2023
2026

COMMUNITY HEALTH NEEDS ASSESSMENT– U OF U HEALTH

HEALTH
UNIVERSITY OF UTAH

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EXECUTIVE **NOTES**

Dedicated to serving our community

As an organization, we are privileged to be an anchor in our community serving Utahns and populations across the Mountain West. Service to these diverse communities is foundational to our mission of advancing health. We are dedicated to our roles as care providers, educators, researchers, partners, and advocates. We are also committed to co-designing better care with—and for—our communities.

As individuals, we are each part of a community of people with diverse backgrounds, opinions, values, skills, and experiences. We each have something to learn from one another. As an organization, our communities, partnerships, and people make us who we are, and we are fully invested in their health, wellness, and success. My focus as a leader is on connecting, truly listening, and creating partnerships within our diverse communities that will benefit our entire population.

Every time I walk through the doors of our health care delivery system, I am humbled and grateful. Our team members care for people when they are most vulnerable, and they are dedicated to doing so with expertise, care, compassion, and patience. I know our patients have options when it comes to health care, and I am grateful that they continue to choose and trust University of Utah Health. We are dedicated to this community and to fostering health and wellness for our entire population.

Thank you,

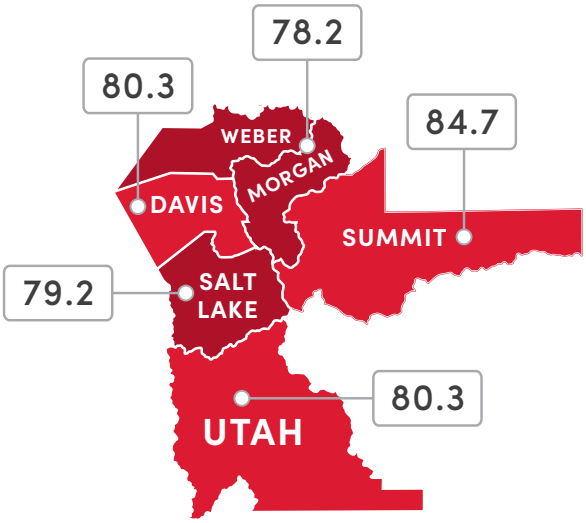
Dan Lundergan

Dan K. Lundergan, MHA
Chief Executive Officer
University of Utah Hospitals & Clinics

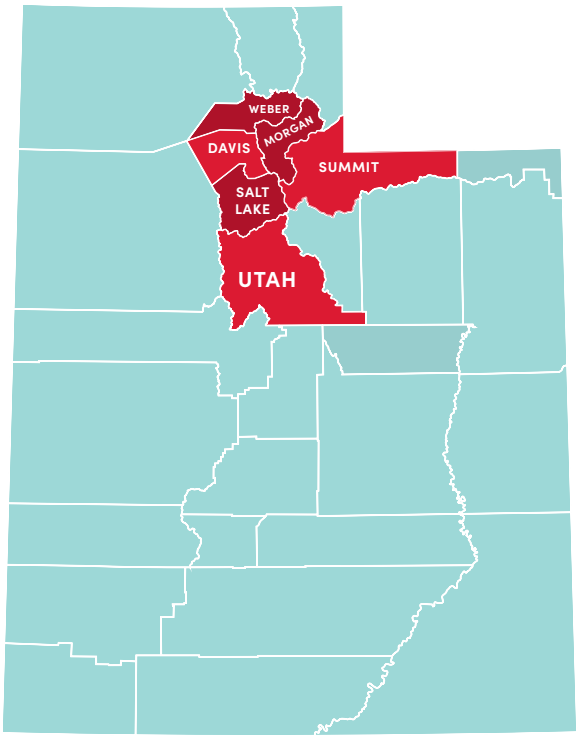
LIFE EXPECTANCY AT BIRTH

Local Health District	Life Expectancy at Birth (Years)	Small Area Lowest Life Expectancy	Small Area Highest Life Expectancy	Difference Based on Small Area
Summit County	84.7	Summit County (East) at 79.5	Park City at 86.4	6.9
Davis County	80.3	Clearfield Area/ Hooper at 76.5	Centerville at 84.3	7.8
Utah County	80.3	Orem (North) at 76.8	Saratoga Springs at 84.3	7.5
Salt Lake County	79.2	South Salt Lake at 73.5	SLC (Avenues) at 87.0	13.5
Weber-Morgan	78.2	Ogden (Downtown) at 75.8	Weber County (East) at 81.4	5.6
UTAH				**80.3**
NATION				**77.3**

Source: Public Health Indicator Based Information System (IBIS), 2016-2020
Complete Health Indicator Report of Life Expectancy at Birth



Source: Public Health Indicator Based Information System (IBIS)
Complete Health Indicator Report of Life Expectancy at Birth



Source: Public Health Indicator Based Information System (IBIS)
Complete Health Indicator Report of Life Expectancy at Birth

POPULATION COUNT AND RACE/ETHNICITY TABLE BY COUNTY, UTAH AND U.S.

County	Population Count
Davis County	367,285
Salt Lake County	1,186,421
Summit County	43,093
Utah County	684,986
Weber County	267,066
UTAH	**3,337,975**
NATION	**331,893,745**

Source: U.S. Census Bureau
QuickFacts: 2021

RACE/ETHNICITY AS PERCENT OF COUNTY

County	White Alone	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Native Hawaiian and Other Pacific Islander Alone	Two or More Races	Hispanic or Latino	White Alone, not Hispanic or Latino
Davis County	91.6%	1.5%	0.9%	2.2%	0.9%	2.9%	10.7%	82.3%
Salt Lake County	86.7%	2.3%	1.5%	4.6%	1.9%	3.1%	19.3%	69.6%
Summit County	94.2%	1.0%	0.6%	2.1%	0.2%	1.8%	10.9%	84.4%
Utah County	92.3%	0.9%	0.9%	1.9%	1.0%	3.0%	12.7%	80.9%
Weber County	92.0%	1.8%	1.4%	1.7%	0.4%	2.8%	18.8%	75.4%
UTAH	**90.3%**	**1.5%**	**1.6%**	**2.7%**	**1.1%**	**2.8%**	**14.8%**	**77.2%**
NATION	**75.8%**	**13.6%**	**1.3%**	**6.1%**	**0.3%**	**2.9%**	**18.9%**	**59.3%**

Source: U.S. Census Bureau
QuickFacts: 2021

ABOUT
UNIVERSITY OF UTAH HEALTH

Our Mission

University of Utah Health serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is achieved through excellence in patient care, education, and research; each is vital to our mission, and each makes the others stronger.

- We provide compassionate care without compromise.
- We educate scientists and health care professionals for the future.
- We engage in research to advance knowledge and well-being.

Our Vision

A patient-centered health care organization distinguished by collaboration, excellence, leadership, and respect.

Our Values

- Compassion
- Collaboration
- Innovation
- Responsibility
- Diversity
- Integrity
- Quality
- Trust

The Organization

As the Mountain West's only academic medical center, U of U Health combines excellence in patient care, the latest in medical research, and teaching to provide leading-edge medicine in a caring and personal setting. The system provides care for Utahns and residents of five surrounding states in a referral area encompassing more than 10% of the continental United States.

Whether it's for routine care or highly specialized treatment in cancer, orthopedics, stroke, ophthalmology, radiology, or more than 200 other medical specialties, U of U Health offers the latest technology and advancements, including some services that are not available anywhere else in the region.

U of U Health Hospitals and Clinics is staffed by more than 5,000 practicing clinicians, including 1,700 physicians who support five hospitals:

- University Hospital
- Huntsman Cancer Institute
- Neilsen Rehabilitation Hospital
- University Orthopaedic Center
- Huntsman Mental Health Institute

The system also has 12 community clinics, nine urgent care locations, and several specialty care centers, which include:

- Cardiovascular Center
- Clinical Neurosciences Center
- John A. Moran Eye Center
- University Orthopaedic Center
- Utah Diabetes Center

U of U Health physicians also provide care at Primary Children's Hospital on campus, which is a joint venture with Intermountain Healthcare.

Consistently ranked #1 in quality in the nation among academic medical centers, our academic partners at University of Utah Health include the Schools of Medicine and Dentistry and Colleges of Nursing, Pharmacy, and Health, which are internationally regarded research and teaching institutions.

Our health care system is integrated with University of Utah Health Plans, which serves over 253,000 members through the administration of medical, mental health, and pharmacy benefits for self-funded employer groups as well as government programs including Medicare and Medicaid.

COMMUNITY **NEED** & COMMUNITY **BENEFIT**

The Patient Protection and Affordable Care Act (ACA), signed into law in March 2010, requires each nonprofit hospital to conduct a Community Health Needs Assessment (CHNA) every three years. After identifying and prioritizing unmet needs, each hospital is required to develop a three-year implementation strategy to address one or more identified community health needs.

This report documents the process through which U of U Health conducted the CHNA, the key findings, the identified priorities, and the implementation strategies; this document will also be posted online, fulfilling the requirement to make the CHNA results available to the public.

University of Utah Health moved our CHNA report up by one year to be in line with other health systems in the state of Utah. Our completion report reports on two year's worth of data instead of three. After the publication of this CHNA, we will resume our three-year cadence of conducting and publishing our system's CHNA.

2023 CHNA **BACKGROUND**

Process Planning & Collaboration

The CHNA process was led by U of U Health's Community Engagement department. U of U Health's Hospitals and Clinics leadership and staff participated in the prioritization process and assisted with aligning community-identified needs into the health system's strategies. All of our work was done in partnership with the statewide CHNA Collaboration. By partnering with the Utah CHNA Collaboration, we were better able to access community health data; reduce duplication of efforts; share expertise and resources in order to accomplish required tasks; and increase our ability to effect change by identifying areas of overlap and of opportunities to work together.

The CHNA Collaboration has representatives from:

- Bear River Health Department
- Beaver Valley and Milford Hospitals
- Blue Mountain Hospital
- Central Utah Public Health Department
- Comagine Health
- Davis Behavioral Health
- Davis County Health Department
- Get Healthy Utah
- Intermountain Healthcare
- Kem C. Gardner Policy Institute
- MountainStar Healthcare
- Salt Lake County Health Department
- San Juan Health Department
- Shriner's Hospital for Children
- Southeast Health Department
- Southwest Health Department
- Summit County Health Department
- Tooele County Health Department
- TriCounty Health Department
- Uintah Basin Healthcare
- University of Utah Health
- Utah County Health Department
- Utah Department of Health
- Utah Health Information Network
- Utah Hospital Association
- Wasatch County Health Department
- Weber Human Services
- Weber-Morgan Health Department

Community Input

MEETINGS

The Utah CHNA Collaborative hosted 21 different community input meetings throughout 2021 and 2022, where attendees were invited to share their perspectives on the health needs of their community. Topics included behavioral health, social determinants of health, and chronic disease. For the first time, the Collaborative held a community meeting in Spanish for the Spanish-speaking community.

Invitees included representatives from the following groups:

- Food pantries
- Groups representing underrepresented populations
- Health advocacy organizations
- Health care providers
- Human service agencies
- Law enforcement
- Local businesses
- Local government
- Low-income, uninsured, and underserved populations
- Mental health service providers
- Safety net clinics

ONLINE PRE-SURVEY

An online survey was sent to community members before each community input meeting, which asked respondents to identify their community's top health need. The results were used to guide deeper conversations into the community's top-identified health need.

Overarching themes included:

- Mental health
- Obesity and obesity-related chronic conditions
- Suicide
- Nutrition and hunger
- Drugs and alcohol use and misuse
- Diabetes
- Accidental injury
- Cancer
- Immunizations
- Violence

Community Input

COMMUNITY INPUT RESULTS

After hearing the Community Input Conversations, we analyzed the meeting transcripts of each of our Health System priority areas:

- Salt Lake
  - Salt Lake County
  - Salt Lake City
  - West Valley City
- Davis County
- Weber County
- Utah County
- Summit County
- Spanish-language

Across conversations, social determinants of health and mental health were the most heavily discussed topics. Often, community members discussed them together, arguing that in order to address mental health, we must also address social determinants.

The five most discussed themes included:

- Mental Health
- Community Partnerships
- Social Determinants of Health
- Access to Affordable Housing
- Cultural Responsiveness/Cultural Competency

For our Spanish-speaking community, the most discussed themes were barriers to accessing health services, cultural responsiveness, and mental health.

Priority Selection

Once we had compiled results from the Community Input Conversations, we presented results to key stakeholders within our health system. These included physician leaders, nursing leaders, administrators, and others who we thought could make impacts in the areas identified by our community.

We used a prioritization matrix to identify priority areas for our health system. Feasibility was on the y-axis, and number of lives impacted was on the x-axis. After asking leaders to place items on the matrix, according to their idea of where we could have significant impact, we compiled the results to identify areas to prioritize. Based on this exercise, we identified three goals and three strategy frameworks:

Goals:

Addressing Health Disparities

Goals that focus on addressing health outcomes that are avoidable, unfair, and unjust.

Addressing Chronic Diseases

Goals that focus on cancer, diabetes, and obesity-related chronic conditions.

Addressing Behavioral Health

Goals that focus on mental health, suicide, and substance use disorders.

Strategy Frameworks:

Community Partnership Strategy

Strategies that focus on forming meaningful relationships with community organizations.

Culturally Responsive Care Strategy

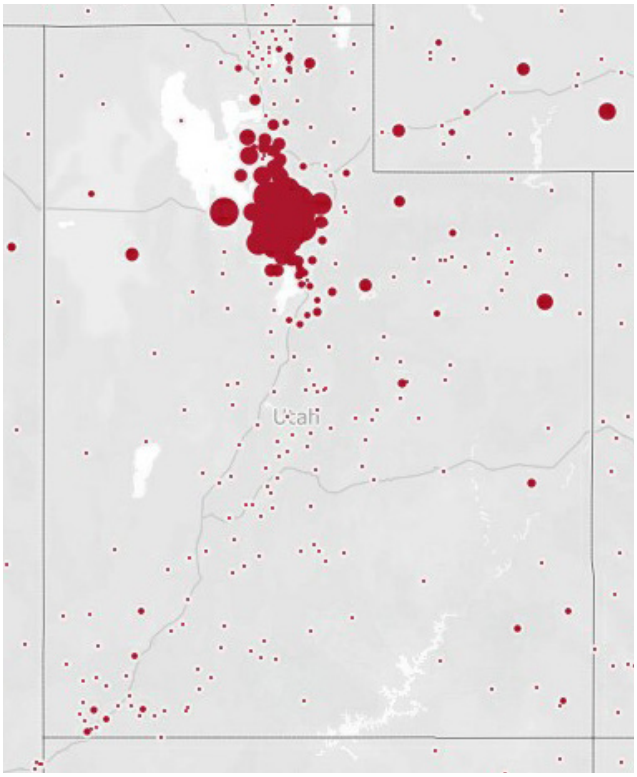
Strategies to improve our standards of care for patients of varying cultural backgrounds.

Population Health Strategy

Strategies focused on improving the health of a specific population.

Defining Health System Community

Though U of U Health's service area extends throughout Utah and into five surrounding states, the majority of our patient population lives along the Wasatch Front. We have chosen to focus on five counties in Utah for our Community Health Needs Assessment: Salt Lake, Davis, Utah, Summit, and Weber.



Source: Internal data, FY22

County	U of U Health Population
Salt Lake County	67%
Davis County	10%
Utah County	6%
Weber County	3%
Summit County	3%

Source: Internal data, FY22

CHNA PRIORITY COMMUNITIES

Salt Lake County: With close to 1.2 million residents, Salt Lake County is Utah's most populated county and home to 36% of the state's population. Salt Lake City and West Valley City are the county's most populated cities, with populations of 200,478 and 139,110, respectively. Salt Lake City has a 35% racial/ethnic minority population, and West Valley City has a 54% racial/ethnic minority population. Salt Lake City is home to the University of Utah, and we are excited to build a new hospital and campus in West Valley City.

Utah County: As Utah's second-most populated county, Utah County has a population of 684,986, making up approximately 20% of the state's population. Its most populated cities are Provo and Orem, with populations of 114,084 and 97,861, respectively. Provo has a 27% racial/ethnic minority population, and Orem has a 24% racial/ethnic minority population. Provo is home to Brigham Young University.

Davis County: With a population of 367,285, Davis County is home to 11% of Utah's population. Layton/South Weber and Bountiful are the most populated cities in the county, with populations of 91,416 and 45,438 respectively. Layton has a 22.1% racial/ethnic minority population, and Bountiful has an 11.4% racial/ethnic minority population.

Weber County: Weber County's population of 267,066 makes up 8% of Utah's population. Ogden and Roy/Hooper are the most populated cities in Weber County, home to 86,798 and 48,725 residents, respectively. Ogden has a 40.2% racial/ethnic minority population while Roy/Hooper has a 23.1% racial/ethnic minority population.

Summit County: Summit County is home to 43,093 residents, making up 1% of Utah's population. Park City is the most populated city in Summit County, home to 8,457 residents, with a 23.5% racial/ethnic minority population.

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IMPLEMENTATION **GOALS**

FOCUS AREA 1

Addressing Health Disparities

Addressing Health Disparities is a top priority for our health system, as demonstrated by the fact that 10 out of 11 goals fall into this category.

Health disparities imply that the difference in the health outcome is avoidable, unfair, and unjust. They are often linked to economic, sociocultural, environmental, and geographic disadvantages (DHHS HII 2022). Health disparities were prioritized by communities that took part in the CHNA process.

Community Profile

The Utah Department of Health and Human Services recently updated a composite measure of social determinants of health by geographic area called the Health Improvement Index (HII). The nine indicators included in the HII describe important determinants of health information:

The Nine Indicators:

1. Population aged ≥25 years with <9 years of education, %
2. Population aged ≥25 years with at least a high school diploma, %
3. Median family income, $
4. Income disparity (GINI coefficient)
5. Owner-occupied housing units, % (home ownership rate)
6. Civilian labor force population aged ≥16 years unemployed, % (unemployment rate)
7. Families below poverty level, %
8. Population below 150% of the poverty threshold, %
9. Single-parent households with children aged <18 years, %

The HII ranges from 58.53 to 152.80 (DHHS HII 2022).

Very high HII ≥120.00	Geographically, this is a very high disparities area, meaning overall, poor health outcomes are considered to be closely linked to economic disadvantage. Substantial supportive activities are needed to advance health equity and reduce health disparities in the area.
High HII 105–119.99	Geographically, this is a high disparities area, meaning overall, poor health outcomes are considered to be closely linked to economic disadvantage. Supportive activities are needed to advance health equity in the area and reduce health disparities in the area.
Average HII 95.00–104.99	Geographically, this is not considered a health disparities area, meaning overall, poor health outcomes in this area are not considered health disparities. Within these areas, there might be small clusters that, with additional data granularity, might qualify as health disparities. In these clusters, supportive activities might be needed to advance health equity in the area and reduce health disparities in the area.
Low HII 80.00–94.99	Geographically, this is not a health disparities area, meaning overall, poor health outcomes in this area are not considered to be closely linked to economic disadvantages. Within these areas, there might be small clusters that, with additional data granularity, might qualify as health disparities. In these clusters, supportive activities might be needed to reduce health disparities in the area.
<80.00	Geographically, this is not a health disparities area meaning overall, poor health outcomes in this area are not considered to be closely linked to economic disadvantages. Within these areas, there might be small clusters that, with additional data granularity, might qualify as health disparities. In these clusters, supportive activities might be needed to reduce health disparities in the area.

Source: DHHS HII 2022

Community Profile

The higher the HII score, the more improvement the area needs.

Within our five identified communities, there are 13 small areas that have an HII score of "High" and 9 that have an HII score of "Very High." The areas with "High" and "Very High" HII scores tend to have a higher percentage of racial/ethnic minorities.

SMALL AREAS BY HEALTH IMPROVEMENT INDEX SCORES

Local Health District	Very Low	Low	Average	High	Very High
Davis County LHD	4	3	2	-	-
Salt Lake County LHD	9	4	6	7	6
Summit County LHD	1	1	-	-	-
Utah County LHD	3	8	1	3	3
Weber-Morgan LHD	2	1	2	3	-
TOTAL (2017)	**20**	**19**	**9**	**10**	**11**
TOTAL (2022)	**19**	**17**	**11**	**13**	**9**

Source: Utah Department of Health, 2016-2020
The Utah Health Improvement Index

HII SCORE OF "HIGH" AND "VERY HIGH"

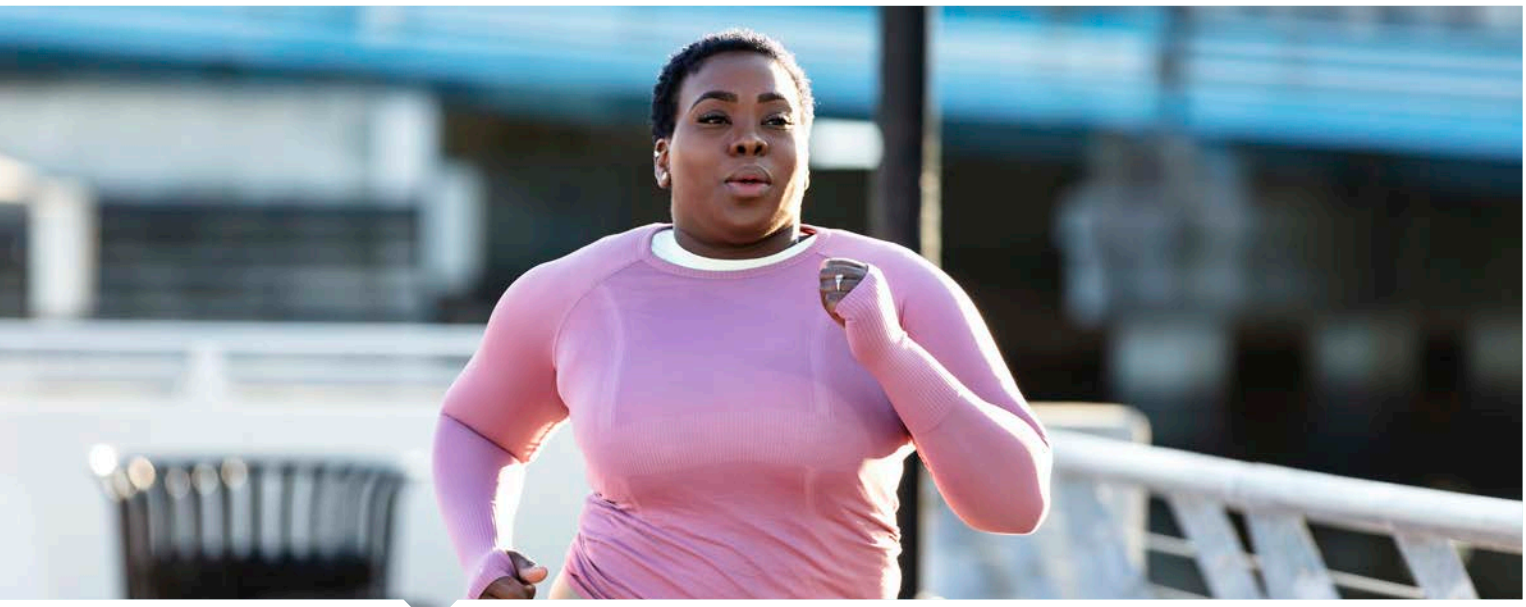
Local Health District*	Average Percent Racial/Ethnic Minority
Salt Lake County LHD	28.9%
Utah County LHD	18.4%
Weber-Morgan LHD	23.9%
AVERAGE	**23.73%**

**Summit and Davis Counties are not included in this table since neither have any small areas with a "high" or "very high" HII score.*

Source: Utah Department of Health
The Utah Health Improvement Index

FOCUS AREA 2

Addressing Chronic Conditions



Addressing chronic conditions has been a longstanding priority for our health system, as demonstrated by our previous CHNA, which focused on diabetes and obesity-related conditions.

For this cycle of the CHNA, we decided to take a broader approach. As such, many goals that address chronic conditions also address health disparities or behavioral health. Since so many chronic conditions, such as hypertension and cancer, are linked to social determinants of health, we found it necessary to form goals around overlapping areas. Cancer, diabetes, and obesity-related chronic conditions were prioritized by most communities that took part in the CHNA process.

Community Profile

COLON CANCER INCIDENCE BY LOCAL HEALTH DISTRICT

Local Health District	Age-adjusted Incidence Rate per 100,000
Davis County	27.9
Salt Lake County	27.8
Summit County	16.7
Utah County	30.3
Weber-Morgan	30.1
UTAH	**28.7**
NATION	**37.4**

Source:
Health Indicator Report of Colorectal Cancer Incidence, 2015-2017
Public Health Indicator Based Information System (IBIS)

COLON CANCER INCIDENCE BY RACE

Race/Ethnicity	Age-Adjusted Incidence Rate per 100,000
American Indian/ Native Alaskan	32.5
Asian	31.0
Black	21.9
Pacific Islander, Native Hawaiian	52.5
White	28.7
Hispanic	31.3
Non-Hispanic	28.4
ALL UTAHNS	**28.7**

Source:
Health Indicator Report of Colorectal Cancer Incidence, 2014-2016
Public Health Indicator Based Information System (IBIS)

BREAST CANCER INCIDENCE BY LOCAL HEALTH DISTRICT

Local Health District	Age-adjusted Incidence Rate per 100,000 Women
Davis County	128.0
Salt Lake County	117.4
Summit County	124.1
Utah County	115.6
Weber-Morgan	100.2
UTAH	**113.5**
NATION	**124.2**

Source: Health Indicator Report of Breast Cancer Incidence, 2015-2019
Public Health Indicator Based Information System (IBIS)

BREAST CANCER INCIDENCE BY RACE

Race/Ethnicity	Age-Adjusted Incidence Rate per 100,000 Women
American Indian/Native Alaskan	32.5
Asian	31.0
Black	21.9
Pacific Islander, Native Hawaiian	52.5
White, non-Hispanic	28.7
Hispanic, Latino	376.9
ALL UTAHNS	**405.3**

Source: Health Indicator Report of Breast Cancer Incidence, 2015-2019
Public Health Indicator Based Information System (IBIS)

Community Profile

HYPERTENSION
BY HEALTH DISTRICT

Local Health District	Age-adjusted Percentage of Adults
Davis County	27.4%
Salt Lake County	28.2%
Summit County	19.7%
Utah County	25.1%
Weber-Morgan	29.6%
UTAH	**27.6%**
NATION	**30.3%**

Source: Health Indicator Report of Blood Pressure: Doctor-diagnosed Hypertension, 2021
Public Health Indicator Based Information System (IBIS)

HYPERTENSION
BY RACE

Race/Ethnicity	Age-adjusted Percentage of Adults
American Indian/ Native Alaskan	24.1%
Asian	24.8%
Black	34.9%
Pacific Islander, Native Hawaiian	37.7%
White	27.2%
Hispanic	29.0%
Non-Hispanic	27.6%
ALL UTAHNS	**27.6%**

Source: Health Indicator Report of Blood Pressure: Doctor-diagnosed Hypertension, 2021
Public Health Indicator Based Information System (IBIS)

FOCUS AREA 3

Addressing Behavioral Health

Similar to chronic conditions and health disparities, behavioral health has historically been a recurring CHNA identified priority.

In our last CHNA, we addressed mental health and suicide, along with substance use. This year, we will be combining these areas into the broader category of behavioral health. As with chronic conditions, many mental health and behavioral health disorders are influenced by numerous factors and often overlap with one another. It's for these reasons we have chosen to group our efforts together.

It is also important to note that mental health was the most prioritized theme from community conversations and surveys.

Community Profile

PREVALENCE OF DEPRESSION BY LOCAL HEALTH DISTRICT

Local Health District	Age-adjusted Percentage of Adults
Davis County	25.3%
Salt Lake County	24.2%
Summit County	17.1%
Utah County	22.1%
Weber-Morgan	26.3%
UTAH	**23.4%**
NATION	**20.1%**

Source:
Health Indicator Report of Depression: Adult Prevalence, 2019-2021
Public Health Indicator Based Information System (IBIS)

PREVALENCE OF DEPRESSION BY RACE

Race/Ethnicity	Age-adjusted Percentage of Adults
American Indian/ Native Alaskan	22.7%
Asian	9.2%
Black	20.9%
Pacific Islander, Native Hawaiian	15.6%
White	24.7%
Hispanic	18.9%
Non-Hispanic	24.3%
ALL UTAHNS	**23.4%**

Source:
Health Indicator Report of Depression: Adult Prevalence, 2019-2021
Public Health Indicator Based Information System (IBIS)

POOR MENTAL HEALTH STATUS (>7 DAYS) IN PAST 30 DAYS BY LOCAL HEALTH DISTRICT

Local Health District	Age-adjusted Percentage of Adults
Davis County	24.5%
Salt Lake County	23.1%
Summit County	23.0%
Utah County	21.6%
Weber-Morgan	25.3%
UTAH	**22.6%**
NATION	**20.5%**

Source: Health Indicator Report of Health Status: Mental Health Past 30 Days, 2021
Public Health Indicator Based Information System (IBIS)

POOR MENTAL HEALTH STATUS (>7 DAYS) IN PAST 30 DAYS BY RACE

Race/Ethnicity	Age-adjusted Percentage of Adults
American Indian/ Native Alaskan	22.9%
Asian	18.2%
Black	21.3%
Pacific Islander, Native Hawaiian	16.3%
White	21.1%
Hispanic	21.2%
Non-Hispanic	20.3%
ALL UTAHNS	**22.6%**

Source: Health Indicator Report of Health Status: Mental Health Past 30 Days, 2018-2021
Public Health Indicator Based Information System (IBIS)

Community Profile

SUICIDE RATE
BY LOCAL HEALTH DISTRICT

Local Health District	Age-adjusted rate per 100,000
Davis County	18.8
Salt Lake County	21.5
Summit County	18.5
Utah County	18.1
Weber-Morgan	24.8
UTAH	**21.4**
NATION	**13.9**

Source: Health Indicator Report of Suicide, 2018-2020
Public Health Indicator Based Information System (IBIS)

SUICIDE RATE
BY AGE AND SEX

Age Group	Rate per 100,000 (Male)	Rate per 100,000 (Female)
10-14 years	6.0	2.6
15-17 years	28.7	5.7
18-19 years	44.6	13.2
20-24 years	42.0	9.0
25-34 years	44.5	11.4
35-44 years	46.6	14.2
45-54 years	46.6	15.8
55-64 years	39.9	13.2
65-74 years	28.8	6.7
75+ years	40.0	6.6
UTAH	**32.7**	**8.9**
NATION	**21.9**	**5.5**

Source: Health Indicator Report of Suicide, 2000-2020
Public Health Indicator Based Information System (IBIS)

SUICIDE RATE
BY RACE

Race/Ethnicity	Age-adjusted rate per 100,000
American Indian/ Native Alaskan	25.9
Asian	9.2
Black	18.1
Pacific Islander	10.6
White	22.0
Hispanic	12.3
Non-Hispanic	22.7
ALL UTAHNS	**21.6**

Source: Health Indicator Report of Suicide, 2018-2020
Public Health Indicator Based Information System (IBIS)
Public Health Indicator Based Information System (IBIS)

System Strategies

As health system leaders were drafting their goals for the 2023 Health Sciences Strategy Directed Steps, the Community Engagement team worked with them to align their Directed Steps to the CHNA goals and strategy frameworks. This process ensured that all our CHNA strategies are in line with our overarching Health Sciences Strategy, and that our Health Sciences Strategy has community-centered goals.

It's important to note that as a health system we are proud that many of our goals are overlapping in the Venn Diagram. Our commitment to addressing health disparities in everything we do is evident that 10 out of the 11 goals fall into this category. While we are committed to also addressing behavioral health and chronic conditions, it's important that we do so with health disparities in mind.

Addressing Health Disparities

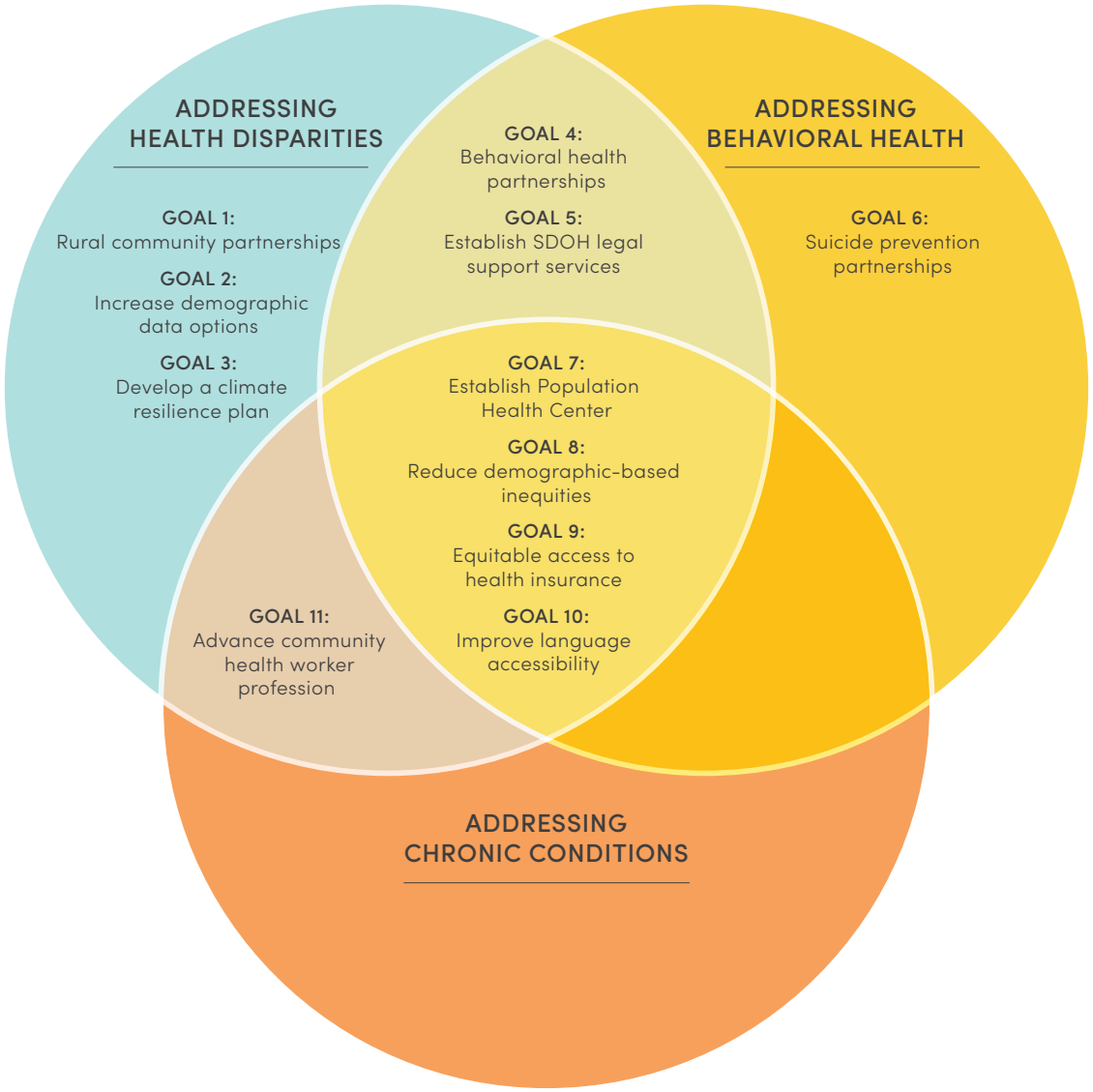
Goals that focus on addressing health outcomes that are avoidable, unfair, and unjust.

Addressing Chronic Diseases

Goals that focus on cancer, diabetes, and obesity-related chronic conditions.

Addressing Behavioral Health

Goals that focus on mental health, suicide, and substance use disorders.



System Strategies

ADDRESSING HEALTH DISPARITIES		
GOAL 1	Rural community partnerships	Develop partnerships with rural community groups to address health disparities in underserved regions and to improve access to care in patients' home communities. *Strategy Frameworks: community partnerships, culturally responsive care*
GOAL 2	Increase demographic data options	Increase data selection options, train frontline teams, and identify health interventions based on patients' selection of their sexual orientation, gender identity, race, and ethnicity. *Strategy Frameworks: population health, community partnerships, culturally responsive care*
GOAL 3	Develop a climate resilience plan	Develop and release a climate resilience plan for continuous operations, anticipating the needs of groups in our community that experience disproportionate risk of climate-related harm. *Strategy Frameworks: population health, community partnerships*
ADDRESSING HEALTH DISPARITIES AND BEHAVIORAL HEALTH		
GOAL 4	Behavioral health partnerships	Establish and strengthen partnerships with providers, nonprofits, and government agencies to address mental health and substance use disorders to improve access to care and treatment outcomes. *Strategy Frameworks: population health, community partnerships, culturally responsive care*
GOAL 5	Establish SDOH legal support services	Evaluate and pilot a program to provide legal support services addressing social determinants of health within clinical care settings. *Strategy Frameworks: population health, community partnerships, culturally responsive care*
ADDRESSING BEHAVIORAL HEALTH		
GOAL 6	Suicide prevention partnerships	Advance suicide prevention through engagement in community suicide surveillance efforts and providing education and guidance to community partners on how to identify, engage, and treat individuals at risk for suicide. *Strategy Frameworks: community partnerships*
ADDRESSING HEALTH DISPARITIES, BEHAVIORAL HEALTH AND CHRONIC CONDITIONS		
GOAL 7	Establish Population Health Center	Establish the University of Utah Population Health Center, which will expand the Intensive Outpatient Clinic and create a Primary Care Clinic focused on Medicaid patients. *Strategy Frameworks: population health, community partnerships, culturally responsive care*
GOAL 8	Reduce demographic-based inequities	Reduce race- and ethnicity-based inequities for depression and colon and breast cancer screenings through community engagement, training, education, and data collection and transparency. *Strategy Frameworks: population health, community partnerships, culturally responsive care*
GOAL 9	Equitable access to health insurance	Implement innovative equitable access to health insurance interventions for historically underserved populations. *Strategy Frameworks: population health, culturally responsive care*
GOAL 10	Improve language accessibility	Improve the language accessibility of patient health information, portals, and support services for limited English proficiency populations. *Strategy Frameworks: culturally responsive care*
ADDRESSING HEALTH DISPARITIES AND CHRONIC CONDITIONS		
GOAL 11	Advance community health worker profession	Evaluate and pilot a program to advance the role of community health workers within clinical care settings. *Strategy Frameworks: population health, community partnerships, culturally responsive care)*

SUMMARY

Since our last Community Health Needs Assessment, Utah, and the nation, were in the height of the COVID-19 pandemic. After a year of watching this virus rampantly affect communities—disproportionately communities of color—we began to receive the first doses of the COVID-19 vaccines. This difficult time was compounded by the fact that we witnessed the senseless murder of George Floyd and many other Black Americans. These events have illuminated for us what it means to be part of a greater community, what it means to think beyond one individual or organization's goals, and to understand what role we play in the bigger picture.

As an academic health center whose goal is to touch and support the lives of all people in the great state of Utah, it is imperative that we understand our role, and continually self-reflect on how we can better partner with every one of Utah's communities. It is important that we recognize that transformative solutions are already in the community, and our role is not to solve, but to partner, convene, and amplify.

Throughout the Community Health Needs Assessment process, and after these last three years, our leaders understood that we cannot implement programs without community at the table. That in order to improve the health and well-being of populations, we need to co-create interventions with their unique experiences in mind.

We have also learned that trust is not inherently given. That in order for large institutions like University of Utah Health to be welcomed into these spaces, we have to work to demonstrate how we will show up differently. We have to listen. We have to reflect. We have to align.

For the 2023-2026 Community Health Needs Assessment, we have aligned the community's priorities with our system strategy and will spend the next three years focused on these areas: culturally responsive care, community partnership, and population health. Nearly every strategy outlined in this document has a health disparities connection, we believe this systemic shift in how we think about health disparities will help improve health outcomes for all of these groups who have experienced decades-long inequities. This document is our commitment to how we will show up differently.

RyLee Curtis
Community Engagement Director
University of Utah Health

Lauren Amidon
Administrative Fellow
University of Utah Medical Group

HEALTH
UNIVERSITY OF UTAH

50 N. Medical Drive
Salt Lake City, UT 84132
801-581-2121