



**Banner Lassen**  
**Medical Center**

*Community Health Needs*  
*Assessment Report*  
*2013*

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## OVERVIEW

Headquartered in Phoenix, Ariz., Banner Health is one of the nation's largest nonprofit health care systems and is guided by our mission: "We exist to make a difference in people's lives through excellent patient care."

This mission serves as the cornerstone of operations at our 24 hospitals and care facilities located in small and large, rural and urban communities spanning seven western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than \$149 million annually in charity care – treatment without the 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 Greeley, Colo.

With organizational oversight from a 15-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 35,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, clinics, surgery centers, home care and hospice facilities.

While we have the experience and expertise to provide primary care, hospital care, long-term acute care and home care to patients facing virtually any health condition, 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 Banner Alzheimer's and Banner Sun Health Research institutes.

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 by Truven Health Analytics (formerly Thomson 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."

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

Participants in the CHNA process include members of Banner Health's leadership teams and strategic alignment team, public health experts, community representatives and consultants. A full list of participants can be viewed in Appendix B. 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. One result of the CHNA process is Banner Health's renewed 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 the underserved populations. The CHNA process has helped 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 a renewed commitment to continue working closely with community and health care leaders who have provided solid insight into the specific and unique needs of the community. 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.

## BANNER LASSEN MEDICAL CENTER – AT A GLANCE

Banner Lassen Medical Center (Banner Lassen) is a 25-bed critical access community hospital located in Susanville, Calif., the county seat of Lassen County in the northeast corner of the state. The hospital was rebuilt and expanded just a decade ago, opening in May 2003 to serve Susanville and the outlying rural communities of Lassen County.

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

The staff of 105 physicians and allied health professionals, alongside 221 employees and 16 volunteers, provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing and treating illnesses. On an annual basis, Banner Lassen's health care professionals render care to more than 26,000 outpatients, nearly 10,000 Emergency department (ED) visitors and an additional 1,300 individuals admitted for inpatient care. The staff also welcomes an average of 250 babies into the world each year.

Banner Lassen serves 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.

Banner Lassen offers leading edge technology to support early detection and diagnosis of breast cancer. Digital mammography is a cornerstone of the hospital's diagnostic imaging resources in its Women's Services department.

Banner Lassen is focused on meeting the needs across the community. The clinical administration 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 at all three entities. Banner Lassen 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 and Susanville Symphony.

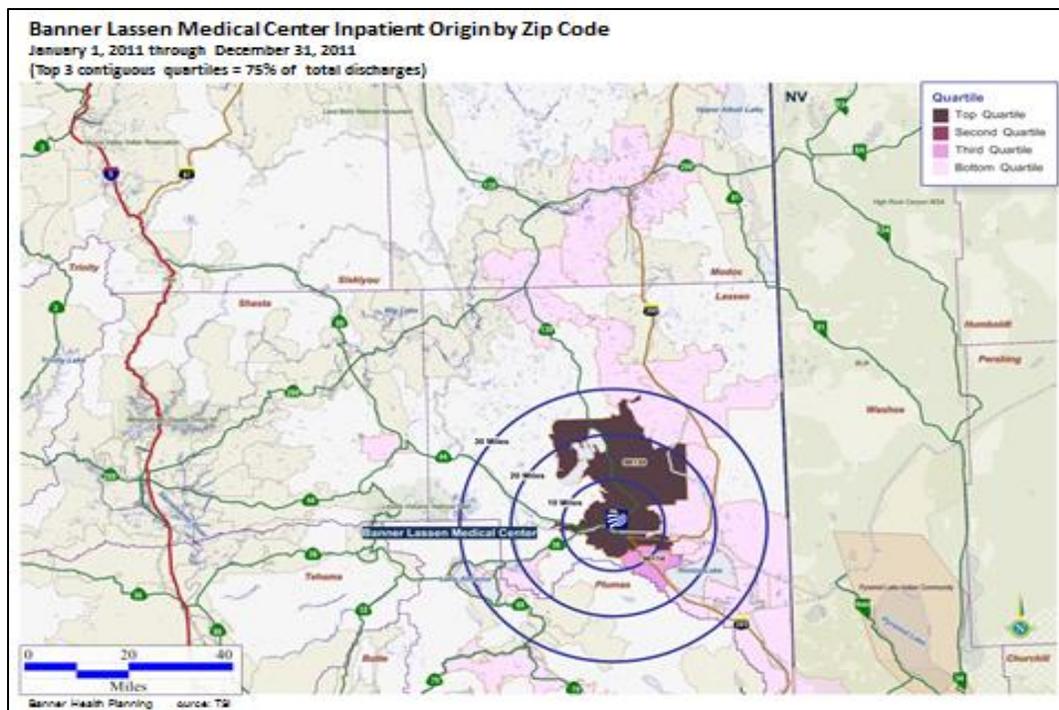
To help meet the needs of uninsured and underinsured community members, Banner Lassen follows the Banner Health process for financial assistance, including financial assistance and payment arrangements.

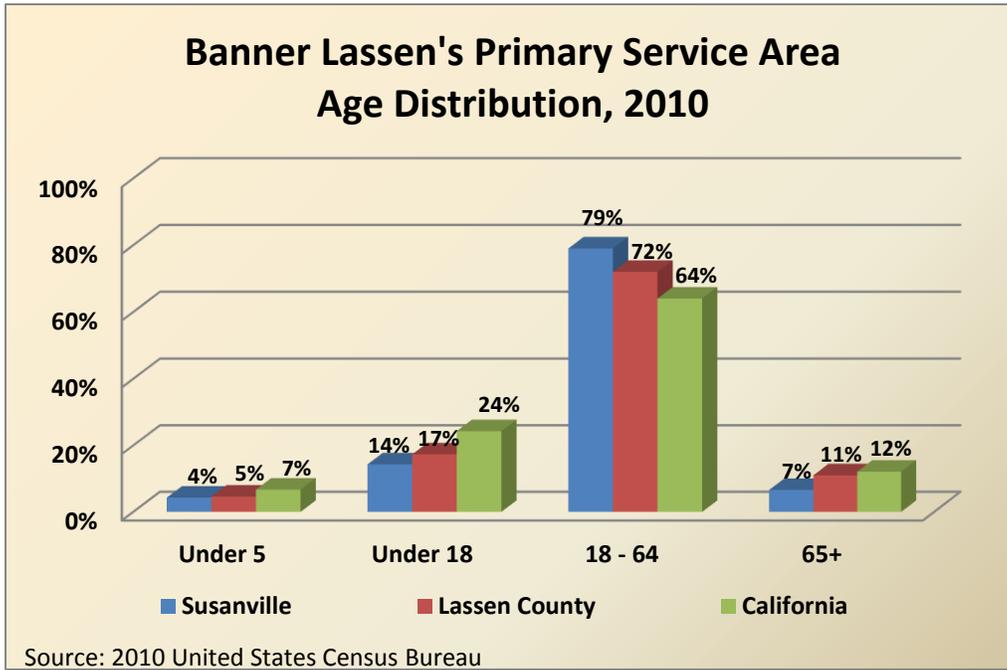
## COMMUNITY DESCRIPTION

Banner Lassen is located in Susanville, California, within Lassen County. Susanville is the only incorporated city in the county and has a population of nearly 18,000, according to the 2010 Census data. Marked by its pioneer heritage as a former logging and mining town, Susanville is recognized for providing a welcoming rural atmosphere, clean environment and accessibility to outdoor activities. The city is also the site of two state correctional facilities, the maximum security High Desert State Prison and the minimum to medium security California Correctional Center.

Among those living in Susanville, nearly 63 percent are White, more than 12.5 percent are African-American, and smaller percentages hail from Asian, Pacific Islander, Native American, and other racial descent. Nearly 24 percent have some Hispanic or Latino heritage.

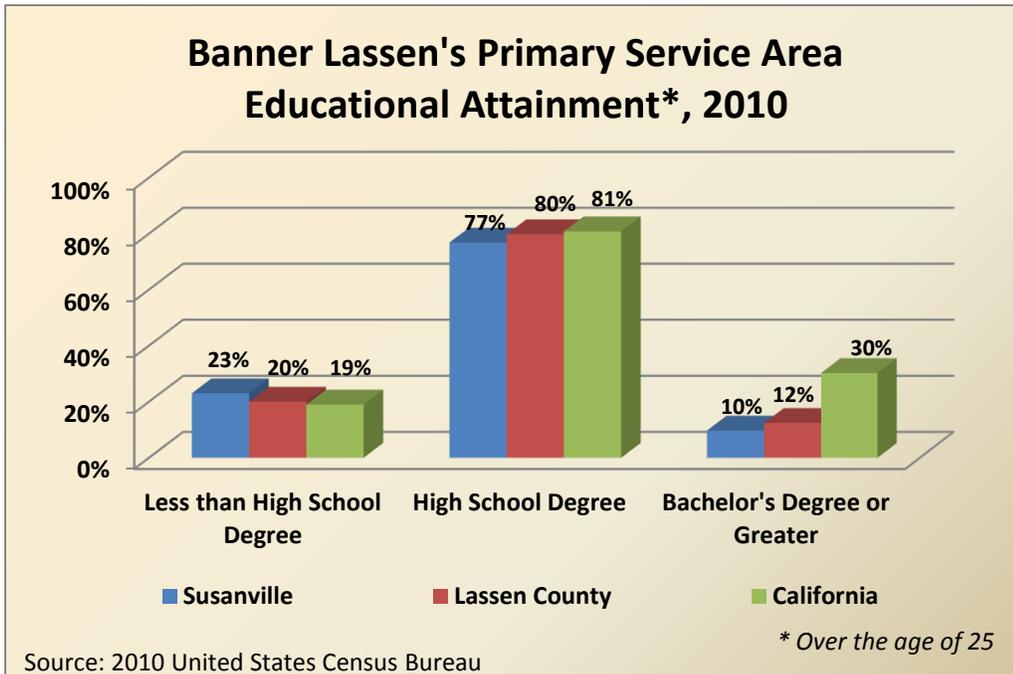
Susanville accounts for just over 67 percent of Banner Lassen’s primary service area, as reported by Truven Health Analytics Market Expert tool (Market Expert), 2011. The remainder of the primary service area pulls from Janesville (9.1 percent). The nearby towns of Westwood (6.6 percent), Herlong (2.5 percent), Chester in Plumas County (2.4 percent), Doyle (2.2 percent), Standish (1.5 percent) and Litchfield (1.5 percent) also contributed 20 or more inpatient stays in 2011. While these percentages are relatively small compared to Lassen and Janesville, given the number of cases in comparison to the size of the towns, it would appear that Lassen is their primary source of health care services.





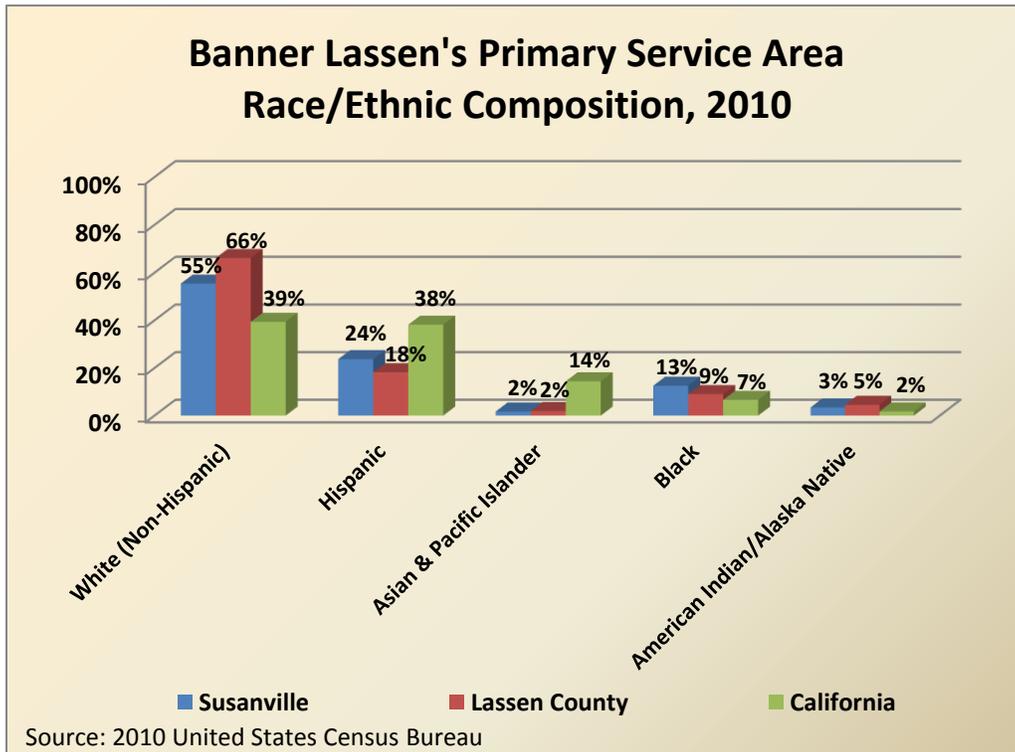
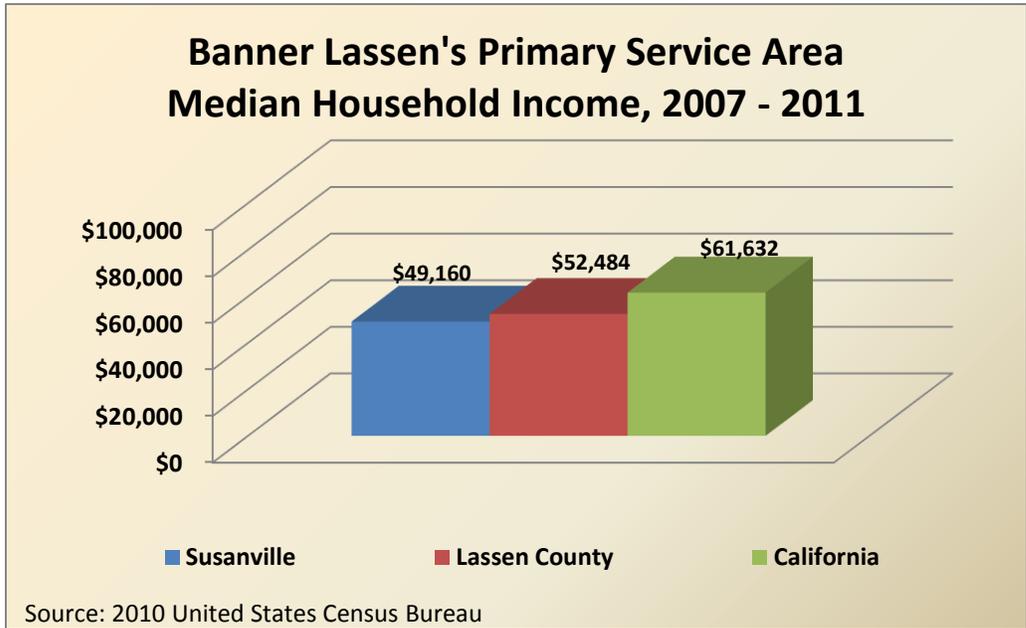
Both Susanville and the greater Lassen County have smaller pediatric and senior population than the state benchmark.

While Lassen County is relatively on par with the state benchmark for the percent of the population who have a high school degree, both Susanville and Lassen County fall considerably below the national average (85 percent).



Additionally, the percent of the population within both Susanville and Lassen County who have a Bachelor's Degree or greater is far below the state and national benchmarks, 30 percent and 28 percent, respectively.

Given that the post-secondary education educational attainment for Susanville and Lassen County is significantly below the state average, it may seem a logical parallel that so is the median household income.



As Susanville accounts for more than half of the population of Lassen County, it would seem that White (non-Hispanic) and Native American/Alaska Native ethnic groups account for a large part of the demographic outside of Susanville. Both of these ethnic groups, along with the Black population represent higher percentages than the state benchmark.

Again, it is important to recall that two California correctional facilities are located within Susanville and that Susanville accounts for more than half of the population of Lassen County. Therefore, it is likely

that the considerable variance in demographics, compared to the state benchmarks, for both Susanville and Lassen County may in part be attributable to the correctional facilities.

## COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Banner Lassen's process for conducting their CHNA 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 Health CHNA Steering Committee:***

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 community 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 under Appendix A.

### ***Assessment Process – Data Analytics:***

The CHNA process started with an overview of the primary service area. The service area was defined as the market where at least 75 percent of inpatient admissions originated. Data analytics were employed to identify Inpatient and ED visits to Banner Lassen, as well as health and socioeconomic trends within the community. Quantitative 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.

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

- American Cancer Society, *Cancer Facts & Figures 2013*
- American Diabetes Association, *2011 Fact Sheet*
- American Lung Association
- *America's Health Rankings, 2012*
- *Behavioral Risk Factor Surveillance Survey, 2011*
- *County Health Rankings – Lassen County, 2012*
- *Center for Disease Control Heart Disease Fact Sheet*
- National Institute on Drug Abuse, *2011 Facts*
- National Institute of Mental Health
- Outpatient Emergency department (ED) data, 2011
- Truven Health Analytics Market Expert, 2012
- U.S. Census, 2010

Although the data sources provided 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:

- Data are not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups.
- Limited data are available on diabetes prevalence and health risk and lifestyle behaviors (e.g. nutrition, exercise) in children.

***Assessment Process – Community Input/Community Advisory Council:***

Data analytics, as identified above, were used to drive the Community Advisory Council (CAC) participation. Once gaps in access to health services were identified within the community, the steering committee worked with Banner Lassen’s leadership to identify those impacted by a lack of health and related services. Individuals that represented these populations, including the uninsured, underserved and minority populations were invited to participate in a focus group to review and validate the data, provide additional health concerns and feedback as to the underlying issues and potential strategies for addressing. A list of the organizations that participated in the focus group can be found under Appendix B.

***Summary of Findings and Addressing Need:***

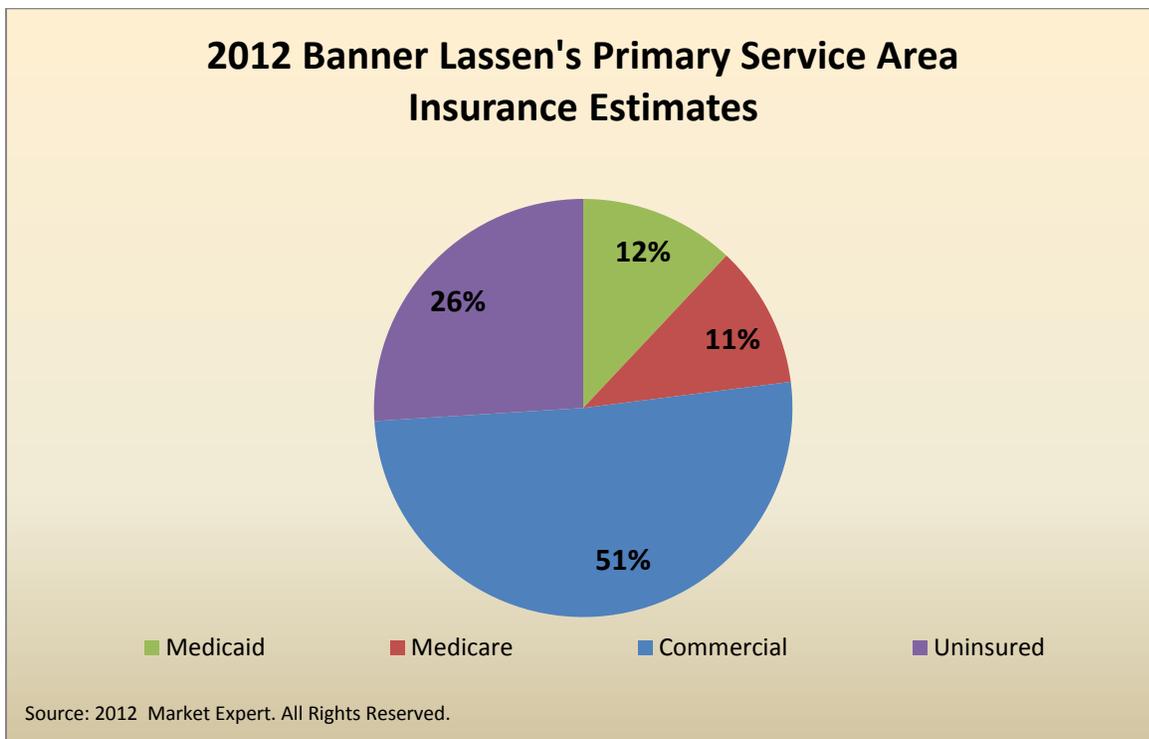
Upon the completion of Banner Lassen’s needs assessment, a summary of findings was comprised for review by the steering committee, Banner Lassen’s leadership team, Banner Health system Senior Management and the Banner Health Board of Directors. Needs assessments were then used to determine gaps in health-related services and services that were not reaching specific populations within the community, including children, seniors and minority populations. This summary also includes a synopsis of pressing issues impacting the community. Once significant health needs were highlighted, Banner Lassen’s leadership team worked with the steering committee to make recommendations for how best to prioritize and address the needs identified.

## SUMMARY OF COMMUNITY SIGNIFICANT HEALTH NEEDS

The summary of community health needs is comprised of two components – stakeholder feedback from the community and data analytics pulled from aforementioned data and health indicator sources. The CAC, comprised of hospital administrators, community leaders and other stakeholders, provided the insights necessary to complete a thorough CHNA. Many of the community leaders who participated in the CAC represent the underserved, underinsured and minority populations. The community health needs were then prioritized, based on a defined set of criteria; the prioritization criteria can be found under Appendix C.

### Access to Care

According to the *2012 America's Health Rankings*, the uninsured population has increased 15 percent over the past 10 years. The data from Market Expert shows that within Banner Lassen's primary service area, 26 percent of the population is uninsured and an additional 12 percent are on Medicaid. That equates to close to 40 percent of the population being either uninsured or on Medicaid.



These are important indicators as often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventive and maintenance health care. This can be very costly, both to the individuals and the health care system.

The CAC validated that that a significant number of individuals within the service area are uninsured and do not qualify for Medicaid. It is therefore often difficult for these individuals to seek routine and preventive care. Additionally, they stated that much of the community is unaware that urgent care services are available to them; instead, they use the ED. Additionally, they indicated that many patients are admitted through the ED because they lack the knowledge of resources to pursue preventive health care.

Banner Lassen's internal data showed that a large percentage of uninsured, Medicaid and Medicare ED visits to Banner Lassen that were treated and released were for primary care issues. Diagnoses groups with high volume of visits in 2011 for these populations include: upper respiratory infections (URIs); ear infections; fractures; fevers; pregnancy complications; abdominal pains/nausea; headaches/migraines; urinary tract infections (UTIs); backache; dental caries and chest pain. While some of these diagnoses are truly emergent situations, it's likely that many could be handled through a primary care provider (PCP).

Even for those who have insurance, access to care can be difficult. According to the *2012 County Health Rankings*, as well as feedback from the CAC, Lassen County has a shortage of PCPs. The council also brought forth concern regarding a lack of specialists; some of the key areas noted include pain management, mental health and substance abuse.

### **Chronic Disease**

Chronic diseases, such as cancer, diabetes and heart disease continue to cut short the lives of millions of Americans each year and contribute significantly to health care costs.

**Cancer:** While advancements continue to be made in the fight against cancer, it remains one of the leading causes of death across the nation. According to the American Cancer Society, lung cancer continues to cause more deaths than any other cancer, regardless of gender, despite the prevalence of breast cancer in women and prostate cancer in men.

The American Cancer Society also indicates that cancer in children under the age of 14 is very rare, representing less than one percent of all new cancer diagnoses. While it is relatively uncommon, it still remains the second leading cause of death in children, second only to accidents.

According to *America's Health Rankings 2012 State by State Comparison*, with 1<sup>st</sup> being the best and 50<sup>th</sup> being the worst, California ranks 6<sup>th</sup> for cancer related deaths.

**Diabetes:** According to the *American Diabetes Association 2011 Fact Sheet*, 8.3 percent of the population of the United States has diabetes; this equates to 25.8 million children and adults. Of that 25.8 million, more than 25 percent are undiagnosed. There are an additional 79 million people who are prediabetic and are poised to develop the disease. Complications from diabetes include heart disease, stroke, high blood pressure, blindness, kidney disease, neuropathy, amputation and death. Sadly, this is a type 2 diabetes is also increasing prevalence among the pediatric population.

*The America's Health Rankings 2012 State by State Comparison* reports that while California ranks 17<sup>th</sup> (with 1<sup>st</sup> being the best), more than 2.5 million adults in the state have been diagnosed with the chronic condition and the rate has steadily increased over the past decade.

**Heart Disease:** Heart disease is the leading cause of death in the United States for both men and women, and most racial/ethnic groups, as well. The primary risk factors include diabetes, overweight/obesity, poor diet, physical inactivity and excessive alcohol use.

California was ranked 35<sup>th</sup> for Heart Disease, according to the *America's Health Rankings 2012 State by State Comparison*. Again, as noted above 1<sup>st</sup> is the best and 50<sup>th</sup> is the worst. The prevalence of chest pains diagnoses groups seen in Banner Lassen's ED supports that this is indeed a concern within the community.

Banner Lassen already has in place case managers who contact Medicare recipients to set up visits to make blood pressure and blood sugar checks. However, it is a challenge to reach those individuals who are not taking care of themselves with preventive care steps related to the symptoms of diabetes. One issue is that many in the community are unaware of the preventive care resources that are available to them. Case managers are also following-up with patients who have made multiple trips to the ED for the same health issues to ensure they are aware of the various resources and preventive care steps. The hospital believes that this is part of the education process that needs to be in place in order for patients to become aware that there are better alternatives than simply relying on ED care.

Also of note, the Centers for Disease Control and Prevention (CDC) report the link between chronic disease and mental health as an emerging trend nationwide. Chronic disease often leads to depression. Likewise, depression and other mental health issues make chronic disease management more challenging.

### **Behavioral Health**

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorders, and substance abuse issues, including alcohol, prescription medication, illicit drugs and tobacco.

**Mental Health:** According to the National Institute of Mental Health, in a given year, an estimated 26.2 percent (57.7 million) Americans over the age of 18 have a diagnosed mental disorder, and nearly 6 percent suffer from serious mental illness. In fact, Major Depressive Disorder is the leading cause of disability in the United State for ages 15 to 44, and is more prominent in females than males.

Suicide has also begun to receive recognition as a serious, and preventable, public health issue. In 2007, suicide was the 11<sup>th</sup> leading cause of death in the United States, and it is estimated that for every suicide that results in death, there are an additional eight to 25 attempts. While men are nearly four times more likely to die from suicide, women attempt suicide two to three times more often than men. Elderly individuals are disproportionately more likely to die by suicide; in fact, the highest suicide rates in the United States are white men over the age of 85.

In the *2012 America's Health Rankings*, California was ranked 9<sup>th</sup> (50<sup>th</sup> being the worst) for suicide, with 10.6 deaths per 100,000; the national average is 12 per 100,000.

**Substance Abuse:** In 2011, a startling 8.4 percent of Americans needed treatment for a problem related to drugs or alcohol, but less than one percent received treatment at a specialty facility, according to the National Institute on Drug Abuse. The health care costs in that same time period associated to substance abuse, including alcohol, illicit drugs and tobacco, were approximately \$137 billion.

According to *America's Health Rankings 2012 State by State Comparison* 18.6 percent of the adult population in California reported binge drinking, placing them 28<sup>th</sup> in the nation (50<sup>th</sup> being the worst). Lassen County is not an exception; the *2012 County Health Rankings* reflect that 20 percent of the adult population reported excessive drinking (binge, plus heavy drinking).

The CAC validated the data, stating that there is indeed a significant percentage of the population within the hospital's primary service area who are experiencing substance abuse issues, particularly alcohol and prescription drugs. It was further shared by the council that there have been members of the community who call 9-1-1 and use an ambulance for a ride to the hospital in order to obtain prescription drugs. This behavior is prevalent particularly within the veteran population, and within the 40- to 60-year age range. It was also noted that self-medication is often directly related to underlying mental health issues.

While tobacco use has declined considerably over the past several years, it is still a considerable problem and has been classified as, "the agent most responsible for avoidable illness and death in America today," according to Healthy Communities Institute. They also state, "Approximately, one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco." Additionally, tobacco use has been linked to other adverse health effects, including cancer, respiratory infections and asthma. *America's Health Rankings* reports that even though California has fewer adults who smoke as a percent of the population, compared to other states, almost 3.9 million adults in California still smoke. Non-Hispanic blacks were identified as being the most disparately impacted at 17.8 percent, compared to non-Hispanic whites at 12.6 percent and Hispanics at 12.2 percent.

### **Women and Infant Services**

The infant mortality rate is considered one of the most widely utilized indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complications during pregnancy. According to the *2012 America's Health Rankings*, infant mortality has decreased 36 percent from 1990 to 2012, with the greatest occurrences in the African-American population. In the *State by State Comparison*, California is ranked as having the 2<sup>nd</sup> lowest rate in the nation, with a rate of 5.0 deaths per 1,000 live births; considerably lower than the national average (6.5 deaths per 1,000 live births).

Not only can low birth weight contribute to infant mortality, but low birth weight babies are more likely to require specialized medical care. Low birth weight is often associated with premature birth and certain risky behaviors by the mothers such as not taking prenatal vitamins, smoking, use of alcohol

and/or drugs and not receiving appropriate prenatal care. As with infant mortality, California matches up well against the other states, with only 6.8 percent of births classified as low birth weight, compared to the national average of 8.1 percent. According to the *County Health Rankings, 2012*, Lassen County is even slightly better than the state average, at 6.0 percent.

Preterm births have been identified as one of the biggest contributors to low birth weight babies, as noted above. Given California's low incidence of low birth weight babies, it's not surprising that their prevalence of preterm births (9.9 percent) is also below the national average (12 percent). According to the *2012 America's Health Rankings State by State Comparison* they are ranked as having the 5<sup>th</sup> lowest incidence of preterm births.

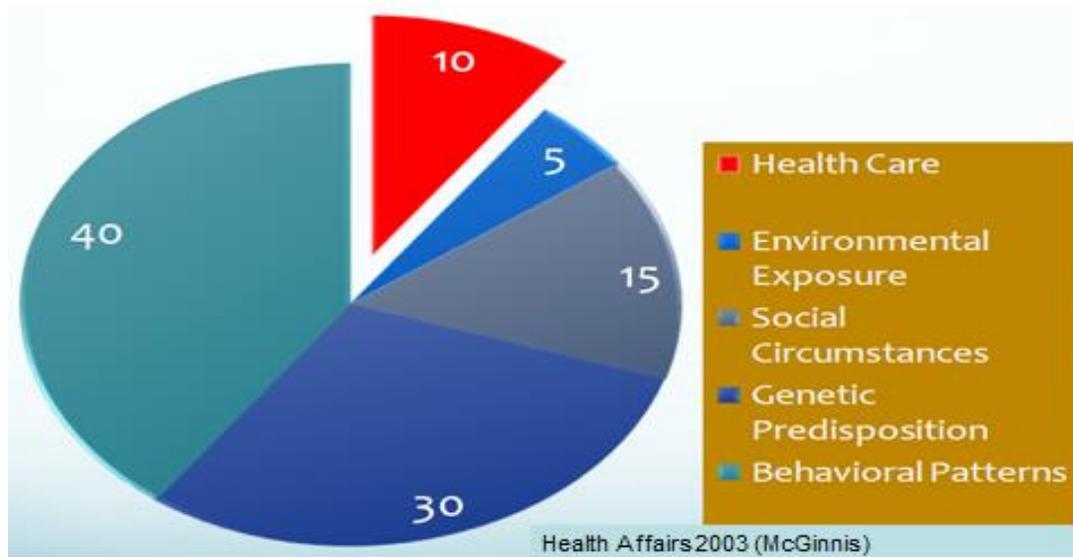
Teen births are also a significant health concern, as they pose potential risks to both the mother and the baby, including preterm deliveries and low birth weight. California ranks 22<sup>nd</sup> out of the 50 states in teen birth rate; again, 1<sup>st</sup> is best and 50<sup>th</sup> is worst. California has made significant progress towards reducing the teen birth rate over the past decade, reducing it from 50.7 in 2002 to 31.5 in 2012. The national average is 34.2. According to the *2012 County Health Rankings*, Lassen County is on par with the state average at 32 births per 1,000.

One of the concerns raised by the CAC was that many pregnant women (cited as 75 percent) presenting for their first prenatal appointment drank alcohol before learning they were pregnant. One suggestion was to form a coalition, focused on educating the population on alcohol and substance abuse, starting with kids.

### **Behavioral Risk Factors (Health Behaviors)**

The *2003 Health Affairs* publication broke Determinants of Health into five categories: Health Care, Environmental Exposure, Social Circumstances, Genetic Predisposition and Behavioral Patterns. Interestingly enough, it was Behavioral Patterns that came out the big winner, with Health Care a distant fourth place.

## Determinants of Health



As demonstrated in this graphic, a strong correlation has been identified between health status and obesity, nutrition, physical inactivity, tobacco use and alcohol/drug use. It's not surprising then that as the rate of obesity, poor nutrition and physical inactivity have increased so has the rate of diabetes, with both obesity and diabetes soaring to the ranks of a national epidemic. In fact, according to *America's Health Rankings*, 2011 is the first year where every state reported an obesity rate of 20 percent or greater. They further report that if the current obesity trend continues, 43 percent of the population will be obese by 2018.

Healthy Communities Institute states that the percent of obese adults is an indicator of the overall health and lifestyle of a community and can have a significant impact on health care spending. Additionally, as noted above, obesity increases the risk of several chronic conditions such as Type 2 diabetes, heart disease, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. According to the *2011 Behavioral Risk Factor Surveillance Survey (BRFSS)*, as reported through the *County Health Rankings*, 27 percent of adults in Lassen County are obese. The state average, as reported in *2012 America's Health Rankings* is 23.8 percent, which is a better than both the national average (27.8 percent) and the *Healthy People 2020* national health target (30.6 percent). While California is currently performing better than the aforementioned national benchmarks, the prevalence of obesity within the state has more than doubled over the past 20 years and disparately impacts the non-Hispanic black population (37.7 percent); white (non-Hispanics) are at 21.6 percent.

Alcohol, drug and tobacco use were discussed under Behavioral Health.

## RESPONSE TO COMMUNITY SIGNIFICANT HEALTH NEEDS

### **Prioritization**

The Banner Health Community Health Needs Steering Committee developed a prioritization process and criteria for evaluating the significant health needs identified through the CHNA. The process and criteria can be reviewed in further detail in Appendix C. Each steering committee member was afforded an opportunity to independently, as well as collectively prioritize the health needs. Through consensus discussion, the steering committee narrowed the top ranked priority areas to the following:

- Access to Care
- Chronic Disease Management, with a focus on Diabetes and Heart Disease
- Behavioral Health, including mental health and substance abuse
- Obesity, with a focus on nutrition and physical activity
- Smoking/Tobacco Use

### **Strategies for Addressing Priority Areas**

The steering committee, along with other key stakeholders, devised strategies and tactics for addressing the prioritized health needs identified through the CHNA. Banner Health's Senior Leadership Team also reviewed the strategies and tactics to ensure alignment with Banner Health's strategic plan for the coming years. Ultimately, the full CHNA Report, including the Implementation Strategies, was reviewed and approved by the Banner Board of Directors on December 7, 2013.

Across these priority health concerns, there were several consistent contributing factors, such as lack of awareness of services and resources available in the community, ease of accessing the services, coordination of care and community engagement. As such, while each of the strategies and supporting tactics is aligned to a specific health concern, many of them truly cut across several or all of the priority areas. Additionally, these common themes are evident in many of the strategies and supporting tactics across each of the five priority areas.

### **PRIORITY NEED #1: ACCESS TO CARE**

Banner Health is dedicated to providing system wide community health events and services to the public. Health events include health screenings, support groups, blood drives and health fairs in addition to many other events that bring value to nearby communities and encourage preventive health care. Banner Lassen fulfills this community benefit through ongoing events and programs that cater to the health needs of the surrounding population. Banner Lassen places great importance on the inclusion of uninsured and low-income individuals in free health events and other services. The facility provides numerous health fairs and classes aimed at hard-to-reach populations and spreads word of such events through social media outreach, print advertising and other broad-based communications efforts.

Throughout its facilities' community outreach efforts, Banner Health's priorities are in alignment with national health priorities. For example, many community health events and classes are aimed towards

helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits.

Banner Lassen is dedicated to identifying strategic opportunities to enhance community health and wellness. This is accomplished through a variety of channels, including community education, donation drives, and other outreach efforts that improve public health.

Banner Lassen supports the community education programs offered by North Eastern Rural Health Clinic, to ensure its patients and members of the community have access to health education aligned with specific health interests. Classes include diabetes education, childbirth education and tobacco cessation education.

Banner Lassen also coordinates several signature community programs, focused on women’s health and community need.

**Manicures, Massages and Mammograms:** The hospital hosts this annual event to help patients monitor their breast health in a fun, relaxing environment. Attendees from the community receive a day of pampering, including chair massages and complimentary manicures. Banner Lassen also provides screening mammograms at a discounted price at the event because early detection is the best way to diagnose and successfully treat breast cancer.

**Annual Coat Drive:** Keeping warm in the winter months is an important step toward preventing illness, and Banner Lassen supports illness prevention by hosting an annual coat drive. Each year, hospital employees and members of the community donate new and gently used coats in all colors and sizes, which are given to Lassen Family Services to distribute to those in greatest need.

The total amount spent on charity care, community benefit and other financial assistance for patients at Banner Lassen for 2012 was \$890,411.

<b>Strategy #1: Increase access to preventive and maintenance care</b>
<b>Anticipated Outcome:</b> Reduce the use of the Emergency department for non-emergent care, as measured through Banner Lassen’s outpatient ED utilization
<b>Tactics</b>
<ul style="list-style-type: none"> <li>• Promote participation in MyBanner (online patient portal)</li> </ul>
<ul style="list-style-type: none"> <li>• Offer educational materials and links to community resources related to the insurance marketplace</li> </ul>
<ul style="list-style-type: none"> <li>• Promote both internal and external community resources that support preventive and maintenance care via the facility website</li> </ul>
<ul style="list-style-type: none"> <li>• Offer and participate in free health activities (e.g. screenings, health fairs, blood drives)</li> </ul>

**PRIORITY NEED #2: CHRONIC DISEASE MANAGEMENT (WITH A FOCUS ON DIABETES & HEART DISEASE)**

Banner Lassen currently offers education and support to the community through various programs around chronic disease, particularly cancer and diabetes, as noted above. Case Management also offers a variety of programs to provide support and resources for those with chronic conditions.

In 2011, Banner Health Network (BHN) was selected to participate in the Pioneer Accountable Care Organization (ACO) model, a transformative new initiative sponsored by the Centers for Medicare and Medicaid Services (CMS) to provide Medicare beneficiaries with higher quality care, while reducing growth in Medicare expenditures through enhanced care coordination. BHN is a comprehensive provider network that accepts patient care and financial accountability for those served by the network. It is one of a few networks in Arizona serving patients in a population health management model. As part of this innovative model, BHN has implemented several strategies, including education and awareness materials and events, as well as a Lifestyle Management Program, that target chronic disease. BHN’s Lifestyle Management Program primarily serves patients who have been newly diagnosed with a chronic disease and is focused on helping the patient understand their disease and how they can best care for themselves to achieve the best outcomes. While this primarily impacts Arizona at this time, some of the strategies and best practices can translate across the system.

Additionally, while a separate priority area, with the correlation of healthy lifestyle choices and chronic disease, the strategies and supporting tactics we employ around obesity, nutrition and physical inactivity would support our efforts around chronic disease, particularly as they relate to diabetes and heart disease. Similarly, the strategies around tobacco use would also support prevention of lung and bronchial cancers. Further, while mental health is also addressed separately, we recognize the connection, both from a behavioral change standpoint and from the potential impact a chronic disease can have on one’s mental health.

<b>Strategy #1: Engage the community in education on prevention, maintenance and taking a proactive approach to Chronic Disease Management</b>
<b>Anticipated Outcome:</b> Increased community engagement, accountability and compliance with preventive and maintenance strategies, as measured through a survey on the Chronic Disease webpage
<b>Tactics</b>
<ul style="list-style-type: none"><li>• Develop a Chronic Disease webpage on the facility website to Increase on-line educational opportunities and resource awareness</li><li>• Offer Manicures, Massages &amp; Mammograms program to the community</li></ul>

**PRIORITY NEED #3: BEHAVIORAL HEALTH**

Not only is there a correlation between physical chronic disease conditions and healthy lifestyle choices, but there is also a strong relationship to certain behavioral conditions, such as stress and depression. Therefore, it's anticipated, and intended, that the strategies aligned to addressing healthy lifestyle choices, particularly obesity, nutrition and physical activity would also have a positive impact on behavioral health.

<b>Strategy #1: Increase identification of behavioral health needs and access to early interventions</b>
<b>Anticipated Outcome:</b> Increase the number of community members who seek early interventions and decrease those who present in crisis, as measured through a survey on the Mental Health and Substance Abuse webpage
<b>Tactics</b>
<ul style="list-style-type: none"> <li>• Create a webpage with information and resources related to Mental Health and Substance Abuse</li> </ul>

**Priority Need #4: Obesity/Nutrition/Physical Inactivity**

As the strategies around obesity, nutrition and physical inactivity are intended to support efforts around improving self-management, and reduction of incidence of certain chronic conditions, so do the strategies around chronic disease education support and align to our efforts to improve education and awareness around making healthy lifestyle choices. Also as noted above, these strategies should also help support an overall sense of well-being, including stress and other mental health related conditions.

Recognizing that access to nutritional foods is a struggle for many in the community, Banner Lassen partners with Food-4-Families to collect non-perishable food items in advance of the Thanksgiving and December holidays. Donations collected by the hospital are used in food baskets given to senior citizens and families in need throughout Lassen County.

<b>Strategy #1: Engage the community in making healthy choices and maintaining a healthy lifestyle through education and awareness</b>
<b>Anticipated Outcome:</b> Percentage of adults, seniors and pediatrics in the community that are overweight and obese trends down over the next 3 years, as measured through the County Health Rankings and a survey on the Healthy Living and Wellness webpage
<b>Tactics</b>
<ul style="list-style-type: none"> <li>• Create a webpage dedicated to healthy living, including articles, tips, recipes, calendar of related events, links to internal and external resources</li> <li>• Promote the importance of breastfeeding</li> </ul>

### Priority Need #5: Smoking/Tobacco Use

The focus on tobacco use will also be further supported through inclusion in educational offerings and healthy living web-based education, resources and support, as living tobacco free is a key part of maintaining a healthy lifestyle. Therefore, several of the strategies noted above around obesity, nutrition and physical activity would also include information on tobacco cessation and education around the importance of being tobacco free.

Additionally, some of the strategies and supporting tactics under Behavioral Health could also provide additional support to the following strategies, aimed at helping tobacco users quit and maintain a tobacco free lifestyle.

<b>Strategy #1: Increase community education and awareness around personal benefits to achieving and maintaining a healthy lifestyle free of tobacco</b>
<b>Anticipated Outcome:</b> Increase participation in the State Quit Line, reducing the number of individuals who utilize tobacco, as measured through the County Health Rankings and a survey on the Healthy Living and Wellness webpage
<b>Tactics</b>
<ul style="list-style-type: none"><li>• Include a link to the State Quit Line website from the Banner Healthy Living webpage</li><li>• Incorporate education around the risks and complications from tobacco use into the Healthy Living webpage</li><li>• Support a Tobacco Free campus</li></ul>

There are also other community partners who offer great resources towards improving the health of our community. Such organizations include: Crisis Line; Lassen County Adult Protective Services; Lassen County Child Protective Services; Lassen County Mental Health Department; Aurora Network; Lassen Family Services; Crossroads Ministries; Alcohol & Drug Abuse Hotline; Alcoholics Anonymous Hotline; Lassen County Drug and Alcohol; P.R.O.M.I.S.E.S - Perinatal Recovery of Moms and Infants in Substance-abusing Environments.; Lassen Indian Health Center; Lassen County Public Health Department Tobacco Use Reduction; Honey Lake Hospice; Long-Term Care Ombudsman; Access to Justice Center; Lassen Child and Family Resources; Rainbow Family Support & Resource Network; Lassen County Public Health Department; M.A.M.A Crisis Pregnancy Center; Community Food Shelf; Lassen County Council on Aging; Lassen County In-Home Supportive Services; Lassen Senior Services; Sage Stage; and Veteran’s Services. We will continue to facilitate dialogue with these community partners, as well as others to continue exploring opportunities for how best to collaborate in caring for our community.

### Significant Health Needs Not Prioritized

We recognize that we do not have the resources nor in some cases the expertise to pursue all of the significant health needs identified through the CHNA. Therefore, the steering committee, in concert with Banner Health leadership worked diligently to ensure the strategies and tactics we selected would be impactful, foundational for future efforts and in alignment with our strengths, mission, vision and strategic plan.

The significant health needs that were not prioritized, at this time, are:

***Women and Infant Services:*** The data indicates there are still opportunities for improvement within the community related to certain aspects of Women and Infant Services, though California compares well to the other states and has shown marked improvement in areas such as teen pregnancy. While we recognize this is still a health concern within the community and will continue to look for opportunities to help improve the health status for this population, it was not identified by the CAC as one of the greatest areas of need within the community. As we simply do not have the resources to develop a strategy for all of the areas of significant health needs, we feel resources would be better aligned to influence the other significant health concerns identified above. Banner Lassen will continue to offer childbirth education classes.

The CAC did identify a concern that for women who are unaware they are pregnant, 75 percent reported having consumed alcohol after conception. It is our hope that through increased educational offerings via the Mental Health and Substance Abuse website that we will also be able to positively impact this issue.

***Provider Shortage:*** While not specifically called out as a strategy under Access to Care, Banner Health is constantly evaluating the provider needs within the communities it serves and strives to meet those needs as best as possible. Additionally, much of the conversation with the CAC reflected the need for focused efforts on increasing awareness of the available services within the community, which has been integrated into the strategies across the priority health concerns, as there are some great resources that currently exist within the community.

## APPENDIX A – STEERING COMMITTEE MEMBERS

Banner Health CHNA Steering Committee, in collaboration with Banner Lassen’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
Candace Hoffmann	Public Relations Director
Dave Cheney	Chief Executive Officer, Banner Boswell Medical Center
Kathy Townsend	Chief Nursing Officer, Banner Boswell Medical Center Chief Nursing Officer, Banner Ironwood Medical Center - <i>formerly</i>
Kim Schraven	Strategic Alignment Project Consultant
Kristin Davis	Consultant
Laura Snow	Planning Senior Director
Laura Valenzuela	Systems Consultant – Strategic Planning
Linda Stutz	Care Coordination Senior Director
Lisa Davis	Payroll and Tax Senior Director
Lynn Chapman	Planning Senior Director
Megan Christopherson	Child Health/Wellness Director
Rhonda Anderson	Chief Executive Officer, Banner Cardon Children’s Medical Center
T.J. Grassetti	Strategic Alignment Senior Director
Vince DiFranco	Chief Executive Officer, Banner Community Hospital – Torrington

## APPENDIX B – COMMUNITY ADVISORY COUNCIL

Banner Lassen’s leadership team, in collaboration with members of the steering committee, created a Community Advisory Council (CAC) of community leaders that represent the underserved, uninsured and minority populations. CAC participants were identified based on their role in the public health realm of the hospital’s surrounding community. Emphasis was placed on identifying populations within the service area that are considered minority and/or underserved. Each CAC participant is vested in the overall health of the community and brought forth a unique perspective with regards to the population’s health needs. The CAC provided Banner Health with the opportunity to gather valuable input directly from the community.

ORGANIZATION	NAME AND TITLE	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Banner Lassen Medical Center	Bob Edwards, Chief Executive Officer ( <i>at the time the focus group was conducted</i> )	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Lassen Medical Center	Debra Erickson, Nursing Care Coordinator	Hospital utilization trends; clinical and ancillary services; community needs, resources and partners
Banner Lassen Medical Center (Emergency department)	Mary Johnson, RN	ED utilization trends; community needs, resources and partners
Banner Lassen Medical Center Foundation	Bill Wemple, Member of the Board of Directors	Healthcare needs and trends within the community; business development
California Correctional Center	David Mowbray, Supervisor	Healthcare needs and trends within the prisoner population, as well as the greater community needs and resources
California Department of Corrections	Andrew Sorrenti, Retired Correctional Sergeant	Healthcare needs and trends within the prisoner population
Gospel Tabernacle	Paul Bruce Ingle, Senior Pastor	Community needs, resources and partners
Lassen Community College	David W. Foster, Retired Mathematics Professor	Community needs, resources and partners, particularly within the student population
Lassen Community College	Thomas Holybee, Member of the Board of Directors	Community needs, resources and partners, particularly within the student population
Lassen County Health and Social Services Agency	Melody Brawley, Director	Community needs, resources and partners; mental health and substance abuse issues within the community

<b>ORGANIZATION</b>	<b>NAME AND TITLE</b>	<b>AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS</b>
Lassen County Public Health	Joanna Zimmerman, Public Health Director	Public health trends, programs and policy; community needs, resources and partners
Lassen County Sheriff's Department	John Mineau, Undersheriff & Deputy Coroner	Community needs, trends, resources and partners; ED utilization trends within the prisoner population
Lassen Municipal Utility District	Keri Richards, Business Office Manager	Community needs and resources for the low-income and senior populations
Lassen Senior Services	Penny Artz, Executive Director	Needs, trends and resources within the community related to seniors
Lassen County Health and Social Services Agency	Mike Powers, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Susanville Indian Rancheria and Lassen Indian Health Center	Sherry Gage, Site Manager	Healthcare needs, trends, resources and partners within the Native American population in the community

## APPENDIX C – PRIORITIZATION CRITERIA

The significant health needs identified through the CHNA were prioritized based on the below criteria, which took into account the quantitative data, focus group discussion with the Community Advisory Council (CAC) and Banner’s mission, vision and strategic plan. Each significant health need was evaluated based on the criteria, using a ranking of low (1), medium (3) or high (5) for each criterion; all criteria were equally weighted. The criterion scores for each health need were compiled to determine the overall prioritization.

Criteria:

- Data indicates a clear need
- Priority within the community
- Clear disparities exist
- Cost of not addressing is high
- Desired outcome can be clearly defined
- Measures can be identified
- Public would welcome the effort
- Banner has the ability to impact
- Alignment with Banner’s mission, vision and strategic plan