



**Banner Thunderbird
Medical Center**

*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 Banner Thunderbird Medical Center'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.

BANNER THUNDERBIRD MEDICAL CENTER – AT A GLANCE

In 1960, the founders of present-day Banner Thunderbird Medical Center (Banner Thunderbird) opened a facility at Northern and 61st Avenue named Northwest Hospital. This hospital was the culmination of a decade-long struggle to build a community hospital to serve the health care needs of the Northwest Valley's more than 40,000 residents. In 1983, the hospital - then named Glendale Samaritan Hospital - moved north to its current location at 55th Avenue and Thunderbird Road, where a 150-bed facility was opened. At that time, the Northwest Valley population had swelled to 340,000 residents.

The growing need for services has never stopped and Banner Thunderbird has responded, growing to become the largest and most comprehensive health care provider in western metropolitan Phoenix. The hospital offers a full spectrum of medical services. These include:

- Pediatric Care
- Emergency Care
- Heart and Vascular Care
- Stroke Care and Neurosurgery
- Cancer Care
- Outpatient Services
- Obstetric Services and Advanced Neonatal Care
- Medical Imaging Services
- Behavioral Health Services, and
- Surgical services

Banner Thunderbird serves the northwestern part of metropolitan Phoenix, including west Phoenix, Glendale, Peoria and unincorporated areas of Maricopa County, a market area with more than 966,000 residents. There are three other hospitals within Banner Thunderbird's immediate market segment. They are Arrowhead Hospital (owned and operated by for-profit company Abrazo, a division of Vanguard Health System), John C. Lincoln-Deer Valley and John C. Lincoln-North Mountain (both owned and operated by nonprofit John C. Lincoln Health System).

Banner Thunderbird is consistently ranked as one of the top hospitals in the Phoenix area for quality by both *US News & World Report and Ranking Arizona* magazine. In addition, Banner Thunderbird is Joint Commission accredited and has been designated as a Primary Stroke Center by the Joint Commission. It is an Accredited Chest Pain Center by the Society of Chest Pain Centers and an Accredited Heart Failure Center by the Health Care Accreditation Colloquium.

Like other Banner Health hospitals, Banner Thunderbird 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.

Banner Thunderbird also offers robotic surgery, which allows for faster recovery times for patients. Robotic surgery is primarily used for gynecological, prostate and urological surgery at Banner Thunderbird. Additionally, the medical center is part of a pilot program leveraging telehealth to provide behavioral health consultations to their patients, ensuring patients receive the highest quality care in the least disruptive manner.

Banner Thunderbird's immediate service area includes a diverse population, with greater than 25 percent of the population being pediatric (0-17) and approximately 12 percent of the population age 65 or older. There is still land being developed in the Northwest Valley with new housing, so Banner Thunderbird recently completed a \$290 million expansion project to add new beds, programs and services to meet the growing healthcare needs of the area. With the expansion now complete, the hospital currently provides 561 licensed beds. It has the ability to add 40 more beds (located in shelled space in the new South Tower) when community need demands it. The expansion project also included funds to renovate existing areas, including its postpartum units. With the closure of maternity services at nearby John C. Lincoln-Deer Valley, Banner Thunderbird added several new OB/GYNs and has experienced an increase in the number of births.

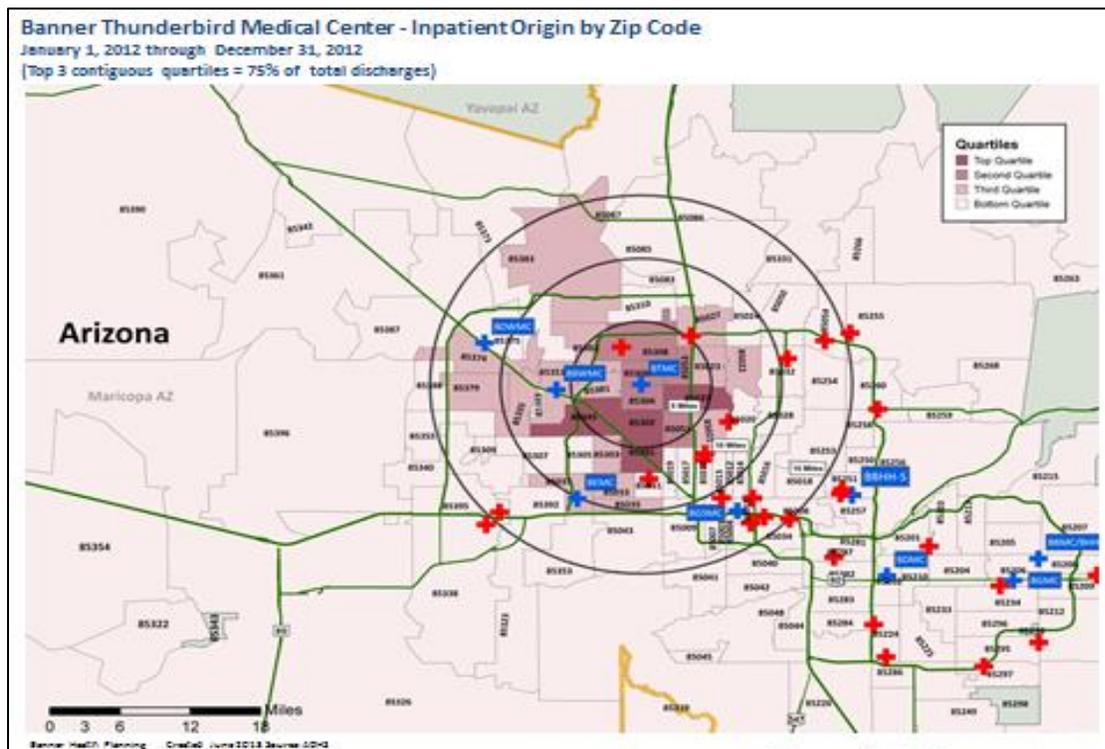
The hospital has continued to build its presence in the area of pediatric care, an area that had been underserved in the past. Prior to the opening of inpatient pediatric services at Banner Thunderbird in 2002, West Valley families had to travel downtown or to the East Valley for care. Banner Health recognized the community's need to improve pediatric services for the West Valley and, in 2002, opened the hospital's first 16-bed inpatient pediatric unit. Over the years, the number of inpatient general pediatric beds has now grown to 40 beds. Additionally, the hospital's Children's Center now offers a dedicated pediatric Emergency department, a 17-bed pediatric intensive care unit, 35-bed level 3 NICU and pediatric surgery. The pediatric Emergency department was recently designated with "advanced prepared" status by the state, serving as further confirmation of the hospital's robust capabilities for all ages.

The nonprofit hospital is currently ranked one of the top hospitals in the Phoenix metropolitan area by *US News & World Report* and is a recent recipient of a prestigious "Best of the West" award from Westmarc in recognition of the hospital's contributions to the region.

COMMUNITY DESCRIPTION

Banner Thunderbird is located in Glendale, Arizona, within Maricopa County, approximately nine miles northwest of downtown Phoenix and within Maricopa County. Glendale, with a 2010 estimated population of more than 226,721, is the fifth largest city in the state of Arizona. The median age is 32.5 years, and the Glendale population is made up of 50.1 percent women and 49.9 percent men. According to the last complete U.S. census survey, the median household income is \$51,162, compared to a median household income of \$48,745 for Arizona residents. The number of individuals living below the poverty line in the Glendale community is approximately 12 percent, very close to U.S. percentage, 12.4 percent.

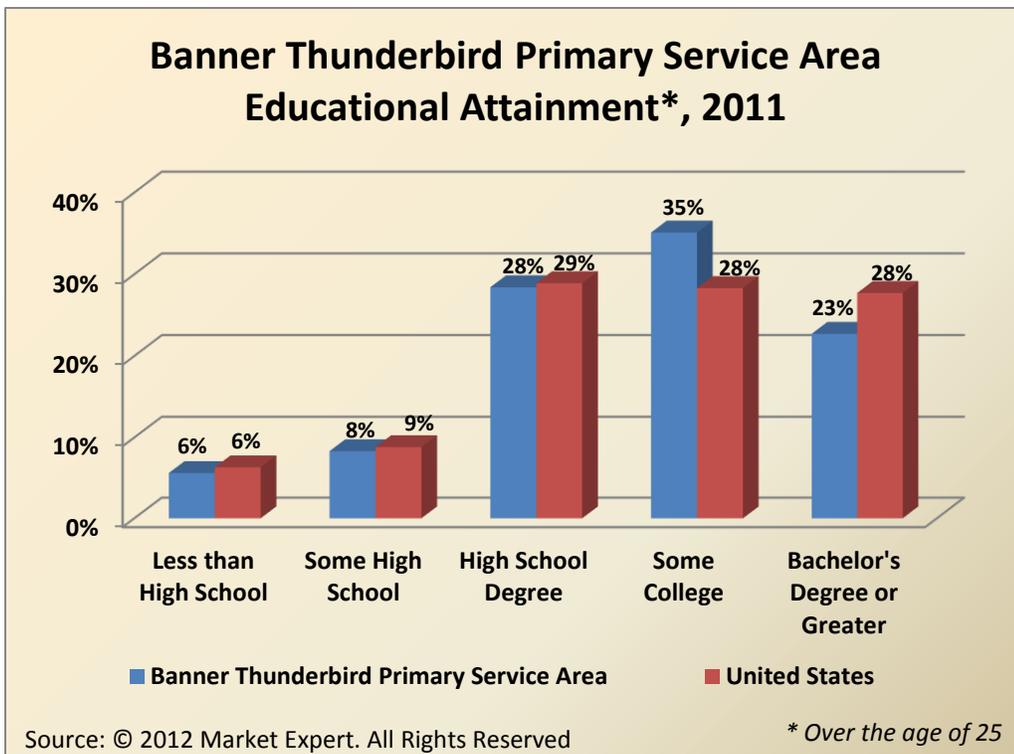
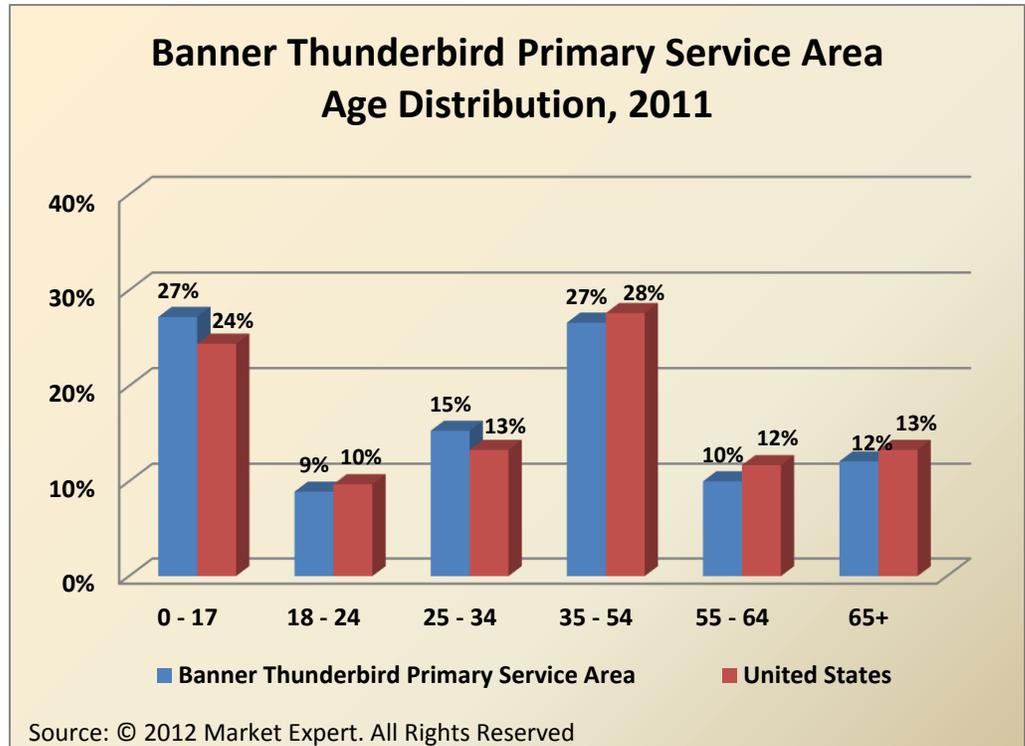
The cities of Glendale, Peoria and Northwest Phoenix account for the majority of inpatient cases seen at Banner Thunderbird; however, the medical center also serves several of the other surrounding communities. According to Truven Health Analytics Market Expert tool (Market Expert), the total population of Banner Thunderbird's primary service area, which includes Glendale (85301, 85302, 85303, 85304, 85306 and 85308), Peoria (85345, 85381, 85382 and 85383), Northwest Phoenix (85021, 85022, 85023, 85027, 85029, 85033, 85037, 85051 and 85053), El Mirage, Surprise (85374 and 85379), Sun City (85351) and Anthem, is 968,987, as of 2012.



Within Banner Thunderbird's primary service area, the population is relatively evenly split between males and females, with females slightly outnumbering the males, 51 percent to 49 percent, respectively. Within the female population, 31 percent are of child-bearing age (15 – 44).

Banner Thunderbird has a diverse age distribution, with the two largest age groups being the pediatric and adult (ages 35 to 54) populations.

Based on the distributions, it would appear likely that families comprise the largest percent of Banner Thunderbird's primary service area.

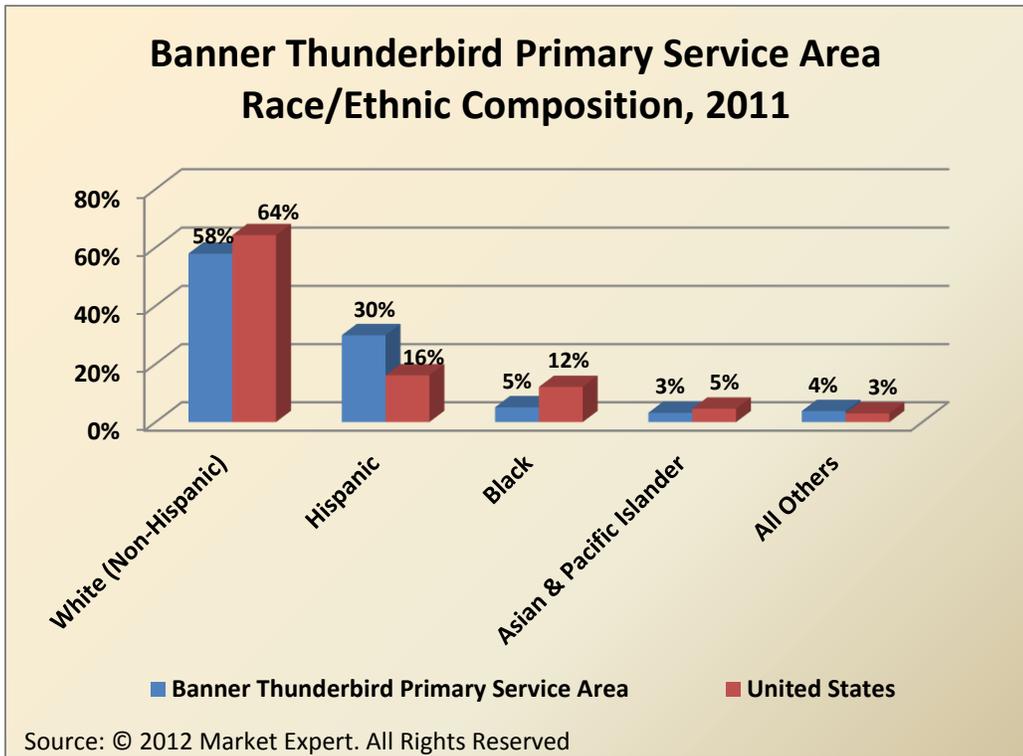
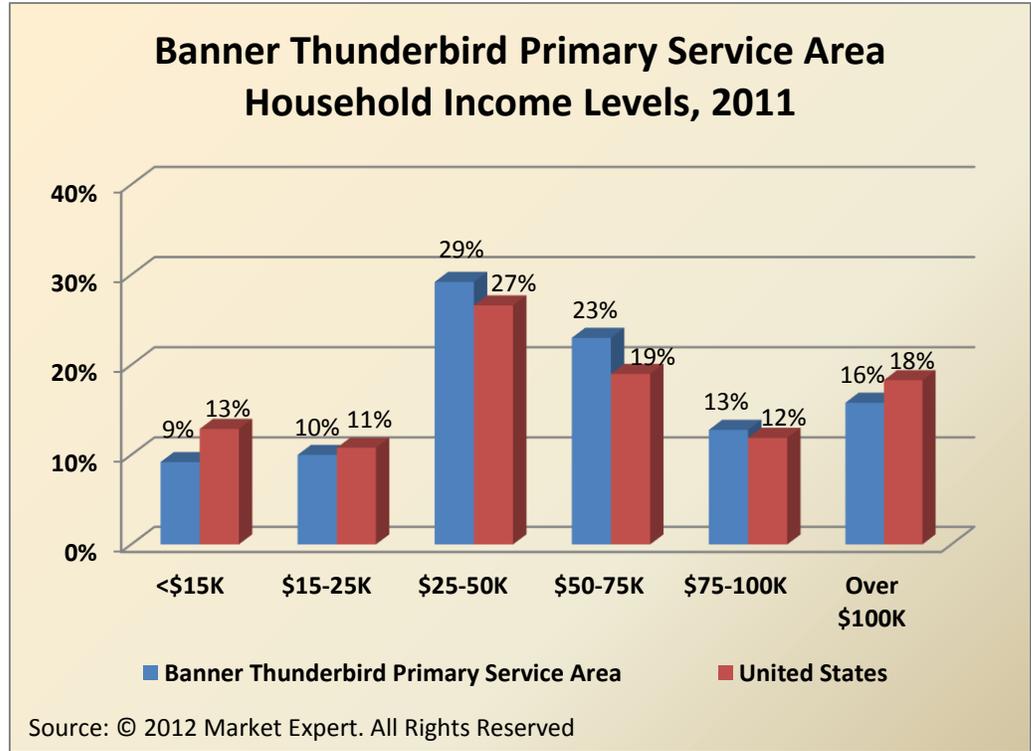


Eighty-six percent of the population, over the age of 25, has at least a high school education, which is on par with the national average.

However, the population possessing a Bachelor's Degree or greater is below the national average.

Approximately 52 percent of the population have a household income of \$50,000 or greater, with the largest segment of the population having an annual household income of between \$25,000 and \$50,000.

Just less than 20 percent of the population has an annual household income below \$25,000.



The White, non-Hispanic, population is the largest ethnic group within the service area, with Hispanics representing the second largest ethnic group.

All other ethnicities, including the Black and Asian/Pacific Islander populations, account for only about 12 percent of the population, combined.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Banner Thunderbird's process for conducting CHNAs 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 Banner Thunderbird and its 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 Banner Thunderbird, 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 – Maricopa County, 2012*
- *Center for Disease Control Heart Disease Fact Sheet*
- Maricopa County Department of Public Health *Community Health Assessment, 2012*
- National Institute on Drug Abuse, *2011 Facts*
- National Institute of Mental Health

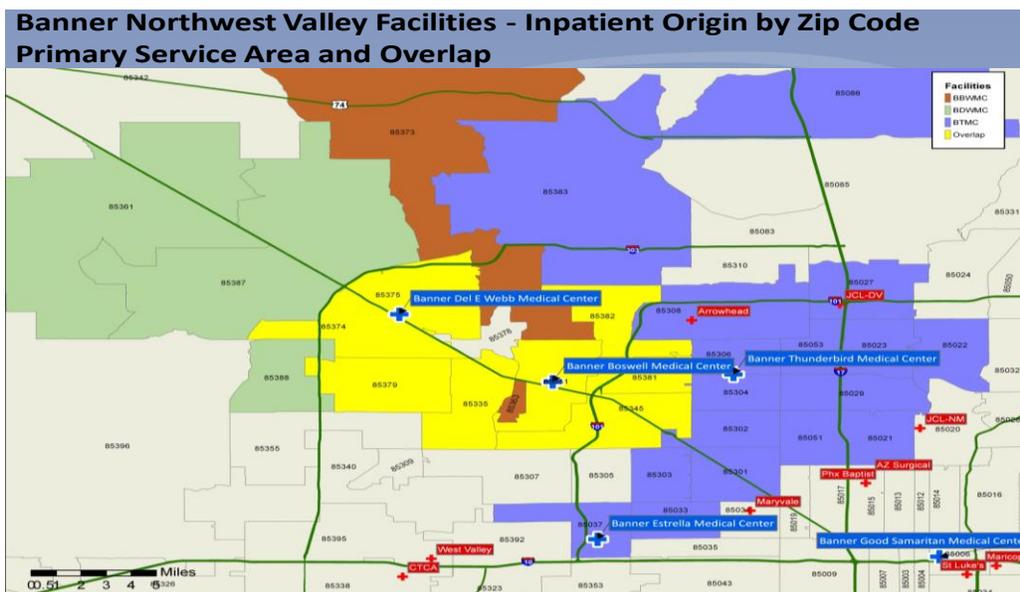
- Outpatient Emergency department data, 2012
- Truven Health Analytics Market Expert, 2011
- U.S. Census, 2010

Although the data sources provided an abundance of information and insight, data gaps still exist, including determining the most appropriate depth and breadth of analysis 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.

Assessment Process – Community Input/Community Advisory Council:

Data analytics, as identified above, was 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 Banner Thunderbird’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. Given the overlap in primary service areas, the focus group provided input and insights for Banner Thunderbird, as well as Banner Boswell and Banner Del E. Webb medical centers. A list of the organizations that participated in the focus group can be found under Appendix B. There was additional dialogue (via email, telephone conversations and in-person meetings) with leaders from Maricopa County Department of Public Health (MCDPH) to further review the data, existing resources and strategies for addressing the significant health concerns, including opportunities for collaboration with MCDPH and other government and nonprofit organizations.



Summary of Findings and Addressing Need:

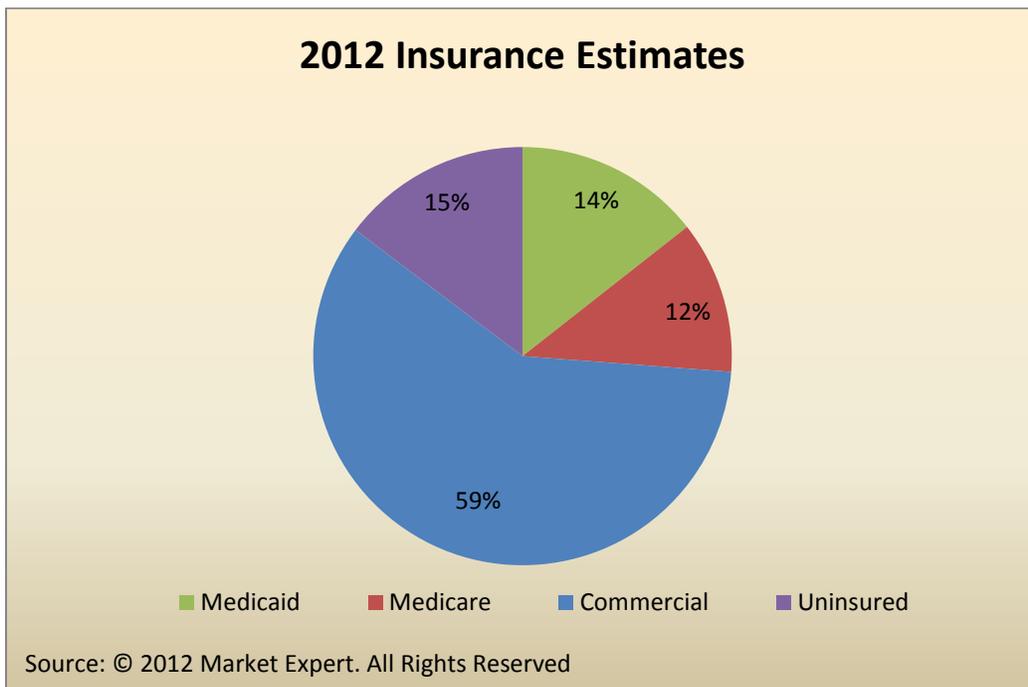
Upon the completion of Banner Thunderbird's needs assessment, a summary of findings was comprised for review by the steering committee, Banner Thunderbird's leadership team, Banner Health system Senior Management and the Banner Health Board of Directors. Needs assessments were then used to determine 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, Banner Thunderbird'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 Community Advisory Council (CAC), comprised of hospital administrators, community leaders and other stakeholders, provided the insights necessary to complete a thorough Community Health Needs Assessment (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. Within Maricopa County, one in seven residents lacks health insurance, and one in four residents have not seen a physician in the past year. The data from Market Expert also shows that within Banner Thunderbird’s primary service area, 15 percent of the population are uninsured; an additional 14 percent are on Medicaid, with approximately 12 percent on Medicare. This is further illustrated in the graphic below.



These are important indicators as often individuals without insurance, and even those who are underinsured, often 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.

While low cost and free health care clinics currently exist in the community, such as Adelante Healthcare, in some locations the need simply exceeds availability. Banner Health's internal data shows that a large percentage of uninsured and Medicaid outpatient Emergency department (ED) visits in Banner Thunderbird's service area are for primary care issues. Diagnosis groups with high volume of visits include upper respiratory infections (URI), abdominal pain/nausea, ear, nose and throat (ENT) infections, urinary tract infections (URIs), pregnancy complications, headaches, lumbago and fever.

Access to care can also be an issue for those with insurance, as hours of operation and appointment availability are often not conducive to schedules for working adults. Even many of the local Urgent Care facilities close at 9p.m. Therefore, when adults and particularly young children become sick late at night or early in the morning, the only option is the ED.

According to the CAC, financial constraints and transportation are two additional barriers for many people when seeking health care. This can be particularly challenging in the Northwest Valley, as public transportation is severely lacking. Stakeholders have received funding for a transit study to determine needs in the Northwest Valley, which will take approximately a year to complete. In the meantime, transportation options remain very limited, particularly for low income populations. This affects health care, as well as nutrition and healthy eating. For those people who are homebound, it is a challenge for them to access the nutrition they need without sufficient volunteer food delivery and transportation to grocery stores.

For the senior population, CAC feedback pointed to the issue of preventing hospital readmissions by ensuring senior patients follow up with their primary care physicians in a timely manner following discharge. Currently, there is often a two-to-three-week wait for these patients. For some seniors, it is also a struggle for them to leave their home to travel to the physician and/or to obtain transportation. The Sun Health Foundation (the philanthropic organization serving the Sun City communities) recently instituted their Care Transitions Program to help connect and coordinate services to assist patients in the community to transition from the hospital to home. The program includes one-to-one patient assessments that take place in the home, where the care provider can observe medical, as well as possible psycho-social issues that may need to be addressed.

The CAC also indicated that across the population there is a significant lack of dental and vision providers and services available to the uninsured and underinsured populations. Without the proper preventive and maintenance care, severe issues can develop and even become urgent or emergent.

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 the leading cause of death in Maricopa County and was identified as the third most important health problem chosen by community members in the CHNA conducted by Maricopa County Department of Public

Health (MCDPH). 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.

According to the American Cancer Society, cancer in children under the age of 14 is very rare, representing less than 1 percent of all new cancer diagnoses. While it is relatively uncommon, it still remains the second leading cause of death in children.

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, type 2 diabetes is also increasing in prevalence among the pediatric population.

Within Maricopa County, diabetes has been identified as the seventh leading cause of death, with a disparate impact within the Hispanic, African-American and Native American populations. The community members who participated in the CHNA conducted by MCDPH, identified diabetes as the most important health problem facing the community.

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.

While not the leading cause of death in Maricopa County, it is the second most common cause of death and disparately impacts the African-American population, with the Native American and White (non-Hispanic) populations experiencing the second and third greatest impact, respectively.

The CAC supported the quantitative data, indicating that they are seeing a high volume of patients in the community suffering from chronic disease, specifically hypertension and diabetes. It was further shared that many of these chronic conditions go untreated, and even for those who do receive medical care, many are unable to afford the medication and supplies needed to maintain a healthy status.

CAC feedback included recognition of current educational programs and dietician support that exist for individuals with diabetes and heart disease. However, at the same time they indicated a marked shortage of certified diabetic educators. Among all health conditions, there exists a need for greater health literacy so that patients understand their conditions, what symptoms to look for and when to seek treatment.

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 11th 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 25 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 42nd out of the 50 states for suicide, with 16.5 deaths per 100,000; the national average is 12 per 100,000. While the 2011 suicide rate for Maricopa County (15.4 deaths per 100,000) is slightly lower than the state average, it still exceeds both the national average and is considerably higher than the *Healthy People 2020* national target of 10.2 deaths per 100,000. Additionally, the rate within Maricopa County has consistently increased since 2005, with an overall 12.4 percent increase between 2005 and 2011.

Substance Abuse: In 2011, a startling 8.4 percent of Americans needed treatment for a problem related to drugs or alcohol, but less than 1 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.

As part of the data compiled for the CHNA conducted by MCDPH in 2012, they compared Maricopa County to the state and national averages, as well as to the *Healthy People 2010* national target for both alcohol abuse (percent of residents who binge drink) and drug abuse death rate (per 100,000). While alcohol abuse was largely in-line with both the state and national average, it exceeded the *Healthy People 2010* national target and tipped the scales at close to 15 percent of the population, with a disparate impact among the Native American and Hispanic populations. As for drug abuse deaths per 100,000 residents, Maricopa County considerably exceeded the national average and *Healthy People 2010* national target, with again a disparate impact on the Native American population, as well as the White (non-Hispanic) population.

Substance use is also an issue among the adolescent population in Maricopa County. According to the *Arizona Health Matters database*, in 2012, close to 28 percent of teenagers surveyed had used alcohol within the past 30 days and more than 14 percent had utilized marijuana in that same time period. Marijuana is the most commonly abused illicit drug in the United States; among youth illicit drug use is

associated with heavy alcohol use, tobacco use, delinquency, violence and suicide. Fortunately, methamphetamine use within this population seems to be on the decline and in alignment with the state average of just over 1 percent; methamphetamines can be highly addictive and result in very damaging physical and psychological effects, including homicidal and suicidal thoughts. One potential shortcoming to the survey data, conducted through the Arizona Criminal Justice Commission is that it was limited to teenagers enrolled in public school.

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. Within Maricopa County, approximately 18 percent of adults surveyed and 11.6 percent of teenagers surveyed smoke.

The CAC validated that behavioral health is a concern in the community, particularly among the senior population. Community Bridges, a provider of behavioral health services across Maricopa County, indicated that they face barriers particularly with financial constraints of patients around medications and follow up care. This poses a challenge in keeping patients stable and can lead to self-medication through the use of alcohol or other substances. It was further noted that with the growing conditions of Alzheimer’s disease and other forms of dementia, this issue will become more pronounced in 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 Maricopa County, infant mortality has decreased slightly over the past few years and as of 2011 was 5.8 deaths per 1,000 live births, which is on par with the *Healthy People 2020* national health target of 6 deaths per 1,000 live births.

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 Maricopa County, the percent of low birth weight babies has remained stagnant for the past several years, hovering around 7 percent, which is below the national average of 8.1 and *the Healthy People 2020* national health target of 7.8 percent. The highest rate of low birth weight babies in Maricopa County is in women over the age of 45, which may be partially attributed to age-associated risks. The African-American population also has a significantly higher percentage of low birth weight babies, at almost 13 percent.

Preterm births and appropriate prenatal care have been identified as two of the biggest contributors to low birth weight babies, as noted above. As Maricopa County is performing better than the national average and the *Healthy People 2020* national health target for both infant mortality and low birth weight babies, it is not surprising that Maricopa County is exceeding national averages and targets for both preterm births and prenatal care, as well.

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. While Arizona ranks 39th out of the 50 states in teen birth rate, Maricopa County is actually on par with the national average, and has shown a significant and steady decline since 2005. Despite the considerable reduction in teen pregnancies, it remains a concern within the community, as identified during the focus group. While not focused on prevention, Banner Thunderbird does offer a comprehensive list of free and low cost child birth and baby care classes, including classes specifically for teen moms.

First Things First, a state agency that handles early childhood development issues, has assessed that among the highest needs for low income populations are access to care, dental services, developmental delay providers, teen pregnancy and obesity in young children. First Things First does fund family resource centers that help families to apply for Medicaid and offer sliding fee scales. It was suggested that a program should be funded that would send resources into the homes of low-income families to assist them in applying for and navigating Medicaid.

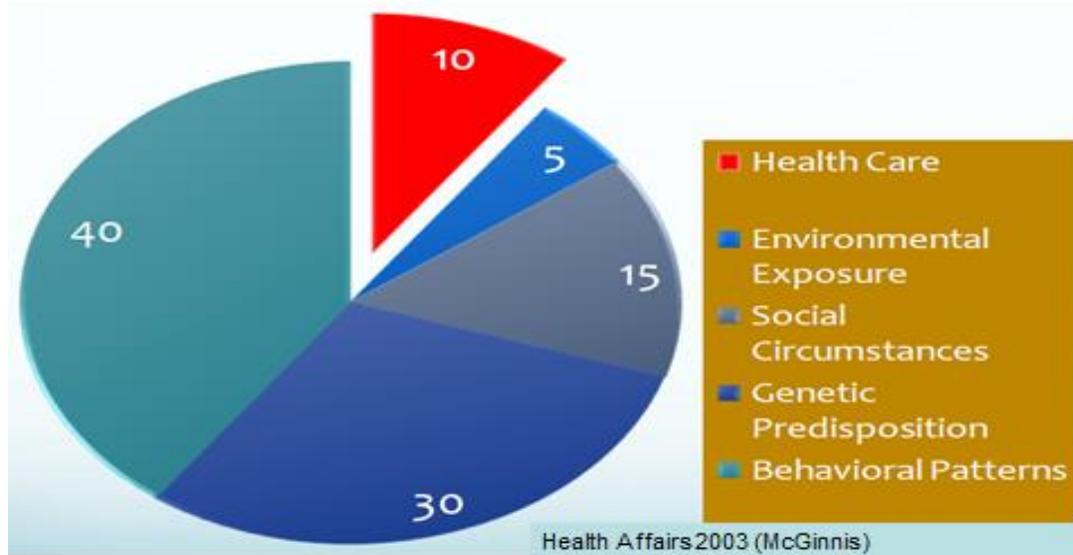
Much of the pediatric population is not receiving preventive care, such as well child exams and immunizations; affordability and transportation seem to be two key reasons. Eileen Eisen-Cohen, from the MCDPH, noted that immunizations have become an issue as they are no longer provided to insured patients at no cost; the co-pays are often more than the parents can afford. Therefore, this issue is not isolated to the uninsured population.

The lack of developmental delay providers is also a problem that spans beyond the uninsured population, as there simply aren't any in the Northwest Valley, which creates accessibility issues across the population.

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*, 24.7 percent of adults in Maricopa County are obese, which is sadly on par with the state average and below the national average and the *Health People 2020* national health target. The Hispanic population has a disproportionately higher percent of adult obesity, according to the *2009-2010 BRFSS*, with an obesity percent of 30.3, compared to 24.1 percent for African-Americans and 22.6 percent for Whites (non-Hispanic). Asian/Pacific Islanders came in much lower at 5.2 percent.

Obesity isn't just a health issue relegated to adults; childhood obesity is also a significant health issue, with approximately 14 percent of Maricopa County 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. As noted above, childhood obesity was identified

by First Things First as one of the primary community health concerns. There was also further dialogue regarding how to best address obesity within the pediatric population through increased education, healthy eating and physical activity.

MCDPH has forecasted that in 2020, if obesity trends continue, Maricopa County adults will spend \$910 million **more** on health care, than today. In 2020, if obesity declines to 1987 levels, Maricopa County adults will spend \$945 million **less** on health care, than today. That represents a \$1.85 billion difference between those two alternative futures.

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 Thunderbird has a rich history of commitment to the community, including providing 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. Banner Thunderbird places great importance on the inclusion of uninsured and low-income individuals in these free health events and other services. The facility provides numerous health fairs and classes aimed at hard-to-reach populations.

Having a presence in the community at various health events is also a priority for Banner Thunderbird. One such event is the large regional family safety fair at Westgate City Center to promote injury prevention for children and families, as well as provide other information to the broader West Valley community. The free annual event attracts 3,000 – 5,000 attendees. A key activity within the event is the distribution of 1,500 free bicycle helmets to kids.

Banner Thunderbird is also a key sponsor of Legacy Foundation’s “Backpack Buddies Program” each year, a free program made available to children eligible for the federal free and reduced lunch program in the Glendale Elementary School District, among others. Students are bused to a central location and have the opportunity to fill a backpack full of clothing, personal hygiene items and school supplies each summer. The event is paid for by donations from Banner Health and is staffed by volunteers from Banner Health and other organizations.

The hospital also offers free stroke checks to more than 100 community members each year, as well as free prostate screenings once a year in collaboration with the Southwest Prostate Cancer Foundation. Additionally, the hospital holds monthly heart health lectures for the community, as well as other informative lectures on women’s health, men’s health and pediatric topics.

The total amount spent on charity care, community benefit and other financial assistance for patients at Banner Thunderbird in 2012 was \$18 million.

Strategy #1: Increase access to preventive and maintenance care
Anticipated Outcome: Reduce the use of the Emergency department for non-emergent care, as measured through outpatient ED utilization
Tactics
<ul style="list-style-type: none"> • Promote participation in MyBanner (online patient portal) • Implement Patient Centered Medical Homes in the community (Banner Medical Group) • Offer extended hours for Primary Care Provider (PCP) clinics within Banner Medical Group • Partner with Hospital Patient Services to provide Medicaid enrollment assistance to self-pay patients • Offer educational materials and links to community resources related to the insurance marketplace • Promote both internal and external community resources that support preventive and maintenance care via the facility website • Offer and participate in free health activities (e.g. screenings, health fairs, blood drives) • Provide medication assistance, as appropriate • Provide pediatric services to uninsured and underinsured families through the Banner HealthMobile and School-Based Clinics

Strategy #2: Identify the underlying causes for patients with regular, reoccurring visits to the Emergency department

Anticipated Outcome: Reduce the frequency with which high-utilizer patients visit the Emergency department, as measured through ED utilization

Tactics

- Assign dedicated case managers to the Emergency department (ED) to support the discharge process and continuum of care
- Deploy case management services in the ambulatory setting to support the continuum of care
- Provide post-discharge scheduling of follow-up appointments and assist in arranging transportation, as appropriate
- Partner with Sun Health to provide post-discharge case management follow-up through the Sun Health Care Transition program

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

As noted above, Banner Thunderbird currently offers a number of programs aimed at education, prevention, maintenance and support for those suffering from, or caring for someone suffering from, chronic disease. Banner Thunderbird also presents regular free monthly “Ask the Expert” lectures on key health related topics.

Case Management also offers a variety of programs to provide support and resources for those with chronic conditions, including care transition and palliative care programs. The implementation of the Patient Centered Medical Home (PCMH) and increased case management resources aligned to the medical homes will further increase the coordination of care, which is so critically important to this population. PCMH is a way of practicing medicine that actively engages the patient in their health management and takes care of them in a more comprehensive manner through a team-based approach, including case managers and pharmacists. This team-based model of care, led by a primary care physician, provides continuous and coordinated care to ensure the highest level of health care is being offered to the patient. Medication management is also a key part of the PCMH, with dedicated pharmacy resources to evaluate and advise providers and patients regarding medication regimens, as well as provide education on generic prescription alternatives.

While not a medical home, many seniors within the community view the Banner Olive Branch Senior Center (Banner Olive Branch) as their second home. As such, the senior center will remain a vital resource for the delivery of economic and psycho-social services, resources and support.

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.

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. Again, one of the intents of Patient Centered Medical Homes and increased case management functions are to ensure the coordination of care across these closely aligned areas that contribute to the overall well-being of our community.

Strategy #1: Engage the community in education on prevention, maintenance and taking a proactive approach to Chronic Disease Management
Anticipated Outcome: 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
Tactics
<ul style="list-style-type: none"> • Provide 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
<ul style="list-style-type: none"> • Deploy a proactive case management approach and outreach for chronic disease patients within Banner Health managed population
<ul style="list-style-type: none"> • Develop a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness
<ul style="list-style-type: none"> • Provide asthma screenings, education and medication to the pediatric population through the Banner HealthMobile

PRIORITY NEED #3: BEHAVIORAL HEALTH

Banner Thunderbird recognizes the need and has remained very committed to offering support to adults who are in need of behavioral health services. The Banner Thunderbird Behavioral Health Center has provided psychiatric and chemical dependency services to Glendale and the Northwest Valley since 1985. The facility, located on Banner Thunderbird’s campus, includes 44 acute-care inpatient beds and intensive outpatient services. Services provided include inpatient adult psychiatric stabilization,

inpatient adult detoxification, adult intensive outpatient chemical dependency, adult intensive outpatient mental health and adolescent intensive outpatient program.

The adolescent intensive outpatient program is designed for teens, ages 13 to 17, which are experiencing symptoms such as, thoughts of suicide, self-harm behavior, anger outbursts, mood swings, panic attacks, low mood, irritability, low self-esteem and intense conflicts with family and/or friends. The program is a lower level of care than an inpatient hospitalization, but a higher level of care than individual therapy. Parents and/or guardians are required to participate in the therapy, as well.

Banner Olive Branch has partnered closely, even providing space on their campus, with Operation American Patriot (OAP). Through this partnership they have increased the psycho-social and behavioral health offerings to the veteran population in the community, including crisis response, post-traumatic stress disorder (PTSD) programs and other rehabilitative programs.

Also, as noted under Chronic Disease, one aim of implementing Patient Centered Medical Homes in the community is to improve the coordination of care, including integration of physical and mental health. Additionally, 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.

Also, 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 #1: Increase access to timely behavioral health assessments and services for those in crisis
Anticipated Outcome: Decrease the use of the Emergency department (ED) for behavioral health issues and for those who present to the ED, decrease delay in care, as measured through ED utilization
Tactics
<ul style="list-style-type: none"> • Partner with Banner Psychiatric Center (BPC) to deploy telehealth services to patients presenting in the Emergency department (ED) with mental health and/or substance abuse issues (this is a multi-year strategy)
<ul style="list-style-type: none"> • Partner with Banner Psychiatric Center (BPC) to access psychiatric telephone consults for patients presenting in the Emergency department (ED) with mental health and/or substance abuse issues
<ul style="list-style-type: none"> • Partner with Operation American Patriot (OAP) to provide crisis support to veterans in the community
<ul style="list-style-type: none"> • Offer inpatient and intensive outpatient services

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 clinics and Pediatric Provider clinics within Banner Medical Group
- Create a webpage on the facility website that provides information, support and resources related to Mental Health and Substance Abuse issues
- Partner with Community Bridges to help align patients to available resources in the community
- Offer support groups
- Offer grief counseling through the Banner Olive Branch Senior Center

Priority Need #4: Obesity/Nutrition/Physical Inactivity

Again, it is envisioned that the Patient Centered Medical Homes will play a crucial role in keeping our communities healthy, in addition to caring for them when they are sick. A big part of wellness is educating people on and engaging them in making healthy choices.

The Banner Olive Branch is again a great resource for nutrition and physical activity opportunities for elder adults within the community. The senior center provides over 70,000 meals a year; offering daily nutritional lunches at the senior center, for pick-up curbside and delivered directly to community members at home. Additionally, they also have a food box and pantry program, providing 24,000 pantry bags to the community each year. They also serve as a food bank, distributing over half a million pounds of food annually, including to 20 other nonprofit agencies within the community. The Banner Olive Branch also offers a variety of health and wellness programs for elder adults, including exercise classes, cooking classes, health screenings and educational series.

As noted under Chronic Disease, Banner Health’s affiliate, Sun Health recently opened a Health and Wellbeing Center that is focused on providing support and education to those suffering from chronic disease within the community. Within the programs targeted at heart disease and diabetes, there is a very intentional focus on nutrition and physical exercise. Center staff includes specialists in these areas, such as Registered Dietitians, Certified Diabetic Educators, Health Coaches and Exercise Physiologists.

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
<ul style="list-style-type: none"> • Create a webpage dedicated to healthy living, including articles, tips, recipes, calendar of related events, links to internal and external resources • Provide educational offerings around healthy living & physical activity events (e.g. Ask the Expert and Day of Dance) • Highlight healthy options offered in the cafeteria • Partner with Maricopa County Department of Public Health to increase promotion of the WIC program • Promote the importance of breastfeeding • Partner with the FitKids program to promote healthy lifestyle choices and physical activity for kids and families within the community • Provide free sports physicals through the Banner HealthMobile and School-Based Clinics • Provide free and low-cost nutritional offerings through Banner Olive Branch Sr. Center lunches, Meals on Wheels, food boxes & food bank

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 action plans under Behavioral Health could also provide additional support to the following strategies, aimed at helping tobacco users quit and maintain a tobacco free lifestyle.

Strategy #1: Increase community education and awareness around personal benefits to achieving and maintaining a healthy lifestyle free of tobacco
Anticipated Outcome: 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

Tactics
<ul style="list-style-type: none"> Partner with the ASHLine to build the ASHLine Proactive Referral into the Banner Medical Group clinic workflows and provide education to the providers and their staff
<ul style="list-style-type: none"> Include a link to the ASHLine website from the Banner Healthy Living webpage
<ul style="list-style-type: none"> Partner with the ASHLine to provide collateral materials for our patients
<ul style="list-style-type: none"> Incorporate education around the risks and complications from tobacco use into the Healthy Living webpage
<ul style="list-style-type: none"> Support a Tobacco Free campus

There are also many other nonprofit and government agency partners in the community who are focused on improving the health of our community, including many of the wonderful participants in the Community Advisory Council, such as Adelante Healthcare, Amedisys, Area Agency on Aging, Benevilla, first responders, First Things First, LeadingAge Arizona, Public Health, Sun Health and West Valley Human Services Alliance. 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. We will also continue to partner closely with the Maricopa County Department of Public Health to identify additional resources and partnership opportunities we can help bring forth to the 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 and the Maricopa County Department of Public Health, 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:

Public Transportation: There are several organizations within the community and government that are looking into the limited public transportation issues in the West Valley. While we recognize this can be a barrier to accessing care and we will support efforts to improve the situation as best we can, it is not within our area of expertise and our resources would be better directed at the access issues that we can directly influence.

Free and Low-Cost Dental and Vision Services: There are actually many great resources within the community that provide these services to the uninsured and underinsured populations. The Maricopa County Department of Public Health (MCDPH) has developed a very robust website, FindHelpPhx.org, which provides this resource information to the public. Banner Health will partner with MCDPH to help promote the Find Help Phoenix website to our patients and surrounding community.

Women and Infant Services: While the data indicates positive trending in several areas related to women and infant services, as noted above, the Community Advisory Council did raise a few concerns

that they felt represented a health concern within the community, specifically Teen Pregnancy, Well-Child Exams and Immunizations, Lack of Developmental Delay Providers and Obesity in Young Children.

In conjunction with labor & delivery services, Banner Thunderbird offers a comprehensive list of free and low cost child birth and baby care classes for moms, teen moms, dads and even siblings. A breast-feeding support group is also available on campus. Banner Thunderbird also serves as a “Safe Haven” alternative for babies who might otherwise be abandoned if parents feel unequipped to care for them.

The strategies around increasing access to care are aimed at increasing preventive and maintenance care; therefore, they should also have a positive impact on well-child exams and immunizations. We will also continue to look for opportunities to help improve the health status around these issues through our community partnerships with agencies such as Maricopa County Department of Public Health.

While Patient Centered Medical Homes may also help with early detection of developmental delays, it is not an area Banner Health views as a clinical strength for the organization and as such feel resources would be better dedicated to areas, such as Behavioral Health and Chronic Disease where Banner Health’s infrastructure and clinical expertise can readily support strategies for addressing the concerns.

Obesity in Young Children was specifically identified as a concern for the pediatric population. Our strategies around increasing access to education and resources around nutrition and physical activity are intended to help all ages within the community.

APPENDIX A – STEERING COMMITTEE MEMBERS

Banner Health CHNA Steering Committee, in collaboration with Banner Thunderbird’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 Hoffman	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. Grasseti	Strategic Alignment Senior Director
Vince DiFranco	Chief Executive Officer, Banner Community Hospital – Torrington

APPENDIX B – COMMUNITY ADVISORY COUNCIL

Banner Thunderbird’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
Adelante Healthcare	Avein Saaty-Tafoya, Chief Executive Officer	Comprehensive primary health care for the uninsured and underinsured; community-oriented primary health care
Adelante Healthcare	Jesse O. Garcia, Director of Center Support	Comprehensive primary health care for the uninsured and underinsured; community-oriented primary health care
Adelante Healthcare Phoenix	Jennifer Mijares, Manager	Comprehensive primary health care for the uninsured and underinsured; community-oriented primary health care
Amedisys	Michelle Hosler, RN, BSN, PHN, Director of Operations/ Administrator	Home health and hospice care; patient and caregiver health coaching; care coordination
Area Agency on Aging	Alexandra Madden, Individual and Family Services	Needs and services for older adults, adults with disabilities and long term care needs, persons with HIV/AIDS and family caregivers
Banner Boswell Medical Center	Dave Cheney, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Del E. Webb Medical Center	Debbie Flores, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Banner Health, Strategic Planning Department	Laura Snow, Planning Senior Director	Health care industry, utilization trends; development of hospital services to meet community needs
Banner Health, Strategic Planning Department	Laura Valenzuela, Systems Consultant	Health care industry; health care data and utilization trends

ORGANIZATION	NAME AND TITLE	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Banner Olive Branch Senior Center	Ivy Glinski, Director	Social, psycho-social, physical and educational activities; nutritious meals; sustainability programs; community resources for older adults and adults with disabilities
Banner Thunderbird Medical Center	Tom Dickson, Chief Executive Officer	Health care industry; hospital management and utilization trends; clinical and ancillary services
Benevilla	Jane Bruzzese, Senior Director of Programs	Programs for older adults and adults with disabilities who are isolated and need assistance to maintain their independence
Benevilla	Michelle Dionisio, President and Chief Executive Officer	Programs for older adults and adults with disabilities who are isolated and need assistance to maintain their independence
Community Bridges	Rhonda Meachem	Mental health and substance abuse trends, education, resources and services, particularly related to the uninsured and underinsured
First Things First	Angela Mussi, Senior Director Community Outreach	Early childhood needs, development and resources, including education, health care and family support; Public health programs and policy
First Things First	Christina Lyons, Regional Director	Early childhood needs, development and resources, including education, health care and family support; Public health programs and policy
Glendale Fire Department	Mark Burdick, Chief	Community needs and trends, particularly related to “emergent” health issues and contributing factors; Medically underserved and homeless populations
LeadingAge Arizona	Genny Rose, Executive Director	Health care, housing and services for older adults and adults with special needs; education, advocacy and research to benefit the aging
Maricopa County Department of Public Health	Eileen Eisen-Cohen, PhD, Performance Improvement Manager	Public health trends, programs and policy; community needs, resources and partners
Mission of Mercy	Diane Aguilar, Community Connections Project Development	Free health care, dental care and prescription medications for uninsured, underinsured and those who fall through the cracks

ORGANIZATION	NAME AND TITLE	AREA OF EXPERTISE/ ORGANIZATIONAL FOCUS
Sun Health	Jennifer Drago, Vice President Business Development	Health care industry; senior living options; population health; healthy living programs and community education
Sun Health, Senior Living Division	Sharon Grambow, Chief Operating Officer	Health care industry; senior living options; population health; healthy living programs and community education
Surprise Fire Department	Michael White, Chief	Community needs and trends, particularly related to “emergent” health issues and contributing factors; Medically underserved and homeless populations
West Valley Human Services Alliance	Betty Lynch, Chair	Community needs, interventions, education and services planning in the west valley

APPENDIX C – PRIORITIZATION CRITERIA

The significant health needs identified through the Community Health Needs Assessment (CHNA) were prioritized based on the below criteria, which took into account the quantitative data, focus group discussion with the Community Advisory Council (CAC), discussions with the Maricopa County Department of Public Health (MCDPH) 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