD/NCPD
- Mike Bowring, JHS Asst. Principal
- Catherine Bowring, JHS Counselor
- John Bradley, Nephi City Recreation
- Rebecca Carlson, Mountainland Headstart
- Darin Clark, JSD Business Administrator
- Alma Colon, Children's Justice Center
- Natasha Dansie, USU Extension Office
- Royd Darrington, JSD Asst. Superintendent
- John Deeban, Nephi City Police Department - NCPD
- Lyndsay Downard, JJHS Counselor
- Cris Durbin, Department of Workforce Services (DWS)
- Eva Elrod, Mountainland Headstart
- Julie Gibson, Juvenile Justice
- Lea Gibson, Central Utah Counseling Center
- Linda Hanks, JSD Board of Education
- Richard Hansen, Juab County Commissioner

2019 Community Health Needs Assessment

.....□ CHNA Process

- Dwayne Horton, LMFT, Central valley Medical Center - CVMC
- AnnMarie Howard, Juab County Attorney Office
- Kody Hughes, Tintic School District Superintendent
- Kevin Jacobsen, JHS Counselor
- Autumn Jones, Children's Justice Center
- Travis Kenison, Juab County Sheriff's Office
- Bryan Kessinger, Department of Workfoce Services (DWS)
- Tasha Killian, USU Extension Office
- Kris Kokol, Children's Justice Center
- Jim Langford, JHS Principal
- Crystal Leuk, Tintic School District
- Monica Linton, JSD Elementary Schools Counselor
- Melyn Lund, Central Utah Counseling CUCC (FRF)
- Darren Mecham, RCES Principal
- Dan Morgan, Department of Child and Family Services - DCFS
- Mike Morgan, Nephi City Police Department - NCPD
- Nate Murdock, JSD Adult Education
- Sandy Nielsen, JSD Curriculum Director
- Glade Nielson, Nephi City Mayor
- Clint Painter, Juab County Commissioner
- Richard Pay, JJHS Asst. Principal
- Ryan Peters, Juab County Attorney
- MaryAnn Peterson, Department of Child and Family Services - DCFS
- Brent Pulver, Juab County Sheriff Dept.
- Rhonda Quintana, Department of Child and Family Services - DCFS
- Kris Rawle, Slate Canyon School
- Rick Robins, JSD Superintendent
- Heidi Robins, JSD School Psychologist
- Ken Rowley, JJHS Principal
- Justin Seely, DYC
- Nick Stewart, Central Valley Medical Center - CVMC

2019 Community Health Needs Assessment

.....□ CHNA Process

- Dave Sollami, DYC-DS
- Cathy Sunderland, JSD Nurse
- Amy Taylor, Victims Advocate
- Melanie Tharp, Department of Child and Family Services - DCFS
- Shelly Waite, Juvenile Court
- Shaunalee Wall, Families First
- Erica Wankier, Department of Child and Family Services - DCFS
- Hailey White, Department of Child and Family Services - DCFS
- Jordan Williams, Job Corp
- Brenda Winn, Juvenile Court
- Byron Woodland, Juab County Commissioner
- Mary Wohlforth, MES Principal
- Bert Wright, Nephi City Police Department - NCPD

The Juab Unites Motivating Prevention (JUMP) Coalition meets for approximately one hour, once a month, for ten months out of the year. The coalition strives to unite the community by encouraging youth to build strong and healthy foundations that will empower them. The coalition provides support, education, resources, and raising awareness to minimize harmful behaviors. The Local Interagency Council consists of the following members from different organizations in the community:

- Alicen Allred, Juab School Board
- Amanda Reynolds, Community Parent
- Amy Taylor, Victim Advocate for Juab County
- Bert Wright, Nephi City Police, Captain
- Brent Pulver, Juab County Sheriff, Lt.
- Catherine Bowring, Juab High School, Counselor
- Celeste Robinson, Central Utah Counseling, Family Resource Facilitator
- Clint Painter, Juab County Commissioner
- Cory Houskeeper, Utah Highway Patrol
- Cory Christensen, Levan City, Council Member

2019 Community Health Needs Assessment

.....□ CHNA Process

- Deann Baxter, Department of Workforce Services
- Doug Anderson, Juab County Sheriff
- Gordon Duval, CVMC Pediatrician
- Emma Allred, CCAA President
- Gay Hansen, Prevention Specialist for Central Utah Mental Health
- Hailey Wright, Department of Child and Family Services
- John Bradley, Nephi City Recreation Director
- John Deeben, Nephi City Police
- Kate Reynolds, Juab County Youth Leader
- Ken Rowley, Juab Jr. High Principal
- Kyle Bell, Juab High School Resource Officer
- Laurie Bates, USU Extension Services, Food Sense
- Lea Gibson, Central Utah Counseling Team Leader Supervisor
- Lucy Gold, Rocky Ridge Council Member
- Marva Anderson, Department of Child and Family Services
- Mike Browning, Juab High School Counselor
- Mike Morgan, Chief of Nephi Police
- Monica Linton, Juab Elementary School Counselor
- Nick Stewart, CVMC Marketing Director
- Nikkii Sperry, Juab Fine Arts Council
- Rhonda Quintana, Department of Child and Family Services
- Rick Robbins, Juab School District Superintendent
- Richard Hansen, Juab County Commissioner
- Ryan Peters, Juab County Attorney
- Sarah Bagley, Utah Health Department
- Scott Robertson, Utah Highway Patrol
- Susan Cowan, Juab School District
- Travis Kenison, Juab County Sheriff Office
- Wynter Kenison, USU 4H Club
- Kimberley Nielson, Prevention Specialist for Central Utah Mental Health

2019 Community Health Needs Assessment

.....□ CHNA Process

Existing Healthcare Facilities and Resources

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered an exhaustive nor an all-inclusive list of available resources.

Central Valley Medical Center's Nephi Campus is the only hospital and large scale medical clinic in Juab County, Utah. A County Public Health Department exists as another facility resource available to respond to health needs in Juab County. Central Utah Counseling Center also has an office location in Nephi, Utah. They provide competent and compassionate behavioral healthcare to individuals and the communities in which they are located. They service all three of the counties in CVMC's service area as well as Piute, Sevier, and Wayne Counties. Non-medical resources such as community support groups and coalitions are established in the CVMC service area such as the JUMP Coalition and the LIC Group as referenced previously in this report.

Sanpete County has two (2) hospitals. One is located in the Southern part of Sanpete County, in Gunnison, Utah, and the other is located in the Northern part of Sanpete County, in Mount Pleasant Utah. Gunnison Valley Hospital is part of a County Special Service District, while Sanpete Valley Hospital is owned and operated by Intermountain Healthcare, based in Salt Lake City, Utah. Multiple medical clinics operating under the umbrella of the two organizations are scattered throughout Sanpete County as resources available to respond to health needs in the community.

CVMC also operates one medical clinic in Sanpete County located in Fountain Green, Utah at 275 W 300 S St, Fountain Green, UT 84632. The clinic is located approximately 20 min (16 miles) from CVMC's Nephi Campus in Juab County. CVMC's Fountain Green Medical Clinic sits in the Northwest region of Sanpete County, roughly 6 miles from the county line. Fountain

2019 Community Health Needs Assessment

.....□ CHNA Process

Green is the first town passed through while traveling east on Utah Highway 132 from Nephi, Utah.

Millard County has two (2) hospitals that are owned and operated by Intermountain Health Care, based in Salt Lake City, Utah. One is located in the North region of the county in Delta, Utah while the other is located in the Southeast region of the county in Fillmore, Utah. Revere Health also runs a medical clinic in Delta, Utah providing an alternative to family medicine options in the region. The County Public Health Department for the region also exists as another facility resource available to respond to health needs in both Delta and Fillmore for Millard County.

Other public health programs in Utah consist of but are not limited to:

- *Utah Area Health Education Centers (AHEC)*
- *Utah Medical Education Council (UMEC)*
- *National Rural Health Association*
- *Association for Utah Community Health*
- *National Rural Recruitment and Retention Network (3RNet)*
- *Centers for Medicare and Medicaid Services*
- *Baby Your Baby*
- *Children Health Insurance Program - CHIP*
- *Utah's Premium Partnership for Health Insurance*
- *Primary Care Network*
- *Health Clinics of Utah*
- *Association for Utah Community Health*
- *Utah's Health Care Safety Net*
- *2-1-1 Information and Referrals*
- *Community Health Connections*
- *Health Access Project (HAP)*
- *Partnership for Prescription Assistance Utah*
- *Together Rx Access*

2019 Community Health Needs Assessment

.....□ CHNA Process

- *My Health Care in Utah*
- *AHRQ Explore Your Treatment Options*
- *Take Care Utah*
- *Traditional and Non-Traditional Medicaid*
- *Spenddown Program (Medically Needy)*
- *Medicaid Long-Term Care and Waiver Programs*
- *Autism Waiver Program*
- *Buyout Program*
- *Children's Health Insurance Program*
- *Presumptive Eligibility*

2019 Community Health Needs Assessment

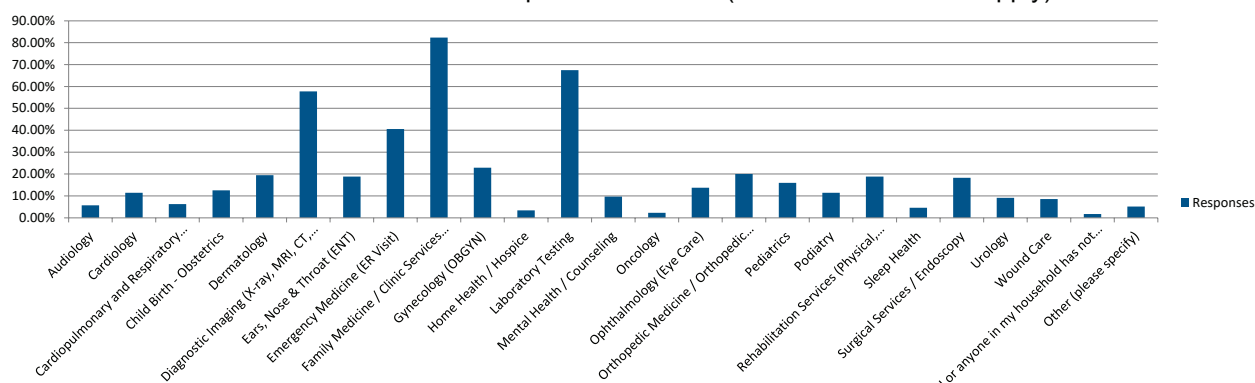
CHNA Results & Analysis

The following represents an analysis of the survey/assessment results or findings. The actual overall number of surveys completed via the hospital's website and paper copy combined was 181. Of the 181 surveys, 119 responses were collected from weblink sources including CVMC's website, email links, and print media with scannable QR Code links. Another 39 responses were collected via social media platforms that CVMC oversees or participates in. The final 23 responses collected were paper surveys.

As the survey was offered from an online platform several insights and data trends could be observed. The survey had a 93% completion rate which was the percentage of survey takers whom started and then completed the entire survey. The typical time spent on the survey was 3 minutes and 38 seconds and 65% of the surveys were taken within the first 3 weeks of the survey going live. Respondents were asked to identify their zip code at the beginning of the survey to determine if they lived within the service area of CVMC. The survey respondents were 84.5% from Juab county, 5.5% from Sanpete County, 5% from Millard County, and 5% from South Utah County.

The next question asked people to identify what healthcare services/procedures they or someone in their household have received in the past 24 months. The four most selected services/procedures out of 25 options were Family Medicine / Clinic Services (Doctor Visit) at 82.29%, Laboratory Testing at 67.43%, Diagnostic Imaging (X-ray, MRI, CT, Ultrasound, Mammogram, etc.) at 57.71%, and Emergency Medicine (ER Visit) at 40.57%.

What are all the health care services/procedures have you or someone in your household received in the past 24 months? (Please check all that apply)

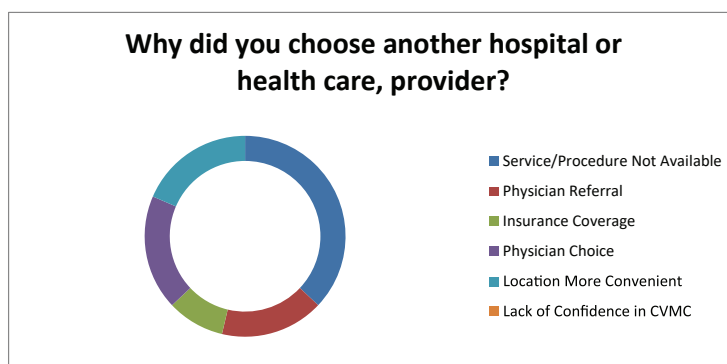


2019 Community Health Needs Assessment

CHNA Results & Analysis

The following question asked if the services they selected were solely received or performed at Central Valley Medical Center or one of its clinics. The responses were 67.43% YES and 30.86% NO with 1.71% of respondents who preferred not to answer.

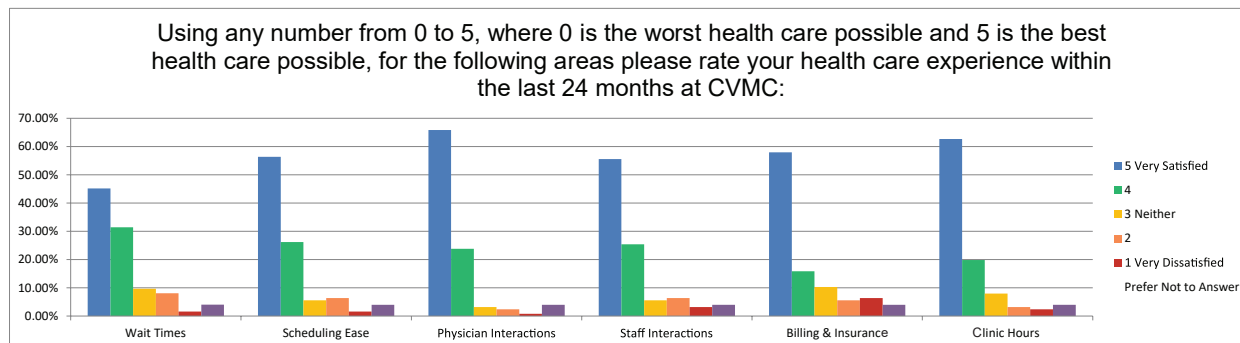
For those who answered NO, the following question then inquired why they chose another hospital or healthcare provider other than CVMC. Out of the 54 people, the majority (37.04%) said they went to another hospital or healthcare provider because CVMC did not have the service or procedure available. Another 16.67% was due to physician referral, while 18.52% was due to Physician Choice. The location being more convenient accounted for another 18.52% and 0% was due to lack of confidence in CVMC.



If they answered Yes they were directed to a question regarding their experience with CVMC. These were individuals who had received services or procedures at CVMC or one of its clinic locations in the last 24 months. They were able to score each topic from 0 to 5, where 0 is the worst health care possible and 5 is the best health care possible. The areas/services scored were: Wait Times, Scheduling Ease, Physician Interactions, Staff Interactions, Billing and Insurance, and Clinic Hours. The areas were chosen based on the 2016 CHNA Report findings about the concerns of healthcare service provided by CVMC.

2019 Community Health Needs Assessment

CHNA Results & Analysis



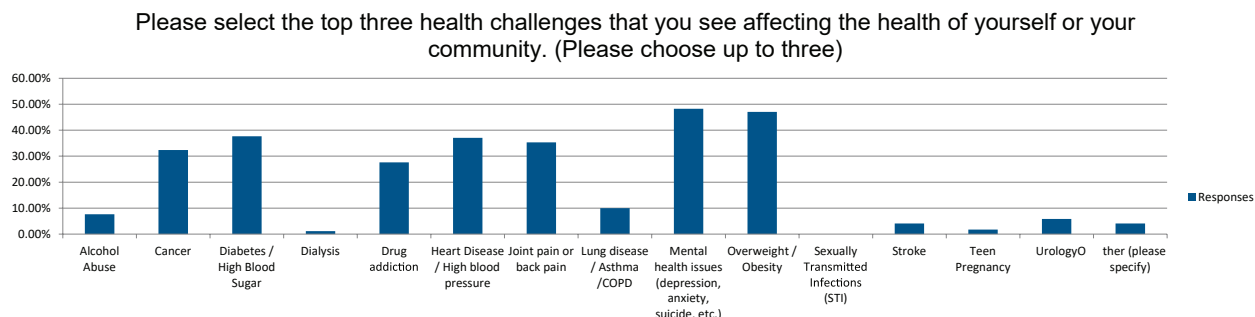
The majority of responses were positive, overall in each category 45%-65% were marked Very Satisfied. The category of billing and insurance was the only area that received more than 5% in Very Dissatisfied. This would indicate improvement across all areas from the last CHNA. After scoring those areas respondents were given the opportunity to address the reasons they were satisfied or dissatisfied with the care they received at CVMC.

The comments reflected what the graph and data suggested. Only 47 respondents left comments; Billing and Insurance had 4 negative comments, 6 comments were made about the lack of professionalism, customer service, and kindness they received from staff, 3 comments were complaints against the doctors on staff, and 2 were about clinic operations not being efficient and complaints about wait times. The remaining 32 comments were positive with an overall satisfactory tone.

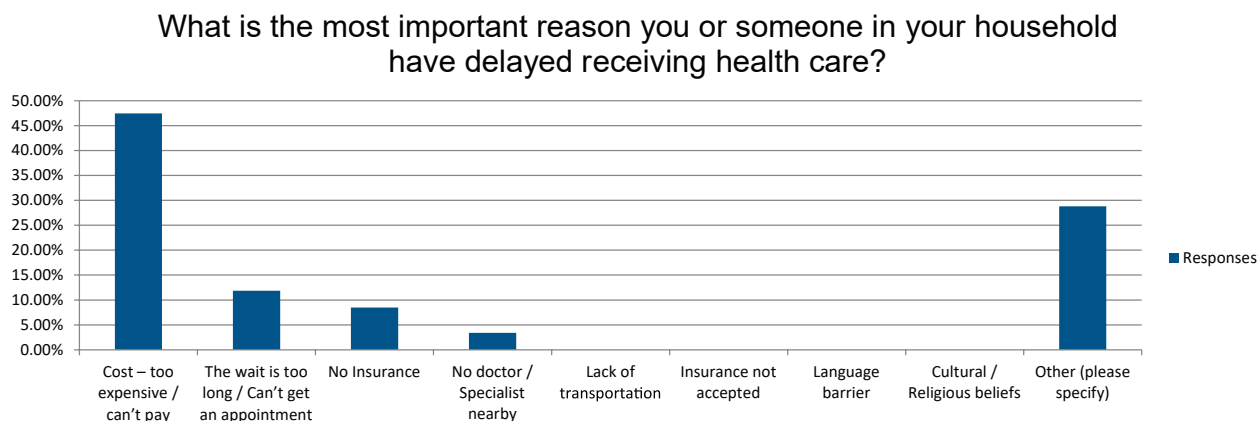
The next question inquired about the challenges seen in the respondent's own home or community. Respondents were able to select the three (3) top health need concerns in our area. The survey showed that nearly half of residents see mental health issues (depression, anxiety, suicide, etc.) and overweight/obesity as the two highest health challenges that are affecting our service area. Followed by diabetes at 37.65% and heart disease at 37.06% as the top four. This supports the statistical data seen earlier in the report on state and regional health indicators.

2019 Community Health Needs Assessment

CHNA Results & Analysis



The next was a question identified reasons for delayed healthcare services in the last 24 months. Out of 170 responses, 11 who choose not to answer, 61.76% said NO and 35.29% said YES. When asked about the reason for the delay in healthcare services, 47.46% responded as “Cost - too expensive / can’t pay” followed up by 11.86% that “the wait is too long / Can’t get an appointment” and 8.47% answered that they did not have insurance. Only 3.39% said that it was because there was “no doctor / specialist nearby”.



Roughly 28.81% of people chose other. Some of the “Other (please specify)” were left blank, assuming respondents used this option as a “Prefer not to answer” selection. Others left comments with varying responses, such as:

- *My Doctor cant get me in all the time.*
- *Medicare OOP cost*
- *Confidentiality of information*

2019 Community Health Needs Assessment

.....□ CHNA Results & Analysis

- *Easier to put it off than face it*
- *Cost but likely stubbornness mainly*
- *Just don't feel comfortable being there and transportation is limited*
- *Time*
- *The health care providers in Fillmore do not inspire confidence*
- *Went to too many specialists lately*
- *Can't get time off of work*
- *Recovery time impacts return to work*
- *Waiting to see if improvements would happen on their own*
- *Do not know who to go to.*
- *Hate going and it does no good.*
- *Just put it off*

Finally, the last question was an open-ended giving the respondents the opportunity to talk about what services they thought the surrounding communities could benefit from the most. The responses given may or may not have any relevance to the question asked. Some responses may not be within our mission or scope of services to provide to the community. Responses may be services we already offer and some may be services CVMC will consider offering. The responses were categorized or grouped into general areas. The three most frequently listed healthcare service areas respondents stated they would like to see offered are as follows:

Urology

Cardiology

***Oncology / Cancer
Treatment***

2019 Community Health Needs Assessment

CHNA Identified Needs

Central Valley Medical Center conducted its 2019 Community Health Needs Assessment (CHNA) for hospital and clinical sites located in Nephi, UT and surrounding areas. These services and needs were reviewed and prioritized by CVMC's Governing Board on July 31, 2019. Based on the CHNA and other secondary data collected, CVMC identified these top ten priorities of services and needs for the CVMC service area.

The following scale was used to help prioritize each need and/or service. Through-out the assessment if a need was identified 11 or more times, it was given a community priority of "High", if a need was identified 7-10 times it was given a community priority of "Medium", and if a need was identified only 4-6 times it was given a community priority of "Low".

Health Need	Community Priority	Secondary Data Affirms Need	Implementation Strategy/Comments
Urology	High	No	<p>NEED IS NOT MET BUT IS BEING ASSESSED.</p> <p>Urology services were noted to have a considerable number of requests from our community sample size. Survey participants requested that urological services be offered in Nephi whenever possible so that patients can avoid traveling long distances to receive this care.</p> <p>CVMC was supporting this need through the specialty clinic, where various specialists from urban areas visit and offer care to residents of the community. Currently, CVMC is experiencing a gap in urological services, due to the unanticipated retirement of a physician.</p> <p>CVMC continues to make efforts to recruit a urologist to provide these services once again. The difficulty in the recruitment of a physician stems from common rural healthcare barriers. Placement of a part-time physician to fill the need in CVMC's Specialty Clinic has proven unsuccessful to date. Problems in securing a physician due to their current contract terms have been an obstacle. CVMC is making efforts to resolve this service gap as soon as possible.</p>

2019 Community Health Needs Assessment

..... CHNA Identified Needs

Health Need	Community Priority	Secondary Data Affirms Need	Implementation Strategy/Comments
Cardiology	High	Yes	<p>NEED IS MET BUT IS BEING ASSESSED.</p> <p>Another high priority from survey participants was cardiology services. These services were a significantly recognized health concern for the surrounding communities.</p> <p>CVMC is currently meeting this need by offerings with the CVMC specialty clinic, where various specialists from urban areas visit and offer care to residents in our community. Currently, the CVMC specialty clinic offers a visiting Cardiologist twice a month at the Nephi location. CVMC will continue to assess this need and consider increasing availability as volume increases to support it.</p> <p>Cardiology services were one of the highest request services survey participants requested to be offered at CVMC. CVMC is unaware of reasons that the awareness of this service line is so low in the surrounding communities. CVMC will make efforts to build awareness in the communities it serves that this service is available.</p>
Oncology / Cancer Treatments	High	Yes	<p>NEED IS NOT MET BUT IS BEING ASSESSED.</p> <p>Oncology services and cancer treatment services were another high priority for survey participants and cancer was recognized as a major health concern within our serviceable community. CVMC currently does not have the resources or staff to offer this service line.</p> <p>CVMC has made efforts in recruiting an oncologist to provide these services in our area. However, the difficulty in recruitment stems from workforce shortages from rural barriers for a full-time physician, especially for a specialty like oncology. As for a part-time physician to fill the need in CVMC's Specialty Clinic this has been unsuccessful. Difficulties in securing a physician due to their current contract terms had been an obstacle. CVMC is making efforts to resolve this service gap as soon as possible.</p>

2019 Community Health Needs Assessment

CHNA Identified Needs

Health Need	Community Priority	Secondary Data Affirms Need	Implementation Strategy/Comments
Billing / Cost of Healthcare	High	No	<p>NEED IS MET BUT IS BEING ASSESSED.</p> <p>Survey participants mentioned that CVMC's Billing Department's could improve on the quality of service. Most comments addressed a lack of clear communication between CVMC's Billing Department and the patient. This stems from the fact that healthcare industry billing processes are extremely complex.</p> <p>CVMC is developing solutions to help patients understand the billing processes to enhance the customer experience. While CVMC understands the frustrations of high medical costs and the complex process, CVMC offers a variety of options. Patients can take advantage of payment plans, charity care, and a financial assistance program. CVMC will continue to identify meaningful and effective ways to improve every patient interaction and provide quality care at a reasonable cost. CVMC wants to ensure that patient interaction or medical costs are not interfering with individuals from seeking medical attention when needed.</p>
Lack of Professionalism	High	No	<p>NEED IS BEING ADDRESSED.</p> <p>The assessment identified a lack of professionalism and poor staff interaction with patients as an area of concern. This issue has been addressed and will continue to be addressed through regular customer service training.</p> <p>CVMC understands that patient interaction can have an effect on routine care and wants to prevent poor patient interaction will not keep individuals from seeking medical attention when needed.</p>

2019 Community Health Needs Assessment

CHNA Identified Needs

Health Need	Community Priority	Secondary Data Affirms Need	Implementation Strategy/Comments
Mental Health / Psychiatric Care	High	Yes	<p>NEED IS MET BUT IS BEING ASSESSED.</p> <p>Survey participants acknowledged that mental health is a significant concern within the communities that CVMC services. CVMC is currently providing behavioral health services with a full-time licensed LMFT counselor, who also assists emergency room and hospital patients with mental health services when needed.</p> <p>CVMC also works directly with the Central Utah Counseling Center in Nephi and is a member of the Juab Unites Motivating Prevention (JUMP) Coalition. This coalition, which the CUCC oversees, is heavily involved in mental health awareness and substance abuse issues throughout the surrounding communities which can be directly tied to mental health indicators. While this need is met, CVMC continues to work directly with great organizations like CUCC to tackle this growing need.</p> <p>CVMC will continue to make efforts to help build awareness in the communities it serves to help inform residents that services in mental health are available.</p>
Dialysis / Kidney Services	Medium	No	<p>NEED IS NOT MET BUT IS BEING ASSESSED.</p> <p>Dialysis and Kidney services were a requested service. CVMC has researched extensively on staffing, equipment, and facility requirements to meet this need. While CVMC recognizes an increase in demand for this service, patient volumes are close to supporting the financial cost required to meet this need. CVMC will continue to study this need closely and make efforts to address this service gap.</p>

2019 Community Health Needs Assessment

..... CHNA Identified Needs

Health Need	Community Priority	Secondary Data Affirms Need	Implementation Strategy/Comments
Wait Time, Scheduling Issues and Expanded Hours or Urgent Care	Medium	No	<p>NEED HAS IMPROVED BUT IS STILL BEING ADDRESSED.</p> <p>While improvement was achieved since the last CHNA in 2016, survey participants made several comments about waiting times and the ease of scheduling a clinic appointment in general as an area of concern. This concern is one that CVMC is working to improve. Scheduled patients generally do not wait longer than 15 minutes to see a physician. In the 2016 CHNA, 17% stated that they had difficulty scheduling an appointment compared to only 10% in the 2019 CHNA. CVMC continues to work with physicians and office staff to facilitate smoother transitions for patients.</p> <p>Survey participants also made a few comments about the benefits of expanded clinic hours with more evening appointments, along with the possibility of Instacare hours. Current clinic hours of operation may not always be convenient for working individuals. CVMC is aware of this need and is looking into solutions to potentially expanded clinic hours. CVMC offers a Saturday urgent care clinic and CVMC's emergency room is always open. The emergency room physician responds to all urgent care needs after regular clinic hours.</p>

2019 Community Health Needs Assessment

CHNA Identified Needs

Health Need	Community Priority	Secondary Data Affirms Need	Implementation Strategy/Comments
Diabetes	Low	Yes	<p>NEED IS MET BUT COULD BE IMPROVED.</p> <p>Diabetes was listed as a concern within the communities that CVMC services. CVMC has an established diabetic education program that runs every two weeks to meet this need. CVMC partners with the local Retail Good Neighbor Pharmacy with a Diabetes Education Accreditation Program (DEAP) to promote and teach communities about diabetes education.</p> <p>CVMC in an effort to continuously improve the health of our communities will encourage patients to be screened for prediabetes health indicators. Reports suggest that only 7.3% of adults with prediabetes know they have it and only 1/3 of individuals receive management advice from a primary care provider. CVMC will make efforts to build awareness in the communities it serves to inform residents of the importance of routine check-ups and prediabetes screenings.</p>
Dermatology	Low	No	<p>NEED IS MET.</p> <p>A few survey participants requested that more dermatology services be offered in Nephi. CVMC currently supports the need for dermatology services by offering them through the CVMC Specialty Clinic, where various specialists from urban areas visit and offer care to residents in our community. Currently, the CVMC specialty clinic offers a visiting Dermatologist twice a month at the Nephi location. With current volumes, there has been no indication of the need to increase this service. Several of the comments mentioned more cosmetic services such as aesthetics or plastic surgery that are not traditionally considered medical needs to be provided in a healthcare setting.</p>

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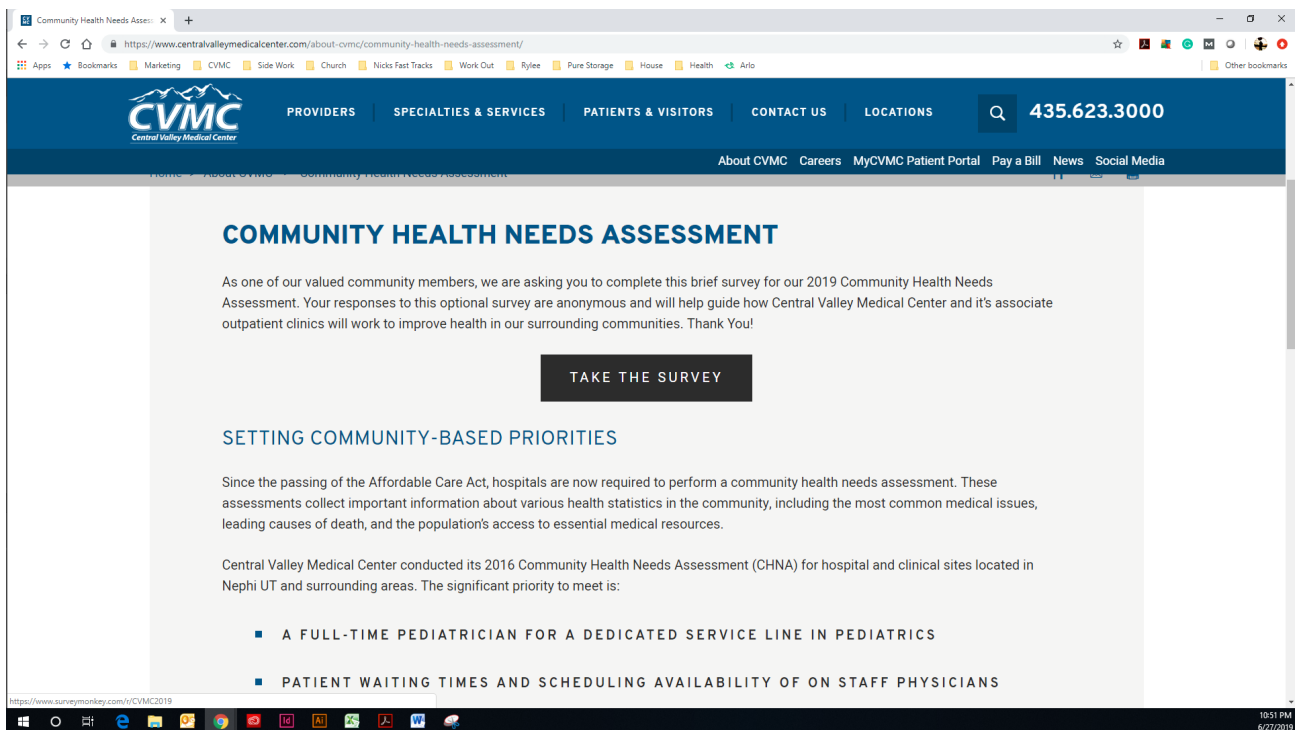
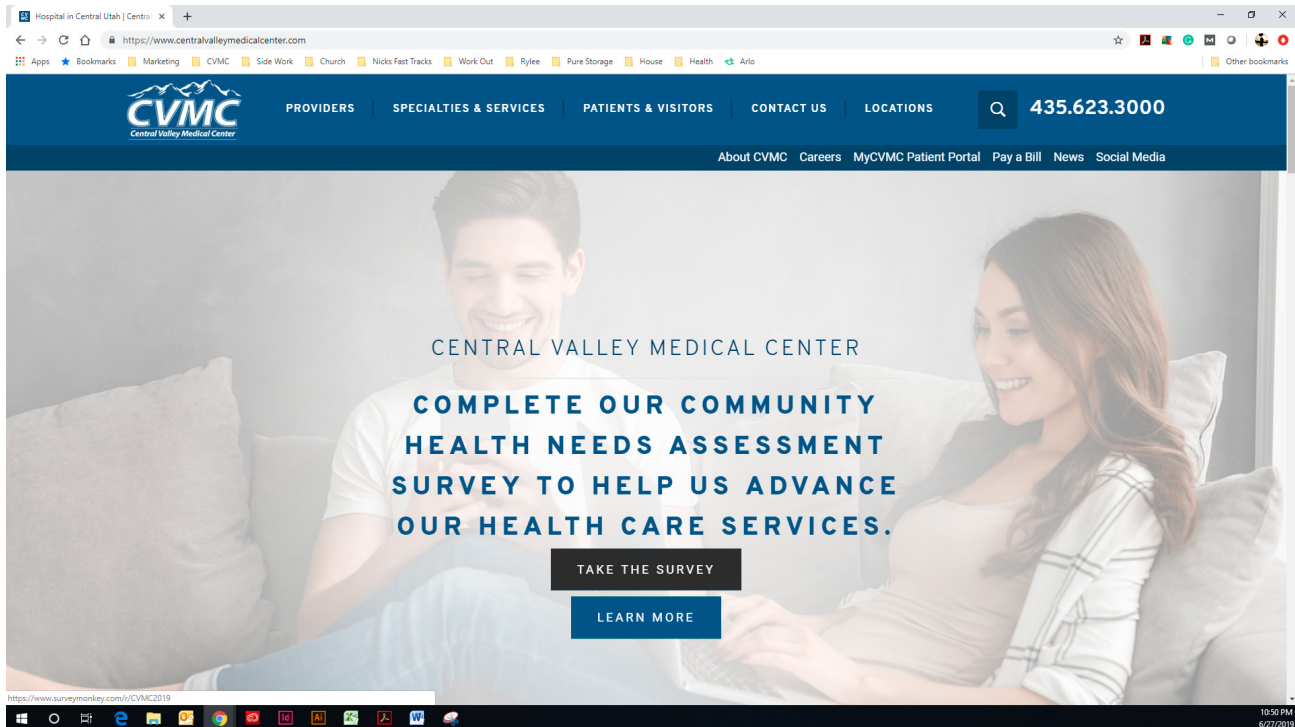
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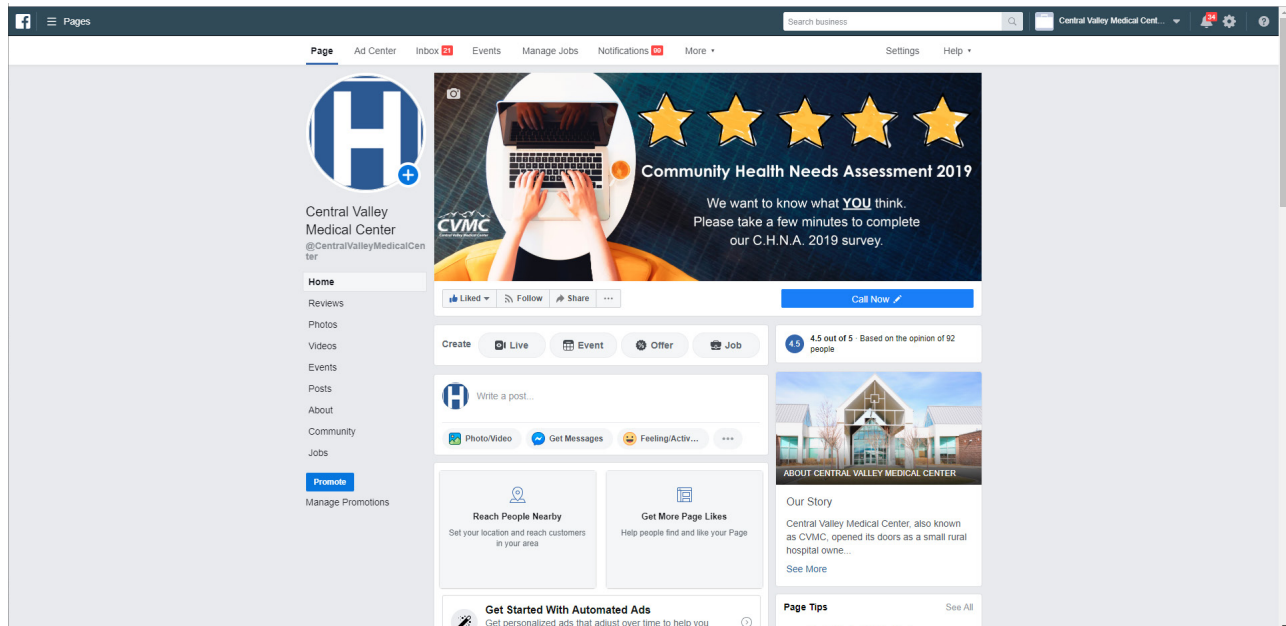
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APPENDIX A: Advertising Awareness Efforts



APPENDIXES A: Advertising Awareness Efforts



APPENDIXES A: Advertising Awareness Efforts

CENTRAL VALLEY MEDICAL CENTER

Community Health Needs Assessment 2019

We want to know what **YOU** think. Please take a few minutes to complete our C.H.N.A. 2019 survey.

As one of our valued community members, your answers will remain anonymous. Your feedback will be considered as we strive to advance health care services at Central Valley Medical Center and in our surrounding communities.

Thank you for taking the time to complete this important survey.

TAKE OUR SURVEY

You can use your smart phone camera to scan the QR Code to take our short CHNA survey!



or
TAKE IT ON OUR WEBSITE
CentralValleyMedicalCenter.com



Community Health Needs Assessment 2019

CENTRAL VALLEY MEDICAL CENTER


We want to know what **YOU** think. Please take a few minutes to complete our C.H.N.A. 2019 survey.

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Thank you for taking the time to complete this important survey.

TAKE OUR SURVEY

You can use your smart phone camera to scan the QR Code below to take our short CHNA survey!



or TAKE OUR SURVEY ONLINE | CentralValleyMedicalCenter.com



Community Health Needs Assessment 2019



CentralValleyMedicalCenter.com

Take Our Survey On Our Website



APPENDIXES B: Copy of the assessment 1/4



Central Valley Medical Center 2019 Community Health Needs Assessment

As one of our valued community members, we are asking you to please complete this brief survey. Your answers will remain anonymous, and your feedback will be considered as we strive to advance health care services at Central Valley Medical Center and in our surrounding communities.

Q1

In what ZIP code is your home located? (enter 5-digit ZIP code)

Q2

What are all the health care services/procedures have ***you or someone in your household*** received in the past 24 months? (Please check all that apply)

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Mental Health / Counseling |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Cardiopulmonary and Respiratory Therapy | <input type="checkbox"/> Ophthalmology (Eye Care) |
| <input type="checkbox"/> Child Birth - Obstetrics | <input type="checkbox"/> Orthopedic Medicine / Orthopedic Surgery |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Diagnostic Imaging (X-ray, MRI, CT, Ultrasound, Mammogram, etc.) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Ears, Nose & Throat (ENT) | <input type="checkbox"/> Rehabilitation Services (Physical, Occupational or Speech Therapy) |
| <input type="checkbox"/> Emergency Medicine (ER Visit) | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Family Medicine / Clinic Services (Doctors Visit) | <input type="checkbox"/> Surgical Services / Endoscopy |
| <input type="checkbox"/> Gynecology (OBGYN) | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Home Health / Hospice | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Laboratory Testing | <input type="checkbox"/> I or anyone in my household has not received health care services/procedures in the past 24 months |
| <input type="checkbox"/> Other (please specify) | |

..... **APPENDIXES B: Copy of the assessment 2/4**

Central Valley Medical Center 2019 Community Health Needs Assessment | Survey 2/4

Q3

Were all the health care services/procedures you listed from the question above received/performed at Central Valley Medical Center or one of its Medical Clinics?

- ☐ Yes *(if you answered 'yes', please skip to Q5)*
- ☐ No
- ☐ I or anyone in my household has not received health care services/procedures in the past 24 months

Q4

Why did you choose another hospital or health care, provider?

Service/Procedure Not Available	Physician Referral	Insurance Coverage	Physician Choice	Location More Convenient	Lack of Confidence in CVMC
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Q5

Using any number from 0 to 5, where 0 is the worst health care possible and 5 is the best health care possible, for the following areas please rate your health care experience within the last 24 months at CVMC:

	5 Very Satisfied	4	3 Neither	2	1 Very Dissatisfied	Prefer Not to Answer
Wait Times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling Ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing & Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinic Hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6

Why were you satisfied or dissatisfied with the care received at CVMC?

APPENDIXES B: Copy of the assessment 3/4

Central Valley Medical Center 2019 Community Health Needs Assessment | Survey 3/4

Q7

Please select the top three health challenges that you see affecting the health of yourself or your community. (Please choose up to three)

- | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Lung disease / Asthma / COPD |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues (depression, anxiety, suicide, etc.) |
| <input type="checkbox"/> Diabetes / High Blood Sugar | <input type="checkbox"/> Overweight / Obesity |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Sexually Transmitted Infections (STI) |
| <input type="checkbox"/> Drug addiction | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease / High blood pressure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Joint pain or back pain | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other (please specify) | |

Q8

Have you or someone in your household delayed receiving health care in the last 24 months?

- ☐ Yes
- ☐ No *(if you answered 'No', please skip to Q10)*
- ☐ Prefer not to answer *(if you answered 'Prefer not to answer', please skip to Q10)*

Q9

What is the most important reason you or someone in your household have delayed receiving health care?

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Cost - too expensive / can't pay | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> The wait is too long / Can't get an appointment | <input type="checkbox"/> Insurance not accepted |
| <input type="checkbox"/> No Insurance | <input type="checkbox"/> Language barrier |
| <input type="checkbox"/> No doctor / Specialist nearby | <input type="checkbox"/> Cultural / Religious beliefs |
| <input type="checkbox"/> Other (please specify) | |

.....☐ APPENDIXES B: Copy of the assessment 4/4

Central Valley Medical Center 2019 Community Health Needs Assessment | Survey 4/4

Q10

What healthcare services would you like to see offered at CVMC?

*Thank
You!*

*Thank you for completing our survey!
Have a great day!*

