Community Health Needs Assessment

2020

Banner Health

Banner Goldfield 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 the individuals in the community, including public health experts as well as residents, representatives or leaders of low-income, minority, and medically underserved populations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ABOUT BANNER GOLDFIELD MEDICAL CENTER

Banner Goldfield Medical Center (Banner Goldfield) is a 20-bed hospital located in Apache Junction in Pinal County, within the greater Phoenix metro area. The hospital was built in 2009 to serve the growing needs of Apache Junction, the facility joined the Banner Health system in 2013 to further its ability to

serve the community. During that time, it is has never strayed from the community focus, constantly striving to live the Banner Health mission, "Making health care easier, so life can be better".

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

- Emergency Services
- Intensive Care
- Medical / Surgical Care
- Progressive Care

- Surgery/Endoscopy
- Imaging
- Pharmacy
- Lab Services

The staff at BGFMC currently consists of 490 staff providers (physicians, NP, PA, etc.), 88 support staff, and 18 volunteers, BGFMC provides personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, Banner Goldfield Medical Center's health care professionals render care to – over 500 outpatients, around 3,500 inpatients, and nearly 19,000 patients in the Emergency Department (ED).

Banner Goldfield Medical Center serves Apache Junction and 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.

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

To help meet the needs of uninsured and underinsured community members, Banner Goldfield Medical Center follows Banner Health's process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people through financial assistance is just one example of our commitment. In 2019, Banner Goldfield Medical Center reported $5,625,000 in Charity Care for the community while we wrote off an additional $2,338,000 in bad debt on uncollectable money owed to the facility.

DEFINITION OF COMMUNITY

Located near the intersection of Southern Avenue and Ironwood Road, Banner Goldfield serves Apache Junction, Gold Canyon, East Mesa, and the surrounding communities. Nestled near the back drop of Lost Dutchman State Park and Superstition Mountains this community frequently has outdoor enthusiasts visiting the community throughout the year.

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 the top ~75 percent of the Banner Goldfield Medical Center PSA is listed.

Table 1. Primary Service Area				
Zip	**County**	**Town**	**%**	**Cumulative**
85120	Pinal County	Apache Junction	42.8%	42.8%
85119	Pinal County	Apache Junction	22.5%	65.2%
85118	Pinal County	Gold Canyon	7.3%	72.6%
85208	Maricopa County	Mesa	3.2%	75.7%

Source: ADHS, 2019

Hospital Inpatient Discharges and Map

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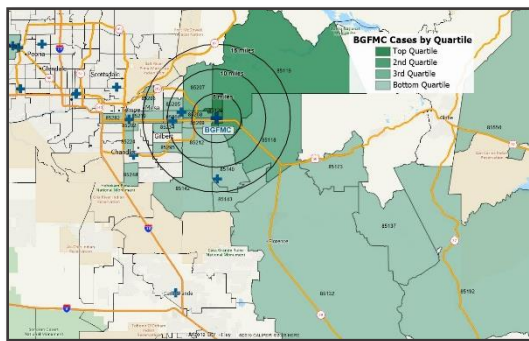
Source: Banner Strategy and Planning, 2020

Health Outcomes Ranking and Map

2020 Arizona County Health Outcomes Rankings: Pinal ranked 5 out of the 15 participating counties, an increase in ranking from the 2017 health outcomes (7 of 15). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:

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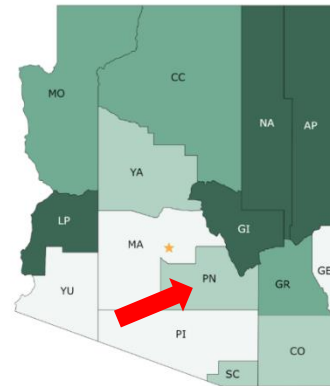- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2019)

2020 Health Outcomes - Arizona

Source: County Health Rankings and Roadmaps, 2020

Health Factors Ranking and Map

2020 Arizona County Health Factors Rankings: Pinal ranked 7 out of the 15 participating counties, an increase in ranking from the 2019 health outcomes (8 of 15). Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:

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

2020 Health Factors - Arizona
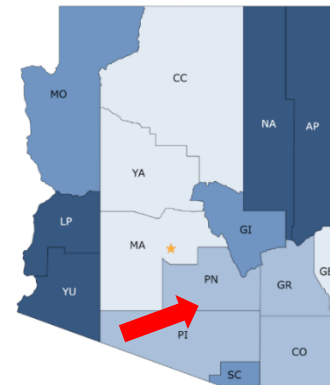
Source: County Health Rankings and Roadmaps, 2020

COMMUNITY DEMOGRAPHICS

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

Table 2. Community Demographics			
	Banner Goldfield Medical Center PSA	**Pinal County**	**Arizona**
Population: estimated 2018	71,188	581,524	7,061,237
Gender			
• Male	48.8%	50.9%	49.6%
• Female	51.2%	49.1%	50.4%
Age			
• 0 to 9 years	7.8%	12.7%	12.4%
• 10 to 19 years	9.6%	13.1%	12.8%
• 20 to 34 years	10.9%	18.2%	19.7%
• 35 to 64 years	35.6%	35.7%	36.3%
• 65 to 84 years	32.4%	18.4%	16.1%
• 85 years and over	3.7%	1.9%	2.6%
Social & Economic Factors			
• No HS diploma	12.0%	13.0%	13.3%
• Median Household Income	$49,682	$61,113	$60,027
• Unemployment Rate	4.8%	4.4%	4.7%

Source: Advisory Board, 2020

Race/Ethnicity (State, County, and PSA)

Chart A. Race / Ethnicity, 2020

	White	Black	American Indian / Alaskan Native	Asian	Hawaiian / Pacific Islander	Other Race	Multirace	Hispanic
AZ STATE	70.80%	5.10%	3.00%	3.60%	0.20%	12.60%	4.80%	30.80%
AZ PINAL COUNTY	71.6%	5.8%	3.1%	2.9%	0.3%	11.6%	4.8%	27.6%
BGFMC PSA	88.6%	1.7%	1.0%	1.1%	0.1%	4.7%	2.7%	14.1%

■ AZ STATE ■ AZ PINAL COUNTY ■ BGFMC PSA
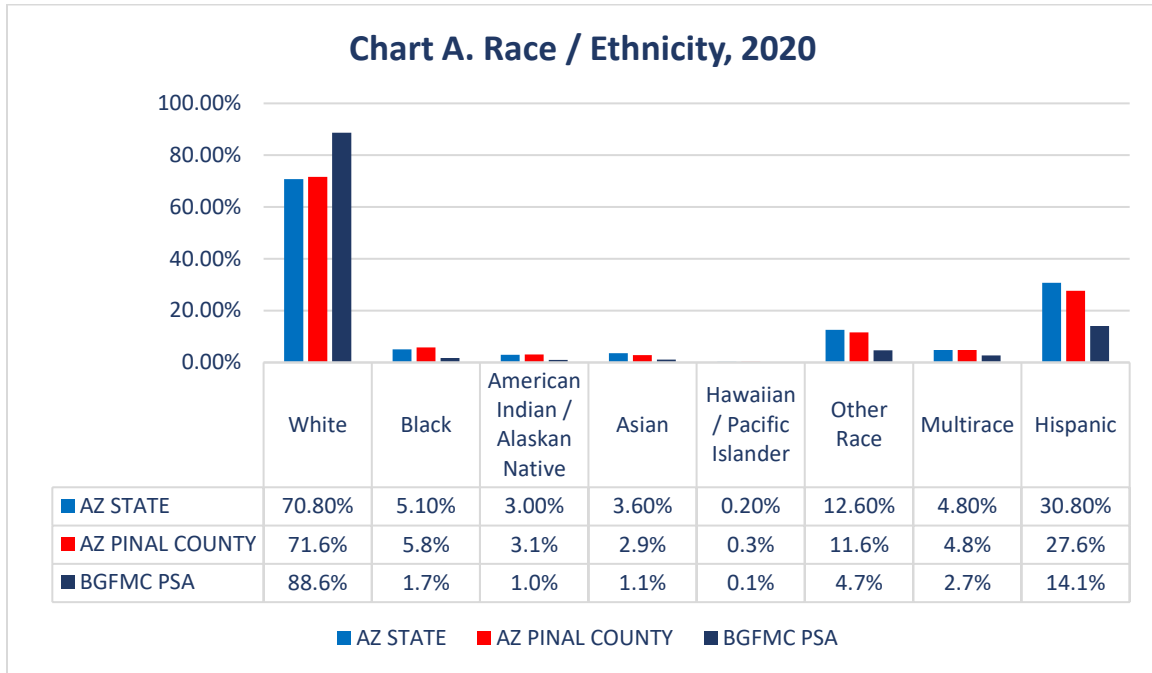
Sources: Crimson, Advisory Board, 2020

Educational Attainment (State, County, and PSA)

Chart B. Educational Attainment*, 2020

	No HS diploma	HS graduate	College no diploma	Associate degree	Bachelor's degree	Graduate or prof school degree
AZ STATE	13.30%	23.90%	25.40%	8.50%	18.20%	10.80%
AZ PINAL COUNTY	13.01%	26.43%	27.27%	9.44%	15.02%	8.83%
BGFMC PSA	11.96%	30.88%	28.88%	7.83%	12.89%	7.56%

■ AZ STATE ■ AZ PINAL COUNTY ■ BGFMC PSA
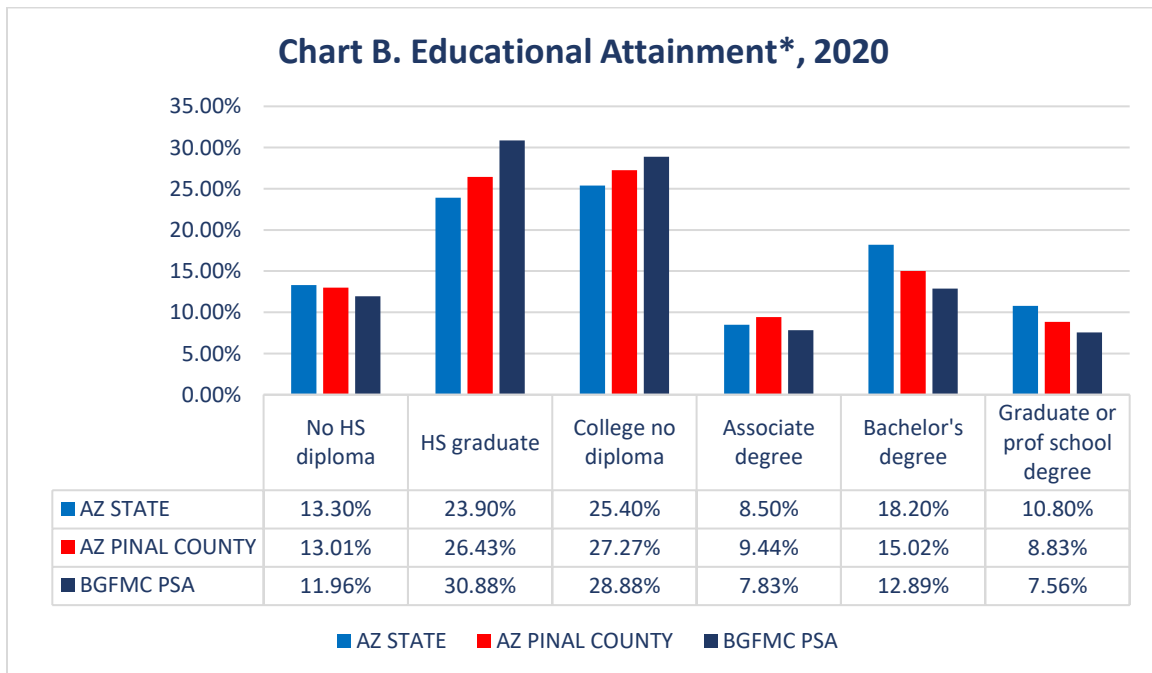
*Over the age of 25; Sources: Crimson, Advisory Board, 2020

Insurance Coverage Estimates (State, County, and PSA)

Chart C. Insurance Coverage Estimates

	Medicaid	Medicare	Private	Uninsured
AZ STATE	22%	16%	55%	8%
AZ PINAL COUNTY	17%	12%	63%	8%
BGFMC PSA	16%	26%	47%	10%

■ AZ STATE ■ AZ PINAL COUNTY ■ BGFMC PSA
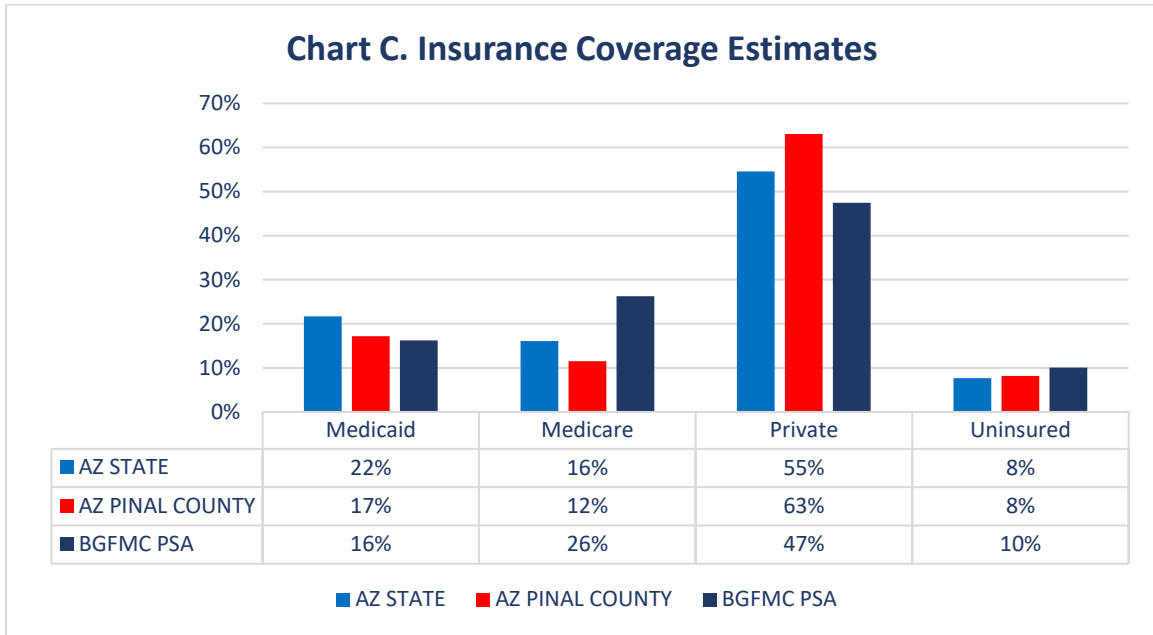
Source: 2011-2028 Arizona State Data, Claritas via Truven

PROCESS AND METHODS USED TO CONDUCT THE CHNA

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

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

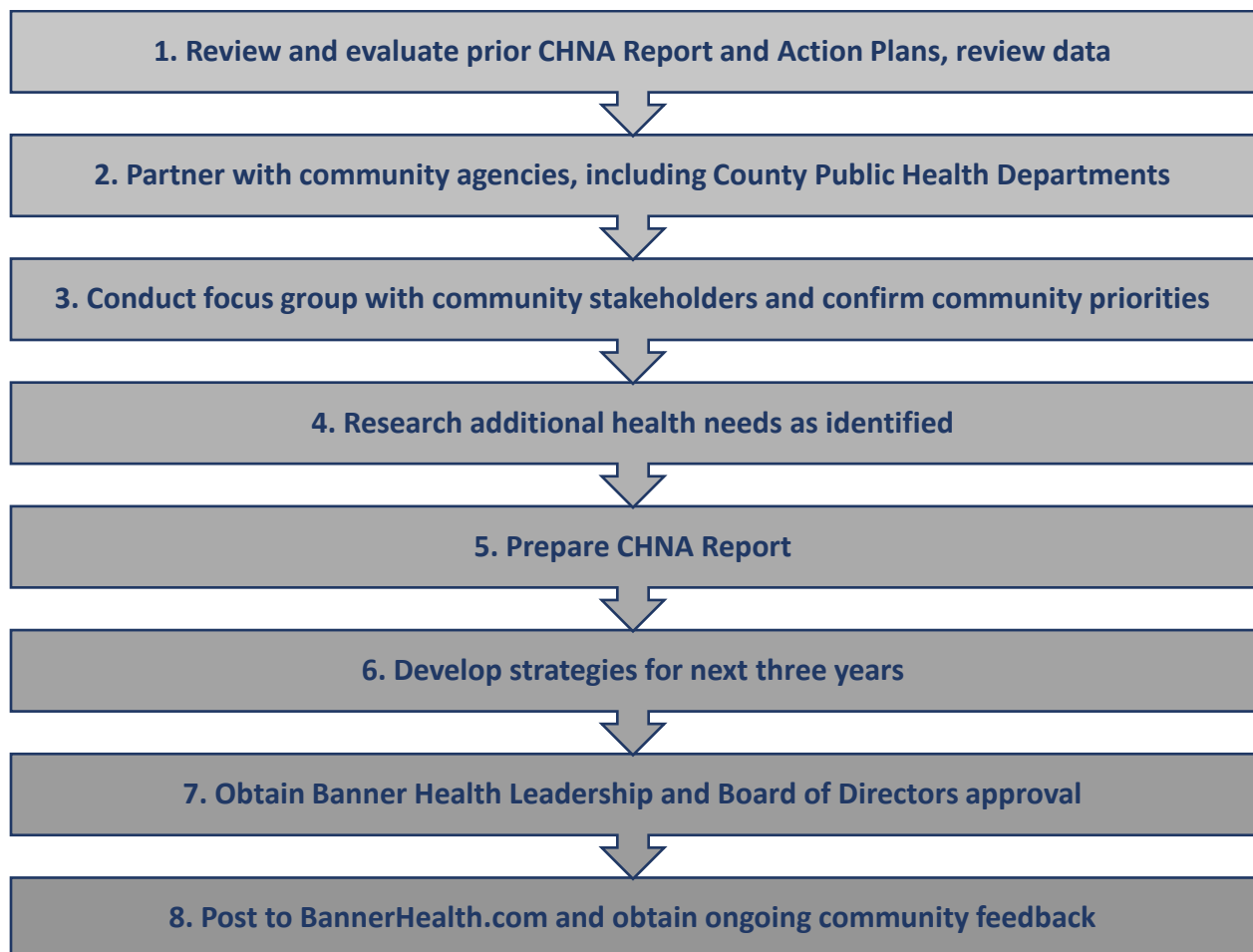| |
|---|
| 1. Review and evaluate prior CHNA Report and Action Plans, review data |
| 2. Partner with community agencies, including County Public Health Departments |
| 3. Conduct focus group with community stakeholders and confirm community priorities |
| 4. Research additional health needs as identified |
| 5. Prepare CHNA Report |
| 6. Develop strategies for next three years |
| 7. Obtain Banner Health Leadership and Board of Directors approval |
| 8. Post to BannerHealth.com and obtain ongoing community feedback |

BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE

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┌─────────────────────────────┐
│   Banner Health Delivery    │
│     Team: Steering          │
│    Committee for CHNA       │
│        approval             │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│   CHNA Champions: System    │
│     team of hospital        │
│     respresentatives        │
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│Hospital│ │Hospital│ │Hospital│ │Hospital #  │
│   1    │ │   2    │ │   3    │ │   etc.     │
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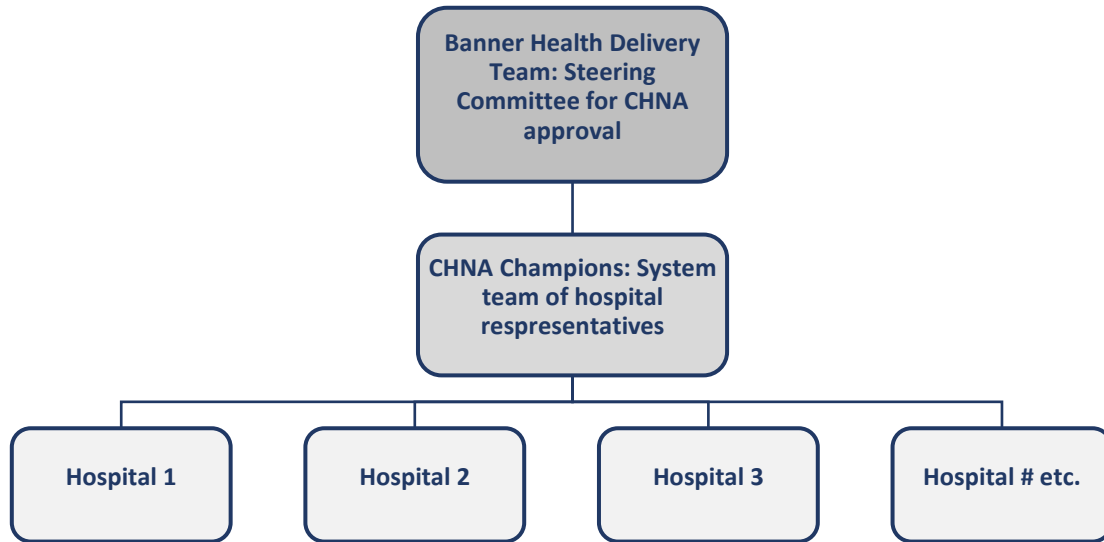
PRIMARY DATA / SOURCES

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

Banner Goldfield Medical Center's process for conducting the Community Health Needs Assessment (CHNA) leveraged a multi-phased approach to understanding gaps in services provided to the community, as well as existing community resources. The CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups, and meetings with internal leadership. The advantage of using this approach is that it validates data by cross verifying from a multitude of sources.

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

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. Data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors and existing community resources. Several sources of data were consulted to present the most comprehensive picture of Banner Goldfield Medical Center's PSA's health status and outcomes. Appendix B has the data sources listed.

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

Table 3. Top 10 Leading Causes of Death for Pinal County and Arizona for 2017		
	Pinal County	**Arizona**
1	Heart Disease	Heart Disease
2	All Cancer	All Cancer
3	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases
4	Total Accidents	Total Accidents
5	Lung Cancer	Lung Cancer
6	Alzheimer's Disease	Alzheimer's Disease
7	Diabetes	Diabetes
8	Stroke	Stroke
9	Chronic Liver Disease	Chronic Liver Disease
10	Hypertension	Hypertension

Source: CDC, 2017

ADDITIONAL PRIMARY DATA

Focus Groups

A series of focus groups were conducted during July and August of 2019. Focus groups helped to identify priority health issues, resources, and barriers to care within Pinal County through a community-driven

process known as Mobilizing Action through Planning and Partnership (MAPP). The focus group process moved through five phases:

1. Initial review of literature;
2. Focus group discussion guide development;
3. Focus group recruitment and securement;
4. Focus group collection; and,
5. Report writing and presentation findings.

Members of the community representing subgroups, defined as groups with unique attributes (race and ethnicity, age, sex, culture, lifestyle, or residents of an area in Pinal County), participated in focus groups. In all, a total of six focus were conducted in the following communities: Coolidge, Casa Grande, San Manuel, Apache Junction, Maricopa, and Florence. Participants in the focus groups represented people the following groups:

- Gender: male, female, transgender
- Race / Ethnicity: AI/AN, Asian, African American / Black, Hispanic, Latino, White
- Age: 18 – 75+
- Populations: LGBTQ+, persons with disabilities, veterans, parents of children
- Primary Language Group: English, Spanish, Chinese
- Education Levels: less than H.S., H.S. degree / G.E.D., college no degree, associate's degree, bachelor's degree, graduate degree, technical school
- Employment Status: part-time, full-time, unemployed, looking for work, retired, disabled

Content analysis was performed on focus group interview transcripts to identify key themes and salient health issues affecting the community residents. The most common problems identified are listed below:

- Over 50% of the focus group participants indicated they had one specific place where they received all or most of their medical care. For participants who have a usual source of care, 48% receive their health care services at a community health center and 23% go to a private family practice. The Veterans Hospital and an Organization called "My Doctor Now" are the primary sources of health care for 13% of participants with a usual source of medical care.
- Only four percent of participants indicated they "always" use the emergency room for minor medical problems such as headache, flu, or blood pressure check. The majority of participants 87% said they never use the emergency room for minor medical issues.
- Casa Grande and Coolidge received the most responses for town / city in Pinal County where participants go for most of their family's routine health care needs. Participants are also going to Queen Creek and Gilbert for health care services.
- Nearly 50% of total focus group participants and 18% of Casa Grande participants. indicted they are someone in their household delayed health care due to lack of money or insurance.

Community Survey and Local Public Health Assessment

In order to identify and understand community health needs, a community health assessment survey was administered to community members and key informants. Community health assessment surveys were administered between October and December of 2019. Surveys were intended to provide information about prominent health problems facing the community. The survey had a total of 40 questions and identified factors which contributed to overall quality of life, important health issues and behaviors, and rating scales measuring the health of the individual and their community. A total of 11,940 surveys were collected within Pinal County from community residents ages 18 and above.

Public Health Assessments were also administered to health care professionals in the community. Health care organizations, businesses, and companies were sent access to links of the assessment. In total the assessment was administered to ___ health professionals who provide services throughout Pinal County. The survey asked respondents similar questions as the Community Survey, about factors that would improve "quality of life," most important "health problems," in the community, "risky behaviors" of concern and their overall rating of the health of the community.

The survey instruments were created by Pinal County Public Health Services District based on recommendations from the partners including Sun Health and Banner Health.

Chart D. How would you rate the health of your community (Pinal County)?
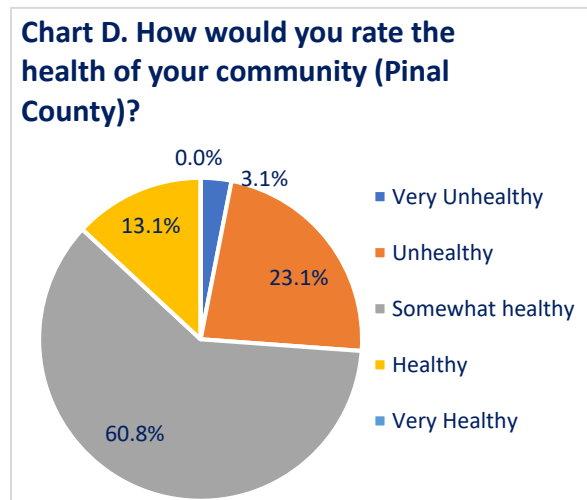
When surveyed about the overall health of the community 3.1% reported "Very Unhealthy", 23.1% reported it was "Unhealthy", 60.8% reported it was "Somewhat Healthy", 13.1% reported "Healthy", and no respondents reported the County as "Very Healthy" (Chart D).

In Apache Junction 82% of respondents reported the community as "Somewhat Healthy", 28% of respondents reported the community as "Unhealthy" and 9% reported the community as "Healthy".

Source: Pinal County Community Health Assessment, 2019

In Apache Junction survey respondents identified sexually transmitted infections and infant deaths as significant health problems in the community, at a higher percentage than that of Pinal County (Chart E). Pinal County survey respondents felt that the most important health problems impacting their community are mental health issues, substance abuse addiction and overdose, aging problems, child abuse and neglect, and diabetes (Chart E).

Chart E. What do you think are the three most significant "health problems" in your community?

■ Pinal County
■ Apache Junction
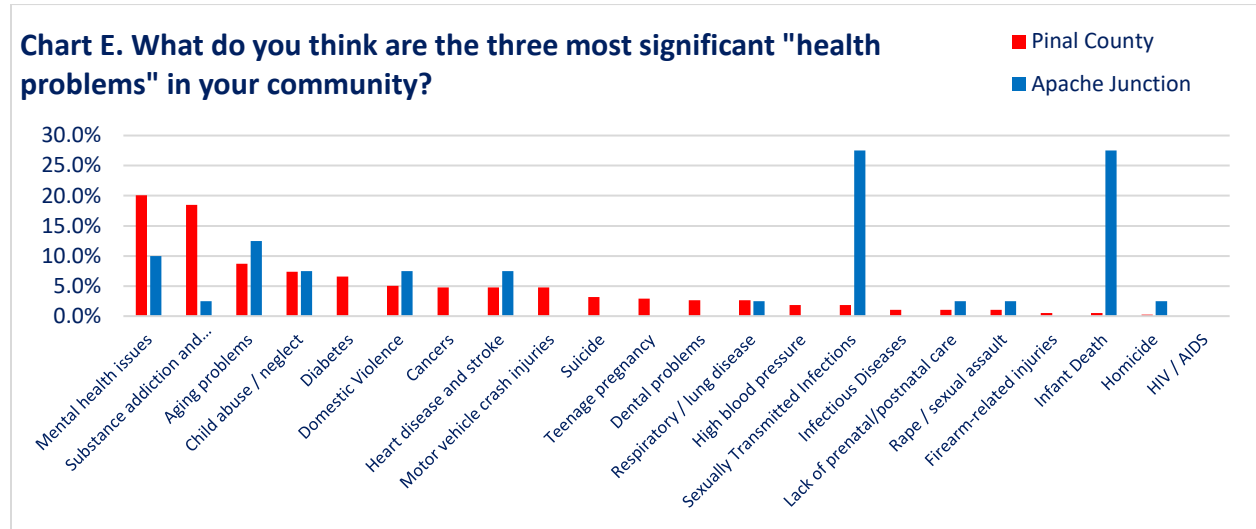
Source: Pinal County Community Health Assessment, 2019

When asked to rank the three most important risky behaviors seen in the community, the top five answers selected by Pinal County residents included drug abuse and misuse, alcohol abuse and misuse, being overweight, dropping out of school, and poor eating habits (Chart F). For Apache Junction, participants identified dropping out of school, drug abuse / misuse, and racism at the top three most "risky behaviors" –only drug abuse / misuse overlapped with Pinal County.
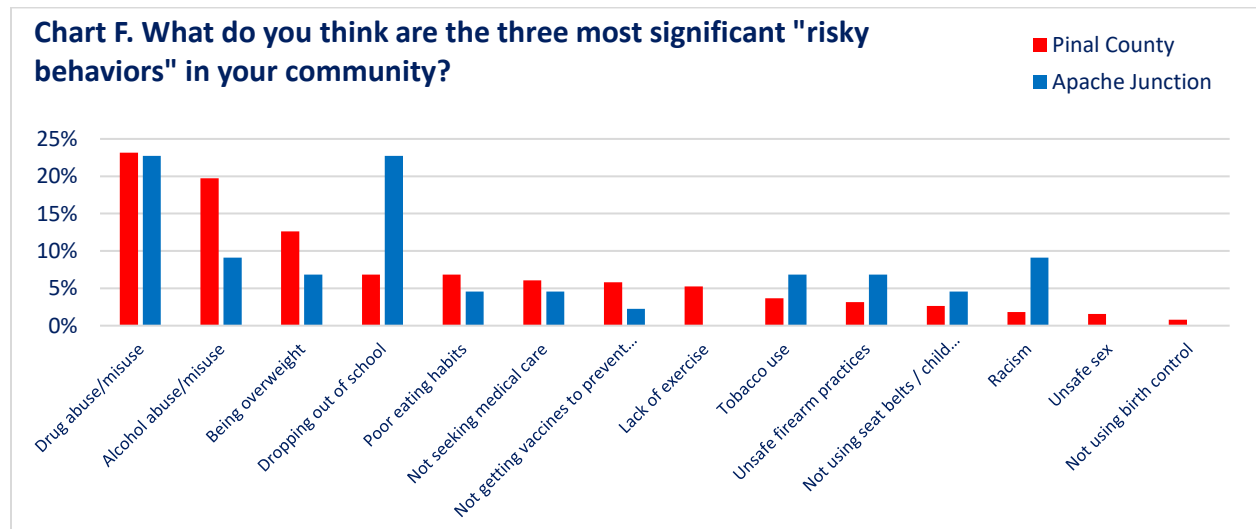
Chart F. What do you think are the three most significant "risky behaviors" in your community?

■ Pinal County
■ Apache Junction

Source: Pinal County Community Health Assessment, 2019

Chart G. What do you think are the three most important factors for a "Healthy Community?"

■ Pinal County
■ Apache Junction
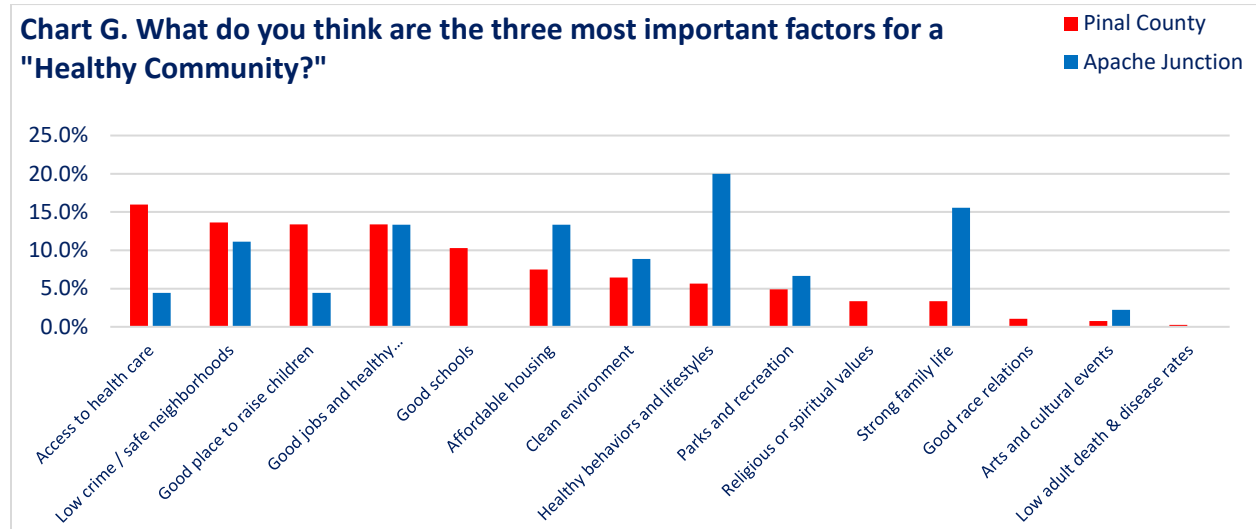
Source: Pinal County Community Health Assessment, 2019

Lastly, the most important factors survey respondents felt would improve the quality of life within their community included access to health care, low crime and safe neighborhoods, good place to raise children, good schools, and affordable housing. Respondents from Casa Grande indicated healthy behaviors and lifestyles, strong family life, and affordable housing as important factors for a healthy community – while these do not align directly with health, they are all social factors which can influence positive health behaviors.

≋ **Banner Health**

DATA LIMITATIONS AND INFORMATION GAPS

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

Table 4. Data Limitations and Information Gaps	
Data Type	**Data Limitations and Data Gaps**
Primary Data	• Community meetings to discuss findings from focus groups and surveys were impeded due to COVID-19. • Primary data reflects health needs prior to the global pandemic of COVID-19, and thus some health needs which are now exacerbated were not viewed as priorities primary data was gathered.
Secondary Data	• Data from external sources derive from data sources 2+ years old.

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 Banner Goldfield Medical Center 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 for preventative and maintenance health care. This can be very costly, both to the individuals and the health care system. Focus group participants overwhelmingly felt that access to care is an important issue for the community.

Data indicates that the populations of Arizona and Pinal County have a greater chance of being uninsured compared to the overall U.S. average. Overall, the rate of the uninsured population is consistent with the states rate of being uninsured (Chart H).
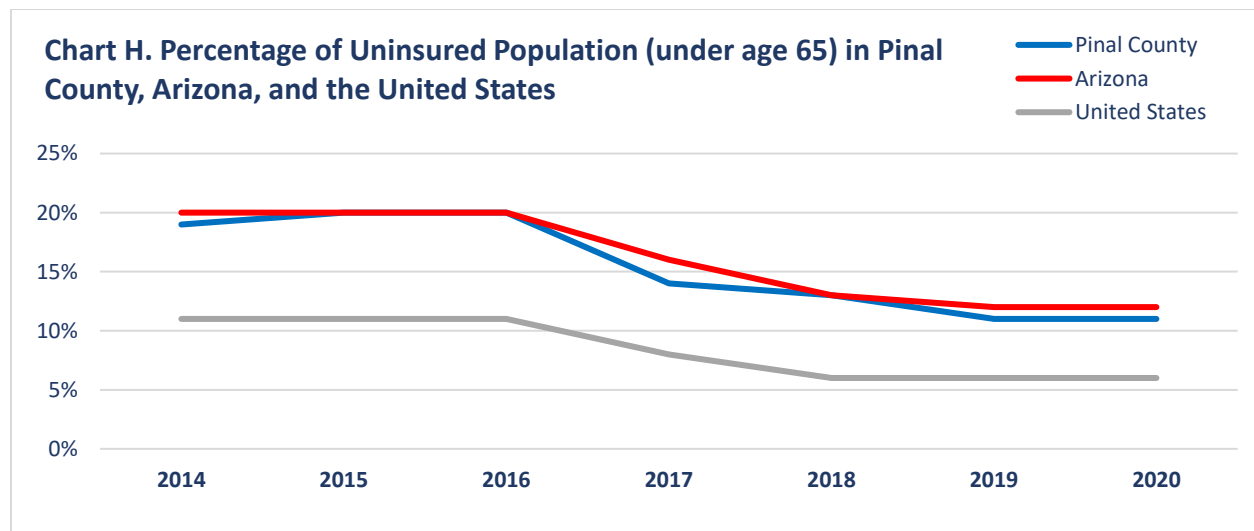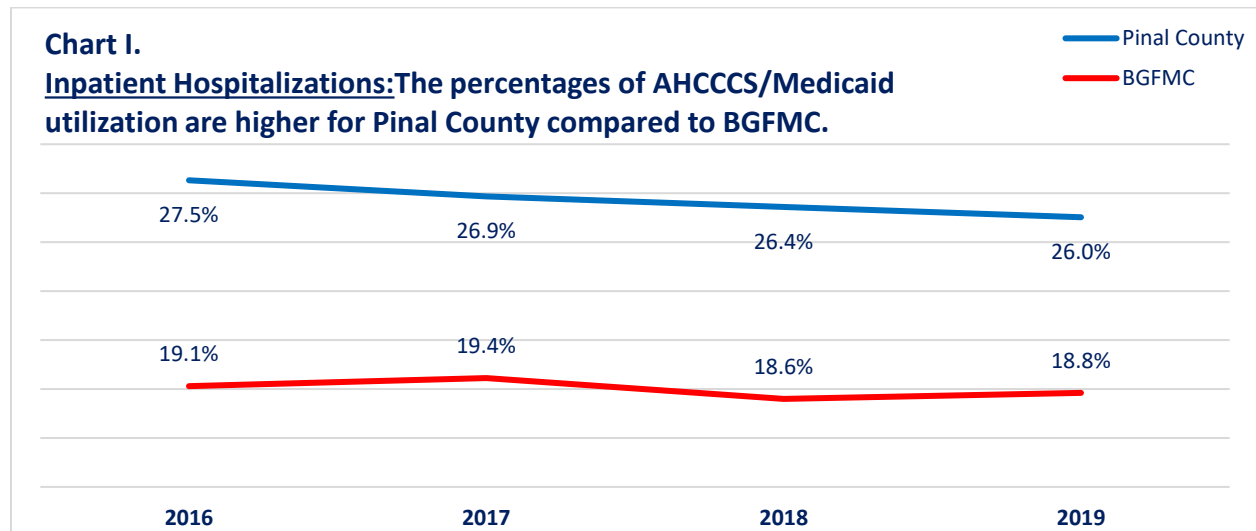

Source: County Health Rankings, 2020

In Table 5, data from the Pinal County Community Health Assessment indicate that the top three health problems in Pinal County are mental health issues, substance addiction and overdose, and aging problems. The top health problems align for Apache Junction align with Pinal County.

	Pinal County	**Apache Junction**	**Casa Grande**	**San Tan Valley**
#1	Mental health issues	Mental health issues	Substance addiction and overdose	Mental health issues
#2	Substance addiction and overdose	Substance addiction and overdose	Mental health issues	Substance addiction and overdose
#3	Aging problems	Aging problems	Child abuse / neglect	Motor vehicle issues
#4	Child abuse / neglect	Child abuse / neglect	Domestic Violence	Suicide
#5	Diabetes	Dental problems	Diabetes	Aging problems

Table 5. Top Three Most Significant Health Problems

Source: Pinal County Community Health Assessment, 2019

The rate of inpatient hospitalizations and emergency department visits is higher for Pinal County than the primary service area for Banner Goldfield Medical Center. This is the same of ED visits, however there has been a steady decline in ED visits from 2016 to 2019 for both Pinal County and BGFMC.

Chart I.
Inpatient Hospitalizations:The percentages of AHCCCS/Medicaid utilization are higher for Pinal County compared to BGFMC.

Pinal County
BGFMC

27.5%   26.9%   26.4%   26.0%

19.1%   19.4%   18.6%   18.8%

2016   2017   2018   2019

Source: Hospital Discharge Data from ADHS, 2016-2019

Chart J.

Emergency Department: **The percentages of AHCCCS/Medicaid utilization are higher for Pinal County compared to BGFMC.**

Legend: Pinal County, BGFMC

Pinal County: 42.7% (2016), 42.3% (2017), 40.3% (2018), 38.6% (2019)

BGFMC: 40.3% (2016), 38.9% (2017), 35.9% (2018), 35.0% (2019)
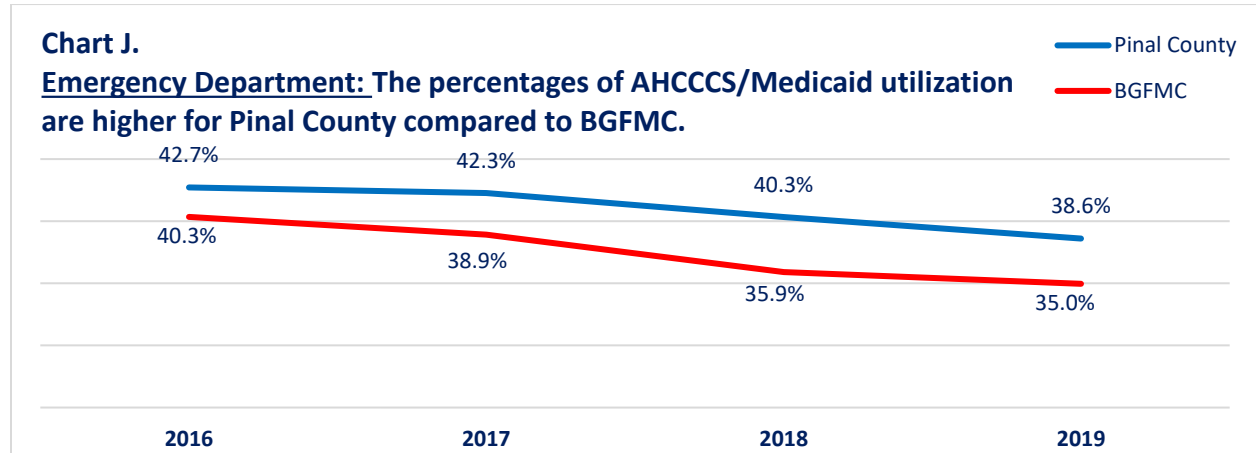
Source: Hospital Discharge Data from ADHS, 2016-2019

PRIORITY #2: CHRONIC DISEASE MANAGEMENT

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

Cancer Data

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

Table 6 indicates that for breast cancer, the incidence rate is lower in AZ and Pinal County compared to the U.S. However, Black women are affected at a higher rate per 100,000 than other women of color and white women in Pinal County while the Black population is only 5% of Pinal County.

Table 6. Breast Cancer (Incidence Rates per 100,000), 2012-2016			
	Pinal County	**Arizona**	**United States**
Female	96.8	114.5	152.2
White	97.2	116.1	126.1
Black	100.3	105.2	124
AI/AN	57.2	57.8	74.2
Asian / Pacific Islander	**	80.4	93
Hispanic	69.9	91.9	93.9

Source: CDC and United States Cancer Statistics, 2020

Table 7 indicates that while overall it appears that uterine cancer has a higher incidence rate per 100,000 in the U.S. compared to the state and county, when it comes it its prevalence in AI/AN communities females are affected at nearly twice the rate in Pinal County and at a greater rate in Arizona compared to the national rate. Additionally, the female Hispanic population in Pinal County is affected at a higher rate compared to Arizona.

Table 7. Uterine Cancer (Incidence Rates per 100,000), 2012-2016			
	Pinal County	**Arizona**	**United States**
Female	21.4	22.9	26.6
White	19.7	22.5	26.9
Black	**	22.1	26.3
AI/AN	32.8	25.3	17.1
Asian / Pacific Islander	**	13.9	18.9
Hispanic	22.8	21.8	23.4

Source: CDC and United States Cancer Statistics, 2020

Table 8 data indicates the incidence rate is higher for the overall U.S. population compared to the state and Pinal County. However, AI/AN males have a slightly higher rate of prostate cancer in Pinal County compared to the overall U.S. AI/AN rate of incidence. While the incidence rate for Black males is higher in the U.S. compared to the county, it is important to note that it the highest of any ethnic group in the county, and the Black population is only 5% of Pinal County.

Table 8. Prostate Cancer (Incidence Rates per 100,000), 2012-2016			
	Pinal County	**Arizona**	**United States**
Male	76.1	77.2	104.1
White	74.4	73.8	95.3
Black	105	106.8	168.8
AI/AN	56.5	52.6	55.3
Asian / Pacific Islander	**	37.8	52.7
Hispanic	75.2	64.5	86.8

Source: CDC and United States Cancer Statistics, 2020

In Table 9 the incidence rate of Lung and Bronchus Cancer affects male and females in Pinal County and Arizona at a lower rate than that of the United States. For Blacks in Pinal County it has a slightly higher incidence rate compared to the United States, and a much higher rate than that of the state.

Table 9. Lung and Bronchus Cancer (Incidence Rates per 100,000), 2012-2016			
	Pinal County	**Arizona**	**United States**
Male	51.2	53.1	69.1
Female	38.6	44	51.7
White	45	49	60.1
Black	61.1	49.4	60.9
AI/AN	24.9	18.3	42.6
Asian / Pacific Islander	**	31.3	34.4
Hispanic	22.4	30.5	30.2

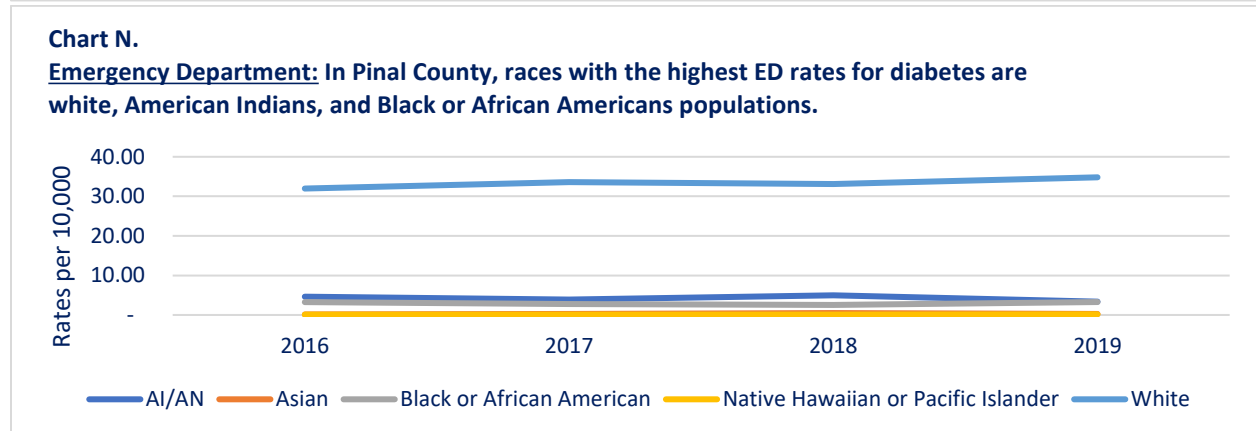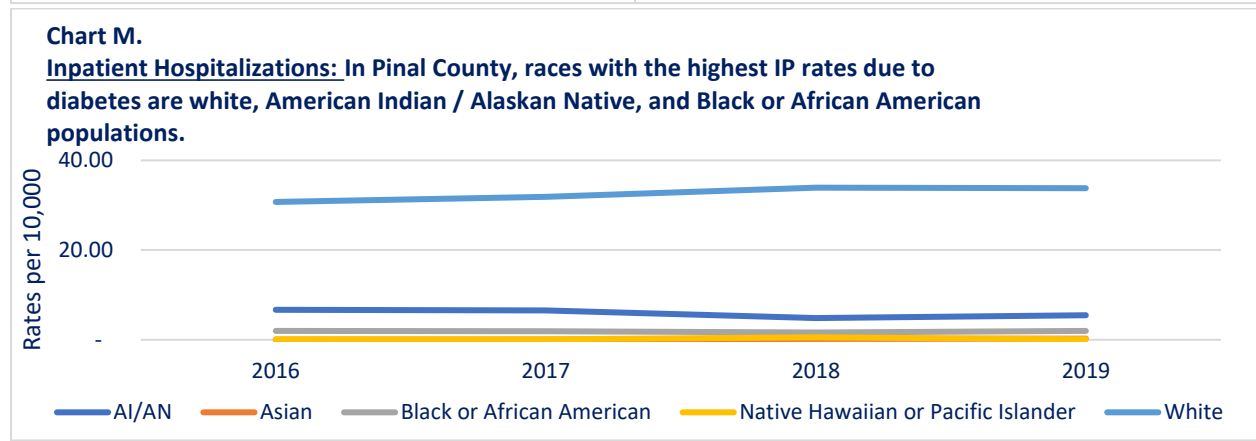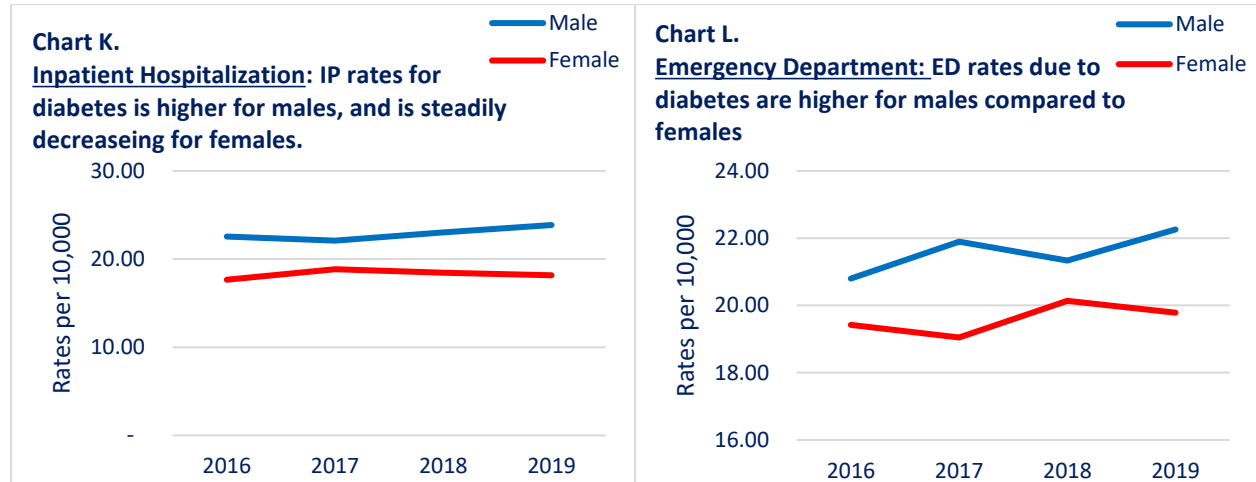*Source: CDC and United States Cancer Statistics, 2020*

In Table 10 the United States has a higher incidence rate for both males and females for colorectal cancer compared to Pinal County and Arizona. However, Hispanics in Pinal County have the highest incidence rate compared to the state and country, which has a higher incidence compared to other demographic groups in Pinal County.

Table 10. Colorectal Cancer (Incidence Rates per 100,000), 2012-2016			
	Pinal County	**Arizona**	**United States**
Male	32.3	38	44.4
Female	28.8	28.7	33.9
White	30.9	33.1	38
Black	27.1	31.4	44.7
AI/AN	26	27.9	30.9
Asian / Pacific Islander	**	22.2	30
Hispanic	37.8	33.3	34.1

Source: CDC and United States Cancer Statistics, 2020

Diabetes Data

In Pinal County males have a higher rate of being hospitalized and visiting the ED due to diabetes when compared to females (Chart K and L). There has been a declining rate of diabetes related IP admits and ED visits for females. Pinal County IP hospitalizations due to diabetes is highest among whites, followed by AI/AN and Black of African Americans, this is the same for ED visits (Charts M – N). BGFMC has the second lowest rate of ED visits and IP admits for diabetes out of the three Banner facilities in Pinal County (Charts O and P).

Chart K.
Inpatient Hospitalization: IP rates for diabetes is higher for males, and is steadily decreaseing for females.

Chart L.
Emergency Department: ED rates due to diabetes are higher for males compared to females

Chart M.
Inpatient Hospitalizations: In Pinal County, races with the highest IP rates due to diabetes are white, American Indian / Alaskan Native, and Black or African American populations.

Chart N.
Emergency Department: In Pinal County, races with the highest ED rates for diabetes are white, American Indians, and Black or African Americans populations.

Source: Hospital Discharge Data from ADHS, 2016-2019 (Chart K-N)

Chart O.
Inpatient Hospitalizations: Diabetes IP admits in 2019 were second highest in BGFMC PSA out of Banner's three facilities in Pinal County.

Rates per 10,000

BIMC	4.11
BGFMC	4.46
BCGMC	5.87
Pinal County	37.46

Chart P.
Emergency Department: Diabetes ED visits in 2019 were second highest in BGFMC PSA out of Banner's three facilities in Pinal County, nearly twice that of BIMC.

Rates per 10,000

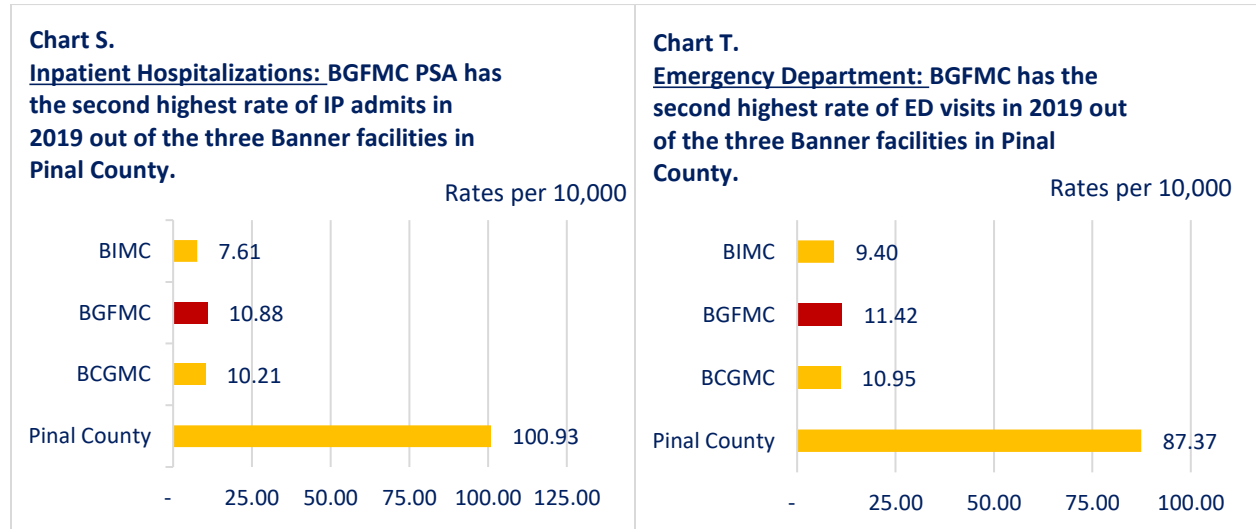|	
BIMC	7.53
BGFMC	8.55
BCGMC	14.89
Pinal County	30.28

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

Heart Disease Data

Patients visiting the ED and being admitted due to heart disease is increasingly higher for males compared to females (Charts Q – R). BGFMC PSA has the highest rate of IP admits and ED visits for heart disease compared to the other Banner facilities in Pinal County (Charts S and T).

Chart Q.
Inpatient Hospitalization: IP rates due to Heart Disease for men are higher than women in Pinal County.

— Male
— Female

Per 100,000

	2016	2017	2018	2019
Male	23.94	23.98	25.24	25.98
Female	16.27	16.96	16.23	16.06

Chart R.
Emergency Department: ED rates due to Heart Disease for men are higher than females in Pinal County.

— Male
— Female

Per 100,000

	2016	2017	2018	2019
Male	22.38	22.64	22.30	23.77
Female	17.83	18.29	19.17	18.26

Source: Hospital Discharge Data from ADHS, 2016-2019 (Chart Q-R)

Chart S.
Inpatient Hospitalizations: BGFMC PSA has the second highest rate of IP admits in 2019 out of the three Banner facilities in Pinal County.

Rates per 10,000

Facility	Rate
BIMC	7.61
BGFMC	10.88
BCGMC	10.21
Pinal County	100.93

- | 25.00 | 50.00 | 75.00 | 100.00 | 125.00

Chart T.
Emergency Department: BGFMC has the second highest rate of ED visits in 2019 out of the three Banner facilities in Pinal County.

Rates per 10,000

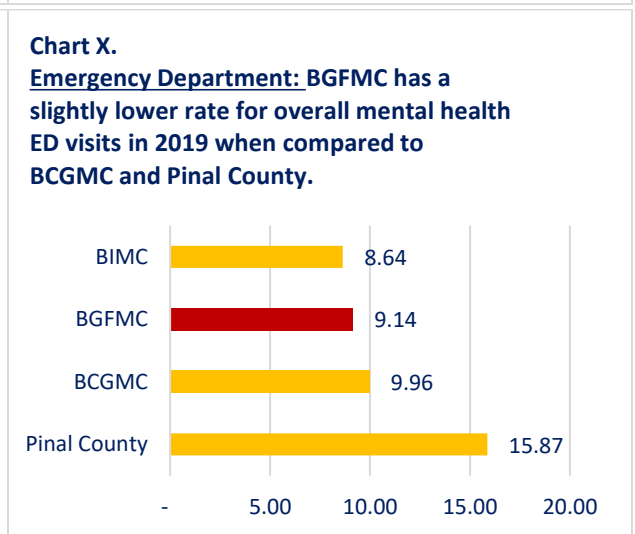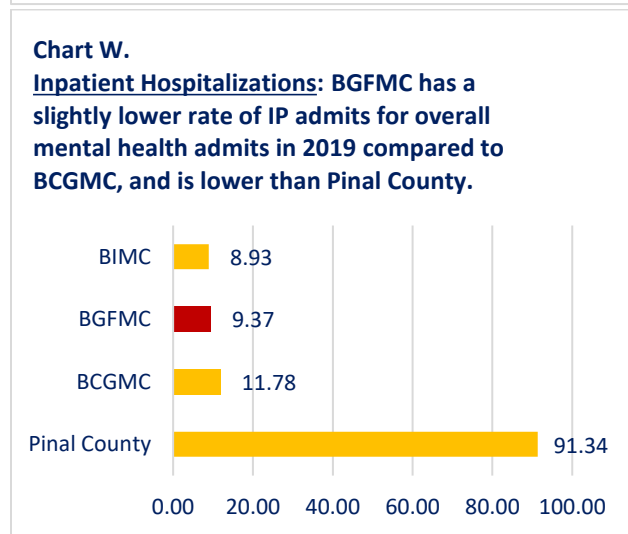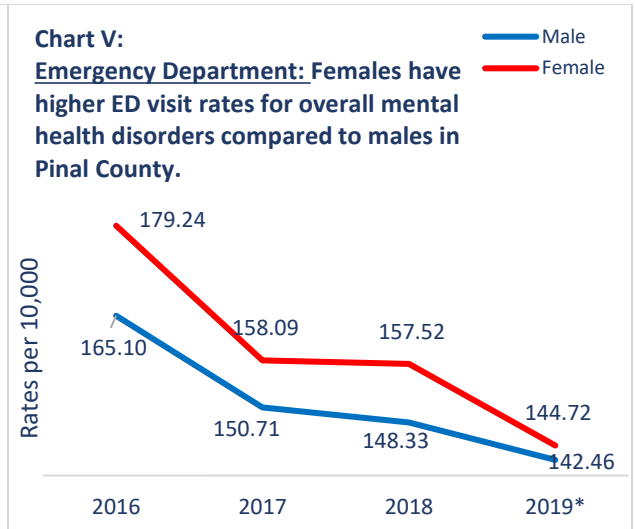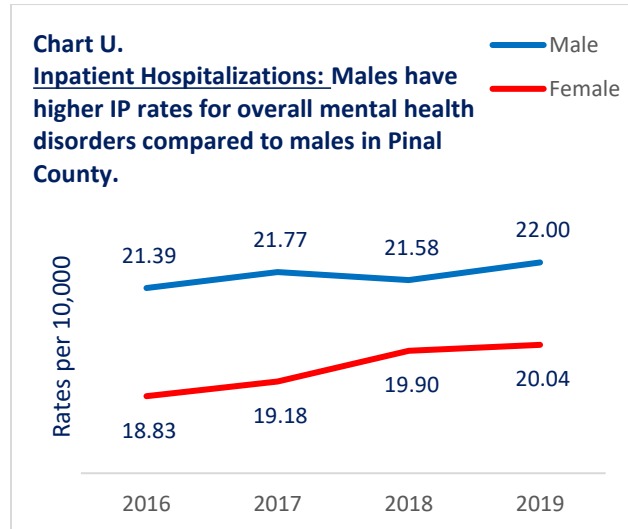| Facility	Rate
BIMC	9.40
BGFMC	11.42
BCGMC	10.95
Pinal County	87.37

- | 25.00 | 50.00 | 75.00 | 100.00

Source: Hospital Discharge Data from ADHS, 2016-2019 (Chart S-T)

PRIORITY #3: BEHAVIORAL HEALTH

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

### Overall Mental Health Disorders

When looking at overall mental health disorders in Pinal County, males have a higher IP rate, with the rate per 10,000 climbing from 2016 to 2019 for both males and females, and females have a higher ED visit rate compared to males (although the rate for both genders has been steadily decreasing over the past four years (Charts U and V). Pinal County has a higher rate per 10,000 compared to Banner Casa Grande PSA when it comes to both IP and ED visits for overall mental health disorders (Charts W and X). The spread of which age groups are affected by overall mental health disorders in Pinal County where an ED visit of IP admit is warranted varies – for IP visits those who are 35 to 39 and 50 to 54 peak at around 4.5 per 10,000 visits, with a momentary decrease from 40 to 49 (Chart Y). For ED visits Pinal County residents from 25 to 29 had the highest rate at around ~4.5 – 4.3 per 10,000 (Chart Z).

Chart U.
Inpatient Hospitalizations: Males have higher IP rates for overall mental health disorders compared to males in Pinal County.

Male
Female

Rates per 10,000

21.39   21.77   21.58   22.00

18.83   19.18   19.90   20.04

2016   2017   2018   2019

Chart V:
Emergency Department: Females have higher ED visit rates for overall mental health disorders compared to males in Pinal County.

Male
Female

Rates per 10,000

179.24

165.10   158.09   157.52

150.71   148.33   144.72

142.46

2016   2017   2018   2019*

Chart W.
Inpatient Hospitalizations: BGFMC has a slightly lower rate of IP admits for overall mental health admits in 2019 compared to BCGMC, and is lower than Pinal County.

BIMC   8.93
BGFMC   9.37
BCGMC   11.78
Pinal County 91.34

0.00   20.00   40.00   60.00   80.00   100.00

Chart X.
Emergency Department: BGFMC has a slightly lower rate for overall mental health ED visits in 2019 when compared to BCGMC and Pinal County.

BIMC   8.64
BGFMC   9.14
BCGMC   9.96
Pinal County 15.87

-   5.00   10.00   15.00   20.00

Chart Y.
Inpatient Hospitalizations: In Pinal County in 2019, IP rates for all mental health disordres are highest among those 50 to 54, and 35 to 39, hitting a low point frm 40 to 49.

Rates per 10,000

5.00
4.00
3.00
2.00
1.00
-

1 to 4   5 to 9   10 to 14   15 to 17   18 to 20   21 to 24   25 to 29   30 to 34   35 to 39   40 to 44   45 to 49   50 to 54   55 to 59   60 to 64   65 to 69   70 to 74   75 to 79   80 to 84   85+

Source: Hospital Discharge Data from ADHS, 2016-2019 (Chart U -Y)

Chart Z.
Emergency Department: In Pinal County in 2019, ED visit rates for all mental health disorders are highest among 25 to 39.
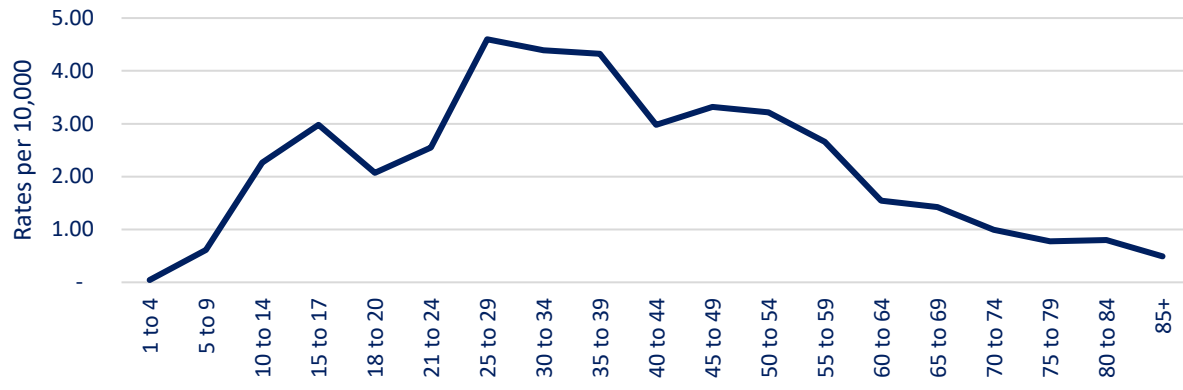
Source: Hospital Discharge Data from ADHS, 2016-2019 (Charts Z)

Opioid Misuse

Opioid misuse in Pinal County originally had higher IP admits and ED visits for females, however from 2017 to 2018 IP admits and ED visits became higher for males than females (Chart AA). Specifically, for ED visits, the rates for males has been steadily increasing since 2017 from 19.77 per 10,000 to 21.20 per 10,000 (Chart AB). In 2019 there was a higher rate of opioid abuse for both ED visits and IP admits in BCGMC PSA compared to the other two Banner facilities and the county (Charts AC and AD). Inpatient hospitalizations due to opioid misuse fluctuate by age, with peaks and valleys from 25 to 69 (Chart AE). Emergency Department visits due to opioid abuse is highest for those 25 to 29 and decreases throughout the rest of the age span (Chart AF).

Chart AA.
Inpatient Hospitalizations: From 2017 to 2018 there was a switch in females having a higher admit rate for overall opioid misuse compared to males having a higher rate of opioid misuse.
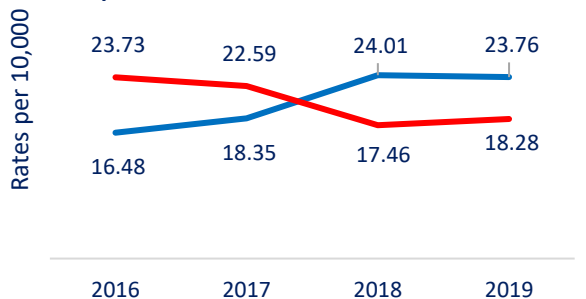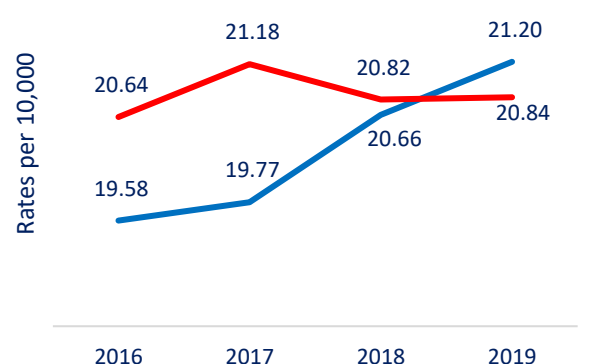

Chart AB.
Emergency Department: Females have a higher rate of ED Opioid Admits compared to males.

Source: Hospital Discharge Data from ADHS, 2016-2019 (Chart AA - AB)

Chart AC.

Inpatient Hospitalizations: BGFMC has the second highest rate of IP admits for opioid abuse in 2019 out of the three Banner facilities in Pinal County.
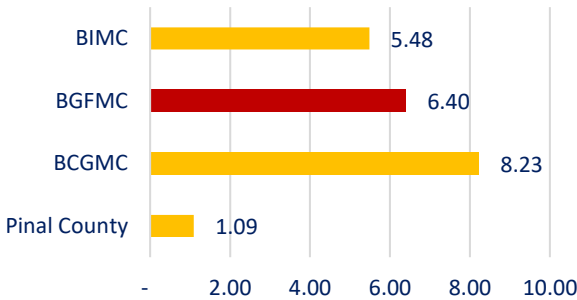
Facility	Rate
BIMC	5.48
BGFMC	6.40
BCGMC	8.23
Pinal County	1.09

Chart AD.

Emergency Department: BGFMC PSA has the lowest rate of ED visits out of our facilities for opioid abuse in 2019 in Pinal County.
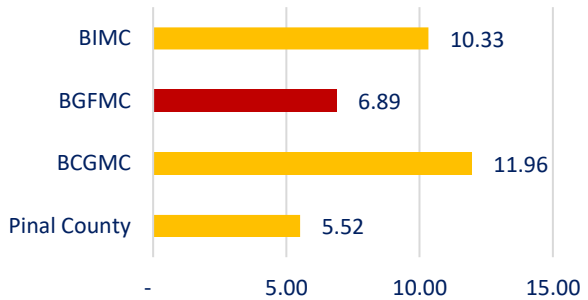
Facility	Rate
BIMC	10.33
BGFMC	6.89
BCGMC	11.96
Pinal County	5.52

Chart AE.

Inpatient Hospitalizations: In Pinal County in 2019, those who are 25 to 29 and above 50 in age (other than 55 to 59) have higher rates of inpatient admits for opioid misuse than other age groups.
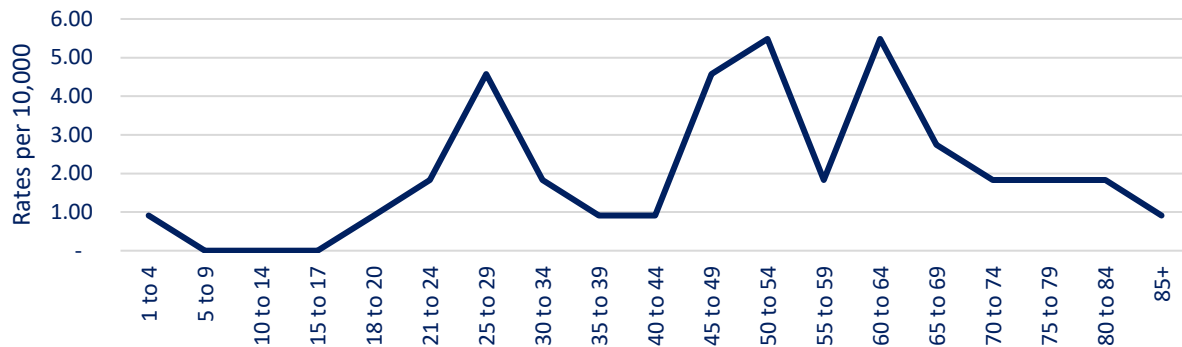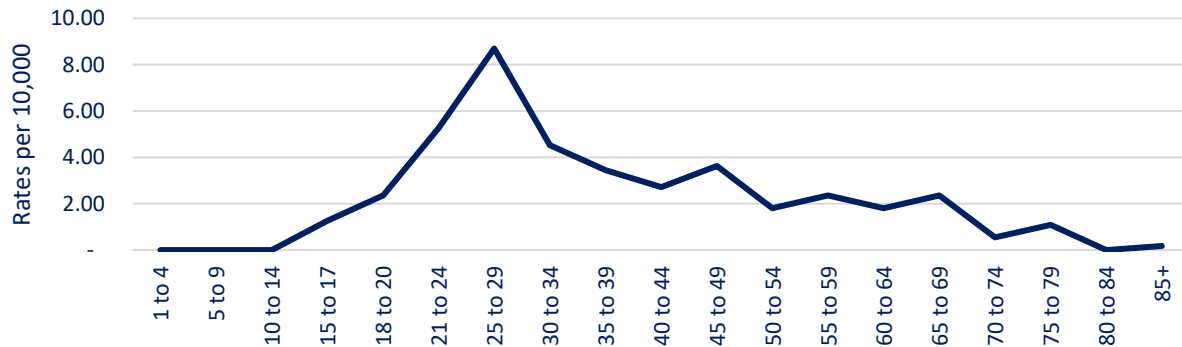

Chart AF.

Emergency Department: In Pinal County in 2019, those who are 25 to 29 have the highest rate of ED visits for opioid misuse. There is an alarming uptick in ED visits from age 18 to 29.

Source: Hospital Discharge Data from ADHS, 2016-2019 (Chart AC - AF)

NEEDS IDENTIFIED BUT NOT PRIORITIZED

Other health needs that were identified but not prioritized focus on other areas of behavioral health, such as overdose and addiction. Banner Health believes that by addressing behavioral health needs these other non-prioritized health needs will be recognized. Additionally, participants in surveys and facilitated conversations identified incarceration as a health priority for the community, Banner opted out of using this as a health need due to the lack of direct impact Banner Health can make in this area.

2016 CHNA FOLLOW UP AND REVIEW

FEEDBACK ON PRECEDING CHNA / IMPLEMENTATION STRATEGY

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

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

IMPACT OF ACTIONS TAKEN SINCE PRECEDING CHNA

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

Table 11. Implementation Strategies 2016 for Banner Goldfield Medical Center Primary Service Area
Significant Need #1: Access to Care
• There are two Banner Health Centers in this market. One in East Mesa with primary care providers as well as specialists and the other with Pediatric primary care providers in Apache Junction. • There is a Banner Urgent Care location in East Mesa. • Banner Goldfield Community of Care Brochures were created and are being handed out through partnerships with local Realtors to new residents of the area to ensure they know where primary care, urgent care and the hospital are all located in their community.
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)
• Case Management, the ED providers and Hospitalist team ensure follow up appointments are scheduled with a primary care provider or specialist as needed. • Banner Goldfield Medical Center participates in many community events such as the Lost Dutchman Days where we share resources on how to access care and how to live a healthy lifestyle.
Significant Need #3: Behavioral Health (Mental Health & Substance Abuse)
• Through the partnership with Apache Junction, Banner Ironwood sponsored several community forums hosted at the Town Council Chambers for the community. The first was moderated by Ironwood's CEO on the topic of Teen Suicide Prevention. A Banner Health Mental Health Professional served as a member of this initial panel. • Partnerships have begun to be formed with community mental health providers to facilitate a warm handoff back into the community after emergent care is sought. • Enhancement of partnership with Banner Tele Behavioral health and Crisis P Response to improve evaluation, treatment planning and facilitate transfer of patients qualifying for inpatient care.

APPENDIX A. STAKEHOLDERS AND RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to address the three priority needs. 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 of Organization	Website	Phone Number	Address
Empowerment Systems Inc.	www.empowermentsystems.org	480-367-6937	2066 W. Apache Trl #116 Apache Junction, AZ 85132
Pinal County Public Health Department	www.pinalcountyaz.gov	480-960-0633	971 N Jason Lopez Circle Bldg D Florence, AZ 85132
AHCCCS	www.azahcccs.gov	800-788-4408	None available
La Frontera Arizona—Empact Suicide Prevention Center	www.lafrontera-empact.org	480-317-2214	11518 E. Apache Trl #129 Apache Junction, AZ 85120
Pinal Gila Council For Senior Citizens	www.pgcsc.org	520-836-2758	None available
Community Action Human Resources Agency-CAHRA	www.cahra.org	520-466-1112	109 N Sunshine Blvd. Eloy, AZ 85131
Department of Economic Security	www.azdes.gov	855-777-8590	1155 N Arizona Blvd. Coolidge, AZ 85128
Community Bridges, Inc.	www.communitybridgesaz.org	520-426-0088	675 E Cottonwood Ln Casa Grande, AZ 85122
Horizon Health and Wellness	www.hhwaz.org	833-431-4449	625 North Plaza Dr. Apache Junction, AZ 85120
First Things First Pinal County Region	https://www.firstthingsfirst.org/regions/pinal/	520.836.5838	1515 E Florence Blvd. Casa Grande, AZ 85122

APPENDIX B. LIST OF DATA SOURCES

PRIMARY DATA SOURCES

For Primary data sources, Banner Health worked in conjunction with Pinal County Department of Health to collect community input via focus groups, surveys, and stakeholder meetings – this is further explained in the *Process and Methods* section of this CHNA report, and in Appendix D (where the Pinal County CHA is attached).

SECONDARY DATA SOURCES - CITATIONS

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

APPENDIX C. STEERING COMMITTEE AND CHNA FACILITY-BASED CHAMPIONS

STEERING COMMITTEE

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

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

CHNA FACILITY-BASED CHAMPIONS

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

APPENDIX D. PINAL COUNTY DEPARTMENT OF HEALTH – CHA (COMMUNITY HEALTH ASSESSMENT)

Banner Health worked with Pinal County Department of Health and other health partners in Pinal County, throughout 2019 and 2020 to develop a Community Health Assessment. This process involved focus groups, surveys, and stakeholder meetings to identify the highest health needs in the county. With the data and community input collected Banner Health then developed their own respective Community Health Needs Assessment, which aligns with Banner Health's system wide health needs and CHNA strategies.