



Banner Health  
Page  
Hospital

*Community Health Needs  
Assessment Report  
2013*

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## OVERVIEW

Headquartered in Phoenix, Ariz., Banner Health is one of the nation's largest nonprofit health care systems and is guided by our mission: "We exist to make a difference in people's lives through excellent patient care."

This mission serves as the cornerstone of operations at our 24 hospitals and care facilities located in small and large, rural and urban communities spanning seven western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than \$149 million annually in charity care – treatment without the expectation of being paid. As a nonprofit organization, we reinvest revenues to add new hospital beds, enhance patient care and support services, expand treatment technologies, and maintain equipment and facilities. Furthermore, we subsidize medical education costs for hundreds of physicians in our residency training programs in Phoenix and Greeley, Colo.

With organizational oversight from a 15-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 35,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, clinics, surgery centers, home care and hospice facilities.

While we have the experience and expertise to provide primary care, hospital care, long-term acute care and home care to patients facing virtually any health condition, some of our core services include: cancer care, emergency care, heart care, maternity services, neurosciences, orthopedics, pediatrics and surgical care. Specialized services include behavioral health, burn care, high-risk obstetrics, Level 1 Trauma care, organ and bone marrow transplantation and medical toxicology. We also participate in a multitude of local, national and global research initiatives, including those spearheaded by researchers at Banner Alzheimer's and Banner Sun Health Research institutes.

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

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

- Effectively define the current community programs and services provided by the facility
- Assess the total impact of existing programs and services on the community
- Identify the current health needs of the surrounding population
- Determine any health needs that are not being met by those programs and services, and/or ways to increase access to needed services

- Provide a plan for future programs and services that will meet and/or continue to meet the community's needs

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

Banner Health has a strong history of dedication to community and of providing care to the underserved populations. The CHNA process has helped 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 Page Hospital's leadership team, this has resulted in a renewed commitment to continue working closely with community and health care leaders who have provided solid insight into the specific and unique needs of the community. 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.

## PAGE HOSPITAL – AT A GLANCE

Page Hospital is now a thriving 25-bed Critical Access Hospital that serves Northern Arizona. Helping deliver top notch care are just over 100 employees and 14 volunteers. In 2011, the hospital served more 500 inpatients, delivered more than 200 babies, treated approximately 9,200 patients in the ambulatory setting and provided emergency care to an additional 9,200 patients. The hospital provides a range of medical services, including:

- Acute Care
- Cardiopulmonary Services
- Emergency Care/Trauma Services
- Intensive Care
- Maternity Services/Women’s Health
- Medical Imaging
- Outpatient Services
- Rehabilitation
- Surgical Care
- Visiting Specialist Care

In addition to providing excellent clinical care and quality outcomes, Page Hospital is the first hospital within Banner Health to join the Planetree Alliance. As a Planetree Affiliate, Page Hospital is a place of physical, mental and spiritual healing and a place where employees strive to care for patients with compassion, dignity and respect. Patients and their families are strongly encouraged to be partners in their medical care.

In keeping with the Planetree philosophy, many distractions commonly associated with hospitals have been removed. Medical equipment is kept out of patient view and overhead paging and staff announcements have been replaced with the soothing sounds of soft music. Hospital rooms have couches, refrigerators, access to outdoor patios and gardens and full-size beds draped in home-like linens. Artwork and décor is inspired by the area’s large Native American population and the surrounding beauty of the canyons and Lake Powell. Other Native American elements include a weaving loom and a traditional healing Hogan.

Page Hospital has continued to be recognized for their community involvement, visionary efforts and excellent stewardship. In 2008, they were recognized as a United Way Community Partner. 2009 was a year of numerous accolades, including 2009 RED (Real Estate and Development) award for “Best Medical Project”, 2009 Banner Vision Award and 2009 Premier Supply Chain Excellence award. 2010 saw Page Hospital as a Premier Supply Chain Excellence award winner for a second consecutive year. In 2013, the hospital was a Healthstrong Award winner by iVantage Health Analytics; they were recognized for top quartile excellence in both Quality and Efficiency.

Like other Banner Health hospitals, Page Hospital leverages technology to ensure safer, better care for patients. Physicians document in an electronic medical record and have the ability to remotely access

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

Other hospitals serving the Coconino and Navajo counties include Flagstaff Medical Center, Tuba City Regional Medical Center, Summit Healthcare Regional Medical Center, Whiteriver PHS Indian Hospital, Hopi Health Care Center and Little Colorado Medical Center.

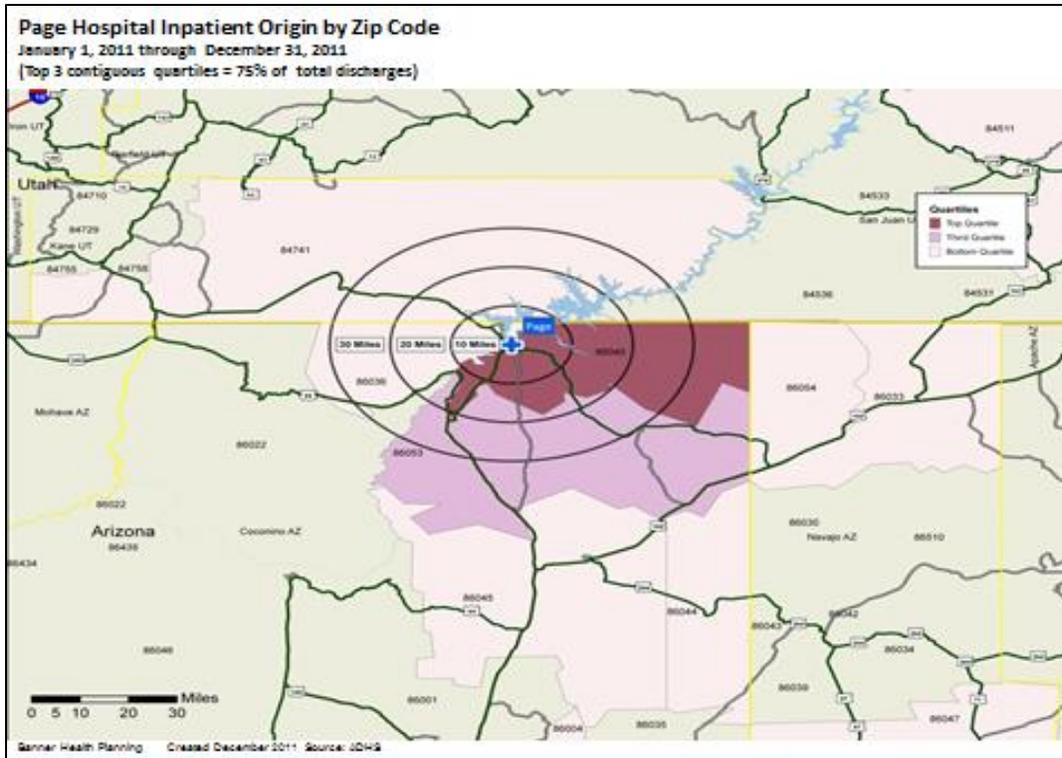
## COMMUNITY DESCRIPTION

Page Hospital is located in Page, Arizona, within Coconino County. The City of Page is a planned community near the Arizona/Utah border. Named for John C. Page, a 1930's Commissioner of the Bureau of Reclamation, the city was planned and developed for the workers building the Glen Canyon Dam in 1957. Though it began as a temporary camp for construction workers, Page has emerged as a self-sufficient and progressive city. Lake Powell, the Navajo Generating Station, and tourism are the major contributors to the economy.

Recreational properties and public utilities are the predominant employers in Page. While the recreation-oriented firms experience seasonal employment peaks from March through November, the Salt River Project's Navajo Generating Station assures the stability of Page. Tourism and the distance to other trade centers have created a demand for a variety of consumer goods and services. Therefore, 70 percent of the employers and more than 50 percent of the total workforce are in the retail trade and service sectors. The federal government is another important employer in the Page area. Glen Canyon National Recreation Area is administered by the National Park Service through headquarters at Page; and Glen Canyon Dam is managed by the U.S. Bureau of Reclamation.

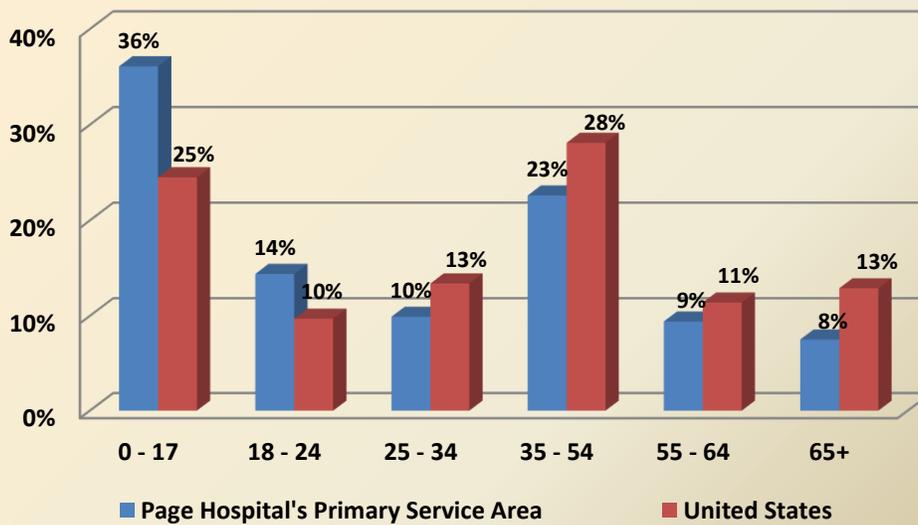
According to the 2010 U.S. Census, Page has an estimated population of a little over 7,200. The census survey also indicated that men slightly outnumber women, over 90 percent of the population is either white or Native American and the median household income is \$57,406, compared to a median household income of \$48,745 for Arizona residents. The number of individuals living below the poverty line in the city of Page is 14.2 percent. The percentage of individuals living beneath the poverty level in the U.S. is 12.4 percent.

While the facility is located in Page, the hospital's patient population extends into Coconino and Navajo Counties. According to Truven Health Analytics Market Expert tool (Market Expert), both Coconino and Navajo counties are expected to experience growth at a rate higher than the national average; however, Page Hospital's primary service area is anticipated to remain relatively stagnant.



Within Page Hospital’s primary service area, the population is relatively evenly split between males and females, with females slightly outnumbering the males, 50.3 percent to 49.7 percent, respectively. Within the female population, close to 41 percent are of child-bearing age (15 – 44).

### Page Hospital's Primary Service Area Age Distribution, 2012



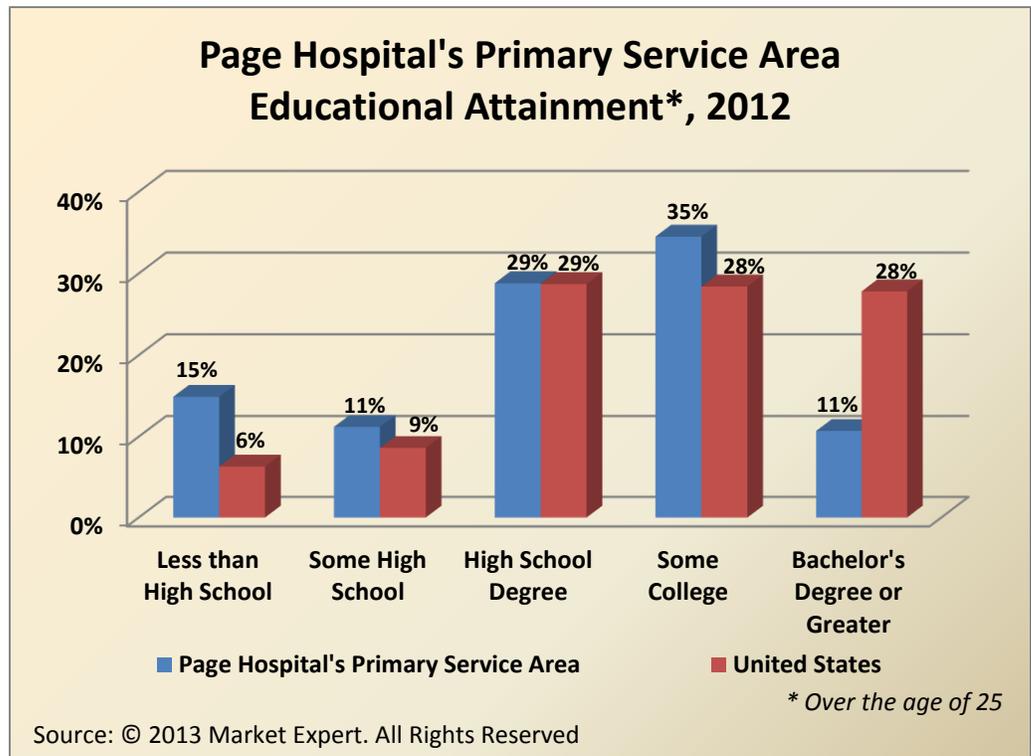
Page Hospital has a rather young demographic, with 50 percent of the population under the age of 25 and the pediatric population representing the largest single age group.

While adults ages 35 to 54 represent the second largest age group, only 17 percent of the population is age 55 or older.

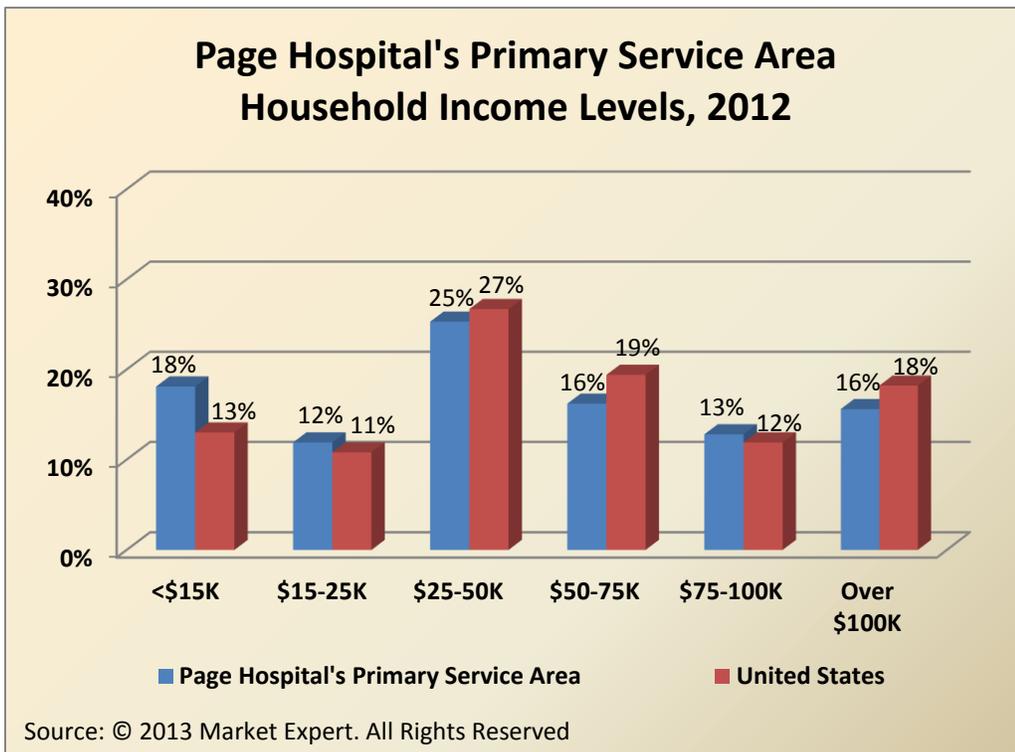
Source: © 2013 Market Expert. All Rights Reserved

Seventy-four percent of the population, over the age of 25, has a high school education or greater, which is considerably below the national average (85 percent).

While the percent of the population who possess "Some College" is actually well above the national average, those who have a "Bachelor's Degree or Greater" is far below the national average.



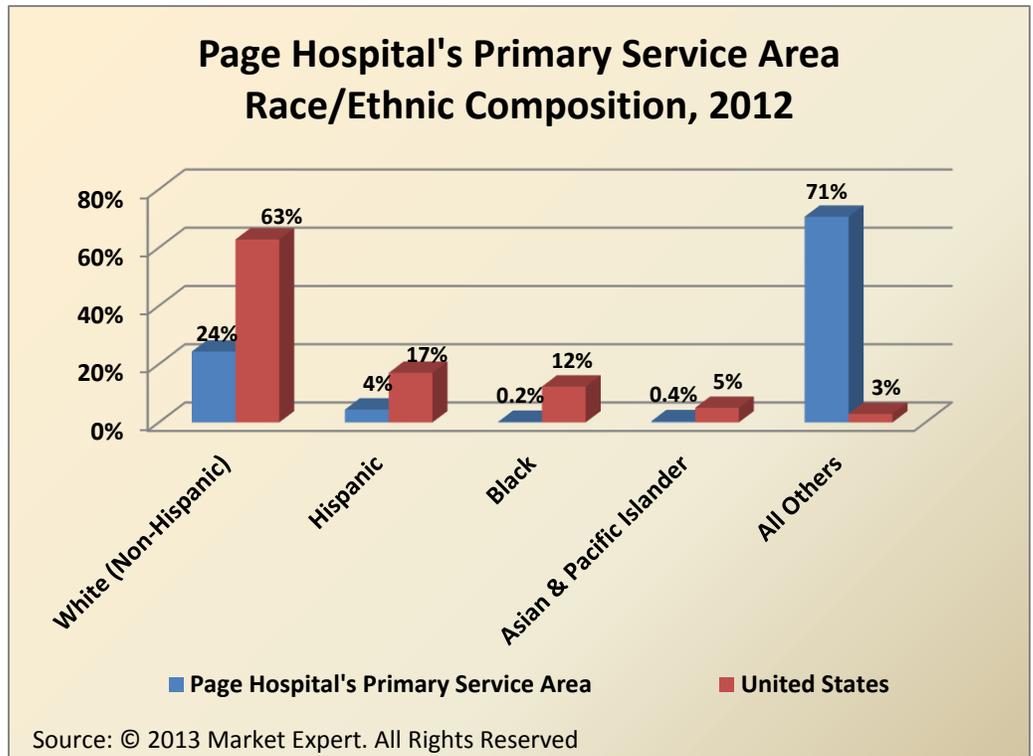
More than half of the population has a household income below \$50,000, with the largest segment of



the population having an annual household income of between \$25,000 and \$50,000.

Thirty percent of the population has an annual household income below \$25,000, which is considerably greater than the national average (24 percent).

While the White, (non-Hispanic) population, represents close to two-thirds of the population across the nation, within Page Hospital's primary service area Native Americans (classified under All Others) account for the largest percent of the population, with White (non-Hispanic) representing less than one-quarter of the population. Hispanic, Black and Asian/Pacific Islander populations, account for just less than five percent of the population, combined.



## COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

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

### ***Banner Health CHNA Steering Committee:***

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

### ***Assessment Process – Data Analytics:***

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

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

- American Cancer Society, *Cancer Facts & Figures 2013*
- American Diabetes Association, *2011 Fact Sheet*
- American Lung Association
- *America's Health Rankings, 2012*
- *Arizona Health Matters, 2012*
- *Behavioral Risk Factor Surveillance Survey, 2011*
- *County Health Rankings –Coconino and Navajo Counties, 2012*
- *Center for Disease Control Heart Disease Fact Sheet*
- National Institute on Drug Abuse, *2011 Facts*
- National Institute of Mental Health
- Outpatient Emergency department (ED) data, 2012
- Truven Health Analytics Market Expert, 2013

- U.S. Census, 2010

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

- Data are not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups.
- Limited data are available on Diabetes prevalence and Health Risk and Lifestyle Behaviors (e.g. nutrition, exercise) in children.
- Significant portions of the population within Coconino and Navajo counties fall outside of Page Hospital's primary service area and thus may not be representative of Page Hospital's population.

***Assessment Process – Community Input/Community Advisory Council:***

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

***Summary of Findings and Addressing Need:***

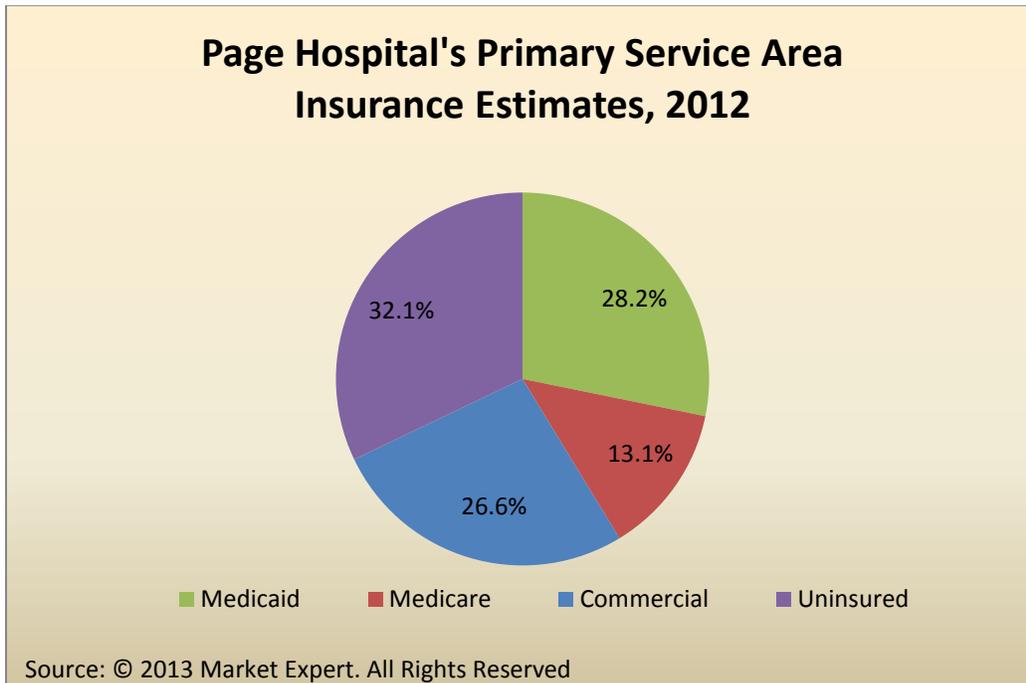
Upon the completion of Page Hospital's needs assessment, a summary of findings was comprised for review by the steering committee, Page Hospital's leadership team, Banner Health system Senior Management and the Banner Health Board of Directors. Needs assessments were then used to determine gaps in health-related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

## SUMMARY OF COMMUNITY SIGNIFICANT HEALTH NEEDS

The summary of community health needs is comprised of two components – stakeholder feedback from the community and data analytics pulled from aforementioned data and health indicator sources. The CAC, comprised of hospital administrators, community leaders and other stakeholders, provided the insights necessary to complete a thorough CHNA. Many of the community leaders who participated in the CAC represent the underserved, underinsured and minority populations. The community health needs were then prioritized, based on a defined set of criteria; the prioritization criteria can be found under Appendix C.

### Access to Care

According to the *2012 America's Health Rankings*, the uninsured population has increased 15 percent over the past 10 years. The data from Market Expert shows that within Page Hospital's primary service area, 32.1 percent of the population is uninsured and an additional 28.2 percent are on Medicaid. That equates to over 60 percent of the population being either uninsured or on Medicaid. While Coconino County's percent of uninsured and Medicaid population is considerably lower, it is important to note that this includes Flagstaff. The insurance make-up within Navajo County is very similar to Page Hospital's primary service area.



These are important indicators as often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventive and maintenance health care. This can be very costly, both to the individuals and the health care system.

The CAC validated that access to care is indeed an issue among the low income, uninsured and Native American populations. The issues with access to care are, for the most part, not a result of insufficient providers and services, with the exception of some specialty services such as oncology and dialysis. The most significant barriers, as identified by the CAC, include cultural issues, particularly for the Native American population, transportation, financial resources and convenience. Additionally, for the Native American population, there can be issues with coverage for non-IHS providers, including pharmacy services. As a result, many health concerns go untreated until the issue is acute and requires a higher level of care, such as the ED and/or inpatient treatment.

Page Hospital's internal data showed that a large percentage of uninsured and Medicaid outpatient ED visits are for primary care issues. 2012 diagnosis groups with high volume of visits include open wounds; fractures/dislocations/sprains; alcohol related issues; upper respiratory infections (URIs); ear, nose and throat (ENT) infections; and abdominal pain/nausea. While some of these diagnoses are truly emergent situations, it's likely that many could be handled through a primary care provider (PCP).

### **Chronic Disease**

Chronic diseases, such as cancer, diabetes and heart disease continue to cut short the lives of millions of Americans each year and contribute significantly to health care costs.

**Cancer:** While advancements continue to be made in the fight against cancer, it remains one of the leading causes of death across the nation and within Arizona, second only to heart disease. According to the American Cancer Society, lung cancer continues to cause more deaths than any other cancer, regardless of gender, despite the prevalence of breast cancer in women and prostate cancer in men.

The American Cancer Society also indicates that cancer in children under the age of 14 is very rare, representing less than one percent of all new cancer diagnoses. While it is relatively uncommon, it still remains the second leading cause of death in children, second only to accidents.

According to Arizona Health Matters, cancer incidence rates have been trending downward over the past few years within both Coconino and Navajo Counties. Further, with the exception of the melanoma incidence rate in Coconino County and the liver/bile duct and ovarian cancers rates in Navajo County, both counties are performing better than the state average across most types of cancer and the overall cancer incidence rates.

**Diabetes:** According to the *American Diabetes Association 2011 Fact Sheet*, 8.3 percent of the population of the United States has diabetes; this equates to 25.8 million children and adults. Of that 25.8 million, more than 25 percent are undiagnosed. There are an additional 79 million people who are prediabetic and are poised to develop the disease. Complications from diabetes include heart disease,

stroke, high blood pressure, blindness, kidney disease, neuropathy, amputation and death. Sadly, this is a type 2 diabetes is also increasing prevalence among the pediatric population.

*Arizona Health Matters* reports that the average age-adjusted death rate due to diabetes is 24.8 deaths/100,000 population for the state of Arizona. Coconino County is actually performing better than the state average at 16.0 deaths/100,000 population. Navajo County, on the other hand, is the second worst performing county in the state with 43.4 deaths/100,000 population, almost double the rate for the state.

**Heart Disease:** Heart disease is the leading cause of death in the United States for both men and women, and most racial/ethnic groups, as well. The primary risk factors include diabetes, overweight/obesity, poor diet, physical inactivity and excessive alcohol use.

As noted above, heart disease is also the leading cause of death in Arizona and disparately impacts the African-American population, with the Native American and White (non-Hispanic) populations experiencing the second greatest impact. According to *Arizona Health Matters*, both Coconino and Navajo counties are performing slightly better than the state related to age-adjusted death rate due to heart disease. Coconino County is actually the second lowest rate at 95.4 deaths/100,000; even performing well against the *Healthy People 2020* target of 100.8 deaths/100,000. While Navajo County, at 103.2 deaths/100,000, is also lower than the state rate (120.3 deaths/100,000), they are not yet on target with *Healthy People 2020*.

The CAC validated that chronic disease and the providers need to care for those with chronic disease are issues within the community, particularly oncology and dialysis.

Also of note, the Centers for Disease Control and Prevention (CDC) report the link between chronic disease and mental health as an emerging trend nationwide. Chronic disease often leads to depression. Likewise, depression and other mental health issues make chronic disease management more challenging. Therefore, it was discussed that integration of these two areas should be considered.

### **Behavioral Health**

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorders, and substance abuse issues, including alcohol, prescription medication, illicit drugs and tobacco.

**Mental Health:** According to the National Institute of Mental Health, in a given year, an estimated 26.2 percent (57.7 million) Americans over the age of 18 have a diagnosed mental disorder, and nearly 6 percent suffer from serious mental illness. In fact, Major Depressive Disorder is the leading cause of disability in the United State for ages 15 to 44, and is more prominent in females than males.

Suicide has also begun to receive recognition as a serious, and preventable, public health issue. In 2007, suicide was the 11<sup>th</sup> leading cause of death in the United States, and it is estimated that for every suicide that results in death, there are an additional eight to twenty-five attempts. While men are nearly four times more likely to die from suicide, women attempt suicide two to three times more often than men.

Elderly individuals are disproportionately more likely to die by suicide; in fact, the highest suicide rates in the United States are white men over the age of 85.

In the *2012 America's Health Rankings*, Arizona was ranked 42<sup>nd</sup> out of the 50 states for suicide, with 16.5 deaths per 100,000; the national average is 12 per 100,000. The 2011 suicide age-adjusted death rates for both Coconino and Navajo Counties are higher than Arizona at 20.1 deaths/100,000 and 31.3 deaths/100,000, respectively. Navajo County actually has the third highest rate across the state. The *Healthy People 2020* national target is 10.2 deaths/100,000.

Behavioral health concerns dominated much of the discussion with the CAC. According to the group's feedback, there are ample behavioral health services and programs in the community for those with insurance. The issues are a lack of access for those without insurance, stigma concerns and cultural complacency. There is also a lack of integration of mental health issues and alcohol abuse.

**Substance Abuse:** In 2011, a startling 8.4 percent of Americans needed treatment for a problem related to drugs or alcohol, but less than one percent received treatment at a specialty facility, according to the National Institute on Drug Abuse. The health care costs in that same time period associated to substance abuse, including alcohol, illicit drugs and tobacco, were approximately \$137 billion.

According to feedback from the CAC, alcohol abuse is a significant concern within both the adult and adolescent population. In fact the group shared statistics around alcohol-related arrests in Page; 55 percent of all adult arrests and 53 percent of all juvenile arrests in 2011 were alcohol-related. This was further supported by the number of alcohol-related cases that presented through Page Hospital's ED in 2012; among outpatient visits, meaning the patients were treated and released; alcohol-related issues were the second most common diagnoses. Based on both the ED data and feedback from the CAC, alcohol abuse is particularly an issue for the uninsured, underinsured and Native American populations.

As indicated above, those with insurance have services available to them if they are willing to pursue them, but those without insurance have little, to no, access to services and programs. Therefore, they end up seeking treatment through the ED, where their immediate issue is addressed and they are sent back out into the community. The CAC also stated that within the Native American population, there is prevalence for not addressing health concerns, including alcohol abuse, unless the issue elevates to an acute state, at which point they also often seek help through the ED, but once the crisis is over, they discontinue their treatment plan.

Interestingly enough, both Coconino and Navajo counties come in slightly below Arizona's average for adults who reported excessive drinking, according to the *2012 County Health Rankings*. Additionally, *Arizona Health Matters* reports that teens that use alcohol in both counties is also lower than the state average, as are the number of teens that use marijuana and methamphetamines. One potential shortcoming to the survey data reported in *Arizona Health Matter*, conducted through the Arizona Criminal Justice Commission (ACJC), is that it was limited to teenagers enrolled in public school, and as previously noted; within Page Hospital's primary service area there is a significant percent of the population who do not complete their high school education. Additionally, especially within Coconino County, a large percent of the population is outside of Page Hospital's primary service area.

While tobacco use has declined considerably over the past several years, it is still a considerable problem and has been classified as, “the agent most responsible for avoidable illness and death in America today,” according to the *Arizona Health Matters* website. The website also went on to state, “Approximately, one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.” Additionally, tobacco use has been linked to other adverse health effects, including cancer, respiratory infections and asthma. According to the *2012 County Health Rankings*, within Coconino County, approximately 15 percent of adults surveyed smoke; Navajo County is even higher at 18 percent. The percent of teens that smoke is not much lower, 14.4 percent in Coconino County and 13.6 percent in Navajo County, as reported by *Arizona Health Matters*.

It was suggested that education is a crucial component to addressing these unhealthy behaviors. Unfortunately, the concern is that even if the programs were made available, they would not be well attended, unless they were provided in school. However, with the current focus on AIMS testing and teachers’ pay, it is unlikely that the schools would support anything that pulls the children away from AIMS focused class time.

### **Women and Infant Services**

The infant mortality rate is considered one of the most widely utilized indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complications during pregnancy. According to the *2012 America’s Health Rankings*, infant mortality has decreased 36 percent from 1990 to 2012, with the greatest occurrences in the African-American population. Within Coconino County, infant mortality overall has decreased over the past few years and as of 2011 was 4.0 deaths per 1,000 live births, which is even better than the *Healthy People 2020* national health target of 6 deaths per 1,000 live births. Unfortunately, the same cannot be said for the infant mortality rate in Navajo County, which as of 2011 is at 8.5 deaths per 1,000 live births, which was a significant increase over the prior two years.

Not only can low birth weight contribute to infant mortality, but low birth weight babies are more likely to require specialized medical care. Low birth weight is often associated with premature birth and certain risky behaviors by the mothers such as not taking prenatal vitamins, smoking, use of alcohol and/or drugs and not receiving appropriate prenatal care. Within both Coconino and Navajo counties, the percent of low birth weight babies has remained relatively stagnant for the past several years, hovering between 7 and 8 percent, and 8 and 9 percent, respectively. While not significantly off from the national average (8.1 percent) and the *Healthy People 2020* national health target (7.8 percent), what may be most concerning is the maternal age groups with the most disparate impact. In Coconino County the maternal age group with the greatest impact is teens 15 to 19; within Navajo County, the maternal age group with the greatest impact is those under the age of 15.

Preterm births and appropriate prenatal care have been identified as two of the biggest contributors to low birth weight babies, as noted above. Both Coconino and Navajo counties are performing better than the national average and the *Healthy People 2020* national health target for Preterm Births.

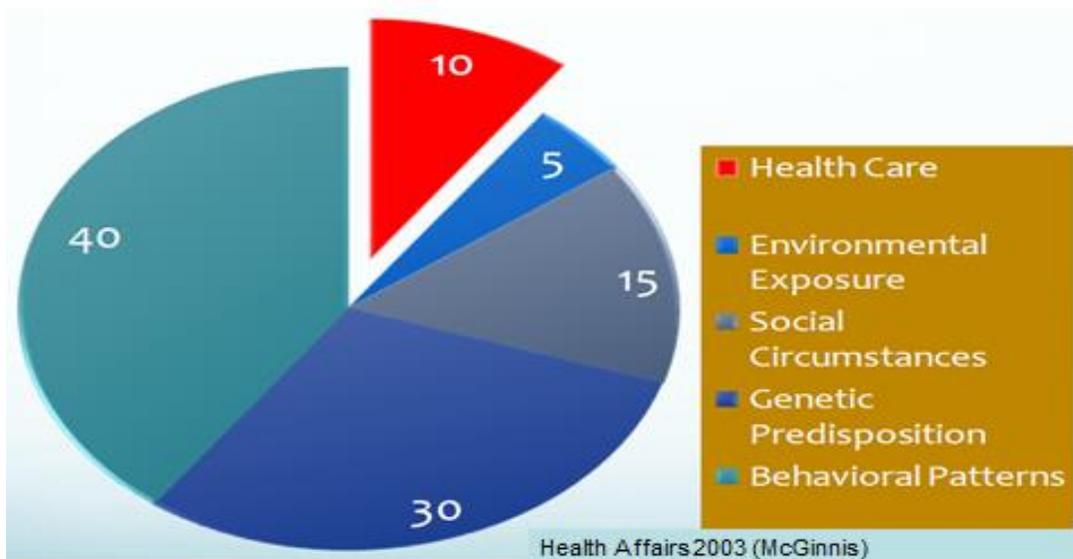
Coconino County is also exceeding the *Health People 2020* national health target for mothers receiving early prenatal care.

Teen births are a significant health concern, as they pose potential risks to both the mother and the baby, including preterm deliveries and low birth weight. Arizona ranks 39<sup>th</sup> out of the 50 states in teen birth rate. Teen pregnancy rates have been on a steady decline over the past few years in Coconino County, reaching a six year low in 2011 of 27.1 per 1,000 females aged 15 to 19; well below Arizona's average of 36.9. Navajo County has remained much more stagnant over the past six years and as of 2011, the teen birth rate is 62.8 per 1,000 females aged 15 to 19; significantly above the state and national averages. Teen pregnancy was raised as a concern by the CAC, as was HIV within the pediatric population. The CAC indicated that these issues are of particular concern among the Native American population, as the culture often supports girls getting pregnant at a young age and leaving school.

### **Behavioral Risk Factors (Health Behaviors)**

The *2003 Health Affairs* publication broke Determinants of Health into five categories: Health Care, Environmental Exposure, Social Circumstances, Genetic Predisposition and Behavioral Patterns. Interestingly enough, it was Behavioral Patterns that came out the big winner, with Health Care a distant fourth place.

## **Determinants of Health**



As demonstrated in this graphic, a strong correlation has been identified between health status and obesity, nutrition, physical inactivity, tobacco use and alcohol/drug use. It's not surprising then that as the rate of obesity, poor nutrition and physical inactivity have increased so has the rate of diabetes, with

both obesity and diabetes soaring to the ranks of a national epidemic. In fact, according to *America's Health Rankings*, 2011 is the first year where every state reported an obesity rate of 20 percent or greater. They further report that if the current obesity trend continues, 43 percent of the population will be obese by 2018.

*Arizona Health Matters* states that the percent of obese adults is an indicator of the overall health and lifestyle of a community and can have a significant impact on health care spending. Additionally, as noted above, obesity increases the risk of several chronic conditions such as Type 2 diabetes, heart disease, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. According to the *2011 Behavioral Risk Factor Surveillance Survey (BRFSS)*, as reported through *Arizona Health Matters*, 25 percent of adults in Coconino County and 32 percent of adults in Navajo County are obese. The state average is 24.7 percent and the *Healthy People 2020* national health target is 30.6 percent.

Obesity isn't just a health issue relegated to adults; childhood obesity is also a significant health issue, with 8.6 percent of Coconino County and 9.2 percent of Navajo children classified as obese. *Arizona Health Matters* reported that results from a recent study indicate that nearly 80 percent of children who were overweight as teenagers were obese adults at age 25.

Alcohol, drug and tobacco use were discussed under Behavioral Health.

## RESPONSE TO COMMUNITY SIGNIFICANT HEALTH NEEDS

### **Prioritization**

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

- Access to Care
- Chronic Disease Management, with a focus on Diabetes and Heart Disease
- Behavioral Health, including mental health and substance abuse
- Obesity, with a focus on nutrition and physical activity
- Smoking/Tobacco Use

### **Strategies for Addressing Priority Areas**

The steering committee, along with other key stakeholders, devised strategies and tactics for addressing the prioritized health needs identified through the CHNA. These strategies and tactics were reviewed with Maricopa County Department of Public Health for additional feedback and identification of additional collaboration opportunities. Banner Health's Senior Leadership Team also reviewed the strategies and tactics to ensure alignment with Banner Health's strategic plan for the coming years. Ultimately, the full CHNA Report, including the Implementation Strategies, was reviewed and approved by the Banner Board of Directors on December 7, 2013.

Across these priority health concerns, there were several consistent contributing factors, such as lack of awareness of services and resources available in the community, ease of accessing the services, coordination of care and community engagement. As such, while each of the strategies and supporting tactics is aligned to a specific health concern, many of them truly cut across several or all of the priority areas. Additionally, these common themes are evident in many of the strategies and supporting tactics across each of the five priority areas.

### **PRIORITY NEED #1: ACCESS TO CARE**

Banner Health is dedicated to providing system wide community health events and services to the public. Health events include health screenings, support groups, blood drives and health fairs in addition to many other events that bring value to nearby communities and encourage preventive health care.

Page Hospital fulfills this community benefit through ongoing events and programs that cater to the health needs of the surrounding population. Page Hospital places great importance on the inclusion of uninsured and low-income individuals in free health events and other services. The facility provides numerous health fairs and classes aimed at hard-to-reach populations and spreads word of such events

through social media outreach, print advertising and other broad-based communications efforts. Some examples include:

- Participation in the Keeping Families Safe open house held at the Page Fire Department; a fun way to learn important health and safety information. Annually, more than 200 children and their families.
- Blood drives – in 2010, Page Hospital was honored with a Platinum Award for achieving 91 percent participation, with 137 lifesaving blood donations.
- Healthcare Education for young kids – every spring, Page Hospital opens its doors and invites kindergarteners to learn a little more about keeping healthy.
- Childbirth education classes
- Mammos and Manis – focusing on cancer screenings and prevention
- ACLS and PALS trainings
- Community Health Fairs

Throughout its facilities’ community outreach efforts, Banner Health’s priorities are in alignment with national health priorities. For example, many community health events and classes are aimed towards helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits.

The total amount spent on charity care and other financial assistance for patients at Page Hospital for 2012 was \$406,094.

<b>Strategy #1: Increase access to preventive and maintenance care</b>
<b>Anticipated Outcome:</b> Reduce the use of the Emergency department for non-emergent care, as measured through outpatient ED utilization
<b>Tactics</b>
<ul style="list-style-type: none"> <li>• Promote participation in MyBanner (online patient portal)</li> <li>• Offer educational materials and links to community resources related to the insurance marketplace</li> <li>• Promote both internal and external community resources that support preventive and maintenance care via the facility website</li> <li>• Offer and participate in free health activities (e.g. screenings, health fairs, blood drives)</li> </ul>

**PRIORITY NEED #2: CHRONIC DISEASE MANAGEMENT (WITH A FOCUS ON DIABETES & HEART DISEASE)**

In 2011, Banner Health Network (BHN) was selected to participate in the Pioneer Accountable Care Organization (ACO) model, a transformative new initiative sponsored by the Centers for Medicare and Medicaid Services (CMS) to provide Medicare beneficiaries with higher quality care, while reducing growth in Medicare expenditures through enhanced care coordination. BHN is a comprehensive

provider network that accepts patient care and financial accountability for those served by the network. It is one of a few networks in Arizona serving patients in a population health management model. As part of this innovative model, BHN has implemented several strategies, including education and awareness materials and events, as well as a Lifestyle Management Program, that target chronic disease. BHN’s Lifestyle Management Program primarily serves patients who have been newly diagnosed with a chronic disease and is focused on helping the patient understand their disease and how they can best care for themselves to achieve the best outcomes. While this primarily impacts the Phoenix metropolitan area at this time, some of the strategies and best practices can translate across the system.

Additionally, while a separate priority area, with the correlation of healthy lifestyle choices and chronic disease, the strategies and supporting tactics we employ around obesity, nutrition and physical inactivity would support our efforts around chronic disease, particularly as they relate to diabetes and heart disease. Similarly, the strategies around tobacco use would also support prevention of lung and bronchial cancers. Further, while mental health is also addressed separately, we recognize the connection, both from a behavioral change standpoint and from the potential impact a chronic disease can have on one’s mental health.

<b>Strategy #1: Engage the community in education on prevention, maintenance and taking a proactive approach to Chronic Disease Management</b>
<b>Anticipated Outcome:</b> Increased community engagement, accountability and compliance with preventive and maintenance strategies, as measured through a survey on the Chronic Disease webpage and patient data through Banner Medical Group
<b>Tactics</b>
<ul style="list-style-type: none"> <li>• Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness</li> </ul>

**PRIORITY NEED #3: BEHAVIORAL HEALTH**

Some of the classes offered around chronic disease self-management also have application to those who have chronic behavioral health conditions, as do the support groups offered to the community. Not only is there a correlation between physical chronic disease conditions and healthy lifestyle choices, but there is also a strong relationship to certain behavioral conditions, such as stress and depression. Therefore, it’s anticipated, and intended, that the strategies aligned to addressing healthy lifestyle choices, particularly obesity, nutrition and physical activity would also have a positive impact on behavioral health.

**Strategy #2: Increase identification of behavioral health needs and access to early interventions**

**Anticipated Outcome:** Increase the number of community members who seek early interventions and decrease those who present in crisis, as measured through patient data within Banner Medical Group and a survey on the Mental Health and Substance Abuse webpage

**Tactics**

- Deploy depression screening tool in Primary Care Provider (PCP) clinics within Banner Medical Group
- Create a webpage with information and resources related to Mental Health and Substance Abuse

**Priority Need #4: Obesity/Nutrition/Physical Inactivity**

A big part of wellness is educating people on and engaging them in making healthy choices.

**Strategy #1: Engage the community in making healthy choices and maintaining a healthy lifestyle through education and awareness**

**Anticipated Outcome:** Percentage of adults, seniors and pediatrics in the community that are overweight and obese trends down over the next 3 years, as measured through the County Health Rankings and a survey on the Healthy Living and Wellness webpage

**Tactics**

- Create a webpage dedicated to healthy living, including articles, tips, recipes, calendar of related events, links to internal and external resources
- Promote the importance of breastfeeding

**Priority Need #5: Smoking/Tobacco Use**

The focus on tobacco use will also be further supported through inclusion in educational series and healthy living web-based education, resources and support, as living tobacco free is a key part of maintaining a healthy lifestyle. Therefore, several of the strategies noted above around obesity, nutrition and physical activity would also include information on tobacco cessation and education around the importance of being tobacco free.

Additionally, some of the strategies and supporting tactics under Behavioral Health could also provide additional support to the following strategies, aimed at helping tobacco users quit and maintain a tobacco free lifestyle.

<b>Strategy #1: Increase community education and awareness around personal benefits to achieving and maintaining a healthy lifestyle free of tobacco</b>
<b>Anticipated Outcome:</b> Increase participation in the State Quit Line, reducing the number of individuals who utilize tobacco, as measured through the County Health Rankings, patient data from Banner Medical Group and a survey on the Healthy Living and Wellness webpage
<b>Tactics</b>
<ul style="list-style-type: none"> <li>• Partner with the ASHLine to build the Proactive Referral into the Banner Medical Group clinic workflows</li> </ul>
<ul style="list-style-type: none"> <li>• Include a link to the ASHLine website from the Banner Healthy Living webpage</li> </ul>
<ul style="list-style-type: none"> <li>• Partner with the ASHLine to provide collateral materials for our patients</li> </ul>
<ul style="list-style-type: none"> <li>• Incorporate education around the risks and complications from tobacco use into the Healthy Living webpage</li> </ul>
E. Support a Tobacco Free campus

There are also other community partners who offer great resources towards improving the health of our community. Such organizations include: American Academy of Pediatrics; Arizona Department of Health Services; Canyonlands Healthcare; City of Page Substance Abuse Task Force; Classic Lifeguard; Coconino County Fire Department; Coconino County Public Health Services District; Encompass Health Services; Page Unified School District; Page Walk-in Clinic; VHA and Zion’s Way Home Health & Hopsice. We will continue to facilitate dialogue with these community partners, as well as others to continue exploring opportunities for how best to collaborate in caring for our community.

**Significant Health Needs Not Prioritized**

We recognize that we do not have the resources nor in some cases the expertise to pursue all of the significant health needs identified through the CHNA. Therefore, the steering committee, in concert with Banner Health leadership worked diligently to ensure the strategies and tactics we selected would be impactful, foundational for future efforts and in alignment with our strengths, mission, vision and strategic plan.

The significant health needs that were not prioritized, at this time, are:

**Women and Infant Services:** The data indicates there are still opportunities for continued improvement within women and infant services, and as noted above, the CAC did also indicate that they feel teen pregnancy represents a health concern within the community.

While not focused on prevention, Page Hospital does offer childbirth classes. We recognize this is a significant health concern within the community, but simply do not have the resources to develop a strategy around pregnancy prevention, at this time and feel we are better aligned to influence the other significant health concerns identified above.

## APPENDIX A – STEERING COMMITTEE MEMBERS

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

STEERING COMMITTEE MEMBER	TITLE
Candace Hoffmann	Public Relations Director
Dave Cheney	Chief Executive Officer, Banner Boswell Medical Center
Kathy Townsend	Chief Nursing Officer, Banner Boswell Medical Center Chief Nursing Officer, Banner Ironwood Medical Center - <i>formerly</i>
Kim Schraven	Strategic Alignment Project Consultant
Kristin Davis	Consultant
Laura Snow	Planning Senior Director
Laura Valenzuela	Systems Consultant – Strategic Planning
Linda Stutz	Care Coordination Senior Director
Lisa Davis	Payroll and Tax Senior Director
Lynn Chapman	Planning Senior Director
Megan Christopherson	Child Health/Wellness Director
Rhonda Anderson	Chief Executive Officer, Banner Cardon Children’s Medical Center
T.J. Grassetti	Strategic Alignment Senior Director
Vince DiFranco	Chief Executive Officer, Banner Community Hospital – Torrington

## APPENDIX B – COMMUNITY ADVISORY COUNCIL

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

ORGANIZATION	NAME AND TITLE	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Banner Health Page Hospital	Ed Franklin, Chief Human Resources Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Page Hospital	Sandy Haryasz, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Page Hospital (Banner Medical Group)	Aaron D. Knudsen, D.O. Internal Medicine/Pediatrician and Intensive Care Unit Director	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health Page Hospital	Karen Lund, Interim Chief Nursing Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Canyonlands Healthcare (Federally Qualified Health Center)	Elizabeth Latham, DHSc, MSA, FNP, Chief Executive Officer	Primary and preventive care needs, trends and resources within the community, particularly for those who face financial barriers and needs assistance
Care for You Family Health – <i>now with Encompass Health Services</i>	Cres Moody, FNP, Owner	Primary and preventive care needs, trends and resources within the community
Classic Lifeguard	Mark Larsen, Chief Flight Nurse	Provides air medical evacuation services for the community; health care trends, particularly related to emergent health needs
Coconino County Public Health Services District	Elizabeth Holmes, Health Educator	Public health trends, programs and policy; community needs, resources and partners
Coconino County Public Health Services District	Lola Riggs	Public health trends, programs and policy; community needs, resources and partners

<b>ORGANIZATION</b>	<b>NAME AND TITLE</b>	<b>AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS</b>
Encompass Health Services	Bunny Cochran, Prevention Specialist	Provides comprehensive medical and behavioral health care; medical and behavioral health care needs, trends and resources within the community
Encompass Health Services	Steve Johnson, Clinical Director	Provides comprehensive medical and behavioral health care; medical and behavioral health care needs, trends and resources within the community
Encompass Health Services	Joe Wright, Chief Executive Officer	Provides comprehensive medical and behavioral health care; medical and behavioral health care needs, trends and resources within the community
National Parks Service (Glen Canyon)	Jama Daves, Budget Analyst	Major employer in the community; provide insight from a healthcare utilizer perspective, as well as economic and infrastructure trends within the community
Page Unified School District	Jodie Campitelli, Benefits Coordinator	Pediatric and family needs, resources and trends; healthcare utilizer perspective
Page Unified School District	Michele Grim, Human Resources Director	Pediatric and family needs, resources and trends; healthcare utilizer perspective
Salt River Project	Tim Barney, Human Resources Director	Major employer in the community; provide insight from a healthcare utilizer perspective, as well as economic and infrastructure trends within the community
Salt River Project	Renee Begay	Major employer in the community; provide insight from a healthcare utilizer perspective, as well as economic and infrastructure trends within the community
U.S. Bureau of Reclamation	Lori Heibult, Administrative Officer	Major employer in the community; provide insight from a healthcare utilizer perspective, as well as economic and infrastructure trends within the community
Veterans Health Administration	Tony Robertson, RN	Health care needs, trends and resources within the community, particularly as it relates to the veteran population
Zion's Way Home Health & Hospice	Jason Larsen, RN, Executive Director	Home health needs and health care trends within the community, including the nearby reservations

<b>ORGANIZATION</b>	<b>NAME AND TITLE</b>	<b>AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS</b>
Zion's Way Home Health & Hospice	Johna Platero, MSW, Social Worker	Home health needs and health care trends within the community, including the nearby reservations

## APPENDIX C – PRIORITIZATION CRITERIA

The significant health needs identified through the CHNA were prioritized based on the below criteria, which took into account the quantitative data, focus group discussion with the Community Advisory Council (CAC) and Banner’s mission, vision and strategic plan. Each significant health need was evaluated based on the criteria, using a ranking of low (1), medium (3) or high (5) for each criterion; all criteria were equally weighted. The criterion scores for each health need were compiled to determine the overall prioritization.

Criteria:

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