

North Canyon Medical Center  
Gooding, Idaho

Community Health Needs Assessment



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## **Introduction**

North Canyon Medical Center (NCMC), located in Gooding, Idaho, is a nonprofit corporation that operates a 15-bed Critical Access Hospital in Gooding County, Idaho. The Medical Center provides comprehensive inpatient, emergency, and outpatient services to the residents primarily of Gooding County and the surrounding areas. NCMC has undertaken a community health needs assessment; a process driven by recent passage of the Patient Protection and Affordable Care Act, which requires tax-exempt hospitals to conduct needs assessments every three years. The purpose of the community health needs assessment is to uncover unmet health needs that exist within the community NCMC serves. Through the assessment, input is gathered from the community and applicable needs are prioritized, with an implementation strategy created to address the prioritized needs.

## **Methods**

### **Wipfli's Role**

In December 2012, Wipfli LLP (Wipfli) was engaged by leadership at North Canyon Medical Center (NCMC) to facilitate the community health needs assessment (CHNA) process on behalf of the hospital. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

### **CHNA Advisory Committee**

The CHNA Advisory committee was formed by Leadership at NCMC. The team was tasked with completing the objectives outlined by the IRS CHNA requirements. The team consisted of the following members:

- David Butler, CEO
- Tim Powers, CFO
- Helen Edwards, NCMC Board Member, County Commissioner
- Shellie Amundson, Director of Community Relations
- Patti Allen, Director Diagnostic Imaging
- Whitney Wines, Foundation Development Coordinator
- Roxy Braga, Administrative Assistant

### **Community Served Determination**

The service area for NCMC was created with input from the NCMC CHNA Advisory Committee. The service area was defined by historical patient flow to the hospital. Historically, NCMC has drawn patients from a wide geographical area encompassing several counties. The vast majority of patients reside in Gooding County, which was used as the definition of the service area for the purposes of this study.

### **CHNA Process**

The CHNA process that Wipfli utilized to conduct the assessment has been adopted from several of the leading sources on the subject. These sources include:

- Association for Community Health Improvement
- Rural Health Works

- Flex Monitoring Team

The following outline explains the process for conducting the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee
2. Definition of the community served by the hospital facility
  - a. Demographics of the community
  - b. Existing health care facilities and resources
3. Data collection and Analysis
  - a. Primary data
  - b. Secondary data
4. Identification and prioritization of community health needs and services to meet community health needs
5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
6. Dissemination of priorities and implementation strategy to the public.

### **Primary Data Collection**

Focus groups were conducted with each of the three major communities within Gooding County including the cities of Hagerman and Bliss, Wendell, and Gooding. In addition, a focus group was conducted in Shoshone to gather input from this community. Though it is technically not within NCMC's service area, the community of Shoshone is viewed by leadership as an important partner and source of collaboration for NCMC. Focus groups were conducted to gather information and opinions from persons who represent the broad interest of the community served, including persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. For the focus groups, community stakeholders were identified by the NCMC CHNA Advisory Committee. Stakeholders were contacted and asked to participate in the focus groups. A list of the stakeholder focus group participating organizations can be found in **Appendix 1**. A summary of the primary data collection findings begins on Page 5.

## **Secondary Data Collection**

Secondary data was collected from available county, state, and national sources to present a community profile, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the county or district level and wherever possible, compared to the State of Idaho and the Nation.

The secondary data collected for this analysis was collected from the following sources:

- ESRI, 2012 (Based on US Census Data)
- County Health Rankings
- Idaho Vital Statistics

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and NCMC Board-approved implementation strategy.

## **Information Gaps**

Every attempt was made to collect primary, secondary, and health-related data relevant to the community served by NCMC. In certain cases, NCMC's ability to access all of the community's health needs was limited by a lack of existing health-related data reported at the county level.

## Community/Demographic Profile – Primary Data Results

### Population

The population in the NCMC service area is expected to grow over the next five years, by 193 people. Idaho is also expected to grow by 5.8%. Population is expected to rise nationally by over 3%. Many rural areas across the nation are experiencing population decline, so any growth is a positive indication.

### 2012 and 2017 Population

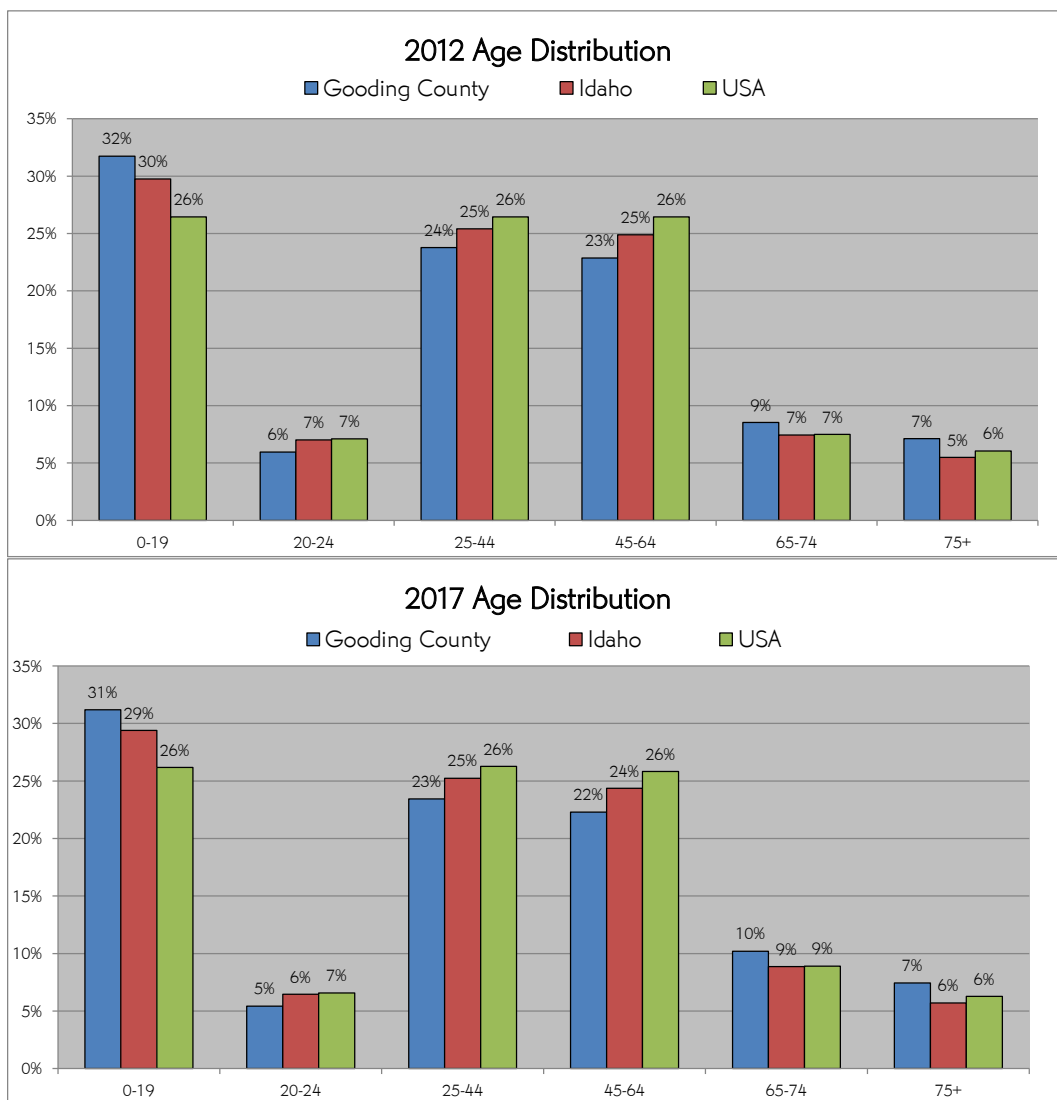
	2012	2017	% Change (2012-2017)	Change (2012-2017)
Gooding County	15,484	15,677	1.2%	193
Idaho	1,605,314	1,698,445	5.8%	93,131
USA	313,129,017	323,986,227	3.5%	10,857,210

ESRI Business Information Solutions, 2012

### Population by Age

Population was grouped into major age categories for comparison. In general, the NCMC service area has a slightly older population than Idaho and the Nation. The service area population is expected to continue aging over the next five years. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

### 2012 and 2017 Population Age Distribution



ESRI Business Information Solutions, 2012

### Population by Race and Ethnicity

NCMC's service area is predominantly white, equating to roughly 81% of the total population. The Hispanic population, which is included in the 'some other race alone' category, makes up 15% of the population in Gooding County, which is significantly higher than the State or Nation as a whole. Given the more diverse population NCMC serves, it is important for NCMC to continue outreach with the Hispanic population to ensure that the unique health needs of all population groups within the County are being met.



The focus groups that were conducted included individuals who represented the Hispanic community, to ensure the CHNA captured the needs of everyone, including minority groups within the community.

### 2012 and 2017 Population by Race

2012 - Population by Race	Gooding County		Idaho		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	12,507	81%	1,421,790	89%	225,289,662	72%
Black Alone	37	0%	11,794	1%	39,536,577	13%
American Indian Alone	127	1%	22,485	1%	3,010,559	1%
Asian Alone	72	0%	20,521	1%	15,239,038	5%
Pacific Islander Alone	11	0%	2,421	0%	552,594	0%
Hispanic/Other	2,362	15%	84,163	5%	20,008,464	6%
Two or More Races	368	2%	42,140	3%	9,492,123	3%

2017 - Population by Race	Gooding County		Idaho		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	12,536	80%	1,482,497	87%	228,784,341	71%
Black Alone	38	0%	17,002	1%	41,359,936	13%
American Indian Alone	128	1%	24,887	2%	3,244,199	1%
Asian Alone	79	1%	24,668	2%	16,950,165	5%
Pacific Islander Alone	11	0%	2,821	0%	615,508	0%
Hispanic/Other	2,521	16%	96,445	6%	22,299,085	7%
Two or More Races	364	2%	50,125	3%	10,732,993	3%

ESRI Business Information Solutions, 2012

### Income

Income data was analyzed for Gooding County and compared to the state of Idaho and the Nation. 2012 census data reveals that Median and Average household income for Gooding County is lower than the State and Nation. Over the next five years, income levels are expected to rise in Gooding County, the State, and the Nation. Lower income levels among people and households in the community create additional burden when it comes to health care affordability. This was confirmed through our focus group interviews, where participants across several communities expressed concern over rising health care costs and the inability of many individuals within the community to afford health care.

## 2012 and 2017 Income Levels

2012	Gooding County	Idaho	USA
	Number	Number	Number
Median Household Income	36,950	43,645	50,157
Average Household Income	46,024	56,458	68,162
Per Capita Income	16,583	21,250	26,409

2017	Gooding County	Idaho	USA
	Number	Number	Number
Median Household Income	40,313	51,927	56,895
Average Household Income	49,405	63,052	77,137
Per Capita Income	17,724	23,775	29,882

ESRI Business Information Solutions, 2012

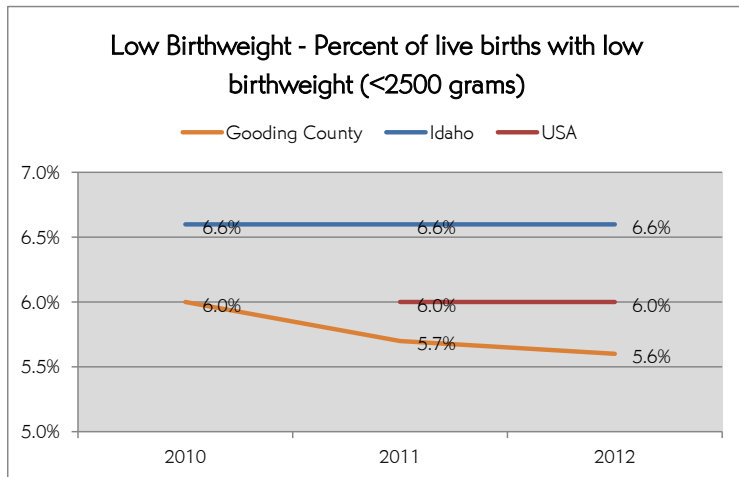
## Secondary Data Results

The County Health Rankings display health rankings of nearly every county in the nation and what influences the health of a county. They measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A subset of the major health rankings are analyzed in this report.

Overall, Gooding County ranked #22 out of 42 Counties rated in the state of Idaho for health outcomes based on the data collected by County Health Rankings.

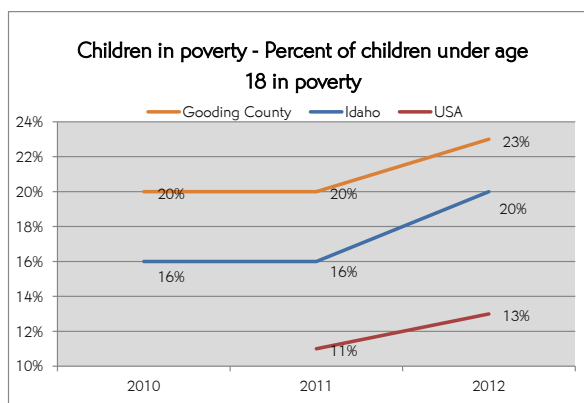
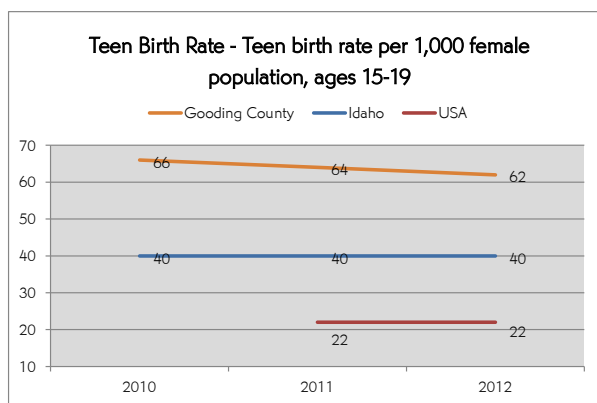
### Birth Statistics

Rates of low birth weights in a community are often associated with poor health of the mothers. Low birth weights can lead to higher incidences of fetal mortality, inhibited growth, and cognitive developments and chronic disease in later life, and is generally a predictor of newborn health and survival. Low birthweight percentages in Gooding County are lower than in Idaho and the Nation. The rate has also been trending downward in Gooding County.



County Health Rankings, 2013

Teen birth rates were also analyzed for Gooding County and compared to Idaho and the Nation. Teen birth rates in Gooding County are higher than Idaho and national levels. This trend was also noted by several focus group participants as an issue within the community. That said, the percentage of children in poverty has been on the rise both in Gooding County as well as Idaho. Rates are significantly above the National range of 11%-13%. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood. Focus group participants noted high poverty rates among children and the consequences to health care and access, which will be discussed further on in the report.

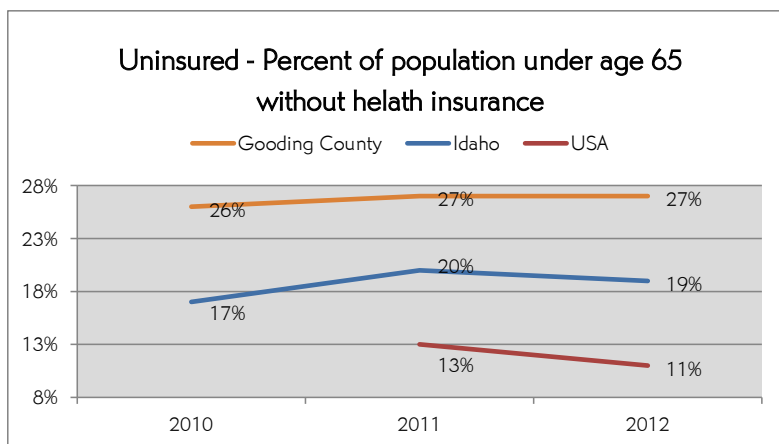


County Health Rankings, 2013

### Insurance

Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions.

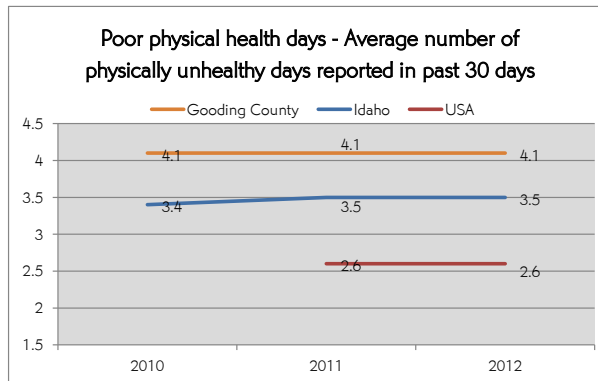
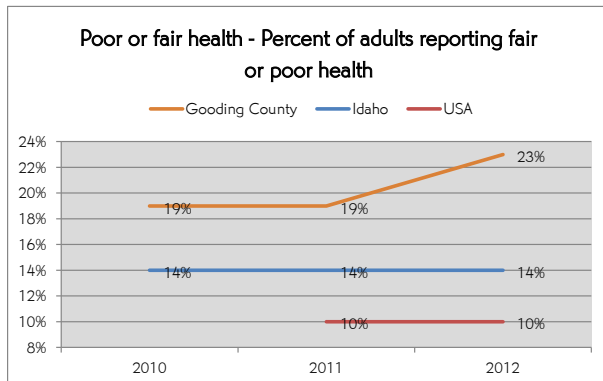
The goal of the Affordable Care Act, which should start to take effect in 2014, is to lower the rate of uninsured and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in Gooding County is significantly higher than Idaho and the Nation. This was a paramount community issue according to focus group participants. Moreover, the number of people who have insurance but are considered underinsured, due to high deductibles may experience the same negative health consequences as those without any insurance, or worse for those who are not eligible for Medicaid but who still cannot afford high insurance premiums and deductibles. This, coupled with the lower income levels of Gooding County residents creates a significant barrier to access for health care in the community.



County Health Rankings, 2013

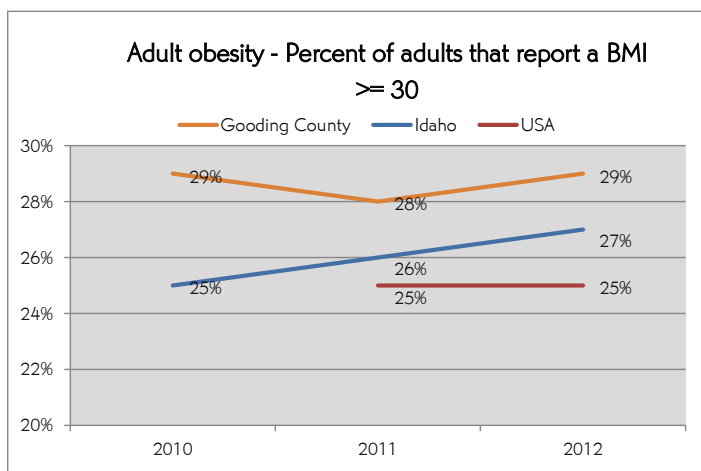
### General Population Health

One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in Gooding County was significantly higher than Idaho and the Nation. What this means is that the population in Gooding County considers themselves in general to be less healthy, and this trend is moving in a negative direction. A similar self-reported measure is “poor physical health days,” which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in Gooding County were above Idaho in 2010, 2011 and 2012, and are holding steady.



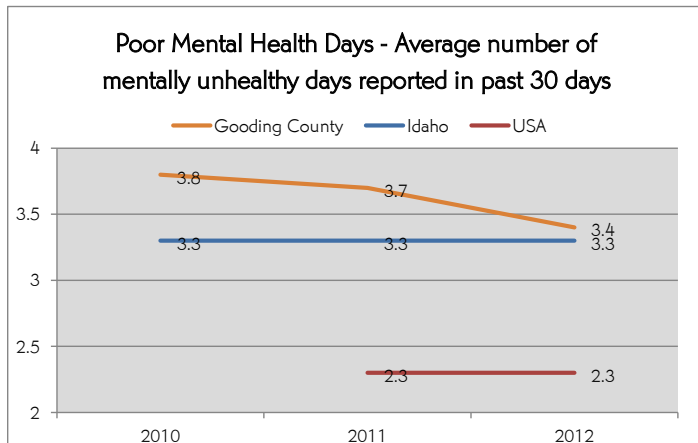
County Health Rankings, 2013

A third measure of general health of the population is the percentage of adult obesity. Nationally, the rate has been around 25% of the population. In Idaho, the percentage of adults who are obese has risen to 27% in 2012, up from 25% in 2010. The percentage is slightly higher in Gooding County, at 29% in 2012. The health ramifications stemming from obesity are significant. The trend in Idaho and Gooding County is alarming, and represents a major health factor that should be explored further in the coming years.



County Health Rankings, 2013

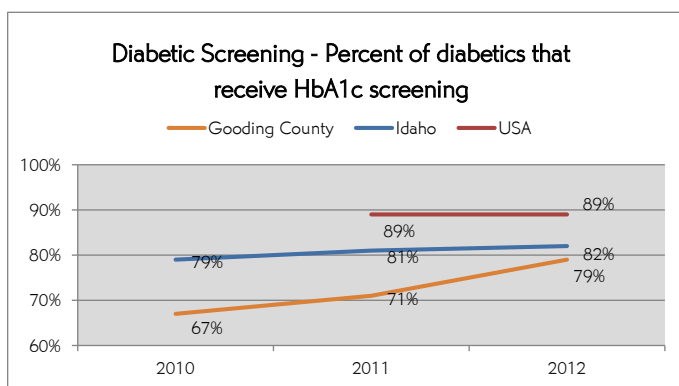
Another indicator, "Poor mental health days", refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Gooding County are higher than Idaho, and significantly higher than the Nation. They have been declining slightly over the past three years. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted. Focus group participants indicated that mental health issues within the community are a health concern.



County Health Rankings, 2013

### Screening

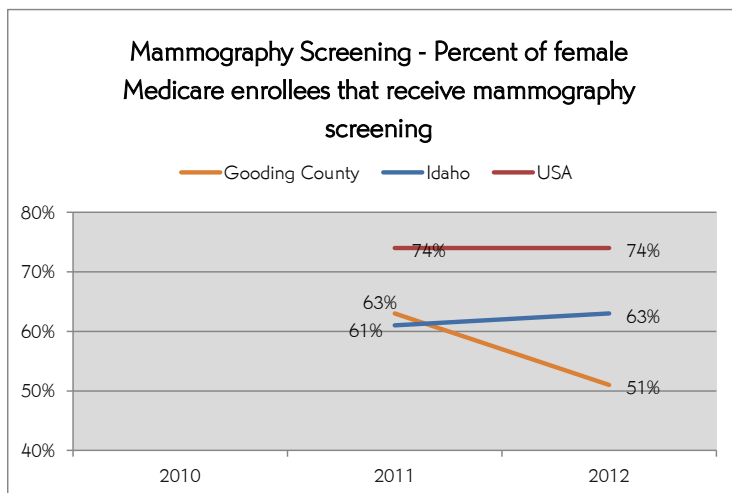
Diabetic screening records the percentage of diabetic Medicare enrollees that receive HbA1c screenings. Regular HbA1c screenings among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her blood sugar over the past two to three months. When high blood sugar, or hyperglycemia, is addressed and controlled, complications from diabetes can be delayed or prevented. Diabetic screening rates in Gooding County have risen to 79% in 2012, which is still below the rates in Idaho and significantly below national rates. Gooding County diabetes screening is trending upward however, and these rates should be monitored going forward.



County Health Rankings, 2013

Mammography screening is the percent of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period. Evidence suggests that screening reduces breast cancer mortality, especially among older women.

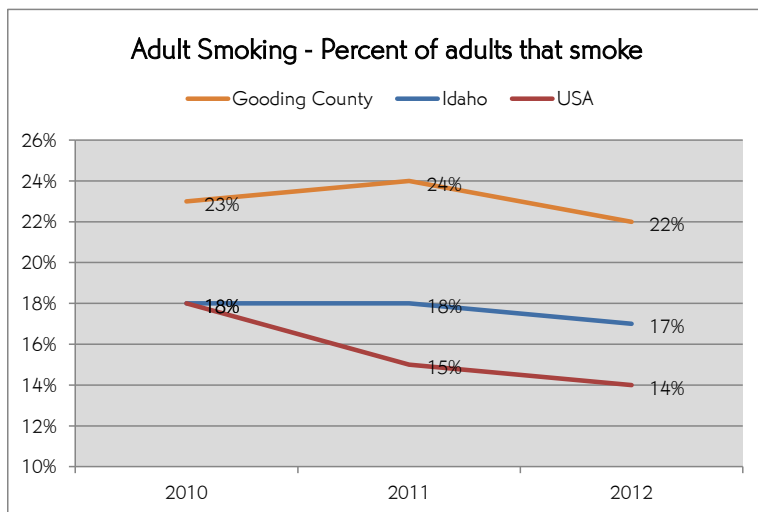
Mammography screening has dropped precipitously in Gooding County from 63% in 2011 down to 51% in 2012, which is significantly below the National rate of 74% and below the Idaho rate of 63%. Access to and promotion of mammography screening in Gooding County should be addressed in the coming years.



County Health Rankings, 2013

### Adult Smoking

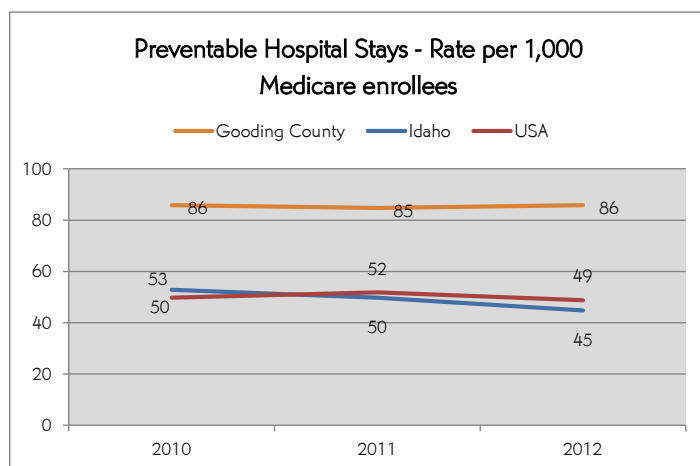
Smoking carries with it many health consequences and a burden to society at large. Nationally, smoking rates have declined over the past three years, to 14%. The rate in Idaho is slightly higher at 17% in 2012. In Gooding County, the rate is significantly higher at 22%, with no discernible trend over the past three years.



County Health Rankings, 2013

### Preventable Hospital Stays

Preventable hospital stays, or the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed. Preventable hospital stays in Gooding County are nearly double the Idaho and National rates. Rates have been holding steady for the past three years.

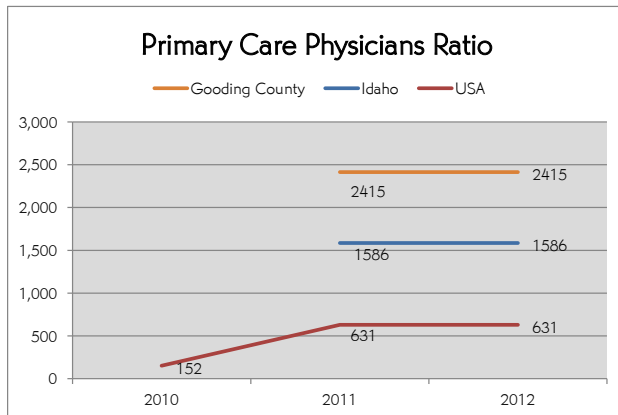


County Health Rankings, 2013

### Primary Care Physicians Ratio

Health Resources and Services Administration (HRSA) compiles physician data from the American Medical Association Master file and the National Provider Identification file respectively and from the Census Population Estimates program to report primary care physician data at the county level. The primary care physician ratio (i.e., the number of people per primary care physician) in Gooding County is significantly higher than Idaho and the Nation. Attracting primary care physicians to practice in rural areas has been an ongoing struggle across the nation. The use of non-physician providers to fill in the gap has been a rising trend. Lack of access to primary care was not noted as a significant issue during the focus group discussions.

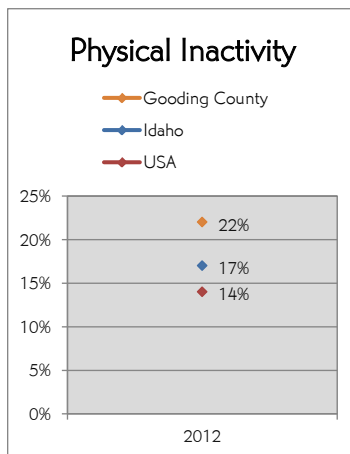




County Health Rankings, 2013

### Physical Inactivity

Physical Inactivity is defined as the percentage of adults who report doing no physical activity or exercise (such as running, calisthenics, golf, gardening, or walking) other than their regular job in the last 30 days. Gooding County reported 22% of its population as physically inactive, compared to 17% in Idaho and 14% nationally. It is not clear whether this is due to choice or lack of access to exercise facilities or activities. Access issues were not mentioned during the focus group discussions as a major concern.



County Health Rankings, 2013

## Summary of Key Findings and Prioritized Needs

A list of interview participants can be found in **Appendix 1**. The NCMC Advisory Committee selected individuals with a wide range of backgrounds in health-related agencies and with health-related qualifications to participate in the interviews. These individuals represent the broad interests of the community served by NCMC. Collectively, they advocate on behalf of the medically underserved, low income and minority populations within the community through their organizations.

In March of 2013, Wipfli staff traveled to Idaho to facilitate a series of focus groups in support of the CHNA. Focus group participants were asked a series of questions formed by Wipfli and the Advisory Committee. These questions were developed from a variety of nationally accepted health improvement models and tailored by the committee to uncover the health needs that may exist within the NCMC community. Questions can be found in **Appendix 2**. Responses were recorded and later condensed into common themes. The following top priorities were identified through the CHNA process:

1. Education on Impact of Health Care Reform/Assistance Navigating for Uninsured/Underinsured
  - a. Description: Community members expressed concern regarding the upcoming changes resulting from health care reform, and seek assistance in navigating the changing health insurance landscape
2. Chronic Disease/Obesity/Mammogram/Diabetes/Nutrition/Smoking
  - a. Description: A review of historical health data for Gooding County revealed rates of certain unsatisfactory health behaviors compared to Idaho and national benchmarks
3. Education on Services Available
  - a. Description: Focus group discussions revealed a lack of consistent or thorough knowledge of what services are available at NCMC
4. More Accessible Public Transportation
  - a. Description: Focus group discussions revealed a lack of consistent and affordable public transportation
5. Shortage of Specialists
  - a. Description: Shortage of key specialists including Cardiology, Endocrinology, OB/GYN and Pediatrics
6. Need for More Primary Care Providers
  - a. Description: Shortage of primary care providers in Gooding County
7. High Cost of Health Care
  - a. Description: Rising cost of health care, including higher deductibles

8. Physical Inactivity
  - a. Lack of access to physical activities, as well as a lack of education regarding the importance of exercise
9. Aging Services
  - a. Lack of a full continuum of aging services, especially lower-acuity services such as assisted living in the community
10. Teen Pregnancy Rates/Low Birth Weight/Children in Poverty
  - a. Rates of teen pregnancy, low birth rate as well as the number of children living in poverty are unsatisfactory compared to Idaho and national benchmarks
11. Mental Health Needs
  - a. Lack of affordable mental health services, both inpatient and outpatient to serve the community
12. Ambulance Response Time
  - a. Ambulance response time to more distant areas of Gooding County is perceived to be lengthy
13. Weekend Pharmacy/Lack of Pharmacy
  - a. Lack of access to pharmacy services in outlying communities, as well as weekend access to pharmacy services locally
14. Dental Care
  - a. Lack of dental services for low income individuals

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs are as follows:

1. Severity of the Problem
2. Potential Impact on Health of Population
3. Feasibility of Change
4. Resources Available to Address Problem
5. Alignment with Mission, Strengths, Priorities of Hospital

The criteria measures were established by Wipfli and the committee, drawing from recommendations from the National Rural Health Association.

### **Existing Health Care and other Facilities and Resources**

The following is a list of select health care and other facilities and resources are available within the community to meet the health needs identified through the CHNA.

1. Education on Impact of Health Care Reform/Assistance Navigating for Uninsured/Underinsured
  - a. Department of Insurance/Senior Health Insurance Benefits Advisors Program  
<http://www.doi.idaho.gov/shiba/shibahealth.aspx>
  - b. North Canyon Medical Center Community Relations Staff
  - c. Idaho Department of Insurance  
<http://www.doi.idaho.gov/consumer/FedReform.aspx>
  - d. Health Reform: Seven Things you Need to Know  
[http://www.consumerreports.org/health/resources/pdf/ncaa/The\\_Affordable\\_Care\\_Act-You\\_and\\_Your\\_Family.pdf](http://www.consumerreports.org/health/resources/pdf/ncaa/The_Affordable_Care_Act-You_and_Your_Family.pdf)
  
2. Chronic Disease/Obesity/Mammogram/Diabetes/Nutrition/Smoking
  - a. North Canyon Medical Center Registered Dietician and Diabetes Educator
  - b. North Canyon Medical Center Diabetes Educator
  - c. North Canyon Medical Center Respiratory Therapist
  - d. North Canyon Medical Center Mammography Department
  - e. Community School Districts (currently working on childhood obesity)
  - f. Susan G. Komen Foundation (mammography grants)
  - g. Healthy People 2020  
<http://www.healthypeople.gov/2020/default.aspx>
  
3. Education on Services Available
  - a. North Canyon Medical Center Website
  - b. North Canyon Medical Center Registration Staff
  
4. More Accessible Public Transportation
  - a. No Public Transportation
  
5. Shortage of Specialists
  - a. North Canyon Medical Center Specialty Medical Staff (call NCMC for schedule):
    - o Dennis Enomoto, MD - Cardiology
    - o Judith Csanky, MD - Gastroenterology
    - o Stephen Schmid, MD - General Surgeon
    - o Haroon and Lubna Rashid, MD's - Nephrology
    - o David Christensen, MD - Orthopedic
    - o Blake Johnson, MD - Orthopedic
    - o Russell Mayes, MD - Otolaryngology
    - o David Jensen, Do - Physical Medicine and Rehabilitation

- o Thomas Crais, MD - Plastic Surgery
- o Timothy Tomlinson, DPM - Podiatry
- o Brian Fortuin, MD - Sleep Studies
- o David Verst, MD - Spine Care & Surgery
- o David Christensen, MD - Spine Care & Surgery
- o Cory Bates, MD - Urology
- o Kara Taggart, MD – Urology

6. Need for More Primary Care Providers

a. North Canyon Medical Center Family Practice Medical Staff:

Associates in Family Practice

425 Idaho Street, Gooding  
640 Frogs Landing, Hagerman  
410 North Idaho, Wendell  
F. John Gies, MD  
Mark Spencer, MD  
Andrew Wright, MD  
Samantha Marshall, MD  
Fred Miller, FNP  
Jennifer Hess, PA-C  
Stephen Williams, PA-C  
Robert Anderson, PA-C

Gooding Family Physicians

134 4<sup>th</sup> Avenue West, Gooding  
Reid Lofgran, DO  
Ian Kunz, PA-C  
Marcy Morrow, PA-C

b. North Canyon Medical Center Emergency Medicine Staff:

Emergency Medicine Physician Assistants

267 North Canyon Drive, Gooding ID  
Jay Blacksher, PA-C  
Tony Volponi, PA-C  
Ben Burtenshaw, PA-C  
Austin Rasmussen, PA-C

7. High Cost of Health Care

- a. Family Health Service, 114 Pioneer Ct Jerome, ID 83338  
Description: Private not-for-profit organization which provides behavioral and general health care to all based on their ability to pay.
- b. The Wellness Tree Community Clinic  
173 Martin Street Twin Falls, ID 83301  
Description: This free clinic is centered on the belief that citizens who work at being productive should not be denied ordinary medical care while making their own effort to provide for themselves and their families.

8. Physical Inactivity

- a. North Canyon Medical Center Fitness Center  
241 Main Street, Gooding ID
- b. Rock Hard Fitness, LLC  
18047 Highway 30, Hagerman ID  
College of Southern Idaho  
Over 60 and Fit Classes  
ISDB Campus - 1450 Main Street, Gooding ID
- c. College of Southern Idaho

9. Aging Services

- a. Bennett Hills Care and Rehabilitation Center  
1220 Montana Street, Gooding ID
- b. Desano Place (assisted living)  
545 Nevada Street, Gooding ID
- c. Stonebridge Assisted Living  
110 River Rock Place, Hagerman, ID
- d. Safe Haven Healthcare  
210 North Idaho, Wendell ID
- e. CSI Office On Aging  
315 Falls Avenue  
Twin Falls, ID 83301  
Description: The Office on Aging serves as Idaho's Area IV Agency on Aging, as well as south central Idaho's Corporation for National and Community Services volunteer opportunities organization. We help seniors in the eight rural counties of south central Idaho, commonly referred to as the Magic Valley. For the last 30 years, the CSI-Office on Aging has developed and coordinated such services as:

Home Delivered Meals, Information and Assistance, Case Management, Respite help for caregivers, Homemaker Services, Caregiver Services, Job and Volunteer opportunities, Transportation, and more to assist older persons.

- f. Gooding Senior Center  
308 Senior Avenue  
Gooding, ID 83330
- g. Hagerman Senior Center  
140 East Lake  
Hagerman, ID 83332
- h. Golden Years Senior Center  
218 North Rail West  
Shoshone, ID 83352
- i. Wendell Senior Center  
PO Box 139  
Wendell, ID 83355

10. Teen Pregnancy Rates/Low Birth Weight/Children in Poverty

- a. Idaho Department of Health and Welfare Department

11. Mental Health Needs

- a. St. Luke's Canyon View Behavioral Health Services  
St. Luke's Magic Valley  
228 Shoup Avenue West  
Twin Falls, ID 83301  
Description: Provides treatment for adolescents, adults, and seniors. Offering intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. We utilize individual, family, and group counseling to address personal, family, emotional, psychiatric behavioral and addition-related problems. Outpatient services are scheduled at convenient hours. The common goal of our programs is to help people find positive solutions to resolve the challenges and crises in their lives.
- b. Family Health Services  
114 Pioneer Ct  
Jerome, ID 83338  
Description: Private not-for-profit organization which provides behavioral health care to all based on their ability to pay.
- c. Pro Active Advantage Behavioral Health, LLC  
202 14<sup>th</sup> Avenue East, Gooding, ID

- d. CSI Office On Aging  
315 Falls Avenue  
Twin Falls, ID 83301
12. Ambulance Response Time
- a. Gooding County Ambulance
13. Weekend Pharmacy/Lack of Pharmacy
- a. Kendrick's Pharmacy  
414 Main Street, Gooding, ID
  - b. Wendell Pharmacy  
280 South Idaho Street, Wendell ID
  - c. Ridley's Pharmacy  
1427 Main Street, Gooding, ID
14. Dental Care
- a. Gooding Family & Cosmetic Dentistry  
325 Main St, Gooding, ID
  - b. Clover Creek Dental  
126 5th Ave W, Gooding, ID
  - c. Sawtooth Dental  
620 Frogs Landing, Hagerman, ID
  - d. Jack Kulm, DDS  
410 N Idaho St, Wendell, ID



## Implementation Plan

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

With the support of Wipfli, the CHNA Advisory Committee developed the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in **Appendix 3**. In summary, the following priorities were addressed through the implementation strategy:

1. Education on Impact of Health Care Reform/Assistance Navigating for Uninsured/Underinsured
2. Chronic Disease/Obesity/Mammogram/Diabetes/Nutrition/Smoking
3. Education on Services Available
4. More Accessible Public Transportation
5. Shortage of Specialists
6. Need for More Primary Care Providers
7. High Cost of Health Care
8. Physical Inactivity
9. Aging Services

The Advisory Committee made the decision not to address the following priorities:

1. Teen Pregnancy Rates/Low Birth Weight/Children in Poverty

This need is being addresses throughout Gooding County by local Health and Welfare Departments and school programs. NCMC does not have the resources to assist in this need.

## 2. Mental Health Needs

Due to the national shortage in Mental Health Providers, NCMC has not been successful in recruiting for Mental Health Services in Gooding County, and will therefore not be able to respond to this priority.

## 3. Ambulance Response Time

This need is already being addressed by the local ambulance service; which is operated by Gooding County. It is out of the span of control by NCMC.

## 4. Weekend Pharmacy/Lack of Pharmacy

This need is being met by the communities of Gooding County with three privately owned pharmacies spread across two towns in the county. Weekend pharmacy is available every Saturday at all three locations. After regular business hours and on Sunday, pharmacy services are available 20 miles from Gooding in Jerome, ID.

## 5. Dental Care

This need is being met by the communities of Gooding County with four Dentist offices, spread across three towns. NCMC is open to the Dentists to perform Oral Surgeries. NCMC is not able to respond to this priority beyond the current measures in place.

The implementation strategy detail for each priority located in **Appendix 3** provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

## References

Association for Community Health Improvement

Rural Health Works

Flex Monitoring Team

ESRI Business Information Solutions, 2012

County Health Rankings

Idaho Department of Health

Idaho Vital Statistics

# Appendix 1

**List of Participating Organizations for Community Input**

Senior Center Director  
NMC Board Members  
Real Estate Agent  
Hagerman Community Member  
Bliss Community Member  
School Superintendent  
City Council Member  
Fire Chief / EMS  
Idaho Power Company  
Wendell City Administrator  
CSI Headstart Supervisor  
Wendell Chamber of Commerce President  
Wendell City Mayor  
Retired Community Members  
Diabetes Educator / Nutritionist  
Child Nutrition Director – Gooding School District  
Gooding County Commissioner  
Gooding City Mayor  
Gooding School District Nurse  
Gooding School Social Worker  
Gooding Family Physician  
Gooding County EMS

# Appendix 2

### Focus Group Questions – North Canyon Medical Center

1. Based on your experience, what are the three most significant health care or environmental needs or concerns in your community?
2. Where are the gaps in the availability and/or access to health care services in the community?
3. What are the main reasons or barriers to obtaining health care in the community or taking care of significant health needs? What are they, and how can they be addressed?
4. What groups or vulnerable populations in your community are underserved regarding their health care needs? What are the major obstacles to reaching and serving these groups? What individuals or organizations currently serve these populations?
5. What is currently holding people back from getting care at North Canyon Medical Center?
6. What factors most impact your health care buying decisions?
7. What are the current attitudes and perceptions regarding North Canyon Medical Center?
8. Do you think most people here know about the kind of health services are available to them? How do they learn about them? What are the best ways for the hospital to inform the community about events and services?
9. What is your perception of the current role the hospital plays in the community? What role could or should the hospital play in the community?

# Appendix 3





# North Canyon Medical Center Gooding, Idaho

## Community Health Needs Assessment Implementation Plan

September 30, 2013

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## Priority 1: Education on Impact of Health Care Reform – Assistance Navigating Uninsured/Underinsured

---

### Objective/Strategy

- Improved community understanding of Health Care Reform and options available

### Tactics (How)

- Partner with Department of Insurance/SHIBA
- Take educational material to area Senior Centers, Civic Groups, Chambers of Commerce
- Add Health Care Reform links to NCMC website

### Programs/Resources to Commit

- Staff education for front line and community relations staff
- Staff expenses for travel to and from community presentations

### Impact of Programs/Resources on Health Need

- Increase understanding of Health Care Reform throughout the NCMC Primary Service Area.
- Increase in the number of community members in Gooding County with health insurance coverage

### Accountable Parties

- NCMC Community Relations Staff

### Partnerships/Collaboration

- Department of Insurance/SHIBA
- Area Senior Centers, Chambers of Commerce, Civic Groups
- NCMC Community Relations Staff

## Priority 2: Chronic Disease/Obesity/Mammogram/Diabetes/Nutrition/Smoking

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### Objective/Strategy

- Increase community awareness on prevalent health risks in Gooding County
- Educate community members on programs to reduce risks
- Partner with area school districts to address risks at an early age
- Partner with area senior centers to address conditions that currently exist and preventative measures

### Tactics (How)

- Provide community educational opportunities to learn about the prominent health risks in Gooding County
- Present educational information at area Senior Centers, Civic Groups, Chambers of Commerce, and School Districts

### Programs/Resources to Commit

- Costs associated with development of educational materials
- Staff costs to develop educational programs and materials
- Staff costs to coordinate schedule of educational events, travel time, and hourly wage expenses

### Impact of Programs/Resources on Health Need

- Increased community awareness on the health risks may encourage community members to make positive lifestyle changes
- By partnering with the school districts, NCMC's goal is to help change destructive health behaviors in children before long-term behavior patterns are formed
- By tying the education to children and adults it is NCMC's goal to begin to change lifestyle behaviors in family units to reflect a healthier lifestyle, thus reducing the implications of chronic disease, obesity, diabetes, and poor nutrition

### Accountable Parties

- NCMC Community Relations Staff
- NCMC Registered Dietician and Diabetes Educator
- NCMC Respiratory Therapist

### Partnerships/Collaboration

- School Districts
- Chambers of Commerce and Civic Groups
- Churches

### Priority 3: Education on Services Available

---

#### Objective/Strategy

- Enhanced community awareness of services offered at NCMC

#### Tactics (How)

- Upgrade website to include marketing of NCMC services
- Better promotion of services through front-line NCMC registration staff
- Communicate services offered at NCMC through existing and new community outreach initiatives including: Senior Centers, Chambers of Commerce, and Civic Groups
- Increase marketing campaigns and materials to promote services offered

#### Programs/Resources to Commit

- Costs associated with upgrade of website
- Education to staff and all employees
- Costs associated with development of marketing materials including: TV and radio commercials, newspaper ads, flyers, and brochures
- Costs associated with utilization of marketing campaigns in main stream media
- Staff costs associated with presenting material to area stakeholders

#### Impact of Programs/Resources on Health Need

- By increasing the awareness of health care services offered at NCMC, community members will stay local for available services and understand the depth of services offered locally
- By finding comfort in local health care services, community members may be more apt to seek and receive health care services, thus improving the health of communities served

#### Accountable Parties

- NCMC Community Relations Staff
- NCMC Leadership and Executive Councils
- NCMC Medical Staff

#### Partnerships/Collaboration

- NCMC Medical Staff
- Senior Centers, Chambers of Commerce, Civic Groups

## Priority 4: More Accessible Public Transportation

---

### Objective/Strategy

- Implement public transportation system to and from NCMC for patients in need of health care services but with no accessible means of transportation

### Tactics (How)

- Investigate grant and donation opportunities for transport vehicle

### Programs/Resources to Commit

- Cost of transport vehicle
- Costs associated with hiring a transport driver
- Costs associated with maintenance of vehicle and insurance coverage

### Impact of Programs/Resources on Health Need

- NCMC serves rural, elderly community members that often do not have transportation to receive needed health care services. The implementation of a transport service will allow many residents currently forgoing health care services to receive them.

### Accountable Parties

- NCMC Director of Foundation and Development Whitney Wines
- NCMC Controller

### Partnerships/Collaboration

- NCMC Foundation
- Idaho Transportation Department

## Priority 5: Shortage of Specialists

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### Objective/Strategy

- Assess areas of shortfall with health care specialists and implement plans to fill those voids

### Tactics (How)

- Conduct Physician Needs Assessment to determine areas of need

### Programs/Resources to Commit

- Initiate discussions with physicians, in areas of need, to come to NCMC to provide services

### Impact of Programs/Resources on Health Need

- By filling the gaps in specialist needs, NCMC will provide the opportunity for community members to receive needed health care that was otherwise only available out of the area; which many residents are not able to travel to

### Accountable Parties

- NCMC Executive Staff
- NCMC Medical Staff

### Partnerships/Collaboration

- NCMC Medical Staff
- St. Luke's Physician Recruitment

## Priority 6: Need for More Primary Care Providers

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### Objective/Strategy

- To employ additional primary care providers (PCP) to fill the growing gap in Gooding County

### Tactics (How)

- Attend Meet the Resident event
- Conduct Physician Needs Assessment to determine shortage
- Meet with local medical staff to determine location to place additional PCP

### Programs/Resources to Commit

- Costs associated with the recruitment of additional PCP
- Costs associated with placement of PCP in area practice or being employed through NCMC

### Impact of Programs/Resources on Health Need

- Currently a PCP underserved area, residents have to wait to see a provider or utilize the local emergency department for non-critical health care needs. By increasing the availability of PCPs in Gooding County, residents will have more prompt access to health care services, thus decreasing the wait time to see a provider.

### Accountable Parties

- NCMC Executive Staff

### Partnerships/Collaboration

- State Office of Rural Health and Primary Care
- NCMC Medical Staff

## Priority 7: High Cost of Health Care

---

### Objective/Strategy

- To ensure NCMC charges are appropriate for the communities served

### Tactics (How)

- Conduct annual Chargemaster reviews
- Compare Chargemaster to other area facilities
- Maintain current charity care programs

### Programs/Resources to Commit

- Costs associated with conducting the Chargemaster review
- Costs associated with the reduction of fees that are out of alignment with the Chargemaster review
- Costs associated with charity care write offs

### Impact of Programs/Resources on Health Need

- While the cost of health care is a national problem, NCMC wants to ensure its prices are in alignment and appropriate to the areas served. In doing so, NCMC makes it more affordable for patients to seek health care services as well as offering charity care to qualifying patients.

### Accountable Parties

- NCMC Executive Staff
- NCMC Director of Patient Financial Services

### Partnerships/Collaboration

- Chargemaster review consultants
- Eide Bailey
- Gooding County Indigent



## Priority 8: Physical Inactivity

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### Objective/Strategy

- To provide opportunities for community members to take part in physical activity

### Tactics (How)

- Promote the membership packages offered at NCMC Fitness Center
- Offer group discounts
- Add additional services at fitness center to increase membership
- Investigate adding a community walking park around the NCMC campus, with fitness stations

### Programs/Resources to Commit

- Costs associated with marketing fitness center packages
- Costs associated with adding services to fitness center
- Costs associated with the implementation of a walking/fitness trail on NCMC campus

### Impact of Programs/Resources on Health Need

- By increasing activity, community members will improve their health by decreasing their risk of numerous chronic diseases
- Family/group activities improves emotional as well as physical well being
- Help build new fitness behaviors for individuals and families

### Accountable Parties

- NCMC Rehabilitation Services
- NCMC Director of Foundation and Development
- NCMC Controller

### Partnerships/Collaboration

- City of Gooding
- Area Businesses
- School Districts, Chambers of Commerce, Civic Groups
- NCMC Foundation

## Priority 9: Aging Services

---

### Objective/Strategy

- To continually improve the services and education available to the aging population of Gooding County

### Tactics (How)

- Provide educational programs directed to aging population
- Target aging population with direct mail campaigns

### Programs/Resources to Commit

- Costs associated with marketing material
- Staff costs to travel and present health education to area senior centers

### Impact of Programs/Resources on Health Need

- By educating the aging population on services available and a variety of appropriate health subjects, they will be better able to make health care decisions as well as seeking services

### Accountable Parties

- NCMC Leadership Council
- NCMC Community Relations Staff

### Partnerships/Collaboration

- Area Senior Centers
- CSI Office on Aging

### **Priority 10: Teen Pregnancy Rates/Low Birth Weight/Children in Poverty**

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Objective/Strategy

- This need is being addressed throughout Gooding County by the Idaho Department of Health and Welfare. NCMC does not have the resources to assist in this need.

### **Priority 11: Mental Health Needs**

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Objective/Strategy

- Due to the national shortage in mental health providers, NCMC has not been successful in recruiting for Mental Health Services in Gooding County, and will therefore not be able to respond to this priority.

### **Priority 12: Ambulance Response Time**

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Objective/Strategy

- This need is already being addressed by the local ambulance service; which is operated by Gooding County Ambulance Service. It is out of the span of control by NCMC.

### **Priority 13: Weekend Pharmacy/Lack of Pharmacy**

---

Objective/Strategy

- This need is being met by the communities of Gooding County with three privately owned pharmacies spread across two towns in the county. Weekend pharmacy is available every Saturday at all three locations. After regular business hours and on Sunday's pharmacy services are available 20 miles from Gooding in Jerome, ID.

### **Priority 14: Dental Care**

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Objective/Strategy

- This need is being met by the communities of Gooding County with four Dentist offices, spread across three towns. NCMC is open to the Dentists to perform Oral Surgeries. NCMC is not able to respond to this priority beyond the current measures in place.