Community Health Needs Assessment

2019

Banner Health

Banner Ironwood Medical Center

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EXECUTIVE SUMMARY

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

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

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of San Tan Valley and Arizona as well as those in its primary service area (PSA). For the purposes of this report, the primary service area is defined as the area where the top 75 percent of patients for the respective facility originate from. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

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

With organizational oversight from a 13-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 50,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, urgent cares, clinics, surgery centers, home care, and other care settings.

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

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

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

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

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

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

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

For Banner Ironwood Medical Center leadership team, this has resulted in an ongoing commitment to continue working closely with community and healthcare leaders who have provided solid insight into the specific and unique needs of the community since the previous cycle. In addition, after accomplishing measurable changes from the actions taken in the previous CHNAs, we have an improved foundation to

work from. United in the goal of ensuring that community health needs are met now, and in the future, these leaders will remain involved in ongoing efforts to continuously assess health needs and subsequent services.

INTRODUCTION

PURPOSE OF THE CHNA REPORT

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

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

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

This is the third cycle for Banner Health, with the second cycle completed in 2016. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health's board on December 6, 2019.

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

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

ABOUT BANNER IRONWOOD MEDICAL CENTER

Banner Ironwood Medical Center (Banner Ironwood / BIMC) is a 53-bed licensed hospital located within Queen Creek, in Pinal County, Arizona. The hospital opened in 2010 to serve the community and has never strayed from the community's focus, constantly striving to live the Banner Health mission of "Making health care easier, so life can be better".

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

- Acute Care Pediatric and Adult Services
- Cardiology
- Nephrology Renal Services / Dialysis
- Pulmonology
- Infectious Disease
- Interventional Radiology
- Urology
- Emergency Care
- Intensive Care
- Maternity Services / Women's Health / Midwifery
- Medical Imaging
- Surgical Care / Robotics
- Wound Care

The Medical Staff consists of 720 physicians, alongside 350 employees and 102 volunteers, BIMC provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Banner Ironwood's health care professionals render care to more – 41,000 outpatients, about 10,000 inpatients, and around 34,000 patients in the Emergency Department (ED). The staff also welcomes an average of 1,000 newborns into the world each year.

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

Banner Ironwood Medical Center takes its name from the ironwood tree. This desert dwelling tree is often referred to as a "nurse plant" for its medicinal and ecological properties. The tree's leaves are small, but when combined they create a dense canopy over the desert floor to protect the plants and animals living beneath it, its roots are strong, reaching far, and wide.

BIMC's culture also gets its roots from the ironwood tree. Just like the leaves, Banner Ironwood joins together to provide a safe, healing environment for their patients, their families, and each other. The seeds they plant today create strong roots that will sustain BIMC in the community for many years to come.

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

To help meet the needs of the uninsured and underinsured community members, Banner Ironwood Medical Center follows the Banner Health process for financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2018, Banner Ironwood's totals for Charity Care and Bad Debt were $20,330,000 that went back to the community in uncompensated care.

DEFINITION OF COMMUNITY

Banner Ironwood Medical Center is located in northern Pinal County in Queen Creek, Arizona, a census-designated place. It is a bedroom community located in the Phoenix metropolitan area's southeastern suburbs. The community is nestled among the foothills of the San Tan Mountains and boasts a wonderful park and recreation area, the San Tan Mountain Park.

DESCRIPTION OF COMMUNITY

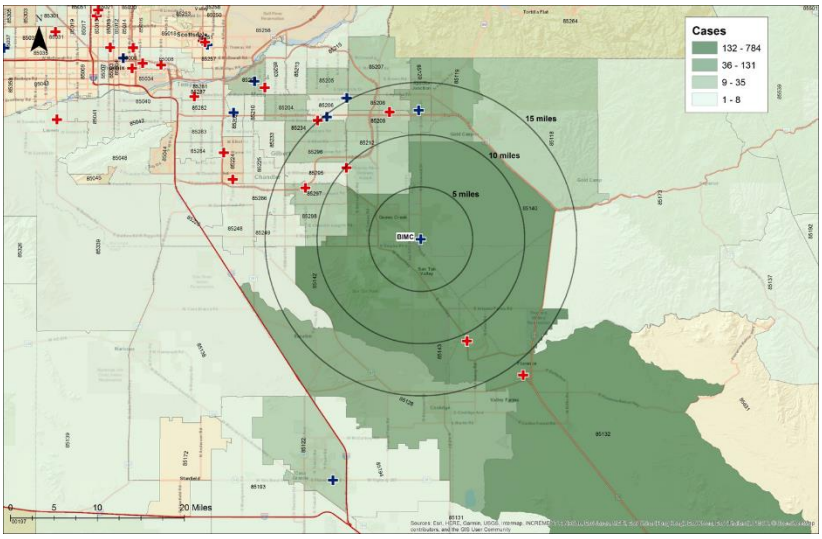
Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75 percent of patients for the respective facility originate from. In Table 1 below, the top ~75 percent of BIMC's PSA is listed.

Table 1. Primary Service Area

Zip	Region	Segment	%	Cumulative
85143	East	Queen Creek	22.9%	22.9%
85140	East	Queen Creek	20.7%	43.6%
85142	East	Queen Creek	19.4%	63.0%
85132	Pinal	Florence	13.6%	76.7%

Source: McKesson, 2018



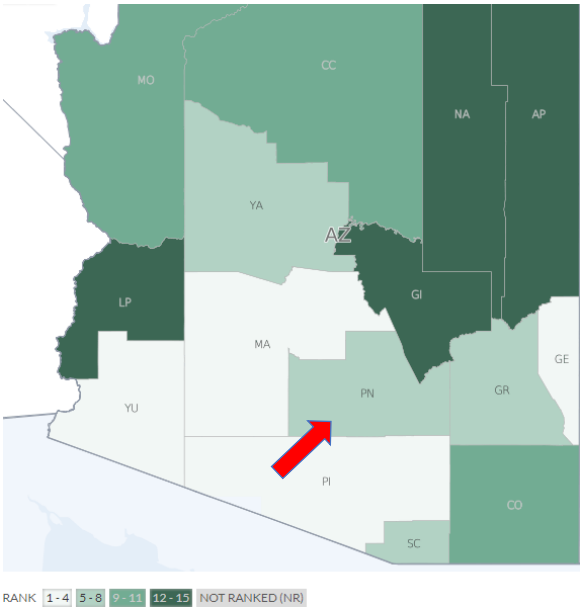
Source: Banner Strategy and Planning

Hospital Inpatient Discharges and Map

Banner Ironwood Medical Center Inpatient Origin by Zip Code data informs the primary service area. For the 2019 CHNA report, the data derives from the 2018 calendar year and is determined from the top 3 contiguous quartiles, equaling 75 percent of total discharges. San Tan Valley accounted for 44 percent of Banner Ironwood's inpatient discharges in 2018. An additional 33 percent of discharges derive from Queen Creek and Florence combined.

Health Outcomes Ranking and Map

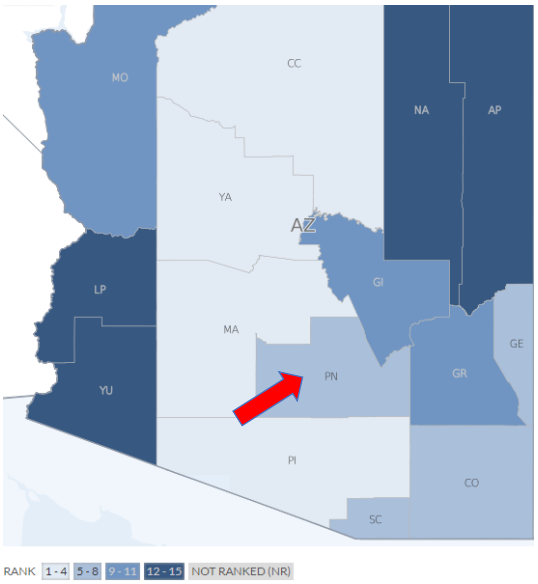
2019 Arizona County Health Outcomes Ranking: Pinal County ranked #7 of the 15 counties, this is a decrease from the ranking in the 2016 (#3 out of 15). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:



Source: County Health Rankings and Roadmaps, 2018

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

Health Factors Ranking and Map



Source: County Health Rankings and Roadmaps, 2018

2019 Arizona County Health Factors Ranking: Pinal County ranked #8 of the 15, this ranking has remained the same since the previous CHNA in 2016. Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:

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

Community Demographics

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

Table 2. Community Demographics

	Banner Ironwood Medical Center PSA	Pinal County	Arizona
Population: estimated 2018	167,687	581,524	7,061,237
Gender			
• Male	49.6%	50.9%	49.6%
• Female	50.4%	49.1%	50.4%
Age			
• 0 to 9 years	16.4%	12.7%	12.7%
• 10 to 19 years	15.3%	13.1%	13.2%
• 20 to 34 years	19.7%	18.2%	20.4%

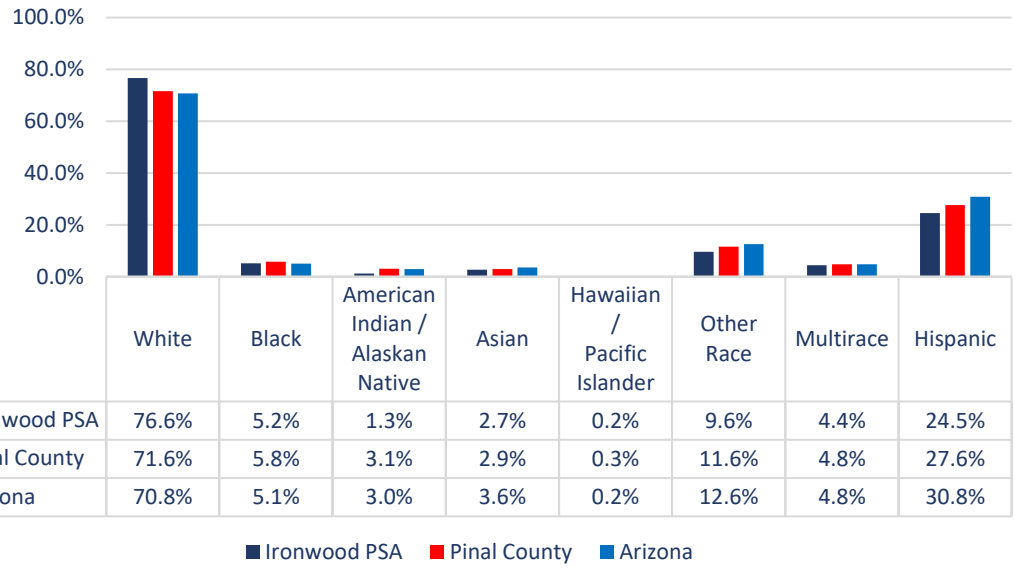
• 35 to 64 years	35.4%	35.6%	36.3%
• 65 to 84 years	12.3%	18.3%	15.3%
• 85 years and over	1.1%	1.9%	2.1%
Social & Economic Factors			
• 25+ no HS diploma	8.60%	13.00%	13.30%
• Median Household Income	$68,800	$61,100	$60,000
• Unemployment	3.6%	4.4%	4.7%

Source: Advisory Board 2019

Race / Ethnicity (PSA, County and State)

Banner Ironwood Medical Center's primary service area has a larger population of white (77 percent) than that of the State of Arizona (71 percent). The prevalence of the population being Hispanic is higher in Arizona overall than that of the County and BIMC's PSA.

Chart A. Race / Ethnicity, 2019



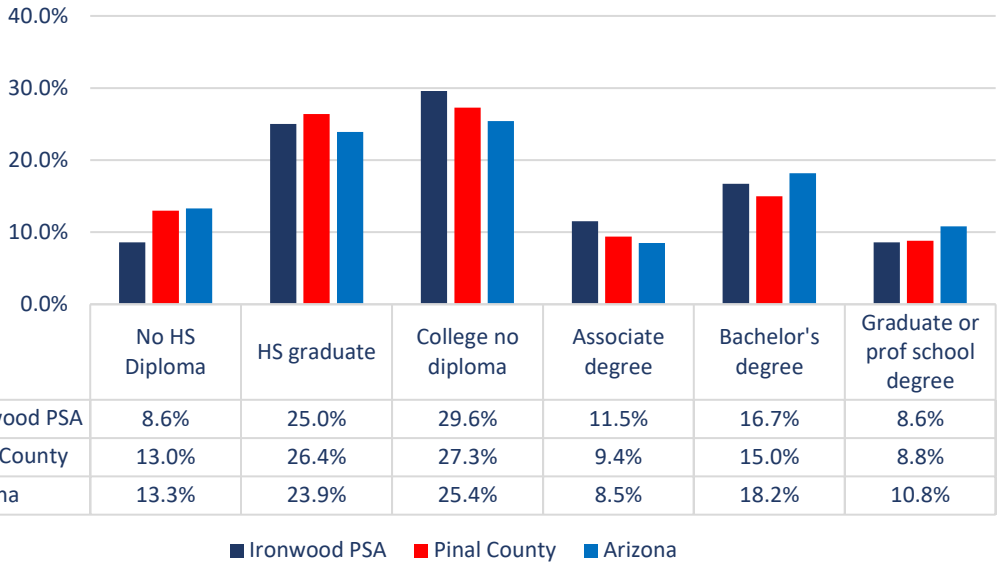
	White	Black	American Indian / Alaskan Native	Asian	Hawaiian / Pacific Islander	Other Race	Multirace	Hispanic
Ironwood PSA	76.6%	5.2%	1.3%	2.7%	0.2%	9.6%	4.4%	24.5%
Pinal County	71.6%	5.8%	3.1%	2.9%	0.3%	11.6%	4.8%	27.6%
Arizona	70.8%	5.1%	3.0%	3.6%	0.2%	12.6%	4.8%	30.8%

Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

Banner Ironwood Medical Center's PSA has a lower rate than that of Arizona and Pinal County in having persons without a high school diploma. The PSA has a higher prevalence of those attaining bachelor's degrees than that of the county but is lower than the state average.

Chart B. Educational Attainment*, 2019



	No HS Diploma	HS graduate	College no diploma	Associate degree	Bachelor's degree	Graduate or prof school degree
Ironwood PSA	8.6%	25.0%	29.6%	11.5%	16.7%	8.6%
Pinal County	13.0%	26.4%	27.3%	9.4%	15.0%	8.8%
Arizona	13.3%	23.9%	25.4%	8.5%	18.2%	10.8%

**Over the Age of 25; Sources: Advisory Board, 2019*

Insurance Coverage Estimates for PSA and State of Arizona Populations

The charts below indicate that three quarters of the PSAs population is insured via private health insurance, which is significantly higher than Arizona's 55 percent. When comparing those enrolled in Medicare and Medicaid in BIMCs PSA, Arizona has a rate of enrollment nearly twice that of the PSA. This can be attributed to the PSA having a higher median salary and a lower unemployment rate than that of Arizona.

Chart C. BIMC PSA

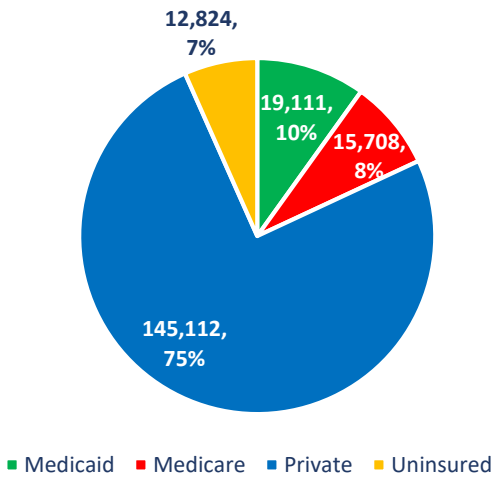
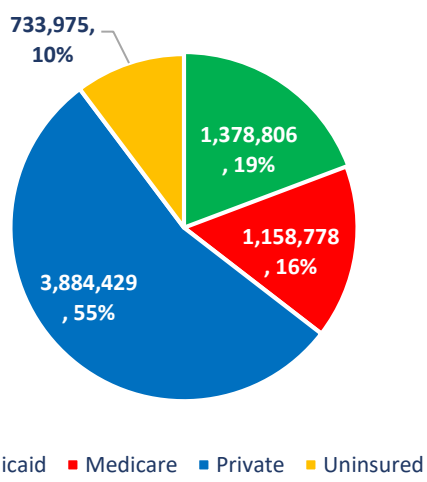


Chart D. Arizona

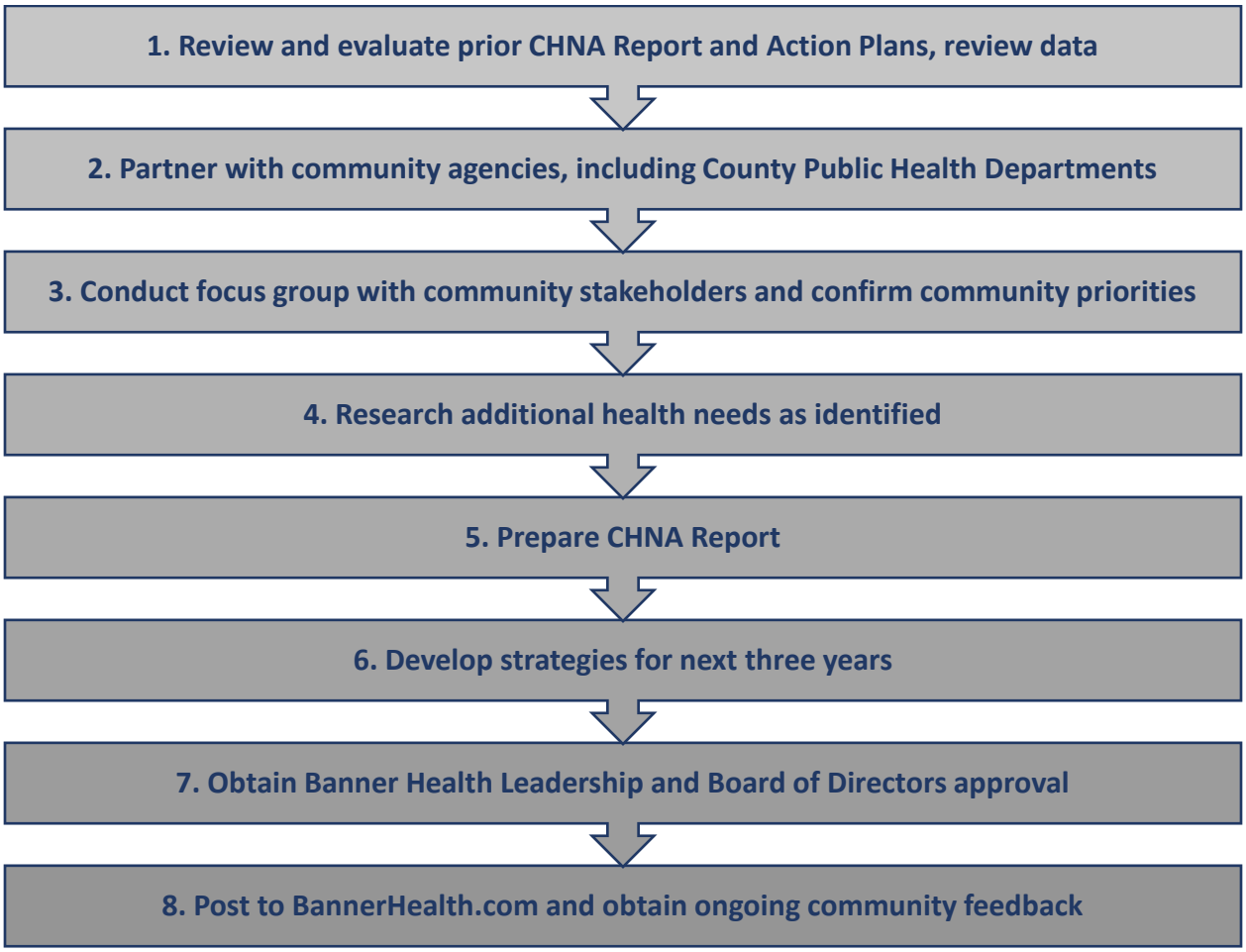


Source: 2017-18 Arizona State Data, Truven

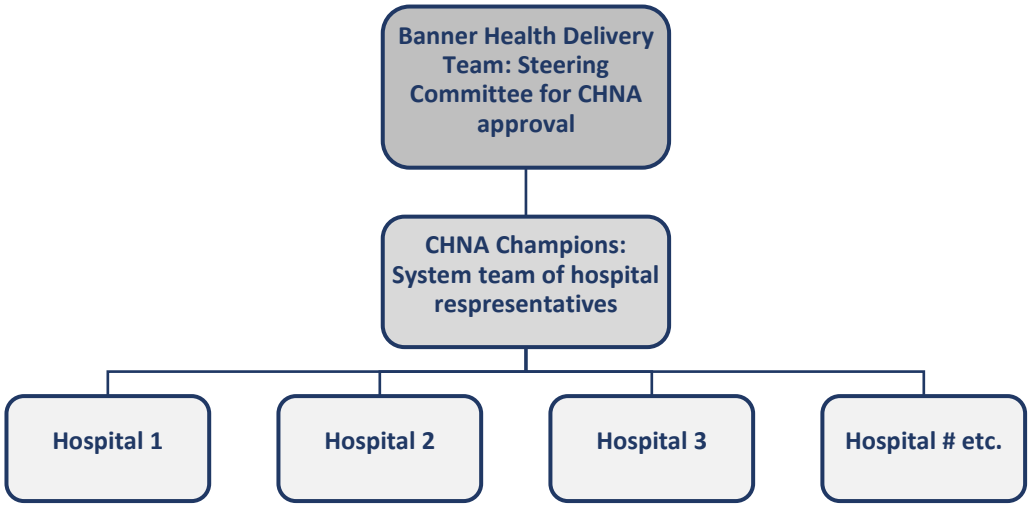
PROCESS AND METHODS USED TO CONDUCT THE CHNA

BIMC's process for conducting Community Health Needs Assessments (CHNAs) involves a leveraged 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 Ironwood Medical Center's eight step process based on experience from previous CHNA cycles, is demonstrated below. The process involves continuous review and evaluation of our CHNAs from previous cycles, through both the action plans and reports developed. Through each cycle Banner Health and Banner Ironwood Medical Center has been able to provide consistent data to monitor population trends.



BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE



PRIMARY DATA / SOURCES

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

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

SECONDARY DATA / SOURCES

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

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

comprehensive picture of BIMC's PSA's health status and outcomes. The secondary data sources are located in Appendix B.

DATA LIMITATIONS AND INFORMATION GAPS

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

Table 3. Data Limitations and Information Gaps

Data Type	Data Limitations and Data Gaps
Primary Data	• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups. • Limited data is available on diabetes prevalence and health risk and lifestyle behaviors (e.g., nutrition, exercise) in children.
Secondary Data	• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups. • State and national data including PSA zip codes was difficult to find, data was based on Pinal County, Arizona and national comparisons • Some data was over two years old, making it hard to assess what the current health needs are. • Public transportation is based on commuter data.

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with BIMC's leadership to identify those impacted by a lack of health-related services. The gaps identified were used to drive the conversation in facilitating Community Stakeholder Focus Groups. Focus group participants involved PSA community leaders, community focused programs, and community members, all of which represented the uninsured, underserved, and / or minority populations. These focus groups (through a facilitated conversation) reviewed and validated the data, providing additional health concerns and feedback on the underlying issues for identified health concerns. A list of the organizations that participated in the focus groups can be found under Appendix C and a list of materials presented to the group can be found under Appendix D.

Prioritization of Community Health Needs

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

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

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

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

Access to Care	Chronic Disease Management	Behavioral Health
•Affordability of care •Uninsured and underinsured •Healthcare provider shortages •Transportation barriers	•High prevalence of: heart disease, diabetes, and cancer •Obesity and other factors contributing to chronic disease •Health literacy	•Opioid Epidemic •Vaping •Substance abuse •Mental health resources and access

DESCRIPTION OF PRIORITIZED COMMUNITY HEALTH NEEDS

Banner Health has a strong history of dedication to its community and of providing care to the underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and / or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve. The following summarizes each of the areas of priority for Banner Ironwood Medical Center (BIMC) and are based on data and information gathered through the CHNA process.

PRIORITY #1: ACCESS TO CARE

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

Low-income populations are known to suffer at a disproportionate rate to a variety of chronic ailments, delay medical care, and have a shorter life expectancy compared to those living above the poverty level (Elliott, Beattie, Kaitfors, 2001). Census data from 2017 shows the ways in which lower income communities have different levels of health access. Understanding income and its correlation to access to care, primarily through access to health insurance, is necessary to understand the environmental factors that influence a person's health. Research supports the correlation between income and health, compared to high-income Americans those with low-incomes have higher rates of heart disease, diabetes, stroke, and other chronic conditions (Khullar, Dhruv, Chokshi, 2018).

Table 4 breaks down the percentage of the county, state, and nation living in various states below federal poverty levels. Nearly 40 percent of the total Pinal County population and over 50 percent of children live at 200 percent below the federal poverty level. This shows the population in Pinal County who are low income and are thus more likely to deal with access to care barriers.

Table 4. Percentage Below Federal Poverty Level (FPL) 2013 – 2017

	Pinal County	Arizona	US
Population Below FPL			
50%	7.65%	7.97%	6.48%
100%	15.48%	16.95%	14.58%
185%	33.74%	34.08%	30.11%
200%	37.56%	36.99%	32.75%

Children Below FPL			
100%	21.99%	24.01%	20.31%
200%	51.43%	48.55%	42.24%

Source: Census Bureau, American Community Survey, 5-Year Estimates, 2013 - 2017

The populations living in Pinal County are in a Health Professional Shortage Area (HPSA). An HPSA is a designation indicating a health care provider shortage in primary, dental, and / or mental health. In the US 23 percent of the population is living in an area affected by a HPSA compared to 42 percent of Arizona and 64 percent of Pinal County. This is an indicator for access and health status issues (HHS, February 2019).

The results of living in an HPSA is that a high percentage of the adult population is without a person who they think of as their primary care doctor or health care provider (Pinal – 25.05% of adults without any regular doctor; Arizona – 25.61%; U.S. – 22.07%) (CDC, 2011-12). To further understand the HPSA, Table 5 shows the ratio of population to primary care physicians, in year 2019 Pinal County is indicating a growing shortage of physicians.

Table 5. Ratio of Population to Primary Care Physicians

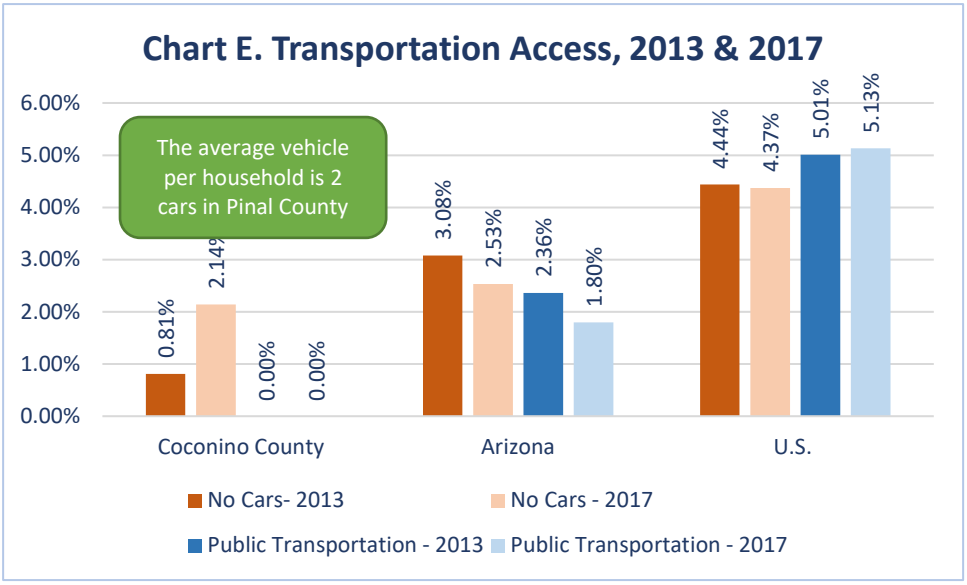
	Pinal County	Arizona	Top U.S. Performers (90th Percentile)
2017	5,660:1	1,520:1	1,040:1
2018	5,730:1	1,520:1	1,030:1
2019	6,440:1	1,540:1	1,050:1

Source: County Health Rankings, 2017-2019

Transportation barriers are often associated as a barrier to healthcare access – including missed appointments, delayed care, and missed / delayed medication use. This in turn can result in poor health management, leading to poor health outcomes (Syed, Gerber, Sharp, 2013).

From 2013 to 2017, there was an increase in the population in both Pinal County and the Queen Creek area who did not have a car (refer to Chart E), this would have affected Pinal County overall due to the decrease in public transportation access. Pinal County is designated as an urban area by the United States Department of Agriculture (USDA), thus transportation barriers listed above and in Chart E can have a disparate impact throughout the county. For this report, we have used commuter data to interpret general utilization of public transportation for county residents. Lack of public transportation can lead to

low utilization of public transportation services. These transportation barriers in Chart E can have impact access to care, due to the lack of alternative transportation methods.



Source: Census Bureau, American Community Survey, 5-Year Estimates, 2013 – 2017

PRIORITY #2: CHRONIC DISEASE MANAGEMENT

Chronic diseases such as cancer, diabetes, and heart disease affect the health and quality of life in Pinal County residents, they are also major drivers in health care costs. In 2017, Heart Disease was the number one cause of premature death in Arizona (145 per 100,000), in Pinal County it was also the first cause of premature death (136 per 100,000).

Table 6 shows six chronic disease mortality rates, comparing Pinal County to Arizona in 2013 and 2016.

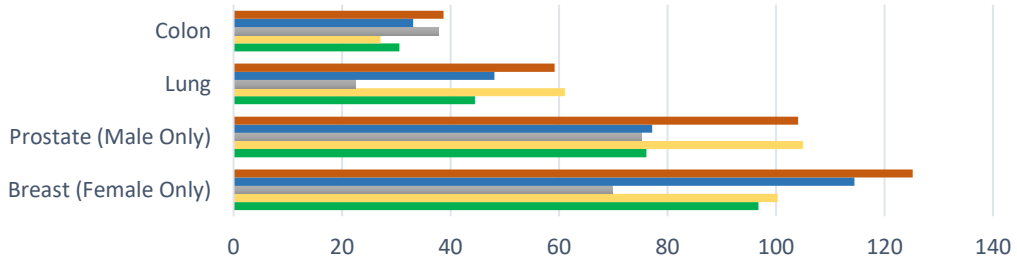
Table 6. Chronic Disease Mortality Rates per 100,000, 2017

	Pinal County	Arizona
Heart Disease	135.8	145.2
Cancer	133.2	138.8
Chronic Lower Respiratory Disease	45.5	44
Stroke	23.4	31.5
Alzheimer's Disease	26.0	36.4
Diabetes Mellitus	23.9	24.1

Source: Arizona Department of Health Services, 2019

Cancer is the second highest cause for mortality in Pinal County and was a health priority that was important to the community. There are four major cancer groups in Pinal County: colon, lung, prostate and breast cancer. Chart F shows the breakdown in incidence by national, state, and county. Black residents are more likely to have breast, prostate, and lung cancer in Pinal County than their other racial counterparts, Latino / Hispanic residents also have an increased risk of having colon cancer compared to their peers in Pinal County.

Chart F. Cancer Incidences, 2012-2016

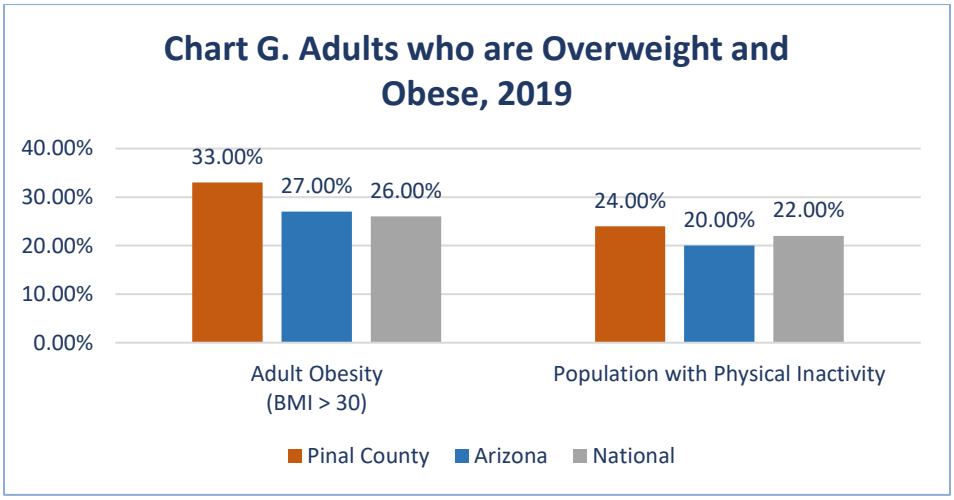


	Breast (Female Only)	Prostate (Male Only)	Lung	Colon
US (Both Sexes)	125.2	104.1	59.2	38.7
Arizona (Both Sexes)	114.5	77.2	48.1	33.1
Pinal County Latino (Both Sexes)	69.9	75.2	22.4	37.8
Pinal County Black (Both Sexes)	100.3	105	61.1	27.1
Pinal County (Both Sexes)	96.8	76.1	44.5	30.6

Source: National Cancer Institute, 2019

Obesity can be an indicator for chronic diseases down the road, factors that can be attributed to obesity are both genetic and community environmental factors, such as physical inactivity and food access (CDC, 2017). Obesity is defined as having a Body Mass Index (BMI) score greater than 30 (BMI > 30.0), while being overweight, a precursor to obesity, is defined as having a BMI from 25 to 30 (CDC, 2015). Body Mass Index is determined by a person's height and weight and is a standard measure for determining if a person is underweight, overweight, has a normal weight, or is obese.

Chart G, located on the following page, shows the populations national, state, and county trends of obesity and physical inactivity prevalence. Pinal County has an adult obesity rate higher than both state and national averages, a third of the county population is obese. Physical inactivity has a slightly higher prevalence in Pinal County compared to state and national data (County Health Rankings, 2019).



Source: County Health Rankings, 2019

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

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorder; and substance abuse issues, including opioid addiction, alcohol, illicit drugs, and tobacco. According to Substance Abuse and Mental Health Services Administration, in 2018 47.6 million U.S. adults experienced mental illness, representing 1 in 4 adults or 19.1 percent of the adult population in the U.S (SAMHSA, 2019). In Pinal County, the ratio of the population to Mental Health Care Providers is significantly higher compared to the state and national average, this lack of access to a mental health provider can have reverberating effects on the behavioral health of a community.

Table 7. Access to Mental Health Care Providers in 2019

	Pinal County	Arizona	U.S.
Ratio of Population to Mental Health Providers	1430:1	790:1	310:1

Source: County Health Rankings, 2019

2016 Behavioral Risk Factor Surveillance System (BRFSS) survey data indicates 18.6 percent of residents in Arizona reported their health as “less than good to excellent” compared to the national average of 16.7 percent. Arizona’s American Indian Non-Hispanic populations show an even greater disparity in comparison to the state and national averages, with 35.7 percent of the population rating their health as “less than good or excellent”, a rating of fair or poor can be an indicator of suicide risk. While many in

Arizona reported they had no unhealthy mental or physical days in the last 30 days for 2016 (50%), 13 percent of the population had at least 30-unhealthy days (Arizona BRFSS, 2016).

A concerning trend in both Arizona and nationally is the increasing numbers of drug dependence listed as a primary diagnosis for our inpatient and emergency department room visits. Table 8 provides recorded data on inpatient discharges and emergency room visits for 2016 and 2017. Data indicates that while the number of visits and discharges with a first diagnosis being drug related has increased, there is a decrease in opiates being the reported drug. The incidences of these medical visits occur is primarily the emergency. For Pinal County, there was a minimal increase in Emergency room visits from 2016 to 2017, 5.62% to 6.03% respectively (ADHS, 2019).

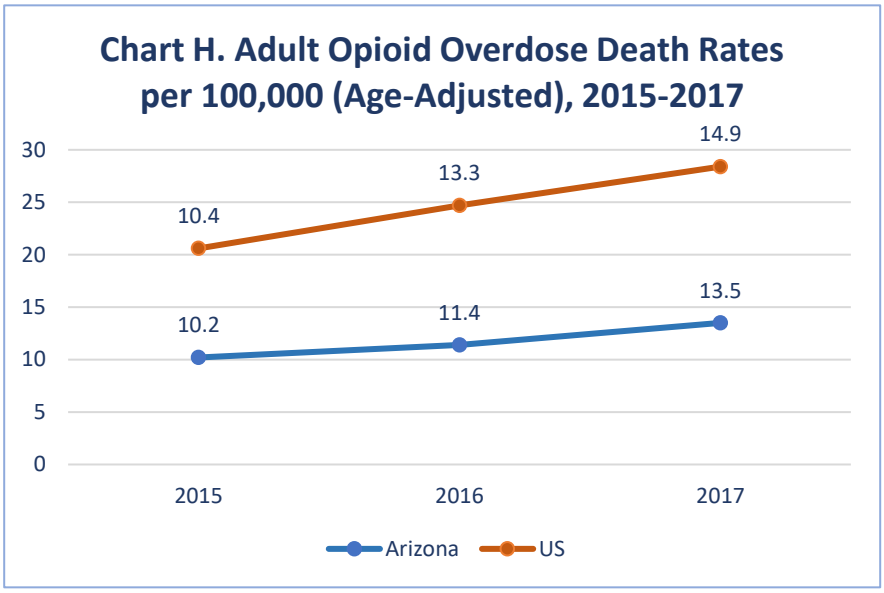
Table 8. AZ Drug Overdoses Reported, 2016 and 2017

	2016	2017
Total (Drug dependence, abuse, or misuse as first-listed diagnosis)		
• **Inpatient Discharge**	6,844	6,970
• **Emergency Room Visit**	20,720	21,070
Drug Dependence, 1st Listed Category of Diagnosis		
• **Inpatient Discharge**	2,217	2,441
• **Emergency Room Visit**	4,063	3,378
Type of Drug: Opiates		
• **Inpatient Discharge**	1,399	1,375
• **Emergency Room Visit**	3,104	2,691
Pinal County (Drug dependence, abuse, or misuse as first-listed diagnosis)		
• **Inpatient Discharge**	299	325
• **Emergency Room Visit**	1,164	1,270

Source: Arizona Department of Health Services, 2019

The opioid crisis is affecting communities throughout the United States, Chart H indicates the growing trends of opioid overdose rates nationally and for the state. The adult population (18-64) has also seen a slight uptick in opioid deaths from 10.2 in 2015 to 13.5 in 2017 within Arizona. While this growth is slower than the US rates, it is still an area that requires constant interventions. For youth in Arizona there has been a steady increase in the number of teens who have taken prescribed pain pills without a prescription or differently than prescribed. In 2015, 4.7 percent of teens had taken a pill not prescribed to them

inappropriately, this increased to 15.4 percent in 2017. This represents a 227.7 percent increase in pain pill use by teens while all other alcohol and drug use stayed steady.



Source: Kaiser Family Foundation, 2017

Lung disease as the result of vaping is a rising health concern, specifically its effects on the health and health behaviors of youth, as of November there are currently over 2,000 confirmed and probable cases, not including cases that are under investigation. Vaping has affected 36 states, resulted in nearly 50 deaths, and the numbers continue to rise (CDC, September 2019). Characteristics that factor into an adolescent smoking include, older age (High School aged), being male, being white (compared to Black and Hispanic adolescents), lacking college plans, having parents who are not college educated, and experiencing highly stressful events (HHS, 2019). Data from the CDC's High School Youth Behavior Risk Survey showed that in 2017 half of Arizona students (51%) had used an electronic vape product and 16 percent had used one within the last 30 days. While youth utilization of an electronic vape product within 30-days has increased since 2015 (27.5% in 2015), the population of youth who have tried an electronic vape product remains the same as of 2017 at 51 percent (CDC, 2017).

NEEDS IDENTIFIED, BUT NOT PRIORITIZED

In addition to discussing the above listed health priorities focus group participants discussed their concerns regarding adult and youth obesity, and nutrition needs in their communities. It was determined that both did not need to be health priorities at this time since they would be addressed within the health priority focusing on chronic disease.

2016 CHNA Follow Up and Review

Feedback on Preceding CHNA / Implementation Strategy

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

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

Impact of Actions Taken Since Preceding CHNA

Table 9 indicates what actions have been taken on the cycle 2 CHNA action plan in creating impact in the Banner Ironwood Medical Center PSA.

Table 9. Implementation Strategies 2016 for Banner Ironwood Medical Center Primary Service Area
Significant Need #1: Access to Care
Strategy #1: Increase use of Banner Urgent Care facilities and improve access to primary care services
Impacts / Results of Strategy • In 2018 4,000 Banner Health patients were supported through Banner services, saving patients a total in $50M in OOP. • Efforts and resources were invested to increase the use of online scheduling for Banner Urgent Care facilities, the results showed a growth from 8% encounters via online scheduling in 2017 to 25% in 2019. • Partner with Mission of Mercy to fund and implement My Direct Healthcare Scheduling Exchange (HSE).
Strategy #2: Reduce reoccurring visits to the Emergency Department and increase access to preventative care
Impacts / Results of Strategy • Deployed case managers in the ambulatory setting to support continuum of care • We have partnered with Hospital Patient Services to provide Medicaid enrollment assistance for self-pay patients. • Provide pediatric services to uninsured and underinsured families through Banner HealthMobile and School-based clinics. • Discharge education and follow up is hard wired into Cerner
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Strategy #1: Increase personal management of Chronic Disease
Impacts / Results of Strategy

• BIMC has partnered with community programs based on patient's health needs and background to provide a network of services and events to educate on chronic diseases. • We have worked to close care gaps for our Banner Health Network Members through adherence to our internal patient care and preventative initiatives. • We provided Chronic Disease and health living education through our Smart and Healthy Magazine (began in 2017). • We have deployed a proactive case management approach and outreach method for chronic disease patients within our Banner Health managed population. • We have partnered with MD Anderson to provide quality cancer care
Significant Need #3: Behavioral health (Mental Health & Substance Abuse)
Strategy #1: Increase access to behavioral health assessments and services for those in crisis
Impact / Result of Strategy • We utilized outpatient services such as Banner Psychiatric Center (BPC) to deploy telehealth services to patients presenting in the Emergency Department (ED) with mental health and/or substance abuse issues
Strategy #2: Increase identification of behavioral health needs and access to early interventions
Impact / Result of Strategy • We have deployed a depression screening tool in our Primary Care Provider (PCP) clinics and Pediatric Provider clinics within Banner Medical Group

Community Impact of 2016 Implementation Strategies

Based on Banner Ironwood's 2016 CHNA findings, a Health Coalition was established in partnership with the Town of Queen Creek, Pinal County Health Department, Queen Creek Unified School District (QCUSD) Leaders / Guidance Counselors / Faculty, Family Practice Physicians, Behavioral Health professionals, Law Enforcement, First Responders, Boys / Girls Club, and Inter-faith Leaders for the purpose of creating healthier communities. Initially the focus was on Teen Suicide / Youth Well-Being, however the Community Health Forums and Outreach efforts crossed over into Access to Care, Identification of community resources, Health / Well-Being, Coping Skills, Resiliency Building, Substance Abuse, Nutrition, and Exercise for youth and adult populations. The Community Health Forums intended to provide awareness around the community health needs and access to myriad of community resources. Education focused around the social determinants of health issues, identifying and educating about risk factors associated with behaviors, habits, routines and social interactions.

Community Health Forums were held November 2017, February 2018, May 2018 and December 2018. The Town of Queen Creek commissioned Arizona State University (ASU) to perform a Community Study, to provide a data source to understand the family needs in the community. The Health Coalition members attended a session to review findings and identify collaborative that can be taken for early interventions for at risk youth and families.

These same organizations / agencies met in August 2019 as part of our Focus Group efforts around Youth Well-Being and family needs within the community we collectively serve. The findings reinforced the need

for increased education about available community resources, increased access to care, behavioral health services and early intervention strategies. Our Banner Family Practice clinics have extended evening hours/Saturday appointments, access to pediatricians, clinical psychologist to support affordable access to care. Banner Ironwood's healthcare providers have directly interacted with other agencies and QCUSD about mental health awareness / education, wellness, exercise, effects of depression, substance abuse to partner in early interventions to promote access to preventive care.

APPENDIX A. RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to provide support in addressing the three priority needs:

Name of Organization	Website	Phone Number	Address	Priority Area*
BHC - Queen Creek Clinic	www.Bannerhealth.com	480-512-3700	21772 S Ellsworth Loop Rd, Queen Creek AZ 85142	AC
Banner Ironwood Clinic	www.Bannerhealth.com	480-394-4480	37100 Gantzel Rd, Suite 107, Queen Creek, AZ 85140	AC
LaFrontera EMPACT	www.lafronteraaz.org	520-838-5700	1101 E Broadway, Ste 130, Tucson, AZ 85719 (corp office)	BH / SA
BIMC Nutritionist	www.Bannerhealth.com	480-394-4000	37000 N Gantzel Rd, Queen Creek AZ 85140	Other
Pinal County Health Dept	www.pinalcountyaz.gov	866-960-0633	971 N Jason Lopez Circle, Bldg D, Florence, AZ 85132	CD
Boys/Girls Club of East Valley	www.clubzona.org	480-358-3769	22557 S Ellsworth Rd, Queen Creek, AZ 85142	Other
QCUSD	www.qcusd.org	480-987-5935	20217 Eaast Chandler Heights Rd. Queen Creek AZ 85142	Other

**Priority Areas: Access to Care (AC); Behavioral Health / Substance Abuse (BH/SA); Chronic Disease (CD); Other*

APPENDIX B. LIST OF DATA SOURCES

PRIMARY AND SECONDARY DATA SOURCES

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

Advisory Board (2019) Primary Service Area Demographic Data.

Arizona Department of Health Services. (2016) Arizona Behavioral Risk Factor Surveillance System Survey – 2016.

Arizona Department of Health Services – Population Health and Vital Statistics. (2017) Hospital Inpatient Discharges and Emergency Room Visits Statistics.

Arizona Department of Health Services. (2019) Public Health Statistics – Mortality.

A. Elliott, M. K. Beattie, S. E. Kaitfors. (May 2001) Health needs of people living below poverty level. Family Medicine; 33(5): 361–366.

County Health Rankings and Roadmaps. (2019) Arizona Health Outcomes and Factors.

Health and Human Services – Health Resources and Services Administration (February 2019) Health Professional Shortage Area

Health and Human Services – Office of Population Affairs. (April 2019). Adolescents and Tobacco: Risk and Protective Factors.

Kaiser Family Foundation. (2017) Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age Adjusted).

Khullar, Dhruv and Chokshi, Dave A. (October 2018) Health, Income, & Poverty: Where We Are & What Could Help. Health Affairs – Health Policy Brief the Culture of Health.

McKesson. (2018) Primary Service Area Data Set

National Center for Disease Control and Prevention (2011-12) Behavioral risk Factor Surveillance Survey.

National Center for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. (May 2015) Healthy Weight – Assessing Your Weight Body Mass Index

National Center for Disease Control and Prevention – Division of Nutrition, Physical Activity, and Obesity. (2017). Adult Obesity Causes and Consequences.

National Center for Disease Control and Prevention – Adolescent and School Health. (2017) Youth Risk Behavioral Surveillance System.

National Center for Disease Control and Prevention – National Cancer Institute. (2019) Incidence Rates Tables

National Center for Disease Control and Prevention – Smoking & Tobacco Use. (November 2019) Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products.

Substance Abuse and Mental Health Services Administration - Center for Behavioral Health Statistics and Quality. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*, *38*(5), 976–993. doi:10.1007/s10900-013-9681-1

Truven. (2018) Arizona State Data

U.S. Census Bureau. (2017) American Community Survey

FOCUS GROUPS

Date	Time	Population	Location
August 29, 2019	10am – 11:30am	50,000	Queen Creek, Community Chambers- attendees included QCUSD, Boys/Girls club, Council Members, Parents, Faith-leaders, Principals, Healthcare, Chamber members

APPENDIX C. STEERING COMMITTEE AND COMMUNITY ADVISORY COUNCIL MEMBERS

STEERING COMMITTEE

Banner Health CHNA Steering Committee, in collaboration with BIMC'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
Darin Anderson	Chief of Staff
Derek Anderson	AVP HR Community Delivery
Ramanjit Dhaliwal	AVP Division Chief Medical Officer Arizona Region
Phyllis Doulaveris	SVP Patient Care Services / CNO
Kip Edwards	VP Facilities Services
Anthony Frank	VP Financial Operations Care Delivery
Russell Funk	CEO Pharmaceutical Services
Larry Goldberg	President University Medicine Division
Margo Karsten	President Western Division / CEO Northern Colorado
Becky Kuhn	Chief Operating Officer
Patrick Rankin	CEO Banner Medical Group
Lynn Rosenbach	VP Post-Acute Services
Joan Thiel	VP Ambulatory Services

CHNA Facility-Based Champions

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

External Stakeholders

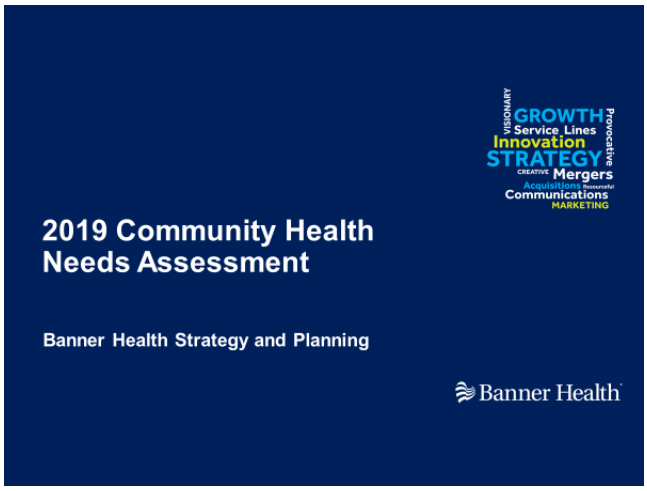
This list, while not exhaustive, identifies individuals/ organizations external to Banner Health that represent the underserved, uninsured, and minority populations. Stakeholders were identified based on their role in the public health realm of the hospital's surrounding community. These stakeholders are individuals/ organizations with whom we are collaborating, or hope to do, around improving our communities. Each stakeholder is vested in the overall health of the community and brought forth a unique perspective with regards to the population's health needs. This list does not include all the individuals and organizations that have participated in the focus groups.

Organization	Name	Title	Area of Expertise Organizational Focus
Pinal County Public Health Dept	Shauna McIsaac, MD	Director	Public Health
BHC - Queen Creek Clinic	Dr Russell Horton	Pediatrician	Pediatrics
BHC - Queen Creek Clinic	Dr Jonathan Jones	Pediatrician	Pediatrics
BHC - Queen Creek Clinic	Dr Michael Vergason	Family Practice	Family Medicine
QC Fire & Rescue	Vance Gray	Fire Chief	"Safe Place Program" support BeH/Mental Health
QCUSD	Cort Monroe	Asst Superintendent	Mental Health Crisis Educational Resources
Town of Queen Creek	Dawn Oliphant	Council Member/Advocate, Member of Community Coalition	Funding resources for Community Health Forums

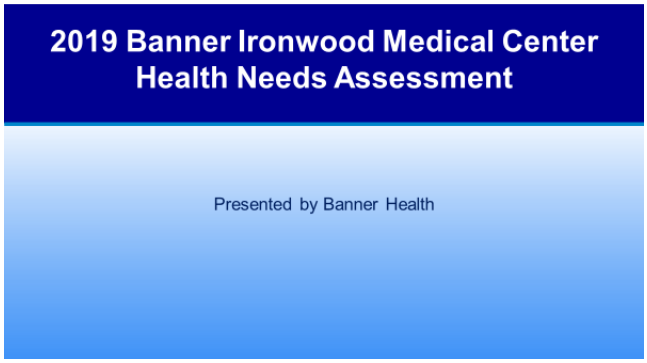
Organization	Name	Title	Area of Expertise Organizational Focus
Boys/Girls Club of East Valley	David Bellman	Director	Resources/Programs for at risk Youth
Rockpoint Church/Inter-Faith Community	David Gillette	Director	Resources/Programs for at risk Youth

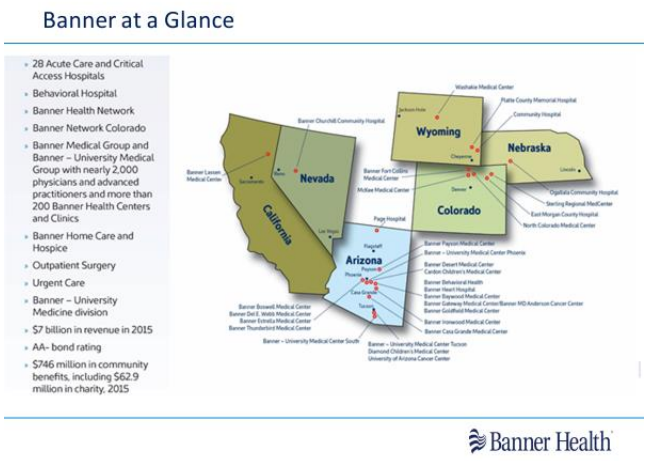
APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups



Banner Health





Community Health Needs Assessment Purpose

- Gather input and feedback from community leaders that represent the community
- Validate and/or identify significant areas of healthcare need within the community
- Promote collaborative partnerships
- Identify opportunities to engage with the community in addressing potential areas of need
- Requirement of the Patient Protection and ACA

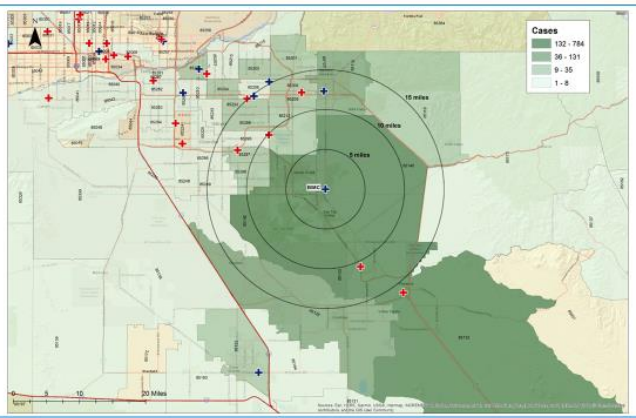
2018 BIMC Community Benefit

Facility:	Bad Debt:	Charity Care:	2018 Community Benefit:
BIMC	$8,676,000	$11,654,000	$20,330,000

Source: Banner Financials December 2018 - Unaudited

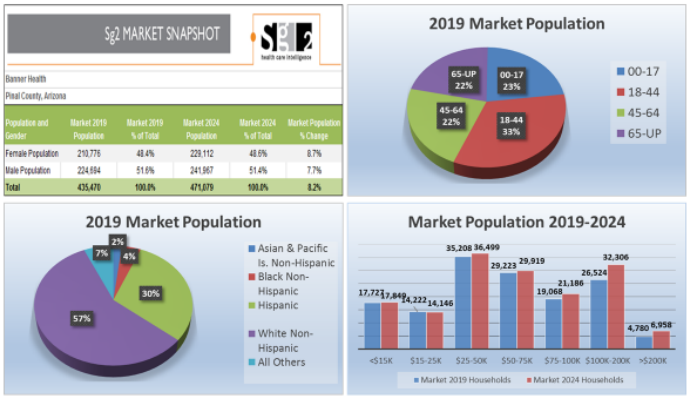
BIMC - Inpatient Origin by Zip Code

January 1, 2018 through December 31, 2018 (Top 3 contiguous quartiles = 75% of total discharges)



Source: Banner Strategy and Planning

BIMC 2019 Demographic Snapshot–Pinal County



Source: SG2 Health Care Intelligence

Banner Health

County Health Rankings

Health Outcomes

- Health outcomes in the *County Health Rankings* represent how healthy a county is. They measured two types of health outcomes: how long people live (mortality) and how people feel while alive (morbidity).

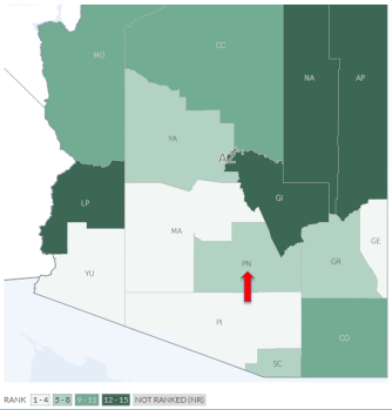
Health Factors

- Health factors in the *County Health Rankings* represent what influences the health of a county. They measured four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.

Source: www.countyhealthrankings.org

Banner Health

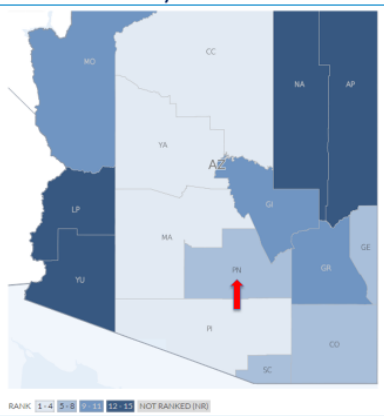
2018 Arizona County Health Outcomes Rankings
Pinal County #6 of 15 ranked



Source: http://www.countyhealthrankings.org/app/arizona/2018/rankings/pinal/county/

Banner Health

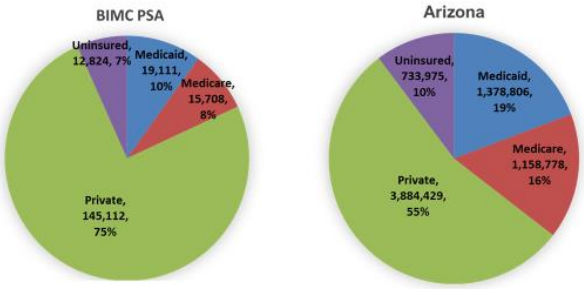
2018 Arizona County Health Factors Rankings
Pinal County #8 of 15 ranked



Source: http://www.countyhealthrankings.org/app/arizona/2018/rankings/pinal/county/

Banner Health

2019 Insurance Estimates = Top 75% Patient Origin*



PSA/Top 75% Patient Origin Zip Codes:
85132, 85140, 85142, 85143

*Patient Origin Source: 2017-18H1 Ann. State Data
Insurance Estimates Source: Truven

Banner Health

2018 County Health Rankings

- Pinal County ranks 6 out of 15 Arizona Counties in Health Outcomes
- Adult smoking and adult obesity are areas of improvement to explore, compared to national benchmarks
- Access to primary care physicians and diabetes monitoring are areas of improvement compared to national and state measures

Source: www.countyhealthrankings.org

Banner Health

County Health Rankings & Roadmaps

	Pinal County	Rank of 15	Top U.S. Performers	Arizona
Health Outcomes		6		
Length of Life		4		
Premature death	6,700		5,300	6,800
Quality of life		6		
Poor or fair health**	20%		12%	18%
Poor physical health days**	4.5		3.0	4.0
Poor mental health days**	4.0		3.1	3.9
Low birth weight	7%		6.0%	7%
Health Factors		8		
Health Behaviors		8		
Adult Smoking**	15%		14%	15%
Adult Obesity	33%		26%	27%
Food Environment Index	7.4		8.6	6.4
Physical Inactivity	25%		20%	20%
Access to exercise opportunities	76%		91%	86%
Excessive Drinking**	16%		13%	17%
Alcohol impaired driving deaths	30%		13%	27%
Sexually transmitted infections	326.4		145.1	481.1
Teen births	35		15	33
Clinical Care		9		
Uninsured	13%		6%	13%
Primary Care Physicians	5,730:1		1,030:1	1,520:1
Dentists	3,190:1		1,280:1	1,660:1
Mental Health Providers	1,400:1		330:1	820:1
Preventable Hospital Stays	43		35	36
Diabetic Monitoring	78%		91%	80%
Mammography Screening	64%		71%	64%

Area of Strength
Area of Concern

Source: http://www.countyhealthrankings.org/app/arizona/2018/rankings/pinal/county/
** Data should not be compared to prior years

Banner Health

County Health Rankings & Roadmaps

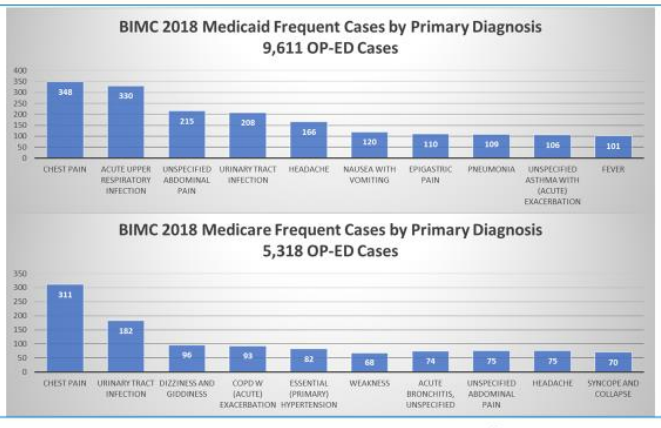
	Pinal County	Rank of 15	U.S. Benchmark	Arizona
Social & Economic Factors		5		
High School Graduation	74%		95%	78%
Some College	55%		72%	63%
Unemployment	5.5%		3.2%	5.3%
Children in Poverty	22%		12%	24%
Income Inequality	4.0		3.7	4.6
Children in Single-parent households	34%		20%	36%
Social Associations	3.6		22.1	5.6
Violent crimes	206		62	415
Injury Deaths	63		55	78
Physical Environment		15		
Air pollution-particulate matter	10.3		6.7	6.0
Drinking water violations	Yes		No	
Severe housing problems	17%		9%	20%
Driving alone to work	78%		72%	77%
Long commute-driving alone	52%		15%	35%

Area of Strength
Area of Concern

Source: http://www.countyhealthrankings.org/app/arizona/2018/rankings/pinal/county/
** Data should not be compared to prior years

Banner Health

Outpatient ED Visits Frequent Diagnosis



Source: Banner McKesson 2018 Full year

Banner Health

2016 Prioritized Community Health Needs

1. Behavioral Health

Both mental health and substance abuse

- Limited resources
- Private pay wait was 2 months
- Physicians reluctant to prescribe narcotics
- Transport issues to larger communities with resources to treat
- ED stays increase
- Self medicating an issue
- Mechanisms for "healthy coping" needed

2016 Prioritized Community Health Needs

2. Access to Care

Understanding what is covered

- Premiums, deductibles, co-pays may prohibit those seeking treatment
- Lack of providers
- Lack of after hours care
- No UC alternative forces higher ED use/costs
- Medications and home equipment costs high
- Lack of community messaging, no messaging about self care prioritization
- Health follow up plan

2016 Prioritized Community Health Needs

3. Chronic Disease

Includes cancer, health disease, diabetes and obesity

- High drivers of health costs
- Leading causes of death in Arizona
- Decreasing physical activity and increasing adult obesity trends
- Need more screening education efforts
- Factors contributing to unhealthy lifestyles obesity, binge drinking, and smoking

2016 Top Needs Not Being Met

From 2016 - IMPORTANT ISSUES DISCUSSED BUT NOT PRIORITIZED: The following were brought up in by the CAC but not something they felt could be addressed at this time:

- Nutrition is an issue mostly because services are not coordinated. Apache Junction food bank, although appreciative of everything they receive, finds that donations are not necessarily the most nutritious. Also, many of the homeless need food that does not need to be cooked. This is something the food bank is taking ownership on.
- The ratio of patients per dental provider, according to the County Health Rankings & Roadmaps is 3,290:1 which is much higher than the National Benchmark of 1,340:1. The group felt there was adequate need for increased services and providers.
- There are very few services available for seniors which makes sense considering the predominately young population. No skilled facility is located within 20 miles for the elderly. At one time, fresh meals were delivered but that is no longer happening. Queen Creek has a once a week senior program. Many young families are struggling with taking care of aging parents and it was suggested that churches be looked at to see what type of care they are able to provide. Without significant capital investments, the group felt they didn't have the expertise to address this need.
- Although teenaged pregnancy is decreasing, it is still an issue. High schools need help to find support. Pinal County is not that much higher than the U.S. benchmark, but it is significantly higher than the state of Arizona. The high school does address this in health classes though alcohol abuse is taught to sixth graders but not pregnancy prevention.

2016 Previous Actions Taken

Access to Care
- Promoted participation in MyBanner (online patient portal)
- Offered educational materials and links to community resources related to the insurance marketplace
- Promoted internal and external community resources that support preventative and maintenance care via the facility website
- Offered and participate in free health activities (screenings, heath fairs, blood drives)

Chronic Disease
- Developed a Chronic Disease webpage on the facility website to increase on-line educational opportunities and resource awareness
- Expanded Diabetic Education and Nutrition programs
- Provided health screenings and educational materials

Smoking/Tobacco Use
- Partnered with the State Quit Line to build the Proactive Referral into the Banner Medical Group clinic workflows
- Supported a Tobacco Free campus

Behavioral Health
- Created a webpage with information and resources related to Mental Health and Substance Abuse
- Provider to provider telephone consults

Obesity/Nutrition
- Sponsorships focused on wellness, healthy eating
- Online education, support and recipes

Discussion

- Top needs not being met
- Actions to be taken
- Next Steps