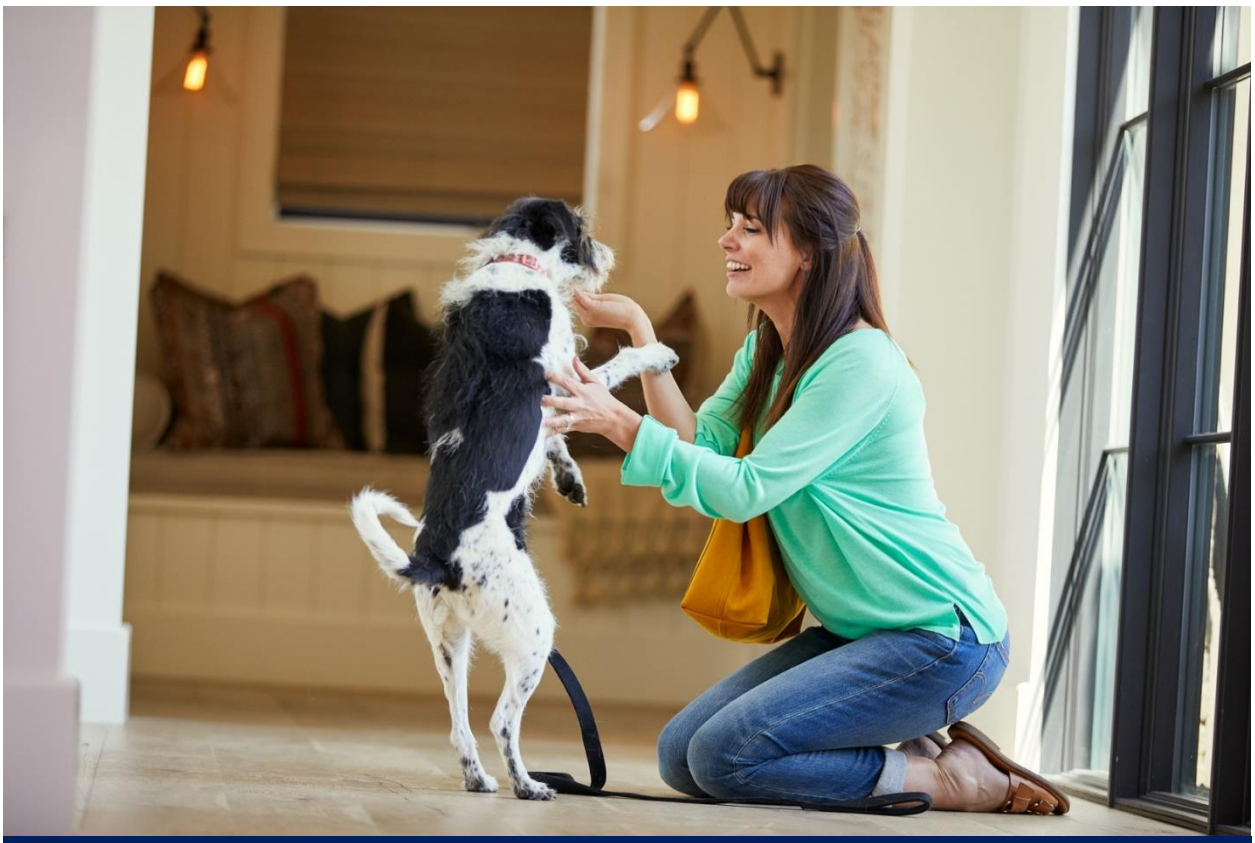
Community Health Needs Assessment

2019



Banner Health

Banner Churchill Community 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 C.

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of San Churchill County and Nevada 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 the Banner Churchill Community 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 Banner Churchill Community Hospital (BCCH). 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.

Banner Churchill Community 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 BANNER CHURCHILL COMMUNITY HOSPITAL

Banner Churchill Community Hospital is a 25-bed critical access hospital located within western Nevada, in Fallon, the county seat of Churchill County. The hospital opened in 1996 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.

Banner Churchill Community Hospital (BCCH) is committed to providing a wide range of quality care, based on the needs of the community, including the following services:

- Acute Care
- Ambulance Services
- Care Coordination
- Cardiac Pulmonary Rehabilitation Program
- Emergency Care/ Trauma Services
- Infusion Services
- Lab Services
- Maternity Services
- Women's Health
- Medical Imaging
- Occupational Health
- Orthopedic Services
- Outpatient Services
- Physician Clinics (with locations in Fallon and Fernley)
- Rehabilitation
- Surgical Care
- Sleep Studies

As noted above, Banner Churchill Community Hospital also operates several physician clinics across Fallon and Fernley and owns and operates an ambulance service or emergency medical service (EMS), which covers more than 5,900 square miles.

The staff of 11 active physicians, alongside 300 employees, and 65 volunteers, provides personalized care complemented by leading technology from Banner Health resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Banner Churchill Community Hospital health care professionals render care to about – 52,000 outpatients, over 6,000 inpatients, and nearly 18,000 patients in the Emergency Department (ED). The staff also welcomes an average of 350 newborns into the world each year.

BCCH serves the cities of Fallon and Fernley as well as Churchill County leveraging 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 also offers Banner TeleHealth. This advanced technology enhances the care and safety of critically ill patients by teaming our on-site medical staff with patients' care from a remote monitoring center 24 hours a day, seven days a week

Banner Churchill Community Hospital is focused on meeting the needs across the community for clinical excellence and quality outcomes. To help meet the needs of uninsured and underinsured community members, Banner Fort Collins 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, Banner Churchill Community Hospital reported $3,327,000 in Charity Care, while it wrote off an additional $4,314,000 in Bad Debt, on uncontrollable money owed to the facility.

DEFINITION OF COMMUNITY

Banner Churchill is located within Churchill County in Fallon, Nevada. Fallon is a remote city located about 60 miles east of Reno. It is surrounded by farms and ranches, and the Lahontan valley Wetlands. The county is comprised largely of agricultural areas, the principal crop is alfalfa, grown for livestock feed. Churchill County is also the center of honey production for Nevada. The largest single employer is the Naval Air Station Fallon, a training airfield that has been the home of the U.S. Navy's so-called "Top Gun" air-to-air combat training since 1996.

DESCRIPTION OF COMMUNITY

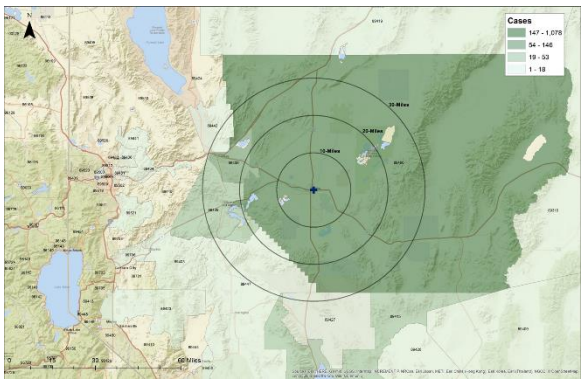
Primary Service Area

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 the Banner Churchill Community Hospital PSA is listed.

Table 1. Primary Service Area

Zip	State	County	City	%	Cumulative
89406	Nevada	Churchill County	Fallon	74.1%	74.1%
89408	Nevada	Lyon County	Fernley	10.0%	84.1%

Source: McKesson, 2018



Source: Banner Strategy and Planning

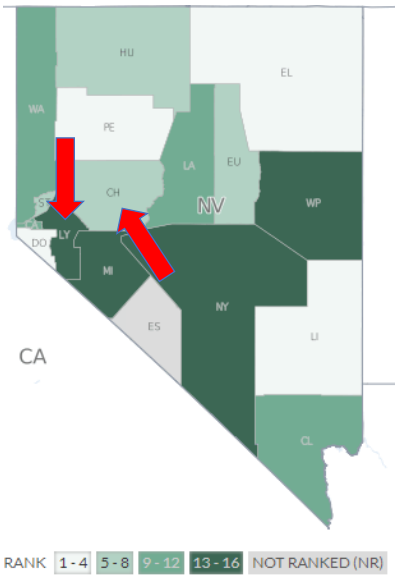
Hospital Inpatient Discharges and Map

Banner Churchill Community 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 Fallon accounts for 74 percent of BCCHs inpatient discharges in 2018. An additional 10 percent of discharges derive from Fernley.

Health Outcomes Ranking and Map

2019 Nevada County Health Outcomes Rankings: Churchill County ranked #7 of 16 participating counties, a significant decrease from the 2016 ranking (#11 of 16). Lyon County ranked #11 of the participating counties, having moved up in the rankings since the 2016 report (#14 of 16). 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:

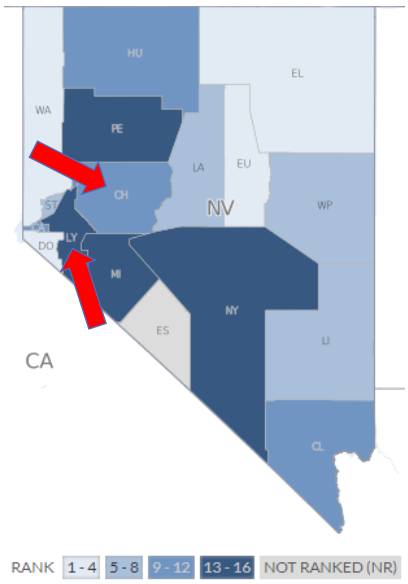
- Length of Life: measuring premature death and life expectancy.
- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2019)



Source: County Health Rankings and Roadmaps, 2019

Health Factors Ranking and Map

2019 Nevada County Health Factors Rankings: Churchill County ranked #10 of 16 participating counties, a decrease in the 2016 ranking (#9 of 16). Lyon County's health factor ranking has remained the same since its 2016, at #13 out of the 16 participating 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, 2019

- 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 below provides the specific age, gender distribution, and data on key socio-economic drivers of health status for the population in the Banner Churchill Community Hospital primary service area compared to Churchill County, Lyon County and the state of Nevada.

Table 2. Community Demographics

	Banner Churchill Community Hospital PSA	Churchill County	Lyon County	Nevada
2018 Population Estimates	44,306	24,110	75,032	3,019,652
Gender				
• Male	50.6%	50.6%	50.4%	50.1%
• Female	49.4%	49.4%	49.6%	49.9%
Age				
• 0 to 9 years	13.4%	13.2%	11.4%	12.6%
• 10 to 19 years	12.4%	12.3%	11.9%	12.5%
• 20 to 34 years	19.5%	19.1%	17.2%	20.6%

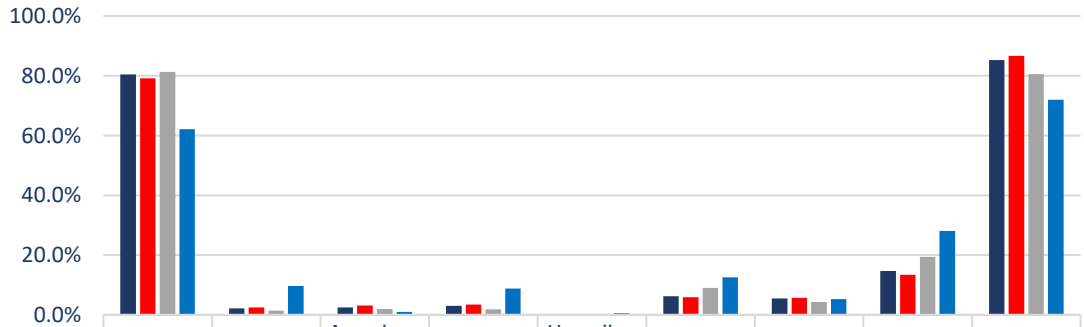
• 35 to 64 years	36.6%	36.2%	37.5%	38.7%
• 65 to 84 years	16.6%	17.3%	19.9%	14.1%
• 85 years and over	1.5%	1.9%	2.0%	1.5%
Social & Economic Factors				
• No HS diploma	11.4%	10.1%	14.1%	14.0%
• Median Household Income	$53,800	$50,100	$52,540	$60,200
• Unemployment	4.5%	3.7%	3.0%	4.4%

Source: Advisory Board 2019

Race/Ethnicity (PSA, County and State)

Banner Churchill Community Hospital's primary service area has a larger population of white (87%) than that of the state. The prevalence of the population being Hispanic is greater in Nevada overall than that of the counties and BCCHs PSA.

Chart A. Race / Ethnicity, 2019



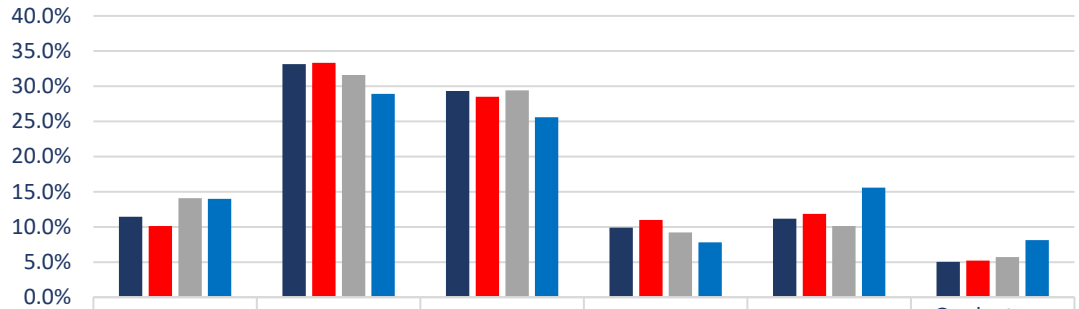
	White	Black	American Indian / Alaskan Native	Asian	Hawaiian / Pacific Islander	Other Race	Multirace	Hispanic	Non-Hispanic
BCCH PSA	80.4%	2.2%	2.5%	3.0%	0.3%	6.2%	5.5%	14.7%	85.3%
Churchill County	79.2%	2.5%	3.2%	3.4%	0.2%	5.9%	5.7%	13.4%	86.6%
Lyon County	81.3%	1.4%	1.9%	1.8%	0.2%	9.0%	4.3%	19.4%	80.6%
Nevada	62.2%	9.7%	1.0%	8.8%	0.6%	12.5%	5.2%	28.0%	72.0%

Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

The PSA has a lower rate of those not completing high school compared to Nevada. The counties and PSA populations are below the state benchmark of completing a post-secondary degree.

Chart B. Educational Attainment*, 2019



	No HS diploma	HS graduate	College no diploma	Associate degree	Bachelor's degree	Graduate or prof school degree
BCCH PSA	11.4%	33.1%	29.3%	9.9%	11.2%	5.0%
Churchill County	10.1%	33.3%	28.5%	11.0%	11.9%	5.2%
Lyon County	14.1%	31.6%	29.4%	9.2%	10.1%	5.7%
Nevada	14.0%	28.9%	25.6%	7.8%	15.6%	8.1%

BCCH PSA Churchill County Lyon County Nevada

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

Insurance Coverage Estimates for PSA and State of Nevada's Population

The charts below indicate that a slightly larger portion of the population in the state utilizes Medicare and Medicaid (43%) compared to the PSA (38%). This difference is recognized in private insurance, 4 percent more of the PSA population utilizes private insurance compared to the state.

Chart C. Churchill PSA

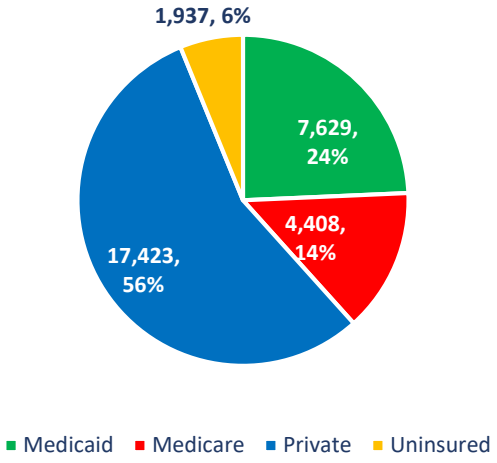
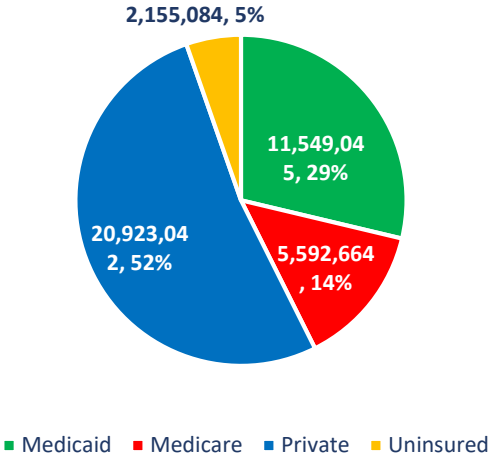


Chart D. Nevada

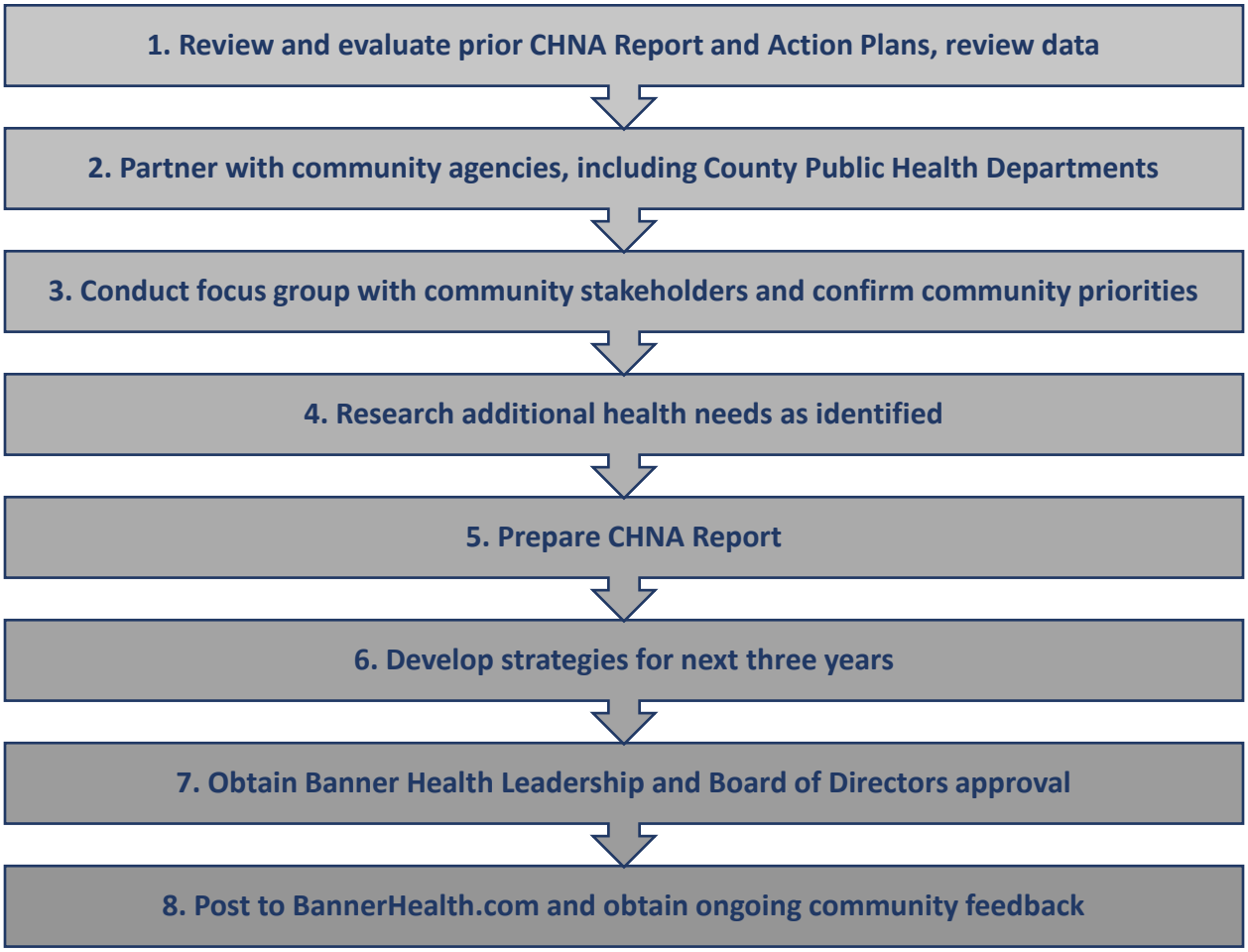


Source: 2017-18, Nevada State, Truven

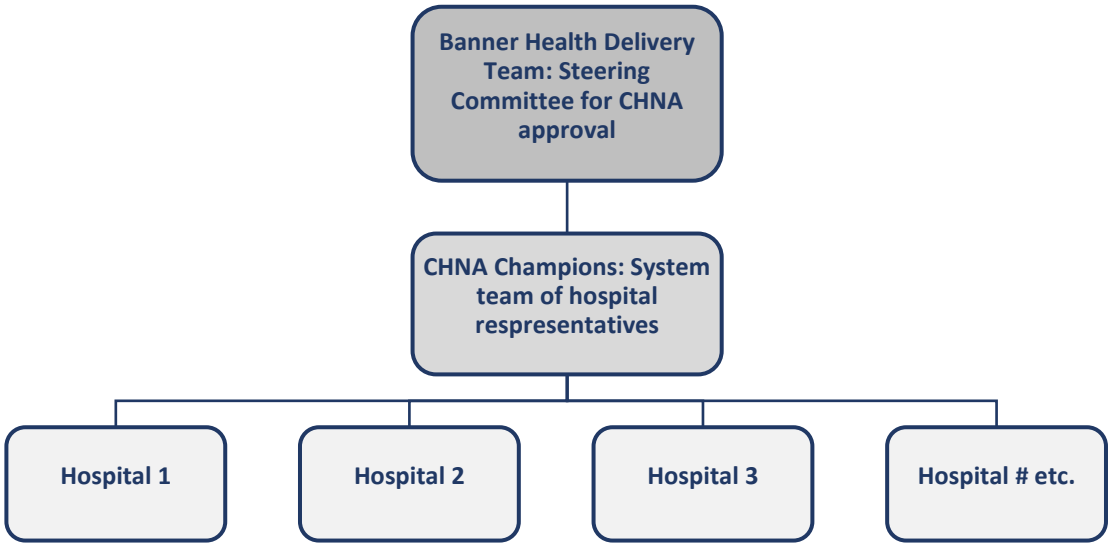
PROCESS AND METHODS USED TO CONDUCT THE CHNA

Banner Churchill Community 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 including a detailed data analysis of national, state and local data sources, as well as obtaining input from leaders within the community.

Banner Churchill Community 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 Banner Churchill Community 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 Banner Churchill Community Hospital's PSA's health status and outcomes. The 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	• 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	• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups. • Public transportation data is based on commuter data. • In some instances, data is limited, and data reflecting state health outcomes and needs are used rather than specific county information

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with Banner Churchill Community 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 / or 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
•Affordability of care •Uninsured and underinsured •Healthcare provider shortages •Transportation barriers	•High prevalence of: heart disease, diabetes, and cancer •Obesity and other factors contributing to chronic disease •Health literacy	•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 summarizes each of the areas of priority for Banner Churchill Community 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. 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). Poverty has an effect on access to insurance. 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 poverty levels. In regard to the total population, nearly one third of Churchill and Lyon County's population lives at 185 percent below the federal poverty level.

Table 4. Percentage Below Federal Poverty Level (FPL) 2013 – 2017

	Churchill County	Lyon County	Nevada	US
Population Below FPL				
50%	7.32%	5.45%	6.59%	6.48%
100%	13.80%	13.74%	14.24%	14.58%
185%	30.26%	32.82%	31.57%	30.11%
200%	15.34%	18.32%	20.27%	32.75%

Children Below FPL				
100%	15.34%	18.32%	20.27%	20.31%
200%	44.49%	45.08%	46.71%	42.24%

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

The populations living in both Churchill and Lyon County are in a Health Professional Shortage Area (HPSA). An HPSA is a designation indicating a health care provider shortage in primary, dental, and / or mental health. In the U.S. 23 percent of the population is living in an area affected by a HPSA compared to 32 percent of Nevada and 97 percent of Churchill County and Lyon County. This is an indicator for access and health status issues (HHS, February 2019).

This results of living in an HPSA is that in both counties a high percentage of the adult population are without a person who they think of as their primary care doctor or health care provider (Churchill – 27.89% of adults without any regular doctor; Lyon – 38.78%; Nevada – 25.17%; U.S. – 22.07). To further understand the HPSA Table 5 shows the ratio of population to primary care physicians, in year 2019 Churchill County has been able to reach the overall Nevada average, while Lyon County continues to have a greater demand for providers.

Table 5. Ratio of Population to Primary Care Physicians

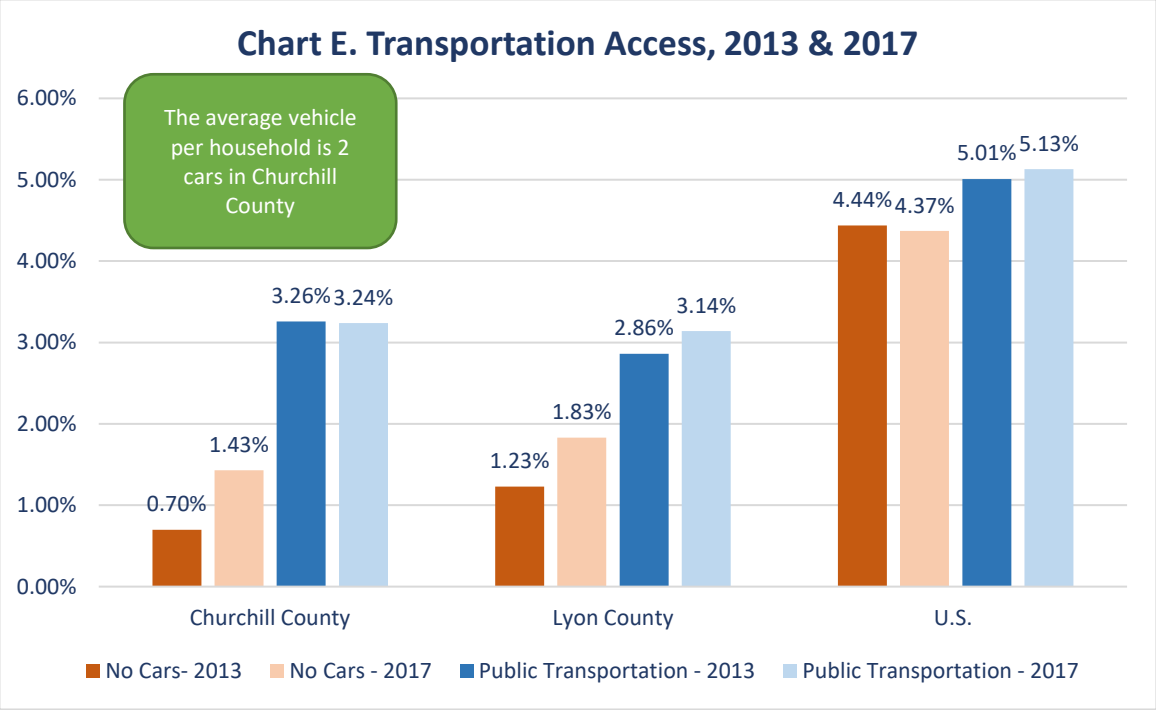
	Churchill County	Lyon County	Overall in Nevada	Top U.S. Performers (90th Percentile)
2017	1,850:1	4,710:1	1,750:1	1,040:1
2018	2,200:1	5,840:1	1,760:1	1,030:1
2019	1,730:1	6,650:1	1,760:1	1,050:1

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 results can result in poor health management, leading to poor health outcomes (Syed, Gerber, Sharp, 2013).

Less than 1 percent of Churchill County had no car in 2013, that increased in 2017 to 1.4 percent of the population with no car, a 107 percent increase in Churchill County with no car access. Lack of car access also increased in Lyon County (Refer to Chart E). Public Transportation in Churchill slightly declined from 3.26 percent in 2013 to 3.24 percent in 2017, access has become slightly more unstable for Churchill County Residents. For Lyon County, transportation access has decreased from 3.14 percent to 2.86

percent. Lyon and Churchill are both designated as rural counties 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. For this report we have used commuter data to interpret general utilization of public transportation for county residents. Lack of public transportation can lead to low utilization of public transportation services. These transportation barriers in Chart E can impact access to care, due to the lack of alternative transportation methods.



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

PRIORITY #2: CHRONIC DISEASE MANAGEMENT

Chronic diseases such as cancer, diabetes, and heart disease affect the health and quality of life of Churchill and Lyon County residents, but they are also major drivers in health care costs. In Nevada alone heart disease is the number one cause of premature death.

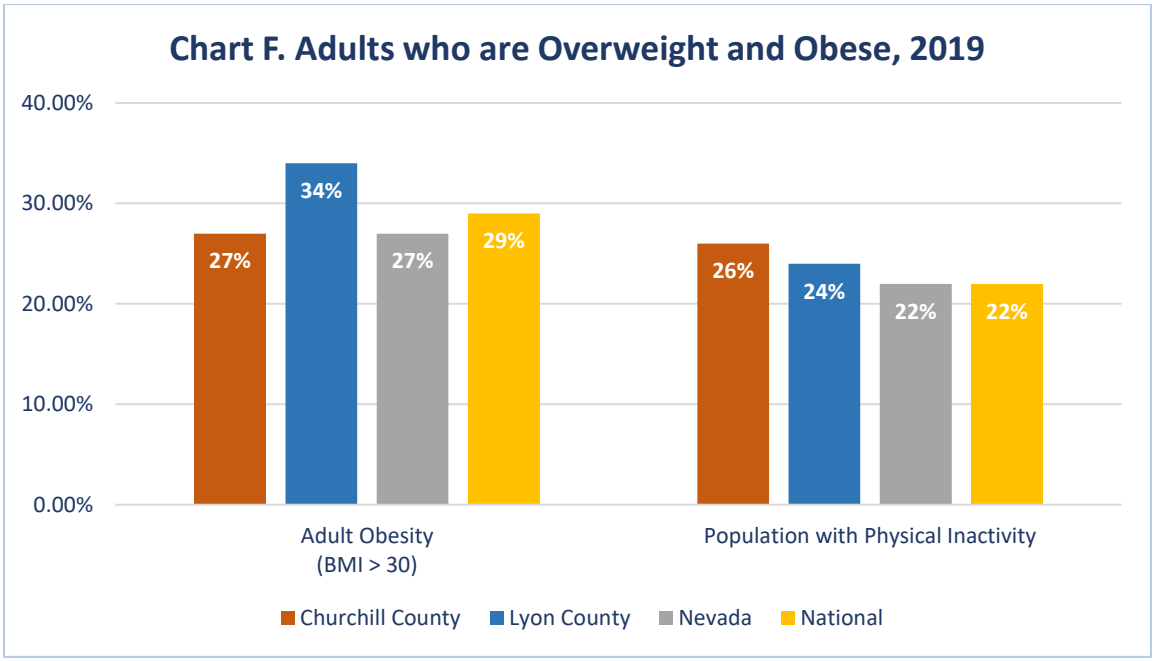
In Table 6 you can see that while the rate of heart disease in Nevada is 210 per 100,000 residents, it is even higher in Churchill and Lyon County (where the PSA for BCCH lies). This trend of higher rates of occurrence in Churchill and Lyon County compared to Nevada is consistent on the list of top ten causes of premature death. However, there are two exceptions, incidence of from Alzheimer's Disease in Lyon County is slightly less than the state average, (25.4 per 100,000 residents compared to 26.1 per 100,000) and incidence of Stroke in Churchill County is less than the state average (31.6 per 100,000 residents compared to 36.5 per 100,000).

Table 6. Chronic Disease Mortality Rates, 2019			
	Churchill County	**Lyon County**	**Nevada**
Heart Disease	301.6 (262.6-340.7)	242.3 (218.3-266.4)	210.3 (207.3-213.3)
Cancer	218.6 (185.4-251.9)	247.3 (223.0-271.6)	171.2 (168.5-173.9)
Chronic Lower Respiratory Disease*	89.6 (68.3-110.9)	99.2 (83.8-114.5)	56.3 (54.7-57.8)
Accidents	56.6 (39.7-73.6)	61.4 (49.3-73.4)	45.3 (43.9-46.7)
Stroke	31.6 (19.04-44.3)	60.1 (48.2-72.1)	36.5 (35.2-37.7)
Alzheimer's Disease	36.9 (23.2-50.5)	25.4 (17.6-33.2)	26.1 (25.0-27.1)
Influenza & Pneumonia	25.0 (13.8-36.3)	22.3 (15.0-29.6)	20.3 (19.2-21.1)
Suicide	34.2 (21.1-47.4)	24.8 (17.1-32.5)	20.1 (19.2-21.1)
Diabetes Mellitus	32.9 (20.0-45.8)	39.0 (29.4-48.7)	17.8 (16.9-18.7)
All Other Causes	270.0 (233.1-307.0)	325.4 (297.6-353.2)	201.2 (198.2-204.1)
**Chronic Lower Respiratory Disease: chronic bronchitis, emphysema, and asthma*			

Source: Nevada Department of Health and Human Services, 2019

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 populations national, state and county trends of obesity and physical inactivity prevalence. Lyon County has an adult obesity rate higher than both state and national averages, regardless the data indicates over quarter of the population is obese. While obesity has a higher prevalence in Lyon County, physical inactivity has a higher prevalence in Churchill county (County Health Rankings, 2019). Data collected in 2016 indicates food access concerns in Lyon and Churchill County, both have about 8 grocery stores per 100,000 residents, this is significantly lower than the states ratio of 12 and the U.S. at 21 per 100,000 (US Census Bureau, 2019). Access to foods, specifically to fresh and health food can be a strong indicator for positive health behaviors and grocery stores and a key way to measure access.



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 both Churchill and Lyon County the ratio of the population to Mental Health Care Providers is significantly higher compared to the state and national average, 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

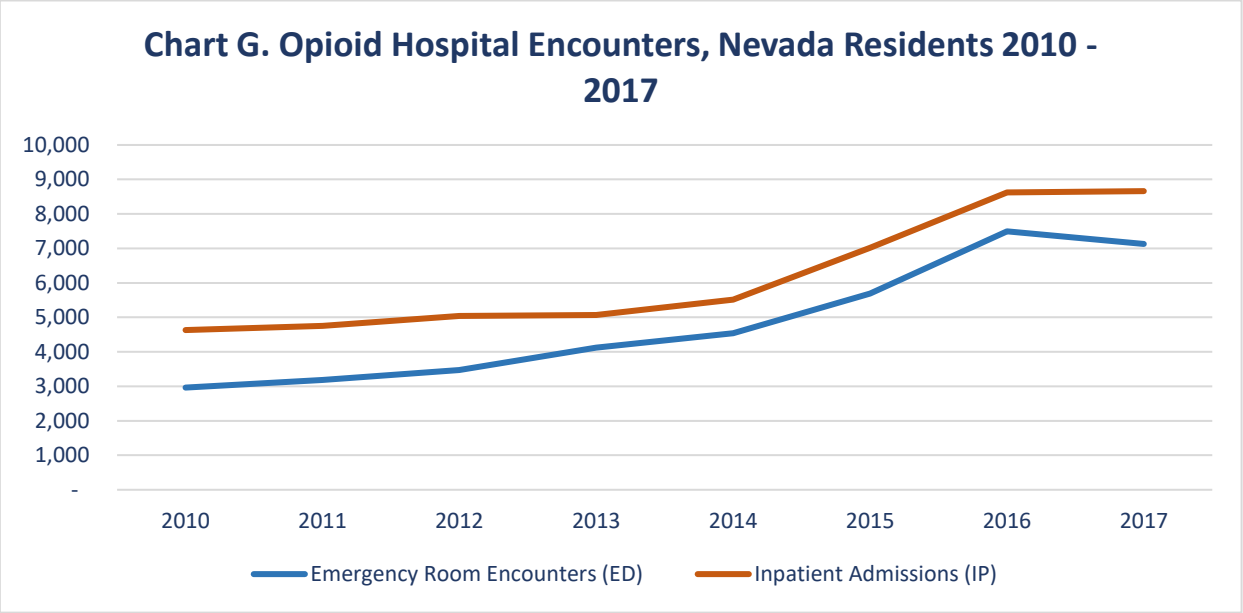
	Churchill County	Lyon County	Nevada	U.S.
Ratio of Population to Mental Health Providers	640:1	690:1	510:1	310:1

County Health Rankings, 2019

2017 BRFSS data indicates 20 percent of residents in Nevada reported their health as fair or poor compared to the national average of 19 percent. Nevada's Hispanic populations show an even greater disparity in comparison to the state and national averages, with 28 percent of the population rating their

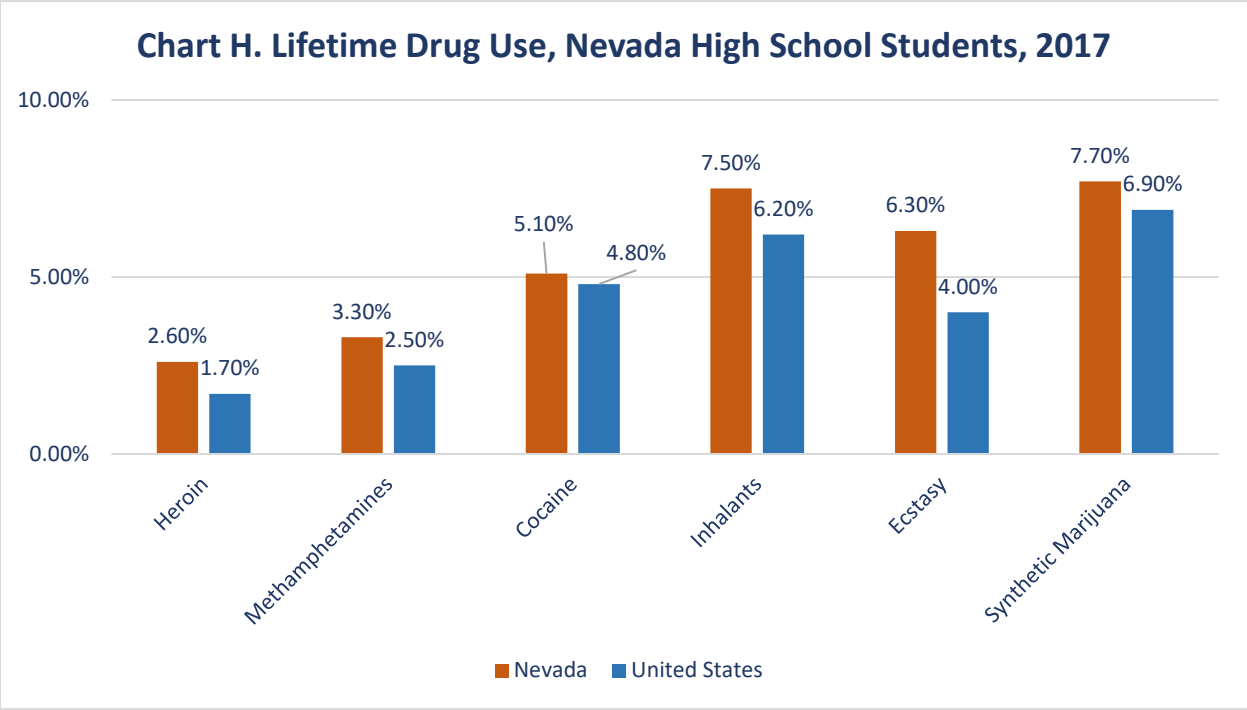
health as fair or poor. Having a rating of fair or poor can be an indicator of suicide risk. Overall, Nevada saw an increase in 2017 in the number of days that poor mental and physical health prevented residents from doing usual activities from 25 to 30 percent, 1-9 days in a month (Nevada DHHS, 2018).

The opioid crisis is affecting communities through the United States, in Nevada there has been a steady increase in the number of hospital encounters from 2010 to 2017. While Inpatient Admissions appears to have leveled out from 2016 to 2017, and Emergency Room Encounters have begun to decrease the yearly occurrence of hospital opioid encounters to have an impact on the state, in 2017 it is estimated that 288 Nevada residents died of an opioid-related overdose. It is estimated that 84% of those opioid-related deaths were an accident.



Nevada Department of Health and Human Services, 2017

Illicit drug use behavior among Nevada High Schools is higher compared to national rates (Chart H). The most reported used illicit drug in Nevada, synthetic marijuana is also the most use one on a national level. Overall there is about a one percent range of deviation from the Nevada rate to the national rate, except for use of ectasy (Nevada 6.3%; U.S. 4%).



Nevada Youth Risk Behavior Survey (YRBS), 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).

NEEDS IDENTIFIED BUT NOT PRIORITIZED

Focus groups identified additional health needs in the community, patients facing financial difficulty and a need for more activities in the community were both identified. However, since both were not health needs that BCCH could address solely on their own it was determined that Banner Churchill Community Hospital would not work on these health needs at this time.

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 Banner Churchill Community Hospital PSA.

Table 8. Implementation Strategies 2016 for Banner Churchill Community 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
Impacts of Strategy: • We offer a Same Day Sick clinic • We are continuing to work with other healthcare resources to increase and improve access to care. • We have continued to provide resources to patients to access and learn about the insurance marketplace. • We participate and offer health activities in the community through Wellness Labs, Blood Drives and Safe Kids Days (Kids Health Fait). BCCH has recently added Cardiopulmonary Rehabilitation, 3-D Mammography and Tomosynthesis to our facility offerings. • We are continuing to promote utilization of our MyBanner, our online patient portal.
Strategy #2: Reduce reoccurring visits to the Emergency Department and increase access to preventative care
Impact of Strategy: • Provide post-discharge scheduling of follow-up appointments and transportation assistance, where appropriate
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Strategy #1: Increase personal management of Chronic Disease
Impacts of Strategy: • We have worked to increase the rate of mammography screenings

• We continue to promote our Chronic Disease webpage on the facility website to increase educational opportunities and resource awareness • We offer clinic screenings which offers Fall Risk Assessments, HGB A1C screenings, Colonoscopy Screenings (direct access scheduling of endoscopy procedure), and Mammography Screenings (direct access scheduling)
Significant Need #3: Behavioral health (Mental Health & Substance Abuse)
Strategy #1: Increase access to behavioral health assessments and services for those in crisis
Impact of Strategy: • We continue to utilize Teladoc to increase access to behavioral health care that is cost effective.
Strategy #2: Increase identification of behavioral health needs and access to early interventions
Impact of Strategy: • We continue to use the depression screening tool with both our adult and pediatric patients.

APPENDIX A. STAKEHOLDERS AND RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to address the three priority needs. 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
Betsy MacDiarmid	Banner Churchill	775-567-7034
Elaine Brannon	Banner Churchill	775-567-7035
Susan Weikel	The Fallon Post	775-423-4545
Chasity Mills	Banner Churchill	775-857-9165
Lara K Robards	New Frontier	775-427-5998
Debra Erickson	FPST	775-423-3634
Hannah Arthur	FPST	775-423-3634 ext. 236
Chris Murphy	NFTC	775-423-1412
Leslie Steve	FPST	775-423-3634 ext.267
Carolann Johnson	CCSD	423-211 ext.4151
Whitney Bernard	Churchill Coalition	775-217-2958
Sarah Courser	Churchill Coalition	
Kelsey Hurlburt	New Frontier	775-423-1214
Debbie Workman	D.U.I	7755-423-1313
Ron Wenger	CCC Board	775-426-9303
Katrena Wenger	Guest	775-426-9303
Beverly Crossland	D.U.I	775-423-1313
Kevin Crowe, EdD	Fallon Paiute Tribe	775-881-8049
John Tewel	C of C	775-427-1813
Carlene Pacheco	Churchill County School District	775-423-2181 ext. 4123
John Anderson	Churchill Coalition Member	
Ali Toigo	Banner Churchill Rx	Ext. 7123
Josh Cabral	NFTC	775-423-1412
Kristi Bekiares	Churchill Coalition / Community Members	775-223-7679
Susan Warren	Churchill Coalition Board	775-426-8047
Sue Chambers	Churchill Coalition Member	775-423-5850
Ellen Johnson	Therapist	775-423-9238
Andrea Zeller	Churchill Coalition Director	775-423-7433

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.

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

County Health Rankings and Roadmaps. (2019) Nevada Health Outcomes and 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.

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

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

McKesson. (2018) Primary Service Area Data Set.

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

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

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.

Nevada Department of Health and Human Services – Office of Analytics. (April 2018) Nevada Opioid Surveillance, 2010 – 2017.

Nevada Department of Health and Human Services - Office of Analytics (November 2018) Substance Abuse Prevention and Treatment Agency: *2018 Epidemiological Profile*

Nevada Department of Health and Human Services – Office of Analytics (2019) 2019 County Health Profile – Lyon and Churchill.

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) Nevada State Data.

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

U.S. Census Bureau (2019) County Business Patterns: 2016

FOCUS GROUPS

Date	Time	Population	Location
Thursday, June 6, 2019	1230pm	BCCH Group	BCCH / Skype
Tuesday, July 9, 2019	1130pm	Community Resource Partnership mtg	Fallon Convention Center
Wednesday, August 21, 2019	11am	BCCH Group	BCCH/Skype
Wednesday, September 18, 2019	12pm	Churchill Community Coalition Mtg	Fallon Convention Center

FOCUS GROUP DEMOGRAPHICS

Characteristics	Number
Gender	
Male	2
Female	10
Race/Ethnicity	
American Indian / Alaskan Native	
Asian / Pacific Islander	
Black / African American	
Hispanic / Latino	2
White	9
Education	
Less than High School	
High School / GED	2
Some college / Associates degree	7
Bachelor's degree or higher	3
Marital Status	
Married	8
Widowed, separated, or, divorced	3
Never married	1
Employment	
Full-time	5

Part-time	3

APPENDIX C. STEERING COMMITTEE AND CHNA FACILITY BASED CHAMPIONS

STEERING COMMITTEE

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

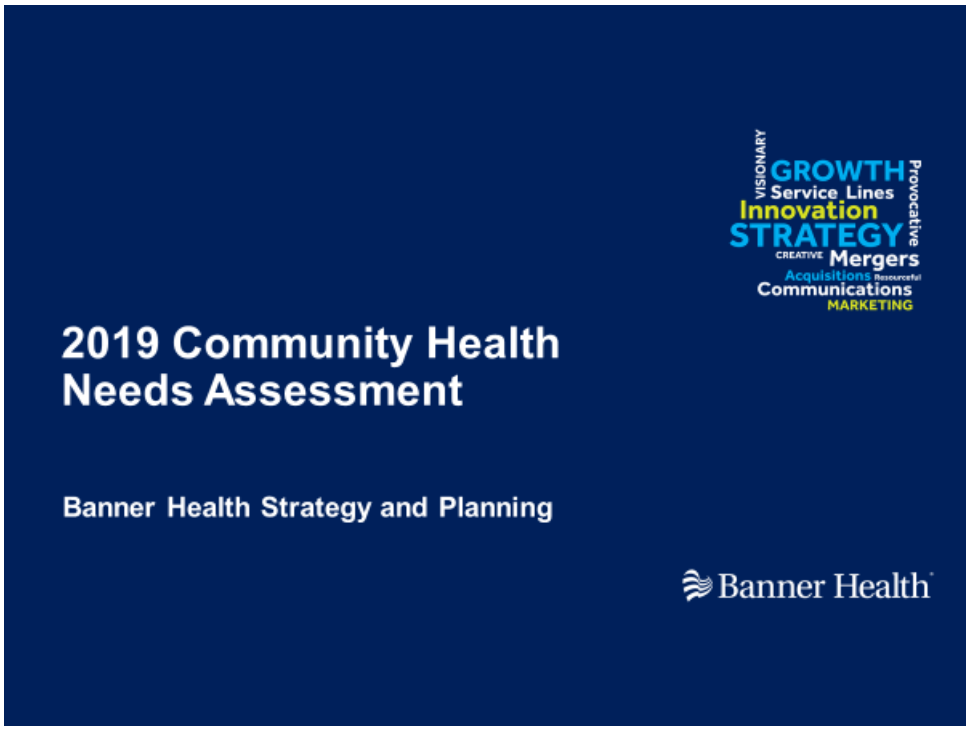
Steering Committee Member	Title
Darin Anderson	Chief of Staff
Derek Anderson	AVP HR Community Delivery
Ramanjit Dhaliwal	AVP Division Chief Medical Officer Arizona Region
Phyllis Doulaveris	SVP Patient Care Services / CNO
Kip Edwards	VP Facilities Services
Anthony Frank	VP Financial Operations Care Delivery
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

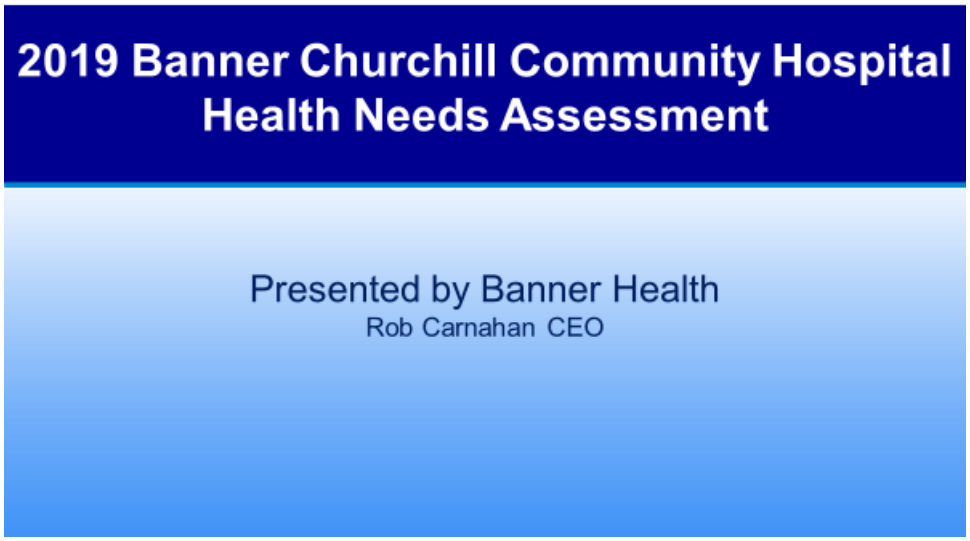
A working team of CHNA champions from each of Banner Health's 28 Hospitals meets on a monthly basis to review the ongoing progress on community stakeholder meetings, report creation, and action plan implementation. This group consists of membership made up of CEOs, CNOs, COOs, facility directors, quality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

APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups



Banner Health



BCCH Community Health Needs Assessment

- Welcome!
- Thank you for attending…
- Special Thanks to the Coalition and Andrea for allowing us to partner for the CHNA
- Assessment completed every three years with input from community
- Your input/thoughts are "gifts" to help us improve

Community Health Needs Assessment Purpose

- **Gather** input and feedback from public health experts as well as community leaders
- **Validate** and/or **identify** significant areas of healthcare need within the community
- **Engage** with the community in addressing potential areas of need
  - Promote collaborative partnerships
- Requirement of the Affordable Care Act (ACA)
- Findings will serve as a foundation for understanding health needs while then designing strategic solutions

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

Banner Health

2018 BCCH Community Benefit/Commitment to Community

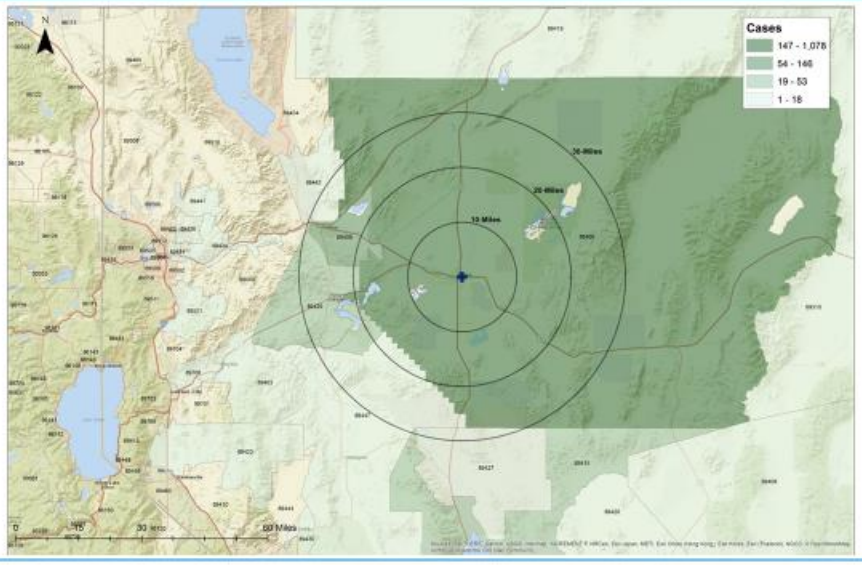
Facility:	Bad Debt:	Charity Care:	2018 Community Benefit:
BCCH	$4,314,000	$3,327,000	$7,641,000

Source: Banner Financials December 2018 - Unaudited

Banner Health

BCCH - Inpatient Origin by Zip Code

January 1, 2018 through December 31, 2018 (Top 3 contiguous quartiles = 75% of total discharges)



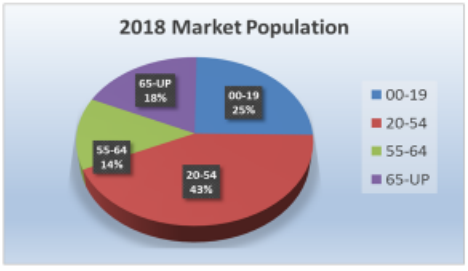
Source: Banner Strategy and Planning

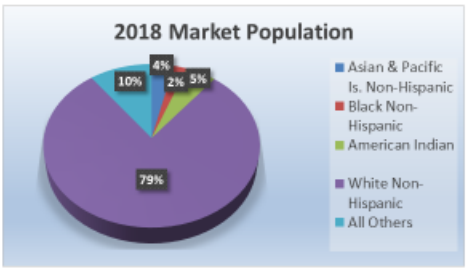
BCCH Demographic Snapshot – Churchill County

ESRI Demographic Snapshot
INTELLIMED Demographic Profile System

Banner Health
Churchill County,

Population and Gender	Market 2018 Population	Market 2018 % of Total	Market 2023 Population	Market 2023 % of Total	Market Population % Change
Female Population	12,332	49.7%	12,423	49.5%	0.7%
Male Population	12,476	50.3%	12,658	50.5%	1.5%
Total	24,808	100.0%	25,081	100.0%	1.1%





Source: ESRI, Intellimed International, Corp 2018

County Health Rankings

Health Outcomes

- Health outcomes in the *County Health Rankings* represent that county's health
- They measured two types of health outcomes:
  - **Mortality:** how long people live
  - **Morbidity:** how people feel while alive

Health Factors

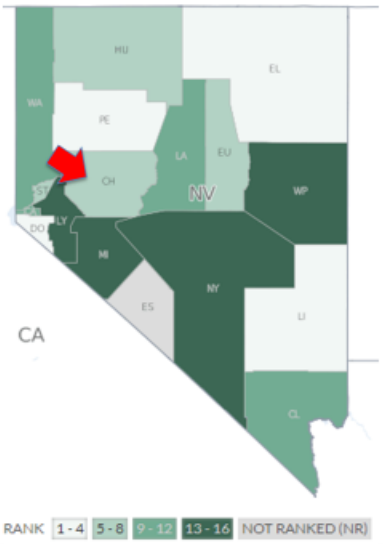
- Health factors in the *County Health Rankings* represent **what influences the health of a county**. In turn, each of these factors is based on several measures.
- They measured four types of health factors:
  - **Health behaviors**
  - **Clinical care**
  - **Social and economic**
  - **Physical environment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

Source: www.countyhealthrankings.org

Banner Health

2018 Nevada County **Health Outcomes** Rankings

Churchill County #8 of 16 ranked

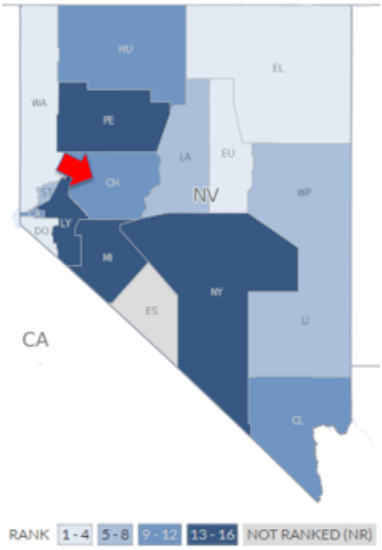


Source: http://www.countyhealthrankings.org/app/nevada/2018/rankings/outcomes/overall

Banner Health

2018 Nevada County **Health Factors** Rankings

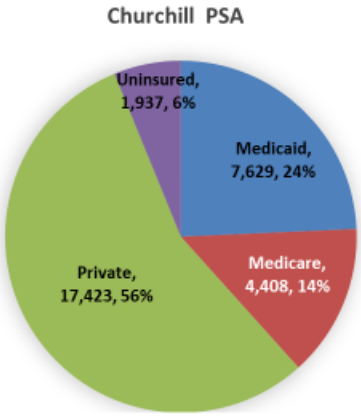
Churchill County #11 of 16 ranked

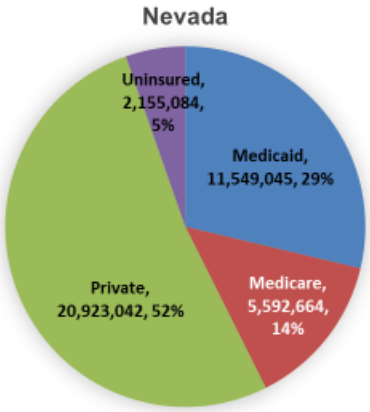


Source: http://www.countyhealthrankings.org/app/nevada/2018/rankings/factors/overall

Banner Health

2019 Insurance Estimates = Top 75% Patient Origin*





PSA/Top 75% Patient Origin Zip Codes:
89406, 89408

*Patient Origin Source: 2018 Banner McKesson IP Data

Insurance Estimates Source: Truven

Banner Health

2018 County Health Rankings

- Churchill County ranks 8 out of 16 Nevada Counties in Health Outcomes
- Adult smoking and adult obesity are areas of improvement to explore
- Preventable hospital stays and diabetes monitoring are areas of improvement compared to national and state measures

Source: www.countyhealthrankings.org

County Health Rankings & Roadmaps
A Healthier Nation, County by County

	Churchill County	Rank of 16	Top U.S. Performers	Nevada
Health Outcomes		8		
Length of Life		7		
Premature death	7,300		5,300	7,100
Quality of life		8		
Poor or fair health**	17%		12%	21%
Poor physical health days**	4.2		3.0	4.3
Poor mental health days**	4.4		3.1	4.5
Low birth weight	7%		6.0%	8%
Health Factors		11		
Health Behaviors		8		
Adult Smoking**	18%		14%	16%
Adult Obesity	25%		26%	27%
Food Environment Index	7.2		8.6	7.7
Physical Inactivity	25%		20%	22%
Access to exercise opportunities	88%		91%	92%
Excessive Drinking**	17%		13%	18%
Alcohol impaired driving deaths	29%		13%	32%
Sexually transmitted infections	225.1		145.1	455.3
Teen births	36		15	31
Clinical Care		11		
Uninsured	14%		6%	14%
Primary Care Physicians	2,200:1		1,030:1	1,760:1
Dentists	1,420:1		1,280:1	1,630:1
Mental Health Providers	600:1		330:1	540:1
Preventable Hospital Stays	55		35	42
Diabetic Monitoring	73%		91%	77%
Mammography Screening	53%		71%	55%

Area of Strength
Area of Concern

Source: http://www.countyhealthrankings.org/app/nevada/2018/rankings/churchill/county/
** Data should not be compared to prior years

County Health Rankings & Roadmaps
A Healthier Nation, County by County

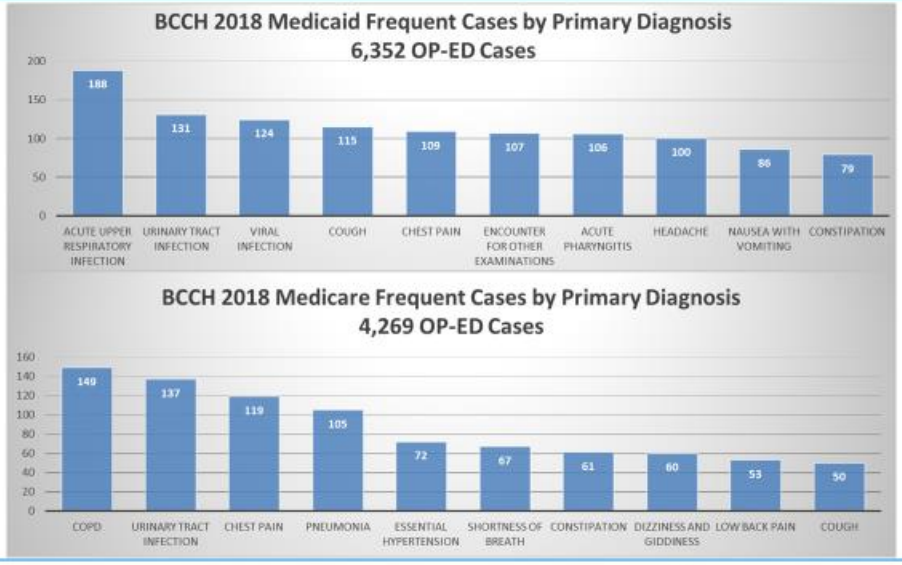
	Churchill County	Rank of 16	U.S. Benchmark	Nevada
Social & Economic Factors		10		
High School Graduation	67%		95%	73%
Some College	55%		72%	57%
Unemployment	5.4%		3.2%	5.7%
Children in Poverty	21%		12%	20%
Income Inequality	4.5		3.7	4.3
Children in Single-parent households	37%		20%	37%
Social Associations	10.7		22.1	4.3
Violent crimes	187		62	616
Injury Deaths	94		55	71
Physical Environment		14		
Air pollution-particulate matter	6.1		6.7	5.9
Drinking water violations	Yes		No	
Severe housing problems	15%		9%	21%
Driving alone to work	82%		72%	78%
Long commute-driving alone	17%		15%	29%

Area of Strength
Area of Concern

Source: http://www.countyhealthrankings.org/app/nevada/2018/rankings/churchill/county/
** Data should not be compared to prior years

Banner Health

Outpatient ED Visits Frequent Diagnosis



Source: Banner McKesson 2018 Full year

Banner Health

2016 Prioritized Community Health Needs

1. Access to Care

Understanding what is covered

- Lack of co-pay affordability forces higher ED use/costs
- Lack of providers (specifically PCP)
- Lack of after hours care, few options outside of ED
- Higher prescription costs delay treatment
- Higher insurance rates for seniors

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
- Younger patients self medicating with drugs and alcohol

2016 Prioritized Community Health Needs

3. Chronic Disease

Includes cancer, heart disease, diabetes, and obesity

- Education on condition management
- Additional outreach needed
- Alcohol use, smoking, and drug use all contribute to unhealthy lifestyles
- Decreasing physical activity and increasing adult obesity trends
- 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:

- The ratio of patients per dental provider, according to the County Health Rankings & Roadmaps is 1,500:1 which is higher than the National Benchmark of 1,340:1. The group felt there was adequate need for increased services and providers, but that the current access to dental care was enough to get by.

- This was another important topic, but the group felt that addressing behavioral and mental health had to come first before this issue could be dealt with. Also, they did not feel the resources existed as significant costs and infrastructure would be required.

- This was a high priority in our discussions. In fact, this seemed to be the highest ranked issue among our focus group. However, when we dug deeper into the issues, it was realized that until there was proper and sufficient access to services, affording care was less of the problem. This topic is something that can be addressed in the future once reasonable action for improving access to care surfaces.

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/Week – **discounted lab services**
- **Community CPR classes with WNC involvement**
- Childbirth classes
- **Active recruitment of providers**

2016 Previous Actions Taken (cont.)

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 – neuro/stroke, psychiatry, oncology**
- RN Case Manager/Social Worker support
- **Cardiopulmonary Rehab Program**

2016 Previous Actions Taken (cont.)

Behavioral Health

- Created a webpage with information and resources related to Mental Health and Substance Abuse Creation of on-call mental health team for ED
- **Expanded telehealth for behavioral and mental health patients**
- Sought out partnerships with regional health facilities
- **Paramedic transfer of behavioral patients**
- **Mental health court partnerships**

Tobacco/Smoking Cessation

- **"Quitline Nevada"**
  - **1-800-QUITNOW**
- Partnership with Churchill County Coalition
- Patient discharge instructions/information regarding smoking cessation

2016 Previous Actions Taken (cont.)

Obesity/Nutrition

- **Sponsor/Support local activities:**
  - **Local 5K's/Fallon Youth Club bike ride/No Hill 100**
- "Healthy Choices Healthy You" coloring contest
- **Dietician nutritional consults**
- **BCCH Activities Committee - walking path for employees/community and participation in fitness events**
- BCCH employee Biometrics health screenings
- Café/vending healthy options
- Banner Healthy Eating Goals Bannerhealth.com

Next Steps…Community Stakeholder Input

- Request input for the following assessment of community needs:
  - Access to Care
  - Behavioral Health/Substance Abuse
  - Chronic Disease
  - Other potential needs?