

Board Meeting

Supplemental Packet

Election Information / District Zone Map

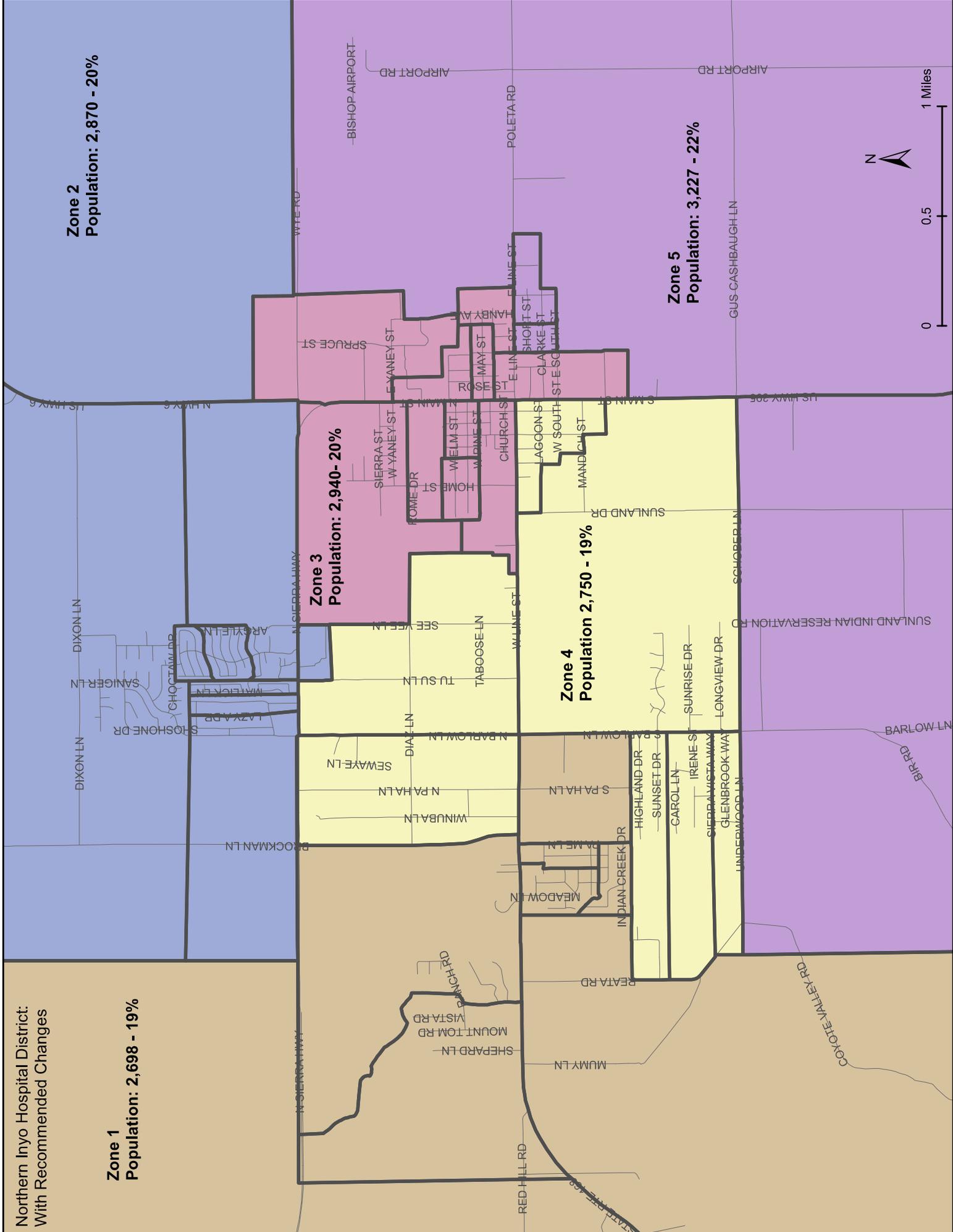
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CHNA Final Report

Inyo 2025 CHNA Report	8
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Northern Inyo Hospital District:
With Recommended Changes

Zone 1
Population: 2,698 - 19%

Zone 2
Population: 2,870 - 20%

Zone 3
Population: 2,940 - 20%

Zone 4
Population 2,750 - 19%

Zone 5
Population: 3,227 - 22%

NIH Board Election – 2026 Information

Zones Up for Election:

- Zone 1 – 2-year term
- Zone 2 – 2-year term
- Zone 3 – 4-year term
- Zone 5 – 4-year term

Candidate Filing Period:

July 13 – August 7, 2026

Candidates must file with the *Inyo County Elections Office* to appear on the ballot.

Candidate Qualifications:

- Be a resident of the NIH district
- Be a registered voter within the zone you wish to represent
- Not be disqualified under California state law

More Information:

- Inyo County Elections: elections.inyocounty.us
- NIH Election Page: <https://www.nih.org/about-the-district/board-of-directors/election-2026/>

Questions?

Zone Information:

Ashley Reed

 Phone: (760) 873-5811 ext. 3203

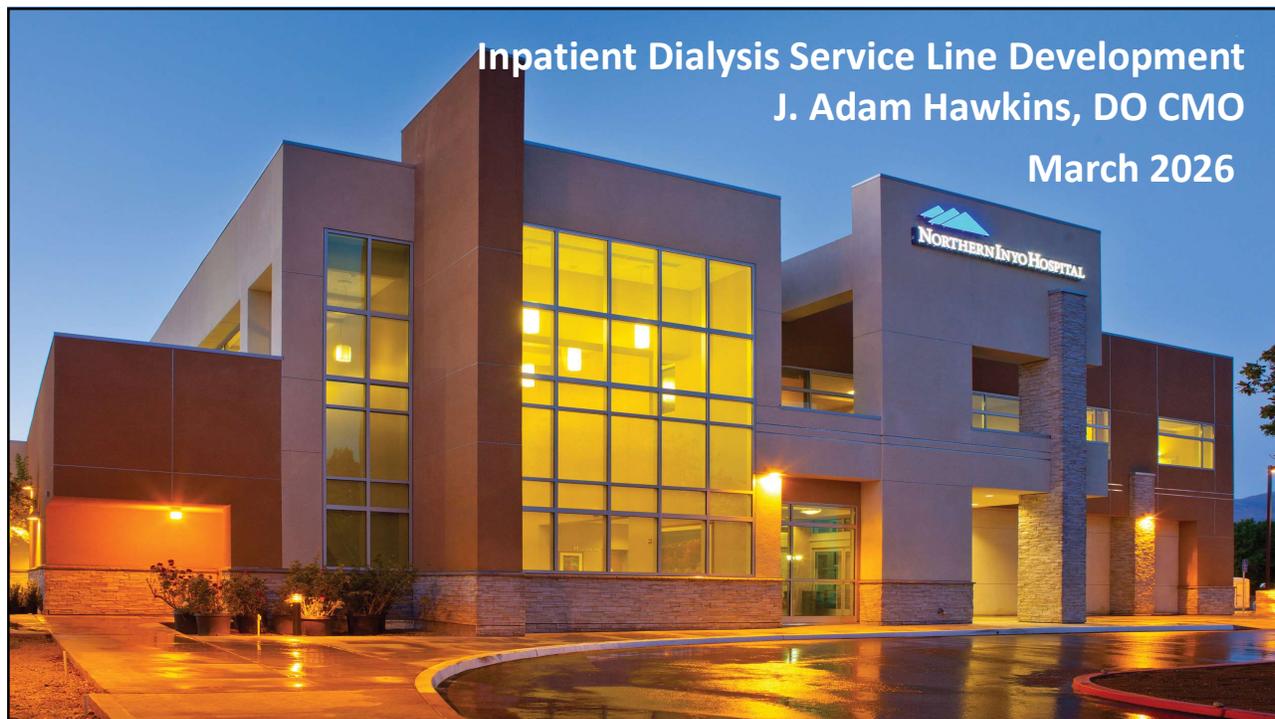
 Email: ashley.reed@nih.org

Election Process / Filing:

Caroline Nott – Inyo County Elections

 Phone: (760) 878-02155

 Email: cnott@inyocounty.us



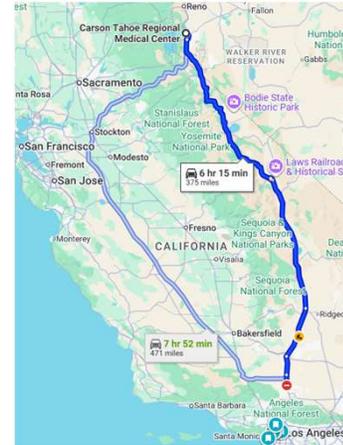
Service Line Development Opportunity: Telenephrology

- Increase Access to Care
- Address Patient Quality and Safety concerns
- Opportunity for revenue growth
- Enhance alignment with a community Partner

Current Issues

- Barriers to Access to Care
- Quality and Safety Concerns
- Community Impact & Burden
- Strained Community partnerships

Northern Inyo Healthcare District	County Population	Total ESRD Population	Total CKD Population
Inyo County	18,309	51	2,563
Mono County	12,991	29	1,429
Total	31,300	80	3,992



Dialysis Transfers from ED
09/2025 - 03/15/2026



~10% of
Total NIHD
Transfers

A Solution: Telenephrology

- Invest in the Development of a Telenephrology Service Line.
- Technological Advances Make the Project Feasible.
- Vendor to provide Onsite Training & ongoing remote support.
- Precedence with the success of Teleneurology.



Financial Analysis

• Volume Projections

Northern Inyo Healthcare District	County Population	Total ESRD Population	Capture Rate
Inyo County	18,309	51	40%
Mono County	12,991	29	40%
	Total 31,300	80	67 Patients / year

- AVG INPATIENT GROSS CHARGES / PATIENT/ DAY: **\$13,000**
- AVERAGE LOS FOR HD ADMISSION: 3 DAYS
- GROSS INPATIENT CHARGES PER HD ASSOCIATED ADMISSION: **\$39,000.**

Financial Analysis

- Financial Analysis:

	Inpatients	1st QTR 13	2nd QTR 15	3rd QTR 15	4th QTR 23	Total Year 67
Gross Patient Revenue		\$ 502,500	\$ 603,000	\$ 603,000	\$ 904,500	\$ 2,613,000
Assume 100% Medical		36%	36%	36%	36%	36%
Net Patient Revenue		\$ 180,900	\$ 217,080	\$ 217,080	\$ 325,620	\$ 940,680.00
Dialysis Supplies		\$ (11,100.92)	\$ (13,321.11)	\$ (13,321.11)	\$ (19,981.66)	\$ (57,553.00)
Equip Depreciation		\$ (3,750.00)	\$ (3,750.00)	\$ (3,750.00)	\$ (3,750.00)	\$ (15,000.00)
TeleNeph Cost		\$ (40,355.77)	\$ (46,926.92)	\$ (46,926.92)	\$ (66,640.38)	\$ (203,350.00)
Net Revenue before Operation Expenses		\$ 125,727	\$ 153,122	\$ 153,122	\$ 235,308	\$ 664,777.00

Northern Inyo Healthcare District

2025 Community Health Needs Assessment

| Board Summary

February 2026



Community Health Needs Assessment (CHNA): Overview

CHNA Purpose:

A CHNA is a required assessment for many health organizations to be completed every 3 years. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas.

Key Outputs of a CHNA:

- ✓ Identification of health disparities and social determinants to inform future outreach strategies
- ✓ Awareness of key service delivery gaps
- ✓ Deeper understanding of the communities' perceptions of healthcare in the region
- ✓ Collaboration with community organizations to better serve the community

CHNA Process



Kick Off & Information Gathering

Determine project scope, outline timeline, and gather data for input



Data Analysis & Discovery

Analyze population health data and gather community input through survey distribution



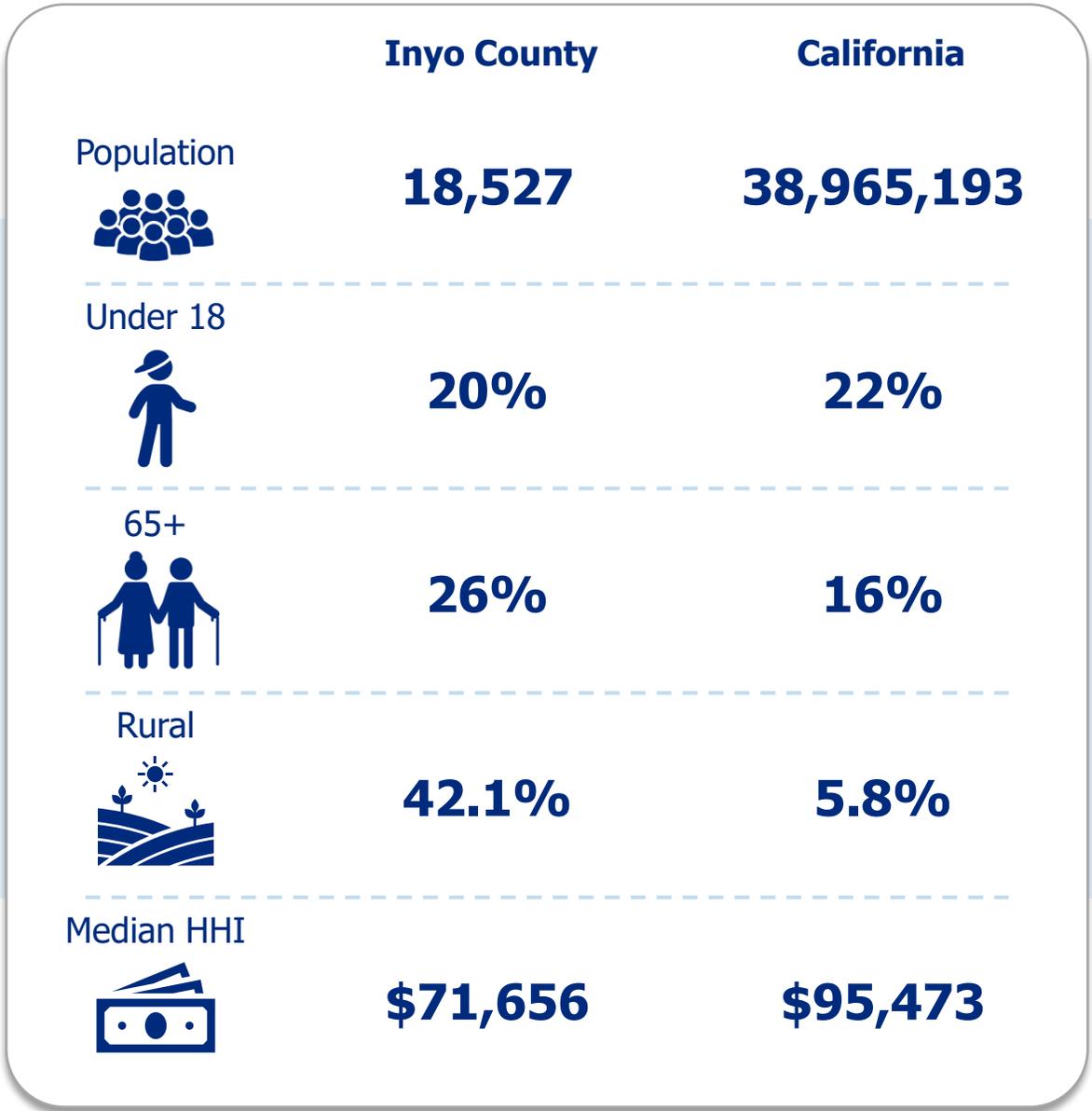
Health Need Prioritization & Planning

Identify key priorities and develop a plan to reach collective community goals



Final Review & Approval

Present assessment to required entities for final review and approval



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%

Top Health Priority Data: Perspectives from the Community

NIHD & SIHD 2025 (n=381)		
	Top 15 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
↓	Healthcare: Location of Services	4.29
↑	Access to Affordable Food	4.24
↑	Heart Disease	4.21
■	Healthcare: Prevention Services	4.19
↓	Substance Use Disorder	4.14

NIHD 2022 (n=643)		
	Top 15 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
	Heart Disease	4.20
	Women's Health	4.17
	Education System	4.15
	Healthcare Services: Prevention	4.15
	Employment and Income	4.10

National CHNAs (n=10,654)		
	Top 15 Health Priorities	Rank
	Cost of Health Insurance	4.57
	Healthcare Affordability	4.56
	Cancer	4.47
	Mental Health	4.47
	Affordable Housing	4.34
	Drug/Substance Use	4.34
	Heart Disease	4.32
	Women's Health	4.26
	Access to Healthcare	4.25
	Diabetes	4.25
	Access to Senior Services	4.23
	Employment and Income	4.21
	Alzheimer's and Dementia	4.19
	Obesity	4.17
	Access to Healthy Food	4.16

Health Needs by City

While individual communities show slight variation in emphasis, the core priorities of access, affordability, mental health, and senior care are consistent across geographies and representative of broader county needs.

Strong Countywide Alignment

Overall CHNA priorities are consistent across communities.

- Healthcare Affordability ranks highly in core communities represented in survey
- Access to Specialty Care is consistently ranked in the top-5 priorities
- Mental Health is a key concern for all communities
- Senior Care and Access to Elder Services are highly prioritized in most communities

Notable Geographic Nuances

There are some differences in emphasis on health needs.

- **Bishop:** Broad emphasis on affordability, access, and mental health
- **West Bishop:** High prioritization of specialty access and senior care
- **Big Pine:** Elevated concern around substance use and illegal drug use
- **Lone Pine:** Strongest emphasis on geriatric care, chronic disease, and location of services

Bishop (48.5%) and West Bishop (15.8%) represent the majority of survey responses for a combined 64% of total. Overall rankings are therefore most influenced by Bishop/West Bishop responses. Big Pine (8.7%, n=33) and Lone Pine (5.8%, n=22) offer directional insights, however, have smaller sample sizes, limiting analysis.

NIHD & SIHD 2025 (n=381)	
Top 5 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

Bishop (n=184)	
Top 5 Health Priorities	Rank
Mental Health	4.64
Healthcare: Affordability	4.61
Cost of Health Insurance	4.57
Healthcare: Access to Specialty Care	4.55
Geriatric / Elder Care	4.52

West Bishop (n=60)	
Top 5 Health Priorities	Rank
Healthcare: Access to Specialty Care	4.53
Geriatric / Elder Care	4.52
Healthcare: Affordability	4.49
Cancer	4.45
Healthcare: Access to Primary Care	4.44

Top Health Priorities: Implementation Strategy

Care Coordination and Disease Management



Relevant Needs Addressed: Geriatric/Elder Care, Cancer, Women's Health

Goal: Improve health outcomes for high-need populations through disease management, outreach and education, and coordinated care.

Access to Healthcare Services



Relevant Needs Addressed: Access to Specialty Care, Access to Primary Care, Senior Services/Elder Care, Healthcare: Affordability

Goal: Expand healthcare access by strengthening local primary, specialty, and senior-focused care and reducing financial and non-financial barriers through patient navigation, education, and connection to available resources.

Mental Health



Relevant Needs Addressed: Mental Health

Goal: Support community-wide mental health access through collaboration with community partners to expand services, coordinate care, and establish a sustainable mental health delivery model for the region.

Top Health Priorities: Implementation Strategy

Healthcare Access

Future Actions to Address Need:

- Align future strategic planning and master facility planning with key service line and outpatient expansion opportunities to better meet community needs and support future provider recruitment and retention.
- Leverage Patient Throughput Committee to improve patient flow and throughput, increasing appointment availability and timely access to care.
- Develop and deliver community education on navigating the healthcare system, including understanding appropriate levels of care, referral pathways, and available local/regional services.
- Implement financial counseling and patient navigation to support awareness of financial assistance, insurance options, and affordability resources, with targeted education for seniors and other high-need populations.

Mental Health

Future Actions to Address Need:

- Define a sustainable, community-based mental health care model that clarifies NIHD's role within a broader network of providers.
- Strengthen partnerships with community mental health organizations to improve continuity of care following screening or crisis events.
- Improve access to prescriber-level mental health services to address medication management needs.
- Increase coordination and awareness of available mental health and substance use resources across the community.

Care Coordination and Disease Management

Future Actions to Address Need:

- Prioritize patient navigation as the core care coordination function across specialty service lines, supporting continuity from initial patient access through referrals, diagnostics, treatment, and follow-up care.
- Improve utilization of cancer care navigation services by increasing awareness and integration with clinical workflows.
- Partner with senior centers and community organizations to provide education on the healthcare journey, chronic disease management, and preventive care.
- Strengthen coordinated care for seniors by improving continuity in internal medicine and primary care, enhancing navigation of specialty services (including out-of-area care), and supporting care transitions across care settings.

THANK YOU



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