2021 | 2023

University of Utah Health

COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETION REPORT

Table of Contents

1 2021-2023 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS 3
Our Approach 3
Health Indicators, Prioritization 4

2 PRIORITY - ADDRESSING DIABETES AND REDUCING OBESITY AND OBESITY-RELATED CONDITIONS 5
Implementation Strategies 7

3 PRIORITY - IMPROVING MENTAL HEALTH AND REDUCING SUICIDE 10
Implementation Strategies 11

4 PRIORITY - REDUCING PRESCRIPTION DRUG MISUSE, ABUSE, AND OVERDOSE 12
Implementation Strategies 13

5 PRIORITY - ADDRESSING RACISM TO REDUCE INEQUITIES 14
Implementation Strategies 15

Evaluation of 2021 Community Health Needs Assessment Process

University of Utah Health moved the timeline of our 2021–2023 Community Health Needs Assessment (CHNA) up by one year to align ourselves with other health systems across the state. The data reviewed in this report covers 2021–2022. Going forward, we will continue conducting and publishing our CHNA every three years.

The 2021–2023 CHNA focused primarily on five small areas: Salt Lake County, Tooele County, Davis County, Weber-Morgan Counties, and Utah County. However, some implications and strategies address a broader region, including the many rural areas in Utah beyond Salt Lake County.

The CHNA process was led by leadership and staff from U of U Health Hospitals and Clinics and was completed in partnership with the Utah 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 opportunities to work together.

The CHNA Collaboration has representatives from:

- Bear River Health Department
- Beaver Valley Hospital and Milford Valley Memorial Hospital
- 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 Public Health Department
- Shriner's Hospital for Children
- Southeast Utah Health Department
- Southwest Utah Public 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 &Human Services
- Utah Health Information Network
- Utah Hospital Association
- Wasatch County Health Department
- Weber Human Services
- Weber-Morgan Health Department

OUR APPROACH

Community Input

MEETINGS

Throughout 2018 and 2019, the CHNA Collaboration hosted 20 different community input meetings, where community members were invited to share their perspectives on the health needs of their community. Topics discussed included chronic disease, air quality, mental health, and substance use.

ONLINE SURVEY

An online survey was sent to those who could not attend the meetings in person, which encouraged more representative feedback. Transcripts of each meeting and survey results were analyzed to identify common themes.

Overarching themes included:

- Chronic diseases associated with unhealthy weight and behaviors,
- Mental health and suicide,
- Air quality,
- Immunizations,
- Affordable housing,
- Substance use, and
- Social determinants of health and health equity.

HEALTH INDICATORS

We used the Utah CHNA Collaboration's approved list of health indicators, which includes over 100 health indicators and accompanying data sets. After identifying common themes from all the community input meetings, we narrowed down the health indicator list by identified themes to provide a profile for each of the five identified communities.

PRIORITIZATION

Priorities for our 2021-2023 CHNA were determined after analyzing data, reviewing qualitative themes from the community input meetings and surveys, and considering which objectives synergized with other U of U Health initiatives, including our Health Sciences Strategic Plan and our Hospital's Value Roadmap.

The 2021-2023 CHNA included three-year plans for four priorities, which include:

- Addressing diabetes and reducing obesity and obesity-related chronic conditions;
- Improving mental health and reducing suicide;
- Reducing prescription drug misuse, abuse, and overdose; and
- Addressing racism to reduce inequities caused by social, economic, and structural determinants of health.

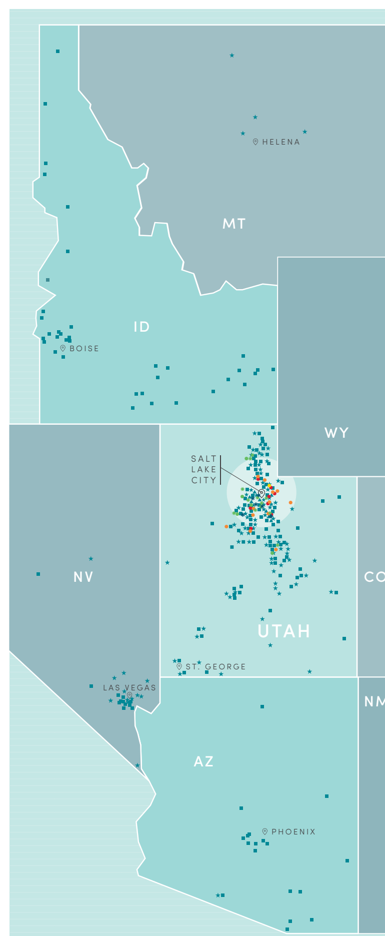
Three of these four priorities were carried over from the 2018-2020 CHNA: obesity and obesity-related conditions, mental health and suicide, and prescription drug misuse and abuse. These three issues were still top concerns for our community members, and we adjusted our strategies based on the 2018-2020 Implementation Plan & Completion Report to further deepen our work in these areas.

Addressing Diabetes and Reducing Obesity and Obesity-Related Conditions

Why we chose to focus on diabetes and obesity as a health priority

Diabetes is a chronic health condition that can have serious consequences. It is the seventh-leading cause of death in the United States and the leading cause of kidney failure, lower-limb amputations, and adult blindness. This disease presents a large economic burden as well. Medical costs for people with diabetes are twice as high as for people who do not have diabetes. Over a third of American adults have prediabetes, a condition that increases the risk of developing diabetes.2 For many individuals, making lifestyle changes, such as increasing physical activity, can help delay or prevent developing diabetes. Without such changes, approximately half of individuals diagnosed with prediabetes progress to diabetes within 10 years.

Obesity affects people of all ages across the world. Defined as having a body mass index (BMI) of 30 or greater, obesity affects 41.9% of US adults. Though the definition of obesity is different for children, 1 in 5 children are affected. Obesity can lead to other serious health conditions, such as type 2 diabetes, heart disease, stroke, and certain types of cancers. Similar to diabetes, individuals who have obesity spend, on average, $1,861 more on medical costs than those with a healthy weight.3 A person's risk for obesity is complex. A person's diet and physical activity level can inform risk along with other factors, including demographic and socioeconomic factors, such as race, ethnicity, age, sex, and income or educational level.



204,313
TOTAL LIVES TOUCHED

115,265
CRUSH DIABETES

42,774
TEAM THRIVE (including teachers)

19,415
THE WELLNESS BUS

18,514
PREDIABETES SCREENING

4,544
FOOD, MOVEMENT, AND YOU

2,417
HEALTH COACHING

1,384
CLINICAL PROGRAMS

PROGRAM LOCATIONS
- Health Coaching
- Prediabetes Screening
- Clinical Programs
- The Wellness Bus
- The Wellness Bus COVID-19 Locations
- Crush Diabetes Childhood Program
- Team Thrive Childhood Program
- Food, Movement and You Program
- Family Food Matters Program
- Journey to Health Program

Utah adults are diagnosed with diabetes at an age-adjusted rate of 8.6%, compared to the national rate of 10.0%. The state also has a lower prevalence of obesity compared to the US (28.6% vs 41.9%). Though the rising prevalence of diabetes in Utah seems to be slowing, there are still many adults who are overweight or obese and/or lead sedentary lifestyles.

Based on these data and community conversations, we chose to prioritize addressing diabetes and reducing obesity and obesity-related conditions. We developed four strategic initiatives to address this priority within the scope of our health system.

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[1] Centers for Disease Control & Prevention. "What is Diabetes?" (2022). https://www.cdc.gov/diabetes/basics/diabetes.html#:~:text=With%20diabetes%2C%20your%20body%20either,and%20released%20into%20your%20bloodstream.

[2] Centers for Disease Control & Prevention. "Diabetes Fast Facts." (2022). https://www.cdc.gov/diabetes/basics/quick-facts.html

[3] Centers for Disease Control & Prevention. "Adult Obesity Facts." (2022). https://www.cdc.gov/obesity/data/adult.html

[4] Centers for Disease Control & Prevention. "Childhood Overweight & Obesity." (2022). https://www.cdc.gov/obesity/childhood/index.html

Strengthen and support community-focused programs for addressing obesity and diabetes prevention

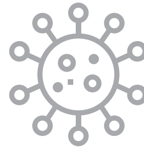
Over the past three years, we have expanded the geographic coverage of the Wellness Bus, which now covers West Valley, Glendale, Kearns, South Salt Lake, Ogden, and Provo. Additionally, health coaching has grown across our clinics at Redwood, Sugar House, Madsen, and the University Orthopaedic Center. And, during the pandemic, we adapted our middle and high school obesity and diabetes programs for use online. Our school programs reached students in Utah, Arizona, Montana, Idaho, and Wyoming, approximately 122,456 students in the last three years.

5 YEAR IMPACT AT A GLANCE

5,400

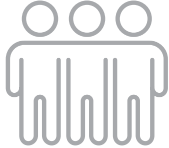
people screened for chronic diseases, not including COVID-19

67% Non-White
43% Spanish speaking
60% uninsured
56% without a primary care provider



13,702

people tested for and educated about COVID-19



49

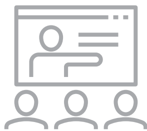
community collaborators

90

sites

reduction in weight, blood sugar and blood pressure

5 YEAR IMPACT AT A GLANCE



150,000

students and teachers educated in secondary schools

4,544

adults across the community learned about nutrition and implementing healthy behaviors

4,000

square feet of garden developed

TEAM THRIVE

high school curriculum that helps both students and teachers adopt healthy behaviors

- **25,170 students**
- **65 teachers**
- **83 schools**

CRUSH DIABETES

middleschool curriculum that improves students' nutrition knowledge and physical activity self-efficacy

- **30,591 students**
- **65 Title 1 middle schools**

Improve access to healthy food

We have made significant strides in improving access to healthy foods. Through the garden at Palmer Court and in collaboration with Wasatch Community Gardens, we provided 600 pounds of fresh produce to centers across the state. We have also re-designed the food pantry at Palmer Court so that it is healthier and now provides nutrition education to residents. Finally, we have launched a new Food Pharmacy at Redwood Health Center that helps patients experiencing chronic diseases and food insecurity obtain nutritious food and education.

Increase screenings, referrals, and treatment for obesity and diabetes programs

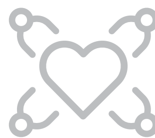
U Health provides a number of programs to meet the needs of those who are interested in preventing diabetes and other chronic diseases by focusing on health behaviors such as how people eat, move, sleep and connect. Programs help people connect with their 'why', understand the specifics of health behavior change, and learn the skills needed to be successful. Along the way, coaching helps people make and sustain changes. Programs are available to patients, employees and community members and can be anywhere from a single visit to a year-long intervention, targeting the individual needs of each person.

Our coaching program, in particular, has continued to grow. Since July 2019-June 2020, we have increased the number of completed appointments from 432 to 667 in July 2020-June 2021. We have completed 633 appointments from July 2021-June 2022.

5 YEAR IMPACT AT A GLANCE

2,780

people received coaching



4

health coaches across the system

reduction in weight and blood sugar across participants

increase in insurance coverage for coaching programs

Encourage our 12,000+ Hospitals & Clinics employees to participate in employee health and wellness programs

U of U Health's Resiliency Center and PEAK Health and Fitness cultivates a culture and community of wellness for employees. Through a partnership with Human Resources, we provide evidence-based approaches to health behaviors for programs like WellU and WellnessNow. We also provide a spectrum of support for personal well-being from brief presentations and movement breaks to brief coaching and counseling to year-long programs to prevent and treat disease. We address professional well-being through programing designed for individuals, teams, and leaders.

For fiscal year 2022, we had 85 employees participate in diabetes and obesity-related wellness programs; 42 participated in the Diabetes Prevention Program, and 43 participated in the Intensive Lifestyle Program. During this time, the Office of Wellness and Integrative Health also sent out monthly newsletters to promote a variety of programs, and the open rate for UUHC employees was 21%.

Improving Mental Health and Reducing Suicide

Why we chose to focus on mental health and suicide

Mental illnesses are some of the most common health conditions in the U.S. More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime, and 1 in 5 children either currently or at some point during their life have had a seriously debilitating mental illness. There are more than 200 types of mental illness, and many times, they occur over a short period of time or are episodic, meaning that the mental illness can come and go with a discernible beginning and end.5 Though the most common mental illnesses are like this, 1 in 25 Americans live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.5 Untreated mental illness can lead to unhealthy habits, which can cause the condition to worsen. Sometimes, untreated mental health conditions can lead to suicidal ideation and even attempts.

Suicide is a leading cause of death in the U.S., with a rate of about one death every 11 minutes. The number of those who think about suicide or attempt it is even higher, with an estimated 12.2 million adults seriously thinking about suicide, 3.2 million who planned an attempt, and 1.2 million who attempted suicide. Suicide affects everyone across age groups.6 However, it is the second-leading cause of death for people aged 10-14 and 25-34.6

In Utah, suicide is the ninth-leading cause of death. Utah also has the ninth-highest suicide rate per capita in the U.S. For Utahns ages 10-17 and 18-24, suicide was the leading cause of death in 2020. Over the past two decades, the teen suicide rate has tripled, standing at 11.1 per 100,000 in 2015.9

Deaths are only part of the problem. More people are hospitalized or treated in emergency rooms for suicide attempts than are fatally injured, with 70 Utahns treated for self-inflicted injuries every day in 2019.9

Because of the widespread prevalence of these issues in our state, improving mental health and reducing suicide has been an important goal for U of U Health for many years. Mental health and suicide were also heavily discussed as a high priority during community input conversations. Our vision is that access to and the quality of mental health services in Utah are materially improved statewide, and the mental health of Utah's population will be better in the future than it is today.

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[5] Centers for Disease Control & Prevention. "About Mental Health." (2022). https://www.cdc.gov/mentalhealth/learn/index.htm
[6] Centers for Disease Control & Prevention. "Suicide Prevention." (2022). https://www.cdc.gov/suicide/facts/index.html
[7] Centers for Disease Control & Prevention. "National Center for Health Statistics – Utah." (2022). https://www.cdc.gov/nchs/pressroom/states/utah/ut.htm
[8] Centers for Disease Control & Prevention. "Suicide Prevention – Suicide Rates by State." (2022). https://www.cdc.gov/suicide/suicide-rates-by-state.html
[9] Public Health Indicator Based Information System. "Health Indicator Report of Suicide." (2022). https://ibis.health.utah.gov/ibisph-view/indicator/view/SuicDth.html

Increase screenings, referrals, and treatment coordination between mental health and primary care providers

Over the past three years, we have made slow progress in increasing screenings and improving treatment coordination. Huntsman Mental Health Institute (HMHI) has expanded Integrated Care into 32 specialty clinics, and they have seen improved outcomes in the community clinics. Collaborative Care was successfully launched in primary care, with over 175 unique patients enrolled. More than 25% of those enrolled in the program have seen a 50% or greater reduction in depression scores. Additionally, primary care clinics have hired social workers to assist with improved coordination of care for behavioral health referrals.

Though progress has been made, it has been slower in other areas. Due to stresses related to COVID-19 and staffing shortages, implementing certain screening processes in a standardized way has not yet been achievable.

Improve Access to Mental Health Services

As a part of the statewide Behavioral Health Crisis Response Commission, HMHI is working to expand mobile crisis outreach teams (MCOT) statewide. Currently, the MCOT subgroup is working to calculate unmet needs per capita in each county. They are also standardizing clinical operations across the state to determine an optimized statewide MCOT expansion plan.

HMHI has expanded staffing on the Utah Crisis Line and successfully launched the new 988 Suicide and Crisis Lifeline on July 16, 2022. Since then, they have consistently had a 90% answer rate and are preparing to take over the text/chat service by the end of fiscal year 2023.

The Kem and Carolyn Gardner Mental Health Crisis Care Center is in the final stages of design and will begin construction in early 2023. The facility, which will be located in South Salt Lake approximately 12 minutes from the upcoming U West Valley hospital, has a tentative opening date in late 2024. The new facility will work closely with the health system to provide crisis and wrap-around services for adults, including a 30-chair receiving center, a 24-bed inpatient unit, and community services such as free legal assistance, dental chairs, and housing and employment services.

Reducing Prescription Drug Misuse, Abuse, and Overdose

Why we chose to focus on prescription drug misuse, abuse, and overdose

Substance use disorders occur when the frequent use of alcohol and/or drugs significantly impacts daily functioning, such as causing failure to meet major responsibilities at work, school, or home. Most of the leading causes of death in Utah are associated with the abuse of alcohol, tobacco, or other drugs. In Utah, more people die from unintended prescription drug overdoses than motor vehicle accidents.

Due to the prevalence of substance use in our state and the importance of the issue to our community, U of U Health has prioritized reducing prescription drug misuse, abuse, and overdose for the last three years. We have committed as a system to continue to advocate for clear, science-supported policy recommendations on public health needs related to opioids.

Increase prevention efforts through education and community outreach

In the last three years, U of U Health has engaged in many activities that have increased prevention efforts in communities across the Mountain West. The Rural Addiction Implementation Network (RAIN) has increased community education related to substance use in Blanding, Utah; Helena, Montana; Jackson, Wyoming; and Rexburg, Idaho. In Blanding, RAIN collaborated with local stakeholders to create three brochures about opioid use, meth use, and alcohol use, as well as three posters on opioid use. More than 3,000 brochures and 100 posters were printed and distributed in the Utah Navajo Health System. RAIN has also visited all sites involved in the project. During these visits, barriers to implementation were discussed, education provided, and all parties were engaged in problem-solving to best implement SUD prevention, treatment, and recovery. RAIN has also sent out newsletters to each stakeholder in the project, which provide education on new addiction medicine news, research, and resources.

There has also been a more concentrated effort to increase community outreach. U of U Health has recently partnered with Comagine Health. They are funded by the Utah Department of Health & Human Services to reduce the harms of prescription opioids by surgeons through reduced prescribing and increased disposal. U of U Health has also started having discussions with Intermountain Healthcare and other hospitals in the state about opioid stewardship and disposal. Finally, U of U Health Pharmacy sponsored an event at Centerville Cares to distribute opioid disposal bags with the goal of suicide prevention. The event was very successful, as all bags were distributed by the end of the day, and participants gave good feedback. Many people were unaware of the method for disposing of medications, and others were unaware that medications are the method of choice for young people who attempt suicide. This event helped raise awareness related to these issues.

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[10] Substance Abuse and Mental Health Services Administration. "Mental Health and Substance Use Disorders." (2022). https://www.samhsa.gov/find-help/disorders

[11] Public Health Indicator Based Information System. "Substance Use." (2022). https://ibis.health.utah.gov/ibisph-view/topic/SubstanceUse.html

Measure prescribing practices within U of U Health to identify and create best practices

Since January 2021, our health system has distributed over 37,000 drug disposal bags, and there have been over 3,500 naloxone nasal spray dispenses. Our system maintains drug disposal drop boxes in 13 of our pharmacies.

In the last two years, only 3% of patients have been prescribed a chronic series of opioids (defined as an ambulatory prescription for 21+ days in a 30-day period for 3 consecutive 30-day periods). Of patients prescribed a chronic series, 82% transition to a continuous series (4+ 30-day periods). There has also been a 3% drop in concurrent prescription rates for benzodiazepines for patients on a chronic opioid prescription series. For chronic patients, there has also been a 12% increase in Naloxone prescribing rates.

Of patients prescribed opioids, 96% are older than 65, 56% are female, and 83% are white or Caucasian.

Expand access to treatment through training and standardization of practices

Attendance to substance use-related training has improved. Three Buprenorphine 101 training sessions were held between September 2021 and June 2022, with 551 attending across all three events. There were four X-waiver trainings in 2022, with 159 attending across all four events. Additionally, the Program for Addiction Research Clinical Care, Knowledge, and Advocacy (PARCKA) sponsored two monthly webinar series: PARCKA Parleys and Greater Intermountain Node (GIN) "On the Rocks." More than 300 people attended the PARCKA Parleys events held from December 2021 to June 2022, and m ore than 350 attended the "On the Rocks" events. Some of the topics included: "How Words, Actions, Inactions, & Interactions May Affect the Mental Health of LGBTQIA+ Youth" and "Substance Use and Healing with Native American Individuals."

Addressing Racism to Reduce Inequities

Why we chose to focus on racism and inequity

Racism is a driver of social determinants of health and acts as a barrier to health equity. At U of U Health, we recognize racism as a public health crisis and believe anti-Black racism is one major cause of health disparities that we observe in our society. Addressing racism to reduce inequities caused by social, economic, and structural determinants of health were elements included in our Health Sciences Strategic Plan. The need for culturally responsive care is a high priority for our community as well. Our vision is to actively value equity, diversity, and inclusion and see the reflection and impact of these values at all levels of the organization—by recruiting and retaining diverse faculty, trainees, students, and employees. We will ensure Utahns who seek care from U of U Health have easy and direct access to our services. And we will finalize an integrated, comprehensive care plan for patients with elevated socioeconomic and clinical risks.

Implement impact hiring programs

U Health has hired two senior Equity, Diversity, and Inclusion (EDI) consultants to work within our organizational development team to support interventions. Due to COVID surges, progress is not as far along as hoped; however, we are actively working on our infrastructure design of job descriptions and recruitment posting.

U of U Health is a member of the Healthcare Anchor Network (HAN), a national consortium of health care systems dedicated to improving the health and well-being of residents through impact hiring, impact purchasing, and impact investing. For the past year, U of U Health has served on the committee to develop the Impact Workforce Commitment for HAN, which outlines strategies health systems can take to support communities through people strategies, which, depending on the health system, would be implemented through direct organizational actions or existing labor-management partnerships. Key initiatives we will continue to work on include:

- Increase hires from economically disadvantaged geographies into quality jobs;
- Remove barriers to hire through intentional outside-in pathways, programs, and partnerships;
- Establish an impact promotion goal for internal employees;
- Invest in workforce development;
- Achieve employee financial stability;
- Advance equity in benefits and utilization;
- Support employees to achieve long-term financial stability; and
- Build an equitable advancement and internal inclusive culture.

Implement a system-based approach to understanding our patients' social determinants of health (SDOH)

U of U Health has several SDOH screening programs across our health system. Over the last two years, we have conducted a landscape analysis to understand which patients are being screened, what questions are being asked, and how we evaluate the data. There are at least four SDOH screening processes that exist within U of U Health—over the next two years, we plan to create a pilot program, building off the success of our existing processes, to implement a system-based approach to SDOH screening and referrals.

We have also been working on sexual orientation and gender identity (SOGI) and Race and Ethnicity data collection projects. The system-wide SOGI committee is working to implement best practices around collection of chosen (preferred) names and has been working for the last three years on collection of sexual orientation, gender identity, pronouns, and assigned sex at birth. The Race and Ethnicity project is currently being piloted at Redwood Health Center and will be used to inform both the SOGI and Race and Ethnicity data collection across the entire system. We are evaluating how U of U Health front-line employees interact with patients as they ask these questions and whether patients feel they are reflected in the expanded list of Race and Ethnicity options made available to them (see expanded list below). Patients are now able to multi-select Race and Ethnicity options that they identify with, and we have offered more options for patients could choose from 10 race and ethnicity options to 77 race and ethnicity options.

These projects allow U of U Health to see where health disparities may exist, allowing us to create interventions tailored to the needs of unique communities.

American Indian/Alaska Native
Diné (Navajo)
Newe (Goshute)
Newe (Shoshone)
Nuche (Ute Tribe)
Nuwuvi (Paiute)
So-So-Goi (Shoshone)
Other American Indian/Alaska Native

Asian
Asian American
Asian Indian
Bhutanese
Burmese
Cambodian
Chinese
Filipino/a
India Indian
Japanese
Karen
Kareni
Korean
Laotian
Mongolian
South East Asian
Thai
Tibetan
Vietnamese
Other Asian

Black
African
African American
Caribbean/West Indian
Congolese
Ethiopian
Jamaican
Kenyan
Nigerian
Somali
South Sudanese
Sudanese
Other Black

Hispanic/Latino/a/x
Argentinean
Caribbean/West Indian
Colombian
Cuban
Guatemalan
Mexican American
Mexican, Chicano/a
Peruvian
Puerto Rican
Salvadoran
Spanish/Spaniard
Venezuelan
Other Hispanic/Latino/a/x

Pacific Islander
Chamorro
Fijian
Guamanian
Micronesian/Marshallese/Palauan (COFA communities)
Native Hawaiian
Samoan
Tongan
Other Pacific Islander

White
Afghan
Bosnian
Eastern European
Iraqi
Middle Eastern/North African
Russian
Scandinavian/Nordic
Slavic
Syrian
Ukrainian
Western European
White American
White Australian/New Zealander
Other White

Other Selections
Choose not to disclose
Accurate identification not listed

Encourage enrollment in health insurance programs

U of U Health Plans (UUHP) has made significant strides in improving access to health insurance information. UUHP has created short informational Health Insurance 101 videos in 11 languages, increased output of materials in languages other than English, and created Spanish webpages and social media pages. Additionally, they have created an internal EDI committee to hire toward diversity and inclusion. Finally, UUHP launched an initiative to offer Lyft rides to their Healthy U Medicaid refugee members so they can get to and from their doctor appointments.

UUHP has also worked to update their transgender coverage to be in line with World Professional Association for Transgender Health (WPATH) standards and designated a point person in their Care Management department to assist our transgender members or others considering transitioning. Additionally, U of U Health has partnered with Take Care Utah to refer transgender patients to enroll in health insurance and find gender-affirming medical plans.

Help clinicians and staff provide culturally responsive care

U of U Health offers culturally responsive training for departments and providers. In 2021, 42 training sessions were delivered, and 13 had been delivered by June 2022. Additionally, U of U Health hosts an annual conference on LGBTQ+ topics, and we had more than 300 providers and health care staff attend in 2022.

Examining patient experience by race and ethnicity

We can only develop targeted intervention to improve experience of underrepresented by being deliberate both about representation and reporting findings within the organization. U of U Health tracks and reports patient experience by reported race and ethnicity. The below chart displays patients' likelihood to recommend University of Utah Health to family or friends. The % is the amount of patients who responded with the highest rating – that they would definitely recommend U of U Health to others. These data demonstrates"White or Caucasian" patients report better patient experience (coordination, treated with respect, understanding your care plan, etc.) than patients from historically marginalized backgrounds.

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