



Banner Health

Ogallala Community
Hospital

*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 Ogallala Community Hospital'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.

OGALLALA COMMUNITY HOSPITAL – AT A GLANCE

Ogallala Community Hospital is a publicly-owned, 18-bed critical access hospital located in Ogallala, Neb. Banner Health operates, manages and leases the facility, which opened in 2000 after the public raised nearly \$1.5 million and the Hospital Authority, which owns the title, added another \$1 million for new equipment. The rest was financed with a voter-approved bond.

The hospital was designed to meet the community's need for inpatient care as well as the growing need for outpatient services. The Banner Health mission of making a difference in people's lives through excellent patient care serves as the hospital's foundation for planning, and services are based on the scope and level required by the patient population in the hospital's service area.

Patient services include:

- Oncology diagnostics and infusion treatment
- Emergency care
- Intensive care, including the use of Banner iCare™
- Medical care
- Orthopedic services, including a Banner Health-employed orthopedic surgeon
- Rehabilitation
- Cardiac and respiratory testing
- Sleep studies
- Respiratory therapy
- Women's services, including maternity care and digital mammography
- Medical imaging
- Surgical care
- Laboratory services
- Heart care diagnostics
- Nutrition

Banner Health also owns and operates the Banner Health Clinic on the hospital campus. Patients can visit with one of four family medicine physicians, a general surgeon, orthopedic surgeon and two physician assistants. In addition, Ogallala Community Hospital hosts visiting specialists in the following disciplines:

- Bariatric surgery
- Oncology
- Ear, Nose and Throat (Otolaryngology)
- Gastroenterology/Hepatology
- Cardiology
- Obstetrics and gynecology
- Ophthalmology

- Orthopedics
- Podiatry
- Pulmonology
- Urology

Although it serves a wide swath of western Nebraska, the majority of Ogallala Community Hospital's primary service area is Keith County. The population swells in the summer when tourists flock to Lake McConaughy, a 20-mile long recreation mecca located eight miles northeast of Ogallala.

Ogallala Community Hospital serves this area with unusually advanced technology for a facility its size. Its physicians and clinical staff all 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. The campus is also part of the Banner iCare™ Intensive Care Program where specially trained physicians and nurses back up the bedside ICU team and monitor ICU patient information 24 hours a day, seven days a week. The medical imaging department provides digital mammography, a CT scanner, MRI and nuclear medicine.

This commitment to innovation and clinical quality was recognized in 2011 by the National Rural Health Association which named Ogallala Community Hospital to the list of Top 100 Critical Access Hospitals in America.

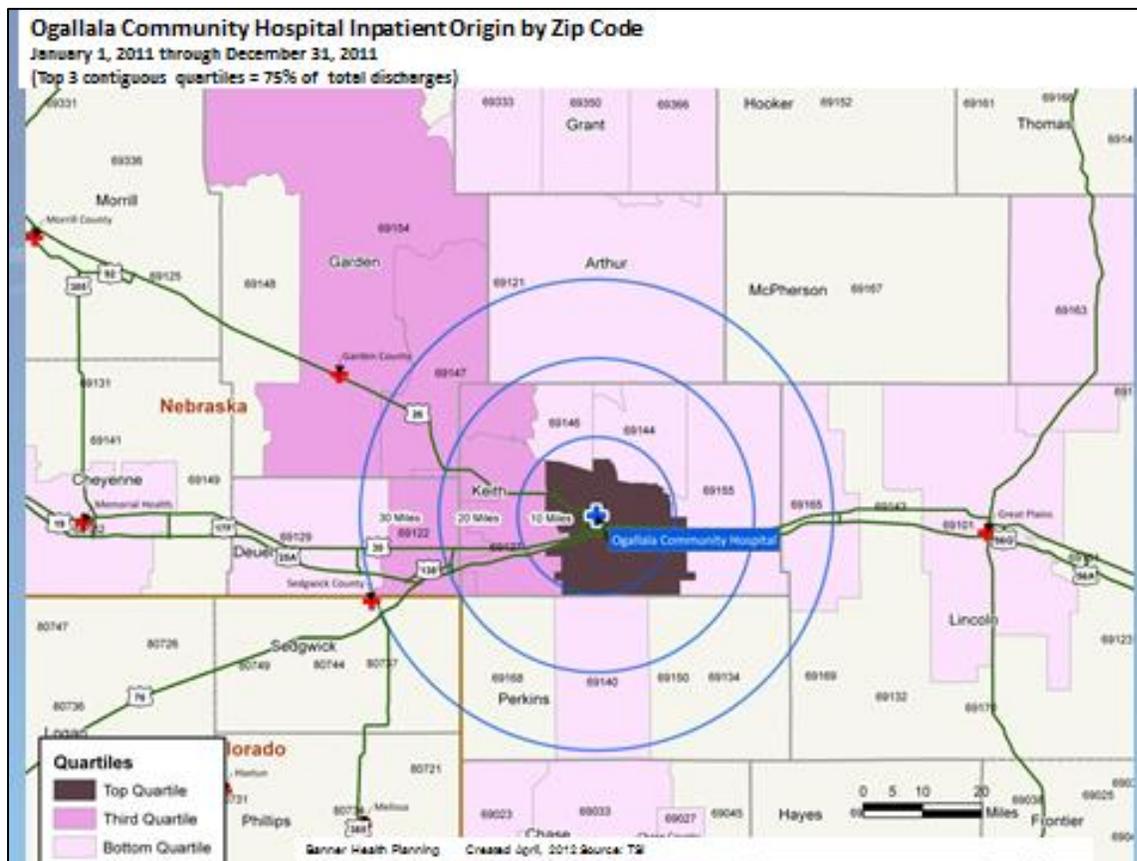
With a medical staff of 97 physicians and allied health staff, Ogallala Community Hospital provides a number of services and programs for the area's underserved and lower income populations. It also lends assistance to others who serve these groups. Examples include:

- **Vaccines for Children:** This is an immunization program for children who are Native American, uninsured, and receiving Medicaid. This is a federally-funded program operated by the State of Nebraska and makes 16 vaccines available to eligible children up to 18 years of age.
- **Physical exams:** Ogallala physicians provide physical exams for children enrolled in the Head Start program. Addressing medical needs is an important part of the program which seeks to encourage healthy development in low-income children.
- **Donations:** Ogallala Community Hospital provides monetary donations and fundraising support for a number of local organizations including the Sandhills Crisis Intervention Program, a nonprofit program that advocates for victims of domestic violence and sexual assault; Women's Resource Center, a nonprofit that provides free assistance to women who have an unplanned pregnancy; and Safety Cop, a program run by the local police department which presents safety education to area schools.

COMMUNITY DESCRIPTION

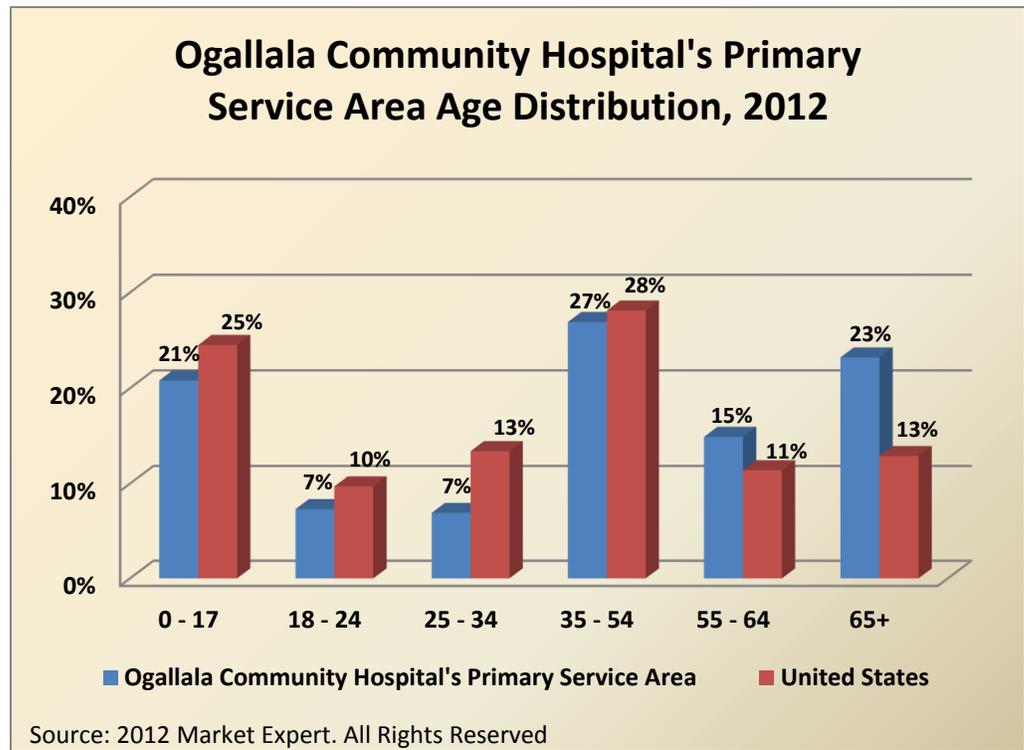
Ogallala Community Hospital is located in Ogallala, Nebraska, within Keith County, and services the residents of Keith County and western Nebraska. Over 66 percent of the facility's inpatient volume comes from two zip codes within Keith County, Ogallala (69153) and Brule (69127). Three surrounding cities account for the rest of the hospital's primary service area: Oshkosh (69154) and Lewellen (69147) in Garden County, and Big Springs (69122) in Deuel County.

According to Truven Health Analytics Market Expert tool (Market Expert), the total population of Ogallala Community Hospital's primary service area is 9,230 for 2012, which is actually a decrease of almost seven percent since 2000. While it is projected to stabilize over the next few years, it is anticipated that the population will continue to decrease slightly over the next five years.

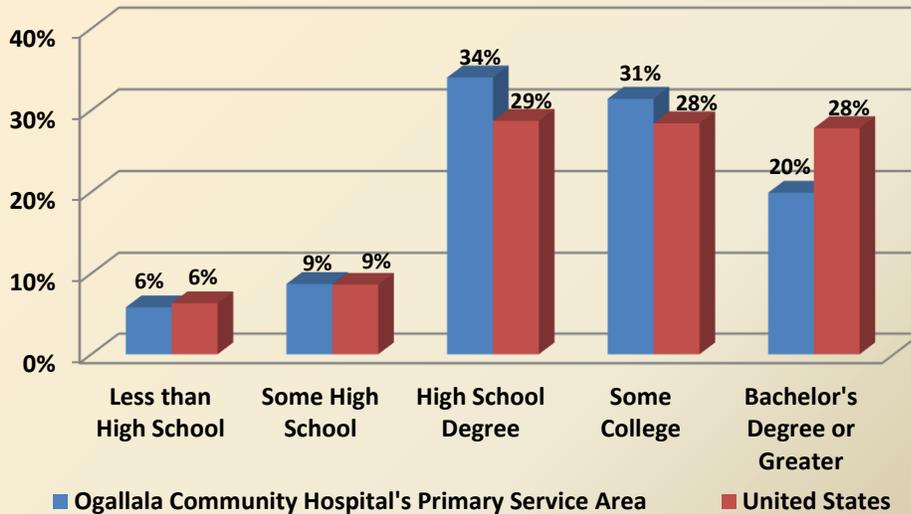


Within Ogallala Community Hospital's primary service area, the females slightly outnumber the males, 50.8 percent to 49.1 percent, respectively. Within the female population, only 27.8 percent are of child-bearing age (15 – 44).

Ogallala Community Hospital's primary service area has a diverse age distribution, with the largest age groups being adults (ages 35 to 54), followed closely by adults over the age of 65 and pediatrics, respectively. Overall, the age demographic is older than the national average, with 38 percent of the population over the age of 55, compared to 24 percent for the nation.



Ogallala Community Hospital's Primary Service Area Educational Attainment*, 2012



Eighty-five percent of the population, over the age of 25, has at least a high school education, which is on par with the national average.

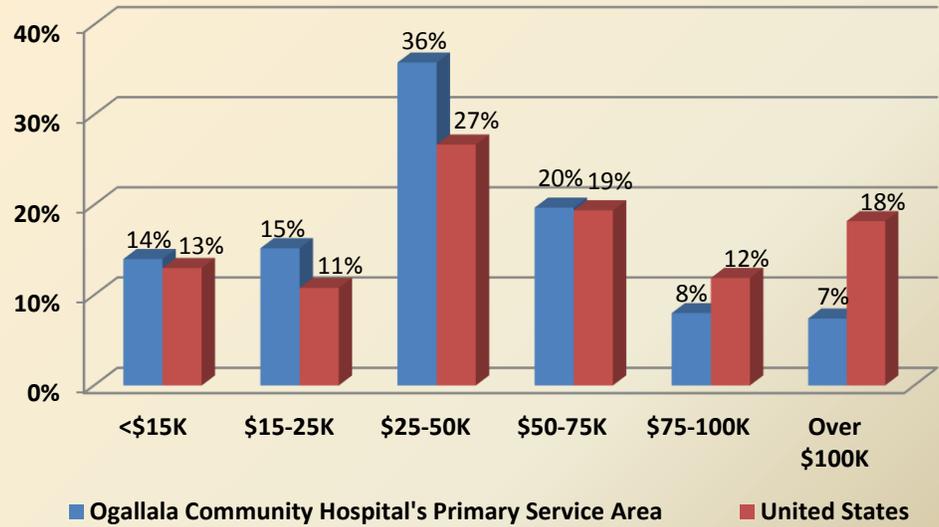
However, the percent of the population who have obtained a Bachelor's Degree or greater is considerably below the national benchmark, as noted in the graphic.

* Over the age of 25

Only 35 percent of the population have a household income of \$50,000 or greater, with the largest segment of the population having an annual household income of between \$25,000 and \$50,000.

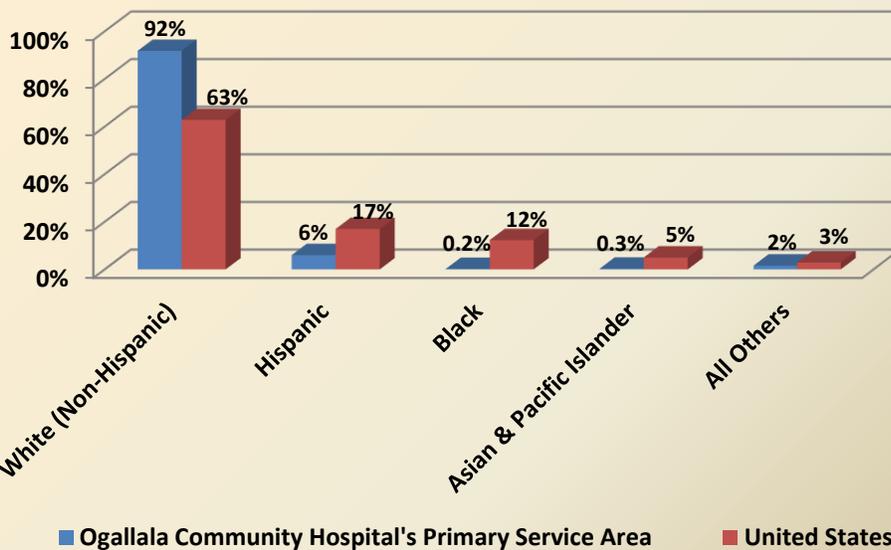
Twenty-nine percent of the population has an annual household income below \$25,000, which is greater than the national average (24 percent).

Ogallala Community Hospital's Primary Service Area Household Income Levels, 2012



Source: 2012 Market Expert. All Rights Reserved

Ogallala Community Hospital's Primary Service Area Race/Ethnic Composition, 2012



Source: © 2012 Market Expert. All Rights Reserved

The White (non-Hispanic), population is by far the largest ethnic group within the service area, with all other ethnicities, accounting for less than 10 percent of the population, combined. This is a significant variation from the national average, where these ethnic groups combined account for one-third of the population.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Ogallala Community Hospital'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 Ogallala Community Hospital, 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 – Keith 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 Ogallala Community Hospital’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:

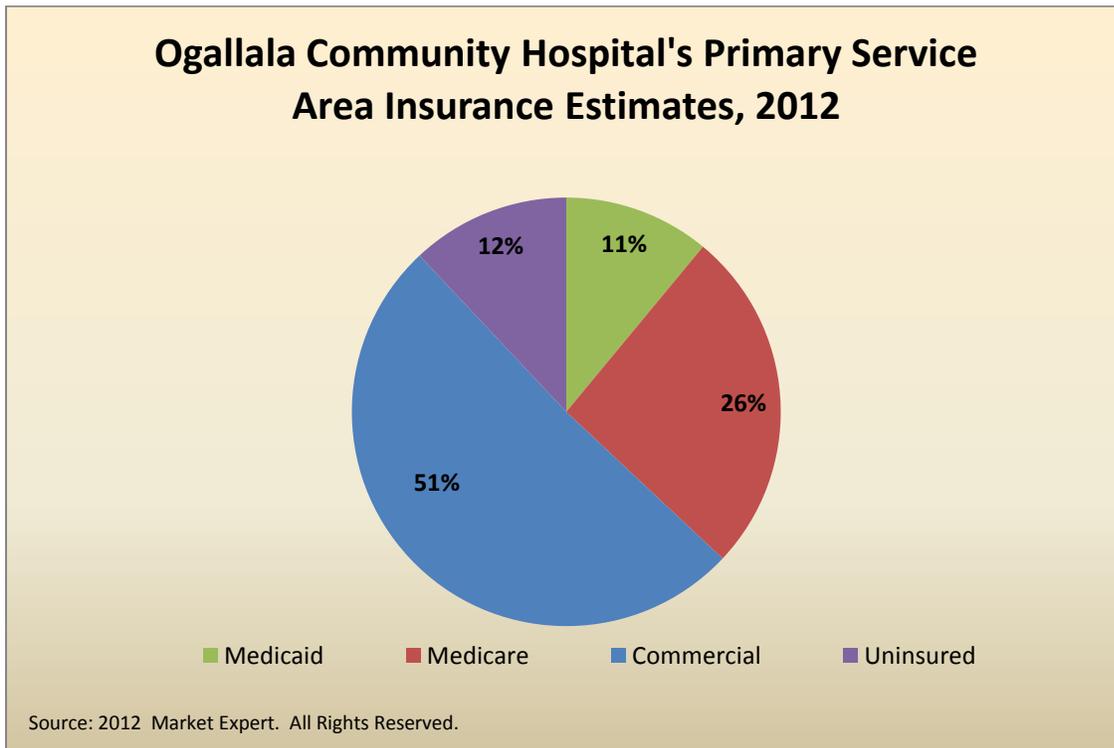
Upon the completion of Ogallala Community Hospital’s needs assessment, a summary of findings was comprised for review by the steering committee, Ogallala Community Hospital’s leadership team, Banner Health system Senior Management and the Banner Health Board of Directors. Needs assessments were then 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, Ogallala Community Hospital’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 Ogallala Community Hospital's primary service area, 12 percent of the population is uninsured and an additional 11 percent are on Medicaid. That equates to close to one-quarter of the population being either uninsured or on Medicaid. Additionally, given the large percent of the population over the age of 65 (23 percent), it is not surprising that 26 percent of the population is on Medicare.



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 feedback recognized that access to care for the hospital's service area population is indeed an issue. One contributing factor is transportation needs among the surrounding community. There is a local bus that provides transportation to travel to nearby specialty clinics; however, transportation continues to be an issue for patients to access needed health care within the service area. Additionally, there was further discussion among the group that it would be beneficial to work on coinciding the bus times with the specialty clinics' hours of operation, to make it easier for patients to access the clinics when needed.

Ogallala Community Hospital's internal data showed that a large percentage of uninsured, Medicaid and Medicare ED visits that were treated and released in 2011 were for primary care issues. Diagnoses groups with high volume of visits for these populations include upper respiratory infections (URIs); ear, nose & throat (ENT) infections; head injuries; abdominal pain/nausea; headache/migraine; urinary tract infections (UTIs); eye infections; dental caries; pregnancy complication; backache; chest pain; and congestive heart failure (CHF). While some of these diagnoses are truly emergent situations, the data clearly illustrates that all age groups, primarily those under the age of 65, are visiting the ED for services that could often be handled through a Primary Care Provider.

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 1st being the best and 50th being the worst, Nebraska ranks 17th 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 Nebraska ranks 11th (with 1st being the best), 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.

Nebraska was ranked 19th for Heart Disease, according to the *America's Health Rankings 2012 State by State Comparison*. Again, as noted above 1st is the best and 50th is the worst. The prevalence of chest pains and CHF cases seen in the ED, support that this is still an issue within the community.

The CAC supported that chronic conditions are indeed a concern across the community, particularly diabetes and hypertension. They further indicated that getting patients to comply with their plan of care can be a significant challenge. It was suggested that more awareness and education is needed around self-management and prevention, including screenings. Behavioral change was also cited as a needed area of focus.

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 11th 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*, Nebraska was ranked 6th (50th being the worst) for suicide, with 9.6 deaths per 100,000; the national average is 12 per 100,000.

The CAC indicated that mental health is a significant health issue within the community. There is a system locally that handles mental health care, but the group stated that it is fragmented and competitive. As a result, churches also intervene and provide counseling to families that are dealing with mental health issues. School counselors also provide mental health services, including preventive

services. The CAC stated that substance abuse issues within the community are closely linked to mental health issues.

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*, 22.7 percent of the adult population in Nebraska reported binge drinking, placing them 46th in the nation (50th being the worst). As reported in the *2012 County Health Rankings*, Keith County's percent of the adult population that reported excessive drinking (binge, plus heavy drinking) is considerably lower, at only 16 percent.

While Keith County may have a lower percentage of adults who participate in binge and/or heavy drinking, alcohol and drug abuse are significant issues within the community, according to the CAC, with marijuana being the primary drug of choice, followed by meth and prescription medications. According to feedback from the CAC, the use of drugs often begins in middle school. The middle schools have responded by including drug education as part of their Health Education curriculum. Additionally, there is a youth committee in Ogallala that is working towards peer education; the peer group has been recognized for their efforts at a state level.

It was also discussed that adults dealing with substance abuse are not utilizing the free counseling sessions that are available; it is believed that the stigma that is attached to substance abuse prevents them from seeking help. As the community is relatively small, it can be difficult for anonymity to be maintained.

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 the percent of adults who smoke in Nebraska is lower than the national average, it's still 20 percent of the population, which is significant. According to the *County Health Rankings*, Keith County is on-par, with 20 percent of adults reporting they smoke. Non-Hispanic blacks were identified as being the most disparately impacted at 22.6 percent, compared to Hispanics at 16.5 percent and non-Hispanic whites at 16.3 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, Nebraska is ranked as having the 10th lowest rate in the nation, with a rate of 5.4 deaths per 1,000 live births; 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, Nebraska matches up well relatively well against the other states, with only 7.1 percent of births classified as low birth weight, compared to the national average of 8.1 percent. According to the *County Health Rankings, 2012*, Keith County is significantly higher than the state average, at 9.0 percent.

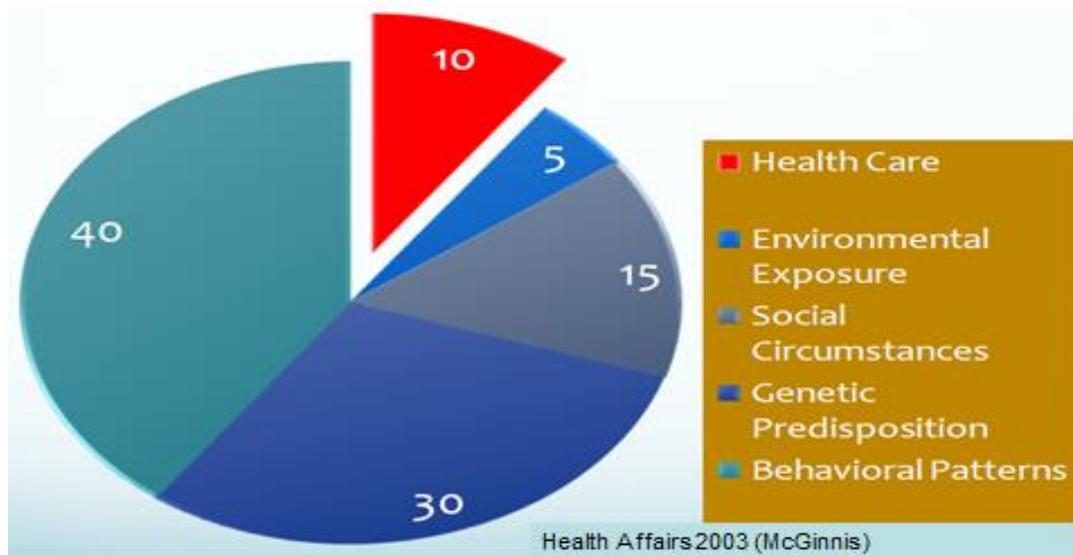
Preterm births has been identified as one of the biggest contributors to low birth weight babies, as noted above. Similar to Nebraska's incidence of low birth weight babies, they also come in under the national average for their prevalence of preterm births (11.4 percent); the national average is 12 percent, according to the *2012 America's Health Rankings State by State Comparison*.

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. Nebraska ranks 21st out of the 50 states in teen birth rate (1st being the best), at 31.1 per 1,000 births; the national average is 34.2. According to the *2012 County Health Rankings*, Keith County is considerably higher at 37 per 1,000 births.

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*, 28 percent of adults in Keith County are obese. The state average, as reported in *2012 America's Health Rankings* is 28.4 percent, which is worse than both the national average (27.8 percent) and the *Healthy People 2020* national health target (30.6 percent). The prevalence of obesity within the state has more than doubled over the past 20 years and disparately impacts the non-Hispanic black population (39.6 percent); white (non-Hispanics) are at 27.0 percent.

As noted above, data from the *County Health Rankings* indicate negative adult behaviors are prevalent among the population, which can contribute to the effectiveness of chronic disease management and prevention. Input from the CAC indicates there is a lack of participation in existing programs directed at making healthy lifestyle choices. It was speculated that part of the reluctance to participate in such

programs is that people are afraid of the stigma, as Ogallala is such a small, intimate community. It was also stated that many working adults may struggle with finding time to attend classes/programs, as they are often working two or three jobs to make ends meet.

The CAC also confirmed that obesity is an issue within the community and suggested that there should be greater access to nutritionists to help tackle the problem. They feel strongly that increased educational efforts are needed to inform the public on healthy eating habits. The obesity issue is linked to the chronic illnesses that are also pervasive among the community, namely diabetes and hypertension.

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. Ogallala Community Hospital fulfills this community benefit through ongoing events and programs that cater to the health needs of the surrounding population.

Ogallala Community Hospital 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.

One example of a national health concern that the facility is cognizant of is that of diabetes. In addition to additional areas, Ogallala Community Hospital also provides community health education aimed at teens and youth, impacting hundreds of individuals.

Additional community outreach efforts include:

- Wellness Wednesdays: These are open lab days in which community members can have their blood screened and tested at affordable rates. Results are processed quickly and patients are advised to discuss results with a physician.
- Flu shots for area businesses: The hospital partners with area businesses to provide flu vaccinations for employees.
- Physicals for Boy Scouts: The hospital partners with local chapters of the Boy Scouts to provide free annual physicals to its members. This program serves an average annual population of about 15.
- Concussion Testing: The hospital provides concussion education to about 30 area coaches of youth sports and provides concussion tests for free to any student athlete who requests one. The testing provides a baseline that can be used to help assess these athletes should they sustain a concussion in the future. In 2012, 39 students received the test (as of Dec. 18).
- Physicals for volunteer firefighters: The hospital provides between 20 and 30 free physicals for area volunteer firefighters.
- Physician lectures: Physicians provide health education for area residents on a variety of health topics. Typical attendance ranges from 10 to 40 people per talk, multiple times a year.

These programs are geared in large part to a national shift emphasizing wellness and prevention of illness. Programs like Wellness Wednesdays, flu shots for businesses, physicians and physician lectures are designed to empower members of the community to take charge of their health, engage in healthy living practices and to seek intervention for any identified medical issues.

To help meet the needs of the uninsured and underinsured community members, Ogallala Community Hospital follows the Banner Health process for financial assistance.

The total amount spent on charity care, community benefit and other financial assistance for patients at Ogallala Community Hospital for 2012 was \$521,059.

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

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

Ogallala Community Hospital currently offers education and support to the community through various programs around chronic disease, particularly cancer and diabetes. Additionally, the hospital has partnered with the American Cancer Society’s “Look Good, Feel Better” program which provides beauty sessions for women with cancer to help them boost their self-image and confidence. 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.

Strategy #1: Engage the community in education on prevention, maintenance and taking a proactive approach to Chronic Disease Management
Anticipated Outcome: Increased community engagement, accountability and compliance with preventive and maintenance strategies, as measured through a survey on the Chronic Disease webpage
Tactics
<ul style="list-style-type: none"> • Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness • Provide chronic disease educational offerings in the community, leveraging partnerships with community-based organizations to help host and promote the events to a broader community population

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.

Strategy #1: Increase identification of behavioral health needs and access to early interventions
Anticipated Outcome: Increase the number of community members who seek early interventions and decrease those who present in crisis, as measured through patient data within Banner Medical Group and a survey on the Mental Health and Substance Abuse webpage
Tactics
<ul style="list-style-type: none"> • Deploy depression screening tool in Primary Care Provider (PCP) clinics within Banner Medical Group • Create a webpage with information and resources related to Mental Health and Substance Abuse

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.

Strategy #1: Engage the community in making healthy choices and maintaining a healthy lifestyle through education and awareness

Anticipated Outcome: 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

Tactics

- Create a webpage dedicated to healthy living, including articles, tips, recipes, calendar of related events, links to internal and external resources
- Promote the importance of breastfeeding

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.

Strategy #1: Increase community education and awareness around personal benefits to achieving and maintaining a healthy lifestyle free of tobacco

Anticipated Outcome: 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

Tactics

- Partner with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows
- Include a link to the State Quit Line website from the Banner Healthy Living webpage
- Incorporate education around the risks and complications from tobacco use into the Healthy Living webpage
- Support a Tobacco Free campus

There are also other community partners who offer great resources towards improving the health of our community. Such organizations include: Keith County Fire Department; Keith County Sheriff Department; New Hope Church; Ogallala Public Schools; and Public Health District. 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:

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, 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.

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 Nebraska compares fairly well to the other states. 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. Ogallala Community Hospital will also continue to offer childbirth education classes.

APPENDIX A – STEERING COMMITTEE MEMBERS

Banner Health CHNA Steering Committee, in collaboration with Ogallala Community Hospital’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. Grasseti	Strategic Alignment Senior Director
Vince DiFranco	Chief Executive Officer, Banner Community Hospital – Torrington

APPENDIX B – COMMUNITY ADVISORY COUNCIL

Ogallala Community Hospital’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
Adams Bank and Trust	Lee Wells, Financial Services Representative	Business development and financial needs and resources within the community
Arthur Ranch Supply, LLC	Bill Daly, Owner	Healthcare needs and trends within the community, particularly related to emergent care
Banner Health Advisory Board	Erma Hulinsky, Board Member	Healthcare industry, needs and trends within the community;
Banner Health Advisory Board	Karen Jehorek, Board Member	Healthcare industry, needs and trends within the community;
Banner Health Ogallala Community Hospital	Bethany Childers, Chief Human Resources Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Alyson Coffman, Practice Senior Manager & RN	Clinic management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Jackie Frates, Care Coordinator	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Dr. Gabriel Godina, Chief of Staff, Family Practice Physician	Health care industry; hospital and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Dena Klockman, Chief Financial Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Sharon Lind, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Chris Patin, Plant Operations	Hospital management; clinical and ancillary services; community healthcare needs particularly within

ORGANIZATION	NAME AND TITLE	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
		the student population and those requiring emergent care
Banner Health Ogallala Community Hospital	Scott Rudolph, EMT	Healthcare needs and trends within the community, particularly related to emergent care
Banner Health Ogallala Community Hospital	Lori Schoenholz, Chief Nursing Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Tiffany Williams, Executive Assistant	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Ogallala Community Hospital	Michelle Wolford, EMT	Healthcare needs and trends within the community, particularly related to emergent care
Haggard Realty	Travis Haggard, Owner	Community housing needs, trends and resources
Keith County Board of Commissioners	C.W. Baltzell, DVM, Commissioner	Community needs, resources and partners; Public health concerns
Keith County Leadership & Chiropractor	Dr. Nick Fanning, Member & Chiropractor	Community needs, resources and partners
Keith County Sheriff Department	Amanda Voborny, Deputy	Community needs, resources and partners
New Hope Church	J.P. Johnson, Staff Member	Community needs, resources and partners
Ogallala City Council	Stacey G. Bauer, City Councilman	Community needs, resources and partners
Ogallala Public Schools	Mike McArtor, Counselor	Community needs, trends and resources within the student and family populations
Ogallala Public Schools	Rose Holecheck, Counselor	Community needs, trends and resources within the student and family populations
Ogallala Public Schools	Darla Westmore, School Nurse	Healthcare needs and trends within the student and family populations
Public Health District	Tracy Eveland	Public health trends, programs and policy; community needs, resources and partners
Public Health District	Traci Hoatson, APRN	Public health trends, programs and policy; community needs, resources and partners

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