Teton Valley Health

Driggs, ID

Teton Valley Health
Where Everyone Matters

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution September 25, 2019[1]

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

Dear Community Member:

At Teton Valley Health (TVH), we have spent 80 years providing high-quality compassionate healthcare to the greater Teton Valley community. The "2019 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how TVH will respond to such needs. This document illustrates some of the ways we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all nonprofit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome your review of this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

TVH has conducted this effort once every three years since 2013. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the significant needs identified. Some issues are beyond the mission of the Hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement for nonprofit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Keith Gnagey
Chief Executive Officer
Teton Valley Health

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Teton Valley Health ("TVH" or the "Hospital") has performed a Community Health Needs Assessment (CHNA) to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and it's health needs. A survey of a group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still priorities. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Teton County are:

1. Affordability/Accessibility
2. Mental Health/Suicide
3. Prevention/Wellness
4. Drug/Substance Abuse
5. Alcohol Use
6. Accidents

All six of these were also identified as significant health needs in our 2016 CHNA. TVH will develop implementation strategies for the six needs including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

Teton Valley Health ("TVH" or the "Hospital") is organized as a nonprofit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), and it is required of all nonprofit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a nonprofit hospital.[2] Tax reporting citations in this report are provided by using the most recent Schedule H (Form 990) filings made by the Hospital.

In addition to completing a CHNA and funding necessary improvements, a nonprofit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

TVH partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with IRS Guidelines;
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990); and
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

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[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- A medical staff that consists of employed and contracted physicians that provide services at TVH.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or nonprofit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

[5] Section 6652

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies

[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The hospital asked all participating in the written comment solicitation process to self-identify into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs: perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

as existing in their portion of area the Hospital serves.[10]

Most data used in the analysis are available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Teton County compared to all Idaho counties	April 12, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	April 15, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	April 15, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	April 16, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	April 16, 2019	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 29 Local Expert Advisors was received. Survey responses started July 23, 2019 and ended on August 13, 2019.

- Information analysis augmented by local opinions showed how Teton County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12] [13]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, were abstracted in the following "take-away" bulleted comments
    - The top three priority populations identified in Teton County are residents of rural areas, low-income groups, and women
    - There should be focus on affordable health, accessibility, and Hispanic population needs

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

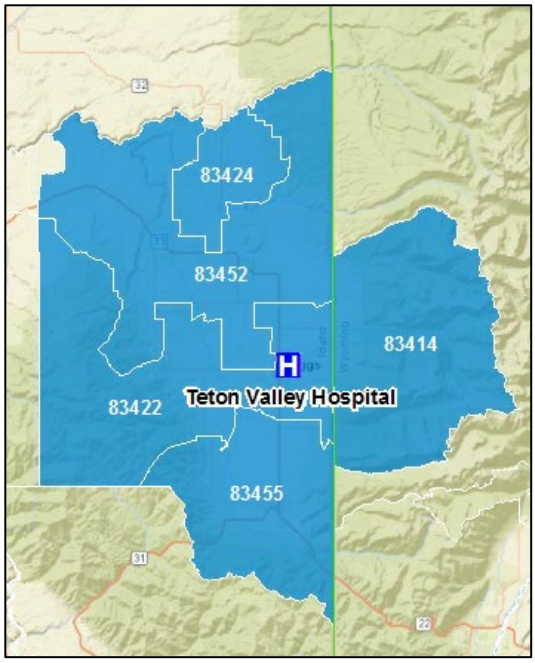
In the TVH process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least sixty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Teton Valley Health defines its service area as Teton County in Idaho, which includes the following ZIP codes:[17]

83422 – Driggs 83424 – Felt 83452 – Tetonia 83455 – Victor 83414 – Alta, WY

During 2017, the Hospital received 85.2% of its Medicare inpatients from this area.[18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] IBM Watson Health CMS MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	TVH Service Area 2019	TVH Service Area 2024	TVH Service Area %Change	Idaho 2019	Idaho 2024	Idaho %Change	United States 2019	United States 2024	United States %Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	12,282	13,251	7.9%	1,758,469	1,868,439	6.3%	329,236,175	340,950,067	3.6%
Total Male Population	6,383	6,838	7.1%	879,909	933,784	6.1%	162,097,263	167,921,866	3.6%
Total Female Population	5,899	6,413	8.7%	878,560	934,655	6.4%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	2,311	2,383	3.1%	338,270	358,706	6.0%	64,251,309	65,231,610	1.5%
Average Household Income	$84,957			$74,015			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	2,686	2,751	2.4%	371,714	380,007	2.2%	61,258,096	61,645,382	0.6%
15-17	491	590	20.2%	76,567	82,449	7.7%	12,813,020	13,319,388	4.0%
18-24	941	1,171	24.4%	172,501	191,878	11.2%	31,474,821	32,296,411	2.6%
25-34	1,400	1,313	-6.2%	222,613	226,502	1.7%	44,370,805	43,645,423	-1.6%
35-54	3,830	3,856	0.7%	419,993	441,922	5.2%	83,304,733	84,255,193	1.1%
55-64	1,514	1,652	9.1%	212,956	213,225	0.1%	42,525,512	43,333,585	1.9%
65+	1,420	1,918	35.1%	282,125	332,456	17.8%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	4,534	4,920	8.5%	654,886	698,357	6.6%	125,018,838	129,683,911	3.7%
2018 Household Income									
<$15K	277			71,843			13,139,420		
$15-25K	392			62,820			11,333,086		
$25-50K	918			161,169			26,888,001		
$50-75K	969			127,072			21,157,116		
$75-100K	713			84,382			15,409,735		
Over $100K	1,265			147,600			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	8,164			1,137,687			223,690,238		
2018 Adult Education Level Distribution									
Less than High School	302			38,323			12,173,720		
Some High School	391			71,864			16,245,471		
High School Degree	1,564			316,858			61,068,735		
Some College/Assoc. Degree	2,579			404,257			64,945,355		
Bachelor's Degree or Greater	3,328			306,385			69,256,957		
RACE/ETHNICITY									
2018 Race/Ethnicity Distribution									
White Non-Hispanic	9,995			1,432,389			197,594,684		
Black Non-Hispanic	31			12,794			40,877,627		
Hispanic	2,039			226,311			60,675,779		
Asian & Pacific Is. Non-Hispanic	77			28,353			19,327,168		
All Others	140			58,622			10,760,917		

**TVH demographics include Teton County, ID and Alta, Wyoming (zip code 83414) population numbers*

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where TVH's Service Area varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with **black text** are **neither a favorable nor unfavorable** finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	94.4%	28.8%	Cancer Screen: Skin 2 yr	107.9%	11.6%
Vigorous Exercise	101.1%	57.7%	Cancer Screen: Colorectal 2 yr	120.0%	24.6%
Chronic Diabetes	89.6%	14.0%	Cancer Screen: Pap/Cerv Test 2 yr	104.3%	50.3%
Healthy Eating Habits	95.4%	22.3%	Routine Screen: Prostate 2 yr	102.6%	29.1%
Ate Breakfast Yesterday	100.0%	79.1%	**Orthopedic**		
Slept Less Than 6 Hours	87.5%	11.9%	Chronic Lower Back Pain	76.1%	23.5%
Consumed Alcohol in the Past 30 Days	99.9%	53.7%	Chronic Osteoporosis	101.6%	10.3%
Consumed 3+ Drinks Per Session	90.3%	25.5%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	98.8%	80.4%
Search for Pricing Info	83.2%	22.3%	NP/PA Last 6 Months	117.9%	48.9%
I am Responsible for My Health	103.6%	93.5%	OB/Gyn 1+ Visit	103.8%	39.8%
I Follow Treatment Recommendations	99.3%	76.5%	Medication: Received Prescription	95.1%	57.6%
Pulmonary			**Internet Usage**		
Chronic COPD	105.2%	5.6%	Use Internet to Look for Provider Info	94.3%	37.6%
Chronic Asthma	110.2%	13.0%	Facebook Opinions	103.2%	10.4%
Heart			Looked for Provider Rating	88.0%	20.6%
Chronic High Cholesterol	91.3%	22.3%	**Emergency Services**		
Routine Cholesterol Screening	96.3%	42.7%	Emergency Room Use	81.8%	28.4%
Chronic Heart Failure	88.7%	3.6%	Urgent Care Use	90.8%	29.9%

[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from the comparison of TVH's Service Area to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- N/A

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 17.9% more likely to **Visit NP/PA in the Last 6 Months**, affecting 48.9%

Leading Causes of Death[22]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Idaho's Top 15 Leading Causes of Death are listed in the table below in Teton County's rank order. Teton County was compared to all other Idaho counties, Idaho state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in ID (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Teton County Compared to U.S.)
ID Rank	Teton Rank	Condition		ID	Teton	
1	1	Heart Disease	39 of 43	162.4	144.6	Lower than Expected
2	2	Cancer	42 of 43	153.2	118.5	Lower than Expected
4	3	Accidents	20 of 43	49.7	59.0	Higher than Expected
5	4	Stroke	31 of 43	38.5	41.1	As Expected
3	5	Lung Disease	41 of 43	47.2	26.4	Lower than Expected
8	6	Suicide	14 of 43	23.1	21.3	Higher than Expected
6	7	Alzheimer's	26 of 43	36.6	21.1	Lower than Expected
7	8	Diabetes	41 of 43	20.2	10.4	Lower than Expected
12	9	Kidney	29 of 43	8.9	8.4	As Expected
9	10	Flu - Pneumonia	43 of 43	13.7	7.7	Lower than Expected
10	11	Parkinson's	23 of 43	11.1	7.4	As Expected
13	12	Blood Poisoning	40 of 42	6.2	3.2	Lower than Expected
11	13	Liver Disease	41 of 42	10.2	2.9	Lower than Expected
14	14	Hypertension	42 of 42	4.9	1.8	Lower than Expected
15	15	Homicide	39 of 40	3.0	0.5	Lower than Expected

[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strength and weakness in the healthcare system along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

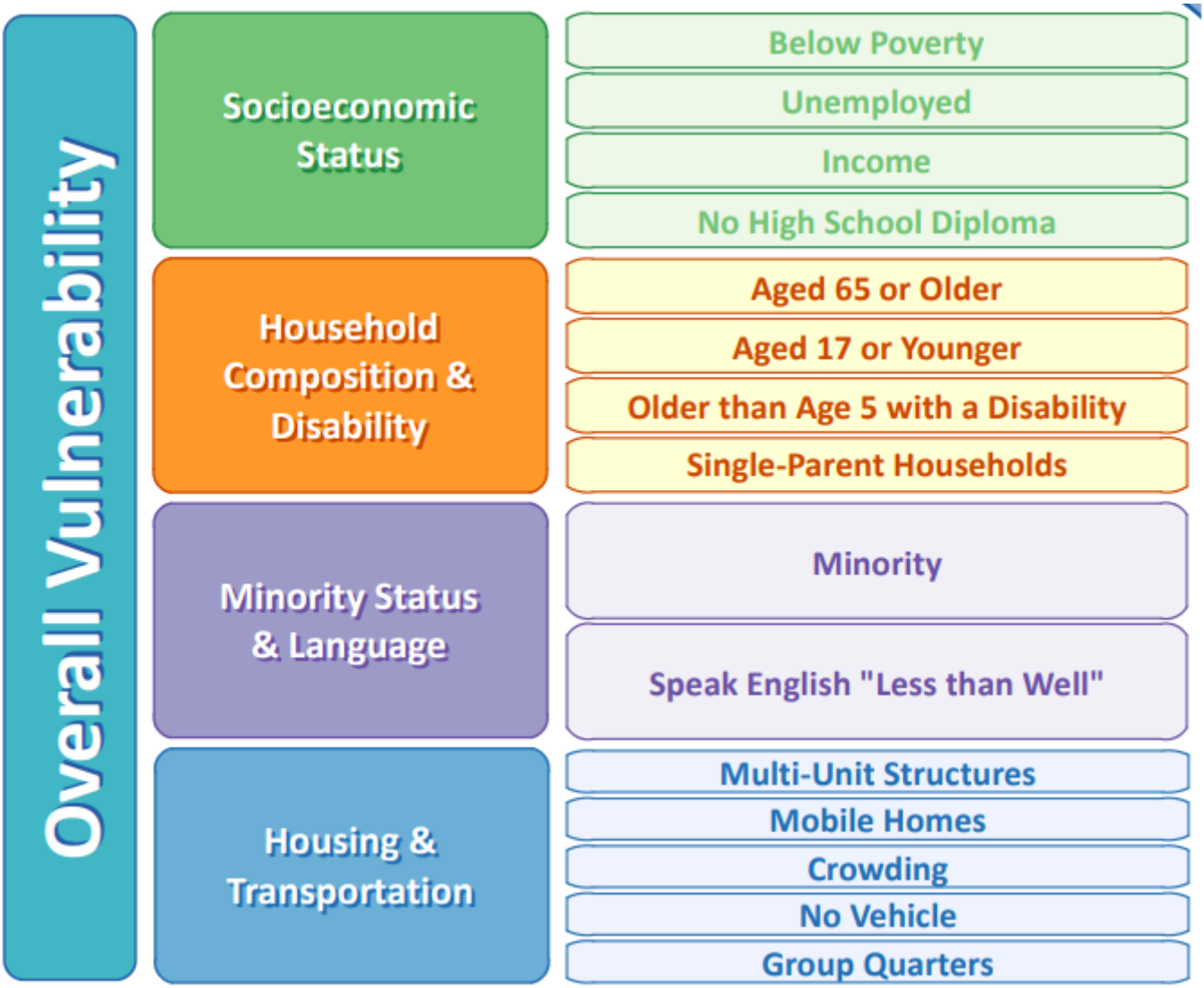
A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

- The top three priority populations identified in Teton County are residents of rural areas, low-income groups, and women
- There should be focus on affordable health, accessibility, and Hispanic population needs

[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

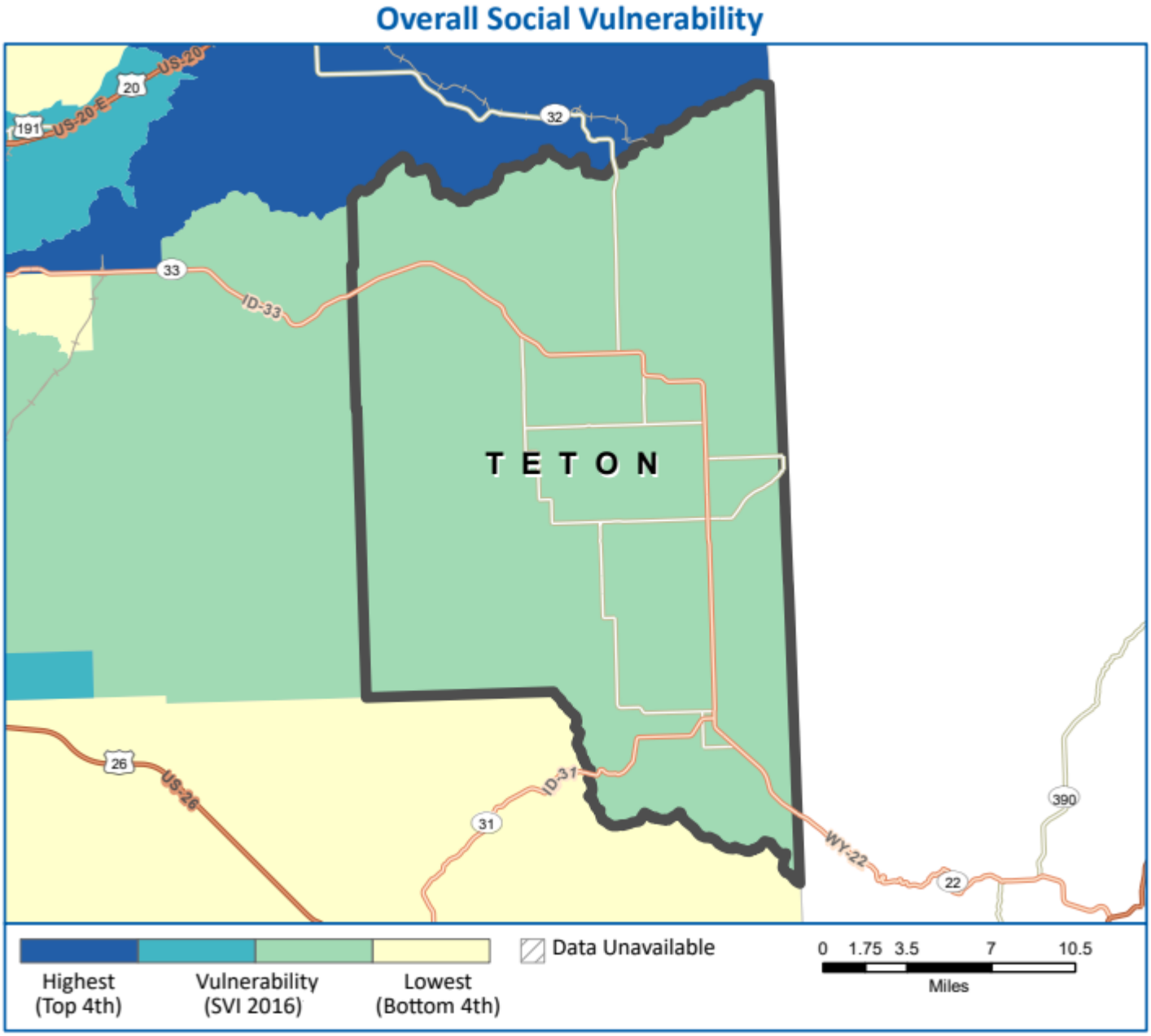
Social Vulnerability[25]

Social Vulnerability ranks an area's ability to prepare for and respond to disasters, including disease outbreaks and human-caused threats. This index groups 15 census-derived factors into four themes—including measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation. A low vulnerability measure is best, and shows that a community has strength in resources and services to withstand stressful or hazardous events. For this analysis the Hospital has utilized Teton County, ID data since that county comprises the majority of the population served.



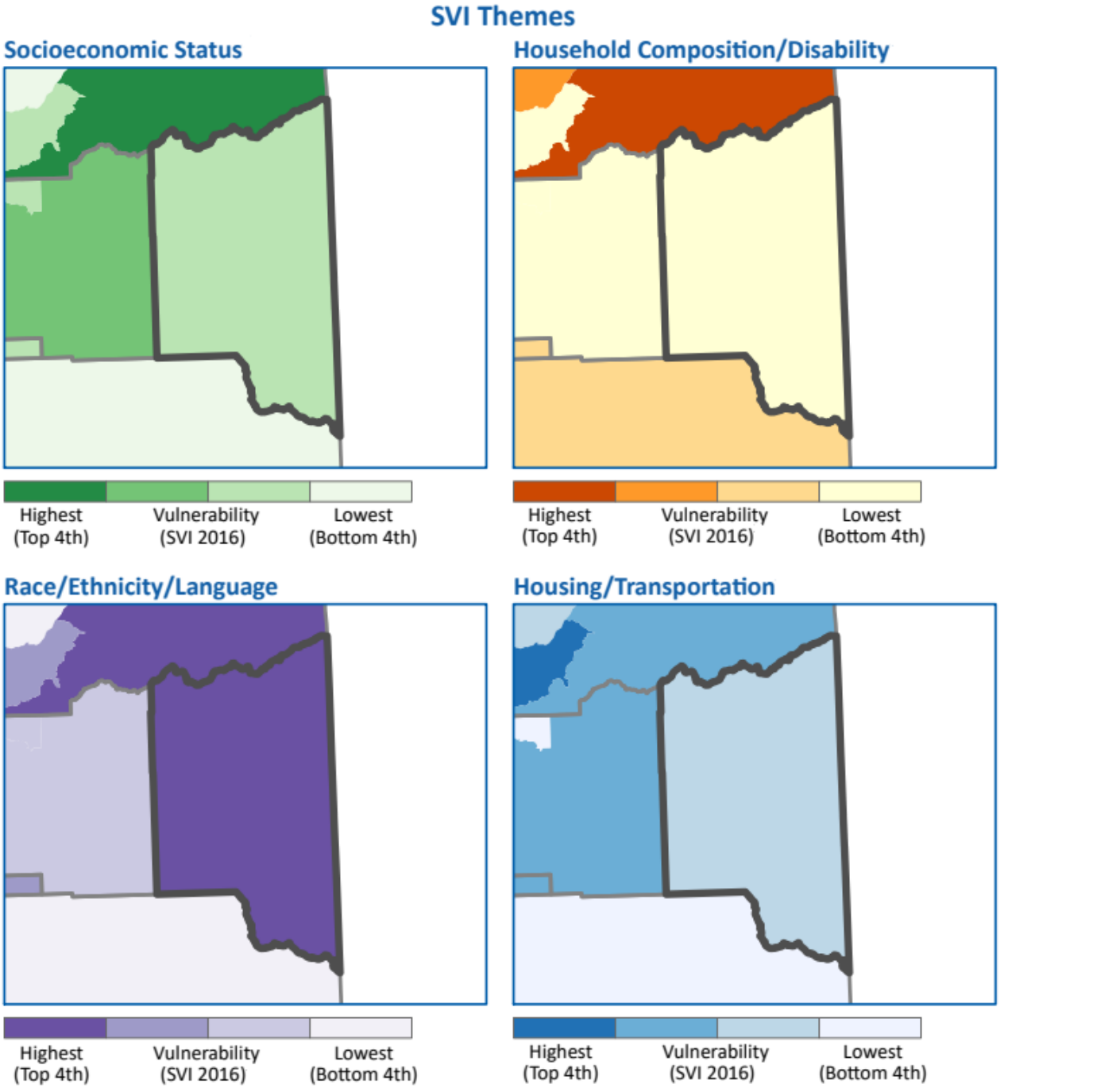
[25] http://svi.cdc.gov

Teton County falls into the second lowest quartile of social vulnerability.



- Socioeconomic Status falls into the second lowest quartile (making the county less vulnerable)
- Household Composition/Disability falls into the lowest quartile (making the county less vulnerable)
- Race/Ethnicity/Language falls into the highest quartile (making the county more vulnerable)
- Housing/Transportation falls into the second lowest quartile (making the county less vulnerable)

Note: While the statistics indicate that Housing/Transportation is in the second lowest quartile, the Hospital believes that this is a very significant issue for our community.



**TVH believes from practical experience that Housing is a significant vulnerability*

Comparison to Other State Counties[26]

To better understand the community, Teton County has been compared to all 42 counties in the state of Idaho across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Teton	Idaho	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	1/42		
- Premature Death*	4,000	6,300	8,100
Quality of Life			
Overall Rank *(best being #1)*	12/42		
- Poor or Fair Health	14%	15%	17%
- Poor Mental Health Days	3.6	3.7	3.9
Health Behaviors			
Overall Rank *(best being #1)*	4/42		
- Adult Smoking	15%	14%	17%
- Adult Obesity	22%	28%	32%
- Physical Inactivity	19%	19%	26%
- Excessive Drinking	18%	17%	17%
- Alcohol-Impaired Driving Deaths	0%	31%	28%
Clinical Care			
Overall Rank *(best being #1)*	32/42		
- Uninsured	17%	12%	10%
- Population to Primary Care Provider Ratio	1,900:1	1,550:1	2,050:1
- Population to Dentist Ratio	1,900:1	1,550:1	2,450:1
- Population to Mental Health Provider Ratio	950:1	510:1	970:1
- Preventable Hospital Stays	3,081	2,696	4,648
- Mammography Screening	36%	39%	40%
- Flu vaccinations	32%	39%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	2/42		
- Unemployment	2.7%	3.2%	4.4%
- Children in Poverty	12%	15%	21%
- Children in Single-Parent Households	21%	25%	32%
- Violent Crime*	85	221	205
- Injury Deaths*	50	73	82
Physical Environment			
Overall Rank *(best being #1)*	10/42		
- Severe Housing Problems	14%	16%	14%

Per 100,000 Population

Teton County's Population to Primary Care Provider Ratio is a client-supplied number

[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The chart below compares Teton County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Teton County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Teton County measures that are WORSE than the U.S. average and had an UNFAVORABLE change		
N/A		
UNFAVORABLE Teton County measures that are WORSE than the U.S. average and had a FAVORABLE change		
- Female Transport Injuries Related Deaths*	16.0	-44.2%
- Male Transport Injuries Related Deaths*	22.6	-62.2%
DESIRABLE Teton County measures that are BETTER than the US average and had an UNFAVORABLE change		
- Female Trachel, Bronchus, and Lung Cancer*	20.8	5.6%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	31.2	3.0%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	50.1	3.6%
- Female Mental and Substance Use Related Deaths*	6.8	272.4%
- Male Mental and Substance Use Related Deaths*	13.0	145.3%
DESIRABLE Teton County measures that are BETTER than the US average and had a FAVORABLE change		
- Female Life Expectancy	83.7	5.7%
- Male Life Expectancy	80.7	12.0%
- Female Heart Disease*	74.0	-58.0%
- Male Heart Disease*	115.3	-65.5%
- Female Stroke*	42.9	-50.9%
- Male Stroke*	41.3	-59.8%
- Male Tracheal, Bronchus, and Lung Cancer*	24.7	-57.5%
- Female Breast Cancer*	21.1	-35.3%
- Male Self-Harm and Interpersonal Violence Related Deaths*	29.8	-12.4%
- Female Liver Disease Related Deaths*	8.3	-7.3%
- Male Liver Disease Related Deaths*	11	-24.9%
AVERAGE Teton County measures that are EQUAL than the US average and had a FAVORABLE change		
- Male Breast Cancer*	0.2	-30.6%
- Female Skin Cancer*	2.1	-3.0%
- Male Skin Cancer*	4.2	-1.2%
AVERAGE Teton County measures that are EQUAL than the US average and had an UNFAVORABLE change		
- Female Self-Harm and Interpersonal Violence Related Deaths*	9.2	1.7%

*rate per 100,000 population, age-standardized

[27] http://www.healthdata.org/us-county-profiles

Community Benefit

Worksheet 4 of Form 990 H can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (e.g., employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- $44,709.00

King Devick Technologies	January 2018	$4,200.00	Sponsorship
Teton High School	January 2018	$1,800.00	Sponsorship
TCID SAR	January 2018	$750.00	Sponsorship
Teton Valley Mental Health Coalition	February 2018	$3,500.00	Sponsorship
Teton Regional Land Trust	February 2018	$300.00	Sponsorship
Teton Rodeo Club	Febuary 2018	$150.00	Sponsorship
TVCS	March 2018	$500.00	Sponsorship
TVTAP	March 2018	$1,500.00	Sponsorship
TV Foundation	March 2018	$2,500.00	Sponsorship
TV Baseball Association	April 2018	$500.00	Sponsorship
Family Safety Network	May 2018	$500.00	Sponsorship
TV Balloon Rally	May 2018	$850.00	Sponsorship
TV Rodeo Company	June 2018	$1,400.00	Sponsorship
Borbay Artist	June 2018	$1,000.00	Sponsorship
TV Health Foundation	July 2018	$650.00	Sponsorship
CRC of TV	July 2018	$2,500.00	Sponsorship
TV Education Foundation	August 2018	$2,500.00	Sponsorship
Family Safety Network	August 2018	$1,000.00	Sponsorship
Teton High School	August 2018	$2,200.00	Sponsorship
Teton County Fair Board	August 2018	$985.00	Sponsorship
Teton Valley Foundation	October 2018	$750.00	Sponsorship
Teton Indoor Sports Academy	October 2018	$275.00	Sponsorship
Cheer Team (THS)	November 2018	$100.00	Sponsorship
Turkey Trot TVN	November 2018	$5,000.00	Sponsorship
Grand Targhee Safety/Health Fair	January 2018	$1,385.00	Event
Community Forum	May 2018	$1,500.00	Event
Health Fair	May 2018	$4,840.00	Event
Community Foundation	July 2018	$1,420.00	Event
Teton County Fair Board	August 2018	$200.00	Event
Wydaho Rendevous	August 2018	$1,340.00	Event

IMPLEMENTATION STRATEGY

Significant Health Needs

TVH used the priority ranking of area health needs by Local Expert Advisors as the primary input to develop our response and implementation plans for community health needs.[28] The Implementation Strategy includes the following:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies TVH current efforts responding to the need including any written comments received regarding prior TVH implementation actions
- Establishes the Implementation Strategy programs and resources TVH will devote to attempt to achieve improvements
- Documents the Leading Indicators TVH will use to measure progress
- Presents the Lagging Indicators TVH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources believed to be currently available to respond to this need.

Teton Valley Health is the only hospital in the service area. TVH is a 13-bed, critical access facility located in Driggs, ID. The next closest facilities are outside the service area and include:

- St. John's Medical Center, Jackson, WY; 33.9 miles (54 minutes)
- Madison Memorial Hospital, Rexburg, ID; 46.3 miles (55 minutes)
- Eastern Idaho Regional Medical Center, Idaho Falls, ID; 74.1 miles (1 hour and 23 minutes)
- Mountain View Hospital, Idaho Falls, ID; 74.3 miles (1 hour and 23 minutes)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the TVH Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the Quorum application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[28] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **AFFORDABILITY/ACCESSIBILITY – 2016 Significant Need; Teton County's Uninsured rate is worse than the state and US median; Teton County's Population to Primary Care Provider ratio is worse than the state and better than US median**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

TVH services, programs, and resources available to respond to this need include:[29]

- Community Assistance Program (CAP) and Clinic sliding fee scale for clinics and hospital bills (no cap)
- Free Mammography Program – free, basic mammography screening for those unable to afford it
- Annual health fair with reduced-cost lab screenings and free preventive screenings
- Telemedicine – pain, infectious disease, oncology, neurology, respiratory, crisis care, stroke, burns (in affiliation with Bluesky/EIRMC, Intermountain and University of Utah)—most visits are free to the patient
- > 50 individuals in a Chronic Care Program
- > 170 individuals in a Pain Management Program
- Offer Care Credit (medical credit card)
- Cache Clinic- retail clinic to provide minor medical to under or uninsured for a low fixed price
- Extended hours on clinics
- Affordable Care Act (ACA) counseling services
- King Devick Program- Free concussion screenings for local athletic teams (ages 8+)
- Help patients fill out the Medicaid Insurance application
- Total Community Benefit including donations, CAP and Sliding fee scale is over 5% of gross revenue
- Student health fair – aimed at low income students
- Participate in Health and Welfare program for low cost mammography and cervical checks
- Patient billing process is easier for patients to pay and understand – patients are able to talk or visit with someone local
- Automated Patient Check-In system on iPads – collects patient information which allows TVH to get the right data consistently and allows patients to see their health data
- People can sign up for reminder emails/text messages through the portal
    - Most appointments can be scheduled using the portal, allowing 24/7 access

[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Patient will receive a reminder call, text or email prior to their follow-up appointment timeframe to schedule their appointment
- TVH has a clinic strategy team that addresses access concerns:
  - Current wait times for follow up appointments are very low for patients
  - Same day appointment slots were created and TVH has over 40% same day appointments

Additionally, TVH plans to take the following steps to address this need:

- Seek expansion of telemedicine with additional specialties, possibly including psychiatry
- Consider clinic for Spanish speaking patients with forms and Spanish speaking staff
- Consider bolstering bilingual capacities among staff overall
- Assist with Medicaid expansion enrollment
- Standard age and gender based care plans for new patients resulting from Medicaid Expansion
- Expand number of people in Chronic Care Management and Pain Management
- Implement centralized scheduling – making it easier to schedule appointments
- Streamline referrals for non-TVH Providers for ancillary services and specialist visits

TVH evaluation of impact of actions taken since the immediately preceding CHNA:

- Annual health fair
- Free mammography program
- Expanded and simplified Community Assistance Program
- Increased telemedicine services
- Chronic Care Management and pain management program
- Participate in Health and Welfare program for low cost mammography and cervical checks

Anticipated results from TVH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate TVH intended actions is to monitor change in the following Leading Indicator:

- Increase in CAP and sliding fee applications received

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Reduce uninsured population in Teton County

TVH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
SE Idaho Hospital ACO (1/1/20)		TBD
Community Resource Center	Betsy Hawkins	208-354-0870
T.V. Mental Health Coalition	Adam Williamson	Tetonvalleymentalhealth.com
Family Safety Network	Marc d'Amore	208-354-7233
Eastern Idaho Public Health	Cammie Durbin	208-522-0310, 208-354-2220

2. MENTAL HEALTH/SUICIDE – 2016 Significant Health Need; Suicide is the #6 Leading Cause of Death in Teton County; Teton County's Mental and Substance Abuse Related Deaths increased from 1980-2014 (Female 272.4%; Male 145.3%)

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

TVH services, programs, and resources available to respond to this need include:

- Nurse Practitioner (NP) with psychiatry/mental health specialization

- Pain Management Program
- GATE Program – provider to provider communication regarding mental health (Family Practice expanding capabilities)
- Standardized use of PHQ-2 and PHQ-9 (depression screening), as indicated by diagnosis using initial questions
- Tele-crisis offering in partnership with EIRMC
- Partner with school system and mental health counselors
- Certified mental health counselor sees patients weekly (adolescent to geriatric)
- Partnership with Teton Valley Mental Health Coalition, including financial support for counseling, and specific pain management counseling

Additionally, TVH plans to take the following steps to address this need:

- Explore adding Phase 2 and 3 of Pain Management program
- Consider expansion of Advanced Practice Provider (APP) for more time spent in mental health service offering
- Assessing expansion of tele-psychiatry and related partnerships
- Investigate alternative methods to counteract depression and mental health—holistic approaches using aromatherapy, mindfulness, etc.

TVH evaluation of impact of actions taken since the immediately preceding CHNA:

- Added New Provider that specializes in mental health – 2 days a week
- Established Pain Management program
- Donated funds to Mental Health Coalition toward education and Community Resource Center (CRC) for health

Anticipated results from TVH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate TVH intended actions is to monitor change in the following Leading Indicator:

- Increasing number of patients visits to Mental Health Nurse Practitioner

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Suicide death rate in Teton County

TVH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Community Resource Center	Betsy Hawkins	www.crctv.org
Teton Valley Mental Health Coalition	Adam Williamson	208-705-7898
Idaho Falls Behavioral Health Center	Brandi Daw	208-529-6111
University of Utah	Nate Gladwell	nate.gladwell@hsc.utah.edu 801-581-3595

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Jackson Hole Community Counseling Center	Elizabeth Ewing	307-733-2046 www.jhccc.org
Family Safety Network	Marc d'Amore	208-354-7233

3. **PREVENTION/WELLNESS – 2016 Significant Need; Teton County's Mammography Screening rate is worse than the state and US median; Teton County's Flu Vaccinations rate is worse than the state and US median; Residents of Teton County are 9% less likely to receive Cervical Cancer Screenings Every 2 Years compared the US average, affecting 43.9% of the population; Residents of Teton County are 10.4% less likely to receive Routine OB/Gyn Visits compared to the US average, affecting 34.4% of the population**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

TVH services, programs, and resources available to respond to this need include:

- Public and staff education on colon cancer and opioid addiction
- Smoking cessation classes
- Blood glucose screenings and discounted lab draws and screenings at area health fairs
- Notify patients of preventative wellness screenings
- King Devick- Free concussion baseline testing
- Dedicated clinic staff to address preventative health needs
- Patient Centered Medical Home Tier IV
- Free mammography screenings and providing improved technology
- Bundled, discounted pricing for colonoscopy screenings
- Low-cost flu vaccines and sports physicals
- State-funded vaccine program for pediatrics at no cost for the patient (vaccines provided by state, serviced by TVH)
- Cache Clinic
- Senior Center health outreach (foot checks, sugar checking, blood pressure checks)
- Dietician services

  Merit-based Incentive Payment System (MIPS) measures – Quality management – center on prevention/wellness

  - Aimed for 90th percentile nationwide or better, and in 2018 got to 100% on preventative measures
- Increased foot checks for diabetic patients
- Using social media platforms to drive more awareness on prevention/wellness
- Website has been redesigned to allow easier access to information
  - All content on service lines is available and resources

Additionally, TVH plans to take the following steps to address this need:

- Expand school health fairs
- Expand service line-specific information
- Consider bringing in additional speakers to talk about health issues, offer classes, etc.
- Consider offering tobacco cessation education

TVH evaluation of impact of actions taken since the immediately preceding CHNA:

- Modified mission to focus more on prevention and wellness
- Added dermatology and oncology practices
- Added diabetes prevention class
- Two presentations were given by Dr. Wine, Pharm D and the local pharmacies for the public and the staff regarding addiction and abuse
- Chronic Care Management –Address chronic diseases, with strong focus on preventative care to prevent exacerbations

Anticipated results from TVH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate TVH intended actions is to monitor change in the following Leading Indicator:

- Increase number of mammography screenings

- Percentage of pneumococcal vaccinations in the clinic for eligible patients
- Percentage of influenza vaccinations in the hospital for eligible patients

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- # of Flu deaths

TVH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Eastern Idaho Public Health	Cammie Durbin	(208) 522-0310, 208-354-2220
Teton County School District	Monte Woolstenhulme	mrw@tsd401.org (208) 354-2207
TVH Clinical Outreach Coordinator	Mason Shaw	208-354-6348

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Various local fitness and recreation center		www.crctv.org (lists available on Community Resource Center website)

4. **DRUG/SUBSTANCE ABUSE – 2016 Significant Need; Teton County's Mental and Substance Abuse Related Deaths increased from 1980-2014 (Female 272.4%; Male 145.3%)**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

TVH services, programs, and resources available to respond to this need include:

- Nurse Practitioner with psychiatry/mental health specialty—and training to have Pain specialty
- Pain Management specialist (physician)
- Certified Registered Nurse Anesthetist provides pain management procedures
- Created list of local resource for addiction
- 4 individuals with Drug Enforcement Administration certifications are able to prescribe Suboxone
- Coordinate with local law enforcement, Drug Court, County Prosecutor, local pharmacies
- Pain Management Program stratified highest risk patients first—would have to participate in the program to keep getting certain prescriptions for non-acute care
    - Quarterly quantitative urinalysis
    - Contract to participate in pain management program
    - Must see a mental health professional at least once
    - Must remain under care of pain management specialist until stable and then re-visit annually
- Work with local pharmacies to reduce risk of inappropriate drug use
- Marketing campaign – "Opioid Opt Out", added awareness questions to Emergency Room and Outpatient surveys
- Medication disposal bags

Two presentations were given by Dr. Wine, Pharm D and the local pharmacies for the public and the staff regarding addiction and abuse **Additionally, TVH plans to take the following steps to address this need:**

- Increasing scope of Pain Management Program to next tier of at-risk patients
- Expanding Nurse Practitioner's skills to include pain management (additional clinic time)
- Student Focused education on health effects of vaping, smoking, etc.

TVH evaluation of impact of actions taken since the immediately preceding CHNA:

- Expanded ability to prescribe Suboxone through additional providers with Drug Enforcement Administration certification
- Pain management program reduced prescription opioid use

Anticipated results from TVH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate TVH intended actions is to monitor change in the following Leading Indicator:

- Reduction in morphine equivalent prescribed by TVH Providers

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Substance related deaths decreased

TVH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Drug Court- Teton County Idaho	Judge Walker	208-354-2239
Teton Valley Mental Health Coalition	Adam Williamson	Tetonvalleymentalhealth.com
Corner & Victor Drug	Aaron Myler	208-354-2334
Broulims Pharmacy	Pharamacist	208-354-0057
Teton County Law Enforcement	Sheriff Tony Liford	208-354-2323

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Alcoholics Anonymous		Tetonvalleymentalhealth.com/resources
LDS Family Services		208-787-2708

5. ALCOHOL USE – 2016 Significant Need; Teton County's Excessive Drinking rate is worse than the state and US median; Liver Disease is the #13 Leading Cause of Death in Teton County

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

TVH does not intend to develop an implementation strategy for this Significant Need

TVH is choosing not to respond to this need. TVH recognizes the importance of this need and has identified current and future services, programs, and resources available to the community. However, TVH feels they can have a greater impact by putting attention and resources toward other significant needs for which are better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	**X**
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

6. ACCIDENTS – 2016 Significant Need; Accidents is the #3 Leading Cause of Death in Teton County

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

TVH services, programs, and resources available to respond to this need include:

- King Devick- Free concussion baseline screenings
- High altitude safety materials
- Sun safety materials (and sunscreen giveaways)
- Free bystander CPR training
- Education on seat belts and safety for adolescent drivers
- Marketing ads for safety regarding helmet use during activities like skiing, snowboarding, and ATV use ("Got Brains")
- Offering "Stop the Bleed" education (how to literally stop a bleed from an accident)
- Trauma Level IV designation
- Joint training with Ski Patrol and Bike Patrol at Grand Targhee Resort
- Review of cases on a quarterly basis with air and land ambulances
- Pediatric simulation disaster training with all emergency responders
- De-escalation training with staff

Additionally, TVH plans to take the following steps to address this need:

- Look into lightning awareness – articles in the paper/website
- Clinical Outreach Liaison to educate people on what can and cannot be done at Teton Valley Heath and to gain input on additional needs
- Discussion with local Ski patrol on joint training
    - How to figure out if the patient was critical
    - More knowledge of TVH's capabilities

TVH evaluation of impact of actions taken since the immediately preceding CHNA:

- Gained Trauma Level IV designation
- Offered de-escalation training to staff
- Provided first aid kits to the schools/public
- Offered pediatric simulation disaster training with EMS/emergency responders

- Began offering Stop the Bleed program

Anticipated results from TVH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization		X
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate TVH intended actions is to monitor change in the following Leading Indicator:

- Number of concussion screenings offered

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Accidental Deaths
    - Teton rate = 59.0 per 100,000 population

TVH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Teton County Sheriff's Office	Sheriff Tony Liford	(208) 354-2323
TC School District 401	Monte Woolstenhulme	(208) 354-2207
TC Fire District	Bret Campbell	(208) 354-2760
TV Search and Rescue	Sheriff Tony Liford	(208) 354-2591

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Idaho Extension 4Hprograms	Jennifer Werlin	(208) 354-2961
Yostmark Avalanche Safety Trainings	Lynne Wolf	(208) 354-2828
Grand Targhee Ski Resort (Safety Week)	Joe Calder	(307) 353-2300

Other Needs Identified During CHNA Process

7. **Women's Health**
8. **Cancer**
9. **Alzheimer's**
10. **Obesity/Overweight**
11. **Diabetes**
12. **Stroke**
13. **Chronic Pain Management**
14. **Physical Inactivity**
15. **Coronary Heart Disease**
16. **Dental**
17. **Smoking/Tobacco Use**
18. **Hypertension**
19. **Flu/Pneumonia**
20. **Kidney Disease**
21. **Write in: Birthing center**
22. **Write in: Pandemic**
23. **Respiratory Infections**
24. **Liver Disease**
25. **Lung Disease**
26. **Write in: Teenage/young adult healthy behavior prevention/wellness**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[30]

1. Affordability/Accessibility – 2016 Significant Need
2. Mental Health/Suicide – 2016 Significant Need
3. Prevention/Wellness – 2016 Significant Need
4. Drug/Substance Abuse – 2016 Significant Need
5. Alcohol Use – 2016 Significant Need
6. Accidents – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy[31]

1. Alcohol

Other needs where hospital developed implementation strategy

1. Women's Health, chronic pain management, cancer, stroke, flu and pneumonia

Other needs where hospital did not develop implementation strategy

1. N/A

[30] Responds to Schedule h (Form 990) Part V B 8
[31] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

TVH solicited written comments about its 2016 CHNA.[32] Twenty-nine (29) individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the Hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	9	13	22
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	9	14	23
3) **Priority Populations**	8	12	20
4) Representative/Member of **Chronic Disease Group** or Organization	2	18	20
5) Represents the **Broad Interest of the Community**	26	0	26
Other			5
Answered Question			29
Skipped Question			0

Comments:

- *Business owner in media and active member of the community.*
- *I serve the community through my private acupuncture and herbal medicine practice.*
- *Director for Teton Valley Trails and Pathways*
- *I'm on the board of four local non-profits, including Hispanic Resource Center of Teton Valley, and my husband is the Mayor of Victor.*
- *Economic development, statistical tracking*

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults

[32] Responds to IRS Schedule H (Form 990) Part V B 5

- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?

- *From an outsider looking in, it seems that the Hispanic community is underserved in many areas in our community, as well as the low-income. I do not know specifics regarding medical needs, but an assumption would be they would benefit from more free screenings/easy access to health care.*
- *Access to health care, ability to afford health care, information on health care, ability to give birth locally without having to travel.*
- *Better access to stores and offices during winter months. We cannot climb the mounds of snow between sidewalk and road. Enforcement of laws regarding non-handicap using handicap parking spaces.*
- *My work tries to support the above groups by advocating for safe non-motorized mobility options.*
- *We have limited resources for seniors. Our Hispanic community often does not access health care due to language barriers and lack of insurance. Affordable healthcare is a challenge for many in our community as housing costs rise and wages do not.*
- *Housing affordability, access to transportation to workplace.*
- *Inability to pay for health care.*
- *Note that resources for mental health are also lacking.*
- *Compassion, employment, housing, nutrition, access to Comprehensive health care, education for our children along with the resources to take advantage of same.*
- *Greater access to translators in health care settings, connection to community resources both local and regional.*
- *Green card holder.*
- *Hispanic members of the community need language translation with service delivery. Low-income groups need alternative health care options (e.g., flat fee clinics), access to healthy affordable food. Children need access to healthy affordable food, healthy activities (particularly after school and summer) for combating obesity, drug abuse and suicide. Children in rural areas may have more difficulty accessing healthy after school and summer activities. Older adults need more options for housing w/incorporated applicable support/care through latter stages of life. Transportation options may need to be provided for rural families to have adequate access to health care services, recreation, healthy social activities and healthy affordable food.*
- *Access to affordable, preventative health care, health care education, and quality health care providers.*
- *Affordable care.*

In the 2016 CHNA, there were five health needs identified as "significant" or most important:

1. **Affordability/Accessibility**
2. **Mental Health/Suicide**
3. **Prevention/Wellness**
4. **Accidents**
5. **Alcohol/Substance Abuse**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Affordability/Accessibility	28	0	28
Mental Health/Suicide	27	1	28
Prevention/Wellness	26	1	27
Accidents	22	2	24
Alcohol/Substance Abuse	27	1	28

Comments:

- *I would also add basic preventative care: blood pressure screenings, diabetes testing, mammograms. Overall access to testing/screenings that can be hugely preventative for long-term illness.*
- *I am unsure if our accident incident rate in this area is significant enough but admittedly am not familiar with the data.*
- *Within affordability/accessibility, I see an opportunity for expanded increased connectivity amongst providers and non-profit entities. TVH is in an amazing position to serve as a hub for this!*
- *Your contributions to improving all of these is greatly appreciated.*
- *See comments from previous question.*

6. Please share comments or observations about the actions TVH has taken to address <u>AFFORDABILITY/ACCESSIBILITY</u>.

- *A good first step, but work still needs to be done in the areas of accuracy and timely communication of billing, insurance claims, etc.*
- *TVH has done a fantastic job with this! I would also love to see a free screening/testing week like St. John's offers. I have taken advantage of this numerous times and I think or community would as well.*
- *The patient portal has been extremely helpful. Although I would be interested to know if it is being utilized by all income levels. Appreciate the advertising re: cache clinic.*
- *The accounting Dept at the Hospital is horrible and management does nothing about it. Lots of billing errors and it victimizes the elderly more than others. The Hospital is a public hospital and so the signs at the admissions desk suggests that payment must be made at admission is misleading. You must treat everyone.*
- *Unsure.*

- *The Cache Clinic was an excellent addition. This is the only service I have personally used. The rest seem like excellent additions to address the need.*
- *TVH's billing department is a mess and I've heard of and experienced billing errors from TVH that sent people to collections without cause, doubled billed, etc., and despite multiple assurances of correction, these errors continued. TVHC's costs are also some of the highest in the state of Idaho and need to be lowered. If these foundational pieces are corrected, none of the other stuff listed matters.*
- *I'm not sure how well it was advertised that there is a sliding scale. It says you can apply, but how do folks know to apply. I just receive a bill, no one has mentioned that I may qualify for assistance or a sliding scale.*
- *Cache clinic for price and later access to care during/ after traditional work hours.*
- *I believe that affordability of health care is more systemic, and less of a locally addressable issue. That said, I believe the measures TVH has taken, including such steps as noted, will make a difference in affordability locally.*
- *Wow - TVH has done so much since 2016! Great work.*
- *Awesome job here.*
- *Thank you. I appreciate the portal. Also, during my last visit, I also felt that my health care provider was trying to take care to code treatment properly.*
- *I am impressed with the actions completed. I do wonder if the Cache Clinic should be open on the weekends, given that many struggling to get by are working long days and may only be able to get to a clinic on a weekend day.*
- *TVH has been proactive in communicating with Valley residents on its work in the area.*
- *Home visits or complementary transportation for elderly homebound people.*
- *I have no information on the implementation of any of this work.*

7. Please share comments or observations about the actions TVH has taken to address <u>MENTAL HEALTH/SUICIDE</u>.

- *This is great, but more public outreach and communication needs to occur to de-stigmatize mental health issues at all ages.*
- *Great work in this area. I would emphasize to continue to support nonprofits who are meeting this community like the Mental Health Coalition and CRC. Family Safety Network would seem to be another group that TVH could partner with: Post-trauma mental health is such an important time and it would be beneficial to have a therapist partner with them for women dealing with difficult situations.*
- *Unsure*
- *The steps taken to this need seem excellent. My question is if there has been any relationship established with the public schools. Educators are with the kids every day and can be an excellent partner.*
- *We lack mental health providers who specialize in younger children, prior to teenage years. We also lack Spanish speaking providers, a big priority.*

- *Increase in mental health provider access.*
- *I cannot comment on this topic. I don't have enough information.*
- *Thanks so much for your help and contribution in this area. Also, Anna has been a wonderful and much needed addition to the community.*
- *Thank you.*
- *The completed actions are great steps. Two comments: 1) youth have commented to me that there is a huge need for healthy social activity options in afternoons/evenings during school year and in summer months; this is also important for reducing alcohol/substance abuse by minors; 2) more of a question - are there adequate resources for families dealing with neurological issues - autism spectrum, ADD/ADHD, Tourette, OCD, etc.?*
- *I haven't seen a great deal.*
- *Work with the county to provide local, short-term housing for those unable to be on their own.*

8. Please share comments or observations about the actions TVH has taken to address <u>PREVENTION/WELLNESS</u>.

- *This is good, but not sure that just advertising in the TVN is enough and for folks not on Facebook, not sure how the public is becoming aware of these additional services which should instill confidence and local use.*
- *This could be an area where a screening week could be so helpful!*
- *Please continue to expand your work in this area.*
- *Unsure*
- *The skin cancer prevention is excellent. Obesity and Diabetes nationally are very problematic and I wonder if there is more opportunity there to work on prevention. Possibly this is addressed in the Chronic Care Management Program. The public education events are excellent, hopefully public has attended!*
- *Medical program to address opioid use.*
- *I believe the measures taken will contribute to this health need in our community, but I cannot speak to their effectiveness with the information I have.*
- *Great work.*
- *Thank you.*
- *Good work on screenings. Our community is generally very healthy, but we need to identify what barriers might exist for some population groups to participate in activities promoting physical and mental health and to have access to healthy affordable food.*
- *N/A*

9. Please share comments or observations about the actions TVH has taken to address <u>ACCIDENTS</u>.

- *Again, good first steps. Our physical environment and the recreational tourists makes this vital but is also*

logistically and financially, I imagine, a balancing act.

- *These seem like fantastic successes.*
- *ER staff are amazing.*
- *Unsure.*
- *Both steps taken are excellent. I know Silver Star plans to address distracted driving and there may be opportunity there to address this type of accident.*
- *STEMI stroke program with trauma designation and telemedicine access for burn, tele-ICU*
- *I believe the measures taken will contribute to this health need in our community, but I cannot speak to their effectiveness with the information I have.*
- *Great work.*
- *Thank you.*
- *Bike, swimming and ATV accident prevention could be addressed through partnerships with TVTAP, Teton Valley Aquatics and Skyliners groups. Joint campaigns to decrease distracted driving (texting).*
- *N/A*

10. Please share comments or observations about the actions TVH has taken to address <u>ALCOHOL/SUBSTANCE ABUSE</u>.

- *Cannot have too much of this for all ages and in our schools.*
- *Great effort here.*
- *Please continue to expand your work in this area.*
- *Unsure*
- *The focus on opioids is excellent and continued support will be needed. Providing resources to other entities to help with substance abuse seems like a logical course of action.*
- *Patient program to reduce medication abuse with support of a medical Care team including mental health*
- *I believe the measures taken will contribute to this health need in our community, but I cannot speak to their effectiveness with the information I have.*
- *Nice work with the pain patients and getting ahead of the curve.*
- *Thank you.*
- *Would like to see focus on <21yr population and forging of partnerships to develop healthy after school and summer evening activity programs/facilities.*
- *N/A*
- *Provide information on identifying abuse earlier.*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Affordability/Accessibility*	328	19	16.4%	16.4%	Significant Needs
Mental Health/Suicide*	295	20	14.8%	31.2%	
Prevention/Wellness*	212	17	10.6%	41.8%	
Drug/Substance Abuse*	186	19	9.3%	51.1%	
Alcohol Use*	144	16	7.2%	58.3%	
Accidents*	121	13	6.1%	64.3%	
Women's Health	117	14	5.9%	70.2%	Other Identified Needs
Cancer	83	12	4.2%	74.3%	
Alzheimer's	65	11	3.3%	77.6%	
Obesity/Overweight	63	12	3.2%	80.7%	
Diabetes	61	10	3.1%	83.8%	
Stroke	48	10	2.4%	86.2%	
Chronic Pain Management	47	10	2.4%	88.5%	
Physical Inactivity	45	11	2.3%	90.8%	
Coronary Heart Disease	39	8	2.0%	92.7%	
Dental	25	6	1.3%	94.0%	
Smoking/Tobacco Use	23	9	1.2%	95.1%	
Hypertension	20	7	1.0%	96.1%	
Flu/Pneumonia	19	6	1.0%	97.1%	
Kidney Disease	13	7	0.7%	97.7%	
Write in: Birthing center	10	1	0.5%	98.2%	
Write in: Pandemic	10	1	0.5%	98.7%	
Respiratory Infections	9	6	0.5%	99.1%	
Liver Disease	8	7	0.4%	99.5%	
Lung Disease	7	6	0.4%	99.9%	
Write in: Teenage/young adult healthy behavior prevention/wellness	2	1	0.1%	100.0%	

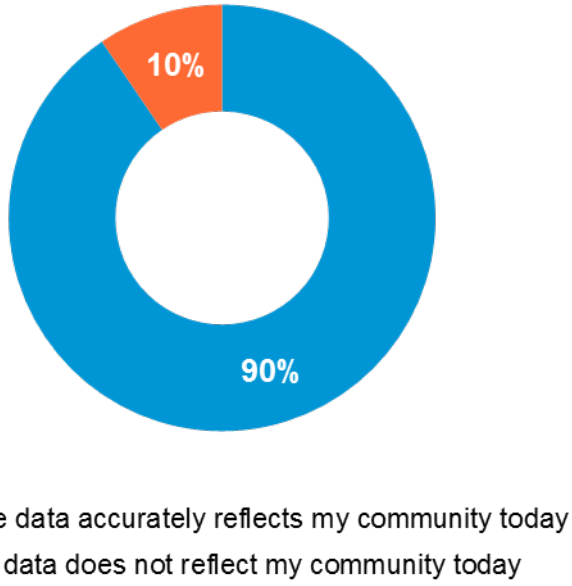
Individuals Participating as Local Expert Advisors[33]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	9	13	22
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	9	14	23
3) **Priority Populations**	8	12	20
4) Representative/Member of **Chronic Disease Group** or Organization	2	18	20
5) Represents the **Broad Interest of the Community**	26	0	26
Other			5
Answered Question			29
Skipped Question			0

[33] Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

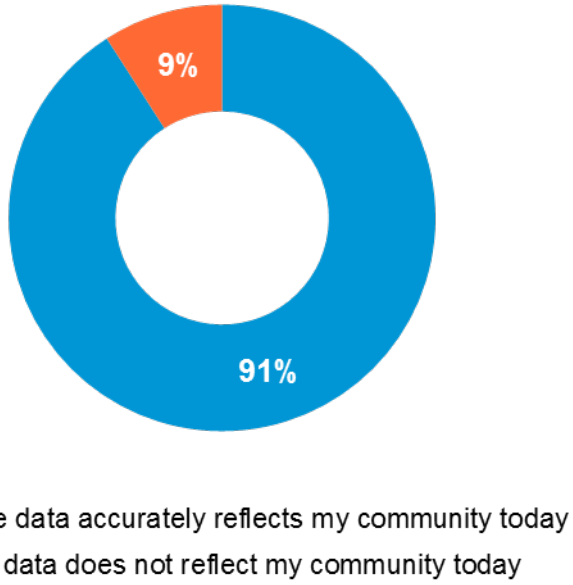
Question: Do you agree with the comparison of Teton County to all other Idaho counties?



Comments:

- *Clinical care...only shows ratio, not quality of care. Being that most doctors are Clinic of the hospital violates trust/ monopoly laws. Quality is terrible. Tests are often wrong and knee surgeries are often not needed. In fact, a test showed I had my gall bladder removed when it wasn't. Dr. Brown told me my knee would never heal on its own and it completely healed on its own. Dr offices take days to return a simple call, medical records are entered incorrectly in the computer.*
- *I'm not sure if the poverty data is correct. Our schools have around 40% of students receiving free or reduced lunch, to me that reflects the poverty in our valley, this is much higher than the reported 12%.*
- *I am not 100% sure. Main concern would be under-representation of our Hispanic population and possibly related data, including Children in Poverty. Not knowing exactly how the data was collected, it is impossible to state definitively yes or no.*
- *I thought there were 44 counties in Idaho.*
- *I did not read about how the study was conducted, but I find the results believable.*

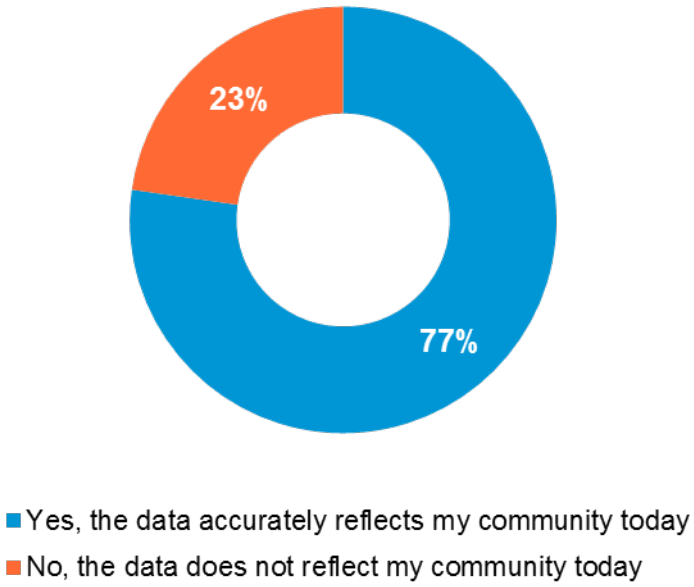
Question: Do you agree with the demographics and common health behaviors of Teton County?



Comments:

- *Honestly, not sure if it is accurate. Have to trust the source and be flexible enough to change accordingly. 2020 census will be interesting in light of 20% of our community might not wish to partake.*
- *The transient nature of this community is hard to capture in these stats. Specifically, seasonal retirees and seasonal workers-are they captured in this data?*
- *My personal experience lies in our school system, where 30% of our students are Hispanic, so I wonder if that number is a little low...*
- *It should be a reasonably good representation of our resident population. However, the census does not document our large second home population that claims residency in other communities, or our seasonal workers who may do the same. These households may spend nearly half a year in our community, but are not included in our demographics. It might be worth exploring demographics of those seasonal residents.*
- *Again, I did not look into the study, but it seems believable.*
- *Over 64 and median income don't really reflect the community.*

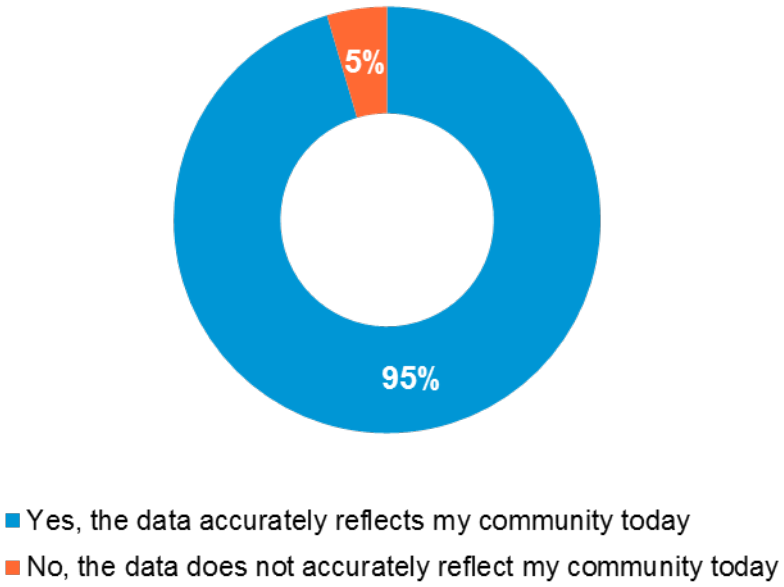
Question: Do you agree with the overall social vulnerability index for Teton County?



Comments:

- *I believe that we have a larger housing issue than is being represented.*
- *House price points along with government regulations on density create an increased vulnerability of Teton county Idaho*
- *I believe the housing/transportation ranking is incorrect. We have a severe housing shortage, particularly for the most vulnerable populations.*
- *With the exception that I think it misses our seasonal worker population that are not captured in the census and who often are living in group quarters and without personal vehicles (and lower incomes).*
- *I believe Teton County housing/transportation has a higher vulnerability measure, based on my observations of local housing market and rental inventory. I am curious what the data looks like in 2019 vs. 2016.*
- *And, I believe our housing situation has changed in the last two years. I also know that people with household composition and disability challenges have moved away as the level of service here does not meet their needs.*
- *It doesn't seem to match the earlier information.*

Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *Again must trust the source. That being said, per capita it seems Teton Valley has a very high incident of cancer and because of stigma there is probably more hypertension/depression occurring than this report reflects. It may not be chronic conditions, but there are waves, particularly among young working mothers trying to balance the socioeconomics, family, physical aspects of living in Teton Valley.*
- *I am curious about the accident data and the subset of data for that category. Specifically, car accidents, drownings, recreation related accidents?*
- *Still below the state avg in suicide. With small sample size, one death can change the results significantly...we have also had non-residents die here. Alzheimer's likely higher due to many folks leaving the community for care.*
- *Again, did not go into the background of the study.*

Question: Do you agree with the health trends in Teton County?

Comments:

- *I do not feel I can comment one way or another on these statistics. Some are very disturbing.*
- *same as others.*

Appendix C – National Healthcare Quality and Disparities Report[34]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[34] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[35] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[35] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix D – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[36]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnote # on page #

   b. **Demographics of the community**

      See footnote # and # on page #

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote # on page #

   d. **How data was obtained**

      See footnote # on page #

   e. **The significant health needs of the community**

      See footnote # on page #

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote # on page #

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote # on page #

   h. **The process for consulting with persons representing the community's interests**

[36] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

See footnotes # and # on page #

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote # on page #, footnotes # on page #, and footnote # on page #

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes, see footnote # on page # and footnote # on page #

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

Yes; See footnote # on page # and footnote # on page #

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

Tvhcare.org

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

No other efforts

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes; See footnote # on page # and footnote # on page #

9. **Indicate the tax year the hospital facility last adopted an implementation strategy: 20__**

   2016

10. **Is the hospital facility's most recently adopted implementation strategy posted on a website?**

    a. **If "Yes," (list url):**

       Tvhcare.org

    b. **If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

    See footnote # on page #

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    None incurred

    b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

    Nothing to report

    c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Nothing to report