Ashley Medical Center

Ashley, North Dakota

Community Health Needs Assessment

June 30, 2013

Prepared by:

Wipfli LLP

Minneapolis, Minnesota

WIPFLi LLP
CPAs and Consultants

Table of Contents

Introduction 1
Methods 2
  Wipfli's Role 2
  CHNA Advisory Committee 2
  Community Served Determination 2
  CHNA Process 2
  Primary Data Collection 3
  Secondary Data Collection 4
  Information Gaps 4
Community/Demographic Profile – Primary Data Results 5
  Population 5
  Population by Age 5
  Population by Race and Ethnicity 7
  Income 8
Secondary Data Results 8
  Poverty 8
  Insurance 9
  Preventable Hospital Stays 12
  Screening 12
Summary of Key Findings and Prioritized Needs 14
  Existing Health Care and other Facilities and Resources 15
Implementation Plan 15
Form 990 (Schedule H) Reference Chart 16
References 17

Appendix 1 - List of Interviewees for Community Input
Appendix 2 - Interview Questions
Appendix 3 - Criteria Used to Prioritize Health Needs
Appendix 4 - Resource List
Appendix 5 - Community Health Needs Assessment Implementation Plan
Appendix 6 - Form 990 (Schedule H) Reference Chart

Introduction

Ashley Medical Center (AMC) is a fully integrated health care system, with a 20 bed Critical Access Hospital (CAH) along with swing beds and a Level 4 Trauma Emergency Room. The Skilled Nursing Home has 44 beds. AMC operates one Rural Health Clinic within the facility walls and another in Zeeland, ND. AMC provides low income housing with a 24 unit apartment complex called Harmony Home and a 10 unit supervised living apartment area within the main facility.

Services provided are acute care, clinical care, extended care services, lab services, swing bed services, telemedicine, dietary services, wellness program, operating room, anesthesia, outpatient therapy and treatment, social services, cardiac rehab, pharmacy, immunizations, radiology and tele-radiology, rehabilitation services, physical therapy, emergency services including advanced trauma and cardiac life support, and e-Emergency connecting us to a 24 hour emergency center.

In August of 2012, AMC signed a management agreement with St. Alexius Medical Center of Bismarck, North Dakota.

Methods

Wipfli's Role

In December 2012, Wipfli LLP (Wipfli) was engaged by leadership at Ashley Medical Center (AMC) 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 AMC. The team was tasked with completing the objectives outlined by the IRS CHNA requirements. The team consisted of the following members:

- Jerry Lepp, AMC Administrator
- Lori Bichler--- AMC Assistant Administrator and Nurse Practitioner
- Lucy Meidinger—WIC/School Board President
- Tami Meidinger—Public Health Nurse
- Don Kosel--- AMC Board Member/City Economic Developer
- Fern Haugen--- AMC Board President

Community Served Determination

The service area for AMC was created with input from the AMC CHNA Advisory Committee. The definition includes McIntosh County, North Dakota. The service area definition was based on the geographic origin of patients utilizing services at AMC.

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

Key informational interviews were conducted with members of the community served by AMC. These individuals were identified by the Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in key informational interviews. A list of the interviewees can be found in **Appendix 1**. A summary of the key findings from the key informational interviews can be found further on in this document.

A community survey was distributed to local organizations within McIntosh County. The survey was developed to capture input regarding health needs in the community.

Secondary Data Collection

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

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

- ESRI, 2013 (Based on US Census Data)
- County Health Rankings

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and the AMC Board-Approved implementation plan.

Information Gaps

There were no major gaps in information for this CHNA because quantitative information for demographic and health status were available at the county level. That said, to the extent that health status differs significantly by zip code within the county, health information was not available at that granularity.

Community/Demographic Profile – Primary Data Results

Population

The population in AMC's service area is expected to decline over the next five years, by 91 people. North Dakota is expected to grow by 6.7%. Population is expected to rise nationally by over 3%.

2012 and 2017 Population

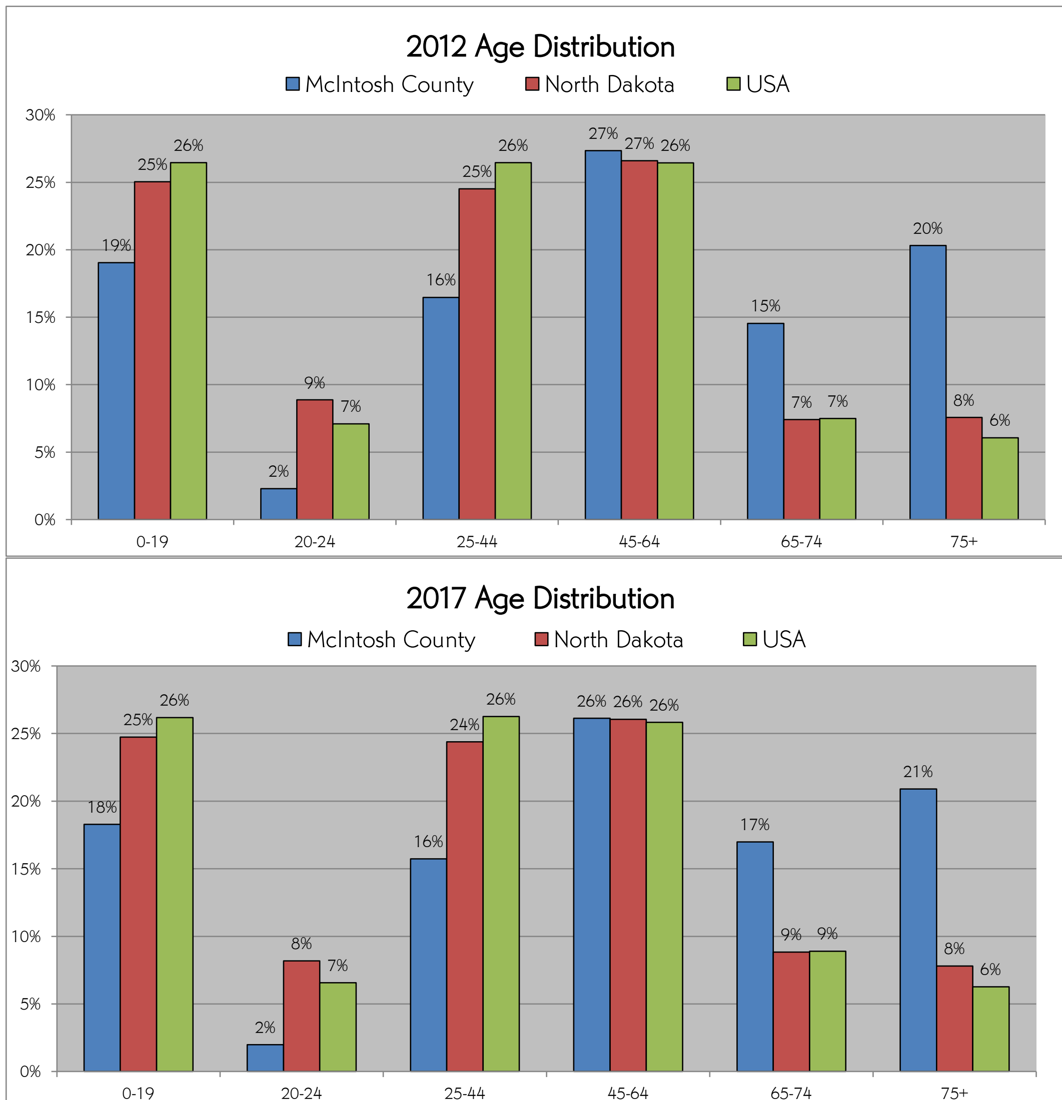
	2012	2017	% Change (2012-2017)	Change (2012-2017)
McIntosh County	2,805	2,714	-3.2%	-91
North Dakota	692,887	739,146	6.7%	46,259
USA	313,129,017	323,986,227	3.5%	10,857,210

ESRI Business Information Solutions, 2013

Population by Age

Population was grouped into major age categories for comparison. In general, McIntosh County has a significantly older population than North Dakota 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

AMC's service area is predominantly white, equating to roughly 98% of the total population. No other race makes up a significant portion of the overall population.

2012 and 2017 Population by Race

2012 - Population by Race	Mcintosh County		North Dakota		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	2,751	98%	1,421,790	89%	225,289,662	72%
Black Alone	6	0%	11,794	1%	39,536,577	13%
American Indian Alone	12	0%	22,485	1%	3,010,559	1%
Asian Alone	11	0%	20,521	1%	15,239,038	5%
Pacific Islander Alone	0	0%	2,421	0%	552,594	0%
Some Other Race Alone	7	0%	84,163	5%	20,008,464	6%
Two or More Races	18	1%	42,140	3%	9,492,123	3%

2017 - Population by Race	Mcintosh County		North Dakota		USA	
	Number	Percent	Number	Percent	Number	Percent
White Alone	2,660	98%	1,482,497	87%	228,784,341	71%
Black Alone	6	0%	17,002	1%	41,359,936	13%
American Indian Alone	12	0%	24,887	2%	3,244,199	1%
Asian Alone	11	0%	24,668	2%	16,950,165	5%
Pacific Islander Alone	0	0%	2,821	0%	615,508	0%
Some Other Race Alone	7	0%	96,445	6%	22,299,085	7%
Two or More Races	18	1%	50,125	3%	10,732,993	3%

ESRI Business Information Solutions, 2012

Income

Income data was analyzed for McIntosh County and compared to the state of North Dakota and the Nation. 2012 census data reveals that Median and Average household income for McIntosh County is lower than North Dakota and Nation. Over the next five years, income levels are expected to rise in McIntosh County, North Dakota, and the Nation.

2012 and 2017 Income Levels

2012	McIntosh County Number	North Dakota Number	USA Number
Median Household Income	35,680	43,645	50,157
Average Household Income	48,957	56,458	68,162
Per Capita Income	23,150	21,250	26,409

2017	McIntosh County Number	North Dakota Number	USA Number
Median Household Income	39,808	51,927	56,895
Average Household Income	53,889	63,052	77,137
Per Capita Income	25,801	23,775	29,882

ESRI Business Information Solutions, 2012

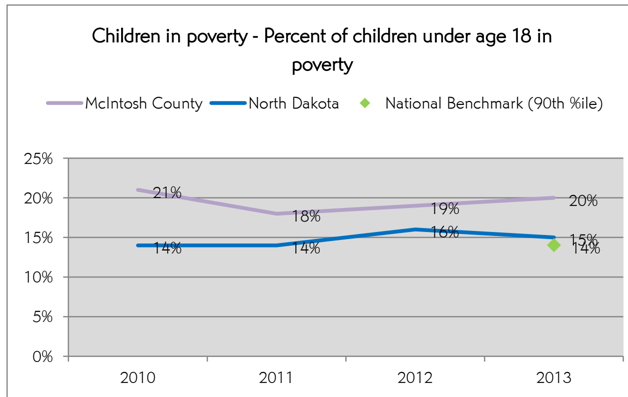
Secondary Data Results

The County Health Rankings show the health ranking of nearly every county in the nation. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Health factors in the County Health Rankings represent what influences the health of a county. The rankings 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. Overall, McIntosh County ranked 29th out of 46 counties rated in North Dakota for health outcomes based on the data collected by County Health Rankings. Wipfli selected a subset of key health outcomes to analyze as part of the CHNA process.

Poverty

Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. The percentage of

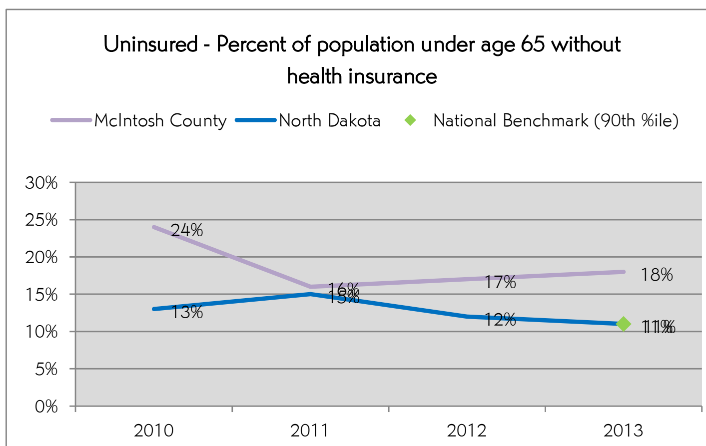
children in poverty for McIntosh County has been higher than in North Dakota and trending upward over the past three years.



North Dakota Department of Public Health

Insurance

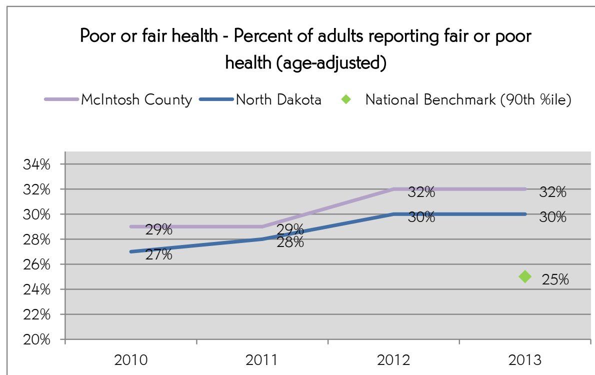
Uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. Individuals without insurance are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and, on average, receive less treatment for their condition than insured individuals. The uninsured rate in McIntosh County dropped significantly from 2010 to 2011, but has been climbing the past two years. At the same time, North Dakota's uninsured rate has been declining. Because the Medicare-eligible population in McIntosh County is higher than North Dakota and the Nation, this means that the rate of uninsured in the 0-64 population range may be even higher than the uninsured rate numbers reflect.

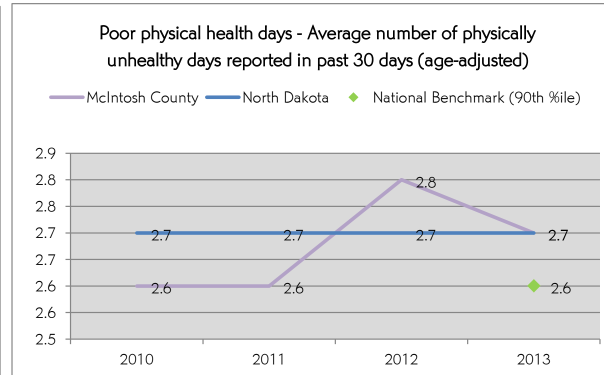


North Dakota Department of Public Health

General Population Health

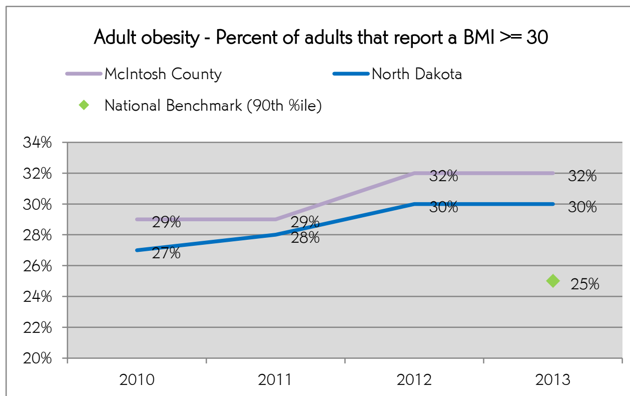
One measure of health among the community included in the County Health Rankings nationwide study is reported general well-being. Reported general health of "poor or fair health" in McIntosh County was slightly higher than North Dakota, although both are significantly higher than the National benchmark. What this means is that the population in McIntosh County considers themselves in general to be slightly less healthy than North Dakota in general. 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 McIntosh County have varied significantly but are in line with North Dakota in 2013.





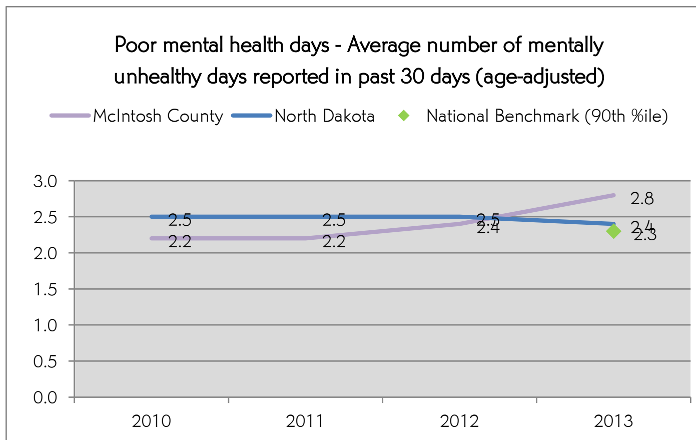
North Dakota Department of Public Health

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 North Dakota, the percentage of adults who are obese has risen to 30% in 2013, up from 27% in 2010. The percentage is slightly higher in McIntosh County, at around 32% in 2013, up from 29% in 2010. The health ramifications stemming from obesity are significant. The trend in North Dakota and McIntosh County is alarming, and represents a major health factor that should be addressed further in the coming years.



North Dakota Department of Public Health

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 McIntosh County were historically lower than North Dakota and the Nation in 2010, but have risen in 2012 and 2013. Mental health has come into the spotlight nationally as an area where continued focus and improvements efforts are warranted.

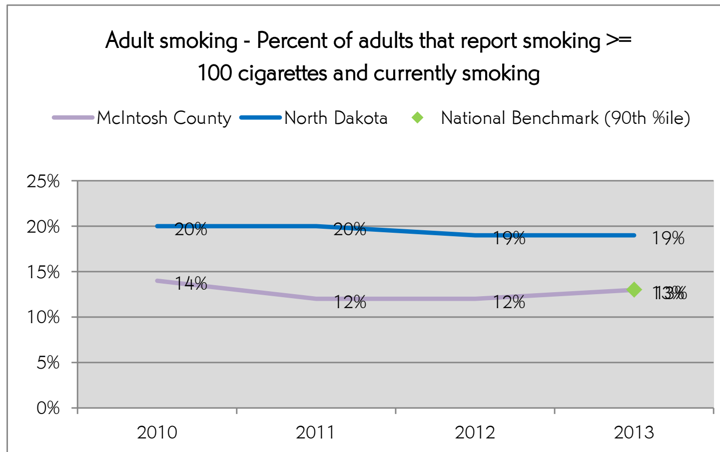


North Dakota Department of Public Health

Adult Smoking

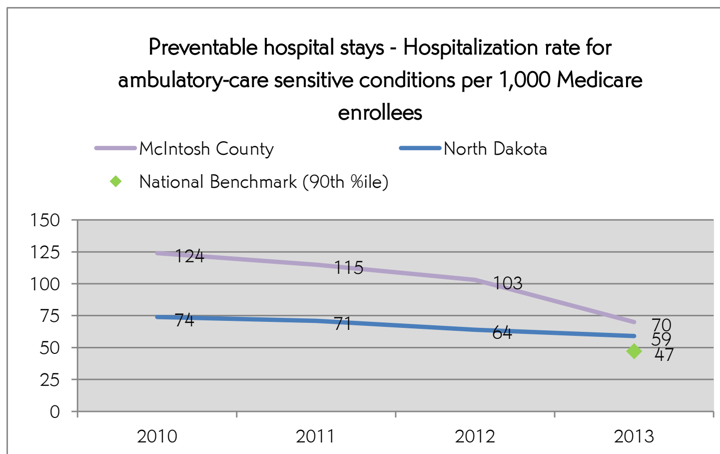
Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

The percentage of adults that report smoking in McIntosh County has remained fairly flat at around 12-14%, which is significantly below the rate in North Dakota and in line with national benchmarks.



Preventable Hospital Stays

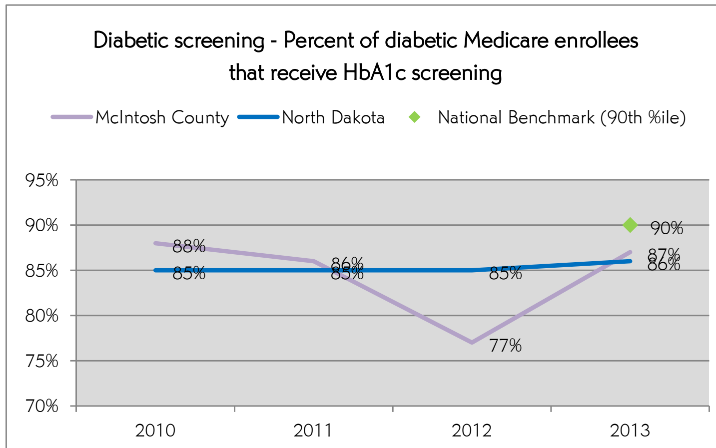
Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates for McIntosh County have declined significantly since 2010, to 70 per 1,000 Medicare enrollees. This is slightly above the national benchmark and North Dakota rates; however the significant drop is a desirable trend.



Screening

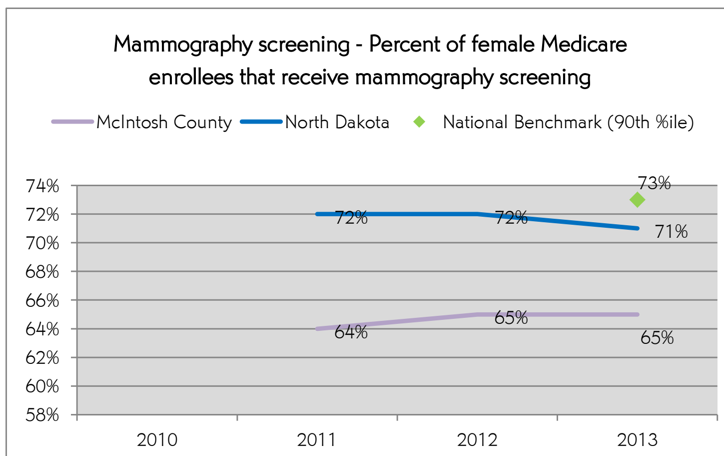
Screening for potential health issues is a major indicator of future health issues within a community.

Diabetes, which is one of the major health issues impacting our society today, was analyzed. Diabetes screening rates in McIntosh County have fluctuated significantly over the past four years, dropping significantly. Rates rebounded in 2013 to 87% which is just below the national benchmark of 90%.



North Dakota Department of Public Health

Mammography screening in McIntosh County is significantly below state and national benchmarks. The rate has been flat for the past three years and should be an area of focus for McIntosh County going forward.



North Dakota Department of Public Health

Summary of Key Findings and Prioritized Needs

A list of interview participants can be found in **Appendix 1**. The AMC 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 AMC.

Interview participants were asked a series of questions formed by Wipfli in conjunction with 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 AMC's 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 interview process (in no particular order):

1. Primary care shortage
2. Dentist shortage
3. Transportation
4. Wellness/fitness
5. Diet/nutrition education
6. Affordable care/medications
7. Specialty care
8. Obstetrics
9. Dialysis
10. Lack of assisted living facility
11. Mental Health

A community survey was distributed to local organizations within McIntosh County. Respondents were asked to prioritize and rank health issues, access issues, and service availability within the community. The following top priorities were identified through the survey process (in no particular order):

1. Aging Population
2. Financial Viability of Hospital
3. Declining Population
4. Health care provider shortage
5. Cost of health care
6. Lack of assisted living facility
7. Diabetes

8. Transportation

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs can be found in **Appendix 3**. 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

A complete list of health care and other facilities and resources available within the community to meet the health needs including location, contact information, and description of services can be found in **Appendix 4**:

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 5**. In summary, the following priorities were addressed through the implementation strategy:

1. Lack of Assisted Living facility
2. Hospital Website Update
3. Shortage of Primary Care Physicians
4. Financial Viability of Hospital

The implementation strategy detail for each priority located in **Appendix 5** provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

Form 990 (Schedule H) Reference Chart

A reference chart was created for the purposes of the Form 990 (Schedule H) Internal Revenue Service requirements. A chart of requirements and the corresponding page referencing the indicated task can be found in **Appendix 6**.

References

Association for Community Health Improvement

Rural Health Works

Flex Monitoring Team

ESRI Business Information Solutions, 2013

County Health Rankings

North Dakota Department of Health

North Dakota Vital Statistics

Appendix 1

List of Interviewees for Community Input

Name	Organization	Contact Information
Jeremy St. Aubin	Sports Medicine	701-288-3433
Lisa Forsman	Pharmacy Tech	701-288-3355
Amanda Baumann	Pharmacy Tech	701-288-3433
Eric Froeling	Chiropractor	701-452-2593
Denise Martz	School Counselor	701-288-3456
Brad Webster	School Superintendent	701-288-3456
Tami Meidinger	Public Health	701-288-3957

Appendix 2

Interview Questions

Health Care Issues and Accessibility

1. What do you feel are the most pressing health needs or issues in McIntosh County?
2. Is there anything currently being done to address these issues?
   (If yes) How are these issues being addressed?
   (If no) In your opinion, why aren't these issues being addressed?
   (If no) In what ways have these issues been addressed in the past, if any?
3. What is the size and scope of the most pressing issue/problem?
4. Is there a wide variety/choice of primary health care providers?

(If yes) Is this variety/choice available to both insured and uninsured people?
(If no) In your opinion, why is there a lack of primary health care providers?
Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care?
Is there an inability to afford out-of-pocket expenses, such as co-pays and deductibles?

Existing Programs and Services

1. How well do existing programs and services meet the needs and demands of people in your community?

Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well?
Any differences in sub-populations/groups?

2. What programs or services are lacking in the community?
3. Are there any programs/services that currently exist that aren't needed?

(If yes) What are these programs/services?
Why aren't they needed?

4. Do you have any recommendations or plans for implementation of new programs or services that are currently lacking in the community?

(If yes) What are your recommendations or plans?

5. Are there any barriers or obstacles to health care programs/services in your community?

(If yes) What are they?
Have any of these barriers been addressed?
Are there any effective solutions to these issues?
(If yes) What are they?
Are they cost effective?
Have any solutions been tried in the past?
(If yes) Have they been effective?

Appendix 3

Criteria Used to Prioritize Health Needs

Interviews / Survey Top Issues (in no particular order)	Decision Criteria						
	Severity of Problem?	Potential Impact on Health of Population?	Urgency/Importance to the Community?	Feasibility of Change?	Resources Available to Address Problem?	Alignment with Organizational Mission, Strength, Priorities?	Overall Priority Score
	1-5	1-5	1-5	1-5	Y/N (Y =5, N=0)	Y/N (Y =5, N=0)	
Lack of Assisted Living Facility	5	4	4	3	5	5	26
Web Site Update	4	3	3	5	5	5	25
Shortage of Primary Care Physicians	4	4	3	3	5	5	24
Financial Viabilty of Hospital	4	5	5	4	0	5	23

Appendix 4

Existing Health Care Resources

Services provided at AMC are acute care, clinical care, extended care services, lab services, swing bed services, telemedicine, dietary services, wellness program, operating room, anesthesia, outpatient therapy and treatment, social services, cardiac rehab, pharmacy, immunizations, radiology and tele-radiology, rehabilitation services, physical therapy, emergency services including advanced trauma and cardiac life support, and eEmergency connecting us to a 24 hour emergency center.

Ashley has a volunteer ambulance service that provides advanced life support services with paramedics that are also employed by AMC. The Ashley Ambulance Service provides emergency services throughout the county.

The McIntosh District Health Unit provides the following health care to the county:

- Childhood and adolescent immunizations
- Immunization record checks at 3 county schools
- Flu shots for those 6 months and older
- Health Tracks assessments for eligible children ages 0-18 years
- Vision and hearing screens at 3 county schools
- Health education (seat belt safety, hand washing, puberty) at 3 county schools
- Med sets
- BP checks
- Foot care for ages 60 and older
- Home visits to shut in's for foot care/med sets/flu shots/status checks
- Home inspections with Sherriff's Dept for life safety
- Car seat distribution
- Car seat installation inspections
- Referrals as needed
- Other as grant monies dictate/allow

Wishek Hospital Clinic Association (WHCA) also provides healthcare services to our county with a 24-bed critical access hospital and a clinic located in Wishek:

Wishek Hospital Clinic Association
1007 4th Ave S.
Wishek ND 58495
Phone 701-452-2326

The Wishek Living Center has a 60 bed nursing home and operates the Prairie Hills Assisted Living with 19 assisted living apartments, serving residents of McIntosh County.

Wishek Living Center
400 S. 4TH ST
P.O. Box 187
Wishek, ND 58495
Phone: 701-452-2333

Appendix 5

Ashley Medical Center
Ashley, North Dakota

Community Health Needs Assessment
Implementation Plan

June 30, 2013

Table of Contents

Priority: Lack of Assisted Living....1
Priority: Website Update....2
Priority: Shortage of Primary Care Physicians....3
Priority: Financial Viability of Hospital....4
Priority: Affordability of Health Care (Deductibles, Medications)....5
Priority: Transportation to Hospital and Medical Appointments....5
Priority: Mental Health....5
Priority: Shortage of Dental Providers....5
Priority: Shortage of Specialists....5

Priority: Lack of Assisted Living

Objective/Strategy

- Research the long-term possibility of converting 8 hospital apartments into assisted living units.

Tactics (How)

- Check with other assisted living facilities and analyze staffing requirements.

Programs/Resources to Commit

- TBD - New staffing would be required to provide services.

Impact of Programs/Resources on Health Need

- Implementation of an assisted living program would allow more local residents to access assisted living in the community, and increase utilization of the nursing home.

Accountable Parties

- Administration and Board

Partnerships/Collaboration

- North Dakota Long Term Care Association

Priority: Website Update

Objective/Strategy

- Update/modernize website; research new vendor for ongoing website maintenance/changes

Tactics (How)

- Continue to research available vendors

Programs/Resources to Commit

- Additional capital to update website and purchase new vendor

Impact of Programs/Resources on Health Need

- Develop online marketing strategies and allow posting of public notices and information

Accountable Parties

- Marketing Committee, Administration, and Board

Partnerships/Collaboration

-

Ashley Medical Center
Community Health Needs Assessment
June 30, 2013

Priority: Shortage of Primary Care Physicians

Objective/Strategy

- Issue has been addressed - Have hired one Full-Time Physician and another Half-Time Physician will be starting in July 2013.

Tactics (How)

- Retain current physician staffing by participation in loan repayment program though state of North Dakota.

Programs/Resources to Commit

- Additional capital to update website and purchase new vendor.
- In order to qualify for loan repayment program, hospital needs to come up with community match.

Impact of Programs/Resources on Health Need

- Secure Physician for 2 year commitment.

Accountable Parties

- Administration and Board

Partnerships/Collaboration

-

Priority: Financial Viability of Hospital

Objective/Strategy

- Continue to analyze current services and complete revenue cycle analysis.

Tactics (How)

- Complete revenue cycle analysis and implement findings.

Programs/Resources to Commit

- Committed to complete this summer with use of Flex Grant funding.

Impact of Programs/Resources on Health Need

- Ensure we are capturing revenue for all services provided and explore additional revenue streams.

Accountable Parties

- Billing Office, Administration, and all Ancillary departments.

Partnerships/Collaboration

- North Dakota Office Of Rural Health

Priority: Affordability of Health Care (Deductibles, Medications)

Objective/Strategy

- We feel we are providing affordable health care, at a price that allows us to remain viable as an organization. Government regulations dictate much of the current health care costs.

Priority: Transportation to Hospital and Medical Appointments

Objective/Strategy

- Transportation is provided through South Central Senior Citizens. Hospital-based transportation services would be cost-prohibitive and not within our organizational mission.

Priority: Mental Health

Objective/Strategy

- Mental Health is currently available through tele-health services. Due to a shortage in providers, direct mental health services could not be staffed and are financially cost-prohibitive to the hospital.

Priority: Shortage of Dental Providers

Objective/Strategy

- There are dental providers in the community however not all insurance products are accepted. Providing safety-net dental services at the hospital would be cost prohibitive and would not fit the organizational mission.

Priority: Shortage of Specialists

Objective/Strategy

- Due to the size of the community and scope of services at the hospital, it is not economically feasible for the hospital to provide some specialties to the community.

Appendix 6

Form 990 (Schedule H) Reference Chart

Form 990 Question Number	Description	Reference Page in CHNA Document
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. If "Yes," indicate what the Needs Assessment describes (check all that apply):	Yes
A	A definition of the community served by the hospital facility	2
B	Demographics of the community	5-8
C	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	15-16, Appx. 4
D	How data was obtained	3-4, 15
E	The health needs of the community	8-15, Appx. 3
F	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	8-15, Appx. 3
G	The process for identifying and prioritizing community health needs and services to meet the community health needs	15, Appx. 3
H	The process for consulting with persons representing the community's interests	15, Appx. 2
I	Information gaps that limit the hospital facility's ability to assess all of the community's health needs	4
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20	13
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3, 15, Appx. 1
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	No
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	Yes
A	Hospital facility's website	X
B	Available upon request from the hospital facility	X
C	Other (describe in Part VI)	

6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):	
A	Adoption of an implementation strategy to address the health needs of the hospital facility's community	17, Appx. 5
B	Execution of the implementation strategy	Appx. 5
C	Participation in the development of a community-wide community benefit plan	
D	Participation in the execution of a community-wide community benefit plan	
E	Inclusion of a community benefit section in operational plans	
F	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment	
G	Prioritization of health needs in its community	17, Appx. 3
H	Prioritization of services that the hospital facility will undertake to meet health needs in its community	Appx. 5
I	Other (describe in Part VI)	
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	No Appx. 5