

# Community Health Needs Assessment 2019



 Banner Health.

Banner Lassen Medical Center

## TABLE OF CONTENTS

<b>Executive Summary .....</b>	<b>2</b>
<b>Introduction.....</b>	<b>5</b>
Purpose of the CHNA Report.....	5
About Banner Lassen Medical Center .....	5
Definition of Community.....	7
Description of Community .....	7
Community Demographics.....	9
<b>Process and Methods Used to Conduct the CHNA.....</b>	<b>13</b>
Banner Health CHNA Organizational Structure.....	14
Primary Data / Sources.....	14
Secondary Data / Sources .....	14
Data Limitations and Information Gaps .....	15
Community Input .....	15
Prioritization of Community Health Needs .....	16
<b>Description of Prioritized Community Health Needs .....</b>	<b>17</b>
Priority #1: Access to Care.....	17
Priority #2: Chronic Disease .....	19
Priority #3: Substance Abuse / Behavioral Health .....	21
Needs Identified but not Prioritized.....	22
<b>2016 CHNA Follow Up and Review .....</b>	<b>23</b>
Feedback on Preceding CHNA / Implementation Strategy .....	23
Impact of Actions Taken Since Preceding CHNA .....	23
<b>Appendix A. Resources Potentially Available to Address Needs.....</b>	<b>24</b>
<b>Appendix B. List of Data Sources.....</b>	<b>25</b>
Primary Data Sources .....	25
Focus Groups.....	26
<b>Appendix C. Steering Committee and Community Advisory Council Members .....</b>	<b>27</b>
Steering Committee .....	27
CHNA Facility-Based Champions .....	28
External Stakeholders.....	28
<b>Appendix D. Materials used in Focus Group.....</b>	<b>33</b>

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## EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (ACA) has requirements that nonprofit hospitals must satisfy to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by the ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to address the identified needs for the community at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals in the community, including public health experts as well as residents, representatives or leaders of low-income, minority, and medically underserved populations.

As part of the process for evaluating community need, a Banner Health CHNA Steering Committee was formed. This committee, which was commissioned to guide the CHNA process, was comprised of professionals from a variety of disciplines across the organization. This steering committee has provided guidance in all aspects of the CHNA process, including development of the process, prioritization of the significant health needs identified and development of the implementation strategies, anticipated outcomes, and related measures. A list of the steering committee members can be found in Appendix B.

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of Susanville, California as well as those in its primary service area (PSA). For the purposes of this report, the primary service area is defined as the area where the top 75 percent of patients for the respective facility originate from. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Headquartered in Phoenix, Arizona, Banner Health is one of the nation's largest nonprofit health care systems and is guided by our nonprofit mission: "Making health care easier, so life can be better." This mission serves as the cornerstone of operations at our 28 acute care facilities located in small and large, rural and urban communities spanning 6 western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than \$113M annually in charity care – treatment without expectation of being paid. As a nonprofit organization, we reinvest revenues to add new hospital beds, enhance patient care and support services, expand treatment technologies, and maintain equipment and facilities. Furthermore, we subsidize medical education costs for hundreds of physicians in our residency training programs in Phoenix and Tucson, Arizona and Greeley, Colorado.

With organizational oversight from a 13-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 50,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, urgent cares, clinics, surgery centers, home care, and other care settings.

While we have the experience and expertise to provide primary care, hospital care, outpatient services, imaging centers, rehabilitation services, long-term acute care and home care to patients facing virtually any health conditions, we also provide an array of core services and specialized services. Some of our core services include: cancer care, emergency care, heart care, maternity services, neurosciences, orthopedics,

pediatrics and surgical care. Specialized services include behavioral health, burn care, high-risk obstetrics, Level 1 Trauma care, organ and bone marrow transplantation and medical toxicology. We also participate in a multitude of local, national and global research initiatives, including those spearheaded by researchers at our three Banner- University Medical Centers, Banner Alzheimer’s Institute and Banner Sun Health Research Institute.

Ultimately, our unwavering commitment to the health and well-being of our communities has earned accolades from an array of industry organizations, including distinction as a Top 5 Large Health System three out of the five past years by Truven Health Analytics (formerly Thomas Reuters) and one of the nation’s Top 10 Integrated Health Systems according to SDI and Modern Healthcare Magazine. Banner Alzheimer’s Institute has also garnered international recognition for its groundbreaking Alzheimer’s Prevention Initiative, brain imaging research and patient care programs. Further, Banner Health, which is the second largest private employer in both Arizona and Northern Colorado, continues to be recognized as one of the “Best Places to Work” by Becker’s Hospital Review.

In the spirit of the organization’s continued commitment to providing excellent patient care, Banner Health conducted a thorough, system wide Community Health Needs Assessment (CHNA) within established guidelines for each of its hospital and healthcare facilities with the following goals at the heart of the endeavor:

- Effectively define the current community programs and services provided by the facility.
- Assess the total impact of existing programs and services on the community.
- Identify the current health needs of the surrounding population.
- Determine any health needs that are not being met by those programs and services, and/or ways to increase access to needed services.
- Provide a plan for future programs and services that will meet and/or continue to meet the community’s needs.

The CHNA results have been presented to the leadership team and board members to ensure alignment with the system-wide priorities and long-term strategic plan. The CHNA process facilitates an ongoing focus on collaboration with governmental, nonprofit and other health-related organizations to ensure that members of the community will have greater access to needed health care resources.

Banner Health has a strong history of dedication to community and of providing care to underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and / or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve.

For Banner Lassen Medical Center’s leadership team, this has resulted in an ongoing commitment to continue working closely with community and healthcare leaders who have provided solid insight into the specific and unique needs of the community since the previous cycle. In addition, after accomplishing measurable changes from the actions taken in the previous CHNAs, we have an improved foundation to

work from. United in the goal of ensuring that community health needs are met now, and, in the future, these leaders will remain involved in ongoing efforts to continuously assess health needs and subsequent services.

## INTRODUCTION

### PURPOSE OF THE CHNA REPORT

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Banner Lassen Medical Center. The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets requirements of the ACA that nonprofit hospitals conduct a CHNA at least once every three years.

Banner Lassen Medical Center is dedicated to enhancing the health of the communities it serves. The findings from this CHNA report serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax requirements set forth in Internal Revenue Code Section 501(r) requiring hospital facilities owned and operated by an organization described in Internal Revenue Code Section 501(c)(3) to conduct a CHNA at least once every three years. Regarding the CHNA, the ACA specifically requires nonprofit hospitals to:

1. Collect and take into account input from public health experts, community leaders, and representatives of high need populations – this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions;
2. Identify and prioritize community health needs;
3. Document a separate CHNA for each individual hospital; and,
4. Make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs.

This is the third cycle for Banner Health, with the second cycle completed in 2016. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health's board on December 6, 2019.

This report is widely available to the public on the hospital's website [bannerhealth.com](http://bannerhealth.com), and a paper copy is available for inspection upon request at [CHNA.CommunityFeedback@bannerhealth.com](mailto:CHNA.CommunityFeedback@bannerhealth.com)

Written comments on this report can be submitted by email to:  
[CHNA.CommunityFeedback@bannerhealth.com](mailto:CHNA.CommunityFeedback@bannerhealth.com)

### ABOUT BANNER LASSEN MEDICAL CENTER

Banner Lassen Medical Center (Banner Lassen) is a 25-bed critical access hospital located in the northeast corner of the state in Susanville, California, the county seat of Lassen County. The hospital was built over a decade ago, opening in May 2003 to serve Susanville and the outlying rural communities of Lassen County. The medical center has served the community for nearly 20 years, during that time it has never

strayed from the community focus, constantly striving to live the Banner Health mission of, “Making health care easier, so life can be better”.

Banner Lassen is committed to providing a wide range of quality care, based on the needs of the community, including the following services:

- Cancer Care
- Infusion Therapy
- Diagnostic Evaluations for Heart and Vascular Conditions
- Digital Mammography and Bone Density Testing
- Emergency Care
- Laboratory
- Maternity Services
- Medical Imaging (X-Ray)
- Sleep Studies
- Surgical Services
- Women’s Services

The staff of 108 physicians and allied health professionals, alongside 214 employees and 2 volunteers, provide personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Banner Lassen Medical Center’s health professionals render care to more than – 40,000 outpatients, nearly 4,000 inpatients, and around 11,000 patients in the Emergency Department (ED). The staff also welcomes an average of 200 newborns into the world each year.

This facility serves the city of Susanville and Lassen County with advanced technology not typical of a facility of its size. Physicians and clinical personnel document patient data in an electronic medical record rated at the highest level of implementation and adaptation by HIMSS Analytics, a wholly owned nonprofit subsidiary of the Healthcare Information and Management Systems Society.

It also offers leading edge technology to support early detection and diagnosis of breast cancer. Digital mammography is a cornerstone of the hospitals’ diagnostic imaging resources in its Women’s Services department.

To help meet the needs of uninsured community members, Banner Lassen Medical Center follows the Banner Health process for financial assistance, including financial assistance and payment agreements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2018, Banner Lassen Medical Center reported \$1,185,000 in Charity Care for the community while we wrote off an additional \$1,868,000 in bad debt, or uncollectable money owed to the facility.

Banner Lassen is focused on meeting the needs across the community. The administration actively participates in the Lassen County Healthcare Collaborative. The collaborative focus is to improve the health of the community. The administrative team of the hospital meets quarterly with representatives from the correctional facilities and ambulance services to address immediate health care issues and

collaborate on medical education to support staff in all three entities. It regularly supports the following community organizations and events:

- Lassen County Fair
- Lassen Land and Trails Trust
- Lassen High School Athletics
- Miss Lassen County Pageant
- Sober Graduation
- Northern California Cancer Advocates
- Lassen Family Services
- Lassen Community College Foundation Scholarship Fund
- Susanville Symphony.

### DEFINITION OF COMMUNITY

Banner Lassen Medical Center is located within Susanville, California. Marked by its heritage as a former logging and mining town, Susanville is recognized for providing a welcoming rural atmosphere, clean environment, and accessibility to outdoor activities.

Lassen County encompasses 4,541 square miles. The county is approximately the size of the state of Connecticut. The geography is extremely varied, with volcanic mountains in the west, the Modoc Plateau volcanic uplands in the center, and basin and range land in the east. Part of Lassen Volcanic National Park is included in Lassen County. Susanville is the only incorporated city in the county with a total population on 23,000.

Lassen County has an estimated population of approximately 35,550 people, 70 percent of whom reside in the city of Susanville. It must be noted that nearly 30 percent of the population is incarcerated in one of the two state or one federal prisons located in Lassen County. The population is growing slightly, however; it is driven mostly by unemployed or incarcerated people. This significantly reduces the number of residents that participate in the labor force, have expendable income, or utilize public services.

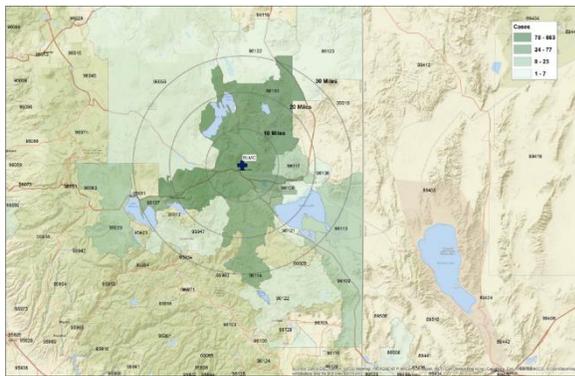
### DESCRIPTION OF COMMUNITY

#### Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75 percent of patients for the respective facility originate from. Table 1 the top ~75 percent of the Banner Lassen Medical Center PSA is listed.

Table 1. Primary Service Area				
Zip	County	City	%	Cumulative
96130	Lassen	Susanville	68.7%	68.7%
96114	Lassen	Janesville	8.0%	76.7%

Source: McKesson, 2018



Source: Banner Strategy and Planning

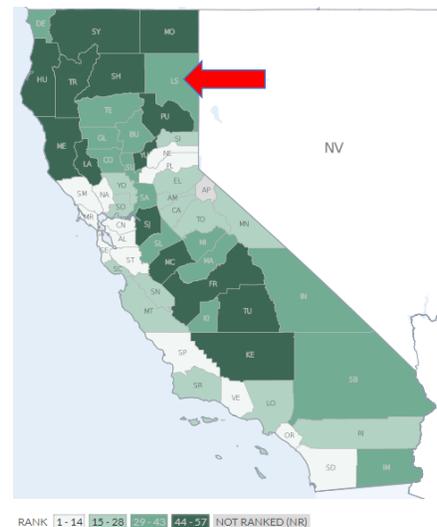
### Hospital Inpatient Discharges and Map

Banner Lassen Medical Center’s Inpatient Origin by Zip Code data informs the primary service area. For the 2019 CHNA report the data derives from the 2018 calendar year and is determined by the top 3 contiguous quartiles, equaling 75 percent of total discharges. The City of Susanville accounted for 69 percent of BLMC’s inpatient discharges in 2018. An additional 8 percent of discharges derives from the town of Janesville.

### Health Outcomes Ranking and Map

2019 California County Health Outcomes Rankings: Lassen County ranked #39 of the 57 participating counties, lower in ranking when compared to the 2016 health outcomes (#31 of the 57). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:

- Length of Life: measuring premature death and life expectancy.
- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2019)

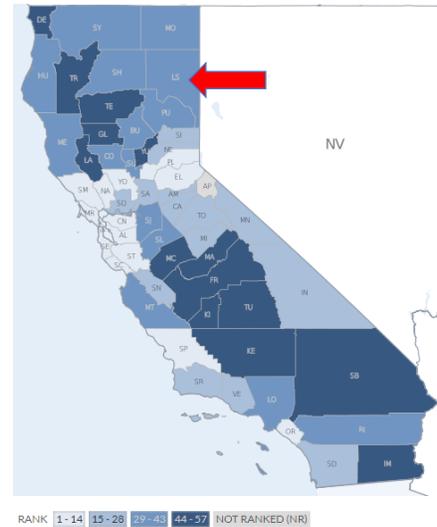


Source: County Health Rankings and Roadmaps, 2018

### Health Factors Ranking and Map

2019 California County Health Factors Rankings: Lassen County ranked #38 of 57 participating counties, an increase in ranking compared to the 2016 health factors (#43 of 57). Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:

- Health Behaviors: rates of alcohol and drug abuse, diet and exercise, sexual activity, and tobacco use.
- Clinical Care: showing the details of access to quality of health care.
- Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
- Physical Environment: measuring air and water quality, as well as housing and transit. (County Health Rankings, 2019)



Source: County Health Rankings and Roadmaps, 2018

### COMMUNITY DEMOGRAPHICS

Table 2 provides the specific age, gender distribution, and data on key socio-economic drivers of health status of the population in the Banner Lassen Medical Center primary service area compared to Lassen County and the state of California.

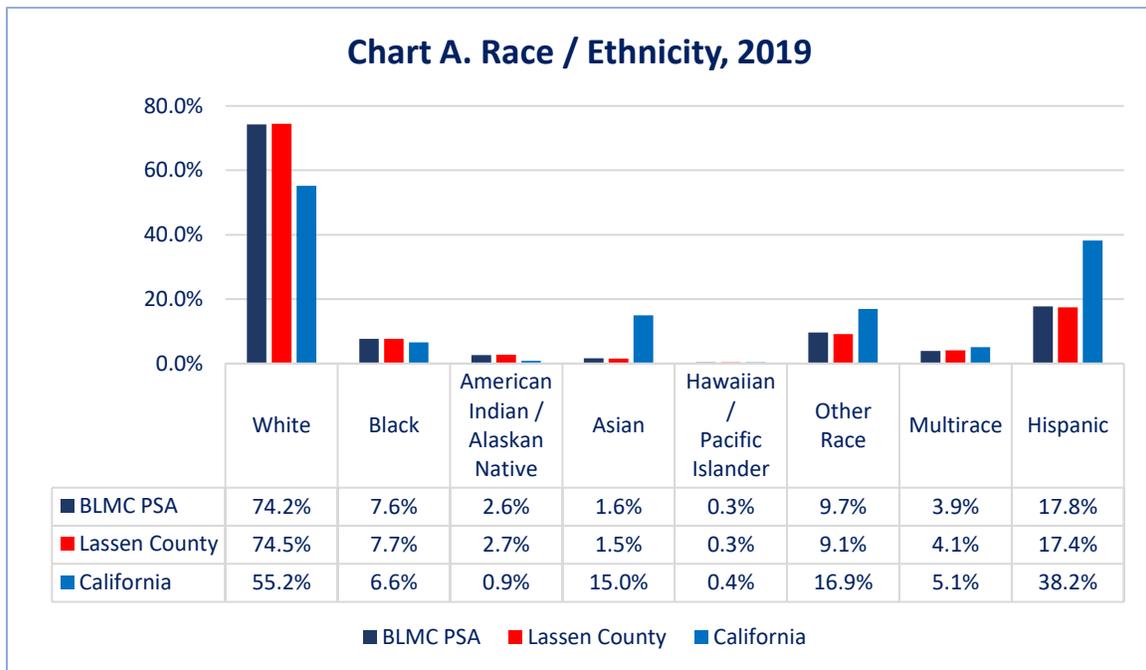
	Banner Lassen Medical Center	Lassen County	California
<b>Population: estimated 2018</b>	26,822	33,631	39,698,218
<b>Gender</b>			
• Male	61.5%	60.9%	49.6%
• Female	38.5%	39.1%	50.4%
<b>Age</b>			
• 0 to 9 years	9.5%	9.4%	12.6%
• 10 to 19 years	10.5%	10.1%	12.9%
• 20 to 34 years	25.3%	24.5%	21.9%
• 35 to 64 years	39.2%	39.5%	38.3%
• 65 to 84 years	13.5%	14.4%	12.3%

• 85 years and over	1.9%	2.0%	1.9%
<b>Social &amp; Economic Factors</b>			
• 25+ no HS diploma	12.8%	12.4%	7.8%
• Median Household Income	\$59,900.00	\$56,800.00	\$78,200.00
• Unemployment	4.8%	5.2%	4.8%

Source: Advisory Board 2019

**Race/Ethnicity (PSA, County and State)**

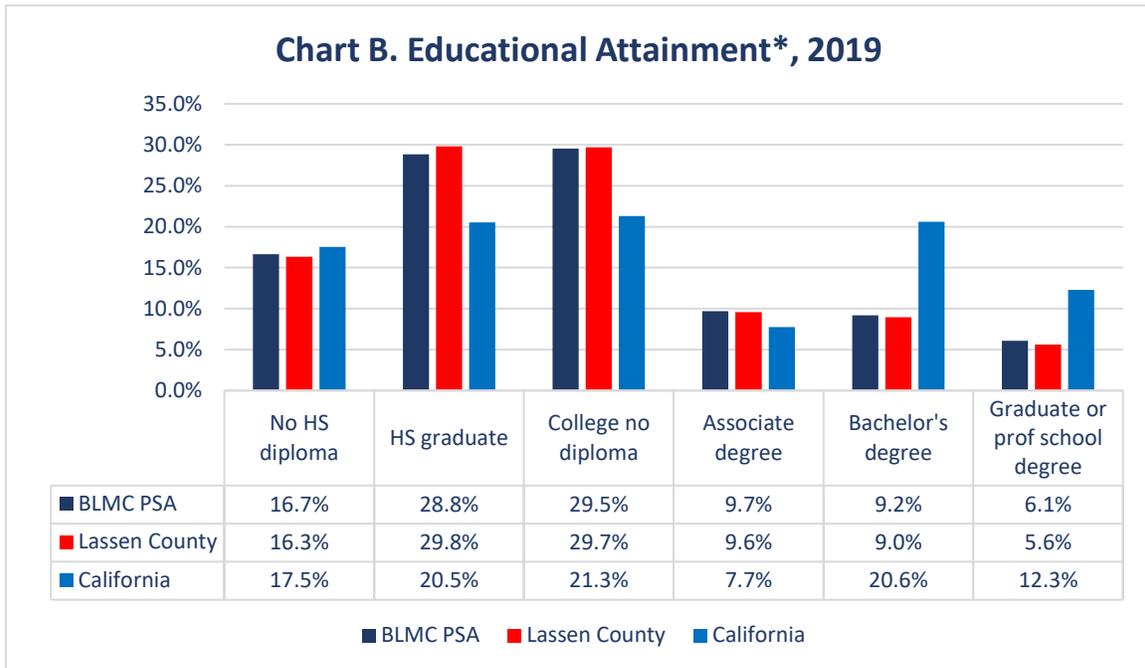
Banner Lassen Medical Center and Lassen County have a relatively equal population of white (74.2% and 74.5%) compared to the State of California (55.2%) which is much lower. The prevalence of the population being Hispanic and Asian is higher in California overall compared to the County and BLMC’s PSA. The PSA and county have nearly triple the population size of American Indian / Alaskan Native compared to the state.



Source: Advisory Board 2019

**Educational Attainment (PSA, County and State)**

Banner Lassen Medical Center’s PSA and the county have lower rates compared to the state in having no HS diploma, albeit minimal. Both the primary service area and county have lower rates in the population obtaining degrees of higher education in comparison to the state.

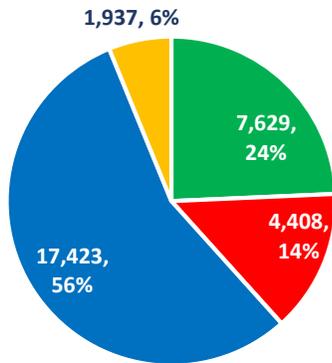


\*Over the Age of 25; Sources: Crimson, Advisory Board, 2019

**Insurance Coverage Estimates for PSA and State of California**

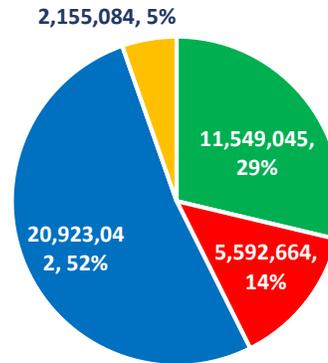
The charts below indicate for both the PSA and the state the majority of the population utilizes private health insurance at over 50 percent. Utilization of Medicaid and Medicare is higher in California at 44 percent, with the PSA population utilizing Medicaid and Medicare at 38 percent.

**Chart C. Banner Lassen PSA**



■ Medicaid ■ Medicare ■ Private ■ Uninsured

**Chart D. California**



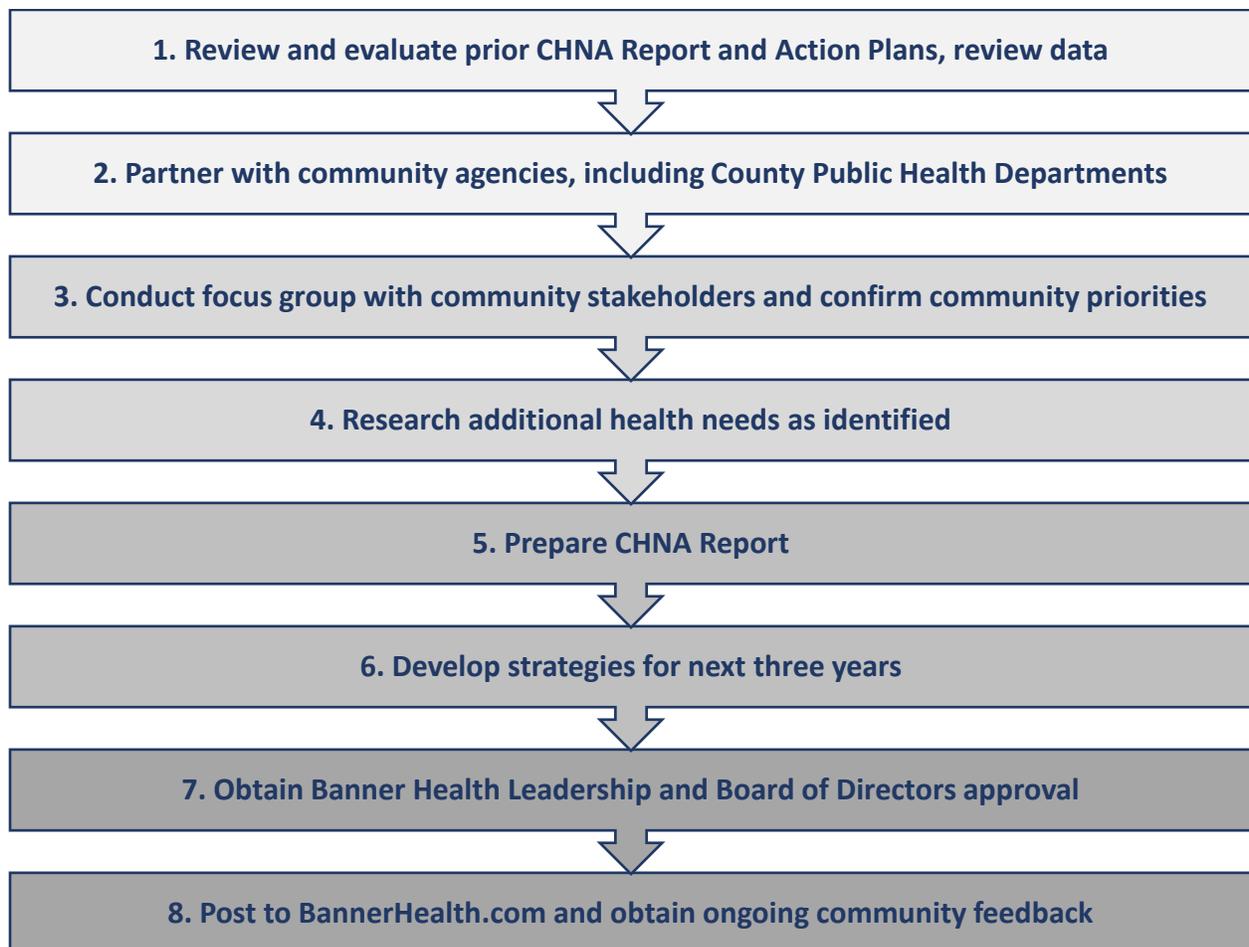
■ Medicaid ■ Medicare ■ Private ■ Uninsured

Source: 2017-18 California State Data, Truven

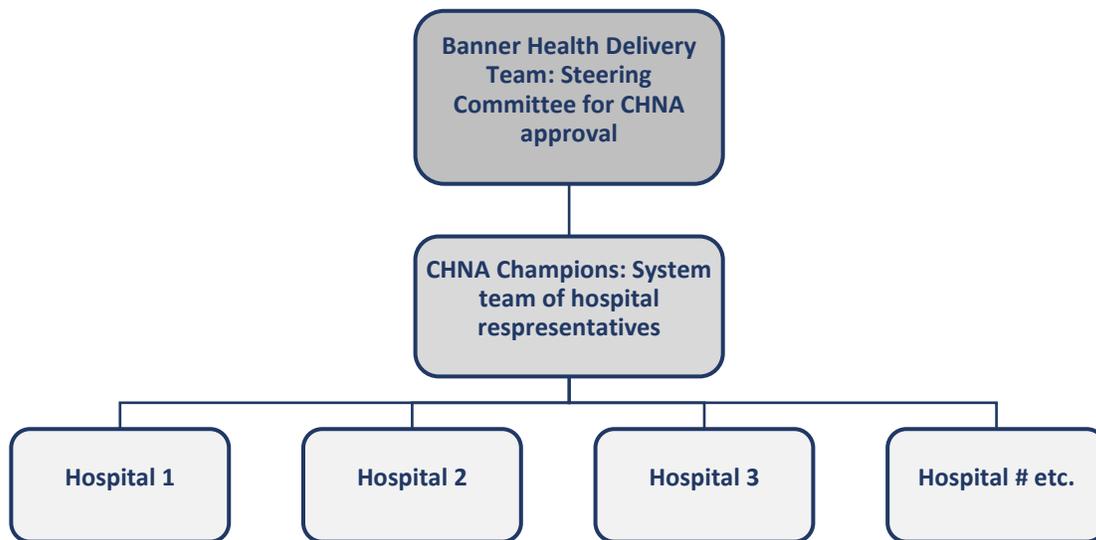
## PROCESS AND METHODS USED TO CONDUCT THE CHNA

Banner Lassen Medical Center’s process for conducting Community Health Needs Assessments (CHNAs) leveraged a multi-phased approach to understanding gaps in services provided to its community, as well as existing community resources. A focused approach to understanding unmet needs especially for those within underserved, uninsured and minority populations included a detailed data analysis of national, state and local data sources, as well as obtaining input from leaders within the community.

Banner Lassen Medical Center’s eight step process based on experience from previous CHNA cycles is demonstrated below. The process involves continuous review and evaluation of our CHNAs from previous cycles, through both the action plans and reports developed. Through each cycle Banner Health and Banner Lassen Medical Center has been able to provide consistent data to monitor population trends.



## BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE



### PRIMARY DATA / SOURCES

Primary data, or new data, consists of data that is obtained via direct means. For Banner, by providing health care to patients, primary data is created by providing that service, such as inpatient / outpatient counts, visit cost, etc. For the CHNA report, primary data was also collected directly from the community, through stakeholder meetings.

The primary data for the Community Health Needs Assessment originated from Cerner (Banner's Electronic Medical Record) and McKesson (Banner's Cost Accounting / Decision Support Tool). These data sources were used to identify the health services currently being accessed by the community at Banner locations and provides indicators for diagnosis-based health needs of our community. This data was also used to identify the primary services areas and inform the Steering Committee (Appendix C) and facility champions on what the next steps of research and focus group facilitation needed to entail.

### SECONDARY DATA / SOURCES

Secondary data includes publicly available health statistics and demographic data. With input from stakeholders, champions, and the steering committee, additional health indicators of special interest were investigated. Comparisons of data sources were made to the county, state, and PSA if possible.

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. Data reviewed included information around demographics, population growth,

health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors and existing community resources. Several sources of data were consulted to present the most comprehensive picture of Banner Lassen Medical Center’s PSA’s health status and outcomes.

### DATA LIMITATIONS AND INFORMATION GAPS

Although the data sources provide an abundance of information and insight, data gaps still exist, including determining the most appropriate depth and breadth of analyses to apply. Additional gaps include:

<b>Table 3. Data Limitations and Information Gaps</b>	
<b>Data Type</b>	<b>Data Limitations and Data Gaps</b>
<b>Primary Data</b>	<ul style="list-style-type: none"> <li>• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups.</li> <li>• Limited data is available on diabetes prevalence and health risk and lifestyle behaviors (e.g. nutrition, exercise) in children.</li> </ul>
<b>Secondary Data</b>	<ul style="list-style-type: none"> <li>• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups.</li> <li>• Data not available at the county and zip code level regarding drug misuse disorder including vaping</li> <li>• Public transportation data is based on commuter’s data</li> </ul>

### COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with Banner Lassen Medical Center’s leadership to identify those impacted by a lack of health-related services. The gaps identified were used to drive the conversation in facilitating Community Stakeholder Focus Group. Focus group participants involved PSA community leaders, community focused programs, and community members, all of which represented the uninsured, underserved, and minority populations. The focus group (through a facilitated conversation) reviewed and validated the data, providing additional health concerns and feedback on the underlying issues for identified health concerns. A list of the organizations that participated in the focus groups can be found under Appendix C and a list of materials presented to the group can be found under Appendix D.

## PRIORITIZATION OF COMMUNITY HEALTH NEEDS

To be considered a health need the following criteria was taken into consideration:

- The county had a health outcome or factor rate worse than the state / national rate
- The county demonstrated a worsening trend when compared to state / national data in recent years
- The county indicated an apparent health disparity
- The health outcome or factor was mentioned in the focus group
- The health need aligned with Banner Health’s mission and strategic priorities

Building on Banner Health’s past two CHNAs, our steering committee and facility champions worked with Banner Health corporate planners to prioritize health needs for Cycle 3 of the CHNA. Facility stakeholders, community members, and public health professionals were among major external entities involved in identifying health needs, which were then brought to the steering committee. Both Banner Health internal members, and external entities were strategically selected for their respective understanding of community perspectives, community-based health engagement, and health care expertise.

Using the previous CHNAs as a tool, the steering committee reviewed and compared the health needs identified in 2019 to the previous health needs. The group narrowed the community health needs to three. It was determined that Banner Health, as a health system would continue to address the same health needs from Cycle 2, the 2016 CHNA, due to the continued impact these health needs have on the overall health of the community. These needs and the strategies to address the needs align with the short- and long-term goals the health system has, specific strategies can be tailored to the regions Banner Health serves, and the health needs can address many health areas within each of them. The graphic below lists the three health needs and the areas addressed by the strategies and tactics.

Access to Care	Chronic Disease Management	Behavioral Health
<ul style="list-style-type: none"><li>•Affordability of care</li><li>•Uninsured and underinsured</li><li>•Healthcare provider shortages</li><li>•Transportation barriers</li></ul>	<ul style="list-style-type: none"><li>•High prevalence of: heart disease, diabetes, and cancer</li><li>•Obesity and other factors contributing to chronic disease</li><li>•Health literacy</li></ul>	<ul style="list-style-type: none"><li>•Opioid Epidemic</li><li>•Vaping</li><li>•Substance abuse</li><li>•Mental health resources and access</li></ul>

## DESCRIPTION OF PRIORITIZED COMMUNITY HEALTH NEEDS

Banner Health has a strong history of dedication to its community and of providing care to the underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and / or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve. The following statements summarize each of the areas of priority for Banner Lassen Medical Center and are based on data and information gathered through the CHNA process.

### PRIORITY #1: ACCESS TO CARE

Access to care is a critical component to the health and wellbeing of community members. Often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventative and maintenance health care. This can be very costly, both to the individuals and the health care system. Focus group participants overwhelmingly felt that access to care is an important issue for the community.

Low-income populations are known to suffer at a disproportionate rate to a variety of chronic ailments, delay medical care, and have a shorter life expectancy compared to those living above the poverty level (Elliott, Beattie, Kaitfors, 2001). Understanding income and its correlation to access to care, primarily through access to health insurance, is necessary to understand the environmental factors that influence a person’s health. Research supports the correlation between income and health, compared to high-income Americans those with low-incomes have higher rates of heart disease, diabetes, stroke, and other chronic conditions (Khullar, Dhruv, Chokshi, 2018).

Table 4 breaks down the percentage of the community living in various states below federal poverty levels. Nearly one third of Lassen County population lives at 200 percent below the federal poverty level.

<b>Table 4. Percentage Below Federal Poverty Level (FPL) 2013 – 2017</b>			
	<b>Lassen County</b>	<b>California</b>	<b>US</b>
<b>Population Below FPL</b>			
<b>50%</b>	6.55%	6.55%	6.48%
<b>100%</b>	14.64%	15.1%	14.58%
<b>185%</b>	29.85%	31.28%	30.11
<b>200%</b>	31.8%	33.91%	32.75%

<b>Children Below FPL</b>			
<b>100%</b>	20.72%	20.77%	20.31%
<b>200%</b>	40.34%	43.67%	42.24%

*Source: U. S. Census Bureau, American Community Survey, 5-Year Estimates, 2013 – 2017*

In Lassen County, 22.7 percent of the population lives within a Health Professional Shortage Area (HPSA). An HPSA is a designation indicating a health care provider shortage in primary, dental, and / or mental health. In the US 23.3 percent of the population is living in an area affected by a HPSA compared to 19.4 percent of California. Living in an HPSA is an indicator for health access and health status issues (HHS, February 2019).

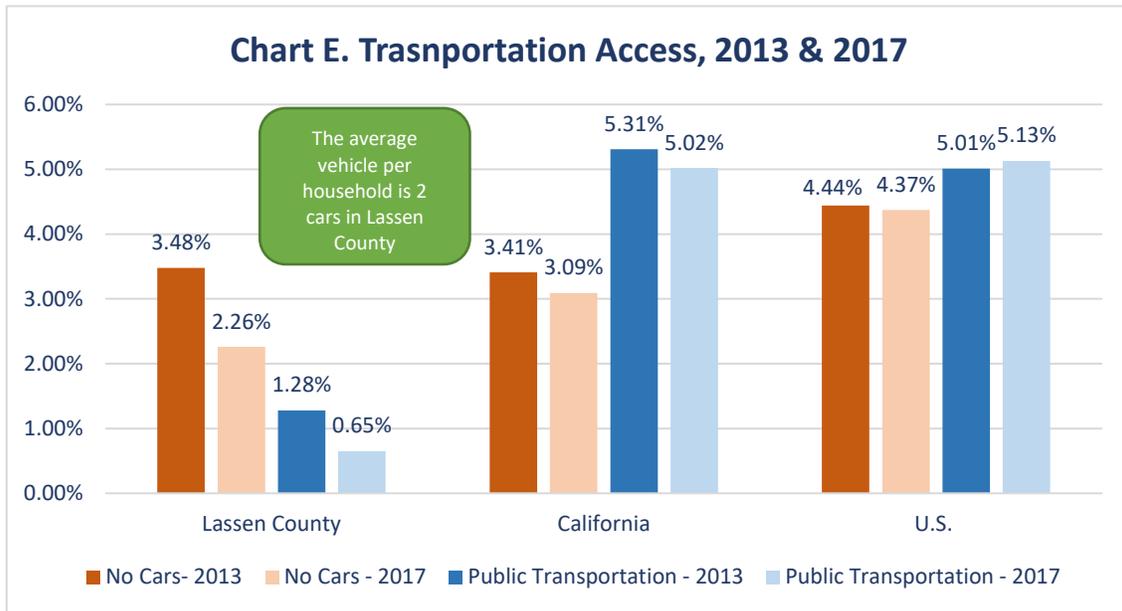
The result of living in an HPSA is that Lassen County has a high unmet need of physicians. Table 5 shows the ratio of population to primary care physicians, in 2019 Lassen County has twice the population receiving care from a primary care physician as California.

<b>Table 5. Ratio of Population to Primary Care Physicians</b>			
	<b>Lassen County</b>	<b>California</b>	<b>Top U.S. Performers</b>
<b>2017</b>	2,120:1	1,280:1	1,040:1
<b>2018</b>	2,410:1	1,280:1	1,030:1
<b>2019</b>	2,570:1	1,270:1	1,050:1

*County Health Rankings, 2017-2019*

Transportation barriers are often associated as a barrier to healthcare access – including missed appointments, delayed care, and missed / delayed medication use. Which can result in poor health management, leading to poor health outcomes (Syed, Gerber, Sharp, 2013).

Less than 3.5 percent of Lassen County residents had no car in 2013, that decreased in 2017 to nearly two percent of the population with no car, an increase in car ownership. For this report we have used commuter data to interpret general utilization of public transportation for the population. In California and Lassen County utilization of public transportation has decreased from 2013 to 2017. Public transportation access is a critical factor for low income families is accessing healthcare. Lack of utilization of the public services can have a long-term effect on funding, maintenance, and growth of public transportation options. The transportation barriers in Chart E can have an impact on access to care due to the lack of alternative transportation methods.



## PRIORITY #2: CHRONIC DISEASE MANAGEMENT

Chronic diseases such as cancer, diabetes, and heart disease affect the health and quality of life of Lassen County residents, but they are also major drivers in health care costs. Cancer is the number one cause of premature death in Lassen County followed closely by heart disease, this is the same in California.

In Table 6 you can see that while the rate of heart disease in California is 87.4 per 100,000 residents, it is even higher in Lassen County (where the PSA for BLMC lies). This trend of higher rates of occurrence in Lassen County compared to California is consistent with the list of top ten causes of premature death. However, there are two exceptions, incidence of death from Alzheimer’s Disease in Lassen County is significantly less than the state average, (15.2 per 100,000 residents compared to 35.7 per 100,000) and incidence of stroke (22.6 per 100,000 residents compared to 36.3 per 100,000).

	Lassen County	California
<b>Heart Disease</b>	105.2	87.4
<b>Cancer (All)</b>	131.3	137.4
<b>Chronic Lower Respiratory Disease*</b>	44.4	32.0
<b>Stroke</b>	22.6	36.3

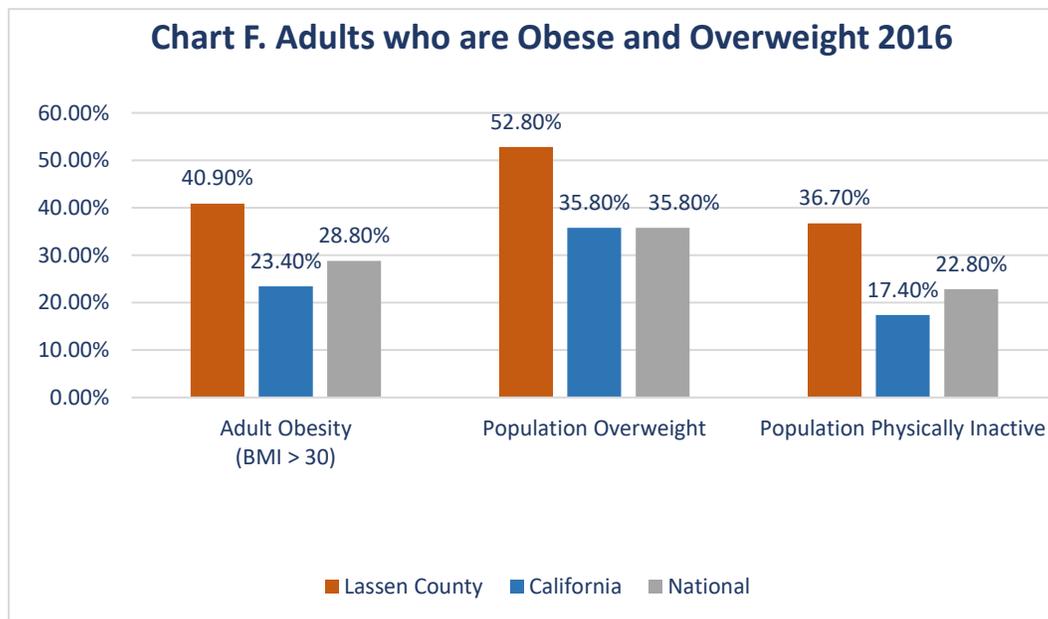
<b>Alzheimer’s Disease</b>	15.2	35.7
<b>Influenza &amp; Pneumonia</b>	25.8	14.2
<b>Diabetes Mellitus</b>	21.3	21.2
<b>All Causes</b>	704.7	610.3
<i>*Chronic Lower Respiratory Disease: chronic bronchitis, emphysema, and asthma</i>		

*California Department of Public Health, 2019*

Lassen County has a higher percentage of the population who is obese compared to state and national rates (Chart F). Obesity is defined as having a Body Mass Index (BMI) score greater than 30 (BMI > 30.0), while being overweight, a precursor to obesity is defined as having a BMI from 25 to 30 (CDC, 2015). Body Mass Index is determined by a person’s height and weight. Obesity as well as community environmental factors such as physical inactivity and food access can contribute to chronic diseases (CDC, 2017).

Chart F shows the populations national, state, and county trends of obesity and physical inactivity prevalence. Lassen County has an adult obesity rate higher than both state and national averages, the data indicates nearly half of the population is obese this correlates with physical inactivity also being higher in Lassen County (County Health Rankings, 2019). Lassen County has over a third of the population living in a census tract with no or low access to healthy retail food stores (CDC, 2011). Access to foods, specifically to fresh and healthy food can become a strong indicator for positive health behaviors and grocery stores and a key way to measure access.

*National Center for Chronic Disease Prevention and Health Promotion, 2019*



### **PRIORITY #3: BEHAVIORAL HEALTH (SUBSTANCE ABUSE / DEPRESSION / BEHAVIORAL HEALTH)**

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorder; and substance abuse issues, including opioid addiction, alcohol, illicit drugs, and tobacco. According to Substance Abuse and Mental Health Services Administration in 2018 47.6 million U.S. adults experienced mental illness, representing 1 in 4 adults or 19.1 percent of the adult population in the U.S (SAMHSA, 2019). In Lassen County the ratio of the population to Mental Health Providers is slightly higher compared to the state and national averages, this lack of access to a mental health provider can have reverberating effects on the behavioral health of a community.

<b>Table 7. Access to Mental Health Care Providers in 2019</b>			
	<b>Lassen County</b>	<b>California</b>	<b>US</b>
<b>Ratio of Population to Mental Health Providers</b>	330:1	310:1	310:1

*Source: County Health Rankings, 2019*

2019 County Health Data indicates 11 percent of the adult population reported 14 or more poor mental health days in a month, this is equal to California’s and higher than the top U.S performing counties (County Health Ranking, 2019). In California 15.4 percent of the population reports they have been told they have a form of depression by a medical professional, which is lower when compared to the national rate of 19.6 percent (CDC, 2015). In Lassen County, the prevalence of suicide is higher compared the state at 25 per 100,000 to 10.4 per 100,000 respectively (CDPH, 2019).

The opioid crisis is affecting communities throughout the United States, in California there has been a steady increase in the number of prescription opioids deaths from 2015 to 2017. In 2017 there were 2,199 reported cases of overdose deaths involving opioids, 53 percent involved prescription opioids, 33 percent involved heroin, and 24 percent involved synthetic opioids, mainly fentanyl. From 2015 to 2017 the greatest increase in opioid deaths in California has involved fentanyl, from 229 deaths to 536 deaths (NIH, 2019).

Lung disease as the result of vaping is a rising health concern, specifically its effects on the health and health behaviors of youth, as of November there are currently over 2,000 confirmed and probable cases, not including cases that are under investigation. Vaping has affected 36 states, resulted in nearly 50 deaths, and the numbers continue to rise (CDC, September 2019). Characteristics that factor into an adolescent smoking include, older age (High School aged), being male, being white (compared to Black and Hispanic adolescents), lacking college plans, having parents who are not college educated, and experiencing highly stressful events (HHS, 2019).

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## **NEEDS IDENTIFIED BUT NOT PRIORITIZED**

The focus group identified the following as additional areas of health needs: oral care, including caries and dental care education; the homeless population, and their access to health services and preventative health programs; lack of daycare services, specifically infant care; lack of transportation; and, lack of housing in the community. Because some of these health needs were being addressed through strategies and tactics within the prioritized health needs or were areas where Banner Lassen Medical Center could not address the health need solely, the focus group decided not to focus on these health needs at this time.

## 2016 CHNA FOLLOW UP AND REVIEW

### FEEDBACK ON PRECEDING CHNA / IMPLEMENTATION STRATEGY

In the focus groups the facilitators referred to the cycle 2 CHNAs significant areas. Specific feedback on the impact the strategies developed to address the health need is included in Table 8 below. In addition, the link to the 2016 report was posted on the Bannerhealth.com website and made widely available to the public. Over the past three years little feedback via the email address has been collected, but the account has been monitored.

In order to comply with the regulations, feedback from cycle 3 will be solicited and stored going forward. Comments can be sent to [CHNA.CommunityFeedback@bannerhealth.com](mailto:CHNA.CommunityFeedback@bannerhealth.com)

### IMPACT OF ACTIONS TAKEN SINCE PRECEDING CHNA

Table 8 indicates what actions have been taken on the cycle 2 CHNA action plan in creating impact in the Banner Lassen Medical Center PSA.

<b>Table 8. Implementation Strategies 2016 for Banner Lassen Medical Center Primary Service Area</b>
<b>Significant Need #1: Access to Care</b>
<b>Strategy #1: Improve access to primary care services.</b>
<b>Impact of Strategy</b> <ul style="list-style-type: none"> <li>• Developed the Lassen Healthcare Collaborative</li> <li>• Collaboration with other local healthcare resources to align patients with services.</li> <li>• We have implemented a service of offering educational materials and links to community resources related to the insurance marketplace.</li> <li>• Free health activities continue to be scheduled and attended by the community.</li> <li>• We are continuing to promote participation in MyBanner, our online patient portal.</li> </ul>
<b>Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)</b>
<b>Strategy #1: Increase personal management of Chronic Disease</b>
<b>Impacts of Strategy:</b> <ul style="list-style-type: none"> <li>• We continue to work towards increasing the rate of mammography screenings.</li> <li>• Banner Lassen works with the community in providing educational programs to educate the community on chronic disease.</li> <li>• We provided manicures, Massages, and Mammograms in helping our patients have a holistic approach to managing their health needs.</li> </ul>
<b>Significant Need #3: Behavioral health (Mental Health &amp; Substance Abuse)</b>
<i>No, we have not implemented Banner Health identified tactics to achieve this strategy.</i>

## APPENDIX A. RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to address the three priority needs:

Name of Organization	Phone Number	Address	Priority Area
Banner Health Family Practice Clinic	530-257-5730	1680 Paul Bunyan Rd Susanville, CA 96130	AC
Banner Health Family Practice Clinic	530-257-5730	1680 Paul Bunyan Rd Susanville, CA 96130	CD
Banner Health Surgery Clinic	530-252-2500	1345A Paul Bunyan Rd Susanville, CA 96130	Other
Northeastern Rural Health Clinic	530-251-5000	1850 Spring Ridge Drive Susanville, CA 96130	AC
Northeastern Rural Health Clinic	530-251-5000	1850 Spring Ridge Drive Susanville, CA 96130	BH / SA
Northeastern Rural Health Clinic	530-251-5000	1850 Spring Ridge Drive Susanville, CA 96130	CD
Hal L. Meadows, M.D.	530-257-7251	705 West Street Susanville, CA 96130	AC
Hal L. Meadows, M.D.	530-257-7251	705 West Street Susanville, CA 96130	CD
Jay M. Beams	530-257-4137	701 Nevada Street Susanville, CA 96130	AC
Jay M. Beams	530-257-4137	701 Nevada Street Susanville, CA 96130	CD
Kenneth Korver	530-257-4186	575 Hospital Lane Susanville, CA 96130	AC
Kenneth Korver	530-257-4186	575 Hospital Lane Susanville, CA 96130	CD
George H. Barakat	530-257-9060	555 Ash Street Susanville, CA 96130	Other
Lassen Aurora Network	530-257-3864	815 Cottage Street Susanville, CA 96130	BH / SA
Lassen County Public Health	530-251-8183	1445 Bunyan Road, Suite B Susanville, CA 96130	BH / SA
Lassen Indian Health	530-530-257-2542	795 Joaquin Street Susanville, CA 96130	AC
Crossroads	530-251-0701	2410 Main Street Susanville, CA 96130	Other

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## APPENDIX B. LIST OF DATA SOURCES

### PRIMARY AND SECONDARY DATA SOURCES

The primary data sources that were utilized to access primary service information and health trends include:

Advisory Board. (2019) Primary Service Area Demographic Data.

California Department of Public Health. (2019) Lassen County's Health Status Profile.

County Health Rankings and Roadmaps. (2019) California Health Outcomes and Factors.

Elliott, M. K. Beattie, S. E. Kaitfors. (May 2001) Health needs of people living below poverty level. *Family Medicine*; 33(5): 361–366.

Health and Human Services – Health Resources and Services Administration (February 2019) Health Professional Shortage Area.

Health and Human Services – Office of Population Affairs. (April 2019) Adolescents and Tobacco: Risk and Protective Factors

Khullar, Dhruv and Chokshi, Dave A. (October 2018) Health, Income, & Poverty: Where We Are & What Could Help. *Health Affairs – Health Policy Brief the Culture of Health*.

McKesson. (2018) Primary Service Area Data Set

National Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. (May 2015) Healthy Weight – Assessing Your Weight Body Mass Index.

National Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. (2011)

National Centers for Disease Control and Prevention – Division of Population Health. (2015) BRFSS Prevalence and Trends Data.

National Center for Disease Control and Prevention – Smoking & Tobacco Use. (November 2019) Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products.

National Institute of Health - National Institute on Drug Abuse. (2019) Wyoming Opioid Summary: Drug Overdose Deaths.

Substance Abuse and Mental Health Services Administration - Center for Behavioral Health Statistics and Quality. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*, 38(5), 976–993. doi:10.1007/s10900-013-9681-1

Truven. (2018) California State Data.

U.S. Census Bureau. (2017) American Community Survey

## FOCUS GROUPS

Date	Time	Population	Location
Monday, June 3 <sup>rd</sup> , 2019	11:00 AM – 1:00 PM	Key community healthcare and support agency representatives	The Monticola Club 140 S. Lassen Street Susanville, CA 96130

## APPENDIX C. STEERING COMMITTEE AND EXTERNAL STAKEHOLDERS

### STEERING COMMITTEE

Banner Health CHNA Steering Committee, in collaboration with Banner Lassen Medical Center’s leadership team and Banner Health’s Strategic Planning and Alignment department were instrumental in both the development of the CHNA process and the continuation of Banner Health’s commitment to providing services that meet community health needs.

Steering Committee Member	Title
Darin Anderson	Chief of Staff
Derek Anderson	AVP HR Community Delivery
Ramanjit Dhaliwal	AVP Division Chief Medical Officer Arizona Region
Phyllis Doulaveris	SVP Patient Care Services / CNO
Kip Edwards	VP Facilities Services
Anthony Frank	VP Financial Operations Care Delivery
Russell Funk	CEO Pharmaceutical Services
Larry Goldberg	President University Medicine Division
Margo Karsten	President Western Division / CEO Northern Colorado
Becky Kuhn	Chief Operating Officer
Patrick Rankin	CEO Banner Medical Group
Lynn Rosenbach	VP Post-Acute Services
Joan Thiel	VP Ambulatory Services

## CHNA FACILITY-BASED CHAMPIONS

A working team of CHNA champions from each of Banner Health’s 28 Hospitals meets on a monthly basis to review the ongoing progress on community stakeholder meetings, report creation, and action plan implementation. This group consists of membership made up of CEOs, CNOs, COOs, facility directors, quality management personnel, and other clinical stakeholders.

## EXTERNAL STAKEHOLDERS

This list, while not exhaustive, identifies individuals/ organizations external to Banner Health that represent the underserved, uninsured, and minority populations. Stakeholders were identified based on their role in the public health realm of the hospital’s surrounding community. These stakeholders are individuals/ organizations with whom we are collaborating, or hope to do, around improving our communities. Each stakeholder is vested in the overall health of the community and brought forth a unique perspective with regards to the population’s health needs. This list does not include all the individuals and organizations that have participated in the focus groups.

Name	Organization	Phone Number	Email Address
Traci Holt Exec. Director Terri Hiser-Haynes BSR Supervisor	Alliance for Workforce Development 1616 Chestnut Street Susanville, CA 96130	530-257-5057	<a href="mailto:tholt@ncen.org">tholt@ncen.org</a> <a href="mailto:thaynes@ncen.org">thaynes@ncen.org</a>
Jamie McMullen, RN Senior Manager	Banner Health Clinic 1680 Paul Bunyan Rd. Susanville, CA 96130	530-257-5730 530-864-1801	<a href="mailto:Jamie.mcmullen@bannerhealth.com">Jamie.mcmullen@bannerhealth.com</a>
Sandy Dugger, CEO Aileen Chandler, CNO Elizabeth Rother, HR Consultant Lori Griffith, EA	Banner Lassen Medical Center 1850 Spring Ridge Drive Susanville, CA 96130	530-252-2238 530-252-2234 530-252-2230 530-252-2243	<a href="mailto:Sandy.dugger@bannerhealth.com">Sandy.dugger@bannerhealth.com</a> <a href="mailto:Aileen.chandler@bannerhealth.com">Aileen.chandler@bannerhealth.com</a> <a href="mailto:Mary.rother@bannerhealth.com">Mary.rother@bannerhealth.com</a> <a href="mailto:Lori.griffith@bannerhealth.com">Lori.griffith@bannerhealth.com</a>
Wesley Wadsworth, Executive Director Pam Bruce, Office Manager	Big Valley Family Resource Center 125 Hwy 299 East/PO Box 40 Bieber, CA 96009	530-249-5700	<a href="mailto:bvfrfc@frontiernet.net">bvfrfc@frontiernet.net</a>
Shannon Gerig, Executive Director Susan Knoch, COO Sue Peterson, HR Manager	Big Valley Health Center 554-850 Medical Center Drive Bieber, CA 96009	530-252-2238 530-252-2234 530-252-2230 530-252-2243	<a href="mailto:Sgerig@MTNVALLEYHC.ORG">Sgerig@MTNVALLEYHC.ORG</a> <a href="mailto:sknoch@MTNVALLEYHC.ORG">sknoch@MTNVALLEYHC.ORG</a> <a href="mailto:speterson@mtnvalleyhc.org">speterson@mtnvalleyhc.org</a>
Jane Low, Chief, Nursing Services	California Correctional Center 711-45 Center Rd Susanville, CA 96130	530-257-2181	<a href="mailto:Jane.Low@cdcr.ca.gov">Jane.Low@cdcr.ca.gov</a>
Mae Sherman, Board Chair	Communities United for Children & Families PO Box 22 Susanville, CA 96130	530-310-7744	<a href="mailto:ellimae2000@yahoo.com">ellimae2000@yahoo.com</a>

Name	Organization	Phone Number	Email Address
Cheri Farrell, Executive Director Susan Fields, House Manager	Crossroads Ministries 210 Main Street Susanville, CA 96130	530-251-0701 530-251-0701	<a href="mailto:cfarrell@citlink.net">cfarrell@citlink.net</a> <a href="mailto:brideofchrist530@gmail.com">brideofchrist530@gmail.com</a>
Marlana Behm, Executive Director Healthcare Services Director	Eagle Lake Village 2001 Paul Bunyan Rd Susanville, CA 96130	530-257-6673	<a href="mailto:executivedirector@eaglelakealf.com">executivedirector@eaglelakealf.com</a> <a href="mailto:dhw@eaglelakealf.com">dhw@eaglelakealf.com</a>
Janie Gotcher, Director	Fort Sage Family Resource Center 170 DS Hall StreetHerlong, CA 96113	530-827-3007	<a href="mailto:fortsagefrc@frontiernet.net">fortsagefrc@frontiernet.net</a>
Doreen Bradshaw, Executive Director	Health Alliance of Northern California 2289 Benton Drive, Building C Redding, CA 96003	530-247-1560	<a href="mailto:Doreen@thehanc.org">Doreen@thehanc.org</a>
Matthew Williams, Captain Peer Support Team Leader Shannon Martin, Chief Nursing Services Jolene Speers, Community Resources	High Desert State Prison PO Box 750 Susanville, CA 96130	530-251-5000, EXT. 5089 530-251-5000, Ext. 5526	<a href="mailto:Matthew.williams@cdcr.ca.gov">Matthew.williams@cdcr.ca.gov</a> <a href="mailto:Shannon.martin@cdcr.ca.gov">Shannon.martin@cdcr.ca.gov</a> <a href="mailto:Jolene.speers@cdcr.ca.gov">Jolene.speers@cdcr.ca.gov</a>
Kathy Barker, Director	Honey Lake Hospice PO Box 1166 Susanville, CA 96130		<a href="mailto:honeylakehospice@frontiernet.net">honeylakehospice@frontiernet.net</a>
Kam Vento, Executive Director	Lassen Aurora Network 815 Cottage Street Susanville, CA 96130	530-257-3864	<a href="mailto:lassenauroranetwork@frontiernet.net">lassenauroranetwork@frontiernet.net</a>
Marlon Hall, PhD, President Christi Myers Karissa Morehouse, Dir. Student Equality	Lassen Community College PO Box 3000 Susanville, CA 96130	530-251-8820 530-257-6181 Ext. 8994	<a href="mailto:mhall@lassencollege.edu">mhall@lassencollege.edu</a> <a href="mailto:cmyers@lassencollege.edu">cmyers@lassencollege.edu</a> <a href="mailto:kmorehouse@lassencollege.edu">kmorehouse@lassencollege.edu</a>
Tiffany Armstrong, Director Derrick Noah, Analyst	Lassen County Behavioral Health 555 Hospital Lane Susanville, CA 96130	530-251-2627 530-252-8502	<a href="mailto:tarmstrong@co.lassen.ca.us">tarmstrong@co.lassen.ca.us</a> <a href="mailto:dnoah@ca.lassen.ca.us">dnoah@ca.lassen.ca.us</a>
Gene Smith, Director	Lassen County Child & Family Resources 336 Alexander Avenue, Susanville, CA 96130	530-252-2238 530-252-2234 530-252-2230 530-252-2243	<a href="mailto:gsmith@lassencfr.com">gsmith@lassencfr.com</a>
Laura Robers, Executive Director	Lassen County Children & Families Commission 2995 Johnstonville Road Susanville, CA 96130	530-257-9600	<a href="mailto:laura@lassendm.com">laura@lassendm.com</a>
Jenna Aguilera, Director Yvonne Hawkes, Pub Assist Mgr.	Lassen Co. Community Social Services PO Box 1359 Susanville, CA 96130	530-251-2683 530-251-8165	<a href="mailto:jaguilera@co.lassen.ca.us">jaguilera@co.lassen.ca.us</a> <a href="mailto:yhawkes@co.lassen.ca.us">yhawkes@co.lassen.ca.us</a>
Krystyle Hollandsworth, MDIT Coordinator	Lassen County DA's Office 2950 Riverside Drive Suite 102 Susanville, CA 96130	530-251-8280	<a href="mailto:khollandsworth@co.lassen.ca.us">khollandsworth@co.lassen.ca.us</a>

Name	Organization	Phone Number	Email Address
Barbara Longo, Director	Lassen County Health & Social Svc. 1445 Paul Bunyan Rd Susanville, CA 96130	530-251-8134	<a href="mailto:blongo@co.lassen.ca.us">blongo@co.lassen.ca.us</a>
James Hall	Lassen County Office of Education 472-013 Johnstonville Road North Susanville, CA 96130	530-257-2197	<a href="mailto:JDHall@lcoe.org">JDHall@lcoe.org</a>
Eric Ewing, ES Chief	Lassen County Office of Emergency Services 697-345 Highway 36 Susanville, CA 96130	530-257-8504	<a href="mailto:Lassen.OES@fire.ca.gov">Lassen.OES@fire.ca.gov</a>
Jennifer Branning, Chief	Lassen County Probation Dept. 107 South Roop Street Susanville, CA 96130	530-251-2689	<a href="mailto:jbranning@co.lassen.ca.us">jbranning@co.lassen.ca.us</a>
Vacant Michele Godman, MCAH Coord Ronda Hall, Lasen Hearts Helen May, CHDP Debbie Perkins, Oral Health Jeanne Muttera, PH/Oral Health	Lassen County Public Health Department 1445 Paul Bunyan Rd Susanville, CA 96130	530-251-8183 530-251-2608 530-251-8375 530-251-2717 530-251-2655 530-251-8135	<a href="mailto:mgodman@co.lassen.ca.us">mgodman@co.lassen.ca.us</a> <a href="mailto:rhall@co.lassen.ca.us">rhall@co.lassen.ca.us</a> <a href="mailto:hmay@co.lassen.ca.us">hmay@co.lassen.ca.us</a> <a href="mailto:dperkins@co.lassen.ca.us">dperkins@co.lassen.ca.us</a> <a href="mailto:jmuttera@co.lassen.ca.us">jmuttera@co.lassen.ca.us</a>
Dean Growdon, Sheriff Lisa Bernard, JAG Coordinator	Lassen County Sheriff's Office 1415 Sheriff Cady Lane Susanville, CA 96130	530-251-8012 530-251-2100	<a href="mailto:dgrodon@co.lassen.ca.us">dgrodon@co.lassen.ca.us</a> <a href="mailto:lbernardl@co.lassen.ca.us">lbernardl@co.lassen.ca.us</a>
Chris Mancebo, Director	Lassen County Veterans Services 1205 Main Street Susanville, CA 96130	530-251-8192	<a href="mailto:cmancebo@co.lassen.ca.us">cmancebo@co.lassen.ca.us</a>
Brooke Mansfield, Exec. Di Wendy Deven	Lassen Family Services PO Box 701 Susanville, CA 96130	530-257-5459 Ext. 1232	<a href="mailto:lfsed@lassenfamilyservices.org">lfsed@lassenfamilyservices.org</a> <a href="mailto:lfsdata@lassenfamilyservices.org">lfsdata@lassenfamilyservices.org</a>
Deana Bovee, CEO Patti Dellacort, RN Clinical Outreach	Lassen Indian Health Center 795 Joaquin Street Susanville, CA 96130	530-251-5184 530-257-2542	<a href="mailto:dbovee@lihc.org">dbovee@lihc.org</a> <a href="mailto:pdellacort@lihc.org">pdellacort@lihc.org</a>
Jackie Musick, President	Lassen NAMI PO Box 485 Susanville, CA 96130	530-251-5560 530-260-0685	<a href="mailto:musickjanne@gmail.com">musickjanne@gmail.com</a>
Casey Garrard, Administrator	Lassen Nursing & Rehabilitation 2005 River Street Susanville, CA 96130	530-257-5341	<a href="mailto:Cassandra.garrard@lassenrc.com">Cassandra.garrard@lassenrc.com</a>
Penny Artz, Executive Director	Lassen Senior Center 1700 Sunkist Drive Susanville, CA 96130	530-257-2113	<a href="mailto:partzdept@hotmail.com">partzdept@hotmail.com</a>
Bill McCabe, Superintendent	Lassen Union High School	530-251-1197	<a href="mailto:Bill.McCabe@lassenhigh.org">Bill.McCabe@lassenhigh.org</a>

Name	Organization	Phone Number	Email Address
	1000 Main Street Susanville, CA 96130		
Lynn Hudgens, CEO Daniel Kazakos, CFO Michael Schaub, COO Sherri Lian, Supervisor Naomi Rea, Medical Director Tammy Fletcher, DON Denise Lauffer, Quality Sarah Garate, Enrollment Counselor/Telemed Coordinator Lisa Webster, WIC	Northeastern Rural Health Clinics 1850 Spring Ridge Dr. Susanville, CA 96130	530-251-5000	<a href="mailto:lhudgens@northeasternhealth.org">lhudgens@northeasternhealth.org</a> <a href="mailto:dkazakos@northeasternhealth.org">dkazakos@northeasternhealth.org</a> <a href="mailto:mschaub@northeasternhealth.org">mschaub@northeasternhealth.org</a> <a href="mailto:slian@northeasternhealth.org">slian@northeasternhealth.org</a> <a href="mailto:Nrea@northeasternhealth.org">Nrea@northeasternhealth.org</a> <a href="mailto:tfletcher@northeasternhealth.org">tfletcher@northeasternhealth.org</a> <a href="mailto:dlauffer@northeasternhealth.org">dlauffer@northeasternhealth.org</a> <a href="mailto:sgarate@northeasternhealth.org">sgarate@northeasternhealth.org</a> <a href="mailto:webster@northeasternhealth.org">webster@northeasternhealth.org</a>
Wendi West, Claims Director Margaret Kisliuk, Executive Director Barbara Crandall, Provider Relations Melissa McCartney, Care Coordination Tahereh Daliri Sherafat, Northern Regional Director.	Partnership Health Plan of California 3688 Avtech Parkway Redding, CA 96002	530-990-6840 530-999-6981 530-999-6902 530-351-9021 530-999-6885	<a href="mailto:wwest@partnership.org">wwest@partnership.org</a> <a href="mailto:mkisliuk@partnership.org">mkisliuk@partnership.org</a> <a href="mailto:Bcrandall@partnership.org">Bcrandall@partnership.org</a> <a href="mailto:mmcartney@partnership.org">mmcartney@partnership.org</a> <a href="mailto:tdsheraft@partnership.org">tdsheraft@partnership.org</a>
Rebecca Roberts, Director	Pathways to Child & Family Excellence 2005 Main Street Susanville, CA 96130	530-251-2997	<a href="mailto:beckypathways@frontiernet.net">beckypathways@frontiernet.net</a>
Brenda Poteete, Executive Director Andrea Huggins, Health Svc Mgr. Bethany Edholm, Family & Community Mgr.	SCFO Head Start 65 North Union Street Susanville, CA 96130	530-283-1242 530-283-1242 530-253-1040	<a href="mailto:bpoteete@headstart4u.org">bpoteete@headstart4u.org</a> <a href="mailto:ahuggins@headstart4u.org">ahuggins@headstart4u.org</a> <a href="mailto:bedholm@headstart4u.org">bedholm@headstart4u.org</a>
Liz Groneman, Executive Director of Operations	SEMSA P.O. Box 18920 Reno, NV 89511	775-287-9787	<a href="mailto:egroneman@sierramed.org">egroneman@sierramed.org</a>
Linda Wagner, CEO	Seneca Healthcare District 130 Brentwood Drive Chester, CA 96020	530-258-2151	<a href="mailto:lwagner@senecahospital.org">lwagner@senecahospital.org</a>
Jeannie, Huber, Director	Smiles for Life, Inc1803 First StreetSusanville, CA 96130	530-257-9640	<a href="mailto:The_toothfairy_96130@yahoo.com">The_toothfairy_96130@yahoo.com</a>
Kevin Jones, Chief of Police	Susanville Police Department 1801 Main St. Susanville, CA 96130	530-257-2171	<a href="mailto:kjones@cityofsusanville.org">kjones@cityofsusanville.org</a>
Dr. Braatz	Teen Challenge P.O. Box 270750 Susanville, CA 96127	530-251-5222	<a href="mailto:susanville@teenchallenge.ws">susanville@teenchallenge.ws</a>
Elizabeth Allen, Director	Westwood Family Resource Center 500 Delwood Street Westwood, CA 96137	530-256-3706	<a href="mailto:wwfrc@frontiernet.net">wwfrc@frontiernet.net</a>

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Name	Organization	Phone Number	Email Address
Traci Holt Exec. Director Terri Hiser-Haynes BSR Supervisor	Alliance for Workforce Development 1616 Chestnut Street Susanville, CA 96130	530-257-5057	<a href="mailto:tholt@ncen.org">tholt@ncen.org</a> <a href="mailto:thaynes@ncen.org">thaynes@ncen.org</a>
Jamie McMullen, RN Senior Manager	Banner Health Clinic 1680 Paul Bunyan Rd. Susanville, CA 96130	530-257-5730 530-864-1801	<a href="mailto:Jamie.mcmullen@bannerhealth.com">Jamie.mcmullen@bannerhealth.com</a>



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### Community Health Needs Assessment Purpose

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- Gather input and feedback from community leaders that represent the community
- Validate and/or identify significant areas of healthcare need within the community
- Promote collaborative partnerships
- Identify opportunities to engage with the community in addressing potential areas of need
- Requirement of the Patient Protection and ACA



### 2018 BLMC Community Benefit

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<u>Facility:</u>	<u>Bad Debt:</u>	<u>Charity Care:</u>	<u>2018 Community Benefit:</u>
BLMC	\$1,868,000	\$1,185,000	\$3,053,000

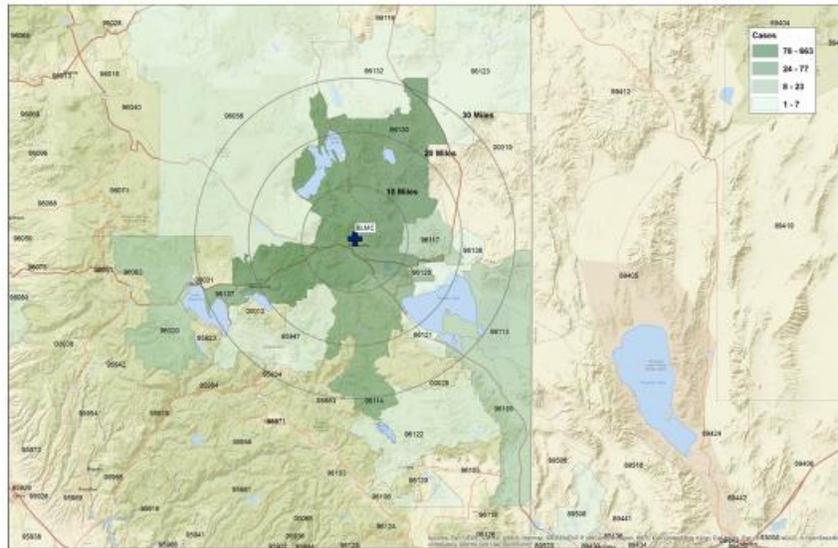
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Source: Banner Financials December 2018 - Unaudited



### BLMC - Inpatient Origin by Zip Code

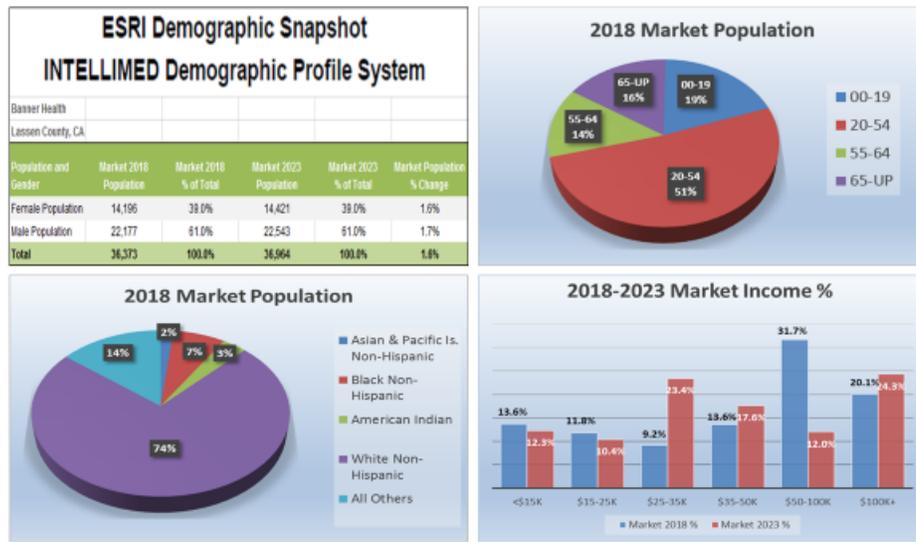
January 1, 2018 through December 31, 2018 (Top 3 contiguous quartiles = 75% of total discharges)



Source: Banner Strategy and Planning



### BLMC 2018 Demographic Snapshot – Lassen County



Source: ESRI, IntellimedInternational, Corp 2018



## County Health Rankings

### Health Outcomes

- Health outcomes in the *County Health Rankings* represent how healthy a county is. They measured two types of health outcomes: how long people live (mortality) and how people feel while alive (morbidity).

### Health Factors

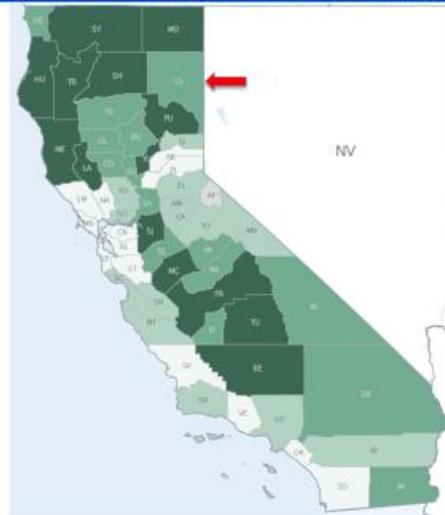
- Health factors in the *County Health Rankings* represent what influences the health of a county. They measured four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



### 2018 California County Health Outcomes Rankings

[Lassen County #36 of 57 ranked](#)

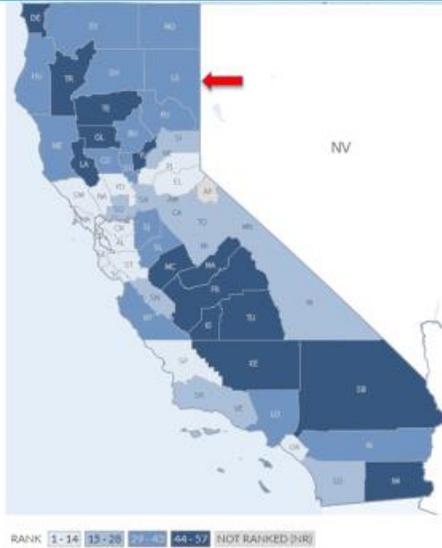


RANK 1-14 15-28 29-43 44-57 NOT RANKED (NR)

Source: <http://www.countyhealthrankings.org/app/california/2018/rankings/lassen/county/outcomes/>

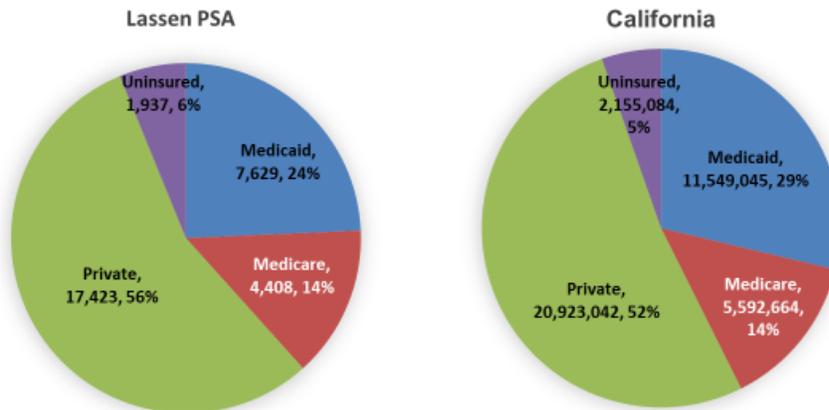


2018 California County Health Factors Rankings  
Lassen County #42 of 57 ranked



Source: <http://www.countyhealthrankings.org/app/california/2018/rankings/lassen/county/outcomes/> 

2019 Insurance Estimates = Top 75% Patient Origin\*



PSA/Top 75% Patient Origin Zip Codes:  
96114, 96130, 96137

\*Patient Origin Source: 2018 Banner McKesson IP Data  
Insurance Estimates Source: Truven

## 2018 County Health Rankings

- Lassen County ranks 36 out of 57 California Counties in Health Outcomes
- Adult smoking and access to exercise are areas of improvement to explore, compared to national benchmark
- Preventable hospital stays and mammography screening are areas of improvement compared to national and state measures

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



	Lassen County	Rank of 57	Top U.S. Performers	California
<b>Health Outcomes</b>				
		36		
<b>Length of Life</b>		32		
Premature death	6,400		5,300	5,200
<b>Quality of life</b>		47		
Poor or fair health**	15%		12%	18%
Poor physical health days**	3.7		3.0	3.5
Poor mental health days**	3.7		3.1	3.5
Low birth weight	7%		6.0%	7%
<b>Health Factors</b>				
		42		
<b>Health Behaviors</b>				
		50		
Adult Smoking**	14%		14%	11%
Adult Obesity	26%		26%	23%
Food Environment Index	7.2		8.6	8.8
Physical Inactivity	21%		20%	18%
Access to exercise opportunities	54%		91%	90%
Excessive Drinking**	22%		13%	18%
Alcohol impaired driving deaths	38%		13%	29%
Sexually transmitted infections	248.8		145.1	487.5
Teen births	30		15	24
<b>Clinical Care</b>				
		42		
Uninsured	6%		6%	10%
Primary Care Physicians	2,410:1		1,030:1	1,280:1
Dentists	910:1		1,280:1	1,210:1
Mental Health Providers	340:1		330:1	320:1
Preventable Hospital Stays	66		35	36
Diabetic Monitoring	81%		91%	82%
Mammography Screening	54%		71%	60%
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span style="background-color: #d9ead3; padding: 2px;">Area of Strength</span> <span style="background-color: #fcf8e3; padding: 2px;">Area of Concern</span> </div>				

Source: <http://www.countyhealthrankings.org/app/california/2018/rankings/lassen/county/>



\*\* Data should not be compared to prior years



	Lassen County	Rank of 80	U.S. Benchmark	California
<b>Social &amp; Economic Factors</b>		42		
High School Graduation	85%		95%	82%
Some College	37%		72%	64%
Unemployment	6.9%		3.2%	5.4%
Children in Poverty	19%		12%	20%
Income Inequality	4.6		3.7	5.2
Children in Single-parent households	32%		20%	32%
Social Associations	5.1		22.1	5.8
Violent crimes	401		62	407
Injury Deaths	107		55	48
<b>Physical Environment</b>		4		
Air pollution-particulate matter	7.1		6.7	8.0
Drinking water violations	No		No	
Severe housing problems	18%		9%	28%
Driving alone to work	79%		72%	73%
Long commute-driving alone	18%		15%	39%

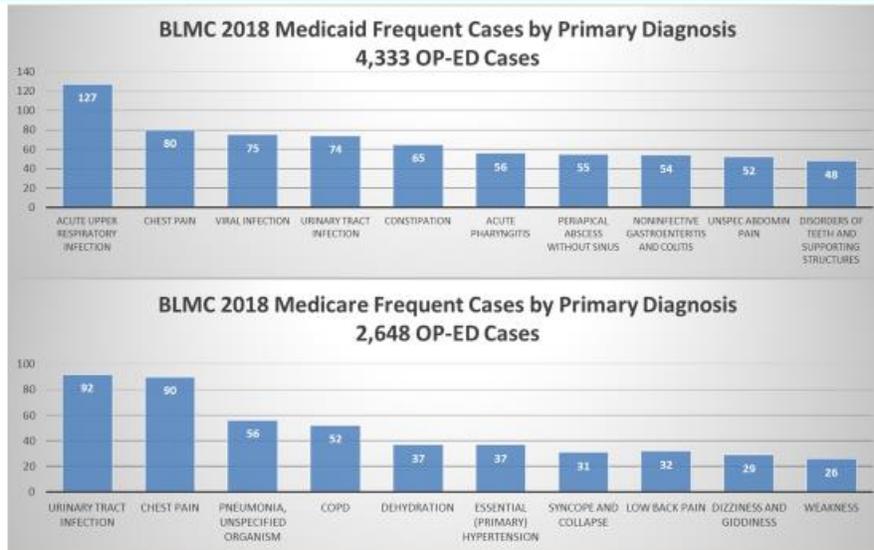
Area of Strength  
Area of Concern

Source: <http://www.countyhealthrankings.org/app/california/2018/rankings/lassen/county/>



\*\* Data should not be compared to prior years

## Outpatient ED Visits Frequent Diagnosis



Source: Banner McKesson 2018 Full year



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## 2016 Prioritized Community Health Needs

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### 1. Access to Care

#### Understanding what is covered

- Insurance gaps
- Workforce shifts
- Lack of providers
- Lack of after hours care
- No UC alternative forces higher ED use/costs
- Unique geographic coverage for care barrier



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## 2016 Prioritized Community Health Needs

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### 2. Behavioral Health

#### Both mental health and substance abuse

- Limited resources
- Placement issues
- Forced into ED for treatment
- Binge drinking more prevalent



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## 2016 Prioritized Community Health Needs

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### 3. Chronic Disease

Includes cancer, health disease, diabetes and obesity

- High drivers of health costs
- Decreasing physical activity and increasing adult obesity trends
- Childhood obesity
- Education needed to improve quality food preparation and consumption
- Diabetes higher
- Need more screening education efforts



### 2016 Top Needs Not Being Met

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From 2016 - IMPORTANT ISSUES DISCUSSED BUT NOT PRIORITIZED: The following were brought up in by the CAC but not something they felt could be addressed at this time:

- Because Lassen is home to two correctional facilities, the high suicide/depression rate of correctional officers is very high. The shortage of officers, exhaustion, turbulent work environment, and difficult population all play a role. There were also high incidences of domestic violence and PTSD in this field. The CAC did not feel they had the resources to address this need.
- It was pointed out that Home Health and hospice are not something readily accessible in the community, and for the services that are offered, most are only accepting Medicare. Although there are other Banner facilities that offer this service, Banner Lassen is not one of them and it was discussed that this is something not realistically changing in the near future without a capital investment. The financial implications made this difficult to address.
- While transportation is tied to access to care, the focus group participants felt it was important enough to stand out on its own. Due to the proximity of specialized care, many patients inside Susanville are not able to afford to take time off of work and drive to Reno, which is the closest area for care not found in Lassen County. Aside from the financial burden this creates, many people are also not well enough to make the trip. The almost 300 miles required to get to Reno is a difficult trek for ill patients. Due to other services provided in the community, the group felt this was being adequately addressed.



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## 2016 CHNA Survey Previous Actions Taken

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### Access to Care

- Promoted participation in MyBanner (online patient portal)
- Offered educational materials and links to community resources related to the insurance marketplace
- Promoted internal and external community resources that support preventative and maintenance care via the facility website
- Offered and participated in free health activities (screenings, health fairs, blood drives) within Lassen County
- Mammography campaign
- Established strong partnership with Northeastern Rural Health Clinic and other local providers
- Active participation in Lassen County Health Collaborative

### Chronic Disease

- Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness
  - Expanded Diabetic Education and Nutrition programs
  - Provided health screenings and educational materials
  - Outreach for flu vaccinations
  - Colon cancer screening campaign
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## 2016 CHNA Survey Previous Actions Taken

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### Behavioral Health

- Created a webpage with information and resources related to Mental Health and Substance Abuse
- Provider to provider telephone consults
- Established partnership with Lassen County Behavioral Health
- Active participation in 5150 partnership meetings
- Collaboration with county on SART/SANE program

### Smoking/Tobacco Use

- Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows
- Supported a Tobacco Free campus
- Referrals to local smoking cessation classes

### Obesity/Nutrition

- Sponsorships focused on wellness, healthy eating, and active lifestyle
  - Online education, support and recipes
  - Held multiple “Dinner with a Doctor” educational sessions on various health topics
- 





### Next Steps...

- Prepare 2019 report for submittal
- Submit assessment report by year-end
- Receive approval of 2019 report
- Follow-up meeting with attendees from this session to share final report