Community Health Needs Assessment

2019

Banner Health

Page Hospital

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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 B.

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of Coconino County 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 Page Hospital's 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 Page Hospital. 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.

Page Hospital 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 PAGE HOSPITAL

Page Hospital is a 25-bed licensed hospital located within Coconino County, Arizona. The hospital was opened in 1975 to serve the community and has never strayed from the community focus, constantly striving to live the Banner Health mission of making health care easier, so life can be better.

Page Hospital was the first hospital within Banner Health to join the Planetree Alliance and the first to become bronze designated. As a Planetree Affiliate, Page Hospital is a place of physical, mental, and spiritual healing and a place where employees strive to care for patients with compassion, dignity, and respect.

In keeping with the Planetree philosophy, distractions commonly associated with hospitals have been removed. Medical equipment is kept out of sight and overhead paging has been replaced with the soothing sounds of soft music. Hospital rooms have couches, refrigerators, outdoor patios, and surrounding beauty of the canyons and Lake Powell. American Indian elements include a weaving loom and a traditional Navajo home, the Hogan. Located in the patio area, the Hogan was built with an east facing entrance and tarps for covering the opening and doors for blessings and other ceremonies. A fireplace is also available. The healing environment of Page Hospital extends to the area's large American Indian population. The chefs provide several traditional food selections. Family members can bring in homemade items and, when possible, use the patient-family dining room.

Medicine men / women are welcome, and a referral list is available. Physicians are willing to participate in blessings at the patient's or family's request. These can be held either in the patient's room or in the Hogan. We also have a number of oversized rooms to accommodate gatherings of family and friends.

Page Hospital has American Indian representation on our Planetree Steering Committee. Planetree certification validates person-centered care to include patients, family members, employees and the community.

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

- Emergency Care
- Medical Imaging
- Surgery
- Women and Infant Services
- Acute Care and Rehabilitation
- Level IV Trauma Center
- Telehealth
- Intensive and Progressive Care

The staff of 15 physicians, alongside 140 employees and 8 volunteers, provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Page Hospital health professionals render care to more than – 17,000 outpatients, about 1,000 inpatients, and over 10,000 patients in the Emergency Department (ED). The staff also welcomes an average of 280 newborns into the world each year.

Page Hospital is also a part of Banner iCare™ Intensive Care Program where specially trained physicians and nurses back up the bedside ICU and progressive care team monitoring patient information 24 hours a day, seven days a week.

To help meet the needs of the uninsured and underinsured community members, Page Hospital follows the Banner Health process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2018, the hospital wrote off $1,816,000 in bad debt or uncontrollable money owed to the facility and another $762,000 in Charity Care.

DEFINITION OF COMMUNITY

Page Hospital is located in the town of Page, part of Coconino County, Arizona. It is a small town in northern Arizona located on the southern shores of magnificent Lake Powell. Their friendly community offers visitors outstanding recreation and a wide variety of lodging and services.

With 18,608 square miles and 11,886 acres of land, Coconino County is the largest county in Arizona and the second largest county in the United States. Roughly half of the land is public property, and 38 percent belongs to Indian reservations that are home to the Navajo, Hopi, Paiute, Hualapai, and Havasupai tribes. Of the 12 percent of land that is privately owned, three fourths of it is in large ranches held by about ten owners. (Coconino, 2013). The town of Page is bordered by the Navajo Nation, the National Park Service, and Glen Canyon Recreational areas.

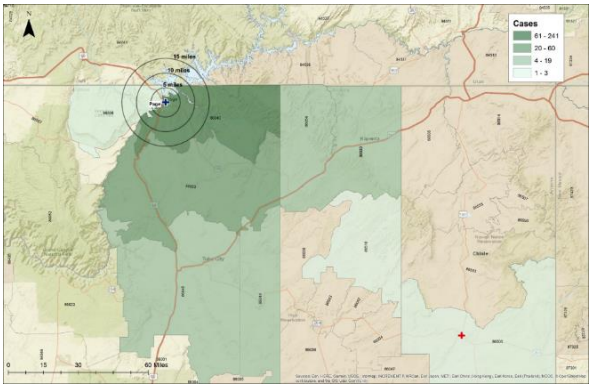
DESCRIPTION OF COMMUNITY

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 the Page Hospital's PSA is listed.

Table 1. Primary Service Area

Zip	Market	Region	%	Cumulative
86040	Northern AZ	Coconino-Yavapai	62.1%	62.1%
86053	Northern AZ	Coconino- Yavapai	15.5%	77.6%



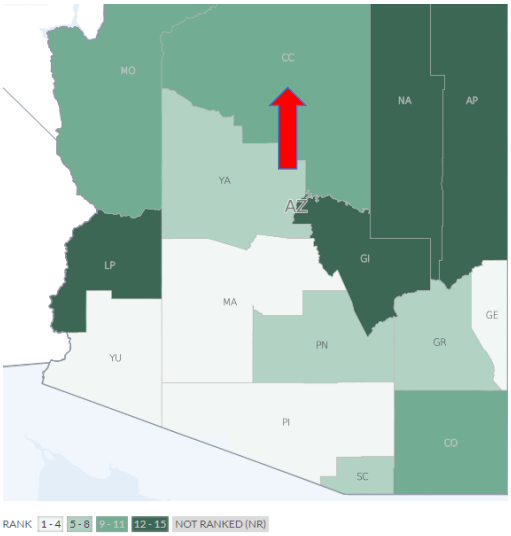
Source: Banner Strategy and Planning

Hospital Inpatient Discharges and Map

Page Hospital's 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 by the top 3 contiguous quartiles, equaling 75 percent of total discharges. The town of Page accounted for 62 percent of Page Hospital's inpatient discharges in 2018. An additional 16 percent came from the town of Kaibeto, located on the Navajo Nation reservation.

Health Outcomes Ranking and Map

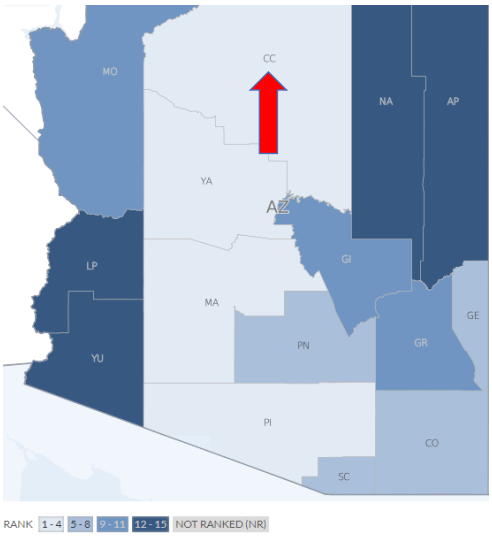
2019 Arizona County Health Outcomes Rankings: Coconino County ranked #10 of the 15 counties, a decrease from the 2016 rankings (#8 of the 15). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influences 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

1. Length of Life: measuring premature death and life expectancy.
2. 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 Rankings: Coconino County ranked #5 of the 15 counties, an increase from the 2016 rankings (#6 of the 15). Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:

1. Health Behaviors: rates of alcohol and drug abuse, diet and exercise, sexual activity, and tobacco use.
2. Clinical Care: showing the details of access to quality of health care.
3. Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
4. Physical Environment: measuring air and water quality, as well as housing and transit access. (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 Page Hospital primary service area compared to Coconino County and the state of Arizona.

Table 2. Community Demographics

	Page Hospital	Coconino County	Arizona
Population: estimated 2018	16,035	150,854	7,061,237
Gender			
• Male	49.6%	49.1%	49.6%
• Female	50.4%	50.9%	50.4%
Age			
• 0 to 9 years	16.7%	11.7%	12.7%
• 10 to 19 years	16.2%	14.8%	13.2%
• 20 to 34 years	21.9%	26.4%	20.4%
• 35 to 64 years	32.6%	33.2%	36.3%
• 65 to 84 years	11.3%	12.7%	15.3%

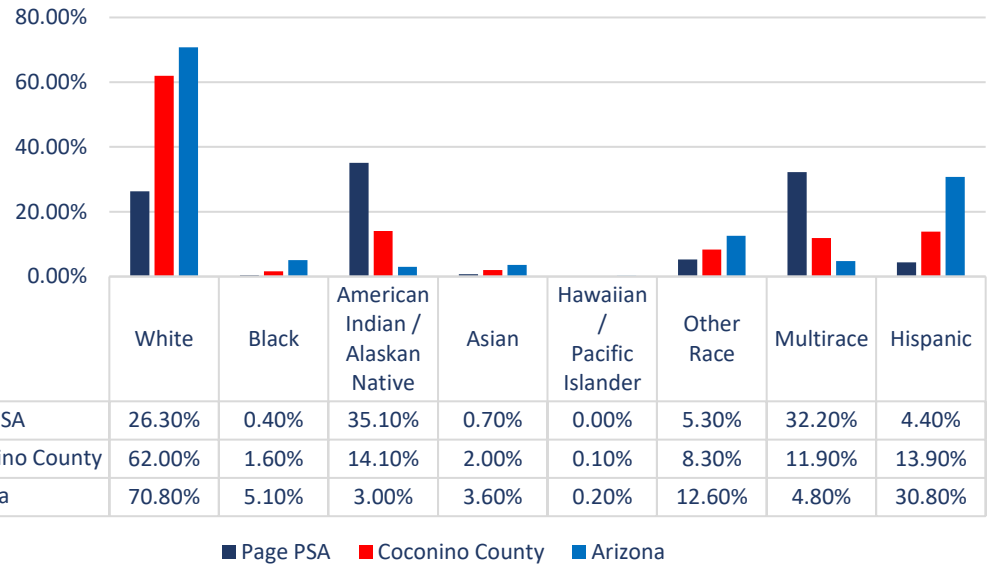
• 85 years and over	1.3%	1.4%	2.1%
Social & Economic Factors			
• No HS diploma	22.5%	10.2%	13.2%
• Median Household Income	$50,700	$56,000	$60,000
• Unemployment	12.0%	5.1%	4.7%

Source: Advisory Board 2019

Race/Ethnicity (PSA, County and State)

The primary service area's majority population is American Indian / Alaskan Native (35%), compared to that of the state where the majority population is white (71%). The population identifying as Hispanic in the state's population compared to the PSAs population is much lower (31%to 4%).

Chart A. Ethnicity / Race, 2019



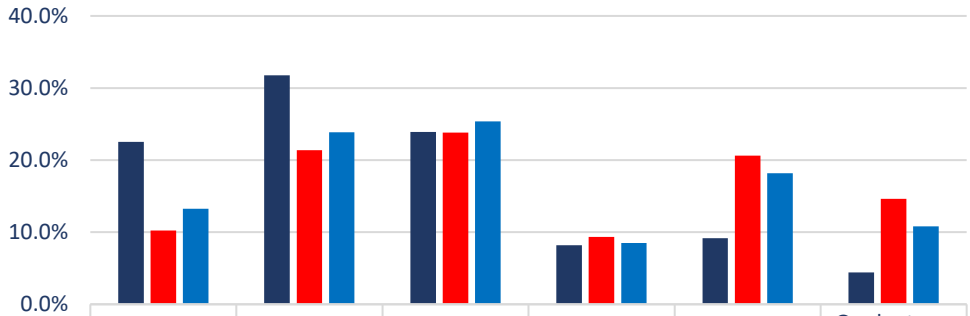
	White	Black	American Indian / Alaskan Native	Asian	Hawaiian / Pacific Islander	Other Race	Multirace	Hispanic
Page PSA	26.30%	0.40%	35.10%	0.70%	0.00%	5.30%	32.20%	4.40%
Coconino County	62.00%	1.60%	14.10%	2.00%	0.10%	8.30%	11.90%	13.90%
Arizona	70.80%	5.10%	3.00%	3.60%	0.20%	12.60%	4.80%	30.80%

Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

Page Hospital's PSA has educational attainment levels which are lower than that of the state and county, with a higher prevalence of the population not completing HS, obtaining a bachelor's degree and higher education.

Chart B. Educational Attainment*, 2019

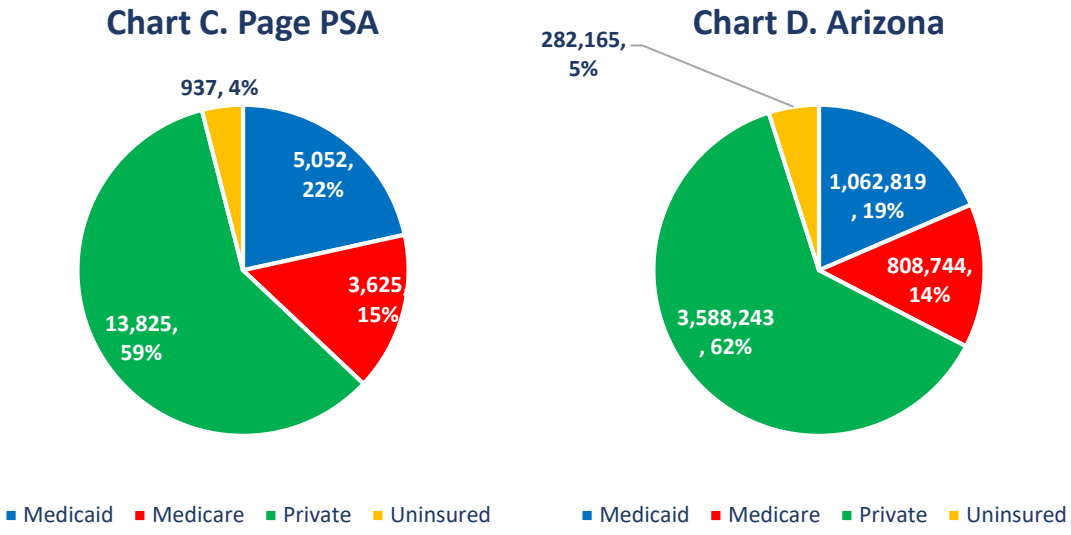


	No HS diploma	HS graduate	College no diploma	Associate degree	Bachelor's degree	Graduate or prof school degree
Page PSA	22.5%	31.8%	23.9%	8.2%	9.2%	4.4%
Coconino County	10.2%	21.4%	23.8%	9.3%	20.6%	14.6%
Arizona	13.2%	23.9%	25.4%	8.5%	18.2%	10.8%

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

Insurance Coverage Estimates for PSA and State of Arizona

The charts below indicate that Page's PSA is relatively representative of Arizona's insurance coverage. Coverage ranges from 1 percent to 2 percent in variation, there is a larger privately insured population in the state compared to that of the PSA.

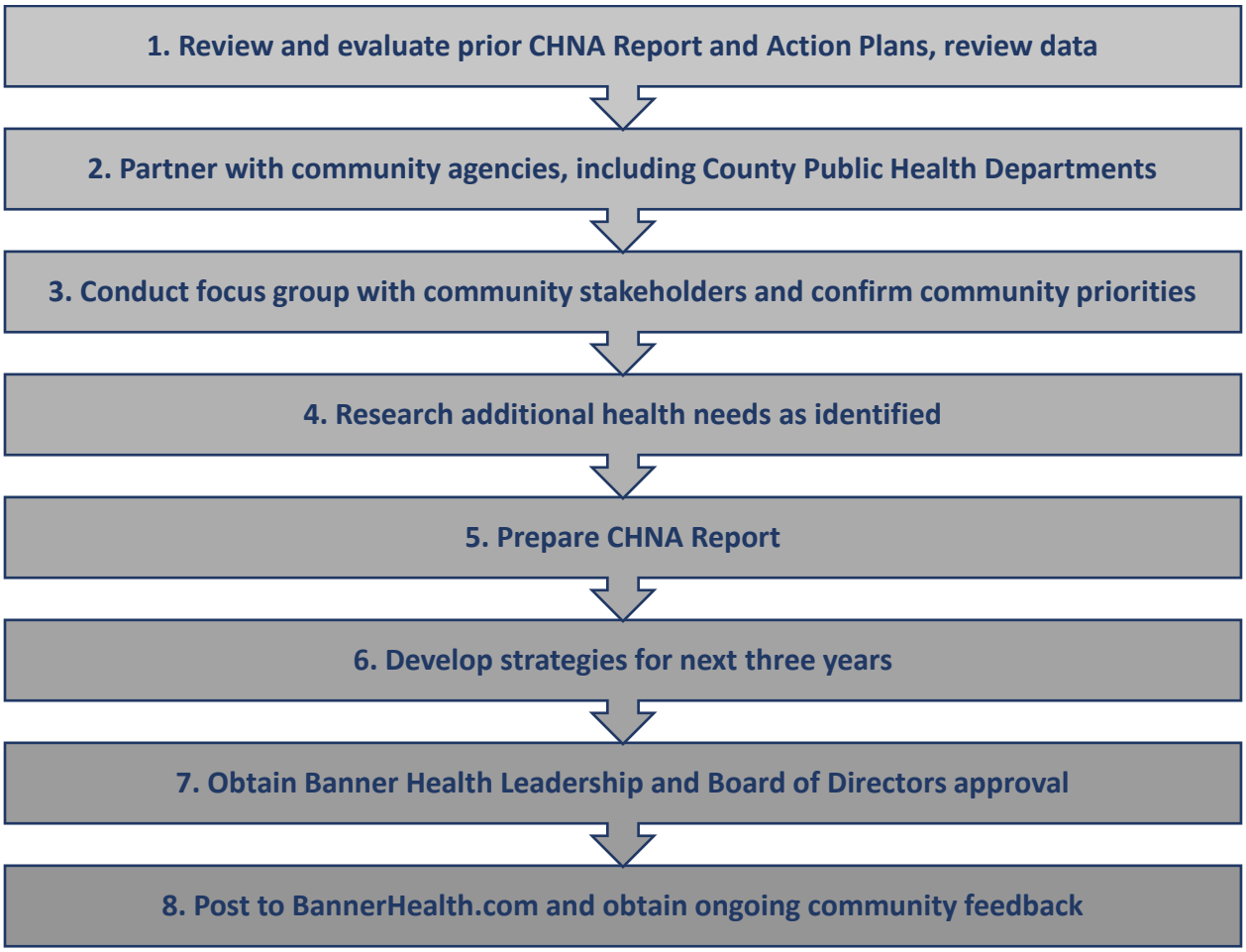


Source: 2017-18 Arizona State Data, Truven

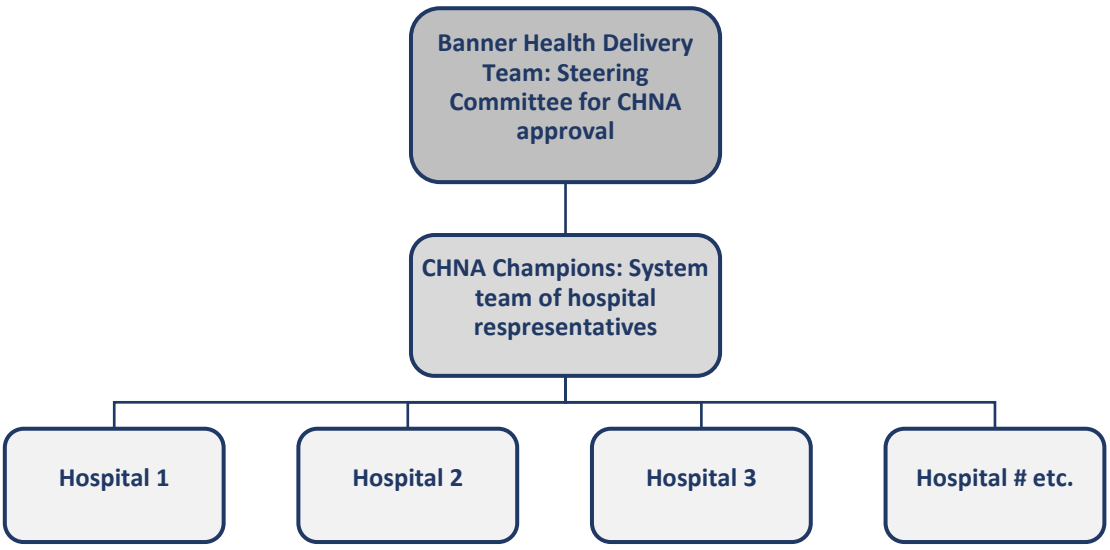
PROCESS AND METHODS USED TO CONDUCT THE CHNA

Page Hospital'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.

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



BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE



PRIMARY DATA / SOURCES

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

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

SECONDARY DATA / SOURCES

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

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. Data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors

and existing community resources. Several sources of data were consulted to present the most comprehensive picture of Page Hospital'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 Coconino 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 Page Hospital'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 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 statements summarize each of the areas of priority for Page Hospital 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). 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 poverty levels. Forty percent of the total Coconino County population and nearly 50 percent of children live at 200 percent below the federal poverty level.

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

	Coconino County	Arizona	US
Population Below FPL			
50%	10.39%	7.97%	6.48%
100%	21.05%	16.95%	14.58%
185%	38.03%	34.08%	30.11%
200%	40.57%	36.99%	32.75%
Children Below FPL			

100%	23.19%	24.01%	20.31%
200%	47.01%	48.55%	42.24%

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

The populations living in Coconino 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. HPSAs can be an indicator for access and health status issues (HHS, February 2019). In the US 23.3 percent of the population is living in an area affected by a HPSA compared to 42.2 percent of Arizona and 29.2 percent of Coconino County. While Arizona and Coconino County are both low when compared to the national rate, Coconino does have a higher prevalence of its population being affected by a HPSA compared to the state. 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 (Coconino – 37.32% of adults without any regular doctor; Arizona – 25.61%; U.S. – 22.07%) (CDC, 2011-12).

While Coconino's population is more affected by HPSAs compared to the state, when it comes to the ratio of patients to Primary Care Providers, Coconino has a smaller differential compared to Arizona. Table 5 indicates that while Coconino does not meet the level top performing counties is the U.S. has, it is doing better when compared to Arizona.

Table 5. Ratio of Population to Primary Care Physicians

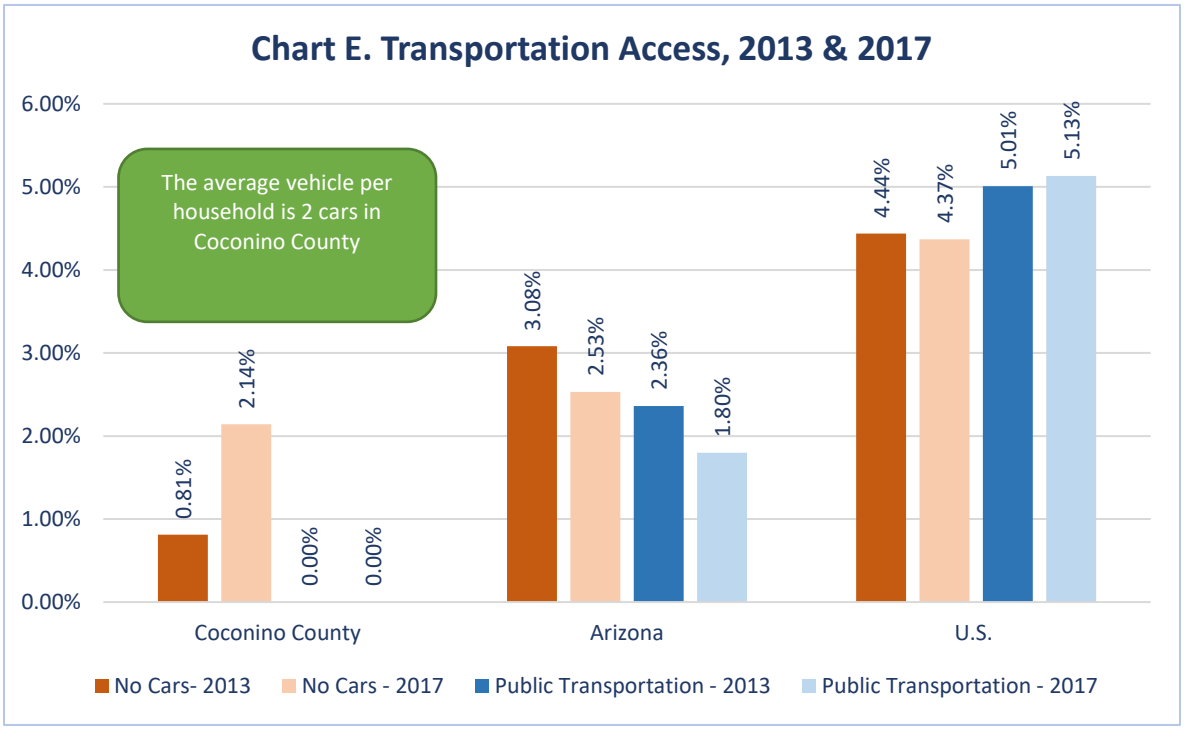
	Coconino County	Arizona	Top U.S. Performers (90th Percentile)
2017	1,240:1	1,520:1	1,040:1
2018	1,210:1	1,520:1	1,030:1
2019	1,200:1	1,540:1	1,050:1

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 Coconino County who did not have a car (refer to Chart E), affecting Coconino County in mobility, this is even more so impactful due to the fact the county has a limited public transportation system, only present in its most urban centers. Coconino County is designated as an urban area by the United States Department of Agriculture (USDA), however, it is the second largest county in the country, 18,608 square miles, thus transportation needs for a county of its size are large and complex (USDA, 2019). 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 of Coconino County residents, but they are also major drivers in health care costs. In 2017 Heart Disease was the number one cause of premature death in both Coconino County (141.2 per 100,000) and Arizona (145.2 per 100,000).

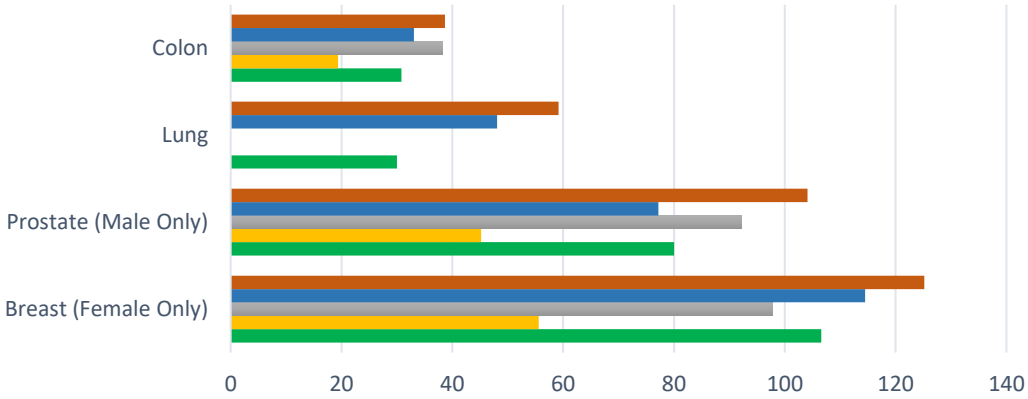
Table 6 shows six chronic disease mortality rates, comparing Coconino County to Arizona from 2017 data. Coconino fairs better than Arizona in all but stroke mortality rate, were it is marginally higher. While Coconino County has lower rates for the majority of Chronic Diseases when compared to the state, these are all diseases that continue to have an impact on the overall health of the community, affecting health care costs.

Table 6. Chronic Disease Mortality Rates per 100,000, 2017		
	Coconino County	**Arizona**
Heart Disease	141.2	145.2
Cancer	119.5	138.8
Chronic Lower Respiratory Disease	35.0	44.0
Stroke	31.8	31.5
Alzheimer's Disease	22.2	36.4
Diabetes Mellitus	21.2	24.1

Source: AZDHS, 2017

Cancer is the second highest cause for chronic disease mortality in Coconino County. There are four major cancer groups in Coconino County: colon, lung, prostate and breast cancer, Chart F shows the breakdown in incidence by national, state, county, and demographic groups. Latino residents are more likely to have breast and prostate cancer in Coconino County than their other racial counterparts (NC.

Chart F. Cancer Incidences, 2012-2016

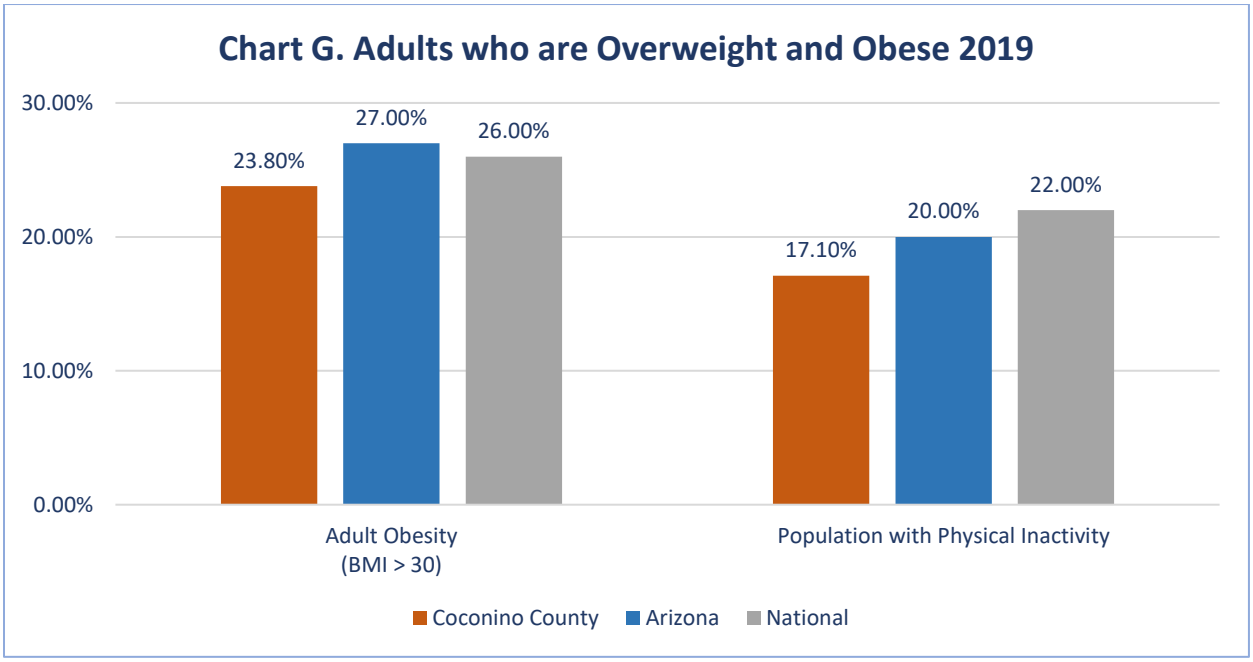


	Breast (Female Only)	Prostate (Male Only)	Lung	Colon
US (Both Sexes)	125.2	104.1	59.2	38.7
Arizona (Both Sexes)	114.5	77.2	48.1	33.1
Coconino County Latino (Both Sexes)	97.8	92.1	0	38.2
Coconino County American Indian (Both Sexes)	55.6	45.2	0	19.4
Coconino County (Both Sexes)	106.6	80	30	30.8

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 shows the populations national, state, and county trends of obesity and physical inactivity prevalence. Coconino County has an adult obesity rate *lower* than both state and national averages, however, a little over one-fifth of the county of the county population is obese. Physical inactivity has a lower prevalence in Coconino 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 Coconino County the ratio of the population to Mental Health Providers is significantly better compared to the state ratio, however it does not meet the U.S. average. This lack of access to a mental health provider can have reverberating effects on the behavioral health of a community. Coconino has a higher incidence of suicide when compared to the state, 27 per 100,000 of the population in Coconino County commit suicide, compared to the state incidence of 18 per 100,000.

Table 7. Access to Mental Health Care Providers in 2019

	Coconino County	Arizona	US
Ratio of Population to Mental Health Providers	500:1	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 in the past year (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 the opiates being the reported drug, and the emergency room being the location where the incident is treated. For Coconino County, there was a considerable decrease in inpatient discharges being drug related as the first diagnosis (2016 = 1.61%; 2017 = 0.9%) and in emergency room visits from (2016 = 1.44%; 2017 = 0.54%) (ADHS, 2019).

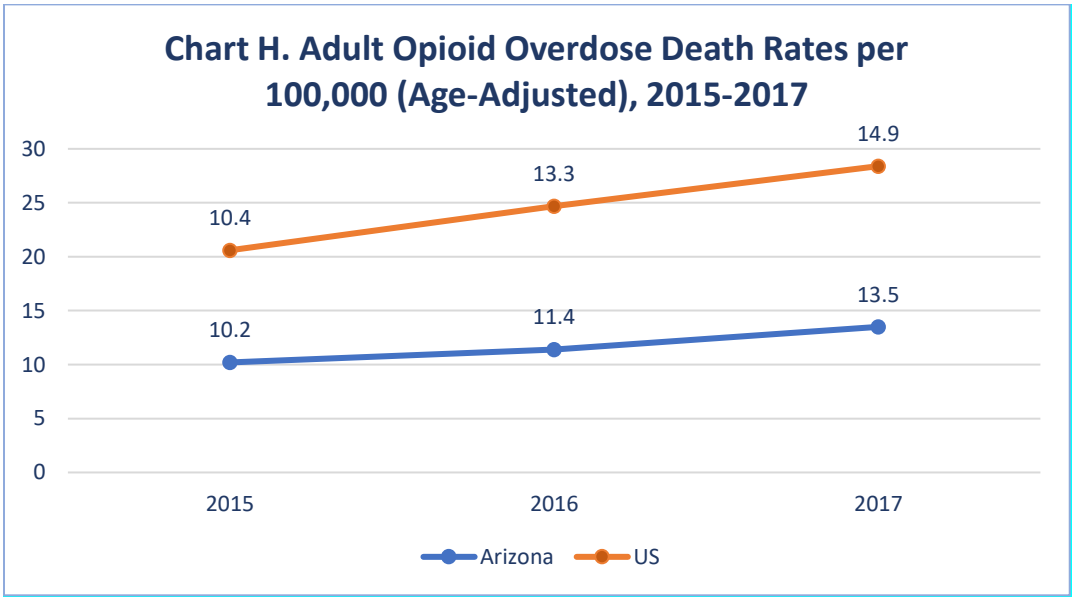
Table 8. AZ Drug Overdoses Reported, 2016 and 2017

	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

Table 8. AZ Drug Overdoses Reported, 2016 and 2017		
Type of Drug: Opiates		
• **Inpatient Discharge**	1,399	1,375
• **Emergency Room Visit**	3,104	2,691
Coconino County (Drug dependence, abuse, or misuse as first-listed diagnosis)		
• **Inpatient Discharge**	110	68
• **Emergency Room Visit**	298	118

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 seen a slight uptick in opioids 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 2017, 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 (CDC, 2017).



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

The focus groups discussed a high need in their PSA being lack of access to a skilled nursing facility, the closed two are 70 and 120 miles away. It was decided that while this is a concern, it was determined that the CHNA will not focus on this need at this time.

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 4 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 4 indicates what actions have been taken on the cycle 2 CHNA action plan in creating impact in the Page Hospital PSA.

Table 4. Implementation Strategies 2016 for Page Hospital 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
Impact of Strategy: • The facility continues to promote participation to MyBanner, our online patient portal, to patients. Utilization is currently at 8.2%, an increase from 4% in 2017.
Strategy #2: Reduce reoccurring visits to the Emergency Department and increase access to preventative care
Impacts of Strategy: • We have assigned case managers to cover ED and inpatient cases to support the discharge process and continuum of care. • We have contracted with Integrated Healthcare Management Services, to provide assistance for self-pay patients, they have an office onsite at our hospital. • We provide post-discharge education to our high utilizers where appropriate. • We provide chronic disease educational offerings in the community, leveraging partnerships with community stakeholders through Community Wellness Collaborative with Canyonlands Healthcare and Encompass Health Services
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
Strategy #1: Increase personal management of Chronic Disease
Impacts of Strategy: • We provide relevant chronic disease educational offerings in the community, leveraging partnerships with community-based organizations to help host and promote the events to the broader community population.

- We continue to adhere to the patient care and preventative initiates to close care gaps for our BHN members.
- Page Hospital promotes use of Doctors on Demand (new partner is Teladoc) for low-cost e-visits and virtual care, including iCare for chronic care management and in -home and E-ICU services for acute care.
- We provide a subscription service for chronic disease and health living through the Smart and Healthy Magazine.
- We developed a plan to reach out to our chronic disease patient population through proactive case management.
- Our Chronic Disease webpage is promoted to our patients to provide an educational opportunity and resource awareness.
- We implemented Banner Health Network High Value Networks for specialty care including cardiology, oncology, and orthopedics, imaging, and neurology

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

Strategy #1: Increase access to behavioral health assessments and services for those in crisis

Impact of Strategy:

- We promote the use of Doctors on Demand (new partner is Teladoc) for low-cost e-visits and virtual care.

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

Impact of Strategy:

- We provided support groups to our patients for behavioral health needs such as anxiety, depression, and other mental health needs

APPENDIX A. RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to address the three priority needs:

Name of Organization	Website	Phone Number	Address	Priority Area
Community Wellness Collaborative				CD
Encompass Health	https://www.encompass-az.org/	928-645-5113	463 S Lake Powell Blvd. Page, AZ 86040	BH / SA
Canyonlands Health Care	https://canyonlandschc.org/	928-645-8123	827 Vista Ave (Urgent Care); 467 Vista Ave (Lake Powell Medical). Page, AZ 86040	CD
Beehive Home of Page	https://beehivehomes.com/location/page/	928-613-2643	95 Elk Road. Page, AZ 86040	Other
Coconino County Health Department - Stacy			North Region Office 467 Vista Ave P.O. Box 879 Page, AZ	

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

U. S. Department of Agriculture – Economic Research Service (2019) Atlas of Rural and Small-Town America, Rural -Urban Continuum Code.

FOCUS GROUPS

Date	Time	Population	Location
Thursday, August 22, 2019	9a-1p	Key Stake Holder Meeting	City of Page Public Safety Community Room
Monday, August 26, 2019	5p-630p	Community Hospital District Board	Page Hospital Washburn Conf Room
Tuesday, September 3, 2019	1p-330p	Page Hospital Leadership & Dept Mgrs	Page Hospital Washburn Conf Room

APPENDIX C. STEERING COMMITTEE AND COMMUNITY ADVISORY COUNCIL MEMBERS

STEERING COMMITTEE

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

Steering Committee Member	Title
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

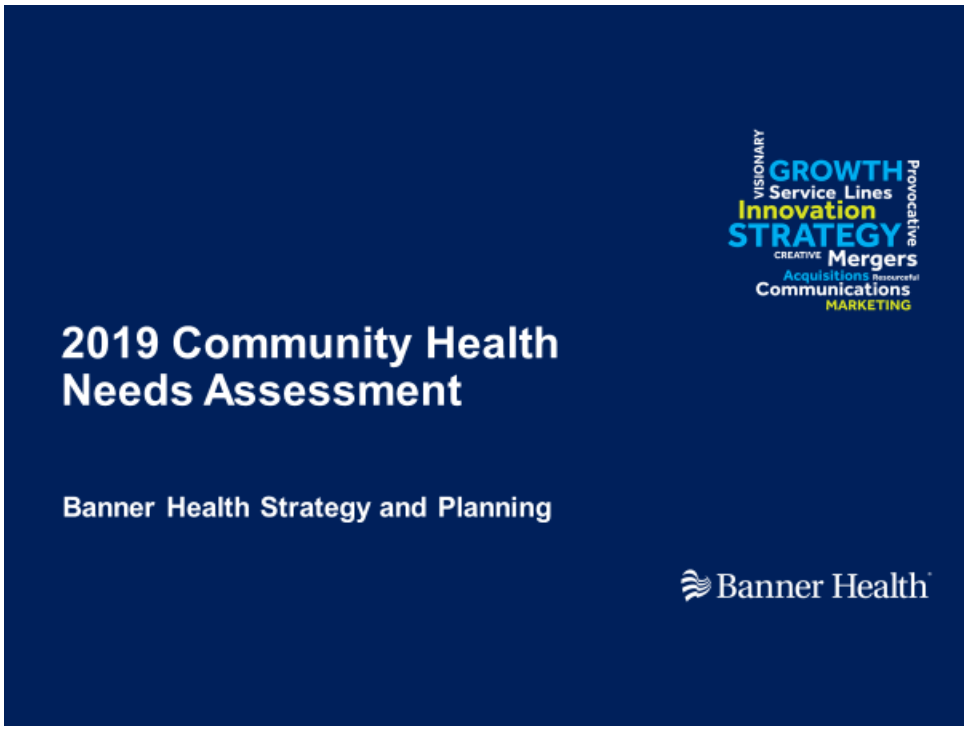
This list, while not exhaustive, identifies individuals/ organizations external to Banner Health that represent the underserved, uninsured, and minority populations. Stakeholders were identified based on their role in the public health realm of the hospital's surrounding community. These stakeholders 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.

Name	Organization	Phone Number	Email Address
Mike Hoodenpyle	Page Fire Department, Paramedic/Engineer	928-645-2461	mhoodenpyle@pageaz.gov
Gwen Lasslo	Encompass Health, Human Resources	928-645-5113	Gwen.Lasslo@ENCOMPASS-AZ.ORG
Jessie Parker	Encompass Health, Crisis Intervention	928-645-5113	jessie.Parker@ENCOMPASS-AZ.ORG
Scott Sadler	Banner Health Clinic Page, Provider	928-645-0766	Scott.sadler@bannerhealth.com
Daenan Kirk	Page Hospital, ED/ICU RN Sr Mgr	928-645-0140	daenan.kirk@bannerhealth.com
Christina Begay	Banner Health Clinic Page, Practice Mgr	928-645-0769	christina.begay@bannerhealth.com
Susan Eubanks	Page Hospital, CEO	928-645-0129	susan.eubanks@bannerhealth.com

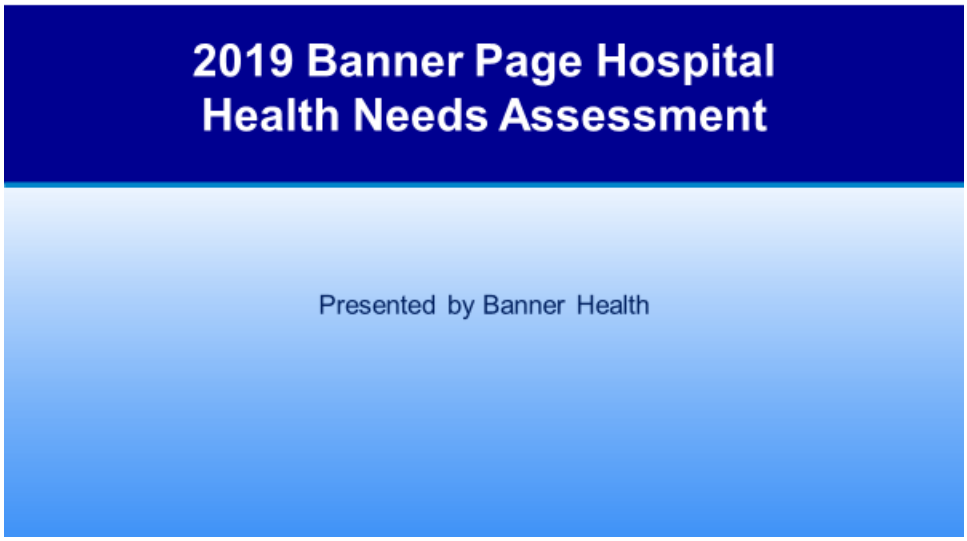
Name	Organization	Phone Number	Email Address
Matt Stein	Classic Air Medical, COO	928-640-0214	mstein@classicairmedical.com
Levi Tappan	City of Page, Mayor	928-645-8861	ltappan@pageaz.gov
Judy Franz	Page Chamber of Commerce, Executive Dir	928-645-2741	judy@pagchamber.com
Bridget Schuldies	Page Hospital, CNO	928-645-0119	susan.eubanks@bannerhealth.com
Shaundiin Begay	Canyonlands Healthcare, Family Planning Director	928-645-8123	sr.begay@cchcaz.org
CJ Hansen	Canyonlands Healthcare, CEO	928-645-8123	c.hansen@cchcaz.org
Kristina Luster	Page Hospital, RN Trauma Coordinator	928-640-0146	kristina.luster@bannerhealth.com
Joe Wright	Encompass Health, CEO	928-660-1200	Joe.Wright@ENCOMPASS-AZ.ORG
Delvina George	Encompass Health, Personnel Director & CCPHSD Advisory Council Member	702-353-0019	Sr.Begay@cchcaz.org
Mandi Lotze	Canyonlands-Public Health Intern	801-717-6685	lotzemandi@gmail.com
Melisa Serventi	Page Hospital, PeriOperative RN & CCPHSD Advisory Council Member	928-645-0165	melisa.serventi@bannerhealth.com

APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups



Banner Health



Banner at a Glance

- 28 Acute Care and Critical Access Hospitals
- Behavioral Hospital
- Banner Health Network
- Banner Network Colorado
- Banner Medical Group and Banner – University Medical Group with nearly 2,000 physicians and advanced practitioners and more than 200 Banner Health Centers and Clinics
- Banner Home Care and Hospice
- Outpatient Surgery
- Urgent Care
- Banner – University Medicine division
- $7 billion in revenue in 2015
- AA- bond rating
- $746 million in community benefits, including $62.9 million in charity, 2015

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

Banner Health

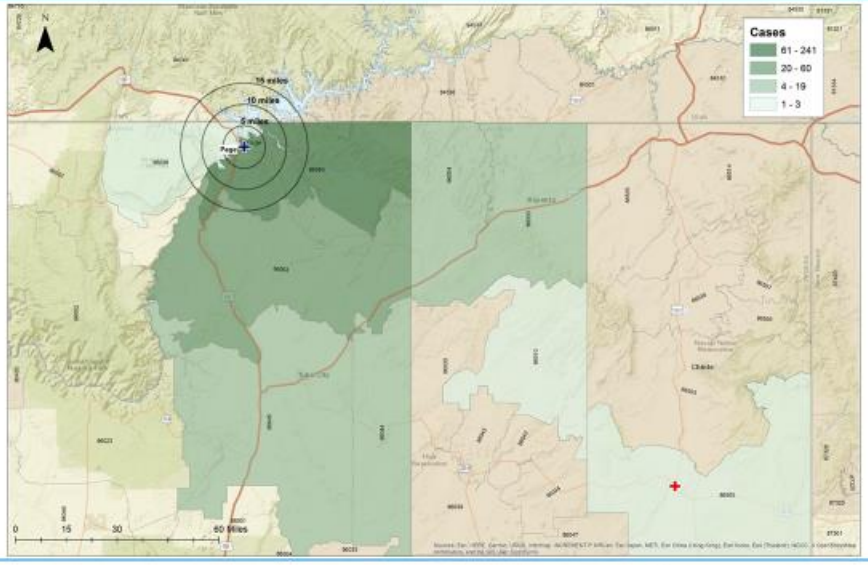
2018 Page Hospital Community Benefit

Facility:	Bad Debt:	Charity Care:	2018 Community Benefit:
Page Hospital	$1,816,000	$762,000	$2,578,000

Source: Banner Financials December 2018 - Unaudited

Page Hospital - 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

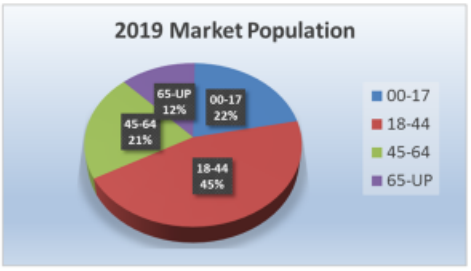
Page Hospital 2019 Demographic Snapshot–Coconino County

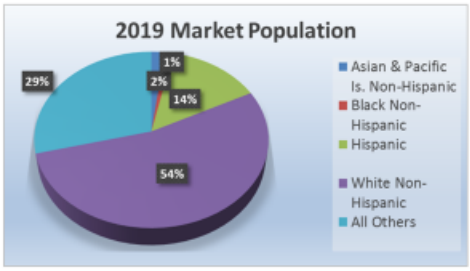
Sg2 MARKET SNAPSHOT

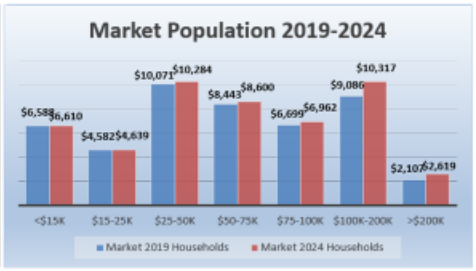
Banner Health

Coconino County, Arizona

Population and Gender	Market 2019 Population	Market 2019 % of Total	Market 2024 Population	Market 2024 % of Total	Market Population % Change
Female Population	70,482	50.8%	73,487	50.9%	4.3%
Male Population	68,336	49.2%	71,041	49.2%	4.0%
Total	138,818	100.0%	144,528	100.0%	4.1%







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).

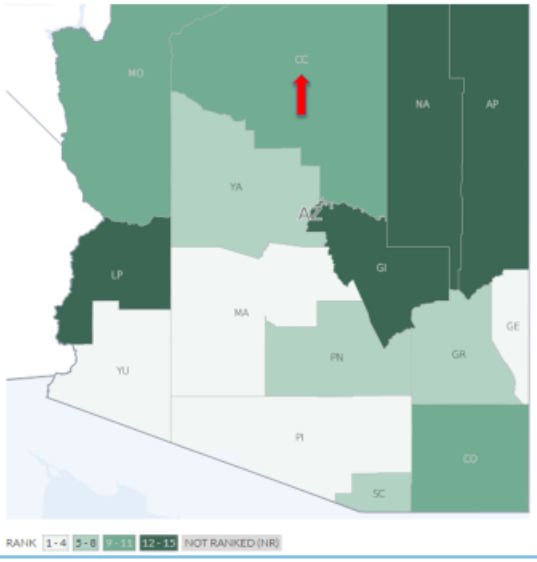
Health Factors

- 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

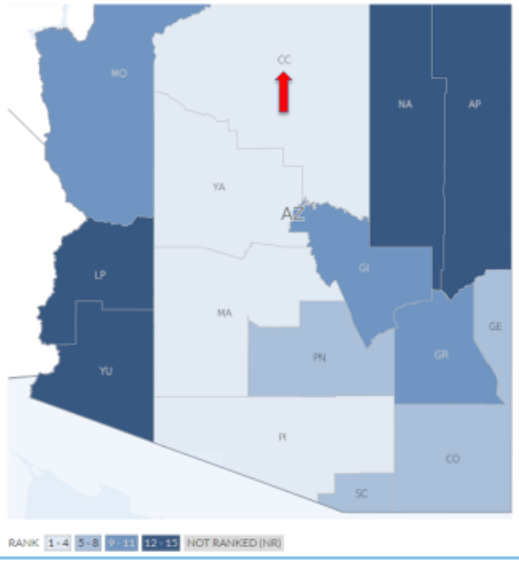
Banner Health

2018 Arizona County Health Outcomes Rankings
Coconino County #10 of 15 ranked



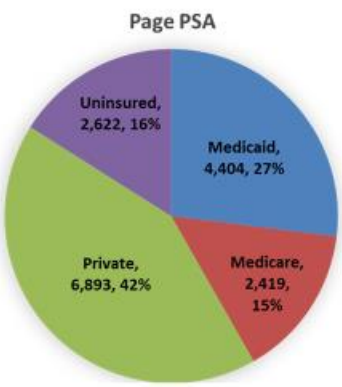
Source: http://www.countyhealthrankings.org/app/arizona/2018/rankings/coconino/county/

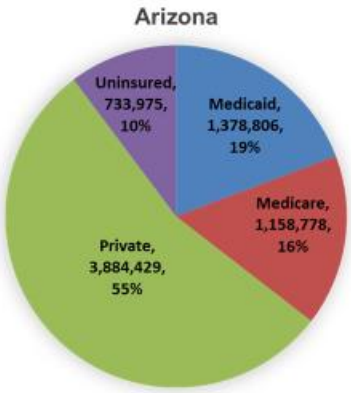
2018 Arizona County Health Factors Rankings
Coconino County #2 of 15 ranked



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

2019 Insurance Estimates = Top 75% Patient Origin*





PSA/Top 75% Patient Origin Zip Codes:
86040, 86053

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

Banner Health

2018 County Health Rankings

- Coconino County ranks 10 out of 15 Arizona Counties in Health Outcomes
- Adult smoking, excessive drinking and sexually transmitted diseases are areas of improvement to explore, compared to state and national benchmarks
- Diabetic monitoring and mammography screening are areas needing improvement compared to national and state measures

Source: www.countyhealthrankings.org

Banner Health

	Coconino County	Rank of 15	Top U.S. Performers	Arizona
Health Outcomes		10		
Length of Life		9		
Premature death	7,500		5,300	6,800
Quality of life		10		
Poor or fair health**	16%		12%	18%
Poor physical health days**	4.2		3.0	4.0
Poor mental health days**	4.5		3.1	3.9
Low birth weight	8%		6.0%	7%
Health Factors		2		
Health Behaviors		5		
Adult Smoking**	16%		14%	15%
Adult Obesity	23%		26%	27%
Food Environment Index	5.9		8.6	6.4
Physical Inactivity	16%		20%	20%
Access to exercise opportunities	83%		91%	86%
Excessive Drinking**	20%		13%	17%
Alcohol impaired driving deaths	22%		13%	27%
Sexually transmitted infections	703.1		145.1	481.1
Teen births	23		15	33
Clinical Care		4		
Uninsured	15%		6%	13%
Primary Care Physicians	1,210:1		1,030:1	1,520:1
Dentists	1,350:1		1,280:1	1,660:1
Mental Health Providers	530:1		330:1	820:1
Preventable Hospital Stays	32		35	36
Diabetic Monitoring	61%		91%	80%
Mammography Screening	54%		71%	64%

Area of Strength
Area of Concern

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

** Data should not be compared to prior years

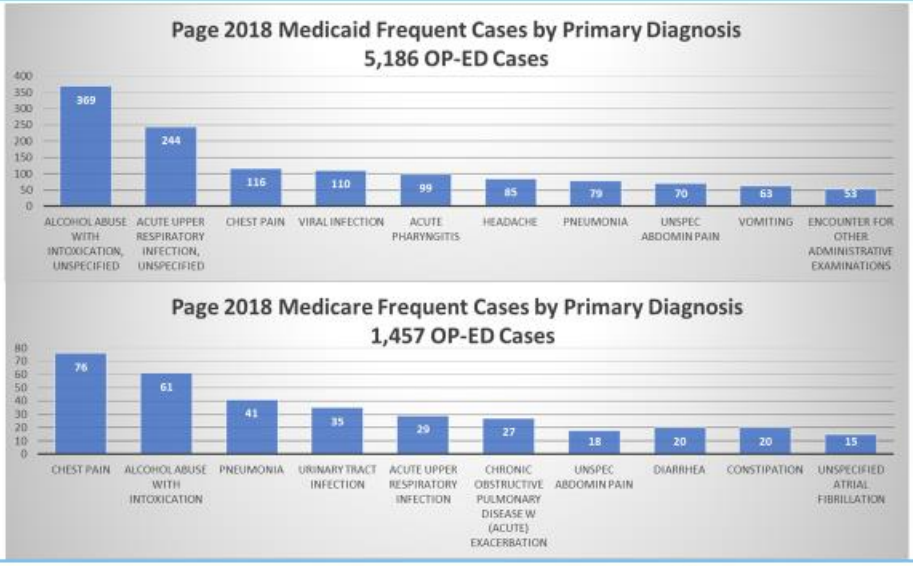
	Coconino County	Rank of 15	U.S. Benchmark	Arizona
Social & Economic Factors		3		
High School Graduation	81%		95%	78%
Some College	69%		72%	63%
Unemployment	5.9%		3.2%	5.3%
Children in Poverty	21%		12%	24%
Income Inequality	5.3		3.7	4.6
Children in Single-parent households	37%		20%	36%
Social Associations	9.3		22.1	5.6
Violent crimes	337		62	415
Injury Deaths	95		55	78
Physical Environment		4		
Air pollution-particulate matter	5.5		6.7	6.0
Drinking water violations	Yes		No	
Severe housing problems	27%		9%	20%
Driving alone to work	69%		72%	77%
Long commute-driving alone	15%		15%	35%

Area of Strength
Area of Concern

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

** Data should not be compared to prior years

Outpatient ED Visits Frequent Diagnosis



Source: Banner McKesson 2018 Full year

2016 Prioritized Community Health Needs

1. Access to Care

Understanding what is covered

- More people have insurance, but still cannot afford care due to higher premiums and associated costs
- Costs are driving decision-making, if they can't afford care, won't seek
- No UC alternative forces higher ED use/costs
- Delayed care often means more costs associated with care
- Lack of access over state lines cause long drive times for care
- Lack of local specialized care
- Slow or no technology – make follow up care difficult
- Lack of providers

2016 Prioritized Community Health Needs

2. Chronic Disease

Includes cancer, health disease, diabetes and obesity

- High drivers of health costs
- High instances of diabetes, alcohol abuse and related assault cases
- Managing disease focus, not preventing disease
- General unhealthy lifestyles issue

2016 Prioritized Community Health Needs

3. Behavioral Health

Both mental health and substance abuse

- Limited resources
- Forced into ED for treatment or jail
- Transport issues to larger communities with resources to treat
- Tele-health and gap services opportunities exist
- Higher suicide rates
- Native Americans have higher serious psychological distress, more PTSD, and suicide is 2nd leading cause of death for 10-34 year old Native Americans

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:

Technology: Page is planning to update the broadband service, however internet, phone and wireless service is a significant problem. With inconsistent access to phone service, patients and providers experiences more difficulty in scheduling and following up on care

Senior Care: The two priorities above were so significant that a third priority was hard to choose from the other needs identified. However, senior care did seem to be significant and will be addressed through Access to Care. The community is encouraging Compass to open a nursing home. There are also swing beds coming. Currently there is no assisted living care and the closest nursing home is 130 miles away. There is a lack of long term care and rehab facilities and many of the elderly in town move away because there is no local care available.

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

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

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

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