Community Health Needs Assessment

2019

Banner Health

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 B.

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of Torrington 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 Community Hospital'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 Community Hospital. 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.

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 COMMUNITY HOSPITAL

Community Hospital is a 25-bed critical access licensed hospital located within Torrington, Wyoming, in Goshen County. The hospital was opened in 1977 to serve the community and has never strayed from the community focus, constantly striving to live the Banner Health mission of making health care easier, so life can be better.

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

- Heart Care
- Infusion Therapy
- Emergency Services
- Orthopedics and General Surgery
- Laboratory and Wellness Testing
- Medical Imaging
- Physical Therapy inpatient / outpatient
- Intermediate Medical / Surgical Care
- Swing Bed Care
- Women's Services

The staff of 10 physicians and 30 volunteers provide personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Community Hospital's health professionals render care to nearly 18,000 outpatients, about 3,000 inpatients, and around 4,000 patients in the Emergency Department (ED). The staff also welcomes an average of 70 newborns into the world each year

Community Hospital leverages the latest medical technologies to ensure safer, better care for patients. Physicians and clinical personnel document patient data in an electronic medical record rated at the highest level of implementation and adaptation by HIMSS Analytics, a wholly-owned nonprofit subsidiary of the Healthcare Information and Management Systems Society. 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, TCH 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, TCH reported $2,035,000 in Charity Care for the community, while $1,568,000 was written off as a bad debt or uncollectable dues owed to the facility.

DEFINITION OF COMMUNITY

Community Hospital is located in Torrington in southeastern Wyoming along the Nebraska border. Torrington is situated on the historic Mormon Trail and near the Oregon and California Trails. It is the county seat of Goshen County. The community is primarily agricultural and home to several fertilizer plants and feed yards. Torrington is the gateway to several beautiful sites, it is a wonderful community for the history buff or the outdoor enthusiast.

DESCRIPTION OF COMMUNITY

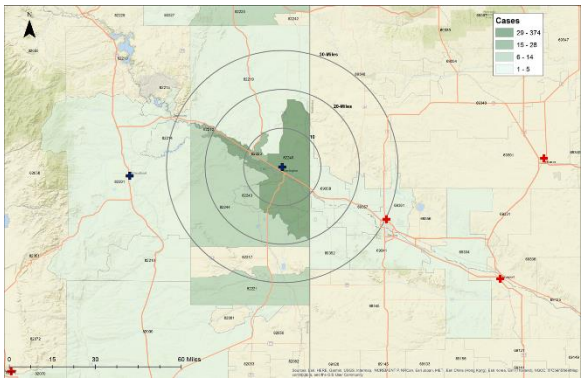
Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75 percent of patients for the respective facility originate from. In Table 1 the top ~75 percent of Community Hospital's PSA is listed.

Table 1. Primary Service Area

Zip	Segment	%	Cumulative
82240	Goshen County	72.2%	72.2%
82223	Goshen County	5.4%	77.6%

Source: McKesson, 2018



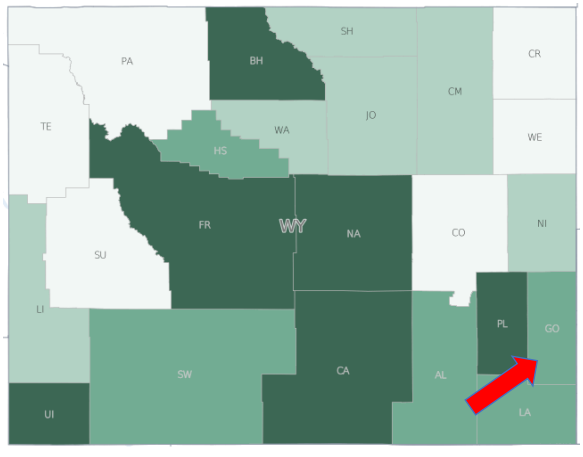
Source: Banner Strategy and Planning

Hospital Inpatient Discharges and Map

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 Torrington accounted for 72 percent of Community Hospital's inpatient discharges in 2018, 5 percent of derived from Lingle.

Health Outcomes Ranking and Map

2019 Wyoming County Health Outcomes Rankings: Goshen County ranked #16 of the 23 counties, a decrease in rankings compared to the 2016 health outcomes (#10 of 23). 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 on the following page are the two



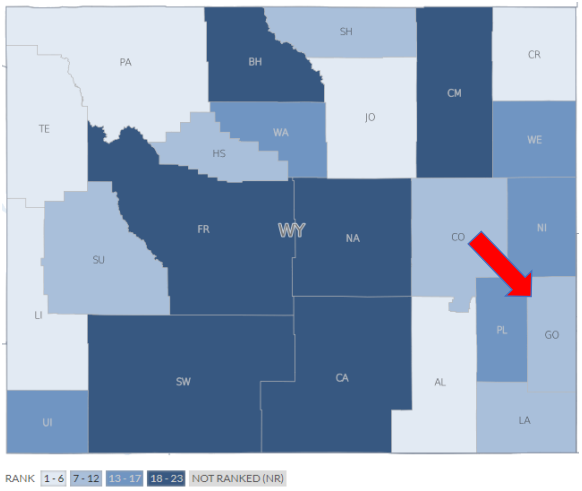
Source: County Health Rankings and Roadmaps, 2018

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)

Health Factors Ranking and Map

2019 Wyoming County Health Factors Rankings: Goshen County ranked #12 of 23 counties. A slight increase in rankings compared to the health factors of 2016 (#13 of 23). Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:



Source: County Health Rankings and Roadmaps, 2018

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

COMMUNITY DEMOGRAPHICS

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

Table 2. Community Demographics

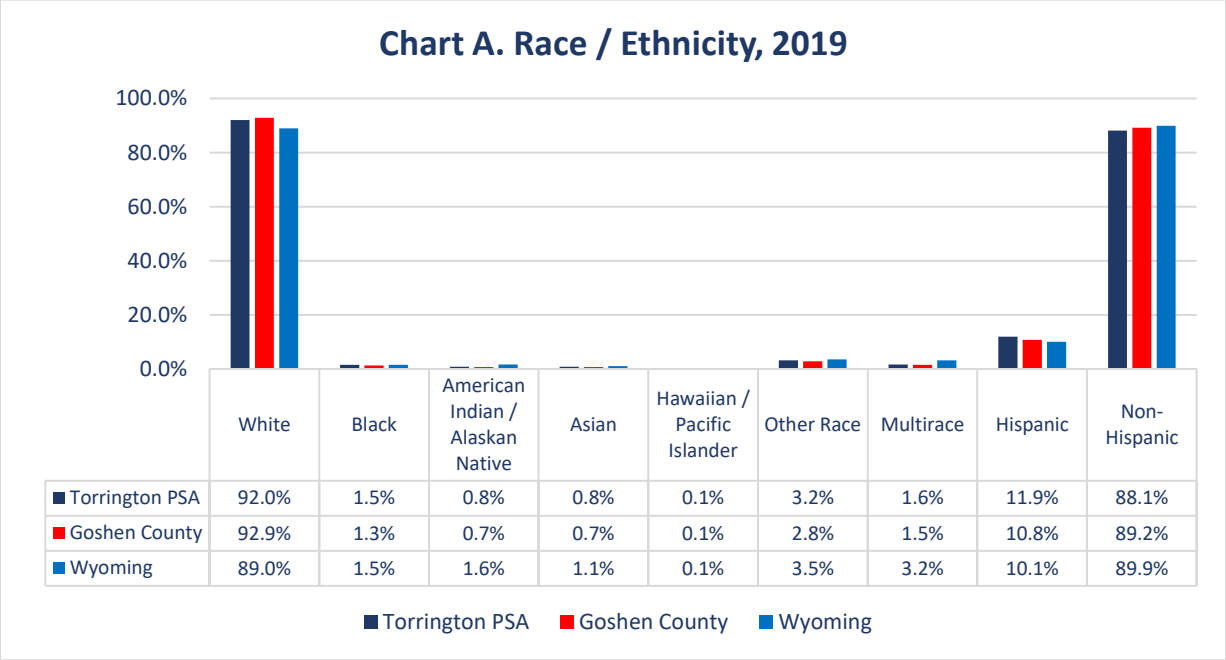
	Community Hospital	Goshen County	Wyoming
Population: estimated 2018	10,437	13,376	588,225
Gender			

• Male	52.5%	52.1%	51.0%
• Female	47.5%	47.9%	49.0%
Age			
• 0 to 9 years	11.3%	11.1%	13.1%
• 10 to 19 years	12.2%	12.4%	12.9%
• 20 to 34 years	18.5%	17.9%	20.4%
• 35 to 64 years	36.1%	36.7%	37.5%
• 65 to 84 years	18.3%	18.8%	14.1%
• 85 years and over	3.6%	3.1%	1.9%
Social & Economic Factors			
• No HS diploma	8.8%	8.1%	7.5%
• Median Household Income	$46,800	$49,000	$65,300
• Unemployment	2.9%	2.7%	3.6%

Source: Advisory Board 2019

Race/Ethnicity (PSA, County and State)

The primary service area has a slightly larger population of White (92%) to that of the State (89%). The prevalence of the population being Hispanic and of other race is smaller in the PSA compared to the state and county.

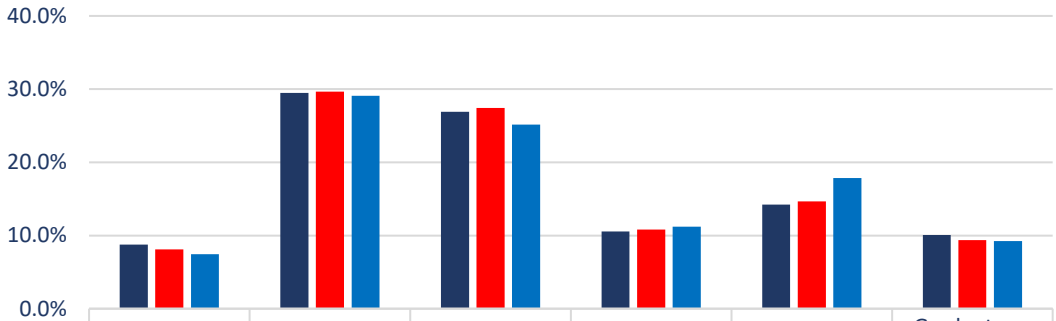


Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

Community Hospital's primary service area has lower rates of obtaining an associates or bachelor's degree than that of the state. However, the percentage of the population in the PSA who has a graduate or professional school degree compared to that the state and county is higher.

Chart B. Educational Attainment*, 2019



	No HS diploma	HS graduate	College no diploma	Associate degree	Bachelor's degree	Graduate or prof school degree
Torrington PSA	8.8%	29.5%	26.9%	10.5%	14.2%	10.1%
Goshen County	8.1%	29.6%	27.4%	10.8%	14.7%	9.4%
Wyoming	7.5%	29.1%	25.1%	11.2%	17.9%	9.2%

Torrington PSA Goshen County Wyoming

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

Insurance Coverage Estimates for PSA and State of Wyoming Population

The charts below indicate the primary service area has a higher rate of the population being insured by Medicaid and Medicare than that of the state. Over 50 percent of both the state and PSAs population utilized private insurance. The uninsured rate is low for both the state and PSA and can be attributed to the low unemployment rate.

Chart C. Torrington PSA

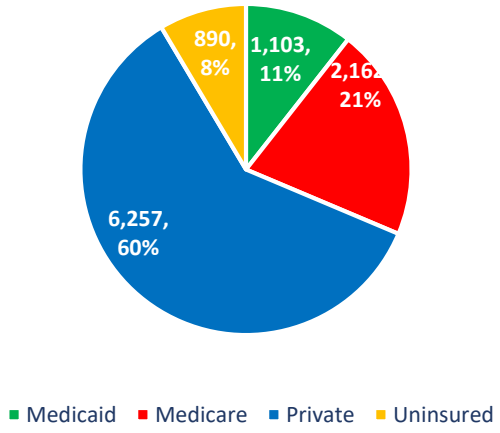
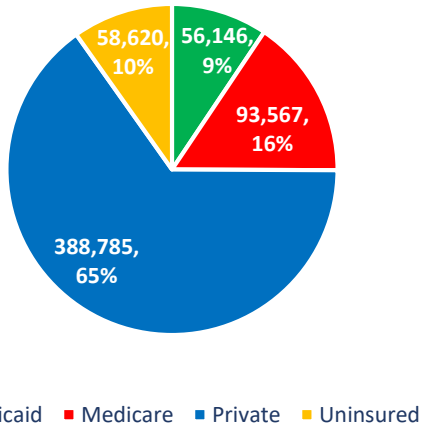


Chart D. Wyoming

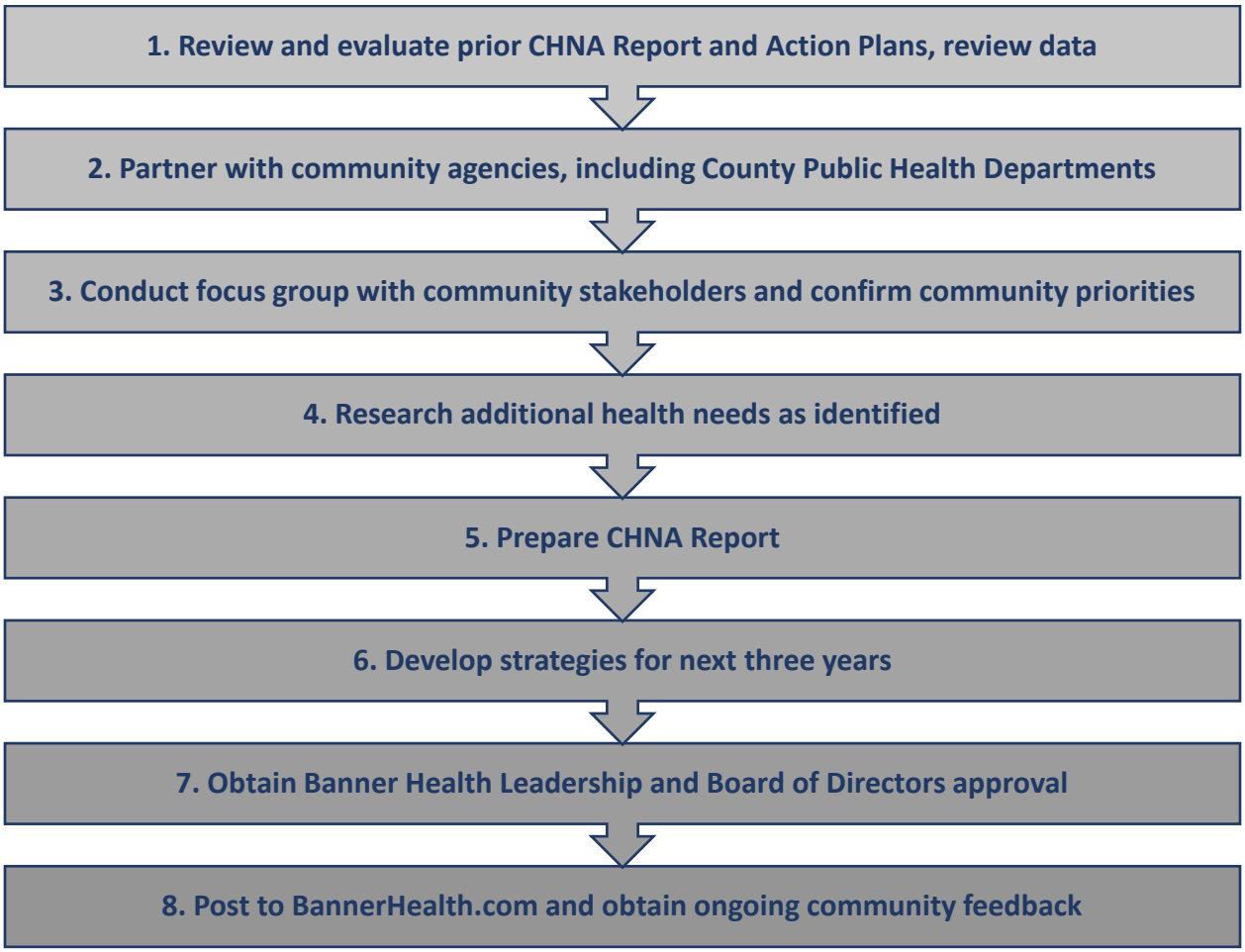


Source: 2017-18 Wyoming State Data, Truven

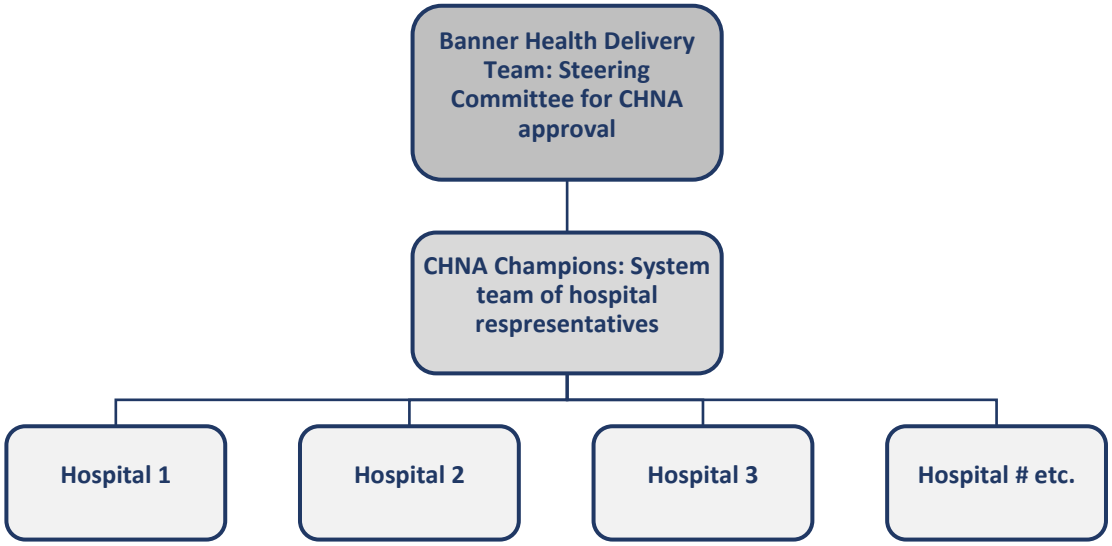
PROCESS AND METHODS USED TO CONDUCT THE CHNA

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

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 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 Community Hospital's PSA's health status and outcomes. Data sources are located in Appendix B.

DATA LIMITATIONS AND INFORMATION GAPS

Although the data sources provide an abundance of information and insight, data gaps still exist, including determining the most appropriate depth and breadth of analyses to apply. Additional gaps include:

Table 3. Data Limitations and Information Gaps

Data Type	Data Limitations and Data Gaps
Primary Data	• 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. • 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 Goshen County, Wyoming and national comparisons • Some data was over two years old, making it hard to assess what the current health needs are.

S

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with 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 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 statements summarize each of the areas of priority for 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). Understanding income and its correlation to access to care, primarily through access to health insurance, is necessary to understand the environmental factors that influence and persons health. Research supports the correlation between income and health, compared to high-income Americans those with low-incomes have higher rates of heart disease, diabetes, stroke, and other chronic conditions (Khullar, Dhruv, Chokshi, 2018).

Table 4 breaks down the percentage of the community living in various states below federal poverty levels. Nearly one third of Goshen County's population lives at 200 percent below the federal poverty level. The poverty rate among Hispanic / Latinos is a concern as they represent 30.18 percent of Goshen County's population living below 100 percent of the FPL (U.S. Census, 2013-17).

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

	Goshen County	Wyoming	US
Population Below FPL			
50%	3.34%	4.88%	6.48%
100%	13.24%	11.13%	14.58%
185%	29.52%	24.9%	30.11%

Table 4. Percentage Below Federal Poverty Level (FPL) 2013 – 2017			
	Goshen County	**Wyoming**	**US**
200%	32.3%	27.83%	32.57%
Children Below FPL			
100%	19.48%	12.79%	20.31%
200%	41.33%	33.55%	42.24%

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

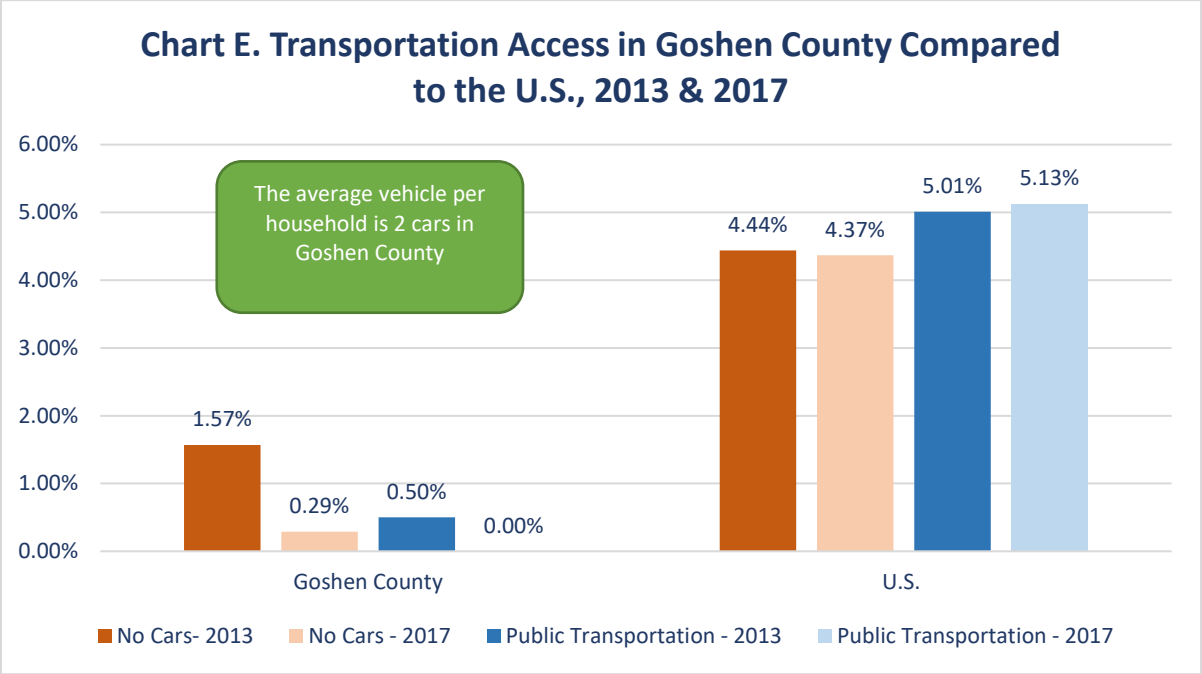
Residents of Goshen County are in a Health Professional Shortage Area (HPSA). HPSAs are an indicator for access and health status issues based on whether there is a health care provider shortage in primary, dental, and / or mental health. In the US 23.3 percent of the population is living in an area affected by a HPSA, which is low when compared to Wyoming and Goshen County (WY – 32.2%; Goshen County - 34.2) (HHS, 2019). However, Goshen County does not face primary care physician demand at the level the state does, Goshen County has had a steady increase in providers over the past three years (Table 5).

Table 5. Ratio of Population to Primary Care Physicians			
	Goshen County	**Overall in Wyoming**	**Top U.S. Performers (90th Percentile)**
2017	1,350:1	1,460:1	1,040:1
2018	1,490:1	1,500:1	1,030:1
2019	1,220:1	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 2 percent of Goshen County had no car in 2013, that decreased in 2017 to 0.29 percent of the population with no car. This decrease represents a more stable rate of access to transportation for residents (Chart E). For this report we have used commuter data to interpret general utilization of public transportation, Goshen County public transportation is not available at a county wide level. However, 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 centers (WYDOT, 2019). Lack of public

transportation options can lead to low utilization of public transportation services. Due to the county's designation as a rural county by the Department of Agriculture, transportation barriers listed above and in Chart E can have a larger impact because of the limited alternative transportation options in rural environments (USDA, 2019).



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 Goshen 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 have a higher prevalence in the state when compared to the national rate.

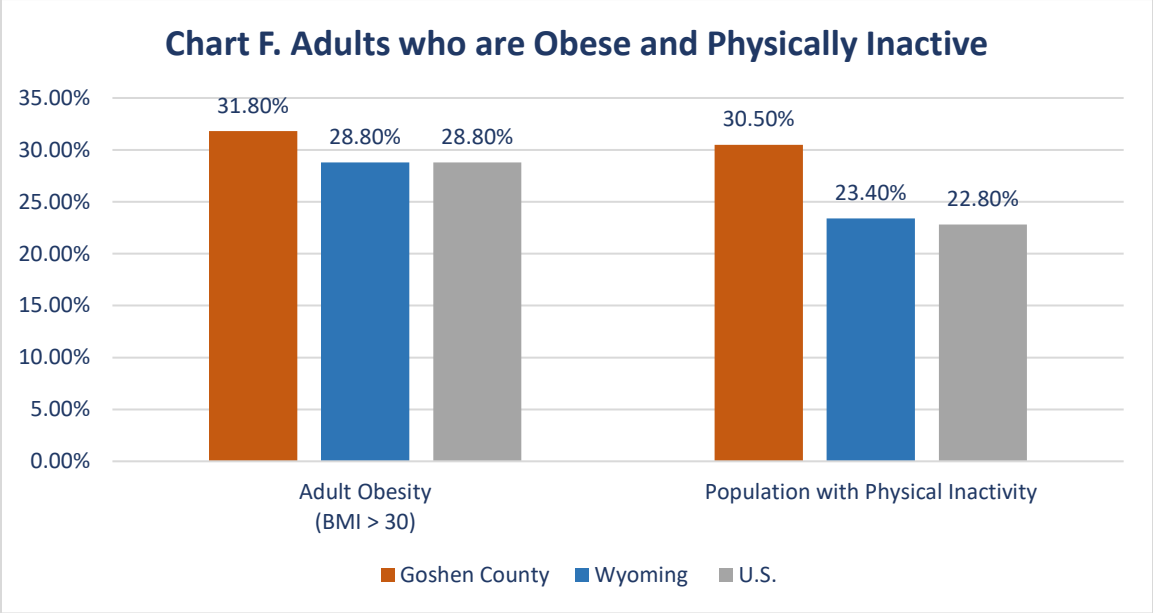
Table 6. Chronic Disease Mortality, per 100,000, 2017		
	Wyoming	**U.S.**
Heart Disease	148.9	165.0
Cancer	136.1	152.5
Chronic Lower Respiratory Disease	53.8	40.9
Alzheimer's disease	32.7	31.0
Stroke	28.4	37.6
Diabetes	18.1	21.5
Chronic Liver Disease / Cirrhosis	14.2	10.9

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), being overweight, a precursor to obesity is defined as having a BMI from 25 to 30 (CDC, 2015). Body Mass Index is determined by a person's height and weight. Obesity can contribute to chronic diseases, as well as environmental factors such as physical inactivity and food access (CDC, 2017).

Chart F shows the county, state, and national trends of obesity and physical inactivity prevalence. Goshen County has an adult obesity rate higher than both state and national averages, nearly one third of the population is obese. This aligns with the populations prevalence of physical inactivity when compared to the Wyoming and the United States (County Health Rankings, 2019).

Access to foods, specifically to fresh and health food can be a strong indicator for positive health behaviors. Grocery store access is a factor to measure healthy food access. As of 2016, there were 15.1 grocery stores per 100,000 residents in Goshen County, this is less than both the state and national averages (Wyoming – 17.39; U.S. 21.18) (US Census Bureau, 2017). The factors of poor physical inactivity and lower access to grocery stores compared to the state and national averages, correlates with a higher prevalence of an obese population in Goshen County.



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 Goshen 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 year of an increase in access to Mental Health providers in Goshen County, in 2014 the ratio was 440:1 (County Health Rankings, 2014).

Table 7. Access to Mental Health Care Providers in 2019

	Goshen County	Wyoming	U.S.
Ratio of Population to Mental Health Providers	240:1	310:1	310:1

Source: County Health Rankings, 2019

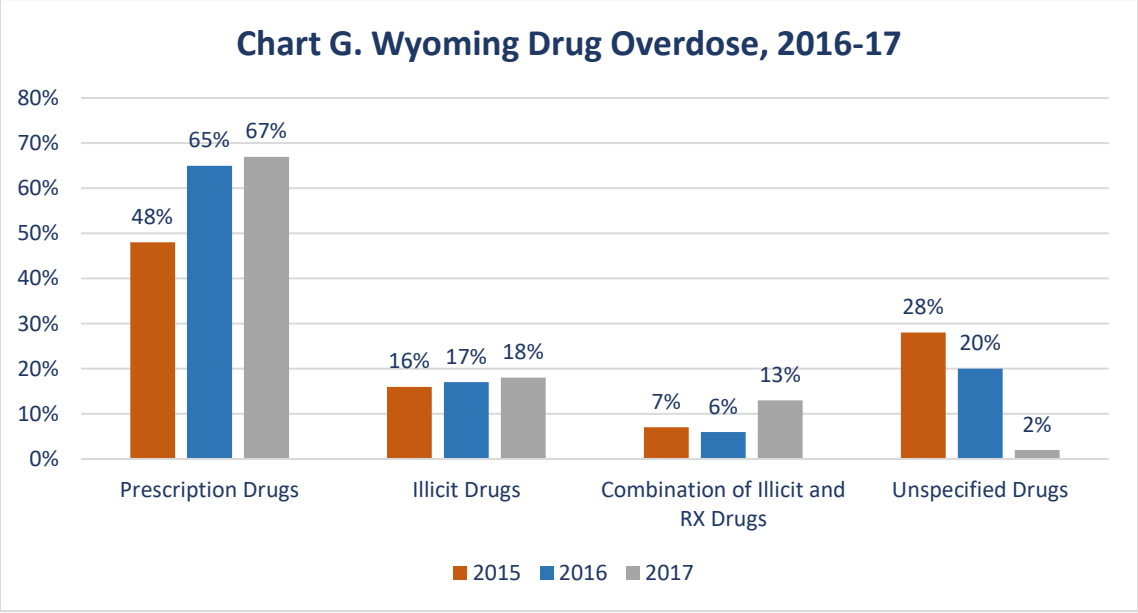
Goshen County has one of the largest populations of residents age 65 and older in the state. The elderly are at an increased risk of developing depression related to risk factors often experienced by older adults. These risk factors include chronic medical conditions and decreased mobility which can result in social

isolation. United Health's 2018 Senior Report for Wyoming indicates since 2017 there has been a 7 percent increase in senior suicide to 31.5 deaths per 100,000 adults aged 65+ (UHF, 2019).

2017 Behavioral Risk Factor Surveillance System (BRFSS) survey data indicated 1/5th of the adult population in Wyoming reported they had been informed by a health professional that they had a depressive disorder and women were nearly twice as likely to be informed as such compared to men (Females – 27.3%; Males – 15.4%) (WDOH, 2017). Goshen County residents reported an average of 3.5 "poor mental health days" in a month, which is greater than the top U.S. performing counties, 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 identified the aging of the community and the need for additional resources for wellness and preventative care as other health needs in the community. The 2019 Implementation Strategies specifically focuses on wellness and preventative care in the health need of chronic disease, and aging was also going to be partially addressed through access to care and behavioral health, thus it was determined that it did not to be focused on as its own health need at this time.

2016 CHNA Follow Up and Review

Feedback on Preceding CHNA and 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 Community Hospital PSA.

Table 8. Implementation Strategies 2016 for 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
Impact of Strategy: • We are continuing to work with other healthcare resources to increase and improve access to care. • Torrington Community Hospital participates in and offers health activities in the community through Blood Drives and Safe Kids Days (Kids Health Fair) • We promote use of MyBanner, our online patient portal.
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Strategy #1: Increase personal management of Chronic Disease
Impact of Strategy: • Torrington Community Hospital continues to work to increase our rate of mammography screenings through increasing promotional items, marketing, and events and providing giveaways in October. • Chronic Disease support groups are provided to our patients. • Educational offerings are provided to the community to educate and broaden the community on chronic disease.
Significant Need #3: Behavioral health (Mental Health & Substance Abuse)
Strategy #1Incrase access to behavioral health assessments and services for those in crisis
Impact of Strategy: • We utilize Teladoc to increase access to behavioral health care that is cost effective.

Table 8. Implementation Strategies 2016 for Community Hospital Primary Service Area
Strategy #2: Increase identification of behavioral health needs and access to early interventions
Impact of Strategy: • We use a depression screening tool with both our adult and pediatric patients • We have a webpage available to provide information and resources regarding mental health and substance abuse.

APPENDIX A. RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

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

Type of Resource	Names and Titles	Name of Company Address
Healthcare Facility Reps	Zach Miller, Chief Operating Officer Ingrid Long, Chief Nursing Officer (Lead) BMG – Ned Resch/Jennelle Werner	
Banner Medical Group	Dr. Marion Smith Dr. Norma Cantu	Banner Medical Group
Generations	Melanie Wolfe	
Healthcare - Other	Pieper and Marsh Family Dentistry Dr. Britt Marsh Dr. Tim Pieper (send invite to Tim as well)	2017 Campbell Drive Torrington WY 82240
Healthcare – Other	Grant Jones, OD Torrington Vision Source	1418 East M Street Torrington WY 82240
Local Public Health Expert	Kelly Beard – Public Health (2) Cathy Grace Sammie Coxbill WIC Representative	2025 Campbell Dr. Torrington WY 82240
School Leaders	Goshen County School District #1 Dr. Rick Patterson, Interim Superintendent	626 West 25th Street Torrington WY 82240
School Leaders	Goshen County School District #1 Trina Nichol	626 West 25th Street Torrington WY 82240
School Leaders	LaGrange Elementary Lori Weyrich, Nurse, LaGrange E	Po Box 188 LaGrange WY 82221
School Leaders	Eastern Wyoming College Dr. Lesley Travers President	3200 West C Street Torrington WY 82240
School Leaders	Eastern Wyoming College John Hansen - Director of Institutional Development	3200 West C Street Torrington WY 82240
Peak Wellness Center	Maggie Loghry Clinic Director	501 Albany Ave Torrington WY 82240
City of Torrington EMS	Darin Yates, Executive Director	PO Box 250 Torrington WY 82240
Nursing Home	Goshen Healthcare Community	2009 Laramie Street Torrington WY
Senior Centers	Senior Friendship Center Linda Cockett, Director	216 E 19th Ave Torrington WY 82240
Assisted Living	Peggy Holmstrand, Director Evergreen Court Manager	2010 East F Street Torrington WY 82240

Type of Resource	Names and Titles	Name of Company Address
	Community Home Care Marion Kershaw, Director	627 Albany Street Torrington WY 82240
Local Government Officials	Randy Adams, Mayor	PO Box 250 Torrington WY 82240
	Wally Wolski Goshen County Commissioner Chairman	2125 East A Street Torrington WY 82240
Department of Family Services	Kory Sillerud, Supervisor	1618 East M. Street Torrington WY 82240
Group Home Agency	Diversified Services Inc.	1138 West C Street Torrington WY 82240
	Goshen County Task Force (3) Michelle Powell or Diona Savoy-McDaniels	PO Box 561 Torrington WY 82240

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 States of Wyoming, 2017.

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

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

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

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

Truven. (2018) Wyoming State Data.

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

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

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

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

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

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

FOCUS GROUP AGENDA

Date	Agenda
2.28.18	I. Overview of Priorities – Sandy Duggar – 5 minutes II. CHNA Action Plan – Sandy Duggar – 15 minutes III. 2018 Health Fair – 5 minutes IV. Geri Psych Program Overview – Zach Miller – 15 minutes V. Community Resources – Ingrid Long – 10 minutes VI. Round Table – Current Projects / Actions towards CHNA priorities – Ingrid Long – 10 minutes
5.3.18	I. Overview of Priorities – Ingrid Long – 5 minutes II. OPIOID Community Education – Jennelle Werner – 15 minutes III. Narcan Video – Ingrid Long – 5 minutes IV. Geri Psych Program Update – Zach Miller – 10 minutes V. Community Wellness – Ingrid Long – 15 minutes VI. Round Table – Current Projects / Actions Towards CHNA Priorities – Ingrid Long – 10 minutes
9.27.18	I. Overview of Priorities – Ingrid Long – 5 minutes II. Geri Psych Program Update – Melanie Wolfe – 10 minutes III. Community Wellness (Sage Kids Day next year) – Ingrid Long – 10 minutes IV. Round Table – Current Projects / Actions Towards CHNA Priorities – Ingrid Long – 10 minutes

FOCUS GROUP DEMOGRAPHICS

Characteristics	Number
Gender	
Male	14
Female	17
Identifies at LGBTQ+	1.00
Race/Ethnicity	
American Indian / Alaskan Native	0
Asian / Pacific Islander	0
Black / African American	0
Hispanic / Latino	1
White	30
Education	
Less than High School	
High School / GED	
Some college / Associates degree	6
Bachelor's degree or higher	25
Marital Status	
Married	28
Widowed, separated, or, divorced	2
Never married	1

APPENDIX C. STEERING COMMITTEE AND EXTERNAL STAKEHOLDERS

STEERING COMMITTEE

Banner Health CHNA Steering Committee, in collaboration with Torrington 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.

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.

Type of Resource	Names and Titles	Name of Company Address
Generations	Melanie Wolfe	
Healthcare - Other	Pieper and Marsh Family Dentistry Dr. Britt Marsh Dr. Tim Pieper (send invite to Tim as well)	2017 Campbell Drive Torrington WY 82240
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School Leaders	Eastern Wyoming College John Hansen - Director of Institutional Development	3200 West C Street Torrington WY 82240
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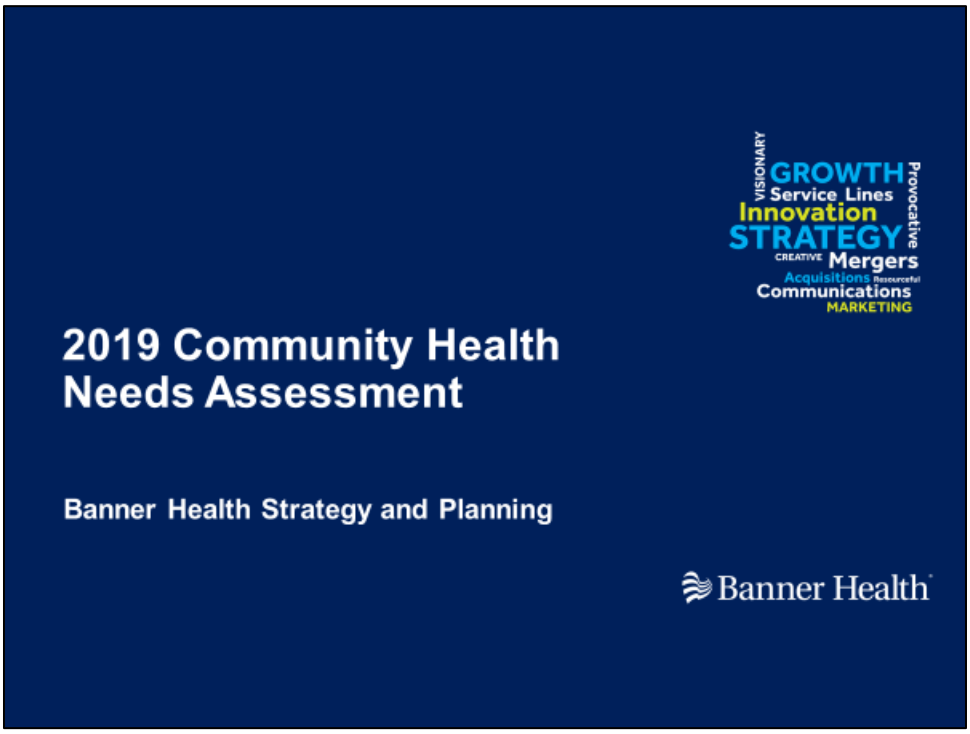
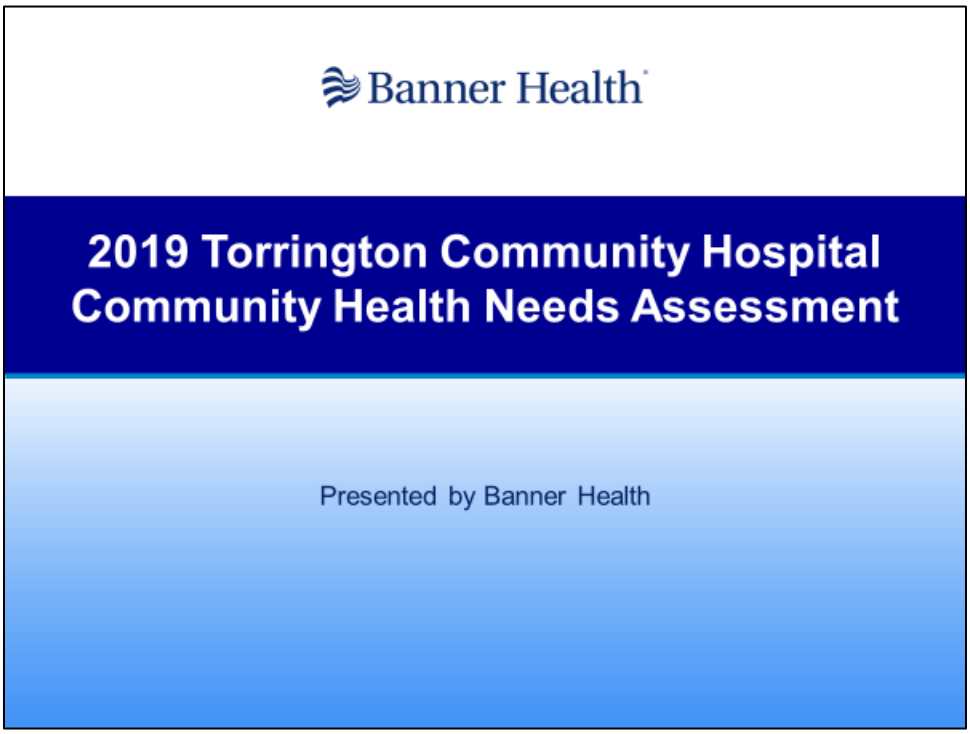
Senior Centers	Senior Friendship Center Linda Cockett, Director	216 E 19th Ave Torrington WY 82240
Assisted Living	Peggy Holmstrand, Director Evergreen Court Manager	2010 East F Street Torrington WY 82240
	Community Home Care Marion Kershaw, Director	627 Albany Street Torrington WY 82240
Local Government Officials	Randy Adams, Mayor	PO Box 250 Torrington WY 82240
	Wally Wolski Goshen County Commissioner Chairman	2125 East A Street Torrington WY 82240
Department of Family Services	Kory Sillerud, Supervisor	1618 East M. Street Torrington WY 82240
Group Home Agency	Diversified Services Inc.	1138 West C Street Torrington WY 82240
	Goshen County Task Force (3) Michelle Powell or Diona Savoy-McDaniels	PO Box 561 Torrington WY 82240

APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups





Banner at a Glance

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

Banner Health

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

Banner Health

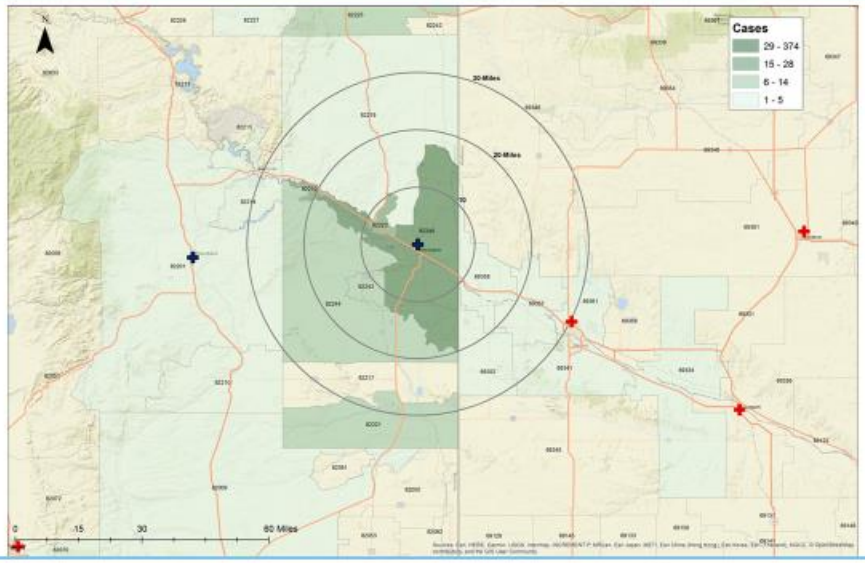
2018 TCH Community Benefit

Facility:	Bad Debt:	Charity Care:	2018 Community Benefit:
TCH	$1,568,000	$2,035,000	$3,603,000

Source: Banner Financials December 2018 - Unaudited

TCH - Inpatient Origin by Zip Code

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



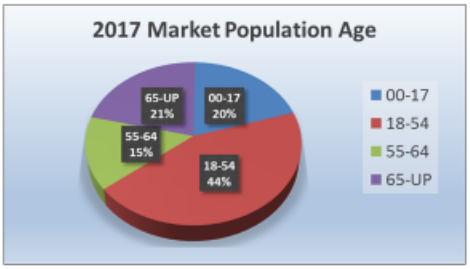
Source: Banner Strategy and Planning

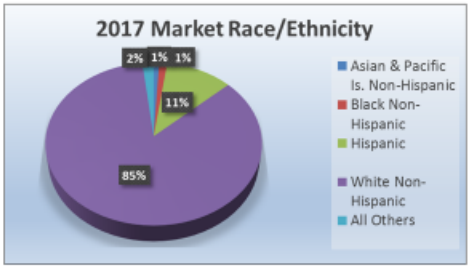
TCH 2017 Demographic Snapshot – Goshen County

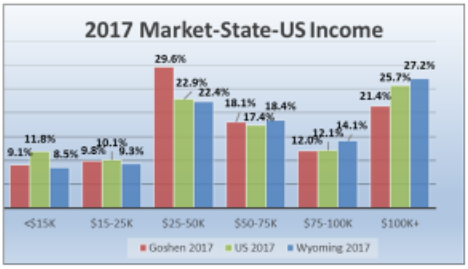
2017 Truven Health Analytics, LLC

Banner Health
Goshen County, Wyoming

Population and Gender	Market 2017 Population	Market 2017 % of Total	Market 2022 Population	Market 2022 % of Total	Market Population % Change
Female Population	6,305	47.7%	6,310	47.5%	0.1%
Male Population	6,922	52.3%	6,964	52.5%	0.6%
Total	**13,227**	**100.0%**	**13,274**	**100.0%**	**0.4%**







Source: Truven Health Analytics

Banner Health

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

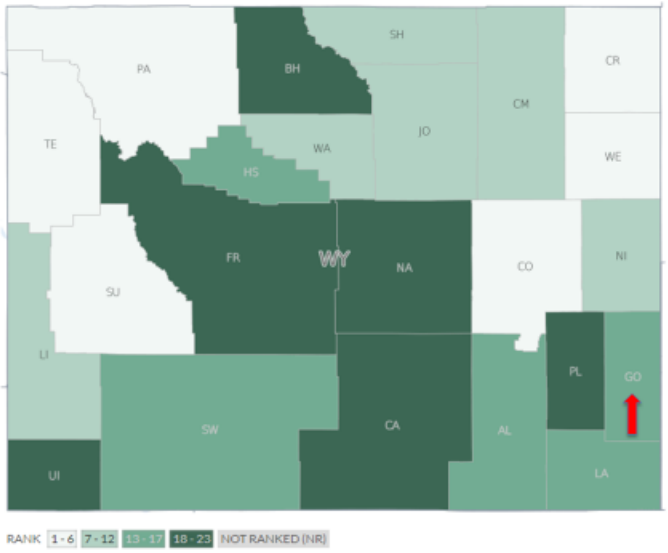
- Health factors in the *County Health Rankings* represent what influences the health of a county. They measured four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.

Source: www.countyhealthrankings.org

Banner Health

2018 Wyoming County Health Outcomes Rankings

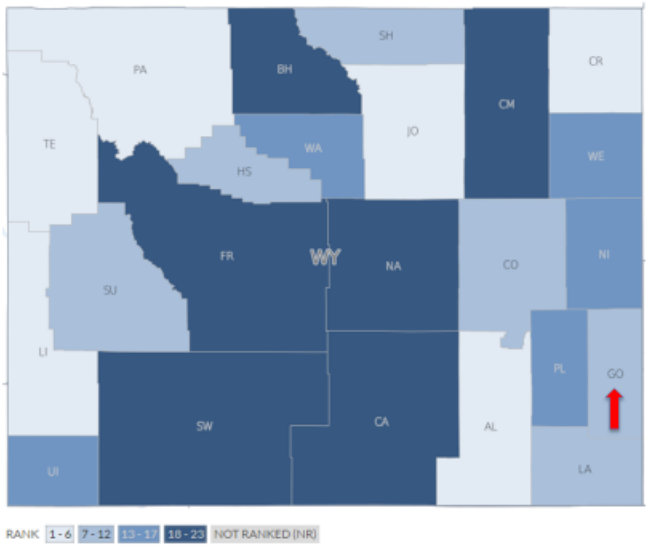
Goshen County #14 of 23 ranked



Source: http://www.countyhealthrankings.org/app/wyoming/2018/rankings/goshen/county

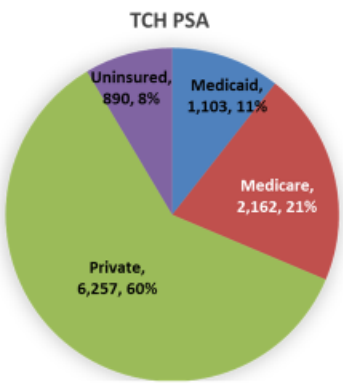
2018 Wyoming County Health Factors Rankings

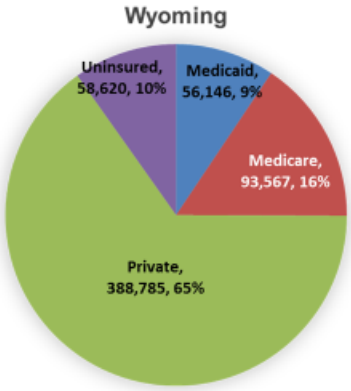
Goshen County #11 of 23 ranked



Source: http://www.countyhealthrankings.org/app/wyoming/2018/rankings/goshen/county

2019 Insurance Estimates = Top 75% Patient Origin*





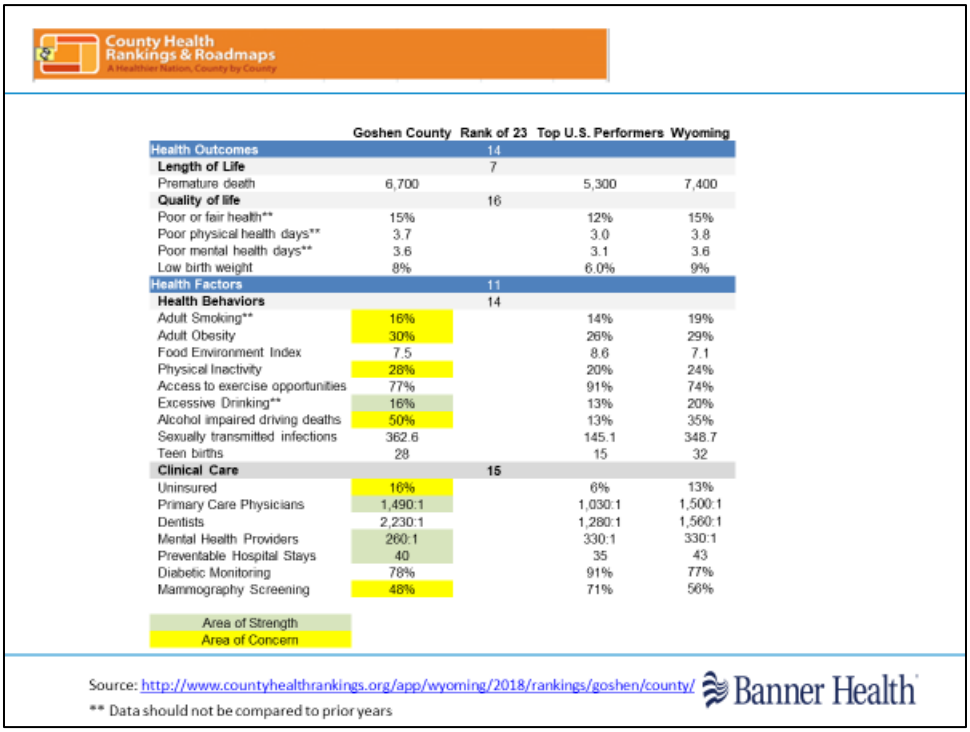
PSA/Top 75% Patient Origin Zip Codes:
82240

*Patient Origin Source: 2017Q3 Ann. State Data
Insurance Estimates Source: Truven

2018 County Health Rankings

- Goshen County ranks 14 out of 23 Wyoming Counties in Health Outcomes
- Adult smoking, adult obesity, and physical inactivity are areas of improvement to explore, compared to national benchmark
- Alcohol impaired driving deaths exceed national and state measures
- Lower percentage of mammography screenings than US benchmark

Source: www.countyhealthrankings.org

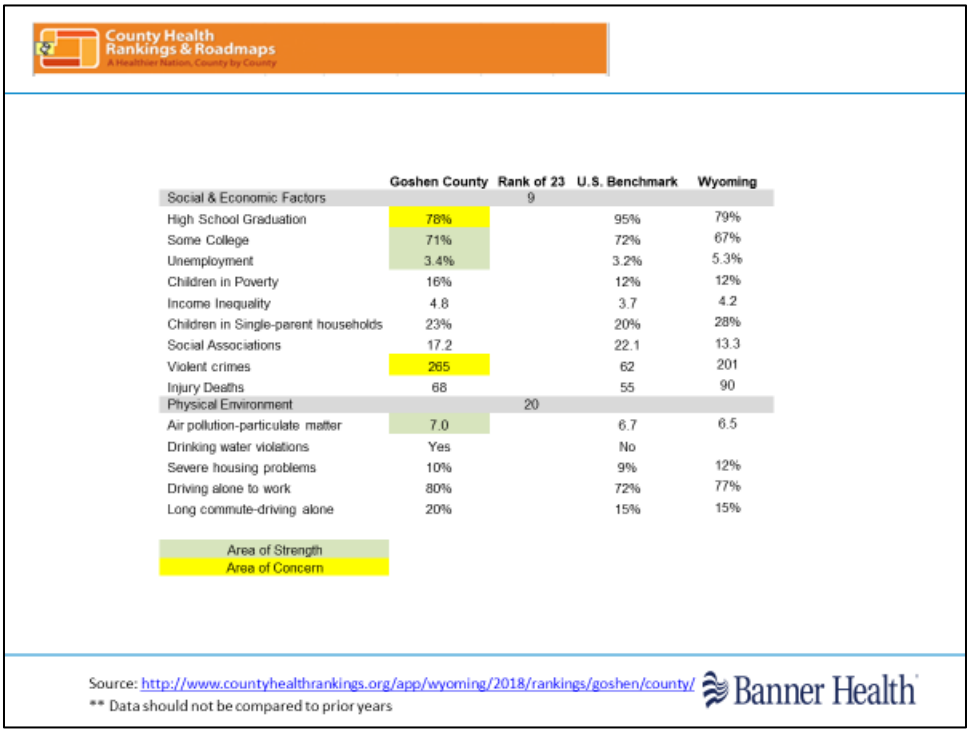


County Health Rankings & Roadmaps

	Goshen County	Rank of 23	Top U.S. Performers	Wyoming
Health Outcomes		14		
Length of Life		7		
Premature death	6,700		5,300	7,400
Quality of life		16		
Poor or fair health**	15%		12%	15%
Poor physical health days**	3.7		3.0	3.8
Poor mental health days**	3.6		3.1	3.6
Low birth weight	8%		6.0%	9%
Health Factors		11		
Health Behaviors		14		
Adult Smoking**	16%		14%	19%
Adult Obesity	30%		26%	29%
Food Environment Index	7.5		8.6	7.1
Physical Inactivity	28%		20%	24%
Access to exercise opportunities	77%		91%	74%
Excessive Drinking**	16%		13%	20%
Alcohol impaired driving deaths	50%		13%	35%
Sexually transmitted infections	362.6		145.1	348.7
Teen births	28		15	32
Clinical Care		15		
Uninsured	16%		6%	13%
Primary Care Physicians	1,490:1		1,030:1	1,500:1
Dentists	2,230:1		1,280:1	1,560:1
Mental Health Providers	260:1		330:1	330:1
Preventable Hospital Stays	40		35	43
Diabetic Monitoring	78%		91%	77%
Mammography Screening	48%		71%	56%

Area of Strength
Area of Concern

Source: http://www.countyhealthrankings.org/app/wyoming/2018/rankings/goshen/county/ Banner Health
** Data should not be compared to prior years



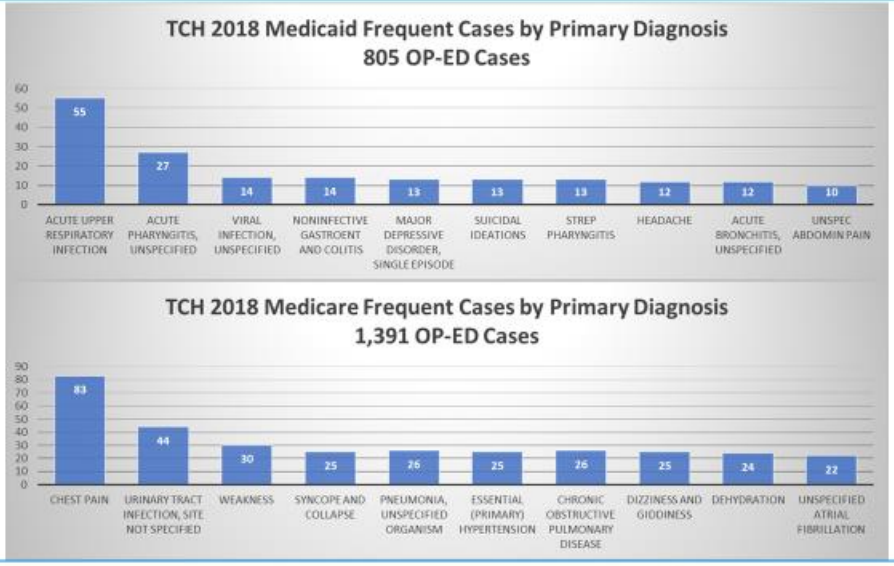
County Health Rankings & Roadmaps

	Goshen County	Rank of 23	U.S. Benchmark	Wyoming
Social & Economic Factors		9		
High School Graduation	78%		95%	79%
Some College	71%		72%	67%
Unemployment	3.4%		3.2%	5.3%
Children in Poverty	16%		12%	12%
Income Inequality	4.8		3.7	4.2
Children in Single-parent households	23%		20%	28%
Social Associations	17.2		22.1	13.3
Violent crimes	265		62	201
Injury Deaths	68		55	90
Physical Environment		20		
Air pollution-particulate matter	7.0		6.7	6.5
Drinking water violations	Yes		No	
Severe housing problems	10%		9%	12%
Driving alone to work	80%		72%	77%
Long commute-driving alone	20%		15%	15%

Area of Strength
Area of Concern

Source: http://www.countyhealthrankings.org/app/wyoming/2018/rankings/goshen/county/ Banner Health
** Data should not be compared to prior years

Outpatient ED Visits Frequent Diagnosis



Source: Banner McKesson 2018 Full year

2019 Community Feedback

- Aging was a major topic of discussion with the community. Torrington has an aging population and the lack of community support and resources remains of high apprehension.
- Lots of collaborative work is being done to correct access to care, substance abuse, and chronic diseases but they still remain as high needs for this community.

Top Needs Not Being Met

- Aging-lack of resources and support.
- Stronger focus on preventative care measures.

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Actions Taken

2016 actions:

Access to care

- Expanded clinic hours to offer evening and weekend access.
- Promoted participation in MyBanner (online patient portal)
- Created Community Health Resource guide to help all community members get the care they need

Chronic Diseases

- Offered community diabetes education.
- Safe Kids day- a community-wide kids health fair promoting healthy living and activities.
- Expanded hours for Wellness testing

Mental Health/Substance Abuse

- Included mental health resources in community guide
- Hosted community opioid education-partnering with other community entities.

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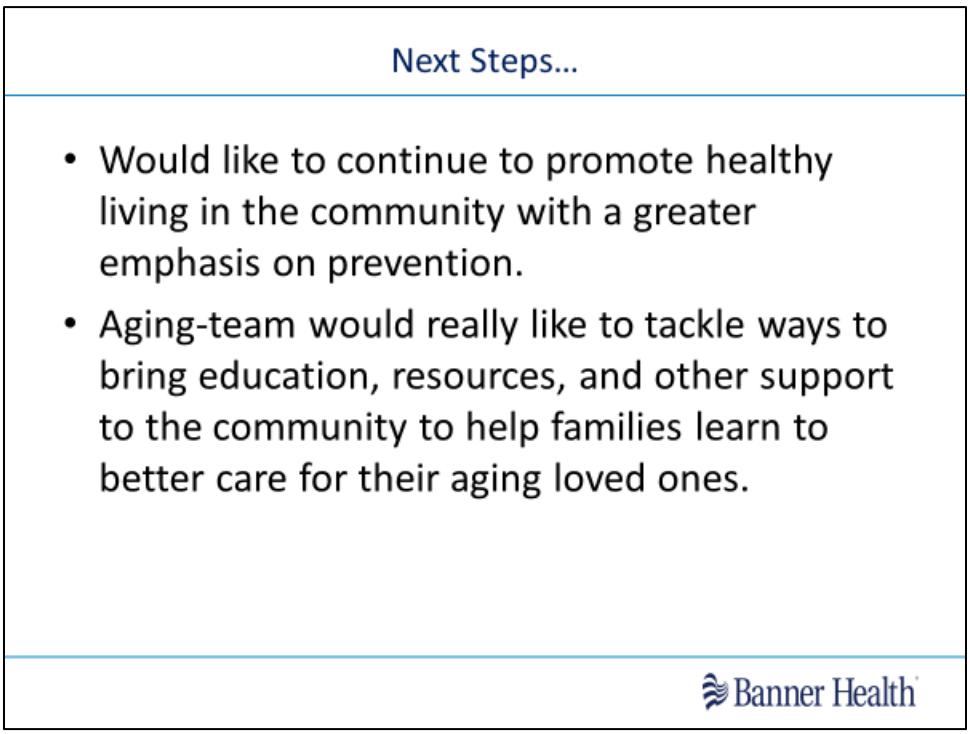
Next Steps…
• Would like to continue to promote healthy living in the community with a greater emphasis on prevention.
• Aging-team would really like to tackle ways to bring education, resources, and other support to the community to help families learn to better care for their aging loved ones.
Banner Health