Community Health Needs Assessment

Fairbanks Memorial Hospital

Table of Contents

I. Executive Summary……
II. Introduction……
A. Purpose of CHNA report……
B. About Fairbanks Memorial Hospital……
III. Community Profile……
A. Definition of Community……
B. Description of Community……
C. Community Demographics……
IV. Process and Methods Used to Conduct the CHNA……
A. Secondary Data……
B. Community Input……
C. Data Limitations and Information Gaps……
V. Identification and Prioritization of Community Health Needs……
A. Process and Criteria for Prioritization……
B. Description of Prioritized Community Health Needs……
VI. Resources Potentially Available to Address Needs……
VII. Feedback on Preceding CHNA and Implementation Strategy……
VIII. Impact of Actions Taken Since Preceding CHNA……
Appendix A. List of Data Sources……
Appendix B. List of Steering Committee Members and Community Advisory Council…
Appendix C. Materials used in Focus Group……
Appendix D. Prioritization Criteria……

Executive Summary

The Patient Protection and Affordable Care Act (ACA) added new requirements which nonprofit hospitals must satisfy in order to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the identified needs of the community at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals in the community, including public health experts as well as residents, representatives or leaders of low-income, minority, and medically underserved populations.

As part of the process for evaluating community need, a Banner Health CHNA Steering Committee was formed. This committee, which was commissioned to guide the CHNA process, was comprised of professionals from a variety of disciplines across the organization. This steering committee has provided guidance in all aspects of the CHNA process, including development of the process, prioritization of the significant health needs identified and development of the implementation strategies, anticipated outcomes and related measures. A list of the steering committee members can be found under Appendix B.

Beginning in early 2016, the Banner Health CHNA Steering Committee conducted an assessment of the health needs of residents of Fairbanks North Star Borough, Alaska (as well as those in its primary service area (PSA). The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Headquartered in Phoenix, Arizona, Banner Health is one of the nation's largest nonprofit health care systems and is guided by our mission: "We exist to make a difference in people's lives through excellent patient care." This mission serves as the cornerstone of operations at our 29 hospitals and care facilities located in small and large, rural and urban communities spanning seven western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than $84 million annually in charity care – treatment without the expectation of being paid. As a nonprofit organization, we reinvest revenues to add new hospital beds, enhance patient care and support services, expand treatment technologies, and maintain equipment and facilities. Furthermore, we subsidize medical education costs for hundreds of physicians in our residency training programs in Phoenix and Tucson, Arizona and Greeley, Colorado.

With organizational oversight from a 14-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 47,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, clinics, surgery centers, home care and hospice facilities.

While we have the experience and expertise to provide primary care, hospital care, long-term acute care and home care to patients facing virtually any health condition, some of our core services include: cancer care, emergency care, heart care, maternity services, neurosciences, orthopedics, pediatrics and surgical care. Specialized services include behavioral health, burn care, high-risk obstetrics, Level 1 Trauma care, organ and bone marrow transplantation and medical toxicology. We also participate in a

multitude of local, national and global research initiatives, including those spearheaded by researchers at Banner- University Medical Center, Banner Alzheimer's and Banner Sun Health Research institutes.

Ultimately, our unwavering commitment to the health and well-being of our communities has earned accolades from an array of industry organizations, including distinction as a Top 5 Large Health System by Truven Health Analytics (formerly Thomson Reuters) and one of the nation's Top 10 Integrated Health Systems according to *SDI* and *Modern Healthcare Magazine*. Banner Alzheimer's Institute has also garnered international recognition for its groundbreaking Alzheimer's Prevention Initiative, brain imaging research and patient care programs. Further, Banner Health, which is the largest private employer in Arizona and third largest in Northern Colorado, continues to be recognized as one of the "150 Best Places to Work" by Becker's Hospital Review.

In the spirit of the organization's continued commitment to providing excellent patient care, Banner Health conducted a thorough, system wide Community Health Needs Assessment (CHNA) within established guidelines for each of its hospital and healthcare facilities with the following goals at the heart of the endeavor:

- Effectively define the current community programs and services provided by the facility.
- Assess the total impact of existing programs and services on the community.
- Identify the current health needs of the surrounding population.
- Determine any health needs that are not being met by those programs and services, and/or ways to increase access to needed services.
- Provide a plan for future programs and services that will meet and/or continue to meet the community's needs.

Participants in the CHNA process include members of Banner Health's leadership teams and strategic alignment team, public health experts, community representatives and consultants. A full list of participants can be viewed in Appendix B. The CHNA results have been presented to the leadership team and board members to ensure alignment with the system wide priorities and long-term strategic plan. One result of the CHNA process is Banner Health's renewed focus on collaboration with governmental, nonprofit and other health-related organizations to ensure that members of the community will have greater access to needed health care resources.

Banner Health has a strong history of dedication to community and of providing care to the underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and/or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve.

For Fairbanks Memorial Hospital's leadership team, this has resulted in a renewed commitment to continue working closely with community and health care leaders who have provided solid insight into the specific and unique needs of the community since the previous cycle. In addition, after accomplishing measurable change from the actions taken since the first CHNA, we have an improved foundation to work from. United in the goal of ensuring that community health needs are met now and in the future, these leaders remain involved in ongoing efforts to continuously assess health needs and subsequent services.

Introduction

Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Fairbanks Memorial Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Fairbanks Memorial Hospital is dedicated to enhancing the health of the communities it serves. The findings from this community health needs assessment (CHNA) report will serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a CHNA at least once every three years. With regard to the CHNA, the ACA specifically requires nonprofit hospitals to: (1) collect and take into account input from public health experts as well as community leaders and representatives of high need populations—this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions; (2) identify and prioritize community health needs; (3) document a separate CHNA for each individual hospital; (4) and make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs.

This is the second cycle for Banner Health with the first cycle completed in 2013. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health's board on December 3, 2016.

This report is widely available to the public on the hospital's web site bannerhealth.com, and a paper copy is available for inspection upon request at CHNA.CommunityFeedback@bannerhealth.com

Written comments on this report can be submitted by e-mail to CHNA.CommunityFeedback@bannerhealth.com

About Fairbanks Memorial Hospital

Fairbanks Memorial Hospital (Fairbanks) is a 152-bed licensed hospital located within Fairbanks, North Star, Alaska. The hospital was opened in March 1972 to serve the community and has never strayed from the community focus, constantly striving to live the Banner Health mission of making a difference in people's lives through excellent patient care.

Fairbanks Memorial Hospital is committed to providing a wide range of quality care, based on the needs of the community, including the following services:

- Emergency Care
- Medical Imaging

- Orthopedics
- Surgery
- Women's Services
- Telehealth

The staff of 255 physicians, alongside 1,313 employees and 200 volunteers, provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing and treating illnesses. On an annual basis, Fairbanks Memorial Hospital's health care professionals render care to more than 134,000 outpatients and over 34,000 patients in the Emergency department (ED). The staff also welcomes an average of 1,313 babies into the world each year.

Fairbanks Memorial Hospital is also part of the Banner iCare™ Intensive Care Program where specially trained physicians and nurses back up the bedside ICU team and monitor ICU patient information 24 hours a day, seven days a week.

Fairbanks Memorial Hospital is focused on meeting the needs across the community repeatedly for their clinical excellence and quality outcomes. To help meet the needs of uninsured and underinsured community members, Fairbanks Memorial Hospital follows the Banner Health process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2015, Fairbanks Memorial Hospital gave back $450,000 to the community in sponsorships and coalition building while it wrote off $21.3 million in bad debt, or uncollectable money owed to the facility and reported another $4.3 million in Charity Care.

Community Profile

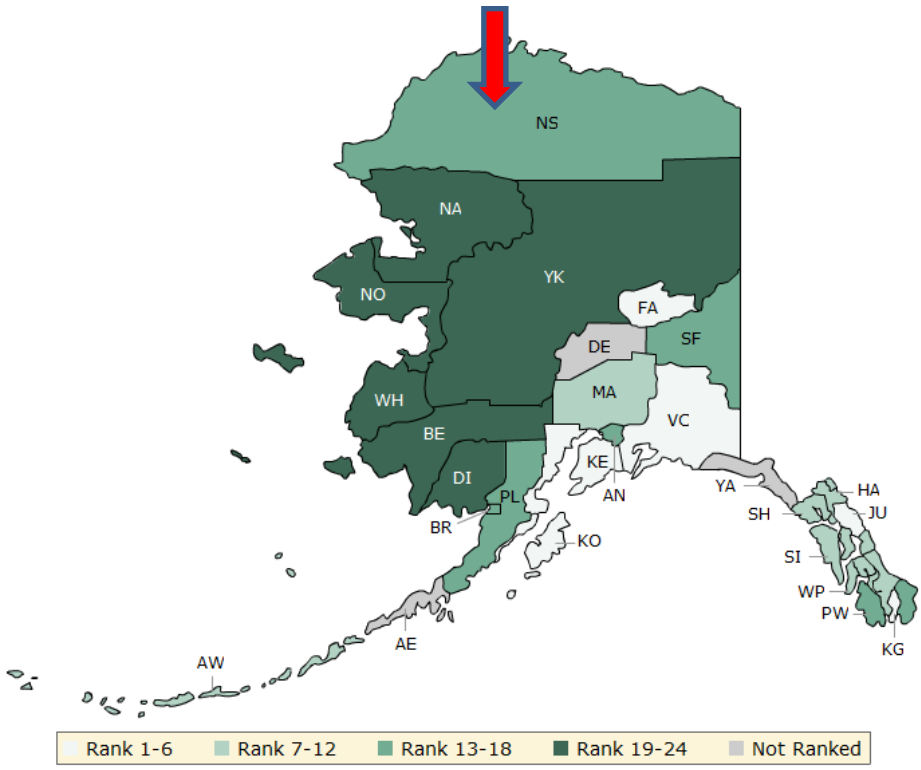
Definition of Community

Fairbanks Memorial Hospital is located in Fairbanks, Alaska. Fairbanks is a home rule city and the borough seat of the Fairbanks North Star Borough in the U.S. state of Alaska. Fairbanks is the largest city in the Interior region of Alaska and is located in the central Tanana Valley, straddling the Chena River near its confluence with the Tanana River.

Fairbanks is now Alaska's second largest metropolis known as the "Golden Heart City," a testimony to the warmth of the people. The Alaska Highway, trans-Alaska oil pipeline, military bases, mining and the University of Alaska are all integral to Fairbanks' past and future. The city population hovers around 32,000, but nearly 98,000 live in the Fairbanks North Star Borough—an area the size of New Jersey (Explore, 2016).

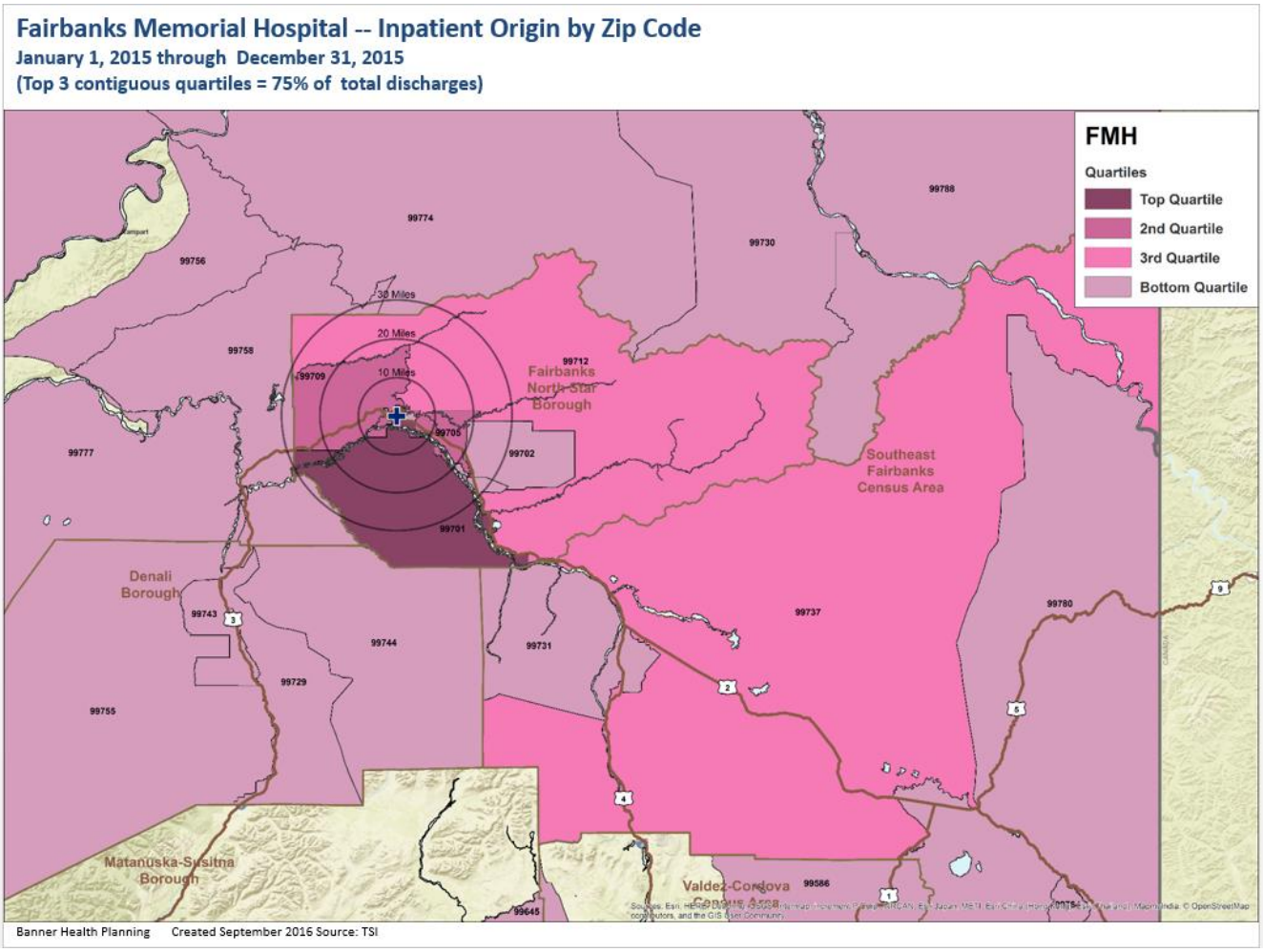
According to the Truven Health Analytics tool, Fairbanks, has a population of slightly over 98,500. Among those living there, nearly 70 percent are White, seven percent are Black, and smaller percentages are African American, the Pacific Islanders, Native America, and other racial descent. Twelve percent are classified as "All Others" including Alaskan Native. Nine percent have some Hispanic or Latino heritage.

According to the County Health Rankings & Roadmaps, Fairbanks North Star Borough ranks 6th out of 24 counties in Alaska for Health Outcomes, with 24 being the unhealthiest. The health outcomes determines how healthy a county is by measuring how people feel while they are alive and how long they live. The map below illustrates the status of the 24 counties. The darker the county, the more unhealthy it is.



Source: County Health Rankings & Roadmaps

The City of Fairbanks accounts for 65 percent of Fairbanks Memorial Hospital inpatient discharges. Patients from North Pole and Delta Junction make up an additional 10 percent of the discharges. This is known as the Primary Service Area (PSA).



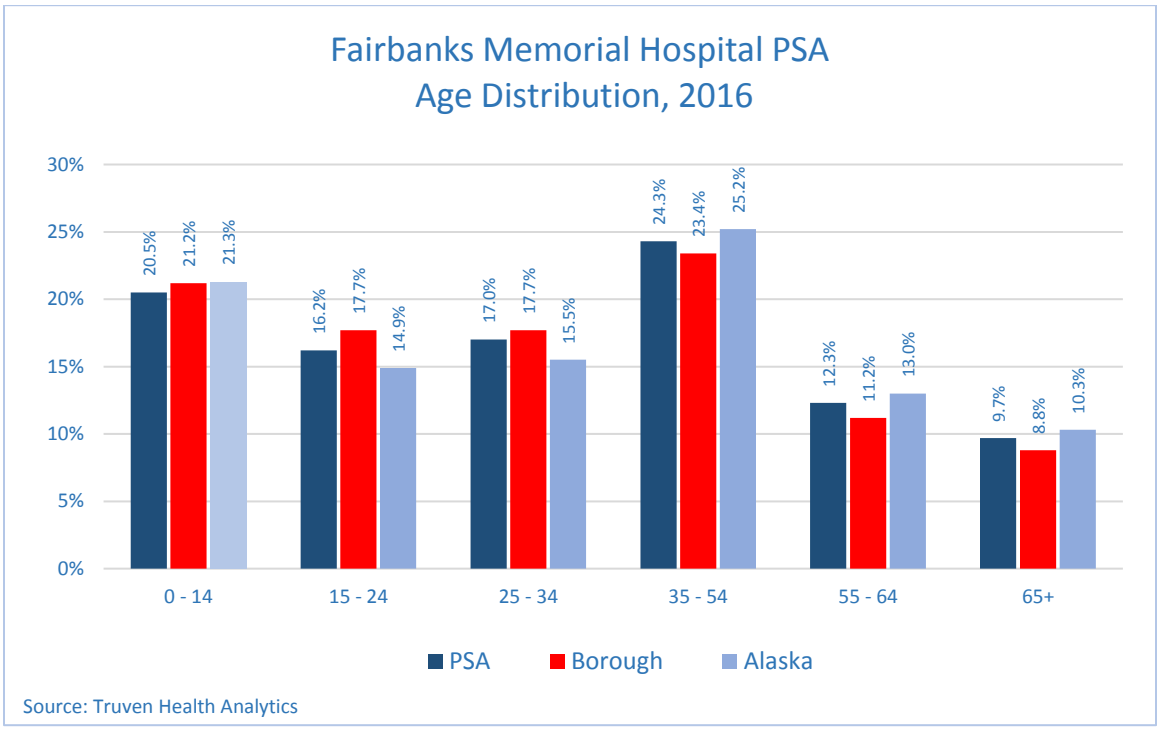
Community Demographics

Table 1 provides the specific age, sex, and race/ethnicity distribution and data on key socio-economic drivers of health status of the population in the Fairbanks Memorial Hospital's primary service area compared to Fairbanks North Star Borough the state of Alaska.

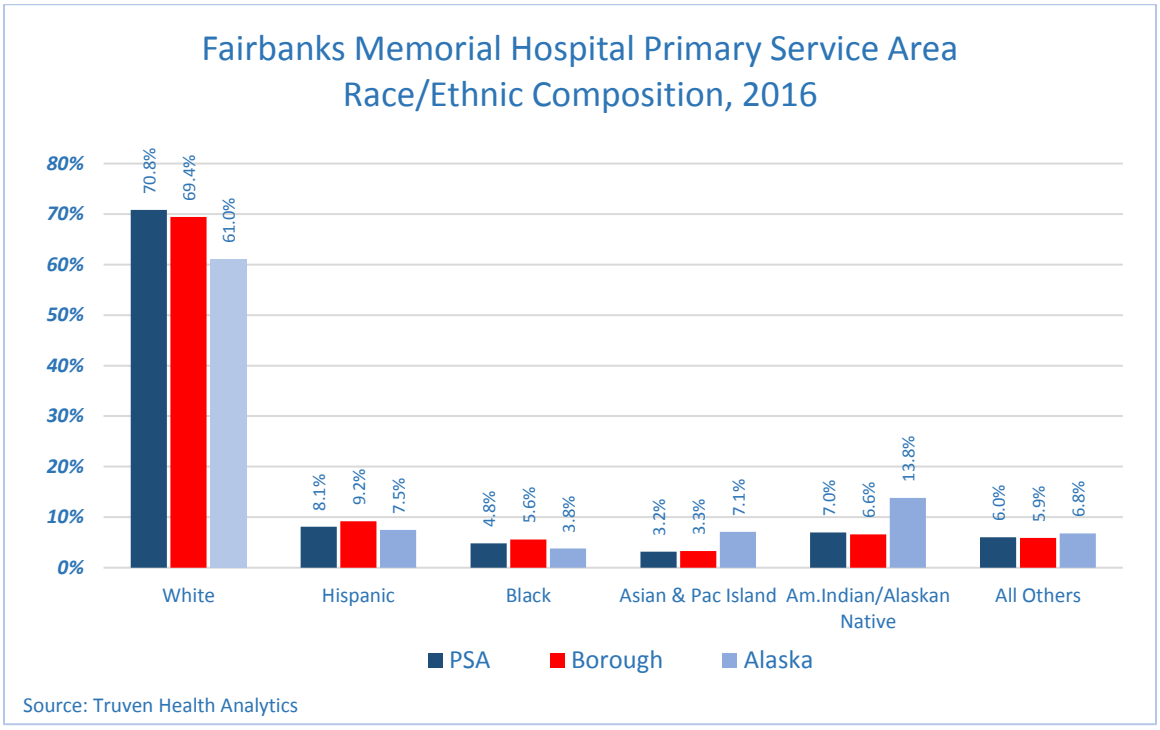
	Fairbanks Memorial	**Fairbanks North Star Borough**	**Alaska**
Population: estimated 2016	92,977	98,639	721,725
Gender			
• Male	53%	54%	52%
• Female	47%	46%	48%
Age			
• 0 to 14 years	20.5%	21.2%	21.3%
• 15 to 24 years	16.2%	17.7%	14.9%
• 25 to 34 years	17.0%	17.7%	15.3%
• 35 to 54 years	24.3%	23.4%	25.2%
• 55 to 64 years	12.3%	11.2%	13.0%
• 65+	9.7%	8.8%	10.3%
Race			
• White	70.8%	69.4%	61.0%
• Hispanic	8.1%	9.2%	7.5%
• Black	4.8%	5.6%	3.8%
• Asian or Pacific Islander	3.2%	3.3%	7.1%
• American Indian or Alaskan Native	7.0%	6.6%	13.8%
• All Others	6.1%	6.1%	6.8%
Social & Economic Factors			
• Median Household Income	$70,864	$70,304	$76,792
• Cost of Living	133.20	132.40	135.10
• Median Age	39.2	31.8	34.7
• Median House Value	$283,400	$234,000	$258,100

*Truven Health Analytics and Sperling's Best Places

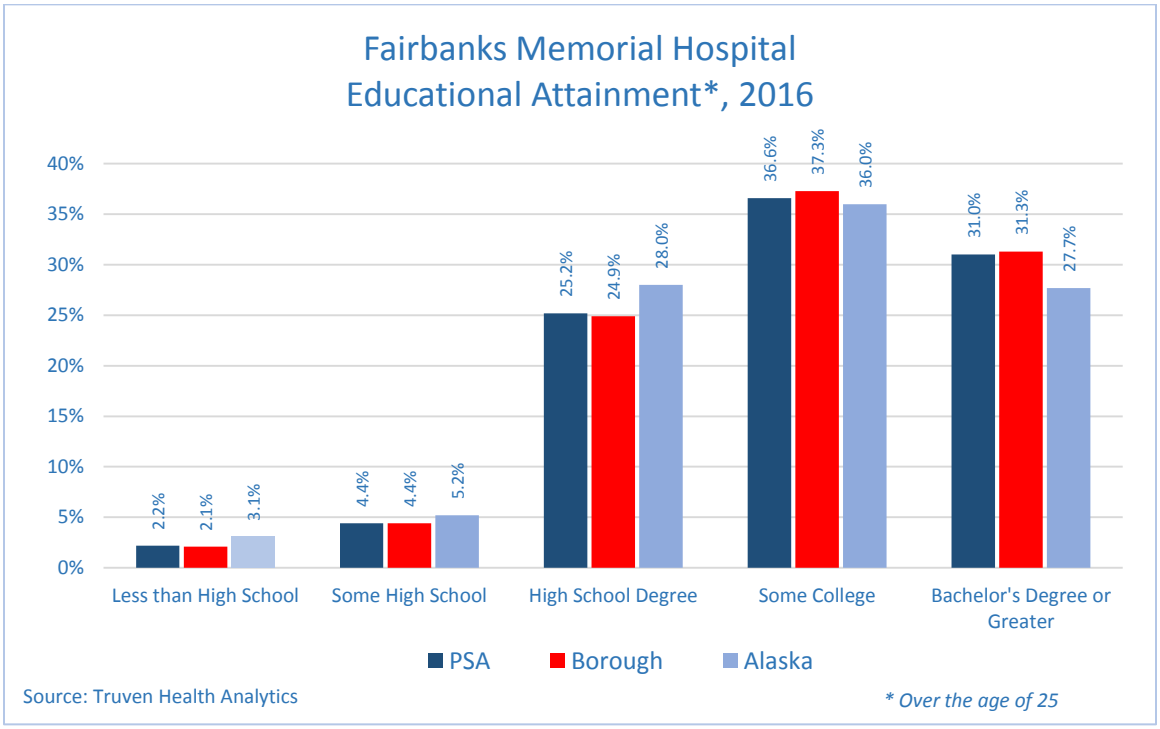
Fairbanks is made up of mostly young families with the largest age groups being those 0-14 and those ages 35-54. Since 2000, Fairbanks has had a population growth of 5.73 percent (Sperling's Best Places).



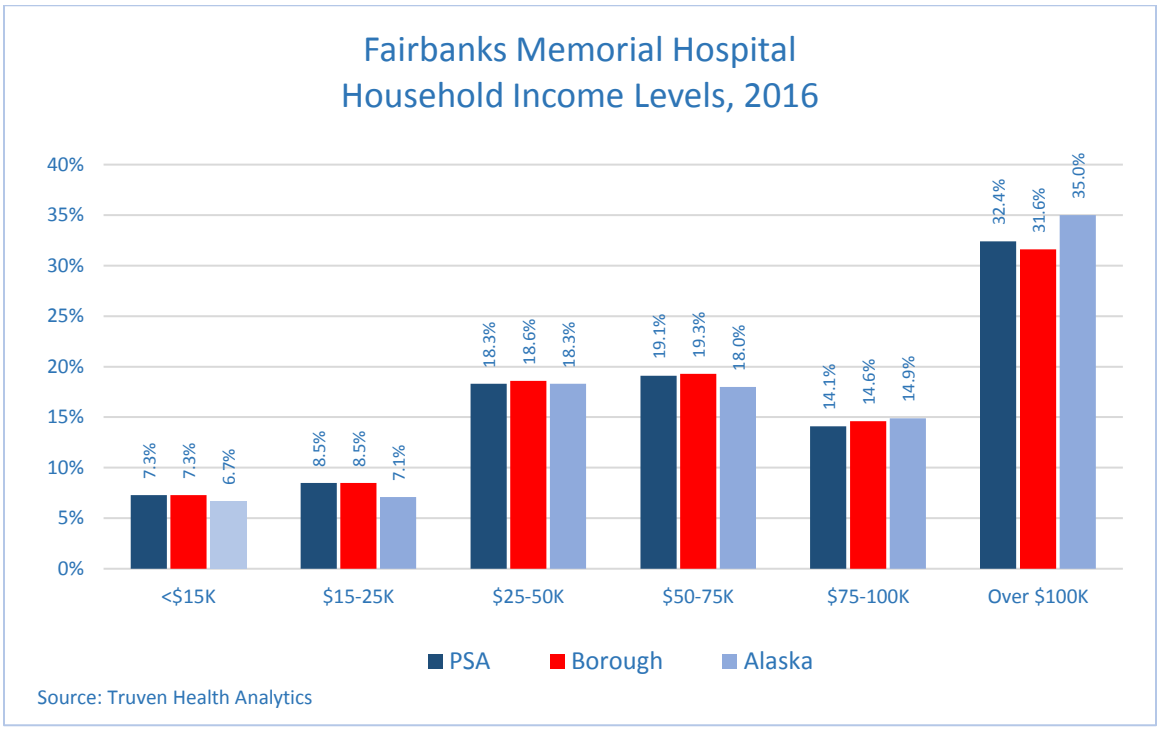
The population of Whites is the largest ethnic group within the service area, accounting for just under three-quarters. Hispanics account for eight percent while American Indians/Alaskan Indians account for an additional seven percent of the PSA. All other race/ethnicities, including the Black and Asian/Pacific Islander populations account for only 14 percent of the population, combined.



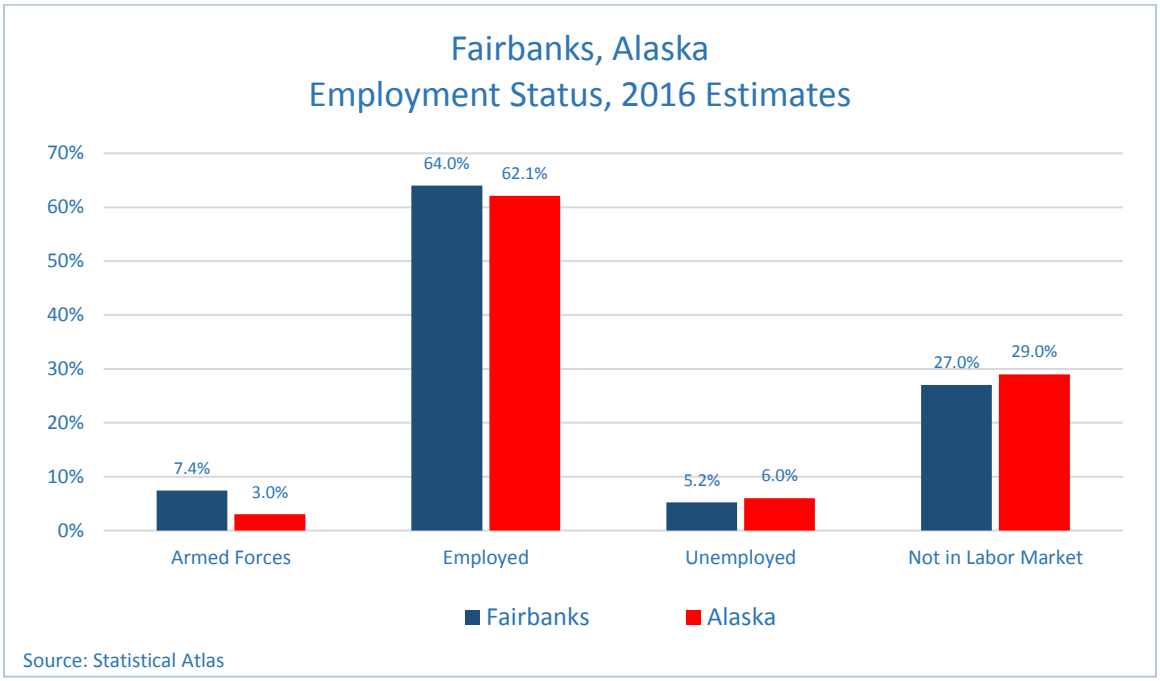
While the PSA is comparable to the state benchmark for those with a high school degree, it is somewhat higher when it comes to Bachelor's Degrees and greater. Percentages of those with only some high school education remain low at approximately 4 percent. Interestingly, sixty-nine percent of those with a high school diploma are employed, while 84 percent with a Bachelor's Degree are employed (Statistical Atlas).



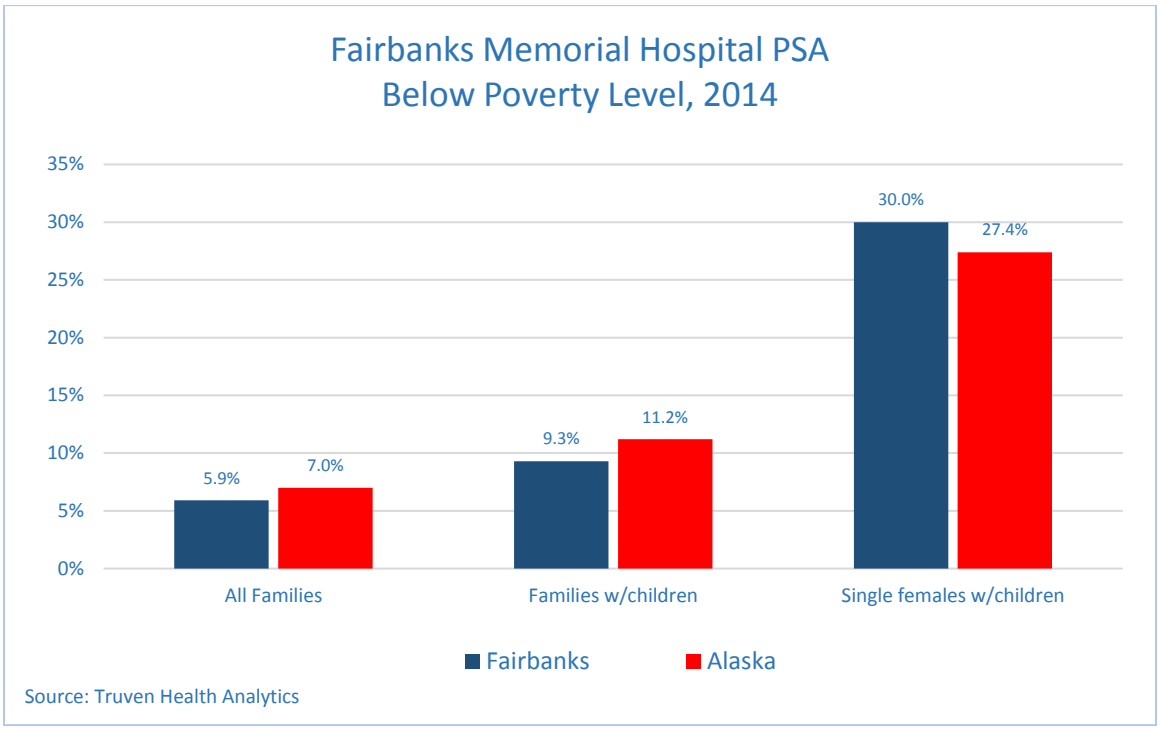
Given that the post-secondary education educational attainment for the PSA and North Star Borough is somewhat above the state median, it would seem a logical parallel that the median household income would be as well. However, income levels are actually lower.



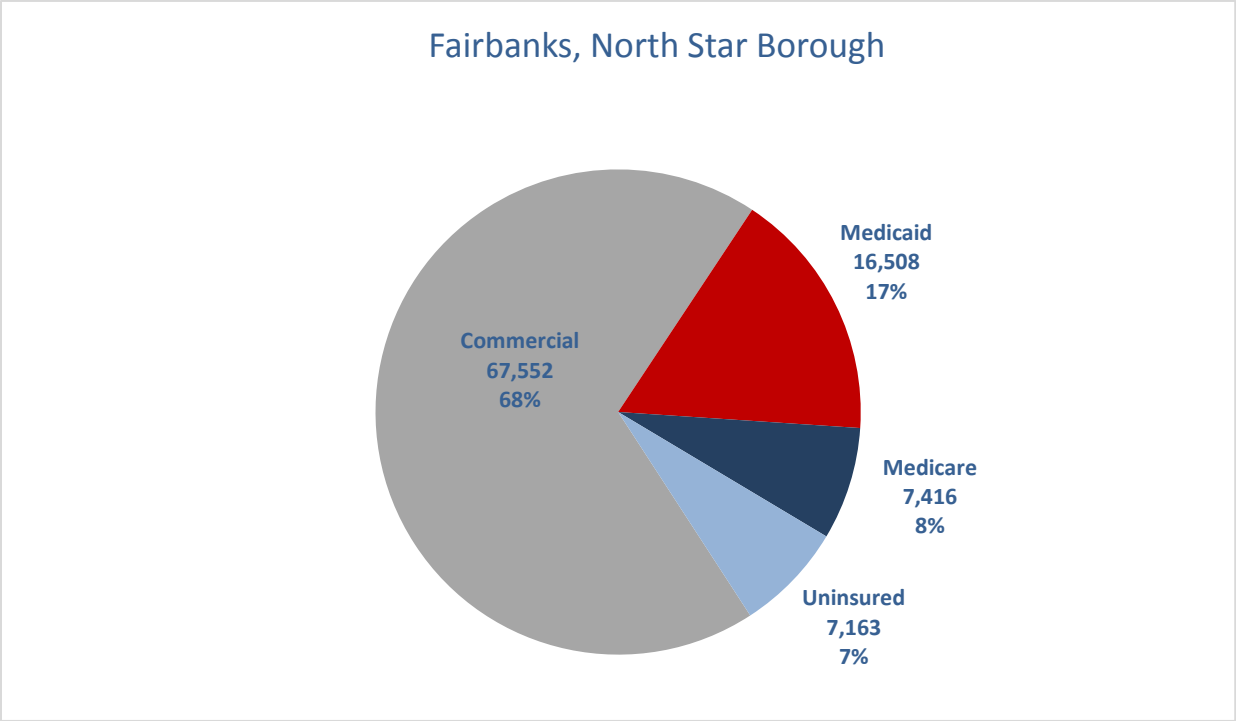
Fairbanks plays a significant role as a transportation center and commerce headquarters for most of the northern half of the state. Additionally, the area serves as a military, education and health center for the region. Mining, forest products, the Alaska Pipeline, and tourism drive the economy (Sperling's).



While the percentage of all families living below the poverty line in the PSA is only slightly lower than the state, the rate of single females with children living below the poverty line is slightly higher.



Sixty-seven percent of Fairbanks Memorial Hospital's PSA is covered by commercial insurance while Medicaid accounts for 18 percent. Though the number of commercially insured appears high, it should be noted that many of the people in this category still end up using emergency services for non-emergent care as they cannot afford the co-pays and high deductibles of their insurance plans.



Process and Methods Used to Conduct the CHNA

Fairbanks Memorial Hospital's process for conducting their CHNA leveraged a multi-phased approach to understanding gaps in services provided to its community, as well as existing community resources. A focused approach to understanding unmet needs especially for those within underserved, uninsured and minority populations included a detailed data analysis of national, state and local data sources, as well as obtaining input from leaders within the community.

Banner Health CHNA Steering Committee:

As part of the process for evaluating community need, a Banner Health CHNA Steering Committee was formed. This committee, which was commissioned to guide the CHNA process, was comprised of professionals from a variety of disciplines across the organization. This steering community has provided guidance in all aspects of the CHNA process, including development of the process, prioritization of the significant health needs identified and development of the implementation strategies, anticipated outcomes and related measures. A list of the steering committee members can be found under Appendix B.

Assessment Process – Data Analytics:

The CHNA process started with an overview of the primary service area. The service area was defined as the market where at least 75 percent of inpatient admissions originated. Data analytics were employed to identify Inpatient and ED visits to Fairbanks Memorial Hospital, as well as health and socioeconomic trends within the community. Quantitative data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors and existing community resources.

- The primary data sources that were utilized to access primary service information and health care trends include: *Centers for Disease Control. Behavioral Risk Factor Surveillance System*, (BRFSS) 2014
- *Centers for Disease Control. Youth Risk Behavior Surveillance System (YRBSS) 2014*
- *County Health Rankings* – North Star, 2016
- Truven Health Analytics, 2016
- U.S. Census, 2014

Community Input:

Data analytics, as identified above, were used to drive the Community Advisory Council (CAC) participation. Once gaps in access to health services were identified within the community, the steering committee worked with Fairbanks Memorial Hospital's leadership to identify those impacted by a lack of health and related services. Individuals that represented these populations, including the uninsured, underserved and minority populations were invited to participate in a focus group to review and validate the data, provide additional health concerns and feedback as to the underlying issues and potential strategies for addressing them. A list of the organizations that participated in the focus group can be found under Appendix B and a list of materials presented to the group can be found under Appendix C.

Summary of Findings and Addressing Need:

Upon the completion of Fairbanks Memorial Hospital's needs assessment, a summary of findings was comprised for review by the steering committee, Fairbanks Memorial Hospital's leadership team, Banner Health system Senior Management and the Banner Health Board of Directors. Needs assessments were then used to determine gaps in health-related services and services that were not reaching specific populations within the community, including children, seniors and minority populations. This summary also includes a synopsis of pressing issues impacting the community. Once significant health needs were highlighted, Fairbanks Memorial Hospital's leadership team worked with the steering committee to make recommendations for how best to prioritize and address the needs identified.

Recommended strategies for health improvement discussed amongst the participants included:

- Additional health care navigators/advocates
- Assemble a "community case management" team
- Increased legislative action for more finances
- Substance abuse education classes for children

Data limitations and Gaps:

Although the data sources provided an abundance of information and insight, data gaps still exist, including determining the most appropriate depth and breadth of analyses to apply. Additional gaps include:

- Data are not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups.
- Limited data are available on diabetes prevalence and health risk and lifestyle behaviors (e.g. nutrition, exercise) in children.

Identification and Prioritization of Community Health Needs

Identifying Community Health Needs:

To be considered a health need, a health outcome or a health factor, the following criteria was taken into consideration: existing data had to demonstrate that the primary service area had a health outcome or factor rate worse than the average North Star Borough rate, demonstrate a worsening trend when compared to North Star Borough data in recent years, or indicate an apparent health disparity and/or the health outcome or factor had to be mentioned in the focus group.

Process and Criteria for Prioritization:

The Community Health Needs Steering Committee developed a prioritization process and criteria for evaluating the significant health needs identified through the CHNA. The process and criteria can be reviewed in further detail in Appendix D. Each steering committee member was afforded an opportunity to independently, as well as collectively prioritize the health needs. Through consensus discussion, the steering committee narrowed the top ranked priority areas down to three.

Description of Prioritized Community Health Needs*:*

The following statements summarize each of the areas of priority for Fairbanks Memorial Hospital and are based on data and information gathered through the CHNA as well as comments from the Community Advisory Council (CAC).

PRIORITY #1: BEHAVIORAL HEALTH

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorders, and substance abuse issues, including alcohol, prescription medication, illicit drugs and tobacco. According to the National Institute on Mental Health, major depression is one of the most common mental disorders in the U.S. and in 2015 there were an estimate 16.1 million adults in the U.S. that had at least one major depressive episode in the past year (NIMH).

Substance and alcohol abuse plays an important role in this issue, though there are also very limited resources and services. According to the National Institute on Drug Abuse, the cost of substance abuse in the U.S. (including tobacco, alcohol and illicit drugs) is more than $700 billion annually in fees related to crime, lost work productivity and health care. Driving deaths in Fairbanks North Star are almost double the national rate at 37 percent (County Health Rankings).

The CAC wanted to discuss looking at these issues separately to see if they could be better addressed on their own. While the argument was made for both sides, it was ultimately decided that a comprehensive look at behavioral health must include substance abuse as a symptom.

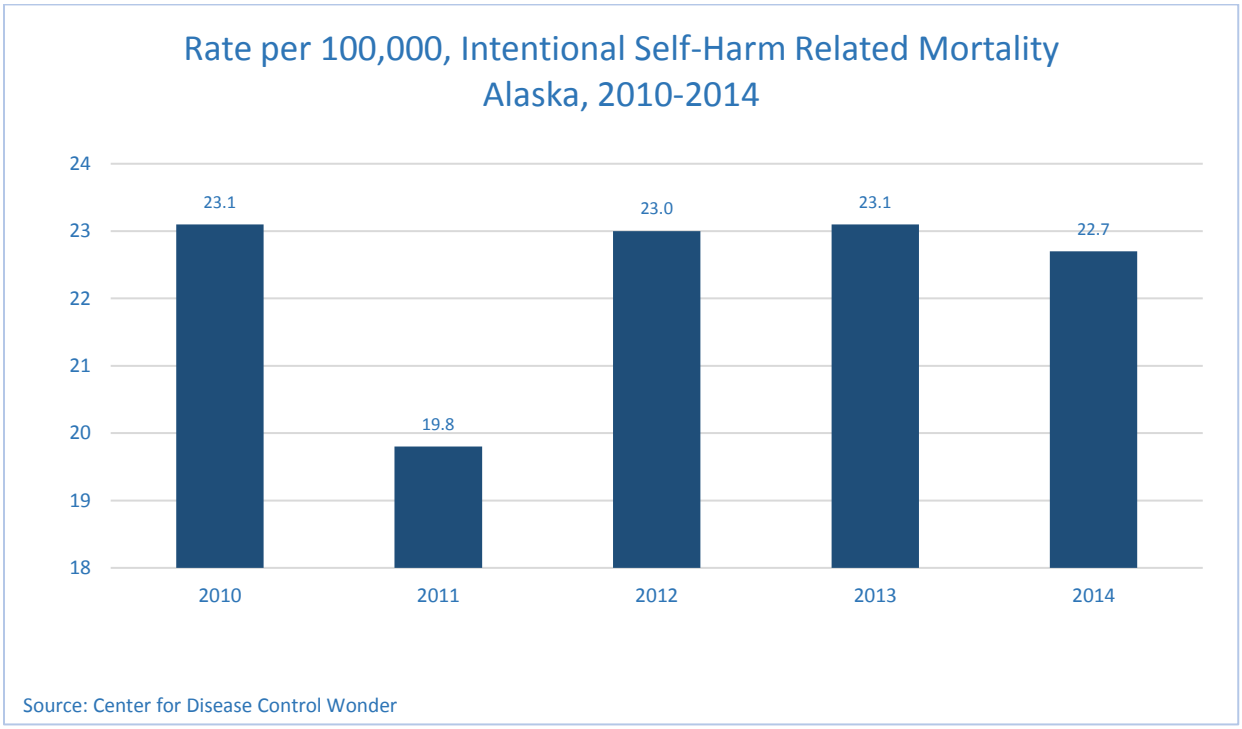
	Health Care	Overall
Tobacco	$130 billion	$295 billion
Alcohol	$25 billion	$224 billion
Illicit Drugs	$11 billion	$193 billion

Source: National Institute, 2015

A major issue with behavioral health patients seen across the facilities is what happens after a patient is discharged. Increasingly, there are fewer places to refer patients and the hospital has no choice but to send them home. Without qualified mental health providers in the hospital, staff can only monitor the patients for a limited time while waiting to find out if a bed may open up at an inpatient treatment center, which can take weeks or months. The cycle begins again when a patient is discharged and goes unmonitored or without medication and ends up back in the emergency department. If the patient is

not violent or a threat to others, they often present in the ED with chronic pain. Patients become addicted to pain medications and bounce from ED to ED to get refills while the real issue is never addressed.

Another issue within behavioral and mental health is intentional self-harm. Alaska has one of the highest suicide rates in the country. According to the state's Department of Health and Social Services, Alaska had 1,524 suicides during 2005-2014, an average of 152.5 suicides per year.



PRIORITY #2: CHRONIC DISEASE

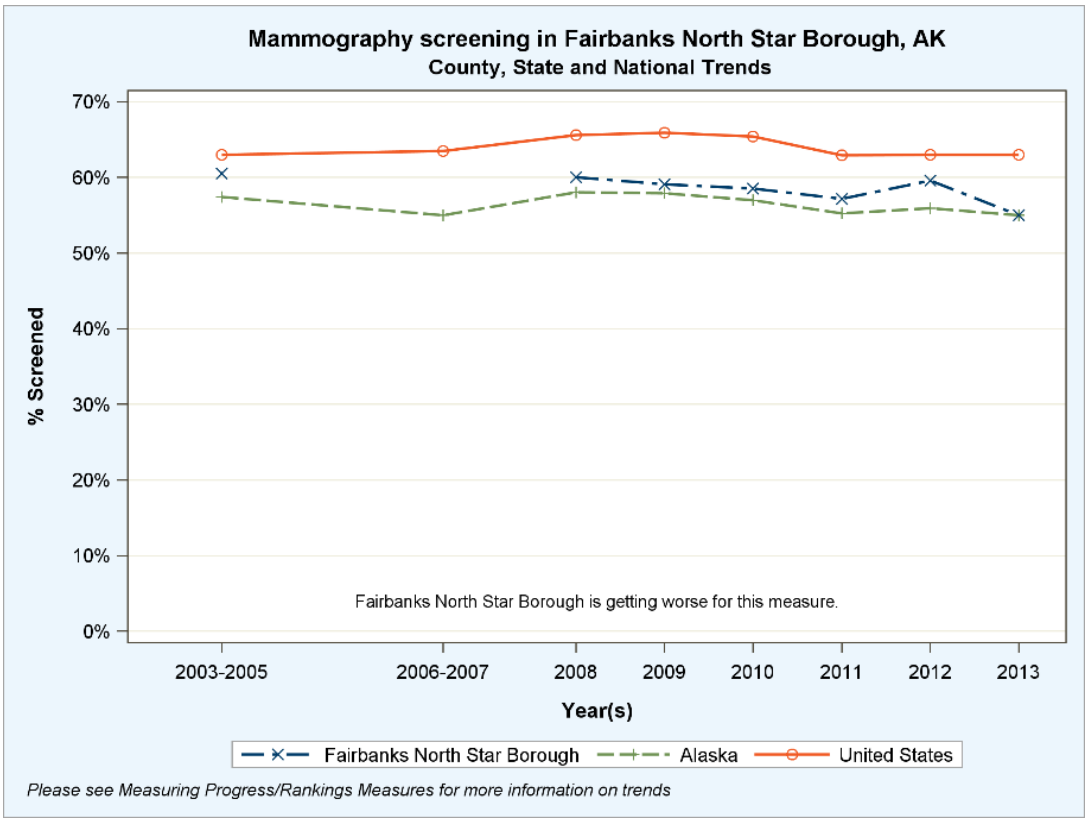
Chronic diseases such as cancer, heart disease, diabetes and obesity affect the health and quality of life of North Star Borough residents, but they are also a major driver of health care costs. The 2014 leading causes of death in Alaska include cancer, heart disease, diabetes and chronic lower respiratory disease.

Alaska

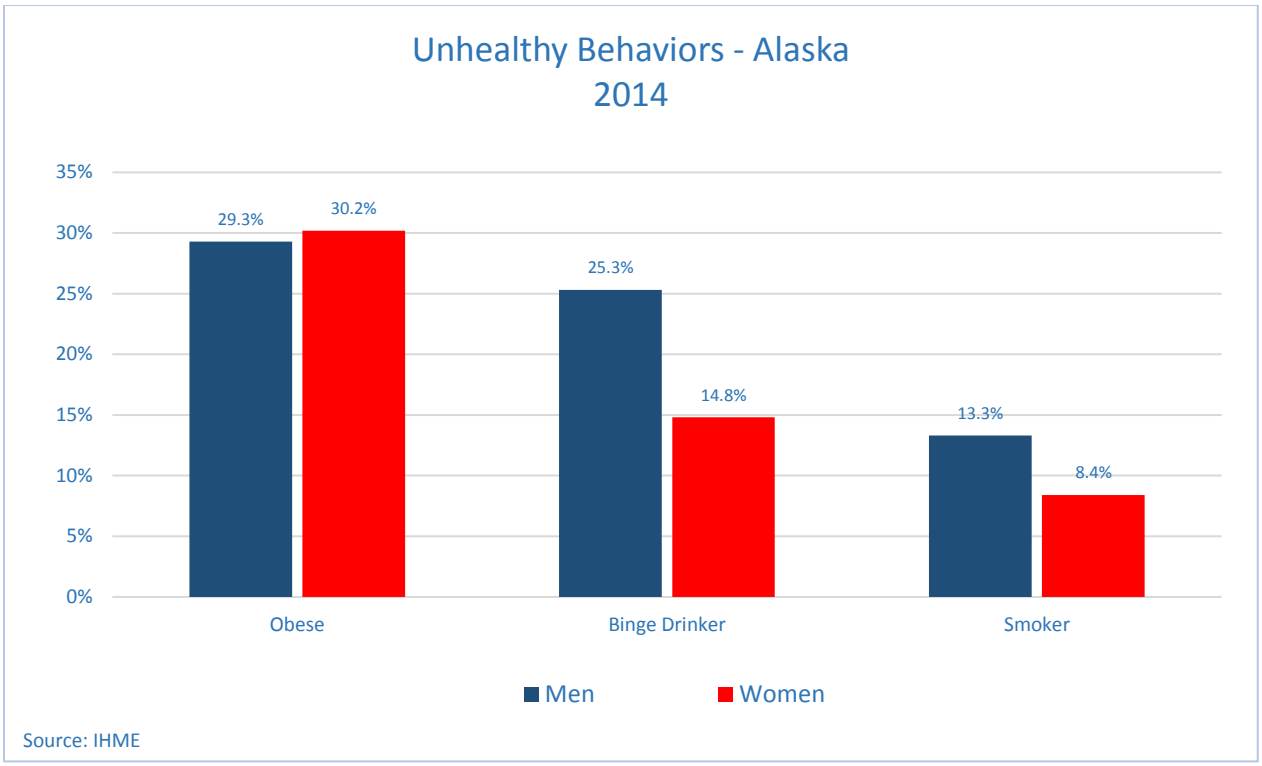
...	All causes	4,128	100.0	560.3
1	Malignant neoplasms (C00-C97)	972	23.5	131.9
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	782	18.9	106.1
3	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	379	9.2	51.4
4	Chronic lower respiratory diseases (J40-J47)	192	4.7	26.1
5	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	167	4.0	22.7
6	Cerebrovascular diseases (I60-I69)	157	3.8	21.3
7	Diabetes mellitus (E10-E14)	113	2.7	15.3
8	Chronic liver disease and cirrhosis (K70,K73-K74)	84	2.0	11.4
9	Alzheimer's disease (G30)	68	1.6	9.2
9	Influenza and pneumonia (J09-J18)	68	1.6	9.2
11	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	45	1.1	6.1
12	Septicemia (A40-A41)	43	1.0	5.8
13	Assault (homicide) (*U01-*U02,X85-Y09,Y87.1)	37	0.9	5.0
14	Viral hepatitis (B15-B19)	36	0.9	4.9
15	Essential hypertension and hypertensive renal disease (I10,I12,I15)	33	0.8	4.5
...	All other causes (residual)	952	23.1	129.2

Source: http://www.cdc.gov/nchs/data/dvs/lcwk9_2014.pdf

As the leading causes of death in Alaska, cancer prevention education and screenings are very important. This area is getting worse for mammography screening compared to the state and U.S. Early detection is key to having a higher success rate of beating cancer.



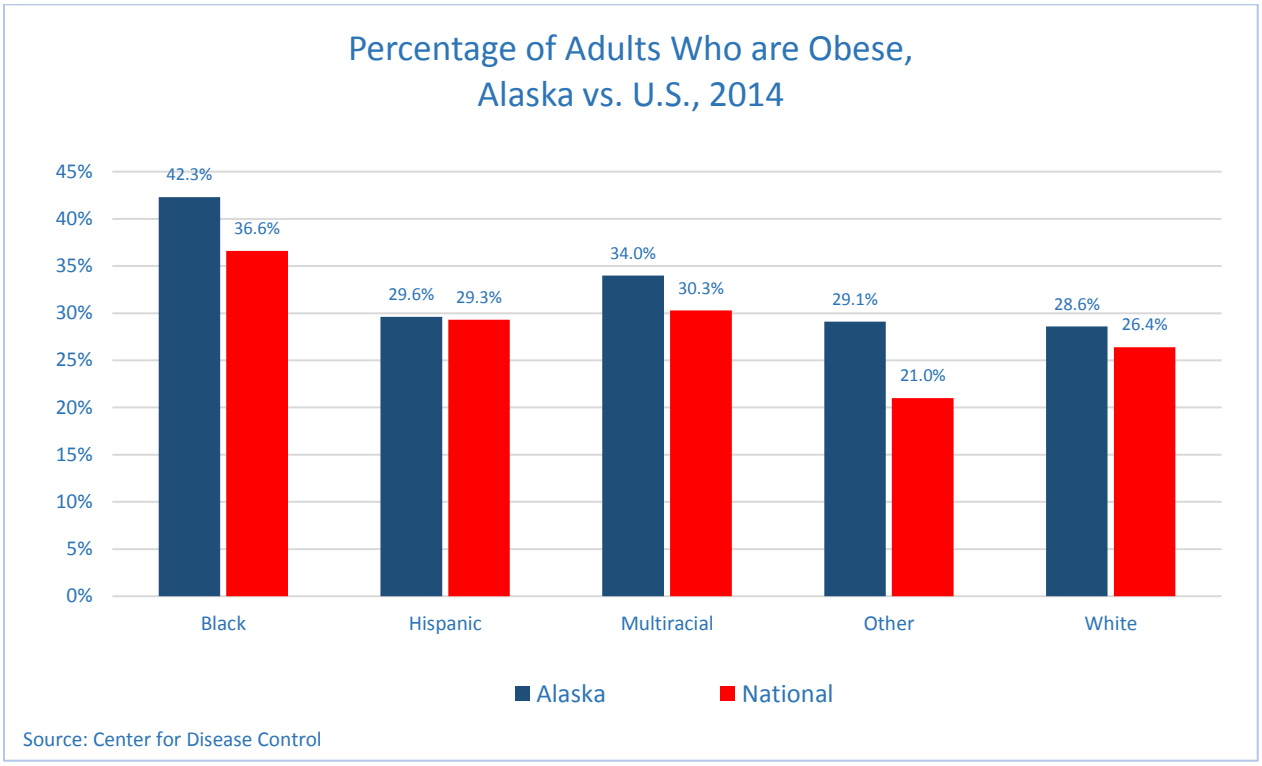
According to County Health Rankings, “obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.” Unhealthy behaviors such as obesity, drinking and smoking are also associated with these chronic conditions.



Adult obesity in 2014 was higher in Alaska than the U.S. regardless of race and continues to be a serious health concern in Alaska. In 2014, 66 percent of adults were overweight or obese and the state has high rates of childhood and youth obesity. Due to this data, the State of Alaska now manages the Play Every Day campaign, Community Nutrition efforts, and the Obesity Prevention School Partnerships and the Early Care and Education Initiative (State of Alaska).

The CAC was still concerned about the lack of education presented to the community around healthy lifestyle choices, including healthy foods. In 2014, 42 percent of restaurants in North Star were fast food, compared to the national benchmark of 27 percent. According to the same data, limited access to healthy foods was at 10 percent, compared to 1 percent for the U.S. (County Health Rankings).

Convenience and affordability were also discussed as barriers to healthy eating as well as limited time to exercise outside. While physical inactivity rates are the same as state and national benchmarks, access to exercise opportunities falls significantly below. Because the weather is so cold, residents have limited months of the year they can be active outdoors.



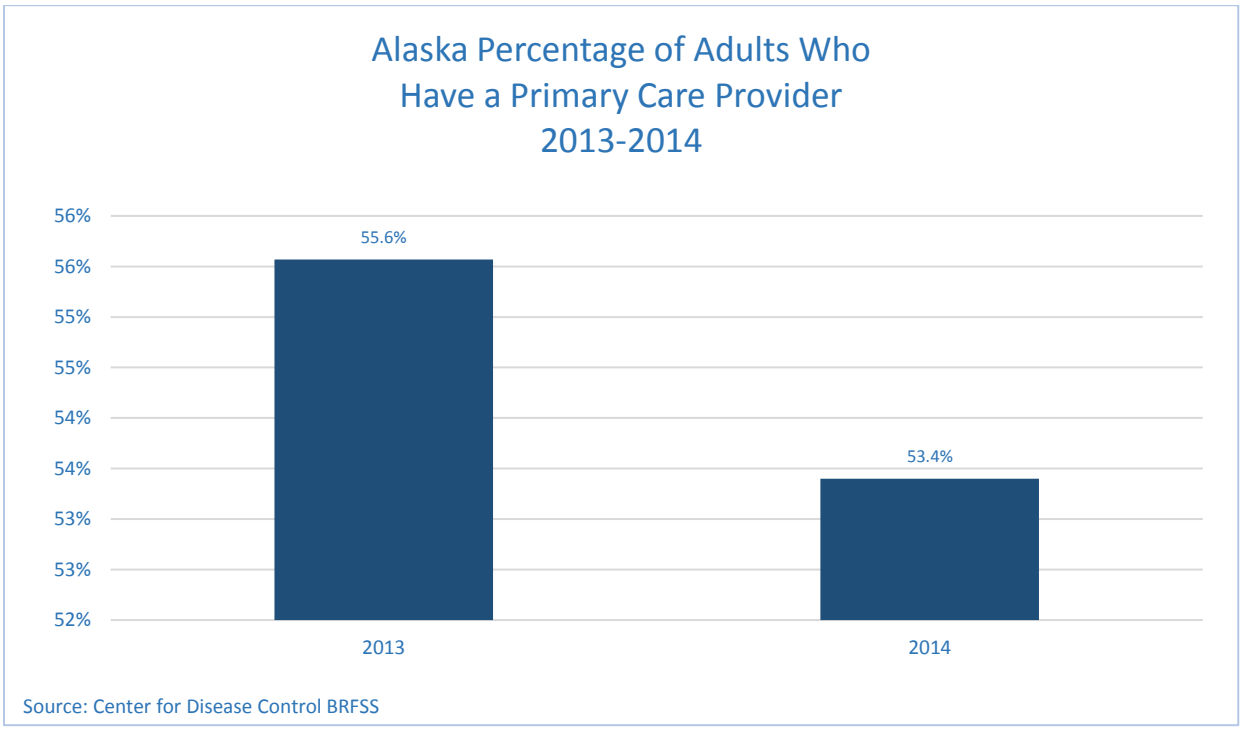
PRIORITY #3: ACCESS TO CARE

According to the County Health Rankings, Fairbanks North Star has a higher ration of patients to providers. With 1,360 patients for everyone 1 primary care physician, compared to the U.S. benchmark of 1,040 patients to everyone 1 primary care provider, it would make sense that the CAC was concerned about availability of appointments to see physicians. The CAC was specifically concerned about access to providers for mental and behavioral issues.

Clinical Care	North Star Borough	U.S.	Alaska
Primary Care	1,360:1	1,040:1	1,190:1

Source: County Health Rankings, 2016

Though not significant, the rate of adults who report having a primary care physician has gone done in recent years. However, the data shows that in 2014, almost half of the population did not have a provider.



NEEDS IDENTIFIED BUT NOT PRIORITIZED:

The following were brought up in by the CAC but not something they felt should be addressed at this time:

Senior care

The CAC wanted to focus specifically on seniors with high specialty needs, like Alzheimer's and dementia. Because there are other services already providing the care in the community, it was decided not to focus on at this time.

Sexually Transmitted Infections

Alaska continues to have high rates of STI's but the group felt that was something the health department should be addressing through increased screenings. The health department thought a possible reason for the increased rates were due to expanded healthcare. With more people seeing doctors, the reporting rates could be impacted by that fact alone.

Resources Potentially Available to Address Needs

Access Alaska
479-7940, 800-770-7940
526 Gaffney Road #100
Fairbanks, AK 99701

Adult Protective Services
800-478-9996
550 West 8th Avenue
Anchorage, AK 99501

Alaska Center for Children and Adults (ACCA)
456-4003
1020 Barnette Street
Fairbanks, AK 99701

Care Line Crisis intervention
452-4357
726 26th Avenue
Fairbanks, AK 99701

Chief Andrew Isaac Health Center
451-6682
1717 Cowles Street
Fairbanks, AK 99701

Fairbanks Community Mental Health Center
452-1575
3830 South Cushman Street
Fairbanks, AK 99701

Fairbanks Memorial Hospital
452-8121
1650 Cowles Street
Fairbanks, AK 99701

Fairbanks Resource Agency
456-8901
805 Airport Way
Fairbanks, AK 99701

Fairbanks Urgent Care
452-2178
1867 Airport Frontage Road
Fairbanks, AK 99701

State of Alaska Public Health Nursing
452-1776
1025 West Barnette
Fairbanks, AK 99701

Steese Immediate Care
374-7911
1275 Sadler Way #101
Fairbanks, AK 99701
Tanana Valley Clinic
459-3500
1001 Noble St.
Fairbanks, AK 99701

Tanana Chiefs Conference
451-6682, 452-8251
122 1st Avenue
Fairbanks, AK 99701

Feedback on Preceding CHNA and Implementation Strategy

Fairbanks Memorial Hospital did not formally track any written feedback for Cycle 1 of the CHNA. However, the link to the 2013 report was posted on the Bannerhealth.com website and made widely available to the public.

In order to comply with the revised regulations, feedback from Cycle 2 will be solicited and stored going forward. Comments can be sent to CHNA.CommunityFeedback@bannerhealth.com

Impact of Actions Taken Since Preceding CHNA

Community Health Need	Action
Access to Care	• FMH Physician Recruiters brought new physicians to Fairbanks (13, 8, and 17 in 2013, 2014, and 2015 respectively). • The Greater Fairbanks Community Hospital Foundation partnered with Tanana Chief's Conference via a land swap and lease exit strategy to facilitate the opening of their new clinic which greatly expands access to care for the Alaska Native community. • TVC added approximately 6 FTEs in primary care 2014-2016 including the opening of a 2nd walk-in clinic (First Care West) in 2016. This correlates to an estimated expansion of 13,800 annual appointments. • In specialty care, TVC opened Osteopathic Manipulation services, added Dermatology and Mohs surgery, and late this year will add Orthopedic Surgery and Endocrinology. • (TVC growth in available appointments expands access for Medicare, Tricare, and Medicaid; all of which have access

	challenges in our community. This growth does not directly increase access for uninsured.)
Chronic Disease	• Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness • Expanded Diabetic Education and Nutrition programs • Provided health screenings and educational materials • Quarterly free community "Empower" lectures; featuring experts on chronic conditions • Representation in the Interior Public Health Partners and participation in public health events • Participated in free community Health Talks series for UAF summer session
Behavioral Health	• Created a webpage with information and resources related to Mental Health and Substance Abuse • Provider to provider telephone consults
Tobacco/Smoking Cessation	• Partneedr with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows • Supported a Tobacco Free campus
Obesity/Nutrition	• Sponsorships focused on wellness, healthy eating • Online education, support and recipes

Appendix A – List of Data Sources

Data Sources

The primary data sources that were utilized to access primary service information and health care trends include:

- American Community Survey. (2015). *Town Charts USA/Nevada/Fallon*. Retrieved February 18, 2016. From http://www.towncharts.com/Nevada/Demographics/Fallon-city-NV-Demographics-data.html
- American Fact Finder. (2014). United States Census. Retrieved February 17, 2016. From http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
- Centers for Disease Control and Prevention. (2016). Retrieved February 18, 2016. From http://www.cdc.gov/
- County Health Rankings and Roadmaps. (2016). Retrieved February 18, 2016. From http://www.countyhealthrankings.org/app/colorado/2016/rankings/fairbanks/county/outcomes/overall/snapshot
- Explore Fairbanks Alaska. The Golden Heart of Alaska. (2016). Retrieved August 17, 2016. From http://www.explorefairbanks.com/go/explore/fairbanks/6
- Institute for Health Metrics and Evaluation. (2016). US County Profiles. Retrieved March 2, 2016. From http://www.healthdata.org/us-county-profiles
- National Institute of Mental Health
- National Institute on Drug Abuse. (2015). Trends and Statistics. Retrieved February 15, 2016. From https://www.drugabuse.gov/related-topics/trends-statistics
- QuickFacts. Retrieved February 15, 2016. From http://www.census.gov/quickfacts/table/EDU635214/00
- State of Alaska. Obesity Prevention and Control Program. (2015). Retrieved August 19, 2016. From http://www.dhss.alaska.gov/dph/Chronic/Pages/Obesity/default.aspx
- Slate. The Most Common Causes of Death for an American at Any Age, in Charts. (2014). Retrieved February 18, 2016. From http://www.slate.com/blogs/business_insider/2014/05/24/most_common_causes_of_death_in_american_made_into_interactive_charts_by.html
- Sperling's Best Places. (2016). Fairbanks, Alaska. Retrieved August 17, 2016. From http://www.bestplaces.net/city/alaska/fairbanks
- Statistical Atlas. Employment Status in Alaska. (2015). Retrieved August 18, 2016. From http://statisticalatlas.com/state/Alaska/Employment-Status
- Truven Health Analytics, 2016
- U.S. Census, 2014. American Fact Finder. Retrieved August 18, 2016. From https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- U.S. Census Bureau (2014). Behavioral Risk Factor Surveillance System. (BRFSS) Retrieved February 15, 2016. From http://www.cdc.gov/brfss/brfssprevalence/index.html
- U.S. Census Bureau, (2014). Youth Risk Behavior Surveillance System. (YRBSS) Retrieved February 15, 2016. From http://www.cdc.gov/healthyyouth/data/yrbs/index.htm
- U.S. Census Bureau, American Community Survey (ACS), Bureau of Labor Statistics, United States Department of Agriculture, Centers for Medicare and Medicaid Services. Retrieved

February 15, 2016. From http://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/

- US Department of Commerce. (2014). QuickFacts. Retrieved February 15, 2016. From http://www.census.gov/quickfacts/table/EDU635214/00

Appendix B. – List of Steering Committee and Community Advisory Council

Banner Health CHNA Steering Committee, in collaboration with Fairbanks Memorial Hospital's leadership team and Banner Health's Strategic Planning and Alignment department were instrumental in both the development of the CHNA process and the continuation of Banner Health's commitment to providing services that meet community health needs.

STEERING COMMITTEE MEMBER	TITLE
Beth Stiner	Vice President, Human Resources
Candace Hoffmann	Public Relations Program Director
Cathy Townsend	Chief Nursing Officer, Banner University Medical Center T
Christina Geare	Community Health Director, Banner Health
Dave Cheney	Chief Executive Officer, Banner Boswell Medical Center
Hargobind Khurana	Health Management Senior Medical Director
Hazel Richards	Vice President Development
Hoyt Skabelund	Chief Executive Officer, Banner Churchill Community Hospital
Lisa Davis	Payroll and Tax Senior Director
Lynn Chapman	Planning Senior Director
Lynnette Mitchell	Business Development Program Director, BHN
Megan Christopherson	Child Health/Wellness Director
Michael Cimino Jr	Chief Financial Officer, Banner Behavioral Health
Glenda Marandina	Systems Consultant, Banner Health

COMMUNITY ADVISORY COUNCIL

Fairbanks Memorial Hospital's leadership team, in collaboration with members of the steering committee, created a Community Advisory Council (CAC) of community leaders that represent the underserved, uninsured and minority populations. CAC participants were identified based on their role in the public health realm of the hospital's surrounding community. Emphasis was placed on identifying populations within the service area that are considered minority and/or underserved. Each CAC participant is vested in the overall health of the community and brought forth a unique perspective with regards to the population's health needs. The CAC provided Banner Health with the opportunity to gather valuable input directly from the community.

NAME AND TITLE	ORGANIZATION	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Perry Ahsogeak	Ralph Perdue Center	Community needs and resources related to the drug and alcohol rehabilitation
Jacoline Bergstrom	Tanana Chiefs Conference	Community needs and resources related to the Indian Health Services
Linda Bode	Fairbanks North Star Borough School District	Community needs and resources related to the student population
Elizabeth Burton	State of Alaska, Fairbanks Regional Health Nurse	Public health trends, programs and policy; community needs, resources and partners
Cole Carson	Fairbanks Memorial Hospital	Health care industry; hospital management and utilization trends; clinical and ancillary services
John Davies	Fairbanks North Star Borough	Community needs, trends and resources
Jennifer Eden	Tanana Chiefs Conference	Community needs and resources related to the Indian Health Services
Kathy Ellingson	Raven Landing/Fairbanks Memorial Hospital	Health care industry; hospital management and utilization trends; clinical and ancillary services/ Community needs and resources related to senior housing
Michelle Harpole	Fairbanks Rescue Mission	Community needs and resources related to the underserved population
Heather Hartman	Fairbanks North Star Borough School District	Community needs and resources related to the student population

NAME AND TITLE	ORGANIZATION	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Jan Hinde	Fairbanks Resource Agency	Community needs, trends and resources
Joy Huntington	Fairbanks City Council	Community needs, trends and resources
Cheryl Kilgore	Interior Community Health Center	Public health trends, programs and policy; community needs, resources and partners
Sam Kirstein	Fairbanks Food Bank	Community needs and resources related to the underserved population
Shaun Kraska	Fairbanks North Star Borough School District	Community needs and resources related to the student population
Ernie Misewicz	Fairbanks Fire Department	Community needs, trends and resources; emergency care trends
Susan Motter	Raven Landing	Community needs and resources related to senior housing
Karen Perdue	Greater Fairbanks Community Hospital Foundation	Health care industry; hospital management, community needs and resources, grant opportunities
Angie Ramirez	Chief Andrew Isaac Health Center	Community needs and resources related to the Indian Health Services
June Rogers	Fairbanks City Council	Community needs, trends and resources
Darlene Supplee	Fairbanks Senior Center	Community needs and resources related to the senior population
Ron Wall	Alaska State Troopers	Community needs, trends and resources; emergency care trends

Appendix C. –MATERIALS USED IN FOCUS GROUP

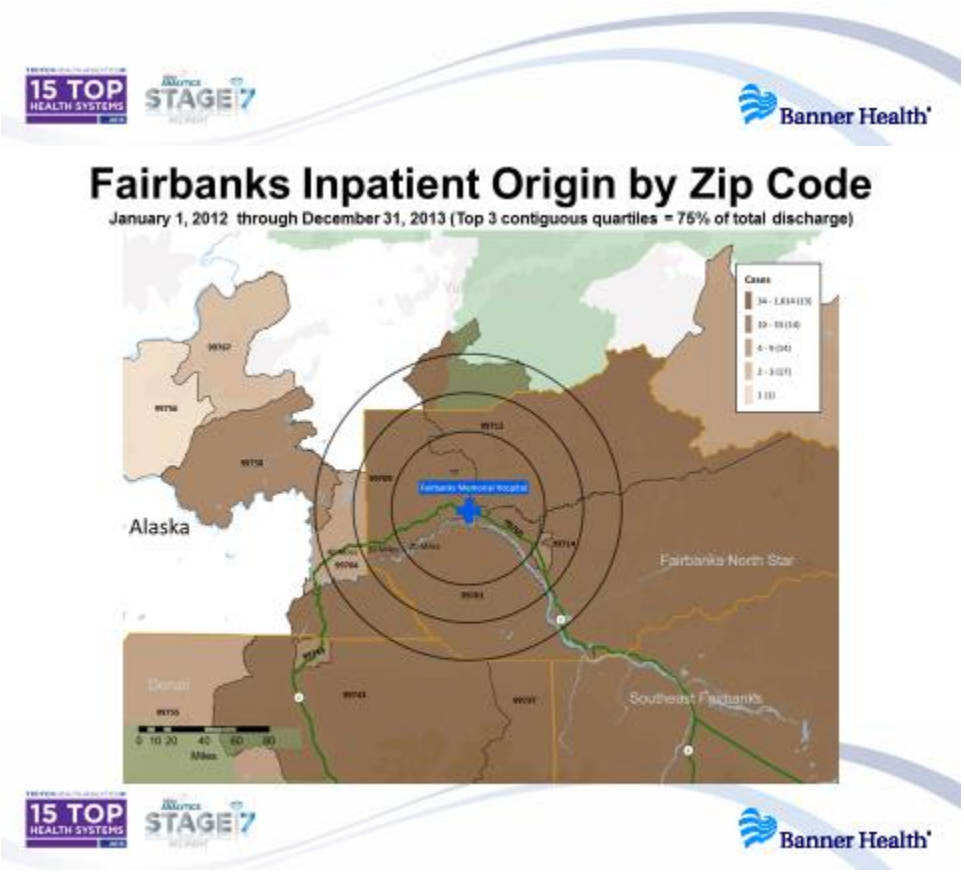
Why are we here?

- Gather input and feedback from community leaders that represent the community
- Validate and/or identify significant areas of healthcare need within the community
- Promote collaborative partnerships
- Identify opportunities to engage with the community in addressing potential areas of need
- Requirement of Affordable Care Act

2015 Giving Back to the Community

Community Building:	Charity Care:	Bad Debt:
$450,000	$4.3 million	$21.3 million

Setting the stage…



Demographic Snapshot Fairbanks North Star

Demographics Expert 2.7
2016 Demographic Snapshot
Area: Fairbanks North Star Borough
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	97,594	308,745,538
2016 Total Population	98,639	322,431,073
2021 Total Population	100,092	334,341,965
% Change 2016 - 2021	1.5%	3.7%
Average Household Income	$87,431	$77,135

	2016	2021	% Change
Total Male Population	53,124	53,769	1.2%
Total Female Population	45,515	46,324	1.8%
Females, Child Bearing Age (15-44)	20,423	20,095	-1.6%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2016	% of Total	2021	% of Total	USA 2015 % of Total
0-14	20,920	21.2%	21,274	21.3%	19.0%
15-17	3,837	3.9%	3,859	3.9%	4.0%
18-24	13,778	14.0%	12,639	12.6%	9.8%
25-34	17,487	17.7%	16,810	16.8%	13.3%
35-54	23,117	23.4%	23,638	23.6%	26.0%
55-64	11,010	11.2%	10,487	10.5%	12.8%
65+	8,690	8.8%	11,377	11.4%	15.1%
Total	98,639	100.0%	100,092	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2016 Household Income	HH Count	% of Total	USA % of Total
<$15K	2,692	7.3%	12.3%
$15-25K	3,158	8.5%	10.4%
$25-50K	6,895	18.6%	23.4%
$50-75K	7,152	19.3%	17.6%
$75-100K	5,416	14.6%	12.0%
Over $100K	11,724	31.6%	24.3%
Total	37,040	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,274	2.1%	6.8%
Some High School	2,648	4.4%	7.6%
High School Degree	14,996	24.8%	27.9%
Some College/Assoc. Degree	22,501	37.3%	29.2%
Bachelor's Degree or Greater	19,887	31.3%	28.4%
Total	60,305	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	60,418	69.4%	61.3%
Black Non-Hispanic	5,482	6.6%	12.3%
Hispanic	9,090	8.2%	17.8%
Asian & Pacific Is. Non-Hispanic	3,284	3.3%	5.4%
All Others	12,377	12.6%	3.1%
Total	90,639	100.0%	100.0%

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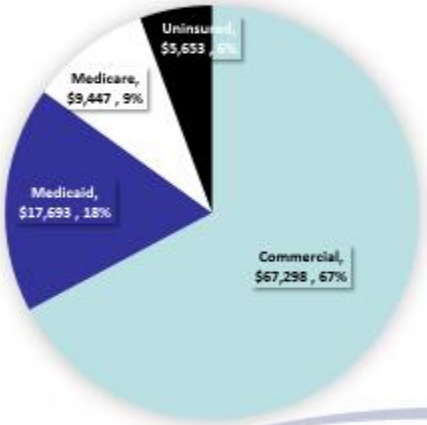
15 TOP HEALTH SYSTEMS 2016 STAGE 7 Banner Health

2016 Insurance Estimates from Truven Market Expert

Fairbanks, North Star Borough



15 TOP HEALTH SYSTEMS 2016 STAGE 7 Banner Health

County Health Rankings & Roadmaps

Health Outcomes

- Health outcomes in the *County Health Rankings* represent how healthy a county is. They measured two types of health outcomes: how long people live (mortality) and how people feel while alive (morbidity).

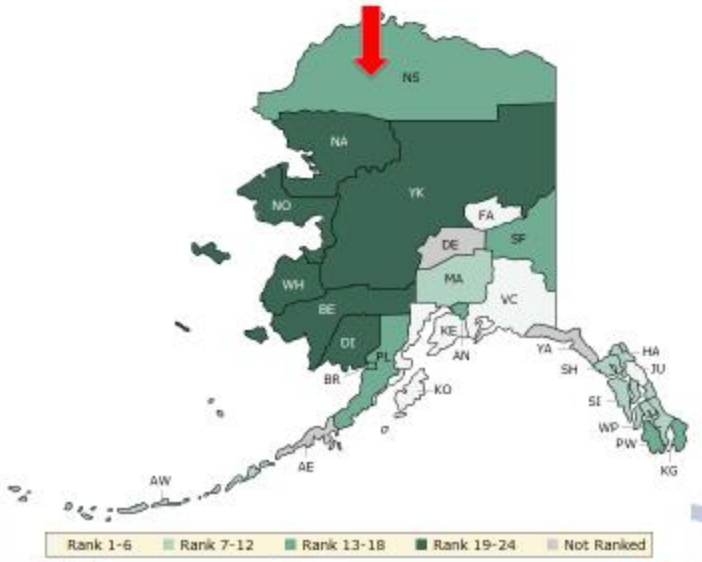
Health Factors

- Health factors in the *County Health Rankings* represent what influences the health of a county. They measured 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.

2016 County Health Rankings

- Fairbanks North Star ranks 6th out of 24 Alaska Boroughs in Health Outcomes
- Much higher sexually transmitted infections than the US benchmark
- Higher alcohol impaired driving deaths
- Lower high school graduation rates
- Increasing children in poverty rates
- Higher sever housing problems

2016 Health Outcomes Alaska



County Health Rankings & Roadmaps

Health Rankings/County Health Rankings and Roadmaps

	Fairbanks, North Star	US Benchmark	Alaska	Rank (of 24)
Health Outcomes				6
Length of Life				4
Premature death	6,200	5,200	7,400	
Quality of life				7
Poor or fair health**	11%	12%	13%	
Poor physical health days**	3.2	2.9	3.4	
Poor mental health days**	2.7	2.8	3	
Low birthweight	6%	6%	6%	
Health Factors				3
Health Behaviors				6
Adult Smoking**	16%	14%	20%	
Adult Obesity	29%	25%	28%	
Food Environment Index	7.2	8.3	7.3	
Physical Inactivity	20%	20%	20%	
Access to exercise opportunities	65%	91%	67%	
Excessive Drinking**	23%	12%	22%	
Alcohol impaired driving deaths	37%	14%	33%	
Sexually transmitted infections	648.2	134.1	789.4	
Teen births	37	4 0-5 1	39	
Clinical Care				2
Uninsured	19%	11%	21%	
Primary Care Physicians	1360:1	1,040:1	1,190:1	
Dentists	830:1	1,340:1	1,090:1	
Mental Health Providers	190:1	370:1	300:1	

County Health Rankings & Roadmaps
A Healthier Nation, County by County

Health Rankings/County Health Rankings Roadmaps	Fairbanks, North Star	US Benchmark	Alaska	Rank (of 24)
Preventable Hospital Stays	22	38	40	
Diabetic Monitoring	78%	90%	76%	
Mammography Screening	55%	71%	55%	
Social & Economic Factors				**4**
High School Graduation	69%	93%	72%	
Some College	72%	72%	66%	
Unemployment	5.70%	3.50%	6.80%	
Children in Poverty	11%	13%	16%	
Income Inequality	3.8	3.7	4.1	
Children in Single-parent households	28%	21%	31%	
Social Associations	10.7	22.1	11.3	
Violent crimes	--	59	615	
Injury Deaths	63	51	80	
Physical Environment				**23**
Air pollution-particulate matter	--	9.5	--	
Drinking water violations	Yes	No		
Severe housing problems	23%	9%	20%	
Driving alone to work	74%	71%	68%	
Long commute-driving alone	16%	15%	17%	
10th/90th percentile, i.e. only 10% better				

Note: Blank values reflect unreliable or missing data

**Data should not be compared with prior years due to changes in definition/methods

15 TOP HEALTH SYSTEMS 2013 STAGE 7 Banner Health

Outpatient ED Visits Frequent Diagnosis

	Medicaid/Uninsured		Medicare
Contusions/Sprains	✓		✓
ENT/Ear Infection/Strep Throat	✓		
GI/Abdominal Pain/Nausea	✓		✓
Heart Attack/Symptoms	✓		✓
Pregnancy Complications	✓		
Substance Abuse	✓		
URI/Bronchitis/Pneumonia	✓		✓
Urinary Tract Infections	✓		✓
Behavioral Health Issues			✓
Open Wound			✓
Skin Conditions/Rash			✓

15 TOP HEALTH SYSTEMS 2013 STAGE 7 Banner Health

2013 Community Feedback

Cycle 1:Top Needs Not Being Met

Access to Care	Chronic Disease	Obesity/Nutrition	Behavioral Health	Tobacco/Smoking
• Uninsured population • PCP shortages	• Cancer • Diabetes • Heart Disease	• Inactivity • Lifestyle choices	• Mental health resources • Substance abuse	• Tobacco cessation • Education

Actions Taken

Community Health Need	Action
Access to Care	• FMH Physician Recruiters brought new physicians to Fairbanks (13, 8, and 17 in 2013, 2014, and 2015 respectively). • The Greater Fairbanks Community Hospital Foundation partnered with Tanana Chief's Conference via a land swap and lease exit strategy to facilitate the opening of their new clinic which greatly expands access to care for the Alaska Native community. • • TVC added approximately 6 FTEs in primary care 2014-2016 including the opening of a 2nd walk-in clinic (First Care West) in 2016. This correlates to an estimated expansion of 13,800 annual appointments. • • In specialty care, TVC opened Osteopathic Manipulation services, added Dermatology and Mohs surgery, and late this year will add Orthopedic Surgery and Endocrinology. • • (TVC growth in available appointments expands access for Medicare, Tricare, and Medicaid; all of which have access challenges in our community. This growth does not directly increase access for unisured.)

Actions Taken

Community Health Need	Action
Chronic Disease:	• Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness • Expanded Diabetic Education and Nutrition programs • Provided health screenings and educational materials • Quarterly free community "Empower" lectures; featuring experts on chronic conditions • Representation in the Interior Public Health Partners and participation in public health events • Participate in free community Health Talks series for UAF summer session
Mental Health	• Create a webpage with information and resources related to Mental Health and Substance Abuse • Provider to provider telephone consults
Smoking/Tobacco Use	• Partner with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows • Support a Tobacco Free campus
Obesity/Nutrition	• Sponsorships focused on wellness, healthy eating • Online education, support and recipes

Next Steps…

- Are these still the biggest health needs facing the community?
- Would you change the prioritization of the needs?
- What improvements, if any, have you witnessed around these needs?
- What does success look like?
- What are strategies for getting us there?
- Are there key stakeholders/organizations in the community already doing work in these areas?

Needs Prioritized:
Access to Care
Chronic Disease
Behavioral Health
Tobacco Use/Smoking
Obesity/Nutrition

Needs Identified but not prioritized:
Women and Infant Services

15 TOP HEALTH SYSTEMS STAGE 7 Banner Health

That's a Wrap!

15 TOP HEALTH SYSTEMS STAGE 7 Banner Health

Appendix D. – PRIORITIZATION CRITERIA

The significant health needs identified through the CHNA were prioritized based on the below criteria, which took into account the quantitative data, focus group discussion with the Community Advisory Council (CAC) and Banner's mission, vision and strategic plan. Each significant health need was evaluated based on the criteria below, and through consensus discussion was narrowed down to three.

Criteria:

- Data indicates a clear need
- Priority within the community
- Clear disparities exist
- Cost of not addressing is high
- Desired outcome can be clearly defined
- Measures can be identified
- Public would welcome the effort
- Banner has the ability to impact
- Alignment with Banner's mission, vision and strategic plan