COMMUNITY HEALTH NEEDS ASSESSMENT
2019

OVERVIEW

From March to August 2019, North Canyon Medical Center (NCMC) conducted a Community Health Needs Assessment (CHNA) for the approximately 15,000 residents of Gooding County, Idaho. North Canyon Medical Center is located in Gooding, Idaho but also serves residents of Twin Falls and Jerome Counties. For this reason, demographics and health statistics were also reviewed for neighboring Twin Falls and Jerome Counties.

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and health-need consulting with healthcare organizations.

A CHNA is a tool used to help communities assess their strengths as well as their weaknesses when it comes to the health of the community. It is also the foundation for improving and promoting the health of the community. The process helps to identify factors that affect a population's health and determine the availability of resources within the community to adequately address these factors and any additional health needs.

OVERVIEW

The CHNA process fulfills the requirements set forth by Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. In addition, input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise, and persons representing medically underserved and vulnerable populations. Input received from the public on the prior CHNA would have been considered in the process, but no feedback was received.

NCMC will create an implementation plan to clarify how it and other community resources will address the needs identified during the CHNA process.

HOSPITAL OVERVIEW

North Canyon Medical Center is a 18-bed critical access hospital located in the south central region of Idaho.   NCMC is located in the city of Gooding, with a population of approximately 3,400 and a Primary Service Area of approximately 15,200.

NCMC embraces patient-first values in serving our neighbors in the Magic Valley. We want to ensure that our patients can stay close to home without forfeiting the quality of medical care, so we are committed to providing levels of professionalism, advanced technology, and patient comfort that are without equal. We are proud to have been awarded the CMS 5 Star Rating the last two years.

SERVICES OVERVIEW

North Canyon Medical Center provides the following services to the community:

- Acute Care
- Addiction Medicine
- Diabetes Education
- Diagnostic Imaging
- Emergency Services
- Family Medicine
- General Surgery
- Laboratory Services
- Nutrition Services
- Orthopedic Surgery

- Rehabilitation Services (PT, OT, ST)
- Respiratory Therapy
- Sleep Studies
- Social Services
- Specialty Clinic
- Surgical Services
- Swing Bed
- Tele-behavioral Health
- Transportation Van
- Weight Loss
- Wound Care

COMMUNITY SERVED

For this needs assessment "community" is defined as the residents of Gooding County, where North Canyon Medical Center resides. This region will be considered the primary service area (PSA).

NCMC has a Family Medicine Clinic in Buhl, Idaho and an Orthopedic Clinic in Twin Falls, Idaho. For these reasons, Twin Falls County is seen as a secondary service area (SSA). The Twin Falls location will draw patients from Jerome, Idaho which resides in Jerome County. Jerome will also be considered part of the SSA.
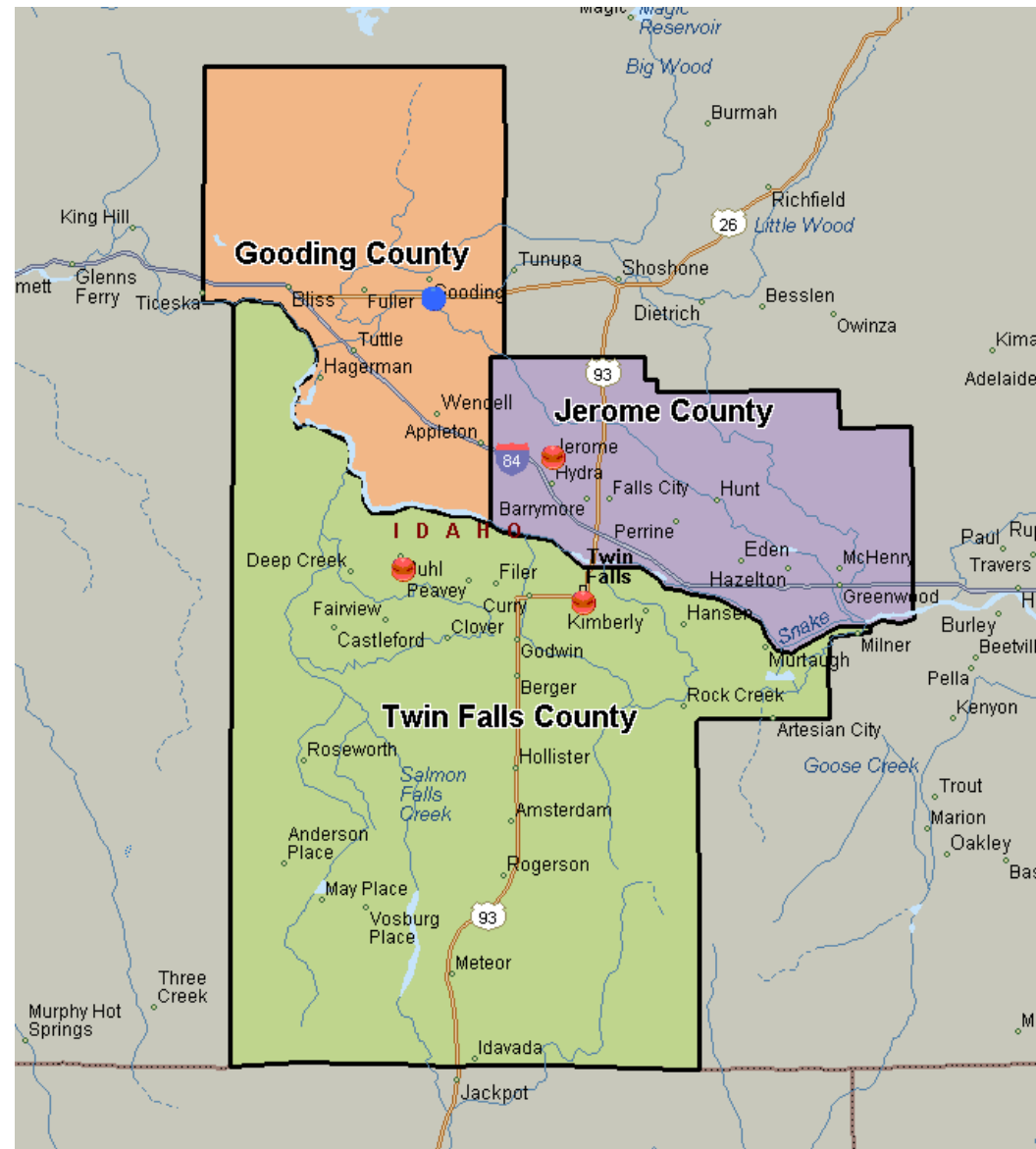
COMMUNITY SERVED

The community was determined by looking at hospital inpatient and outpatient data for the 2017 fiscal year. 77 % of patients were from Gooding County.

In defining community, North Canyon Medical Center has taken into consideration all members of Gooding, Jerome and Twin Falls Counties, regardless of whether they are medically underserved, low income or minority. NCMC is committed to meeting the needs of all members of the community who need care, regardless of their ability to pay for services.

COMMUNITY SERVED

	2010 Census			2019 Estimate			2024 Projection		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Primary Service Area (PSA)									
Gooding County	7,999	7,465	15,464	7,752	7,359	15,111	7,837	7,450	15,287
Secondary Service Area (SSA)									
Twin Falls County	38,115	39,115	77,230	43,021	44,142	87,163	45,836	47,014	92,850
Jerome County	11,429	10,945	22,374	12,154	11,870	24,024	12,739	12,507	25,246
Total SSA	49,544	50,060	99,604	55,175	56,012	111,187	58,575	59,521	118,096

	Population Change	
Primary Service Area (PSA)	2010 - 2019	2019 - 2024
Gooding County	-2.3%	1.2%
Secondary Service Area (SSA)		
Twin Falls County	12.9%	6.5%
Jerome County	7.4%	5.1%
Total SSA	11.6%	6.2%

Years 2010 to 2019 saw 2.3% population decline in the PSA and 11.6% population growth in the SSA.

Looking forward, the five year projection indicates 1.2% growth in the PSA and 6.2% growth in the SSA.

Population trends can indicate the need for more or less health care services in the future. Many rural parts of the U.S. are projected to have declining populations in the next five years and NCMC's PSA and SSA stand in contrast to this trend, although PSA growth isn't particularly robust at 1.2%.

Source: Environics Analytics

COMMUNITY SERVED

The occupational classification for the PSA community is as follows:

- 24.8% hold blue collar occupations
- 42.2% hold white collar occupations
- 33.3% are occupied as service and farmworkers

Health care needs are usually not differentiated by white collar vs. blue collar occupations but rather socioeconomic status.

The civilian employed population age 16 and older in the PSA is employed in the following occupational categories:

15.2% Farming	3.8% Health Care
11.2% Management	3.6% Personal Care
9.9% Transportaion and Moving	2.8% Life, Physical, and Social Sciences
8.4% Office and Administrative Support	2.2% Health Care Support
6.7% Sales & Related Services	1.5% Architecture and Engineering
6.4% Building and Grounds Maintenance	0.9% Business and Finance
5.6% Construction and Extraction	0.9% Protective Services
5.1% Education	0.8% Arts, Entertainment, and Sports
4.8% Producation	0.6% Community and Social Services
4.7% Food Preparation and Service	0.2% Computers and Mathematics
4.4% Maintenance and Repair	0.2% Legal Services

Source: Environics Analytics

COMMUNITY SERVED

The median household income in the PSA is $45,943. This is projected to increase 7% to $49,150 in 2024.

PSA median incomes are lower than SSA incomes, and both are lower than state and U.S. incomes.

	Primary Service Area		Secondary Service Area		State of Idaho		United States	
Total Households								
Estimated 2019	5,381		40,454		654,878		125,018,808	
Projected 2024	5,436		42,946		698,352		129,683,914	
Average Household Income								
Estimated 2019	$ 63,845		$ 69,198		$ 74,006		$ 89,646	
Projected 2024	$ 69,566		$ 77,496		$ 82,256		$ 98,974	
Median Household Income								
Estimated 2019	$ 45,943		$ 53,296		$ 55,499		$ 62,280	
Projected 2024	$ 49,150		$ 58,761		$ 60,919		$ 68,116	
Estimated 2019 Household Income								
< $15,000	551	10.2%	4,000	9.9%	71,853	11.0%	13,139,476	10.5%
$15,000 - $24,999	668	12.4%	4,295	10.6%	62,825	9.6%	11,332,940	9.1%
$25,000 - $34,999	767	14.3%	4,719	11.7%	64,472	9.8%	11,119,486	8.9%
$35,000 - $49,999	930	17.3%	5,991	14.8%	96,684	14.8%	15,768,445	12.6%
$50,000 - $74,999	964	17.9%	8,220	20.3%	127,072	19.4%	21,157,117	16.9%
$75,000 - $99,999	652	12.1%	5,375	13.3%	84,391	12.9%	15,409,853	12.3%
$100,000 +	849	15.8%	7,854	19.4%	147,581	22.5%	37,091,491	29.7%
	5,381	100%	40,454	100%	654,878	100%	125,018,808	100%

Source: Environics Analytics

Correlations exist between health outcomes and socioeconomic status. High income individuals tend to be in better health than low income individuals.

COMMUNITY SERVED

PSA poverty levels are in line with the U.S. and are slightly higher than the State of Idaho. Twin Falls County has poverty levels similar to those of the State of Idaho. Jerome County has higher poverty levels than Twin Falls County, Gooding County, the State of Idaho, and the United States.

	Percentage of Individuals below Poverty Rate	Percentage of Families below Poverty Rate
United States	15.5%	11.3%
State of Idaho	14.5%	10.0%
PSA: Gooding County	15.9%	11.0%
SSA: Twin Falls County	14.4%	10.5%
SSA: Jerome County	16.3%	12.7%

Source: US Census Bureau American FactFinder

COMMUNITY SERVED

Unemployment in PSA and SSA counties were fairly uniform. State of Idaho unemployment rates were slightly higher and rates across the U.S. were higher yet.

Employment status can impact mental health and health care utilization. Unemployed persons have more depression and anxiety symptoms than those who are employed.

	Unemployment Statistics		
	2016	2017	2018
United States	4.9%	4.4%	3.9%
State of Idaho	3.8%	3.2%	2.8%
PSA: Gooding County	3.0%	2.4%	2.4%
SSA: Twin Falls County	3.3%	2.9%	2.6%
SSA: Jerome County	3.1%	2.7%	2.4%

Source: Bureau of Labor Statistics - all rates are not seasonally adjusted

2016 IDAHO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Public health surveillance program designed to assess chronic disease prevalence, health conditions and health-related behaviors associated with death and disability.

Random sampling of individuals in each of the state's seven public health districts

- South Central Public Health District 5:
  - Blaine
  - Camas
  - Cassia
  - Gooding
  - Jerome
  - Lincoln
  - Minidoka
  - Twin Falls

Idaho Behavioral Risk Factors. Results from the 2013 Behavioral Risk Factor Surveillance System. Bureau of Vital Records and Health Statistics, Division of Public Health, Idaho Department of Health and Welfare. 2015.

2016 IDAHO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Data provided on general health, chronic disease prevalence, chronic condition prevalence, health risk behaviors and preventative behaviors

Data for each answer analyzed based on demographic subgroups (age, sex, income, employment, education and ethnicity)

2016 IDAHO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

General observations and *stand-out* differences

- Chronic diseases and injuries comprise nine of the ten leading causes of death nationally and in Idaho.

- 15.5% of Idaho respondents report not having health care coverage. The figure for the U.S. is 10%.

- 6.1% of Idaho respondents report using smokeless tobacco. The figure for the U.S. is 4%.

- 24.7% if Idaho respondents report not always wearing a seatbelt when driving or riding in a car. The figure for the U.S. is 14.8%.

- In Idaho, 64.5% of females reported having had a mammogram in the last two years. Across the U.S. the figure is 77.5%.

HEALTH DATA

To examine health areas of strength and health areas to explore, *County Health Rankings* is utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties are ranked against their state peers based on health outcomes and health factors. Subcategories are as follows:

<u>Health Outcomes</u>
- Length of life
- Quality of life

<u>Health Factors</u>
- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

The report provides information by county on "Areas of Strength" and "Areas to Explore", as determined by the County Health Rankings. This can be helpful in setting a direction for the community health needs assessment.

HEALTH DATA
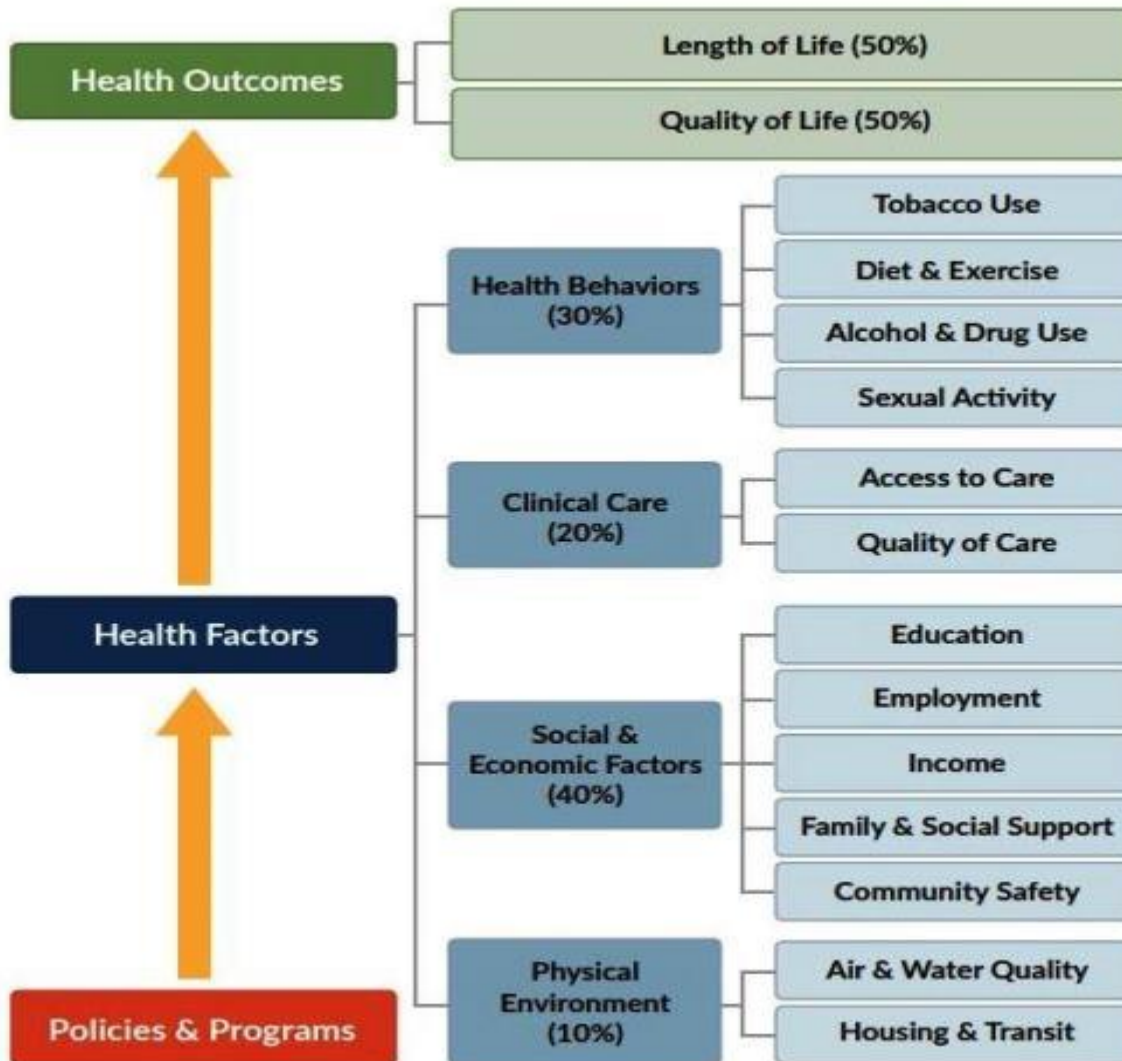
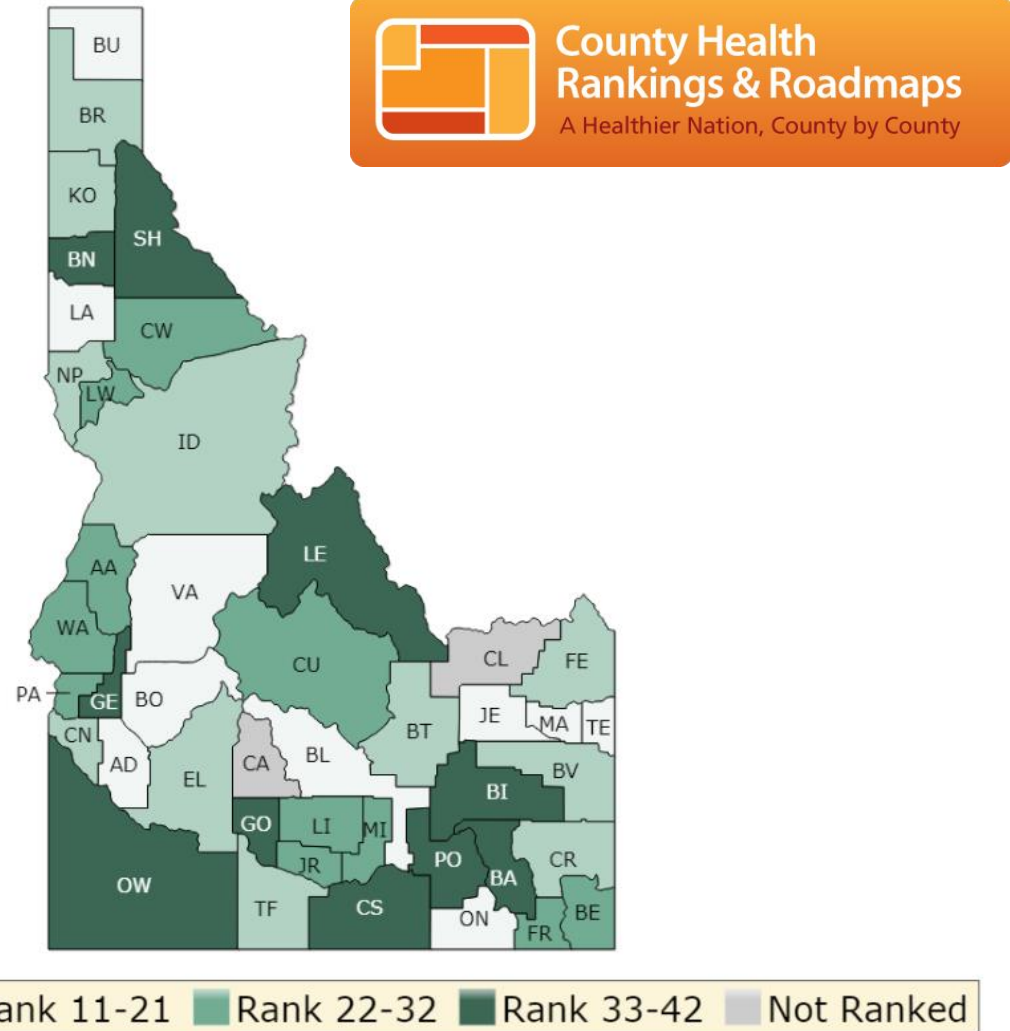County Health Rankings model © 2018 UWPHI

COUNTY HEALTH RANKINGS-HEALTH OUTCOMES

The following provides overall health outcome rankings by county for the state of Idaho for 2019 (lower the better):

Gooding County: 40 of 42
Twin Falls : 21 of 42
Jerome: 29 of 42

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

Rank 1-10   Rank 11-21   Rank 22-32   Rank 33-42   Not Ranked

COUNTY HEALTH RANKINGS-HEALTH FACTORS

The following provides overall health factor rankings by county for the state of Idaho for 2019 (lower the better):

Gooding County: 33 of 42
Twin Falls : 22 of 42
Jerome: 35 of 42

Rank 1-10   Rank 11-21   Rank 22-32   Rank 33-42   Not Ranked
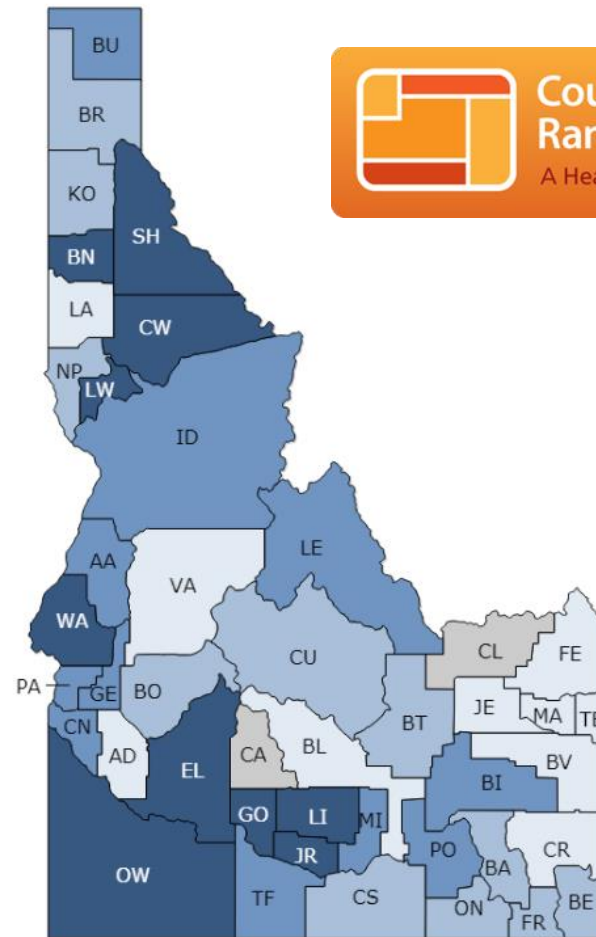
COUNTY HEALTH RANKINGS — DATA SAMPLE

Select a Measure:

HEALTH FACTORS
MAMMOGRAPHY SCREENING

Idaho Summary Information

A Quality of Care measure

Mammography screening

Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.

The 2014 County Health Rankings used data from 2011 for this measure.

Map | **Data** | Description | Data Source | Policies

Place	# Medicare Enrollees	% Mammography	Error Margin	Z-Score
Gooding	119	49.6%	36.9-62.2%	0.62

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

HEALTH DATA RESULTS – PSA AND SSA COUNTIES

For a comparative view, **areas of strength** are listed with PSA and SSA counties side by side. Y = % above State or National average.

Areas of Strength	County		
	Gooding	**Twin Falls**	**Jerome**
Unemployment	y	y	y
Income inequality	y	y	y
Preventable hospital stays		y	y
Air pollution - particulate matter	y		
Primary care physicians		y	
Food environment index	y		
Mental health providers		y	
Physical inactivity		y	

Source: County Health Rankings, University of Wisconsin Population Health Institute

HEALTH DATA RESULTS – PSA AND SSA COUNTIES

For a comparative view, **underline**areas to explore** are listed with PSA and SSA counties side by side. Y = % lower than State or National average.

	County		
Areas to Explore	**Gooding**	**Twin Falls**	**Jerome**
Adult obesity	y	y	y
High school graduation	y	y	y
Adult smoking	y	y	y
Uninsured	y	y	y
Teen births			y
Primary care physicians	y		y
Percent having some college	y		y
Dentists	y		
Physical inactivity			y
Preventable hospital stays	y		
Flu vaccinations	y		y
Violent crime			y
Driving alone to work		y	
Mammography screening	y		y
Mental health providers			y
Sexually Transmitted Infections		y	

Source: County Health Rankings, University of Wisconsin Population Health Institute

HEALTH DATA RESULTS

The County Health Rankings also provides a rank for each county relative to the county peers in its state. There are six categories. The table below shows Gooding, Twin Falls, and Jerome Counties' rank in each of the six categories plus overall ranks. The best score (rank) is one, so the lower the number, the better.

County ranking (of 42 Idaho counties)*

Category	Gooding County	Twin Falls County	Jerome County
Length of life	39	25	31
Quality of life	29	19	32
Health behaviors	26	33	40
Clinical care	42	9	37
Social & economic factors	22	18	25
Physical environment	22	34	16
Overall rank: health outcomes	40	21	29
Overall rank: health factors	33	22	35

Source: County Health Rankings, University of Wisconsin Population Health Institute

two Idaho counties not included due to insufficient data

CONDUCTING THE ASSESSMENT

To ensure input from persons with broad knowledge of the community, a focus group meeting was conducted on April 11th, 2019 with individuals from both the PSA and SSA. Invitations were sent to individuals representing various community, business, and educational organizations. Representatives from local health care providers and the community health departments were included to bring in additional professional perspective. For invitees unable to attend the focus group sessions, input was gathered by email via the Community Survey.

The individuals identified to participate in the process have direct access to individuals across all subsections of the community and therefore can address needs that may impact those populations that are medically underserved or most in need.

CONDUCTING THE ASSESSMENT

Community participants represented the following community organizations:

- North Canyon Medical Center
  - Social Services
  - Discharge Planning
  - Family Medicine Providers
  - Addiction Medicine Provider
  - Physical Therapy
- South Central Public Health
- ProActive Behavioral Health
- Alliance Home Health & Hospice

- Gooding School District
- IESDB – Idaho School for the Deaf and Blind
- City of Gooding
- United Methodist Church
- Visions Home Health & Hospice
- College of Southern Idaho, Hispanic Liaison
- Idaho Home Health & Hospice

CONDUCTING THE ASSESSMENT

The Community Health Needs Focus Group was held on April 11, 2019. The focus group reviewed the scope of the CHNA, discussed NCMC's service areas, revisited NCMC's 2016 CHNA and efforts to address its health need discoveries, and underwent brainstorming/discussion exercises to illuminate:

- Significant community concerns
- Unmet health needs in the community
- Access to care and services available
- Key community health issues

CONDUCTING THE ASSESSMENT

Participants were asked what they see as the most significant concerns in the community. The responses included the following:

- Addiction: ETOH, smoking, opioids
- Transportation for the elderly
- Education on need for care before it becomes a crisis
- Education on services available

CONDUCTING THE ASSESSMENT

Participants were asked what they see as the most critical health issues in the community. The responses included the following:

- Diabetes is number one issue seen in home health
- Dental services for children (especially on Medicaid)
- Mental health issues
  - Access for children
  - Elderly-awareness of signs of mental health issues; depression
  - Stigma around being treated for behavioral health issues
- Behavior health issues in the schools

CONDUCTING THE ASSESSMENT

Participants were asked to consider if there are any other issues with access to care or services available:

- Transportation for Medicaid patients
- Services is Shoshone and Blaine County
- Need more continuity of care between in-patient and home health
- Understanding of services available in the community
  - Need for a community directory

SURVEY RESULTS

In order to obtain input from the broader community, an on-line community survey was created with questions to identify health needs and concerns in the community. The survey was administered from April 24, 2019 to May 17, 2019. The survey was distributed to the PSA & SSA in the following ways to ensure feedback was received from all members of the community, specifically those individuals who may be medically underserved, low income or minority populations:

Survey Link was distributed through the following ways:
  Committee Members
  Chambers of Commerce
  Hospital employees, board members, medical staff
  Senior Centers
  Social Media

98 surveys were received

RESIDENCE OF RESPONDENTS
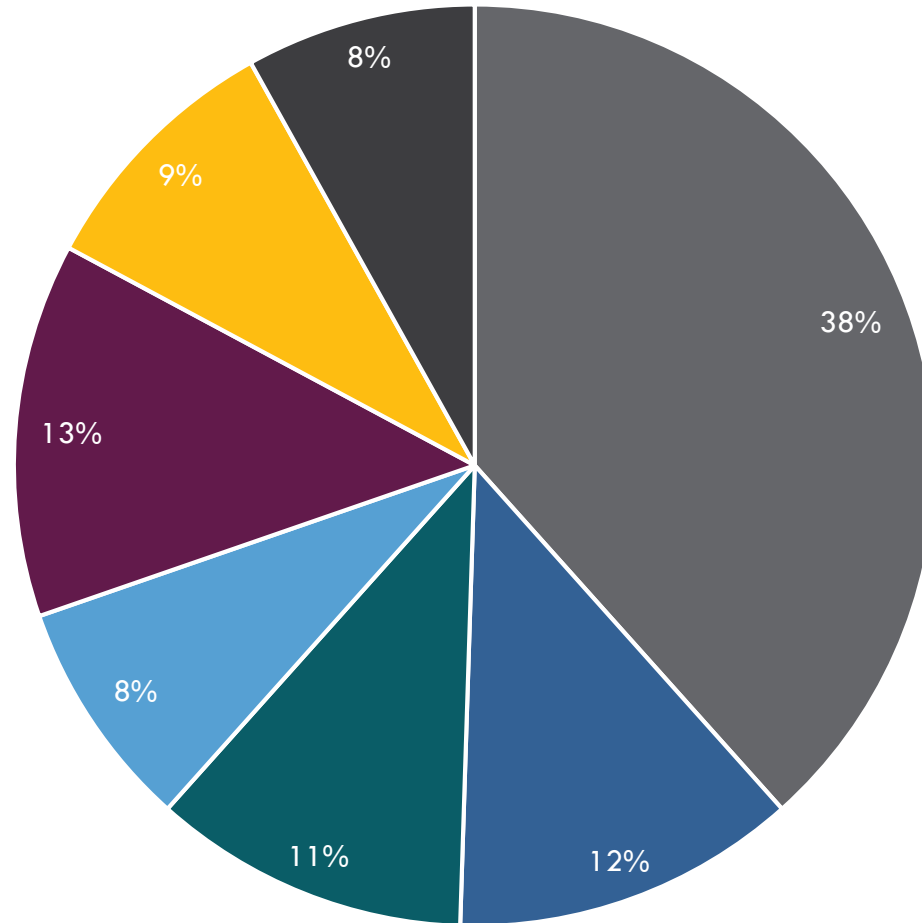
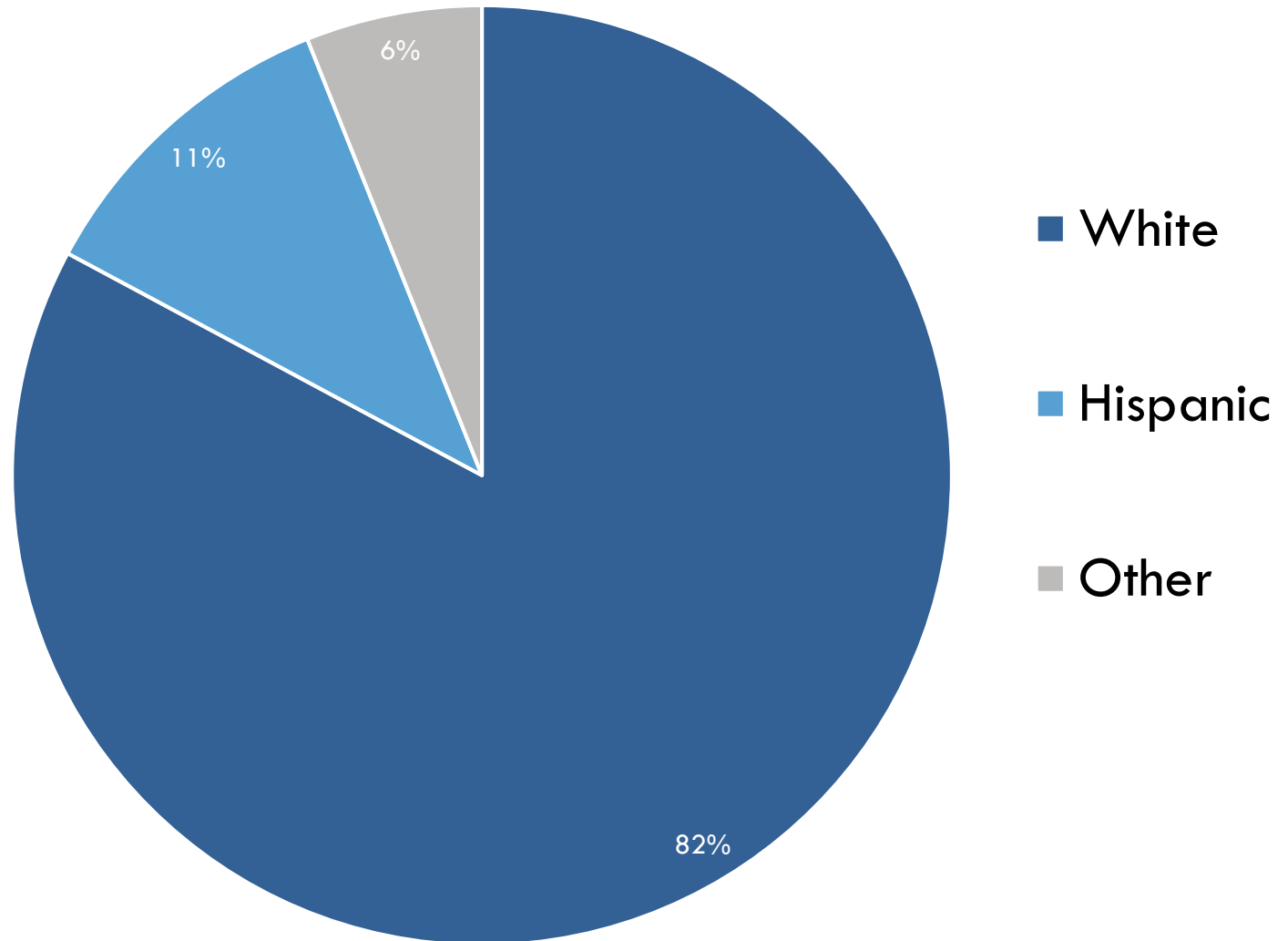Gooding ■ Hagerman ■ Wendell ■ Twin Falls ■ Buhl ■ Jerome ■ Other

Other Respondents represented the communities of Glenn's Ferry, Hailey, Shoshone and King Hill

AGE OF RESPONDENTS

Pie chart legend:
- 25 or under — 7%
- 26 - 39 — 22%
- 40-54 — 39%
- 55 - 64 — 13%
- 65 or over — 18%
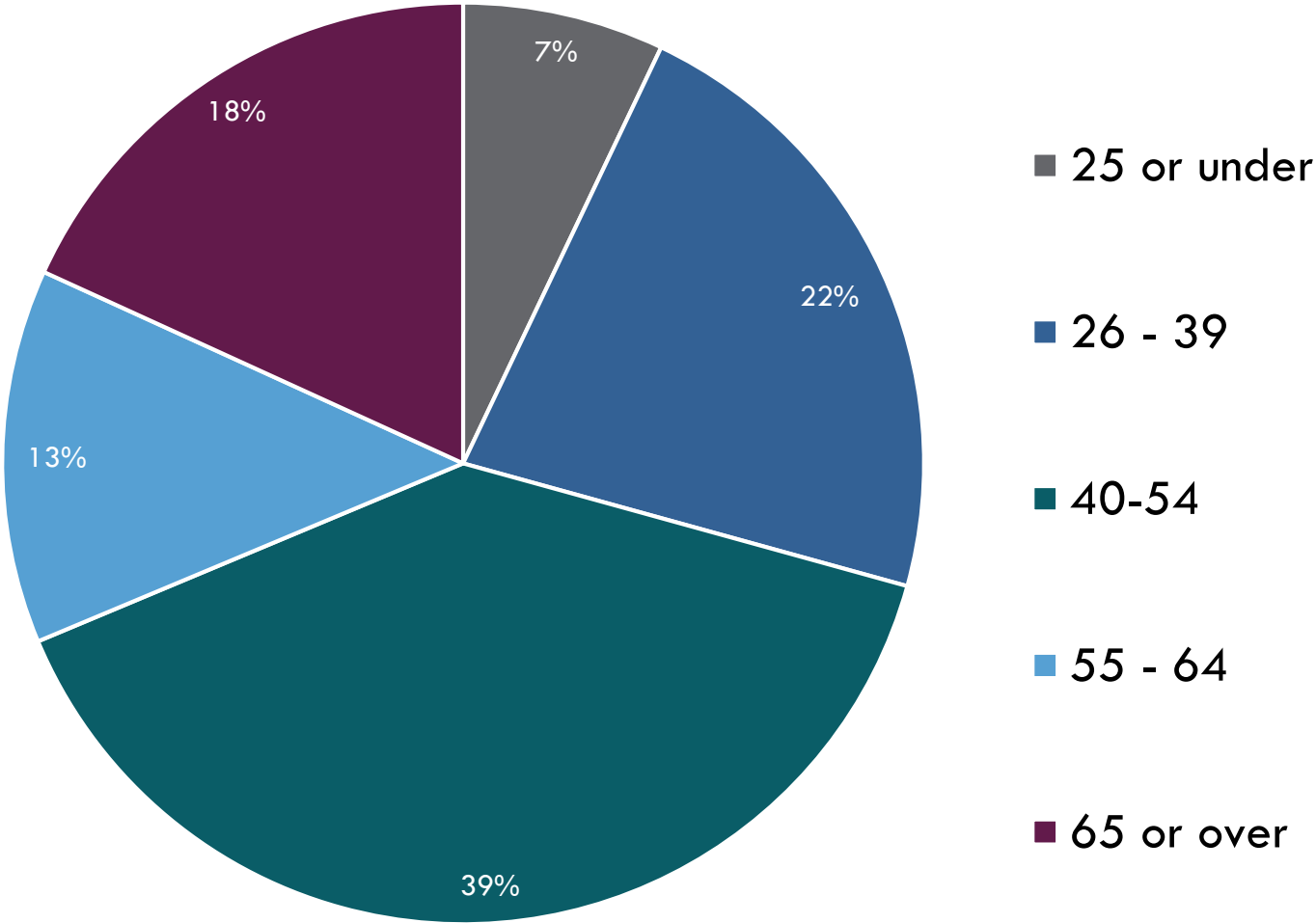
RACE OF RESPONDENTS*

White

Hispanic

Other

*No respondents selected the two other race choices – American Indian and African American.

OVERALL PERCEPTION OF HEALTHCARE

How do you view the following health care topics in your community?

	Description	Above Average	Average	Needs Improvement
A	Quality of hospital/clinic care	**57%**	34%	10%
B	Quality of local doctors/providers	**52%**	41%	7%
C	Cost of local health care	18%	**61%**	21%
D	Access to specialty care	23%	**48%**	29%
E	Number of primary care doctors/providers	27%	**52%**	21%
F	Hours the physician/provider offices are open	20%	**62%**	17%
G	Access to Emergency services	**47%**	41%	12%
H	Access to Urgent Care services	20%	**41%**	39%
I	Access to Long Term Care	23%	**56%**	21%
J	Transportation to health care services	22%	**47%**	31%
K	Access to weekend and after-hours pharmacy	10%	37%	**53%**
L	Ambulance response times	24%	**65%**	12%
M	Access to Dental care	15%	**65%**	20%
N	Other (specified on following page)	7%	**53%**	40%

OVERALL PERCEPTION OF HEALTHCARE

How do you view the following health care topics in your community?

Other issues identified:

   More behavioral health options are needed
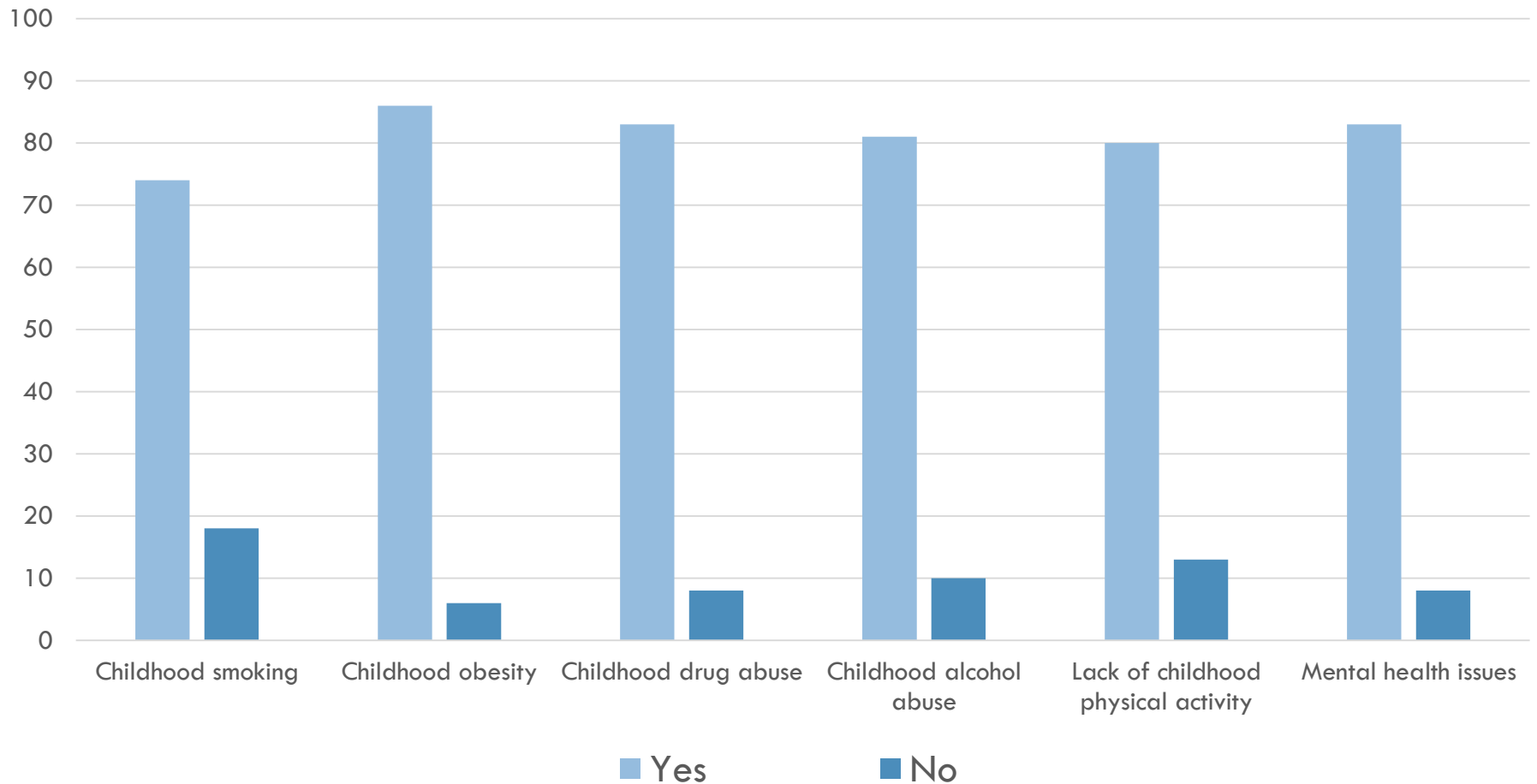   Pediatrics
   Infusion Center
   Obstetrics
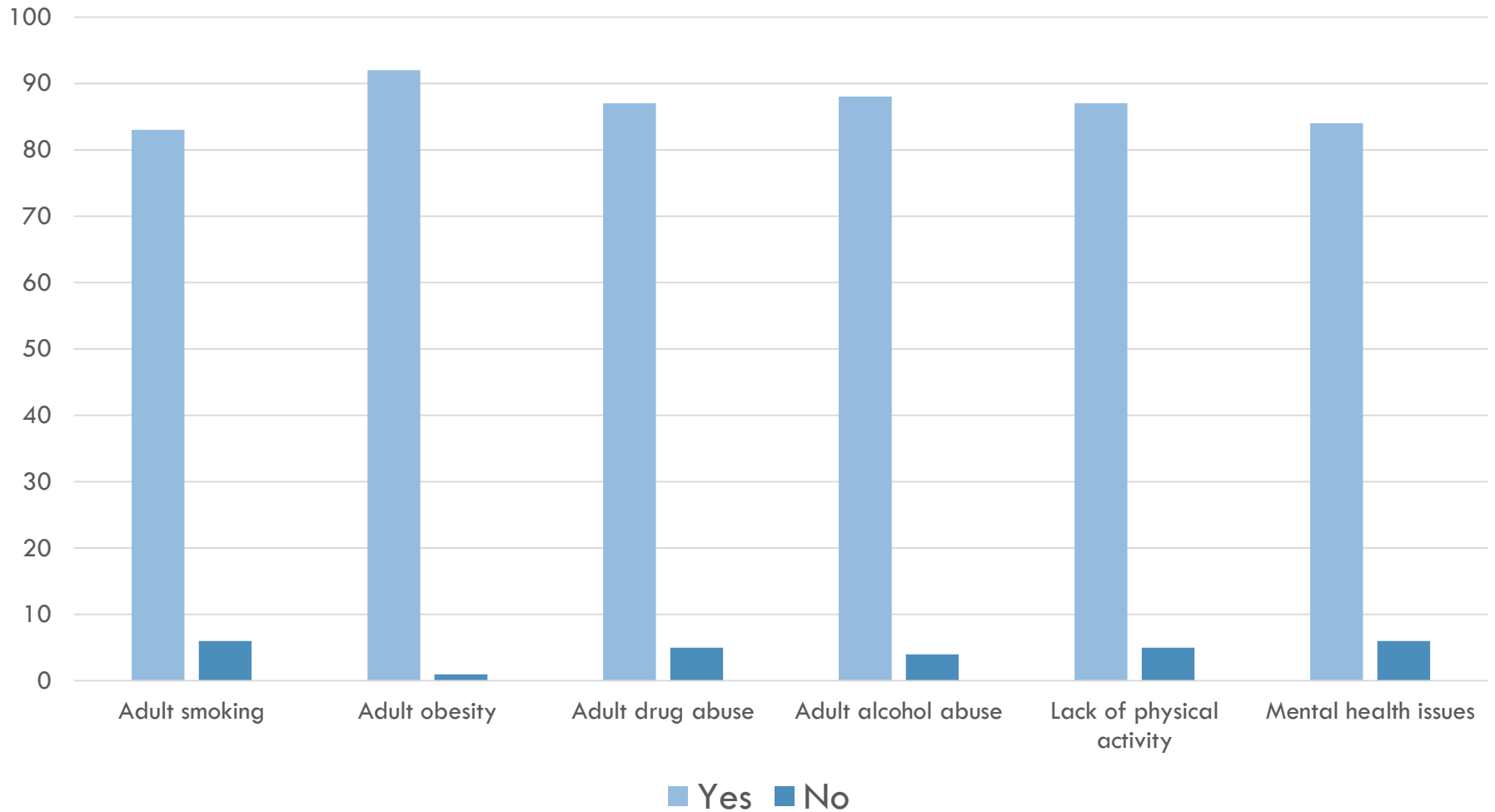   Access to healthcare careers through higher education

HEALTH CONCERNS IN YOUR COMMUNITY
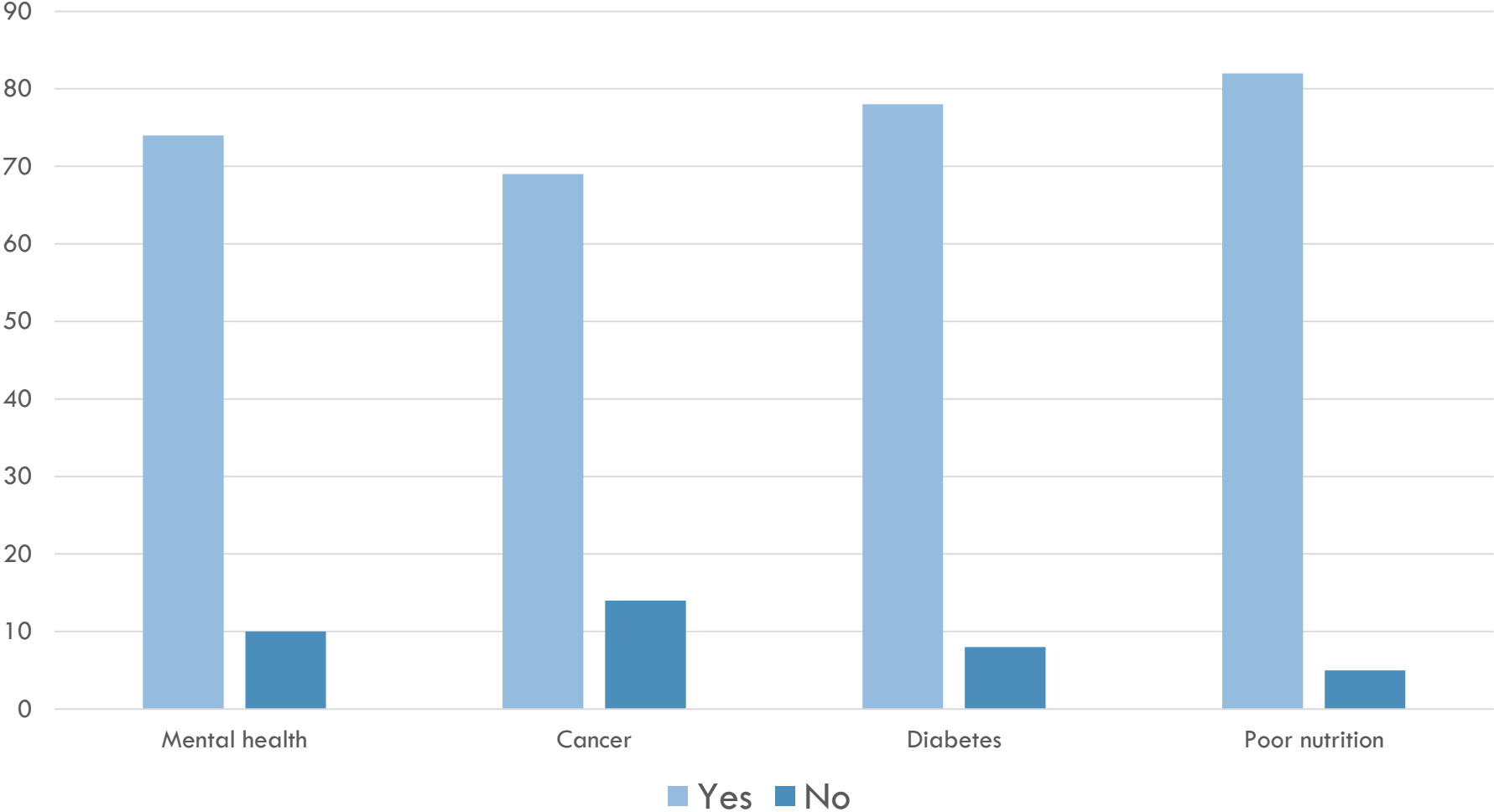

Childhood Population (Youth to 18)

HEALTH CONCERNS IN YOUR COMMUNITY
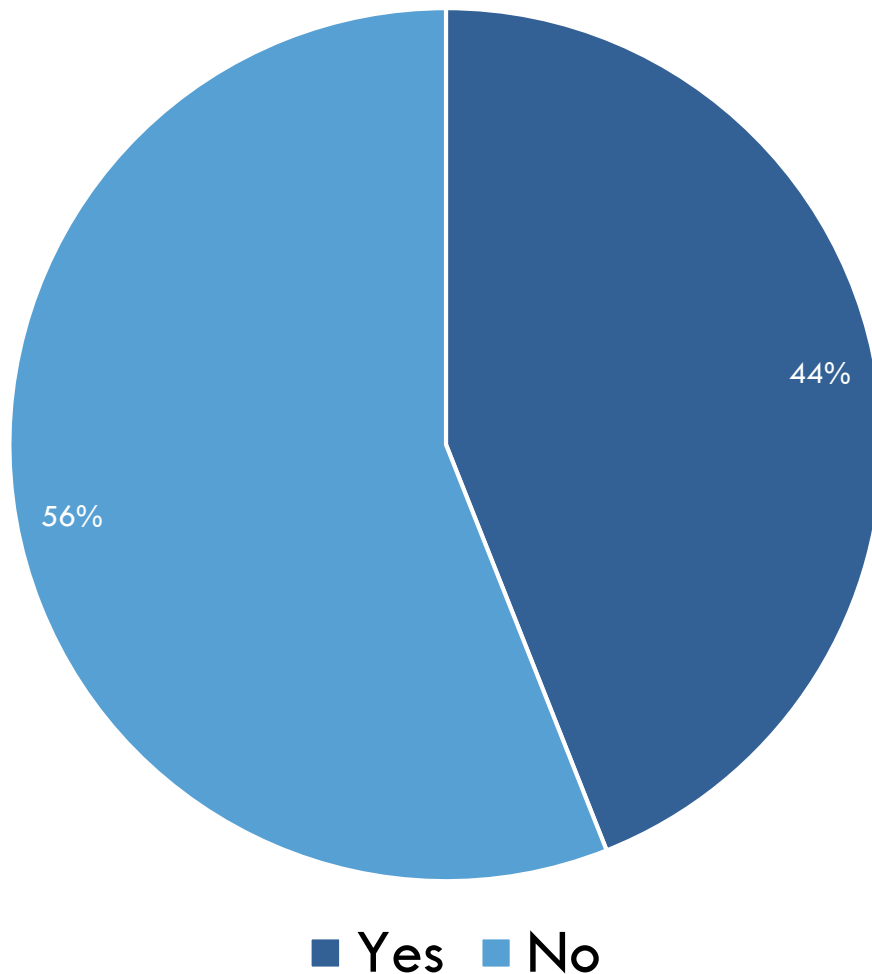

Adult Population (18 and Above)

HEALTH CONCERNS IN YOUR COMMUNITY

Community as a Whole

POPULATIONS UNABLE TO ACCESS ADEQUATE HEALTHCARE

Are there groups in your community that do not have access to health care?
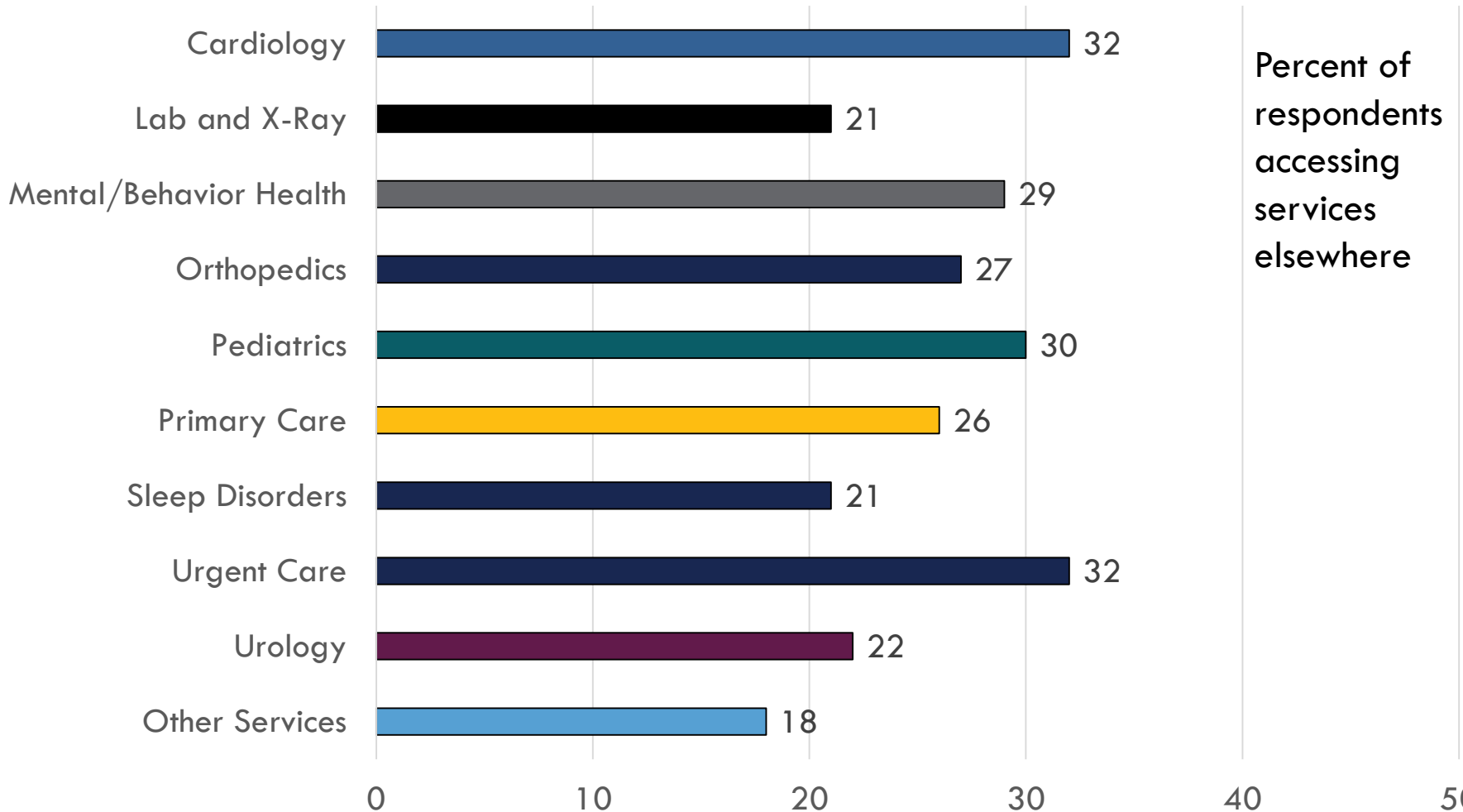

44%

56%

■ Yes ■ No

Populations Unable to Access Healthcare:

- Uninsured
- Undocumented
- Not on Medicaid
- Low-Income
- Migrant workers
- Hispanic
- Children/Youth

ACCESSING SERVICES OUTSIDE OF THE COMMUNITY

If you access health care services outside of this community, what services do you access?

Service	Percent
Cardiology	32
Lab and X-Ray	21
Mental/Behavior Health	29
Orthopedics	27
Pediatrics	30
Primary Care	26
Sleep Disorders	21
Urgent Care	32
Urology	22
Other Services	18

Percent of respondents accessing services elsewhere

ACCESSING SERVICES OUTSIDE OF THE COMMUNITY

If you access health care services outside of this community, what services do you access?

Other Services:
Obstetrician/Gynecology
Neurology
Physical Therapy
Gastroenterology
Neurosurgery
Dental
DME Supplies

CHANGES NEEDED IN HEALTHCARE

What changes in healthcare services, if any, do you think need to be made in your community and why?

Awareness of services provided
Improved access for women's health services
Increased mental health services
Substance abuse options
Same day appointments
Urgent care
General education on nutrition, healthy relationships and activity
Specialty services in Buhl
Transportation for care
Affordability of care
Improved surgical/specialty services in Jerome
Pediatrics
Additional ambulance services

UNDERLYING ISSUES IMPACTING HEALTH

Are there underlying issues (i.e. child care, transportation) that are contributing to health care issues in the community? Please describe.

Lack of childcare

Transportation Issues

Stigma around mental health

Affordable housing options

Poverty

Cost of care

CONDUCTING THE ASSESSMENT

To assist NCMC administration in determining which areas are of the highest priority, it's useful to draw on both quantitative and qualitative data to see where they may intersect or overlap.

Needs and gaps in services as identified by the survey and by the focus group are identified in the following Venn diagram. In addition, those issues that also were identified as areas to explore in the County Health Rankings are noted in purple.

While not definitive, the health areas in common can provide guidance when determining future direction for NCMC in efforts to meet the health care needs of the community.

CONDUCTING THE ASSESSMENT
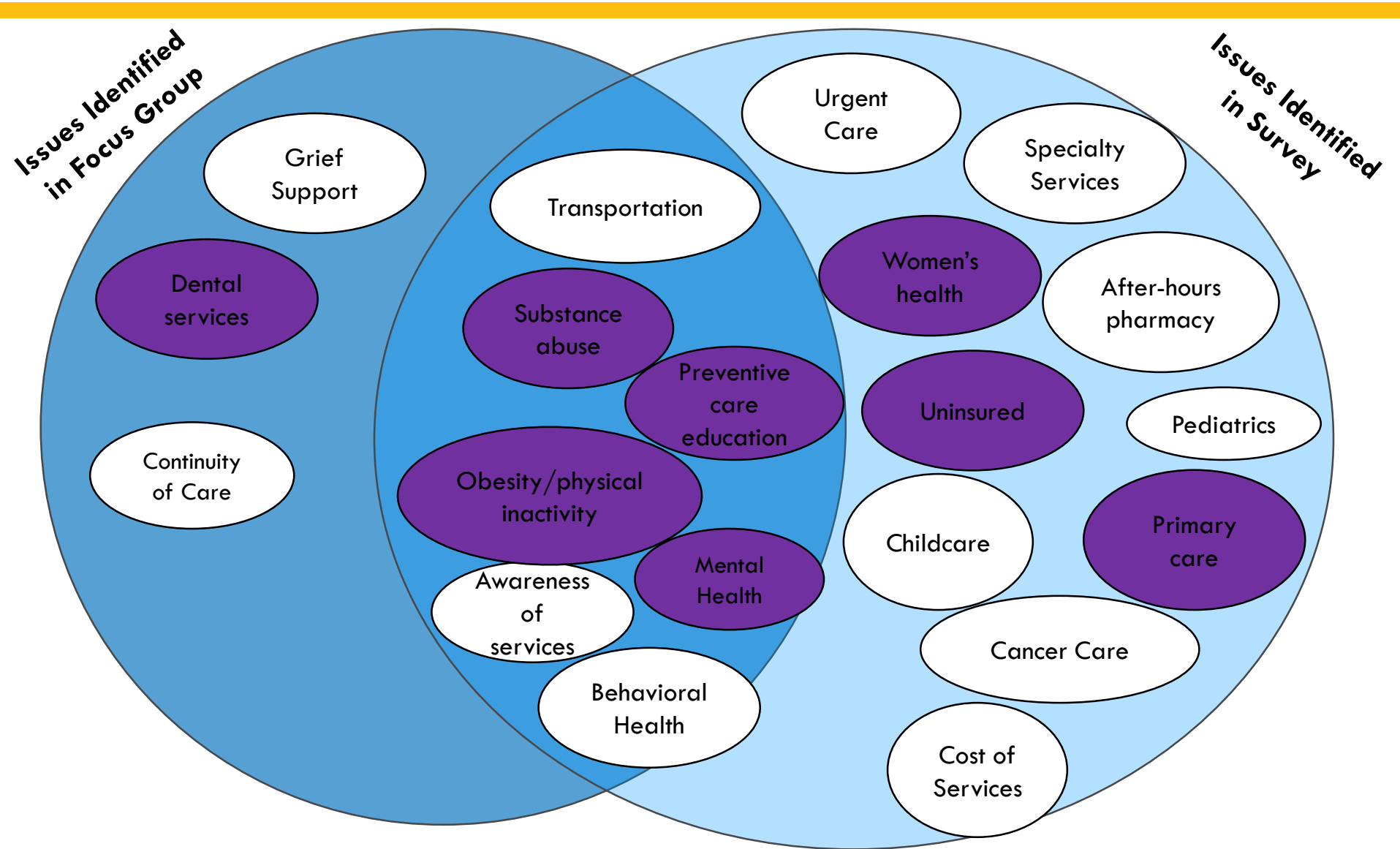
Purple circles-Items identified in County Health Rankings

CONDUCTING THE ASSESSMENT

Health related areas that show alignment between focus group output, surveys and County Health Rankings include the following:

- Substance abuse
- Obesity/physical inactivity
- Mental health
- Preventative care education
- Behavioral health
- Transportation
- Awareness of services
- Dental services
- Women's health
- Uninsured
- Primary care access

PRIORITIZATION OF NEEDS

The NCMC management team met to review the needs identified through the community health needs assessment process. After analyzing input from the community and community health data, they did a preliminary prioritization that identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The preliminary prioritization was shared with the board planning committee which includes board members who represent the community. The board planning committee reported to the Board of Directors, where they reviewed the assessment, the initial prioritization and prioritized the following needs:

- Transportation
- Substance Abuse
- Awareness of Services
- Behavior/Mental Health
- Obesity/Physical Care/Preventative Care Education

COMMUNITY RESOURCES

Addressing the needs identified is not the responsibility of the hospital alone. Other resources in the community that may be available to work in collaboration with NCMC to address the needs identified include:

School Districts

Volunteer Organizations

Local Food Banks

Soup Kitchens

Idaho School for the Deaf and Blind

Orchard Valley Head Start

Pro Active Behavioral Health

Senior Centers

Physician Groups

Chambers of Commerce

Churches

EMS/Police/Fire Departments

Gooding EMS

EMPA

South Central Community Action

City Government

Assisted Living/Nursing Homes

Local businesses

County Government

Therapists

Pharmacies

District Health Dept.

Service Organizations (Rotary, Kiwanis, Lions Club)

EVALUATION OF IMPACT OF PRIOR CHNA

NCMC completed a CHNA in 2016. NCMC identified the following needs and goals during the prior assessment:

- Coordination of Services
- Urgent Care Clinic/Extended Hours
- Access to Behavioral Health
- Sliding Scale/Free Clinic
- Drug and Alcohol Abuse in Teens

NCMC developed an implementation strategy with an objective and tactics to address each of the identified needs. The actions taken and the accomplishments with respect to each of the needs are described are highlighted in the next pages.

COORDINATION OF SERVICES

Objective/Strategy
- Learn and share services that are available throughout Gooding County
- Involve the entire County (all cities)
- Partner with other entities to coordinate services

Tactics
- Invite local groups to participate
- Establish a regular meeting day/time for the group to meet
- Establish a schedule, providing each group time to discuss their services and group discussion to coordinate needs

Accomplishments
- Monthly meetings have been held for the past three years, shedding light on community resources
- Services have expanded promoting collaboration
  - Examples: Behavioral health, Home health, Geriatric programs, etc.

URGENT CARE CLINIC/EXTENDED HOURS

Objective/Strategy
- Create access (availability and extended hours for family practice services)
- Provide a venue for more appropriate/affordable care
- Provide access after traditional hours

Tactics
- Expand clinic hours to create opportunities for patients to receive same day care
- Educate community/staff on appropriate use of clinic vs. ER
- Transparent Pricing

Accomplishments
- North Canyon Medical Center started our Walk-in Clinic in January 2017. The clinic operates from 3pm-6pm, Monday – Thursday and 2pm-5pm Monday – Friday
- The initial response from the community was pretty exciting but has since balanced to where we see 2-4 patients a day in the clinic (average 66 walk in visits per month)
- Initially this created some changes in the ER and clinic and we continue to look for ways to help patients receive the care they need

ACCESS TO BEHAVIORAL HEALTH

Objective/Strategy
- Work with Crisis Center in Twin Falls
- Expand Telebehavioral Health Clinic and coordinate services
- Provider services to individuals of all ages
- Work with local entities to coordinate efforts around behavioral health (Proactive, Canyon View, etc.)

Tactics
- Partner with Crisis Center for emergent behavioral health issues
- Work with our Security Team to create safe/secure transportation when needed
- Expand availability of the Telebehavioral Health Clinic

Accomplishments
- Crisis Center is operational in Twin Falls
- Secure Transports have been used to help facilitate moving patients to appropriate care sites (Canyon View, Crisis Center, State Hospital, etc.)
- Through a partnership with University of Utah, we have expanded our Telebehavioral Health Clinic to every other week
- We continue to look at ways to handle more urgent behavioral health needs within our facility including in the ER, inpatient care and patients in crisis

SLIDING FEE SCALE/FREE CLINIC

Objective/Strategy
- Help community members with financial needs to receive care

Tactics
- Increase awareness of the sliding fee scale program with the family practice clinic and the charity program within the hospital.
- Train/educate our internal stakeholders to help direct/guide patients to use these resources
- Evaluate programs that can help with ancillary services
- Extend clinic hours to increase access to these programs
- Utilize website and social media

Accomplishments
- Sliding fee scale is available to our patients in the family medicine clinics in Gooding and Buhl. We currently have over 160 patients actively using our sliding fee scale program
- In 2018, we posted many of our prices on our website with information to help patients understand hospital charges and pricing. This became mandated by the Centers for Medicare and Medicaid Services in January 2019. As of now, we have posted our entire chargemaster on the website, however, this still needs to be expanded to make it more meaningful for patients
- We are seeing an increase in patients who qualify for charity care through our surgical programs at the hospital

DRUG AND ALCOHOL ABUSE IN TEENS

Objective/Strategy
- Reduce the drug and alcohol abuse in our community

Tactics
- Work with school resource officers
- Partner with the Walker Center on a program targeting the youth in our community

Accomplishments
- A community group is exploring opportunities to build a community center in Gooding County.
  - Several organizations and agencies are involved and hoping to provide a place for the youth to go after school or when they need resources

- The Walker Center has submitted a pilot project to the State Department of Health and Welfare directed toward opiate addiction and parenting.
- The program is for 12 months and includes residential treatment all the way through ongoing recovery services

NEXT STEPS

This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on July 23, 2019.

NCMC is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. In the coming months, this implementation strategy will be discussed and approved by the NCMC Board of Directors, and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.

CONTACT INFORMATION

Community members who would like to provide comments on the needs identified or provide input on the next CHNA process are encouraged to contact NCMC with their inquiries, suggestions or comments.

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