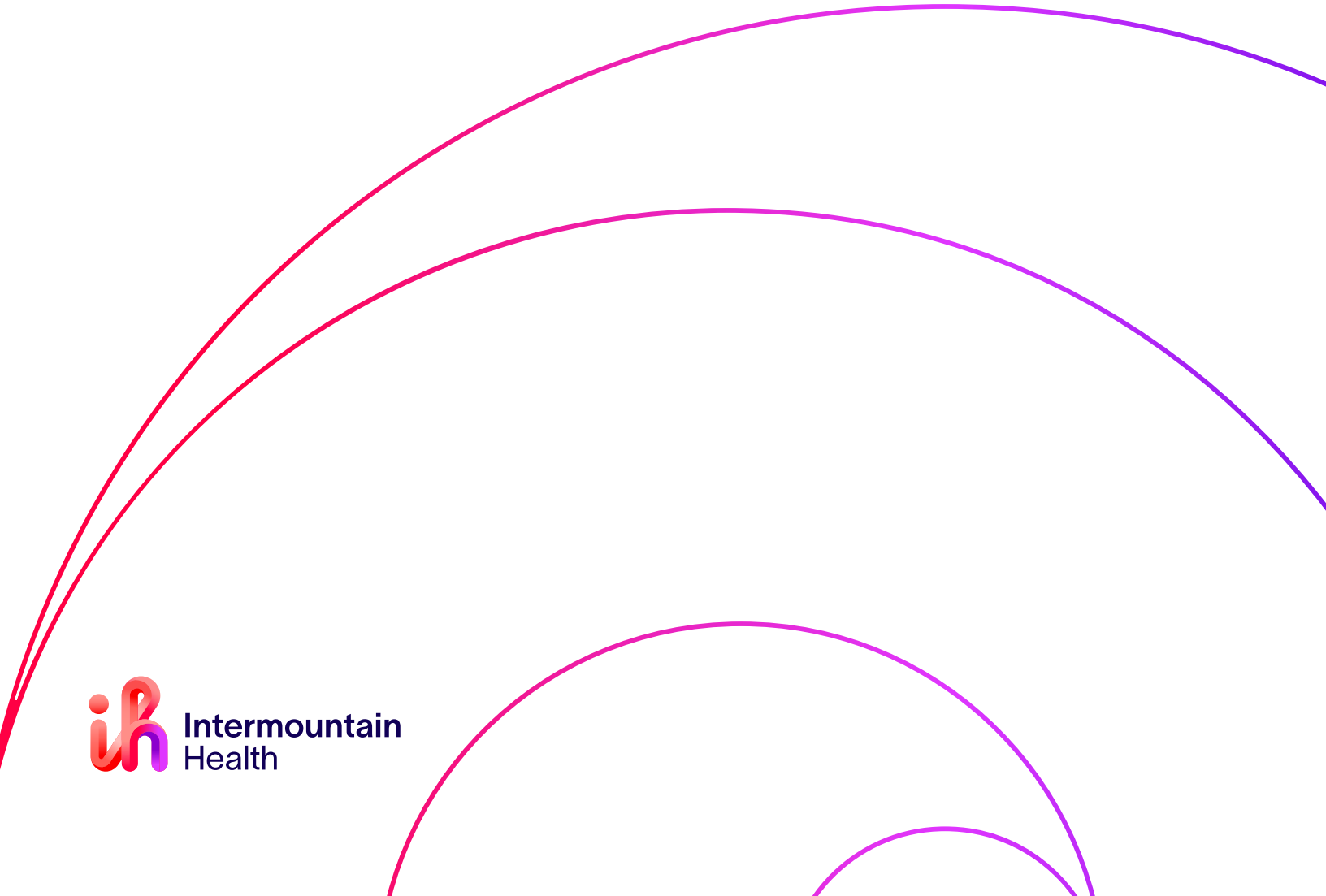
Intermountain Health | St. Mary's Regional Hospital

2025 Implementation Strategy



Intermountain Health

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Executive Summary

In accordance with the Patient Protection and Affordable Care Act (ACA), St. Mary's Regional Hospital conducted a Community Health Needs Assessment (CHNA) in 2024 with a collaborative led by Mesa County Public Health to identify significant and sustaining health needs. By regularly assessing and prioritizing health needs, the hospital can work collaboratively to address health disparities and improve the overall health of the community.

As a companion to the CHNA Report, this Implementation Strategy guides efforts to address the Significant and Sustaining Health Needs seen below. It outlines programs and activities to align with public health entities and community stakeholders, defines data-driven needs,, and provides an inventory of resources.

The CHNA and Implementation Strategy are publicly available on Intermountain's website.

What Is Health Equity at Intermountain Health?

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

Our Community Health Needs Assessment process is driven by data. We look carefully at public health data to understand the prevalence of health issues in our communities and where those issues create the greatest disparities or differences in healthy outcomes. We talk with residents, community-based organizations, and local leaders to understand how health disparities or differences connect and how they affect individuals and families across the lifespan. With an understanding of the needs our communities face, we develop a Community Health Implementation Strategy that directs our resources to remove barriers and invest resources where they will have the greatest impact. Using data and community input to identify the greatest needs and targeting our approach to meeting those needs is health equity in action.

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

Intermountain Health

Headquartered in Utah, with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 33 hospitals, 400 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

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

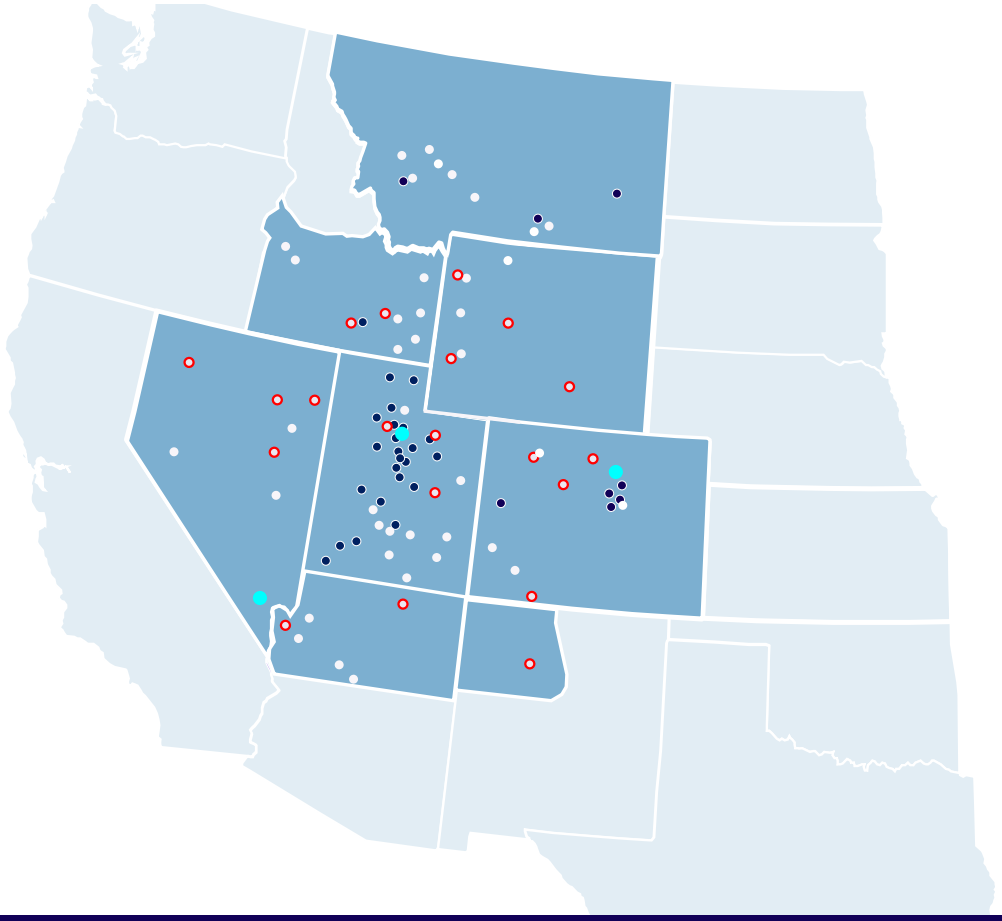
Our Mission

Helping People Live the Healthiest Lives Possible®

Mission for Catholic Entities:

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values



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

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

Intermountain Health's 400 clinics not highlighted on the map.

Intermountain Health by the Numbers

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

33 Hospitals
Including One Virtual Hospital

4,800
Licensed Beds

1.1 Million
Select Health Members

400
Clinics

68,000+
Caregivers

$16.06 billion[1]
Total Revenue

4,600+
Employed Physicians & APPs

[1] Revenue for the year ended December 31, 2023

St. Mary's Regional Hospital

St. Mary's Regional Hospital in Grand Junction, Colorado, has been part of the community since its founding in 1896 by the Sisters of Charity of Leavenworth. It is a nonprofit, fully accredited facility with a Level II trauma center, air emergency transport, Level III neonatology center, acute rehabilitation, open-heart surgery, brain and spine surgery, and labor and delivery services. It is also a certified stroke and chest pain center and has an accredited comprehensive community cancer program.

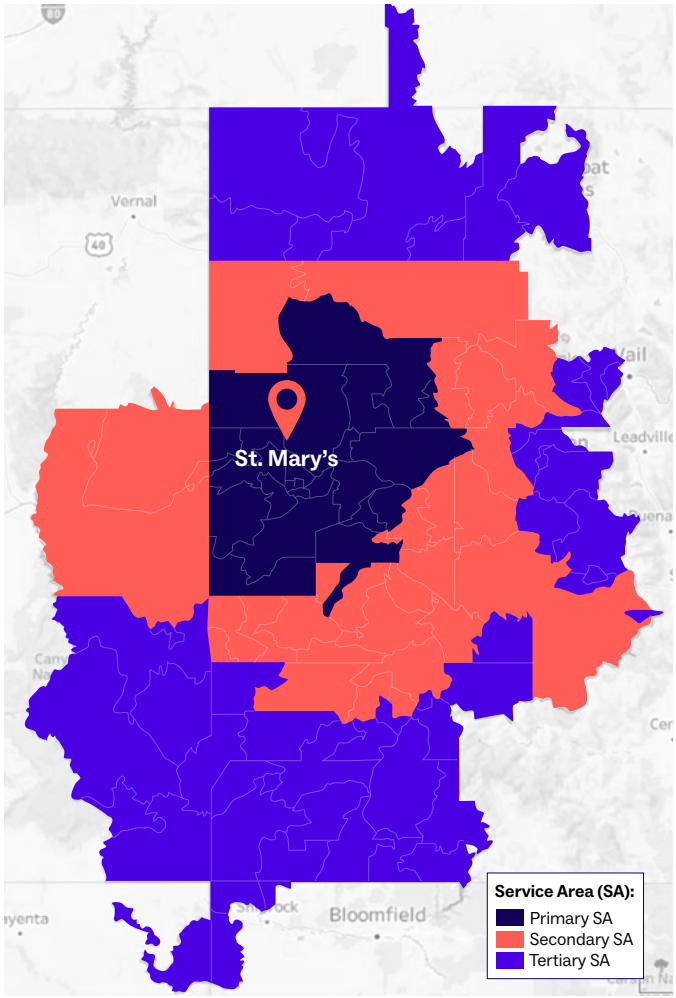
Community Profile

The primary service area for St. Mary's Hospital is communities within the 19 ZIP Codes of Mesa County, where the majority of patient admissions originate.

The hospital's secondary and tertiary service areas include geographies in Arizona, Colorado, New Mexico, Utah, and Wyoming. St. Mary's serves underrepresented, underserved, low-income, and minority community members.

Hospital Primary Service Area

ZIP Code	City
81501, 81502, 81503, 81504, 81505, 81506, 81507	Grand Junction
81520	Clifton
81521	Fruita
81522	Gateway
81523	Glade Park
81524	Loma
81525	Mack
81526	Palisade
81527	Whitewater
81624	Collbran
81630	De Beque
81643	Mesa
81646	Molina

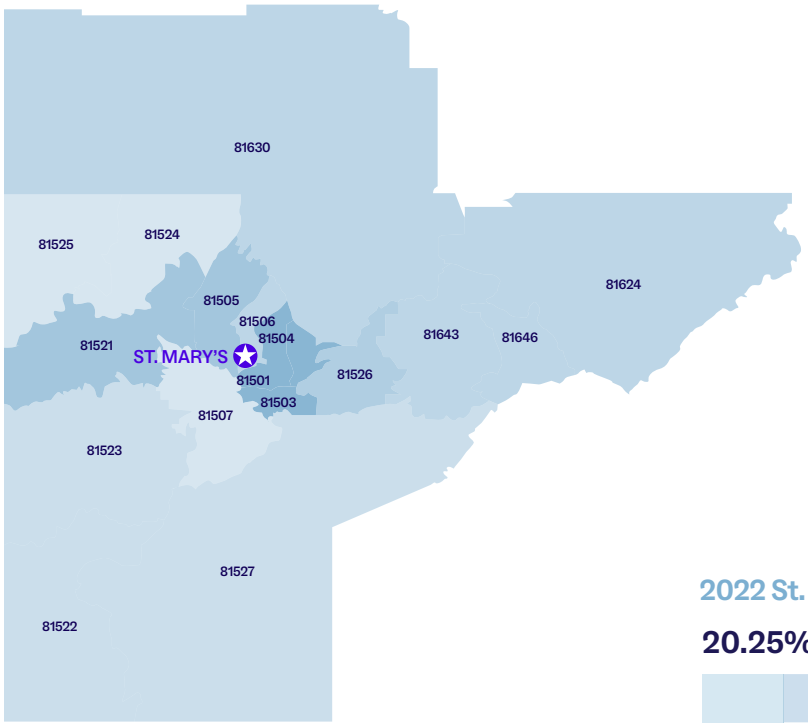


Community Demographics

Demographic Factors	Hospital Service Area	Colorado	United States
Population	157,316	5,810,774	332,387,540
Persons Under 18 years	20.9%	21.4%	22.2%
Persons 65 years and over	20.4%	15.2%	16.8%
Female Persons	50.4%	49.4%	50.5%
High school graduate or higher (age 25 years+)	92.4%	92.8%	89.4%
Persons in poverty (100% Federal Poverty Level)	11.1%	9.4%	12.4%
Median Household Income (2023 dollars)	$71,485	$92,470	$78,538
Persons without health insurance (under age 65)	9.8%	7.7%	8.6%
White, not Hispanic or Latino	79.0%	65.7%	58.2%
Hispanic or Latino	15.2%	22.2%	19.0%
Black or African American	0.6%	3.8%	12.0%
Asian	0.9%	3.2%	5.8%
American Indian and Alaska Native	0.4%	0.4%	0.5%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Two or more races	3.3%	4.2%	3.9%
Households where Spanish is Primary Language Spoken at Home	6.2%	11.4%	13.0%

(Source: American Community Survey, US Census Bureau, 2019-2023)

Area of Deprivation Index (ADI)



The Area of Deprivation Index (ADI) is a ranking of neighborhoods by socioeconomic disadvantage. It includes factors of income, education, employment, and housing quality. ADI compares each ZIP code in the state on a scale from 0 to 100 and higher values represent more disadvantages. The Implementation Strategy will focus on high ADI communities, when possible.

In the St. Mary's service area, Clifton (81520) had the highest ADI value of 64.79. The next highest values were in the Grand Junction ZIP Codes of 81501 with a value of 60.08, and 81504 with a value of 52.71.

2022 St. Mary's Regional Hospital: 44.95% Average

20.25% **64.79%**

Metopio | Ties © Mapbox, Data source: University of Wisconsin-School of Medicine and Public Health: Neighborhood Atlas

CHNA Process

The CHNA process began with collecting and analyzing secondary data that identified the community's health needs for children and families across the lifespan. These initial health needs were verified and refined through primary data, including input from marginalized and diverse populations experiencing sustained hardships, health disparities, and barriers. Through this process there were instances when additional health needs were identified, unified under one heading, or prioritized.

PRELIMINARY HEALTH NEEDS

Alcohol consumption

One in ten residents are heavy drinkers and 60% of those binge drink. The rate of heavy drinking is increasing.

Behavioral health providers

Mesa County ranks in the top 30% in the state for shortages in mental health and substance use providers.

Childcare

Capacity analyses show there are, on average, more than three children (under age 5) per licensed childcare slot existing in the county.

Child safety and family relationships

Injuries are the leading cause of death in children ages 0 to 18 years. Youth who 'can definitely ask their parents for help' report lower rates of substance use.

Economic stability

Female single parent households have the largest gap between median income and cost of living, with higher disparity among Hispanic/Latino females.

Emergency department use

40% of emergency visits in Mesa County were for nonemergency diagnosis and 5% could have been prevented with lower-level care.

Housing

Costs have increased 96% for starter homes and 58% for rentals, while median income only increased 38% in the previous decade.

Suicide

Mesa County suicide rates are higher than the statewide rate. Suicide is the second leading cause of death in residents under age 65.

Intermountain Health determined the final significant and sustaining health needs by applying the Hanlon Method for Prioritizing Problems, a validated scoring model recommended by the National Association of County and City Health Officials. The CHNA report was reviewed and approved by the hospital's board of trustees in December 2024.

SIGNIFICANT AND SUSTAINING HEALTH NEEDS

Health Needs Being Addressed

The preliminary health needs that were prioritized as significant or sustaining health needs.

Alcohol Consumption	Prioritized as a significant health need as part of behavioral health
Behavioral Health Providers	Prioritized as a significant health need as part of access to care
Child safety and family relationships	Prioritized as a sustaining health need as part of child and family well-being
Economic stability	Prioritized as a significant health need
Emergency department use	Prioritized as a significant health need as part of access to care
Housing	Prioritized as a significant health need as part of economic stability
Suicide	Prioritized as a significant health need as part of behavioral health

Health Needs Not Being Addressed

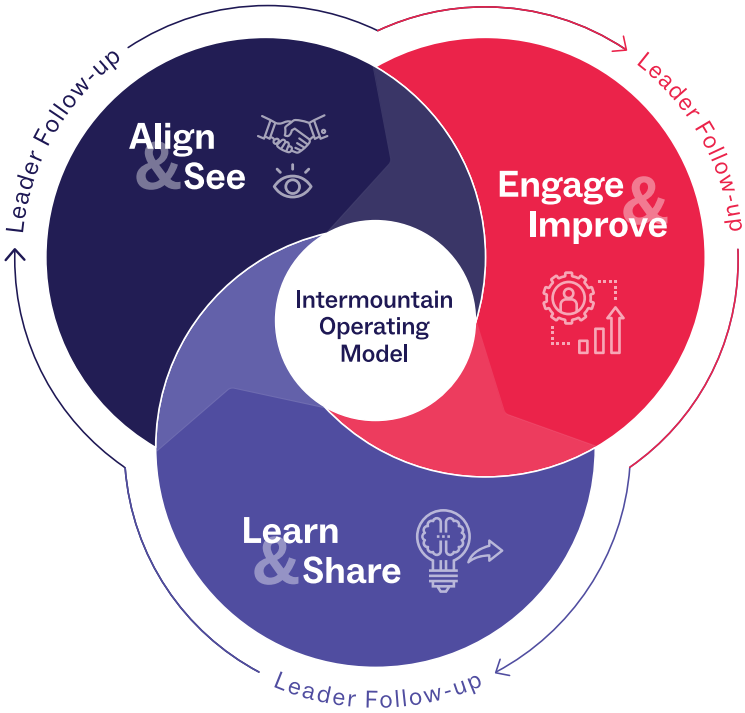
The hospital is not addressing all the preliminary health needs identified during the CHNA in the Implementation Strategy. The following health need was not prioritized due to resource constraints, ability and expertise, existing efforts by other organizations, or lack of effective solutions; however, it remains important to the health of the community and is supported through clinical operations and programs, community benefit reportable activities, community outreach, and other collaborative efforts.

Childcare	St. Mary's Regional Hospital is participating in collaborative community approaches to address childcare needs, which are led by United Way of Mesa County, United for Childcare. Other efforts are being led by Mesa County to open new childcare facilities.

Evaluation

Evaluation is an essential component of the Implementation Strategy process. It provides insight into the effectiveness of each strategy, identifies areas for improvement, and ensures there is a measurable and meaningful impact on the significant health needs in communities.

Intermountain continuously monitors performance on Implementation Strategies using the Intermountain Operating Model, a fully integrated framework that drives our culture of continuous improvement to maximize impact in the communities we serve. Successful performance will show the reach of activities and resources to the data-identified needs, changes in individual behaviors or attitudes, and removal of barriers to health. Additionally, we will use evidence-based and evidence-informed programs to ensure we improve anticipated health outcomes.



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

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APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

APPENDIX: COMMUNITY ORGANIZATIONS ADDRESSING HEALTH NEEDS

Implementation Strategy: Improve Behavioral Health

AIM STATEMENT: Improve behavioral health in children and adults by impacting mental health, substance use disorders, and suicide prevention with measurable outcomes in increasing community capacity to quality behavioral health care and access to community resources.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Mobilize community organizations to actively address mental health needs	• Promote resiliency and positive life skills, and reduce frequent mental distress to improve behavioral health outcomes • Work with community stakeholders to create a public messaging campaign to reduce stigma and promote education around mental health needs • Support community-based organizations, including schools, to expand access to and utilize community-based interventions and resiliency training
Reduce the impact of substance misuse	• Build capacity in the community for high-quality, person-centered care for individuals and families • Support local coalitions in developing community-wide reduction of alcohol consumption and harm reduction strategies
Prevent suicide ideation, attempts, and deaths	• Reduce access to lethal means • Increase help seeking behaviors, resilience, and support through community-based efforts • Increase suicide prevention competencies

INTERMOUNTAIN RESOURCES

Trainings:
- Gun safety and lethal means
- Suicide prevention in English and Spanish

Resources:
- Lethal means safety devices, including gun locks

Educational Materials:
- Children and adult mental well-being
- Safety and injury prevention, including firearms
- Vaping Prevention

Funding:
- Intermountain grants and contributions
- State and federal grant awards

Collaborations:
- Participation in community coalitions, particularly those serving data-identified needs
- Community-based behavioral health services

DATA-IDENTIFIED NEEDS: Individuals with increased rates of or risk for self-harm, mental distress, and/or suicide, based on CHNA data

Implementation Strategy: Achieve Greater Economic Stability

AIM STATEMENT: Achieve greater economic stability in children and adults by impacting housing stability, nutrition security, and increasing self-sufficiency with measurable outcomes in increasing community capacity to provide social care, improving access to community resources, and strengthening career pathways.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Improve housing stability	• Support community-based organizations to sustain and expand housing and utility assistance programs • Explore opportunities with community-based organizations to establish medical respite supportive services
Improve nutrition security	• Support community-based organizations to expand food assistance programs, including delivery programs • Participate in on-going community collaboratives and programs to address nutrition security in Mesa County
Increase self-sufficiency	• Collaborate with community-based organizations and the school district to develop entry level career pathways and increase engagement in job training • Participate in collaborative initiatives and education that improves hiring processes by addressing language barriers for Mesa County residents • Participate in local alliance/coalition strategies and implementation plans that improve self-sufficiency • Promote community-based social needs screening and care coordination that results in connection to community resources

INTERMOUNTAIN RESOURCES

Trainings:
- Workforce development training, including career exploration

Resources:
- Intermountain financial assistance
- Social care referral network

Funding:
- Intermountain grants and contributions
- Intermountain anchor activities, including place based investing, hiring, and sourcing
- State and federal grant awards

Collaborations:
- Participation in or facilitation of coalitions/ workgroups
- Participation in or facilitation of community coalitions and work groups

DATA-IDENTIFIED NEEDS: Individuals with highest rates of poverty, food insecurity, housing stability, and gap between income and cost of living, based on CHNA data

Implementation Strategy: Increase Access to Care

AIM STATEMENT: Increase access to care by addressing the shortage of behavioral health providers and reducing unnecessary emergency department usage with measurable outcomes in increasing behavioral health providers and decreased utilization of emergency departments.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Address shortage of behavioral health providers	• Improve collaborations with and support of community-based primary care and behavioral health providers that offer services • Support community-based efforts to increase access to behavioral health through expanding capacity of providers • Participate in community collaborations that identify and address the barriers in recruiting provider workforce
Reduce unnecessary emergency department use	• Increase access to culturally and linguistically relevant health literacy education and navigation resources that connect residents to community-based primary care • Participate in community-based programs and events that improve awareness of preventive healthcare, navigation to healthcare resources, and connection to community-based primary care providers

INTERMOUNTAIN RESOURCES

Trainings:

- Culturally responsive care

Resources:

- Intermountain financial assistance

Funding:

- Intermountain grants and contributions
- State and federal grant awards

Collaborations:

- Participation in or facilitation of community coalitions and workgroups
- Community Health Centers

DATA-IDENTIFIED NEEDS: Individuals experiencing health care access barriers, based on CHNA data

Implementation Strategy: Improve Child and Family Well-Being

AIM STATEMENT: Improve child and family well-being by impacting family relationships, early childhood, injury prevention, and advocacy with measurable outcomes in expanding resources, improving access to safety devices, and increasing awareness of prevention strategies.

ANTICIPATED OUTCOME	MAIN ACTIVITIES
Improve family relationships	• Support community efforts that improve healthy family relationships through improved communication and interactions, youth mental well-being, and prevention of substance use disorder
Improve parent and early childhood outcomes	• Support community efforts to enhance risk and protective screenings, preventive care, and connection to resources • Support perinatal programs that improve healthy birth and early childhood outcomes
Support injury prevention efforts	• Provide educational materials, supplies, safety devices, and resources that promote safety and injury prevention in home, vehicle, school, and community settings • Collaborate on education and programs that promote injury prevention, safety, and mental well-being, including accidents, violence, and self-harm
Promote child and family advocacy	• Support local coalitions and organizations in proactive strategies for healthy development, injury prevention, harm reduction, and access to regular primary care • Advocate for resources, programs, and protective measures that support physical, social, and mental well-being of children and families

INTERMOUNTAIN RESOURCES

Trainings:
- Children's safety and injury prevention

Resources:
- Children's safety devices, including car seats, gun locks, and helmets

Educational Materials:
- Children's safety and injury prevention
- Children's emotional well-being

Funding:
- Intermountain grants and contributions
- State and federal grant awards

Collaborations:
- Participation in or facilitation of community coalitions and workgroups

DATA-IDENTIFIED NEEDS: Children and families with the highest rates of death or injury related to accidents, violence, or self-harm, based on CHNA data

Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Child and Family Advocacy	Working with systems, government leaders, researchers, community advocates, parents, and caregivers at the local, state, and national level to improve well-being for children and families.
Community Health Needs Assessment (CHNA)	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Data-identified and preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by communities.
Health Equity	Foundational and embedded across Intermountain Health's approach to community health improvement is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i.e., frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategy (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on data-identified needs.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.
Sustaining Health Needs	Health needs prioritized for children and family that are identified through child-specific morbidity and mortality data as long-standing and may not be specifically identified in the adult population.

Community Resources

Community Organizations Addressing Health Needs

Health Need	Organization	Summary of Resources
Behavioral Health	Community Mental Health Centers	Mental health therapy, case management, group therapy, and trainings. Individual and group services on a sliding fee scale that support access for low-income individuals.
	Substance Disorder Treatment Centers	Organizations that provide Medication Assisted Treatment (MAT) programs for individuals with substance use disorder.
	County Public Health Departments	Provide behavioral health programming, deliver harm reduction, and prevention programs.
Economic Stability	Nonprofit Housing Organizations	Housing and utility assistance, emergency and respite shelter, case management, and workforce development.
	Housing Authorities	Emergency funds for crisis and temporary housing, social needs, health care resources for low-income individuals, and provider of low-income housing.
	County Government Agencies	Provide local workforce centers, government programs like Women, Infants and Children (WIC), and collaborate on economic stability strategies.
	Nonprofit Food Organizations	Community-based organizations that provide food assistance programs, local food banks. and pantries.
	Nonprofit Employment and Economic Stability Organizations	Community-based organizations that provide training programs leading to employment pathways, financial literacy education, and wrap-around supports for people experiencing poverty.
Access to Care	Community Health Centers	Community-based organizations that provide comprehensive primary medical, dental, and behavioral health care regardless of ability to pay and insurance status.
	Nonprofit Community Organization	Navigation and application assistance for public programs, including government and other health insurance.
	Nonprofit Transportation Organization	Transportation services that improve access to care.
	County Government Agencies	Enrollment assistance for numerous types of public benefits related to access, income, and insurance coverage.
Child & Family Well-Being	Early Childhood Councils	Parent and family education and connection to food, housing, childcare, counseling, financial support, and public assistance programs.
	Education Organizations and Schools	Youth mental health resources, promotion of injury prevention and emotional well-being, and career pathways leading to economic stability.
	Nonprofit Community-Based Organizations	Assistance in connecting children and families experiencing poverty, abuse, neglect, or crisis to social services and other community resources. Supervision and programs for children focused on safety, health, learning, and development.
	Child Behavioral Health Organization	Specialized pediatric care, including Intermountain Health's child behavioral health program with outpatient and in-home treatment, day treatment, therapeutic education, and therapeutic foster care for children recovering from trauma.


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