

Community Health Needs Assessment 2019



 Banner Health.

Platte County Memorial Hospital

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EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (ACA) has requirements that nonprofit hospitals must satisfy to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by the ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to address the identified needs for 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 in Appendix B.

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of Wheatland and Wyoming as well as those in its primary service area (PSA). For the purposes of this report, the primary service area is defined as the area where the top 75 percent of patients for the respective facility originate from. 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 nonprofit mission: "Making health care easier, so life can be better." This mission serves as the cornerstone of operations at our 28 acute care facilities located in small and large, rural and urban communities spanning 6 western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than \$113M annually in charity care – treatment without 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 13-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 50,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, urgent cares, clinics, surgery centers, home care, and other care settings.

While we have the experience and expertise to provide primary care, hospital care, outpatient services, imaging, rehabilitation services, long-term acute care and home care to patients facing virtually any health conditions, we also provide an array of core services and specialized services. 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 our three Banner – University Medical Centers, Banner Alzheimer’s Institute, and Banner Sun Health Research Institute.

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 three out of the five past years by Truven Health Analytics (formerly Thomas Reuters) and one of the nation’s Top 10 Integrated Health Systems according to SDI and Modern Healthcare Magazine. Banner Alzheimer’s Institute has also garnered international recognition for its groundbreaking Alzheimer’s Prevention Initiative, brain imaging research and patient care programs. Further, Banner Health, which is the second largest private employer in both Arizona and Northern Colorado, continues to be recognized as one of the “Best Places to Work” 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 hospital and healthcare facilities with the following goals at the heart of the endeavor:

- Effectively define the current community programs and services provided by the facility.
- Assess the total impact of existing programs and services on the community.
- Identify the current health needs of the surrounding population.
- Determine any health needs that are not being met by those programs and services, and/or ways to increase access to needed services.
- Provide a plan for future programs and services that will meet and/or continue to meet the community’s needs.

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. The CHNA process facilitates an ongoing 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 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 Platte County Memorial Hospital leadership team, this has resulted in an ongoing commitment to continue working closely with community and healthcare leaders who have provided solid insight into the specific and unique needs of the community since the previous cycle. In addition, after accomplishing measurable changes from the actions taken in the previous CHNAs, 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 will remain involved in ongoing efforts to continuously assess health needs and subsequent services.

INTRODUCTION

PURPOSE OF THE CHNA REPORT

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Platte County Memorial Hospital (PCMH). The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets requirements of the ACA that nonprofit hospitals conduct a CHNA at least once every three years.

Platte County Memorial Hospital is dedicated to enhancing the health of the communities it serves. The findings from this CHNA report 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 requirements set forth in Internal Revenue Code Section 501(r) requiring hospital facilities owned and operated by an organization described in Internal Revenue Code Section 501(c)(3) to conduct a CHNA at least once every three years. Regarding the CHNA, the ACA specifically requires nonprofit hospitals to:

1. Collect and take into account input from public health experts, 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; and,
4. 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 third cycle for Banner Health, with the second cycle completed in 2016. 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 6, 2019.

This report is widely available to the public on the hospital's website 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 email to:
CHNA.CommunityFeedback@bannerhealth.com

ABOUT PLATTE COUNTY MEMORIAL HOSPITAL

Platte County Memorial Hospital is a 25-bed licensed critical access hospital located within Wheatland, Wyoming in Platte County. The hospital was opened in 1955 to serve the community and has never

strayed from the community focus, constantly striving to live the Banner Health mission of making health care easier, so life can be better.

Platte County Memorial Hospital (PCMH) is committed to providing a wide range of quality care, based on the needs of the community, including the following services:

- Infusion Therapy
- Medical Imaging
- General Surgery
- Orthopedic
- Emergency Service
- OB Services
- Laboratory Services
- Physical Therapy-Inpatient / Outpatient
- Inpatient Medical / Surgical Care
- Swing Bed Care

The staff of six physicians provide personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Platte County Memorial Hospital's health professionals render care to nearly 13,000 outpatients, over 2,000 inpatients, and around 4,000 patients in the Emergency Department (ED). The staff also welcomes an average of 40 newborns into the world each year.

Platte County Memorial Hospital 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. PCMH is also part of the Banner iCare™ Intensive Care Program where specially trained physicians and nurses back up the bedside ICU team and monitor ICU patient information 24 hours a day, seven days a week.

To help meet the needs of the uninsured and underinsured community members, PCMH 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 2018, PCMH reported \$2,368,000 in Charity Care for the community, while \$1,565,000 was written off as a bad debt or uncollectable dues owed to the facility.

DEFINITION OF COMMUNITY

Platte County Memorial Hospital is located in Wheatland, in southeastern Wyoming. Platte County is a farming and ranching community with an abundance of outdoor opportunities in the surrounding area.

Platte County is the home to the nation’s first and largest private irrigation district. The county is the home of multiple reservoirs which sustain the farming and ranching community and provide multiple opportunities for water sports and fishing enthusiasts. Water is the lifeblood of Wheatland. The county is home to the historic Oregon Trail Ruts and Register Cliffs located in Guernsey State Park. Historic Ft. Laramie is also a short drive to the east of Guernsey. Platte County boasts an abundance of natural beauty sitting just East of the Laramie Mountain range. Wheatland is the gateway to several beautiful sites, it is a wonderful community for the history buff or the outdoor enthusiast.

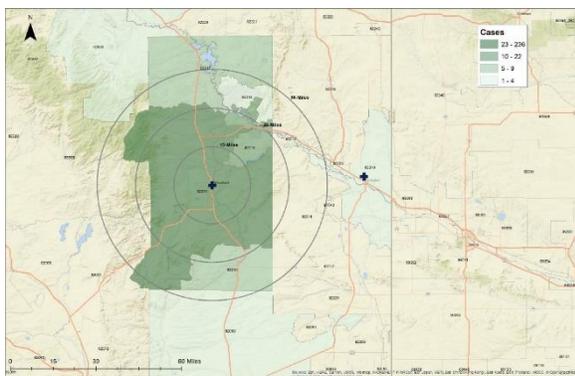
DESCRIPTION OF COMMUNITY

Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75 percent of patients for the respective facility originate from. In Table 1 the top 75 percent of Platte County Memorial Hospital’s PSA is listed. As Table 1 indicates, the majority of patients come from one zip code, within Platte County.

Zip	Market	Segment	%	Cumulative
82201	WY	Platte County	78.4%	78.4%

Source: McKesson, 2018



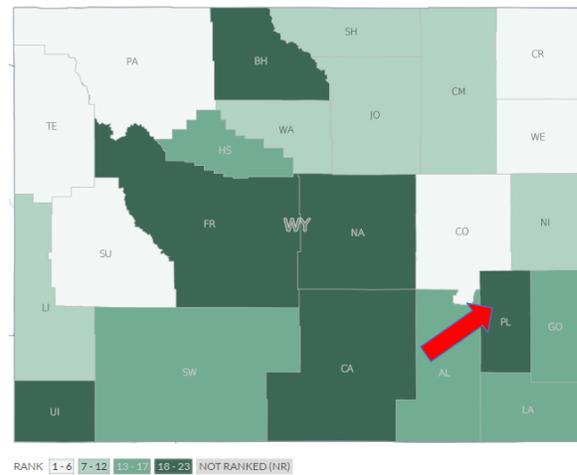
Source: Banner Strategy and Planning

Hospital Inpatient Discharges and Map

Platte County Memorial Hospital’s Inpatient Origin by Zip Code data informs the primary service area. For the 2019 CHNA report the data derives from the 2018 calendar year and is determined by the top 3 contiguous quartiles, equaling 75 percent of total discharges. The town of Wheatland accounts for 78 percent of Platte County Memorial Hospital’s inpatient discharges in 2018.

Health Outcomes Ranking and Map

2019 Wyoming County Health Outcomes Rankings: Platte County ranked #12 of the 23 counties, an increase in the ranking compared to the 2016 health outcomes (#21 of 23 counties). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:

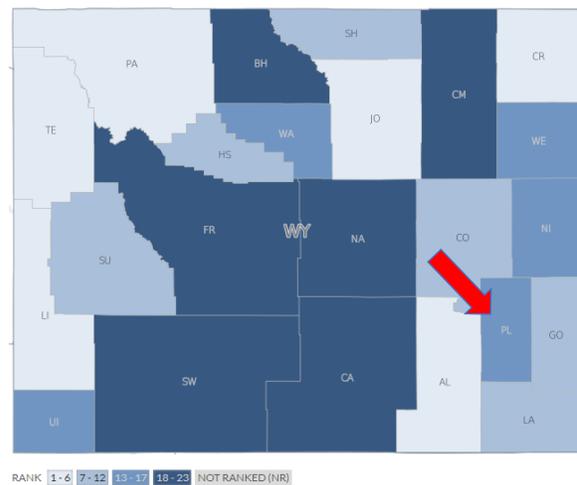


Source: County Health Rankings and Roadmaps, 2018

- Length of Life: measuring premature death and life expectancy.
- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2019)

Health Factors Ranking and Map

2019 Wyoming County Health Factors Rankings: Platte County ranked #11 of 23 counties, an increase in rankings compared to the 2016 health factors (#14 out of 23). Health factors represent things that can be modified to improve the length and quality of life, and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:



Source: County Health Rankings and Roadmaps, 2018

- Health Behaviors: rates of alcohol and drug abuse, diet and exercise, sexual activity, and tobacco use.
- Clinical Care: showing the details of access to quality of health care.
- Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
- Physical Environment: measuring air and water quality, as well as housing and transit. (County Health Rankings, 2019)

COMMUNITY DEMOGRAPHICS

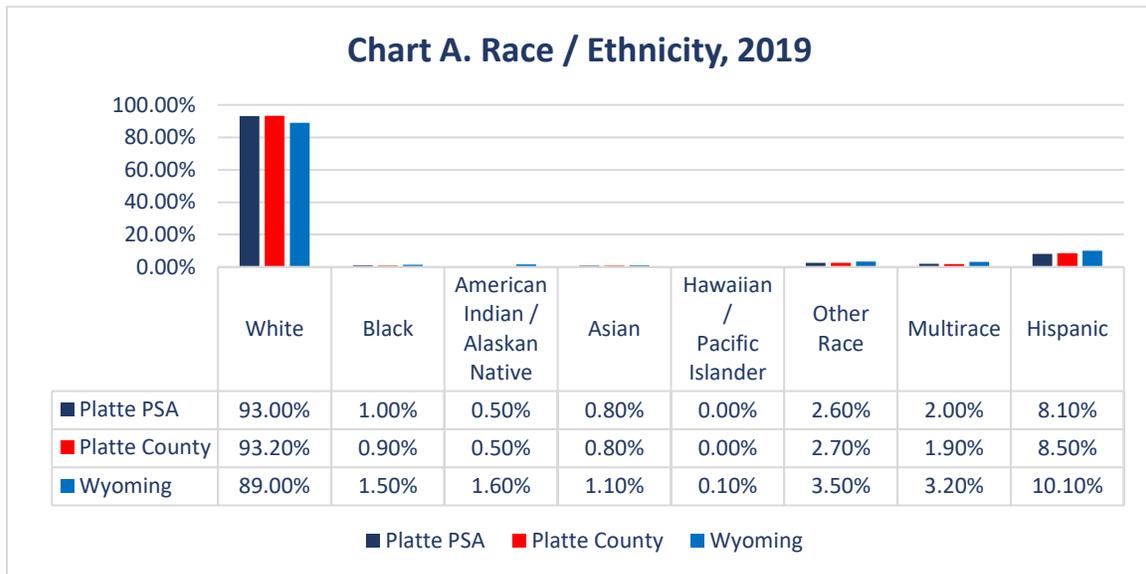
Table 2 provides the specific age, gender distribution, and data on key socio-economic drivers of health status of the population in the Platte County Memorial Hospital’s primary service area compared to Platte County and the state of Wyoming.

Table 2. Community Demographics			
	Platte County Memorial Hospital	Platte County	Wyoming
Population: estimated 2018	6,355	8,576	588,225
Gender			
• Male	50.9%	50.9%	51.0%
• Female	49.1%	49.1%	49.0%
Age			
• 0 to 9 years	10.9%	10.5%	13.1%
• 10 to 19 years	11.2%	11.0%	12.9%
• 20 to 34 years	15.7%	15.4%	20.4%
• 35 to 64 years	37.2%	38.1%	37.5%
• 65 to 84 years	21.8%	21.9%	14.1%
• 85 years and over	3.2%	3.0%	1.9%
Social & Economic Factors			
• No HS diploma	8.9%	9.4%	7.4%
• Median Household Income	\$44,200	\$46,200	\$65,300
• Unemployment	2.9%	3.2%	3.6%

Source: Advisory Board 2019

Race/Ethnicity (PSA, County and State)

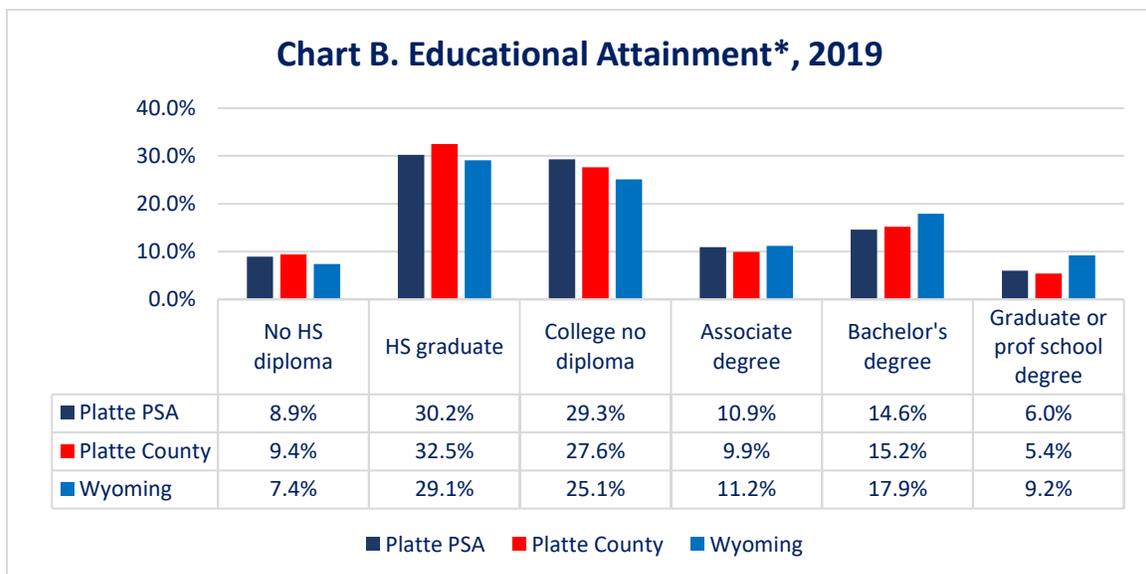
The PSA has a slightly larger population of white (93%) to that of the state (89%). The prevalence of the population being Hispanic and of other race is smaller in the PSA compared to the state and county.



Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

Platte County Memorial Hospital PSA has educational attainment rates lower than that of the state.

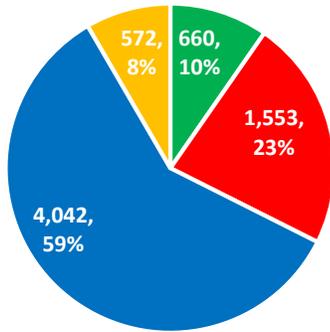


*Over the Age of 25; Sources: Crimson, Advisory Board, 2019

Insurance Coverage Estimates for PSA and State of Wyoming Population

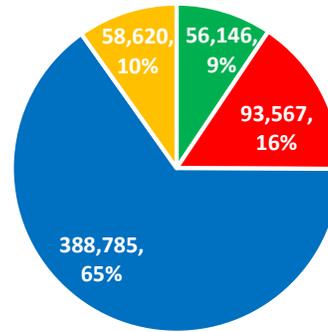
The charts below indicate the PSA has a higher rate of the population being insured by Medicaid and Medicare than that of the state (33 percent to 25 percent). Private insurance was utilized over 50% by both the state and PSA. For both the state and PSA the uninsured rate is relatively high.

Chart C. PCMH PSA



■ Medicaid ■ Medicare ■ Private ■ Uninsured

Chart D. Wyoming



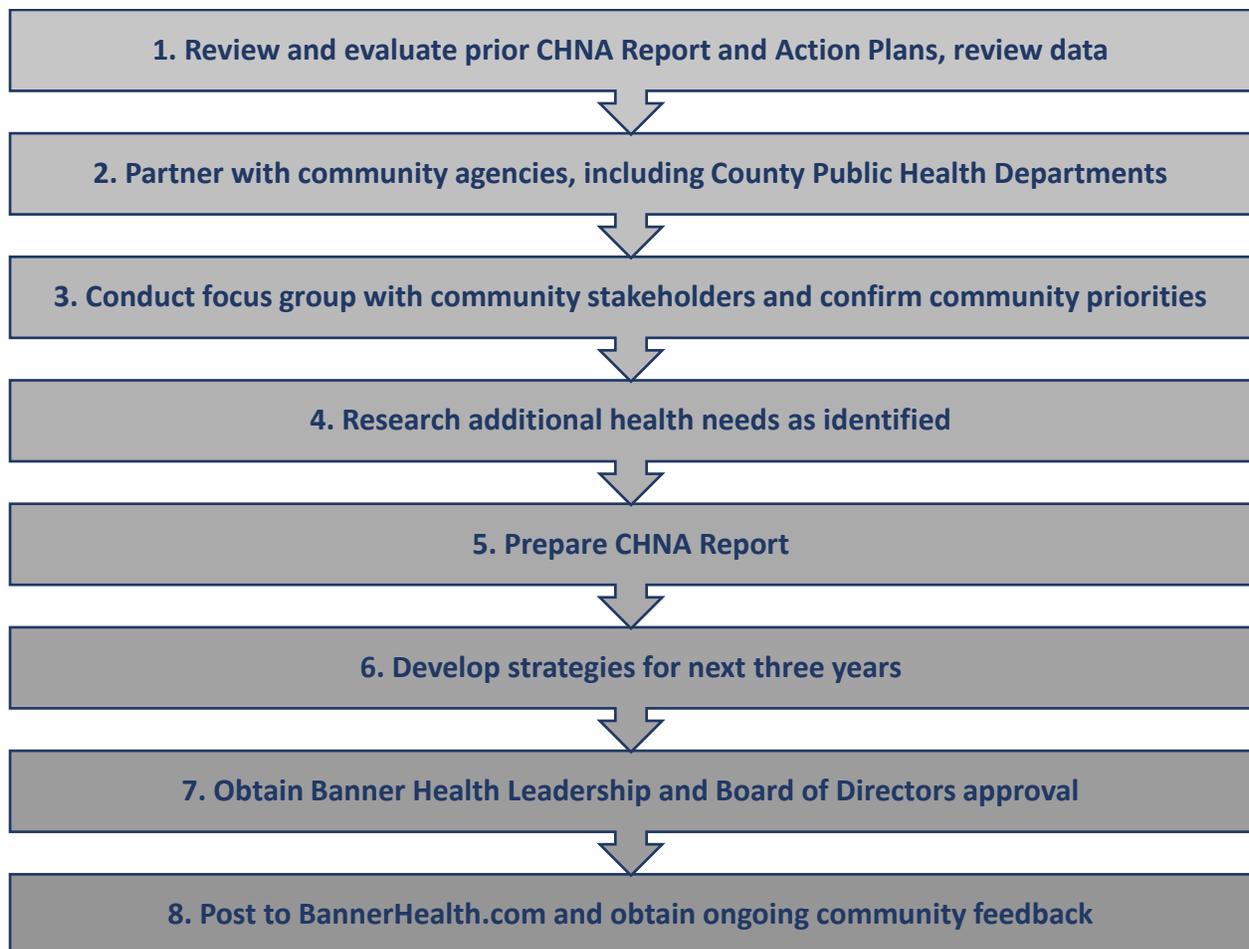
■ Medicaid ■ Medicare ■ Private ■ Uninsured

Source: 2017-18 Wyoming State Data, Truven

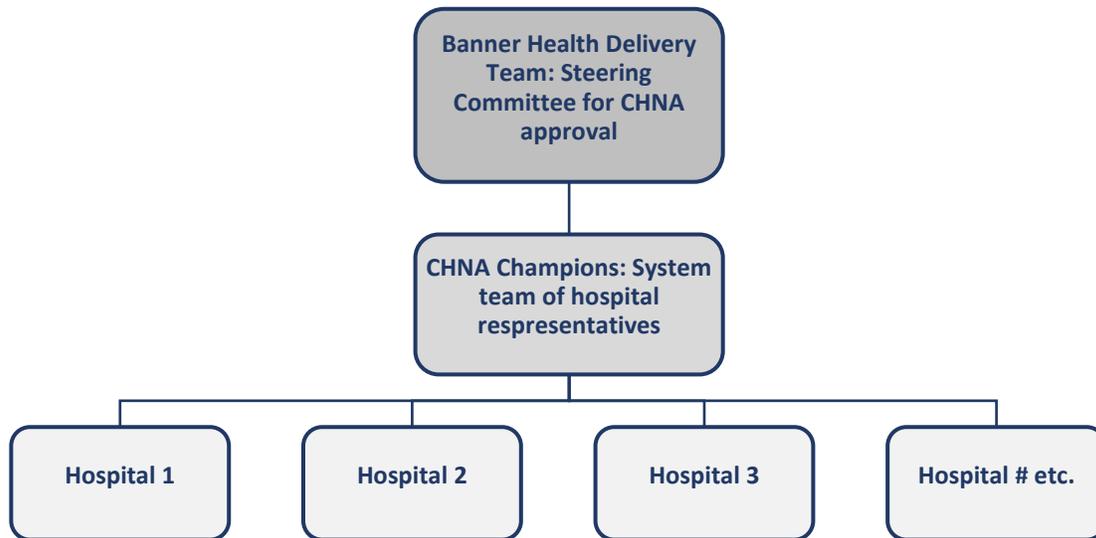
PROCESS AND METHODS USED TO CONDUCT THE CHNA

Platte County Memorial Hospital’s process for conducting Community Health Needs Assessments (CHNAs) involves a leveraged 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.

Platte County Memorial Hospital’s eight step process, based on experience from previous CHNA cycles, is demonstrated below. The process involves continuous review and evaluation of our CHNAs from previous cycles, through both the action plans and reports developed. Through each cycle Banner Health and Platte County Memorial Hospital has been able to provide consistent data to monitor population trends.



BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE



PRIMARY DATA / SOURCES

Primary data, or new data, consists of data that is obtained via direct means. For Banner, by providing health care to patients, primary data is created by providing that service, such as inpatient / outpatient counts, visit cost, etc. For the CHNA report, primary data was also collected directly from the community, through stakeholder meetings.

The primary data for the Community Health Needs Assessment originated from Cerner (Banner's Electronic Medical Record) and McKesson (Banner's Cost Accounting / Decision Support Tool). These data sources were used to identify the health services currently being accessed by the community at Banner locations and provides indicators for diagnosis-based health needs of our community. This data was also used to identify the primary services areas and inform the Steering Committee (Appendix C) and facility champions on what the next steps of research and focus group facilitation needed to entail.

SECONDARY DATA / SOURCES

Secondary data includes publicly available health statistics and demographic data. With input from stakeholders, champions, and the steering committee, additional health indicators of special interest were investigated. Comparisons of data sources were made to the county, state, and PSA if possible.

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. 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. Several sources of data were consulted to present the most comprehensive picture of Platte County Memorial Hospital’s PSA’s health status and outcomes. Data sources are located in Appendix B.

DATA LIMITATIONS AND INFORMATION GAPS

Although the data sources provide 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:

Table 3. Data Limitations and Information Gaps	
Data Type	Data Limitations and Data Gaps
Primary Data	<ul style="list-style-type: none"> • Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups. • Limited data is available on diabetes prevalence and health risk and lifestyle behaviors (e.g. nutrition, exercise) in children.
Secondary Data	<ul style="list-style-type: none"> • Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups. • Limitations on County Level data for mortality statistics, specific incidence rates, and racial/ethnic breakdowns • Since Wyoming has such small numbers for certain conditions it is difficult to compare data at a national level. • State and national data including PSA zip codes was difficult to find, data was based on Platte County, Wyoming, and national comparisons • Some data was over two years old, making it hard to assess what the current health needs are. • Public transportation is based on commuter data.

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with Platte County Memorial Hospital’s leadership to identify those impacted by a lack of health-related services. The gaps identified were used to drive the conversation in facilitating Community Stakeholder Focus Groups. Focus group participants involved PSA community leaders, community focused programs, and community members, all of which represented the uninsured, underserved, and minority populations. These focus groups (through a facilitated conversation) reviewed

and validated the data, providing additional health concerns and feedback on the underlying issues for identified health concerns. A list of the organizations that participated in the focus groups can be found under Appendix B and a list of materials presented to the group can be found under Appendix D.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

To be considered a health need the following criteria was taken into consideration:

- The county had a health outcome or factor rate worse than the state / national rate
- The county demonstrated a worsening trend when compared to state / national data in recent years
- The county indicated an apparent health disparity
- The health outcome or factor was mentioned in the focus group
- The health need aligned with Banner Health’s mission and strategic priorities

Building on Banner Health’s past two CHNAs, our steering committee and facility champions worked with Banner Health corporate planners to prioritize health needs for Cycle 3 of the CHNA. Facility stakeholders, community members, and public health professionals were among major external entities involved in identifying health needs, which were then brought to the steering committee. Both Banner Health internal members, and external entities were strategically selected for their respective understanding of community perspectives, community-based health engagement, and health care expertise.

Using the previous CHNAs as a tool, the steering committee reviewed and compared the health needs identified in 2019 to the previous health needs. The group narrowed the community health needs to three. It was determined that Banner Health, as a health system would continue to address the same health needs from Cycle 2, the 2016 CHNA, due to the continued impact these health needs have on the overall health of the community. These needs and the strategies to address the needs align with the short- and long-term goals the health system has, specific strategies can be tailored to the regions Banner Health serves, and the health needs can address many health areas within each of them. The graphic below lists the three health needs, and the areas addressed by the strategies and tactics.

Access to Care	Chronic Disease Management	Behavioral Health
<ul style="list-style-type: none">•Affordability of care•Uninsured and underinsured•Healthcare provider shortages•Transportation barriers	<ul style="list-style-type: none">•High prevalence of: heart disease, diabetes, and cancer•Obesity and other factors contributing to chronic disease•Health literacy	<ul style="list-style-type: none">•Opioid Epidemic•Vaping•Substance abuse•Mental health resources and access

DESCRIPTION OF PRIORITIZED COMMUNITY HEALTH NEEDS

Banner Health has a strong history of dedication to its 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. The following statements summarize each of the areas of priority for Platte County Memorial Hospital and are based on data and information gathered through the CHNA process.

PRIORITY #1: ACCESS TO CARE

Access to care is a critical component to the health and wellbeing of community members. Often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventative and maintenance health care. This can be very costly, both to the individuals and the health care system. In rural settings lack of access to care is compounded by provider shortages. Platte County has one provider for nearly every 3,000 residents compared with Wyoming which has on average one provider for every 1,500 residents. Focus group participants overwhelmingly felt that access to care is an important issue not only from an uninsured and underinsured perspective but also due to a shortage of providers within the community.

Low-income populations are known to suffer at a disproportionate rate to a variety of chronic ailments, delayed medical care, and have a shorter life expectancy compared to those living above the poverty level (Elliott, Beattie, Kaitfors, 2001). Understanding income and its correlation to access to care, primarily through access to health insurance, is necessary to understand the environmental factors that influence a person’s health. Research supports the correlation between income and health, compared to high-income Americans those with low-incomes have higher rates of heart disease, diabetes, stroke, and other chronic conditions (Khullar, Dhruv, Chokshi, 2018).

Table 4 breaks down the percentage of the community living in various states below federal poverty levels. Nearly one third of Platte County’s population lives at 200 percent below the federal poverty level.

Table 4. Percentage Below Federal Poverty Level (FPL) 2013 – 2017			
	Platte County	Wyoming	US
Population Below FPL			
50%	2.9%	4.88%	6.48%
100%	10.51%	11.13%	14.58%

185%	27.37%	24.9%	30.11%
200%	30.36%	27.83%	32.57%
Children Below FPL			
100%	18.38%	12.79%	20.31%
200%	32.98%	33.55%	42.24%

Source: U. S. Census Bureau, American Community Survey, 5-Year Estimates, 2013 – 2017

The populations living in Platte County are in a Health Professional Shortage Area (HPSA). HPSAs are an indicator for access and health status based on where there is a health care provider shortage in primary, dental, and / or mental health. In the US 23.3 percent of the population is living in an area affected by a HPSA compared to 32.2 percent of Wyoming and 98.8 percent of Platte County (HHS, 2019). This is further confirmed by the ratio of the population per primary care physician, as of 2019 Platte County has nearly twice the disparity of access when compared to the state (Table 5).

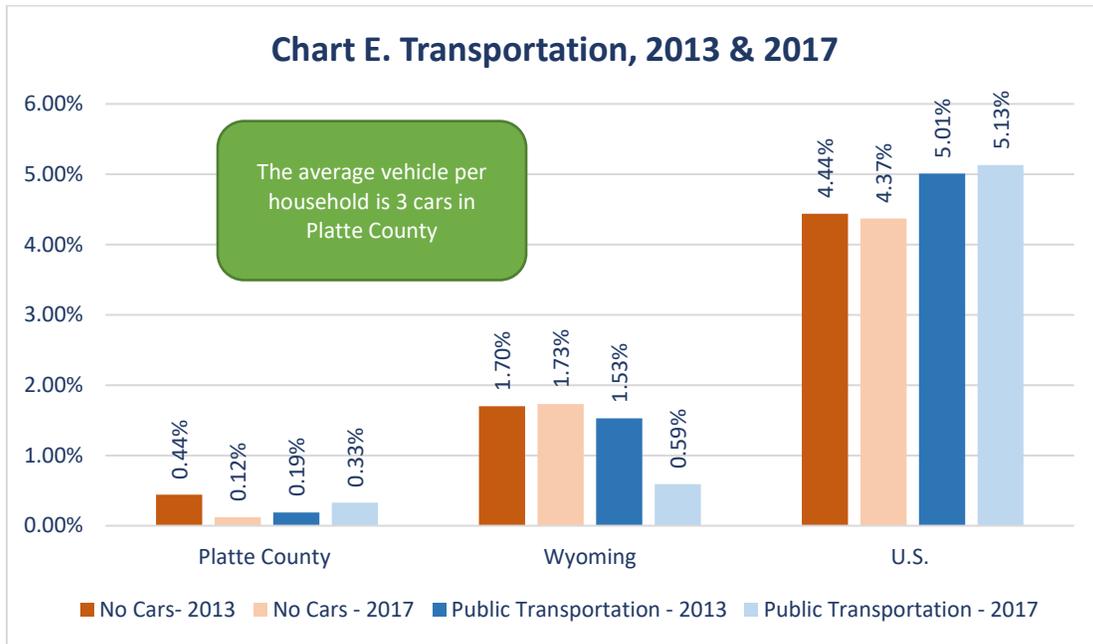
Table 5. Ratio of Population to Primary Care Physicians			
	Platte County	Overall in Wyoming	Top U.S. Performers (90th Percentile)
2017	2,200:1	1,460:1	1,040:1
2018	2,200:1	1,500:1	1,030:1
2019	2,890:1	1,470:1	1,050:1

Source: County Health Rankings, 2017-2019

Transportation barriers are often associated as a barrier to healthcare access – including missed appointments, delayed care, and missed / delayed medication use. These barriers can lead to poor health management, resulting in poor health outcomes (Syed, Gerber, Sharp, 2013).

The populations living in Platte County who had no car decreased from 2013 to 2017. This decrease represents a more stable rate of access to transportation for these residents (Refer to Chart E). For this report we have used commuter data to interpret general utilization of public transportation for county residents for Platte. Lack and or limited public transportation can impact a person’s access to transportation options, while Platte Counties options grew from 2013 to 2017, it still appears to be incredibly limited. Wyoming Department of Transportation (WYDOT) states that there is some form of public transportation in every county throughout the state, however that can be as limited as senior center transportation in come communities (WYDOT, 2019).The county is designated as a rural county by

the Department of Agriculture, thus transportation barriers listed above and in Chart E can have a larger impact due to the lack of alternative transportation options in rural environments (USDA, 2019).



PRIORITY #2: CHRONIC DISEASE MANAGEMENT

Chronic diseases such as cancer, diabetes, and heart disease affect the health and quality of life of Platte County residents, but they are also major drivers in health care costs. Smoking or tobacco use, obesity, physical inactivity and excessive drinking are all risk factors that contribute to one’s predisposition for being diagnosed with a chronic disease. The focus group agreed that there are several factors that contribute to the rate of chronic disease that is seen within the county. In Wyoming alone heart disease is the number one cause of premature death.

In Table 6 you can see the impact cardiovascular disease and cancer play in premature deaths for the state. In Wyoming, Chronic Lower Respiratory Disease, Alzheimer’s, and Chronic Liver Disease / Cirrhosis has a higher prevalence in the state when compared to the national rate.

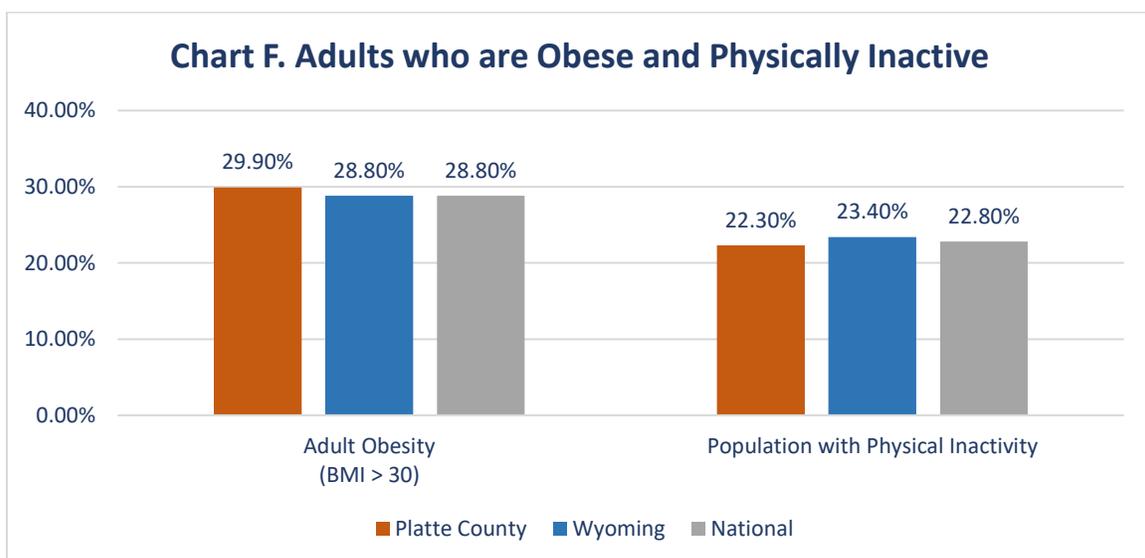
	Wyoming	U.S.
Heart Disease	148.9	165.0
Cancer	136.1	152.5

Chronic Lower Respiratory Disease	53.8	40.9
Alzheimer’s disease	32.7	31.0
Stroke	28.4	37.6
Diabetes	18.1	21.5
Chronic Liver Disease / Cirrhosis	14.2	10.9

Source: CDC, April 2018

Obesity can be an indicator for chronic diseases down the road, in Platte County the population who is obese is slightly higher compared to state and national rates (Chart F). Obesity is defined as having a Body Mass Index (BMI) score greater than 30 (BMI > 30.0), while being overweight, a precursor to obesity is defined as having a BMI from 25 to 30 (CDC, 2015). Body Mass Index is determined by a person’s height and weight. Obesity can contribute to chronic diseases, as well as environmental factors such as physical inactivity and food access (CDC, 2017).

Chart F shows the populations county, state, and national trends of obesity and physical inactivity prevalence. While the population of Platte County has a slightly higher obesity rate compared to the state and national trends, data indicates the county is slightly more physically active when compared to the other two. (County Health Rankings, 2019). In Platte County, 91.5 percent of the adult population report they consume fruits and vegetables less than five times a day, a critical indicator for healthy food consumption. (WYDOH, 2013-17). Together assessing quality food access, food eating behaviors, access to recreational activities, and physical activity overall can paint the picture on a persons health and risk for obesity and chronic diseases.



Source: County Health Rankings, 2019

PRIORITY #3: BEHAVIORAL HEALTH (SUBSTANCE ABUSE / DEPRESSION / BEHAVIORAL HEALTH)

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorder; and substance abuse issues, including opioid addiction, alcohol, illicit drugs, and tobacco. Behavioral health and substance abuse remain as one of the top three priorities for Platte County. According to Substance Abuse and Mental Health Services Administration in 2018 47.6 million U.S. adults experienced mental illness, representing 1 in 4 adults or 19.1 percent of the adult population in the U.S (SAMHSA, 2019). In Platte County, the ratio of the population to Mental Health Care Providers is higher when compared to the state and national averages, this lack of access to a mental health provider can have reverberating effects on the behavioral health of a community.

Table 7. Access to Mental Health Care Providers in 2019

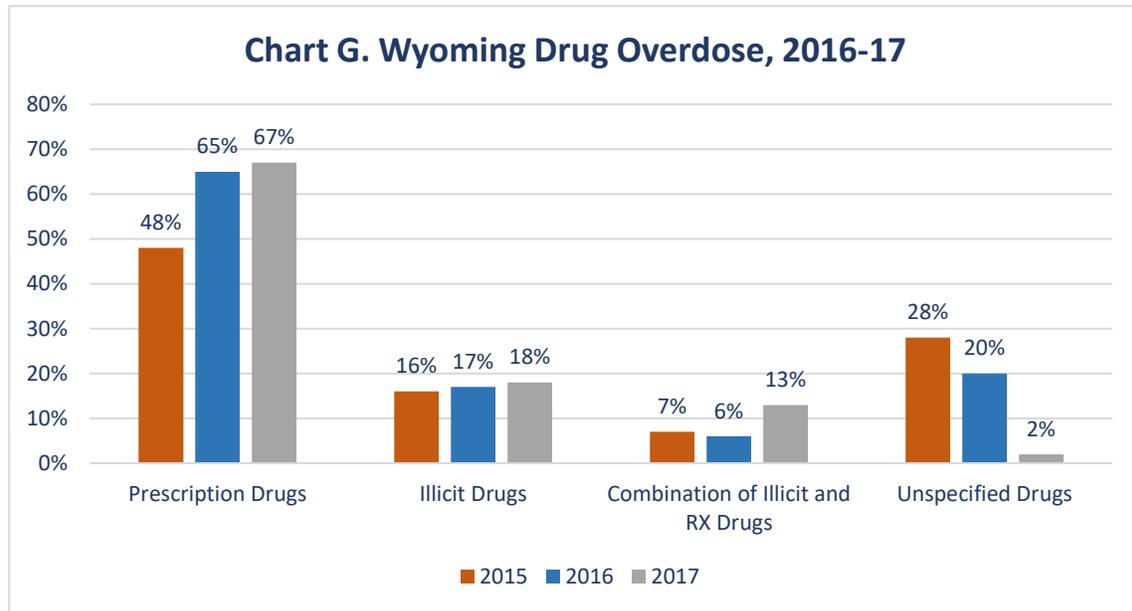
	Platte County	Wyoming	US
Ratio of Population to Mental Health Providers	450:1	310:1	310:1

Source: County Health Rankings, 2019

One of the components identified by the focus groups is the needs the growing aged population will have regarding mental and behavioral health access. The elderly are at an increased risk of developing depression related to risk factors often experienced by older adults. These risk factors include chronic medical conditions and decreased mobility which can result in social isolation. United Health’s 2018 Senior Report for Wyoming indicates since 2017 there has been a 7 percent increase in senior suicide to 31.5 deaths per 100,000 adults aged 65+ (UHF, 2019).

2017 Behavioral Risk Factor Surveillance System (BRFSS) survey data indicated 1/5th of the adult population in Wyoming reported they had been informed by a health professional that they had a depressive disorder, women were nearly twice as likely to be informed as such compared to men (Females – 27.3%; Males – 15.4%) (WDOH, 2017). Platte County residents reported an average of 3.5 “poor mental health days” in a month, which is greater than the top U.S. performers, and slightly less when compared to the state (Wyoming – 3.6 days a month; Top U.S. – 3.1) (County Health Rankings, 2019). For Wyoming youth, the Youth Risk Behavioral Surveillance System survey data indicates 30.8 percent of the population indicated they felt sad or hopeless for at least 2-weeks in the past year, which is slightly higher when compared to the national rate of 29.9 percent (CDC, 2015).

The Wyoming Department of Health reports there has been an increase in prescription, illicit, and a combination of both drug overdoses from 2015 to 2017 resulting in death (Chart G). The rise in prescription drug deaths from 2015 to 2017 is further supported by data indicating that in 2017 Wyoming providers wrote 64.8 opioid prescriptions for every 100 persons, compared to the U.S. rate of 58.7 per 100 persons (NIH, 2019).



Source: Wyoming Department of Health, 2017

While the opioid crisis continues to be a major focus throughout the country, focus group participants voiced their concerns about alcohol and drug abuse and its effects on their communities. Participants were especially concerned about the level of alcohol consumption and health events that results from excess drinking. BRFSS data indicates 15 percent of the population in Platte County binge drinks, and 14.2 percent of the population in Wyoming dies from Cirrhosis (WDOH, 2013-17). Additionally, clinicians and law enforcement pointed out that they have experienced and increase in interactions with those who are under the influence of drugs.

Lung disease as the result of vaping is a rising health concern, specifically its effects on the health and health behaviors of youth, as of November there are currently over 2,000 confirmed and probable cases, not including cases that are under investigation. Vaping has affected 36 states, resulted in nearly 50 deaths, and the numbers continue to rise (CDC, September 2019). Characteristics that factor into an adolescent smoking include, older age (High School aged), being male, being white (compared to Black and Hispanic adolescents), lacking college plans, having parents who are not college educated, and experiencing highly stressful events (HHS, 2019). Youth Risk Behavioral Surveillance System survey data from 2015 indicates that while youth in Wyoming report a lower rate of trying e-cigarette use compared to the nation (WY – 49.4%; U.S. – 44.9%), youth report a higher rate in vaping compared to the nation (WY – 29.6%; U.S. – 24.1%) (CDC, 2015).

NEEDS IDENTIFIED BUT NOT PRIORITIZED

All community needs that were brought forward fell within one of the three health priorities, the team agreed to work on all topics since they fit in those areas. For example, the team discussed quality of life

for seniors, it was identified that this topic fell within the Chronic Disease and Behavioral Health priority. Vaccination rates were also discussed, and the team identified that this was related to Access to Care. The team also discussed the lack of prenatal care and continuity of postnatal care with community partners, this topic also fell under the Access to Care priority.

2016 CHNA FOLLOW UP AND REVIEW

FEEDBACK ON PRECEDING CHNA / IMPLEMENTATION STRATEGY

In the focus groups the facilitators referred to the cycle 2 CHNAs significant areas. Specific feedback on the impact the strategies developed to address the health need is included in Table 8 below. In addition, the link to the 2016 report was posted on the Bannerhealth.com website and made widely available to the public. Over the past three years little feedback via the email address has been collected, but the account has been monitored.

In order to comply with the regulations, feedback from cycle 3 will be solicited and stored going forward. Comments can be sent to CHNA.CommunityFeedback@bannerhealth.com

IMPACT OF ACTIONS TAKEN SINCE PRECEDING CHNA

Table 8 indicates what actions have been taken on the cycle 2 CHNA action plan in creating impact in the Platte County Memorial Hospital PSA.

Table 8. Implementation Strategies 2016 Platte County Memorial Hospital Primary Service Area
Significant Need #1: Access to Care
Strategy #1: Increase use of Banner Urgent Care facilities and improve access to primary care services
<p>Impact of Strategy:</p> <ul style="list-style-type: none"> • PCMH collaborates with local health care resources to align patients with services. • PCMH offers and participates in free health activities in the community • We continue to promote and encourage use of MyBanner, our online patient portal. • The Banner team works very hard to partner with our providers to recruit and retain additional healthcare providers. The team works with community partners to ensure that any candidate interested in the area gets a tour of our community, the school systems, real estate and other benefits of becoming a resident of Platte County. • The CHNA Advisory group created a Community Health Resource Directory which is free to any community member and has been shared with community partners and anyone asking to know more about local healthcare resources.
Strategy #2: Reduce reoccurring visits to the Emergency Department and increase access to preventative care
<p>Impact of Strategy:</p> <ul style="list-style-type: none"> • Our healthcare team follows up with all patients with a discharge phone call to ensure they understand their discharge instructions, how to take the medications they have been prescribed, and ensure they understand when their follow up appointment is. • We have created a team that will be developing a provider pain plan.
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Strategy #1: Increase personal management of Chronic Disease

Impact of Strategy:

- Our radiology team has partnered with several resources in an effort to offer free or reduced mammograms for those who qualify.
- We have a Chronic Disease webpage that promotes further education and provides resources to our patients.
- We continue to evaluate the need for the hospital to provide additional resources to support the programs that are already in place through these community partners.

Significant Need #3: Behavioral health (Mental Health & Substance Abuse)

Strategy #1: Increase access to behavioral assessment and services for those in crisis

Impact of Strategy:

- We have a contract for the tele-psych services in the ED and are working on a contract with an outpatient group for additional outpatient tele-psych services.

Strategy #2: Increase identification of behavioral health needs and access to early interventions

Impact of Strategy:

- Banner Total Care will be implemented by the end of 2019. This is a screening process that allows providers to refer at risk patients for additional services to follow up on depression.

APPENDIX A. RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to address the three priority needs:

Name of Organization	Website	Phone Number	Address	Priority Area
Platte County Community Resource Coalition	N/A	Molly Read, Secretary 307-322-2689	N/A	AC
PEAK Wellness Center	peakwellnesscenter.org	307-322-3190	1954 West Mariposa Pkwy Wheatland, WY 82201	BH / SA
Specialty Counseling Services	specialtycounseling.com	307-322-8122	975 Gilchrist Wheatland, WY 82201	BH / SA
New Hope Counseling and Consulting, LLC	N/A	307-331-7787	1154 Gilchrist Wheatland, WY 82201	BH / SA
LIV Health Counseling and Case Management	livhealth.org	307-630-4729	415 W 27th Street Cheyenne, WY 82201	BH / SA
24/7 National Suicide Prevention Lifeline	suicidepreventionlifeline.org	800-273-8255	N/A	BH / SA
24/7 Wyoming Crisis Text Line	crisistextline.org	Text WYO to 741741	N/A	BH / SA
24/7 American Cancer Society Helpline	cancer.org	800-227-2345	N/A	CD
American Cancer Society Wyoming	cancer.org/about-us/local/wyoming.html	307-577-4892	333 S Beech St Casper, WY 82601	CD
Alzheimer's Association - Wyoming Chapter	alz.org/wyoming	307-316-2892 ext. 8295	2232 Dell Range Blvd Cheyenne, WY 82009	CD
Platte County Memorial Hospital	Bannerhealth.com	307-322-3636	201 14th Street Wheatland, WY 82201	CD
Platte County Public Health	plattecountypublichealth.com	307-322-2540	718 9th Street Wheatland, WY 82201	CD
Wyoming Independent Living	N/A	307-322-9210	N/A	CD

Name of Organization	Website	Phone Number	Address	Priority Area
Banner Health Clinics	Bannerhealth.com	307-322-3861	201 14th Street Wheatland, WY 82201	AC
Services for Seniors	Platte County Services For Seniors Facebook Page	307-322-3424	1605 16th Street Wheatland, WY 82201	AC

APPENDIX B. LIST OF DATA SOURCES

PRIMARY AND SECONDARY DATA SOURCES

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

Advisory Board (2019) Primary Service Area Demographic Data.

County Health Rankings and Roadmaps. (2019) Wyoming Health Outcomes and Factors.

Elliott, M. K. Beattie, S. E. Kaitfors. (May 2001) Health needs of people living below poverty level. *Family Medicine*; 33(5): 361–366.

Health and Human Services – Health Resources and Services Administration (February 2019) Health Professional Shortage Area.

Health and Human Services – Office of Population Affairs. (April 2019) Adolescents and Tobacco: Risk and Protective Factors

Khullar, Dhruv and Chokshi, Dave A. (October 2018) Health, Income, & Poverty: Where We Are & What Could Help. *Health Affairs – Health Policy Brief the Culture of Health*.

McKesson. (2018) Primary Service Area Data Set

National Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. (May 2015) Healthy Weight – Assessing Your Weight Body Mass Index.

National Center for Disease Control and Prevention. (2015) Youth Risk Behavior Surveillance System.

National Center for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. (2017). Adult Obesity Causes and Consequences.

National Center for Disease Control and Prevention – National Center for Health Statistics. (April 2018) Stats of the State of Wyoming, 2017.

National Center for Disease Control and Prevention – Smoking & Tobacco Use. (November 2019) Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products.

National Institute of Health - National Institute on Drug Abuse. (2019) Wyoming Opioid Summary: Drug Overdose Deaths.

Substance Abuse and Mental Health Services Administration - Center for Behavioral Health Statistics and Quality. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*, 38(5), 976–993. doi:10.1007/s10900-013-9681-1

Truven. (2018) Wyoming State Data

United Health Foundation. (2019) 2018 Senior Report – Risk of Social Isolation by County, Wyoming.

U.S. Census Bureau. (2017) American Community Survey

U. S. Department of Agriculture – Economic Research Service (2019) Atlas of Rural and Small-Town America, Rural -Urban Continuum Code.

Wyoming Department of Health – Public Health Division. (2017) Wyoming Behavioral Risk Factor Surveillance System.

Wyoming Department of Health. (2017) WY 2010-2017 Drug Overdose Deaths.

Wyoming Department of Transportation. (2019) Public Transit in Wyoming

FOCUS GROUPS

Our current focus group is the Community Advisory Council. As we plan for the next CHNA cycle we will create additional focus groups to work on each of the priorities.

APPENDIX C. STEERING COMMITTEE AND COMMUNITY ADVISORY COUNCIL MEMBERS

STEERING COMMITTEE

Banner Health CHNA Steering Committee, in collaboration with Platte County Memorial Hospital’s leadership team and Banner Health’s Strategic Planning and Alignment department were instrumental in both the development of the CHNA process and the continuation of Banner Health’s commitment to providing services that meet community health needs.

Steering Committee Member	Title
Darin Anderson	Chief of Staff
Derek Anderson	AVP HR Community Delivery
Ramanjit Dhaliwal	AVP Division Chief Medical Officer Arizona Region
Phyllis Doulaveris	SVP Patient Care Services / CNO
Kip Edwards	VP Facilities Services
Anthony Frank	VP Financial Operations Care Delivery
Russell Funk	CEO Pharmaceutical Services
Larry Goldberg	President University Medicine Division
Margo Karsten	President Western Division / CEO Northern Colorado
Becky Kuhn	Chief Operating Officer
Patrick Rankin	CEO Banner Medical Group
Lynn Rosenbach	VP Post-Acute Services
Joan Thiel	VP Ambulatory Services

CHNA FACILITY-BASED CHAMPIONS

A working team of CHNA champions from each of Banner Health’s 28 Hospitals meets on a monthly basis to review the ongoing progress on community stakeholder meetings, report creation, and action plan implementation. This group consists of membership made up of CEOs, CNOs, COOs, facility directors, quality management personnel, and other clinical stakeholders.

COMMUNITY ADVISORY COUNCIL

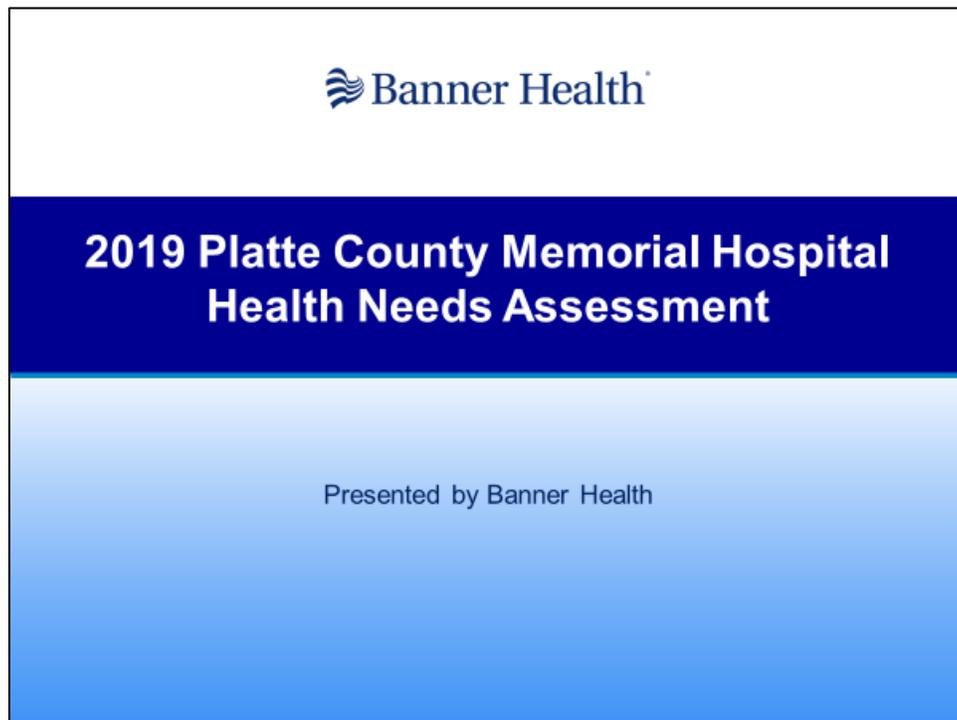
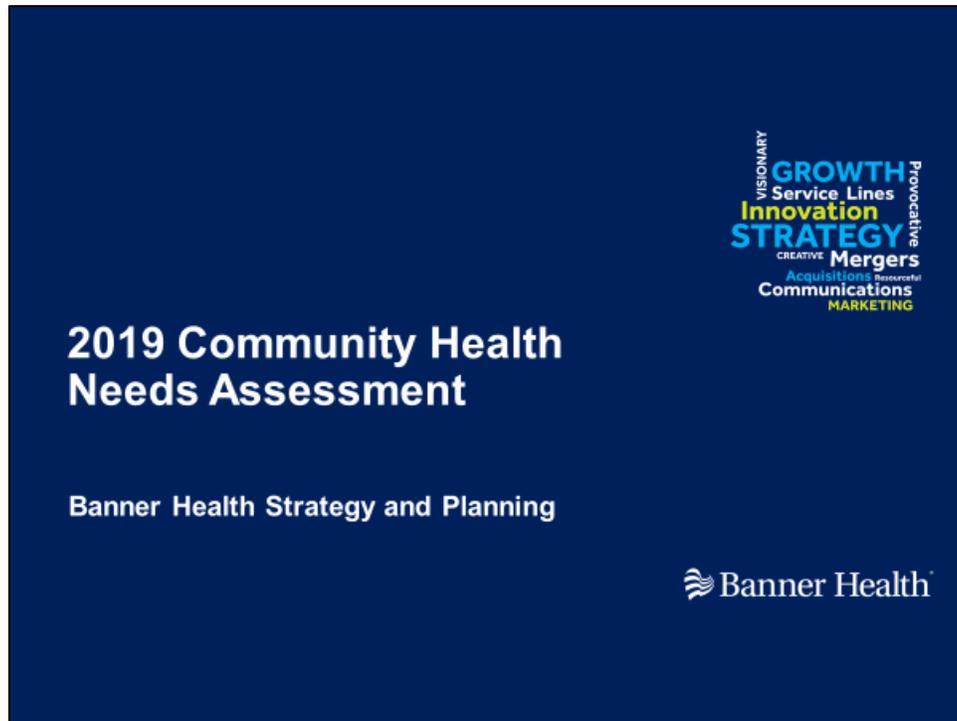
This list, while not exhaustive, identifies individuals/ organizations external to Banner Health that represent the underserved, uninsured, and minority populations. Stakeholders were identified based on their role in the public health realm of the hospital’s surrounding community. These stakeholders are individuals/ organizations with whom we are collaborating, or hope to do, around improving our communities. Each stakeholder is vested in the overall health of the community and brought forth a unique perspective with regards to the population’s health needs. This list does not include all the individuals and organizations that have participated in the focus groups.

Organization	Name	Phone Number	Email Address
Platte County Economic Development	Merlin Hitt	Director	Access to Care for new residents
PEAK Wellness Center	Margaret Loghry	Director	Behavioral Health Services
Platte County Public Health	Nicole Sticka	Nurse Manager	Public Health Services
Services For Seniors	Carolyn Teter	Public Relations Advocate	Senior Population
University of Wyoming Extension Office, Nutrition Safety Program	Julie Balzan	Nutrition Safety Program Director	Nutrition
Wyoming Child and Family Development - Wheatland	April Hill	Director	Youth Services
Platte County School District #1	Cassandra Bourne	School Nurse	Youth Health Services
Platte County Home Health	Marion Kershaw	Director	Senior Population

Organization	Name	Phone Number	Email Address
Project SAFE	Stephanie Nepgen / Anthony Krotz	Advocates	Victims of Abuse and Human Trafficking
Wheatland Chiropractic	David Beauprez	Chiropractor	Health Services
Platte County Legacy Home	Shawni Young	Infection Control Nurse	Nursing Home Population

APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups



Banner at a Glance

- 28 Acute Care and Critical Access Hospitals
- Behavioral Hospital
- Banner Health Network
- Banner Network Colorado
- Banner Medical Group and Banner – University Medical Group with nearly 2,000 physicians and advanced practitioners and more than 200 Banner Health Centers and Clinics
- Banner Home Care and Hospice
- Outpatient Surgery
- Urgent Care
- Banner – University Medicine division
- \$7 billion in revenue in 2015
- AA- bond rating
- \$746 million in community benefits, including \$62.9 million in charity, 2015



Community Health Needs Assessment Purpose

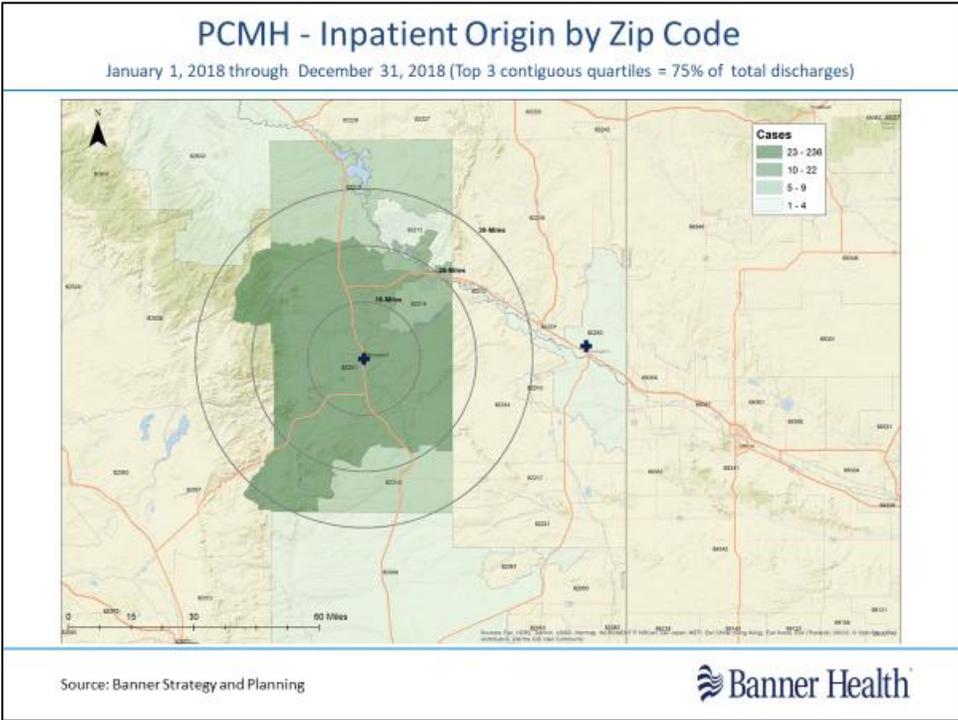
- Gather input and feedback from community leaders that represent the community
- Validate and / or identify significant areas of healthcare need within the community
- Promote collaborative partnerships
- Identify opportunities to engage with the community in addressing potential areas of need
- Requirement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

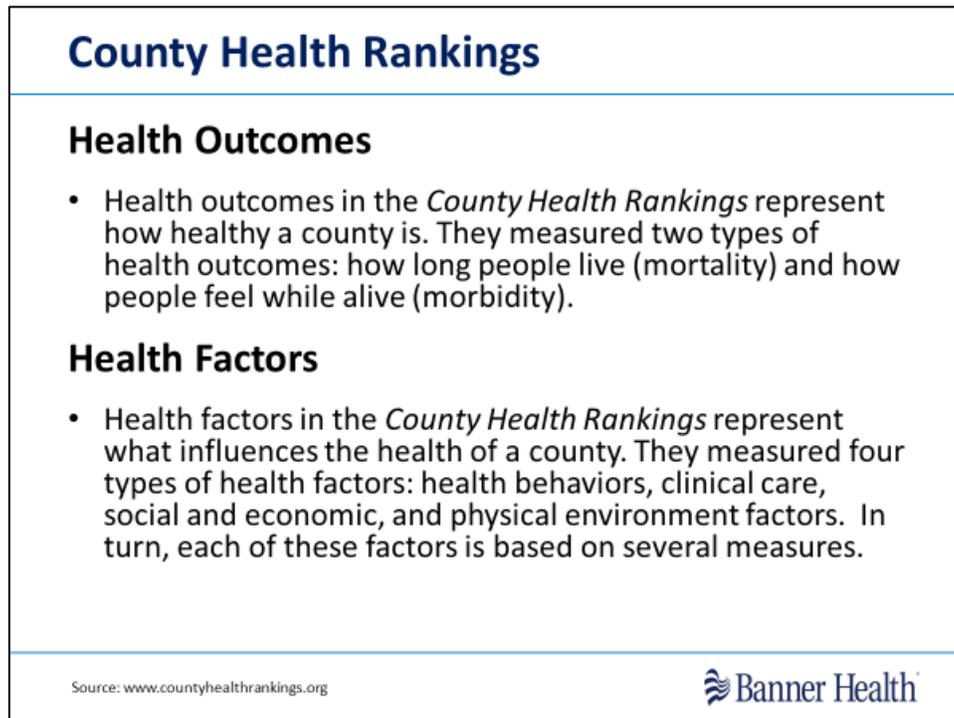
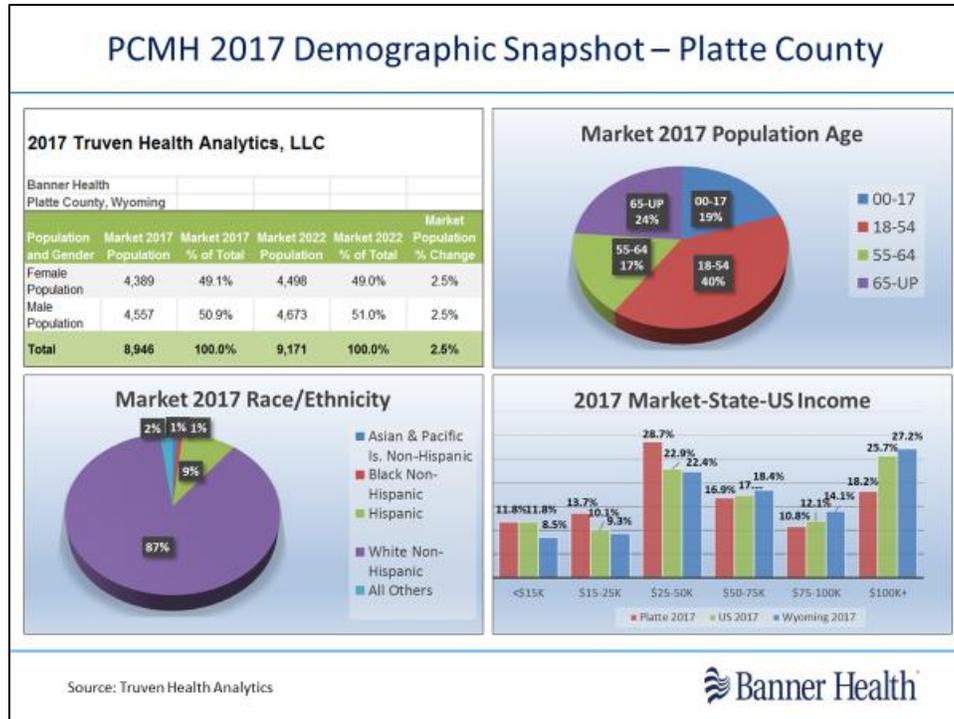


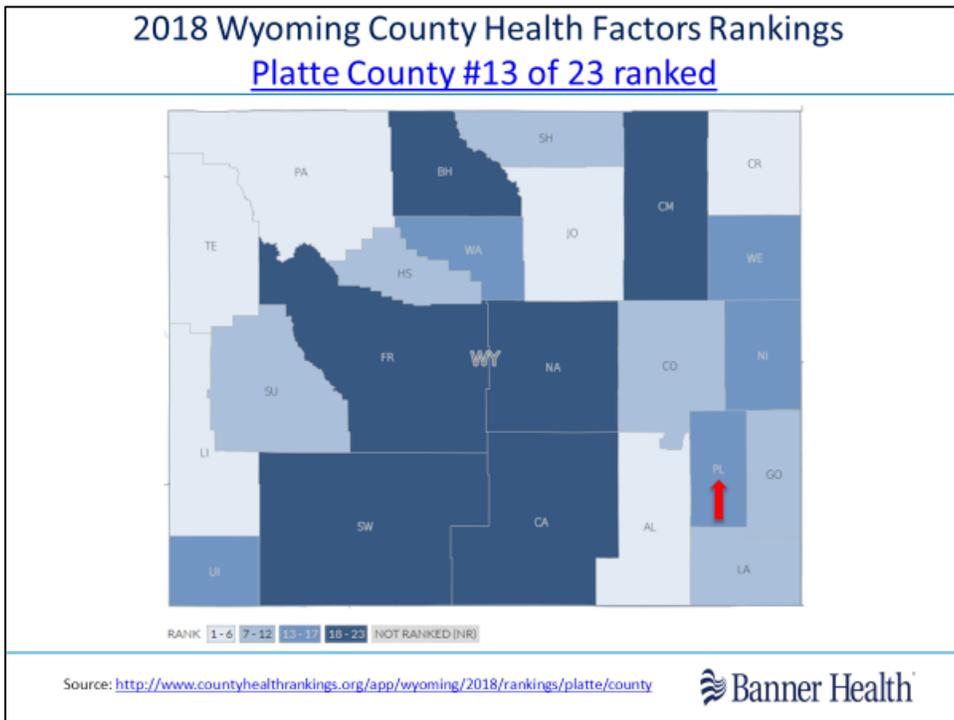
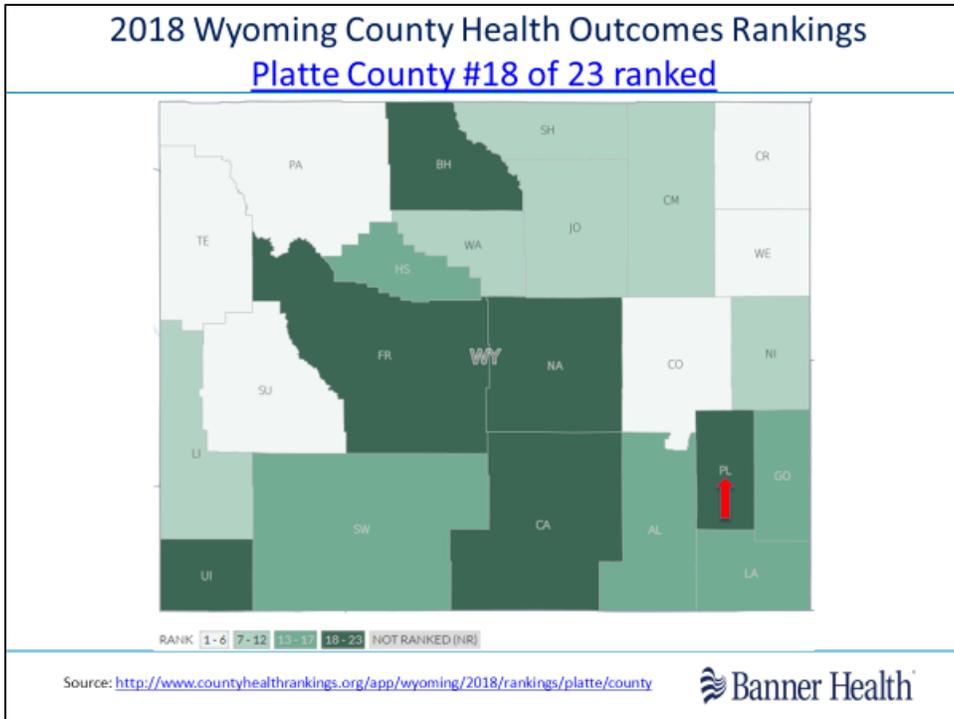
2018 PCMH Community Benefit

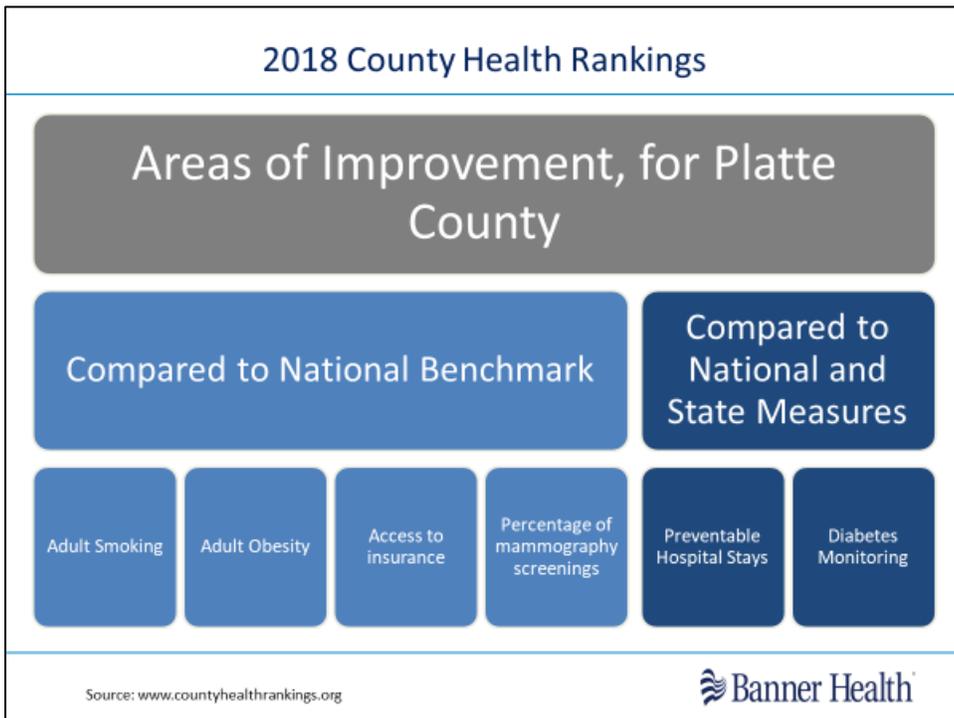
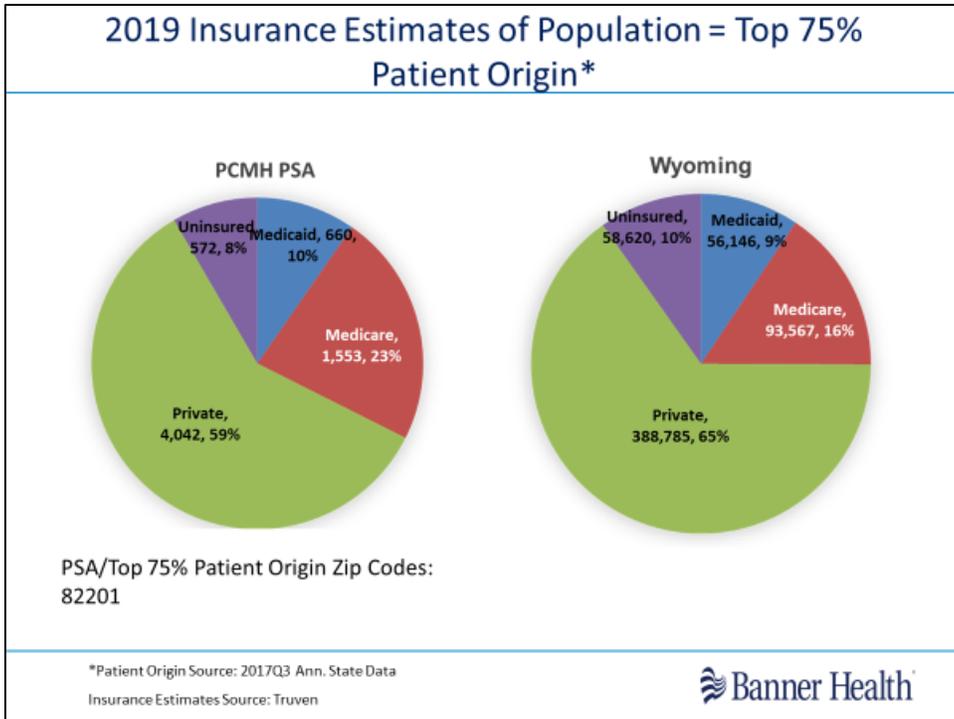
<u>Facility:</u>	<u>Bad Debt:</u>	<u>Charity Care:</u>	<u>2018 Community Benefit:</u>
PCMH	\$1,565,000	\$2,368,000	\$3,933,000

Source: Banner Financials December 2018 - Unaudited 









County Health Rankings & Roadmaps <small>A Healthier Nation, County by County</small>				
	Platte County	Rank of 23	Top U.S. Performers	Wyoming
Health Outcomes		18		
Length of Life		19		
Premature death	8,400		5,300	7,400
Quality of life		15		
Poor or fair health**	16%		12%	15%
Poor physical health days**	3.6		3.0	3.8
Poor mental health days**	3.6		3.1	3.6
Low birth weight	7%		6.0%	9%
Health Factors		13		
Health Behaviors		9		
Adult Smoking**	16%		14%	19%
Adult Obesity	29%		26%	29%
Food Environment Index	7.8		8.6	7.1
Physical Inactivity	25%		20%	24%
Access to exercise opportunities	80%		91%	74%
Excessive Drinking**	17%		13%	20%
Alcohol impaired driving deaths	24%		13%	35%
Sexually transmitted infections	113.6		145.1	348.7
Teen births	27		15	32
Clinical Care		18		
Uninsured	13%		6%	13%
Primary Care Physicians	2,200.1		1,030.1	1,500.1
Dentists	4,340.1		1,280.1	1,560.1
Mental Health Providers	540.1		330.1	330.1
Preventable Hospital Stays	56		35	43
Diabetic Monitoring	71%		91%	77%
Mammography Screening	54%		71%	56%
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> Area of Strength Area of Concern </div>				

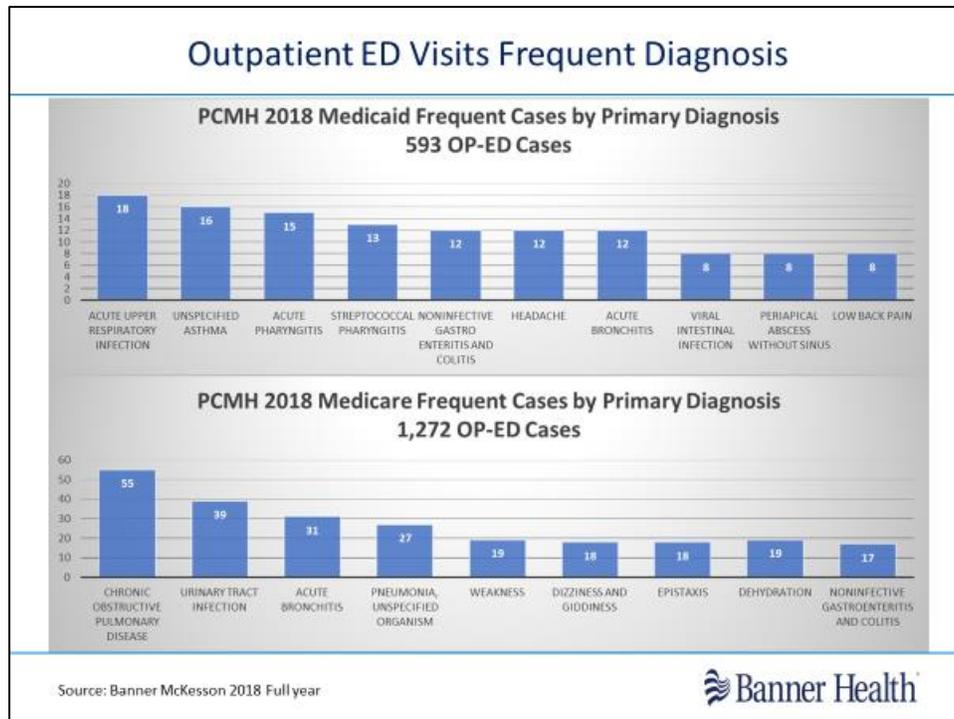
Source: <http://www.countyhealthrankings.org/app/wyoming/2018/rankings/platte/county/> 

** Data should not be compared to prior years

County Health Rankings & Roadmaps <small>A Healthier Nation, County by County</small>				
	Platte County	Rank of 23	U.S. Benchmark	Wyoming
Social & Economic Factors		21		
High School Graduation	80%		95%	79%
Some College	56%		72%	67%
Unemployment	4.8%		3.2%	5.3%
Children in Poverty	15%		12%	12%
Income Inequality	4.9		3.7	4.2
Children in Single-parent households	39%		20%	26%
Social Associations	20.4		22.1	13.3
Violent crimes	158		62	201
Injury Deaths	107		55	90
Physical Environment		2		
Air pollution-particulate matter	6.3		6.7	6.5
Drinking water violations	No		No	
Severe housing problems	9%		9%	12%
Driving alone to work	73%		72%	77%
Long commute-driving alone	20%		15%	15%
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> Area of Strength Area of Concern </div>				

Source: <http://www.countyhealthrankings.org/app/wyoming/2018/rankings/platte/county/> 

** Data should not be compared to prior years



- ### 2016 Prioritized Community Health Needs
- 1. Access to Care: Understanding what is covered**
 - Deductibles, co-pays may prohibit those seeking treatment
 - Costs are driving decision-making, if they can't afford care, won't seek
 - Lack of community messaging, no messaging about self care prioritization
 - Lack of providers
 - Lack of after hours care
 - No UC alternative forces higher ED use/costs
 - Health plan navigation
- 

2016 Prioritized Community Health Needs

2. Behavioral Health: both mental health and substance abuse

- Limited resources
- Forced into ED for treatment
- Transport issues to larger communities with resources to treat
- Treatment in small town a stigma, perceived judgment prevents seeking treatment
- Tele-health and gap services opportunities exist
- WY has high suicide rates



2016 Prioritized Community Health Needs

3. Chronic Disease: Includes cancer, health disease, diabetes and obesity

- High drivers of health costs
- Decreasing physical activity and increasing adult obesity trends
- Ease of access to unhealthy foods
- Education needed to improve quality food preparation and consumption
- Higher heart failure mortality in WY than in US
- Cancer 2nd leading cause of death in WY
- Need more screening education effort



2016 Top Needs Not Being Met

From 2016 - IMPORTANT ISSUES DISCUSSED BUT NOT PRIORITIZED:
The following were brought up in by the CAC but not something they felt could be addressed at this time:

- **Access to Specialty Care:** Until access to care in general was improved, tackling specialty care would be too challenging.
- Working on **preventative care and expanded education and outreach on maintaining one's health** seemed sufficient for the time being.
- **Child Abuse/Elder Abuse:** They were seeing higher rates of child and elder abuse in their community but weren't sure that the resources were something we had to address it. The members of the CAC that represented senior citizens said there was training available on how to spot signs of elder abuse but not a lot else.
- **Domestic Violence:** There was much conversation about domestic violence, but they felt that a lot of it had to do with substance abuse and alcohol abuse and could be addressed in the mental and behavioral health arena.



2016 Previous Actions Taken

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

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

Smoking/Tobacco Use

- 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

Behavioral Health

- Created a webpage with information and resources related to Mental Health and Substance Abuse
- Provider to provider telephone consults

