



# **Boulder City Hospital**

Community Health  
Needs Assessment  
Fall 2024

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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 a taxing district, mining dollars, or a corporate health system. Our 25 acute/swing beds, 10 acute geriatric psychiatric beds, 47 Long Term Care beds and more than 250 staff members provide 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 Vision

Boulder City Hospital focuses on advancing the health equity of the communities we serve, embracing innovation and continually improving our care and service delivery through healing, acceptance, and stewardship.

### Our Values

Responsible, diverse, and dedicated stewards delivering equitable and sustainable healthcare for our community.

### Our Services

BCH provides an extensive array of inpatient and outpatient services, including emergency medicine, rehabilitation, primary care, behavioral health services, outpatient surgery, imaging, laboratory, 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 care skilled nursing care.

Boulder City Hospital is a dedicated community partner for equitable healthcare delivery and serves the needs of residents in Boulder City and surrounding areas as well as visitors to Lake Mead National Recreation Area.

To learn more about Boulder City Hospital, visit [www.bchcares.org](http://www.bchcares.org).

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## Assessment of Community Health Needs

As a Critical Access Hospital (CAH), Boulder City Hospital (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.

### Data Collection

Primary and secondary data were used to evaluate community needs.

Primary data was collected by disseminating a community needs assessment survey. The survey was designed to provide information to Boulder City Hospital and local health decision makers about hospital and clinical health services and included a paper and online instrument. The survey was launched on October 3<sup>rd</sup> and closed on December 1st of this year. There was a total of 203 responses, with 54 paper surveys and 149 electronic surveys.

Secondary data collected from statistical sources at the national, state, and local levels. The data provided a profile of demographic, social, economic, and health characteristics of BCH’s community that can be compared to regional, state, or national benchmarks. Sources of secondary data included: the U.S. Census Bureau, County Health Rankings, and reports from the University of Nevada, Reno School of Medicine, Office of Statewide Initiatives.

The CHNA email marketing campaign ran October 3<sup>rd</sup> through December 3<sup>rd</sup> obtaining a reach of 17,874, an average open rate of 44% (7% above industry average), and a 4% clickthrough rate (2% above industry average). On a weekly basis, the survey message and QR code were featured prominently on the back page of the local community newspaper which has a reach of 16,000 subscribers. Daily posts on the Hospital’s Facebook account were used to promote the survey as well as community posters, messaging, and events.

### Limitations

Limitations were expected due to the methods used to distribute the survey. The survey could have missed feedback from individuals who are uncomfortable with using technology and those with limited internet access. The usability of the online survey, the readability of the paper survey, and lack of a Spanish version of the survey could have limited response as well. Using the hospital as the primary distributor of the survey could have limited awareness amongst the community, especially amongst those who do not usually visit BCH.

### Prioritizing Community Needs

Once the primary and secondary data were gathered, the data was collectively analyzed to identify key themes that represented the unmet health needs within the community. Unmet health needs were ranked to determine which needs would be prioritized by BCH over the next three years. Unmet health needs were ranked based on scope, significance, and impact. Scope addressed the percentage of items identified in the survey results. Significance was determined by how much an issue was related to BCH’s capabilities and resources. Impact was determined by how much Boulder City Hospital could do to address the issue.

## Community Health Priorities

The 2024 CHNA identified a number of health and health related needs of which some of these needs are outside the capabilities of the Hospital to address directly.

The 2024 community health priorities are, in no particular order:

- Mental health and substance abuse
- Aging related problems (orthopedic, arthritis and auditory issues)
- Chronic health issues (Diabetes, obesity, hypertension)

Mental health and substance abuse: 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.

Aging related problems (orthopedic and auditory issues): 35.5% of survey respondents identified Aging related problems such as orthopedic/arthritis and hearing issues as important health needs in the community. Given that the percentage of seniors living in Boulder City is double that of the state of Nevada, this is not a surprising outcome.

Chronic health issues such as diabetes, obesity and hypertension combined for more than 20% of the survey respondent's identification of important health concerns in Boulder City.

## CHNA Implementation Plan

BCH leadership has developed an implementation plan to address the prioritized needs identified in the 2024 Community Health Needs Assessment.

### *Tactics*

#### **Mental health and substance abuse**

- Develop and implement plans to increase capacity/utilization of outpatient mental health services.
- Explore feasibility of opening outpatient substance abuse program for adolescents.

#### **Aging oriented problems (orthopedic, arthritis and auditory issues)**

- Develop and distribute educational material to the community to increase awareness of Aging oriented health problems and ways these issues and concerns can be managed, avoided, treated.
- Identify resources for specialty referrals for patients presenting with aging oriented problems at the primary care clinic.

#### **Chronic health issues (Diabetes, obesity, hypertension)**

- Increasing chronic care awareness via our clinic can provide patients with support via our P2P platform allowing interactions with the patients care team allowing a coordinated exchange of approved health information, as well as management of care transition and coordination of home and community based services.
- Currently the clinic provides reminder notices for appointments and testing to patients with diabetic related diagnosis. Our clinic can expand these notices to other chronic conditions to assist patients with staying on track with mechanisms to ensure conditions are being monitored by both the patient and clinic providers.

#### **In the Pipeline**

- Added scheduling options for laboratory
- Added patient portal access for main hospital. Virtual scheduling options for adding and canceling ancillary service appointments. Appointment reminders coming soon.
- Full-time fixed MRI
- Potential addition of DEXA
- Added payers allowing for more access to services provided at the Hospital.
- Added payers allowing increased access to surgery and Boulder City Surgical Group.
- Mammography recently added.
- New contracted service to increase accessibility to PHP and health programs.

#### **Under Review**

- Adding providers to BCPC
- Expanding or adjusting hours at BCPC a day per week to accommodate later appointments.
- Quarterly event in the community for blood pressure checks, vaccination, education, allowing an opportunity to take swag and discuss what services we offer. We offer so much more than the community is aware of. I know marketing is doing an extraordinary job but how do we access those that do not take time to self-educate. Low participation would be expected in the beginning but believe with consistency we may see community expecting us to arrive.
- Incorporate a bit of marketing materials with the Community Resource Liaison, so when out and about, it can be shared.

### OTHER IDENTIFIED NEEDS

The following health needs were identified throughout the CHNA but were not prioritized by Hospital leadership as BCH is already actively working to improve these issues within their scope of expertise and capabilities as a community hospital and clinic. These areas include:

- Access to healthcare services
- Cost of healthcare services
- Homelessness
- Housing (rental, utility assistance)
- Insurance

Boulder City Hospital is the only Critical Access Hospital in Nevada that is not part of a larger healthcare system or a recipient of regulated subsidies. It therefore lacks the resources to address broader community issues such as those identified above related to homelessness, housing and insurance.

The hospital has partnered with the city of Boulder City in developing a Community Resource Liaison program staffed by a Social Worker. The Community Resource Liaison (CRL) is accessible through city fire and police personnel as well as usual and customary means (website, email, phone, etc). Depending on the situation, the CRL has and will continue to assist people on an individual basis to get connected to services and resources to address homelessness, housing, insurance and other needs.

As to Access to Healthcare, BCH strives to continually improve access to its services within the constraints of its resources.

Cost of healthcare remains a challenge for all providers given the vicissitudes of the industry, economy and regulatory environment. The hospital does work with individual patients with financial hardships through payment plans and charity care administration.

BCH has engaged in and supported community partnerships with other entities working in these areas through the Community Resource Liaison program which launched in January 2023.

## Evaluation of Previous CHNA Plan

The following were taken to address needs identified in the prior CHNA dated 2021:

*Actions*

*Outcomes*

|  | <i>Actions</i>   | <i>Outcomes</i>  |
|--|--|--|
| <p><b>Access to Behavioral Health Services and Specialty Care Strategic Objectives</b></p> | <p>Improve advertising and marketing of behavioral health services to improve awareness of services offered in the community.</p> <p>Explore feasibility of offering a chemical dependency intensive outpatient program for adolescents.</p> <p>Explore feasibility of offering outpatient behavioral health services, such as counseling and therapy.</p>   | <ul style="list-style-type: none"> <li>Information on behavioral health services and education on behavioral health topics are rotated through our external communications media including our website, marquee messaging, social media (Facebook), full page premium back page ads in the local paper (Boulder City Review) and educational articles submitted for publication in the local paper. Additionally, the Hospital continues to promote the national 988 crisis and suicide prevention hotline.</li> <li>We began negotiations for a management and development contract with a behavioral health/chemical dependency company to manage our outpatient psychiatric program and develop chemical dependency IOP programming.</li> <li>Outpatient counseling/therapy services by an LCSW through the Rural Health Clinic were implemented.</li> </ul>  |
| <p><b>Access to Specialty Care Strategic Objectives</b></p>                                | <p>Improve advertising and marketing of specialty services to improve awareness of services offered in the community.</p> <p>Improve primary care provider awareness of specialty services to facilitate better care planning with patients.</p> <p>Explore feasibility of offering specialty services that complement BCH's existing service offerings, such as orthopedic surgery.</p>                                     | <ul style="list-style-type: none"> <li>Information on specialty services and education on health topics are rotated through our external communications media including our website, marquee messaging, social media (Facebook), full page premium back page ads in the local paper (Boulder City Review) and educational articles submitted for publication in the local paper.</li> <li>Marketing and informational collateral deliverables are produced and disseminated by Marketing and Community Education staff to local providers, health fairs and other community events as well as through external communications media including our website, marquee messaging, social media (Facebook), full page premium back page ads in the local paper (Boulder City Review) and educational articles submitted for publication in the local paper.</li> <li>Through management agreement with InReach, BCH has implemented an outpatient surgical program currently staffed with a general surgeon and an orthopedic surgeon. Awareness campaigns for communications media including our website, marquee messaging, social media (Facebook), full page premium back page ads in the local paper (Boulder City Review) and educational articles submitted for publication in the local paper are ongoing.</li> </ul> |
| <p><b>Primary Care Service Offerings</b></p>   | <p>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.</p> <p>Recruit provider(s) who specialize in full scope of primary care, including women's health and pediatrics.</p> <p>Explore collaborating with the local school district to offer wellness visits and sport physicals.</p> | <ul style="list-style-type: none"> <li>Saturday hours were added to the clinic</li> <li>Recruited one mid-level provider with experience in women's health.</li> <li>Recruited a pediatric provider that resigned.</li> <li>Partnered with local fire department to provide annual physicals.</li> </ul>   |
| <p><b>Chronic Disease and Preventative Health</b></p>                                      | <p>Explore feasibility of offering mammography services in Boulder City to facilitate ease of access for patients for preventative health screening.</p> <p>Explore vaccine program for adolescents, adults, and seniors.</p> <p>Explore opportunity to improve specialty provider outreach to facilitate better access to chronic disease diagnosis and treatment for patients.</p>   | <ul style="list-style-type: none"> <li>Pursued and received grant to start mammography services</li> <li>Covid, Flu, and Shingles vaccines available to all patients through the clinic.</li> <li>Improved referral system and staffing education implemented to direct patients for specialty services within BCH as well as to other providers such as Pain, Cardiology and other specialties.</li> </ul>  |

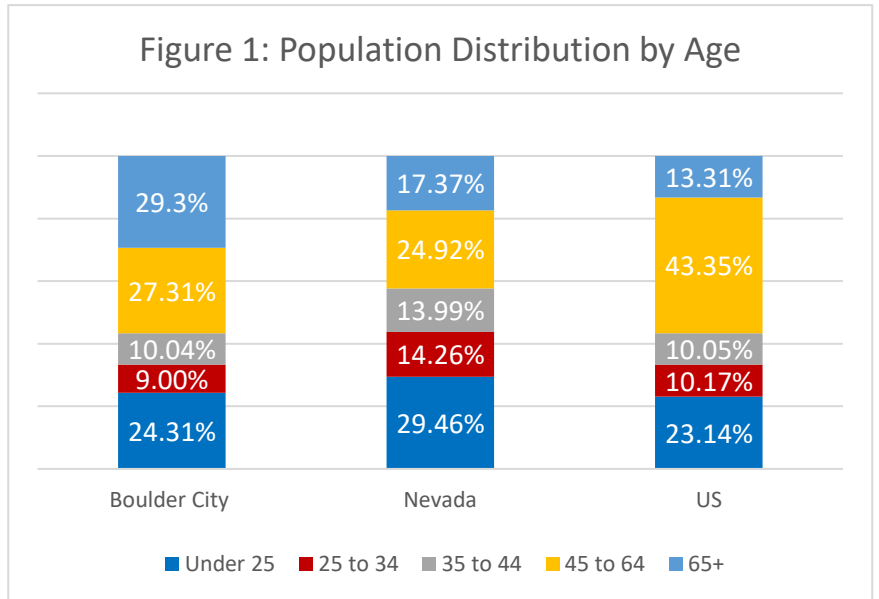


## About the Community of Boulder City

### Demographic Indicators

Boulder City has a population of approximately 14,885 full-time residents and a total yearly population of 16,043, with a median age of 51.1 years, significantly higher than the national median of 38.5 years.

In Boulder City, 29.3% of the population of residents aged 65 years and older is higher than the state average of 17.4%. The number of residents aged 65 years and older has decreased 3.5 percent from 2021. 24.3% of the population is under the age of 25 representing a 2.9% increase from 2021. 46.4% are aged 25 to 64 years old. The distribution of age on a state and national level can be seen in Figure 1.

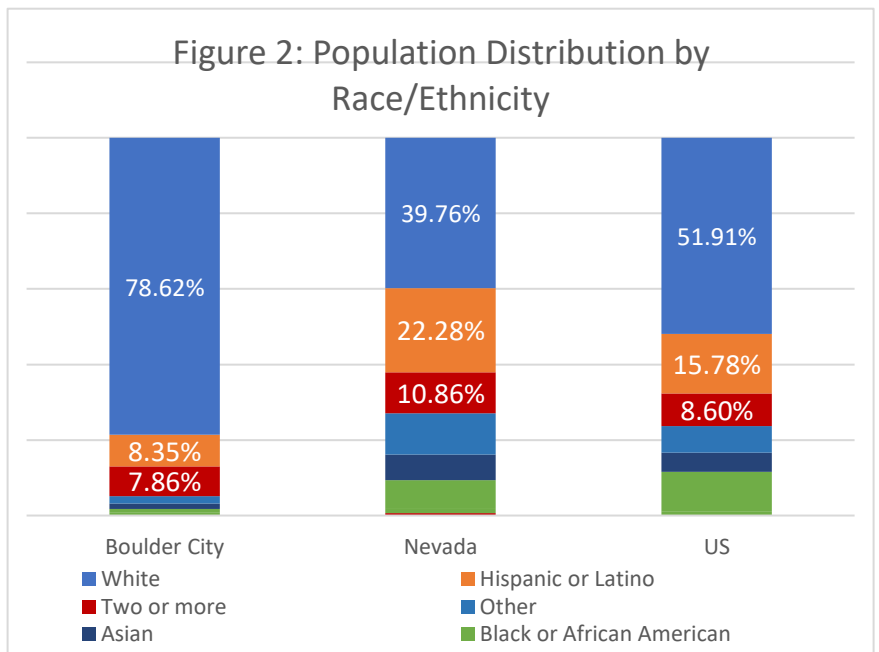


### Race and Ethnicity

The two largest racial and ethnic groups in Boulder City comprise of individuals identifying as White non-Hispanic (78.6%) and Hispanic or Latino (8.3%). This contrasts with the racial and ethnic distribution in Nevada and the United States as seen in Figure 2.

### Income and Employment

The median household income in Boulder City is about \$76,402, which is comparable to the national median of \$77,719. This indicates a generally stable economic condition, although some variations in income distribution exist. The poverty rate in Boulder City is 10.6%, which is slightly lower than the national average of 12.5%. However, certain subgroups, such as Hispanic populations, experience higher poverty rates (21.0%).



### Housing

Boulder City has around 7,085 housing units, with a median value of \$385,900 for owner-occupied homes, which is higher than the national median of \$340,200. This indicates a relatively stable housing market, though housing affordability could be a challenge for lower-income families. A significant portion of the population is older, which may also impact housing demand, particularly for accessible or senior-friendly housing.

### Educational Attainment

Approximately 95.8% of residents have a high school diploma or higher, which is significantly above the national average of 89.7%. Moreover, 31.9% have a bachelor's degree or higher.

The strong educational attainment could be a strength in developing public health programs that require community engagement and educational outreach.

### Veteran Population

Boulder City has a relatively high veteran population, with 12.7% of its residents being veterans. This is nearly double the national average of 6.6%, suggesting the need for healthcare services tailored to veterans.

### Food Security

Boulder City exhibits relatively low food insecurity as compared to county, state, and national rates when using Supplemental Nutrition Assistance Program (SNAP) benefits as a measure. Only 8.3% of Boulder City residents receive SNAP benefits. This compares to Clark County (13.1%), Nevada (12.4%), and national (11.8%) rates.

### Healthcare and Access

With 7.9% of its population without healthcare coverage suggests that Boulder City enjoys relatively high healthcare access. This is in contrast with the national rate of 13.6% and state percent without coverage at 10.8%. Even with low rates of insured in Boulder City, the aging population may place increasing demands on healthcare services, particularly for chronic disease management, geriatric care, and preventive services.

## Health and Disease Indicators

### Cancer Incidence

Clark County has experienced a decreasing trend of cancer incidence over five years with an age-adjusted rate of 372 cases per 100,000 population as of 2021. This is slightly lower than the state rate (388 new cases per 100,000) and considerably lower than the national rate of 439 new cancer cases per 100,000 population.

### Adult Obesity

Obesity and limited physical activity are two lifestyle factors that are known to contribute to chronic disease given their impact on both blood pressure and cholesterol levels. While the rate of physical inactivity has declined for adults in Clark County since 2018, the rate of obesity has remained stagnant: 31% of adults in Clark County are classified as obese, lower than state and national trends comparison. In Clark County, Nevada, 31% of adults had a BMI of 30 or greater.

### Physical Activity and Access to Exercise Opportunities

In Clark County, 25% of adults reported participating in no physical activity outside of work, higher than state and National benchmarks. 95% of the same population lived close to a park or recreation facility, higher than the state and National benchmark.

## Mental Health and Substance Use

Just like physical health, mental health can play a profound role in quality of life. Adults in Clark County generally report a higher number of mentally unhealthy days over the past month compared to national benchmarks but like state benchmarks. Poor mental health can result in higher rates of “deaths of despair” in a community, which include deaths due to suicide, alcohol-related diseases, and drug overdoses.

In Clark County, Nevada, adults reported that their mental health was not good on 5.5 of the previous 30 days, higher than National benchmarks. Substance use and addiction can contribute to the development of mental health conditions, and vice versa. These disorders tend to co-occur with one another, which produces a more significant negative impact on overall health and well-being.

Adults in Clark County report slightly lower rates of excessive drinking, a precursor to alcohol-related disease. Similarly, Lyon County exhibits a higher rate of alcohol-impaired driving deaths compared to national benchmarks but around the same for State measures, with 28% of driving deaths involving some kind of alcohol in 2024, higher than national benchmarks.

## Accessibility of Care Indicators

### Insurance Coverage

With 5.9% of its population without healthcare coverage suggests that Boulder City enjoys relatively high healthcare access. This is in contrast with the national rate of 8.6% and state percent without coverage at 11.3%, 12.1% in Clark County. Even with high rates of insured population in Boulder City, the aging population may place increasing demands on healthcare services, particularly for chronic disease management, geriatric care, and preventive services.

### Access to Providers

Health Professional Shortage Areas (HPSA) are used to designate areas, groups, facilities, or populations that have a shortage of healthcare professionals. HPSA scores are based on calculations that account for population-to-provider ratios by discipline (primary care, dental health, and mental health), the percentage of the population below 100% of the Federal Poverty Level, and the time it takes to travel to the nearest source of care. A score of 1 indicates the lowest need for providers.

Boulder City Hospital is in a Primary Care, Dental Health, and Mental Health HPSA as well as a medically underserved area with scores of 12 or greater. These designations and scores indicate a need for more providers and medical resources in and around the community.

## Hospital Profile

### Economic Impact

While Boulder City Hospital plays an essential role in meeting the healthcare needs of the community, it is also a key part of the area's economy. BCH employs 215 (FTE) positions with an annual payroll of \$15,695,000. When considering the jobs created in other businesses that result from hospital spending, BCH was responsible for an additional 230 jobs and \$9,417,000 in secondary income impact. In total, BCH accounts for a total economic impact of 445 jobs and \$24,842,000 in payroll in the local community.

### Hospital Usage Data

Between 2019 and 2021, there were 5,231 inpatient discharges for residents from the zip code identified as the hospital service area for Boulder City Hospital (BCH) in Boulder City. Of these 5,231 discharges, 460 received care at Boulder City Hospital (8.8%), while 4,771 (91.2%) bypassed BCH for inpatient care in Las Vegas and other acute care hospitals in Nevada and Utah.

The top ten inpatient discharge descriptions, by APR-DRG Codes, for this time included:

- Neonate Birth Weight > 2499 Grams Normal Newborn or Neonate with Other Problem (6401)
- Vaginal Delivery (5601)
- Heart Failure (1943)
- Major Respiratory Infections and Inflammations (1373)
- Septicemia and Disseminated Infections (7202)
- Major Depressive Disorders and Other or Unspecified Psychoses (7512)

During the same time period, there were 13,369 outpatient encounters and visits to Boulder City Hospital and its associated clinics from residents in the hospital's service area. Of these 13,369 outpatient visits and encounters, 4,422 received care at BCH and its clinics (33.1%), while 8,947 (66.9%) bypasses BCH for outpatient services in other hospitals and clinics.

The top ten outpatient discharge descriptions, by APR-DRG Codes, for this time include:

- Signs Symptoms and Other Factors Influencing Health Status (8611)
- Other Back and Neck Disorders Fractures and Injuries (3471)
- Orbit and Eye Procedures (731), Other Digestive System Diagnoses (2541)
- Other Musculoskeletal System and Connective Tissue Diagnoses (3511)
- Moderately Extensive O.R. Procedure Unrelated to Principal Diagnosis (9511)
- Ungroupable (9560), Knee and Lower Leg Procedures Except Foot (3131)
- Procedure with Diagnosis of Rehabilitation Aftercare or Other Contact with Health Services (8501)
- Other Esophageal Disorders (2431)

From 2019 to 2021, there were 14,567 hospital emergency room visits from residents of BCH's service area. Of these 14,567 visits, 8,678 received care at the BCH emergency department (59.6%), while 5,889 (40.4%) went to emergency rooms in other hospitals.

The top ten emergency department visits and primary diagnosis discharge descriptions, by APR-DRG Codes, for this time include:

- Urinary Tract Infection Site Not Specified (N390)
- Other Chest Pain (R0789)
- Essential (Primary) Hypertension (I10)
- Covid-19 (U071)
- Unspecified Abdominal Pain (R109)
- Chest Pain Unspecified (R079)
- Syncope and Collapse (R55)
- Nausea with Vomiting Unspecified (R112)
- Acute Upper Respiratory Infection Unspecified (J069)
- Low Back Pain (M545)

## 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 members 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.

### Survey Results and Graphical Presentation

More than two-thirds of respondents rated the overall health of the BC community positively (82.5%) with 17.5% rating the health of the BC community as unhealthy, identifying access to healthcare (53.54%) as the top factor for a healthy community followed by low crime and safe neighborhoods (43.43%), affordable housing (29.2%), and supportive services for seniors (23.74%).

Survey respondents identified the top five health needs facing people in the BC community as: access to healthcare (42%); aging-related problems (35.5%); housing such as rental and utility assistance (27.5%); cost of healthcare (23.5%); and access to medicaid/Medicare providers (21.5%).

With 2.23% of respondents reporting they do not have health insurance, 48.44% are Medicare participants, 3.56% Medicaid, 9.33 state or federal insurance plans, 4.89% have purchased individual insurance plans, and 30.67% reported having employer-based insurance coverage.

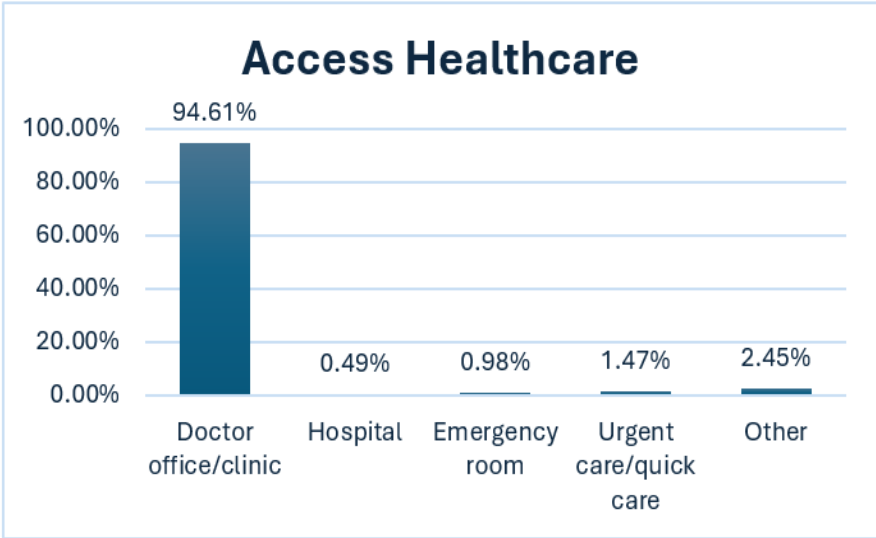
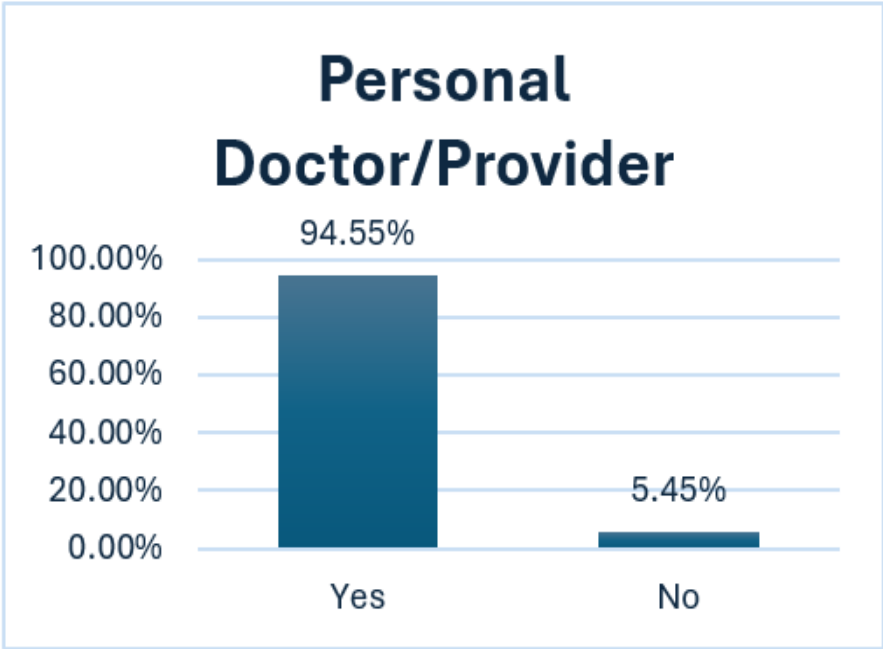
In the past year, 58.29% of survey respondents have used BCH services compared to 33% in 2018. Top service utilization included 36.18% emergency room, 29.96% laboratory, 13.33% radiology and imaging, 10.98% primary care clinic, and 10.14% used inpatient and outpatient rehab services.

Over the past six years, Boulder City Hospital has improved its satisfaction rating and referral recommendation (90.25%) up 18 percentage points from 2018 (72%). Of the respondents utilizing Boulder City Hospital services.

Within the past year, 72.73% of survey respondents traveled outside of Boulder City to seek treatment, up 2.73% from 2018. Respondents travel outside of the BC area due to services not available locally (35.23), Referral to another hospital or medical provider (18.75%), and quality care considerations (11.93%). Of note, in 2018 respondents rated quality of care considerations as the number one reason (24%) to travel outside the area.

Current survey respondents primarily reside in Boulder City (85.20%) and the top three healthcare concerns and or challenges identified were: 1) access to quality healthcare and medical services (65.22%); 2) more specialist and health care services within the community (43.62% down 11.38 from 2021); and 3) more availability/accessibility of appointments and more doctors (14.77%).

When reviewing survey outcomes data, responses show that 94.55% have a primary care doctor and 94.61% utilize a doctor’s office or clinic as a primary method for healthcare.



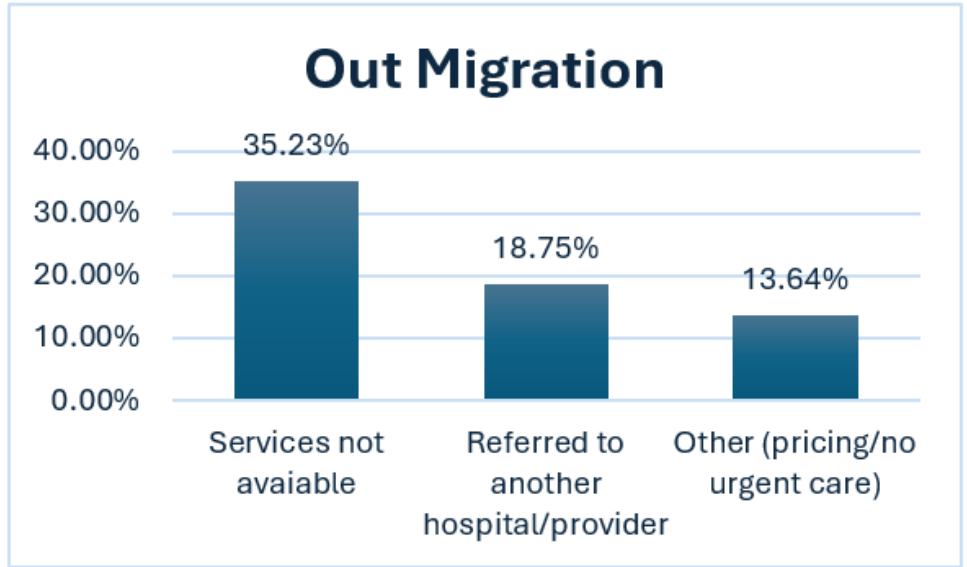
53.47% of respondents stated they stay locally and 58.29% have accessed services at Boulder City Hospital within the last year.

35.23% stated Boulder City lacked services, 18.75% were referred to another hospital or provider and 13.64% listed cost of care and no urgent care as reasons for leaving the community for services.

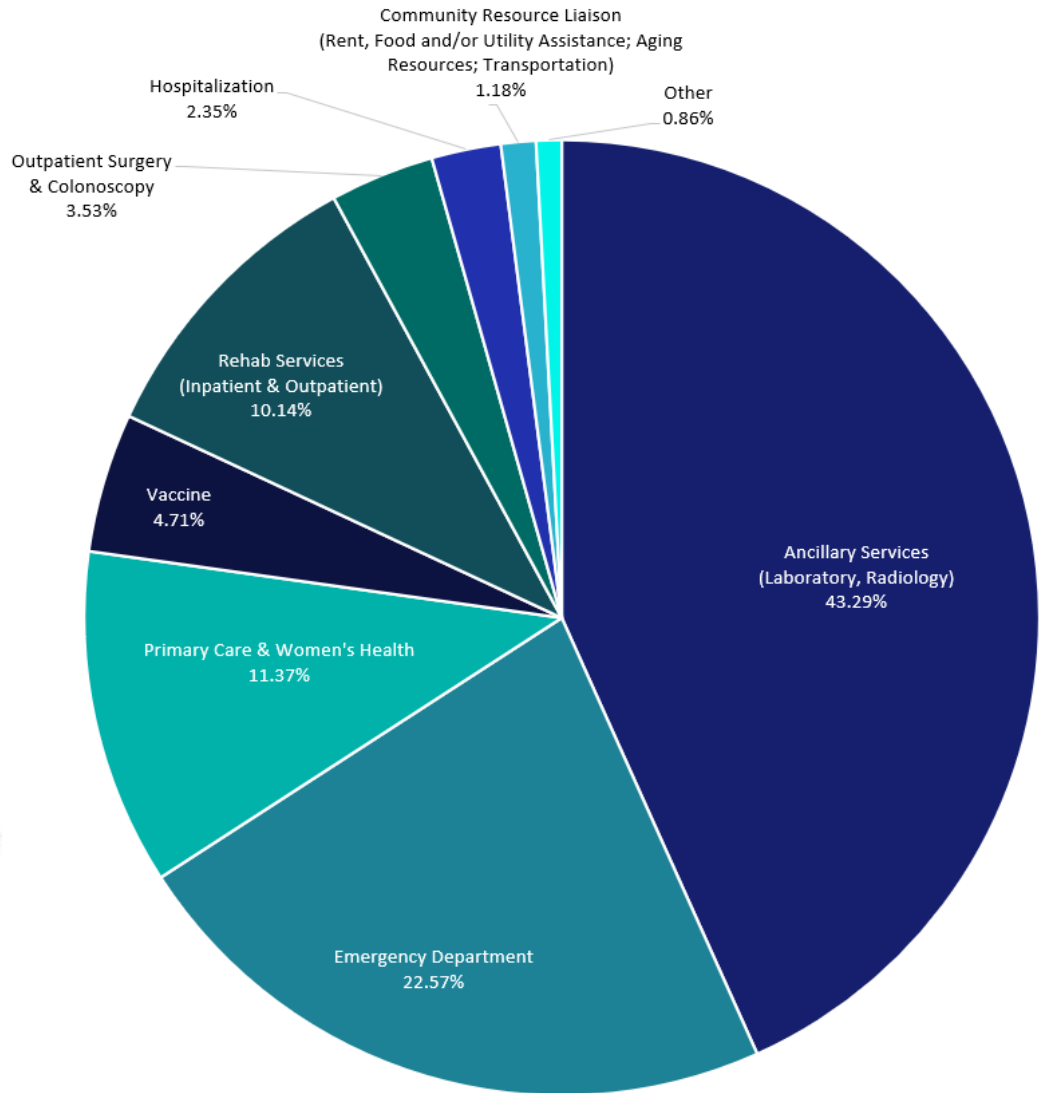
When given service selections that have been received at Boulder City Hospital the following information was provided. Long Term Care and mental health services received 0.00%.

Service Utilization by Survey Respondents

With 58.29% of respondents indicating service utilization at Boulder City Hospital, ancillary services, including laboratory and radiology, the ER, Primary Care Clinic, Rehab Services, and vaccines were the top five services accessed.

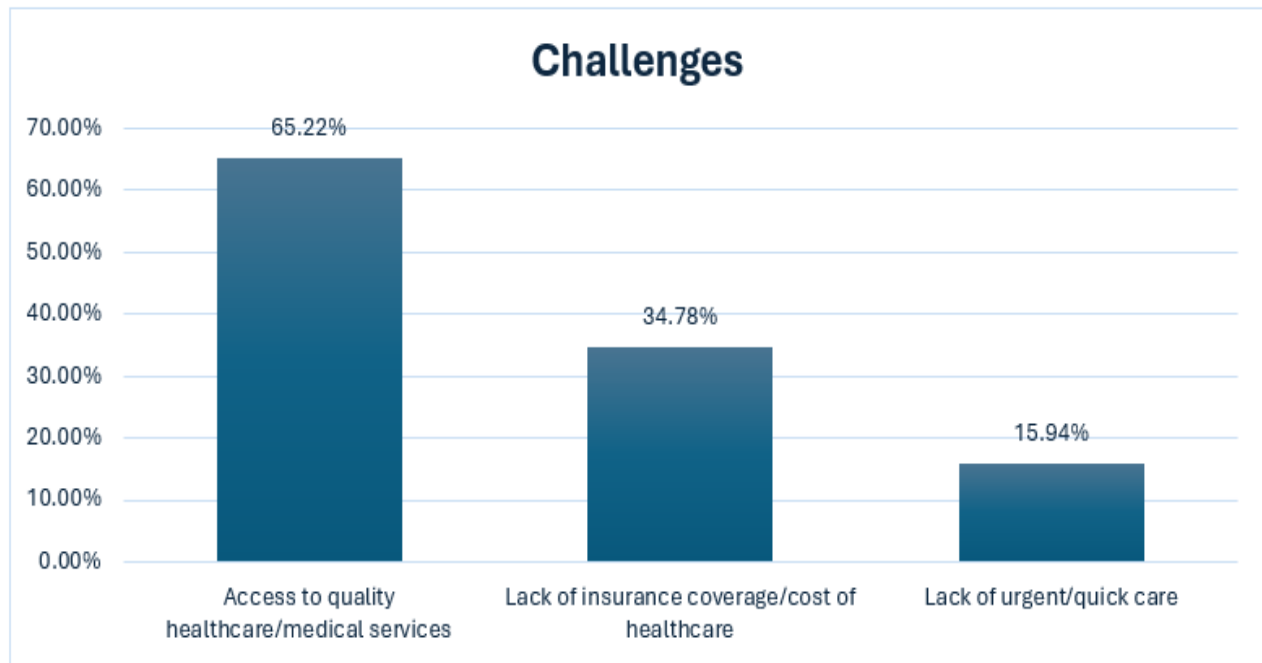
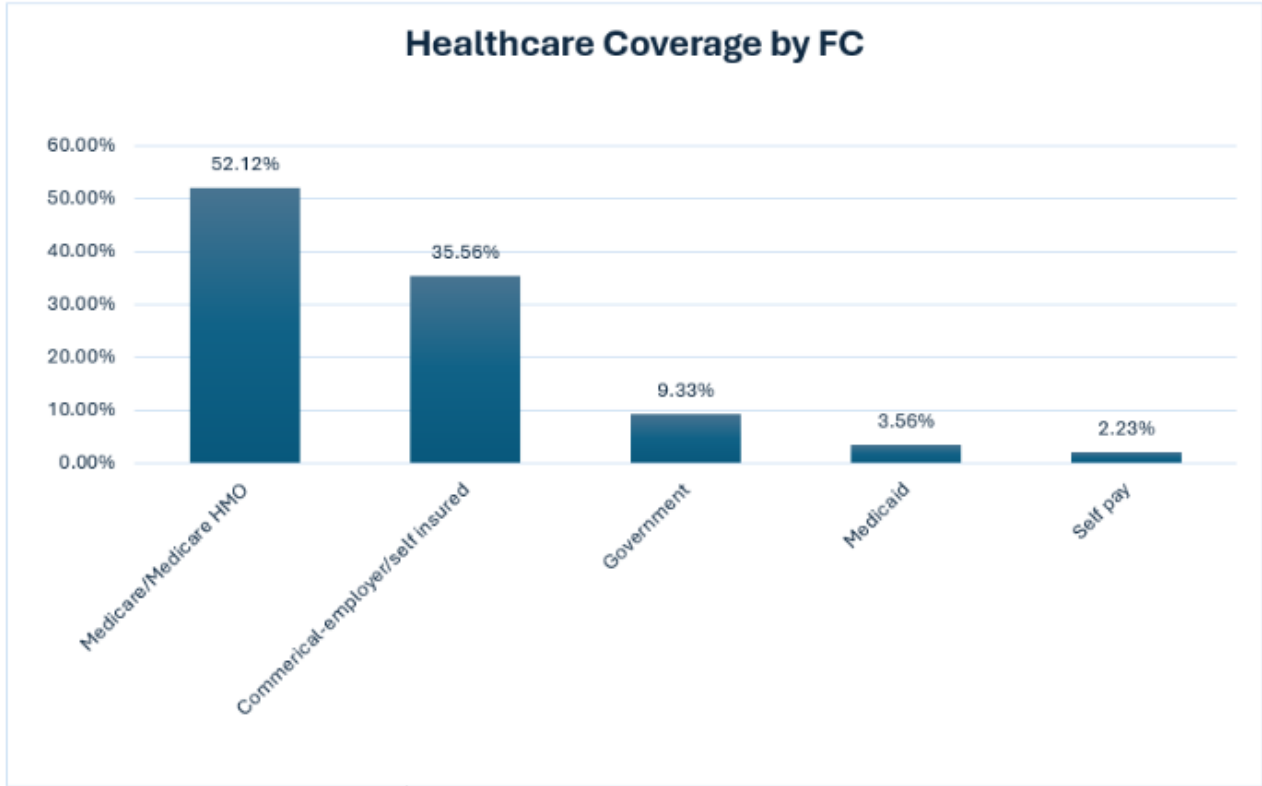


- Ancillary Services (LAB, RAD)
- ER
- Primary Care & Women's Health
- Vaccine
- Rehab Services
- Outpatient Surgery & Colonoscopy
- Hospitalization
- Community Resource Liaison (Rent, Food and/or Utility Assistance; Aging Resources; Transportation)
- Other

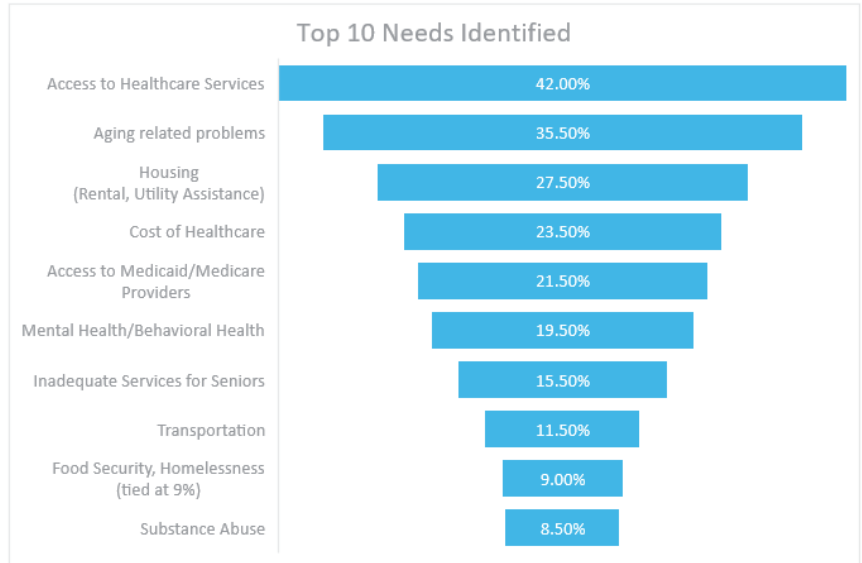




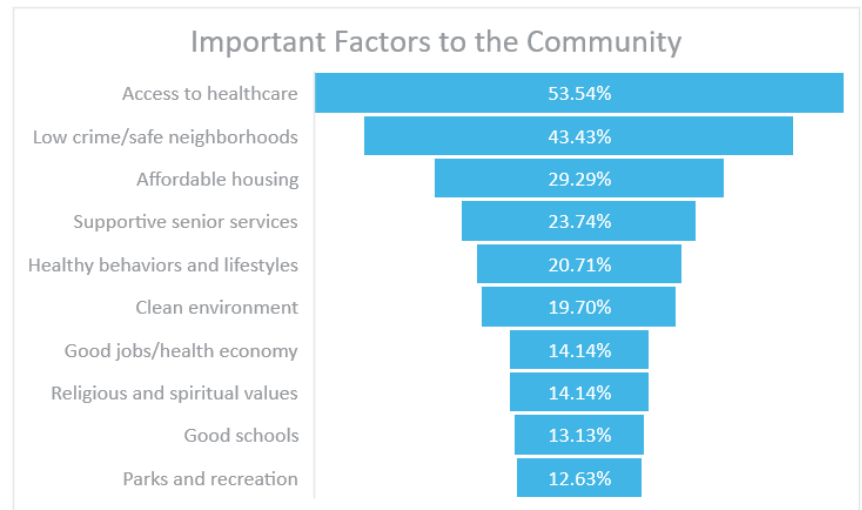
Most respondents had some form of health insurance coverage with 2.23% being self-pay but when asked the question related to healthcare challenges in the community, 34.78% stated lack of insurance coverage/cost of healthcare was an issue with 65.22% stating access to healthcare was the primary challenge.



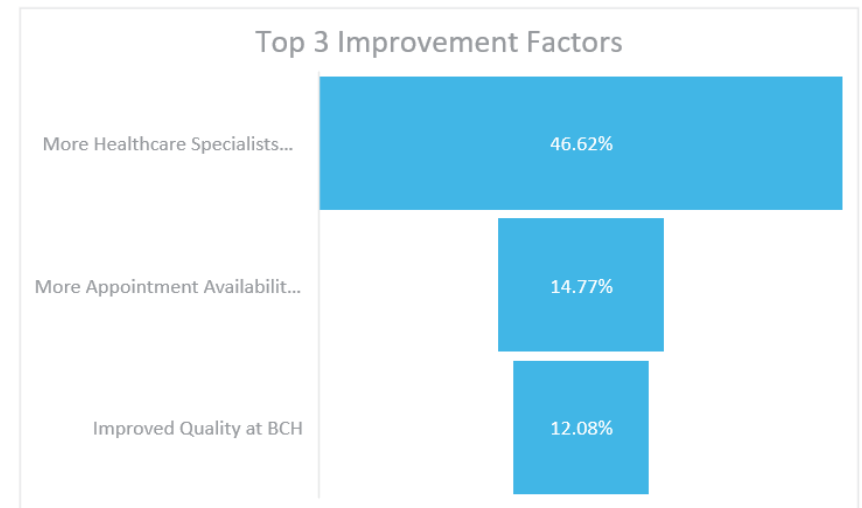
Top 10 healthcare needs identified in question 2 of the survey shown below with access to healthcare care ranking #1, at 42%.



Top 10 important factors for the community with access to healthcare ranking the highest at 53.54%.



Lastly, the community wants more healthcare specialists and services (43.62%), more appointment availability/doctors (14.77%), and improved quality at BCH (12.08%).



References and Acknowledgements

U.S. Census Bureau County Health Ranking

University of Nevada, Reno School of Medicine, Office of Statewide Initiatives

Wipfli LLP, 2021 Community Health Needs Assessment, Boulder City Hospital

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

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