Community Health Needs Assessment

Banner Lassen Medical Center
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Executive Summary

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

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

Beginning in early 2016, the Banner Health CHNA Steering Committee conducted an assessment of the health needs of residents of Susanville, California (part of Lassen County) as well as those in its primary service area (PSA). The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Headquartered in Phoenix, Arizona, Banner Health is one of the nation’s largest nonprofit health care systems and is guided by our 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 29 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 $84 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 Tucson, Arizona and Greeley, Colorado.

With organizational oversight from a 14-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 47,000 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-University Medical Center, 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 largest private employer in Arizona and third largest in Northern Colorado, continues to be recognized as one of the “150 Best Places to Work” by Becker’s Hospital Review.

In the spirit of the organization’s continued commitment to providing excellent patient care, Banner Health conducted a thorough, system wide Community Health Needs Assessment (CHNA) within established guidelines for each of its hospitals 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 continues to help identify additional opportunities to better care for populations within the community who have special and/or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve.

For Banner Lassen Medical Center’s leadership team, this has resulted in 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 since the previous cycle. In addition, after accomplishing measurable change from the actions taken since the first CHNA, we have an improved foundation to work from. United in the goal of ensuring that community health needs are met now and in the future, these leaders remain involved in ongoing efforts to continuously assess health needs and subsequent services.
Introduction

**Purpose Statement**

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Banner Lassen Medical Center. The priorities identified in this report help to guide the hospital’s community health improvement programs and community benefit activities. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Banner Lassen Medical Center is dedicated to enhancing the health of the communities it serves. The findings from this community health needs assessment (CHNA) report will serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a CHNA at least once every three years. With regard to the CHNA, the ACA specifically requires nonprofit hospitals to: (1) collect and take into account input from public health experts as well as community leaders and representatives of high need populations—this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions; (2) identify and prioritize community health needs; (3) document a separate CHNA for each individual hospital; (4) and make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs.

This is the second cycle for Banner Health with the first cycle completed in 2013. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health’s board on December 3, 2016.

This report is widely available to the public on the hospital’s web site bannerhealth.com, and a paper copy is available for inspection upon request at CHNA.CommunityFeedback@bannerhealth.com

Written comments on this report can be submitted by e-mail to CHNA.CommunityFeedback@bannerhealth.com

**About Banner Lassen Medical Center**

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

BLMC is committed to providing a wide range of quality care, based on the needs of the community, including the following services:
The staff of 108 physicians and allied health professionals, alongside 214 employees and 9 volunteers, provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing and treating illnesses. On an annual basis, BLMC’s health care professionals render care to more than 21,000 outpatients, nearly 10,000 Emergency department (ED) visitors and an additional 1,300 individuals admitted for inpatient care. The staff also welcomes an average of 230 babies into the world each year.

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

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

To help meet the needs of uninsured and underinsured community members, Banner Lassen Medical Center follows the Banner Health process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2015, our hospital reported $2,037,607 in Charity Care for the community while it wrote off an additional $961,745 in bad debt, or uncollectable money owed to the facility.

BLMC is focused on meeting the needs across the community. The clinical administration team of the hospital meets quarterly with representatives from the correctional facilities and ambulance services to address immediate health care issues and collaborate on medical education to support staff at all three entities. It regularly supports the following community organizations and events: Lassen County Fair; Lassen Land and Trails Trust; Lassen High School Athletics; Miss Lassen County Pageant; Sober Graduation; Relay for Life; Lassen Community College Foundation Scholarship Fund and Susanville Symphony.

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

Community Profile

Description of Community

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

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

Among those living in the primary service area, 65 percent are White, 20 percent are Hispanic, 7 percent are Black, and smaller percentages are Asian, Pacific Islander, Native America, and other racial descent.

According to County Health Rankings & Roadmaps, Lassen ranks 31 out of 57 in California for overall health outcomes, with 57 being the unhealthiest. The darker the county on the map below, the more unhealthy the community.
One detail that should be considered regarding the data for BLMC and Susanville is that the city is the site of two state correctional facilities, the maximum security High Desert State Prison (3,330 inmates) and the minimum to medium security California Correctional Center (12,323 inmates, including 558 juveniles) (California Department of Justice). This factor appears to significantly skew the data.

Source: County Health Rankings & Roadmaps
Susanville accounts for just over 88 percent of Banner Lassen’s PSA. The remainder of the primary service area includes 12 percent from Janesville.
Community Demographics

Table 1 provides the specific age, gender, and race/ethnicity distribution and data on key socio-economic drivers of health status of the population in the Banner Lassen Medical Center PSA compared to Lassen County and the state of California. Within Lassen County, males significantly outnumber females 63 percent to 37 percent which can be attributed to the correctional facilities.

<table>
<thead>
<tr>
<th></th>
<th>Banner Lassen Medical Center PSA</th>
<th>Lassen County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population: estimated 2016</td>
<td>25,956</td>
<td>32,359</td>
<td>41.2M</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Male</td>
<td>64.8%</td>
<td>63.1%</td>
<td>49.7%</td>
</tr>
<tr>
<td>• Female</td>
<td>35.2%</td>
<td>36.9%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 0 to 14 years</td>
<td>13.9%</td>
<td>13.8%</td>
<td>19.5%</td>
</tr>
<tr>
<td>• 15 to 17 years</td>
<td>3.5%</td>
<td>3.4%</td>
<td>4.1%</td>
</tr>
<tr>
<td>• 18 to 24 years</td>
<td>11.7%</td>
<td>10.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>• 25 to 34 years</td>
<td>18.3%</td>
<td>17.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td>• 35 to 44 years</td>
<td>29.1%</td>
<td>28.5%</td>
<td>26.7%</td>
</tr>
<tr>
<td>• 25 to 54 years</td>
<td>11.7%</td>
<td>12.5%</td>
<td>12.0%</td>
</tr>
<tr>
<td>• 65+ years</td>
<td>11.9%</td>
<td>13.2%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• White</td>
<td>65.2%</td>
<td>65.5%</td>
<td>37.7%</td>
</tr>
<tr>
<td>• Black</td>
<td>6.8%</td>
<td>7.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>• Hispanic</td>
<td>19.9%</td>
<td>18.7%</td>
<td>39.1%</td>
</tr>
<tr>
<td>• Asian &amp; Pacific Islander</td>
<td>1.7%</td>
<td>1.8%</td>
<td>14.1%</td>
</tr>
<tr>
<td>• All Others</td>
<td>6.4%</td>
<td>6.5%</td>
<td>3.5%</td>
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<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Median Household Income</td>
<td>$54,219</td>
<td>$52,747</td>
<td>$68,190</td>
</tr>
<tr>
<td>• Cost of Living</td>
<td>106</td>
<td>94</td>
<td>151</td>
</tr>
<tr>
<td>• Median Age</td>
<td>37.1</td>
<td>38.5</td>
<td>36.9</td>
</tr>
<tr>
<td>• Median House Value</td>
<td>$172,100</td>
<td>$108,300</td>
<td>$403,200</td>
</tr>
</tbody>
</table>

Source: Truven Health Analytics and Sperling’s Best Places
Lassen’s PSA has a higher percentage of those 35-54 when compared to the county and State. It has a slightly lower population of those 65 and older compared to the county and state.
The state of California has a significantly higher population of Hispanics and Asian & Pacific Islanders than the PSA or Lassen County. It is important to recall that two of California’s correctional facilities are located within Susanville, accounting for more than half the population of Lassen County. It is likely that contributes to the considerable variance in demographics.
While the PSA and Lassen County are relatively similar to the state benchmark for the percent of the population who have a high school degree, both fall considerably below the state benchmark when it comes to Bachelor’s Degrees and greater.

![Banner Lassen's Primary Service Area Educational Attainment*, 2016](image)

Source: Truven Health Analytics

* Over the age of 25
The household income for the PSA and county are both well below the state benchmark of $68,190. Given that post-secondary educational attainment for the PSA and Lassen County is significantly below the state average, it may seem a logical parallel that so is the median household income.

![Bar Chart](Source: Truven Health Analytics)
Lassen County has a significantly lower employed population than the state benchmark. However, these individuals are not unemployed nor are they in the labor force. They are accounted for by the institutionalized population.
Lassen County has a significantly higher population of single females with children than the state of California. However, the numbers are similar when looking at families with children.

Source: U.S. Census American Fact Finder
The 2016 insurance estimates show 56 percent of Lassen’s PSA covered by commercial insurance. It should be noted that many people in this category still end up using emergency services for non-emergent care as they cannot afford the co-pays and high deductibles from their insurance plans.

Source: Truven Health Analytics
Process and Methods Used to Conduct the CHNA

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

Banner Health CHNA Steering Committee:

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

Assessment Process – Data Analytics:

The CHNA process started with an overview of the primary service area. The service area was defined as the market where at least 75 percent of inpatient admissions originated. Data analytics were employed to identify Inpatient and ED visits to Banner Lassen, as well as health and socioeconomic trends within the community. Quantitative data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors and existing community resources.

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

- *Centers for Disease Control. Youth Risk Behavior Surveillance System* (YRBSS) 2014
- *County Health Rankings – Lassen County*, 2016
- Truven Health Analytics, 2016
- U.S. Census, 2014

Community Input:

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 BLMC’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 and a list of materials presented to the group can be found under Appendix C.

**Summary of Findings and Addressing Need:**

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

Recommended strategies for health improvement discussed amongst the participants included:

- Additional community education/awareness of resources
- Increased interaction with medical professionals
- Lower cost of care
- Increased transparency in health care

**Data limitations and Gaps:**

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.

**Identification and Prioritization of Community Health Needs**

**Identifying Community Health Needs:**

To be considered a health need, a health outcome or a health factor, the following criteria was taken into consideration: existing data had to demonstrate that the primary service area had a health outcome or factor rate worse than the average Lassen County rate, demonstrate a worsening trend when compared to Lassen County data in recent years, or indicate an apparent health disparity and/or the health outcome or factor had to be mentioned in the focus group.
**Process and Criteria for 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 D. 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 down to three.

**Description of Prioritized Community Health Needs:**

The following statements summarize each of the areas of priority for Banner Lassen Medical Center and are based on data and information gathered through the CHNA, as well as comments from the Community Advisory Council (CAC).

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

Access to Care was the first issue to be addressed by the CAC. While the conversation often led to other issues such as insurance gaps as well as a changing workforce, it ultimately kept coming back to being an access issue. While taking into consideration the challenges of a rural community, it was discussed that due to long waits for primary care physician appointments, or a lack of primary care physicians altogether, patients often go to the emergency department for non-emergent issues. This creates a burden for the hospital as there often are not enough resources to address the demands. According to the County Health Rankings, Lassen County has 2,140 patients for every one primary care physician, while the state of California’s ratio is 1,270:1. Taking into consideration that overall, Lassen residents perceive themselves to be unhealthier than state and national benchmarks, the need for care could be greater.

A shift in the workforce was brought up as a possible symptom of a lack of access to care. According to the County Health Rankings data, Lassen has a 10 percent higher number of children in single parent households compared to the US benchmark. Often parents cannot take time from work to get a child or themselves to a doctor’s appointment during work hours so they end up in the emergency department for issues that could have been addressed in an ambulatory setting.
In 2014, the percentage of adults who reported having a primary care physician was 63 percent. This means the other 37 percent didn’t have a usual source of care.
Insurance carriers and coverage were highlighted during this conversation as a major barrier to access. Home health and hospice care in Lassen typically only accept Medicare, which accounts for merely 13 percent of the County. While Banner Health does provide home health services in other facilities, BLMC is not one of them. Another barrier to care has to do with insurance coverage service areas. Many Reno based companies are contracted with Reno medical facilities. Even though a person may live in Lassen but work in Reno, care in Lassen may not be covered. If specialized care is being sought, residents are forced to drive long distance to receive attention. While these problems are not unique, the insurance estimates are similar to the state of California.

![Lassen County Insurance Estimates, 2016](source: Truven Health Analytics)
PRORITY #2: 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. According to the 2014 data from the National Institute of Mental Health, there were an estimated 43.6 million adults over the age of 18 with a mental illness. This represents 18.1 percent of all U.S. adults.

Banner Lassen sees patients with moderate to severe mental health issues. Part of the challenge is placement. Often, if a patient is violent or has a communicable disease, they are rejected by the treatment facilities. It is also common that no beds are available, forcing the patient to stay in the emergency department or be discharged without appropriate care. There is a high presence of law enforcement in the ED’s trying to manage these patients with limited resources.

Over the past few years, there has been an increase in alcohol consumption among students as well as increased rates of self-harm in the state. This was a concern to the CAC as mental health among youth seemed to be increasing from their perspective.
Percent Students Who Had 5 or More Alcoholic Drinks in a Row in the Past 2 weeks, by Grade Level California, 2015

- 9th: 9.8%
- 10th: 14.4%
- 11th: 16.4%
- 12th: 20.1%

Source: Center for Disease Control

Rate per 100,000, Intentional Self-Harm Related Mortality California, 2010-2014

- 2010: 10.5
- 2011: 10.6
- 2012: 10.2
- 2013: 10.5
- 2014: 10.8

Source: Center for Disease Control Wonder
The number of Mental Health Days taken in Lassen has decreased this year, however this county is still significantly higher than the U.S. benchmark.

![Bar chart showing the number of Mental Health Days taken in Lassen Co vs. California vs. U.S., 2011-2016]

Source: County Health ranking & Roadmap
Substance and alcohol abuse are a major contributing factor, though there are also very limited resources and services. According to the National Institute on Drug Abuse, the cost of substance abuse (including tobacco, alcohol and illicit drugs) is more than $700 billion annually in fees related to crime, lost work productivity and health care.

<table>
<thead>
<tr>
<th></th>
<th>Health Care</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>$130 billion</td>
<td>$295 billion</td>
</tr>
<tr>
<td>Alcohol</td>
<td>$25 billion</td>
<td>$224 billion</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>$11 billion</td>
<td>$193 billion</td>
</tr>
</tbody>
</table>

Source: National Institute on Drug Abuse

According to the County Health Rankings, Lassen residents report a 22 percent binge/heavy drinking rate compared to 17 percent in state. They are ranked 51 out of 57 (57 being the most unhealthy) for health behaviors which substantiates the cause for concern among the community.

**PRIORITY #3: CHRONIC DISEASE**

Chronic diseases such as cancer, heart disease, diabetes and obesity affect the health and quality of life of Lassen County residents, but they are also a major driver of health care costs. The leading causes of death in California include cancers, heart disease and diabetes.

In 2013, the most common types of cancer related to mortality included esophageal and pancreatic cancer.
The data also shows that mammography screenings have declined in Lassen and are worse than state and national benchmarks. This could be an area where additional outreach and education could impact this negative trend.
Just behind cancer, the second leading cause of death in Lassen was heart disease. In 2014, Lassen County had a slightly higher rate of cardiovascular related mortality compared to the state benchmark.
When discussing obesity and diabetes, the group felt it was a noteworthy issue because of a lack of education and prevention for those affected. Obesity in Lassen County is currently staying the same but is still slightly higher than the state benchmark. According to County Health Rankings, “obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.” Unhealthy behaviors such as obesity, drinking and smoking are also associated with these chronic conditions.

Source: County Health Rankings, 2016
The percentage of obese adults in the state of California remains at about a quarter of the population.
The rate of diagnosed diabetics in Lassen County is slightly higher for females and has been slowly increasing since 2009. While preventative efforts such as maintaining a healthy weight, eating right and exercising can help avoid this chronic disease, it is also important to understand the financial impacts. According to the American Diabetes Association, the total estimated cost of U.S. diagnosed diabetes in 2012 was $245 billion, including $176 billion in direct medical costs and $69 billion in lost productivity.

Source: Center for Disease Control
The county’s pediatric population reports 31 percent of students in 7th grade as overweight or obese in 2015. The Centers for Disease Control and Prevention stated that since 2011, childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years (CDC, 2016).

Interestingly, data showed a correlation between long commutes and chronic disease. According to the County Health Rankings & Roadmaps, a 2012 study in the American Journal of Preventative Medicine found that the farther the commute, the higher a person’s blood pressure and body mass index. It also stated that more time in the car was linked to less physical activity and a higher likelihood of obesity. Lassen County currently has 17 percent of its community report a long commute, which is defined as more than 30 minutes. Driving alone is considered the most damaging to communities as it impacts active living, air quality and traffic accidents (County Health, 2016).
IMPORTANT ISSUES DISCUSSED BUT NOT PRIORITIZED:

Due to limited resources and staffing, there were many needs that came up but were ultimately left out of the priorities as the potential for impact was deemed insignificant or it was already being addressed elsewhere.

Suicide among Adults

Because Lassen is home to two correctional facilities, the high suicide/depression rate of correctional officers is very high. The shortage of officers, exhaustion, turbulent work environment, and difficult population all play a role. There were also high incidences of domestic violence and PTSD in this field. The CAC did not feel they had the resources to address this need.

Senior Care

It was pointed out that Home Health and hospice are not something readily accessible in the community, and for the services that are offered, most are only accepting Medicare. Although there are other Banner facilities that offer this service, Banner Lassen is not one of them and it was discussed that this is something not realistically changing in the near future without a capital investment. The financial implications made this difficult to address.

Transportation

While transportation is tied to access to care, the focus group participants felt it was important enough to stand out on its own. Due to the proximity of specialized care, many patients inside Susanville are not able to afford to take time off of work and drive to Reno, which is the closest area for care not found in Lassen County. Aside from the financial burden this creates, many people are also not well enough to make the trip. The almost 300 miles required to get to Reno is a difficult trek for ill patients. Due to other services provided in the community, the group felt this was being adequately addressed.
Resources Potentially Available to Address Needs

**Hospitals:**
Banner Lassen Medical Center  
1800 Spring Ridge Drive  
Susanville, CA 96130  
530-252-2000
- 24-hour Emergency Services – Level IV Trauma certification  
- Outpatient lab, imaging, cardiopulmonary, infusion, physical therapy, and surgery services  
- CCS certified facility

**Clinics:**
Banner Health Family Practice Clinic  
1680 Paul Bunyan Road  
Susanville, Ca 96130  
530-257-5730
- Currently 2 family practice physicians  
- One pediatrician  
- Recruiting for FNP/PA and family practice physicians

Banner Health Surgery Clinic  
1345 Paul Bunyan Road, Suite A  
Susanville, CA 96130  
530-252-2500
- Currently 2 General Surgeons  
- Recruiting for an orthopedic surgeon

Northeastern Rural Health Clinic  
1850 Spring Ridge Drive  
Susanville, CA 96130  
530-251-5000
- Pediatrics, family practice, OB  
- Walk-in Clinic  
- Dentistry  
- Pharmacy

Lassen Indian Health  
795 Joaquin Street  
Susanville, CA 96130  
530-257-2542
- Family practice
- Pharmacy
- Dentistry

**Nursing Homes/Assisted Living Facility**

Lassen Nursing and Rehabilitation (skilled nursing)
2005 River Street
Susanville, CA 96130
530-257-5341

Eagle Lake Village (assisted living)
2001 Paul Bunyan Road
Susanville, CA 96130
530-257-6673

**Counseling Services**
Lassen County Mental Health
555 Hospital Lane, #A
Susanville, CA 96130
530-251-8108

**Alcohol and Drug Abuse**
1410 Chestnut Street
Susanville, CA 96130
Phone: 530.251.8112
Fax: 530.251.5884

**Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
Phone: 530.251.8108
Fax: 530.251.8394

Domestic Violence & Sexual Assault
1306 Riverside Dr.
Susanville, CA 96130
Phone: 530.257.4599
Feedback on Preceding CHNA and Implementation Strategy

Banner Lassen Medical Center did not formally track any written feedback for Cycle 1 of the CHNA. However, the link to the 2013 report was posted on the Bannerhealth.com website and made widely available to the public.

In order to comply with the revised regulations, feedback from Cycle 2 will be solicited and stored going forward. Comments can be sent to: CHNA.CommunityFeedback@bannerhealth.com

The following comments were brought up in the focus group:

Since Cycle 1 of the CHNA, many in the Banner Lassen focus group felt the reputation of Banner had shifted in a more positive direction. This could be due to the collaboration efforts in the community as well as marketing efforts to raise awareness for important services offered. There was a consensus that Banner needs to make a larger effort to draw in more healthcare workers. Though it wasn’t thought that it was necessarily all of Banner’s role to do that, attracting new residents would help improve the overall economic status of Lassen.

The group did feel that much has improved in the area of chronic disease. Since Cycle 1, Banner has been involved in opening a new hiking trail to get people exercising more, participating in more events that focus on preventative treatments, as well as producing more educational materials with tips for healthy living.
## Impact of Actions Taken Since Preceding CHNA

<table>
<thead>
<tr>
<th>Community Health Need</th>
<th>Action</th>
</tr>
</thead>
</table>
| Access to Care                | • Promoted participation in MyBanner (online patient portal)  
• Offered educational materials and links to community resources related to the insurance marketplace  
• Promoted internal and external community resources that support preventative and maintenance care via the facility website  
• Offered and participated in free health activities (screenings, health fairs, blood drives) |
| Chronic Disease               | • Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness  
• Offered “Manicures, Massages and Mammograms” for community members |
| Behavioral Health             | • Created a webpage with information and resources related to Mental Health and Substance Abuse  
• Provider to provider telephone consults |
| Tobacco/Smoking Cessation     | • Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows  
• Supported a Tobacco Free campus |
| Obesity/Nutrition             | • Sponsorships focused on wellness, healthy eating  
• Online education, support and recipes |
Appendix A. – List of Data Sources

Data Sources

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

• Truven Health Analytics, 2016
Banner Health CHNA Steering Committee, in collaboration with Banner Churchill’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.

<table>
<thead>
<tr>
<th>STEERING COMMITTEE MEMBER</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Stiner</td>
<td>Vice President, Human Resources</td>
</tr>
<tr>
<td>Candace Hoffmann</td>
<td>Public Relations Program Director</td>
</tr>
<tr>
<td>Cathy Townsend</td>
<td>Chief Nursing Officer, Banner University Medical Center</td>
</tr>
<tr>
<td>Christina Geare</td>
<td>Community Health Director, Banner Health</td>
</tr>
<tr>
<td>Dave Cheney</td>
<td>Chief Executive Officer, Banner Boswell Medical Center</td>
</tr>
<tr>
<td>Hargobind Khurana</td>
<td>Health Management Senior Medical Director</td>
</tr>
<tr>
<td>Hazel Richards</td>
<td>Vice President Development</td>
</tr>
<tr>
<td>Hoyt Skabelund</td>
<td>Chief Executive Officer, Banner Churchill Community Hospital</td>
</tr>
<tr>
<td>Lisa Davis</td>
<td>Payroll and Tax Senior Director</td>
</tr>
<tr>
<td>Lynn Chapman</td>
<td>Planning Senior Director</td>
</tr>
<tr>
<td>Lynnette Mitchell</td>
<td>Business Development Program Director, BHN</td>
</tr>
<tr>
<td>Megan Christopherson</td>
<td>Child Health/Wellness Director</td>
</tr>
<tr>
<td>Michael Cimino Jr</td>
<td>Chief Financial Officer, Banner Behavioral Health</td>
</tr>
<tr>
<td>Glenda Marandina</td>
<td>Systems Consultant, Banner Health</td>
</tr>
</tbody>
</table>
Banner Lassen’s leadership team, in collaboration with members of the steering committee, created a Community Advisory Council (CAC) of community leaders that represent the underserved, uninsured and minority populations. CAC participants were identified based on their role in the public health realm of the hospital’s surrounding community. Emphasis was placed on identifying populations within the service area that are considered minority and/or underserved. Each CAC participant is vested in the overall health of the community and brought forth a unique perspective with regards to the population’s health needs. The CAC provided Banner Health with the opportunity to gather valuable input directly from the community.

<table>
<thead>
<tr>
<th>NAME AND TITLE</th>
<th>ORGANIZATION</th>
<th>AREA OF EXPERTISE/ORGANIZATIONAL FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy Harshbarger, CEO</td>
<td>Banner Lassen Medical Center</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
<tr>
<td>Dr. Marlon R. Hall</td>
<td>President, Lassen Community College</td>
<td>Community education needs, resources and partners, particularly within the student population</td>
</tr>
<tr>
<td>Liz Groveman</td>
<td>Sierra Medical Services Alliance</td>
<td>Healthcare needs</td>
</tr>
<tr>
<td>Jared Hancock</td>
<td>City Administrator, City of Susanville</td>
<td>Healthcare needs and trends within the community; business development</td>
</tr>
<tr>
<td>Christi Meyers</td>
<td>Lassen County Public Health</td>
<td>Healthcare needs and trends within the prisoner population, as well as the greater community needs and resources</td>
</tr>
<tr>
<td>Ruth Smith</td>
<td>CHRO, Banner Lassen Medical Center</td>
<td>Healthcare needs</td>
</tr>
<tr>
<td>Claudia Helmes</td>
<td>CNO, Banner Lassen Medical Center</td>
<td>Healthcare needs</td>
</tr>
<tr>
<td>Sandy Goldstein</td>
<td>Interim COO, Banner Lassen Medical Center</td>
<td>Healthcare needs</td>
</tr>
<tr>
<td>Melody Brawley</td>
<td>Health and Social Services</td>
<td>Community needs, resources and partners</td>
</tr>
<tr>
<td>Julie Wedemeyer</td>
<td>RN, Banner Lassen Medical Center</td>
<td>Healthcare needs</td>
</tr>
<tr>
<td>Jamie McMullen</td>
<td>Banner Health Clinics</td>
<td>Healthcare needs</td>
</tr>
<tr>
<td>NAME AND TITLE</td>
<td>ORGANIZATION</td>
<td>AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Bruce Ingle</td>
<td>Pastor/ Chaplain</td>
<td>Community needs, resources and partners</td>
</tr>
<tr>
<td>Debra Erickson</td>
<td>RN Care Coordinator, Banner Lassen Medical Center</td>
<td>Healthcare needs</td>
</tr>
</tbody>
</table>
Appendix C. – MATERIALS USED IN FOCUS GROUP

Banner Health
Banner Lassen Medical Center
Community Health Needs Assessment
Community Advisory Council
March 22, 2016

Banner Health at a Glance

- Non-profit multi-state health system
- 29 Acute care hospitals
- Medical group with 17,000+ providers
- Behavioral hospital
- Home care services
  - Approx: $7B annual revenue
  - 47,000+ employees
  - 76% of revenue from Arizona
Why are we here?

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

Setting the stage...
2016 Demographics

<table>
<thead>
<tr>
<th></th>
<th>Banner Lassen PSA</th>
<th>California</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>25,956</td>
<td>39.4M</td>
<td>322M</td>
</tr>
<tr>
<td>Population Growth 2010-2016</td>
<td>-8.9%</td>
<td>5.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Population - Percent &lt;18</td>
<td>23.6%</td>
<td>17.4%</td>
<td>23.0%</td>
</tr>
<tr>
<td>Population - Percent 65+</td>
<td>13.3%</td>
<td>11.9%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Average Age</td>
<td>36.7</td>
<td>36.9</td>
<td>37.5</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$64,928</td>
<td>$90,633</td>
<td>$xx</td>
</tr>
</tbody>
</table>
2016 Insurance Estimates

County Health Rankings

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

Health Factors
- Health factors in the County Health Rankings represent what influences the health of a county. They measured four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.
2016 County Health Rankings

Lassen County ranks 29th out of 56 California Counties in Health Factors

• 20% of adults report excessive drinking
• 27% of adults are obese
• Room to improve rates for mammography and diabetes screenings
• Primary care physician shortage
• 14% unemployment

2016 County Health Rankings

• Lassen County ranks 31st out of 56 California Counties in Health Outcomes
• Higher rate of premature death (not living to national life expectancy)
• Behavioral Risk Factor Surveillance Survey respondents report 3.6 poor physical health days in the past month, and 3.6 poor mental health days
• 2.9 days is the national benchmark for poor physical health; 2.8 is the national benchmark for poor mental health
### 2016 Health Outcomes - California

#### Health Rankings | County Health Rankings & Roadmaps

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Lassen County</th>
<th>Error Margin</th>
<th>National Benchmark</th>
<th>California</th>
<th>Rank (of 57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>6,700</td>
<td>5,800-7,700</td>
<td>5,200</td>
<td>5,300</td>
<td>31</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health**</td>
<td>14%</td>
<td>14-15%</td>
<td>12%</td>
<td>17%</td>
<td>31</td>
</tr>
<tr>
<td>Poor physical health days**</td>
<td>3.6</td>
<td>3.5-3.8</td>
<td>2.0</td>
<td>3.0</td>
<td>36</td>
</tr>
<tr>
<td>Poor mental health days**</td>
<td>3.6</td>
<td>3.4-3.7</td>
<td>2.8</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7%</td>
<td>6-8%</td>
<td>6%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking**</td>
<td>15%</td>
<td>14-15%</td>
<td>14%</td>
<td>12%</td>
<td>51</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>25%</td>
<td>20-31%</td>
<td>15%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>4.2</td>
<td></td>
<td>8.3</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>17%</td>
<td>13-22%</td>
<td>20%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>39%</td>
<td></td>
<td>91%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking**</td>
<td>22%</td>
<td>21-23%</td>
<td>12%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>22%</td>
<td>14-31%</td>
<td>14%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>237.7</td>
<td></td>
<td>34.1</td>
<td>439.9</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>35</td>
<td>30-39</td>
<td>19</td>
<td>32</td>
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</tbody>
</table>
### Banner Lassen Outpatient ED Visits Frequent Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Medi-Cal/Uninsured</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>URI/Bronchitis/Croup/Pneumonia</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ear Infection</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Injuries/Fractures</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Complications</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Abdominal Pain/Nausea</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Headache/Migraine</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Urinary Tract Infections</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Backache</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dental Caries</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### 2013 Community Feedback

[Image of community feedback]
# Cycle 1: Top Needs Not Being Met

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>Chronic Disease</th>
<th>Women/Infant Services</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uninsured population</td>
<td>• Cancer</td>
<td>• Low birth weight</td>
<td>• Mental health resources</td>
</tr>
<tr>
<td>• PCP shortages</td>
<td>• Diabetes</td>
<td>• Infant mortality</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• Heart Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>not prioritized</strong></td>
<td><strong>not prioritized</strong></td>
<td><strong>not prioritized</strong></td>
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</table>

## Previous Actions Taken

<table>
<thead>
<tr>
<th>Community Health Need</th>
<th>Action</th>
</tr>
</thead>
</table>
| Access to Care        | • Promote participation in MyBanner (online patient portal)  
|                       | • Offer educational materials and links to community resources related to the insurance marketplace  
|                       | • Promote internal and external community resources that support preventative and maintenance care via the facility website  
|                       | • Offer and participate in free health activities (counseling, health fairs, blood drives)  |
| Chronic Disease       | • Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness  
|                       | • Offer “Manicures, Massages & Mammograms” program to the community  |
| Behavioral Health     | • Create a webpage with information and resources related to Mental Health and Substance Abuse  |
| Tobacco/Smoking        | • Partner with the State Quitline to build the Proactive Referral into the Banner Medical Group clinic workflows  
|                       | • Support a Tobacco Free-campus  |
| Obesity/Nutrition     | • Sponsorships focused on wellness, healthy eating  
|                       | • Online education, support and recipes  |
Next Steps...

- Are these still the biggest health needs facing the community?
- Would you change the prioritization of the needs?
- What improvements, if any, have you witnessed around these needs?
- What does success look like?
- What are strategies for getting us there?
- Are there key stakeholders/organizations in the community already doing work in these areas?

<table>
<thead>
<tr>
<th>Needs Prioritized:</th>
<th>Needs Identified but not prioritized:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>Women and Infant Services</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Nutrition and physical activity</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Smoking/tobacco use</td>
</tr>
<tr>
<td></td>
<td>Physician shortages</td>
</tr>
</tbody>
</table>

That’s a Wrap!

THANK YOU
Appendix D. – 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 below, and through consensus discussion was narrowed down to three.

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