

Boulder City Hospital

Community Health Needs Assessment

2021 – 2023



Boulder City Hospital

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About Boulder City Hospital

Boulder City Hospital (“BCH”) is an acute care Critical Access Hospital (“CAH”) that has operated continuously since 1954. BCH is a private, nonprofit 501(c)(3) charitable organization, and the only rural hospital in Nevada not supported by tax dollars or a corporate system. Our 25-bed CAH, 47-bed long-term care facility, and 10-bed geriatric behavioral medicine center provides prompt, personalized, and compassionate care in the heart of historic Boulder City, Nevada.

Our Mission

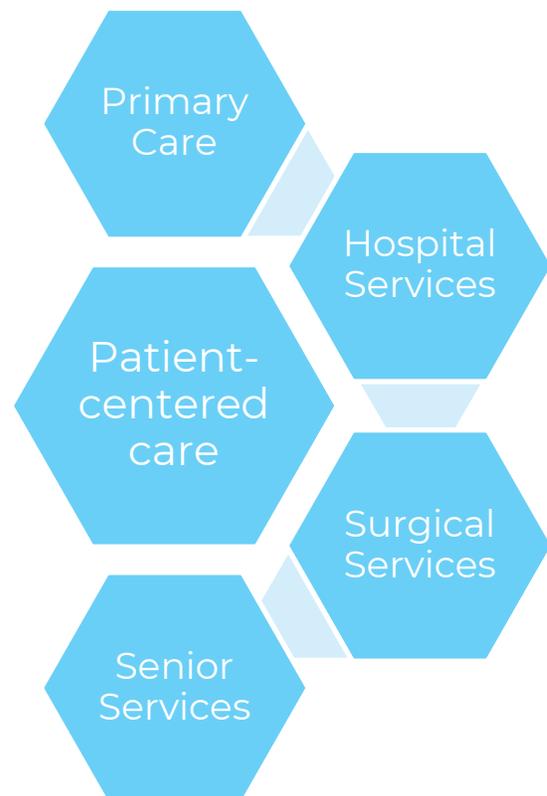
BCH is a place of healing. At BCH, our priority is to provide a safe and equitable healthcare experience for all. As stewards of the health and wellbeing of our community, we are committed to providing compassionate, quality care for everyone. Our diverse, caring, and accepting professional workforce is dedicated to delivering exceptional patient care.

Our Services

BCH provides an extensive array of inpatient and outpatient services, including emergency medicine, rehabilitation, primary care, behavioral health services, outpatient surgery, imaging services, laboratory services, and infusion services. BCH also offers a suite of senior services, including a geriatric behavioral medicine center for acute psychiatric episodes, transitional rehabilitation care, and long-term skilled nursing care.

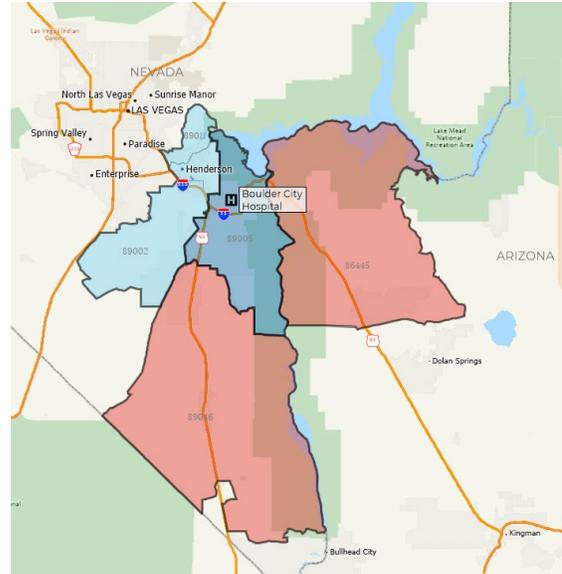
As a CAH, BCH serves as the sole provider of care to a rural community with limited access to healthcare services. Every three years, BCH conducts a community health needs assessment (“CHNA”) to assess the health of our community and to identify unmet health needs based on population trends, health indicators, and socio-economic factors.

To learn more about Boulder City Hospital, visit www.bchcares.org.

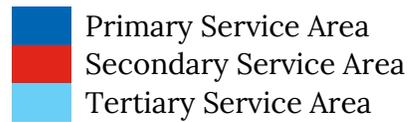
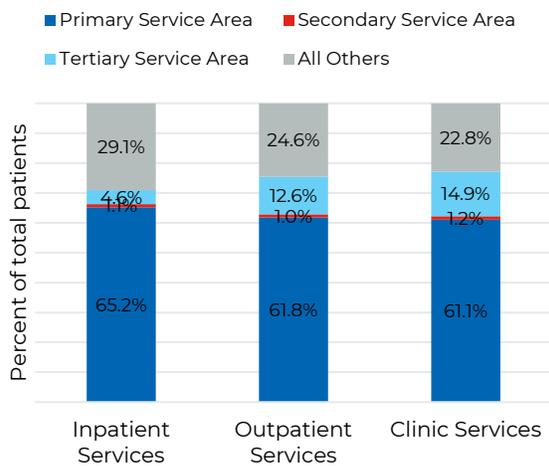


Our Community

BCH is located in Boulder City, Nevada. The community served by BCH was determined by analyzing where patients who receive services at the hospital live. The majority of our patients originate from the primary service area (“PSA”), which consists of Boulder City (89005). The secondary service area (“SSA”) consists of Searchlight (89046) and Willow Beach (86445), and the tertiary service area (“TSA”) consists of Henderson (89015, 89011, and 89002). The majority of communities in our service area reside within Clark County, Nevada.

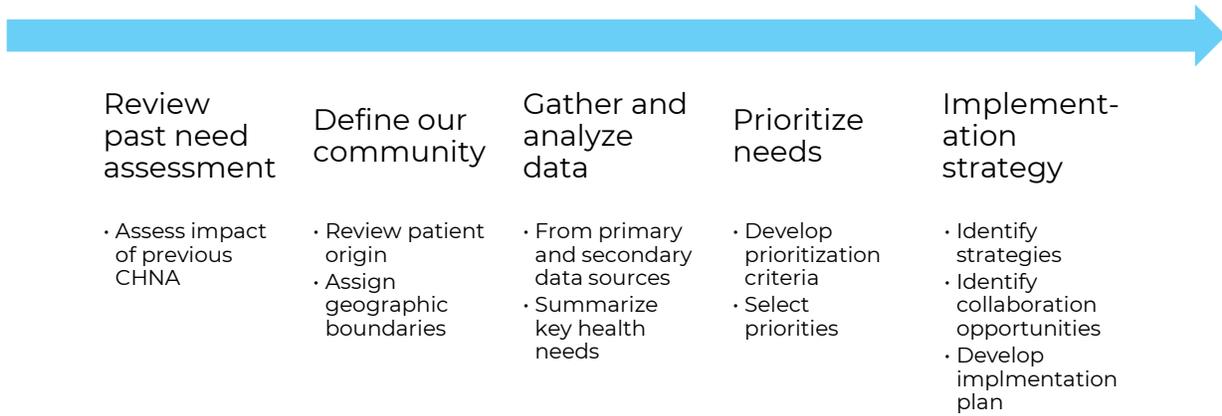


Patient Origin by Service Offering



Methodology

BCH engaged Wipfli LLP (“Wipfli”) to assist in conducting the community health needs assessment. Wipfli utilized the following process to analyze the health needs of the community and develop the priorities of the needs assessment:



CHNA Advisory Committee

This process was overseen by the CHNA Advisory Committee (the “Advisory Committee”), which consists of leadership from BCH who represent the broad interests of the community. Committee member were selected based on their knowledge of and role within the community, as well as the relevant skills and qualifications to execute the steps of the CHNA process.

The committee consists of the following members:

THOMAS MAHER, CHIEF EXECUTIVE OFFICER

Tom’s diverse experience in healthcare includes holding successful CEO positions in psychiatric, rehabilitation, and acute-care hospitals in both the for-profit and not-for-profit sectors. Tom has been a hospital administrator in Clark County, Nevada since 1999, and has been the CEO of Boulder City Hospital since 2007. Tom graduated from the University of California at Berkeley with an AB degree in 1986 and received his MBA degree from California State University, Fullerton in 1991. Outside of the hospital setting, Tom is an active member of local hospital associations, holding multiple terms as Chairman of the Board of the Nevada Hospital Association (NHA), Nevada Rural Hospital Partners (NRHP), and the Liability Cooperative of Nevada (LiCON, a self-insured risk pool of NRHP).

DOUGLAS LEWIS, CHIEF FINANCIAL OFFICER

Doug has over 40 years of executive level healthcare financial management experience in for-profit, not-for-profit, and specialty healthcare systems in various locations throughout the United States. This experience includes working directly with urban and rural healthcare organizations throughout the industry spectrum, serving the financial management and reporting, Medicare/Medicaid cost reporting, third-party reimbursement, and IRS Form 990 and tax return needs of these organizations. Doug is a graduate of Eastern Washington University and received his MBA at Southwest University. He is past president of the Southwest Idaho Consortium Hospital Network, and is currently a member of Elks, HFMA, and Honor Society of Southwest University. Doug has been the Chief Financial Officer at Boulder City Hospital since January 2015.

RAE CUMMINGS, CHIEF OPERATING OFFICER

Rae Cummings, chief operating officer at Boulder City Hospital, has nearly 30 years of healthcare industry experience working with top-tier health systems including Saint Mary's Health Network, named one of America's Top 100 hospitals by IBM Watson, and Dignity Health, the fifth-largest hospital system in the nation. Rae specializes in the areas of prospective payment systems (PPS) and revenue cycle management and has performed revenue cycle analysis for 11 Nevada Critical Access Hospitals (CAH) and 86 Kansas hospitals. Rae effects change in the overall patient journey and leads project analysis and operational implementations for patient financial services, technology systems, and integrated care management. Rae attended Truckee Meadows Community College.

VICTORIA GEORGE, DIRECTOR OF MARKETING AND COMMUNITY ENGAGEMENT

Victoria is a consumer-centric marketing communications leader with more than 30 years of experience in healthcare and hospitality, positioning brands and driving consumer engagement. Victoria earned a BS in marketing and an MBA, with a dual concentration in statistics and digital marketing, from Saint Mary's University of Minnesota.

FREY BELETE, CONTROLLER

Frey was born and raised in Addis Ababa, the capital city of Ethiopia, and earned a BS in Accounting from the Addis Ababa University. With more than 40 years of healthcare and hospitality accounting and management experience, Frey joined Boulder City Hospital in 1997. Currently BCH's controller, Frey previously worked for Ethiopian Air Lines in an accounts-management capacity.

The process that Wipfli and the Advisory Committee used to complete this needs assessment is in compliance with Section 501(r)(3) of the Internal Revenue Code. The CHNA and implementation plan was approved by the BCH Board of Trustees.

Data Collection

Information was collected from primary and secondary data sources to identify unmet health needs within the community. Information from these sources was summarized into key themes, which serves as the basis of the CHNA.

PRIMARY DATA

Primary data represents information collected first-hand from stakeholders within BCH's community. This data was collected to validate secondary data findings as they pertain to BCH's service area, identify issues that were not represented in the secondary data, and understand what specific subgroups of the community may face additional challenges or disparities.

Interviews were conducted with community stakeholders who represented the broad interests, experiences, and needs of BCH's community, particularly people who represent medically underserved and vulnerable populations. A community health survey was also distributed to ensure that each person had the opportunity to participate and be heard in this process. A complete list of the community stakeholders can be found in the Acknowledgments.

The interviews and surveys were designed to solicit information pertaining to the following topics:

- ▶ Significant health care issues or needs
- ▶ Social, behavioral, and environmental factors that contribute to health needs

- ▶ Barriers to care within the community
- ▶ Vulnerable populations who experience disparities
- ▶ Suggestions or ideas to address the community's needs
- ▶ Potential resources or infrastructure to support health, social, behavioral, or environmental needs
- ▶ Areas for collaboration to address health needs

SECONDARY DATA

Secondary data was collected from statistical data sources available at the local, regional, state, and national level. This data provides a profile of the demographic, social, economic, and health characteristics of BCH's community. To the extent possible, data was collected at the local level, and compared to regional, state, or national benchmarks.

Sources of secondary data include:

- ▶ American Community Survey
- ▶ Center for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ ESRI Business Information Solutions
- ▶ Healthy Southern Nevada
- ▶ U.S. Census

Prioritization of Community Needs

Once the primary and secondary data was gathered, the data was collectively analyzed to identify key themes that represented the unmet health needs within the community. The Advisory Committee convened as a group to rate the unmet health needs to determine which needs would be prioritized by BCH over the next three years. The Advisory Committee rated the unmet health needs based on the following criteria:

Scope

- How many individuals are impacted by this issue?

Significance

- How significantly does the issue affect those impacted by it?

Impact

- How much of an impact can BCH have on addressing this issue?

Limitations

BCH, in collaboration with Wipfli, has engaged in an extensive process to develop a CHNA that is rooted in the most detailed information available at the time of the writing of this report.

However, BCH recognizes that the responses reflected in the community stakeholder interviews represent the opinions of those interviewed and may not reflect the actual needs of the community. While every effort was made to recruit a set of diverse and representative perspectives, this needs assessment is limited as no guarantee exists that the perspectives of these participants are fully representative of those in the service area. Additionally, county-level data is featured in this report when more local data pertaining to BCH's service area was not available. The extent to which local needs vary from county, state, or national trends cannot be ascertained with any degree of certainty.

BCH's emphasis on recruiting a set of diverse perspectives and using local or regional data when available to determine the health needs of the community demonstrates BCH's commitment to understanding and meeting the needs of their service area.

Community Health Priorities

The 2021 community health priorities, in no particular order, are:



Additional context regarding the selection of these health needs as priorities for BCH is provided below:

Access to Behavioral Health Services



Approximately 88% of community stakeholders and 23% of survey respondents indicate that access to behavioral health services, including mental health and substance use services, is an important health need in Boulder City. According to Healthy Southern Nevada, 12.2% of adults in Boulder City report chronically poor mental health, which constitutes greater than 14 days of poor mental health in the past month. Community stakeholders specifically reported that the need for behavioral health services has been exacerbated over the past year due to the COVID-19 pandemic, which has negatively impacted mental health within the community. Some stakeholders reported higher rates of anxiety; perceived and physical isolation due to local, state, and federal distancing orders; and overall “pandemic fatigue.” A particular concern exists regarding how youth and isolated seniors will be mentally impacted in the long term by the COVID-19 pandemic.

While BCH currently provides a number of inpatient and hospital-based behavioral health services for adults and seniors, including a geriatric behavioral medicine center and partial hospitalization program, stakeholders generally report a lack of outpatient behavioral health providers in Boulder City, such as psychologists, psychiatrists, counselors, and social workers, particularly for adolescents. Inaccessibility of providers in the community requires patients to travel to Henderson or Las Vegas to access services, which places a disproportionate burden on people without reliable access to transportation, such as adolescents and seniors. Community stakeholders and survey respondents both report a lack of awareness regarding what behavioral health services are offered by BCH or that are accessible in the community, which indicates a need to improve marketing of services.

Community stakeholders also report challenges with the stigmatization of seeking treatment for behavioral health disorders given the “small town” nature of Boulder City, indicating that a need exists to provide behavioral healthcare in a way that respects the privacy of individuals seeking these services.

Access to Specialty Care



The Issue

Lack of specialty providers and specialty services in Boulder City
Patients foregoing care due to inaccessibility



The Impact

Inaccessibility of specialty services, resulting in patients traveling to access services
Poorer health outcomes



The Needs

Better access to specialty providers and specialty services, especially to support the senior population

Approximately 55% of community stakeholders and 55% of survey respondents indicate that access to specialty providers and services is an important health need in Boulder City. Community stakeholders generally report a lack of accessible specialty care in the community, resulting in patient transfers and referrals outside of Boulder City for care. Results from the community health survey indicate that 63% of patients travel outside of Boulder City for care, with approximately 55% of those respondents reporting that the primary reason for seeking care elsewhere is because services were not available locally or because they were referred to another hospital or medical provider. When asked what specialties were needed by the community, stakeholders and survey respondents generally report the need for services to support the senior population, such as cardiology, dermatology, gastroenterology, general surgery, hematology and oncology, orthopedics, and urology.

Several stakeholders also reported a lack of awareness for specialty services that are offered on an outreach basis in the community, which indicates that opportunity exists to improve marketing of specialists to primary care providers and members of the community.

Primary Care Service Offerings



The Issue

Lack of primary care services to support women and children
Lack of same-day/walk-in care options



The Impact

Inaccessibility of some primary care services
Mis-utilization of emergency services, resulting in higher financial burden for patients



The Needs

Increased scope of primary care services to serve all patients, including women and children
More convenient access to care for low-acuity patients

Approximately 50% of community stakeholders and 37% of survey respondents indicate that access to primary care services is a top health need in Boulder City. Community stakeholders and survey respondents generally did not report challenges with getting a primary care appointment or long wait times, indicating that access issues are not a major challenge for people in Boulder City. However, stakeholders and survey respondents did identify that an enhanced scope of primary care services is needed, including women's health services, pediatric services, and same-day/walk-in care options.

When asked what primary care services they would like to see at BCH, 29% of survey respondents would like to see more women's health care services, and 12% would like to see more pediatric services. Additionally, 59% of survey respondents reported that they would like to see urgent care/fast-track ER services, and 20-30% would like to see extended operational hours (evening and weekend hours) for primary care services. Several community stakeholders and survey respondents reported that inaccessibility of on-demand care results in patients mis-utilizing the emergency department, which places a higher financial burden on patients. Improving accessibility to urgent care services would likely alleviate these financial burdens by providing patients with an alternative avenue of care for less severe ailments.

Chronic Disease and Preventative Health



The Issue

Low preventative health screening and vaccination rates in Boulder City

High rates of high blood pressure, high cholesterol, obesity, and physical inactivity



The Impact

Poor physical health and high rates of chronic disease relative to state and national benchmarks



The Needs

Convenient access to preventative health screening and vaccinations

More support for chronic disease diagnosis, treatment, and management

Approximately 20% of community stakeholders and 13% of survey respondents indicate that chronic disease prevention and preventative health services are a top health need in Boulder City. While few stakeholders and survey respondents felt this was an important priority relative to the other health needs, adults in Boulder City generally exhibit high rates of chronic disease and low rates of preventative health behaviors, such as receiving recommended health screenings, vaccinations, and checkups. Further, stakeholders specifically report a need for resources to support healthy living and mitigate the impact of chronic disease.

According to Healthy Southern Nevada, adults in Boulder City report higher rates of coronary heart disease (9.2%), diabetes (11.5%), kidney disease (3.5%), and COPD (9.0%) relative to national benchmarks. Adults in Boulder City also report high rates of obesity (29.1%), physical inactivity (23.6%), high blood pressure (37.5%), and high cholesterol (38.0%), all of which are lifestyle contributors to chronic disease.

Additionally, adherence to recommendations for preventative health screenings is variable in Boulder City, particularly for seniors: while 84.4% and 62.1% of adults receive recommended cervical cancer and colon cancer screenings, respectively, only 32.0% of women and 27.7% of men over the age of 65 receive the recommended preventative services. Similarly, 22.9% of adults in Boulder City do not receive an annual medical checkup or physical, which is an important component of preventative health.

Other Identified Needs

The following health needs were identified throughout the community health need assessment process, but were not prioritized by the Advisory Committee as the committee felt that BCH is already actively working to improve these issues within their scope of expertise as a community hospital and clinic. BCH will continue to engage in and support community partnerships with other entities working in these areas.

COVID-19 PANDEMIC

As the sole hospital and clinic in Boulder City, BCH has allocated significant organizational and financial resources in order to serve its community at the forefront of the COVID-19 pandemic. BCH was the 2nd hospital in the state of Nevada to offer in-house PCR testing for COVID-19, which provided the people of Boulder City with convenient access to testing with a two-hour turnaround time. BCH has continued to support the community by providing COVID-19 testing, administering vaccinations, and otherwise maintaining access to the healthcare needed to support the people who live and work in Boulder City. BCH understands that its efforts are far from over, and will continue exploring how to better serve the people of Boulder City in regards to COVID-19 testing and treatment.

SUPPORTING THE SENIOR POPULATION

While BCH strongly believes that supporting the senior population of Boulder City is of utmost importance, community stakeholders indicate that greater efforts can be made to support the social needs of the senior population, such as resources to support healthy aging in the home and independent living, including grocery shopping, home-making, and other activities. BCH feels that it should focus on supporting the needs of the senior population by increasing the accessibility of specialty services in Boulder City, which was instead selected as a priority for this needs assessment.

INSURANCE COVERAGE AND ACCESS TO AFFORDABLE HEALTHCARE

Identified in the previous CHNA, access to affordable healthcare is an important component of overall community health. BCH understands that some patients of BCH have experienced challenges with understanding what services and providers are within their insurance network. BCH is committed to expanding its network to include more kinds of insurance, as well as improving transparency regarding what kinds of insurance are accepted by our providers. However, limitations exist regarding what BCH can accomplish on its own to expand its covered network, which is why this health need was not selected as a priority for this needs assessment.

CHNA Implementation Plan

Through collaboration between Wipfli and the Advisory Committee, BCH developed an implementation plan to address the prioritized health needs. The plan addresses the following for each health need:

Strategic Objectives

- How will BCH strategically address this issue?

Tactics

- How will BCH tactically address this issue?

BCH will explore the following strategic objectives and tactics to address the prioritized health needs:

Access to Behavioral Health Services

Strategic Objectives

- Improve accessibility of outpatient behavioral health programs in Boulder City

Tactics

- Improve advertising and marketing of behavioral health services to improve awareness of services offered in the community
- Explore feasibility of offering a chemical dependency intensive outpatient program for adolescents
- Explore feasibility of offering outpatient behavioral health services, such as counseling and therapy

Access to Specialty Care

Strategic Objectives

- Improve accessibility of specialty services in Boulder City

Tactics

- Improve advertising and marketing of specialty services to improve awareness of services offered in the community
- Improve primary care provider awareness of specialty services to facilitate better care planning with patients
- Explore feasibility of offering specialty services that complement BCH's existing service offerings, such as orthopedic surgery

Primary Care Service Offerings

Strategic Objectives

- Expand primary care service offerings to provide women's health and pediatric services
- Expand primary care service offerings to facilitate more convenient access to care

Tactics

- Expand clinic and hospital outpatient ancillary department operational hours into the evening and weekends to reduce reliance on emergency department for after-hours care or quick care
- Recruit provider(s) who specialize in full scope of primary care, including women's health and pediatrics
- Explore collaborating with the local school district to offer wellness visits and sport physicals

Chronic Disease and Preventative Health

Strategic Objectives

- Expand preventative health service offerings
- Expand chronic disease support services

Tactics

- Explore feasibility of offering mammography services in Boulder City to facilitate ease of access for patients for preventative health screening
- Explore vaccine program for adolescents, adults, and seniors
- Explore opportunity to improve specialty provider outreach to facilitate better access to chronic disease diagnosis and treatment for patients

Evaluation of Previous CHNA Implementation Plan (2018 - 2020)

Previous CHNA Priorities

BCH conducts a CHNA every three years as part of our ongoing efforts to address our community's most significant health needs. Our previous CHNA identified the following prioritization areas:

- ▶ Access to Health Services
- ▶ Cost of Health Care
- ▶ Access to Medicaid/Medicare Providers
- ▶ Mental Illness
- ▶ Drug Abuse

Impact Evaluation

The following summarizes BCH's effort in addressing the previous health priorities identified in the CHNA:

Access to Health Services

- In 2019, BCH recruited and hired a third full-time primary care provider who specializes in women's health. BCH also hired a general surgeon to increase the accessibility of outpatient surgical procedures in Boulder City.
- BCH has added telemedical infrastructure and capabilities in order to expand its telehealth offerings.

Cost of Health Care

- BCH has increased its contracts with lab testing facilities in order to reduce the financial burden for patients requiring lab testing services.
- BCH will continue to improve transparency regarding what insurances are accepted by our providers and departments to improve patient care.

Access to Medicaid/Medicare Providers

- This priority was not addressed by BCH given the lack of financial resources and other competing priorities.

Mental Illness and Drug Abuse

- BCH began offering an outpatient partial hospitalization program for adults and seniors with more severe mental health diagnoses, which provides an alternative avenue to inpatient care for patients.

References and Acknowledgments

Primary Data Sources

This report was made possible through the contribution of the following organizations, who participated as stakeholders in the community input process of this needs assessment:

- ▶ AmeriSent Insurance
- ▶ Boulder City High School
- ▶ Boulder City Hospital
- ▶ Boulder City Fire
- ▶ Boulder City Chamber of Commerce
- ▶ Boulder Dam Credit Union
- ▶ Southern Nevada Health District
- ▶ St. Jude's Ranch for Children

Secondary Data Sources

Secondary data regarding the community served by Boulder City Hospital was referenced from the following sources:

- ▶ American Community Survey
- ▶ Center for Disease Control and Prevention
- ▶ County Health Rankings
- ▶ ESRI Business Information Solutions
- ▶ Healthy Southern Nevada
- ▶ U.S. Census

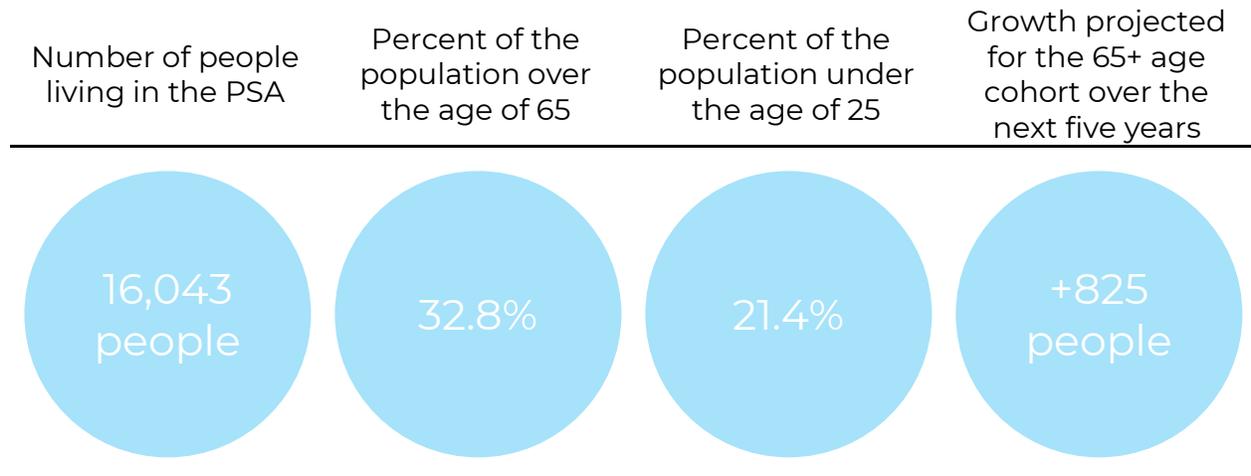
Consulting Expertise

Wipfli LLP, a national certified public accounting and consulting firm, assisted BCH with all stages of this assessment, including collection and analysis of primary and secondary data, identification of community health needs, direction of the prioritization process, and compilation of this report.

Community Profile

Demographic Indicators

BOULDER CITY COMMUNITY PROFILE AT-A-GLANCE

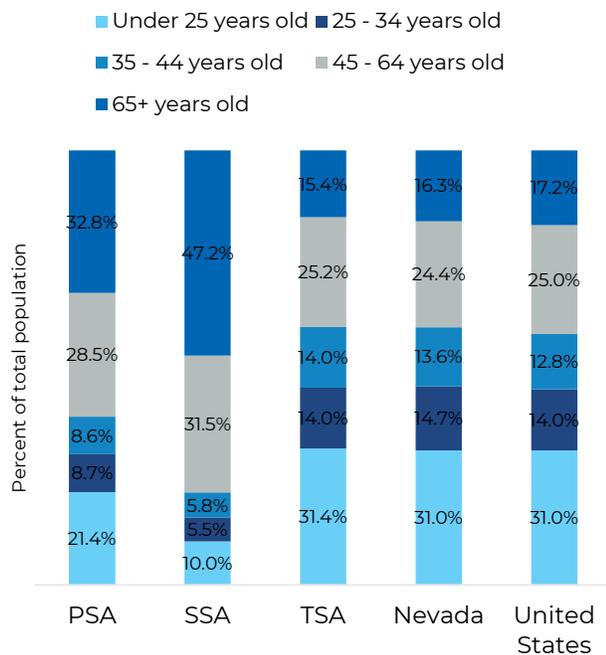


Source: ESRI Business Information Solutions, 2021

The population of the PSA is 16,043 people, with projections estimating that the PSA is anticipated to grow by 5.7% over the next 5 years, or by about 920 people.

A majority of this growth is projected to occur in the population ages 65+, which is anticipated to grow by 825 people by 2026. Currently, this age group consists of 32.8% of the total population in the PSA, which is significantly greater than state and national benchmarks. This indicates that BCH's service area trends significantly older, which will impact health needs and the demand for healthcare services.

Population Distribution by Age

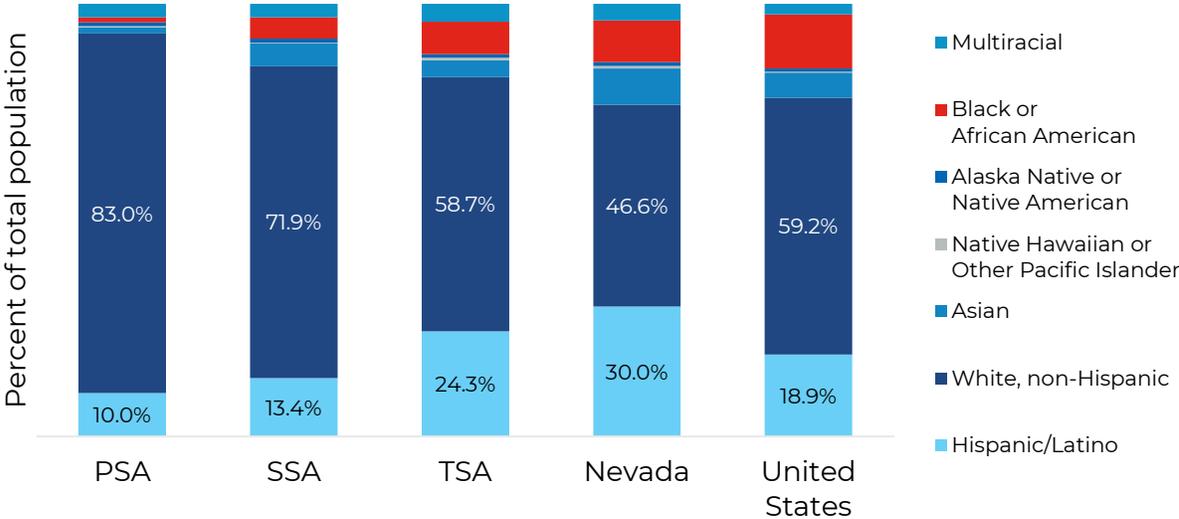


Source: ESRI Business Information Solutions, 2021

RACE AND ETHNICITY

BCH's PSA is predominantly white, with 83.0% of the population consisting of individuals who identify as white, non-Hispanic. Approximately 10.0% of the population identifies as Hispanic, significantly less than the state benchmark of 30.0%. While BCH's SSA and TSA are slightly more diverse than the primary service area, all service areas are significantly less diverse than state and national benchmarks.

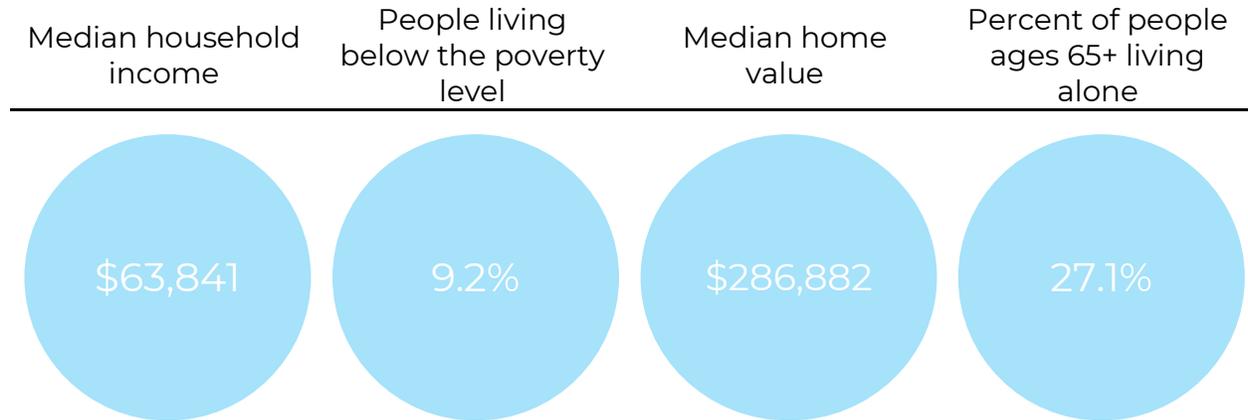
Population Distribution by Race/Ethnicity



Source: ESRI Business Information Solutions, 2021

Socioeconomic Indicators

BOULDER CITY COMMUNITY PROFILE AT-A-GLANCE



Source: Healthy Southern Nevada, 2021; American Community Survey 5-year estimates, 2015-2019; ESRI Business Information Solutions, 2021

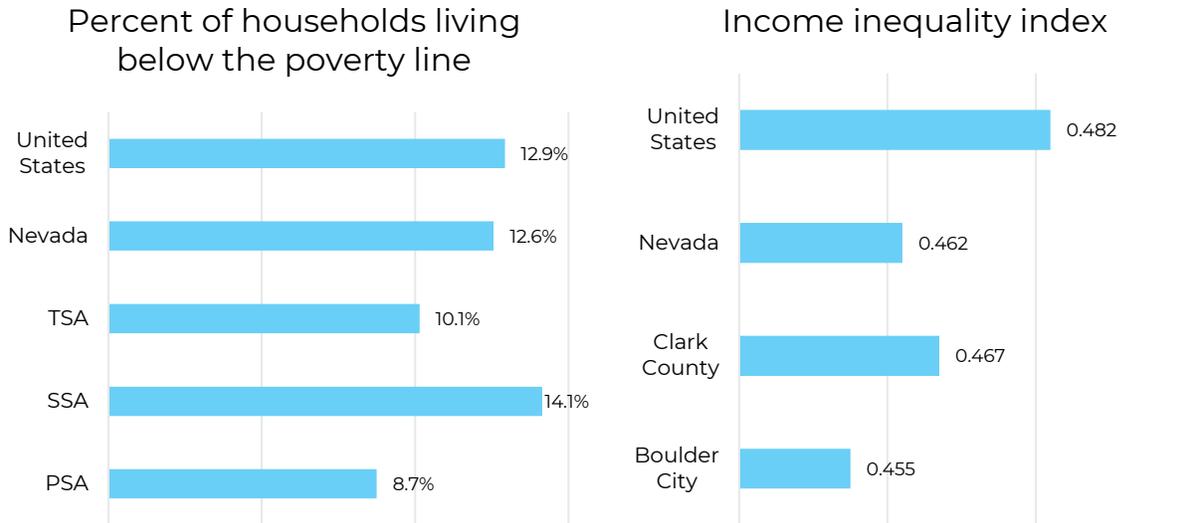
INCOME AND POVERTY

Household income varies significantly throughout the area served by BCH. Overall, income distribution for the PSA trends significantly higher than the SSA, and slightly lower than the TSA. A slightly higher percentage of households reported income over \$75,000 in the PSA compared to state benchmarks. In comparison, about 87% of households in the SSA report income less than \$75,000, indicating the SSA is significantly less affluent than Boulder City and Henderson.

Household Income	PSA	SSA	TSA	Nevada	United States
Under \$15,000	9.4%	19.3%	8.8%	9.9%	9.8%
\$15,000 - \$34,999	16.8%	30.5%	12.1%	15.9%	16.6%
\$35,000 - \$74,999	30.7%	37.0%	31.1%	31.5%	29.2%
\$75,000 - \$99,999	11.9%	6.6%	14.6%	14.0%	12.8%
\$100,000 and Greater	31.2%	6.6%	33.4%	28.7%	31.5%

Source: ESRI Business Information Solutions, 2021

Poverty and income inequality also varies significantly by service area. Approximately 8.7% of households in the PSA are living below the federal poverty line, lower than state and national benchmarks. However, a higher percentage of households in the SSA (14.1%) are living in poverty, indicating that overall, economic outcomes in the SSA are poorer than the remainder of the area served by BCH. Income inequality, as measured by the Gini Index, is also lower in Boulder City compared to county, state, and national benchmarks.

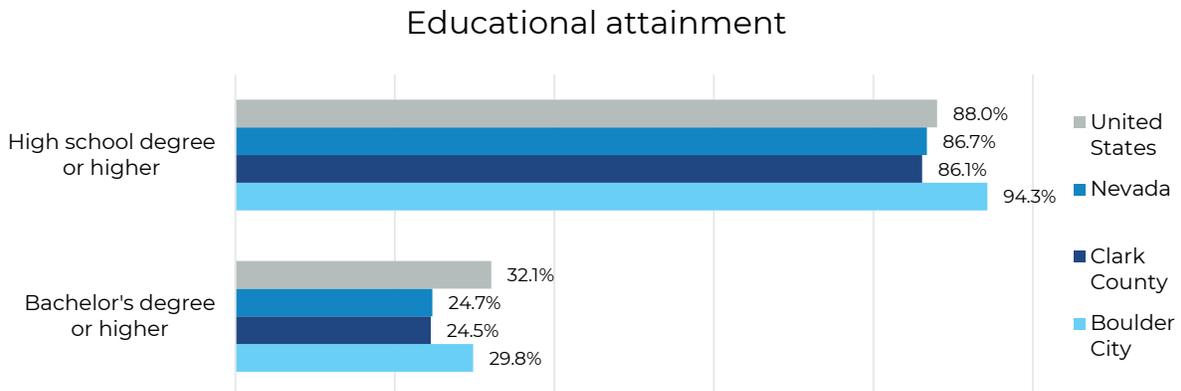


Source: American Community Survey 5-year estimates, 2015-2019

Source: American Community Survey 5-year estimates, 2015-2019
Metric: Gini Index of Income Inequality value

EDUCATIONAL ATTAINMENT

Boulder City ranks higher in educational attainment compared to county and state benchmarks: 29.8% of the population ages 25 and older have attained at least a Bachelor's degree, and 94.3% have attained at least a high school degree.



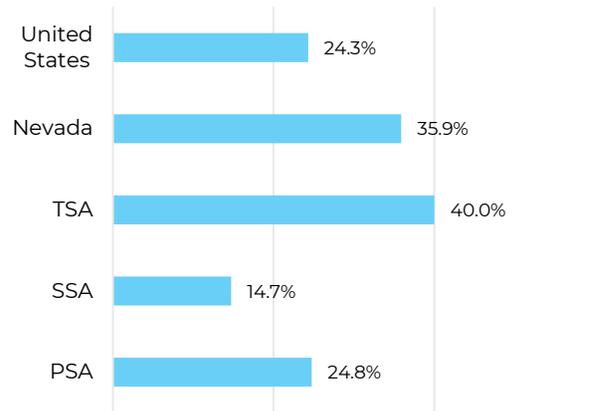
Source: American Community Survey 5-year estimates, 2015-2019
Metric: Percentage of people age 25 and older who have earned the indicated degree

AFFORDABLE HOUSING

Housing is an important socioeconomic determinant of community health. Access to affordable housing increases the availability of household resources to pay for other things, including healthcare and healthy food.

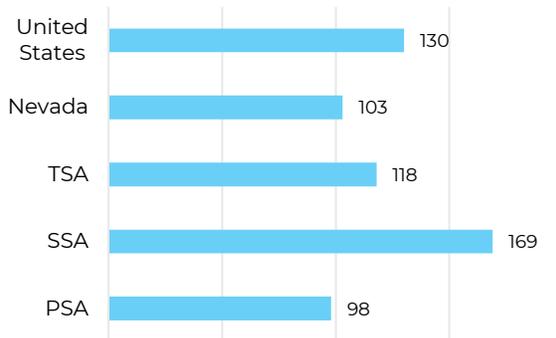
Housing is generally less affordable in Boulder City compared to the rest of the service area and national benchmarks. As a result, 26.2% of personal income for people who live in Boulder City is utilized for housing, nearly 9% higher than national benchmarks. About 24.8% of housing units in the PSA are available to either buy or rent, indicating that housing is accessible, but not affordable.

Percent of vacant housing units for rent or sale



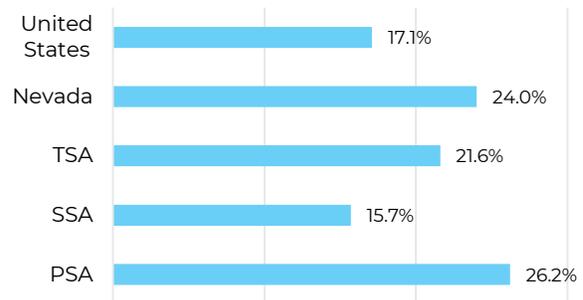
Source: American Community Survey 5-year estimates, 2015-2019

Housing affordability index



Source: ESRI Business Information Solutions, 2021
Metric: Housing Affordability Index (HAI) has a base of 100, representing an area where the median income is sufficient to qualify for a loan on a home valued at the median home price and not be cost-burdened. Values > 100 indicate increasing affordability.

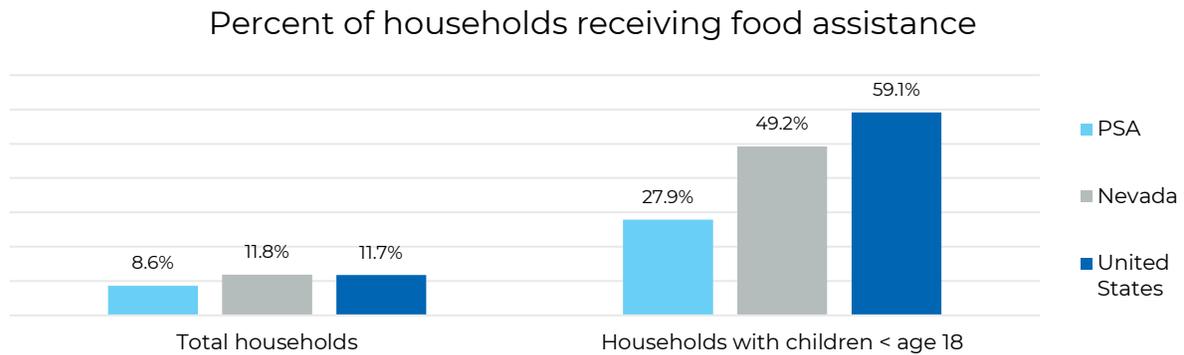
Percent of income utilized for mortgage payment



Source: ESRI Business Information Solutions, 2021
Metric: Percent of Income for Mortgage (POIFM) quantifies the percent of median household income dedicated to mortgage payments on a home priced that the median value

FOOD SECURITY

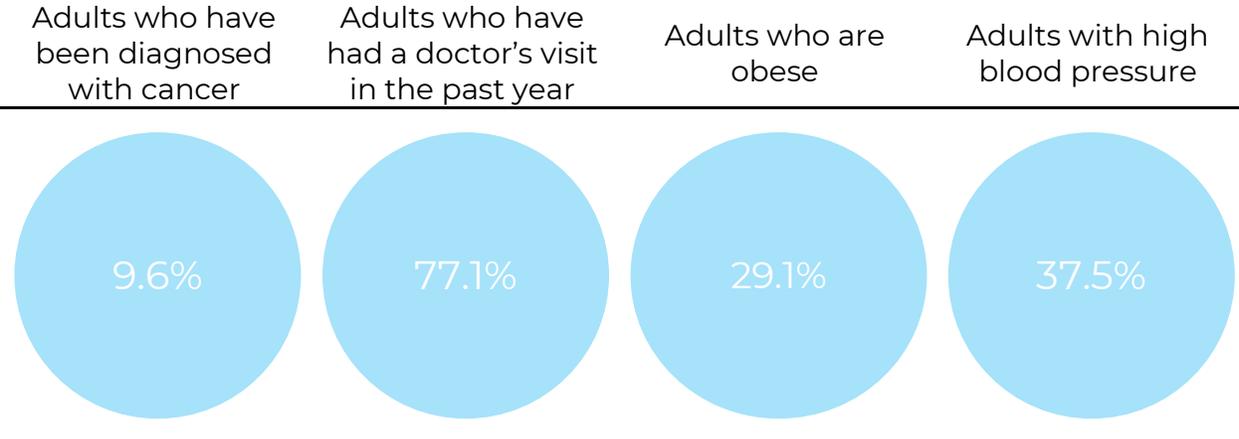
Having access to healthy food options and eating healthy are associated with reduced risks of chronic disease and optimal growth and development. The percent of households receiving some form of food assistance is lower in the PSA compared to state and national benchmarks. However, in line with state and national trends, food assistance is more prevalent in households with children than across all households. This indicates that children and families are especially vulnerable to food insecurity, with 27.9% of households with children in the PSA receiving assistance from the Supplemental Nutrition Assistance Program.



Source: American Community Survey 5-year estimates, 2015-2019

Health and Disease Indicators

BOULDER CITY COMMUNITY PROFILE AT-A-GLANCE



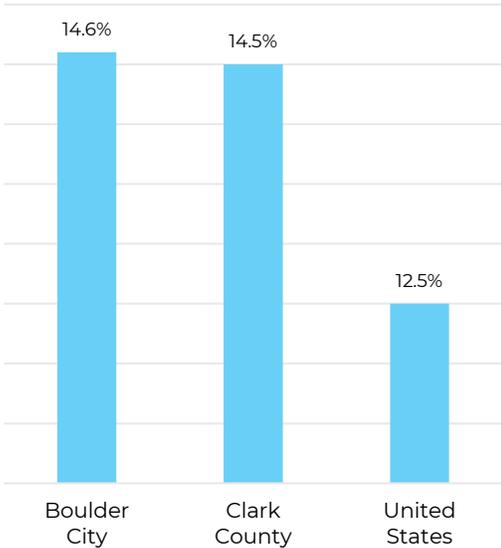
Source: Healthy Southern Nevada, 2021

POPULATION HEALTH AND CHRONIC DISEASE

Approximately 14.6% of adults report 14 or more days of poor physical health in the past month, indicating that adults in Boulder City generally feel worse physically compared to county and national benchmarks. Physical health can be impacted by a multitude of factors, including age, gender, race, socioeconomic status, physical activity, and chronic disease.

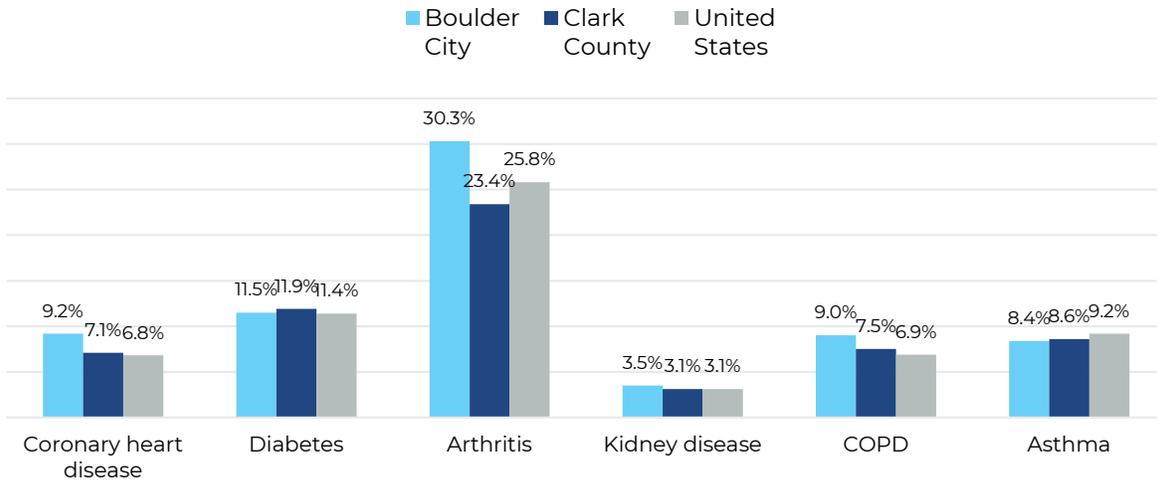
According to the Center for Disease Control and Prevention (“CDC”), chronic disease is one of the most preventable leading causes of death in the United States, typically resulting from unhealthy lifestyles, lack of physical activity, poor nutrition, obesity, and risky behaviors such as smoking. Chronic disease negatively impacts the health and wellbeing of members of BCH’s service area, who may experience limitations in their ability to live, work, and play in the community. Overall, Boulder City has higher rates of heart disease, arthritis, kidney disease, and COPD compared to county and national benchmarks.

Adults who report poor physical health



Source: Center for Disease Control and Prevention, 2018
Metric: Percentage of adults who stated that their physical health was not good 14 or more days in the past month.

Chronic disease prevalence



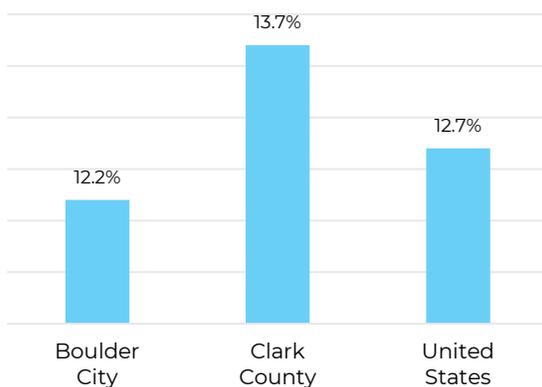
Source: Center for Disease Control and Prevention, 2018

Metric: Percent of adults who have experienced or been diagnosed with the indicated disease.

MENTAL HEALTH AND SUBSTANCE USE

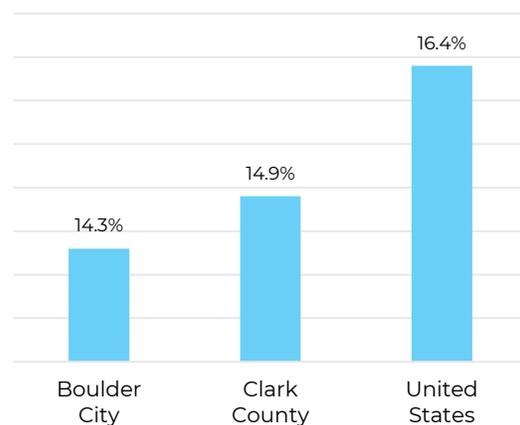
Approximately 12.2% of adults in Boulder City reported experiencing poor mental health over the past month, slightly lower than county benchmarks. Fewer adults (14.3%) also reported engaging in substance abuse behaviors such as binge drinking compared to state and national benchmarks.

Adults who report poor mental health



Source: Center for Disease Control and Prevention, 2018
Metric: Percentage of adults who stated that their mental health was not good 14 or more days in the past month.

Adults who binge drink

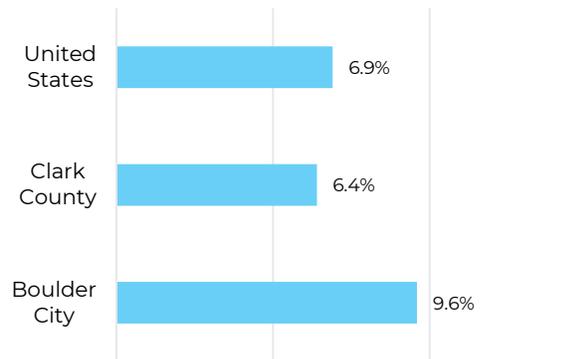


Source: Center for Disease Control and Prevention, 2018
Metric: Percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

CANCER

Approximately 9.6% of adults in Boulder City have been diagnosed with cancer, 3.5% higher than county benchmarks, likely due to the higher percentage of population over the age of 65. Cancer is the second highest leading cause of premature death in Clark County, resulting in about 6,600 deaths per year, or about 82.5 deaths per 100,000 population.

Percent of adults who have been diagnosed with cancer



Source: Center for Disease Control and Prevention, 2018

Metric: Percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.

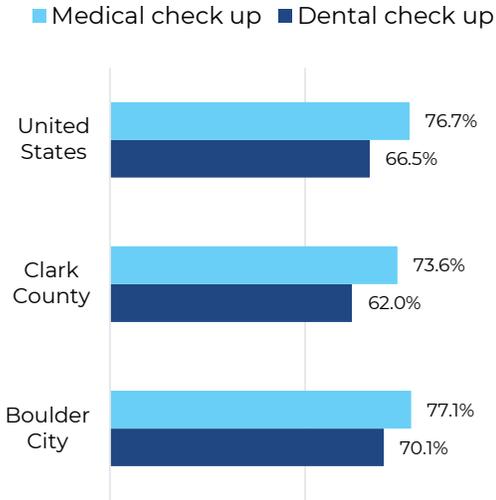
Preventative Health and Wellness Indicators

PREVENTATIVE HEALTH

Health-improving behaviors, such as getting annual checkups and recommended vaccinations and preventative health screenings, play an important role in minimizing the prevalence of chronic disease as well as maintaining overall community health and wellness.

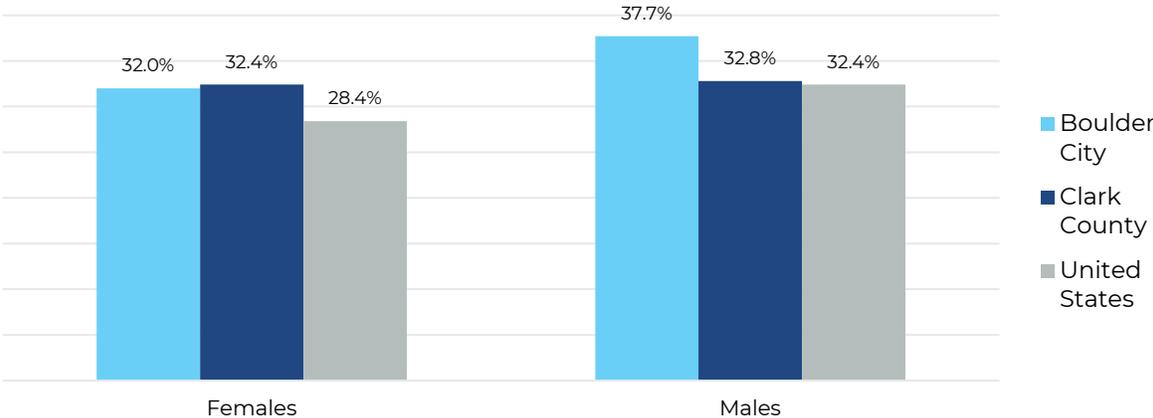
Approximately 77.1% of adults in Boulder City have received a routine medical checkup in the past year, and 70.1% received a dental checkup. Additionally, a higher percentage of adults age 65+ in Boulder City receive the recommended preventative services, including services such as vaccinations, colonoscopy, and mammography, compared to national benchmarks. However, a majority of older adults do not receive these preventative services, which may result in higher prevalence of chronic disease and premature death.

Adults who have had a routine checkup in the past year



Source: Center for Disease Control and Prevention, 2018

Percent of adults age 65+ who received recommended preventative healthcare services

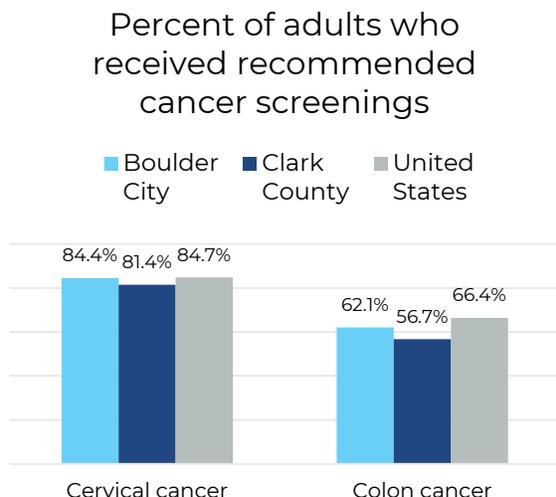


Source: Center for Disease Control and Prevention, 2018

Metric: Percentage of men and women aged 65 and older who received recommended clinical preventive services during the past year.

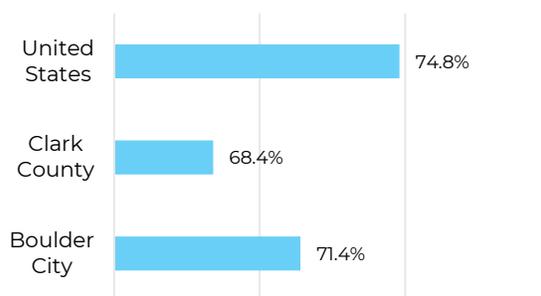
CANCER SCREENING

Cancer is the second leading cause of premature death in Clark County. Regular preventative health screening for various cancers helps identify cases before they become severe. Screening rates for cancer are variable depending on the type of screening: while 84.4% of women in Boulder City received regular cervical cancer screenings, only 62.1% of people received regular colon cancer screenings. Screening rates generally fall lower than national benchmarks, indicating opportunity to improve preventative health efforts.



Source: Center for Disease Control and Prevention, 2018
 Metric: Percentage of people (ages 50 – 75) and women (ages 21 – 65) who received who have had a cervical or colon cancer screening test.

Percent of women who received preventative mammogram in the past two years

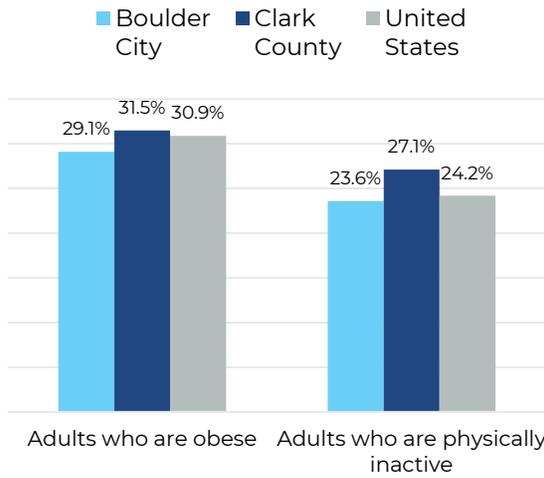


Source: Center for Disease Control and Prevention, 2018
 Metric: Percentage of women ages 50 – 74 who have had a mammogram in the past two years.

ADULT OBESITY AND PHYSICAL ACTIVITY

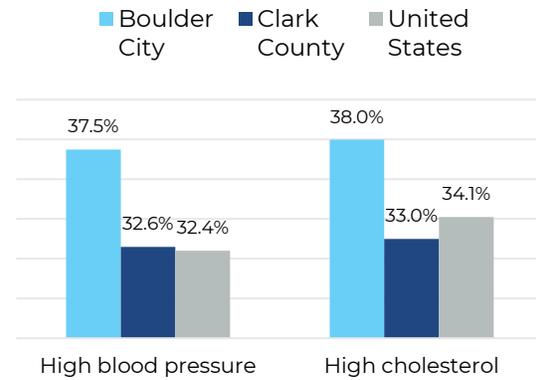
Obesity and limited physical activity are two lifestyle factors that contribute to high blood pressure, high cholesterol, and chronic disease. Approximately 29.1% of adults in Boulder City are classified as obese, comparable to county and national trends. Similarly, 23.6% of adults do not participate in any leisure-time physical activity. Adults in Boulder City exhibit significantly higher rates of high blood pressure and high cholesterol (37.5% and 38.0%, respectively) compared to state and national benchmarks. High blood pressure and high cholesterol can significantly increase one’s risk for heart disease and stroke.

Obesity and physical activity



Source: Center for Disease Control and Prevention, 2018
 Metric: Percentage of the adult population who are obese according to the Body Mass Index. Percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month.

Prevalence of high blood pressure and high cholesterol



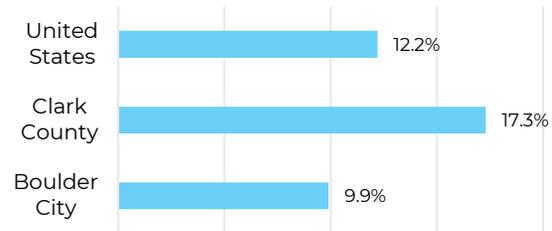
Source: Center for Disease Control and Prevention, 2018
 Metric: Percentage of adults who have been told they have high blood pressure or high cholesterol by a healthcare provider.

Accessibility of Care Indicators

INSURANCE

Lack of health insurance is one of the biggest barriers to accessing healthcare services. Individuals without health insurance often forego care due to high costs, which can lead to a higher prevalence of chronic conditions. The uninsured rate in Boulder City is 9.9%, significantly lower than county benchmarks.

Percentage of adults without health insurance



Source: Center for Disease Control and Prevention, 2018

Metric: Percentage of population under age 65 without any kind of health insurance.

PROVIDER ACCESSIBILITY

Number of people per...

Primary care provider



In line with state benchmarks
Higher than 90th percentile national benchmark

Dentist



In line with state benchmarks
Higher than 90th percentile national benchmark

Mental health provider



In line with state benchmarks
Higher than 90th percentile national benchmark

Source: County Health Rankings, 2021

Accessibility of providers in Clark County is comparable to state benchmarks, indicating no major provider shortages in primary care, dentistry, and behavioral health regionally.

Existing Healthcare and Community Resources

Medical Providers

Name	Address	Phone	Description of services
Boulder City Hospital	901 Adams Blvd, Boulder City, NV	(702) 293-4111	Hospital, outpatient, and primary care clinic services
Henderson Hospital	1050 W Galleria Dr, Henderson, NV	(702) 963-7000	Hospital, outpatient, and primary care clinic services
Intermountain Healthcare West Lake Mead Primary Care Clinic	595 W Lake Mead Pkwy, Henderson, NV	(702) 566-5500	Primary care clinic services
Southwest Medical Healthcare Center	101 E Lake Mead Pkwy, Suite 110, Henderson, NV	(702) 877-5199	Primary care clinic services
First Person Care Clinic	200 E Horizon St, Suite A, Henderson, NV	(702) 381-5858	Primary care clinic, dental, and behavioral health services

Dental Providers

Name	Address	Phone	Description of services
Boulder Family Dental	453 Hotel Plaza, Boulder City, NV	(702) 294-1100	General dental services
Boulder City Smiles	1631 Boulder City Pkwy, Boulder City, NV	(702) 293-2436	General dental services
Boulder Dental Group	806 Buchanan Blvd, Boulder City, NV	(702) 293-0205	General dental services
Amber Hills Dental	771 E Horizon Dr, Suite 176, Henderson, NV	(702) 943-0900	General dental services
Premier Dental Care	220 E Horizon Dr, Henderson, NV	(702) 565-0000	General dental services
Dedicated Dental	70 E Horizon Ridge Pkwy, Suite 150, Henderson, NV	(702) 566-5509	General dental services
Ace Dental	55 E Horizon Ridge Pkwy, Suite 100, Henderson, NV	(702) 436-2232	General dental services
Henderson Family Dental	537 S Boulder Hwy, Henderson, NV	(702) 564-2526	General dental services
Carepoint Dental	130 N Boulder Hwy, Suite 100, Henderson, NV	(702) 645-6888	General dental services

Dental Providers

Name	Address	Phone	Description of services
Stoker Family Dental	51 E Lake Mead Pkwy, Henderson, NV	(702) 564-0871	General dental services
Stratton Dental	301 W Lake Mead Pkwy, Henderson, NV	(702) 565-5900	General dental services
Henderson Modern Dentistry and Orthodontics	366 W Lake Mead Pkwy, Suite 100, Henderson, NV	(702) 464-3090	General dental and orthodontic services

Vision Providers

Name	Address	Phone	Description of services
Clear Vision Eye Center	1627 Nevada Hwy, Boulder City, NV	(702) 294-2227	Optometry services
Golden Eyes Optometry	25 E Horizon Ridge Pkwy, Suite 100, Henderson, NV	(702) 435-4301	Optometry services
Steven E. Grant, OD	70 E Horizon Ridge Pkwy, Henderson, NV	(702) 564-7581	Optometry services
Clear Vision Eye Center	143 S Water St, Henderson, NV	(702) 944-9446	Optometry services
Optic Gallery	310 W Lake Mead Pkwy, Suite 120, Henderson, NV	(702) 550-2020	Optometry services
Kimberly Le, OD	300 E Lake Mead Pkwy, Henderson, NV	(702) 862-4057	Optometry services

Behavioral Health Providers

Name	Address	Phone	Description of services
Boulder City Hospital	901 Adams Blvd, Boulder City, NV	(702) 293-4111	Inpatient geriatric psychiatry services, partial hospitalization program
Angels Matter Behavioral Health	220 E Horizon Dr, Suite H, Henderson, NV	(702) 558-4686	Outpatient behavioral health services
Lake Mead Wellness Center	311 S Water St, Henderson, NV	(702) 990-5040	Outpatient behavioral health services

This report was completed in compliance with the IRS requirements described in Section 501(r)(3) of the Internal Revenue Code.

Prepared by: Boulder City Hospital

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With technical assistance from:

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