Community Health Needs Assessment

Torrington Community Hospital

5/18/16
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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 Torrington, Wyoming (part of Goshen 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 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 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 Community Hospital. 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.

Community Hospital is dedicated to enhancing the health of the communities it serves. The findings from this community health needs assessment 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 Community Hospital

Community Hospital is a 25-bed licensed hospital located within Torrington, Wyoming, in Goshen County. The hospital was opened in 1977 to serve the community and has never strayed from the community focus, constantly striving to live the Banner Health mission of making a difference in people’s lives through excellent patient care.

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

- Heart Care
- Medical Imaging
Women’s Services

The staff of 9 physicians and 27 volunteers provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing and treating illnesses. On an annual basis Torrington Community Hospital health care professionals render care to more than 12,500 outpatients and over 3200 patients in the Emergency department (ED). The staff also welcomes an average of 70 babies into the world each year.

This facility leverages the latest medical technologies to ensure safer, better care for patients. 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.

To help meet the needs of uninsured and underinsured community members, Community Hospital 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, Community Hospital reported $1,038,834 in Charity Care for the community while it wrote off an additional $1,948,174 in Bad Debt, or uncollectable money owed to the facility.

Community Profile

Definition of Community

Community Hospital is located in Torrington in southeastern Wyoming along the Nebraska border. Torrington is situated on the historic Mormon Trail and near the Oregon and California Trails. It is the county seat of Goshen County. The community is primarily agricultural and home to several fertilizer plants and a sugar factory. Among those living in Community Hospital’s primary service area (PSA), over 80 percent are White, 13 percent are Hispanic, and smaller percentages are Black, Asian, the Pacific Islanders, and other racial descent.
The City of Torrington accounted for 76 percent of Community Hospital’s inpatient discharges in 2015. This is known as the Primary Service Area (PSA).
Community Demographics

Table 1 provides the specific age, sex, and race/ethnicity distribution and data on key socio-economic drivers of health status of the population in the Community Hospital’s primary service area compared to Goshen County and the state of Wyoming.

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>Goshen County</th>
<th>Wyoming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population: estimated 2016</td>
<td>10,460</td>
<td>13,418</td>
<td>611,845</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Male</td>
<td>53%</td>
<td>52%</td>
<td>51%</td>
</tr>
<tr>
<td>• Female</td>
<td>47%</td>
<td>48%</td>
<td>49%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 0 to 14 years</td>
<td>16.5%</td>
<td>16.2%</td>
<td>19.7%</td>
</tr>
<tr>
<td>• 15 to 24 years</td>
<td>13.6%</td>
<td>14.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td>• 25 to 34 years</td>
<td>12.3%</td>
<td>11.5%</td>
<td>13.5%</td>
</tr>
<tr>
<td>• 35 to 54 years</td>
<td>22.8%</td>
<td>22.5%</td>
<td>24.3%</td>
</tr>
<tr>
<td>• 55 to 64 years</td>
<td>14.3%</td>
<td>14.8%</td>
<td>13.9%</td>
</tr>
<tr>
<td>• 65+</td>
<td>20.6%</td>
<td>20.7%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• White</td>
<td>82.9%</td>
<td>85.2%</td>
<td>82.5%</td>
</tr>
<tr>
<td>• Hispanic</td>
<td>12.6%</td>
<td>10.9%</td>
<td>10.4%</td>
</tr>
<tr>
<td>• Black</td>
<td>1.6%</td>
<td>1.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>• Asian/Pacific Islander</td>
<td>0.9%</td>
<td>0.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>• All Others</td>
<td>2.1%</td>
<td>1.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Median Household Income</td>
<td>$45,882</td>
<td>$46,526</td>
<td>$61,117</td>
</tr>
<tr>
<td>• Cost of Living</td>
<td>89.4</td>
<td>91.0</td>
<td>104.40</td>
</tr>
<tr>
<td>• Median Age</td>
<td>42.1</td>
<td>42.7</td>
<td>36.9</td>
</tr>
<tr>
<td>• Median House Value</td>
<td>$126,900</td>
<td>$135,400</td>
<td>$204,100</td>
</tr>
</tbody>
</table>

*Truven Health Analytics and Sperling’s Best Places
The majority of the PSA are White, which is comparable to the County and State rates. The percentage of Hispanics, Blacks, Asian & Pacific Island and all others account for less than 18 percent of the PSA’s combined population.
The PSA is higher than the state benchmark when it comes to those with a high school degree but five percent lower when it comes to those that have a bachelor’s degree or greater.
The median income for the PSA is very similar to the state benchmark. A third of the households in the PSA earn between $25 and $50 thousand dollars while there are more households in the state of Wyoming that earn over $100,000 than in either the PSA or county.
The PSA has a slightly lower percentage of the employed population compared to the State, however it has a higher percentage of those not in the labor market. This could be due to the Medium Correctional Institute located in Torrington.

![Goshen County, Wyoming Employment Status, 2016 Estimates](source: Statistical Atlas)
Within the PSA, 14 percent of all families are living below the poverty line, compared to eight percent in the State. The rate of single females with children in the PSA is significantly higher, over 30 percent than the state benchmark.
Fifty-nine percent of Goshen County’s population is covered by commercial insurance while eleven percent are uninsured. Despite the increase in the ability to purchase health insurance through the federal marketplace, more people are not necessarily receiving care due to high premiums and deductibles.

![Goshen County Insurance Estimates, 2016](image-url)

Source: Truven Health Analytics

### Process and Methods Used to Conduct the CHNA

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 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 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.

- Centers for Disease Control. Youth Risk Behavior Surveillance System (YRBSS) 2014
- County Health Rankings – Goshen 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 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 them. A list of the organizations that participated in the focus group can be found under Appendix B and the materials presented to that group can be found under Appendix C.

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.

Recommended strategies for health improvement discussed amongst the participants included:

- Additional health care navigators/advocates
- Additional time provided with physicians to answer questions
- Increased community education/awareness on personal health management
- Better access to healthy, and affordable food
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 Goshen County rate, demonstrate a worsening trend when compared to Goshen 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 process for prioritization included engagement with both internal Community Hospital’s stakeholders and community partners from Community Advisory Council (CAC). Individuals that represented populations including the uninsured, underserved and minority populations were invited to participate in a focus group to review current and past data, previous actions taken to improve the community and provide additional health concerns and feedback as to the underlying issues and potential strategies for addressing the issues. 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.

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.

Description of Prioritized Community Health Needs:

The following statements summarize each of the areas of priority for Community Hospital 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:

While Community Hospital is making attempts to eliminate barriers in access to care, there still remains significant challenges for a small town.

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. Because of high deductibles and high premiums, many individuals who are technically insured still use the emergency department for issues that could have been addressed in a primary care setting because they cannot afford care. This becomes very costly to the patient and the hospital.

![Goshen County Insurance Estimates, 2016](source: Truven Health Analytics)
Below are some of the most frequently diagnosed Outpatient ED visits, many which could have been seen in an ambulatory setting:

<table>
<thead>
<tr>
<th>Clinical Care</th>
<th>Medicaid/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 Infection</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>

The lack of after-hours care is a problem for many who can’t leave during the work day to see a doctor or can’t get an appointment in a timely manner. The CAC felt that if there were urgent cares or quicker access to appointments with physicians, the burden could be lifted from the emergency department. The hospital staff mentioned that at one time, the clinic hours had been expanded to accommodate patients, but the physicians and medical staff were spread too thin. Another suggestion for this issue was trying to educate community members on how to better care for themselves so they don’t end up in the ED for non-emergent issues. It was said that the people in the town don’t pay attention to their own health until it is too late. Because there are so few physicians, having enough time with patients to teach and discuss proper diet and exercise is not always possible. This presented an area for opportunity and the group wanted to discuss expanded education and outreach for their community.

The data shows that Goshen County has a significantly higher ratio of patients to providers than the U.S. With 1,510 patients to every one provider compared to the national rate of 1,040 patients to every one provider, the CAC was validated in their concern (County Health Rankings and Roadmaps, 2016).

**PRIORITY #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 National Institute on Mental Health, major depression is one of the most common mental disorders in the U.S. and in 2015 there were an estimate 16.1 million adults in the U.S. that had at least one major depressive episode in the past year (NIMH, 2016).

Substance and alcohol abuse plays an important role in this issue, 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.
The state of Wyoming has one of the highest rates of suicide in the country and according to the CDC, from 2004-2013, suicide rose 20 percent for rural counties.

This topic is getting a lot of attention as the county’s rates continue to rise. The CAC discussed the fact that the ED is not set up for treating behavioral health patients. Law enforcement as well as medical staff employees agree that there is little they can do if they are confronted with a mental health patient. They tend to see the same “frequent flyers” coming through the ED to be stabilized and released but not actually treated for their condition. While they can help prescribe medication for the patients that need it, it is costly. If a patient can’t afford to stay on their medication, they continue to use the ED to manage their care. Should a patient want to see a therapist or physiatrist, the wait times to get an appointment are very long. A facility was mentioned that provided in-patient treatment in Scottsbluff, but that it had since closed. Without the proper resources to treat these patients, they remain a threat to themselves and others in the community. Law enforcement officials mentioned the fatigue associated with constantly being called to assist these patients when there is little they can do to help.
Behavioral health providers are a source of great need within the community. According to the council, the social service agencies are overwhelmed; there are simply not enough resources available to follow-up as needed with these patients.

**PRIORITY #3: CHRONIC DISEASE**

Chronic diseases such as cancer, heart disease, diabetes and obesity affect the health and quality of life of Goshen County residents, but they are also a major driver of health care costs. The leading causes of death in Wyoming include cancers, heart disease and chronic lower respiratory diseases. According to the CDC, Chronic disease often leads to depression. Likewise, depression and other mental health issues make chronic disease management more challenging.

![Table of leading causes of death in Wyoming](http://www.cdc.gov/nchs/data/dvs/lcwk9_2014.pdf)

According to the County Health Rankings and Roadmaps, the rate of adult obesity in this county is increasing. The same data shows that physical inactivity remains at 27 percent, which is seven percent higher than the national benchmark. The CAC discussed that they felt there was a cultural shift that needed to happen before the community would begin to get more active and healthier.
Because it was mentioned that less expensive foods are not usually healthy, the CAC felt there needs to be more education on this topic. Showing community members how to buy and cook certain foods and educating them on what a balanced meal looks like is an important step. According to 2013 data from County Health Rankings, 40 percent of restaurants in Goshen County are fast food, compared to national benchmark of 27 percent. It was also mentioned that a barrier to health has to do with the parents more than the children. The parents are usually responsible for purchasing the food and making the majority of the decisions on what is consumed. Helping teach the parents how to make these important decisions seemed to be something the group wanted to pursue. The school nurse talked about the work happening in the schools to help students learn better eating habits. From educating them and offering 2 meals per day at school, she believes the children have a stronger chance of maintaining the healthier habits.
Unhealthy behaviors also contribute to an overall poor health status. Though men and women are equally obese, binge drinking and smoking tend to be higher among males.

Heart disease was the 2014 leading cause of death in Wyoming. The rate has been steadily increasing since 2011 and the primary risk factors include diabetes, overweight/obesity, poor diet, physical inactivity and excessive alcohol use.
Just behind Heart Disease, Cancer was 2\textsuperscript{nd} leading cause of death for the State. An area of opportunity for the community is increased Mammography screenings. Goshen County is not improving in this area and falls below the state and national benchmarks.

![Mammography screening in Goshen County, WY](image)

Many patients with these conditions that do not qualify for Medicare or Medicaid, are most often 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.

**IMPORTANT ISSUES DISCUSSED BUT NOT PRIORITIZED:**

The following were brought up in by the CAC but not something they felt should be addressed at this time:

**Dental**

Overall health is an indicator of over-all accountability for dental care. Teaching the importance of good dental health doesn’t seem to be important to a lot of people. The habit needs to be taught to children early on but if the parents don’t value dental health, then the kids learn to not value the habit as well. Though there is already outreach happening in the community, the group would like to see more. The five dental providers in the community try to provide education and outreach so the group felt that was sufficient for the time being.
Though this issue didn’t seem to be as important as the last cycle, the CAC pointed out the increase in the use of smokeless tobacco and e-cigarettes. There is currently a lot of support for people who want to quit, and while the hospital supports a smoke free campus, the CAC was pleased to see the rates of smoking decrease since the previous cycle of the CHNA.

Resources Potentially Available to Address Needs

**Hospitals**

Community Hospital  
2000 Campbell Drive  
Torrington WY 82240

**Clinics**

Banner Health Clinic  
625 Albany Ave  
Torrington WY 82240

**Counseling**

Peak Wellness Center – Mental Health Center  
501 Albany Ave  
Torrington WY 82240

**Nursing Homes/Rehabilitation Centers/Assisted Living Facility**

Goshen Healthcare Community  
2009 Laramie Street  
Torrington WY 82240

Evergreen Court  
2010 East F Street  
Torrington WY 82240
Feedback on Preceding CHNA and Implementation Strategy

Torrington’s Community Hospital 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**

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 participate 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  
                       | • Expanded Diabetic Education and Nutrition programs  
                       | • Provided health screenings and educational materials |
| Tobacco/Smoking                      | • Partnered with the State Quit Line 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 |
| Behavioral Health                   | • Created a webpage with information and resources related to Mental Health and Substance Abuse  
                                  | • Provider to provider telephone consults |
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:

- National Institute of Mental Health
- National Institute on Drug Abuse, 2011 Facts
- Outpatient Emergency department (ED) data, 2011
- Truven Health Analytics, 2016
- U.S. Census, 2014
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.

<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 T</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>
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.

<table>
<thead>
<tr>
<th>NAME AND TITLE</th>
<th>ORGANIZATION</th>
<th>AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Cussins, CFO</td>
<td>Community Hospital</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
<tr>
<td>John Walter, Pharmacist</td>
<td>Community Drug</td>
<td>Community needs, trends and resources, utilization trends</td>
</tr>
<tr>
<td>Richard Patterson,</td>
<td>Eastern Wyoming College</td>
<td>Community needs and resources related to the student population; grant opportunities</td>
</tr>
<tr>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jean Chrostoski, Sargent</td>
<td>Goshen County</td>
<td>Community needs, trends and resources</td>
</tr>
<tr>
<td>Albert Lina, Supervisor</td>
<td>Torrington EMS</td>
<td>Community needs, trends and resources; emergency care trends</td>
</tr>
<tr>
<td>Sid Castellan, Supervisor</td>
<td>Torrington EMS</td>
<td>Community needs, trends and resources; emergency care trends</td>
</tr>
<tr>
<td>Karen Yost</td>
<td>Community Hospital</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
<tr>
<td>Sandy Dugger, COO</td>
<td>Community Hospital</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
<tr>
<td>Lori Weyrich, RN</td>
<td>Goshen County School District</td>
<td>Community needs and resources related to the student population</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>Mari Irelan, Manager</td>
<td>CRMC Home Care</td>
<td>Community needs and resources related to senior services</td>
</tr>
<tr>
<td>Dana Breeden, Case Manager</td>
<td>Community Hospital</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
<tr>
<td>Diona Savoy-McDaniels</td>
<td>Goshen County Task Force on Family Violence and Sexual Assault</td>
<td>Community needs and resources for victims of assault and vulnerable populations</td>
</tr>
<tr>
<td>Michelle Powell</td>
<td>Goshen County Task Force on Family Violence and Sexual Assault</td>
<td>Community needs and resources for victims of assault and vulnerable populations</td>
</tr>
<tr>
<td>Brett Marsh, Dentist</td>
<td>Marsh Family Dentistry</td>
<td>Community needs, trends and resources relating to dentistry</td>
</tr>
<tr>
<td>Dick Yates, Board Member</td>
<td>Community Hospital Board</td>
<td>Community needs, trends and resources</td>
</tr>
<tr>
<td>Zachary Miller, CNO</td>
<td>Community Hospital</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
<tr>
<td>Jessica Morrison</td>
<td>Wyoming Child &amp; Family Development</td>
<td>Health care needs and resources within the community relating to children</td>
</tr>
<tr>
<td>Tonya Nepper</td>
<td>Wyoming Child &amp; Family Development</td>
<td>Health care needs and resources within the community relating to children</td>
</tr>
<tr>
<td>Jean Stratton</td>
<td>Goshen County Public Health Department</td>
<td>Public health trends, programs and policy; community needs, resources and partners</td>
</tr>
<tr>
<td>Cathy Grace, RN Manager</td>
<td>Goshen County Public Health Department</td>
<td>Public health trends, programs and policy; community needs, resources and partners</td>
</tr>
<tr>
<td>Sammie Coxbill, Nutritionist/Clinic Supervisor</td>
<td>WIC</td>
<td>Needs and resources for underserved and underinsured populations</td>
</tr>
<tr>
<td>Melanie Wolfe, Director</td>
<td>Youth and Family PWC</td>
<td>Health care needs and resources within the community relating to children</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>Shelby Nelson, CEO</td>
<td>Community Hospital</td>
<td>Health care industry; hospital management and utilization trends; clinical and ancillary services</td>
</tr>
</tbody>
</table>
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 in revenue
- 47,000+ employees
- 75% 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 Patient Protection and ACA
## 2015 Community Benefit

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bad Debt:</strong></td>
<td>$1,948,174</td>
</tr>
<tr>
<td><strong>Charity Care:</strong></td>
<td>$1,038,834</td>
</tr>
<tr>
<td>(provided for free or at</td>
<td></td>
</tr>
<tr>
<td>reduced cost for low-</td>
<td></td>
</tr>
<tr>
<td>income patients)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Setting the stage...**
Banner Health Community Hospital Inpatient Origin by Zip Code
(Top 5 contiguous quartiles = 75% of total discharge)

Demographic Snapshot Goshen County

### Demographic Characteristics

<table>
<thead>
<tr>
<th>Selected Area</th>
<th>USA</th>
<th>2016</th>
<th>2021</th>
<th>% Change 2016 - 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>11,182</td>
<td>330,740,810</td>
<td>11,137</td>
<td>293,719,890</td>
</tr>
<tr>
<td>Total Male Population</td>
<td>7,030</td>
<td>7,198</td>
<td>1.9%</td>
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</tr>
<tr>
<td>Total Female Population</td>
<td>3,896</td>
<td>4,049</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>% Change</td>
<td>2.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$60,533</td>
<td>$71,780</td>
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</table>

### Population Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2016</th>
<th>% of Total</th>
<th>2021</th>
<th>% of Total</th>
<th>% Change 2016 - 2021</th>
<th>2018 Household Income</th>
<th>HH Count</th>
<th>% of Total</th>
<th>2018</th>
<th>% of Total</th>
<th>% Change 2016 - 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>2,170</td>
<td>18.2%</td>
<td>2,245</td>
<td>19.5%</td>
<td>3.0%</td>
<td>&lt;$50K</td>
<td>102</td>
<td>11.1%</td>
<td>120</td>
<td>12.2%</td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>467</td>
<td>3.7%</td>
<td>436</td>
<td>3.9%</td>
<td>7.3%</td>
<td>$50-74K</td>
<td>945</td>
<td>10.6%</td>
<td>726</td>
<td>7.5%</td>
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</tr>
<tr>
<td>25-34</td>
<td>1,547</td>
<td>14.0%</td>
<td>1,303</td>
<td>11.3%</td>
<td>10.0%</td>
<td>$75-99K</td>
<td>1,380</td>
<td>15.6%</td>
<td>1,380</td>
<td>15.6%</td>
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<tr>
<td>35-44</td>
<td>2,073</td>
<td>17.6%</td>
<td>1,944</td>
<td>16.7%</td>
<td>6.6%</td>
<td>$100-149K</td>
<td>1,909</td>
<td>21.7%</td>
<td>1,909</td>
<td>21.7%</td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>2,157</td>
<td>18.3%</td>
<td>2,109</td>
<td>18.2%</td>
<td>2.3%</td>
<td>Over $150K</td>
<td>2,109</td>
<td>24.1%</td>
<td>2,109</td>
<td>24.1%</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>1,188</td>
<td>10.6%</td>
<td>1,092</td>
<td>9.6%</td>
<td>8.3%</td>
<td>Total</td>
<td>15,412</td>
<td>100.0%</td>
<td>15,412</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11,182</td>
<td>100.0%</td>
<td>11,137</td>
<td>100.0%</td>
<td>2.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Education Level Distribution

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Population 2016</th>
<th>% of Total</th>
<th>Population 2021</th>
<th>% of Total</th>
<th>% Change 2016 - 2021</th>
<th>Race/Ethnicity 2016 Pop</th>
<th>% of Total</th>
<th>Race/Ethnicity 2021 Pop</th>
<th>% of Total</th>
<th>% Change 2016 - 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than High School</td>
<td>514</td>
<td>5.5%</td>
<td>514</td>
<td>4.6%</td>
<td></td>
<td>White Non-Hispanic 11,429</td>
<td>95.2%</td>
<td>White Non-Hispanic 11,429</td>
<td>95.2%</td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>554</td>
<td>5.0%</td>
<td>554</td>
<td>4.9%</td>
<td></td>
<td>Black Non-Hispanic 121</td>
<td>1.0%</td>
<td>Black Non-Hispanic 121</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>High School Degree</td>
<td>3,165</td>
<td>29.3%</td>
<td>3,165</td>
<td>28.5%</td>
<td></td>
<td>Hispanic 1,459</td>
<td>12.8%</td>
<td>Hispanic 1,459</td>
<td>12.8%</td>
<td></td>
</tr>
<tr>
<td>Some College/High School</td>
<td>3,110</td>
<td>29.0%</td>
<td>3,110</td>
<td>28.2%</td>
<td></td>
<td>Asian &amp; Pacific Islander 100</td>
<td>0.9%</td>
<td>Asian &amp; Pacific Islander 100</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>2,196</td>
<td>20.0%</td>
<td>2,157</td>
<td>19.3%</td>
<td></td>
<td>All Urban 10,313</td>
<td>88.8%</td>
<td>All Urban 10,313</td>
<td>88.7%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11,182</td>
<td>100.0%</td>
<td>11,137</td>
<td>100.0%</td>
<td>2.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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

Goshen County ranks 10 out of 23 Wyoming Counties in Health Factors

- Adult obesity has been steadily increasing
- Sexually transmitted infections have increased significantly
- There is room for improvement in mammogram screenings
- Air pollution is increasing

2016 Health Outcomes Wyoming
<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Goshen County</th>
<th>US Benchmark</th>
<th>Wyoming</th>
<th>Rank (of 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of life</td>
<td>5.400</td>
<td>5.200</td>
<td>7.200</td>
<td>5</td>
</tr>
<tr>
<td>Quality of life</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health**</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Poor physical/health days**</td>
<td>5.4</td>
<td>5.3</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days**</td>
<td>3.4</td>
<td>2.8</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>8%</td>
<td>6%</td>
<td>9%</td>
<td></td>
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<tr>
<td><strong>Health Behaviors</strong></td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Smoking**</td>
<td>18%</td>
<td>14%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>28%</td>
<td>23%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Food Environment Index</td>
<td>7.1</td>
<td>8.3</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>27%</td>
<td>22%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>12%</td>
<td>9%</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Excessive Drinking**</td>
<td>35%</td>
<td>13%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Alcohol impaired driving deaths</td>
<td>10%</td>
<td>14%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>307.3</td>
<td>134.4</td>
<td>247.8</td>
<td></td>
</tr>
<tr>
<td>Teen birth</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>18%</td>
<td>11%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>3,150.1</td>
<td>3,040.1</td>
<td>1,500.1</td>
<td></td>
</tr>
<tr>
<td>Preventable Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality Rates</td>
<td>20%</td>
<td>19%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>48</td>
<td>38</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Diabetic Monitoring</td>
<td>61%</td>
<td>90%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>48%</td>
<td>7%</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Rankings/County Health Rankings and...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
</tr>
<tr>
<td>High School Graduation</td>
</tr>
<tr>
<td>Some College</td>
</tr>
<tr>
<td>Unemployment</td>
</tr>
<tr>
<td>Children in Poverty</td>
</tr>
<tr>
<td>Income Inequality</td>
</tr>
<tr>
<td>Children in single-parent households</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
</tr>
<tr>
<td>Violent crimes</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
</tr>
<tr>
<td>Air pollution-particle matter</td>
</tr>
<tr>
<td>Drinking water violations</td>
</tr>
<tr>
<td>Severe housing problems</td>
</tr>
<tr>
<td>Driving alone to work</td>
</tr>
<tr>
<td>Long commute-driving alone</td>
</tr>
</tbody>
</table>

Note: Blank values reflect unreliable or missing data.

**Data should not be compared with prior years due to changes in definition/methods.
## Outpatient ED Visits Frequent Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Medicaid/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>Abdominal Pain/Nausea</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pregnancy Complications</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>Dental Caries</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Back Pain</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### 2013 Community Feedback

![Community Feedback Image]
Cycle 1: Top Needs Not Being Met

<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 (screenings, health fairs, blood drives)  
|                       | • New process for follow-up appointments prior to discharge from ED |
| Chronic Disease       | • Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness  
|                       | • Conducted a community Cardiovascular class  
|                       | • Provided health screenings and educational materials |
| Tobacco/Smoking        | • Partner with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows  
|                       | • Support Tobacco-Free campus |
| Obesity/Nutrition      | • Sponsorships focused on wellness, healthy eating  
| Behavioral Health      | • Create a webpage with information and resources related to Mental Health and Substance Abuse |
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>Free/Low-cost Dental Services</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Parenting Skills</td>
</tr>
<tr>
<td>Obesity</td>
<td>Women and Infant Services</td>
</tr>
<tr>
<td>Smoking/Tobacco Use</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
</tr>
</tbody>
</table>
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