Banner Health

Community Hospital

Torrington

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 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.

COMMUNITY HOSPITAL – AT A GLANCE

Community Hospital is located in Torrington, Wyoming. It is a critical access hospital that serves Goshen County. The population of approximately 15,000 residents is spread over five towns, with Torrington serving as the county seat. The next closest medical services are 35 miles away at Regional West Hospital in Scottsbluff, Nebraska.

The hospital campus offers a 25-bed hospital (Community Hospital), a 103 bed care center (Goshen Care Center), and a 24 bed boarding center for independent seniors (Evergreen Court). Plus there is a medical office building on campus, and a Banner Health Clinic that provides urgent care level services. Because the three pharmacies in town are closed on evenings and weekends, the hospital recently installed Instamed technology allowing patients to use a barcode given in the clinic or Emergency department (ED) to fill short duration medications for support until a pharmacist is available.

Community Hospital offers a recently renovated emergency center, plus general medical/surgical services, medical imaging, obstetrics and gynecology, physical therapy and cardiac rehabilitation. Mammography and colonoscopy services are available on campus, as well as basic radiation oncology and infusion therapy. The hospital has a sleep lab, and employers can access employee drug screens and physicals on site. Hospice care is provided within the hospital, and a special Alzheimer's support wing is offered inside the care center.

Traveling medical specialists visit the community about once a week and see patients in the medical office building on campus. Specialty areas represented include neurosurgery, orthopedics, urology, cardiology, vascular surgery and ophthalmology.

The Evergreen Court boarding facility offers seniors an opportunity to live independently, but with support. They can eat meals in the dining room, or make their own. They can take advantage of transportation services, scheduled activities and exercise classes, too. Socialization and access to nearby medical care are key features for residents.

COMMUNITY DESCRIPTION

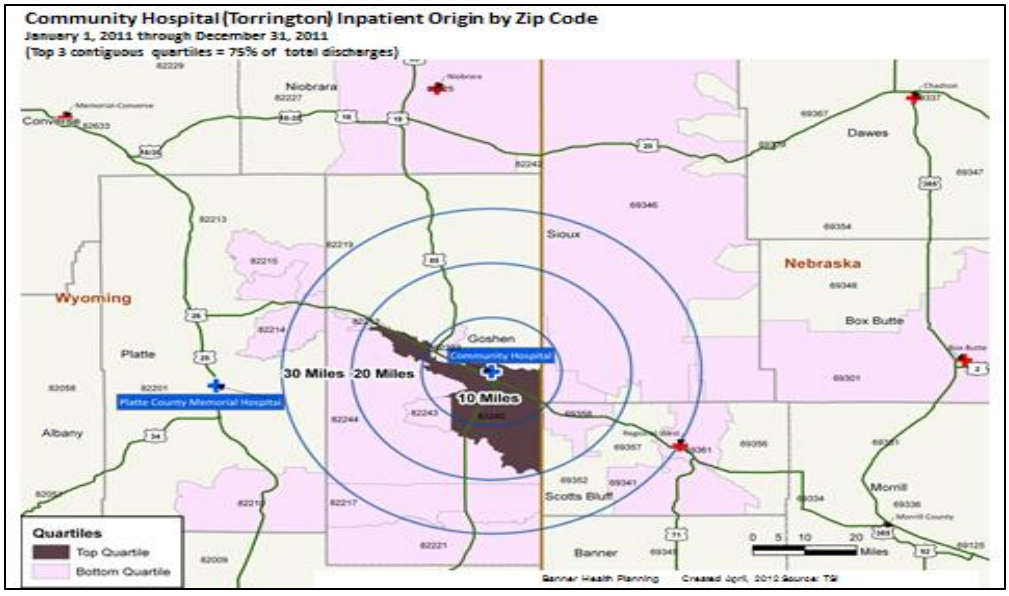
Community Hospital is located in Torrington, Wyoming. Torrington is located on the North Platte River in Goshen County in the Southeast corner of Wyoming. Torrington is 84 miles north of Cheyenne, Wyoming and 184 miles north of Denver, Colorado; Scottsbluff, Nebraska is 30 miles to the east and Casper, Wyoming is 145 miles to the northwest.

Torrington boasts one of the lowest costs of living in the state and has also been named the cleanest city in Wyoming. The principal industry for Goshen County is agriculture. Sugar beets, potatoes, beans, corn, wheat and other grains, and alfalfa are all grown in the area. More than 20,000 cattle are raised and marketed in Goshen County, which makes it the state's leading beef producer. Along with agriculture, Torrington also has industry. There is a sugar plant where the locally grown sugar beets are processed and an ethanol plant processes locally grown corn just south of town. Additionally, some area residents are employed by the railroad or a recently built medium security correctional facility.

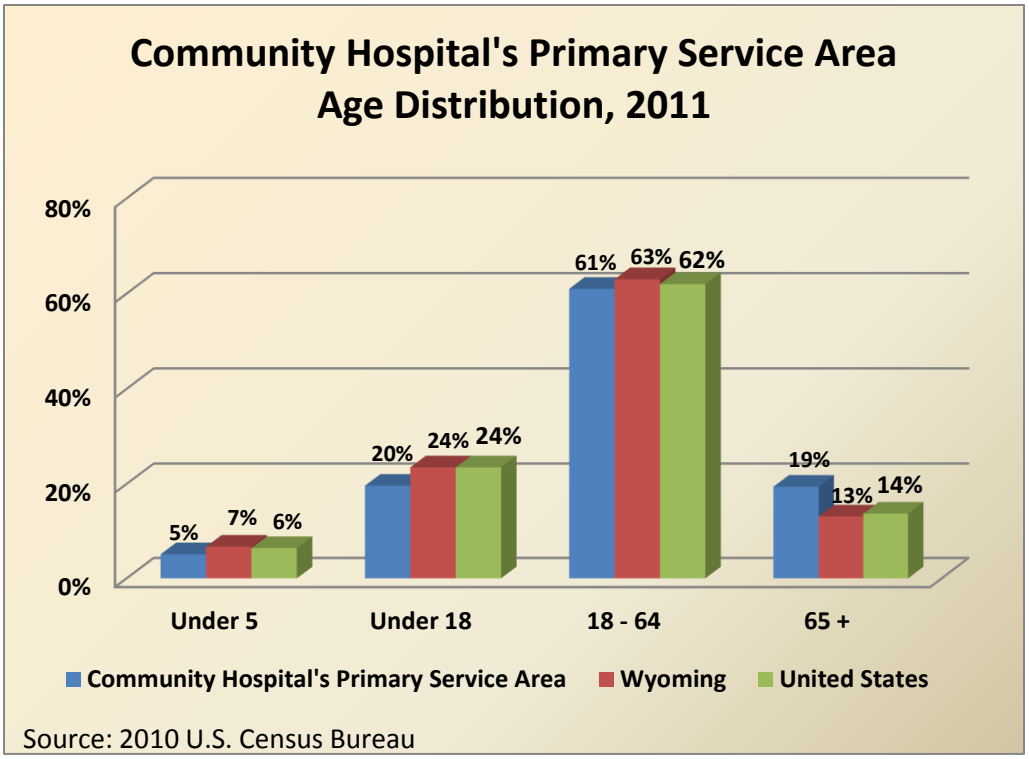
The community has been more economically disadvantaged than other Wyoming counties because it does not have mineral rights. There is change coming though, with a planned natural gas pipeline that is to be built in the area.

The community has a large senior population, and a growing Spanish speaking population. More families have relocated to this area because of an increase in available jobs.

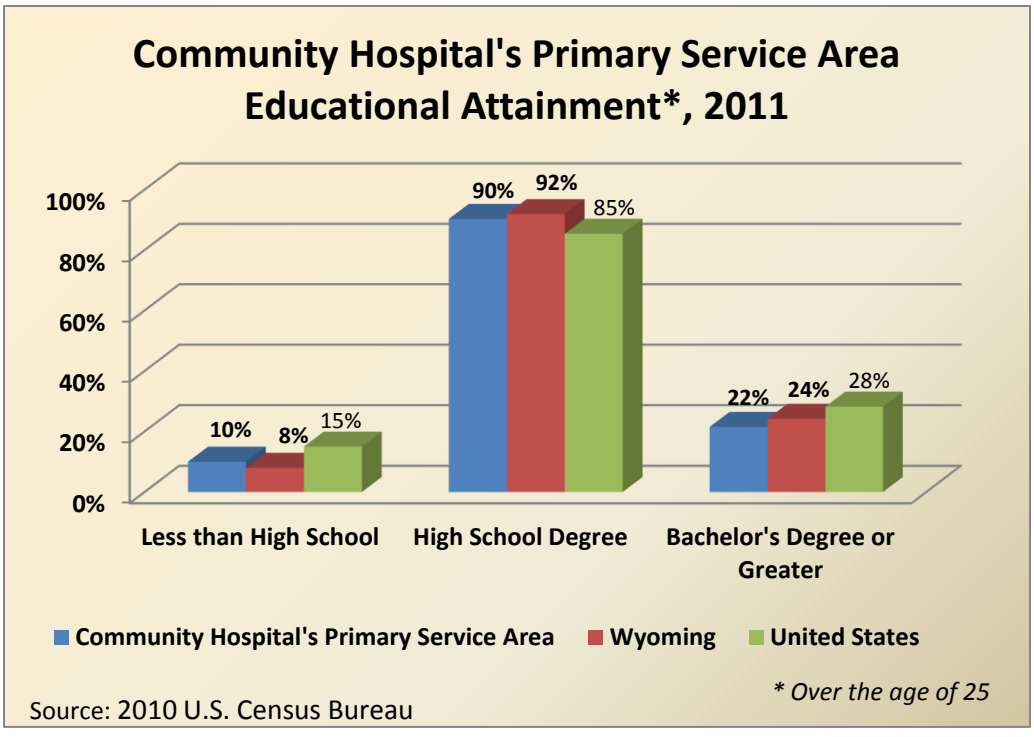
Over 75 percent of the facility's inpatients come from a single zip code within Goshen County. Goshen County is viewed as the primary service area for Community Hospital. According to United States Census Bureau, the population of Goshen County for 2010 totaled 13,249 and males outnumber females, 52.3 percent to 47.7 percent, respectively. According to Truven Health Analytics Market Expert tool (Market Expert), the population of the hospital's primary service is expected to remain relatively stagnant over the next several years.



Goshen County has a lower percentage of children under 18 (20 percent) as compared to the state of Wyoming and the United States, both 24 percent, according to 2010 U.S. Census. Conversely, the senior population in Goshen County (19 percent) significantly exceeds both the state (13 percent) and national (14 percent) averages.



Source: 2010 U.S. Census Bureau

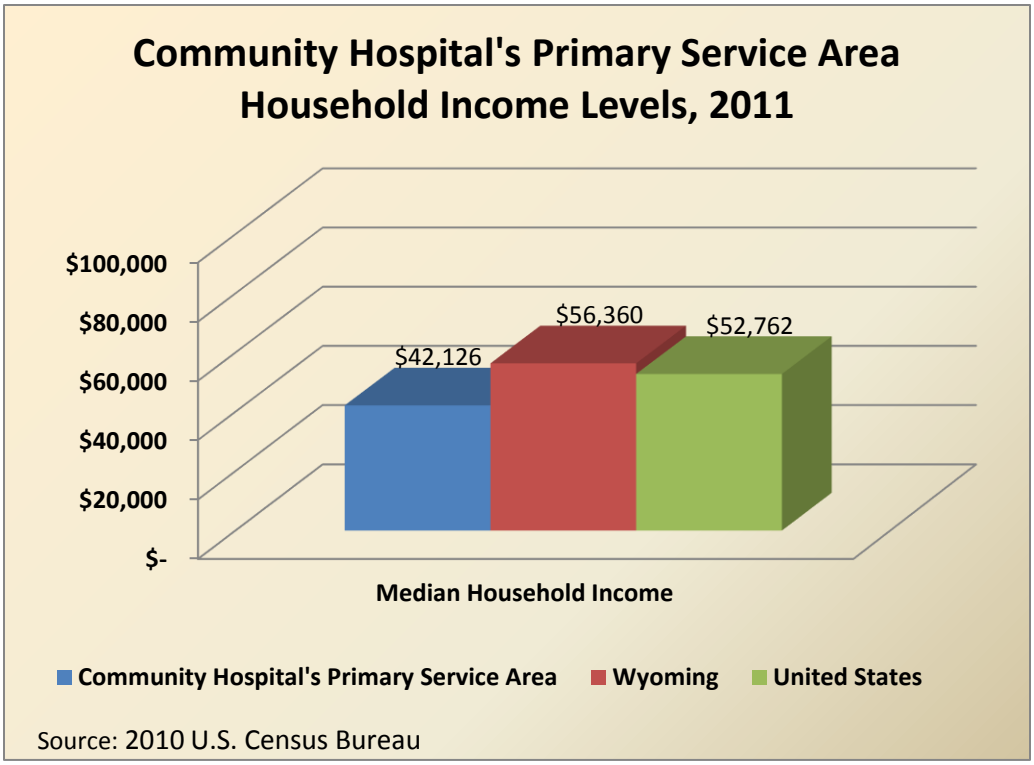


Source: 2010 U.S. Census Bureau

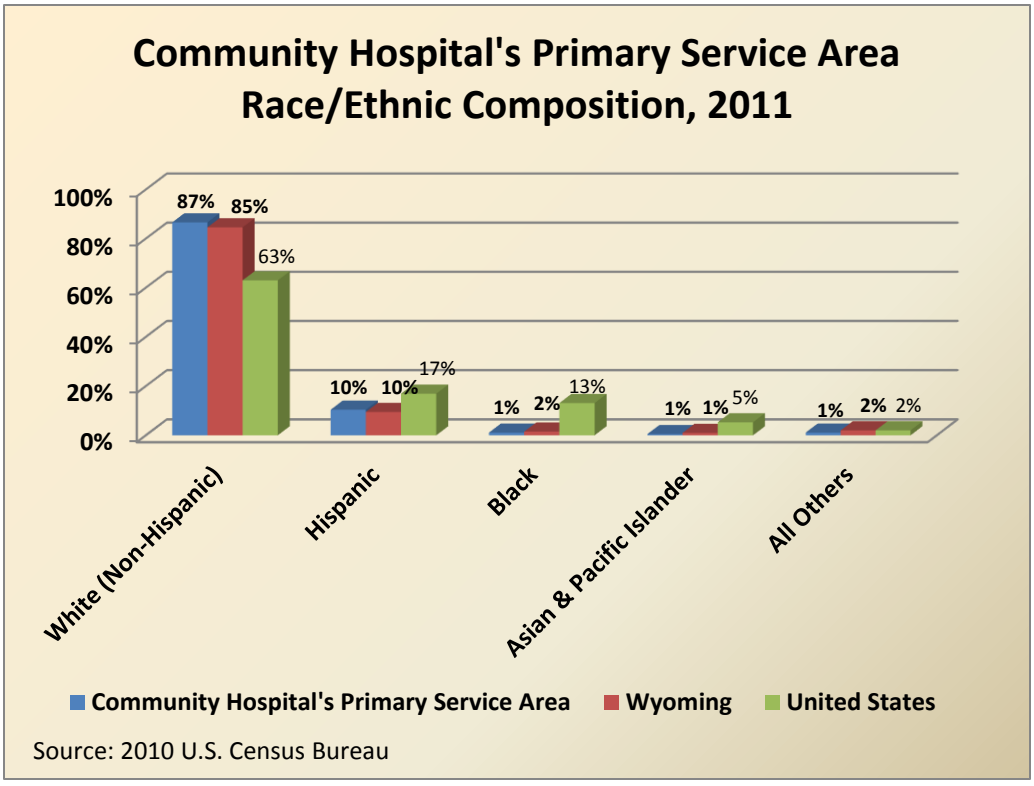
Ninety percent of the population, over the age of 25, has at least a high school education, which is considerably above the national average (85 percent).

However, the percent of the population who have obtained a Bachelor's Degree or greater is 6 percent below the national average, as noted in the graphic.

While the median household income across Wyoming slightly exceeds the national average, as previously noted Goshen County has been more adversely impacted economically than other counties in the state. This can be seen in the significantly lower median household income for the service area.



Source: 2010 U.S. Census Bureau



Source: 2010 U.S. Census Bureau

The White (non-Hispanic), population is by far the largest ethnic group within the service area, with all other ethnicities, accounting for only 13 percent of the population, combined.

This is a significant variation from the national average, where these ethnic groups combined account for more than one-third of the population.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

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 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* – Goshen County, 2011
- *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, 2012
- Truven Health Analytics Market Expert, 2012
- U.S. Census, 2010

- Wyoming Department of Health, Maternal and Child Health Needs Assessment

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 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:

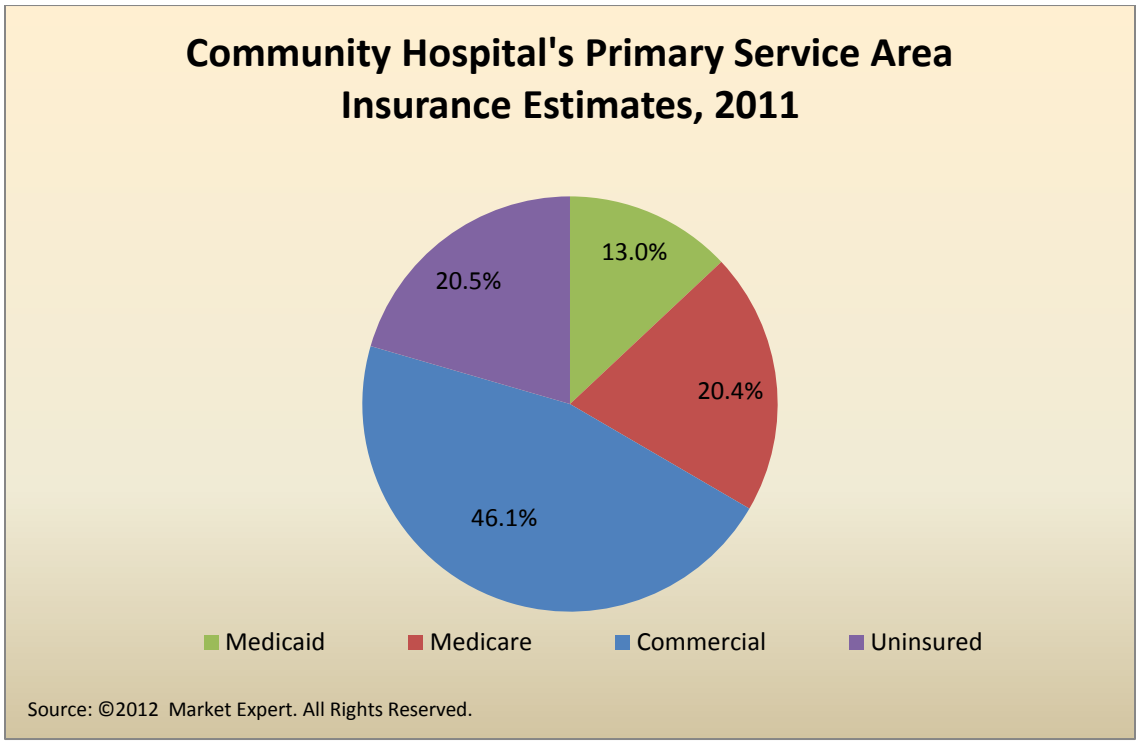
Upon the completion of Community Hospital's needs assessment, a summary of findings was comprised for review by the steering committee, Community Hospital's leadership team, Banner Health system Senior Management and the Banner Health Board of Directors. Needs assessments were then used to determine 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, 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 for 2011, 20.5 percent of the primary service area for Community Hospital is uninsured and an additional 13 percent are on Medicaid. That equates close to 44 percent of the population being either uninsured or on Medicaid, which is significant. Additionally, given the large percent of the population over the age of 65, it is not surprising that approximately 20 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.

Given the large number of individuals who are uninsured and on Medicaid, it is not surprising that access to care is an issue among the surrounding adult and child populations. As can be expected, this lends to the volume of non-emergent cases that are seen in the ED. According to feedback from the council, the ED is often utilized for primary care issues and follow-up care; in many cases the patients lack the financial resources to pay the co-payment required by their doctor's office. The council also indicated that in some cases, the patients wait so long to seek care that they are a "train wreck" by the time they present at the ED.

Community Hospital's internal data also reflects that a large percentage of uninsured, Medicaid and Medicare ED visits for 2012 that were treated and released 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; fever; injuries/fractures; abdominal pain/nausea; headaches/migraines; head injuries; eye infections; toxins/venoms; urinary tract infections (UTIs); dental caries; chest pain and back pain. While some of these diagnoses are truly emergent situations, the data clearly illustrates that all age groups are visiting the ED for services that could often be handled through a primary care provider (PCP).

Given the feedback from the CAC it is not surprising that dental caries made the frequent diagnoses list. Though it wasn't one of the most frequent diagnoses for the pediatric population, the council cited it as a significant issue across all ages. The dental practices in Torrington have limited schedules and do not accept Medicaid patients. Medicaid patients are referred to Cheyenne and Scottsbluff.

Feedback from the CAC also indicated that there is a general lack of awareness of the health services and resources that do exist within the community. Schools, in particular, were cited as an opportunity to increase awareness of a variety of health services and issues, including healthy behaviors and parenting skills.

Transportation and affordability were also cited as additional barriers to access to care. Even when the services are available, and known, some members of the community are simply unable to get there and/ or cover the cost of the co-pay.

Much of the pediatric population is not receiving preventive care; affordability, awareness, transportation and lack of parenting skills seem to be the key reasons. Immunizations have become an issue in Goshen County, as many parents cannot afford to get them for their children. The council stated that the childhood poverty in Goshen County is greater than perceived, with 60 percent of kids in middle school eligible for free lunch. It was suggested that the state provide more free immunizations.

Seemingly, one of the biggest issues facing the pediatric population is the lack of parenting skills. The perception is that many parents allow, and even encourage, their children to form unhealthy habits and lack the necessary education around the potential implications. It was also stated that some parents opt to allocate their limited income to the pursuit of unhealthy behaviors rather than putting it towards preventive care, and in some cases basics such as food.

The council suggested that additional resources should be allocated to educate parents on healthy behaviors and parenting skills. It was also suggested that more education was needed in the schools to teach children about healthy behaviors and good decision-making. One of the local churches offers education around parenting skills, but greater awareness of the service may be needed.

With regards to the senior population, the need for more health care services and care coordination for seniors with chronic disease issues was identified by the Advisory Council. Currently, the coordination of care is considerably lacking. It was also noted that self-neglect is an issue for this population; they often do not seek care or follow their treatment plan, until their health issues have spun out of control.

As with the pediatric population, transportation, financial resources and awareness and education were identified as opportunities. There is one community bus service for seniors that transports elderly patients to physician office visits at a cost of $1 each way. For some seniors, this is costly and inconvenient, so it is considered a limited resource. It was also suggested this resource may need to be better communicated, and possibly expanded to other populations, as well.

Some seniors who qualify for Medicare are apparently opting not to apply; the belief is that it is a pride issue.

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, Wyoming ranks 11th 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 Wyoming ranks 8th (with 1st being the best), with 8.2 percent of the population having diagnosed diabetes, compared to 9.5 for the

national average. While Wyoming has one of the lowest incidence of diabetes within the United States, the prevalence within the state has more than doubled over the past 15 years.

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.

Wyoming was ranked as the state with the 4th lowest incidence of heart disease, according to the *America's Health Rankings 2012 State by State Comparison*.

Among the adult population, chronic disease management is presently a challenge for the uninsured population aged 40 to 55 years who have multiple health issues and do not qualify for financial assistance such as Medicare or Medicaid. Diseases found among this population segment include chronic obstructive pulmonary disease (COPD) and diabetes. Some patients with other co-morbidities such as types of cancer are not receiving adequate care and often end up in Community Hospital's ED. Most often, these patients are not seeing a physician regularly, nor do they receive the preventive care that would enable them to better manage and even avoid chronic and life-threatening diseases. Instead, they are avoiding the care they need until their health issues force them into the ED to receive proper treatment.

Health management issues are also prevalent among the elderly population with chronic diseases. Like the younger adult population, individuals in this segment do not see a physician regularly and do not receive the preventive care they need to lead healthier lives. In addition, the sharing of information for care delivery among multiple caregivers is determined to be inadequate, causing a lack of care coordination.

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. This last statistic is of particular concern given that within the primary service area, white men over the age of 65 constitute a fair amount of the population.

In the *2012 America's Health Rankings*, Wyoming was ranked 49th (50th being the worst) for suicide, with 20.8 deaths per 100,000; the national average is 12 per 100,000.

Behavioral health providers are another source of great need within the community. As indicated in *County Health Rankings*, the number of mental health providers in Goshen is extremely low compared to the population. According to the council, the social service agencies are overwhelmed; there are simply not enough resources available to follow-up as needed.

Peak Wellness has expanded their services to include home visits and the school counselors provide some services, but it does not meet the need across the population. Peak Wellness indicated that their clients with both mental and physical health issues tend to have a 15 to 20 year shorter life span.

Some suggested strategies to help address the needs included: creating more opportunities to connect the community with the services currently offered within the community, leveraging telehealth and expanding the number of nurses that can provide behavioral health services/support.

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,* 18.9 percent of the adult population in Wyoming reported binge drinking, placing them 31st in the nation (50th being the worst). As reported in the *2012 County Health Rankings*, Goshen County's percent of the adult population that reported excessive drinking (binge, plus heavy drinking) is quite a bit lower, 14 percent.

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 the percent of adults who smoke in Wyoming is higher than the national average, 23.0 percent and 21.2 percent, respectively. According to the *County Health Rankings*, Goshen County is slightly lower, with 20 percent of adults reporting they smoke.

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*, Wyoming is ranked as having the 26th lowest rate in the nation, with a rate of 6.5 deaths per 1,000 live births; on-par with 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. Unlike infant mortality, Wyoming's rate of low birth weight babies is higher than the national average, at 9.0 percent of births classified as low birth weight, compared to the national average of 8.1 percent. According to the *County Health Rankings*, 2012, Goshen County is more on-par with the national average at 8.3 percent.

Preterm births has been identified as one of the biggest contributors to low birth weight babies, as noted above. However, despite their higher rate of low birth weight babies, Wyoming actually has an incidence of preterm birth rates (11 percent) that is lower than the national average (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. Wyoming ranks 36th out of the 50 states in teen birth rate (1st being the best), at 39.0 per 1,000 births; the national average is 34.2. According to the *2012 County Health Rankings*, Goshen County is just slightly higher than the national average at 35 per 1,000 births.

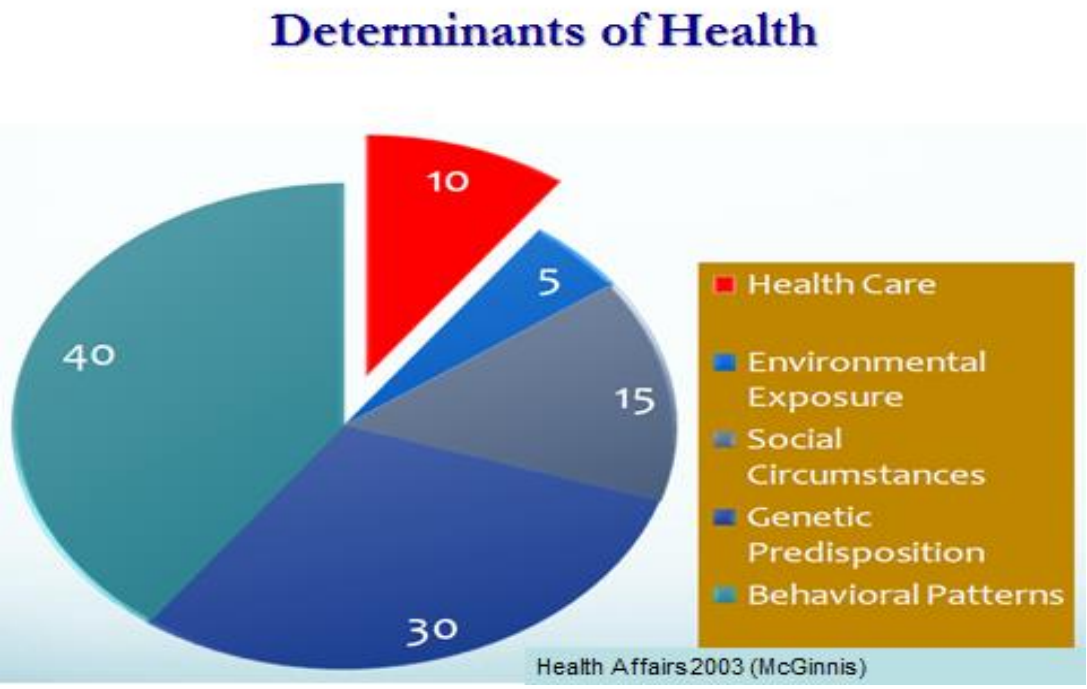
Every five years, the Wyoming Department of Health's Maternal and Family Health (MFH) Section is required to conduct and submit a formal assessment of needs of state's Maternal and Child Health (MCH) population and of the capacity to address those needs. The results of this assessment drive the scope of MFH's work for the next five years. The two goals for this 2011-2015 needs assessment are to improve health outcomes and to strengthen partnerships between MFH and other organizations that address the health of the MCH population.

According to the CAC, smoking is an issue among maternity patients, which as previously noted is a key cause for low birth weight. The council believes this may be attributed to a lack of awareness and lack of education of the health consequences of smoking when pregnant.

Detrimental behaviors such as child abuse also need further attention, specifically regarding early detection. Currently, the Department of Family Services refers parents to parenting classes offered through one of the local churches; physicians and other community health-related services are also referring parents to these programs.

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.



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 report through the *County Health Rankings*, 26 percent of adults in Goshen County are obese. The state

average, as reported in *2012 America's Health Rankings* is 25 percent, which is better than both the national average (27.8 percent) and the *Healthy People 2020* national health target (30.6 percent). While below the national benchmarks, the prevalence of obesity within the state has almost doubled over the past 20 years and disparately impacts the Native American population (40.9 percent), compared to non-Hispanic whites at 24.6 percent.

Based on data collected from the *County Health Rankings*, there are negative adult behaviors that are reported to be prevalent among the population and contribute to the overall health of the community and effectiveness of chronic disease management and prevention.

Based on feedback from the CAC, these unhealthy behaviors are being passed onto the pediatric population, as well. Several participants indicated that parents enable their kids to turn towards unhealthy behaviors such as smoking. A lack of parenting skills in the community has been recognized as an issue. It was further noted that some parents make bad choices about their health by spending money on alcohol, drugs and other substances; as a result, the health of their children also suffers.

It was suggested that education is a crucial component to addressing these unhealthy behaviors. Other suggestions included organized and coordinated medical care and increasing the access to behavioral health services and resources.

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.

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

For minimal cost, community members can participate in education on childbirth (online or in person), "Safesitter" (babysitter training), first aid and CPR or diabetes management. Free support groups are offered for families experiencing bereavement, Alzheimer's disease and cancer.

Community Hospital also partners with Wyoming Health Fairs to co-sponsor blood draw screening events each spring and fall in communities throughout the county. Participants, often up to 1,500, can order a basic or specific screening panel to understand their cholesterol, triglycerides, glucose levels and more. Each panel, with results provided electronically or via mail, is offered at a reduced cost of $30. In the spring, this event is coordinated with the "Community Hospital Health Fair" and results can be interpreted by the hospital's family physicians. The hospital and other vendors present the latest in health, wellness and self-care topics at this event. In 2012, more than 500 people attended the fair.

Additionally, every September, the hospital hosts a "Safe Kids Day" to provide information and demonstrations that support injury prevention in children. Hospital staff fit kids with free bike helmets, check car seat installations and demonstrate first aid for choking, as well as provide other health and safety educational opportunities.

The hospital observes Wellness Tuesdays, a day when patients can bring a physician order for lab work and receive reduced-cost testing. They also work with a local junior college to support nursing clinical rotations and education.

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.

The total amount spent on charity care, community benefit and other financial assistance for patients at Community Hospital for 2012 was $721,513.

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 Community Hospital 's outpatient ED utilization
Tactics
• Promote participation in MyBanner (online patient portal)
• Offer educational materials and links to community resources related to the insurance marketplace
• Promote both internal and external community resources that support preventive and maintenance care via the facility website
• Offer and participate in free health activities (e.g. screenings, health fairs, blood drives)

Strategy #2: Identify the underlying causes for patients with regular, reoccurring visits to the Emergency department
Anticipated Outcome: Reduce the frequency with which high-utilizer patients visit the Emergency department, as measured through Community Hospital 's ED utilization
Tactics
• Provide post-discharge scheduling of follow-up appointments and transportation assistance, where appropriate

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

Community Hospital offers a variety of programs that provide education, support and resources for those with chronic conditions. Additionally, many of the current programs highlighted under Access to car that are focused on prevention and education also align well to the hospital's strategy around chronic disease.

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 will support our efforts around chronic disease. Similarly, the strategies around tobacco use will 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
• 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
• 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
• Provide educational offerings around healthy living & physical activity events (e.g. Ask the Expert and Day of Dance)
• Highlight healthy options offered in the cafeteria
• 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
• Partner with the State Quit Line to provide collateral materials for our patients
• 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: Community Home Care; Department of Family Services; Goshen County Health Department; New Hope Counseling; Peak Wellness; Senior Friendship Center; and St. Joseph's Home for Children. 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:

Free/ Low-Cost Dental Services: Community Hospital recognizes this is a need within the community and that when dental care is not received on a routine basis, it can lead to other health issues. However, we feel this is outside the scope of Banner Health's expertise and that given limited resources, we are not currently able to address this need.

Parenting Skills: While identified as a significant concern within the community and one that has implications to the overall health of the community, there are other agencies and organizations within the community who are currently focused on providing the needed education and support around this issue. We believe this is indeed an issue that is better aligned to our community partners, such as St. Joseph's and Department of Family Services. However, we will continue to look for opportunities to increase awareness of these valuable programs and resources.

Women and Infant Services: The data indicates there are opportunities for improvement within the community related to certain aspects of Women and Infant Services, particularly related to low birth weight and teen pregnancy. While we recognize these are important measures of the health of the community and will continue to look for opportunities to help improve the health status for these populations, this was not prioritized 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 and other community partners are focused on the health status for these populations, we feel resources would be better aligned to influence other significant health concerns identified above. While not focused on prevention, Community Hospital will continue to offer childbirth education classes.

APPENDIX A – STEERING COMMITTEE MEMBERS

Banner Health CHNA Steering Committee, in collaboration with 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 - *formerly*
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

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
Banner Health Community Hospital Torrington	Vince DiFranco, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Community Hospital Torrington	Tadd Greenfield, Chief Nursing Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Community Hospital Torrington	Dale Spencer, Chief Financial Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Evergreen Court	Peggy Holmstrand, Evergreen Court Manager	Health care industry; hospital and utilization trends; clinical and ancillary services, specifically related to long-term care and the senior population
Banner Health Goshen Care Center	Natalie Koren, LTC Services Director/Nursing Home Administrator	Health care industry; hospital and utilization trends; clinical and ancillary services, specifically related to long-term care and the senior population
BenchMark of Torrington, P.C.	Robert W. Taylor, President	Community needs, resources and partners
Torrington Office Supply	Rick Hoppal, President	Community needs, resources and partners
Banner Health Community Hospital Advisory Board	Roger Hamer, Vice President,	Community needs, resources and partners
Platte Valley Bank	Richard R. Yates, (Retired) Vice President	Community needs, resources and partners
University of Wyoming	Kelly Greenwald, Staff Assistant	Community needs, resources and partners
Peak Wellness Center	Joel Burian, Clinic Director	Health care industry; child welfare and pediatric behavioral health

ORGANIZATION	NAME AND TITLE	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Community Home Care	Judy Kieler, R.N.	Community needs, public health, home care
Department of Family Services	T.J. Mechem, Social Service Worker	Community needs, resources and partners; social services
Department of Family Services	Erin Romig, Social Service Worker	Community needs, resources and partners; social services
City of Torrington EMS	Darin Yates, Executive Director	Healthcare needs and trends within the community, particularly related to emergent care

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