NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Northern Inyo Healthcare District 2022

Community Health Needs Assessment

Approved by Board on August 17, 2022

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One Team. One Goal. Your Health.

Northern Inyo Healthcare District

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Dear Community Member:

At Northern Inyo Healthcare District (NIHD), we have spent more than 75 years providing high-quality, compassionate healthcare to the greater Eastern Sierra community. The 2022 Community Health Needs Assessment (CHNA) identifies local health and medical needs and provides a plan of how NIHD will respond to such needs. This document illustrates a few of the ways we plan to efficiently deliver medical services.

We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. NIHD will conduct this effort at least once every three years. Through the information our community members have shared, we have focused time and resources on identifying the primary needs of the community and ways to meet these needs.

We are pleased to present our CHNA findings to our community. We view the CHNA 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 address the most pressing identified needs. 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.

The healthcare district recognizes it may not have the resources to solve all identified needs and problems. Some issues may be beyond the district's mission or require an action best suited for a response by others. NIHD remains committed to staying abreast of and advocating for the growth, development, and improvements in the health and wellness of our community. It is also important for all of us to understand that some improvements will require personal actions by individuals rather than the response of an organization. We are a strong community capable of great things!

We all live in, work in, and enjoy this wonderful community. Together, we can make our community healthier now and for our future generations! "One team. One goal. Your health."

Thank you for your time and your participation in this effort. We are pleased to present this information and hope you find it informative and helpful!

Respectfully,

Kelli Davis, MBA,
Chief Executive Officer,
Northern Inyo Healthcare District

Executive Summary

Northern Inyo Healthcare District ("NIHD" or the "District") performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health ("QHR") to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

1) a definition of the community served by the District 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 District solicited and considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
5) 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
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA, and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Inyo County are:

- Behavioral Health
- Access to Healthcare
- Chronic Disease Management

In the Implementation Strategy section of the report, the District addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community opinions.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

Data Collection and Analysis

The District relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

Most data used in the analysis is 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 are detailed in the appendix of this report and include:

- *Stratasan*
- *www.countyhealthrankings.org*
- *www.worldlifeexpectancy.com/usa-health-rankings*
- *Bureau of Labor Statistics*
- *NAMI*
- *AskCHIS*
- *Center for Housing Policy*
- *Zillow Home Value Index*
- *Department of Health Care Access and Information*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *National Cancer Institute*
- *California Overdose Surveillance Dashboard*
- *Economic Policy Institute*
- *Health Affairs: Leigh & Du*

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the District's desire to represent the region's geographically diverse population. 643 survey responses from community members were gathered between May 2022 and June 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the District's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

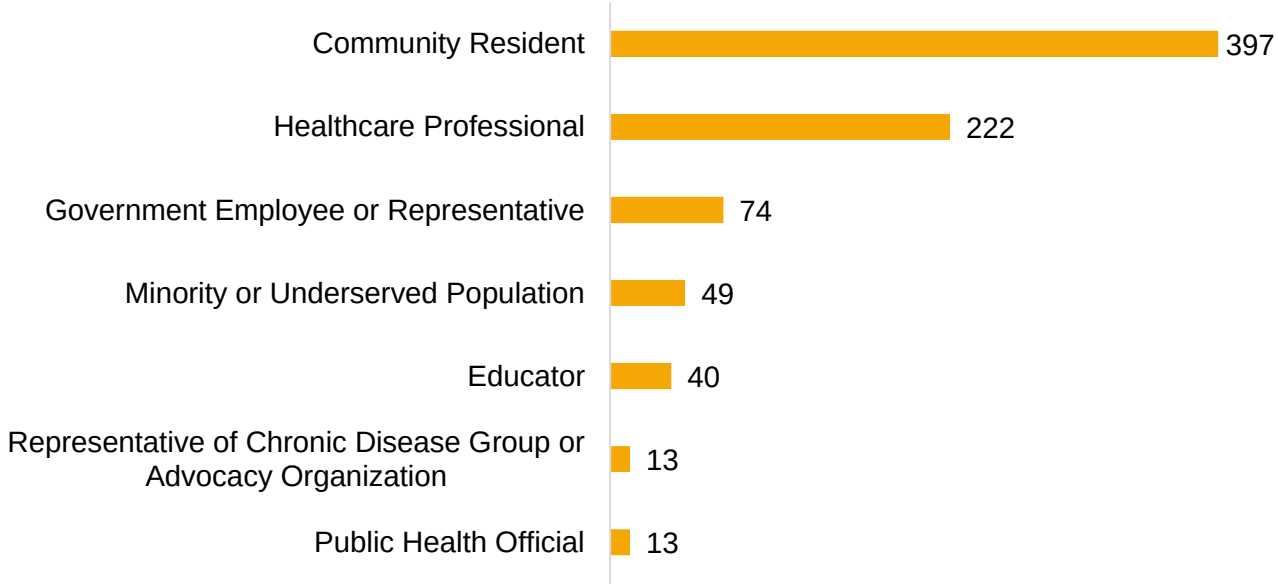
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The District analyzed the health issues that received the most responses and established a plan for addressing them. This plan was developed through a series of work sessions where relevant stakeholders from the District and other community organizations were present.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The District asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Participants self-identified into the following classifications:

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Minority or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Other** (please specify)

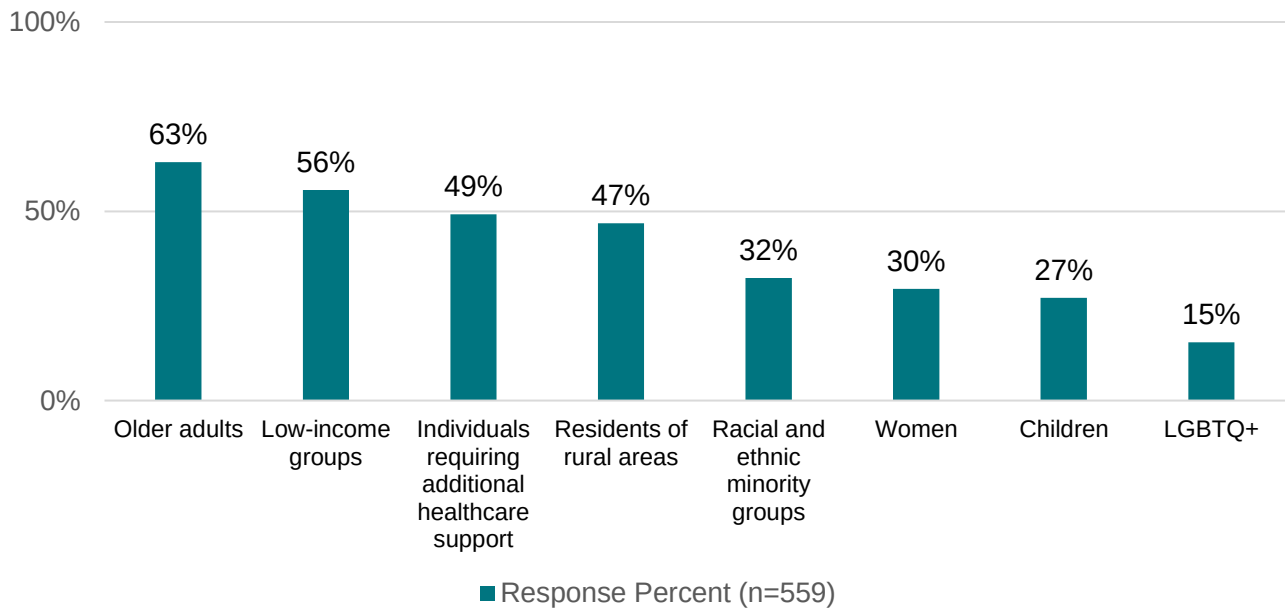
Survey Question: Please select all roles that apply to you (n=575)



Input on Priority Populations

Information analysis augmented by local opinions showed how Inyo County compares 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") would benefit from additional focus and to elaborate on their key needs.

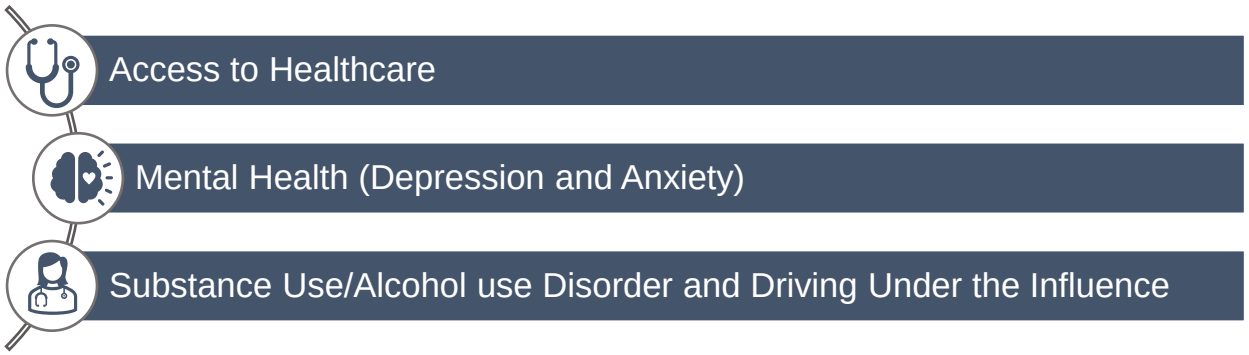
Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were older adults, low-income groups, and individuals requiring additional healthcare support.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Access to specialists
    - Mental health services
    - Affordable healthcare

Input on 2019 CHNA

The IRS 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. Comments were solicited from community members with regards to NIHD"s 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



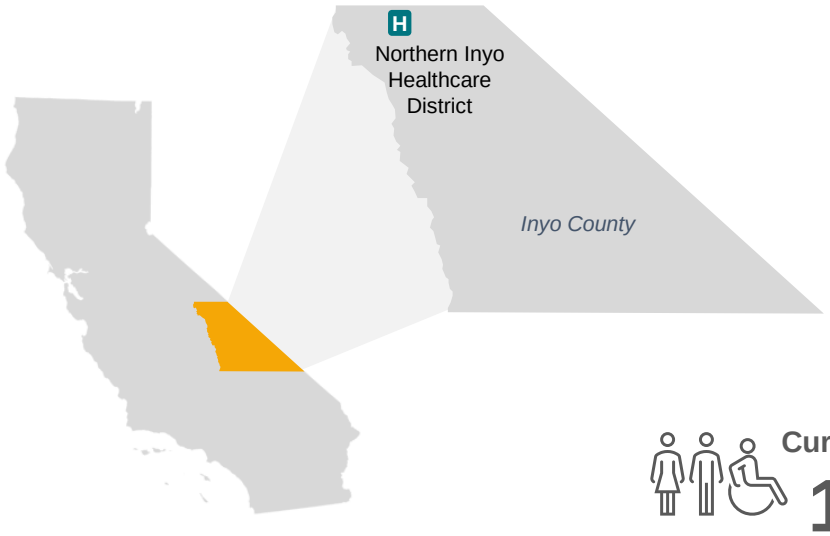
Community Served

For the purpose of this study, NIHD defines its service area as Inyo County in California which includes the following Zip codes:

92384 – Shoshone	92389 – Tecopa	93513 – Big Pine	93526 – Independence
93514 – Chalfant	93549 – Olancha	93549 – Cartago	93514 – Swall Meadows
93515 – Bishop	93522 – Darwin	93542 – Little Lake	92328 – Death Valley
93514 – Bishop	93530 – Keeler	93545 – Lone Pine	93514 – Chalfant Valley

During 2021, NIHD received 61% of its Medicare inpatients from this area.

Inyo County Demographics



Current Population :
18,907

Age

	Inyo County	California
0 – 17	*18.9%*	*22.5%*
18 – 44	*28.6%*	*38.3%*
45 – 64	*28.4%*	*23.8%*
65 +	*24.1%*	*15.4%*

Source: Stratasan, ESRI (2022)

Race/Ethnicity

	Inyo County	California
White	*61.1%*	*40.4%*
Black	*0.5%*	*5.6%*
Asian & Pacific Islander	*1.6%*	*16.3%*
American Indian	*13.3%*	*1.8%*
Other	*23.4%*	*35.9%*
Hispanic*	*23.3%*	*39.4%*

*Ethnicity is calculated separately from Race

Education and Income

	Inyo County	California
Median Household Income	*$59,990*	*$88,930*
Some High School or Less	*9.7%*	*14.1%*
High School Diploma/GED	*28.8%*	*20.7%*
Some College/ Associates Degree	*30.8%*	*27.4%*
Bachelor's Degree or Greater	*30.7%*	*37.8%*

Source: Stratasan, ESRI (2022)

Community Health Characteristics

The data below provides an overview of Inyo County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births *per 1,000*	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
27	**14%**	**22%**	**28%**	**21%**	**22%**
CA: 16	*CA: 10%*	*CA: 22%*	*CA: 26%*	*CA: 28%*	*CA: 19%*

Quality of Life

Suicide Rate: 17.6

Per 100,000
Compared to 10.0 in CA

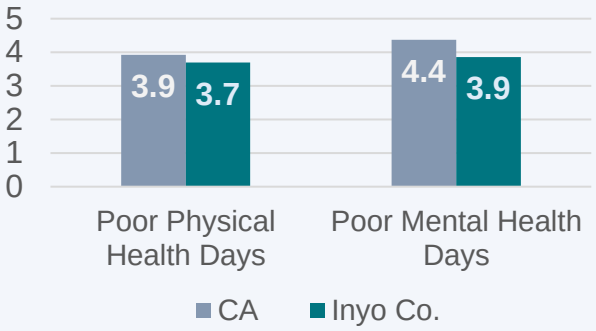
Poor or Fair Health: 18%

Compared to 18% in CA

Low Birthweight: 8%

Compared to 7% in CA

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2022 Report, worldhealthranking.com (2020)

Socioeconomic Factors

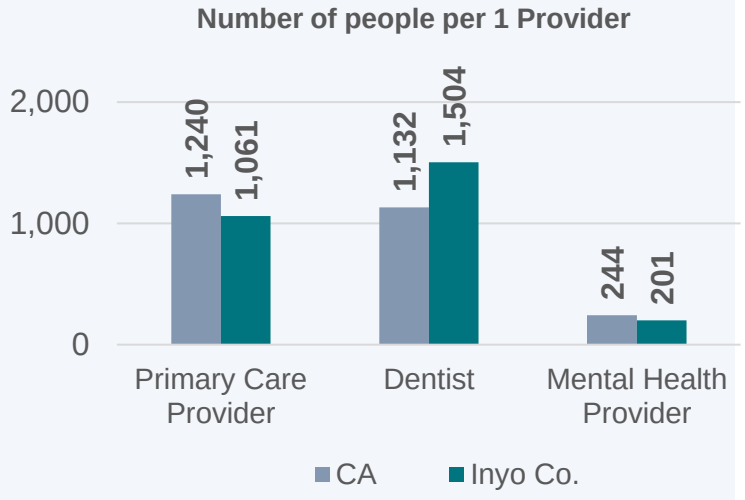
Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
4.2	**5.9%**	**26%**	**15%**	**600**	**93**
CA: 5.1	*CA: 7.3%*	*CA: 22%*	*CA: 15%*	*CA: 421*	*CA: 55*

Access to Health

Uninsured: 6.7%
Compared to 7.2% in CA

Preventable Hospital Stays: 2,948
Per 100,000
Compared to 3,067 in CA

Access to Exercise Opportunities: 49%
Compared to 93% in CA



Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
7.5	**18%**	**69%**	**83%**
CA: 12.9	*CA: 26%*	*CA: 72%*	*CA: 89%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

643 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Develop

Develop an implementation plan for top priorities

Over **30** NIHD and community leaders gathered to discuss services, resources, and partnerships to address each health priority

- Community Disparities
- Available Resources
- Potential Partners

Implementation Plan

Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. Results of the health priority rankings are outlined below:

Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.53
Cancer	4.37
Drug/Substance Abuse	4.30
Diabetes	4.24
Heart Disease	4.20
Women's Health	4.17
Obesity	4.08
Stroke	4.05
Alzheimer's and Dementia	4.02
Dental	4.00
Kidney Disease	3.95
Lung Disease	3.90
Liver Disease	3.89
Other (please specify)	See appendix

Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Affordable Housing	4.46
Healthcare Services: Affordability	4.41
Healthcare Services: Physical Presence (location, services, physicians)	4.38
Access to Childcare	4.27
Access to Senior Services	4.21
Education System	4.15
Healthcare Services: Prevention	4.15
Employment and Income	4.10
Access to Healthy Food	4.04
Community Safety	3.93
Transportation	3.84
Social Support	3.78
Social Connections	3.65
Access to Exercise/Recreation	3.62
Other (please specify)	See appendix

Personal Factors

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	4.21
Diet	4.00
Employment	3.96
Excess Drinking	3.93
Smoking/Vaping/Tobacco Use	3.84
Physical Inactivity	3.83
Risky Sexual Behavior	3.60
Other (please specify)	See appendix

Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.53
Affordable Housing	4.46
Healthcare Services: Affordability	4.41
Healthcare Services: Physical Presence (location, services, physicians)	4.38
Cancer	4.37
Drug/Substance Abuse	4.3
Access to Childcare	4.27
Diabetes	4.24
Access to Senior Services	4.21
Livable Wage	4.21
Heart Disease	4.2
Women's Health	4.17
Education System	4.15
Healthcare Services: Prevention	4.15
Employment and Income	4.10
Obesity	4.08
Stroke	4.05
Access to Healthy Food	4.04
Alzheimer's and Dementia	4.02
Dental	4.00
Diet	4.00
Employment	3.96
Kidney Disease	3.95
Community Safety	3.93
Excess Drinking	3.93
Lung Disease	3.90
Liver Disease	3.89
Transportation	3.84
Smoking/Vaping/Tobacco Use	3.84
Physical Inactivity	3.83
Social Support	3.78
Social Connections	3.65
Access to Exercise/Recreation	3.62
Risky Sexual Behavior	3.60

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions are feasible and the District could make an impact

Impact on Health Disparities

Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Affordable Housing		✓		✓
Healthcare Services: Affordability	✓	✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Diabetes		✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Livable Wage	✓	✓		✓

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 66.8% of respondents rating it as extremely important to be addressed in the community. Mental Health was identified as a top health priority in the 2019 CHNA report. Suicide is the 8th leading cause of death in Inyo County and ranks 21st out of 58 counties (with 1 being the worst in the state) in California for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Inyo Co.	California
Average number of mentally unhealthy days (past 30 days)	4.4	3.9
Number of people per 1 mental health provider	201	244
Suicide death rate (*per 100,000*)	17.6	10.0
Adults (18+) who needed help for mental health problems in the past 12 months	18.4%	21.2%

Source: County Health Rankings (2019, 2021), worldlifeexpectancy.com (2020), AskCHIS (2020)

Affordable Housing

Affordable housing was identified as the #2 priority with 67.5% of respondents rating it as extremely important to address in the community. While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare (Center for Housing Policy).

	Inyo Co.	California
Severe housing cost burden*	15%	19%
Sever housing problems**	18%	26%
Homeownership	65%	55%
Median home value	$479,145	$799,311
Median household income	$59,990	$88,930

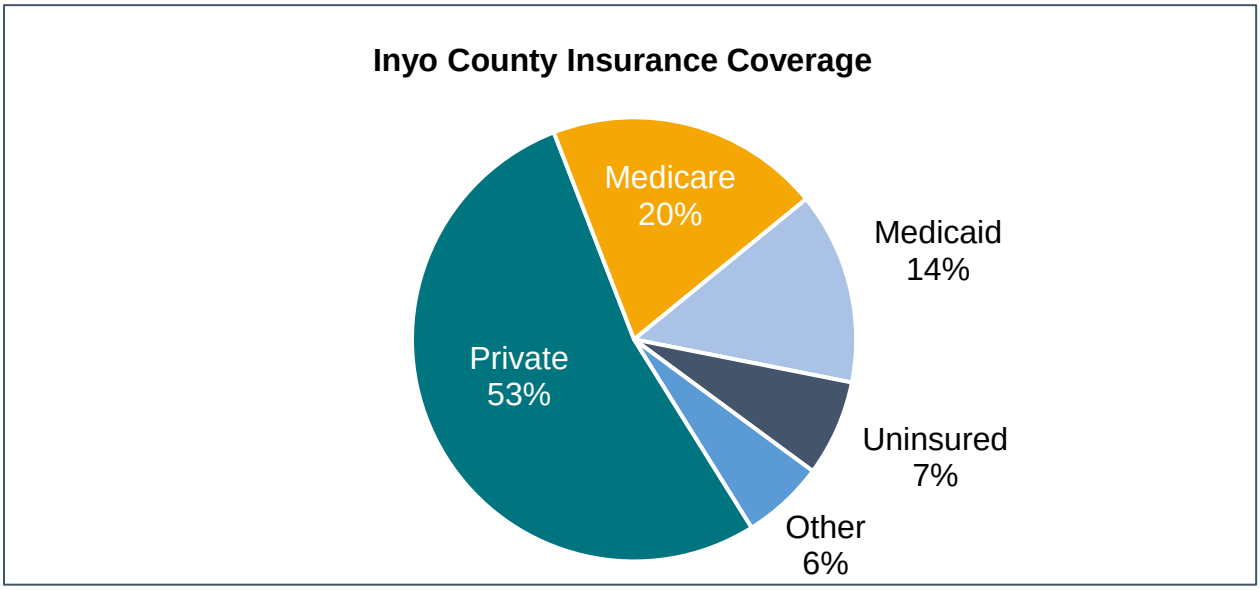
Source: County Health Rankings (2016-2020), Zillow Home Value Index (2022), Stratasan ESRI (2022)
**Percentage of households that spend 50% or more of their household income on housing*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Healthcare Services: Affordability

Affordability of healthcare services was the #3 identified health need in the community with 61.4% of survey respondents rating it as extremely important to be addressed. Approximately 7% of Inyo County's population is uninsured, falling slightly below the California average (Stratasan, ESRI). The percentage of adults who delayed receiving prescriptions drugs or medical services in the past 12 months is similar to the state average.

	Inyo Co.	California
Uninsured	6.7%	7.2%
Median household income	$59,990	$88,930
Adults (18+) who delayed prescriptions/medical services in the past 12 months	22.9%	22.0%

Source: Stratasan, ESRI (2022), AskCHIS (2020)



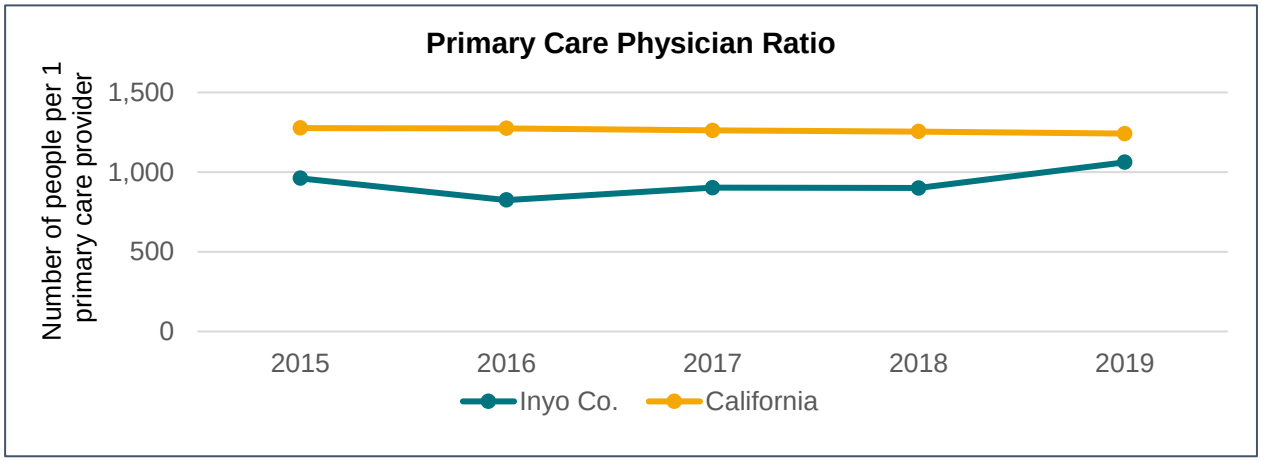
Source: Stratasan, ESRI (2022)

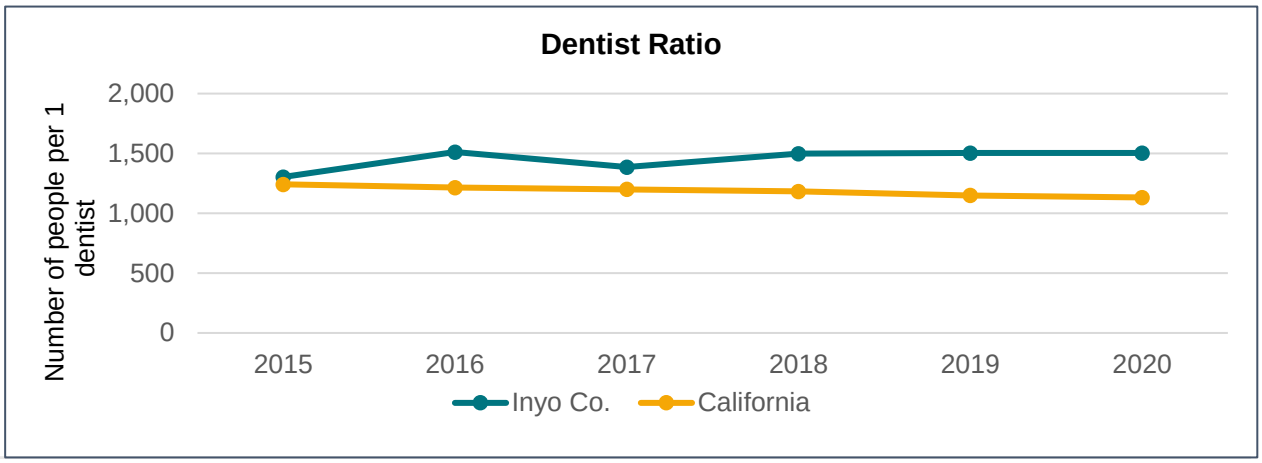
Healthcare Services: Physical Presence

The physical presence of healthcare services was the #4 identified health need in the community with 59.2% of survey respondents rating it as extremely important to be addressed. Inyo County has a slightly lower primary care physician to population ratio than California but has been increasing in recent years (Note that the primary care physician ratio includes M.D.s and D.O.s only and excludes advanced practice providers). The dentist ratio in Inyo County is higher than the state and has remained relatively stable in recent years. Inyo County is classified as a geographic health professional shortage area for primary care.

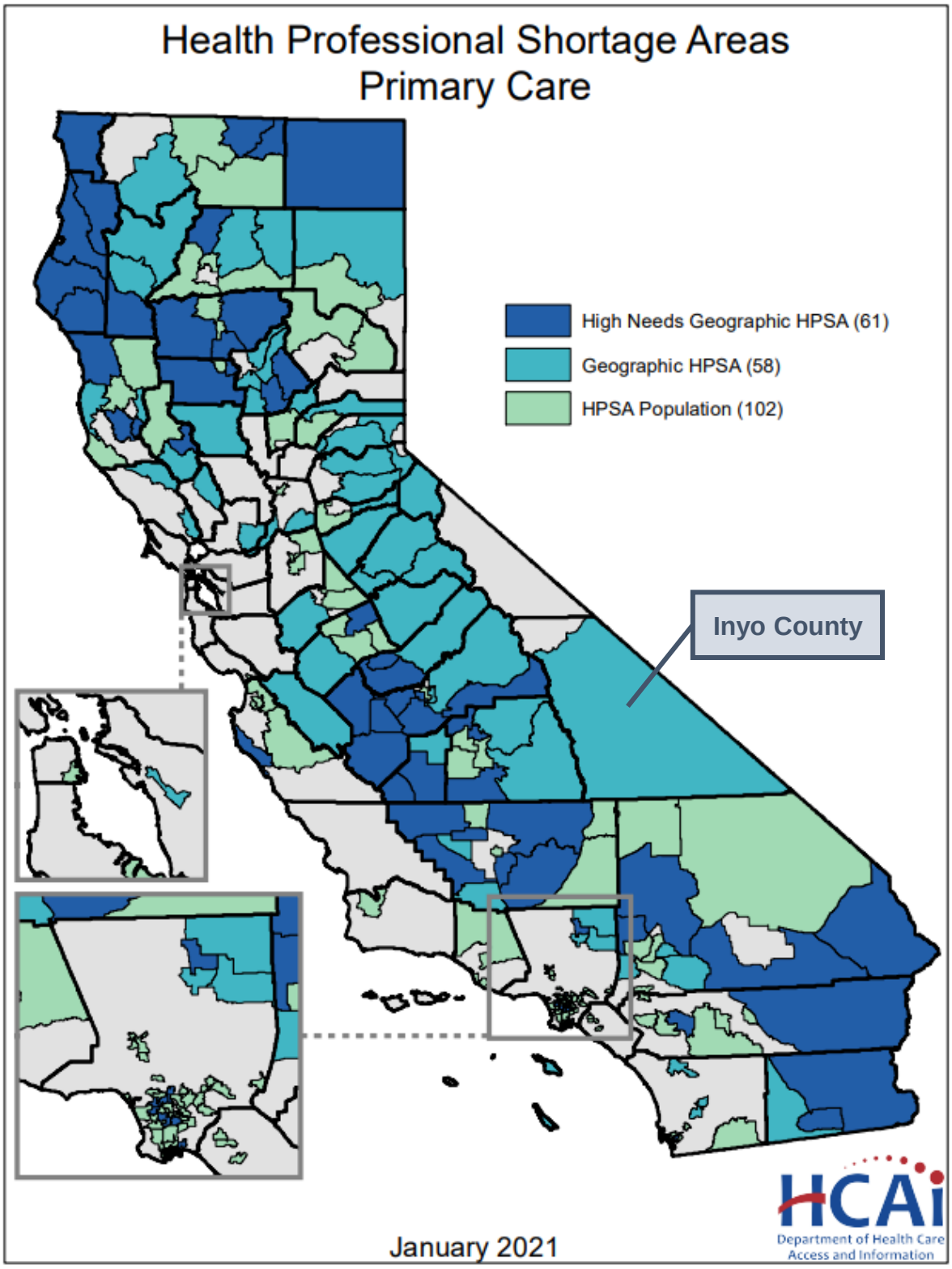
	Inyo Co.	California
Number of people per 1 primary care physician	1,061	1,240
Number of people per 1 dentist	1,505	1,132

Source: County Health Rankings (2019, 2020)





Source: County Health Rankings 2022 Report



Source: [Department of Health Care Access and Information]

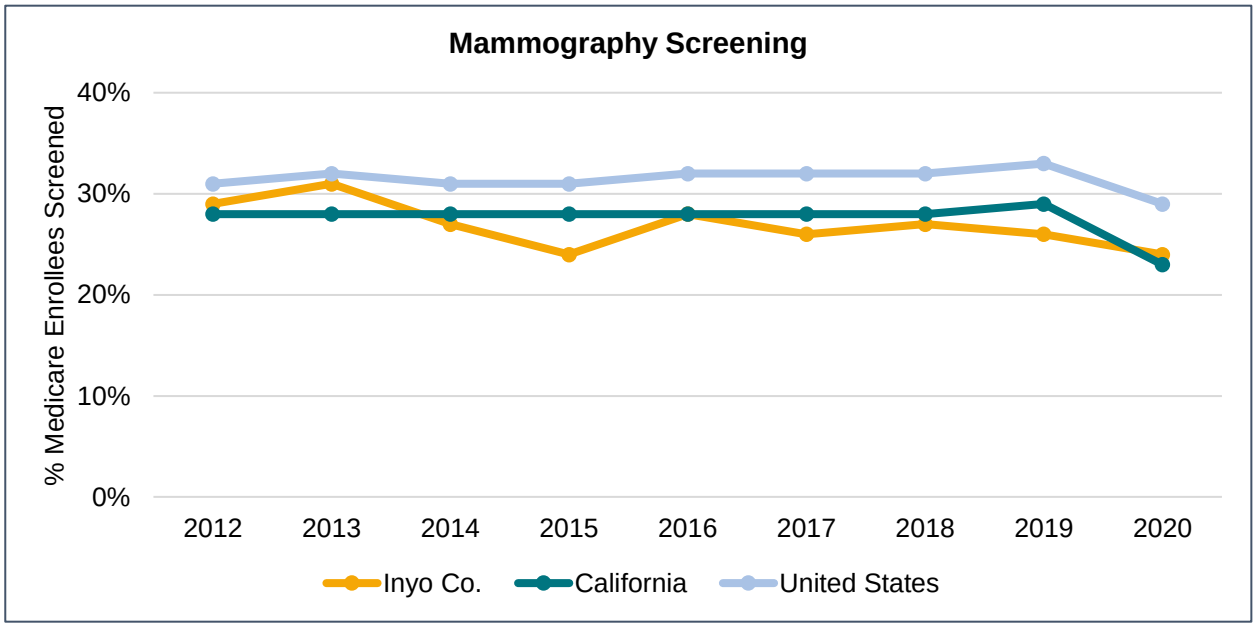
Cancer

Cancer was identified as the #5 health priority with 56.9% of survey respondents rating it as extremely important to be addressed. Cancer is the 2nd leading cause of health in Inyo County and ranks 26th out of 58 counties (with 1 being the worst in the state) in California for cancer death rate (World Life Expectancy).

Inyo County has higher cancer mortality and incidence rates than California. Additionally, 24% of Medicare enrollees (women age 65+) in Inyo County received a mammogram in 2020 and this percentage has decreased in recent years.

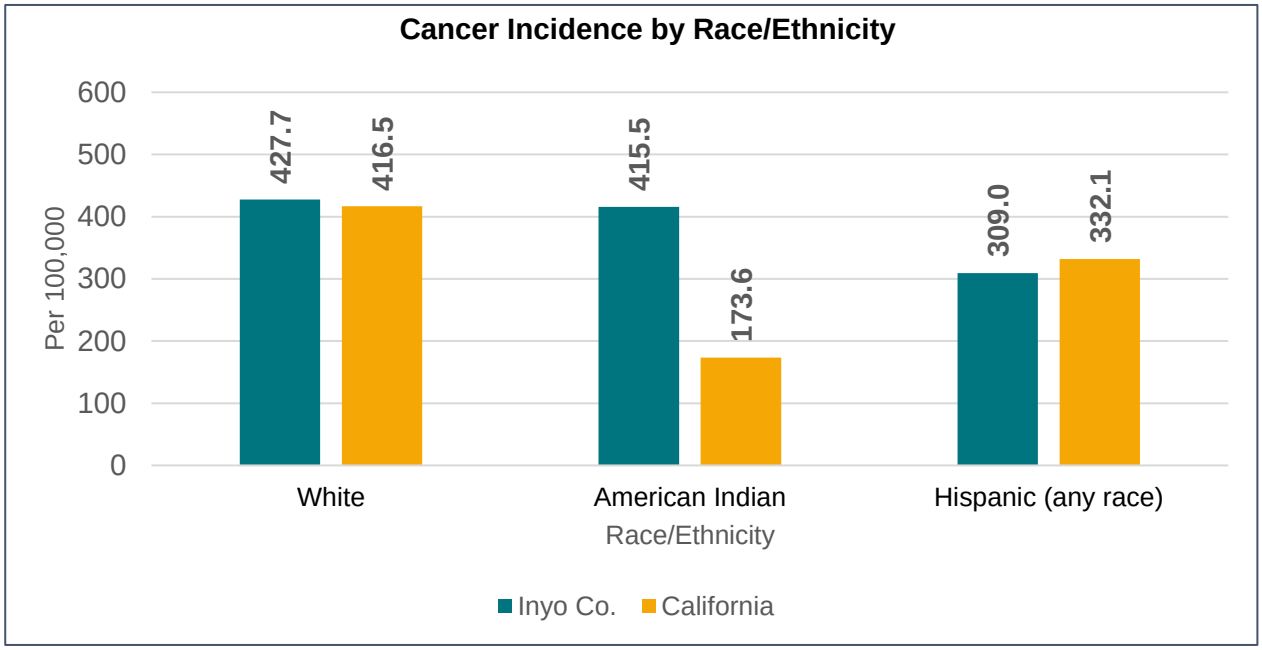
	Inyo Co.	California
Cancer Mortality (*per 100,000*)	159.3	130.3
Cancer Incidence (*per 100,000*)	433.3	402.4

Source: worldhealthranking.com (2019), National Cancer Institute (2014-2018)



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

In Inyo County, White residents have the highest cancer incidence rate across race and ethnic groups though American Indians have the largest disparity in cancer incidence with over 2 times the incidence rate of California.



Source: National Cancer Institute (2014-2018)
Note: Black and Asian/Pacific Islander are not included in this graph due to lack of data

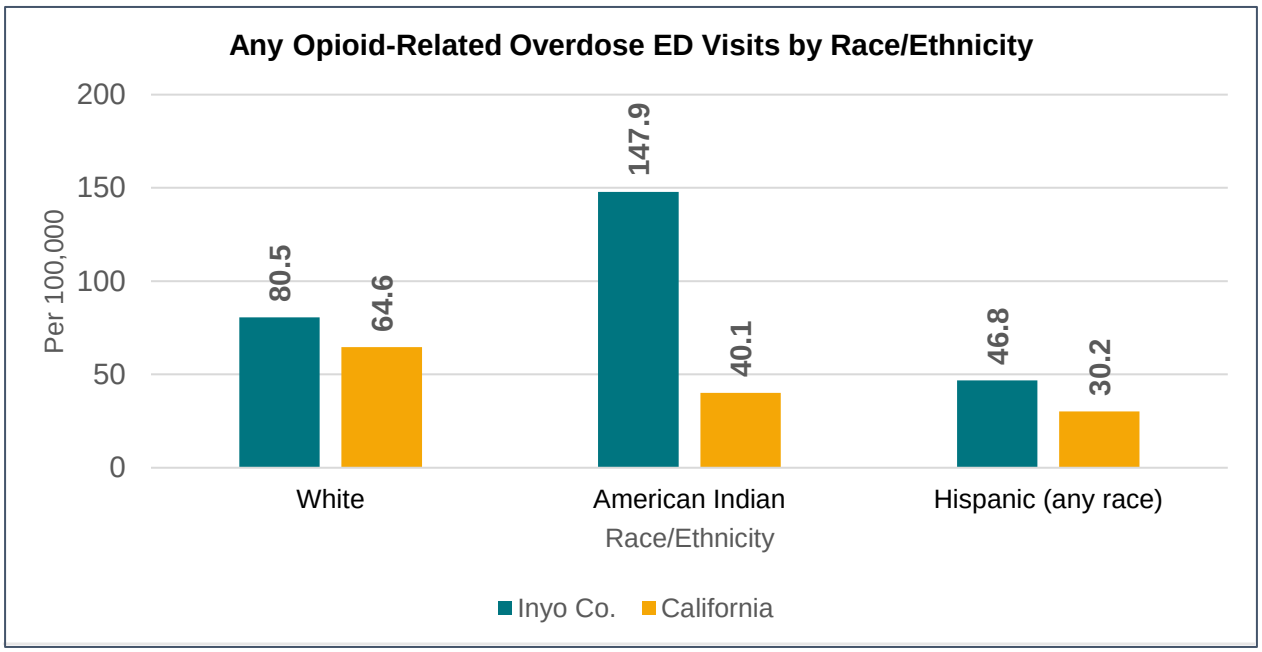
Drug/Substance Abuse

Drug and substance abuse was identified as the #6 health priority with 56.2% of survey respondents rating it as extremely important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

In Inyo County, the drug overdose mortality rate is more than double the rate in California. The same trend is observed when assessing the rate of opioid-related overdose emergency department (ED) visits. The American Indian population also has a significantly higher rate of opioid-related overdose ED visits than White and Hispanic community members.

	Inyo Co.	California
Drug overdose mortality rate (per 100,000)	40.7	17.3
Any opioid-related overdose ED visits (per 100,000)	85.1	40.9
Any opioid-related overdose hospitalizations (per 100,000)	9.6	10.2

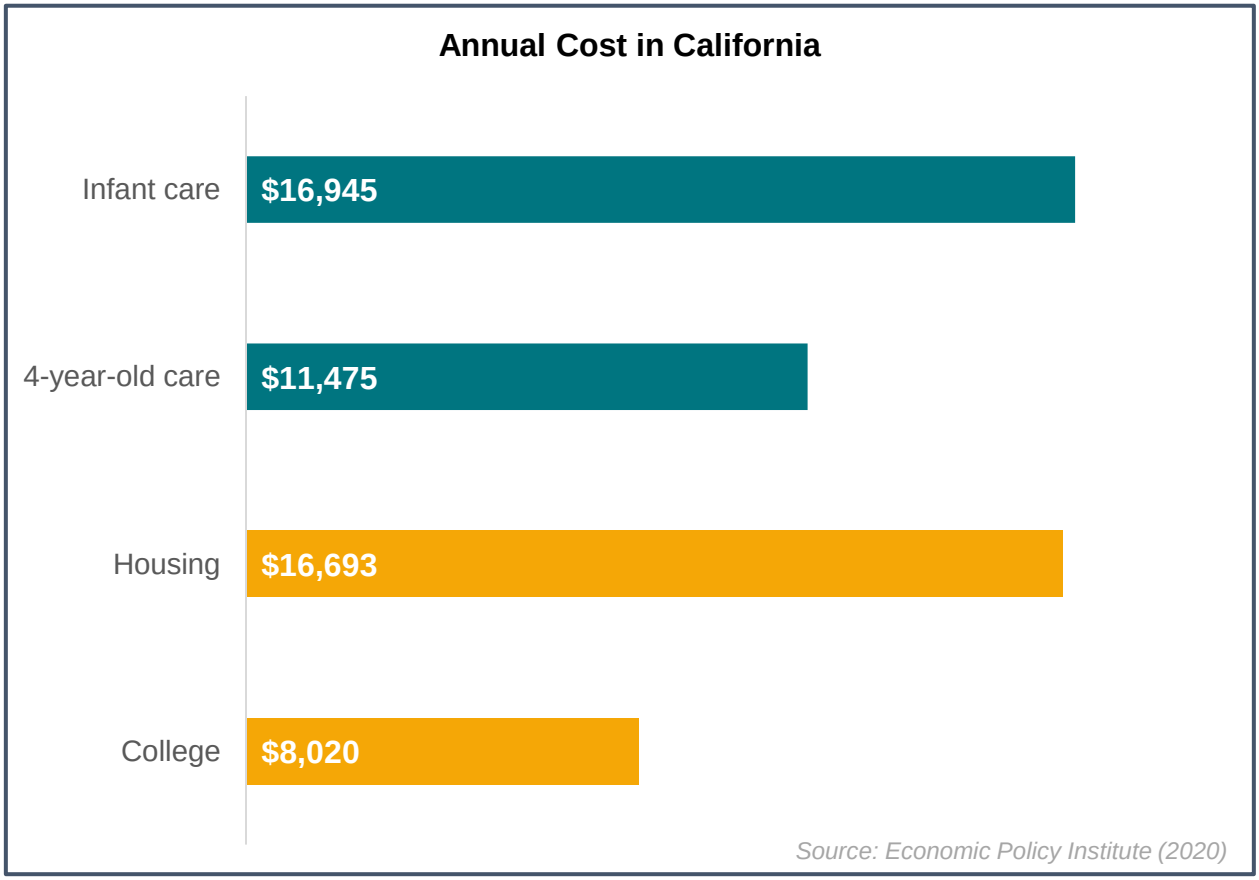
Source: County Health Rankings (2018-2020), California Overdose Surveillance Dashboard (2020)



Source: California Overdose Surveillance Dashboard (2020)
Note: Black and Asian/Pacific Islander are not included in this graph due to lack of data

Access to Childcare

Access to childcare was identified as the #7 priority with 58.2% of respondents identifying it as being extremely important to address in the community. The average yearly cost of childcare in California is $16,945. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Inyo County, 34% of household income is required for childcare expenses compared to 27% in California. Additionally, 15% of children live in poverty and 26% live in single-parent households (World Life Expectancy).



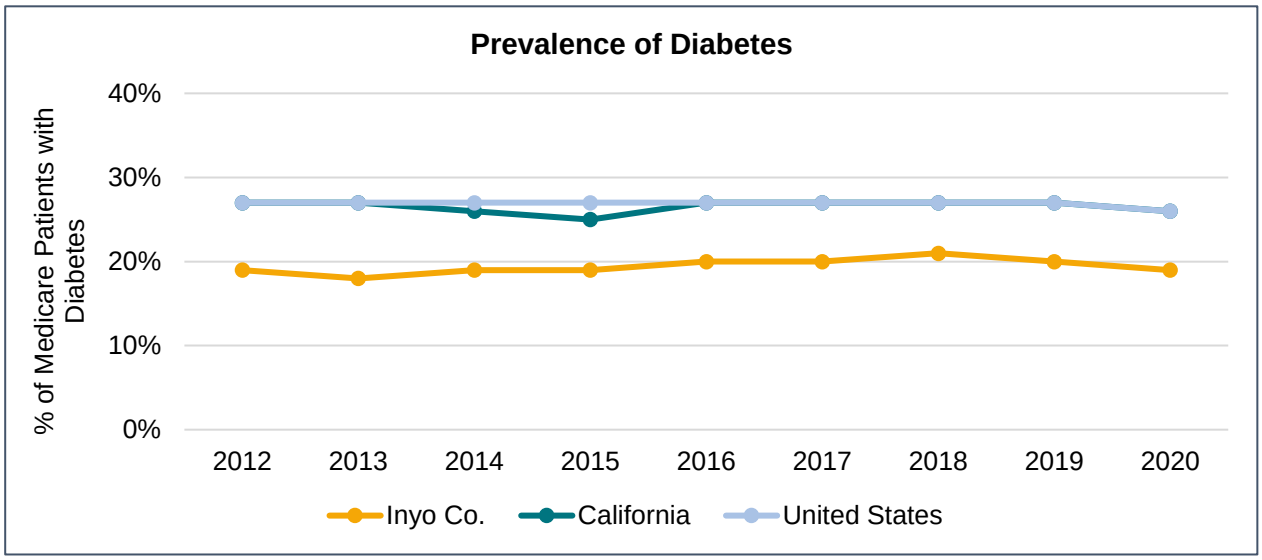
Diabetes

Diabetes was identified as the #8 health priority with 49.5% of respondents rating it as extremely important to address. Diabetes is the 9th leading cause of death in Inyo County and ranks 41st out of 58 counties (with 1 being the worst in the state) in California for diabetes death rate (World Life Expectancy).

Inyo County has a lower rate of diabetes mortality and a lower percentage of adults who have been diagnosed with diabetes compared to California. Inyo County is worse than the state, however, for adult obesity and similar to state rates for physical inactivity. Both are well-established risk factors for type 2 Diabetes development (American Diabetes Association). In the Medicare population, Inyo County has a lower prevalence of diabetes than California and the U.S.

	Inyo Co.	California
Diabetes mortality (*per 100,000*)	16.4	25.4
Adults who have ever been diagnosed with diabetes	9.8%	11.1%
Adult Obesity	28%	26%
Physical Inactivity	22%	22%

Source: worldhealthranking.com (2020), AskCHIS (2020), County Health Rankings (2019)



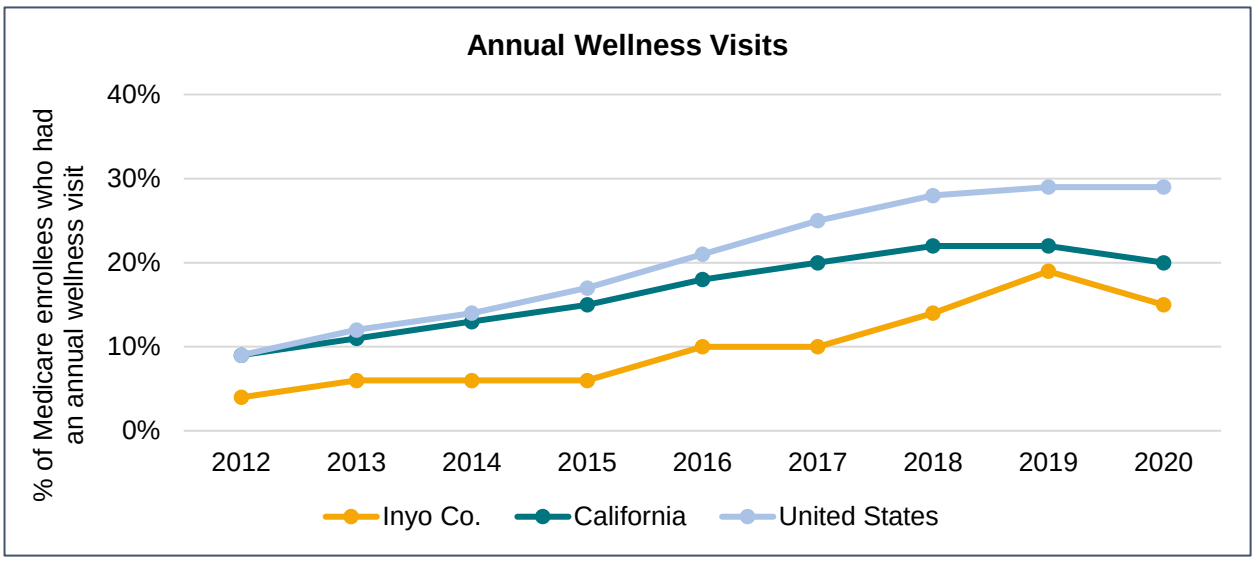
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #9 health priority with 45.1% of respondents rating it as extremely important to address. Nearly 25% of Inyo County residents are age 65 or older, which is higher than the state average. For Medicare enrollees (65+) in Inyo County, 15% had received an annual wellness visit in 2020, representing a decrease from 2019. Rates have also been increasing the previous 3 years.

	Inyo Co.	California
Population 65+	24.1%	15.4%
Annual wellness visits	15%	20%

Source: Stratasan, ESRI (2022), Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population (2020)



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Livable Wage

Livable wage was identified as the #10 priority with 52.4% of respondents rating it as extremely important to be addressed in the community. Though a livable wage is not a health outcome, this social indicator plays a role in the community's ability to afford healthcare and impacts health outcomes. A livable wage can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance (HealthAffairs).

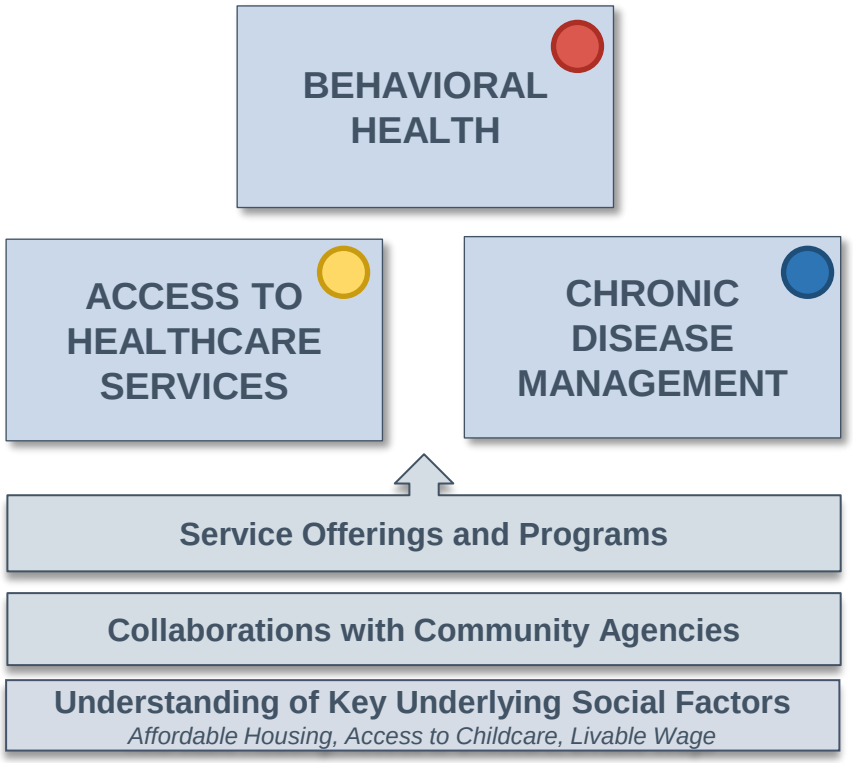
	Inyo Co.	California
Median household income	$59,990	$88,930
Children eligible for free & reduced lunch	54%	59%
Unemployment	5.9%	7.3%
Income inequality*	4.2	5.1
Adults living in poverty (<100%FPL)	9.4%	12.1%

Source: Stratasan ESRI (2022), County Health Rankings (2016-2020), Bureau of Labor Statistics (2021), AskCHIS (2019)
**Ratio of household income at the 80th percentile to income at the 20th percentile*

Implementation Plan Framework

The District's action plan is organized by key groups which will allow the organization to prioritize and address the identified health needs with available time and resources.

- Mental Health
- Healthcare Services: Affordability
- Healthcare Services: Physical Presence
- Cancer
- Drug/Substance Abuse
- Diabetes
- Access to Senior Services



Implementation Plan Strategy

Planning Process

To develop plans for how the District will address each significant health need, facilitated work sessions were held to discuss current resources, future programming, and potential partnerships. Two work sessions were conducted with internal NIHD stakeholders to develop implementation plans for behavioral health, access to healthcare services, and chronic disease management. A subsequent work session was conducted with local partners (Inyo County HHS, Inyo County Behavioral Health, Inyo County Aging and Senior Services, Toiyabe Indian Health Clinic, Pioneer Home Health) to determine how these organizations and NIHD can work together to address the significant health needs in the community.

From these sessions, the following priorities were developed:

Overarching Focus for NIHD:

- Closing gaps in care for priority populations (racial/ethnic minorities, seniors, children/adolescents, LGBTQ+)
- Community outreach and education on services/resources available in the community
- Collaborating with key partners to meet community needs

Behavioral Health

- **Key Priorities**
  - Continue successful Drug/Substance Abuse programming and outreach.
  - Explore opportunities to meet mental health needs, with a focus on connecting patients to community resources.

Access to Healthcare Services

- **Key Priorities**
  - Growing outreach/ education and increasing access for priority populations.
  - Addressing affordability of care.
  - Ensuring access to needed services via multiple channels, including telehealth and partnerships.

Chronic Disease Management

- **Key Priorities**
  - Providing the right Diabetes/ Cancer service offerings to meet community needs.
  - Promoting awareness of current services and supporting patients with care navigation.

Behavioral Health

Mental Health, Drug/Substance Abuse

Key Priorities:

- Define NIHD behavioral health services throughout the ever-changing behavioral health environment in the community (ongoing);
- Continue successful Drug/Substance Abuse programming and outreach;
- Explore opportunities to meet mental health needs, with a focus on connecting patients to community resources.

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

- Medical assisted treatment (MAT) program.
- MAT Oversight Committee guidance and insight to ensure compliance with and advocacy for MAT-related regulations and community needs remained aligned for the safety and well-being of community stakeholders.
- Behavioral health providers:
    - Substance use disorder (SUD) physicians
    - SUD nurse practitioner
    - SUD care coordinators
    - Psychiatrist via telehealth
    - Social workers
- Primary care providers are skilled in addressing basic mental health needs and medication management.
- Telepsychiatry appointments available.
- Case management for new moms with SUD:
    - Referrals for post-partum depression.
    - Community outreach for support.
- Grant-funded patient navigator to provide outreach, education, and connect patients to resources.
- Community events with speakers on substance use education.
- Needle exchange through Inyo and Mono Counties partnership.

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

- Partner with Inyo County to collaborate on behavioral health services. Ensure that patients know what services are available and where they are provided.
- Evaluate the need to hire additional behavioral health providers.
- Increase education and awareness of specific behavioral health services provided at NIHD, including marketing in multiple languages.
- Reduce barriers and ensure culturally sensitive care for priority populations (Hispanic, Native American, LGBTQ+, youth, un/underinsured).
- Explore opportunity for a multi-community care coordinator to connect residents with community resources and health education.

Identified measures and metrics to progress:

- MAT program volume
- Mental health visits/Telepsych visits
- Data analysis of fiscal, resource, space, impact, limitations and availability

Partner organizations that may also address this need:

Organization	Contact/Information
Inyo County	https://www.inyocounty.us/
Mono County	https://monocounty.ca.gov/
Riverside Comprehensive Treatment Center	1201 W. La Cadena Drive Riverside, CA 92501 (951) 749-9240
Southern Inyo Healthcare District	https://www.sihd.org/ (760) 876-5501
Toiyabe Indian Health Project	https://www.toiyabe.us/ (760) 873-8464
Mammoth Hospital	https://mammothhospital.org/ (760) 934-3311
Wild Iris Family Counseling & Crisis Center	https://wild-iris.org/ (760) 873-6601
RAVE – Relief After Violent Encounters	(760) 873-9018
Inyo County Sheriff	https://www.inyocounty.us/services/sheriff (760) 878-0383
Bishop Union High School – Bronco Clinic	https://www.bishopschools.org/o/buhs/page/bronco-health-clinic (760) 873-2086
Other local therapists and providers	

Access to Healthcare Services

Physical Presence, Affordability, Access to Senior Services

Key Priorities:

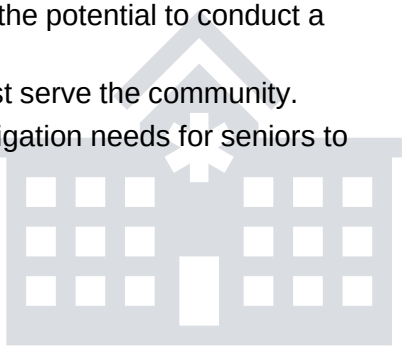
- Growing outreach/ education and increasing access for priority populations.
- Addressing affordability of care.
- Ensuring access to needed services via multiple channels, including telehealth and partnerships.

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

- 24-hour emergency care.
- Swing bed care.
- Telehealth appointments available for multiple service lines.
- The Rural Health Clinic (RHC) provides primary healthcare services.
- The CAREshuttle is available to provide non-emergency medical transportation services for patients.
- Healthy Lifestyle Talks are conducted every month with speakers on a variety of healthcare topics. Talks are offered in person and posted on YouTube to watch at any time.
- Clinic providers are specialized in caring for seniors.
- Same-day appointments are available at the RHC.
- Saturday clinics are available in the pediatric clinic and the RHC.
- Interpretation services are available for patients.
- Bronco Clinic – school-based clinic currently supported by a nurse practitioner who provides services multiple days a week.

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

- Evaluate opportunities to address wait times across NIHD locations/departments.
- Improve timeliness and clarity of communication with patients on wait times, appointment scheduling, billing, and follow-up appointments.
- Evaluate opportunities to grow the attendance at healthy lifestyle talks and consider the potential to conduct in a community-based location.
- Optimize coordination of interpretation services to ensure patients are connected to interpreters in a timely manner.
- Improve outreach and education on services and expertise available locally at NIHD.
- Increase the number of health fairs in the community, including the potential to conduct a senior health fair.
- Evaluate hours of operation and opportunities to optimize to best serve the community.
- Assess resource and fiscal viability for expansion of patient navigation needs for seniors to connect them with resources both inside and outside of NIHD.



Identified measures and metrics to progress:

- Appointment wait times
- Health fair attendance/number of free screenings provided

Partner organizations that may also address this need:

Organization	Contact/Information
Inyo County Aging Services	https://www.inyocounty.us/services/health-human-services/aging-social-services/aging-services (760) 873-6364
Pioneer Home Health Care	http://www.pioneerhomehealth.com/ (760) 872-4663
VFW	(760)873-5770
Eastern Sierra Pride	https://easternsierrapride.org/
City of Hope – partnership for cancer patients to receive chemotherapy services at NIHD	https://www.cityofhope.org/
Eastern Sierra Cancer Alliance – provide financial assistance for cancer patients to travel for care	https://escanceralliance.org/ (760) 872-3811
Bishop Union High School – Bronco Clinic	https://www.bishopschools.org/o/buhs/page/bronco-health-clinic (760) 873-2086

Chronic Disease Management

Cancer, Diabetes

Key Priorities:

- Providing the right Diabetes/ Cancer service offerings to meet community needs.
- Promoting awareness of current services and supporting patients with care navigation.

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

- The Rural Health Clinic (RHC) provides primary healthcare services.
    - Primary care physicians provide chronic disease management.
- Healthy Lifestyle Talks are conducted every month with speakers on a variety of healthcare topics. Talks are offered in person and posted on YouTube to watch at any time.
- Robust outpatient diabetic services.
- Telehealth appointments available for diabetes services.
- Nutritional services available.
    - Dietitians are available via telehealth and in person.
- Screening services:
    - Cancer risk assessments
    - 3D mammography imaging by GE Healthcare
    - Stereotactic Biopsy
    - Breast MRI
    - Diabetes screenings
- Participation and education at community events to raise awareness of chronic diseases.
- NIHD offers a range of Cancer services, including:
    - Breast Health Center offering comprehensive services (prevention, detection, surgery, infusion, rehabilitation, nutrition services).
    - Cancer patient navigator.
- Partnership with City of Hope to ensure local access to chemotherapy – initial visit at City of Hope followed by chemotherapy at NIHD.
- Wound care services are available to support Diabetic patients.

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

- NIHD Dietitian is working to achieve Diabetes Educator certification.
- Improve outreach and education on services and expertise available locally at NIHD.
- Continue to strengthen relationships with partners such as the Eastern Sierra Cancer Alliance and City of Hope to increase access to care for cancer patients.

Identified measures and metrics to progress:

- Number of cancer and diabetes screenings
- Quality metrics specific to diabetes/cancer

Partner organizations that may also address this need:

Organization	Contact/Information
City of Hope – partnership for cancer patients to receive chemotherapy services at NIHD	https://www.cityofhope.org/
Eastern Sierra Cancer Alliance – provide financial assistance for cancer patients to travel for care	https://escanceralliance.org/ (760) 872-3811
Toiyabe Indian Health Project	https://www.toiyabe.us/ (760) 873-8464

Appendix

Community Data

Community Demographics

Demographic Profile

	Inyo County				California				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
Population										
Total Population	***18,907***	***18,764***	***-0.8%***	***100.0%***	***39,770,476***	***39,648,278***	***-0.3%***	***100.0%***	***3.6%***	***100.0%***
By Age										
00 - 17	3,566	3,581	*0.4%*	*18.9%*	8,961,163	8,728,849	*-2.6%*	*22.5%*	*0.0%*	*21.7%*
18 - 44	5,408	5,247	*-3.0%*	*28.6%*	15,226,307	15,162,409	*-0.4%*	*38.3%*	*0.3%*	*36.0%*
45 - 64	5,378	4,847	*-9.9%*	*28.4%*	9,470,196	8,994,390	*-5.0%*	*23.8%*	*-4.3%*	*24.9%*
65+	4,555	5,089	*11.7%*	*24.1%*	6,112,810	6,762,630	*10.6%*	*15.4%*	*12.8%*	*17.4%*
Female Childbearing Age (15-44)	2,900	2,801	*-3.4%*	*15.3%*	8,162,002	8,074,897	*-1.1%*	*20.5%*	*0.0%*	*19.5%*
By Race/Ethnicity										
White	11,561	11,062	*-4.3%*	*61.1%*	16,063,951	15,123,047	*-5.9%*	*40.4%*	*-1.3%*	*61.0%*
Black	97	98	*1.0%*	*0.5%*	2,230,475	2,162,657	*-3.0%*	*5.6%*	*0.8%*	*12.4%*
Asian & Pacific Islander	307	327	*6.5%*	*1.6%*	6,467,563	6,823,901	*5.5%*	*16.3%*	*5.6%*	*6.3%*
Other	6,942	7,277	*4.8%*	*36.7%*	15,008,487	15,538,673	*3.5%*	*37.7%*	*7.8%*	*20.3%*
Hispanic*	4,414	4,473	*1.3%*	*23.3%*	15,678,055	15,733,885	*0.4%*	*39.4%*	*3.4%*	*19.0%*
Households										
Total Households	7,987	7,907	*-1.0%*		13,569,836	13,565,803	*0.0%*			
Median Household Income	$ 59,990	$ 64,983			$ 88,930	$ 106,150			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*9.7%*				*14.1%*		*10.1%*
High School Diploma/GED				*28.8%*				*20.7%*		*27.1%*
Some College/Associates Degree				*30.8%*				*27.4%*		*27.7%*
Bachelor's Degree or Greater				*30.7%*				*37.8%*		*35.1%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. California's Top 15 Leading Causes of Death are listed in the tables below in Inyo County's rank order. Inyo County was compared to all other California counties, California 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 CA (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Inyo County Compared to U.S.)
CA Rank	Inyo Rank	Condition		CA	Inyo	
1	1	Heart Disease	24 of 58	144.0	184.5	***Higher than expected***
2	2	Cancer	26 of 58	130.3	159.3	***Higher than expected***
3	3	COVID-19	10 of 58	68.7	94.1	***Higher than expected***
7	4	Lung	14 of 58	28.1	52.5	***Higher than expected***
4	5	Accidents	19 of 58	44.1	52.2	***Lower than expected***
6	6	Stroke	45 of 58	39.1	40.2	***As expected***
9	7	Liver	3 of 58	13.9	24.0	***Higher than expected***
12	8	Suicide	21 of 58	10.0	17.6	***As expected***
8	9	Diabetes	41 of 58	25.4	16.4	***Lower than expected***
10	10	Flu - Pneumonia	35 of 58	13.2	16.0	***As expected***
11	11	Hypertension	9 of 58	13.2	13.0	***As expected***
13	12	Kidney	14 of 58	9.6	10.7	***As expected***
16	13	Blood Poisoning	23 of 58	3.8	6.6	***As expected***
5	14	Alzheimer's	58 of 58	40.6	6.3	***Lower than expected***
14	15	Parkinson's	39 of 58	9.3	6.1	***As expected***
15	16	Homicide	57 of 58	6.1	1.7	***Lower than expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com (2020)

County Health Rankings

	Inyo	California	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***45/58***			
- Premature Death*	**8,004**	5,679	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	***42/58***			
- Poor or Fair Health	**18%**	18%	17%	12%
- Poor Physical Health Days	**3.9**	3.7	3.9	3.1
- Poor Mental Health Days	**4.4**	3.9	4.2	3.4
- Low Birthweight	**8%**	7%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	***26/58***			
- Adult Smoking	**14%**	10%	17%	14%
- Adult Obesity	**28%**	26%	33%	26%
- Physical Inactivity	**22%**	22%	27%	20%
- Access to Exercise Opportunities	**49%**	93%	66%	91%
- Excessive Drinking	**22%**	19%	18%	13%
- Alcohol-Impaired Driving Deaths	**21%**	28%	28%	11%
- Sexually Transmitted Infections*	**443.5**	599.1	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-19)*	**27**	16	28	13
Clinical Care				
Overall Rank *(best being #1)*	***30/58***			
- Uninsured	**9%**	9%	11%	6%
- Population per Primary Care Provider	**1,061**	1,240	2,070	1,030
- Population per Dentist	**1,504**	1,132	2,410	1,240
- Population per Mental Health Provider	**201**	244	890	290
- Preventable Hospital Stays	**2,948**	3,067	4,710	2,761
- Mammography Screening	**35%**	37%	41%	50%
- Flu vaccinations	**35%**	43%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	***24/58***			
- High school graduation	**91%**	84%	90%	96%
- Unemployment	**7.8%**	10.1%	3.9%	2.6%
- Children in Poverty	**15%**	15%	20%	11%
- Income inequality**	**4.2**	5.1	4.4	3.7
- Children in Single-Parent Households	**26%**	22%	32%	20%
- Violent Crime*	**600**	421	205	63
- Injury Deaths*	**93**	55	84	58
- Median household income	**$55,981**	$83,001	$50,600	$69,000
- Suicides	**16**	10	17	11
Physical Environment				
Overall Rank *(best being #1)*	***10/58***			
- Air Pollution - Particulate Matter (µg/m³)	**7.5**	12.9	9.4	6.1
- Severe Housing Problems***	**18%**	26%	14%	9%
- Driving to work alone	**69%**	72%	81%	72%
- Long commute - driving alone	**17%**	42%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Key (Legend)

- Better than CA
- The same as CA
- Worse than CA

Source: County Health Rankings 2022 Report

Detailed Approach

Northern Inyo Healthcare District (“NIHD” or the “District”) is organized as a not-for-profit organization. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit 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.

Project Objectives

NIHD partnered with QHR Health (“QHR”) to:

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

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501©(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 for those who did not have the 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:

- 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
- All available and qualified physicians granted hospital privileges

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 non-profit 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.

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:*
>
> *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.*
>
> *…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 any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."*

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The District followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments 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."*

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The District asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health
2) **Government Employee or Representative** – 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 District
3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the District facility. Also, in other federal regulations the term Priority Populations, which includes 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) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

   Other (please specify)

The methodology 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 opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The District relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	June 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	June 2022	2013-2020
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	June 2022	2020
Bureau of Labor Statistics	Unemployment rates	June 2022	2021
NAMI	Statistics on mental health rates and services	July 2022	2021
AskCHIS	County-level data on different health topics from the California Health Interview Survey (CHIS)	July 2022	2019-2020
Center for Housing Policy	Impact of housing on health	July 2022	2015
Zillow Home Value Index	Average home value	July 2022	2022
Department of Health Care Access and Information	Health professional shortage area map	July 2022	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	July 2022	2020
National Cancer Institute	Cancer incidence rates	July 2022	2014-2018
California Overdose Surveillance Dashboard	Opioid-related ED and hospitalization rates	July 2022	2020
Economic Policy Institute	Childcare costs in California	July 2022	2020
Health Affairs: Leigh & Du	Impact of wage on health	July 2022	2018

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and NIHD's desire to represent the region's geographically diverse population. Community input from 643 survey respondents was received. Survey responses started on May 3rd and ended on June 3rd, 2022.

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

In the District's process, the survey respondents 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 survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The District analyzed the health issues that received the most responses and established a plan for addressing them. This plan was developed through a series of work sessions where relevant stakeholders from the District and other community organizations were present.

Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

Q1: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	69.04%	397
Healthcare Professional	38.61%	222
Government Employee or Representative	12.87%	74
Minority or Underserved Population	8.52%	49
Educator	6.96%	40
Public Health Official	2.26%	13
Representative of Chronic Disease Group or Advocacy Organization	2.26%	13
	Answered	575
	Skipped	68

Q2: What zip code do you live in?

Answer Choices	Responses	
93514	81.98%	473
93513	11.44%	66
93526	1.73%	10
93545	1.73%	10
93546	1.56%	9
93512	0.35%	2
93529	0.35%	2
93634	0.35%	2
92328	0.17%	1
93549	0.17%	1
92389	0.17%	1
	Answered	577
	Skipped	66

Other

- 93575
- 84049
- 89508
- 89010

- 89013
- 93530
- 93546
- Mono County resident
- And 91752

Q3: Where do you primarily receive healthcare services?

Answer Choices	Responses	
Northern Inyo Healthcare District	78.90%	460
Somewhere other than Northern Inyo Healthcare District (please specify)	21.10%	123
	Answered	575
	Skipped	68

Comments:

- Toiyabe Indian Health Project (47)
- Mammoth Hospital (22)
- Inyo and another place (5)
- Southern Inyo Healthcare District (5)
- Reno (4)
- Rural Health Clinic (4)
- Nowhere at the moment (3)
- UCLA (3)
- Valley Health (3)
- Arcadia Methodist Group So Cal (2)
- Bakersfield
- Carson city
- Glendale
- Hoag Newport beach
- Kaiser So Cal

- Los Angeles
- Nevada
- Pahrump Nv
- Pandya
- Physician in Bishop not in NIHD
- Ridgecrest, Fresno, Carson
- Riverside
- S. Calif.
- San Diego
- San Francisco
- Santa Barbara
- Southern Mono HCD
- St. Mary's Reno, Nevada
- UC Irvine
- UC San Diego Moores Cancer Center

Q4: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Older adults	62.97%	352
Low-income groups	55.64%	311
Individuals requiring additional healthcare support	49.19%	275
Residents of rural areas	46.87%	262
Racial and ethnic minority groups	32.38%	181
Women	29.52%	165
Children	27.19%	152
LGBTQ+	15.38%	86
	Answered	559
	Skipped	84

What do you believe to be some of the needs of the groups selected above?

Key health needs/challenges:

1. Access to specialists (59)
2. Mental healthcare (29)
3. Affordable healthcare (20)
4. Insurance coverage (13)
5. Access to healthcare (13)
6. Timely care (12)
7. Traveling far for care (11)
8. Chronic diseases (9)
9. Social needs (housing, education, food) (9)
10. Preventative care (7)
11. Economic assistance (6)
12. Care coordination (5)
13. Transportation (5)

Key Quotes:

- Older adults don't all live with someone, a lot of the time they need transportation or help with everyday things but being alone can lead to bad accidents and injury.
- Dialysis, specialists have to come in and it is difficult to get appointments, mental health services, transportation.
- I believe some of the needs is to have access to medical specialties in town instead of traveling the distances. There is a need for bilingual services also.
- Trauma healing, nutritional counseling, substance use disorders treatment, affordable fitness classes
- Local providers/Specialists that can provide Healthcare for cancer pts, Cardiologist, Pulmonologist, more local staffing to provide the Healthcare for pts, help providing rides to/from outside providers that pt was referred to.
- More screenings/tests
- Timely referral to specialty services and transportation
- Financial assistance. Bilingual representation for the Hispanic community.
- Obesity, asthma, chronic illness
- Home health, housing, meals

Q5: Please share comments or observations about the actions NIHD has taken to address Access to Healthcare.

Key health needs/challenges:

1. Unknown (74)
2. Care shuttle (31)
3. Telehealth services (21)
4. Noticed increase access, specific actions not specified (16)
5. Need better access to specialists/lack of providers available (17)
6. Urgent care/same day clinic/drive through clinic (11)
7. Long wait times (9)
8. Limited mental health access (7)
9. RHC has helped to increase access (7)
10. Increased education and outreach (6)
11. Addition of the MAT program (6)

Key Quotes:

- Zoom has been helpful as well as drive through testing.
- The Care Shuttle is an excellent step in addressing access issues.
- Rural health has done a great job with same day care.
- NIHD provides transportation through the Care Shuttle.
- Community talks about healthcare.
- I love that I can go to Rural Health on Saturdays.
- While NIH has brought in specialists appointments are infrequent resulting in significant delays.
- Major expansion in healthcare offerings over the last few years. High school clinic, telehealth services, specialty services, breast services, sporadic urology services, etc. They even offer robotic surgery.
- Telemedicine has helped some people not to have to travel out of the area that normally would have had to.
- I have seen more focus with community service opps and information at the clinics.
- HD has a Charity Care program that helps many under or uninsured patients.
- Still need more doctors in the local area.
- The drive thru clinic has been great as well as low cost vaccinations

Q6: Please share comments or observations about the actions NIHD has taken to address Mental Health (Depression and Anxiety).

Key health needs/challenges:

1. Unknown (111)
2. More medical health services are needed (34)
3. Working to recruit providers (13)
4. Tele-behavioral health services (12)
5. Need more access to mental health providers (20)
    1. Psychiatrists (4)
    2. Therapists/counselors (5)
6. Long wait times for appointments (7)
7. Need more education/awareness (7)
8. Noticed increase in programs, specific actions not specified (6)
9. Screenings performed (6)
10. Still barrier for people with some types of insurance (4)
11. MAT program (4)
12. Access has increased through the RHC (3)

Key Quotes:

- Mental health counselors are not widely available. There are also privacy issues for group therapy.
- We need providers for mental health.
- I think we could have more availability or have more information on where we can go to get help or give those who need the help with Mental health.
- Just learned about the addiction program and overdose prevention program. Great first step.
- Improved presence/more providers available through RHC Behavioral Health department.
- Trying to get an appointment with a mental health provider is often a long time away.
- NIHD has recently, in the last 5 years, added on mental health specialists.
- We could use more mental health care facilities.
- On staff social worker.
- Provides baseline care to meet the needs of entry level mental health.
- Those seeking services still can’t get them, particularly if they don’t have money or insurance.

Q7: Please share comments or observations about the actions NIHD has taken to address Substance Use/ Alcohol Use Disorder and Driving Under the Influence.

Key health needs/challenges:

1. Unknown (105)
2. MAT program (65)
3. Noticed increase in programs, specific actions not specified (11)
4. Increased education and outreach (10)
5. Narcan education (6)
6. Services through the RHC (5)
7. Needle exchange program (4)
8. Harm reduction (3)

Key Quotes:

- Good attention to patients with these problems with appropriate doctors.
- The MAT program is a great resource. Perhaps expanding access to therapists could prevent people from the path to addiction earlier in life.
- Harm Reduction Services.
- The MAT program is very helpful for tons of community members.
- I have seen this be addressed through greater NIHD-led community awareness events, but have not had the opportunity to see any actions at the health provider level.
- NIHD has done a fantastic job at getting harm reduction services underway and available to the community. The team you have assembled and project like the mobile harm reduction are super important to keeping people safe and also connecting those with need to resources like outpatient and inpatient rehab, MAT services and other lifesaving programs and services.
- The development of the MAT Program was a great start. NIHD still needs Substance Abuse Counselors to help patients in recovery reach and maintain behavioral/functional stability in their lives.
- The MAT clinic and the opiate addiction task force locally have made huge strides in de-stigmatizing substance abuse care, meeting patients where they are, using a patient navigator, community outreach, and even saving lives.
- NIHD has streamlined the process for drawing the blood of DUI suspects and moved the process to the ER.
- Heard from NIHD's outreach program on opioid addiction which sounds like a great program and hope it will be successful.

Q8: Do you believe the above data accurately reflects your community today?

Answer Choices	Responses	
Yes, the data accurately reflects my community today	74.45%	306
No, the data does not reflect my community today	25.55%	105
	Answered	411
	Skipped	232

Key Comments:

- I'm guessing that 18% exploring problems in underreported.
- I believe affordable housing in this community is 100% a problems. You must be rich of have 2 or 3 jobs to afford a home in bishop. I also believe vaping and smoking and drug and alcohol abuse are much higher. Single parents are numerous.
- Indian population might add to some of our obesity and alcohol problems. Growing homeless population.
- I believe affordable housing in this community is 100% a problems. You must be rich or have 2 or 3 jobs to afford any home in bishop. I also believe vaping and smoking and drug and alcohol abuse are much higher.
- Mostly - seems the hispanic group may be higher
- There are many people on drugs, alcohol, tobacco, obesity. Few go to any health care place.
- I would have guessed to obesity and substance use/abuse numbers were higher
- It's definitely changed due to covid! And population of inyo county is going up and housing is more expensive.
- I believe there's a few changes but very slight.
- Nihd needs to be promoted more to the public
- The housing problem is much worse. I don't think this is an accurate reflection of the drug problem here
- The housing is worse then 18%
- I believe there are more people suffering from mental health and obesity issues.
- Numbers low for native americans
- Housing problems percentage should be a little higher. It is very hard to find affordable housing in this county. The rent and prices of housing has skyrocketed in the last few years.
- I cannot overstate this enough - we need more mental health providers, support for this community.
- I believe that there is a huge housing shortage.
- This fascinating data needed to be presented first. This is compelling data.

- Not sure.....Seems like drinking would be higher, housing issue may be higher as well
- I doubt that 89% have a high school diploma and i feel the median income is lower that stated. We have a larger than 18% housing problem. Higher than than 22% excessive drinking/drug use.
- I feel the health behaviors may be higher since covid-19. Housing issues seems low. There is no affordable housing available in inyo county this has caused community members and workforce to leave inyo county.
- Primary care providers and mental health providers need to be calculated by FTE, not just number of providers working in town.
- It seems like a higher percentage are facing housing problems, smoking, drinking, and mental health in this county.
- While the data reflects the community, there remains an inequity for bipoc
- There are more lower income people
- Mental health provider doesn't show that it is almost impossible to get physiatrist help and mental health providers have long wait. Severe housing crisis. Rent is unaffordable as is home ownership got people on fixed income. More homelessness.
- I feel we have a dentist shortage, affordable counseling, affordable housing shortage
- I don't know what the definition of mental health provider is but I imagine we are doing worse than this. But this is my perception I have no data
- Yes this reflects my community in many way's, but also doesn't help we live in a tourist town where everything is so expensive and with how the economy is right now it doesn't make it any better.
- I think housing is a huge problem.
- I am surprised that severe housing problems is less than the average for california. Lack of affordable housing is still a hugely important issue in our area as it even makes attracting mental health providers and other health care professionals very challenging for our small, rural area.
- The housing numbers are way off. This area has a extremely severe housing problem.
- I believe it undercounts homelessness, especially on the reservations.
- Although much higher in native american population regarding these population health metrics
- Internet access is not stable and access is too costly
- Alcohol/drug use, opioid use
- Feel that homelessness & unemployment is higher.
- Mental health provider appears to be inaccurately represented - minimal mental health providers that take medi-cal insurance.
- I'm surprised by the mental healthcare provider statistic. Where are these people? And do they take my insurance? How many of them are preferred providers?
- Many injurious deaths are from out of county residents and not all suicides are county residents either

- Larger need for ALS ambulance services and educational needs should be met. Urgent cares have a wider range of needs that could also be used here in this community and acute care.
- Housing is at a premium. Many empty buildings that can be rezoned to provide apartments, rooms etc.!!
- I would have to say there are definitely more hispanics in our community than stated, possibly close to or more than white.
- People per mental health provider, is concerning for those who actually seek out help. This is not counting for the ones who need help and cant afford it, are waitlisted, or are to scared to ask for help.
- The housing issue is definitely severe here, the access to eye doctors is becoming extremely difficult with appointments going up to 8 months out to get in for new glasses, and the dental insurance provided through my work still requires me to pay almost everything out of pocket. Grocery prices have sky rocketed, and everything is making is extremely difficult to live here and enjoy bishop.
- It seems like the drinking statistic is low. Housing problems are high. 18% sounds like a wrong assessment. Rental price gouging is an issue. 201 people per mental health provider seems high, easy to get lost in the shuffle.
- Adult smoking and excessive drink to me personally seems like it should be higher. As well as the severe housing problem.
- As a member of a majority group, the above data feels representative, but i am concerned about the methods used to gather this and worry that there are significant groups who have been undercounted
- I think there is more tobacco and alcohol use. And even though the ratios for primary care and mental health are better than the state, the ratios overall are still woefully inadequate and reflect the deficiencies in california as a whole
- I haven’t seen the latest census but seems somewhat accurate
- Housing is a terrible issue and help for people with mental illness is crap
- There are no homes in $56K range most start well above $300K and that’s for a small maybe 3 bed 1-1 1/2 bath built in the 1950’s.
- I believe the minority population is significantly under represented
- This doesn’t account for the transient residents and people traveling.
- I believe the housing issues are greater than stated. I also believe the mental health patient to practitioner ratio is greater than stated.
- Housing is not available.
- Unemployment rate i think might be off. Housing might be off. Drinking, smoking and weight seems off.
- This is all voluntary information, self-report. Which indicates that it may not fully reflect those populations that did not participate. I feel like the mental health provider list in very inaccurate, as there are significantly more primary care providers in the area and yet their people per primary care provider is 1000? This does not align.

Q9: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	2	6	39	93	282	422	4.53
Cancer	2	8	61	111	240	422	4.37
Drug/Substance Abuse	4	18	61	102	237	422	4.30
Diabetes	1	12	81	117	207	418	4.24
Heart Disease	2	14	77	132	194	419	4.20
Women's Health	4	12	79	140	185	420	4.17
Obesity	6	23	85	120	183	417	4.08
Stroke	1	15	106	136	161	419	4.05
Alzheimer's and Dementia	3	22	106	126	166	423	4.02
Dental	5	27	102	119	170	423	4.00
Kidney Disease	4	22	111	133	148	418	3.95
Lung Disease	3	27	128	111	149	418	3.90
Liver Disease	3	26	129	119	142	419	3.89
Other (please specify)						30	
						Answered	427
						Skipped	216

Comments:

- Hematology
- Children's health
- Child Abuse
- Men and children's health
- Food Insecurity, Access to Childcare
- End of Life care
- As far as drug/substance abuse prevention, I think it should be more focused on harm reduction strategies. Also, I think the way many doctors address obesity is not helpful, and that it shouldn't be the go-to for health care providers to focus on during a check-up.
- Neurology and ENT needs
- OPTICAL needs are not being met. We seem to think EYES are not important ? Less people with healthy eyesight means less citizens driving-at a time when EST Bus up to Sabrina/South Lake is in danger of being cut ?

- Lbgtquia+ access
- Cancer specialists
- Covid related health care
- Vascular disease
- Menopausal health
- Post partum depression
- Autoimmune diseases
- Dermatology
- Mental health care could aid if not solve other issues listed.
- Eye doctors for people with medi-cal
- Preventative health!
- Spine - ortho
- Not enough speciality care in our rural area.
- Chronic pain

Q10: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Affordable Housing	13	7	38	81	288	427	4.46
Healthcare Services: Affordability	2	12	55	96	262	427	4.41
Healthcare Services: Physical Presence (location, services, physicians)	3	15	53	103	252	426	4.38
Access to Childcare	8	22	54	82	231	397	4.27
Access to Senior Services	3	12	68	151	192	426	4.21
Education System	5	11	90	125	192	423	4.15
Healthcare Services: Prevention	2	12	97	118	190	419	4.15
Employment and Income	7	17	88	127	184	423	4.10
Access to Healthy Food	9	20	94	119	179	421	4.04
Community Safety	9	31	105	115	163	423	3.93
Transportation	12	34	103	128	141	418	3.84
Social Support	13	30	115	142	122	422	3.78
Social Connections	11	33	154	114	107	419	3.65
Access to Exercise/Recreation	25	49	116	103	130	423	3.62
Other (please specify)						12	
						Answered	429
						Skipped	214

Comments:

- Communication of services to community!
- Having a daycare especially specific to hospital employees would be extremely beneficial. It would be great if they were specific to the
- Food Insecurity
- Dermatologist needed here!
- Frequent, reliable, free
- Need more programs for kid whose parents are working and can't take them to the activities they need to be healthy
- All of the above and we all know it as a combined community it's been needed for many years.
- More affordable events for children & teens.

Q11: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	12	16	62	110	220	420	4.21
Diet	12	15	91	145	157	420	4.00
Employment	15	17	98	128	160	418	3.96
Excess Drinking	25	15	92	121	166	419	3.93
Smoking/Vaping/Tobacco Use	30	26	88	107	164	415	3.84
Physical Inactivity	19	24	110	121	144	418	3.83
Risky Sexual Behavior	29	33	124	121	110	417	3.60
Other (please specify)						15	
						Answered	423
						Skipped	220

Comments:

- Fire maintenance
- Marijuana use
- Substance use
- Safe weapon handling.
- Care should be at my convenience not the doctors
- Diet & exercise!
- Sleep disorders
- Wearing sunscreen
- Drug use

Q12: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, has changed daily behavior	39.65%	159
Some impact, does not change daily behavior	34.41%	138
Significant daily disruption, reduced access to needs	16.21%	65
No impact, no change	6.48%	26
Severe daily disruption, immediate needs unmet	3.24%	13
	Answered	242
	Skipped	401

Q13: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

Answer Choices	Responses	
Employment	61.89%	242
Childcare	53.96%	211
Social support systems	52.69%	206
Education	51.92%	203
Access to healthcare services	46.55%	182
Housing	42.46%	166
Food security	32.74%	128
Public safety	30.43%	119
Poverty	30.18%	118
Racial and cultural disparties	23.79%	93
Nutrition	21.23%	83
Transportation	18.16%	71
Other (please specify)	11.25%	44
	Answered	391
	Skipped	252

Comments:

- Mental and Behavioral Health all ages
- Stress, Mental health, isolation, shutdowns, economic decline

- Cost of living
- Mental health
- More social isolation, this has mental health impacts
- Businesses
- Emotional health
- Increase in mental health issues and illness
- Public safety due to homeless, and speeding on HWY 395
- Weight gain
- Mental health
- Sense of normalcy
- Mental health services
- Access to mental health services
- Mental health
- Business closures
- Community cohesion, cooperation, empathy have all been negatively impacted by county and citizen noncompliance with our own health department recommendations/mandates.
- Mental health
- Mental stability, community gatherings
- Mental healthcare
- Mental health suicidal ideation increase in the community
- Mental health
- Polarizing views creating inequalities
- Honestly the lack of concern, cooperation and common consideration for the community needs and well being of others during this covid pandemic. Compromised, elderly, health challenged and many.
- Isolation and depression
- Personal safety
- Community cohesiveness and understanding of science

Q14: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	39.60%	158
None of the above	32.83%	131
Specialty care (care and treatment of a specific health condition that require a specialist)	25.56%	102
All types of healthcare services	20.55%	82
Elective care (planned in advance opposed to emergency treatment)	20.30%	81
Urgent care/Walk-in clinics	10.53%	42
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	7.27%	29
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	6.52%	26
Other (please specify)	5.51%	22
	Answered	399
	Skipped	244

Comments:

- Dental and vision
- Waited almost a year to get knee replacement.
- Substance Abuse
- Dental
- Gym
- Physical therapy delayed
- Since 2009, I've gone out of town for women's services because there is no continuity of provider care. Bishop has a transitional medical community. Continuity of care with one provider is important.
- Dental
- Dental
- Dental; we did utilize telemed, and now prefer it. Also went out of town to a large medical center where all staff were compliant with PPE and COVID precautions
- We have been fortunate and have not needed access to any type of healthcare in the last two years.
- Womens clinic, dermatology, colonoscopy
- Delayed a major surgery due to hospitals not allowing surgery in 2020

Q15: How can healthcare and public health entities continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	73.06%	282
Offering alternatives to in-person healthcare visits	67.88%	262
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	58.81%	227
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	40.67%	157
Sharing local patient and healthcare providers stories and successes with the community	26.94%	104
Other (please specify)	13.99%	54
	Answered	386
	Skipped	257

Comments:

- I don't know the severity of covid in my town but I suspect it was very severe.
- Education on 3rd booster
- Education regarding vaccines and providing information to anti-vaxers.
- Toiyabe has offered drive thru clinics
- Open up your billing department so people have someone to talk to because its impossible!
- Promote care in the home as an alternative
- Continue you to see patients as always for basic care
- Keeping their physical offices as safe (sanitized) as possible.
- Using their medical knowledge and not just blindly following “rules” which make no sense.
- Community billboards.
- Do not rely on technology for the senior patients. We don't understand how to access.
- Please continue to give latest information.
- Promoting what services our hospital has— I don’t know if they do sleep studies and respiratory care etc
- Wiping down waiting rooms regularly. Wiping down sign in ipads between patients
- Holding steady in promoting good public health and safety.
- Dental

- No challenge if you follow protocol
- By giving truthful facts and statistics or the covid 19 pandemic and giving other medicine options for those not willing to take a vaccine as well as caring for those who have taken the vaccine and are still struggling with covid.
- Health fairs...Health clinics free... Home visits
- Need to have covid vaccine available in the clinics!
- Get better specialized doctors in our valley so we don’t need to travel
- More face to face time with patients
- Need to remember many seniors don't have access to computers or social media.
- Do visits outside (weather permitted)
- Seeing patients face to face
- Need more womens clinic providers - cant get in for an appointment for a month
- Listening, up to date education, up to date awareness of new medical health information, treatments, awareness. The want and desire to do so kindness not negative attitude.
- Mask up, promote vax inc. For workers
- Scheduling more inpatient appoints in a timely manner not 3 months out.
- Expanded connection to healthcare providers in the surrounding communities via virtual appointment to help fill specialist and mental health needs

Q16: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	69.23%	270
Patient portal feature of your electronic medical record to communicate with a healthcare provder	60.00%	234
Smartphone app to communicate with a healthcare provider	51.03%	199
Telephone visits with a healthcare provider	47.69%	186
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	43.85%	171
Virtual triage/screening option before coming to clinic/hospital	42.82%	167
Other (please specify)	13.33%	52
	Answered	390
	Skipped	253

Comments:

- "On call" office person
- Face to face is always the way to go!
- In person interactions
- A lot of people do not have smart phones or social media
- Many people do not have access to reliable internet or smart phones. This needs to be taken into consideration when providing treatment options and access to information
- We have a very in person community
- Virtual group
- In person visits with real connections.
- For patients that are hard of hearing , and don’t have smart phones in person visits are a must
- In-person mental health/HIV service provider. Telehealth has proven to be difficult for these issues.

- Do need to work on educating the community on how to use the telehealth app/video service
- Home visits for the elderly and disabled
- Email responses from providers
- Face to face interaction with physical exams
- Culturally competent services
- NIH has a patient portal.
- Since some people are limited in their ability to utilize digital technologies, there needs to be a process to help them.
- I think the drive through clinic seems effective for many things; at least from patient standpoint
- In home visit
- Specific portal that’s easy to use and most popular amongst big health organizations my chart.
- I think i’m person is critical. With the added remote has come over extended folks doing too much in too little time. Loss of connection to on the ground conditions.
- But to a lower cost because they are virtual
- Add in mental healthcare to what medical healthcare already uses to assist with access to care such as the patient portal, electronic signing of intake forms, etc.
- In person evaluation/assessment is best for quality patient care
- It would depend on who you are trying to reach, again many seniors are not good with todays technology.
- Need better communication access (cell, internet service before telehealth is effective.
- Shorter times to see the doctor
- I see my EOB and the virtual reimbursement rate is so low though, i'm not sure those are viable
- While it's nice to have the portal for messaging and access to records, the elderly we know are hesitant to use it.
- In-patient visits essential for diagnosis, virtual for initial consult
- Prefer one on one visit

Q17: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Mental health	70.81%	279
Ensuring convenient and affordable healthcare access points	62.18%	245
Primary care	59.64%	235
Specialty care	58.63%	231
Elder/senior care	58.12%	229
Urgent care/Walk-in clinics	57.11%	225
Substance abuse services	51.02%	201
Chronic disease management programming	45.43%	179
Addressing cultural needs and practices impacting health care access, care delivery and outcomes	38.07%	150
Women's health	37.56%	148
Pediatrics/children's health	35.79%	141
EMS/Paramedic Service	34.52%	136
Emergency care	31.98%	126
Addressing patient language and communication needs	28.43%	112
Other (please specify)	8.88%	35
	Answered	394
	Skipped	249

Comments:

- Financial info.
- DME company that provides O2 on discharged patients 24/7
- Men's health
- Behavioral Health including CADC
- Home Health Care
- Having specialist for kidney, lungs, gastroenterologist, migraines etc come at least once a month to our facility. It’s hard for some to go out of town for services they need. Getting the generators needed for DI dept to do RFAs
- Nursing homes

- Better communication within hospital departments and to outside providers
- Optometry providers who take medi-cal only 1 provider locally
- Access to equipment other facilities use only during certain hours, we must be able to provide care with proper equipment if we have a population with these health risks.
- Optical.
- Cardiology, rheumatology
- Trust
- The community needs a second ambulance, as symons ambulance only can afford to staff one ALS unit at one time.
- Outsourcing for a pulmonologist and cardiologist to assist in heart and lung needs in the community.
- Urology, cardiology
- Pain management
- Access to services in rural areas
- Money!
- Patient support services that help them navigate the healthcare system
- NIHD really needs to simplify and improve communication, intake, access to patient records; not to mention drastic improvement of the referral process, which contributes to unacceptable delays in care
- Substance abuse treatment centers for men. And woman and children.
- Pain management
- Dental
- Concerned for people with heart issues, they usually have to go out of the area for that.
- Oncology
- Dermatology
- Cancer care/oncology

Q18: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- Have specialists available locally.
- Provide information about what is happening during pandemics.
- Our hospital is doing all they can and always has.
- Hospital conduct vaccination for the public.
- Covid pay for employees and family
- Family focused events - community support with childcare offered.
- Endocrinologist, cardiologist, psychists
- Streamline the processes, so that all entities are following the same protocols. There were to many facilities with different rules. It should be the same across the board. It is too confusing for people, especially are elderly residents.
- Consistent and accessible information about masking, vaccination and the spread of disease
- Return to unified communication regarding covid incidence nationally, statewide and county wide.
- Use of home health, use of telehealth, newspaper education.
- Increasing tele and phone visits. Assessing the needs for specialty such as pulmonology and EENT.
- Childcare support at the district. Burnout and compassion fatigue prevention for staff
- A well-advertised nursing/advice phone line.
- Accurate COVID-19 information delivered to all residents. Not just posted on facebook.
- Provide a covid testing hotline for employees and employers alike to be able to make a timely appointment for covid testing. This will assist employees in getting back to work sooner than later.
- If you could develop something to rid the community of distrust and anger over a virus and science. Something to reunite the community.
- Updates and education through media campaign in english and spanish.
- My family was able to access a therapist out of the area through telehealth, and that was very helpful to us. Maybe connecting patients and families with resources like this when our local providers are maxed out would be helpful.
- Just for our community to keep staying safe get vaccinated if can and for our health providers to keep doing great work as they have been

- The medication that reduces death rates of covid.
- Access to additional mental health supports including more local providers!
- Better collaboration efforts with different medical facilities and services in the county. Everyone are equal and need to understand that one facility isn't "better" than another one. We all serve the same community! Instead dividing our people, collaborate and serve our communities the best way we can!
- Less wait time to see or talk to a doctor
- Free vaccines, free and readily available ppe
- Open all access points and expect community to behave responsibly when symptomatic.
- Accurate, unbiased information. Both sides of the story
- Holistic approach weight loss plan set-up at all pcp wellness checks if pre covid weight was less than post covid weight
- Figure out how to address covid fatigue so people will be willing to mask when infections spike.
- This area needs to offer resources for higher education; offering paramedic and rn schooling would be a key change.This area could also make great use of an urgent care, most of the time patients are brought into
- This week in virology's clinical updates with dr. Daniel griffin have been very informative throughout the pandemic.
- Mental health counseling
- Covid -19 crisis is around the world, and we should try to help our community by following the CDC rules.
- More ambulances/help for transporting people on 5150 holds. I am a mental health professional who is often on call, and symons consistently turns us down for transport. I often have to do them myself which is not safe.
- Mandates were received poorly however there was reluctance to masking and vaccination. That said, education, encouragement, and even bribery in the form of gifts or money should be used to encourage public health measures instead ideally.
- People complying with mandates. Quick turnaround testing.
- Post-traumatic growth outreach and awareness. Perseverance and a sense of responsibility to take some of the burden off our healthcare workers by allowing and encouraging other workers to return to work.
- Consistency with informed information, honesty and acknowledgement of difficulties
- Trust so community members get vaccinated. Being available to the community

- Educate people that barriers, such as masks and latex gloves, keep people from spreading or getting covid. Of course, thanks politics, that may be impossible.
- Better public awareness about how covid is affecting individuals in the community. It needs to be person so our community understands we need to take care of each other. Some individuals and families should we willing to share their stories.
- More healthy community activities to improve mental health and provide healthy distractions from isolation and boredom- - movie nights in the park, dance lessons, concerts, flea markets, lectures
- Having access to abortion and other women's healthcare somewhere within 3 hours of bishop.
- Give people the information they need to make good discussion about their health. Not information that is biases but ALL information
- Food stamps for people without children... Rental assistance... And other bills too
- Remembering that we are a community. We are all in this together!
- I think we did well with getting through covid. I think that altrusa deserves a big shout out for making mask for the hospital when they could not get them. I don't know if they ever got one.
- More communication with community
- Female psychologists specifically for young girls.
- Retain medical professionals and attract more specialists. I'm afraid the majority of people go without seeing a needed specialist because they cannot travel outside of our area.
- Expanding same day care
- I think NIHD has far exceeded national averages with regards to providing access to all covid related resources and solutions
- Get a full time psychiatrist who is present on site. Same with another general surgeon. And a lactation specialist who is available at least 2-3 times a week.
- More providers and perhaps longer hours of service at some of the clinics.
- Resources and tools to provide for the community to call when needing mental health help.
- More information be produced through social , radio and newspaper. Talking points on topics that are important our community
- Mental health support
- Everyone following the same processes with information backing it for precautions

- More mental health services that are convenient and affordable.
- Mental health services
- Telehealth for specialties
- Specialist doctors
- Access to womens clinic services and dermatology
- Treat everyone equally, with respect and compassion. Invest in decent healthcare facilities that are not temporary buildings.
- Cooperation from the community and updated information from the county on a weekly basis. More availability from our current resources that up to date knowledge based of resource. A community that works together succeeds better, but yeah wishful thinking on my part. I have hope.
- I feel the community is in good hands relating to covid 19
- I found the virtual weekly business meetings with county health quite helpful as well as their weekly updates as the covid situation progressed. I felt grateful that our community provided vaccination access and safety protocols re masking and quarantines.
- Nihd's continued following of its own posted protocols (masking, etc.) And enforcement is appreciated.