

Community Health Needs Assessment 2020



 Banner Health.

Banner Payson Medical Center

TABLE OF CONTENTS

- Executive Summary.....2**
- Introduction5**
 - Purpose of the CHNA Report 5
 - About Banner Payson Medical Center 5
 - Definition of Community 7
 - Description of Community 7
 - Community Demographics 9
- Process and Methods Used to Conduct the CHNA12**
 - Banner Health CHNA Organizational Structure 13
 - Primary Data / Sources 13
 - Secondary Data / Sources 13
 - Data Limitations and Information Gaps..... 15
 - Community Input..... 15
 - Prioritization of Community Health Needs..... 16
- Description of Prioritized Community Health Needs.....17**
 - Priority #1: Access to Care 17
 - Priority #2: Chronic Disease Management 19
 - Priority #3: Behavioral Health (Substance Abuse / Depression / Behavioral Health) 23
 - Needs Identified but not Prioritized 26
- 2016 CHNA Follow Up and Review.....27**
 - Feedback on Preceding CHNA / Implementation Strategy..... 27
 - Impact of Actions Taken Since Preceding CHNA..... 27
- Appendix A. Advisory Councils29**
 - Community Advisory Council..... 29
 - Patient Advisory Council 30
- Appendix B. List of Data Sources31**
 - Primary Data Sources..... 31
 - Secondary Data Sources – Citations 31
- Appendix C. Steering Committee and CHNA Facility Based Champions32**
 - Banner Health Steering Committee..... 32
 - CHNA Facility-Based Champions..... 32
- Appendix D. Online Survey Response Data33**

EXECUTIVE SUMMARY

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

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

Beginning in early 2020, Banner Health conducted an assessment for the health needs of residents of Payson as well as those in its primary service area (PSA). For the purposes of this report, the primary service area is defined as the area where the top 75 percent of patients for the respective facility originate from. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Headquartered in Phoenix, Arizona, Banner Health is one of the nation's largest nonprofit health care systems and is guided by our nonprofit mission: "Making health care easier, so life can be better." This mission serves as the cornerstone of operations at our 28 acute care facilities located in small and large, rural and urban communities spanning 6 western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than \$113M annually in charity care – treatment without expectation of being paid. As a nonprofit organization, we reinvest revenues to add new hospital beds, enhance patient care and support services, expand treatment technologies, and maintain equipment and facilities. Furthermore, we subsidize medical education costs for hundreds of physicians in our residency training programs in Phoenix and Tucson, Arizona and Greeley, Colorado.

With organizational oversight from a 13-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 52,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, urgent cares, clinics, surgery centers, home care, and other care settings.

While we have the experience and expertise to provide primary care, hospital care, outpatient services, imaging centers, rehabilitation services, long-term acute care and home care to patients facing virtually any health conditions, we also provide an array of core services and specialized services. Some of our core

services include: cancer care, emergency care, heart care, maternity services, neurosciences, orthopedics, pediatrics and surgical care. Specialized services include behavioral health, burn care, high-risk obstetrics, Level 1 Trauma care, organ and bone marrow transplantation and medical toxicology. We also participate in a multitude of local, national and global research initiatives, including those spearheaded by researchers at our three Banner- University Medical Centers, Banner Alzheimer’s Institute and Banner Sun Health Research Institute.

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

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

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

The CHNA results have been presented to the leadership team and board members to ensure alignment with the system-wide priorities and long-term strategic plan. The CHNA process facilitates an ongoing focus on collaboration with governmental, nonprofit and other health-related organizations to ensure that members of the community will have greater access to needed health care resources.

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

For Banner Payson Medical Center leadership team, this has resulted in an ongoing commitment to continue working closely with community and healthcare leaders who have provided solid insight into the specific and unique needs of the community since the previous cycle. In addition, after accomplishing

measurable changes from the actions taken in the previous CHNAs, we have an improved foundation to work from. United in the goal of ensuring that community health needs are met now, and, in the future, these leaders will remain involved in ongoing efforts to continuously assess health needs and subsequent services.

INTRODUCTION

PURPOSE OF THE CHNA REPORT

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Banner Payson Medical Center (BPMC). The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets requirements of the ACA that nonprofit hospitals conduct a CHNA at least once every three years.

Banner Payson Medical Center is dedicated to enhancing the health of the communities it serves. The findings from this CHNA report serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax requirements set forth in Internal Revenue Code Section 501(r) requiring hospital facilities owned and operated by an organization described in Internal Revenue Code Section 501(c)(3) to conduct a CHNA at least once every three years. Regarding the CHNA, the ACA specifically requires nonprofit hospitals to:

1. Collect and take into account input from public health experts, community leaders, and representatives of high need populations – this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions;
2. Identify and prioritize community health needs;
3. Document a separate CHNA for each individual hospital; and,
4. Make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs.

This is the third cycle for Banner Health, with the second cycle completed in 2017. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health's board on December 4th, 2020.

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

Written comments on this report can be submitted by email to:
CHNA.CommunityFeedback@bannerhealth.com

ABOUT BANNER PAYSON MEDICAL CENTER

Banner Payson Medical Center is a 25-bed licensed critical access hospital located within Gila County, Arizona. The hospital has been serving the community for over 50 years and has never strayed from the community focus, constantly striving to live the Banner Health mission, "Making health care easier, so life can be better".

Banner Payson Medical Center is committed to providing a wide range of quality of care, based on the needs of the community, including the following services:

- Inpatient Services
- Outpatient Services
- Laboratory
- Labor and Delivery
- Orthopedics
- General Surgery
- Respiratory Therapy
- Physical Therapy
- Speech Therapy
- Infusion Therapy
- Wound Care
- Tele-ICU
- Tele-Neuro
- Tele-Behavioral
- Observation
- Radiology
- Swing Beds
- Emergency Care
- Cardio Pulmonary Rehabilitation

The staff of 180+ full time employees provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Banner Payson Medical Center's health care professionals render care to – over 18,000 outpatients, around 6,000 inpatients, and around 14,000 patients in the Emergency Department (ED). The staff also welcomes an average of 125 newborns into the world each year.

Banner Payson Medical Center serves the town of Payson as well as Gila County, leveraging the latest medical technologies to ensure safer, better care for patients. Physicians and clinical personnel document patient data in an electronic medical record rated at the highest level of implementation and adaptation by HIMSS Analytics, a wholly-owned nonprofit subsidiary of the Healthcare Information and Management Systems Society.

This facility is also part of the Banner Telehealth for neurology, psychiatry, and eICU. This advanced technology enhances the care and safety of critically ill patients by teaming our on-site medical staff with intensive-care specialists who follow patients' care from a remote monitoring center 24 hours a day seven days a week.

To help meet the needs of uninsured and underinsured community members, Banner Payson Medical Center follows Banner Health's process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people through financial assistance is just one example of our commitment. In 2019, Banner Payson Medical Center reported \$2,904,000 in Charity Care for the community while we wrote off an additional \$3,516,000 in bad debt on uncollectable money owed to the facility.

DEFINITION OF COMMUNITY

Banner Payson Medical Center is located at the foothills of the Mogollon Rim, in Gila County, Arizona. Nestled between the Sierra Ancha and Mazatzal Mountain Ranges, Payson offers forest covered slopes and running rivers through surrounding canyons. At an elevation of 5,000 feet, the mild climate allows for year-round outdoor activities including hiking, skiing, fishing, and camping. Census data indicates the town has an average population of nearly 16,000. The community is a peaceful getaway with rustic charm and residents are proud of the history-rich town.

While the hospital facility is located in Payson, the hospital patient population extends across Gila County, with patients coming from Navajo and Apache County as well.

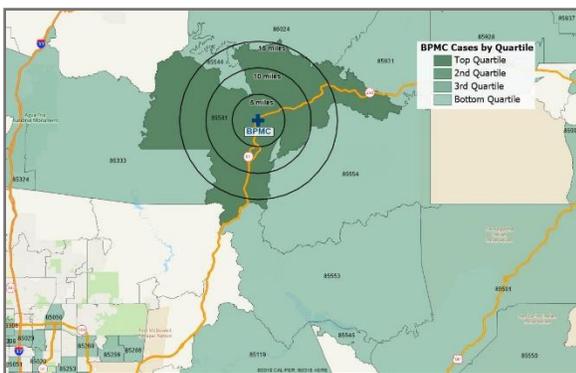
DESCRIPTION OF COMMUNITY

Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75 percent of patients for the respective facility originate from. For the purpose of Banner Payson Medical Center the top ~84% of the IP zips were used due to the rurality and in Table 1 the top ~84 percent of the Banner Payson Medical Center PSA is listed.

Zip	County	Town	%	Cumulative
85541	Gila County	Payson	71.2%	71.2%
85544	Gila County	Pine	7.3%	78.5%
85553	Gila County	Tonto Basin	4.7%	83.3%

Source: ADHS, 2019



Source: Banner Strategy and Planning, 2020

Hospital Inpatient Discharges and Map

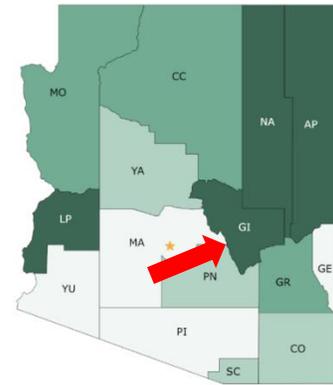
Banner Payson Medical Center's Inpatient Origin by Zip Code data informs the primary service area. For the 2020 CHNA report the data derives from the 2019 calendar year and is determined by the top 3 contiguous quartiles, equaling 75 percent of total discharges.

Health Outcomes Ranking and Map

2020 Arizona County Health Outcomes Rankings: Gila ranked 13 out of the 15 participating counties, a decrease in ranking from the 2017 health outcomes (12 of 15). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:

- Length of Life: measuring premature death and life expectancy.
- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2019)

2020 Health Outcomes - Arizona



Health Outcome Ranks 1 to 4 5 to 8 9 to 11 12 to 15

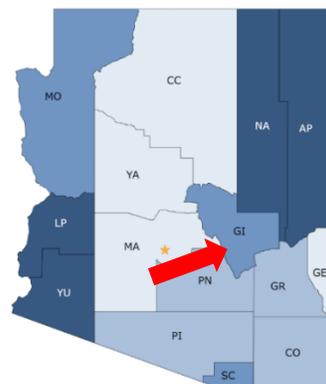
Source: County Health Rankings and Roadmaps, 2020

Health Factors Ranking and Map

2020 Arizona County Health Factors Rankings: Gila ranked 10 out of the 15 participating counties, remaining the same from the 2017 health outcomes (10 of 15). Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:

- Health Behaviors: rates of alcohol and drug abuse, diet and exercise, sexual activity, and tobacco use.
- Clinical Care: showing the details of access to quality of health care.
- Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
- Physical Environment: measuring air and water quality, as well as housing and transit. (County Health Rankings, 2019)

2020 Health Factors - Arizona



Health Factor Ranks 1 to 4 5 to 8 9 to 11 12 to 15

Source: County Health Rankings and Roadmaps, 2020

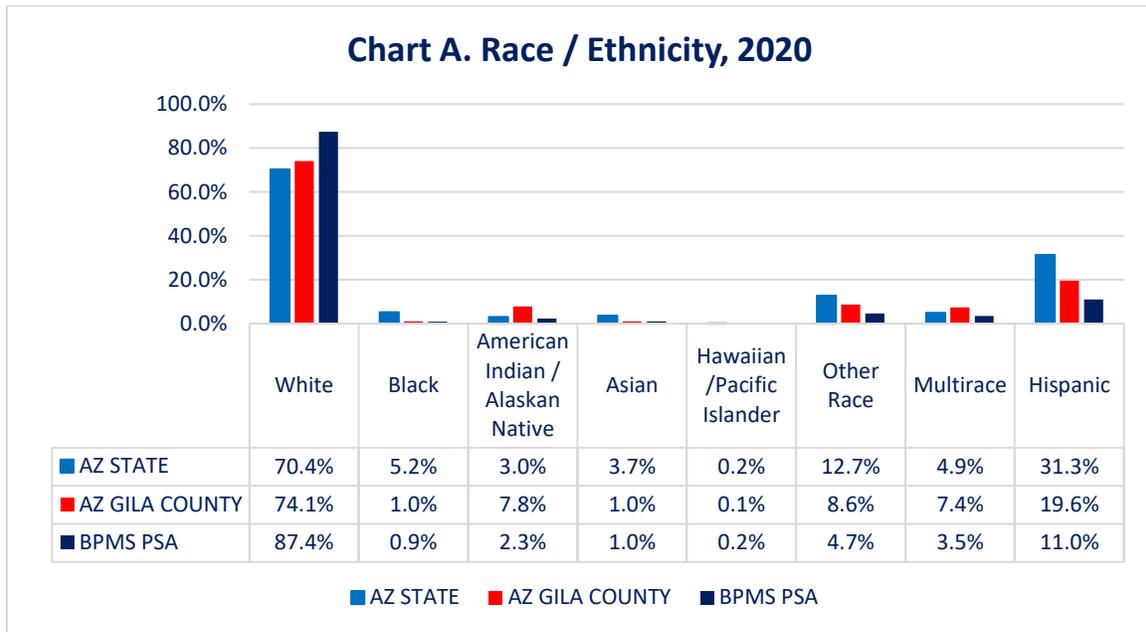
COMMUNITY DEMOGRAPHICS

Table 2 provides the specific age, gender distribution, and data on key socio-economic drivers of health status of the population in the Banner Payson Medical Center primary service area compared to Gila County and the state of Colorado.

Table 2. Community Demographics			
	Banner Payson Medical Center PSA	Gila County	Arizona
Population: estimated 2018	26,651	53,764	7,124,629
Gender			
• Male	49.0%	49.5%	49.7%
• Female	51.0%	50.5%	50.3%
Age			
• 0 to 9 years	12.9%	12.4%	12.7%
• 10 to 19 years	14.3%	12.8%	13.1%
• 20 to 34 years	20.0%	19.7%	18.2%
• 35 to 64 years	34.9%	36.3%	35.7%
• 65 to 84 years	16.1%	16.1%	18.4%
• 85 years and over	1.8%	2.6%	1.9%
Social & Economic Factors			
• No HS diploma	21.05%	13.30%	13.01%
• Median Household Income	\$47,488.31	\$45,062.12	\$62,872.84
• Unemployment	3.6%	5.8%	4.8%

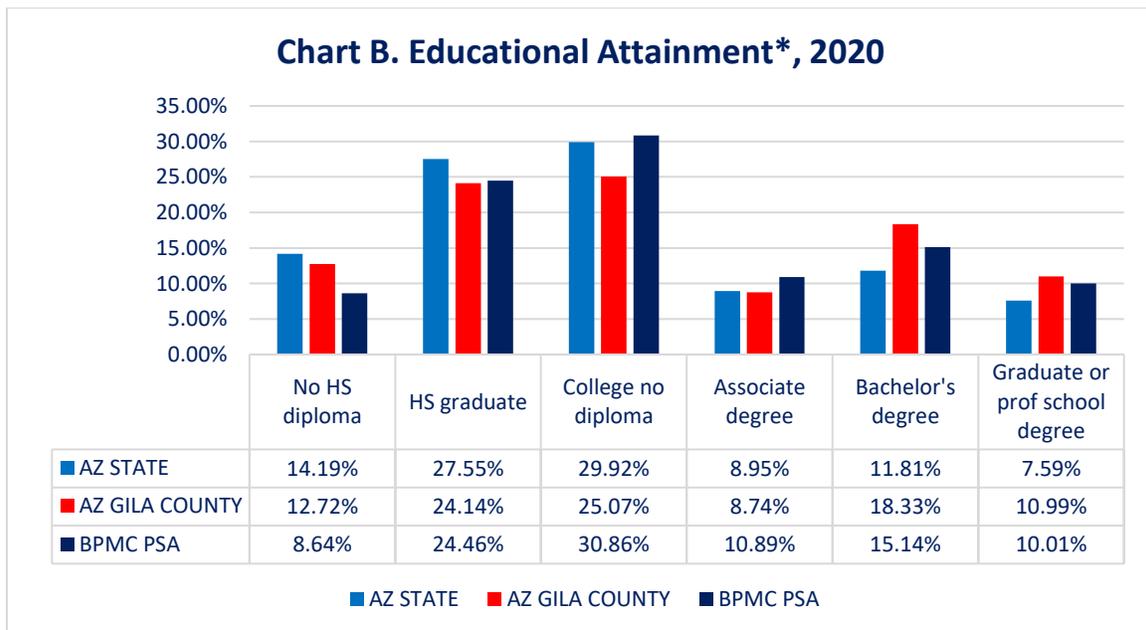
Source: Advisory Board, 2020

Race/Ethnicity (PSA, County and State)



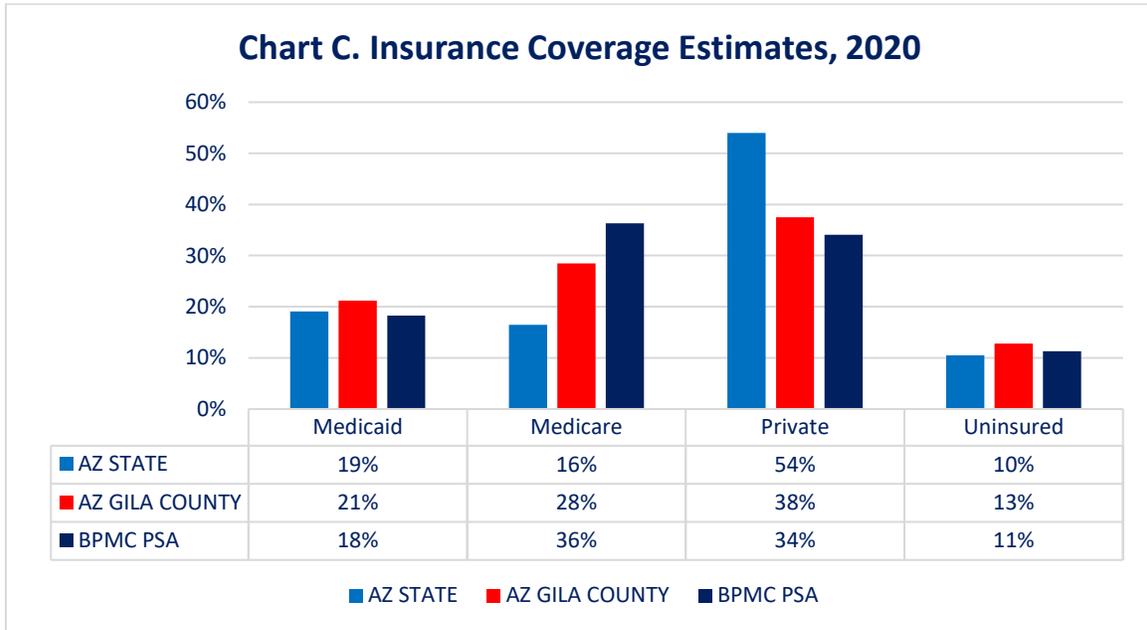
Sources: Crimson, Advisory Board, 2020

Educational Attainment (PSA, County and State)



Over the Age of 25; Sources: Crimson, Advisory Board, 2020

Insurance Coverage Estimates for PSA and State of Colorado Population

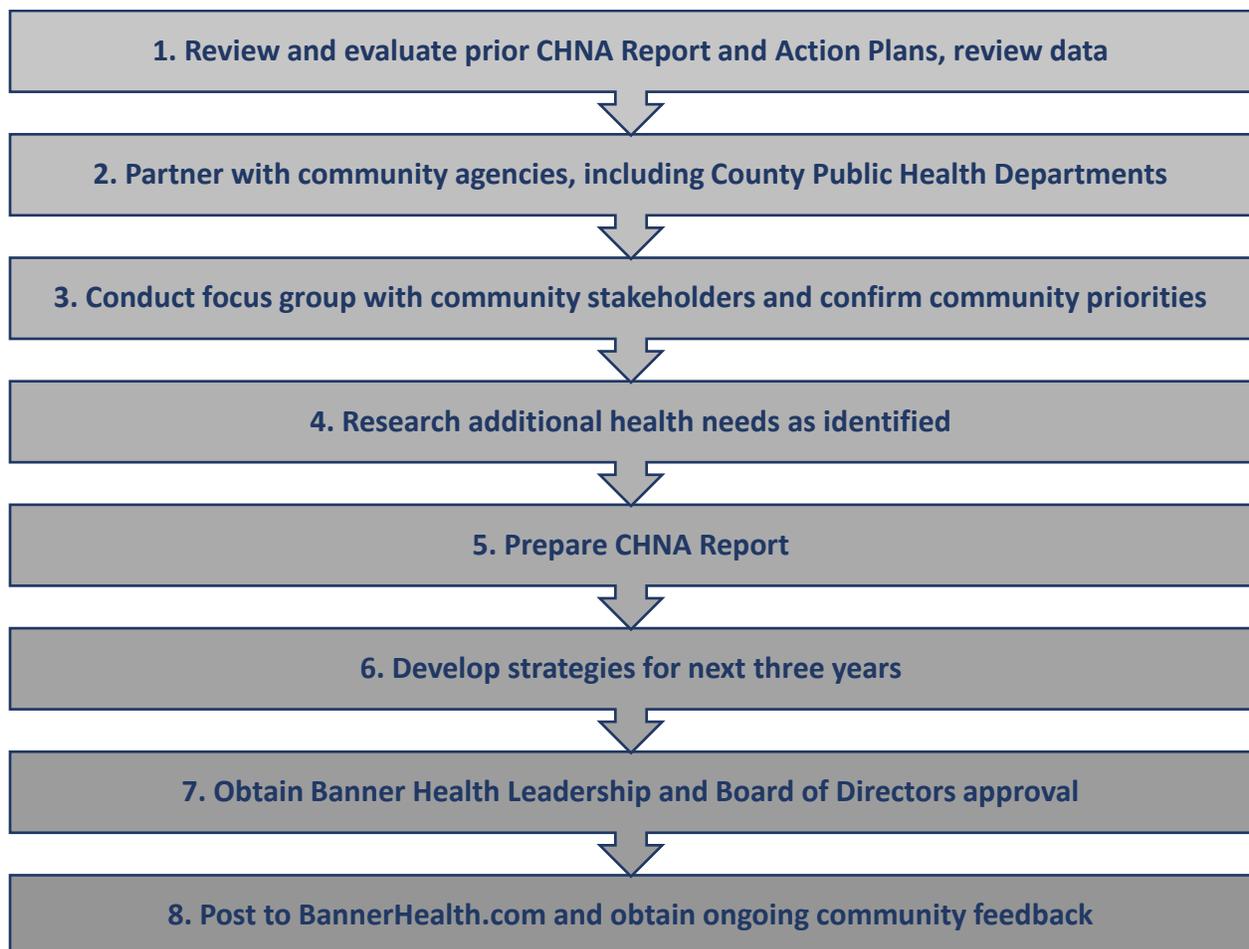


Source: 2011-2028 Arizona State Data, Claritas via Truven

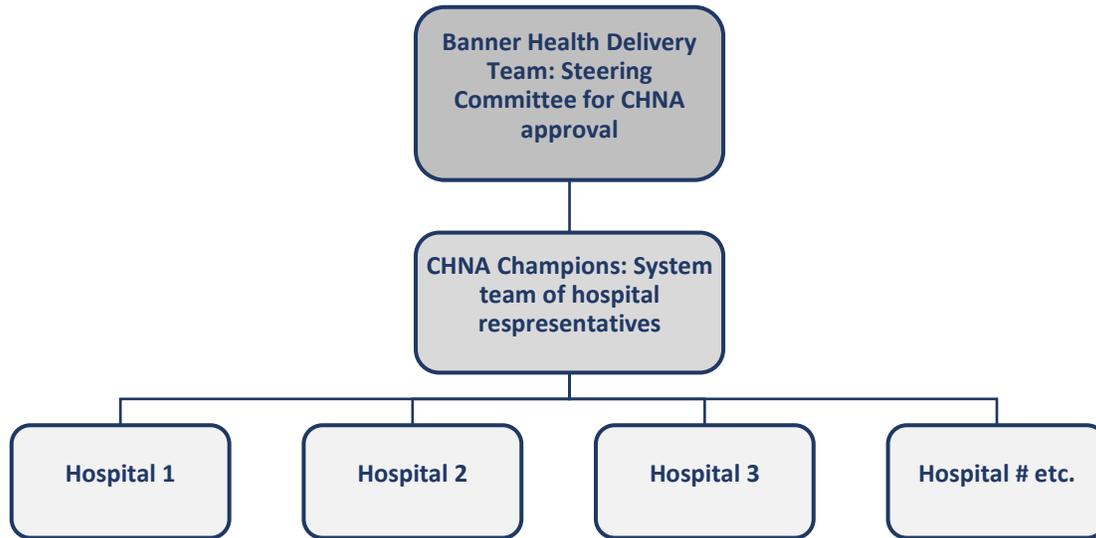
PROCESS AND METHODS USED TO CONDUCT THE CHNA

Banner Payson Medical Center’s process for conducting Community Health Needs Assessments (CHNAs) involve a leveraged multi-phased approach to understanding gaps in services provided to its community, as well as existing community resources. In addition, a focused approach to understanding unmet needs especially for those within underserved, uninsured and minority populations included a detailed data analysis of national, state and local data sources is conducted, including obtaining input from leaders within the community.

Banner Payson Medical Center’s eight step process based on experience from previous CHNA cycles is demonstrated below. The process involves continuous review and evaluation of CHNAs from previous cycles, through both the action plans and reports developed. Through each cycle Banner Health and Banner Payson Medical Center has been able to provide consistent data to monitor population trends.



BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE



PRIMARY DATA / SOURCES

Primary data, or new data, consists of data that is obtained via direct means. For Banner, by providing health care to patients, primary data is created by providing that service, such as inpatient / outpatient counts, visit cost, etc. For the CHNA report, primary data was also collected directly from the community, through stakeholder meetings.

The primary data for the Community Health Needs Assessment originated from Cerner (Banner's Electronic Medical Record) and McKesson (Banner's Cost Accounting / Decision Support Tool). These data sources were used to identify the health services currently being accessed by the community at Banner locations and provides indicators for diagnosis-based health needs of our community. This data was also used to identify the primary services areas and inform the Steering Committee (Appendix C) and facility champions on what the next steps of research and focus group facilitation needed to entail.

SECONDARY DATA / SOURCES

Secondary data includes publicly available health statistics and demographic data. With input from stakeholders, champions, and the steering committee, additional health indicators of special interest were investigated. Comparisons of data sources were made to the county, state, and PSA if possible.

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. Data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors and existing community resources. Several sources of data were consulted to present the most

comprehensive picture of Banner Payson Medical Center’s PSA’s health status and outcomes. Appendix B has the data sources listed.

Additionally, Banner Payson Medical Center considered the top ten leading causes of death for Gila County and Arizona (Table 3). While there are slight variations between the County and Arizona, overall the causes of death are similar.

Table 3. Top 10 Leading Causes of Death for Gila County and Arizona for 2017		
	Gila County	Arizona
1	Heart Disease	Heart Disease
2	All Cancer	All Cancer
3	Total Accidents	Chronic Lower Respiratory Diseases
4	Chronic Lower Respiratory Disease	Total Accidents
5	Drug-Induced Deaths	Lung Cancer
6	Intentional Self-Harm (Suicide)	Alzheimer’s Disease
7	Chronic Liver Disease	Diabetes
8	Lung Cancer	Stroke
9	Diabetes	Chronic Liver Disease
10	Stroke	Hypertension

Source: CDC, 2017

DATA LIMITATIONS AND INFORMATION GAPS

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

Table 4. Data Limitations and Information Gaps	
Data Type	Data Limitations and Data Gaps
Primary Data	<ul style="list-style-type: none">• Data collection was impeded due to COVID-19 and health precautions taken from group gatherings• Primary health needs are based on a small collective of community leaders input and does not have community members input.
Secondary Data	<ul style="list-style-type: none">• Data from external sources are 2+ years old.• Due to the population size of Gila County and BPMC PSA data was limited and suppressed.

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with Banner Payson Medical Center’s leadership to identify those impacted by a lack of health-related services. Banner Health planned to facilitate a focus group and community forum to gather input on health needs and concerns for Payson. However, due to COVID-19 and the public health steps taken for the safety of healthcare staff and community members all in person data collection processes were canceled and community online survey was developed. Data collected from the survey validated the data, providing additional health concerns and feedback on the underlying issues for identified health concerns. A list of the organizations that participated in the focus groups can be found under Appendix C and the survey data can be found under Appendix D.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

To be considered a health need the following criteria was taken into consideration:

- The county had a health outcome or factor rate worse than the state / national rate
- The county demonstrated a worsening trend when compared to state / national data in recent years
- The county indicated an apparent health disparity
- The health outcome or factor was mentioned in the focus group
- The health need aligned with Banner Health’s mission and strategic priorities

Building on Banner Health’s past two CHNAs, our steering committee and facility champions worked with Banner Health corporate planners to prioritize health needs for Cycle 3 of the CHNA. Facility stakeholders, community members, and public health professionals were among major external entities involved in identifying health needs, which were then brought to the steering committee. Both Banner Health internal members, and external entities were strategically selected for their respective understanding of community perspectives, community-based health engagement, and health care expertise.

Using the previous CHNAs as a tool, the steering committee reviewed and compared the health needs identified in 2019 to the previous health needs. The group narrowed the community health needs to three. It was determined that Banner Health, as a health system would continue to address the same health needs from Cycle 2, the 2016 CHNA, due to the continued impact these health needs have on the overall health of the community. These needs and the strategies to address the needs align with the short- and long-term goals the health system has, specific strategies can be tailored to the regions Banner Health serves, and the health needs can address many health areas within each of them. The graphic below lists the three health needs, and the areas addressed by the strategies and tactics.

Access to Care	Chronic Disease Management	Behavioral Health
<ul style="list-style-type: none">•Affordability of care•Uninsured and underinsured•Healthcare provider shortages•Transportation barriers	<ul style="list-style-type: none">•High prevalence of: heart disease, diabetes, and cancer•Obesity and other factors contributing to chronic disease•Health literacy	<ul style="list-style-type: none">•Opioid Epidemic•Vaping•Substance abuse•Mental health resources and access

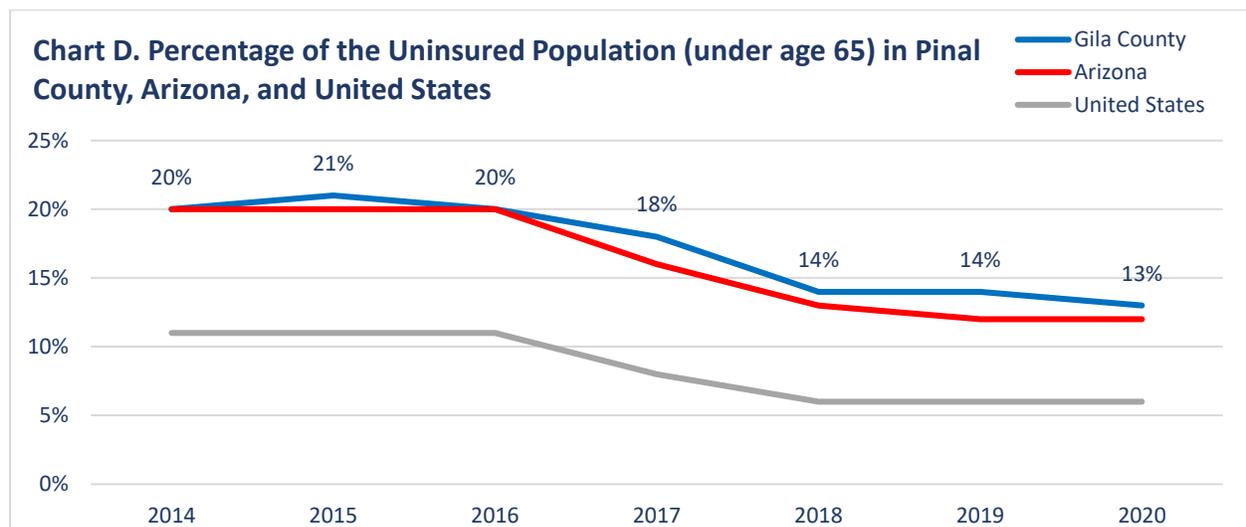
DESCRIPTION OF PRIORITIZED COMMUNITY HEALTH NEEDS

Banner Health has a strong history of dedication to its community and of providing care to the underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and / or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve. The following statements summarize each of the areas of priority for Banner Payson Medical Center and are based on data and information gathered through the CHNA process. In terms of the data looked at, patient zips were used where looking at ADHS data and defining the facilities rate per 10,000.

PRIORITY #1: ACCESS TO CARE

Access to care is a critical component to the health and wellbeing of community members. Often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventative and maintenance health care. This can be very costly, both to the individuals and the health care system. Focus group participants overwhelmingly felt that access to care is an important issue for the community.

Data indicates that the populations of Arizona and Gila County have a greater chance of being uninsured compared to the overall U.S. average. The rate of a declining uninsured population under 65 is declining nationally and locally.



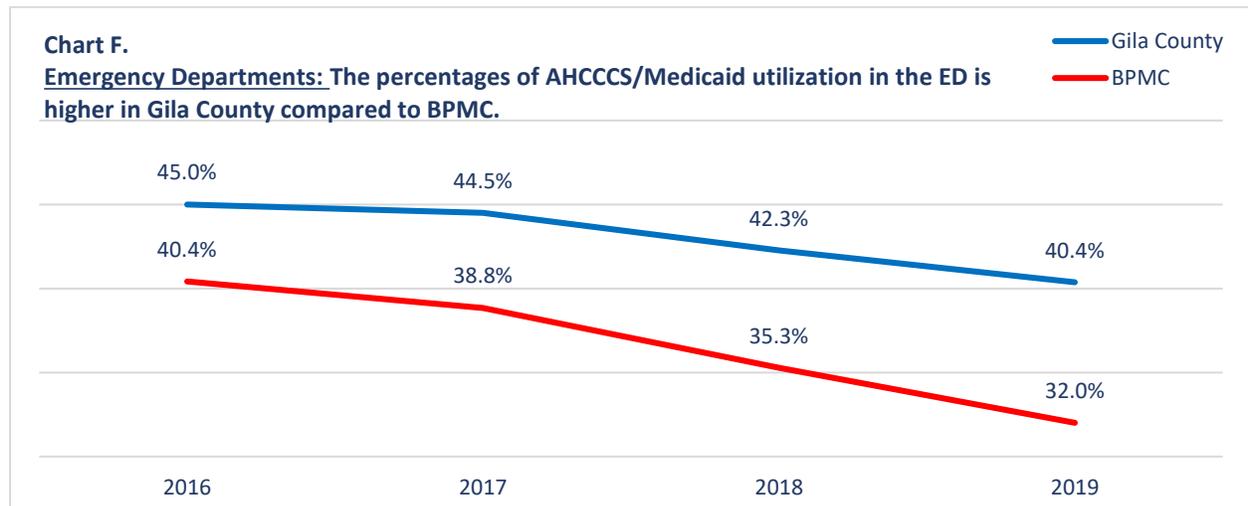
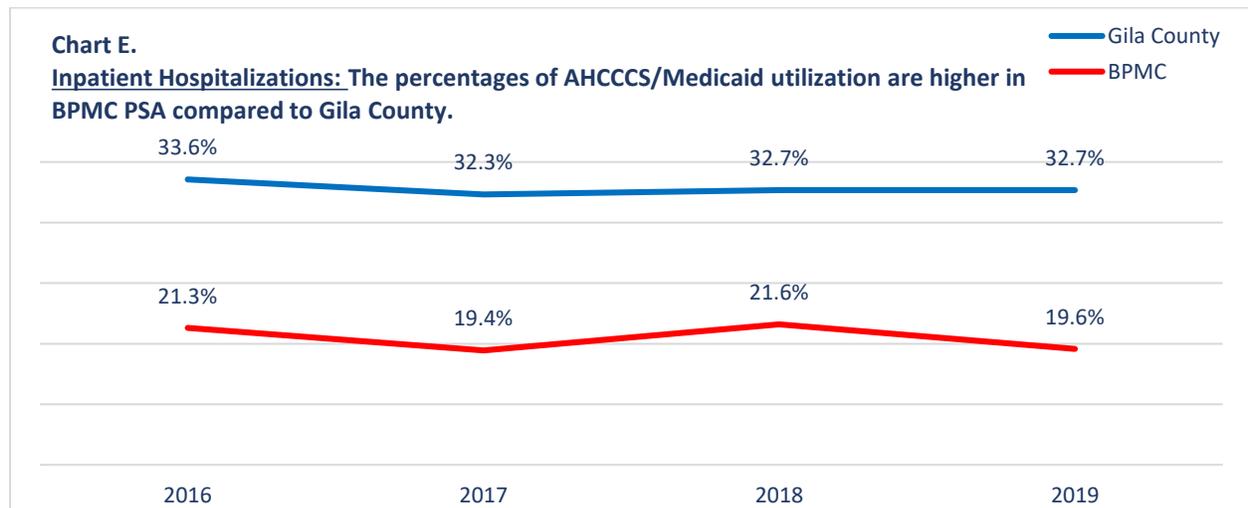
Source: County Health Rankings, 2020

In Table 5, data collected from the survey circulated to the Community Advisory Council shows that one of the top significant health problems in the community is access to care. Additionally, the other four are all health issues which can be heavily affected by access to health care services.

#1	Drug and Alcohol abuse
#2	Mental health problems
#3	Aging problems (e.g., arthritis, hearing / vision loss, etc.)
#4	Access to Health care
#5	Heart disease and stroke

Source: Banner Strategy and Planning, BPMC Community Survey, 2020

The rate of inpatient hospitalizations and emergency department visits is higher in Gila County compared to Banner Payson’s primary service area. Overall for inpatient hospitalizations the numbers have remained relatively the same, but there is a downtick in ED visit rates for the AHCCCS / Medicaid population.



Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts E – F)

PRIORITY #2: CHRONIC DISEASE MANAGEMENT

Chronic diseases such as cancer, diabetes, and heart disease affect the health and quality of life of Gila County residents, but they are also major drivers in health care costs.

Cancer Data

The highest cancer incidence rate for each demographic group has been highlighted to display which geographic area has the greatest prevalence of the cancer occurrence – Gila County, Arizona, or the U.S. Population.

Overall, there are higher incidence rates nationally compared to state and county incidence rates for breast cancer, prostate, and colorectal cancer. For uterine cancer AI/AN females have a higher incidence rate in Arizona compared to the national and county rate (Table 7). In Table 9 for lung and bronchus cancer the Hispanic population in Arizona has a higher incidence rate compared to national and county rates.

Table 6. Breast Cancer (Incidence Rates per 100,000), 2012-2016			
	<u>Gila County</u>	<u>Arizona</u>	<u>United States</u>
Female	82.1	114.5	152.2
White	88	116.1	126.1
Black	**	105.2	124
AI/AN	**	57.8	74.2
Asian / Pacific Islander	**	80.4	93
Hispanic	61.4	91.9	93.9

Table 7. Uterine Cancer (Incidence Rates per 100,000), 2012-2016			
	<u>Gila County</u>	<u>Arizona</u>	<u>United States</u>
Female	23.6	22.9	26.6
White	19.4	22.5	26.9
Black	**	22.1	26.3
AI/AN	**	25.3	17.1
Asian / Pacific Islander	**	13.9	18.9
Hispanic	**	21.8	23.4

Source: CDC and United States Cancer Statistics, 2020 (Table 6s and 7)

Table 8. Prostate Cancer (Incidence Rates per 100,000), 2012-2016			
	<u>Gila County</u>	<u>Arizona</u>	<u>United States</u>
Male	51.3	77.2	104.1
White	53.1	73.8	95.3
Black	**	106.8	168.8
AI/AN	**	52.6	55.3
Asian / Pacific Islander	**	37.8	52.7
Hispanic	**	64.5	86.8

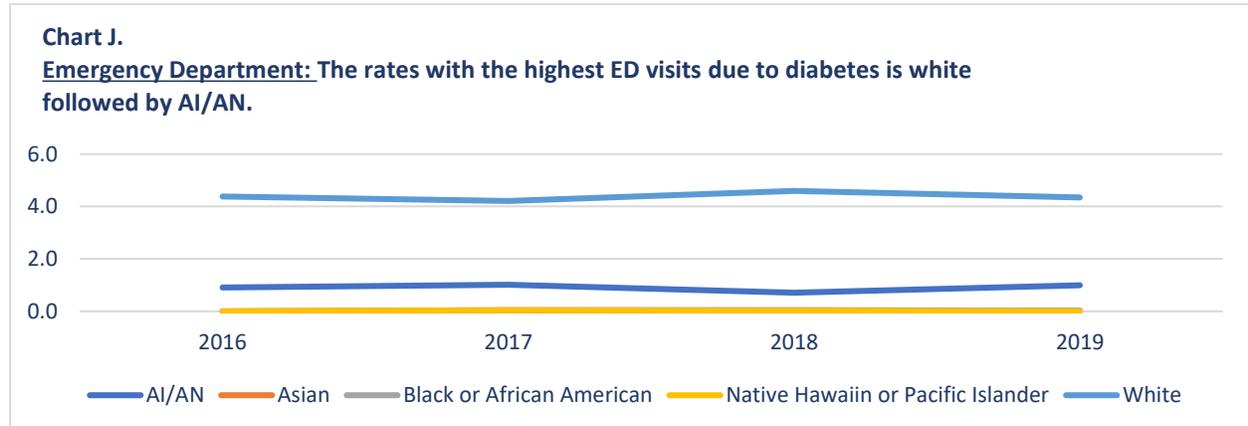
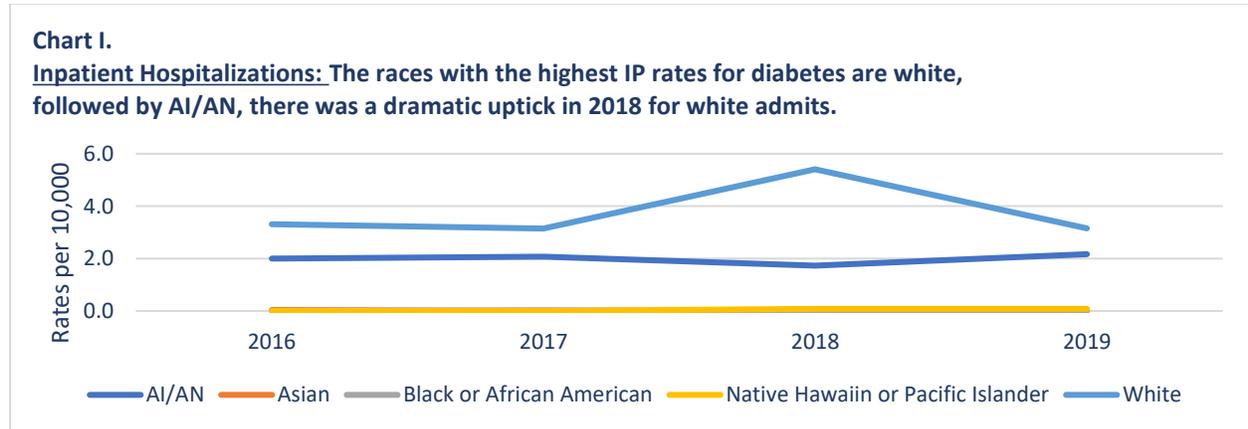
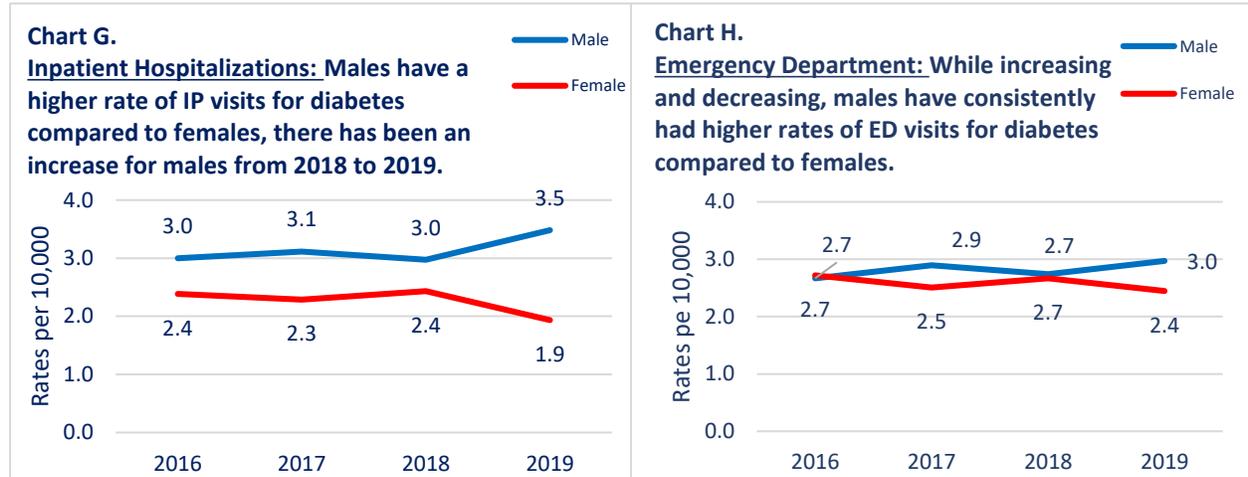
Table 9. Lung and Bronchus Cancer (Incidence Rates per 100,000), 2012-2016			
	<u>Gila County</u>	<u>Arizona</u>	<u>United States</u>
Male	46	53.1	69.1
Female	41.5	44	51.7
White	47.4	49	60.1
Black	**	49.4	60.9
AI/AN	**	18.3	42.6
Asian / Pacific Islander	**	31.3	34.4
Hispanic	26.7	30.5	30.2

Table 10. Colorectal Cancer (Incidence Rates per 100,000), 2012-2016			
	<u>Gila County</u>	<u>Arizona</u>	<u>United States</u>
Male	29.4	38	44.4
Female	27.8	28.7	33.9
White	28.1	33.1	38
Black	**	31.4	44.7
AI/AN	**	27.9	30.9
Asian / Pacific Islander	**	22.2	30
Hispanic	**	33.3	34.1

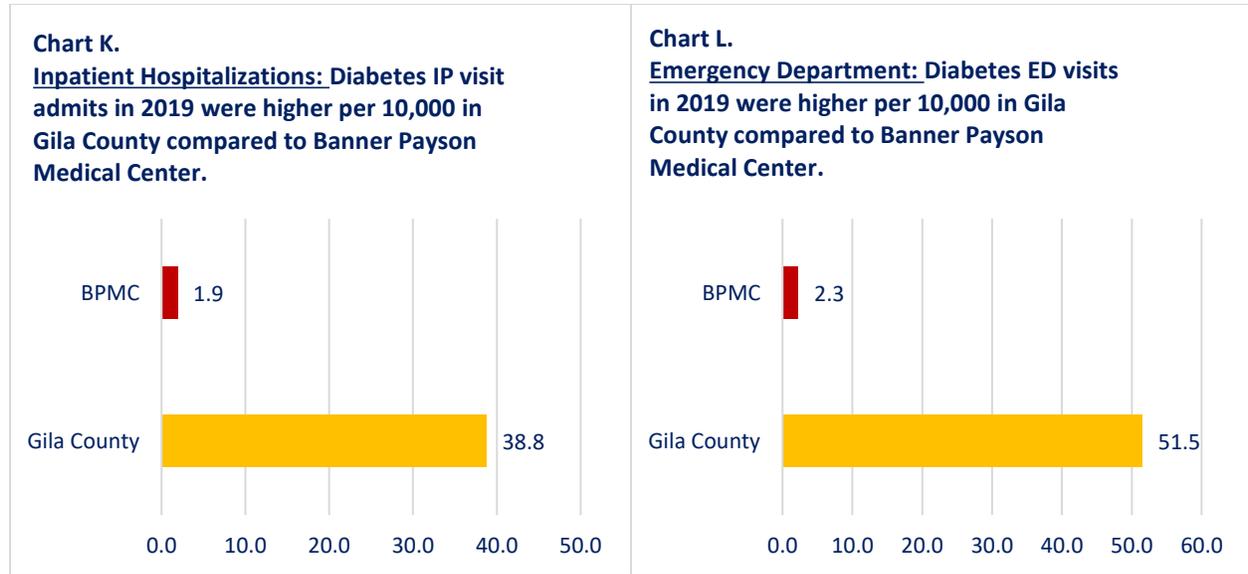
Source: CDC and United States Cancer Statistics, 2020 (Tables 8 – 10)

Diabetes Data

In Gila County males have a higher rate of being hospitalized and visiting the ED due to diabetes compared to females (Chart G and H). For whites, the rate for hospitalizations due to diabetes has declined from 2018 to 2019, nearing the rate of AI/AN, for ED visits rates for all groups have remained the same.



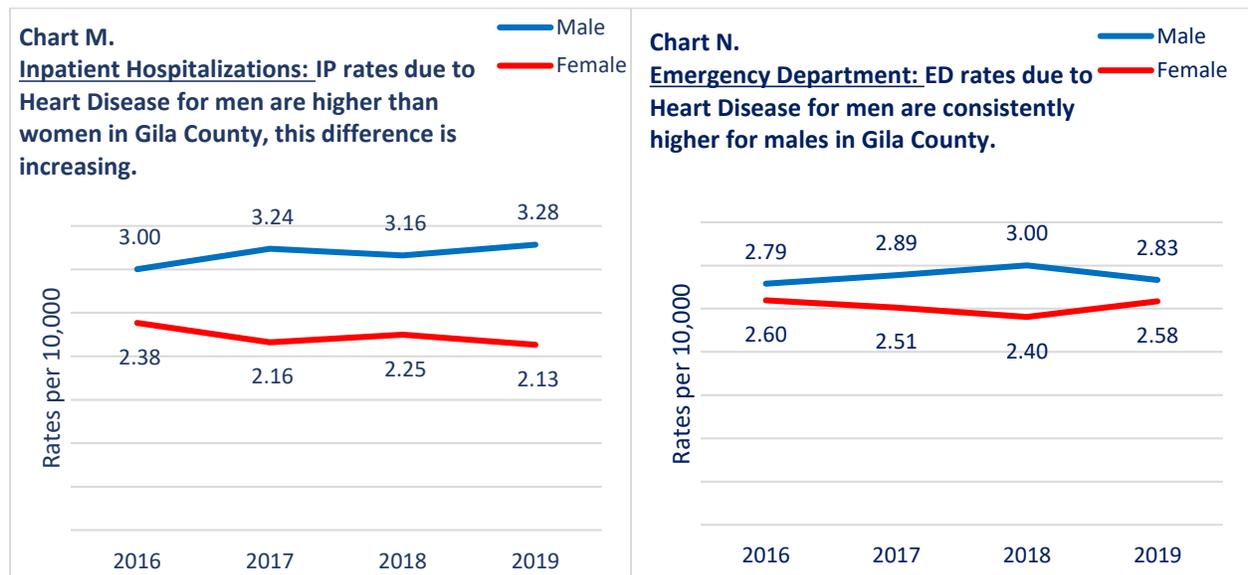
Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts G – J)



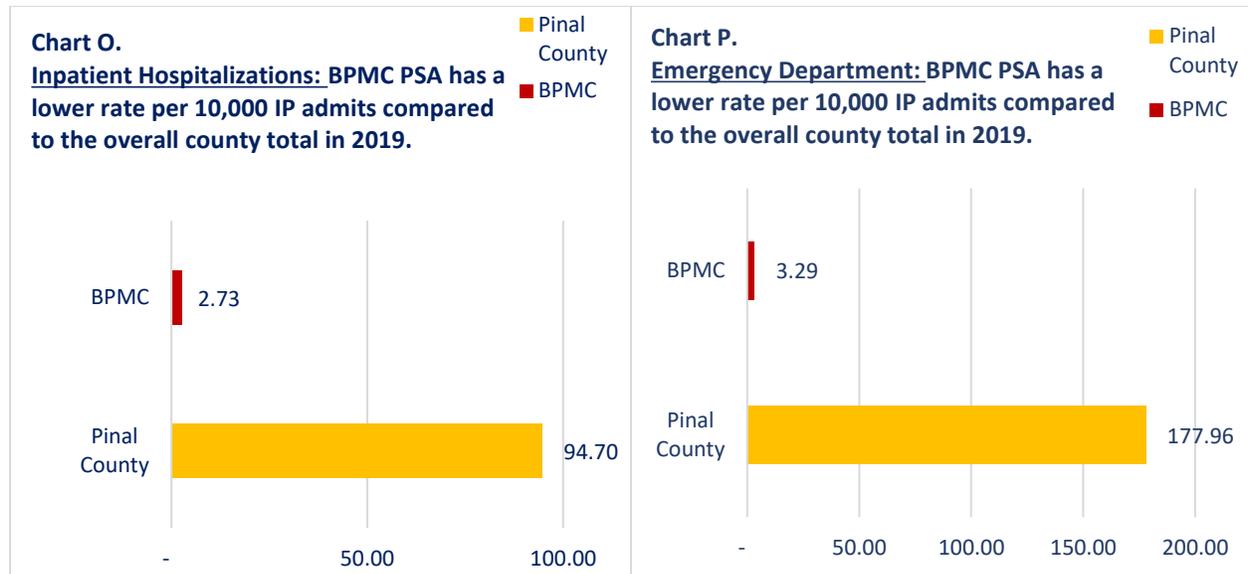
Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts K – L)

Heart Disease Data

Patients visiting the ED or being admitted due to heart disease are more likely to be male compared to females. When comparing the rate of visits or admits due to heart disease at Banner Payson Medical Center to Gila County, there is a higher rate or incidence in the county compared to the facility PSA.



Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts M - N)



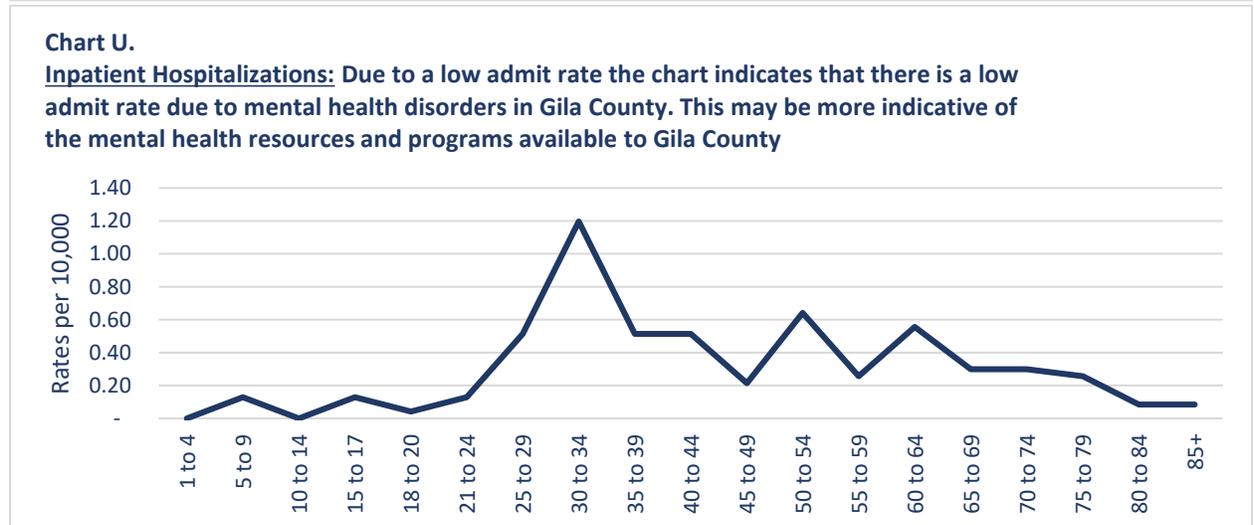
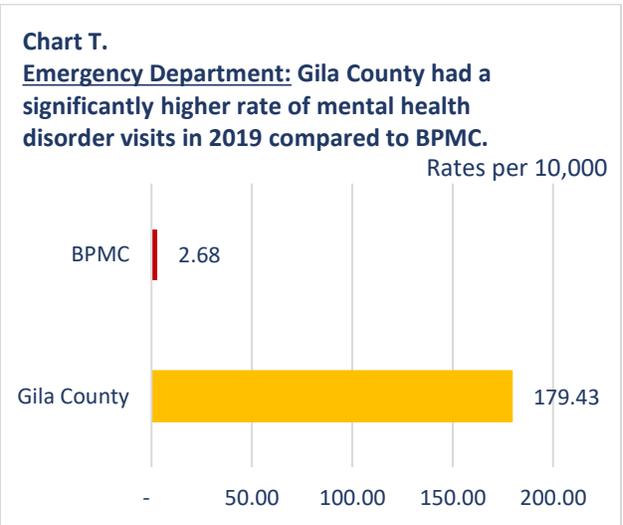
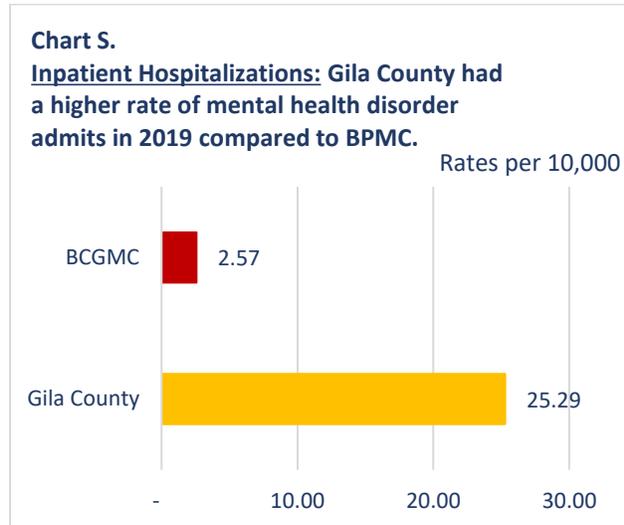
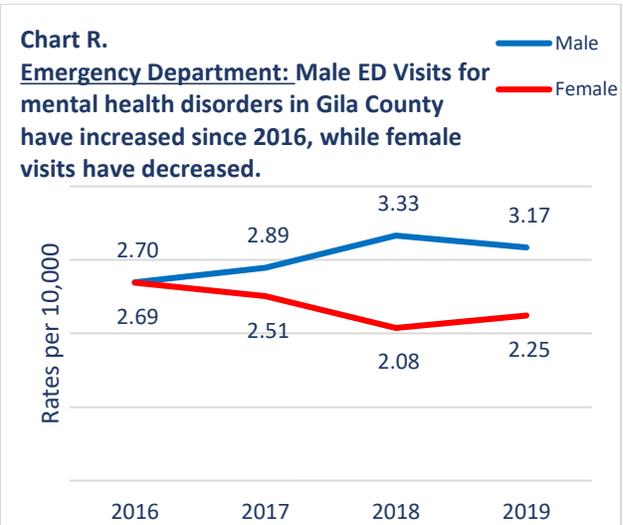
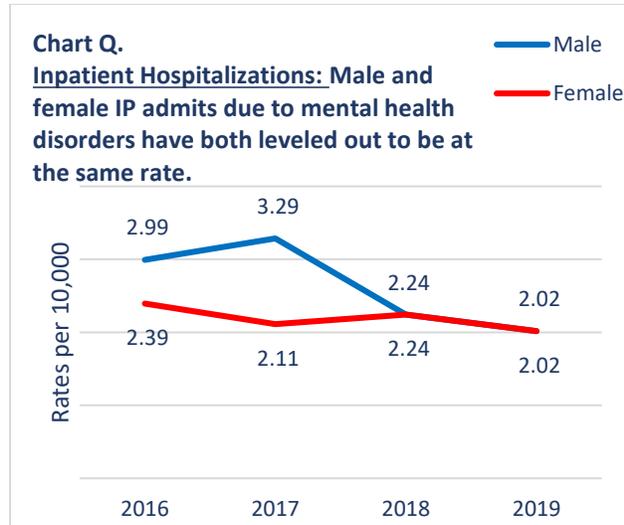
Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts O - P)

PRIORITY #3: BEHAVIORAL HEALTH (SUBSTANCE ABUSE / DEPRESSION / BEHAVIORAL HEALTH)

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorder; and substance abuse issues, including opioid addiction, alcohol, illicit drugs, and tobacco. According to the Substance Abuse and Mental Health Services Administration, in 2018 47.6 million U.S. adults experienced mental illness, representing 1 in 4 adults or 19.1 percent of the adult population in the U.S (SAMHSA, 2019).

Overall Mental Health Disorders

When looking at overall mental health disorders in Gila County, males have a higher hospitalization and ED visit rate compared to females. However, the rate for male hospitalizations has decreased to be equal to females from 2018 to 2019. The opposite has happened for ED visits, in 2016 the visit rate for males and females were the same, yet from 2016 to 2019 the rate for male visits has increased while female visits have decreased. In terms of age groups being hospitalized due to overall mental health visits, there is a peak from 30 to 34 for hospitalizations. For ED visits. There are two peaks regarding visits for mental health disorders from 30 to 34 and 50 to 54.



Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts Q - U)

Chart V.

Emergency Department: From ages 1 to 34 there is a steady increase of ED visits for mental health disorders in Gila County (with slight dip from 21 to 24), after a dip from 25 to 44 there is again an increase as people age toward 54.



Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts V)

Opioid Misuse

Opioid misuse in Gila County has consistently fluctuating rates for males and females in both hospitalizations and ED visits. As of 2019 hospitalization rates have increased for males and decreased for females – both rates are the same currently, for ED visits the rates are increasing for females and decreasing for males. IP hospitalizations and ED visits for BPMC PSA and Gila County are relatively close, with the county slightly higher per 10,000.

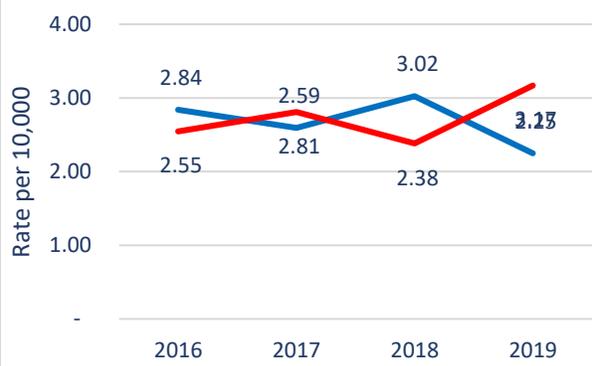
Chart W.

Inpatient Hospitalizations: In Gila County, the female rate of IP admits increased from 2016 to 2017 and has since been steadily declining, the male rate has had more dramatic peaks and valleys from 2016 to 2019.

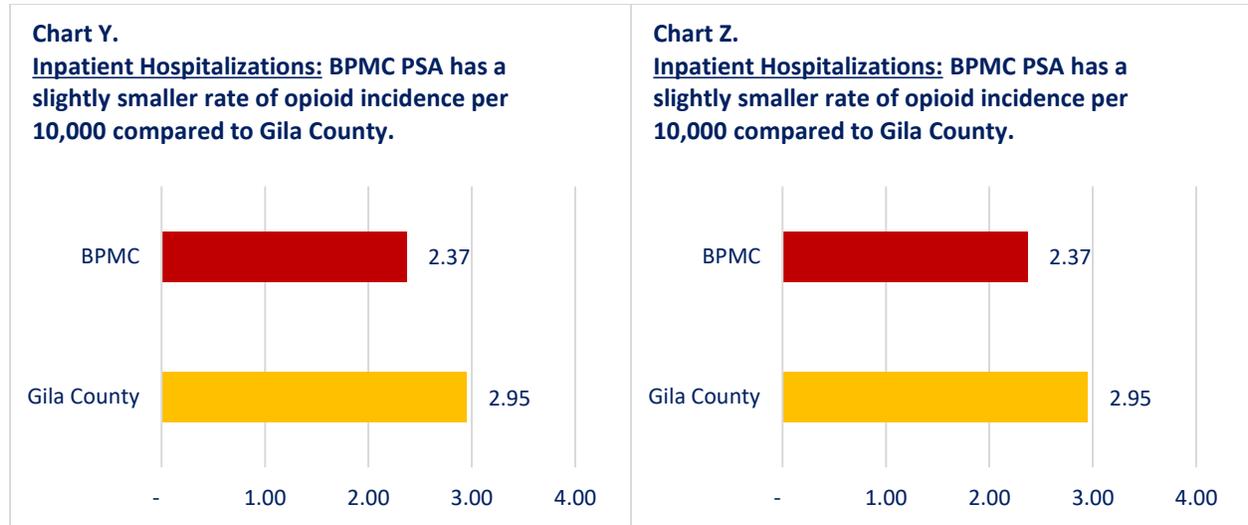


Chart X.

Emergency Department: In Gila County male and female visit rates have alternated from 2016 to 2019.



Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts W – X)



Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts Y - Z)

NEEDS IDENTIFIED BUT NOT PRIORITIZED

Other health needs that were identified but not a prioritized focus for Banner Health’s Implementation Strategies included aging, however chronic disease and access to care area two areas where the needs of an aging community are being focused on by Banner Health. Survey respondents also identified drug and alcohol abuse as a health problem in their community – this is an area where the health need for Behavioral Health is addressing via counseling, screening and other opioid prevention / reduction strategies.

2016 CHNA FOLLOW UP AND REVIEW

FEEDBACK ON PRECEDING CHNA / IMPLEMENTATION STRATEGY

In the focus groups the facilitators referred to the cycle 2 CHNAs significant areas. Specific feedback on the impact the strategies developed to address the health need is included in Table 9 below. In addition, the link to the 2016 report was posted on the Bannerhealth.com website and made widely available to the public. Over the past three years little feedback via the email address has been collected, but the account has been monitored.

In order to comply with the regulations, feedback from cycle 3 will be solicited and stored going forward. Comments can be sent to CHNA.CommunityFeedback@bannerhealth.com

IMPACT OF ACTIONS TAKEN SINCE PRECEDING CHNA

Table 11 indicates what actions have been taken on the cycle 2 CHNA action plan in creating impact in the Banner Payson Medical Center PSA.

Table 11. Implementation Strategies 2016 for Banner Payson Medical Center Primary Service Area
Significant Need #1: Access to Care
Increase use of Banner Urgent Care facilities and improve access to primary care services.
<ul style="list-style-type: none"> • Promoted use of Banner Urgent Care to enhance access to lower-cost care for non-emergent issues. • Expanded Primary Care capabilities through Banner Medical Group and aligned physicians. • Promoted use of Doctors on Demand for low cost e-visits and virtual care. • Offering extended hours of Primary Care Provider clinics within Banner Medical Group. • Continue the promotion of the online patient portal.
Reduce reoccurring visits to the Emergency Department and increase access to preventative care.
<ul style="list-style-type: none"> • Assigned dedicated case managers to the ED to support the discharge process and continuum of care. • Deployed case management services in the ambulatory setting to support the continuum of care. • Partnered with Hospital patient services to provide Medicaid enrollment assistance for self-pay patients. • Providing post discharge education for high utilizers where appropriate. • Leveraging the Banner Health Network Member Experience Center to direct care efficiently and effectively
Other tactics to address Access To Care
<ul style="list-style-type: none"> • Implemented universal cost reduction to continue to address cost of care.
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Increase personal management of Chronic Disease
<ul style="list-style-type: none"> • Providing relevant chronic disease educational offerings in the community, leveraging partnerships with community-based organizations to help host and promote the events to a broader community population • Added Cardiac Rehabilitation services

- Closing the gaps of for BHN members through adherence to patient care and preventative initiatives.
- Promote Teladoc for low-cost e-visits and virtual care, including iCare for chronic care management and in-home and eICU services for acute care
- Providing chronic disease and healthy living education through publication of Smart & Healthy Magazine
- Deployed a proactive case management approach and outreach for chronic disease patients within Banner Health managed populations.
- Implemented BHN High Value Networks for specialty care including cardiology, oncology, orthopedics, imaging, and neurology.
- Implemented free diabetes education class for the community.

Significant Need #3: Behavioral Health (Mental Health & Substance Abuse)

Increase access to behavioral health assessments and services for those in crisis.

- Mental health counseling provided at Cardiac Rehabilitation
- Work with substance abuse centers in the community to bridge care from the ED to the community.
- Expand services and capabilities through Banner Behavioral Health capital investments.

Increase identification of behavioral health needs and access to early interventions.

- Deployed depression screening tool in Primary Care Provider clinics and Pediatric Provider clinics within Banner Medical Group
- Partner with Community Bridges, a local not-for profit behavioral health provider, to help align patients to available resources in the community.
- Offer support groups for anxiety, depression, and other mental health issues.

APPENDIX A. ADVISORY COUNCILS

COMMUNITY ADVISORY COUNCIL

Listed below is our Community Advisory Council, they are made of a group of volunteers who actively meet with Banner Payson. These volunteers communicate to the public about Banner Payson and bring back comments to Banner Payson to meet the needs of Sophia. They were our resource in collecting community input to identify our significant health needs for the Community Health Needs Assessment. Given the circumstances presented by the COVID-19 pandemic in 2020, Banner utilized electronic communication and surveys to obtain input from these stakeholders for this CHNA.

Name and Title	Organization	Area of Expertise / Organizational focus
Jan Parsons	High Country Seniors	Health care industry; hospital management and utilization trends clinical and ancillary services related to senior populations
Laura Marlowe Program Coordinator	The Center (Senior Center)	Community needs, trends, programs and resources related to assistance for Seniors focus is with low income
Lance Porter	Banner Payson Medical Center	Healthcare Industry; Hospital management and utilization trends clinical and ancillary services
Jason Hazelo	Payson Police Lieutenant	Community trends / needs resources and disparities
David Staub	Payson Fire Dept	Community needs, trends and resources particularly related to the first response and EMS
Becky Friend	Hospice Compass	Community needs, trends programs resources and disparities.
Kathy Brandenburg	Banner Medical Group Practice	Health care industry; hospital management and utilization trends. Clinical and ancillary services
Tami Funkhouser	Banner Primary Care	Full spectrum of needs and trends within the community
Mike Ward	BPMC, Pre-hospital and Trauma coordinator	Healthcare industry; hospital management and utilization trends clinical and ancillary services
Carol Grush RN	Banner Payson, Infection Prevention	Healthcare industry; hospital management and utilization trends clinical and ancillary services
Daren Fry	Community Bridges	Community needs, trends programs resources and disparities
Ronald Tischer	Chief of Payson police	Community needs, trends programs resources and disparities
Jennifer Lawless	BPMC Vol. coordinator Chair of patient advisory council.	Healthcare industry; hospital management and utilization trends clinical and ancillary services
Reyne McEuen	Banner Payson, Care Coordination Manager	Organizes community resources for patients at discharge
Roy Sandoval	Gila County Superintendent	Full Spectrum of needs and trends within the community as it relates to education
Trent Weaver	Payson Care Center	Community trends / needs resources and disparities
Tabitha Hunter	Rim County Health & Rehabilitation	Community trends / needs resources and disparities

PATIENT ADVISORY COUNCIL

Listed below is our Patient Advisory Council, it is made up of a group of volunteers who have been previous patients or had family members as previous patients. The council actively meets at Banner Payson. The volunteers serve as the voice of patients and their families and influence the delivery of excellent and compassionate care. The vision of the council is to be recognized in the community as a support to our patients and their families as they engage in a coordinated care experience at Banner Payson.

- Maia Crespin
- Fred Eckel
- Pat Halverson
- Ruth Ann Juracka
- Kathy Knott
- Pastor Dixie Neal
- Dawn Tinsley
- Jennifer Lawless- Chair
- Roni Stedman- Clinical Advisor
- Reyne McEuen- Clinical Advisor
- Suzannah Dawson- Clinical RN

APPENDIX B. LIST OF DATA SOURCES

PRIMARY DATA SOURCES

For Primary data sources Banner developed an online Survey via SurveyMonkey to collect community input from the identified Community Health Leaders. The survey and results are in Appendix D.

SECONDARY DATA SOURCES – CITATIONS

- Arizona Department of Health Services – Inpatient, 2016 – 2019
- Arizona Department of Health Services – Emergency Department, 2016 - 2019
- Banner Strategy and Planning – Maps, 2020
- County Health Rankings and Roadmap, 2020
- Advisory Board, 2020
- Claritas Truven – Population Insurance Estimates, 2011 – 2018
- Center for Disease Control and Prevention – Leading Causes of Death, 2017
- Center for Disease Control and Prevention – Cancer Statistics, 2016-2019

APPENDIX C. STEERING COMMITTEE AND CHNA FACILITY BASED CHAMPIONS

BANNER HEALTH STEERING COMMITTEE

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

Steering Committee Member	Title
Bethany Liebenritt	Chief of Staff
Derek Anderson	AVP HR Community Delivery
Dr. Ramanjit Dhaliwal	AVP Division Chief Medical Officer Arizona Region
Phyllis Doulaveris	SVP Patient Care Services / CNO
Mark Barkenbush	VP Facilities Services
Anthony Frank	SVP Financial Operations Care Delivery
Russell Funk	CEO Pharmaceutical Services
Larry Goldberg	President, University Medicine Division
Margo Karsten	President, Western Division
Becky Kuhn	Chief Operating Officer
Dr. Rogerio Lilenbaum	Cancer Center Director, Banner MD Anderson
Dr. Patrick Rankin	CEO Banner Medical Group
Lynn Rosenbach	VP Post-Acute Services
Joan Thiel	VP Ambulatory Services
Todd Werner	President, Arizona Community Delivery Division

CHNA FACILITY-BASED CHAMPIONS

A working team of CHNA champions from each of Banner Health’s 28 Hospitals meets on a monthly basis to review the ongoing progress on community stakeholder meetings, report creation, and action plan implementation. This group consists of membership made up of CEOs, CNOs, COOs, facility directors, quality management personnel, and other clinical stakeholders.

APPENDIX D. ONLINE SURVEY RESPONSE DATA

Please check the three most important factors that you will improve the quality of life in your community?"	
Please check only three:	
Access to health care (e.g., family doctor)	71.43%
Good jobs and healthy economy	71.43%
Good schools	42.86%
Healthy behaviors and lifestyles	28.57%
Religious or spiritual values	28.57%
Good place to raise children	14.29%
Affordable housing	14.29%
Arts and cultural events	14.29%
Strong family life	14.29%
Access to public transportation	14.29%
Low crime / safe neighborhoods	0.00%
Low level of child abuse	0.00%
Safe Parks and recreation	0.00%
Clean environment	0.00%
Access to Healthy Food Excellent race/ethnic relations	0.00%
Low adult death and disease rates	0.00%
Low infant deaths	0.00%
Emergency preparedness	0.00%
Other (please specify)	0.00%

In your opinion, what are the three most important "health problems" that impact your community?	
Please check only three:	
Drug and Alcohol abuse	85.71%
Mental health problems	71.43%
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	42.86%
Access to Health care	28.57%
Heart disease and stroke	28.57%
Domestic Violence	14.29%
Respiratory / lung disease	14.29%
Teenage pregnancy	14.29%
Cancers	0.00%
Child abuse / neglect	0.00%
Dental problems	0.00%
Diabetes	0.00%
Firearm-related injuries	0.00%
High blood pressure	0.00%

HIV / AIDS	0.00%
Homicide	0.00%
Infant Death	0.00%
Infectious Diseases (e.g., hepatitis, TB, etc.)	0.00%
Motor vehicle crash injuries	0.00%
Rape / sexual assault	0.00%
Sexually Transmitted Diseases (STDs)	0.00%
Suicide	0.00%

In the following list, what do you think are the three most important "risky behaviors" seen in your community? Please check ONLY three:	
Alcohol abuse	85.71%
Drug abuse	85.71%
Being overweight	28.57%
Tobacco use	28.57%
Unsafe sex	28.57%
Lack of exercise	14.29%
Poor eating habits	14.29%
Racism	14.29%
Not using birth control	14.29%
Dropping out of school	0.00%
Lack of maternity care	0.00%
Not getting "shots" to prevent disease	0.00%
Not using seat belts / child safety seats/bike helmets	0.00%
Unsecured firearms	0.00%
Other (please specify)	0.00%

How would you rate the overall health of your community?		How would you rate your own personal health?	
Very Unhealthy	0.00%	Very Unhealthy	0.00%
Unhealthy	14.29%	Unhealthy	14.29%
Somewhat healthy	71.43%	Somewhat healthy	28.57%
Healthy	14.29%	Healthy	42.86%
Very Healthy	0.00%	Very Healthy	14.29%

What makes a community healthy?
<ul style="list-style-type: none"> • <i>Access to information and practicing healthy behaviors</i> • <i>Working together to solve community problems</i> • <i>Good access to health care providers including specialties, health care seminars and interactions with the public</i> • <i>Good place to work out to include multifunctional equipment to include more pools. Places to eat healthy that is financially affordable in small community.</i> • <i>Personal health accountability and access to quality healthcare</i>

What makes your most proud of your community?
<ul style="list-style-type: none"> • <i>We are compliant, most people are kind.</i> • <i>The fact that when a need is "seen" it is addressed</i> • <i>Safety and I see us working together more and building camaraderie rather than fighting against each other to accomplish the same goals</i> • <i>The generosity of our community</i> • <i>Beautiful environment - lots of outdoor activities</i>

What are the biggest barriers to accessing health care in your community?	
Underinsured	14.29%
Uninsured	0.00%
Inconvenient Office Hours	0.00%
Childcare	0.00%
Understanding of language, culture, or sexual orientation difference	0.00%
Difficulty finding the right provider for my care	28.57%
Transportation to appointments	0.00%
Distance to provider	14.29%
Other	42.86%

Age		Gender	
18-25	0.00%	Male	57.14%
46-39	14.29%	Female	42.86%
40-54	28.57%		
55-64	14.29%		
65+	42.86%		
Zip code of where you live			
85541			100%