



Shriners Hospitals for Children® — Salt Lake City

2015 Community Health Needs Assessment

Shriners Hospitals for Children® - Salt Lake City

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Mission and Vision

Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special health care needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other health care professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability or national origin or ability of a patient or family to pay.

Vision:

Become the best at transforming children's lives by providing exceptional healthcare through innovative research in a patient and family centered environment.

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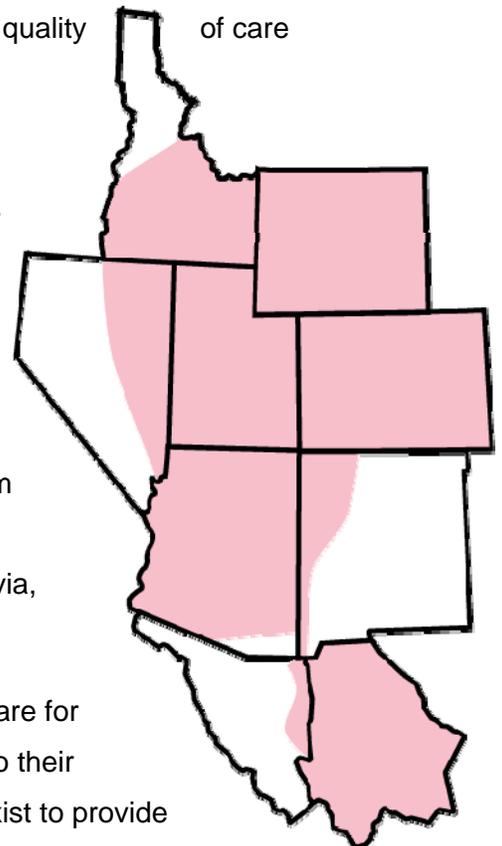
Our Commitment to the Community

Shriners Hospitals for Children® - Salt Lake City (SHC-SLC), is a charitable, Joint Commission accredited facility, dedicated to excellence in pediatric orthopaedic and reconstructive plastic care within our established scope. Our mission is to be leaders in optimizing the full potential of children by delivering state-of-the-art care for pediatric orthopaedic conditions and related needs; providing education for patients, family, and the health care team; and discovering, through research, new and updated knowledge that will improve the quality of care and life of children and families.

We render these services to patients within a compassionate, family centered, collaborative environment regardless of their ability to pay. Our catchment area includes Utah, Idaho, Colorado, Wyoming, Arizona, New Mexico, Nevada and parts of northern Mexico.

Patients may be received or transferred from other Shriners Hospitals, or states, when the patients are in need of the specialty surgeries performed at our Hospital. We have also had patients from other nations such as Argentina, Canada, Guatemala, Costa Rica, Australia, Russia, Chile, Poland, Africa, Saudi Arabia, England, Bolivia, Romania and Greece.

We have a very generous charity policy that enables us to provide care for anyone regardless of their circumstances and in direct relationship to their specific needs. As one of only two pediatric hospitals in Utah, we exist to provide pediatric orthopaedic care for those who want to choose their provider and are seeking quality care in an atmosphere that fosters close professional relationships with care givers and what our patients refer to as a “life experience”, not just an episode of care



SHC-SLC Catchment Area

Hospital Overview

SHC - Salt Lake City is part of a 22-hospital system established by the Shrine of North America. The first Shriners Hospital was opened in 1922 in Shreveport, Louisiana. There are now eighteen orthopaedic hospitals, three burn institutes, and three spinal cord rehabilitation facilities in the Shrine Hospital System, located throughout the United States; Montreal, Canada; and Mexico City, Mexico. Several of the hospitals also provide services for cleft lip and palate repair. The orthopaedic Shrine Hospitals were among the first specialized pediatric orthopaedic hospitals in North America. Many of the Shriners Hospitals' first patients were treated for problems caused by polio.

Today Shriners Hospitals (including Salt Lake City) treat other complicated, specialized orthopaedic cases, such as Osteogenesis Imperfecta, Spina Bifida, Cerebral Palsy, Scoliosis, hand problems, limb deficiencies and growth problems, club feet, dislocated hips, Legg-Perthes disease as well as orthopaedic problems resulting from other neuromuscular disorders. Because of the work accomplished by the orthopaedic Shriners Hospitals and the Burns Institutes, Shriners Hospitals for Children have become renowned in the medical field as experts in pediatric orthopaedic and burn care.

The Salt Lake City hospital started as a leased unit at St. Mark's Hospital in Salt Lake City in 1925. The Shriners Hospitals rented 25 beds from St. Mark's Hospital and began providing care to children who had been crippled with polio within the Intermountain area. In 1951 the unit was closed and the patients moved to a new building at Fairfax Road and Virginia Street in Salt Lake City. It is interesting to note that it took an Act of Congress to obtain the property on which the Salt Lake City hospital was built. Approximately eight acres of property was purchased from Fort Douglas via this Act of Congress.

Today we have approximately 10,480 active patients (*patients under the age of 21 who have had a clinical encounter in the past three years*). A significant percentage of our patients are seen on an outpatient basis with 70+% of our patients coming from Utah. Many other patients come from 200-800+ miles away. Our large catchment area has led to the creation of Outreach Clinics in order to try and take Shriners Hospitals for Children resources to children in Mexico (via El Paso, Texas); Phoenix, Arizona; and Denver, Colorado. Members from Shrine centers supporting our hospital also frequently sponsor screening clinics in rural areas of the state to further identify potential orthopaedic patients in need of our services.

Process and Methods

Establishing the Infrastructure for the Assessment

This is the second Community Health Needs Assessment of this magnitude performed by our hospital. Much like our first assessment, we chose to take an individual approach to the assessment vs. a community partner approach, as we are one of only two pediatric hospitals in the state of Utah.

Another major consideration was whether to have an assessment advisory committee. We decided against that for two primary reasons: 1) Significant community health needs assessments have already been completed by the Utah Department of Health and the Salt Lake County Health Department (which represents almost half of the population of Utah). 2) We have a robust database of pediatricians, primary care physicians, pediatric care coordinators and office managers which we utilized to disseminate a 10 question survey to:

“As one of our valued community health partners, we are asking you to complete this brief 10-question survey. We want to identify the concerns of pediatric health care providers. Your answers will help us better respond to identified needs in our community.” Exhibit 1

- Paper copies of the survey were mailed to our top 300 referring physicians on July 1st, 2015.
- On February 22nd, 2016 an electronic version of the survey was sent to an email distribution list consisting of 109 care coordinators affiliated with the Utah Children’s Care Coordination Network (UCCCN)¹.

“The UCCCN was formed in late 2014 to be a source of information, resources, tools, expert advice, and peer learning and support for pediatric and family practice staff members who help coordinate the care of patients. The UCCCN evolved from a Medical Home Demonstration project, led by the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) and the Medical Home Portal, and is a partnership with the Utah Bureau of Children with Special Health Care Needs (UDOH) and Utah Family Voices at the Utah Parent Center.”

¹ Medical Home Portal. Utah Children’s Care Coordination Network. <https://www.medicalhomeportal.org/clinical-practice/care-coordination-in-portal-partner-states/utah-childrens-care-coordination-network#d13140e36>. Accessed May 30, 2015.

- On March 10th, 2016 the survey was distributed to 75+ members of the Pediatric Practice Managers Group affiliated with the American Academy of Pediatrics – Utah Chapter.

Stakeholders and Target Populations

Because we are a pediatric orthopaedic specialty hospital our physician stakeholders include our pediatric orthopaedic surgeons, anesthesiologists, pediatricians, nurse practitioners, and physician assistants who work at the hospital along with the network of pediatricians and primary care physicians that refer patients to us. Certainly our owners, the Shriners, who send patients to our facility, are also stakeholders, as well as the rest of our hospital staff who either deliver care or are involved in supportive roles.

Over the past several years, our patient referrals from Utah have increased from 35% - 45% to over 70% based on the implementation of a physician liaison program that was developed in 2011. Hence our primary target population is the citizens of Utah and our secondary target population is the remainder of our catchment area, which includes the citizens of Idaho, Colorado, Wyoming, New Mexico, Arizona, and Nevada. Our primary and secondary populations are naturally a subset of the Shriners Hospitals for Children community, which, for the purposes of this assessment, includes the entire United States of America, Mexico and Canada.

Data Collection

Data collection came from the following sources:

1. Utah Department of Health, 2013 Utah Statewide Health Status Report
2. Utah Department of Health, Public Health Indicator Based Information Systems (IBIS)²
3. A survey mailed to 300 primary care providers
4. A survey emailed to 109 members of the Utah Children's Care Coordination Network
5. A survey distributed to 75 members of the American Academy of Pediatrics – Utah Chapter, Pediatric Practice Managers Group

² Utah Department of Health, Public Health Indicator Based Information Systems (IBIS). <https://ibis.health.utah.gov/indicator/view/HlthIns.html>. Accessed May 30, 2015.

We also conducted interviews with the following municipal partners from organizations who represent the broad interests of the community served by the hospital:

AUCH – Association for Utah Community Health

CSHN – Children with Special Health Care Needs, Utah Department of Health

USNA – Utah School Nurses Association

Key Findings

Area demographics speak strongly to future demand for our services when looking at **How Utah Compares to the U.S.** (*According to the Utah Department of Health, Utah Statewide Health Status Report, January 2013 and the 2015 Utah Health Status by Race and Ethnicity Report*)³. **Compared to the U.S., Utah is characterized by:**

Socio-Demographic Context

With 31 percent of its population under the age of 18, Utah has the youngest population in the nation (2012). Utah's birthrate of 18.0 births per thousand population far outstrips the national average of 12.6 births per thousand population. Utah's birth rate has remained higher than the national average for decades and ranks as one of the highest in the nation. Other key statistics include:

- a higher percentage of households with married adults and with children
- a lower percentage of households with children headed by a single female
- a higher high school graduation rate
- a higher median annual household income
- a lower percentage of people in racial and ethnic minority groups
- a lower percentage of all persons in poverty that has increased from 10% in 2006-2008 to 12.6% in 2013
- from 2009-2013, 14.72% of Utah children (more than 127,00) were living in poverty
- In 2014, approximately 5.4% of Utah children aged 0 to 18 years had no health insurance coverage. This represents a significant decrease from the previous year (8.7%).⁴

Utah's population growth rate continues to outpace that of the nation and several Utah counties were among the top ten fastest growing counties in the nation between 2012 and 2013. Based on 2015 estimates, approximately 3 million individuals live in Utah. This rapid growth is projected to continue, though the rate of this growth is up for debate. Projections range from one million to two-and-a-half million new Utahans by 2050.

³ Utah Department of Health. Utah Health Status Update: Health Status by Race and Ethnicity: 15 Years of Surveillance, August 2015. http://health.utah.gov/oph/publications/hsu/1508_RaceEth.pdf. Accessed May 30, 2016.

⁴ Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health. Accessed January 27, 2016.

2015 US Census Quick Facts⁵	US	Utah
Population percentage change	4.1%	8.4%
Persons under 18 years	23.1%	30.7%
Persons 65 years and over	14.5%	10.0%
Median household income	\$53,482	\$59,846
High school graduate or higher, percent of persons age 25 years +	86.3%	91.0%
Bachelor's degree or higher, percent of persons age 25 years +	29.3%	30.6%
Persons in poverty, percent	14.8%	11.7%
Persons without health insurance, under age 65 years, percent	12.0%	13.8%

Healthy Behaviors and Risk Factors

- a higher rate of recommended physical activity among adolescents
- lower adult and adolescent obesity rates, but similar upward trends
- in the past year, physical inactivity decreased 18% from 20.6% to 16.8%

Access to and Utilization of Care

Access to health care is still an issue for many Utahans. Individuals who cannot obtain needed health care tend to have higher rates of death and disability from chronic disease. Cost is the most commonly reported barrier to getting needed health care. Hispanics/Latinos have the highest rate of no health insurance coverage in Utah, with the uninsured rate reported at 31.3% in 2010 and 32.7% in 2015.

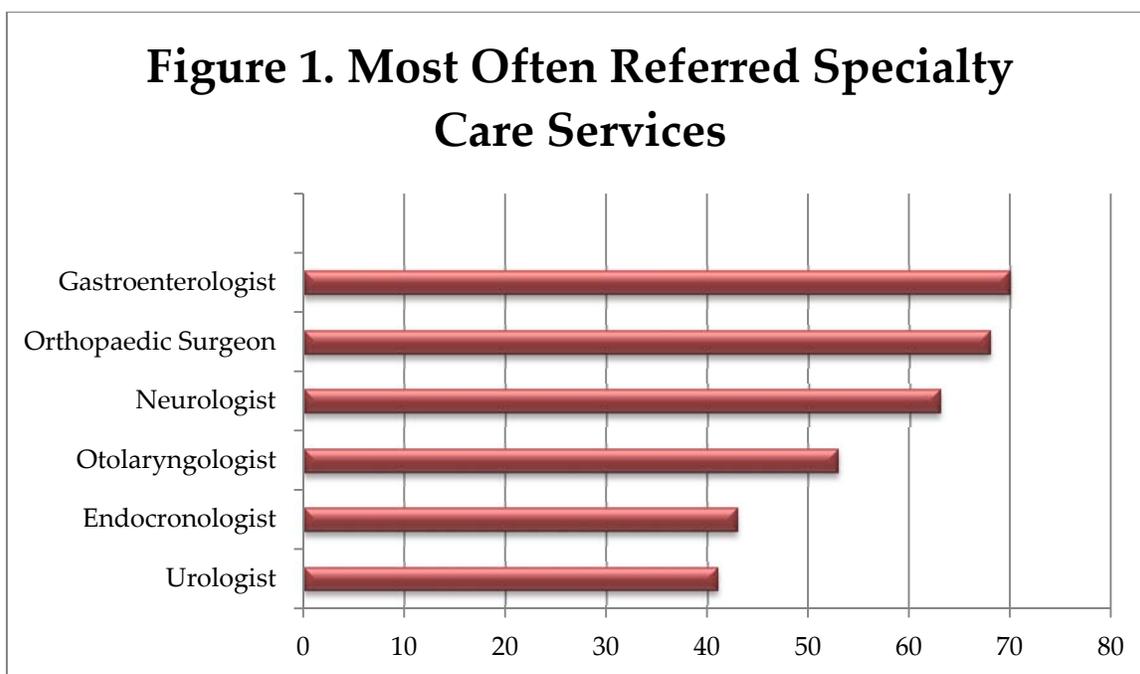
Healthy Beginnings

Women who receive early and consistent prenatal care increase their likelihood of giving birth to a healthy child and health care providers recommend that care begin in the first trimester of pregnancy. From 2009-2013 the overall rate of first trimester prenatal care in Utah was slightly lower than the national average, at 74.2%. In addition, significant disparities exist among other Utah racial/ethnic groups, especially Native Hawaiians/Pacific Islanders (42.1%), American Indians/Alaska Natives (51.8%), and Blacks/African Americans (54.5%). In the past 20 years, low birth weight increased 25% from 5.6% to 7.0% of live births.

Survey responses from pediatric and primary care physicians and pediatric care coordinators from around the state of Utah indicated (**Figure 1**):

⁵ United States Census, <http://quickfacts.census.gov>; revised July 1st, 2015.

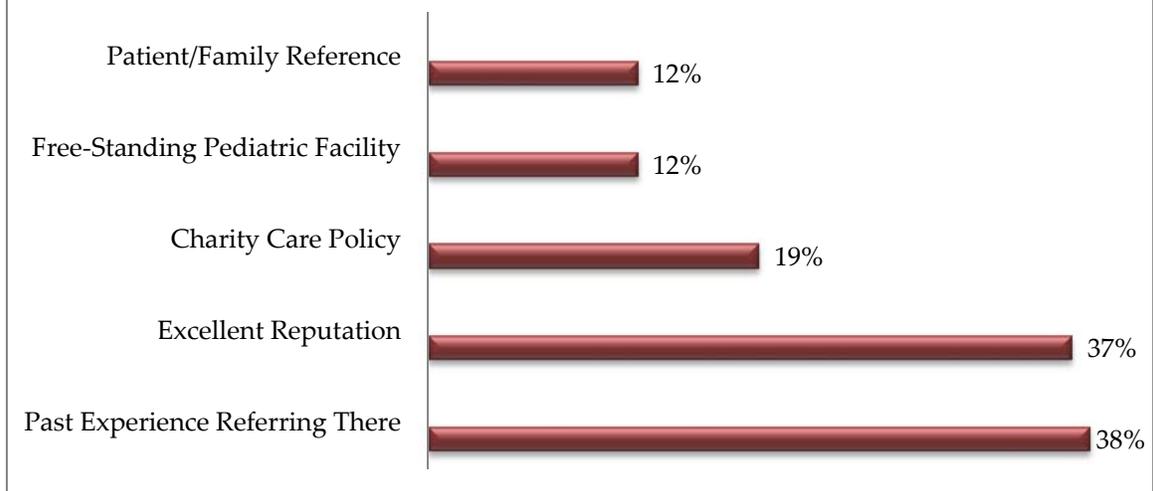
- 70% of the respondents refer patients for gastroenterology care
- 68% of the respondents refer patients for orthopaedic care
- 63% of the respondents refer patients for neurology care
- 53% of the respondents refer patients for otolaryngology care
- 43% of the respondents refer patients for endocrinology care
- 41% of the respondents refer patients for urology care



- ❖ 24% of the respondents said they very often see children who are uninsured
- ❖ 76% of the respondents said they sometimes see children who are uninsured
- ❖ When asked why they refer children to Shriners Hospitals for Children, they responded that it is due primarily due to past experience referring there and our excellent reputation.

(Figure 2)

Figure 2. Why Do You Refer to Shriners Hospitals for Children - SLC?



- ❖ If a child they referred out did not receive the recommended care it was due primarily to cost, insurance plan/coverage issues, or transportation problems.
- ❖ Orthotics, wheelchair and mobility aid needs are also three primary reasons for referral.

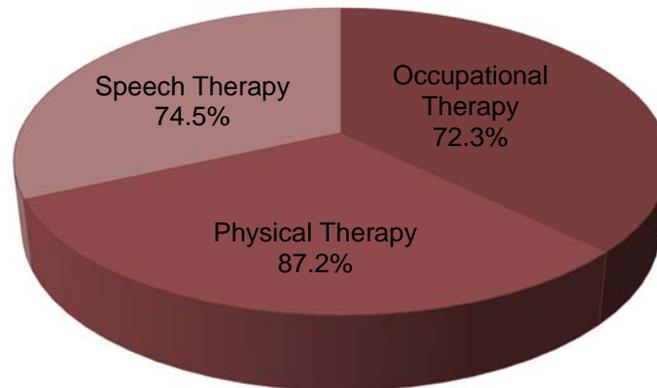
When asked what concerns you most about pediatric care in Utah, responses centered around access to subspecialists, lack of resources and coordinated care in rural communities, need for affordable care, insufficient mental health, neurology and gastroenterology support, lack of care coordination, long wait times, poor communication and specialists furthering themselves from primary care; *“it is becoming more difficult to discuss patients with specialists.”*

Interviews with community health partners (AUCH, CSHCN, and USNA) revealed a common concern of lack of specialized care found in rural communities and a greater need for pediatric mental health services.

Overall, this market/environmental assessment validates the need for the services and capabilities provided by Shriners Hospitals for Children – Salt Lake City, as what we have to offer is very multifactorial when it comes to being dedicated to caring for and improving the lives of children.

Our criterion for evaluating the data was simple. We want to understand the general demographics of the population and the economic and social influences that affect the utilization of healthcare, particularly in our primary population market.

Figure 4. Routine Referrals for Therapy Services



Additional Key Points (*according to the American Public Health Association, United Health Foundation, 2015 State Health Rankings and 2015 Utah Health Status by Race and Ethnicity Report*)⁶

- In the past 2 years, disparity in health status by education level decreased 16% from 34.1% to 28.7%.
- The ratio of active physicians to persons in the Utah population has been lower than the U.S. ratio for several years.
- In 2012, the ratio of primary care physicians to population was also lower in Utah (5.7 per 10,000) when compared to the U.S. (7.5 per 10,000.)
- To maintain current rates of utilization, Utah will need an additional 1,095 primary care physicians by 2030, a 46% increase compared to the state's current PCP workforce.

⁶Utah Department of Health, Utah Health Status Update: Health Status by Race and Ethnicity: 15 Years of Surveillance, August 2015; http://health.utah.gov/opha/publications/hsu/1508_RaceEth.pdf. Accessed May 30, 2016

Health Priority Needs & Action Plans

Health Priority Needs

Feedback from our local surveys and community partner interviews revealed the following areas of demand and concern:

- Psychiatry and mental health support
- Access to care for the uninsured/underinsured
- Lack of services for many subspecialists (highest need in gastroenterology & neurology)
- Lack of specialists in rural areas (particularly for children with developmental issues)

While some of these areas fall outside of the scope of pediatric orthopaedic services offered by Shriners Hospitals for Children – Salt Lake City, hospital leadership has identified opportunities where SHC-SLC can make a broad impact with our patients and members of the community.

Action Plan – Psychiatry and Mental Health Support

According to the Task Force on Vision of Pediatrics, mental health care will constitute 30% or more of general pediatric practice by 2020.⁷ While mental health counseling and services are not offered by the Salt Lake City hospital, we currently have staff in place to address the social and behavioral issues often affecting children with special health care needs. Our Child Life department is staffed with licensed therapists to assist patients and families with coping mechanisms in preparing for the surgical experience and hospital stay. They provide and teach non-pharmacological techniques for pain management and support during minimally invasive, nonsurgical procedures.

In addition, our Recreation Therapy Department hosts a variety of therapeutic activities which are available to patients such as adapted sports, crafts, play sessions and entertainment while at the hospital. Outpatients can participate in hospital sponsored sporting leagues, horseback therapy and mini-camps. The hospital also hosts a week long ski and snowboard camp, as well as a summer rafting trip for amputees.

⁷Utah Pediatric Partnership to Improve Healthcare Quality UPIQ. Children's Mental Health in the Medical Home. <http://www.upiq.org/gi-resources/learning-collaborative-materials/mental-health/>. Accessed May 30, 2016.

Given the overwhelming community need surrounding pediatric mental health, the hospital has also identified the following opportunities to be addressed over the next three years:

- *Maintain annual efforts to support the Shriners Hospitals for Children national bullying awareness and prevention campaign highlighted each October in conjunction with National Bullying Prevention month.*
- *Create and display a resources page on the SHC-SLC website which will direct parents to mental health services in the area and include pediatric mental health educational materials.*

Action Plan – Access to Care for the Uninsured/Underinsured

According to a recent study conducted by the Georgetown University Health Policy Institute⁸ the Affordable Care Act contributed to a historic decline in the number of America's uninsured children. Nationwide, 6 percent of children—or 4.4 million children—remain uninsured, while the number of Utah children who don't have health insurance remained about 85,000 in 2014. This puts Utah in the bottom five states, behind Alaska, Texas, Arizona and Nevada, for high rates of uninsured children.

Based on our communication with patients and families, we have found that many uninsured parents lack awareness of the types of health care plans available to them and their children. Shriners Hospitals for Children – Salt Lake City is committed to helping uninsured families qualify for health care coverage under current ACA guidelines through our financial counseling services available to each new patient.

The mission of Shriners Hospitals for Children – Salt Lake City has always been carried out regardless of the ability of a patient or family to pay for the services provided. We are fortunate that we continue to be funded by our national endowment fund along with donations from private donors, foundations and third party fund raising efforts. Access to care at SHC-SLC for the uninsured/underinsured is provided through the following programs:

⁸ Georgetown University Health Policy Institute, Center for Children and Families, "Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements". Joan Alker and Alisa Chester. October 2015

- Shriners Hospitals for Children Charity Care is a type of financial assistance available to SHC patients and their families when the family earns less than 400% of the United States Federal Poverty Level. Charity Care is an adjustment code eliminating amounts owed for patient care, and is not a cash form of assistance.
- Shrine Assistance, is a type of financial assistance available to SHC patients and their families instead of, or in addition to, Charity Care. Shrine Assistance is an adjustment code reducing or eliminating amounts owed for patient care, and is not a form of cash assistance.

Shriners Hospitals for Children has implemented standards and requirements to identify and approve medically and/or financially needy patients who do not meet the Charity Care guidelines and/or are not eligible for public assistance or grant programs. Care or patient balances that cannot be classified as Charity Care will be considered under the Shrine Assistance guidelines, upholding the philanthropic mission of the Shriners Hospitals for Children.⁹

To supplement our financial counseling services, SHC-SLC will continue to partner with local community and public health centers to raise awareness about other health care services available outside of our orthopaedic service line offerings. As referenced by the Kaiser Family Foundation's publication on Health Reform¹⁰, Utah is home to 11 federally qualified health centers (FQHCs) operating 46 clinic sites throughout the state. These community health centers and hospitals provide access to needed primary, preventive, and acute care services for low-income and underserved residents. *Over the next three years, SHC-SLC will collaborate with our local FQHCs to provide reference materials and create a robust resource page for uninsured families on our local website.*

⁹ Shriners Hospitals for Children. Financial Assistance Policy. <http://www.shrinershospitalsforchildren.org/Financial%20Assistance>

¹⁰ The Kaiser Family Foundation, Health Reform: The Utah Health Care Landscape. <http://kff.org/health-reform/fact-sheet/the-utah-health-care-landscape/>. September 15, 2014

Action Plan – Lack of Services for Many Subspecialists (GI & Neurology)

A common theme found in the comments we obtained through our 2015 CHNA survey revealed much frustration with the lack of services for many subspecialists. Furthermore the survey results showed that in addition to orthopaedic services, pediatric gastroenterology and neurology were the top specialty services referred to most by pediatric health care providers.

Pediatric gastroenterology is simply too far outside our scope of services and thus will not be addressed by our facility in terms of adding this subspecialty to our current offerings. We are however, pursuing some contracts with local gastroenterologists to help provide services for patients attending our sub-specialty Skeletal Dysplasia and Cornelia de Lange Syndrome clinics which were introduced at our facility in the fall of 2015. These multi-specialty clinics enrich the patient experience by allowing families to visit multiple specialists in a single setting.

Neurology encompasses all aspects of medicine and surgery, but is closer to orthopaedic surgery than many other specialties¹¹. Due to this association, Shriners Hospitals for Children – Salt Lake City medical staff includes a pediatric neurologist who works closely with our orthopaedic providers in cases involved with patients affected by neurological conditions. *To keep up with this growing patient population new neuromuscular clinics have been added, with an additional neurologist on a monthly basis to help with our myopathy/neuropathy patients.*

Action Plan – Lack of Specialists in Rural Areas

Utah is home to just over 2.8 million people, making it the 33rd most populous state in the U.S. At over 82,000 square miles, Utah is the 12th largest state, but ranks 41st in population density¹². While it is a mostly rural state, the majority of the population lives in urban areas.¹³

The state is organized into 29 counties with only four of them being classified as “urban” and which 75 percent of the population resides. Twelve of Utah’s counties qualify as “rural” with a population density between 6.1 and 99.9 persons per square mile. Thirteen counties qualify as “frontier” with a population density of under 6.1 persons per square mile. Much of the state is

¹¹ Journal of Neurology, Neurosurgery and Psychiatry. 2007 Mar; 78(3): 224–232.

¹² World Atlas, United States. <http://www.worldatlas.com/aatlas/infopage/usabysiz.htm>. Accessed May 30, 2016.

¹³ The Kaiser Family Foundation, Health Reform: The Utah Health Care Landscape. <http://kff.org/health-reform/fact-sheet/the-utah-health-care-landscape/>. September 15, 2014

sparsely populated with correspondingly limited infrastructure. Twenty five of Utah's 29 counties are classified with HPSA designations. HPSA is a designation assigned by the U.S. department of Health and Human Services, Health Resource and Services Administration which indicates insufficient capacity for the delivery of health care.¹⁴

Due to the high level of HPSA designations and lack of pediatric sub-specialists in Utah's rural population areas, Shriners Hospitals for Children – Salt Lake City has identified a community health partner to assist in educating Utah's rural residents on obtaining access to needed health care. Area Health Education Center program (AHEC) is housed at the University Of Utah School Of Medicine in Salt Lake City. Similar to other AHEC programs across the nation, their mission focuses on increasing access to health care through education. *Over the next three years, SHC-SLC will collaborate with the following 3 Utah AHEC centers by providing educational offerings and health related community advocacy opportunities to health care professionals serving the rural areas of the state:*

- Northern Utah AHEC at Weber State University in Ogden, Weber County
- Crossroads AHEC at Salt Lake Community College in West Jordan, Salt Lake County
- Southern Utah AHEC at Southern Utah University's Center for Rural Health, Iron County

Another avenue for Shriners Hospitals for Children – Salt Lake City to reach medically underserved rural populations is through our numerous screening clinics which are supported by our network of Shriners International fraternal members throughout the state. The purpose of these clinics is to help identify patients in need of pediatric orthopaedic care and are often very successful in educating rural area residents of the services provided at our facility.

¹⁴ Utah Rural Health Plan. Utah Department of Health. February 2013

Additional Need Areas

Genetics Counseling

Our survey results and interviews with community health partners have also indicated a need for genetics counseling services for families with children with special health care needs. Shriners Hospitals for Children – Salt Lake City currently offers multi-disciplinary care to patients who have rare genetic disorders. Genetic counseling is available to patients and families to provide them with further insight pertaining to their physical conditions. *As mentioned with previous action items, SHC-SLC will incorporate genetic counseling resources on our local hospital website.*

Therapy Services (Speech, OT, PT)

Pediatric therapy services is another area which survey respondents expressed a lack of access to in the community. As part of the comprehensive medical care provided by Shriners Hospitals for Children – Salt Lake City, our therapy services include physical, occupational and speech therapy departments for our established patients with orthopaedic conditions. SHC-SLC is currently negotiating with our corporate headquarters to allow direct referrals to these therapy departments without first being seen in our outpatient clinic. *We will strive to put this direct-referral model in place in the next three years to accommodate the growing need for pediatric therapy services in our community.*

Acknowledgements

Data collection came from the following sources:

1. Medical Home Portal (*in collaboration with Utah Children's Care Coordination Network*)
2. Association for Utah Community Health
3. Utah School Nurses Association
4. Utah Department of Health, Children with Special Health Care Needs program
5. Utah Department of Health, Public Health Indicator Based Information Systems (IBIS)
6. Utah Department of Health, 2015 Utah Health Status Update: Health Status by Race and Ethnicity
7. Utah Department of Health, Office of Public Health Assessment, Utah Data: Behavioral Risk Factor Surveillance System
8. United States Census, 2015 Quick Facts
9. Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)
10. March 2007 Journal of Neurology, Neurosurgery and Psychiatry
11. 2016 World Atlas
12. Georgetown University Health Policy Institute, Center for Children and Families
13. The Kaiser Family Foundation, Health Reform reports
14. Utah Department of Health, 2013 Rural Health Plan
15. A survey sent out to 300 primary care providers
16. A survey distributed to 75 members of the Pediatric Practice Managers group of the American Association of Pediatrics, Utah Chapter
17. An electronic survey sent to 109 members of the Utah Children's Care Coordination Network
18. Survey data collection compiled by hospital intern, Tonya Santoro
19. Graphs by Jill Conner, Physician Liaison Manager

Exhibits

Exhibit 1: CHNA Survey



Shriners Hospitals
for Children™
Salt Lake City

As one of our valued community health partners, we are asking you to complete this brief 10-question survey. We want to identify the concerns of pediatric health care providers. Your answers will help us better respond to identified needs in our community.

Please return this survey in the enclosed postage-paid envelope or fax to 801-536-3521

1. For which specialty care services do you most often refer your patients to other providers? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Plastic surgeon |
| <input type="checkbox"/> Geneticist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Pediatric orthopaedic surgeon | <input type="checkbox"/> Pediatric general surgeon |
| <input type="checkbox"/> Otolaryngologist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Other: _____ |

2. During the past 12 months, did your patients have difficulties or delays getting the services listed above because there were **waiting lists, backlogs, services unavailable, or other problems getting appointments?**

- Yes No

If Yes, with which specialists did your patients have difficulties or delays getting services? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Plastic surgeon |
| <input type="checkbox"/> Geneticist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Pediatric orthopaedic surgeon | <input type="checkbox"/> Pediatric general surgeon |
| <input type="checkbox"/> Otolaryngologist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Other: _____ |

3. How often do you see children who are uninsured?

- Very often Sometimes Never

4. Do you routinely refer your patients for the following services? (Check all that apply.)

- Physical Therapy Occupational Therapy Speech Therapy

5. If they did not receive all the therapy services they needed, what were the reasons? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Cost was too much | <input type="checkbox"/> Dissatisfaction with therapist |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Did not know where to go |
| <input type="checkbox"/> Health Plan Problem | <input type="checkbox"/> Child refused to go |
| <input type="checkbox"/> Didn't accept child's insurance | <input type="checkbox"/> Treatment is ongoing |
| <input type="checkbox"/> Not available in area | <input type="checkbox"/> No referral |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Lack of resources at school |
| <input type="checkbox"/> Could not get appointment | <input type="checkbox"/> Forgot appointment |
| <input type="checkbox"/> Therapist did not know how to treat | <input type="checkbox"/> Didn't go to appointment |
| | <input type="checkbox"/> Other: _____ |

6. Do you routinely refer patients for the following durable medical equipment (DME) services? (Check all that apply.)

- Mobility Aids Prosthetics Orthotics Wheelchairs

7. If they did not receive all the DME services they needed, what were the reasons? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Cost was too much | <input type="checkbox"/> Did not know where to go |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Child refused to go |
| <input type="checkbox"/> Health Plan Problem | <input type="checkbox"/> No referral |
| <input type="checkbox"/> Didn't accepts child's insurance | <input type="checkbox"/> Forgot appointment |
| <input type="checkbox"/> Not available in area | <input type="checkbox"/> Didn't go to appointment |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Could not get appointment | |

8. Why do you refer children to Shriners Hospitals for Children – Salt Lake City? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Charity care policy | <input type="checkbox"/> Free-standing pediatric facility |
| <input type="checkbox"/> Only place service was available | <input type="checkbox"/> Excellent reputation |
| <input type="checkbox"/> Past experience referring children to Shriners Hospital | <input type="checkbox"/> Convenience |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Patient / Family Preference |

9. What concerns you most about pediatric health care in Utah?

10. Are there pediatric health care services you would like Shriners Hospitals for Children – Salt Lake City to offer that we currently do not?

*Please return the completed survey in the enclosed postage-paid envelope or fax to 801-536-3521.
Thank you for your time.*