

Community Health Needs Assessment 2019



 Banner Health.

Washakie Medical Center

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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 Worland 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 centers, 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 Washakie Medical Center’s 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 Washakie Medical Center (WMC). 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.

Washakie Medical Center 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 collate 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 WASHAKIE MEDICAL CENTER

Washakie Medical Center is an 18-bed critical access licensed hospital located within Worland, Wyoming, in Washakie County. The hospital was opened in 1948 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, "Making health care easier, so life can be better".

Washakie Medical Center (WMC) is committed to providing a wide range of quality care, based on the needs of the community, including the following services:

- Community Trauma Hospital
- Banner Clinics
- Imaging
- Infusion Therapy
- Obstetrics
- Rehabilitation
- Surgical Care
- Oncology Services
- Orthopedics
- Visiting Specialists
- Air and Ground Transportation to larger tertiary Medical Centers.

The active medical staff of 24 physicians provide personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Washakie Medical Center's health professionals render care to nearly 14,000 outpatients, over 2,000 inpatients, and around 4,000 patients in the Emergency Department (ED). The staff also welcomes an average of 30 newborns into the world each year.

Washakie Medical Center is further supported by 28 auxiliary volunteers in providing way-finding, community care and outreach, patient comfort, a gift shop, and other miscellaneous support functions that are critical to the day-to-day operations of the hospital. Washakie Medical Center 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. This facility 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, Washakie Medical Center follows the Banner Health process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2018, Washakie Medical Center reported \$1,495,000 in Charity Care for the community, while \$960,000 was written off as a bad debt or uncollectable dues owed to the facility.

DEFINITION OF COMMUNITY

Washakie Medical Center is in the Big Horn Basin at the base of the foothills west of Wyoming’s Big Horn Mountains, in Worland, the county seat of Washakie County. Worland, the surrounding agricultural area of farms and ranches and the town of Ten Sleep, account for 100 percent of Washakie Medical Center’s PSA.

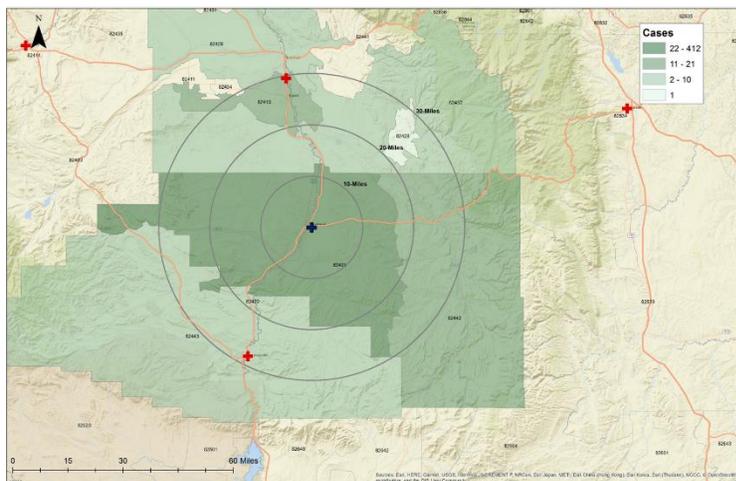
DESCRIPTION OF COMMUNITY

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 Washakie Medical Center’s PSA is listed.

Zip	State	County	%	Cumulative
82401	WY	Washakie County	84.6%	84.6%

Source: McKesson, 2018



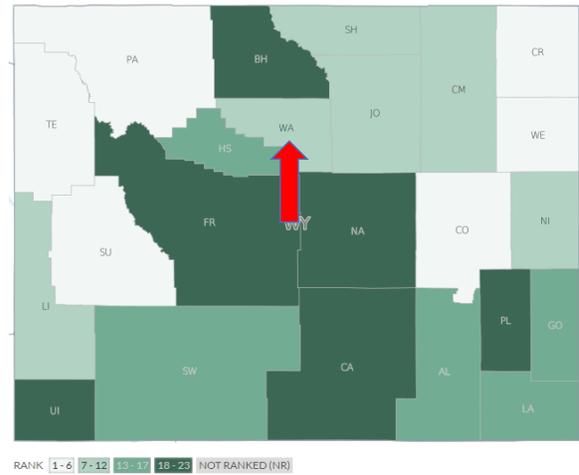
Source: Banner Strategy and Planning

Hospital Inpatient Discharges and Map

Washakie Medical Center’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 Worland accounts for 85 percent of Washakie Medical Center’s inpatient discharges in 2018.

Health Outcomes Ranking and Map

2019 Wyoming County Health Outcomes Rankings: Washakie County ranked #8 of the 23 counties, an increase in ranking compared to the health outcomes of 2016 (#12 of the 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:

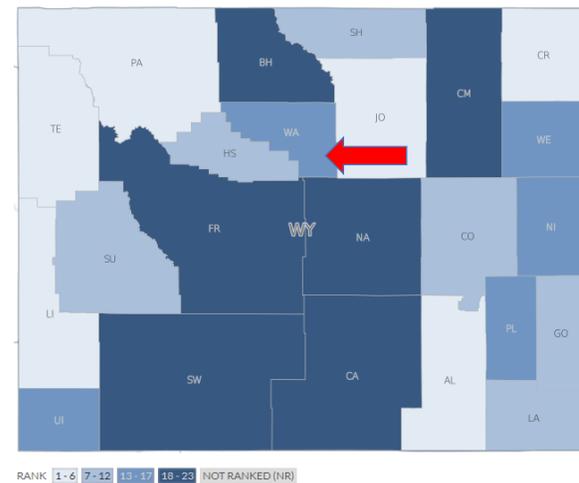


Source: County Health Rankings and Roadmaps, 2018

- 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: Washakie County ranked #10 of 23 counties, a slight increase in the health factors ranking of 2016 (#12 of 23 counties). 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

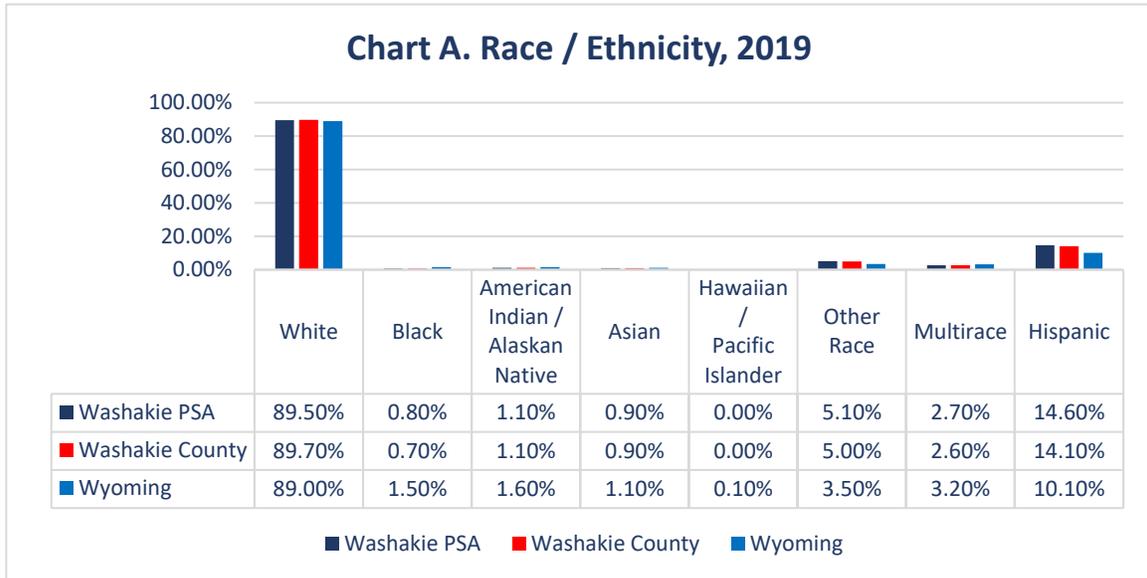
Table 2 provides the specific age, gender distribution, and data on key socio-economic drivers of health status of the population in the Washakie County Hospital primary service area compared to Washakie County and the state of Wyoming.

Table 2. Community Demographics			
	Washakie Medical Center	Washakie County	Wyoming
Population: estimated 2018	7,401	8,084	588,225
Gender			
• Male	50.1%	50.3%	51.0%
• Female	49.9%	49.7%	49.0%
Age			
• 0 to 9 years	11.9%	11.9%	13.1%
• 10 to 19 years	13.9%	13.7%	12.9%
• 20 to 34 years	15.0%	14.7%	20.4%
• 35 to 64 years	37.7%	37.9%	37.5%
• 65 to 84 years	18.3%	18.5%	14.1%
• 85 years and over	3.1%	3.0%	1.9%
Social & Economic Factors			
• No HS diploma	12.70%	12.20%	7.40%
• Median Household Income	\$49,800	\$50,200	\$65,300
• Unemployment	3.4%	3.3%	3.6%

Source: Advisory Board 2019

Race/Ethnicity (PSA, County and State)

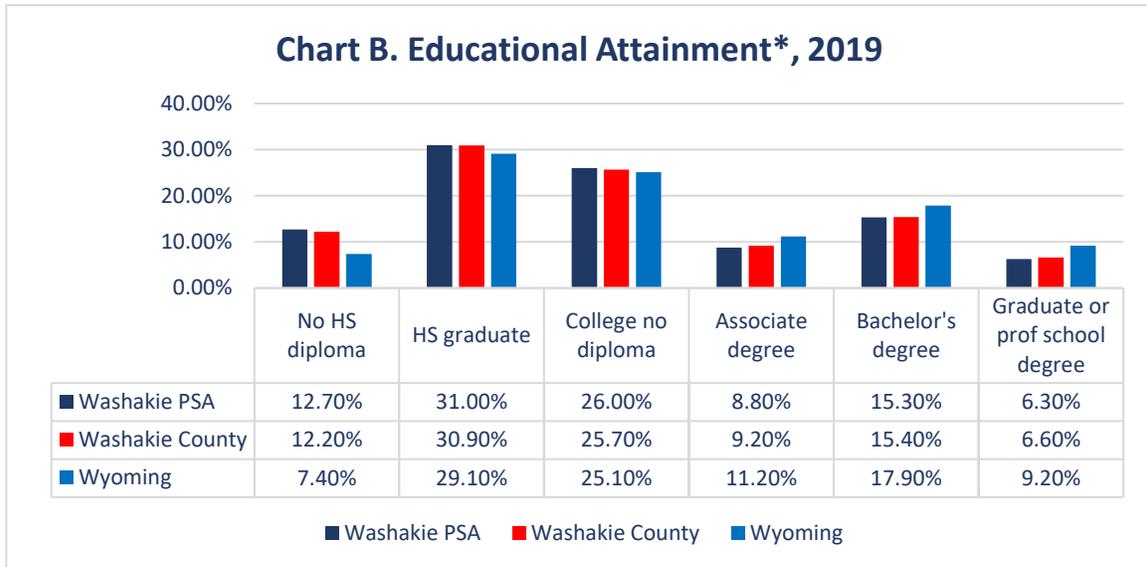
The PSA and county are similar in their representation of the state’s racial and ethnic make-up. However, the county and PSA, both have a 4 percent greater population of Hispanics compared to the state.



Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

Washakie Medical Center primary service area’s population is almost twice that of the state in having a population without a HS diploma (12.7% to 7.4%). The trend of higher education attainment being greater in the state compared to the PSA and county is present from an associate degree on up.

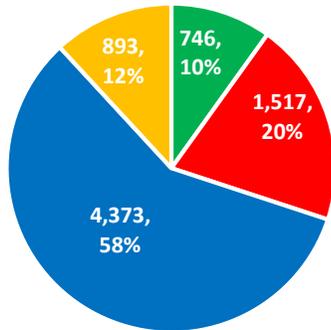


*Over the Age of 25; Sources: Crimson, Advisory Board, 2019

Insurance Coverage Estimates for PSA and State of Wyoming Population

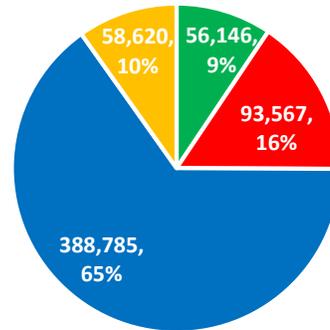
The charts below indicate that the PSA has a higher rate of the population being insured by Medicaid and Medicare than that of the state (30% to 25%). For both the state and PSA, 50 percent of the population utilized private insurance.

Chart C. Washakie PSA



■ Medicaid ■ Medicare ■ Private ■ Uninsured

Chart D. Wyoming



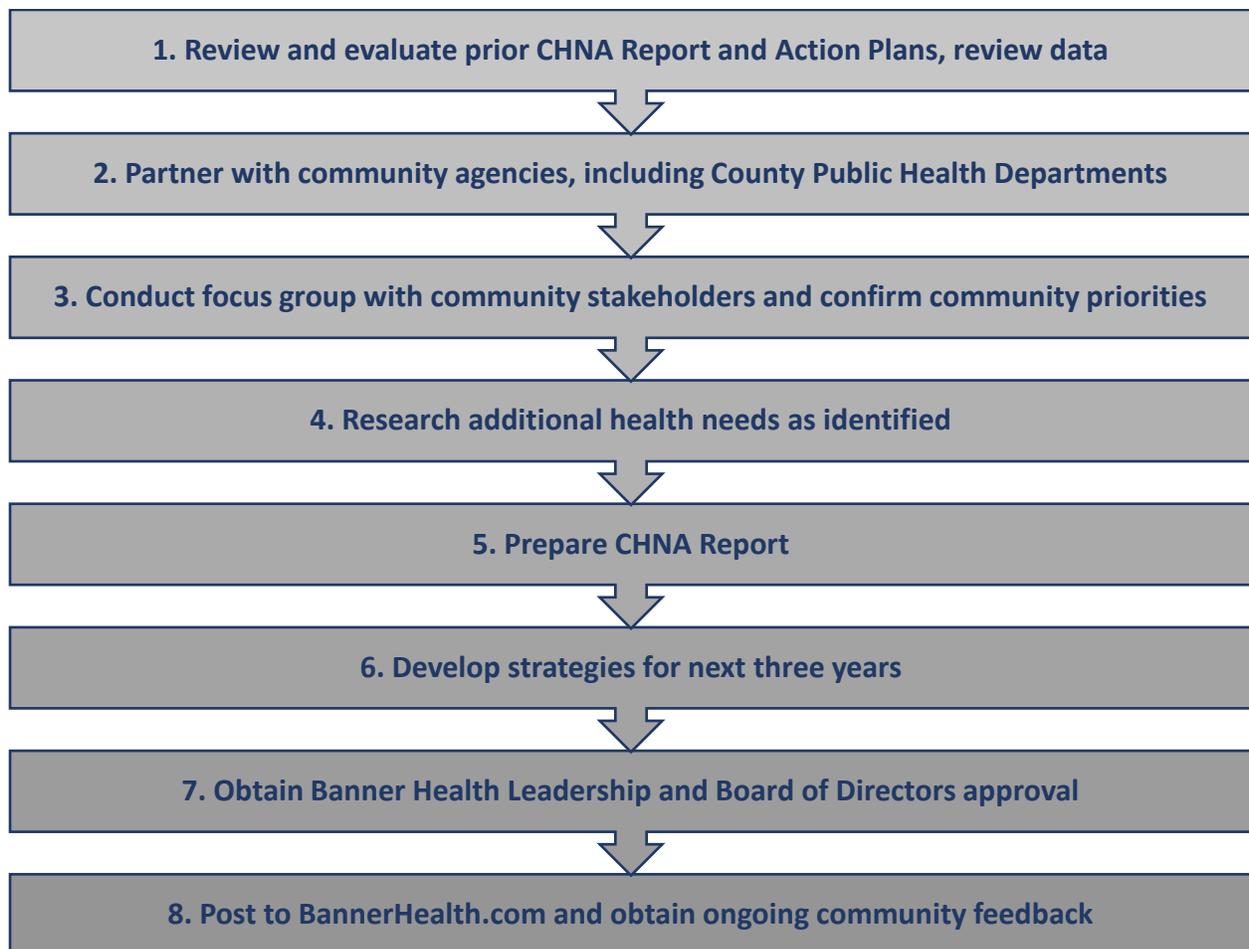
■ Medicaid ■ Medicare ■ Private ■ Uninsured

Source: 2017-18 Wyoming State Data, Truven

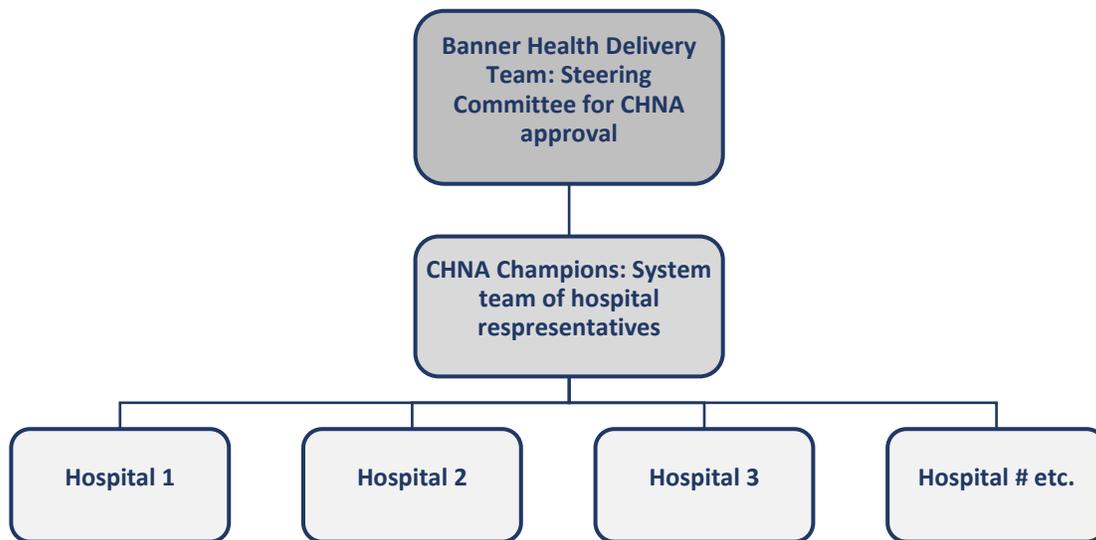
PROCESS AND METHODS USED TO CONDUCT THE CHNA

Washakie Medical Center’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.

Washakie Medical Center’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 Washakie Medical Center 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 Washakie Medical Center’s PSA’s health status and outcomes. The secondary 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. • Public transportation is based on commuter data. • State and national data including PSA zip codes was difficult to find, data was based on Washakie County, Wyoming and national comparisons • Some data was over two years old, making it hard to assess what the current health needs are.

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with Washakie Medical Center’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 C 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 Washakie Medical Center 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. Focus group participants overwhelmingly felt that access to care is an important issue for the community.

Low-income populations are known to suffer at a disproportionate rate to a variety of chronic ailments, delay 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. One third of the Washakie County population lives at 200 percent below the federal poverty level.

Table 4. Percentage Below Federal Poverty Level (FPL) 2013 – 2017			
	Washakie	Wyoming	US
Population Below FPL			
50%	4.61%	4.88%	6.48%
100%	12.85%	11.13%	14.58%
185%	30.67%	24.9%	30.11%
200%	33.61%	27.83%	32.57%

Children Below FPL			
100%	17.5%	12.79%	20.31%
200%	48.81%	33.55%	42.24%

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

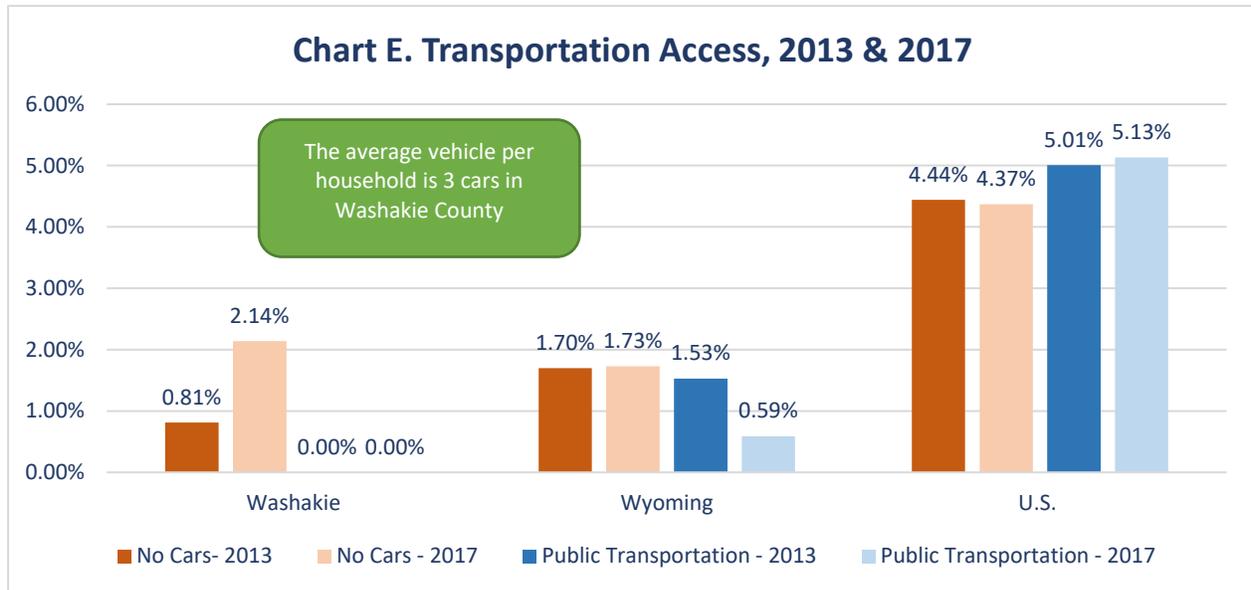
In terms of access to care, the ratio of the population to Primary Care Physicians to the state and nation is alarmingly high, nearly twice what the top US Performers have. Access to a primary care physician can be an indicator to health care access, as well as the health status and outcomes of a person. While it does appear that the population to Primary Care Physician ratio is decreasing, there is still work to be done to address the need for additional providers in Washakie county.

Table 5. Ratio of Population to Primary Care Physicians			
	Washakie County	Overall in Wyoming	Top U.S. Performers (90th Percentile)
2017	2,770:1	1,460:1	1,040:1
2018	2,780:1	1,500:1	1,030:1
2019	2,060:1	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. Which in turn can lead to poor health management, resulting in poor health outcomes (Syed, Gerber, Sharp, 2013).

Less than 1 percent of Washakie County had no car in 2013, that increased in 2017 to 2.14 percent of the population with no car, a 164.20 percent increase in Washakie County with no car access. This represents a deteriorating 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 Washakie County. 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 (WYDOT, 2019). Lack of public transportation and an increase in lack of a vehicle can impact access to care. Additionally, since the county is designated as a rural county by the Department of Agriculture, 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 Washakie 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.

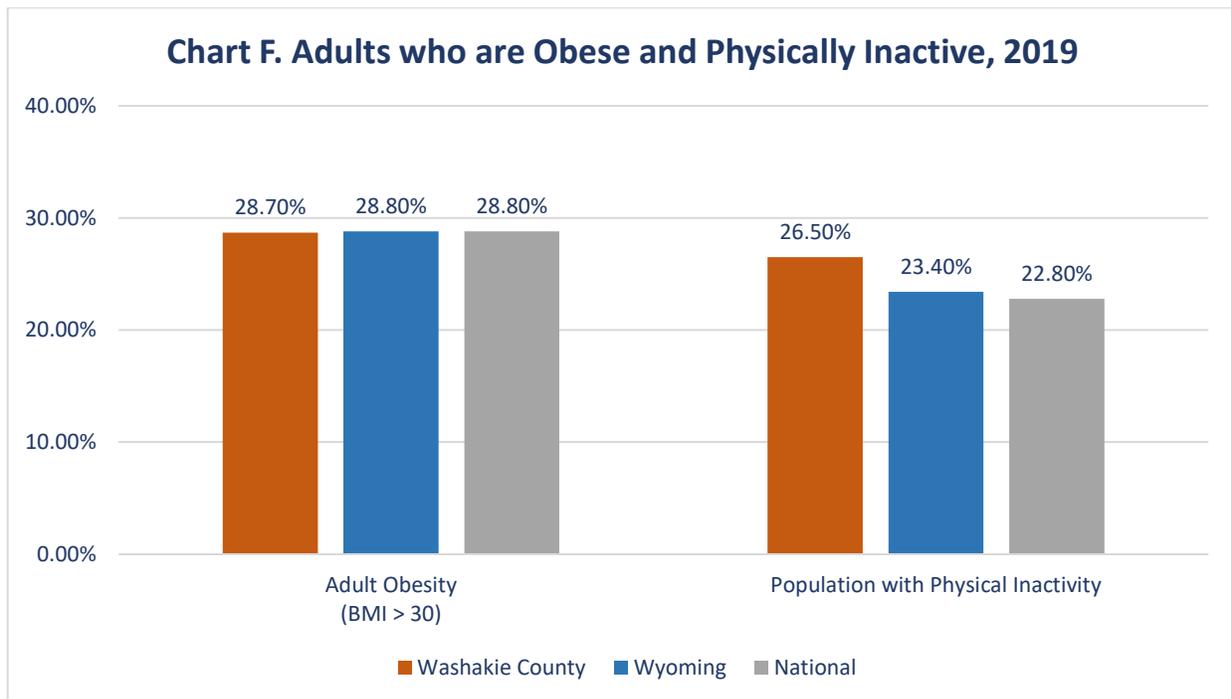
	Wyoming	U.S.
Heart Disease	148.9	165.0
Cancer	136.1	152.5
Chronic Lower Respiratory Disease	53.8	40.9
Alzheimer’s disease	32.7	31.0
Stroke	28.4	37.6

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 (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 community environmental factors such as physical inactivity and food access (CDC, 2017).

Chart F shows the national, state and county trends of obesity and physical inactivity prevalence. Washakie County has an adult obesity rate similar to both state and national averages, however the county has a higher rate of the population who is physically inactive (County Health Rankings, 2019). In Washakie County, 90.3 percent of the adult population report they consume fruits and vegetables less than five times a day, more than the overall Wyoming population (85.7%), a critical indicator for healthy food consumption. (WYDOH, 2013-17).



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. 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 Washakie County the ratio of the population to Mental Health Care Providers is lower compared to the state and national average, there has been a steady trend over the past five years of an increase in access to Mental Health providers in the County, in 2014 the ratio was 498:1 (County Health Rankings, 2014).

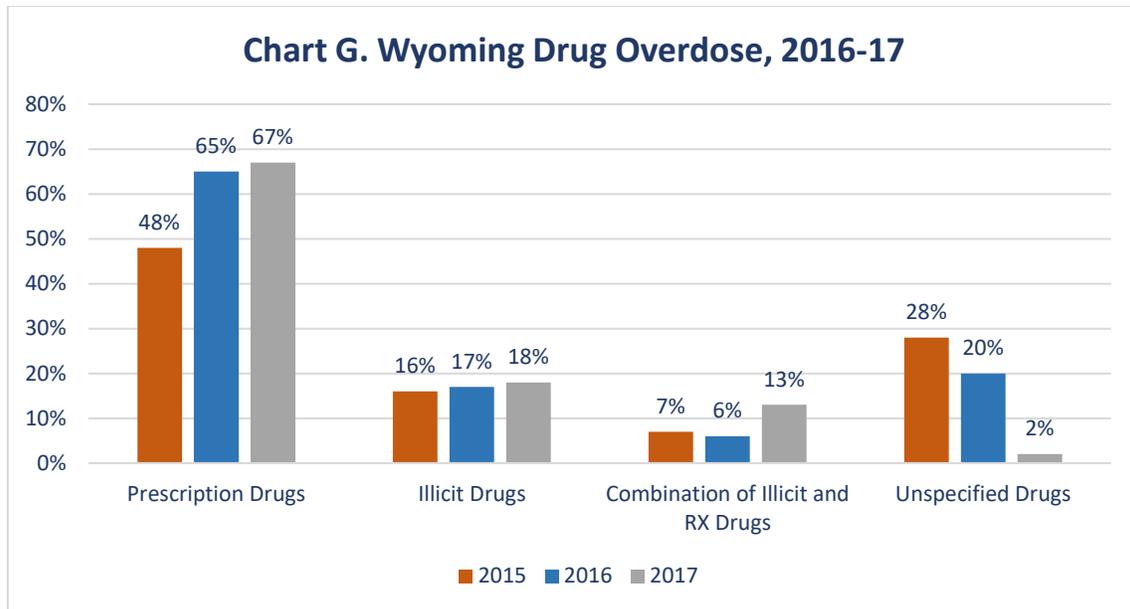
Table 7. Access to Mental Health Care Providers per 100,000 in 2019			
	Washakie County	Wyoming	US
Ratio of Population to Mental Health Providers	290:1	310:1	310:1

Source: County Health Rankings, 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 and women were nearly twice as likely to be informed as such compared to men (Females – 27.3%; Males – 15.4%) (WDOH, 2017). Washakie 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

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-cigarettes (WY – 49.4%; U.S. – 44.9%), they report a higher rate in currently vaping (WY – 29.6%; U.S. – 24.1%) (CDC, 2015).

NEEDS IDENTIFIED BUT NOT PRIORITIZED

Focus group participants also identified Women’s Health, e-vaping, and hospice care as health needs for the community. However, they felt they were not health needs that should be addressed at this time, and health needs, such as e-vaping would indirectly be addressed in the behavioral health 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 the CHNA of 2016, specific focus was placed on the need for a new facility with desired improvements in technology and enhanced equipment. That goal has been accomplished with the new build and modification to the older hospital to bring the community a contemporary facility with new ORs, new and expanded Emergency Department, new labor and delivery rooms for laboring mothers and family with new patient rooms, including eICU technology, were added.

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 Washakie Medical Center PSA.

Table 8. Implementation Strategies 2016 for Washakie Medical Center 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
Impact of Strategy: <ul style="list-style-type: none"> • Yes, we have extended our hours for PCP clinics. • We are collaborating with other local healthcare resources to align our patients with the services that are available in the community. • We are actively participating in health activities that are free to the public. • WMC continues to promote MyBanner to patients, our online patient portal.
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Strategy #1: Increase personal management of Chronic Disease
Impact of Strategy: <ul style="list-style-type: none"> • We have worked to increase the rate of mammography screenings. • We provide chronic disease educational offerings in the community by leveraging our partnerships with community-based organizations to help host and promote and reach out to potential partners.

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

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

We have not promoted tele behavioral health services originally identified as a tactics to address the significant health need.

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

Impact of Strategy:

- We have deployed our depression screening tool in Primary Care Provider (PCP) clinics and Pediatric Provider clinics within Banner Medical Group

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	Priority Area
Washakie Medical Center	www.bannerhealth.com	307-347-3221	AC
Washakie County Public Health	http://www.washakiecounty.net/public-health	307-347-3278	AC
Cloud Peak Chiropractic & Wellness	www.cloudpeakchiro.com	307-347-3500	AC
BMG Family Practice Clinic	www.bannerhealth.com	307-347-2555	AC
Keith Van Brunt	guardianflight.com		AC
Cloud Peak Counseling	www.cloudpeakcc.org	307-347-6165	BH / SA
Washakie Hospital Foundation	n/a	307-347-3221	CD
Northern Wyoming Daily News	www.wyodaily.com	307-347-3241	Other
Big Brothers Big Sisters of Northwest Wyoming	www.bbbsnwwy.com	307-514-3383 / 800-294-9700	Other
Washakie Hospital Board of Trustees	n/a	307-347-3221	Other
Washakie County School District #1	https://www.wsh1.k12.wy.us/	307-347-9286	Other
ANB Bank	https://anbbank.com/worland	307-347-4241	Other
Centsible Nutrition	www.washakiecounty.net	307-347-3431	Other
Worland Senior Center	www.worlandseniorcenter.com	307-347-3208	Other
Emergency Management/Homeland Security	www.washakiecounty.net/homeland-security	307-347-3331	Other
Worland Fire Department	www.worlandfire.com	307-347-6379	Other
Washakie Hospital Auxiliary	n/a	307-347-6958	Other

Name of Organization	Website	Phone Number	Priority Area
LeAnn Baker	www.washakiedevelopment.com	307-347-8900	Other
Washakie County Extension/Americorps Community Garden	www.washakiecounty.net/extension-office	307-347-3431 or 3140	Other
City of Worland	www.cityofworland.org	307-347-2486	Other

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. (2014) Wyoming Health Outcomes and Factors.

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 Center 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. (2017-18) Wyoming State Data.

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

Throughout August and September, we conducted a series of four different focus groups, these involved the Washakie Medical Centers Leadership, Board of Directors, Staff, and County Stakeholders. From these focus groups there was an agreement on the health priorities of access to care, chronic disease management, and behavioral health and substance abuse continuing to be the priorities of focus.

APPENDIX C. STEERING COMMITTEE AND COMMUNITY ADVISORY COUNCIL MEMBERS

STEERING COMMITTEE

Banner Health CHNA Steering Committee, in collaboration with Washakie Medical Center’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.

EXTERNAL STAKEHOLDERS

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.

Name	Organization	Phone Number	Email Address
Amanda Heinemeyer	Washakie County Public Health	307-347-3278	amanda.heinemeyer@wyo.gov
Jennifer Villa (and Jack Stott)	Washakie County School District #1	307-347-9288	jvilla@wsh1.k12wy.us
Erin Day-Gennett	AmeriCorps	341-980-6161	worlandcommunitygarden@gmail.com
Chris Kocher	Worland Fire Department	307-431-2675	ckocher@worlandfire.org
Wendy Fredericks	Worland Senior Center	307-347-3208	wscleader@rtconnect.net
Mark Russler	Cloud Peak Counseling Center	307-347-6165	markr@cloudpeakcc.org
Mayor Jim Gill	City of Worland	307-431-1845	mayor@rtconnect.net

APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups



2019 Washakie Medical Center Community Health Needs Assessment

Presented by Banner Health

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

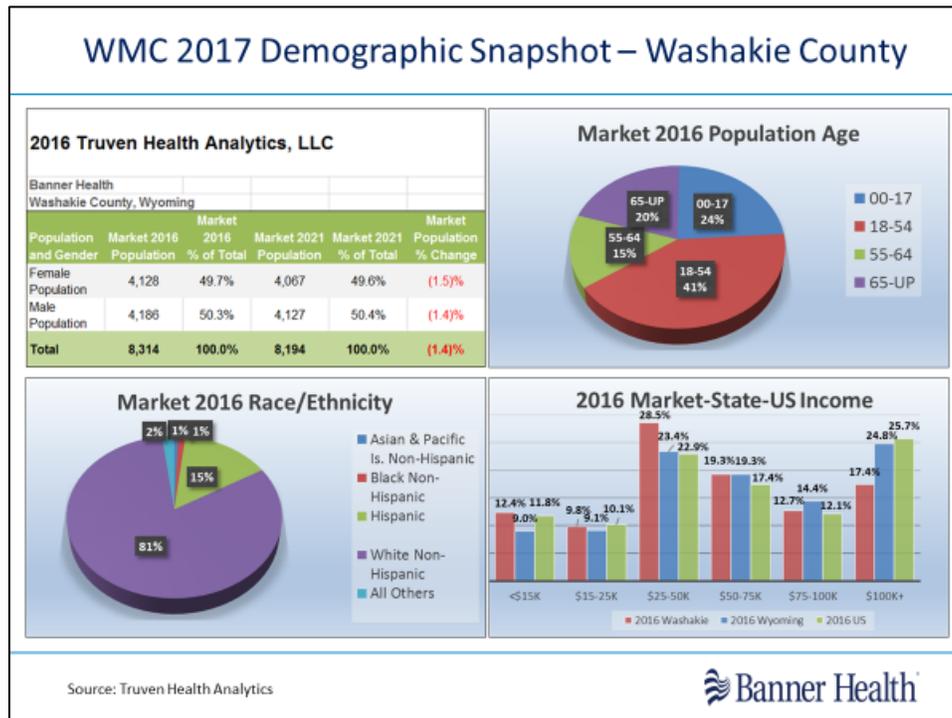
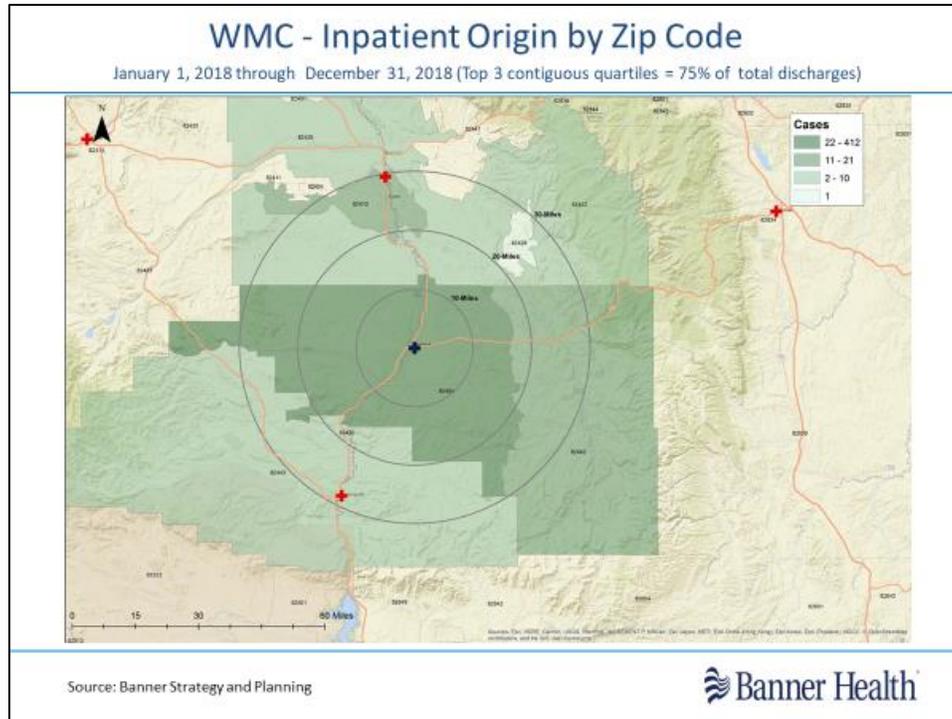


2018 WMC Community Benefit

<u>Facility:</u>	<u>Bad Debt:</u>	<u>Charity Care:</u>	<u>2018 Community Benefit:</u>
WMC	\$960,000	\$1,495,000	\$2,455,000

Source: Banner Financials December 2018 - Unaudited





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

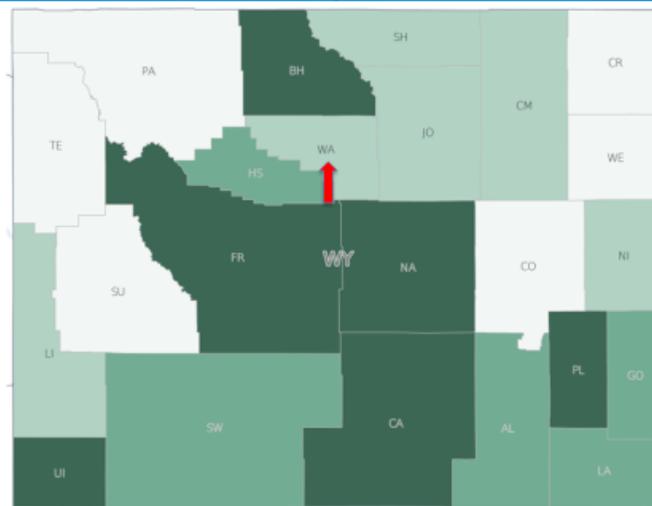
- Health factors in the *County Health Rankings* represent what influences the health of a county. They measured four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.

Source: www.countyhealthrankings.org



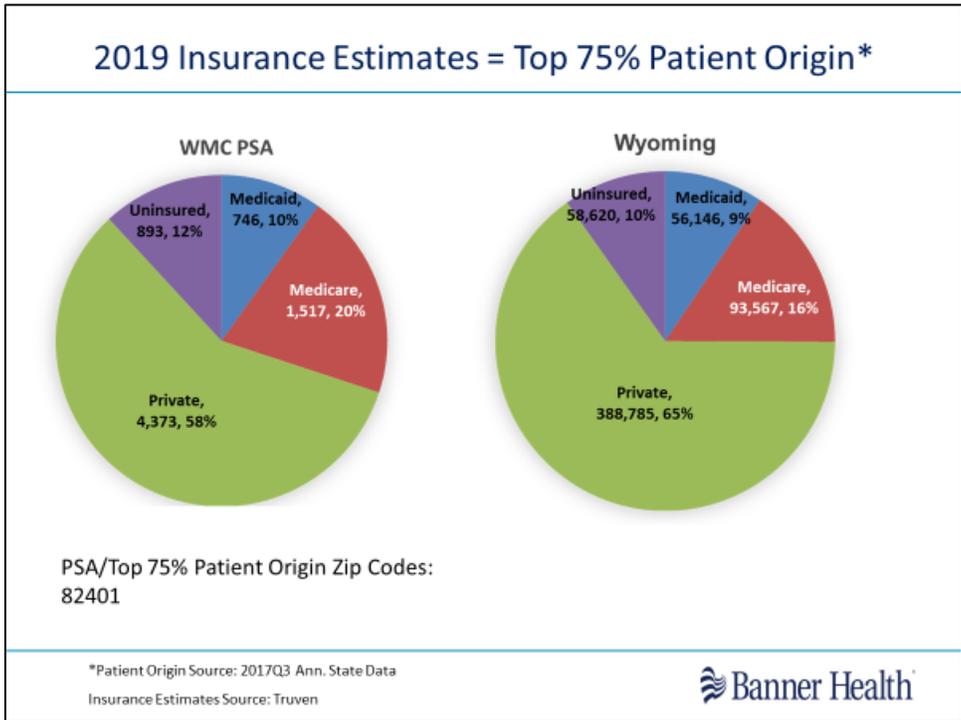
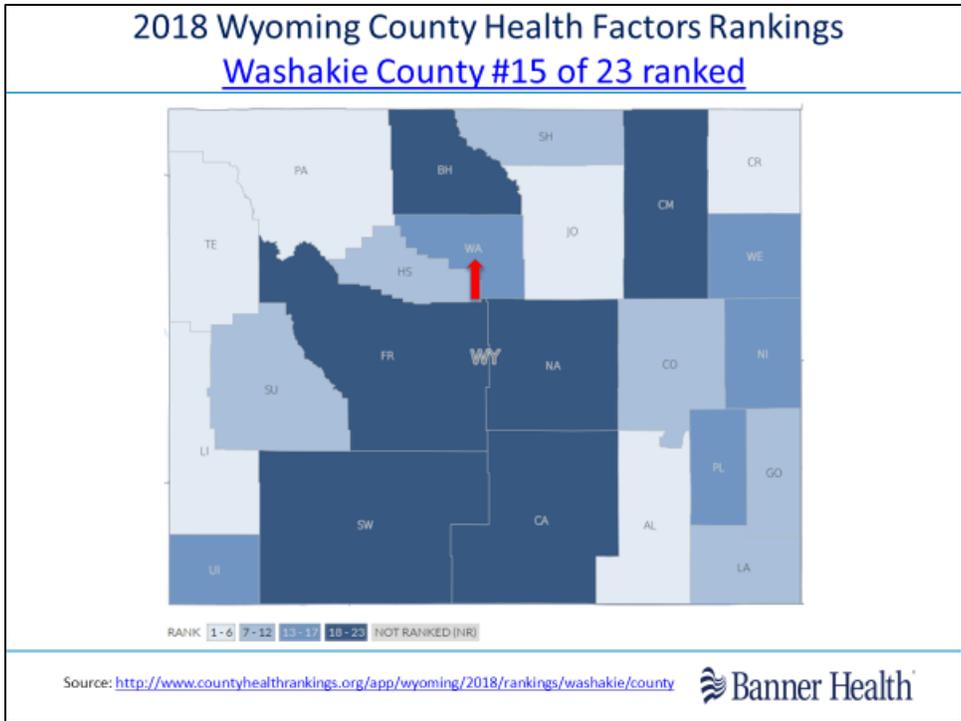
2018 Wyoming County Health Outcomes Rankings

Washakie County #8 of 23 ranked



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





2018 County Health Rankings

- Washakie County ranks 8 out of 23 Wyoming Counties in Health Outcomes
- Adult smoking, adult access to insurance are areas of improvement to explore, compared to national benchmark
- Preventable hospital stays and diabetes monitoring exceed national and state measures
- Lower percentage of mammography screenings than state and national benchmarks

Source: www.countyhealthrankings.org



Washakie County Rank of 23 Top U.S. Performers Wyoming

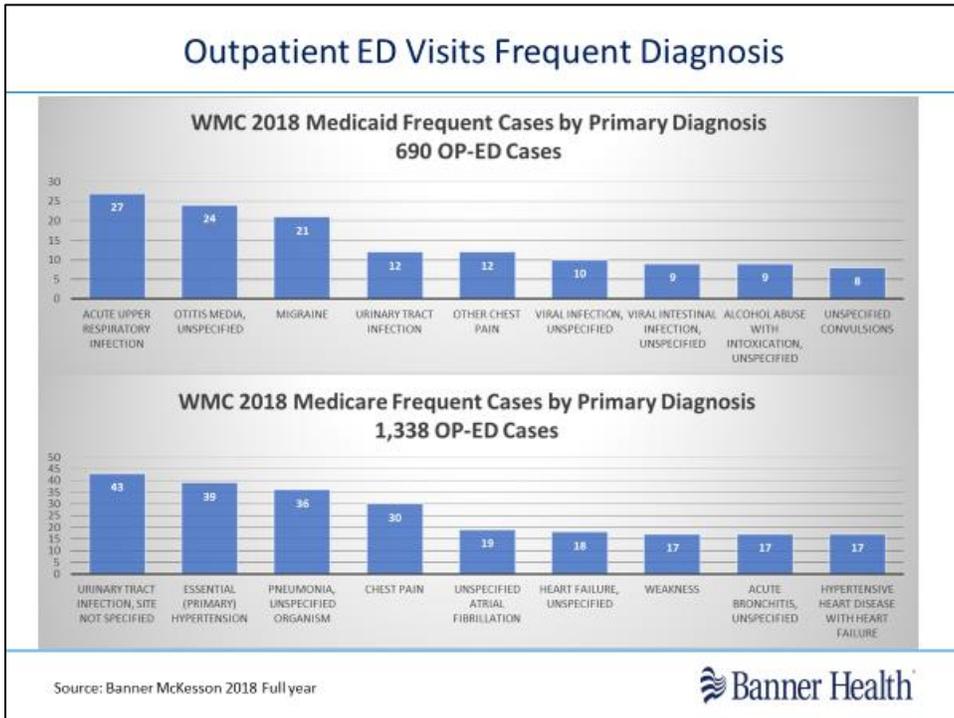
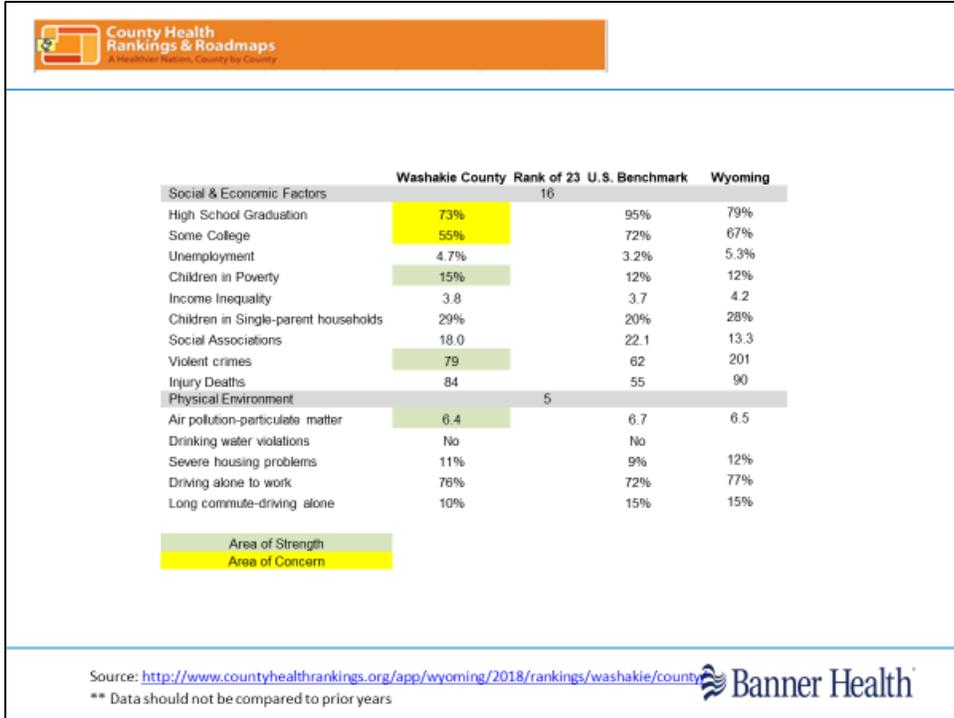
Health Outcomes	8		
Length of Life	5		
Premature death	6,300	5,300	7,400
Quality of life	14		
Poor or fair health**	16%	12%	15%
Poor physical health days**	3.6	3.0	3.8
Poor mental health days**	3.5	3.1	3.6
Low birth weight	7%	6.0%	9%
Health Factors	15		
Health Behaviors	7		
Adult Smoking**	16%	14%	19%
Adult Obesity	27%	26%	29%
Food Environment Index	8.4	8.6	7.1
Physical Inactivity	25%	20%	24%
Access to exercise opportunities	88%	91%	74%
Excessive Drinking**	16%	13%	20%
Alcohol impaired driving deaths	25%	13%	35%
Sexually transmitted infections	168.2	145.1	348.7
Teen births	29	15	32
Clinical Care	22		
Uninsured	17%	6%	13%
Primary Care Physicians	2,780.1	1,030.1	1,500.1
Dentists	1,370.1	1,280.1	1,560.1
Mental Health Providers	320.1	330.1	330.1
Preventable Hospital Stays	65	35	43
Diabetic Monitoring	67%	91%	77%
Mammography Screening	42%	71%	56%

Area of Strength
Area of Concern

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

** Data should not be compared to prior years





2016 Prioritized Community Health Needs

1. Access to Care

Understanding what is covered

- Uninsured population forces higher ED use/costs
- Uninsured and underinsured population lack access to basic services, including preventative and ongoing maintenance.
- Lack of providers (specifically PCP)
- Lack of after hours care, few options outside of ED



2016 Prioritized Community Health Needs

2. Behavioral Health

Both mental health and substance abuse

- Limited resources and providers
- Access and placement issues
- Forced into ED for treatment
- Higher self-harm mortality rates than average in WY



2016 Prioritized Community Health Needs

3. Chronic Disease

Includes cancer, health disease, diabetes and obesity

- May chronic disease patients not eligible for Medicare or Medicaid
- Drives higher healthcare costs
- Many avoid conditions until health forces ED use
- Additional outreach needed
- Alcohol use, smoking and drug use all contribute to unhealthy lifestyles
- Decreasing physical activity and increasing adult obesity trends
- Lack of access to healthy foods
- Need more screening education efforts



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:

- Senior Care - The group felt that was enough being done in the community by social services to address the needs of seniors, but they did want to explore better collaboration in engaging this group. Fall prevention and education was discussed as a possible focus area to help prevent re-admissions
- Smoking/Tobacco Use - The data from County Health Rankings show an 11 percent decrease in smoking from 2013-2015. Though the CAC was happy with this rate, they were concerned about the potential that e-cigarettes could negatively impact the numbers as it becomes more and more popular.
- Injury Deaths - Due to the farming and heavy machinery used in Washakie, the CAC was mildly concerned about the potential increase in this area. It wasn't something they felt should be addressed at this time, but they wanted to make a note of it for the future.



2016 Previous Actions Taken

Access to Care

- Appointment Scheduling/Promote participation in MyBanner (online patient portal)
- Offered educational materials and links to community resources related to the insurance marketplace
- Resources to insurance marketplace
- Free community vaccination clinic
- 3D mammography Tomosynthesis
- Direct access endoscopy
- Wellness Wednesdays – discounted lab services
- Community CPR classes
- Childbirth classes
- Active recruitment of providers

Chronic Disease

- Offered educational materials and links via BannerHealth.com
- Physicians facilitating events/media sources
 - Ladies Night Out
 - “Ask the Expert”
 - CME courses
- Paramedic courtesy visits for high-risk patients
- Pursuit of Telemedicine capabilities
- RN Case Manager support



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
- 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

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

