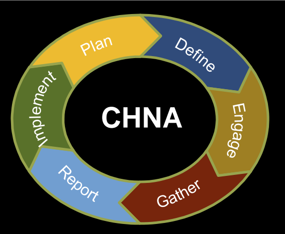
Bonner General Health
Community Health Needs Assessment
December 2016

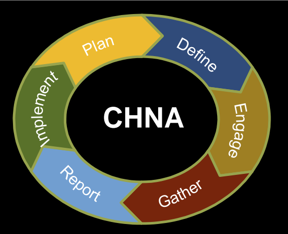
Overview



Between August and December of 2016, a Community Health Needs Assessment (CHNA) was conducted by Bonner General Health (Bonner General) for the approximately 42,000 residents of Bonner County including the communities of Sandpoint, Priest River, Sagle, Cocoalla, Ponderay, Hope and Clark Fork.

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

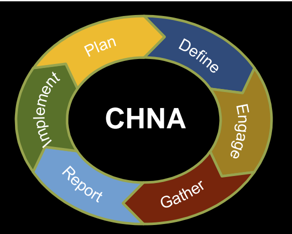
Overview



The CHNA process also fulfills the requirements set forth by the Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. Input was received from persons that represented a broad range of interests in the community; persons with public health knowledge and expertise; and persons representing medically underserved and vulnerable populations.

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

Hospital Overview



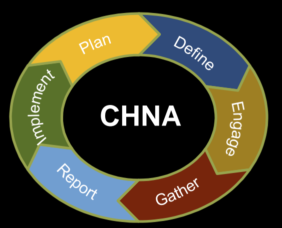
Bonner General operates a 25-bed hospital and network of clinics and programs serving Sandpoint Idaho and the surrounding area. The following clinical and hospital services are provided:

- Adult Exercise
- Bereavement
- Anticoagulation Clinic
- Orthopedics
- Inpatient and Outpatient Services
- Cancer Services
- Cardiac Rehabilitation
- Cardiopulmonary
- Critical Care
- Diabetes
- Diagnostic Imaging
- Emergency Services
- Home Health/ Hospice
- Immediate Care Clinic
- Intensive Behavioral Therapy
- Laboratory
- Maternity
- Medical/ Surgical
- Occupational Health
- Physical, occupational, speech therapy
- Psychiatric Clinic
- Women's Health
- Surgical Services
- Wound Care

Community Overview

The primary service area is Bonner County including the communities of Sandpoint, Priest River, Sagle, Cocoalla, Ponderay, Hope and Clark Fork

Community Overview



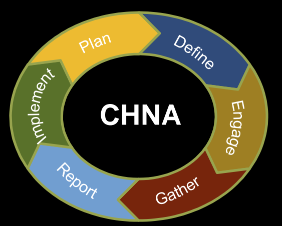
The primary industries in the community served travel and tourism, manufacturing, aerospace software and health care.

As of the 2010 census, there were approximately 42,000 people in the service area with an average population density of 23.6 residents per square mile. The area was estimated to experience an overall increase of approximately 2.4% in total population between 2000 and 2015.

The racial makeup of the service area is predominantly white (95.9%) with Hispanic (2.9%) and Black(.3%) populations making up the majority of the population.

www.census.gov/quickfacts

Community Overview



The median household income in the service area is $41,879 in 2014 dollars. The per capita income is $24,333.

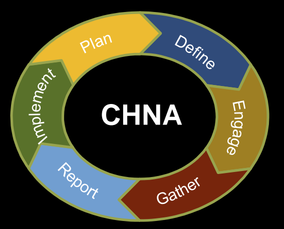
Approximately 14.3% of the population had incomes below the poverty line, including 22.3% of those under age 18 and 6.7% of those age 65 and over.

The unemployment rate is estimated to be 7.5% of the population age 16 years and over who are in the labor force as of March 2015.

Approximately 16.9% of the population does not have any health insurance coverage.

U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

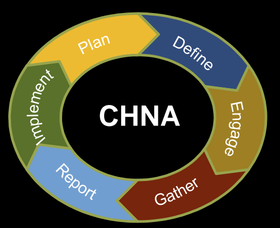
Conducting the Assessment



To ensure input from persons with broad knowledge of the community, a Community Advisory Committee was organized with individuals from the community served. Personal invitations were sent to individuals representing various community, business, educational and religious groups. Representatives from the hospital providers along with the community health department were invited to bring in professional perspective.

The individuals identified to participate in the process have direct access with individuals across all subsections of the community and therefore can address needs that may impact those populations that are medically underserved or most in need. Populations with special health needs such as elderly, children, uninsured and unemployed were represented by individuals who provide services to these populations.

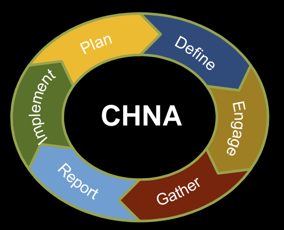
Conducting the Assessment



Thirty-one individuals participated in the advisory meeting representing the following community organizations:

- Bonner General Health
- Religious Organizations
- Local Businesses
- Medical Professionals
- Chamber of Commerce
- School Districts
- Community Coalition for Substance Abuse Prevention
- Police
- Local Food Bank
- Local Newspaper
- Community Members

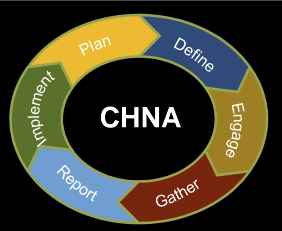
Conducting the Assessment



A meeting with the Community Advisory Committee was held on October 26, 2016. The committee reviewed current demographic information in addition to rankings available from 2016 County Health Rankings & Roadmaps (http://www.countyhealthrankings.org). The review included analysis of health trends and comparisons between the service area, Idaho and the United States.

The County Health Rankings provides a snapshot of a community's health and a starting point for investigating and focusing on the health of the community. The ranking focuses on Health Factors (Behaviors, Clinical Care, and Social and Economic Factors) and Policies and Programs that result in Health Outcomes (Length and Quality of Life).

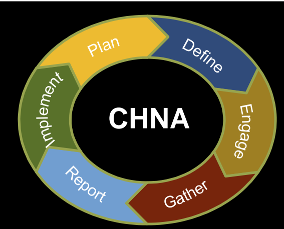
County Health Rankings

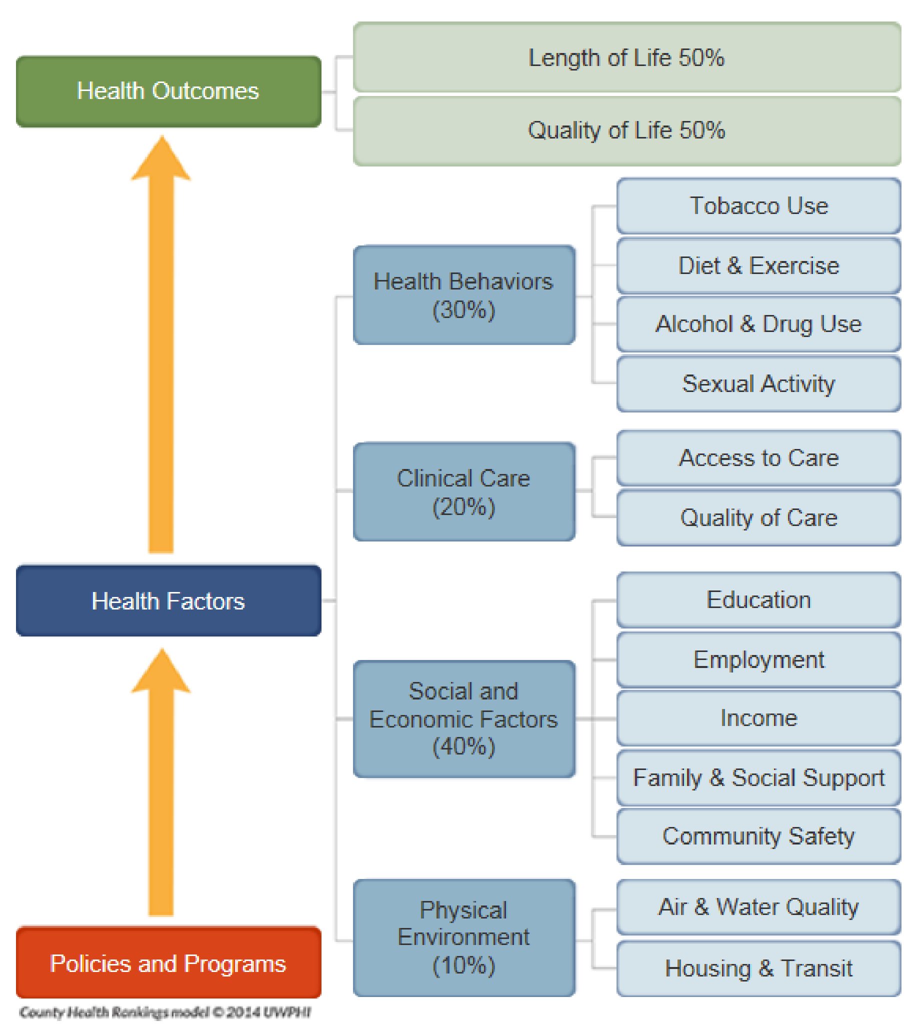


The County Health Rankings is an annual assessment emphasizing factors that can make communities healthier. The assessment was developed by the University of Wisconsin Population Health Institute and provides information on a county by county basis based on data pulled from various sources including public health records and individual responses.

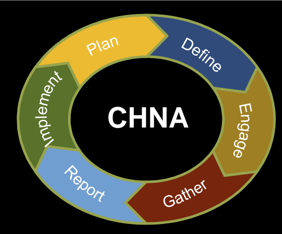
The assessment identifies "Areas to Explore" that are specific measures that are likely to have a greater impact on the community's health based on the value and relative weight in the rankings model of population health, and "Areas of Strength" where the community is already doing well. In addition it provides trends compared to prior years (see topic areas noted as **improving (bold)**, *steady (italics)*, declining (underlined)).

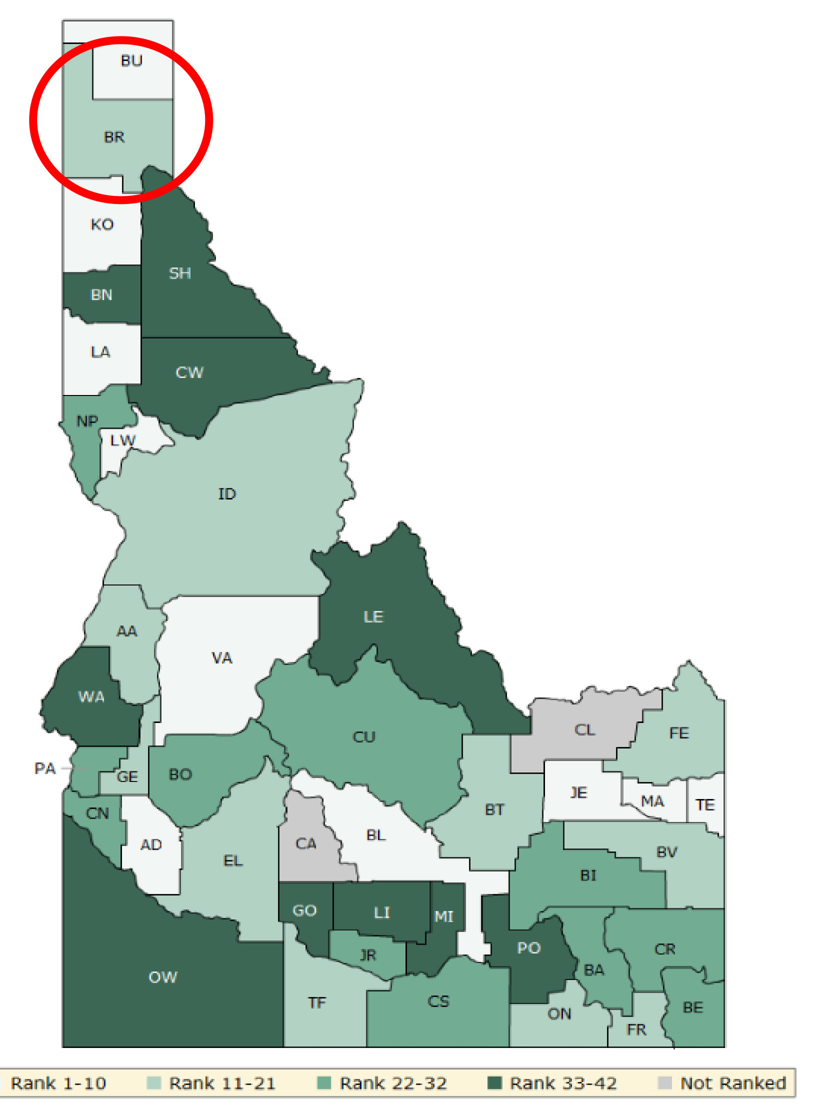
County Health Rankings





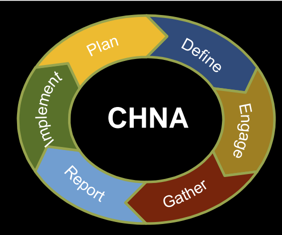
Overall Rankings: Health Outcomes

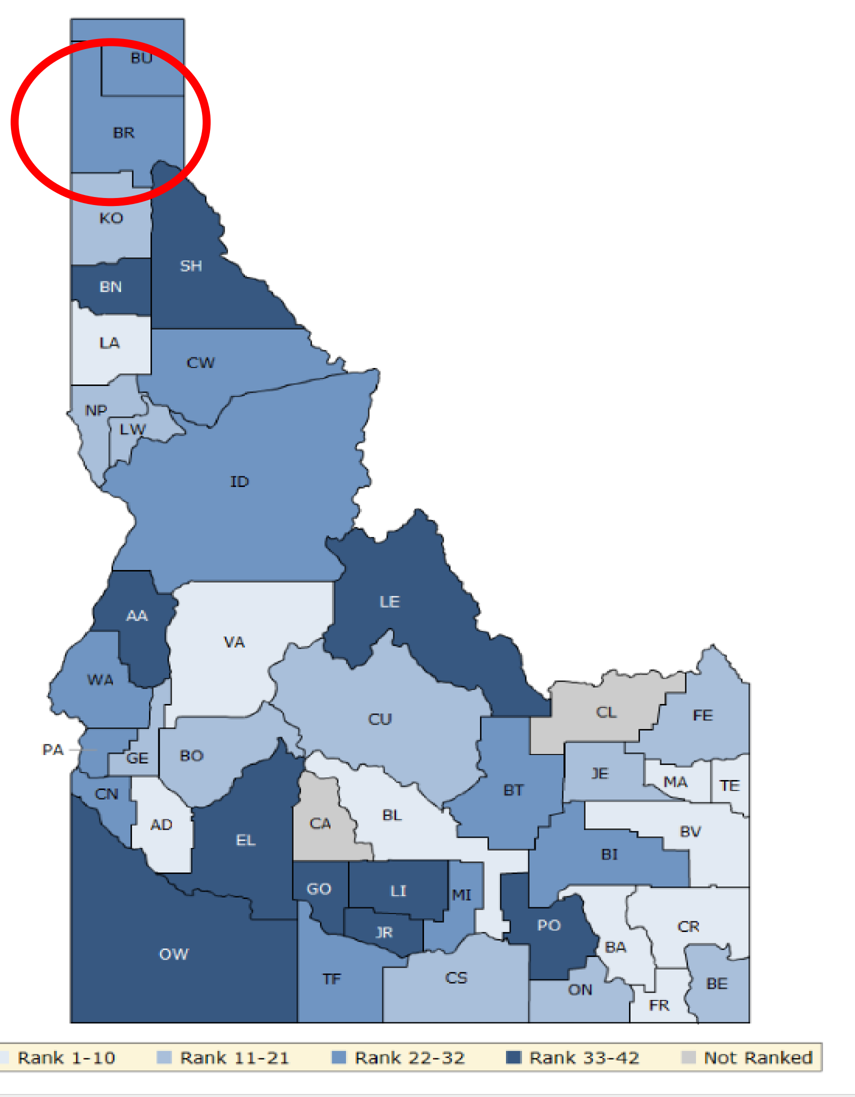




The following provides overall health outcome rankings by county for the state of Idaho and the service area. Bonner County ranks 11 out of 42 counties *(lower the better)*

Overall Rankings: Health Factors

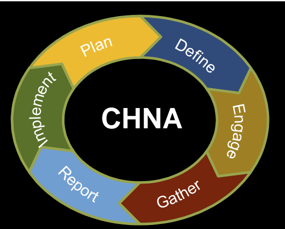




The following provides overall health factor rankings by county for the state of Idaho and the service area.

Bonner County ranks 28 out of 42 counties (lower the better).

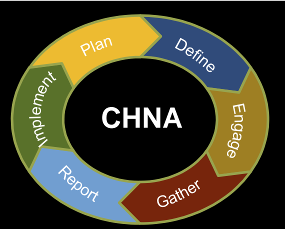
Length and Quality of Life



	Bonner	Idaho	Top 10% US
Premature Death*	6,700	6,100	5,200
Poor or fair health	12%	13%	12%
Poor physical health days**	3.4	3.3	2.9
Poor mental health days**	3.5	3.3	2.8
Low birthweight	6%	7%	6%

* Per 100,000
** Average number reported in the past 30 days

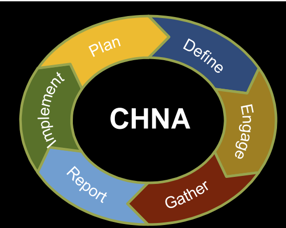
Health Factors-Behaviors



	Bonner	Idaho	Top 10% US
Adult Smoking	17%	16%	14%
Adult Obesity	26%	28%	25%
Physical inactivity	22%	20%	20%
Access to exercise opportunities	73%	75%	91%
Excessive Drinking	17%	16%	12%
Alcohol-impaired driving deaths	39%	33%	14%
Sexually transmitted diseases*	224.8	340.2	134.1
Teen births**	33	33	19

* Per 100,000 of population
** Per 1,000 female population ages 15-19 from 2007-2013

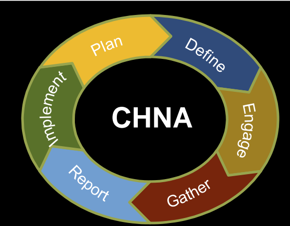
Health Factors-Clinical Care



	Bonner	Idaho	Top 10% US
Uninsured	21%	19%	11%
Primary Care Physicians	1,630:1	1,580:1	1,040:1
Dentists	2,190:1	1,560:1	1,340:1
Mental health Providers	460:1	520:1	370:1
Preventable hospital stays*	30	33	38
*Diabetic monitoring***	81%	82%	90%
*Mammography screening***	53%	58%	71%

*Per 1,000 Medicare enrollees
** Based on Medicare enrollees

Social and Economic Factors



	Bonner	Idaho	Top 10% US
High School Graduation	77%	81%	93%
Some College	58%	64%	72%
Unemployment	4.9%	4.8%	3.5%
Children in poverty	25%	19%	13%
Income inequity*	4.9	4.1	3.7
Children in single-parent households	33%	25%	21%
Violent Crime**	113	210	59
Injury Deaths**	72	67	51

* Ratio of income at 80th percentile to income at 20th percentile
** Per 100,000 of population
X Unreliable information

Idaho Behavioral Risk Factors-2013

The Committee also reviewed information from the Behavioral Risk Factor Surveillance System a public health surveillance program designed to identify emerging health problem, chronic diseases and injuries and the behavioral risk factors that contribute to them. Data was collected using surveys of landline and cell phones in 2013. 5,630 respondents in the Idaho Panhandle Health District 1 participated. The Panhandle Health District includes the counties of Boundary, Bonner, Kootenai, Benewah, Shoshone.

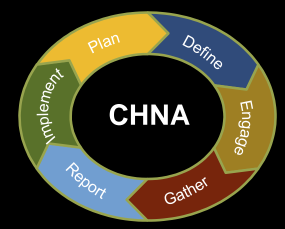
Idaho Behavioral Risk Factors-2013

	Panhandle	Idaho	US Median
Reported Health as Fair or Poor	13.2%	14.2%	16.7%
Adults without Health Care Coverage	18.8%	19.9%	16.8%
Have ever been told they had diabetes	7.0%	8.4%	9.7%
Have ever been diagnosed with asthma	8.6%	8.5%	9.0%
Have ever been told they have arthritis	28.3%	24.1%	25.3%
Had high cholesterol	41.9%	38.4%	38.4%
Were told they have high blood pressure	32.1%	29.4%	31.4%
Did not participate in physical activity	23.2%	23.7%	25.4%

Idaho Behavioral Risk Factors-2013

	Panhandle	Idaho	US Median
Ate fewer than 5 servings of fruits and veggies a day	85.4%	82.8%	84.1%
Were overweight (BMI> 25)	64.5%	64.9%	64.8%
Were obese (BMI > 30)	28.7%	29.6%	29.4%
Smoked cigarettes	18.6%	17.2%	19.0%
Binge drinkers (>4 drinks at a time)	17.1%	14.9%	16.8%
Heavy drinkers (>30 drinks in 30 days (F) or 60 in 30 (M))	9.0%	6.2%	6.2%
Used illicit drugs in last 12 months	5.8%	4.8%	n/a
Have not had cholesterol checked in 5 years	30.2%	30.7%	23.6%

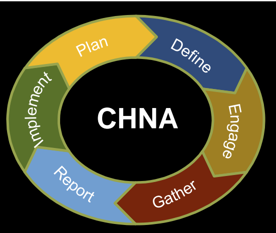
Conducting the Assessment



In order to gather feedback from individuals not participating in the Community Advisory Committee, a survey tool was developed to address general questions related to the health of the community. The survey was distributed by the hospital and by members of the Community Advisory Committee to others in the community including those identified as medically underserved. The surveys were returned for independent review and analysis prior to the October 26th meeting of the Advisory Committee.

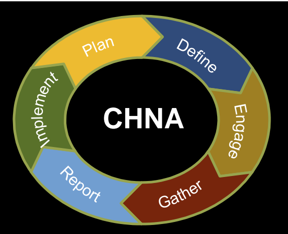
- The survey was distributed to the local community groups, Chambers of Commerce members, hospital board members, employees and other key community members
- 30 surveys were completed by members of the community representing a mix of the community demographics

Survey Results



Demographic Information

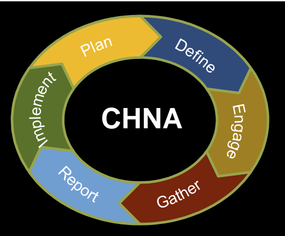
Survey Results



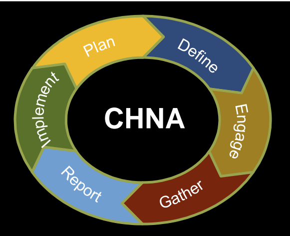
Age of Respondents

Age	Percent
25 and less	
26-39	30%
40-54	30%
55-64	33%
65 or over	7%

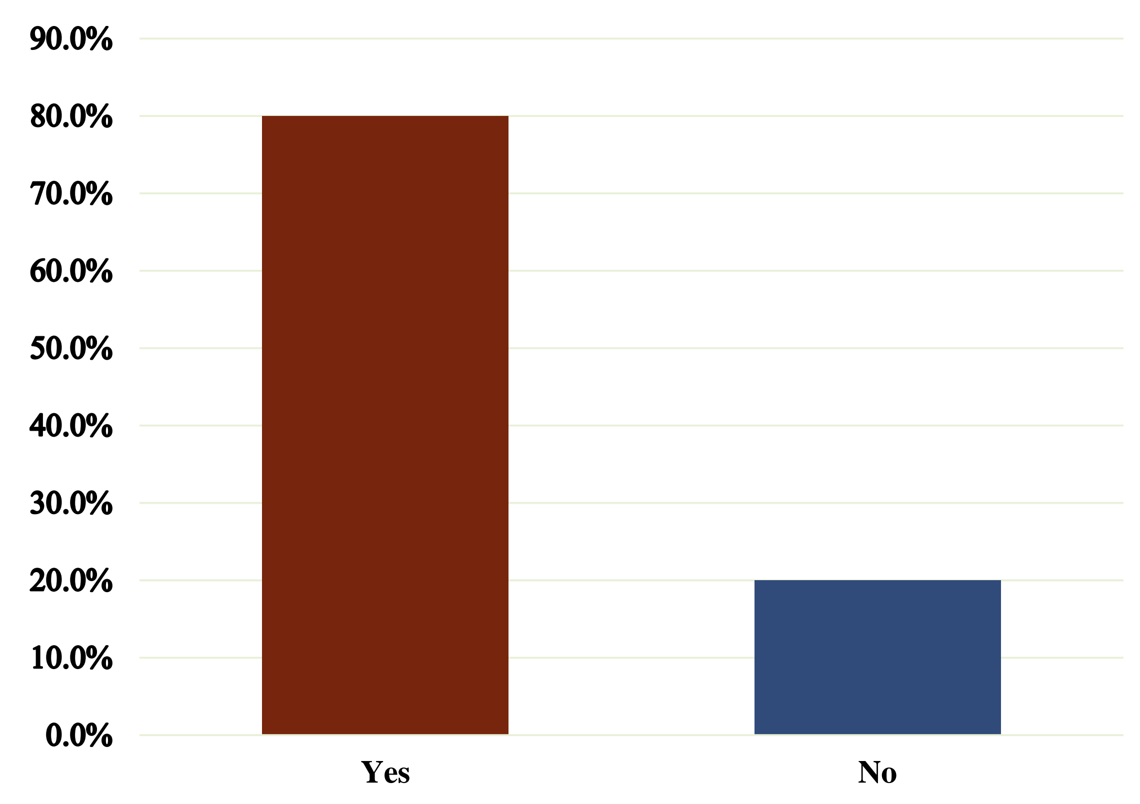
Survey Results



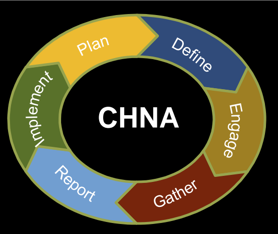
Adequate Number of Primary Care Providers



Adequate Access to Emergency Services



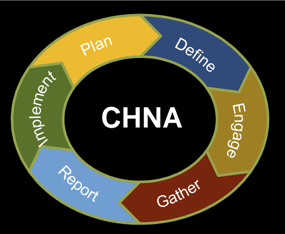
Survey Results



Satisfaction with Availability of Healthcare Services

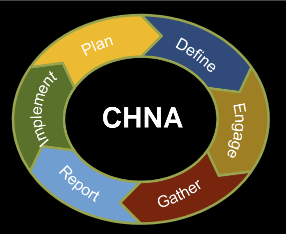
Response	Percent
Very Satisfied	31%
Satisfied	45%
Neutral	10%
Unsatisfied	14%
Very unsatisfied	

Survey Results

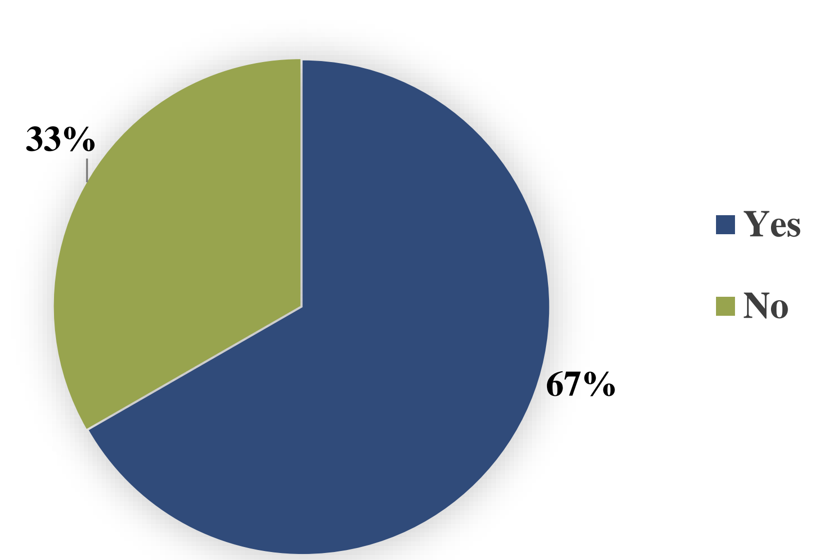


Satisfaction with Quality of Healthcare Services

Survey Results



Populations Unable to Access Adequate Healthcare



- Elderly
- Uninsured/underinsured
- Individuals who don't qualify for Medicaid
- Low Income
- Mentally ill

Survey Results

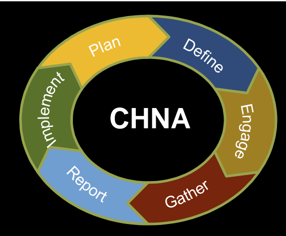
Overall Perception of Healthcare

0 2 4 6 8 10 12 14 16 18 20

Quality of hospital/clinic care
Quality of physician/provider care
Number of physicians/providers
Cost of local healthcare
Access to specialty care services
Closeness/Convenience of services
Timeliness of care
Adequacy of technology
Hours the physician/provider offices are open
Access to Long Term Care
Access to Emergency services
Access to Urgent Care services
Transportation to health care services
Access to weekend & after hours pharmacy
Ambulance response times
Access to dental care

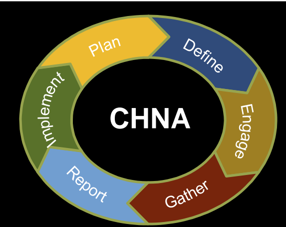
- Needs Improvement
- Average
- Above Average

Survey Results



Services Accessed outside of Bonner County

Overall Health Issues

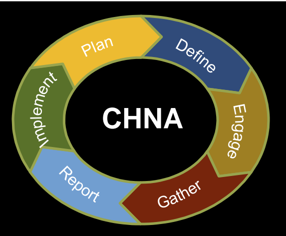


Access to employer sponsored healthcare insurance
Services for the elderly
Emergency services (ambulance services)
Diabetes
Tobacco Usage
Child abuse/neglect
Teen births
Preventative care
Cancer
Mental health
Proper nutrition
High blood pressure
Incidence of obesity
Lack of physical fitness

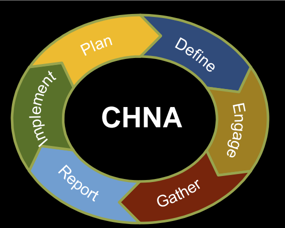
0 5 10 15 20 25

No
yes

Survey Results

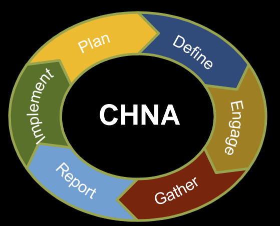


- Changes in Healthcare Needed
  - More Specialty Services
    - Internists
    - Dermatologists
    - Radiology
  - Increased mental health services
  - Expanded cancer treatments
  - Long term care facilities
  - Primary care for Medicare patients



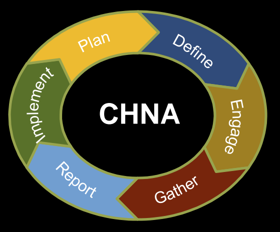
- Other Comments
  - Cost of insurance is too high
  - Need to continue to encourage people to focus on nutrition and exercise
  - SPOT bus has improved transportation
  - Geographic region serves as a barrier to healthcare access
  - Poverty level in the community presents challenges

Evaluation of Impact of Prior CHNA



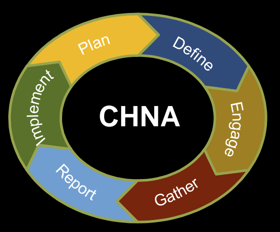
Bonner General completed a Community Health Needs Assessment between September and December of 2013. No written comments have been received from this assessment. Bonner General identified the following needs during the prior assessment and have conducted the following activities in order to address the needs identified.

Evaluation of Impact of Prior CHNA



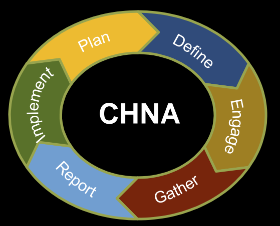
- Obesity-Promote healthy activities and lifestyle changes to combat obesity
  - Began BGH Intensive Behavioral Health for Obesity service
  - Provide diabetes education to the community
  - Provide diabetes support groups
  - Created Fit4Life—BGH Employee Wellness Program
  - Coordinate Food for our Children program
  - Participate in the Park Prescription Program
  - Participate in Community Partnership for Healthy Mothers & Children

Evaluation of Impact of Prior CHNA



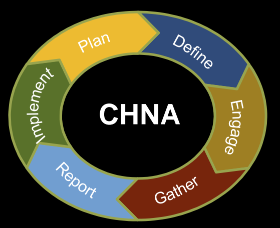
- Mental Health/ Suicide-Internal and external programs to assist with mental health and suicide prevention
  - Hired a Psychiatrist and opened a Psychiatry Clinic
  - Provide group and individual grief counseling in schools(as requested)
  - Lead support groups
  - Provide Grief Acceptance Classes through Hospice program
  - Organize, manager and staff Kid's Camp-weekend camp for children who have lost a loved one
  - Board/ Committee participation with local groups

Evaluation of Impact of Prior CHNA



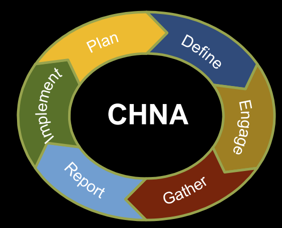
- Teen Births-Provide education to teenage girls
  - Provide Childbirth education
  - Participate in Community Partnerships for Healthy Mothers and Children
  - Provide patient education at OB/GYN Clinic Sandpoint Women's Health

Evaluation of Impact of Prior CHNA



- Child Abuse/ Neglect-Support partnerships with organizations working to protect children
  - Sponsor of Kinderhaven
  - Collaborate with Panhandle Alliance of Education
  - Coordinate Food for our Children program

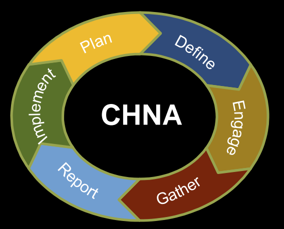
Conducting the Assessment



The Community Advisory Committee reviewed the health data and the survey results and compared the information to their personal experience working with the community. They discussed the various needs identified in these mediums and the overall impact those needs have on the health of the community. They specifically addressed the significance of the needs with respect to the vulnerable populations

Based on the information gathered, a list of potential community needs was developed. There were no primary or chronic diseases or other specific health needs identified related to low income or chronically ill populations.

Prioritization of Needs

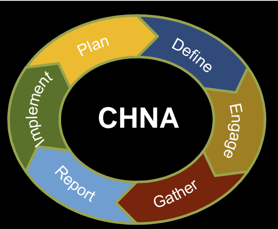


The Community Advisory Committee members used a set of criteria to evaluate the list of potential needs identified through the fact finding process. The criteria included:

a. The burden, scope, severity and urgency of the health need
b. The effectiveness of possible interventions
c. The impact on the greatest number of community members
d. The importance the community places on the need including personal responsibility
e. The ability to make an impact with low effort

The Community Advisory Committee discussed each of the identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. This process involved casual group discussion allowing individuals to make decisions with input from their fellow committee members.

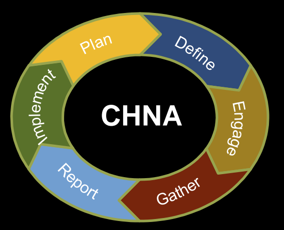
Prioritization of Needs



The prioritization process identified four priority issues for the community, presented in rank order:

- Obesity (focus on physical fitness and nutrition)
- Child Abuse/ Neglect
- Suicide
- Mental Health

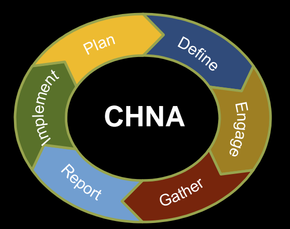
Community Resources



The committee then identified the following other resources in the community that may be available to work in collaboration with Bonner General to address the needs identified:

- Bonner General Health Intensive Behavioral Health for Obesity
- Community Coalition for Substance Abuse Prevention
- Eat Smart Idaho
- Kinderhaven
- Northwest Hospital Alliance
- North Idaho Cancer Advisory Group
- Panhandle Alliance for Education
- Panhandle Health District
- Suicide Prevention Action Network of Idaho

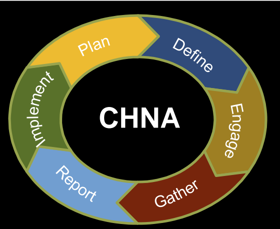
Next Steps



This Community Health Needs Assessment report was approved by the Board of Directors at their meeting on November 22, 2016.

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

Contact Information



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

Sheryl Rickard
Chief Executive Officer
Bonner General Health
520 North Third Ave
Sandpoint, ID
208-265-1100