Northern Inyo Healthcare District

Board Meeting

Quality Meeting - February 10, 2026

Agenda

Old Business

New Business

Mission

* Strong Stewardship * Ethical Oversight *
*Eternal Local Access *

Vision Statement

To be an energized, high performing advocate for the communities we serve, our patients and our staff. The board governs with an eye on the future of health care and its effects on the District and patient care. The Board is committed to continuous evaluation, dedication to our mission, and improvements as a board.

Values

* Integrity * Innovate Vision * Stewardship * Teamwork *

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT
Board of Directors' Quality Committee Meeting

February 10, 2026 at 3:00 pm

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)
https://us06web.zoom.us/s/86114057527
Webinar ID: 860 1405 7527
Password: 898843

PHONE CONNECTION:
(669) 444-9171
(253) 215-8782
Meeting ID: 860 1405 7527

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1. Call to Order at 3:00 pm.
2. Public Comment: At this time, members of the audience may speak only on items listed on this Notice. Each speaker is limited to a maximum of three (3) minutes, with a total of thirty (30) minutes for all public comments unless modified by the Chair. The Board is prohibited from discussing or taking action on items not listed on this Notice. Speaking time may not be transferred to another person, except when arrangements have been made in advance for a designated spokesperson to represent a large group. Comments must be brief, non-repetitive, and respectful.
3. Old Business
   a) Beta – Information Item
   b) Community Health Needs Assessment (CHNA) – Information Item
4. New Business
   a) Meeting Minutes – November 12, 2025 – Action Item
   b) HCAI – Information Item
   c) Quality Committee Charter – Action Item
   d) Quality Dashboard – Information Item
5. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board Governance Committee meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.

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

Northern Inyo Healthcare District

2025

Community Health Needs Assessment

Approved by Board: TBD

Table of Contents

Executive Summary

Northern Inyo Health District (NIHD) performed a Community Health Needs Assessment (CHNA) in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2022 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 was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed in conjunction with Southern Inyo Healthcare District (SIHD) to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The health priorities identified by NIHD from this assessment are:

Update once Implementation Planning is complete

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

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

CHNA Process

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

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 through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses 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 community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report, with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. 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 Hospital's desire to represent the region's economic, racial, and geographically diverse population. Nine hundred forty-five (945) survey responses from community members were gathered in October 2025.

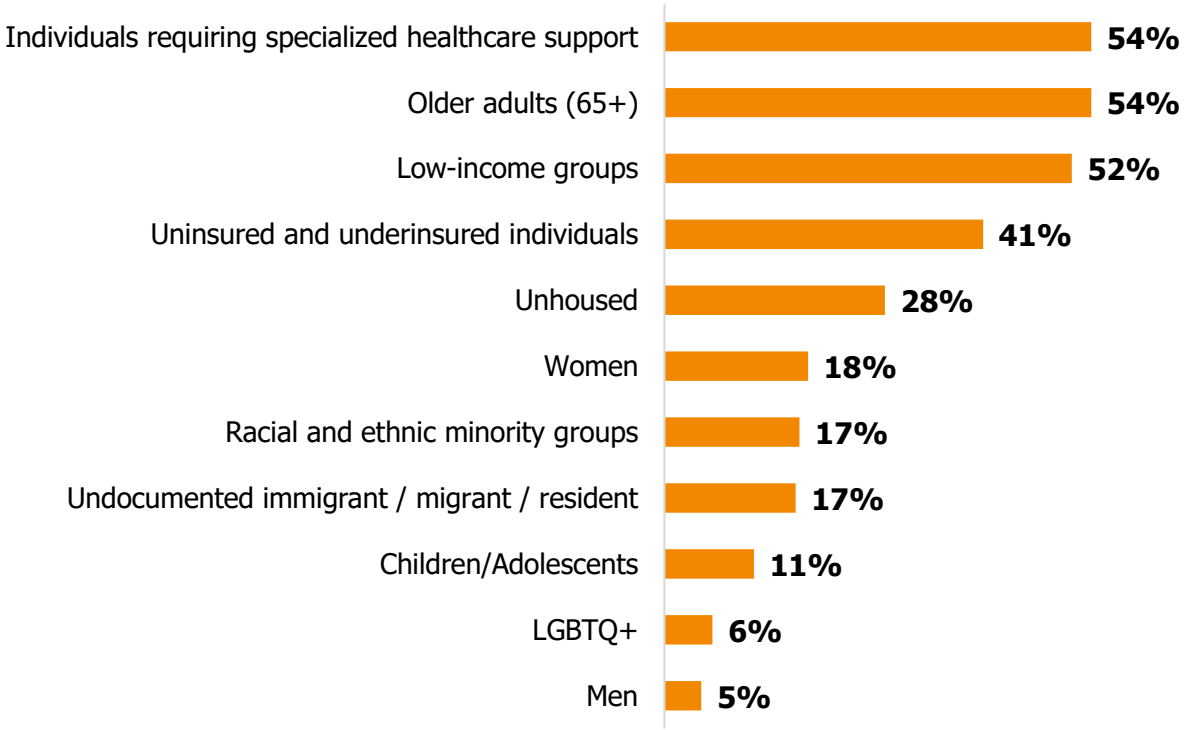
Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital 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. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were older adults (65+), low-income groups, and un/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Access to Specialty Care | Financial Barriers | Care Coordination | Behavioral Health

Input on the Actions Taken Since the 2022 CHNA

NIHD considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by NIHD since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.

- Behavioral Health
- Access to Healthcare
- Chronic Disease Management

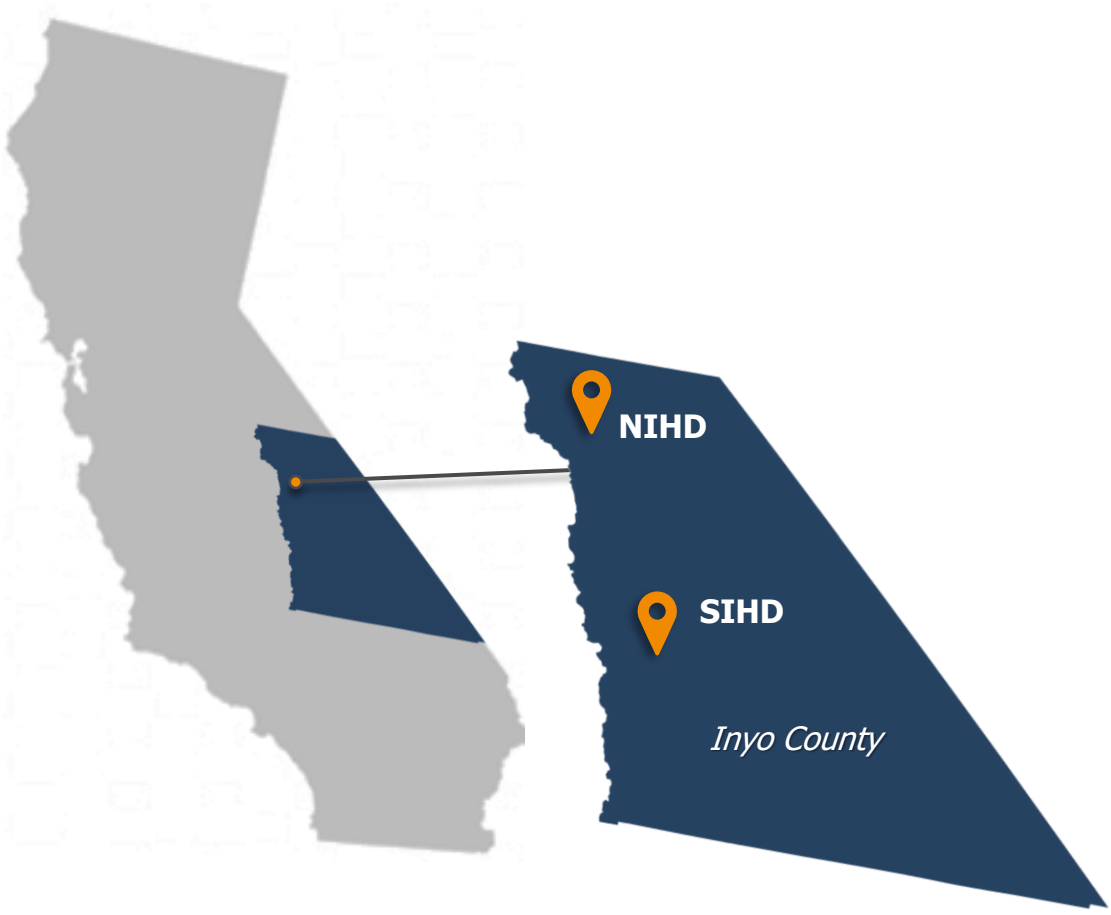
Community Served

For the purpose of this study, the service area is defined as Inyo County in California. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, NIHD is located in northeast Inyo County. There is one other critical access hospital, Southern Inyo Healthcare District, located at the southern end of the county.

Service Area

Inyo County

Total Population: **18,527**



Source: County Health Rankings 2025 Report, ArcGIS

Service Area Demographics

	Inyo	California
Demographics		
Total Population	18,527	38,965,193
Age		
Below 18 Years of Age	19.8%	21.7%
Ages 19 to 64	54.6%	62.1%
65 and Older	25.6%	16.2%
Race & Ethnicity		
Non-Hispanic White	59.0%	34.3%
Non-Hispanic Black	1.0%	5.6%
American Indian or Alaska Native	14.0%	1.7%
Asian	1.9%	16.5%
Native Hawaiian or Other Pacific Islander	0.2%	0.5%
Hispanic	24.6%	40.4%
Gender		
Female	49.4%	50.1%
Male	50.6%	49.9%
Geography		
Rural	42.1%	5.8%
Urban*	57.9%	94.2%
Income		
Median Household Income	$71,656	$95,473

*Notes: *Urban is defined by the US Census Bureau as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2025 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

381 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

Select

Select priority health needs for implementation plan

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 Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

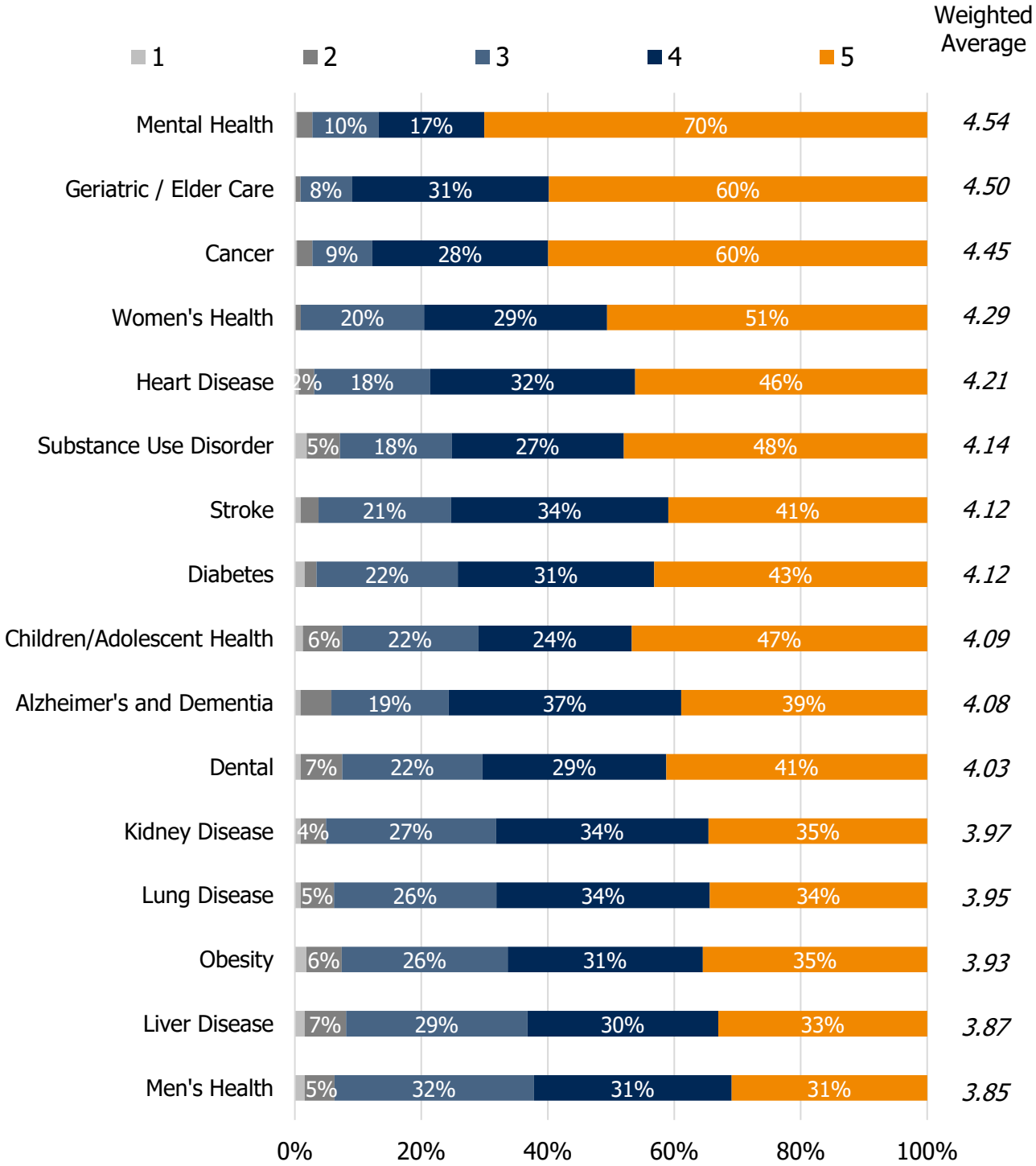
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given that they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions 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. The results of the health priority rankings are outlined below:

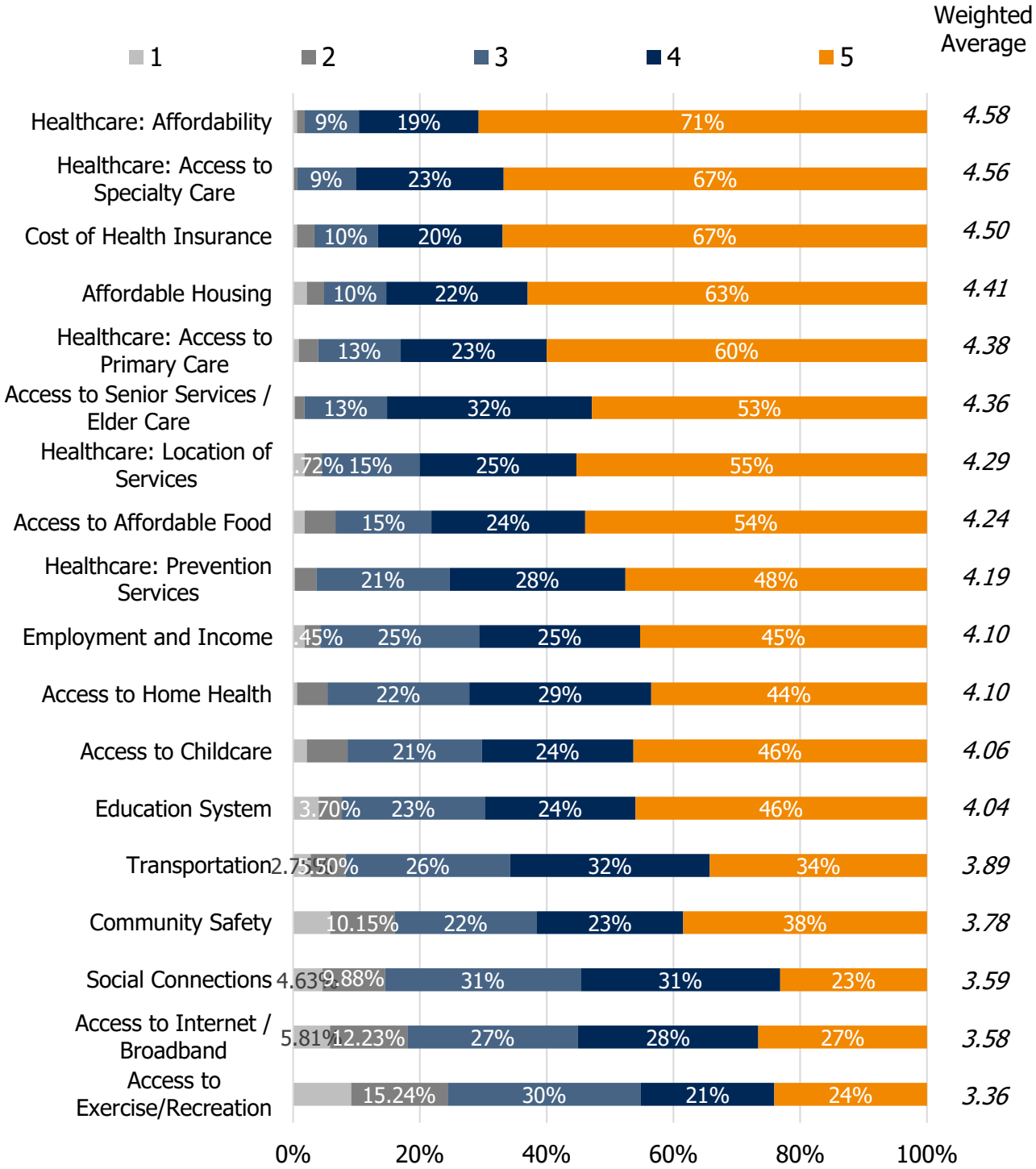
Health Factors

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



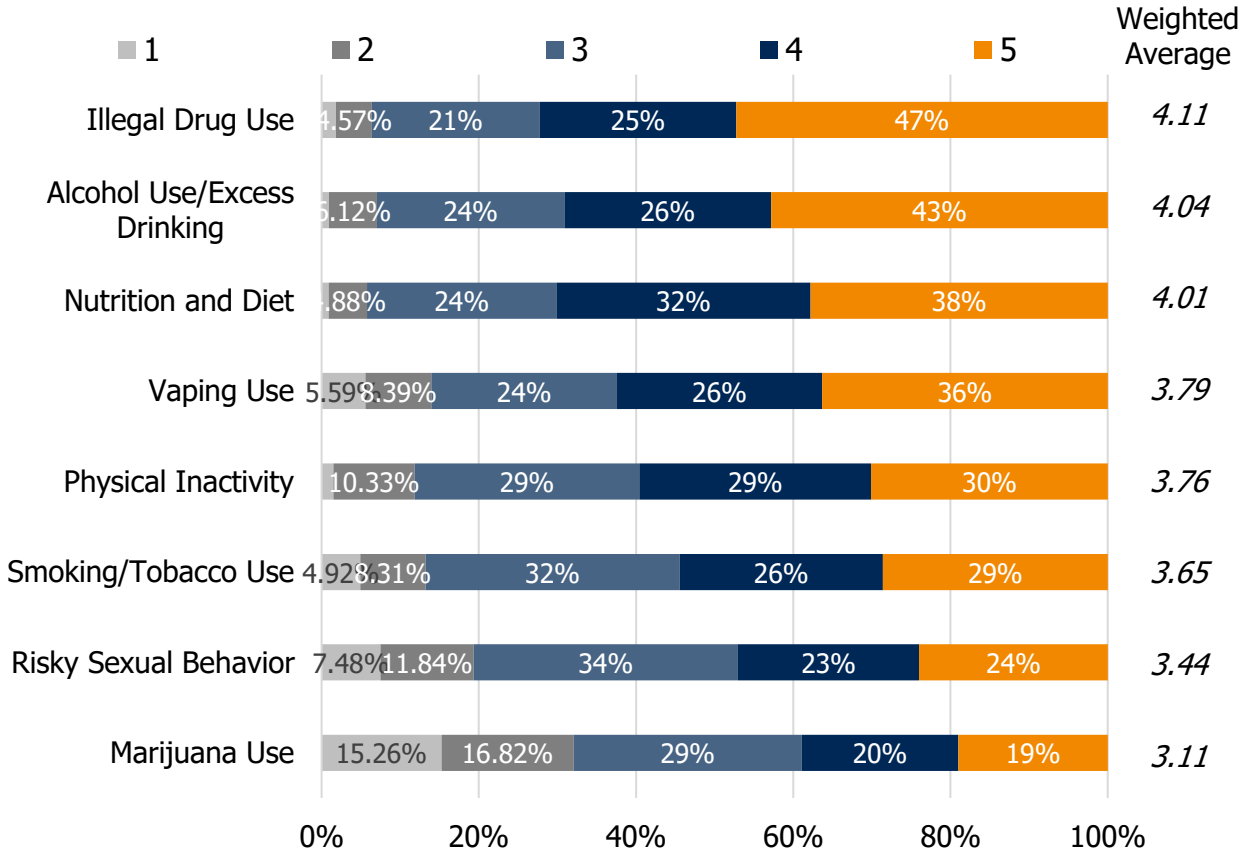
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Healthcare: Affordability	4.58	89.6%
Healthcare: Access to Specialty Care	4.56	90.0%
Mental Health	4.54	86.7%
Geriatric / Elder Care	4.50	90.9%
Cost of Health Insurance	4.50	86.7%
Cancer	4.45	87.8%
Affordable Housing	4.41	85.3%
Healthcare: Access to Primary Care	4.38	83.0%
Access to Senior Services / Elder Care	4.36	85.2%
Women's Health	4.29	79.6%
Healthcare: Location of Services	4.29	80.1%
Access to Affordable Food	4.24	78.2%
Heart Disease	4.21	78.6%
Healthcare: Prevention Services	4.19	75.3%
Substance Use Disorder	4.14	75.2%
Diabetes	4.12	74.2%
Stroke	4.12	75.3%
Illegal Drug Use	4.11	72.3%
Access to Home Health	4.10	72.2%
Employment and Income	4.10	70.6%
Children/Adolescent Health	4.09	71.0%
Alzheimer's and Dementia	4.08	75.7%
Access to Childcare	4.06	70.3%
Education System	4.04	69.8%
Alcohol Use/Excess Drinking	4.04	69.1%
Dental	4.03	70.3%
Nutrition and Diet	4.01	70.1%
Kidney Disease	3.97	68.2%
Lung Disease	3.95	68.1%
Obesity	3.93	66.4%
Transportation	3.89	65.8%
Liver Disease	3.87	63.2%
Men's Health	3.85	62.2%
Vaping Use	3.79	62.4%
Community Safety	3.78	61.5%
Physical Inactivity	3.76	59.6%
Smoking/Tobacco Use	3.65	54.5%
Social Connections	3.59	54.6%
Access to Internet / Broadband	3.58	55.1%
Risky Sexual Behavior	3.44	47.0%
Access to Exercise/Recreation	3.36	45.1%
Marijuana Use	3.11	38.9%

Survey Ranking Comparison from 2023 to 2025

The 2025 survey highlights consistent concern around healthcare affordability and mental health, but with some notable shifts in priority emphasis from the 2022 survey results. In 2025, healthcare affordability was the top response, and other highly ranked responses included cost of health insurance, affordable housing, and access to care, suggesting growing financial pressures and perceived barriers to healthcare access. Mental health remains a top concern, reflecting continued community focus on behavioral health needs. Newer or elevated priorities include, geriatric/elder care and women's health, indicating increased attention to chronic disease management and priority populations.

2025 NIHD and SIHD Survey (n=381)	
Top 10 Health Priorities	Rank
Healthcare: Affordability	*4.58*
Access to Specialty Care	*4.56*
Mental Health	*4.54*
Geriatric / Elder Care	*4.50*
Cost of Health Insurance	*4.50*
Cancer	*4.45*
Affordable Housing	*4.41*
Access to Primary Care	*4.38*
Senior Services / Elder Care	*4.36*
Women's Health	*4.29*

2022 NIHD Survey (n=643)	
Top 10 Health Priorities	Rank
Mental Health	*4.53*
Affordable Housing	*4.46*
Healthcare Services: Affordability	*4.41*
Physical Presence	*4.38*
Cancer	*4.37*
Drug/Substance Abuse	*4.30*
Access to Childcare	*4.27*
Diabetes	*4.24*
Access to Senior Services	*4.21*
Livable Wage	*4.21*

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Inyo County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of the service area county to that of California can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #3 community-identified health priority, with 87% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Inyo County is 16.2, which is higher than the California average.

Inyo County has better access to mental health providers compared to the state, where there is 1 provider for every 183 county residents. Additionally, the county has higher rates of frequent mental distress compared to the state.

	Inyo	California
Suicide Mortality Rate per 100,000 (2019-2023)	16.2	10.3
Poor Mental Health Days past 30 days (2022)	5.7	4.7
Population per 1 Mental Health Provider (2024)	183:1	213:1
Frequent Mental Distress (2022)	17%	15%

Note: "Frequent Mental Distress" indicates percentage of adults reporting 14 or more days of poor mental health per month
Source: NIH: HDPulse, County Health Rankings 2025 Report, PLACES: Local Data for Better Health

Drug, Substance, and Alcohol Use

Inyo County has a higher drug-related overdose death rate compared to California (50 compared to 26 per 100,000 population, respectively). The prevalence of excessive drinking and alcohol-impaired driving deaths is higher in Inyo County compared to the state. Additionally, the adult smoking rate is higher in Inyo county than the state of California as a whole.

	Inyo	California
Drug-Related Overdose Deaths per 100,000 (2021-2023)	50.2	26.1
Excessive Drinking (2022)	23.3%	19.9%
Alcohol-Impaired Driving Deaths (2018-2022)	28.2%	25.6%
Adult Smoking (2022)	13.8%	9.9%

Source: CDC National Vital Statistics System, County Health Rankings 2025 Report

Chronic Diseases

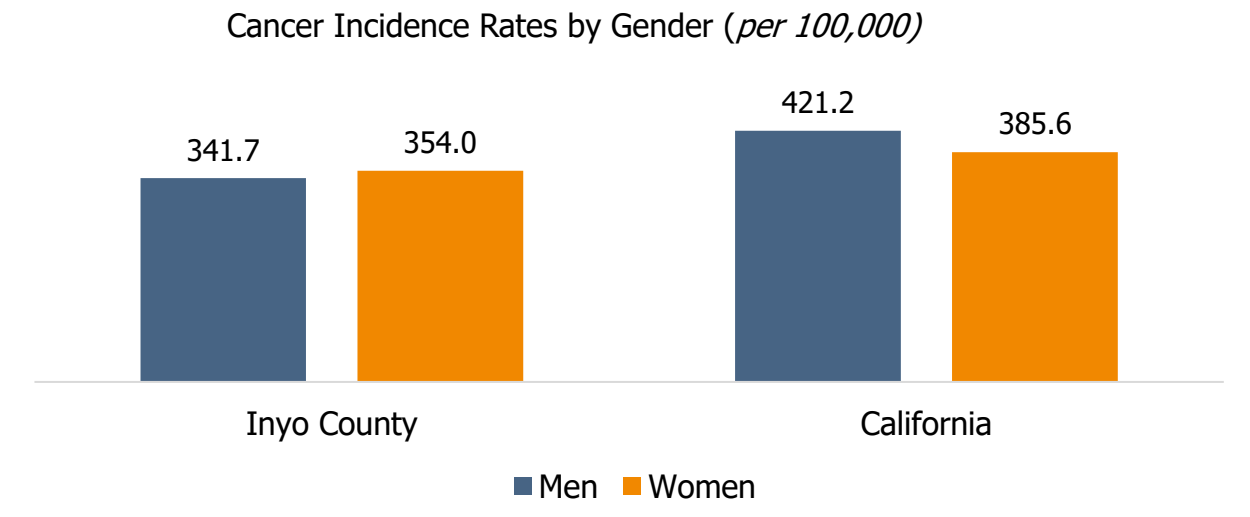
Cancer

Cancer was identified as the #6 community health issue with 88% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Inyo County. Additionally, 53% of survey respondents said they would like to see additional access to cancer care in Inyo County. Inyo County has both a lower cancer incidence rate and mortality rate compared to California cancer rates.

Inyo County exhibits a slightly higher cancer incidence rate among women than men, a pattern that contrasts with statewide trends and may reflect population size, cancer type distribution, and screening-related factors rather than a true gender-based disparity.

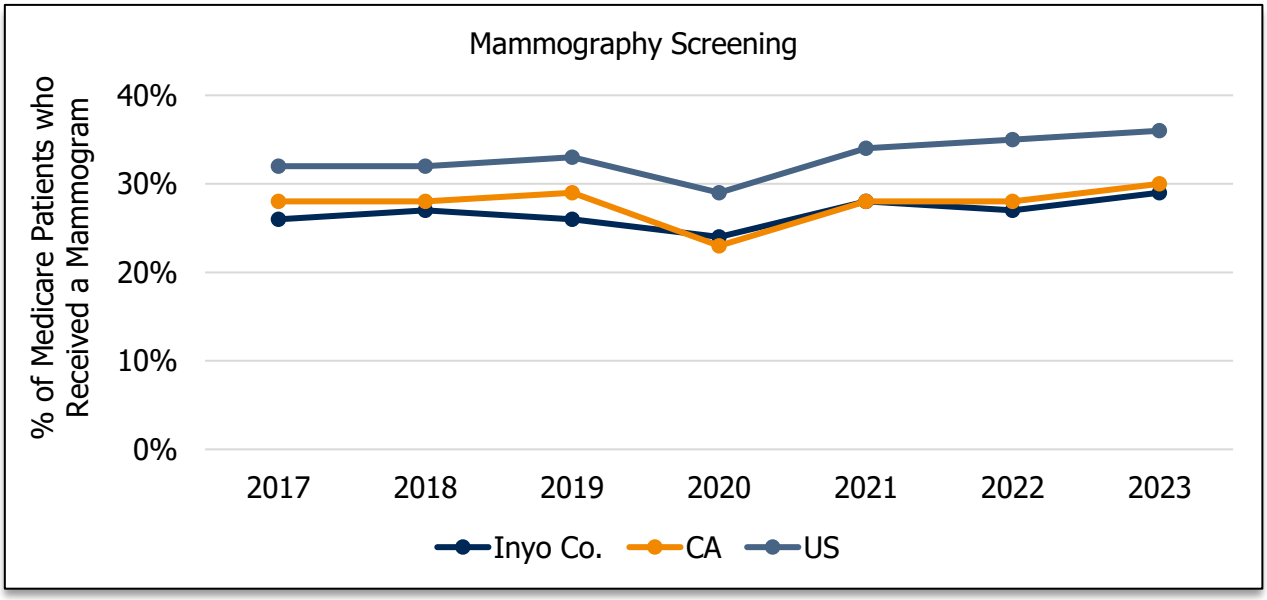
	Inyo	California
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	345.4	397.4
Cancer Mortality Rate per 100,000 (2019-2023)	130.1	131.9

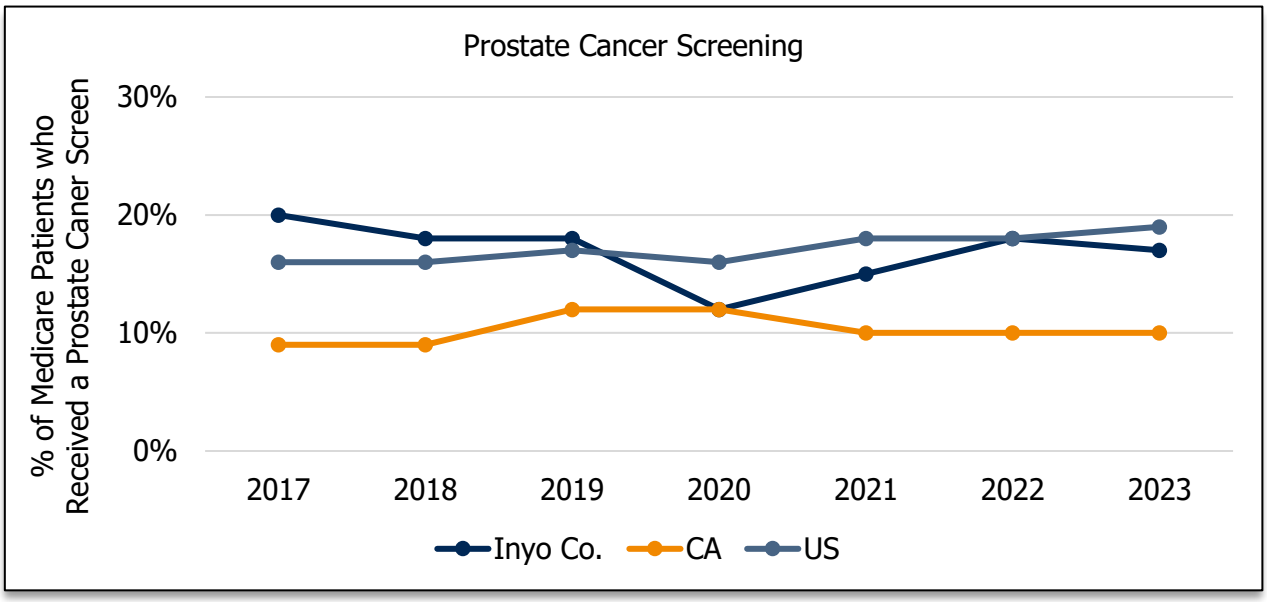
Source: NIH: HDPulse, National Cancer Institute



Source: National Cancer Institute

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is comparable between Inyo County and the state (29% and 30%, respectively). These rates have increased in recent years following a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Inyo County has a higher rate of prostate cancer screening compared to the state (17% compared to 10%, respectively).





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

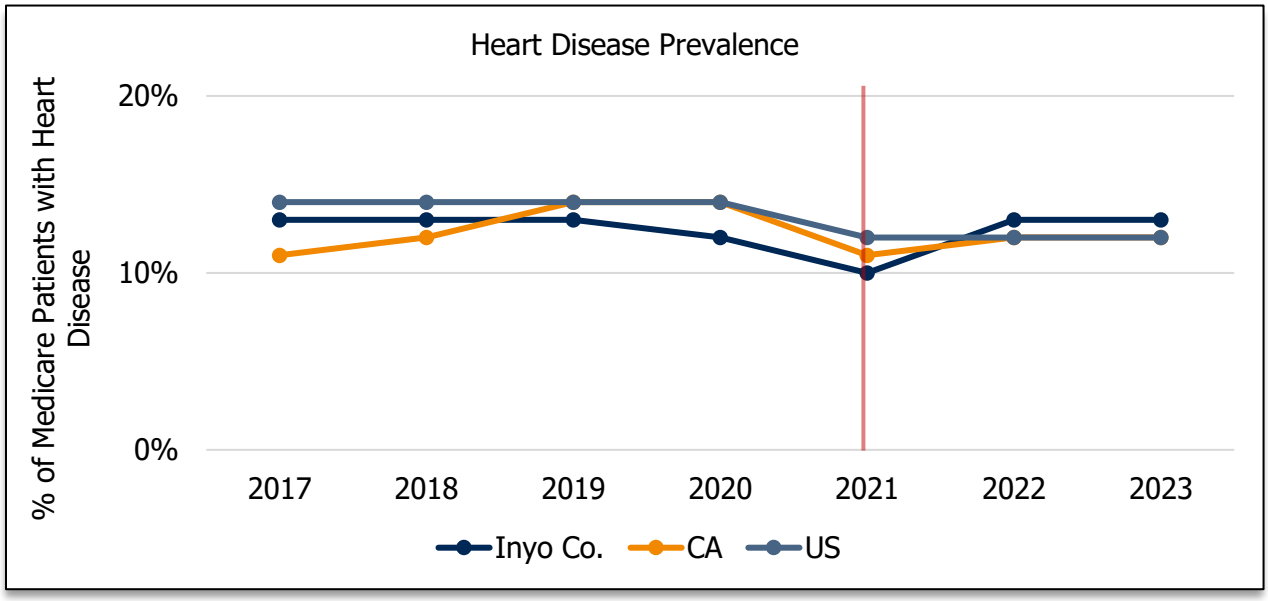
Cardiovascular Health

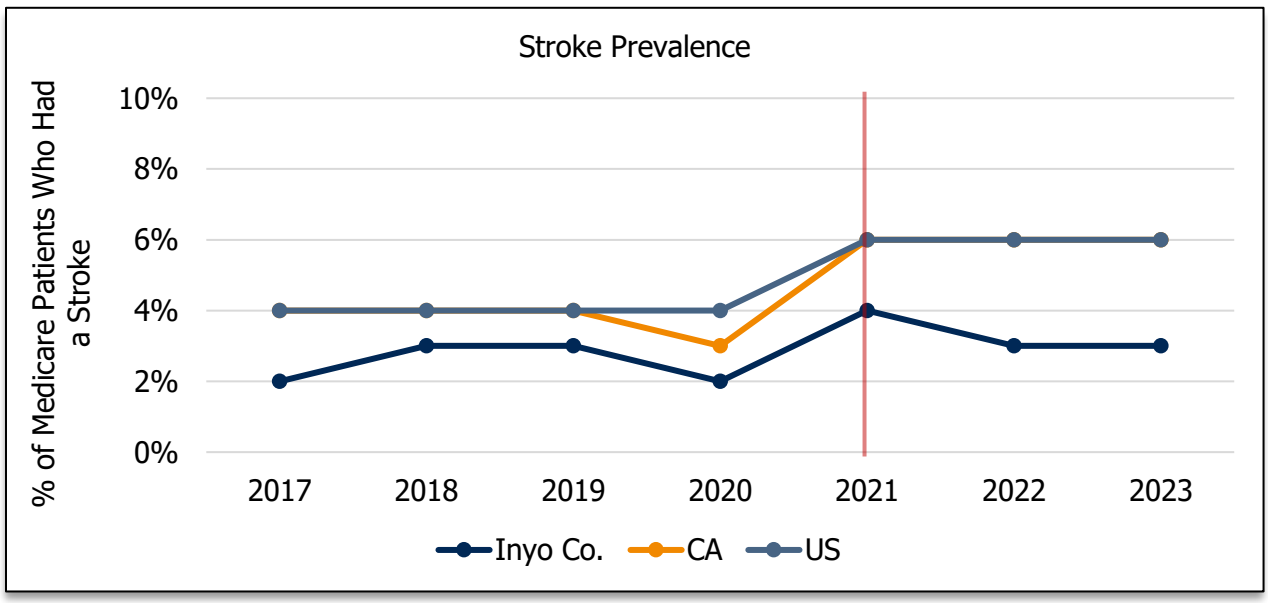
Heart disease is the leading cause of death in Inyo County though the county has a lower mortality rate for both heart disease and stroke compared to state averages. Looking at risk factors for negative cardiovascular health, Inyo County has a slightly lower prevalence of high blood pressure compared to the California average.

	Inyo	California
Heart Disease Mortality Rate per 100,000 (2019-2023)	137.5	143.6
Stroke Mortality Rate per 100,000 (2019-2023)	32.3	40.1
High Blood Pressure (2021-2023)	35.1%	37.1%

Source: NIH: HDPulse, PLACES: Local Data for Better Health, America's Health Rankings

In the Medicare population, Inyo County has a slightly higher prevalence of heart disease compared to the state (13% compared to 12% respectively), and the prevalence of stroke is the lower than the state (3% and 6%, respectively).





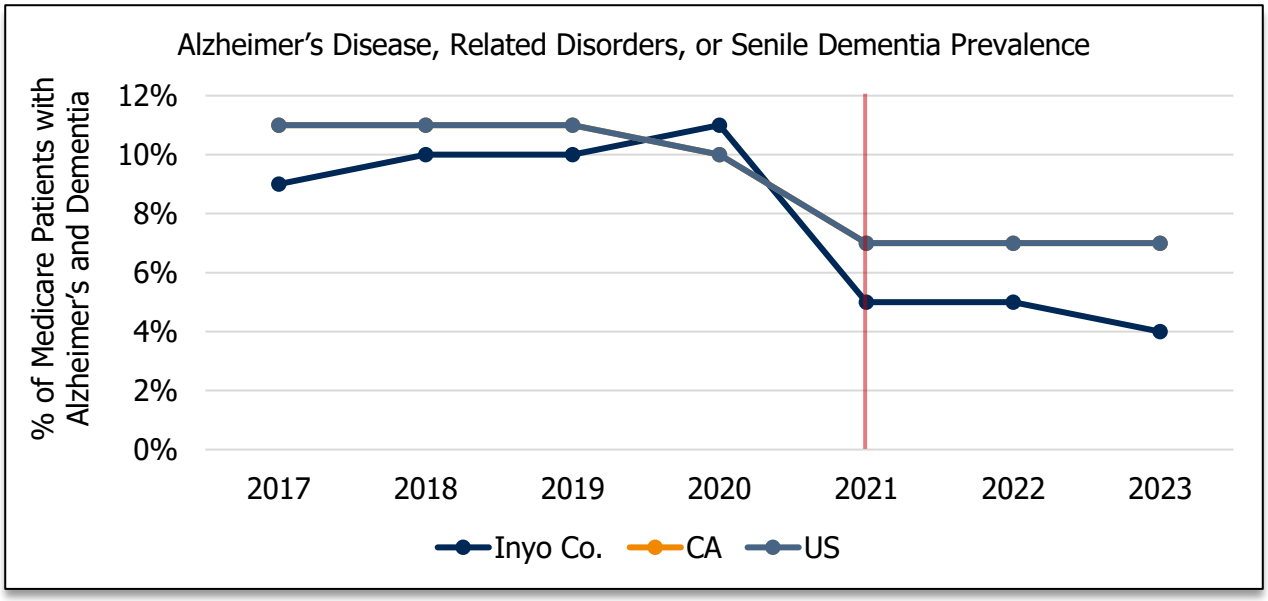
Note: There was a change in the algorithm of reported data in 2021 noted by a red bar. Between 2017 to 2019 and 2021 to 2023, the State and National data overlap
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Alzheimer's and Dementia

Inyo County has a lower mortality rate for Alzheimer's compared to the state on average. Additionally, in the Medicare population, the prevalence of Alzheimer's, related disorders, or senile dementia is 4% which is lower than state and national averages of 7%.

	Inyo	California
Alzheimer's Mortality Rate per 100,000 (2019-2023)	10.2	38.8

Source: NIH: HDPulse



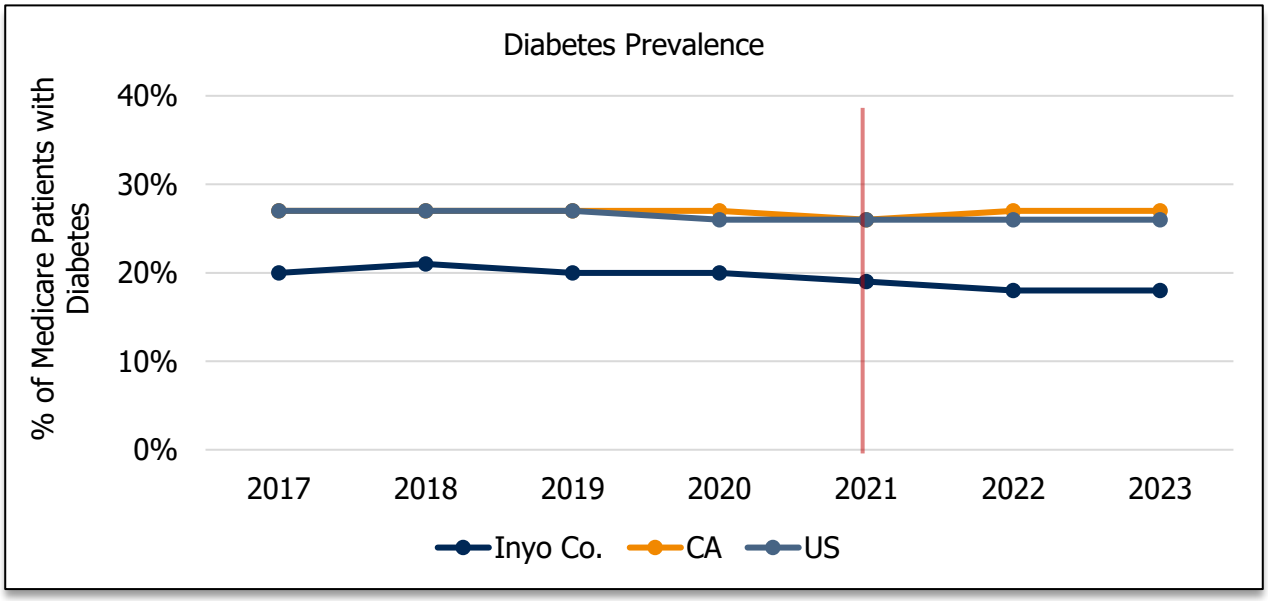
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Between 2017 to 2023, the State and National data overlap
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Inyo County is the slightly lower than the California average, and the county sees a diabetes mortality rate lower than the state's. When evaluating the Medicare population, Inyo County has a lower prevalence of diabetes compared to the state (18% and 27% respectively), though rates have remained relatively stable over the past several years.

	Inyo	California
Diabetes Mortality Rate per 100,000 (2019-2023)	18.5	24.6
Diabetes Prevalence (2023)	9.3%	10.6%

Source: NIH: HDPulse, County Health Rankings 2025 Report



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar. Between 2017 to 2019 and in 2021, the State and National data overlap
Sources: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Inyo County, adults have slightly higher rates of obesity than in California on average. Additionally, the county sees lower access to both healthy foods and exercise opportunities (proximity to a park or recreation facility). This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Inyo	California
Adult Obesity (2022)	29.9%	28.3%
Limited Access to Healthy Foods (2019)	7.8%	3.2%
Physical Inactivity (2022)	19.7%	21.6%
Access to Exercise Opportunities (2020-2024)	86.9%	94.3%

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health

Healthcare Access

Access & Affordability

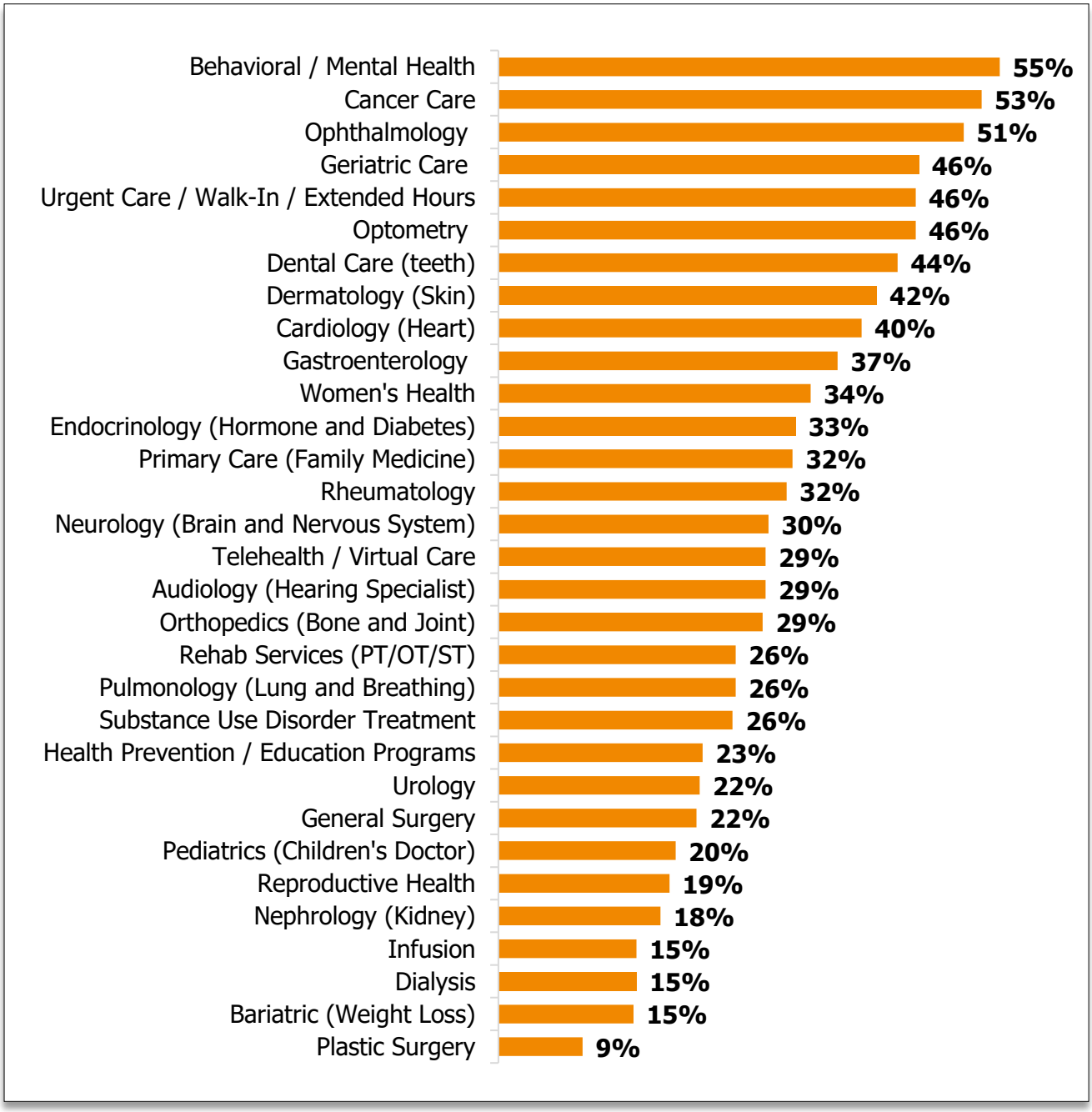
Access to affordable and quality healthcare services is a key driver of improved health outcomes, economic stability, and health equity. In the community survey, 32% of respondents said they would like to see additional primary care availability in the county. Inyo County has a lower household income than the California average and has a comparable uninsured population relative to state rates. Inyo County has 1 primary care physician (MD, DO) for every 1,459 residents, which indicates less access to primary care than the state average (1 physician for every 1,233 residents). Similarly, Inyo County has less access to dental providers compared to California on average.

	Inyo	California
Uninsured Population (2022)	9.0%	9.1%
Population per 1 Primary Care Physician (2021)	1,459:1	1,233:1
Population per 1 Primary Care Provider (APP) (2021)	842:1	1,062:1
Population per 1 Dentist (2022)	1,248:1	1,076:1

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Mental Health was the top identified service need, with 55% of respondents saying they would like to see it available in their community, followed by Cancer Care (53%), and Ophthalmology (51%).

Survey Question: What additional services/offerings would you like to see available locally? (select all that apply)



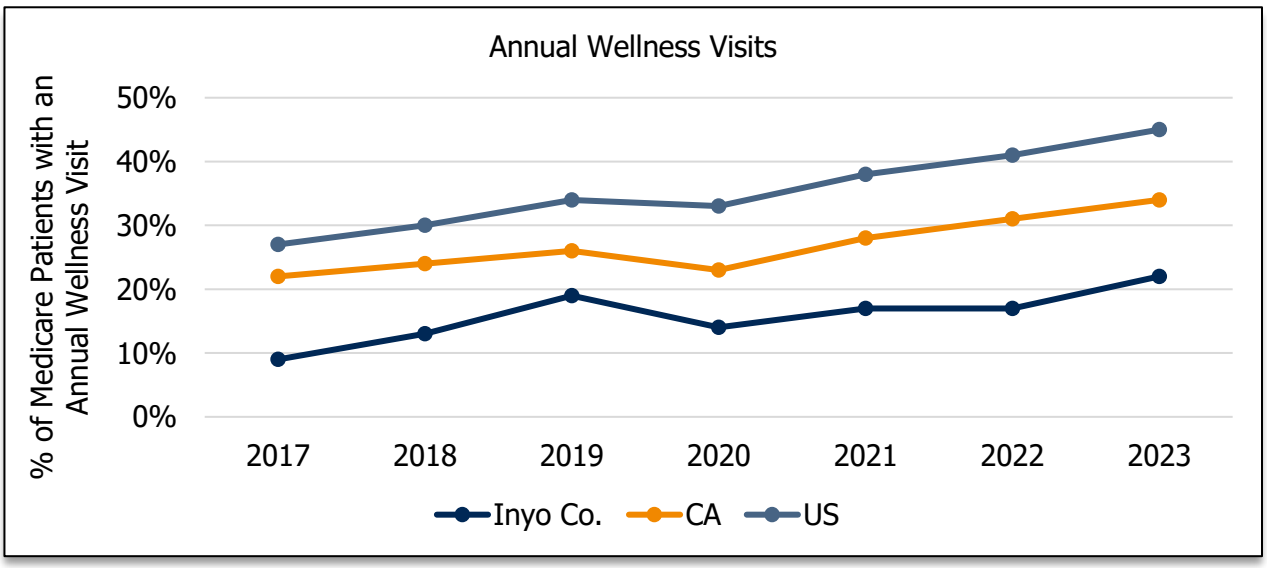
Prevention Services

Prevention services, including routine check-ups, health screenings, and education, can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 23% of respondents said they would like to see additional health prevention and education programs available in the community.

Inyo County has lower flu vaccine adherence rates and a lower rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) than the state. This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is lower in Inyo County than the California average, with rates increasing in recent years.

	Inyo	California
Preventable Hospital Stays per 100,000 (2022)	1,198	2,257
Flu Vaccination (2022)	39.0%	44.0%

Source: County Health Rankings 2025 Report



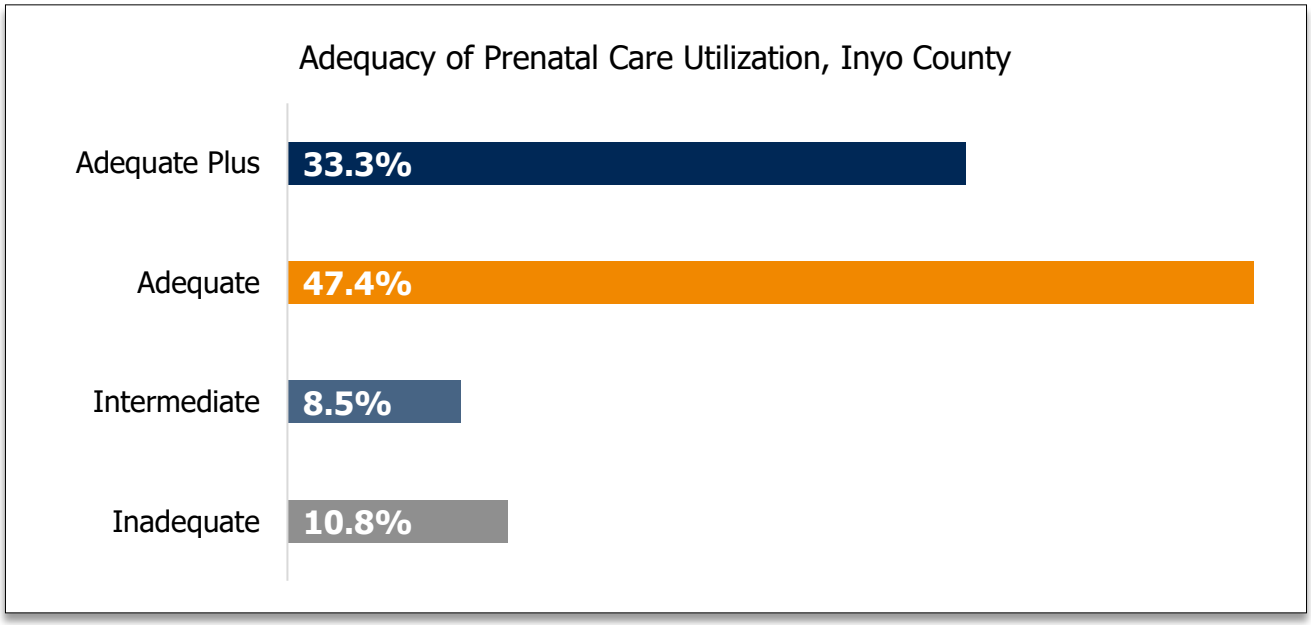
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Women's Health

Rural communities face significant barriers to women's health, including provider shortages, long travel distances, and financial constraints, which limit access to preventive care, maternity services, and chronic disease management. This lack of access contributes to poorer health outcomes, such as higher rates of late-stage cancer diagnoses, maternal complications, and untreated chronic conditions. Strengthening women's health services improves maternal and infant health while also supporting the local workforce and promoting long-term community sustainability.

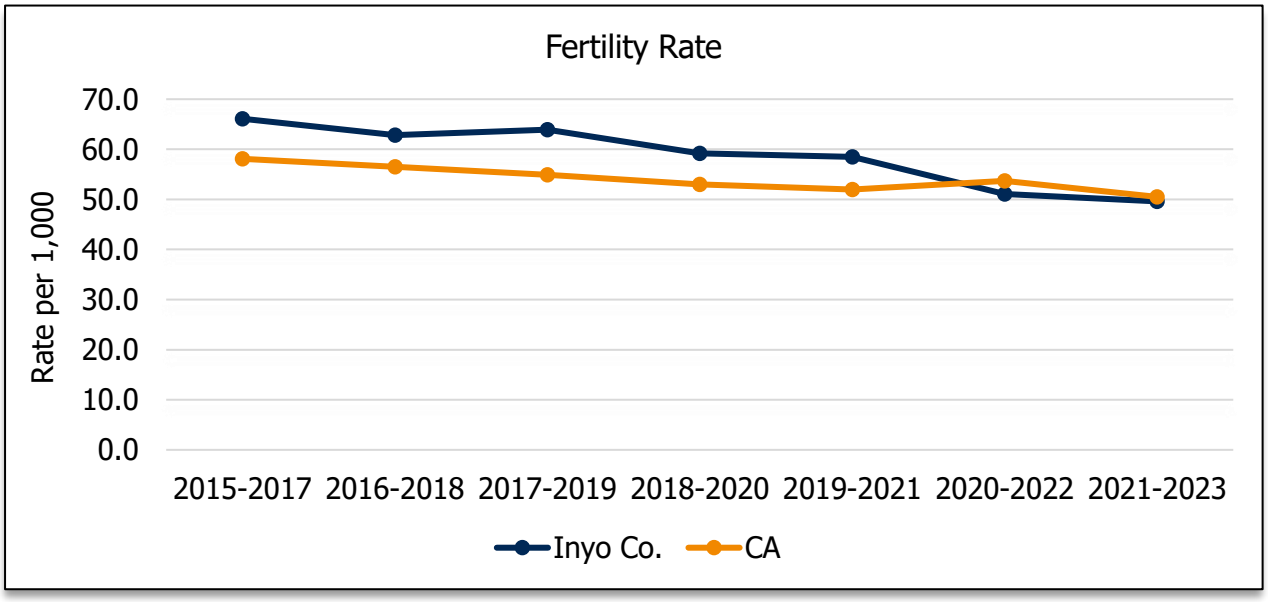
	Inyo	California
Female Population	49.4%	50.1%
Female Population of Reproductive Age (15-44)	32.7%	40.4%
Mammography Screening (2022)	33.0%	36.0%
Adequate Prenatal Care (2021-2023)	80.7%	73.7%

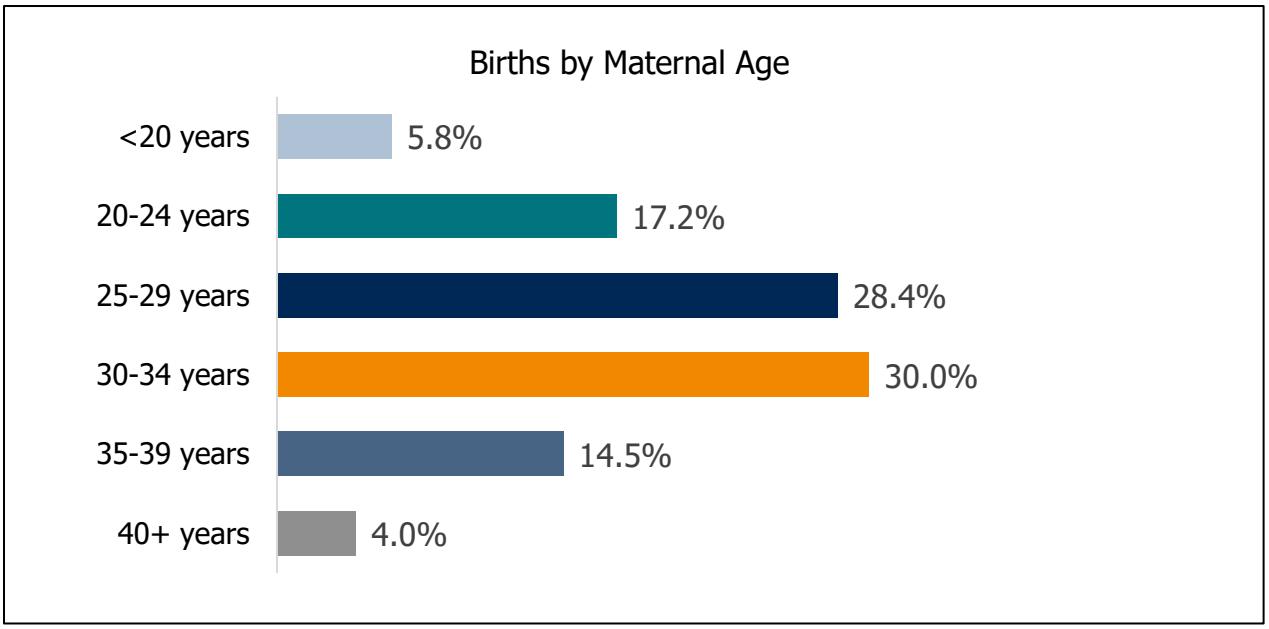
Source: County Health Rankings 2024 Report, ESRI, CDPH



Source: CDPH (2021-2023)

Historically, Inyo County has had a higher fertility rate relative to the state, however the most recent data shows a slight decline, with Inyo County at 49.6 and California at 50.5. Births in Inyo County are now most concentrated among women ages 30–34, surpassing the 25–29 age group that has historically represented the largest share of births. While birth rates remain highest within the 25–29 and 30–34 age bands, these cohorts tend to be more cost-sensitive, focused on convenient access points, and may increased interest in alternative care models, including midwifery, doula services, and birth centers.





Note: Fertility Rate represents number of births per 1,000 females age 15-44
Source: CDPH (2021-2023)

Access to Senior Services

Geriatric/Elder Care and access to senior services were identified as the #4 and #9 survey priorities, respectively. Older adults were identified as the top priority population in the community making access to senior services an important need. Additionally, the population of people 65+ is projected to grow by over 3% in Inyo county over the next five years.

	Inyo	California
Population 65+ (2025)	25.6%	16.2%
5-Year Projected Increase in 65+ Population (2025)	+3.5%	+9.5%

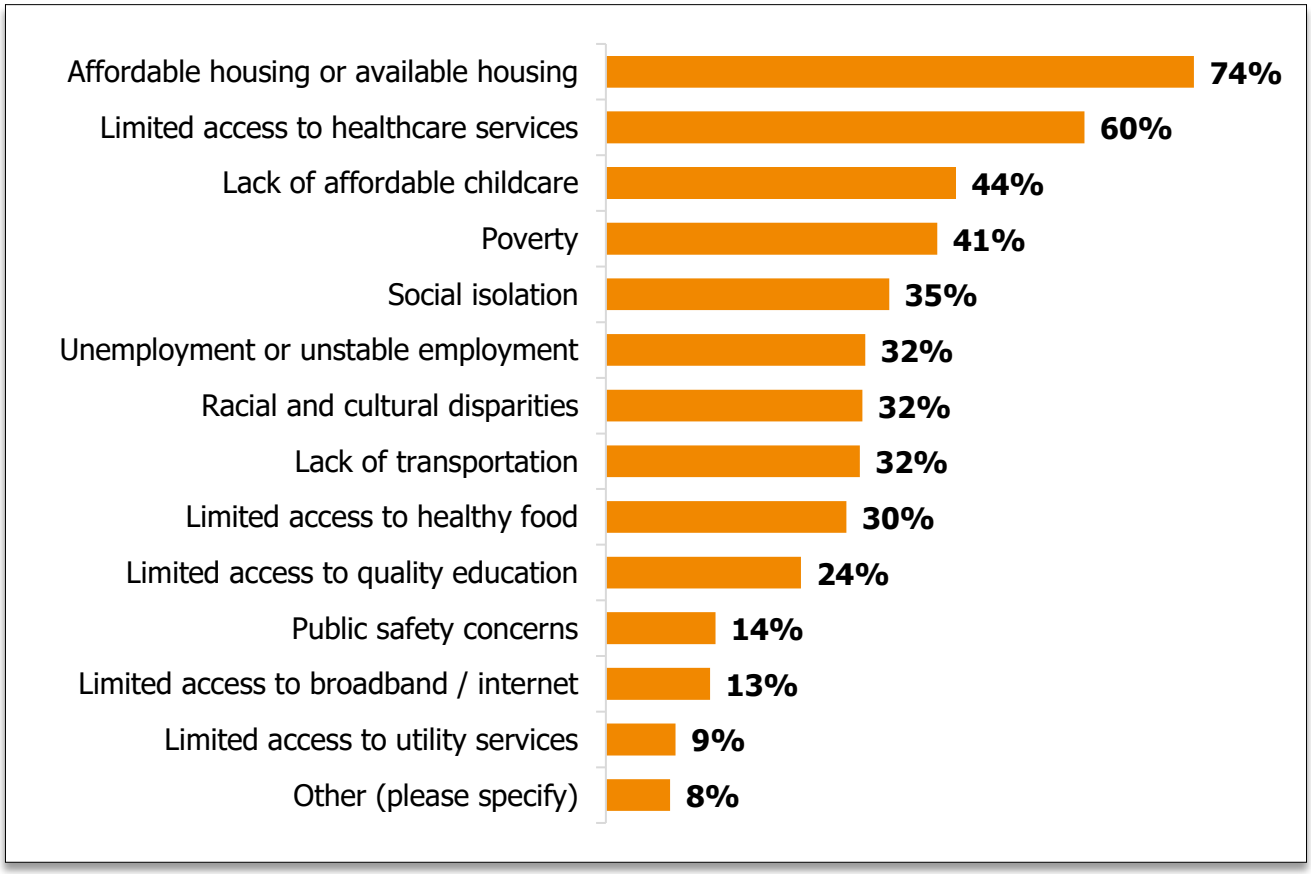
Source: County Health Rankings 2025 Report, ESRI

Social Determinants of Health

Social determinants of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants (Healthy People 2030).

Survey respondents were asked to identify the key social conditions that negatively impact the community. The top social condition identified was housing affordability/availability, with 74% of survey respondents reporting it as negatively affecting the community's health, followed by limited access to healthcare services and lack of affordable childcare.

Survey Question: Please select the key social determinants that negatively impact the health of you or your community (select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Inyo County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 11% of Inyo County residents spend 50% or more of their household income on housing.

	Inyo	California
Severe Housing Problems (2017-2021)	16.9%	25.8%
Severe Housing Cost Burden (2019-2023)	11.4%	20.0%
Broadband Access (2019-2023)	82.7%	92.5%

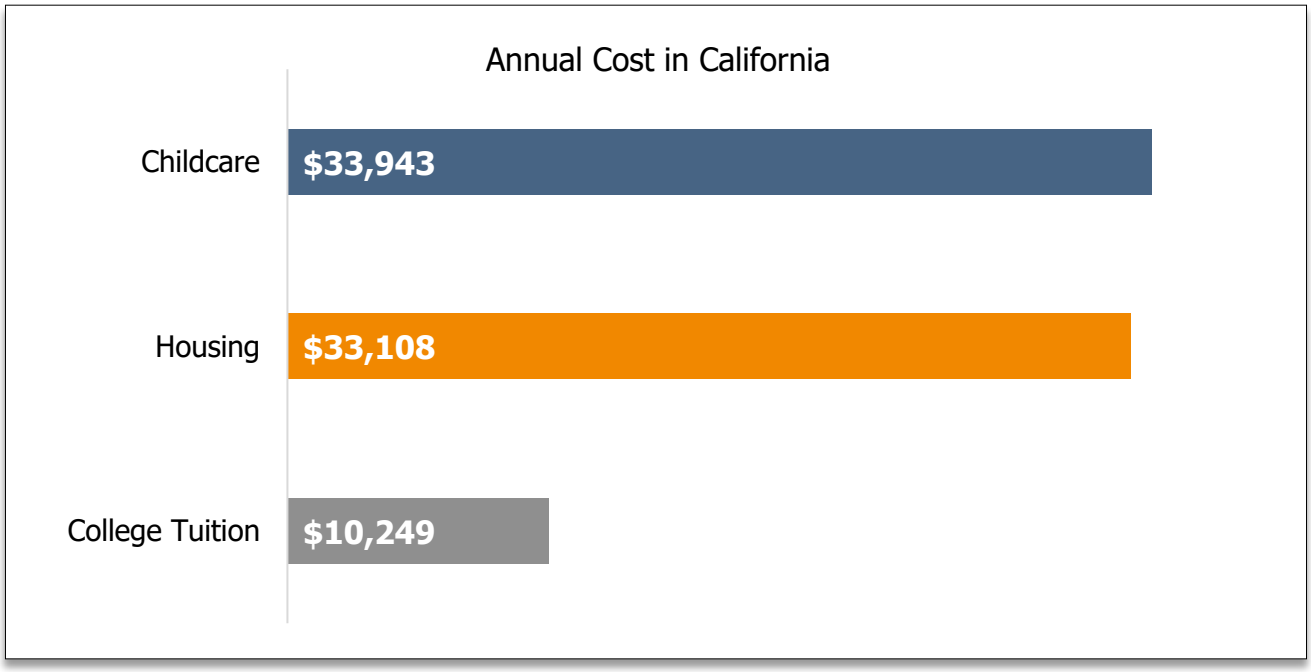
Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in California is $19,547. 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, nearly 31% of household income is required for childcare expenses, and there are approximately 13 childcare centers for every 1,000 children under age 5 in the county, compared to 8 in the state.

	Inyo	California
Children in Single-Parent Households (2019-2023)	29.8%	22.5%
Child Care Cost Burden - % of HHI used for childcare (2023-2024)	30.9%	29.7%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	13	8

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Inyo	California
Median Household Income (2023)	$71,656	$95,473
High School Completion (2021-2022)	92.8%	84.6%
Some College – Includes Those Who Had and Had Not Attained Degrees (2019-2023)	68.3%	68.0%
Unemployment (2023)	3.8%	4.8%
Children in Poverty (2019-2023)	14.2%	15.0%

Source: County Health Rankings 2025 Report

Evaluation 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 U.S. 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 Hospital could make an impact

Impact on Health Equity

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 Equity
Healthcare: Affordability	✓	✓	✓	✓
Healthcare: Access to Specialty Care	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Geriatric / Elder Care	✓	✓	✓	✓
Cost of Health Insurance	✓	✓		✓
Cancer		✓	✓	✓
Affordable Housing		✓		✓
Healthcare: Access to Primary Care	✓	✓	✓	✓
Access to Senior Services / Elder Care	✓	✓	✓	✓
Women's Health	✓	✓	✓	✓

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Leading Causes of Death are listed in the tables below in U.S. rank order. Inyo County's mortality rates are compared to the California state average, and whether the death rate was notably higher (red), or lower (green) compared to the state average.

	Inyo	California	U.S.
Heart Disease	137.5	143.6	168.9
Cancer	130.1	131.9	145.4
Accidents	75.7	46.5	59.7
Chronic Lower Respiratory Disease	46.4	27.4	35.9
Cerebrovascular Diseases (Stroke)	32.3	40.1	39.8
Liver	28.2	14.3	13.1
Diabetes	18.5	24.6	23.9
Suicide	16.2	10.3	13.9
Pneumonia	11.2	11.1	10.7
Alzheimer's	10.2	38.8	30.8
Blood Poisoning (Septicemia)	10.1	4.0	10.0
Homicide	N/A	5.8	7.6
Kidney	N/A	10.3	13.4

Source: NIH: HDPulse, CDC (2019-2023)

County Health Rankings

	Inyo	California	US Overall
Length of Life			
Premature Death*	**10,431**	6,744	8,400
Life Expectancy*	**77**	78	77
Quality of Life			
Poor or Fair Health	**17%**	18%	17%
Poor Physical Health Days	**4.6**	3.9	3.9
Poor Mental Health Days	**5.7**	4.7	5.1
Low Birthweight*	**8%**	7%	8%
Health Behaviors			
Adult Smoking	**14%**	10%	13%
Adult Obesity	**30%**	28%	34%
Limited Access to Healthy Foods	**8%**	3%	6%
Physical Inactivity	**20%**	22%	23%
Access to Exercise Opportunities	**87%**	94%	84%
Excessive Drinking	**23%**	20%	19%
Alcohol-Impaired Driving Deaths	**28%**	26%	26%
Drug Overdose Deaths*	**50**	26	31
Sexually Transmitted Infections*	**262**	494	495
Teen Births *(per 1,000 females ages 15-19)*	**21**	12	16
Clinical Care			
Uninsured	**9%**	9%	10%
Primary Care Physicians (MDs & DOs)	**1459:1**	1233:1	1,330:1
Other Primary Care Providers (APPs)	**842:1**	1062:1	710:1
Dentists	**1248:1**	1076:1	1,360:1
Mental Health Providers	**183:1**	213:1	300:1
Preventable Hospital Stays*	**1,198**	2,257	2,666
Mammography Screening	**33%**	36%	44%
Flu Vaccinations	**39%**	44%	48%
Social & Economic Factors			
High School Completion	**93%**	85%	89%
Some College	**68%**	68%	68%
Unemployment	**4%**	5%	3.6%
Children in Poverty	**14%**	15%	16%
Children in Single-Parent Households	**30%**	22%	25%
Injury Deaths*	**99.2**	62.9	84
Child Care Cost Burden *(% of HHI used for childcare)*	**31%**	30%	28%
Child Care Centers *(per 1,000 under age 5)*	**13**	8	7
Physical Environment			
Severe Housing Problems	**17%**	26%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	**19%**	41%	37%
Severe Housing Cost Burden *(50% or more of HHI)*	**11%**	20%	15%
Broadband Access	**83%**	93%	90%
***Per 100,000 Population**			

Key (Legend)
Better than CA Same as CA Worse than CA

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 Hospital
3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	December 2025	2014-2023
NIH: HDPulse – CDC	Leading causes of death, median household income	December 2025	2019-2023
PLACES: Local Data for Better Health	County level health, socioeconomic, and environmental data	December 2025	2024
America's Health Rankings	National and State level data for health, environmental, and socioeconomic measures	January 2026	2022
American Community Survey, US Census Bureau	Social, economic, housing, and demographic information for States	December 2025	2024
NIH National Cancer Institute	State cancer profiles; incidence rates	December 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	January 2026	2022
American Diabetes Association	Type 2 diabetes risk factors	January 2026	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	December 2025	2019
Healthy People 2030 – OASH	Social Determinants of Health	December 2025	n.d.
Center for Housing Policy	Impacts of affordable housing on health	December 2025	2015
Child Care Aware	Childcare costs	January 2026	2023
Health Affairs: Leigh, Du	Effects of low wages on health	December 2025	2022

Survey Results

Based on 381 survey responses gathered from Nov – Dec 2025.

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

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Member	82.06%	311
Healthcare Professional	27.18%	103
Government Employee or Representative	16.62%	63
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	16.62%	63
Representative of Chronic Disease Group or Advocacy Organization	2.11%	8
Public Health Official	0.79%	3
	Answered	379
	Skipped	2

Q2: Race/ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	81.55%	305
Hispanic or Latino	9.63%	36
American Indian or Alaska Native	4.81%	18
Prefer not to answer	4.81%	18
Asian or Asian American	2.94%	11
Other (please specify)	0.80%	3
Black or African American	0.53%	2
Native Hawaiian or other Pacific Islander	0.53%	2
	Answered	374
	Skipped	7

Q3: Age group

Answer Choices	Responses	
65+	32.98%	125
55-64	18.73%	71
35-44	17.68%	67
45-54	16.36%	62
25-34	8.97%	34
18-24	2.64%	10
Prefer not to answer	2.64%	10
	Answered	379
	Skipped	2

Q4: What is your gender?

Answer Choices	Responses	
Woman	74.01%	279
Man	22.55%	85
Prefer not to say	2.65%	10
Non-binary / Gender non-conforming	0.53%	2
Prefer to self-describe:	0.27%	1
	Answered	377
	Skipped	4

Q5: Which town do you primarily live in?

Answer Choices	Responses	
Bishop	48.3%	184
West Bishop	15.7%	60
Big Pine	8.7%	33
Lone Pine	5.8%	22
Chalfant	3.7%	14
Independence	2.9%	11
Wilkerson	2.1%	8
Tecopa	2.1%	8
Olancha	1.6%	6
Mesa	1.3%	5
Mammoth Lakes	1.3%	5
Other (Less Than 5 Each)	6.6%	25
	Answered	379
	Skipped	2

Q6: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses)

Answer Choices	Responses	
Older adults (65+)	54.44%	196
Individuals requiring specialized healthcare support	54.44%	196
Low-income groups	51.94%	187
Uninsured and underinsured individuals	40.56%	146
Unhoused	28.06%	101
Women	18.33%	66
Racial and ethnic minority groups	17.22%	62
Undocumented immigrant / migrant / resident	16.67%	60
Children/Adolescents	11.39%	41
LGBTQ+	6.11%	22
Men	4.72%	17
	Answered	360
	Skipped	21

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

- Transportation
- More specialist for the area, older patients can not travel out of town.
- Food insecurity for children
- Dental care for low income
- Drug/mental health interventions
- Transportation fear of doctors health care cost
- Long term care , to many have to go out of town for medical
- Access to specialties, such as neurology, dermatology and gastrointestinal specialists. Without those travel of between 150 and 200 miles is required to get the healthcare.
- Mental health care access.
- Local access to specialty providers, fewer wait times to get a specialty appointment, and access to low/no cost routine care for the uninsured and underinsured.
- Telehealth and support for those that need specialized healthcare. Billing and financial help.
- Poor health due to poor nutrition and access to care.
- Aging, women's health, diabetes, heart disease, mobility issues and nutrition issues.
- Being able to afford healthcare-doctor visits, medications, insurance premiums, etc
- Age related illnesses and problems.
- Racially I am worried about stigma towards Latino and Native folks in town, and biases towards them.
- Options for elder care.

- Access to specialists for specific issues such as heart, rehab,cancer.
- Costs of Healthcare here, cash-pay, are very high. Creates a barrier for patients.
- Avoiding care because of cost, financially burdened by medical bills
- Access to care, learning how to apply for insurance, navigating insurance and out of town appointments, transportation to appts in Bishop and out of town, inability to pay for medications. Very limited mental health care that is affordable- both counseling and psychiatry.
- Either home hospice support or a hospice facility. Home support would allow old folks to die in their home with a little help from other community members.
- Lack of specialists, lack of senior care, poor home health services
- Low understanding of available resources
- In some cases fear of official contact for the Migrant community
- Transportation for areas without public transit options (Thank goodness for Care shuttle!!!)
- Gerontology, home health care and assisted living health care (that's not a nursing home!)"
- Affordable care. Easier access to specialists.
- In general, there are no programs targeted towards men. This should be changed.
- Cardiology, oncology, dermatology, and orthopedic localized help is needed as long distance travel, particularly finding driving help, is very difficult for elderly population.
- Not having much specialty care- oncology, cardiology, dermatology.
- ACCESS! Medi-Cal patients have to drive 3-4 hours each way to get health care in Bishop or Ridgecrest. Specialized care is only available across state lines (Las Vegas) or out of the county.
- Undocumented are cash clients which serves as a barrier unless there are specific programs targeting the population. Fear factor. Lack of outreach to population to inform of services and payment options. At one time there was an outreach program helping the uninsured and/or underinsured to enroll in a health plan. It is all on-line now which can function as a barrier.
- Transportation is important. The Care Shuttle isn't enough.
- Residents here who rely on state insurance (Medical) cannot access health care unless they drive at least two hours to Barstow, in another county, or four or five hours to Lone Pine or Bishop.
- More providers who partner with the VA so that local veterans can utilize a wider network of healthcare providers and have options to receive more specialized care.
- Healthcare in general for the unhoused and uninsured, specialized healthcare access for the elderly.
- Language barrier, lack of cultural competency amongst providers, lack of diversity within providers to reflect the population you serve, lack of support with applying for health insurance, specialized care not being available in the area.
- Lack of specialty medicine and lack of low income services. Also, the wait time to get appointments at Rural Health.

- Lack of access to care, long wait times to even get in to see a Dr. waiting months for an initial appointment.
- Specialized care out of our area, cost of transport, overnight stays.
- Access to primary doctor's is limited because there are not enough of them
- No insurance, no regular access to health care providers, difficult social circumstances such as substance use disorders, lack of family/community support, geographical isolation, lack of transportation
- Permanent, on-staff healthcare specialists (doctors and RNs) needed. Home healthcare. Long-term healthcare. Affordable medications. Healthcare history data sharing with other out-of-the-area hospitals and specialists.
- Mental health, general elder care, obesity, diabetes, overall wellness
- Older adults may need more specialty doctors. Uninsured may not have the money to cover the bill.
- Technologically challenged people such as the elderly or people who cannot afford iPhones or other smart phones
- Specialists - Gastroenterologists, Cardiologists, Optometrists, Periodontists
- Money and time off work for healthcare and wellness
- Our Native American population seem to have inconsistent follow up despite Toiyabe being present
- More robust access to specialty clinics; more providers to select from.
- No urgent care in northern inyo
- Limited options for treatment- long waiting periods for preventive care
- Options for elder care.
- PPOs also are an issue. Limited providers if any
- Lack of specialized care or any care for low incomes, elderly. Lack of mental health care.
- Access to affordable healthcare
- Primary care, regular check ups, medications
- People without insurance don't get preventative care
- Better prevention and education. Especially from a young age.
- Not enough Women's clinic providers for the region.
- People living in rural areas self-pay. Health costs are expensive.
- Limited providers for marketplace insurance plans. Still necessary to travel for most specialty procedures, diagnostics, etc
- Having the means to make appointments, access transportation, have a call back number, access the patient portal, pay for care
- Chronic health conditions
- Abortion care and specialized care as well as bias in medicine.
- Lack of Affordable housing
- Lack of Spanish language providers

Q7: 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	1	8	34	54	227	324	4.54
Geriatric / Elder Care	0	3	27	103	198	331	4.50
Cancer	1	8	31	91	196	327	4.45
Women's Health	0	3	62	92	161	318	4.29
Heart Disease	2	8	60	106	151	327	4.21
Substance Use Disorder	6	17	57	88	155	323	4.14
Diabetes	5	6	72	100	139	322	4.12
Stroke	3	9	67	110	131	320	4.12
Children/Adolescent Health	4	20	69	78	150	321	4.09
Alzheimer's and Dementia	3	16	61	121	128	329	4.08
Dental	3	21	71	93	132	320	4.03
Kidney Disease	3	13	87	109	112	324	3.97
Lung Disease	3	17	83	109	111	323	3.95
Obesity	6	18	85	100	115	324	3.93
Liver Disease	5	21	92	97	106	321	3.87
Men's Health	5	15	101	100	99	320	3.85
Other (please specify)						20	
						Answered	331
						Skipped	50

Other:

- Gun safety , suicide prevention
- Eye care (Opthalmology), Neurology, Gastrointestinal
- Gender-affirming care
- No psychiatrist in the area at all
- Ophthalmology
- Lack of access to medical and surgical abortions for women which is a shame.
- The heat here is dangerous 4 months every year. We need a 24 hour place of refuge with generator and cots. Some of us need to get horizontal a lot. And we need to do it where we can get cooled off. Closing the cooling center at 4pm, the hottest time, is no good.

- Every health factor would be improved if people knew about the newer nutrition research.
- Wound Care
- Wound care
- LBGTQ+, Native and cultural emphasis
- Eye care
- What do you need to provide is readily accessible, affordable General health and or preventive healthcare, which is primarily advice and may involve specific treatment. You can head off 80 to 85% of high cost chronic disease through timely education and prevention.
- Eye health
- All of these are important
- Optometry
- Menopausal health very important.
- Hearing aids
- Internal Medicine

Q8: 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
Healthcare: Affordability	2	4	28	62	232	328	4.58
Healthcare: Access to Specialty Care	0	2	31	77	221	331	4.56
Cost of Health Insurance	2	9	33	65	221	330	4.50
Affordable Housing	7	9	32	73	206	327	4.41
Healthcare: Access to Primary Care	3	10	43	76	198	330	4.38
Access to Senior Services / Elder Care	1	5	43	107	175	331	4.36
Healthcare: Location of Services	6	9	51	82	183	331	4.29
Access to Affordable Food	6	16	50	80	178	330	4.24
Healthcare: Prevention Services	1	11	69	91	156	328	4.19
Access to Home Health	2	16	74	95	144	331	4.10
Employment and Income	6	8	82	83	148	327	4.10
Access to Childcare	7	21	69	78	151	326	4.06
Education System	13	12	73	77	149	324	4.04
Transportation	9	18	85	103	112	327	3.89
Community Safety	19	33	73	75	125	325	3.78
Social Connections	15	32	100	102	75	324	3.59
Access to Internet / Broadband	19	40	88	93	87	327	3.58
Access to Exercise/Recreation	30	50	100	69	79	328	3.36
Other (please specify)						17	
						Answered	332
						Skipped	49

Other:

- Low barrier care
- Sense of committee. Music, parades, plays, environmental awareness
- Transportation is low as I know there are vans and volunteer drivers moving people around already, which is good.
- Hospice program.

- Please continue food assistance. Access to telephone-There is no cellular connection here and pay phones often are not working! A simple fall outside wifi can be deadly!
- Re healthcare: Scarcely any healthcare professionals know about the nutrition research of the past 50 years. They all make money from people being sick. They'd make less money if people had the knowledge to eat healthfully.
- Trilingual services
- If you do not want to go outside and exercise that is your decision. No one can force you, and we don't need money going towards persuading people to get outside. Affordable food should also actually be healthy. Access to childcare is important, but providing better support through employers to allow parents to spend more time with their kids and maintain a career is more important. More time allowance for paternity and maternity leave would make a huge difference.
- Cardiology is essential
- Until you have completely fulfilled, the needs for basic routine and or preventative healthcare you have no business spending money on specialist or high cost healthcare professionals, and expensive testing. The vast majority of a community healthcare needs require easy access whether that involves brick and mortar or telehealth, Followed by consistent provider messaging, and affordability of treatment options.
- Access to transportation is hard to find
- I have concerns about seniors who no longer have a license and little support getting food and medical care
- All issues are important
- Access to & *Consistency of* Mental Health Providers
- Access to pet boarding for single individuals who must travel for healthcare services. Providing chemotherapy for cancer patients.

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

	1	2	3	4	5	Total	Weighted Average
Illegal Drug Use	6	15	70	82	155	328	4.11
Alcohol Use/Excess Drinking	3	20	78	86	140	327	4.04
Nutrition and Diet	3	16	79	106	124	328	4.01
Vaping Use	18	27	76	84	117	322	3.79
Physical Inactivity	5	34	94	97	99	329	3.76
Smoking/Tobacco Use	16	27	105	84	93	325	3.65
Risky Sexual Behavior	24	38	108	74	77	321	3.44
Marijuana Use	49	54	93	64	61	321	3.11
Other (please specify)						8	
						Answered Skipped	331 50

Other:

- Environmental appreciation and stewardship
- Teen sexual behavior. Drug and alcohol use during pregnancy. Child sexual abuse.
- Judicial reform
- These are active choices made by individuals. You can try to educate, but you cannot force someone to change their lifestyle choices. Proper parenting is what our society needs to address these issues.
- You can provide a vast array of less expensive care if it is mobile, telehealth, nurse practitioner, or PA based, and focuses on basic healthcare needs rather than high cost specialist options for small number of people with specialty needs. A tremendous amount of basic healthcare can be provided by low cost, but highly motivated healthcare professionals and does not require direct MD evaluation every single time. High cost medications, high cost, testing, and high cost specialist evaluation is appropriate sometimes, but not at the cost of providing basic broad spectrum easily accessible low cost options.

- I would say most of these services should be targeted for our youth as preventive care - addressing these issues for adults should involve a component of individual responsibility
- Many of these subjects are already targeted through PH or tribal resources. Will you partner with their existing programs? How?
- NIHD needs to update their website

Q10: Please provide feedback on any actions you've seen taken by NIHD and SIHD Community Hospital to address the significant health needs in your community and what additional actions you would like to see.

- Additional needs include reducing the cost to individuals to receive services. Cost continue to rise at a rate far above the cost of living even with health insurance.
- Potentially provide more options for payment plans as people do want to pay their bills.
- We need a psychiatrist and mental health access priority number one
- There is no Nutrition education for diabetic patients, and no Endocrinologist here in Inyo or Mono County.
- Chronic disease management needs are more in outreach and making sure patients are getting the maintenance they need.
- Monthly blood pressure checks or other health monitoring services might benefit the community.
- Patients don’t follow up as they should and could benefit from ‘nagging.
- I would like to hear that the primary care providers are being more assertive/aggressive about follow-up and multi-system care for patients with diabetes and other chronic diseases.
- The hospital shuttle service is a life saver too bad they don't go to Lone Pine any more.
- They should have a person to teach diabetes classes.
- The addition of a robust cardiology program has been well received and very impactful for our community. The telehealth neurology services are also incredible, but outpatient options are still lacking. Full time urology service is incredible.
- Better transportation options for community's far from Bishop
- We travel to Bishop at least one time a week for medical services and this is becoming more challenging as we age
- The mental health options are lacking greatly. Far too many patient per mental health worker.
- We still don't have sufficient mental health services, and the hospital doesn't have a single Psychiatrist that sees patients in our community
- Affordable healthcare is a national issue… the system will remain broken and unaffordable for many classes of people.
- Behavioral health is still lacking severely in our community and is made up with patchwork that is mostly missing
- I would like to see a bed for people experiencing a mental health or substance abuse crisis
- On the topic of behavioral health, please make your psychiatric nurse available without a referral
- I LOVE the women's clinic
- Work with healthcare providers to ensure more in-network providers are available locally, within Inyo County.

- Moonlight mammograms are great - I appreciate the emphasis on women's healthcare
- Need: Neurologist, Ophthalmologist, Gastroenterologist if we don't have a visiting one
- I really appreciate that NIHD provides the Care Shuttle
- Better specialty needs available locally. Bishop or Mammoth, instead of Gardnerville to Sparks
- Having health specialists locally is a must. Having to drive to Reno or Southern California to see a specialist
- More specialized services available at certain times. Need more availability than 1x per month
- Please get a good endocrinologist. Virtual care just lost theirs
- Need a local cardiologist and other specialties. Need gynecologist to replace dr. Arndal since she left
- Thanks for brining cardiology, urology, breast surgeon, continued ortho care. Need dermatology and ENT
- I think access to chronic heart disease management is better with the Cardiology Tream from Reno (Dr. Rowan, Natalie).
- Memory care services for those with Alzheimer's and other mental illnesses that prevent self care
- It would help with making it more manageable to pay bills if they were more timely.
- The hospital needs to get their billing in check. Wrong billing double billing. It's out of control.
- Not consistent enough, too many providers coming and going
- Medical needs of all vary, not all care is available in this community. The cost of healthcare at Northern Inyo is extremely high and unaffordable.
- Tele-health options help a lot and are a lifeline in our remote area
- We have lost an OB so women's health and maternal/fetal health is less well-served now
- The OB/GYN clinic is in a trailer and is the only OB in Bishop available
- Home health care is very limited
- There needs to be more DO/MDs at the RHC for our patients that have complex health issues
- Senior living that is NOT BCC
- As we age, access to local care becomes more critical
- A new building for all the clinics at the hospital
- I have not seen any action by NIHD
- We need ophthalmology!
- There needs to be better outreach to the community
- The efforts to recruit new providers have definitely been noticed, but we need to RETAIN them as well.
- Desperately need a nurse practitioner that can prescribe meds for mentally ill people.

- There are many specialists now available through Northern Inyo without having to travel out of the area. This is way better than it used to be.
- Mental health is chronically underfunded and overwhelmed. NIHD should try for more providers and creative ways to pay/reimburse for services.
- Transportation to and from appointments and home from ER visit, helpful
- I appreciate the expanded lab services at Southern Inyo, although it seems to be shrinking again. Can't get an echo cardio gram in lone pine like we could 6 months ago.
- NIHD continually works toward improving access to healthcare for everyone.More assistance with mental health. I believe a lot of people are depressed and need help, especially since Covid.
- I would like to see more focus on chronic and invisible illnesses in our community.
- I would like to see SIH, NIH, and Mammoth Hospital team up as one entity to help with flow and care throughout of valley
- I like the service that the Rural Clinic provides.
- Veterans need more local options in healthcare providers who partner with the VA.
- Improve strategic communications and marketing so that the community is aware of actions taken and resources/services available
- I'd suggest health education classes, programs, etc. Would be nice to see real community classes. The one's I've seen seem scripted, lacking knowledge and not always a topic of interest for our population.
- Neither Inyo nor Mono County have been able to provide consistent access to local on-site chemotherapy and chronic disease management
- Good efforts on MAT, would like to see that work continue with supportive counseling services.
- The access to orthopedic services was a critical step forward, one which helps many elderly patients in the area and helped cover a critical need for the southern county patients. Access to nephrology could be a progressive step also with the number of diabetic patients in the area, understanding that preventing CKD from progressing to ESRD.
- Care Shuttle, Urgent Care at Rural Health clinic, NIH education/lectures & podcasts
- I've seen breast cancer screening.I would like to see periodic community health screenings for various health issues (blood pressure, stoke, etc.) like we've had in the past
- It would greatly benefit our community to have access to all healthcare needs and all specialized services. The lack of local access to such a wide range of services is extremely disappointing.
- I would like an urgent care or a way to get care without a pcp
- Team with local libraries, schools, pharmacies, and other local health and well being providers to have more community education/outreach events
- Senior care, eye care, dental care, overall care to not travel out of town more than an hour for care
- Improve access to surgical services

Q11: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (select all that apply):

Answer Choices	Responses	
Affordable housing or available housing	73.58%	220
Limited access to healthcare services	59.87%	179
Lack of affordable childcare	43.81%	131
Poverty	41.47%	124
Social isolation	35.45%	106
Unemployment or unstable employment	32.44%	97
Racial and cultural disparities	32.11%	96
Lack of transportation	31.77%	95
Limited access to healthy food	30.10%	90
Limited access to quality education	24.41%	73
Public safety concerns	13.71%	41
Limited access to broadband / internet	13.04%	39
Limited access to utility services	8.70%	26
Other (please specify)	8.03%	24
	Answered	299
	Skipped	82

Comments:

- Extremely poor access to BH care
- Many live in rv or trailers. Rent in many places are going out of range.
- Open and supportive Cooperation verses territorial boundaries
- High cost of living
- None of these personally affect me but I think all of them affect the community
- Lack of knowledge about nutrition.
- Lack of self preservation
- Unacceptable High costs of health care in our area
- Specialized healthcare for elders is lacking
- Lack of medical specialist

- Even those who have stable careers can't afford the rent here. Landlords seem to want to charge top dollar for properties that have questionable conditions. Prices of homes are not reflective of what average annual incomes are.
- Limited access to affordable shopping, food and other necessities.
- Lack of women's healthcare services
- None of the above
- Extreme negativity on Facebook accounts from local community
- Today's world is extremely hard for elderly especially in rural areas.mosr can navigate modern technology which further hinders access to many things including shopping and Healthcare communication.until Marshall's recent opening, I have had to assist elderly order online for many basic needs.
- My Mother is 75 and never learned how to use a computer or had a smart phone. It would be nice if there were classes to help people learn those skills.
- "Party culture"/multi-generational substance availability and use
- Small gene pool that is disassociated from real world environments.
- LGBTQIA equality
- Lack of help and care for elderly, especially families with Alzheimer’s patients. Medicare doesn’t cover home health and families are worn out even with some home health care which is expensive.
- All of the above affect negatively, but many drivers are due to making poor personal choices in life, ie becoming addicted to drugs/alcohol.
- Low wages

Q12: What barriers keep you or anyone in your household from receiving local healthcare services? (select all that apply)

Answer Choices	Responses	
Limited availability of services or specialties	71.63%	207
Difficulty getting an appointment (long wait times)	49.48%	143
High cost of services	42.21%	122
Billing issues or lack of clarity in billing statements	31.14%	90
Unhappy with previous experience with providers or staff	26.64%	77
Out-of-network for insurance plans	24.57%	71
Poor communication from providers or staff	20.42%	59
Facilities are too far from home	20.42%	59
Perception of low-quality care	19.72%	57
Limited access to telehealth options	19.72%	57
Limited facility hours (inconvenient for working individuals)	17.65%	51
Underinsured/no insurance	15.22%	44
Not aware of the local healthcare services or programs	13.15%	38
Other (please specify)	9.34%	27
Language or cultural barriers	5.19%	15
	Answered	289
	Skipped	92

Comments

- Out of area providers getting current medical records
- Mammoth Hospital is close, easier to deal with and much less drama, staff seems happier there and less stressed
- Lack of ophthalmology, lack of orthopedic care, lack of psychological/psychiatric care
- "Circuit" doctors have always brought their specialty services to the valley, but sometimes one day a month isn't enough. That's improving, though.
- There are no local health care services.
- It's impossible to get a healthful meal in any local restaurant.
- High deductible insurance and high out of pocket cost
- I receive all my healthcare locally.
- Gastroenterology, specifically safe, well done surgery, is an ongoing concern
- Needing to travel several hours away for health care requiring one or more nights in a hotel.

- Transportation
- Specialists are out of the area - I realize that this is part of the nature of living in remote areas and I try to explain this to patients.
- I had ONE bad experience with a local specialist and have decided to go out of town for that issue alone, I will never try again here even if he were to be replaced. However, that one experience counts for a small percentage of my overall health picture; "the rest" I do handle locally and have been VERY happy with the generalists who have chosen long-term practice here!!!
- None
- No barriers
- It's impossible to predict how much I'll owe before going to an appointment. Foe a pcp they say 0-550$… and I can't take the risk
- No barriers
- No barriers for us.
- Limited availability of healthcare for Alzheimer's patients and lack of insurance coverage specifically for that.
- No long Covid clinic
- No money no healthcare
- No significant barriers for my household
- Privacy - employees discuss patient information outside of work
- Specialty care

Q13: What additional services / offerings would you like to see available locally? (select all that apply)

Answer Choices	Responses	
Behavioral / Mental Health	55.30%	167
Cancer Care	53.31%	161
Ophthalmology (Eye - Medical Treatment / Surgery)	51.32%	155
Geriatric Care (Elder Care, Home Health, Hospice)	46.36%	140
Optometry (Eye - Vision Screening)	46.03%	139
Urgent Care / Walk-In / Extended Hours	46.03%	139
Dental Care (teeth)	44.04%	133
Dermatology (Skin)	41.72%	126
Cardiology (Heart)	40.07%	121
Gastroenterology (Digestive System/Stomach)	37.42%	113
Women's Health	34.44%	104
Endocrinology (Hormone and Diabetes)	32.78%	99
Primary Care (Family Medicine)	32.45%	98
Rheumatology (Arthritis and Autoimmune Disease)	31.79%	96
Neurology (Brain and Nervous System)	29.80%	90
Audiology (Hearing Specialist)	29.47%	89
Telehealth / Virtual Care	29.47%	89
Orthopedics (Bone and Joint)	29.14%	88
Pulmonology (Lung and Breathing)	26.16%	79
Rehab Services (Physical Therapy, Occupational Therapy, Speech Therapy)	26.16%	79
Substance Use Disorder Treatment	25.83%	78
Health Prevention / Education Programs	22.52%	68
Urology (Urinary System and Male Reproductive)	22.19%	67
General Surgery	21.85%	66
Pediatrics (Children's Doctor)	19.54%	59
Reproductive Health	18.87%	57
Nephrology (Kidney)	17.88%	54
Dialysis	15.23%	46
Infusion	15.23%	46
Bariatric (Weight Loss)	14.90%	45
Other (please specify)	9.60%	29
Plastic Surgery (Reparative/Reconstructive)	9.27%	28
	Answered	302
	Skipped	79

Comments

- Geriatric specialist
- Ear, Nose & Throat specialist. Doctor of Dermatology.
- Inpatient detox for substance abuse

- Access to abortions.
- Most of us get healthcare in Pahrump NV and even there we have a shortage of doctors and most kinds of specialty offices. Hospice home care is most needed. Someone visiting maybe weekly with support from locals as caregivers.
- It seems to me that all of those specialties are available locally, if only on a limited basis.
- Mental health
- Healthful food served in the Senior Center. Honest up-to-date nutrition available to everyone.
- In home support for elders who have private insurance and/or Medicare parts A and B but who cannot afford it
- It seems like there are no Residential Communities For the Elderly (RCFE) in Bishop. Which also means there is very little to now options for Veterans who need assisted living. Why does our community not have group homes for the elderly?
- Pain Management
- Most needed is Urgent Care. There is nothing between the clinic and the emergency room
- Local services need to partner together better! The community needs to get senior living facility (assisted living). Inyo is regressing in resources instead of progressing! We can do better!
- Pain management
- I think the recent loss of local Ortho at NIH with dedicated providers at NIh is a huge loss. I do love Mammoth Ortho and certainly hope this works for the health financially of NIH. Last time this was tried, it did not work well for the NIH health district.
- I forgot to say on a previous question that NIH's addition of Sevaro neurology evaluations seems great!
- Pediatric specialists
- A lab
- ENT, Functional Medicine with IV therapy, Accupuncture
- Massage therapist that takes insurance - to go along with physical therapy treatments
- ENT
- Is it possible for patients with orthopedic issues to be sent to Mammoth rather than flown to Reno? Or possible to be flown south instead of to Reno? Expensive for family and lots of red tape if patient dies in Nevada.
- Menopausal health
- Orthopedic surgeon using robotics

Q14: Where do you typically get most of your health information (advice about managing health conditions, wellness tips, information about treatment options, recommendations for preventive care)? (select all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	80.46%	243
Websites/Internet (Google, WebMD, Mayo Clinic)	57.95%	175
Hospital or Clinic	42.05%	127
Family or Friends	28.81%	87
Public Health Agencies (Local Health Department, CDC, etc.)	22.19%	67
Word of Mouth	16.56%	50
Social Media (Facebook, Twitter / X, Instagram, TikTok)	12.25%	37
Newspaper/Magazine (Online Publications)	11.59%	35
Workplace	10.93%	33
Podcasts/YouTube Videos	10.60%	32
AI Platform (ChatGPT)	8.61%	26
Other (please specify)	6.29%	19
School/College	5.63%	17
Newspaper/Magazine (Print Publications)	3.64%	11
Television	2.32%	7
Radio	1.66%	5
	Answered	302
	Skipped	79

Comments:

- Workplace sponsored health programs
- Pharmacist, including the info that comes on the bottle.
- Vetted Substack blogs
- I am a nurse
- Cleveland clinic
- Books
- Integrative nutritionists, specialists who do not follow the mainstream healthcare recommendations. i.e. who use alternative methods for treatment that have been proven successful for many generations.

- Healthcare training, physician resources, and scientific studies
- UpToDate
- Independent research
- I am a provider so I have a bit more expertise in finding out answers
- Due to multiple past incidents, I admit to having developed a considerable amount of suspicion around the "usual sources" of information (especially government, inept/inadequately informed providers, and those whose attitudes are not conducive to an acceptable level of patient "care".
- CME
- I am a healthcare provider
- Medical journals

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Northern Inyo Healthcare District

2026 Community Health Needs Assessment

Implementation Planning Session

January 21st, 2026

AGENDA

Objectives

What are we hoping to accomplish during our time together?

- Review CHNA purpose and process
- Assess key inputs into the plan including survey results and community health metrics
- Discuss potential framework to address health needs of the community
- Develop plan focused on actionable goals and resources needed for the identified health priorities

Welcome

CHNA Purpose and Process

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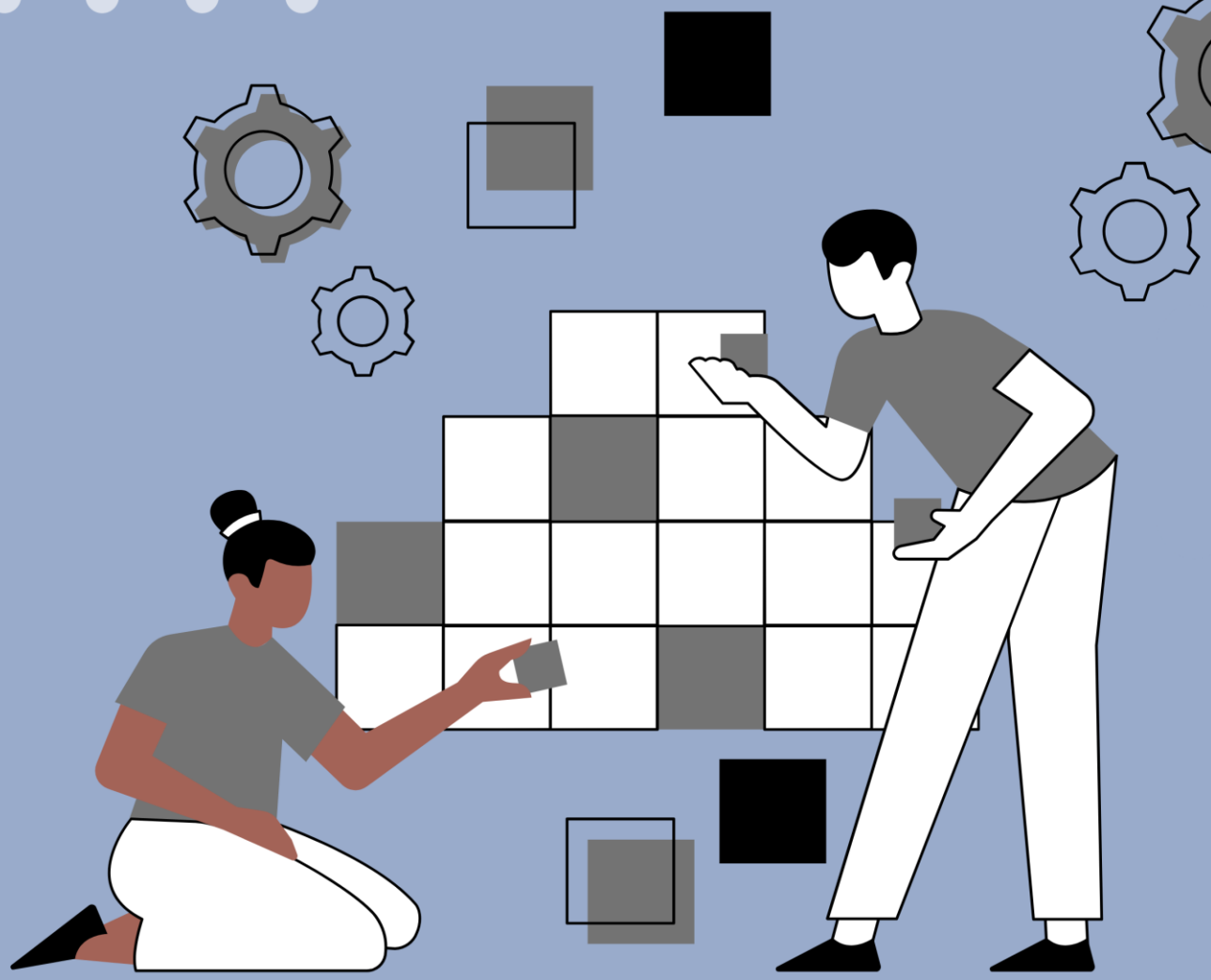

Purpose

- ✓ Provides comprehensive information about the community's current health status, needs, and disparities
- ✓ Meets required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals
- ✓ Fulfills Federally Qualified Health Center requirements for completing and updating the annual Service Area Competition data
- ✓ Meets standards for accreditation defined by the Public Health Accreditation Board

Key Outputs

- Understanding of community health perceptions
- Identification of key health priorities and service delivery gaps
- Collaboration among community organizations

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Community Health Needs Assessment Process

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

Determine Top Health & Social Needs

Prioritize community health needs based on data gathered from community survey, secondary sources, and organizational input.

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and metrics to track progress toward improved outcomes.

Data Analysis

CHNA Key Inputs

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	Inyo County	California
Population	18,527	38,965,193
Under 18	20%	22%
65+	26%	16%
Rural	42.1%	5.8%
Median HHI	$71,656	$95,473

Service Area Demographics

Race/ Ethnicity	Inyo County	California
Non-Hispanic White	59.0%	34.3%
Non-Hispanic Black	1.0%	5.6%
American Indian or Alaska Native	14.0%	1.7%
Asian	1.9%	16.5%
Native Hawaiian or Pacific Islander	0.2%	0.5%
Hispanic	24.6%	40.4%

Health Needs Prioritization Survey Results

Survey Respondents were asked to:

- **Rank the importance of top health needs on a scale of 1 (not at all) to 5 (extremely)**
- **Provide feedback on actions taken since the 2022 CHNA**
- **Share additional input on the health of their community**

2022 Health Priorities:

- Behavioral Health
- Access to Healthcare Services
- Chronic Disease Management

2025 NIHD and SIHD Survey (n=381)	
Top 10 Health Priorities	Rank
Healthcare: Affordability	*4.58*
Access to Specialty Care	*4.56*
Mental Health	*4.54*
Geriatric / Elder Care	*4.50*
Cost of Health Insurance	*4.50*
Cancer	*4.45*
Affordable Housing	*4.41*
Access to Primary Care	*4.38*
Senior Services / Elder Care	*4.36*
Women's Health	*4.29*

2022 NIHD Survey (n=643)	
Top 10 Health Priorities	Rank
Mental Health	*4.53*
Affordable Housing	*4.46*
Healthcare Services: Affordability	*4.41*
Physical Presence	*4.38*
Cancer	*4.37*
Drug/Substance Abuse	*4.30*
Access to Childcare	*4.27*
Diabetes	*4.24*
Access to Senior Services	*4.21*
Livable Wage	*4.21*

Behavioral Health

Community Input

"Mental health is chronically underfunded and overwhelmed. NIHD should try for more providers and creative ways to pay/reimburse for services."

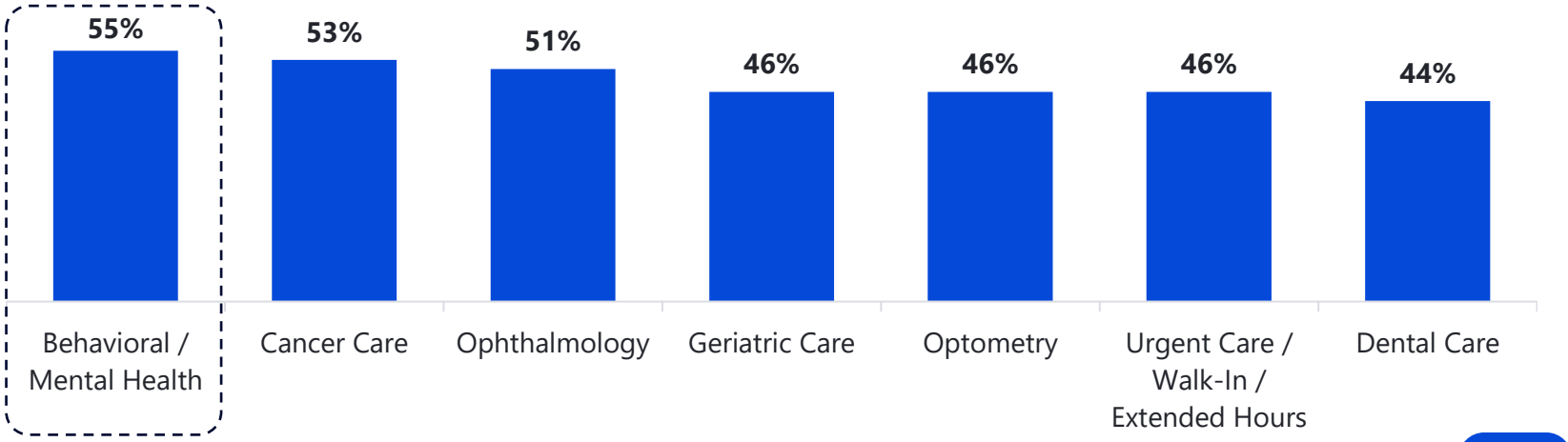
"Dr. Goshgarian has been a godsend to the community in trying to assist those with substance abuse issues."

Considerations

Priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities are ***disproportionately affected by mental health*** concerns due to a lack of access to providers and an inclusive behavioral health workforce.

	Inyo County	California
Suicide Mortality Rate per 100,000	16.2	10.3
Mental Health Provider Ratio	183:1	213:1
Poor Mental Health Days past 30 days	5.7	4.7
Excessive Drinking	23%	20%
Drug-Related Overdose Deaths per 100,000	50.2	26.1

Survey Question: What additional services/offerings would you like to see available in Inyo County?



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Source: County Health Rankings, CDC, NAMI

Chronic Diseases

Prevention & Health Behaviors

Physical Inactivity
20%
(CA: 22%)

Obesity
30%
(CA: 28%)

Adult Smoking
14%
(CA: 10%)

Mammography Screening
33%
(CA: 36%)

Mortality Rates per 100,000	Inyo County	California
Heart Disease	137.5	143.6
Cancer	130.1	131.9
Chronic Lower Respiratory	46.4	27.4
Stroke	32.3	40.1
Diabetes	18.5	24.6

Considerations

Chronic conditions are the ***leading cause of death and disability*** in the U.S. and the prevalence of these conditions is driven by multiple factors, ***many of which are tied to social determinants of health***.

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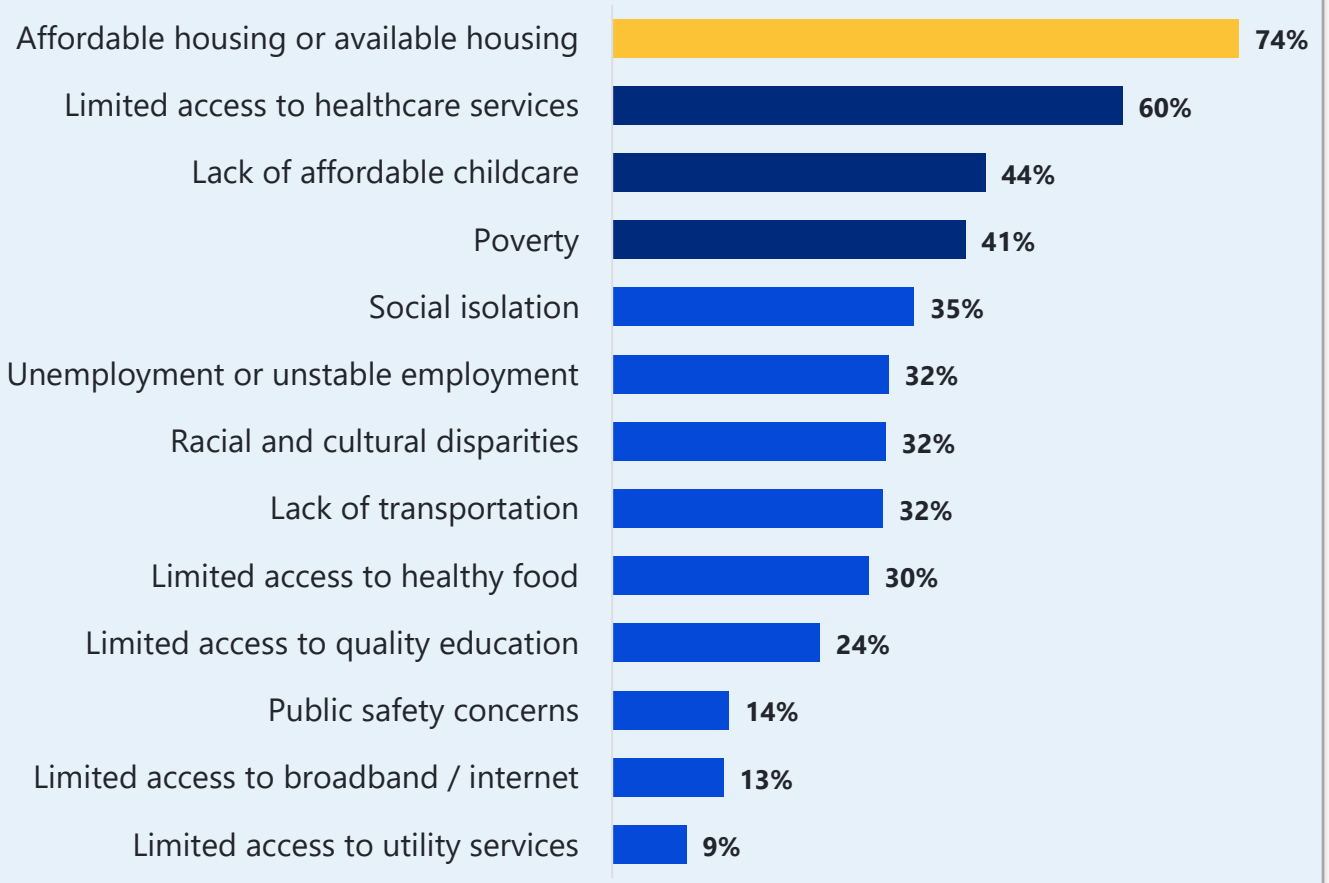
Source: County Health Rankings, CDC

Social Determinants of Health

Survey Question: What key social determinants negatively impact the health of you or your community?



80%

of a person's health is determined by non-clinical factors

	Inyo County	California
Severe Housing Cost	17%	26%
Childcare Cost Burden	31%	30%
High School Completion	93%	85%
Injury Deaths per 100,000	99	63
Children in Poverty	14%	15%

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Source: County Health Rankings

Access and Affordability

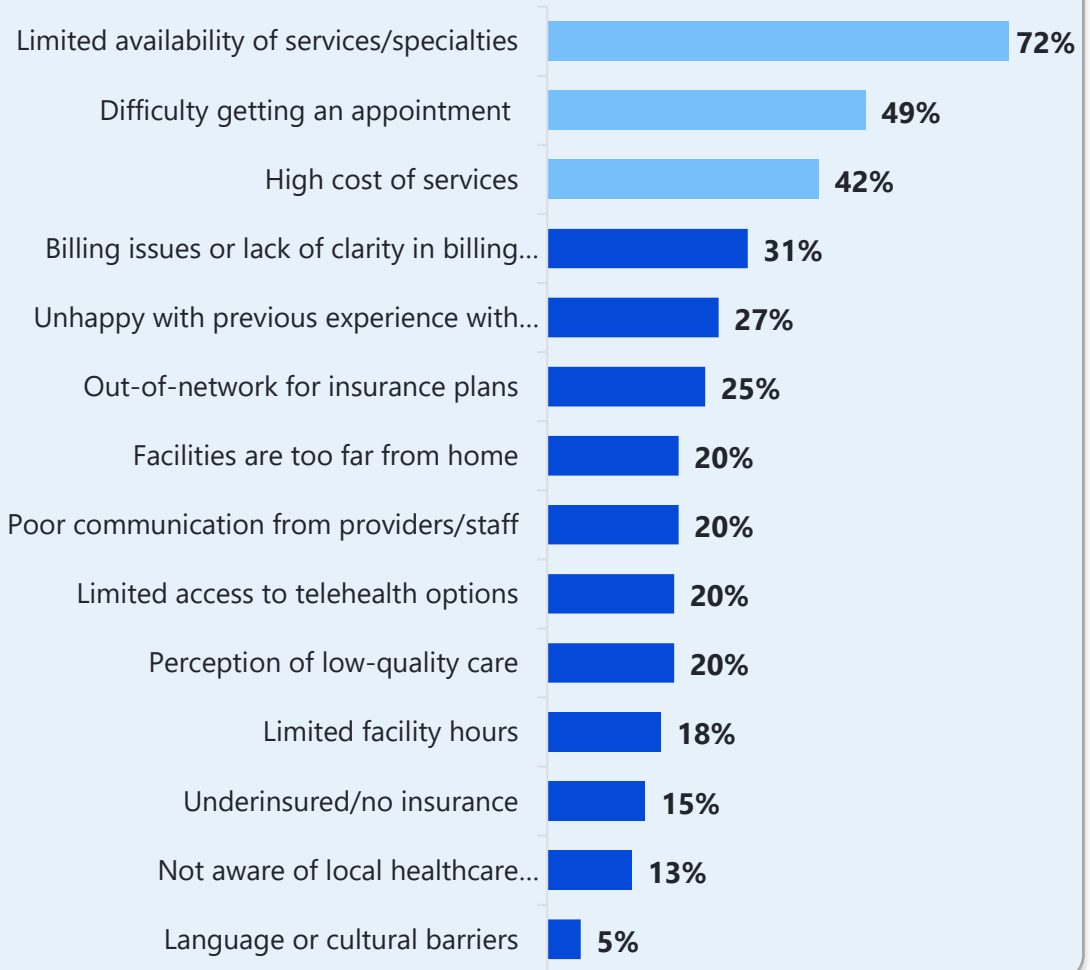
Community Input

"The cost of healthcare at Northern Inyo is extremely high and unaffordable."

"We have such limited specialty care that people have to go out of the area."

	Inyo County	California
Uninsured Population	9.0%	9.1%
Population per 1 Primary Care Physician	1,459:1	1,233:1
Population per 1 Primary Care APP	842:1	1,062:1
Population per 1 Dentist	1,248:1	1,076:1

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare?

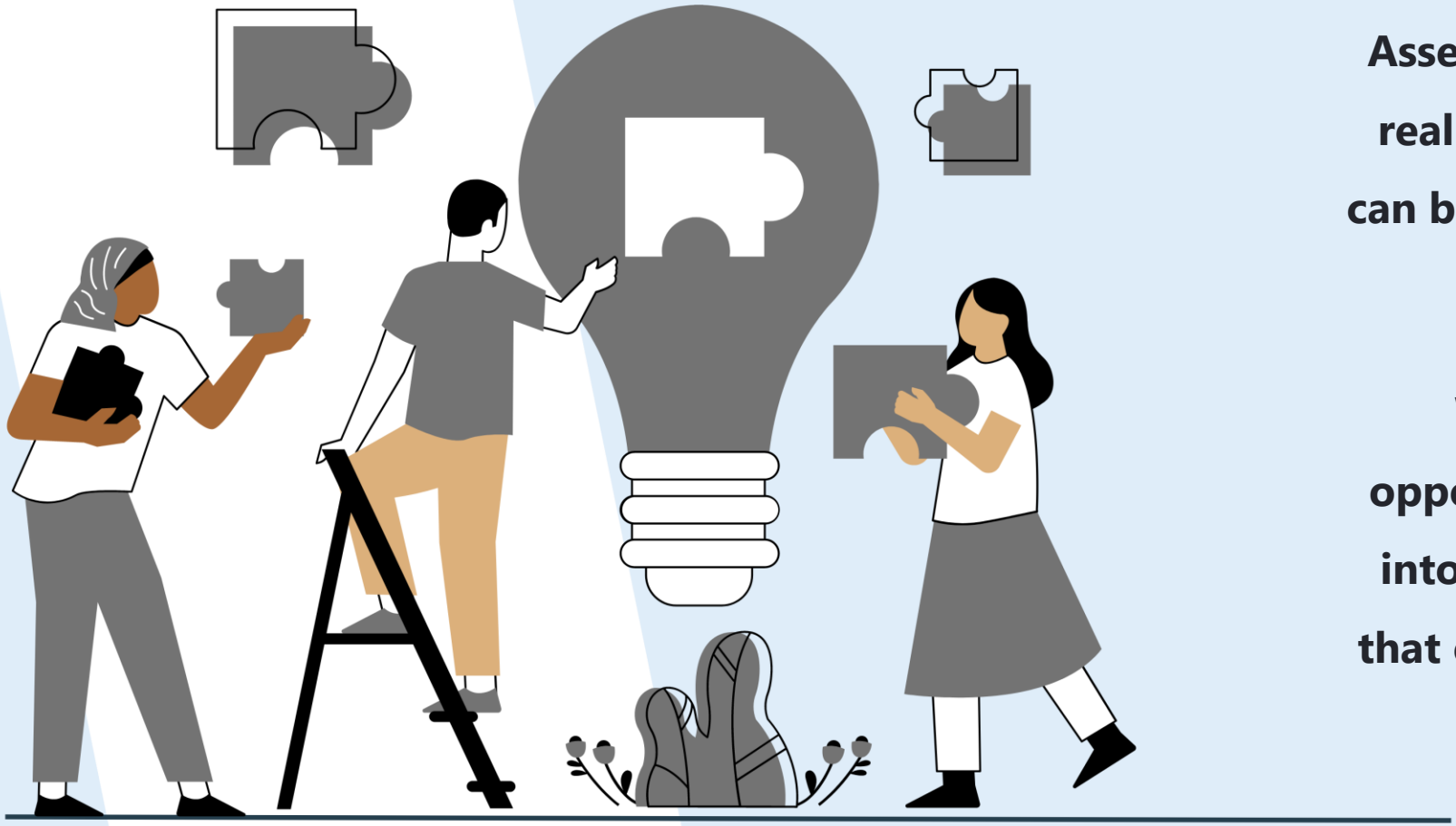


Source: County Health Rankings, HRSA

Implementation Planning

Framework Development

Implementation Plan Framework - Introduction



As we have completed and evaluated many Community Health Needs Assessments over the years, we have realized many tactics and programs can be used to address multiple health needs.

We have started looking for opportunities to group health needs into like categories and have found that organizations find success in this approach.

Health Needs Prioritization

Community Input

2025 Survey	
Top 10 Health Priorities	Rank
Healthcare: Affordability	*4.58*
Access to Specialty Care	*4.56*
Mental Health	*4.54*
Geriatric / Elder Care	*4.50*
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Women's Health	*4.29*

Key Community Themes

- **Perceived high cost of care** and lack of trust in healthcare system
- **Need for transparency and communication** from NIHD, including information on services, actions taken, and billing
- **Barriers impacting access to care**, including geographic distance, scheduling, and financial/cost challenges
- **Key populations** requiring targeted focus (seniors, women, low-income/uninsured residents, individuals with chronic conditions)
- Desire for **greater breadth of service offerings**, including expanded specialty services and preventative care
- Access is impacted by **challenges with provider recruitment/retention**
- **Mental health** continues to be a significant need despite recent progress

Data Input

- **HHI is lower** across the county in comparison to state averages. The rate of **uninsured residents** is comparable to California at 9%.
- Inyo County has a **higher suicide mortality rate and higher rates of frequent mental distress** relative to the state.
- Across the county, there is a **larger population of residents aged 65+** compared to the rest of the state and growth is projected.
- **Cancer is the #2 cause of death** in Inyo County, however the county cancer mortality rate is lower than the state.
- Less Inyo County residents experience **severe housing cost burden** relative to California residents.
- Inyo County has **less access to primary care** than the state average (1,459:1 vs. 1,233:1).
- Inyo County **fertility rate has declined,** and births are now most concentrated among **women ages 30-34**.
- Prevention/screening services like **flu vaccination and mammography screening rates are lower** across the county.

Implementation Strategy – Proposed Draft

Top Identified Priorities:

01 Healthcare Access

Relevant Needs Addressed:

- Access to Specialty Care
- Access to Primary Care
- Senior Services/Elder Care

02 Affordability

Relevant Needs Addressed:

- Healthcare: Affordability

SDOH (Likely to Not Address)

- Cost of Health Insurance
- Affordable Housing

03 Mental Health

Relevant Needs Addressed:

- Mental Health

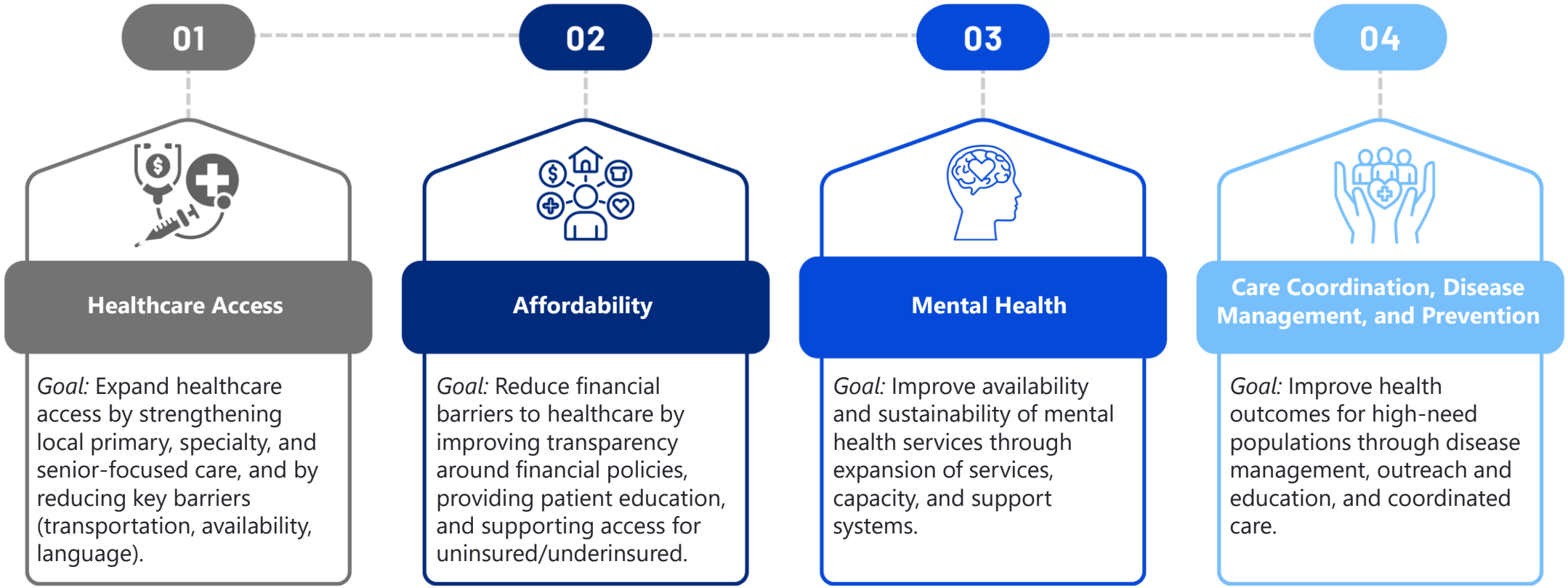
04 Care Coordination, Disease Management, and Prevention

Relevant Needs Addressed:

- Geriatric/Elder Care
- Cancer
- Women's Health

Implementation Strategy – Proposed Draft

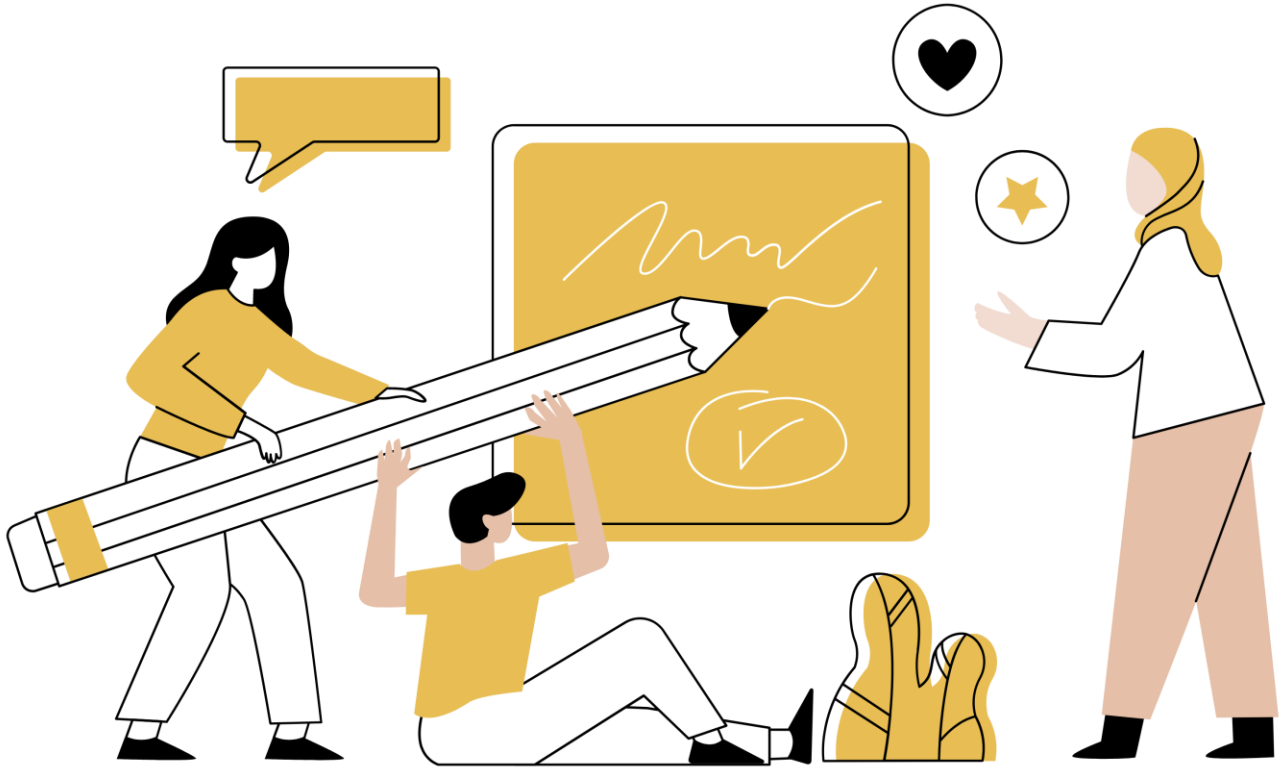
Top Identified Priorities:



Implementation Planning Discussion

In order to create the most actionable plan, we will now walk through each of the identified health needs that we agreed to address and discuss:

1. What are the current resources and programs we have to address this need?
2. What future resources or programs should we enact to address this need?
3. What other community organizations are actively working to address these needs that we could / should support?
4. How will we measure our success at addressing this need?



Conclusion

Next Steps

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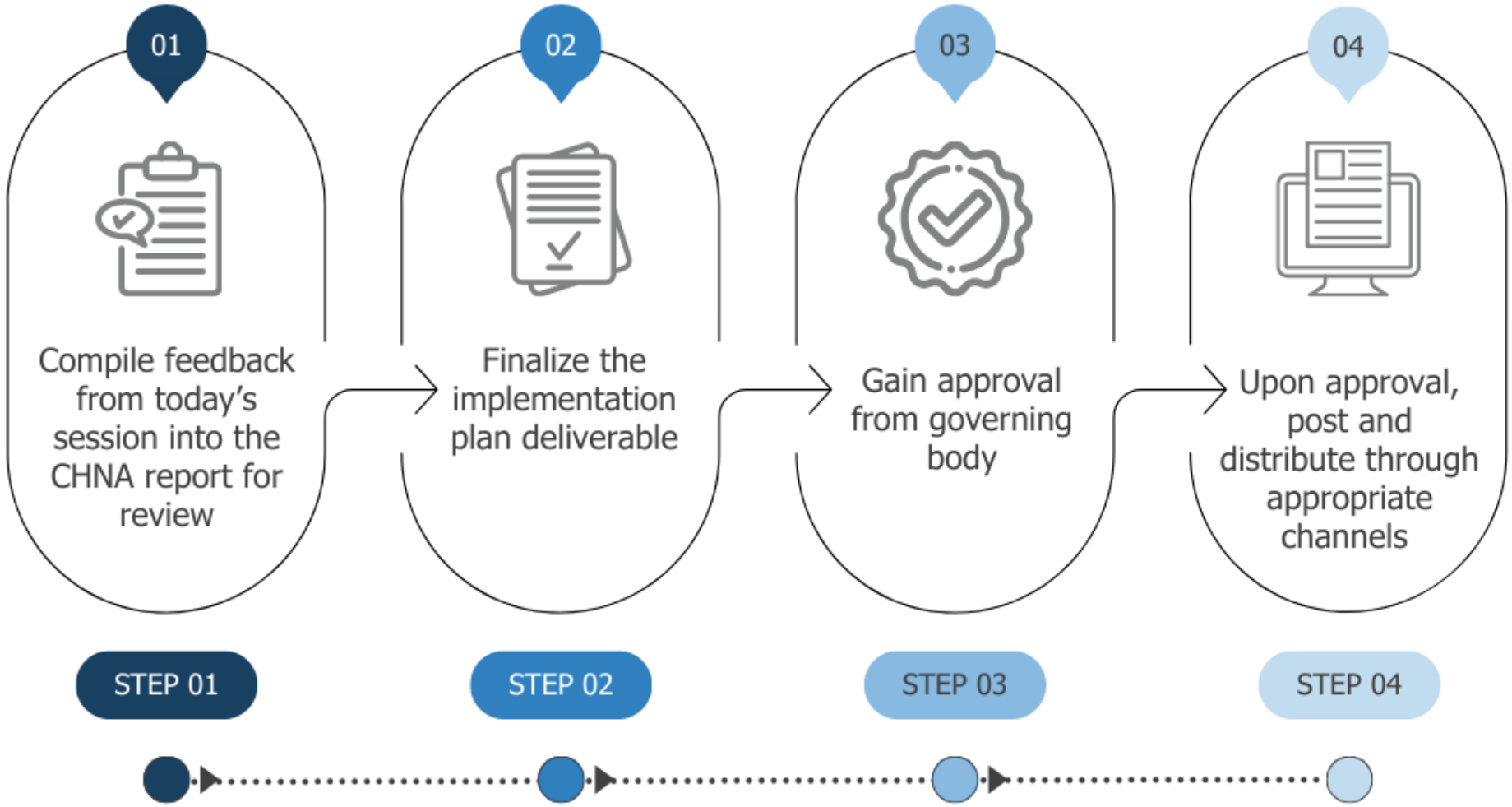
CHNA Next Steps



THANK YOU

Ovation Healthcare™

1573 Mallory Lane Suite 200, Brentwood, TN 37027

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Quality Committee Chair Smith called the meeting to order at 3:00 pm.
PRESENT	Laura Smith, Quality Committee Chair David Lent, Quality Committee Vice-Chair Christian Wallis, Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Human Resources Officer / Chief Business Development Officer Adam Hawkins, DO, Chief Medical Officer Alison Feinberg, Manager of Quality and Survey Readiness, Quality Assurance Patty Dickson, Compliance Officer
PUBLIC COMMENT	Chair Smith reported that at this time, audience members may speak on any items on the agenda that are within the jurisdiction of the Board. There were no comments from the public.
MEETING MINUTES – AUGUST 4, 2025	Motion by Lent: Approve meeting minutes from August 4, 2025 2nd: Smith Pass: 2-0
BETA	Quality Manager Ali Feinberg and CMO Dr. Hawkins provided a brief update on the Beta Heart culture-of-safety initiative, noting that NIHD enrolled in January and is working toward validation in the first domain, which could result in a 2% reduction in insurance premiums. They explained that culture is being measured through the SCORE survey, followed by department-level debriefs and simple, achievable action plans created with staff input. This cycle will repeat annually, with progress reported to the executive team and a goal of improving culture and engagement scores year over year.
QUALITY DASHBOARD	CEO Wallis and Quality Manager Feinberg presented the new Quality Dashboard, developed to give the Quality Committee and board a clearer, consolidated view of hospital performance across key clinical and operational metrics. The dashboard brings together data from multiple departments, including infection prevention, emergency services, inpatient units, clinics, and support areas. Leadership emphasized that the dashboard is designed to show trends over time, track improvement, and highlight areas needing additional focus. Feinberg reviewed the major indicators, noting strong performance in multiple safety categories. Recent quarters showed zero central line and catheter-associated infections, low emergency department transfer-out rates, no sentinel events, and no unexpected inpatient mortality. Patient satisfaction scores were mixed but generally close to national benchmarks, with the emergency department continuing to exceed national averages. The dashboard also included operational metrics such as average length of stay, discharge times,

ED wait times, and left-without-being-seen rates, all of which remain strong for a critical access hospital.

The employee engagement and culture scores from the SCORE survey were incorporated into the dashboard to support year-over-year tracking. Feinberg explained that leaders will continue working on targeted improvement plans tied to patient experience and staff engagement, with quarterly check-ins to monitor progress. Board members discussed the importance of using both the data and real patient stories to counter negative community perceptions and strengthen public trust. This item was informational, and the dashboard will be updated and presented regularly.

COMPLIANCE REPORT

Compliance Officer Patty Dickson provided a summary of third-quarter compliance activities, reporting on required audits, privacy investigations, and unusual occurrences. She noted ongoing auditing in patient access, language services, coding, and Active Directory, along with progress on the annual HIPAA security risk assessment in collaboration with IT. The quarter included 131 unusual occurrence reports and strong performance in meeting the district's seven-day target for patient complaint response letters, with 95% completed within that timeframe. Dickson also reviewed current privacy investigations, public records requests, and ongoing vendor security assessments, emphasizing the significant time and financial impact of third-party breaches and regulatory inquiries. The full annual compliance report will be presented in January 2026.

COMMUNITY HEALTH NEEDS ASSESSMENT

CEO Wallis reported that Southern Inyo Healthcare District was overdue for its Community Health Needs Assessment (CHNA) and requested to partner with NIHD. Because NIHD already had an approved contract with Ovation, adding the additional South County communities required only minor adjustments and did not increase project costs. The updated questionnaire is now ready for release, and the CHNA survey will launch on Friday. NIHD will distribute it widely to capture input from residents across Inyo County, including the South County communities that frequently rely on NIHD for care.

ADJOURNMENT

Adjourned at 3:37

_____
Jean Turner
Northern Inyo Healthcare District
Quality Committee Chair

Attest: _____
Maggie Egan
Northern Inyo Healthcare District
Quality Committee Vice-Chair

NORTHERN INYO HEALTHCARE DISTRICT
COMMITTEE CHARTER

Title: Quality Committee Charter		
Owner: Chief Executive Officer	Department: Administration	
Scope:		
Date Last Modified: 02/02/2026	Last Review Date: No Review Date	Version: 2
Final Approval by:	Original Approval Date:	

Board of Directors Bylaws: Quality Committee

1. The Quality Committee shall consist of two members of the Board of Directors and one alternate, appointed yearly by the Board Chair.
2. The function of the Quality Committee is to advise the Board of Directors on quality-related governance matters.
3. The Quality Committee shall meet quarterly or as needed.
4. Quality Committee meetings shall be conducted according to the Brown Act. The general public, patients, their families and friends, Medical Staff, and District staff are always welcome to attend and provide input.

COMMITTEE PURPOSE

The purpose of the Quality Committee is to guide and assist the Governing Board in its responsibility to provide oversight of quality care and patient safety. The Committee supports the Board by reviewing quality-related performance information and standards and by making recommendations to ensure alignment with applicable healthcare quality and safety requirements.

COMMITTEE RESPONSIBILITIES

The Quality Committee is responsible for providing Board-level oversight of quality of care and patient safety. In support of this role, the Committee shall:

1. Review quality and patient safety performance reports, trends, and key indicators
2. Review quality improvement initiatives and outcomes
3. Review patient safety events and improvement actions at a summary level
4. Review quality-related plans, programs, and policies requiring governing body oversight
5. Review quality dashboards and performance metrics
6. Make recommendations to the Board regarding quality priorities and performance improvement focus areas

FREQUENCY REVIEW/REVISION

1. The Quality Committee shall review the Charter biennially, or more often if required. If revisions are needed, they will be taken to the Board for action.

Supersedes: v.1 Compliance, Quality, Safety, and Risk Committee Charter

NORTHERN INYO HEALTHCARE DISTRICT
COMMITTEE CHARTER

Title: Quality Committee Charter		
Owner: Chief Executive Officer	Department: Administration	
Scope:		
Date Last Modified: 02/02/2026	Last Review Date: No Review Date	Version: 2
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COMMITTEE PURPOSE

~~The purpose of the Compliance, Quality, Safety, and Risk Committee (CQSRC) is to guide and assist the Governing Board and Executive Staff in their responsibility to oversee compliance, quality, safety, and risk in order to meet or exceed regulations and standards that govern health care organizations.~~

The purpose of the Quality Committee is to guide and assist the Governing Board in its responsibility to provide oversight of quality care and patient safety. The Committee supports the Board by reviewing quality-related performance information and standards and by making recommendations to ensure alignment with applicable healthcare quality and safety requirements.

COMMITTEE RESPONSIBILITIES

The Quality Committee is responsible for providing Board-level oversight of quality of care and patient safety. In support of this role, the Committee shall:

1. Review quality and patient safety performance reports, trends, and key indicators
2. Review quality improvement initiatives and outcomes
3. Review patient safety events and improvement actions at a summary level
4. Review quality-related plans, programs, and policies requiring governing body oversight
5. Review quality dashboards and performance metrics
6. Make recommendations to the Board regarding quality priorities and performance improvement focus areas

~~The committee is responsible for reviewing, monitoring, and ensuring that the organization maintains high standards in CQSR critical areas to ensure patient safety, compliance with applicable regulations, and the overall well-being of the community served.~~

~~COMMITTEE GOALS~~

1. ~~Directly oversee that quality assurance and improvement processes are in place and operating effectively in the District.~~
2. ~~Review reports and data to provide strategic oversight for quality of care and treatment, and recommend new services or programs to the Board of Directors.~~
3. ~~Review reports and data to provide strategic oversight for compliance, risk, and safety to ensure conformity with regulations and standards that govern health care organizations, and to make recommendations to the Board of Directors.~~
4. ~~Create and review CQSRC Annual Work plan.~~
5. ~~Educate the Board within the areas authorized by this committee.~~

~~COMMITTEE MEMBERSHIP~~

1. ~~The CQSRC shall include the Board of Directors, Executive Team, and the following subject matter experts:~~
    - ~~a. Information Security Officer~~
    - ~~b. Compliance Officer~~
    - ~~c. Director of Facilities~~
    - ~~d. Director of Medical Staff~~
    - ~~e. Manager of Infection Prevention and Employee Health~~
    - ~~f. Manager of Quality and Survey Readiness~~
2. ~~The members of the Board of Directors are the only members with voting privileges~~
3. ~~On an ad hoc basis, the Board may allow a member of the community to participate in the proceedings. The community member will not have voting rights and will exist solely to gauge feedback or recommendations to the Board.~~

~~FREQUENCY OF MEETINGS~~

1. ~~The CQSRC shall meet quarterly.~~
2. ~~Additional meetings may be scheduled on an as-needed basis.~~

~~PUBLIC PARTICIPATION~~

1. ~~All CQSRC meetings shall be announced and conducted according to the Brown Act. The general public, patients, their families and friends, Medical Staff, and District staff are always welcome to attend and provide input.~~

FREQUENCY REVIEW/REVISION

1. The Quality Committee shall review the Charter biennially, or more often if required. If revisions are needed, they will be taken to the Board for action.

1. ~~The CQSRC shall review the Charter biennially and as needed.~~

2. Revisions will be reviewed at CQSRC and a recommendation will be presented to the full Northern Inyo Healthcare District Board of Directors for approval.

RETENTION AND DESTRUCTION OF RECORDS

Information packets and minutes for these committee meetings are part of the permanent records of the District.

REFERENCES

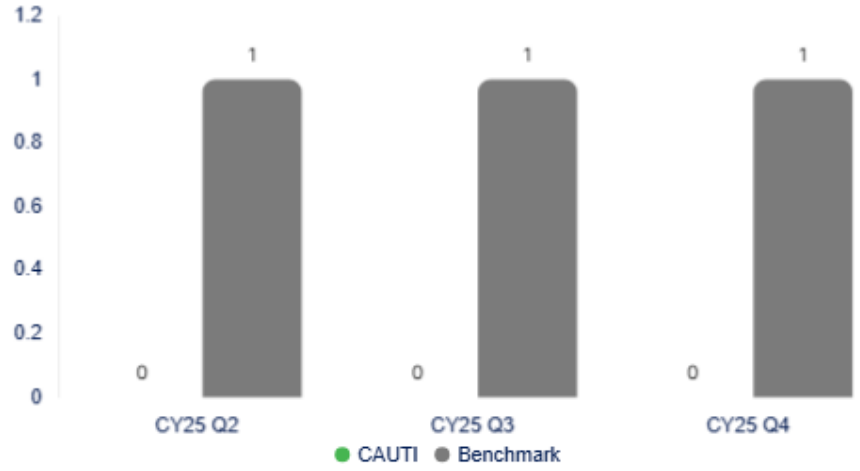
1. The Joint Commission 2025. Critical Access Hospital. MS.07.01.01.
2. The Joint Commission (2024), IC.04.01.01.
3. The Joint Commission (2024) IC .06.01.01
4. The Joint Commission. (2024). MM.09.01.01
5. Centers for Medicare & Medicaid Services. (2022). Infection Prevention and Control and Antibiotic Stewardship Program Interpretive Guidance Update. Retrieved from
6. California Department of Public Health (CDPH). (2024). Healthcare-Associated Infections HAI Program: Antimicrobial Resistance (AR). Retrieved from
7. California Department of Public Health (CDPH). (2020). Healthcare-Associated Infections HAI Program. HAI Reporting Guidance for California Hospitals. Retrieved from https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CA_SpecificReportingGuidelines.aspx
8. General Compliance Program Guidance 2023. Retrieved from
9. The Joint Commission 2025. Critical Access Hospital. IM.02.01.03.
10. The Joint Commission 2025. Critical Access Hospital. LD.01.03.01
11. The Joint Commission 2025. Critical Access Hospital. LD.07.01.01.
12. The Joint Commission 2025. Critical Access Hospital. LD.03.01.01.
13. The Joint Commission 2025. Critical Access Hospital. LD.04.01.01.
14. The Joint Commission 2025. Critical Access Hospital. EC.01.01.01.

Supersedes: v.1 Compliance, Quality, Safety, and Risk Committee Charter

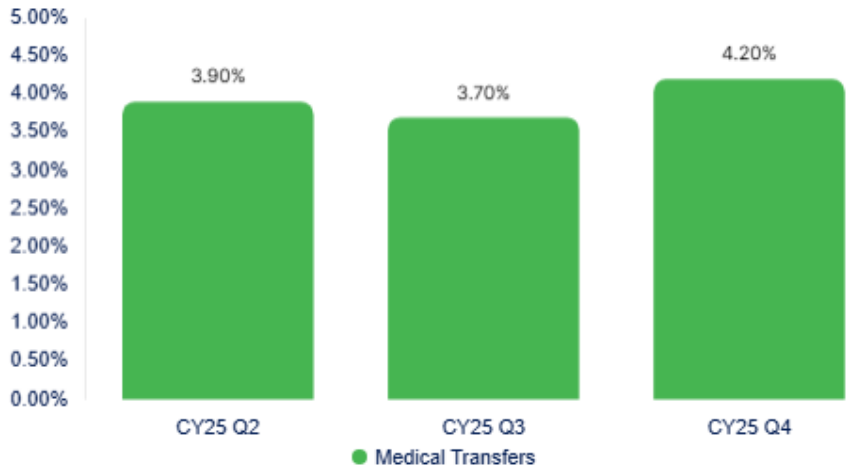
NIHD Quality Committee Dashboard

Central Line-Associated Bloodstream Infect <

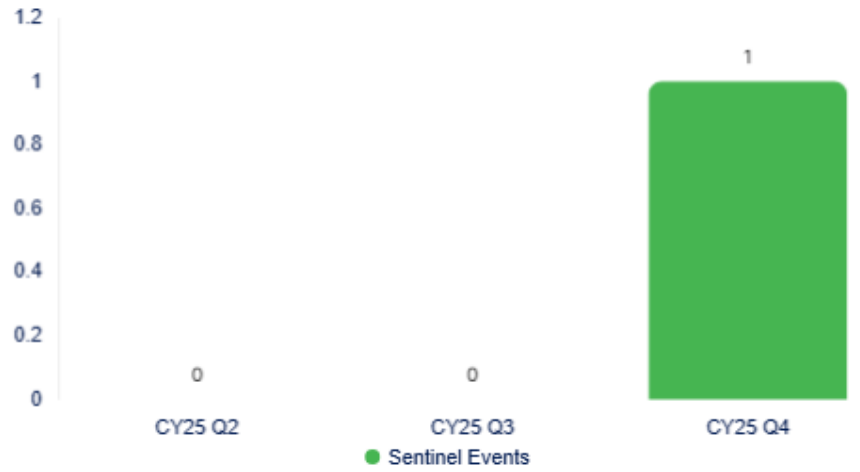
Catheter-Associated Urinary Tract Infection <



Medical Transfer Rate

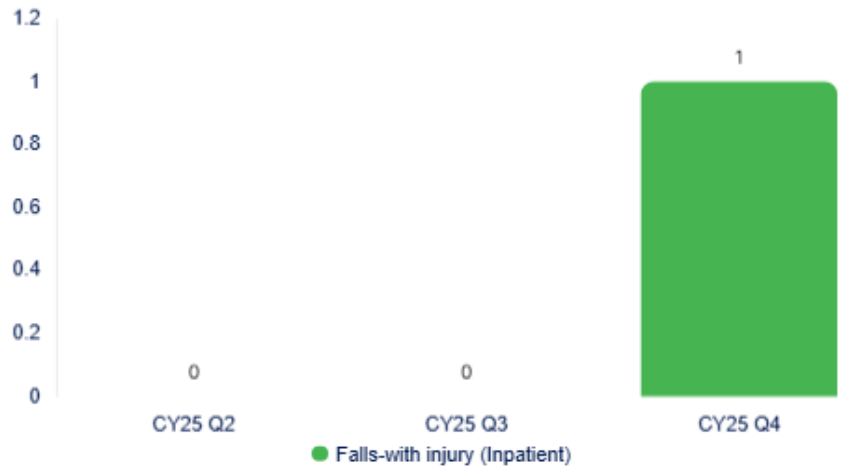


Sentinel Events <

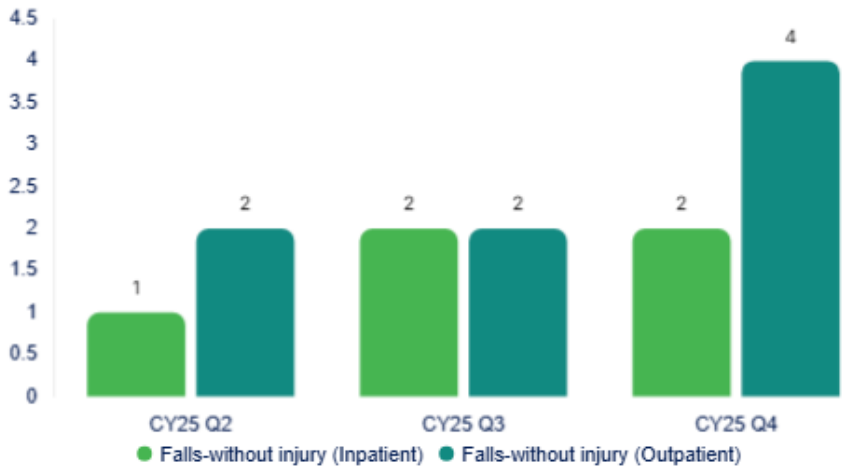


"<" means lower is better

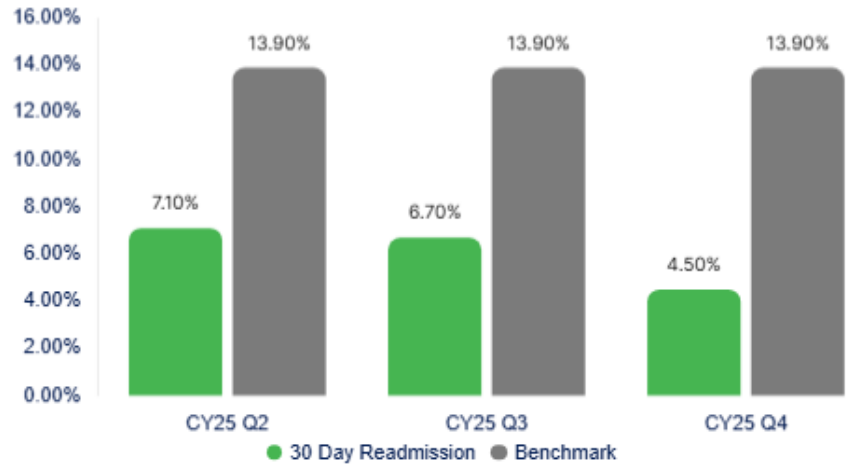
Patient Falls- With Injury <



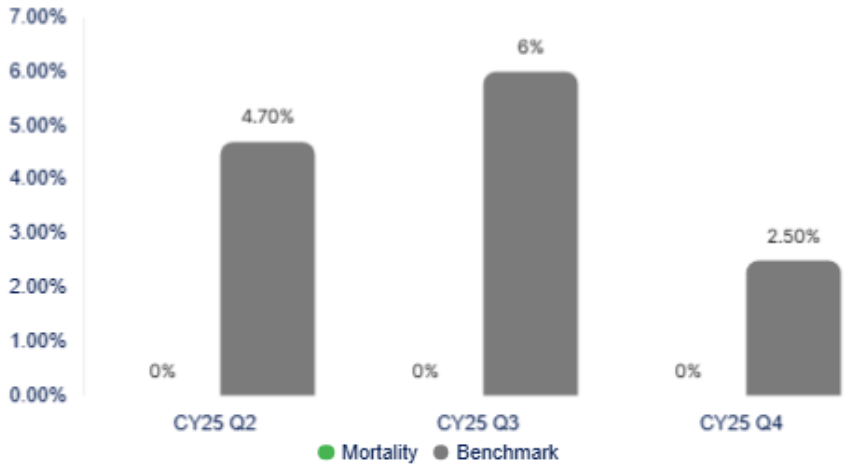
Patient Falls- Without Injury <



30 Day Readmission <

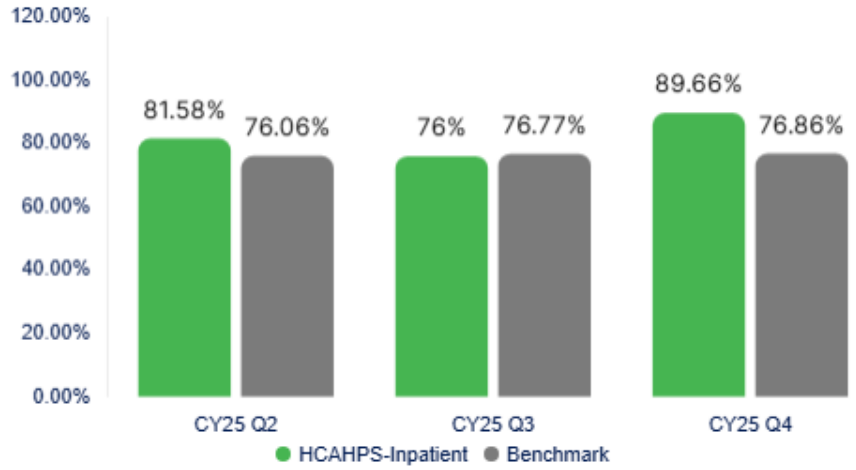


Mortality <

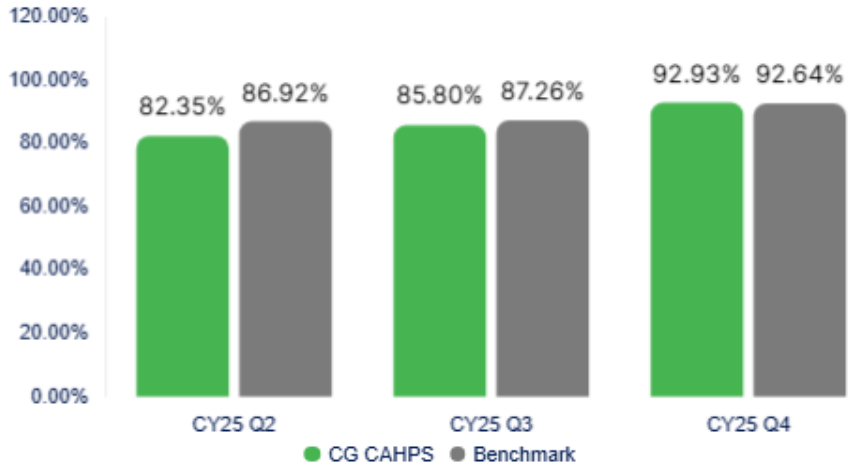


"<" means lower is better

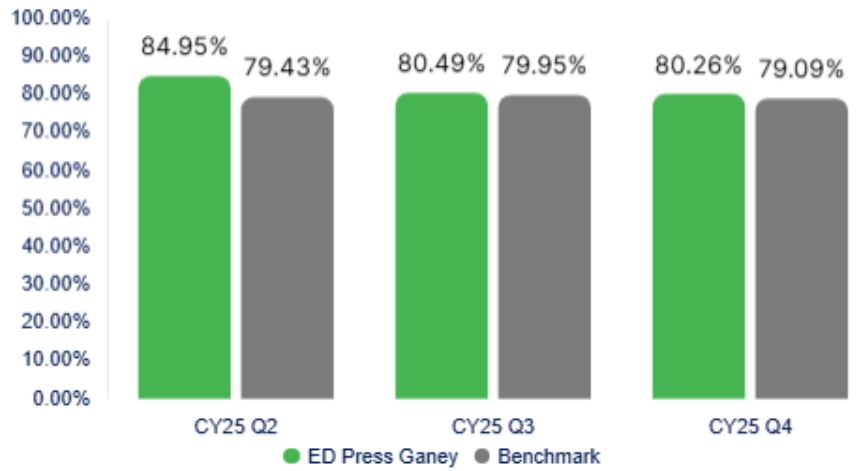
Likelihood to Recommend Top Box Score (Inpatient)



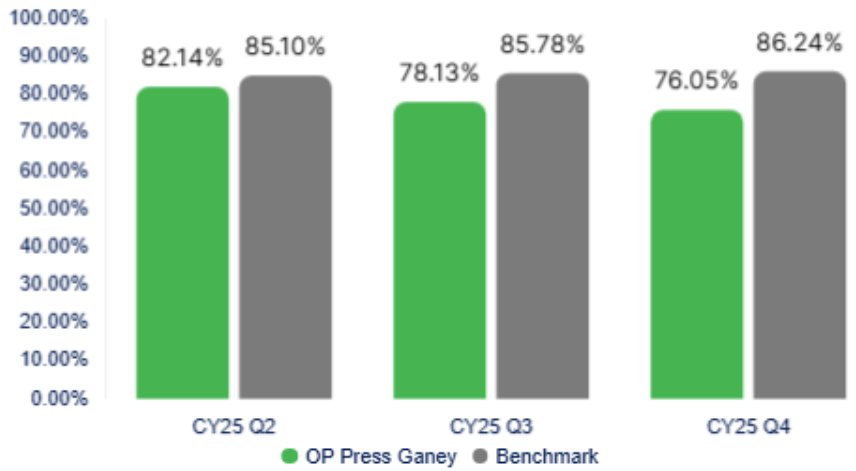
Likelihood to Recommend Top Box Score (Clinic)



Likelihood to Recommend Top Box Score (ED)

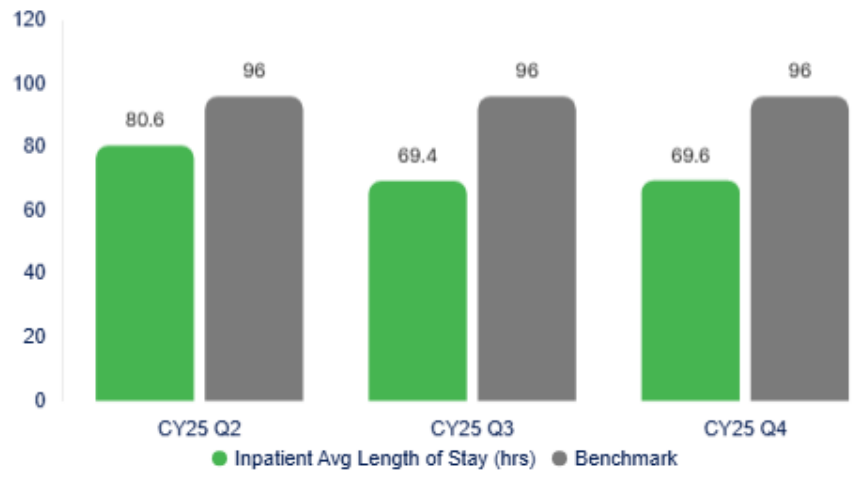


Likelihood to Recommend Top Box Score (OP)

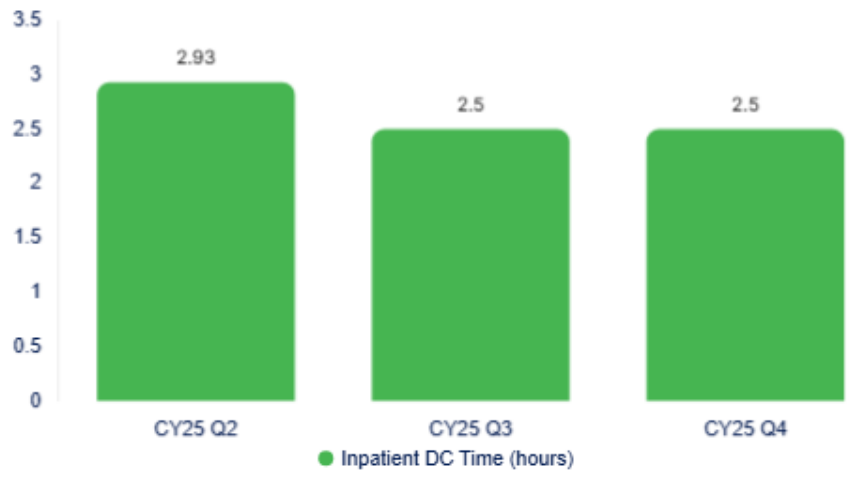


"<" means lower is better

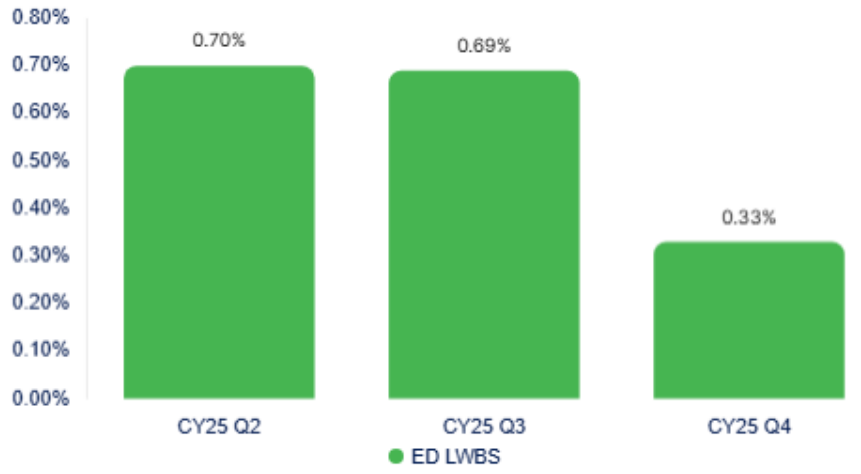
Inpatient Average Length of Stay (hours) <



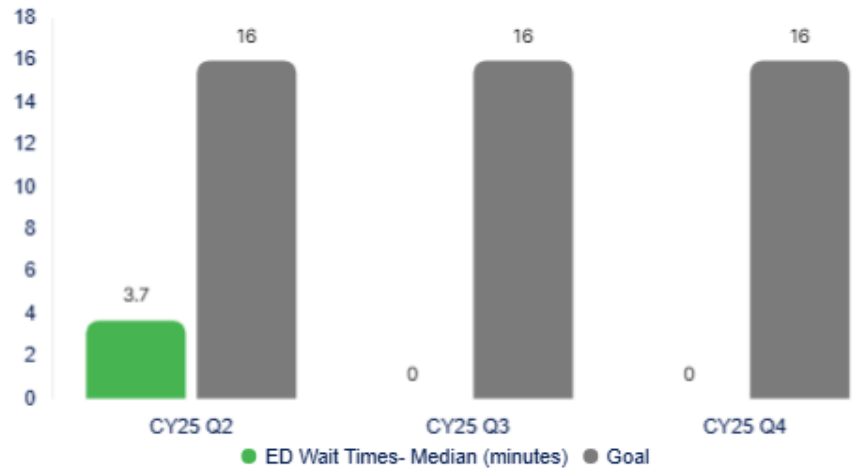
Inpatient Discharge Time (hours) <



ED Left Without Being Seen <



ED Wait Times- Median (minutes) <

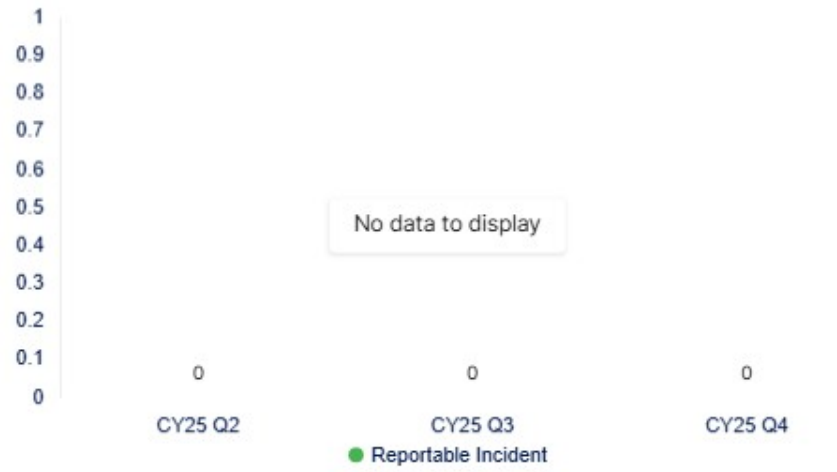


"<" means lower is better

Employee Engagement

Employee Turnover

Reportable Incidents- Employees



Workers Comp Claims

"<" means lower is better