

2014



Davis County Health Department
22 South State Street
Clearfield, Utah 84015

Healthy Choices.
Healthy People.
Healthy Community.

ACCESS TO HEALTHCARE – DAVIS COUNTY REPORT

The Davis County Health Department and healthcare system partners convened in August 2014 to assess the capacity of the healthcare system and community members' access to healthcare services in Davis County. This report summarizes the findings of a community health assessment and healthcare system partners' experiences providing and connecting residents to healthcare services.

Introduction

An important role of public health is to assess the capacity of the healthcare system and community members’ access to healthcare services. On Wednesday, August 27, 2014, the Davis County Health Department convened a group of healthcare system partners for a community meeting. Participants were invited to help identify healthcare needs, program gaps, populations who experience barriers to healthcare, and ways to improve access to healthcare services for Davis County residents. Meeting agenda can be found in **Appendix I**.

The focus of the day was to understand accessibility to healthcare in a broad sense including needed primary care, healthcare specialists, emergency treatment, mental healthcare, dental care, etc. Health insurance coverage was just one piece of the discussion. Participants also discussed cost of healthcare, rates of healthcare providers, preventive care, chronic disease management, and barriers residents face accessing care.

Participants

There were 49 people in attendance from 30 different agencies. Agencies represented include:

- Alzheimer’s Association
- Avenue H
- Bountiful City
- Bountiful Community Food Pantry
- Clearfield Job Corps
- Davis Applied Technology College
- Davis Behavioral Health
- Davis Community Learning Center
- Davis County Board of Health
- Davis County Health Department
- Davis Head Start
- Davis Hospital
- Davis School District
- Davis Volunteer Clinic
- Health Choice Utah
- Health Insight
- Hill Air Force Base
- Huntsman Cancer Institute
- Intermountain Healthcare
- Kaysville Pediatric Dental
- Lakeview Hospital
- McKay-Dee Hospital
- Midtown Community Health Center
- Molina Healthcare
- SelectHealth
- South Davis Community Hospital
- United Way
- Utah Health Policy Project
- Workforce Services

Participant names can be found in **Appendix II**. Participants were asked to identify who was missing and should be represented at similar meetings in the future. The following were mentioned: emergency responders, Davis Education Foundation, universities (health professions), and home healthcare.



Davis County Healthcare Access Slide Presentation Summary

A summary of clinical care measures contained in the 2013 Davis County Community Health Assessment was presented along with other relevant indicators.

Utah/Davis County Compared to the Nation

- Lower prevalence of disease
- Lower than average healthcare expenditures
- Competitive insurance market
- Low unemployment rate
- Higher percentage of population with employer-sponsored insurance
- Higher percentage of the population underinsured
- Lower percentage of population on Medicaid

Health Professional Shortage Areas

- Not a federally designated primary care health professional shortage area
- Designated as a full-county geographical health professional shortage area for mental health (psychiatric physicians only)
- Low-income population dental health professional shortage area for eight census tracts in north end of the county (Clearfield area)
- One Federally Funded Community Health Center (Midtown Medical & Dental Clinics in Clearfield)

Not Meeting Healthy People 2020 Targets

- Prostate cancer deaths
- Poisoning deaths
- Suicide
- Shiga toxin-producing *E.coli*
- High blood cholesterol
- Mammograms
- Colorectal cancer screening
- Diabetes A1C tests
- Pneumococcal vaccine (Adults)
- Adequate immunizations by kindergarten

Special Populations

- The proportion of non-white race groups in Davis County is small. Comparisons across racial and ethnic groups are not possible due to small numbers.
- For some indicators, small area data is available. Davis County is divided into six small areas.

Healthcare system partners were asked three questions to better understand what data is available to help describe and understand access to healthcare in Davis County. (1) What else do we need to know to accurately describe healthcare access in Davis County? (2) Can you think of any other data sources that would be useful? (3) Does your agency have data to share/add? This is a summary of points from the discussion.

Data Gaps

- County residents enrolled in Primary Care Network (PCN)
- County residents enrolled via Affordable Care Act (ACA) Marketplace
- Davis County residents in the Medicaid gap (not eligible for Medicaid, not receiving subsidies through ACA)
- Prescription drug use (cost, most prescribed, who is receiving them)
- Access to home healthcare
- Dental care (insurance coverage, needs of children and young people)
- Underinsured (how many, who they are, coverage gaps/costs)
- Unnecessary emergency room visits and use of EMS to access services

Other Potential Data Sources:

- All Payer Claim Database (APCD) – Office of Healthcare Statistics, UDOH, Norman Thurston, Director
- Utah Controlled Substance Database - Department of Professional Licensing (DOPL)
- Clinical Health Information Exchange (CHIE) – Utah Health Information Network, UDOH, Jan Root, Executive Director
- Underinsured Report - America’s Underinsured, 2014, A State-by-State Look at Health Insurance Affordability Prior to the New Coverage Expansions, The Commonwealth Fund

Community Health Improvement Process

The Davis County community health improvement process and plan were described for participants using the “Action Cycle” from the County Health Rankings and Roadmaps as a model for community health improvement processes. Davis County’s top health priorities indentified in 2013 are (1) Suicide, (2) Obesity, (3) Access to Mental/Behavioral Health Services, and (4) Air Quality. A copy of the 2014-2018 Davis County Community Health Improvement Plan can be found online at http://www.co.davis.ut.us/health/featured_items/CHIP_web.pdf.

For more detailed information see the complete slide set in **Appendix III**.

Access to Healthcare Discussion Questions

Participants received a worksheet to guide a community healthcare system discussion. They were asked to consider eight questions. Questions were divided into 3 sections: barriers, programs and services, and action items. Each group had time to discuss their answers and opinions as a table and then they reported their ideas to the entire group. Participants recorded their answers and turned in their worksheets so that all ideas could be compiled in this report.

Barriers

What barriers do Davis County residents experience trying to access healthcare services?

1. Cost of services (co-pays, deductibles, insurance)
2. Lack of education and knowledge (about insurance coverage, services that are available, and how to access services)
3. Transportation
4. Apathy/Not a priority/Too busy
5. Availability of services (number of providers and specialists, location, hours)
6. Availability of and insurance coverage for mental health and dental services

In addition to the cost of insurance and services, many healthcare system partners feel that a key access issue has to do with resident's lack of knowledge about what their insurance covers, the types of healthcare services that are available, and how to access the services. Finding low cost or subsidized care and providers for mental health and substance abuse services is a recurring concern. Participants suggested that even middle and upper income residents believe there are barriers to accessing healthcare in Davis County because they feel that higher quality specialists and services are located outside the county. They may also be in the "too busy" category where accessing care is not a priority.

Which populations experience the greatest barriers accessing healthcare in Davis County?

1. Low income
2. Underinsured (those with high co-pays/deductibles)
3. Those with language barriers (immigrants, undocumented, ethnic minorities)
4. Working poor
5. Seniors
6. Those with mental health issues

Healthcare systems partners feel that low income populations experience the greatest barriers accessing healthcare because they are more likely to be uninsured and may be in the Medicaid gap (not qualifying for Medicaid and not qualifying for ACA subsidies). Low income populations are also more likely to be underinsured and may not be able to access care because of the high cost of their co-pays and deductibles. They may have transportation issues and are also seen to be using the emergency department for clinical care. Working residents face barriers related to adequate income, insurance choices, and being able to access care when they can't take time off. There is concern that low income residents in the south end of the county don't have access to low cost medical, dental, and mental health services that are provided through a community health center such as Midtown Community Health Center in Clearfield.

Specific Services & Programs**What unmet primary care needs exist in Davis County?**

1. Mental/Behavioral health (crisis intervention, psychiatrists, substance abuse, suicide)
2. Autism
3. Lack of specialists (geriatric, home health, case managers, social workers, family practice)
4. Dental care
5. Affordable pharmaceuticals

Healthcare partners feel that the leading unmet primary care need that exists is for people with mental and behavioral health issues. Crisis intervention/management and psychiatrists are regularly mentioned as needs in the county.

What gaps exist in preventive care services in Davis County?

1. Lack of education
2. Dental
3. Mental/Behavioral health
4. Low cost cancer screening

The most common preventive care gap mentioned by healthcare partners is the lack of education for residents about the importance of preventive care, what preventive care services are available, and what services are covered as part of the ACA. Education for primary care providers was also suggested, so that they will offer and encourage preventive care such as cancer screenings, immunizations, and healthy lifestyle counseling. Preventive dental care was an area of particular concern for children, young adults, and those aging out of Medicaid.

What gaps exist in chronic disease management in Davis County?

1. Lack of specialists/providers (endocrinology, neurology, internal medicine, family practice)
2. Coordinated care (case management, medical home, sharing medical records)
3. Addressing obesity
4. Pharmaceutical costs

The most common chronic disease management issue is the lack of availability of specialists and providers who coordinate care. Low income and uninsured populations were repeatedly mentioned as the group with the most barriers to managing chronic diseases, one of the issues being high cost of prescription medications.

What other healthcare services and programs could benefit from capacity building in Davis County?

1. Autism
2. Education about services available (preventive visits, screenings, low income/uninsured)
3. Dental
4. Community health workers/Case management
5. Mental health/Medication management

Autism is the most common response when asked about other programs that could benefit from more capacity. Another common theme from this question is the need for providers and the public to be educated and informed about healthcare services that are available in the community (especially preventive services and those for low income/uninsured residents).

Action Items**What healthcare access issues are most serious and/or urgent in Davis County?**

1. Mental/Behavioral health (substance abuse, suicide)
2. Navigators
3. Dental
4. Chronic diseases (obesity, diabetes, hypertension)

By far, the most serious and/or urgent healthcare issue identified in Davis County is mental health. Another recurring theme is the need for healthcare system navigators who educate about services available, connect the community to resources, and help residents access the healthcare system.

What resources are needed to improve access to healthcare in Davis County?

1. County healthcare system resource directory (central clearinghouse, unbiased)
2. Increase public awareness about services available
3. More community connectors/case managers/navigators

Healthcare system partners feel that to improve access to healthcare, the county needs a central place to find information about resources that are available. Community connectors should receive regular training about services that are available. It was suggested that this may be a role of the Davis County Health Department.

Imagine five years from now Davis County is recognized for its efforts to improve access to healthcare services. Why? What did we do?

1. Coordinate, communicate, and partner with healthcare providers
2. Improve access to mental health services
3. Educate community partners about services available
4. Target children and young people
5. Implement case management system or medical home model
6. Increase services for people who are low income/uninsured

Healthcare system partners had great vision for an improved healthcare system five years from now including: regular training for community connectors, offering dental coverage and services for low income/uninsured residents, meeting all Healthy People 2020 clinical care targets, healthcare screening for all children similar to what is done in Head Start, create crisis intervention units in Davis County to assist and respond with EMS and law enforcement, double staff at Davis Behavioral Health, create 24-hour walk-in clinic (includes mental health), and teaching citizens to become proactive about their health.

Emergency Medical Services

On September 11, 2014, Davis County Health Department staff met with the Fire Chief's Association during their regularly scheduled monthly meeting to have a discussion about access to healthcare services. More than 25 participants representing at least 13 emergency response agencies were in attendance. They were asked the same eight questions about access to health care services and their responses have been incorporated in the question summaries on pages 5-7.

Efforts to Improve Access to Healthcare Services

Another group discussion with healthcare system partners centered around current or past successful efforts to improve access to healthcare services in Davis County. Each participant was able to share with their table what their agency has been working on, who their partners are, and what makes the project successful. These efforts were then summarized for the entire group.

What is being done to improve access to healthcare in Davis County?

Donating care, donating space, recruiting providers, offering screenings, partnership with career college, dental coalition, expanding clinic locations, more accessible clinic locations, help with enrollment, employee wellness programs, providing navigators, phones for clients, vouchers for service, charity care, vaccination clinics, free clinic, transportation for clients, translation services, financial assistance for clients, etc.

What makes these efforts successful?

Partnerships, collaboration, advocacy, education, reliable networks, co-locating, donations, internships, community outreach, community support, fundraising, information dissemination, connectors, linking clients to resources, reporting to decision makers, active communication, etc.

Community Themes

- In Davis County, populations which experience the greatest barriers to accessing healthcare services are those with low income, those who are uninsured/underinsured, and those with mental/behavioral health issues.
- Mental/behavioral health services and programs are most difficult to access, and this is viewed as the most urgent healthcare access issue in Davis County.
- There is a gap in education for residents about what healthcare services are available, what services are covered by insurance, the importance of preventive care, and what services are available for low income/uninsured/underinsured individuals.
- Access to dental care is a serious concern in Davis County. Oral health is seen as a primary care need and an issue where there is a large gap in preventive care. Community partners want an increase in dental providers and programs that serve low income and uninsured/underinsured residents. More oral health screening is needed in children.

Recommendations

- Those interested in helping to improve access to mental/behavioral health services can join the community health improvement action group working on the issue. The group has been meeting since fall of 2013. To find out more information or to participate in group meetings, contact Jill Swain, Davis Behavioral Health, jills@dbh.utah.gov, 801-336-1844 or Isa Perry, Davis County Health Department, isa@daviscountyutah.gov, 801-525-5212.
- Davis County could benefit from an increase in healthcare system navigators who educate about services available, connect the community to resources, and help residents access the healthcare system. Regular training for county navigators was suggested. Navigators to be invited include: care coordinators, case managers, social workers, outreach workers, EMS, dispatchers, 211, religious leaders, etc.
- The county's current efforts to develop a health resource locator and a behavioral health provider directory should be linked and expanded to include healthcare services to help meet the need for an unbiased, centralized clearinghouse of healthcare system resources. This information can be used by residents, providers, and navigators. The online directory is a tool to increase public awareness about services and resources that are available.
- At the request of healthcare system partners, future networking lunches/meetings should be limited to 2 hours.

Meeting Evaluation

Additional healthcare system partner feedback can be found in the meeting evaluation results located in **Appendix IV**.

For More Information

If you have questions about this report or would like more detailed results from the healthcare system partner meeting contact:

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isa@daviscountyutah.gov
Office Number: 801-525-5212

Appendix

- I. Healthcare System Partner Meeting Agenda
- II. Healthcare System Partner Meeting Participant List
- III. Healthcare Access Data Slide Presentation
- IV. Healthcare System Partner Meeting Evaluation Results

Agenda

Davis County Healthcare System Partners Community Meeting
Thursday, August 27th, 2014
11:00 a.m. - 2:00 p.m.

Davis County Administration Building, Room 131
Farmington, Utah

- 11:00** **Welcome & Introductions**
- 11:15** **Healthcare Access Activities Discussion**
- 11:50** **Lunch**
- 12:15** **Community Health Assessment & Improvement Process**
(Access to Healthcare Focus)
- 1:00** **Discuss Gaps, Barriers & Special Populations**
- 1:50** **Wrap-up/Next Steps**

Your Community.
Your Health.
Your Voice.



Participant List - Access to Healthcare Planning Meeting, August 27, 2014	
Name	Organization
Laura Owen-Keirstead	Alzheimer's Association
Patty Conner	Avenue H
Sue Watson	Avenue H
Dr. Diane Wilson	Clearfield Job Corps. Center
Brent Peterson	Davis Applied Technology College/Davis County Board of Health
Brandon Hatch	Davis Behavioral Health
Merri Ann Perkins	Davis Community Learning Center
Don Wood	Davis County Board of Health
Isa Perry	Davis County Health Department
Brian Hatch	Davis County Health Department
Lewis Garrett	Davis County Health Department
Kristy Cottrell	Davis County Health Department
Amy Mickelson	Davis County Health Department
Bob Ballew	Davis County Health Department
Wendy Garcia	Davis County Health Department
Mark Dewsnup	Davis Head Start
Derek Vance	Davis Hospital
Mike Jensen	Davis Hospital
Diane Townsend	Davis Hospital
Scott Zigich	Davis School District/Davis County Board of Health
George Snell	Davis Volunteer Clinic
Joyce Kim	Health Choice Utah
Brux McClellan	Health Insight
Ryan Brown	Health Insight
Douglas Pearson	Hill Air Force Base
Jason Bennett	Hill Air Force Base
Ben Tanner	Huntsman Cancer Institute/Davis County Board of Health
Cynthia Boshard	Intermountain Healthcare
Sean Meegan	Intermountain Healthcare
Kristy Jones	Intermountain Healthcare
Kim Reynolds	Kaysville Pediatric Dental
Lara Finley	Kaysville Pediatric Dental
Marilyn Mariani	Lakeview Hospital
Brian Lines	Lakeview Hospital
Mike Hatu	McKay-Dee Hospital
N-Gai Steverson	Midtown Community Health Center
Jared Hatala	Molina Healthcare
Sam Te	Molina Healthcare
Lorna Koci	Bountiful Community Food Pantry/Pantry Smiles
Todd Wood	SelectHealth
Clark Watson	SelectHealth
Elizabeth Craig	SelectHealth
Randy Lewis	South Davis Community Hospital/Bountiful Mayor/Davis County Board of Health
Caroline Moreno	United Way
Jason Stevenson	Utah Health Policy Project
Rylee Curtis	Utah Health Policy Project
Nanette Ward	Workforce Services

Community Health Assessment

- Describe the health status of the population
- Identify areas for health improvement
- Determine factors that contribute to health issues
- Identify assets & resources that can be mobilized to improve population health

2013

Community Health Status Assessment
Davis County, Utah





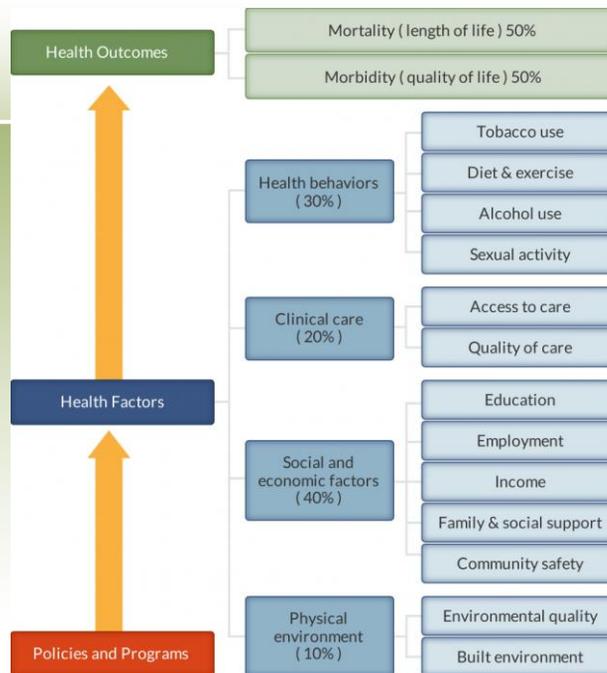


Your Community.

Your Health.

Your Voice.





County Health Rankings model ©2012 UWPHI

Data Sources

- County Health Rankings
- 2012 Utah Statewide Health Status Report
- Community Health Needs Assessment Tool
- IBIS-PH
- U.S. Census Bureau's State & County Quick Facts
- More than 50 other state, department or program health status reports & needs assessments
- Key Informant Survey
- Focus Groups
- City Health Policy & Resource Assessment

Clinical Care – Quality & Access

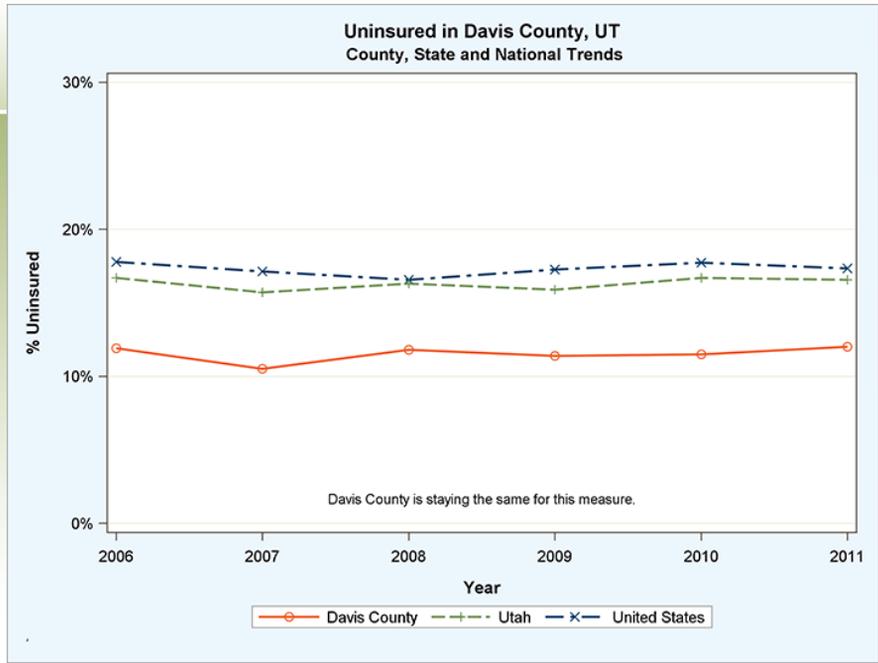
- Ranked 3rd
- Insurance Coverage
- Cost of Healthcare
- Healthcare Providers
- Preventive Care
- Screening
- Immunization

Health Insurance

Insurance Coverage	Davis	Utah	U.S.
Lack of Health Insurance Coverage, Under Age 65 (2010, Age-adjusted)	12%	17%	18%
Uninsured Adults (2011)	15.0%	20.0%	--
Uninsured Children (2011)	7.0%	11.0%	--

*American Community Survey Estimate

- **Davis County & Morgan County lead all counties in the state with the lowest percentage of the population without health insurance coverage**
- **Insurance issues for those with insurance: cost is too high, underinsured, not offered by employer, high co-pays, waiting lists, restrictions, limited specialists, only out of county facilities, difficulty getting dental & vision coverage**



Medicaid, Medicare, CHIP

Insurance Coverage 2011-2012	Davis	Utah	U.S.	Source
Medicaid	8.5%	10.0%	--	UDOH
CHIP	2.8%	5.4%	--	UDOH
Medicaid/CHIP	8.9%	12.0%	16.4%*	UDOH
Medicare	10.0%	11.8%	15.5%*	UDOH

*CPS, Census

- **14,000 Utahns enrolled in Primary Care Network (PCN), Davis County estimate not available**
- **57,000 Utahns in coverage gap, Davis County estimate not available**

Health Insurance Marketplace/Exchange

Health Insurance Market Place (2014)	Davis	Utah	U.S.	Source
Healthcare.gov (ACA Federal Exchange for Individuals & Families)	--	84,601	8,019,763	UHPP
Avenue H (Individuals)	939	10,635	--	Ave H
Avenue H (State Exchange for Small Employer Groups)	43	473	--	Ave H

- **Utah's ACA enrollment out-paced similar states**
- **Utah surpassed ACA enrollment goals**
- **87% of Utahns qualified for ACA premium subsidies**
- **Utah led the nation in enrolling 18-34 year olds**
- **Avenue H steady increase in those joining, high satisfaction, quick enrollment**
- **Most of Avenue H's customers are high-end employers, law and accounting firms**

Cost of Care

Cost of Healthcare	Davis	Utah	U.S.	Source
Cost as a Barrier to Care in Past Year (2012, Age-adjusted)	12.3%	15.0%	17.1%	DCCS, UDOH
Price Adjusted Medicare Costs per Enrollee (2011)	\$8,977	\$8,925	—	CHR
Average Hospital Discharge Charges (2011)	\$19,165	\$19,712	\$30,655*	UHCR

*2009 Estimate

- Utah has low healthcare costs compared to the U.S.
- Utah measure highest since tracking started in 2003
- Cost most commonly reported barrier to getting needed healthcare in Utah
- Healthcare costs are an important measure of the efficiency of a healthcare system. It is not yet known what the “ideal” level of spending on patients should be. Too high/too low not good for health outcomes.

Barriers to Accessing Healthcare

1. Cost of Healthcare
2. Insurance
3. Income



Health Care Provider Ratios

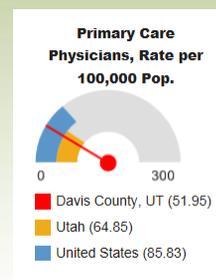
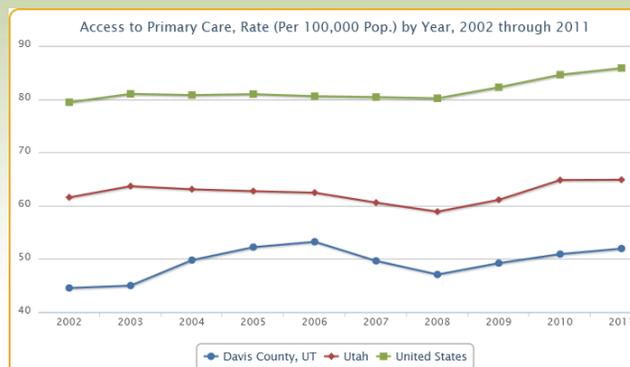
Healthcare Provider Ratios (2011-2012)	Davis	Utah	U.S.
Ratio of Primary Care Physicians per Population*	2,093:1	1,800:1	2,575:1
Ratio of Dentists per Population*	1,603:1	1,534:1	3,481:1
Ratio of Mental Health Providers per Population	970:1	597:1	3,159:1

*Data should not be compared with prior years due to changes in definition.

The optimal ratio of physicians to population depends on many factors, including population density, health status & health care utilization patterns of the population.

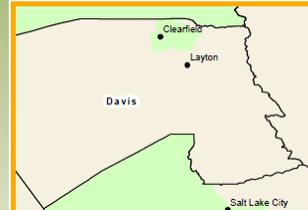
Primary Care Provider Rate

Access to Healthcare Providers (2011)	Davis	Utah	U.S.	Source
Primary Care Provider Rate per 100,000 population	51.95	64.85	85.83	CHNA.org
At Least 1 Primary Care Provider	82%	74.5%	77.9%	UDOH



Health Professional Shortage Areas

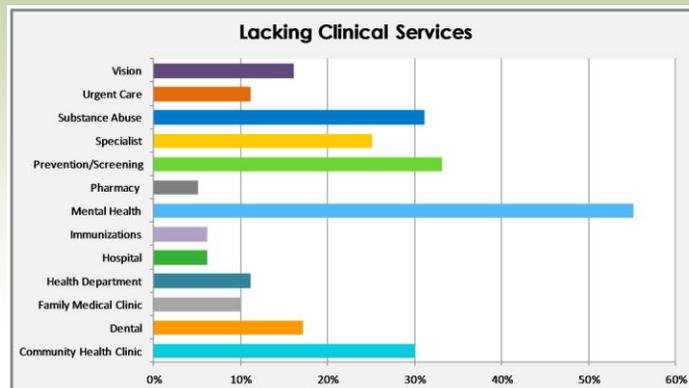
- Not a primary care health professional shortage area
- 8 census tracts in low-income population dental health professional shortage area
- Designated as a full-county geographical health professional shortage area for mental health (psychiatric physicians only)
- Federally funded Community Health Center (Midtown Medical & Dental Clinics in Clearfield)



Clinical Services

Lacking/Hard to Access Clinical Services:

1. Mental Health
2. Prevention/Screening
3. Substance Abuse



Mental Health & Substance Abuse Treatment

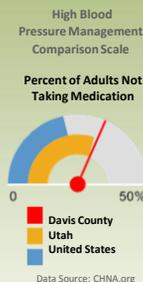
Davis Behavioral Health, Local Substance Abuse & Mental Health Provider Agency	Adults (18+)		Youth (Under Age 18)	
	# Need Treatment	Current Capacity	# Need Treatment	Current Capacity
Mental Health Treatment Needs vs. Clients Served	26,176	2,753	8,304	1,510
Substance Abuse Treatment Needs vs. Treatment Capacity	8,782	889	1,083	108

Source: Division of Substance Abuse and Mental Health Annual Report 2013

- Approximately 13% of adults and 8% of youth are classified as needing treatment for mental health issues
- Report provides data about the publically funded mental health system, estimates the unmet need for treatment
- More info needed to understand access & utilization issues

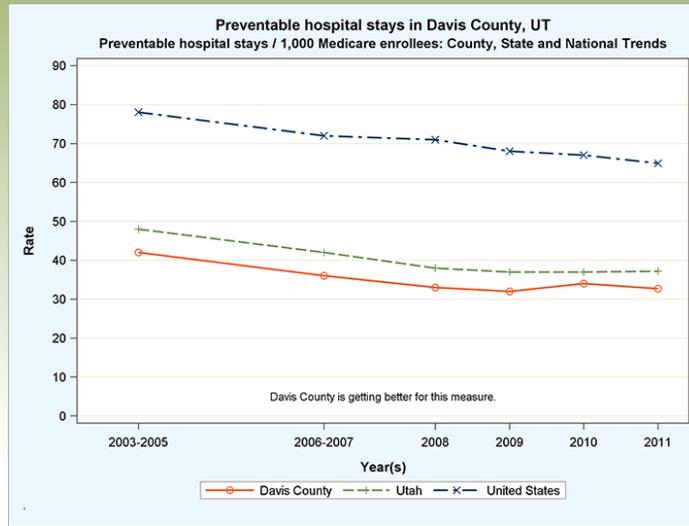
Preventive Care

Preventive Care	Davis	Utah	U.S.
Routine Medical Check Up in the Past 12 Months* (2011)	59.6%	57.0%	66.0%
Routine Dental Visit in the Past Year* (2012)	73.3%	68.6%	67.9%
Prenatal Care in the First Trimester of Pregnancy (2012)	80.0%	75.5%	71%
Cholesterol Checked within the Past 5 Years (2005-2009)	73.1%	69%	75.6%
High Blood Pressure Management (2006-2010)	31.6%	30.6%	21.7%



- Nearly 32% of adults are not taking blood pressure medication when needed

Preventable Hospital Stays



77

37
33

Davis County top 10% (best) in U.S.

Asthma Related Hospital Visits

Asthmas Related Hospital Visits	Davis	Utah	Source
Asthma-related ED Visits (2010-2011)	16.6	21.7	UDOH
Asthma Hospitalizations (2007-2011)	4.4	5.4	UDOH

age-adjusted per 10,000 population

- Asthma can usually be managed in an outpatient setting
- Tracking rates ED visits can help identify populations or areas with inadequate access to routine medical care

Asthma Hospital Visits by Small Area

Asthma ED Visits (2010-2011)	
Davis County Small Areas	Rate per 10,000 Population
Clearfield/Hill AFB	22.6
Layton	16.5*
Syracuse/Kaysville	11.2*
Farmington/Centerville	11.7*
Woods Cross/North SL	22.4
Bountiful	15.7*

* Lower than state

Asthma Hospitalizations (2007-2011)	
Davis County Small Areas	Rate per 10,000 Population
Clearfield/Hill AFB	5.5
Layton	3.8*
Syracuse/Kaysville	3.7*
Farmington/Centerville	3*
Woods Cross/North SL	7.5**
Bountiful	3.6*

* Lower than state **Higher than state

- Most of Davis County lower than state rate for asthma ED visits
- Clearfield/Canton/Sunset/HAFB & Woods Cross/West Bountiful/North Salt Lake are similar to state rate for ED visits
- Woods Cross/West Bountiful/North Salt Lake has a higher asthma hospitalization rate

Screenings

Diabetes Management & Screening	Davis	Utah	U.S.
Diabetes Management, At Least 2 Hemoglobin A1C Tests in 12 Months, Adults (2009-2011)*	69.1%	67%	66%
Diabetic Screening, Medicare Enrollees (2010)	86%	84%	84%
Cancer Screening	Davis	Utah	U.S.
Mammogram Within the Past Two Years, Age 40+ (2010-2011)**	66.5%	65.3%	74.9%
Mammography Screening, Medicare Enrollees Ages 67-69 (2011)	59%	58%	61%
Pap Test Within the Past 3 Years, Age 18+ (2010-2012)	76.8%	72.3%	--
Colorectal Cancer Screening, Age 50+ (2010)***	68.0%	66.2%	66.5%
Prostate Cancer Screening, PSA Test, Men Aged 40+ (2010)	--	62.4%	64.2%

*Not meeting the Healthy People 2020 Target 71.1%. **Not meeting the Healthy People 2020 Target 81.1%. ***Not meeting the Healthy People 2020 Target 71%

- Not meeting HP2020 targets for Diabetes Management, Mammograms or Colorectal Cancer Screening
- Utah has one of the lowest mammogram screening rates in U.S.

Immunization

Immunizations (2011)	Davis	Utah	U.S.
Adults Receiving Influenza Vaccination in Past 12 Months, Ages 65+ (2012)	51.7%	56%	59.4%
Adults Ever Receiving Pneumococcal Vaccination, Ages 65+*	75.1%	70.4%	70.0%
Children Adequately Immunized at Kindergarten Entry**	93.9%	90.9%	95.2%
Children Adequately Immunized at 7th Grade Entry	94.1%	92.7%	--

*Not meeting the Healthy People 2020 Target 90%. **Not meeting the Healthy People 2020 Target 95%

- **Adult influenza vaccination rate worse than U.S.**
- **Not meeting HP 2020 targets for adult pneumococcal vaccination or immunizations at kindergarten**
- **Utah is in the bottom 10 states in the U.S. for percentage of fully immunized children by age 2**
- **3% of DSD students have immunization exemptions**

Not Meeting HP2020 Targets

1. Prostate Cancer Deaths
2. Poisoning Deaths
3. Suicide
4. Shiga Toxin-Producing E.coli
5. High Blood Cholesterol
6. Always Wear Seatbelt
7. Sun Safety Practice
8. Mammograms
9. Colorectal Cancer Screening
10. Diabetes A1C Tests
11. Pneumococcal Vaccine (Adults)
12. Adequate Immunizations by Kindergarten

Davis County . . . A Healthy Place

- Outdoor Activities
- Access to Medical Care
- Walking Trails
- Clean Air
- Not Too Big
- Health Conscious People
- Friendly
- Recreation Opportunities
- Well Educated
- Good Neighborhoods
- Healthy Lifestyles
- Community Pride
- Mountains
- Biking
- Caring People
- Clean
- Family Oriented
- Easy to Exercise
- Hiking
- Religious
- Open Spaces
- Low Tobacco/Alcohol Use

2012 Key Informant Survey

Forces Working Against Good Health



Special Populations

- **The proportion of non-white race groups in Davis County is relatively small**
- **Comparisons across racial and ethnic groups not possible due to small numbers**

Preventive Care Barriers

- **2011 Utah Multi-Cultural Health Assessment**
- **Healthcare access barriers among ethnic minorities**
 - **Cost**
 - **Distrust of Doctors (fear of unnecessary tests, charges)**
 - **Lack of Knowledge of Health System and Resources Available**
 - **Racism in Health Care Settings**
 - **Language Barriers/Mistreatment when Requesting Interpretation or Repeating Information that was Not Understood**
 - **Fear of Finding Something Wrong**
 - **Modesty/Embarrassment**

Long-term Services & Supports

- 2014 Utah Scorecard
- Strength is effective transitions
- Can improve by covering more disabled low/moderate income residents with Medicaid
- Can improve with more providers and service choices offered in the home and community
- Can improve support for family caregivers (Utah ranked last for this)

Data Gaps

- What else do we need to know to accurately describe healthcare access in Davis County?
- Can you think of any other data sources that would be useful?
- Does your agency have data to share/add?

Community Health Improvement Planning Meeting

- August 29, 2013
- 50+ participants (including city & county planners)
- Identify Davis County's health improvement priorities
- Based upon the results of the community health assessment





Davis County Community Health Priorities

- 1. Suicide**
- 2. Obesity**
- 3. Access to Mental/Behavioral Health Services**
- 4. Air Quality**

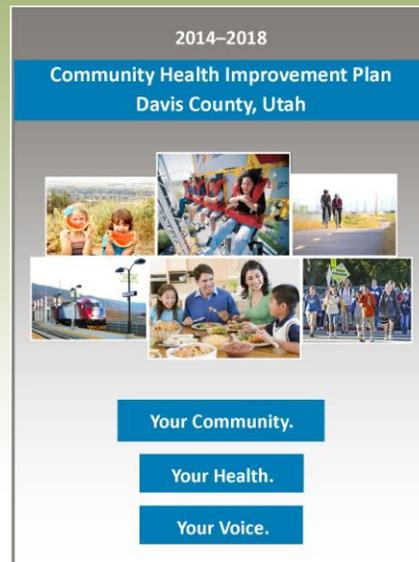
Other leading issues: anxiety/depression, substance abuse & access to treatment, health & human services coordination, and promotion/education about existing resources & services

Other Clinical Care Issues on Radar

- Health insurance issues
- Cancer screening
- Access to primary care for mentally ill
- Healthcare case management

Community Health Improvement Plan

- Mobilize partners to address the priorities
- Community-wide health improvement strategic plan that represents plan for whole community and not a single agency





2014 Behavioral Health Provider Survey

- 79 providers responded
- What's working well in Davis County:
Davis Behavioral Health, private providers,
& LDS Family Services
- Barriers for residents: insurance coverage
issues, affordability, stigma
- Service gaps (3 themes): lack of services
for low income individuals, lack of
psychiatrists, medication management
- Ways to improve: education about
services, education to reduce stigma &
more funding for behavioral health



Questions

- **Community Assessments & Improvement Plans Link:** <http://www.co.davis.ut.us/health>

Administration

- Vital Records (Birth and Death Certificates)
- News Releases
- Prescription Discount Cards
- DCHD 2012 Annual Report
- Community Assessments & Improvement Plans
- DCHD Strategic Plan

Vital Records | Volunteer Opportunities

Community Assessments and Improvement Plans

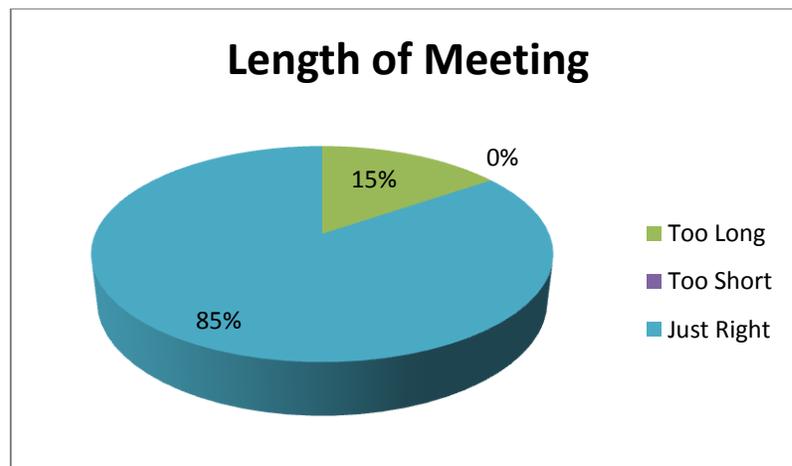
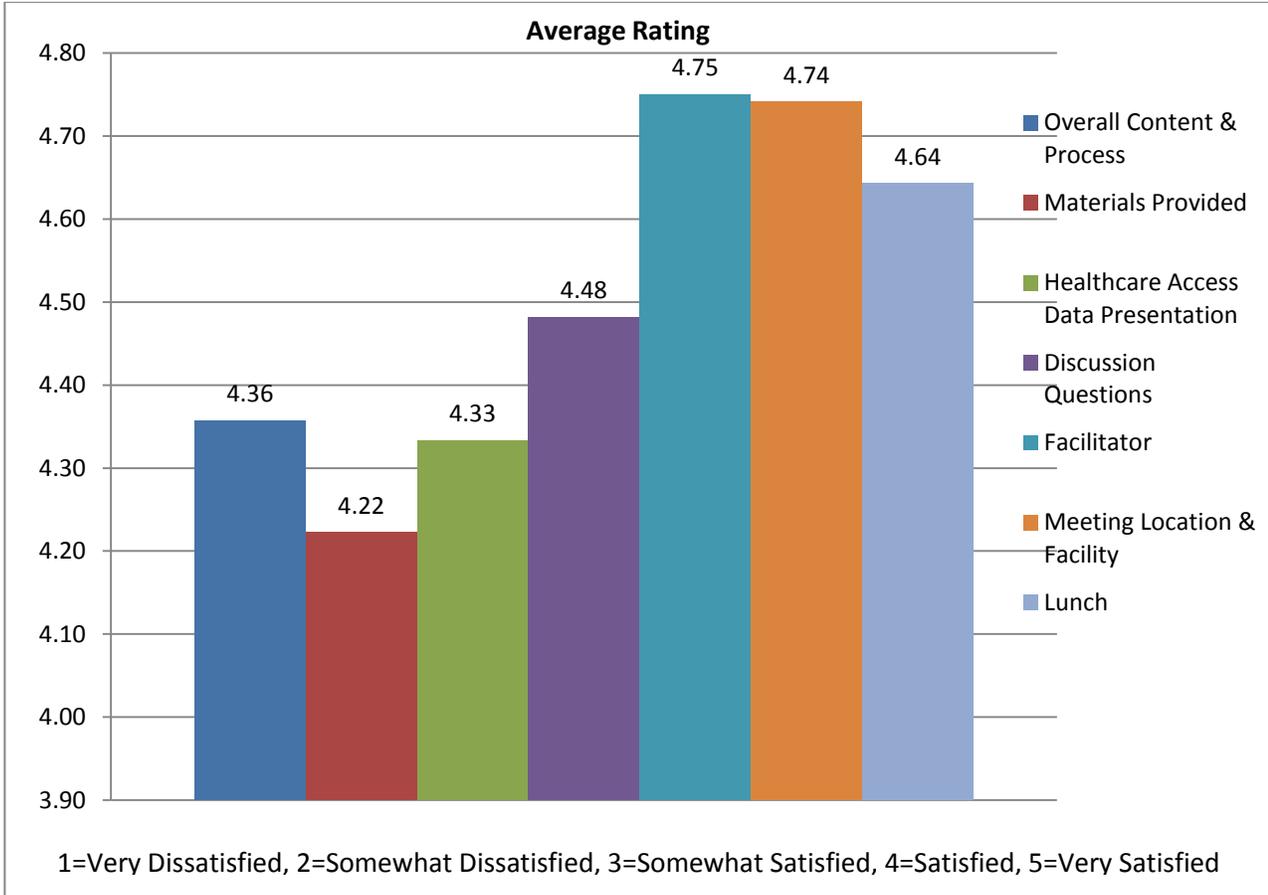
Community Assessments & Improvement Plans

[Focus Group Report 2012](#) | [Key Informant Survey Report 2012](#) | [Community Health Status Assessment 2013](#) | [Community Health Improvement Plan, 2014-2018](#)

Community Assessments & | Senior Scoop

Evaluation Results Davis County Healthcare System Partners Community Meeting August 27th, 2014

Of the 46 meeting participants 28 participants completed the evaluation for a response rate of 61%. Those that left early did not complete the evaluation.



Evaluation Results cont.

What was the best part of the meeting?

- Open discussion
- Discussions at tables
- Networking
- Small group discussions & lunch
- Learning more about Davis County needs and healthcare reform
- Very educational and engaging meeting, made me think about a lot
- Hearing diverse perspectives and identifying common themes, solutions and models of success
- Collaboration & communication
- Resources given and connections made
- Interaction between participants
- Receiving input and perspective of other groups
- Focused discussion questions to get specific feedback
- Presentation information
- The first blue paper exercise
- Meeting other community partners. Everyone brought great information.
- Breakout discussions – love hearing from others in community & their ideas
- Seeing breadth of great work, love Café Rio

What was the worst part of today's meeting?

- Nothing
- Handout of data slides too small to read and apply info
- Thinking about all the challenges and not having immediate solutions
- Length
- At my table interesting dynamic from competing hospital administrators.

Do you have any suggestions for improving future meetings with community partners?

- Involve EMS-first responders and long term supports/services providers
- Shorter, 2 hr limit
- Setting up info table where participants can share info about their agency
- Rotate tables to meet new people
- More networking
- Nametags
- Coach speakers to speak loudly so large group can hear
- Time for attendees to speak with each other that could “partner up”
- Really have time to discuss how they can work with each other
- Maybe some prompts to encourage participants to form partnerships and continue conversations
- Keep meetings going so that the ball won't drop
- Would like to see more detail on data send out prior to meeting

Any other comments?

- A meeting to provide information to others on what each of us provide to the community
- Great Job!!
- Great job and opportunity
- Ask patients or real consumers to attend from CHC boards
- Nice gathering and discussion- great start to involve community stakeholders.
- Share results of meeting with participants as well as contact info for future networking.
- Thanks for all you do!
- Great event! Glad to be part of it!