Banner Health 2023 CHNA

Banner Goldfield Medical Center

Making health care easier, so life can be better.

Table of Contents

Table of Contents 2
Executive Summary 3
Summary of the Prioritization Process 3
Summary of Prioritized Needs 4
Introduction 5
Purpose of the CHNA Report 5
Timeline of the CHNA Report 6
Banner Health CHNA Organizational Structure 6
About the Community 7
About Banner Health 7
About Banner Goldfield Medical Center 8
Pinal County 9
Data Collection Process and Methods 10
Primary Data 11
Secondary Data 18
Data Limitations and Information Gaps 23
Prioritization of Community Health Needs 24
Description of Prioritized Community Health Needs 25
Community Health Need #1: *Improving the health of the communities we serve* 25
Community Health Need #2: *Chronic Disease Management* 29
Community Health Need #3: *Behavioral Health* 32
Needs Identified but Not Prioritized 34
2020 CHNA Follow Up and Review 35
Community Feedback 37
2020 Implementation Strategies Outcomes 38
Appendix A: List of Data Sources 40
Primary and Secondary Data Sources 40
References 40
Pinal County CHA Survey 41
Appendix B: Steering Committee and Additional Stakeholders 56
CHNA Facility Based Champions 56
Community Resources & Partners 56
Appendix C. Community Engagement 57

Executive Summary

Nonprofit Banner Health is committed to the health and wellbeing of the communities we serve. As part of maintaining our nonprofit status, we agree to fulfill specific requirements as outlined in the Patient Protection and Affordable Care Act (PPACA). One such requirement is for nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years and implement strategies to address the identified community needs. As part of the CHNA, each hospital collects input from knowledgeable individuals in the community. These individuals include public health experts, local residents and representatives of low-income, minority and medically underserved populations.

Banner professionals from across the organization were selected to form the CHNA Steering Committee and guide the process. The steering committee's responsibilities included establishing the assessment methodology, analyzing the needs data acquired and developing implementation strategies, with priority focused on any needs that were deemed to be significant and urgent. A list of the steering committee members can be found in Appendix B.

In partnership with Pinal County Department of Public Health and Sun Life Health, Banner Health worked with the community to collect feedback via a comprehensive community survey and a community forum where community health leaders were engaged with. Data collected from the survey and forum are foundational sources of primary data that guides Banner Health in identifying the Health Needs of the communities served in Pinal County. This is an ongoing partnership, with collaboration in the Community Health Implementation Plan and development of the counties Communities Health Assessment. Partners meet monthly to share updates on their respective CHNA work and provide consultation regarding ongoing work to solicit community engagement.

Summary of the Prioritization Process

In the spirit of Banner's commitment to making health care easier, so life can be better, we established systemwide guidelines for each of our acute care hospitals, academic medical centers and inpatient rehab facilities with the following goals at the heart of the endeavor:

- Define current community programs and services provided by the entity.
- Assess the impact of existing programs and services on the community.
- Identify current health needs of the surrounding population.
- Determine any unmet health needs and/or ways to increase access to available services.
- Provide a plan for future programs and services that will meet and/or continue to address the unmet community needs.

Summary of Prioritized Needs

Banner has a strong history of dedication to the community and providing care to underserved populations. The CHNA process helps identify even more opportunities to care for those in the community who have special and/or unmet needs.

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.

1. Improving the health of the communities we serve (Access to Care)
    a. The Primary Care Provider to Population ratio in Pinal County is greater than that of Arizona and the United States (County Health Rankings, 2020-2023).
    b. Pinal County Uninsurance rates are higher than that of Arizona and the United States (County Health Rankings, 2020-2023).
2. Chronic Disease Management
    a. Fatalities from Diabetes rose in 2020 to 11.27 per 100,000 from 9.99 per 100,000 in 2019 (AZ Vital Statistics, 2020).
    b. Cancer and Heart Disease were in the top three causes of death in Pinal County (CDC, National Health Statistics, 2021)
3. Behavioral Health
    a. Arizona Health Improvement Plan research indicates a 300% increase in self-reported depression from 2019 to 2020 in Arizona (AzHIP, 2021).
    b. There was an estimated 25% increase in anxiety and depressive disorders due to the COVID-19 pandemic (WHO – Mental Health and COVID-19,2022)

The CHNA Report was adopted by the Banner Health Board of Directors on December 8th, 2023

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 outlined in this report help guide the hospital's ongoing community health improvement programs and community benefit activities.

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. In conducting the CHNA, we were charged with the following:

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, including an implementation strategy that describes how the hospital will address any significant community health needs that were identified; and,
4. Make the CHNA report widely available to the public.

This is the fourth CHNA cycle for Banner Health, with the third cycle completed in 2020. Feedback on the previous CHNA and Implementation Strategy is addressed later in the report.

This CHNA report was formally adopted by the Banner Health Board of Directors on December 8, 2023.

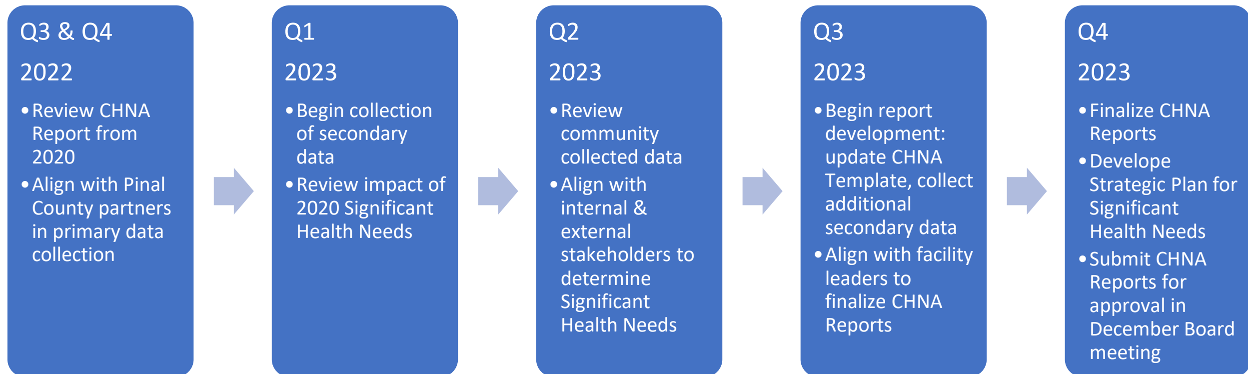
This report is widely available to the public on the hospital's website bannerhealth.com, and a paper copy is available for inspection upon request at CHNA.CommunityFeedback@bannerhealth.com

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

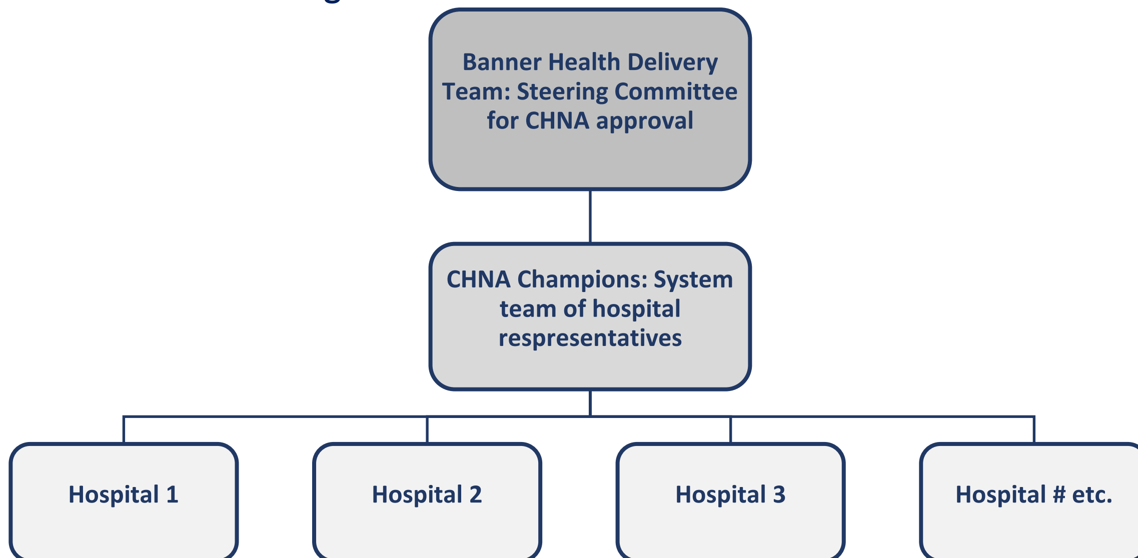
Timeline of the CHNA Report

In developing the CHNA Report, Banner conducts a multiphase process beginning 18 months prior to submitting the CHNA reports to the Banner Board. This process involves an assessment of the previous years' CHNA reports and community feedback, and culminates with a new report based on primary and secondary data from the most current CHNA cycle.

Banner's CHNA development process and timeline is below:



Banner Health CHNA Organizational Structure



About the Community

About Banner Health

At all stages in life, you can rest assured that Banner will meet your health and medical needs through compassionate professionals providing outstanding service. Banner is one of the largest, secular nonprofit health care systems in the country. In addition to 30 acute-care hospitals, Banner also operates an academic medicine division, Banner – University Medicine, and Banner MD Anderson Cancer Center, a partnership with one of the world's leading cancer programs, MD Anderson Cancer Center. Banner's array of services includes a health-insurance division, employed physician groups, outpatient surgery centers, urgent care locations, home care and hospice services, retail pharmacies, stand-alone imaging centers, physical therapy and rehabilitation, behavioral health services, a research division and a nursing registry. To make health care easier, 100% of Banner-employed doctors are available for virtual visits, and Banner operates a free 24/7 nurse line for health questions or concerns. Patients may also reserve spots at Banner Urgent Care locations and can book appointments online with many Banner-employed doctors. Headquartered in Arizona, Banner also has locations in California, Colorado, Nebraska, Nevada and Wyoming.

In these communities, Banner Health provides more than $650 million annually in charity care, which is treatment without the expectation of being paid. As part of our nonprofit mission, Banner reinvests revenues to build new, and expand existing, hospitals, enhance patient care and support services, expand treatment technologies and maintain top-quality equipment and facilities. Furthermore, Banner subsidizes 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 14-member board of directors and guidance from both clinical and non-clinical system and facility leaders, more than 55,000 employees work tirelessly to provide excellent patient care. 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.

Banner's unwavering commitment to the health and well-being of its communities has earned accolades from an array of industry organizations. Banner's Supply Chain was recognized as second in the nation in 2021, and Banner is listed among the nation's Top 10 Integrated Health Systems, according to SDI and *Modern Healthcare Magazine*. Banner Alzheimer's Institute has garnered international recognition for its groundbreaking Alzheimer's Prevention Initiative, brain imaging research and patient care programs. Further, Banner Health, which is the 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*, and has been recognized as one of America's Greatest Workplaces for Parents and Families 2023 by *Newsweek*.

ABOUT BANNER GOLDFIELD MEDICAL CENTER

Banner Goldfield Medical Center (Banner Goldfield) is a 30-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, in 2013 the facility joined the Banner Health system to further its ability to serve the community. During that time, Banner Goldfield Medical Center 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
- Medical Surgical & Observations
- Perioperative Services
- Pharmacy
- Lab Services
- Cardiopulmonary Services
- Imaging
- Therapy

30 registered nurses and 1 volunteer, provide 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 – 17,283 outpatients, almost 900 inpatients, and around 18,299 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 iCare™ Intensive Care Program where specially trained physicians and nurses back up the bedside ICU team and monitor ICU patient information 24 hours a day, seven days a week.

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 2022, Banner Goldfield Medical Center reported $4,031,000 in Charity Care for the community while we wrote off an additional $913,000 in bad debt on uncollectable money owed to the facility.

Pinal County

Pinal County, located in central Arizona, is the third most populous county in the state. Founded in 1875, Pinal County was carved out of Maricopa and Pima County, named after the pine covered mountains within the county barriers. The county has an area of 5,374 square miles with four mountain ranges: Mineral Mountains, Sacaton Mountains, Superstition Mountains, and the Watermelon Mountains. Additionally, the county has four national monuments and two national forests.

With a population of 450,000 Pinal County has five cities – Maricopa, Casa Grande, Apache Junction, Eloy, and Coolidge, and; four towns. Parts of four American Indian communities are within Pinal County the Tohono O'odham Nation, the Gila River Indian Community, San Carlos Apache Indian Reservation, and the Ak-Chin Indian Community.

Data Collection Process and Methods

The Community Health Needs Assessment uses a mixed methods approach that includes the collection of primary data from focus groups, surveys, and community stakeholders, as well as secondary data from existing public and private data sources, both. Through partnership with our local health departments, data is collected that meets the Patient Protection Affordable Care Act (PPACA) and the Public Health Accreditation Board's (PHAB) standards for conducting routine community health assessments. These standards are:

- Proactive, diverse, and broad community engagement.
- A comprehensive definition of community.
- Transparency to improve community engagement.
- Use of evidence-based data collection and evaluation.
- Use of high-quality data from diverse sources.

With these standards in mind, Banner uses a seven-step data collection process. We leverage primary and secondary data, as well as our internal and external partners to develop a CHNA report that recognizes the health needs of the community and at-risk sub-populations within our communities. Once significant health needs are identified, additional secondary data is collected for a comprehensive analysis.

The chart below outlines Banner's Process and Methods for developing our CHNA report:

Primary Data

Primary data, or new data, consists of data obtained by direct means. For the CHNA report, Banner relies on two types of primary data – internally collected data and community collected data. The internally collected data was created by providing health care services to patients; the data includes inpatient or outpatient counts, other patient visits, payer information, etc. The community collected data was collected directly from the community through surveys, focus groups and key informant interviews.

Primary data is used as the foundational data in understanding the health needs of the community. Data collected via community and health care encounters directs Banner in the development of the CHNA report. Based on the primary data collected, Banner can use secondary data to further inform the needs of the community and paint a comprehensive picture of the community's health needs.

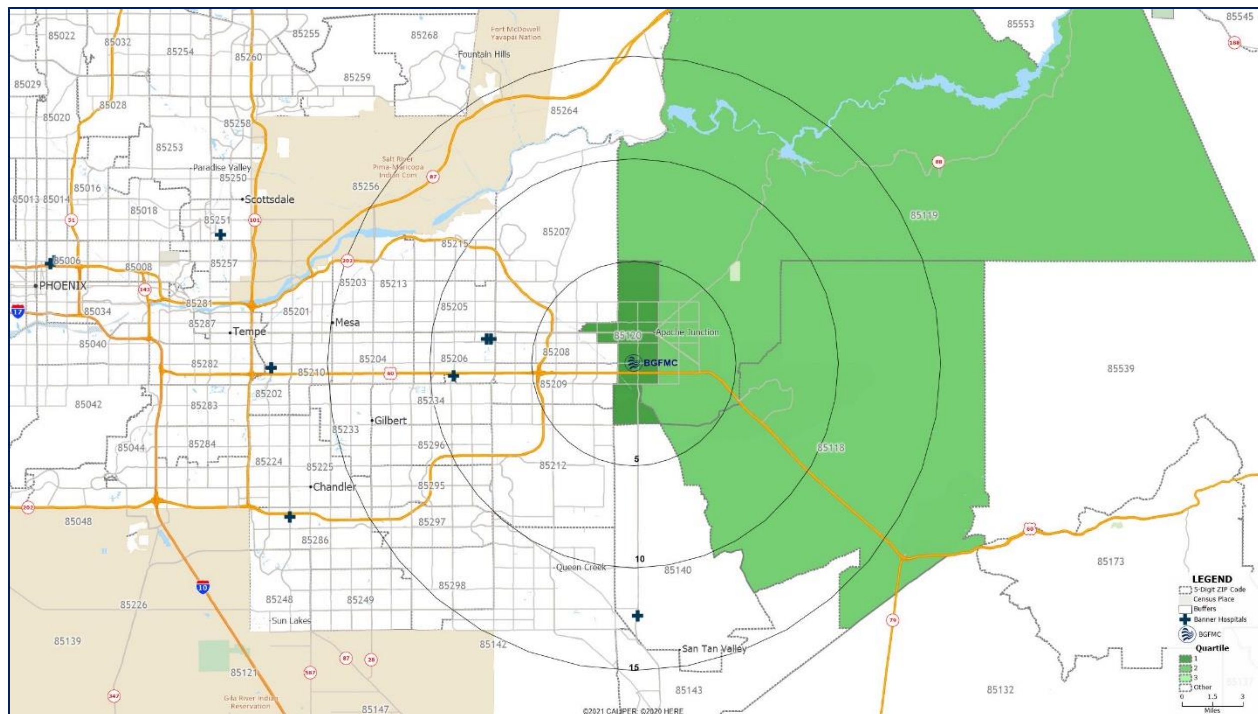
Facility champions, facility leaders, and Banner Health's CHNA Steering Committee all take part in reviewing the findings of the primary data to understand the community health needs. A list of Banner's CHNA Steering Committee can be found in Appendix A.

Facility Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75% of patients for Banner Goldfield Medical Center originate from.

Table 1. Primary Service Area Zips				
Zip	**County**	**Town**	**%**	**Cumulative**
85120	**PINAL**	Apache Junction	40.09%	40.09%
85119	**PINAL**	Apache Junction	24.64%	64.73%
85118	**PINAL**	Gold Canyon	9.63%	74.36%

Source: McKesson, 2022



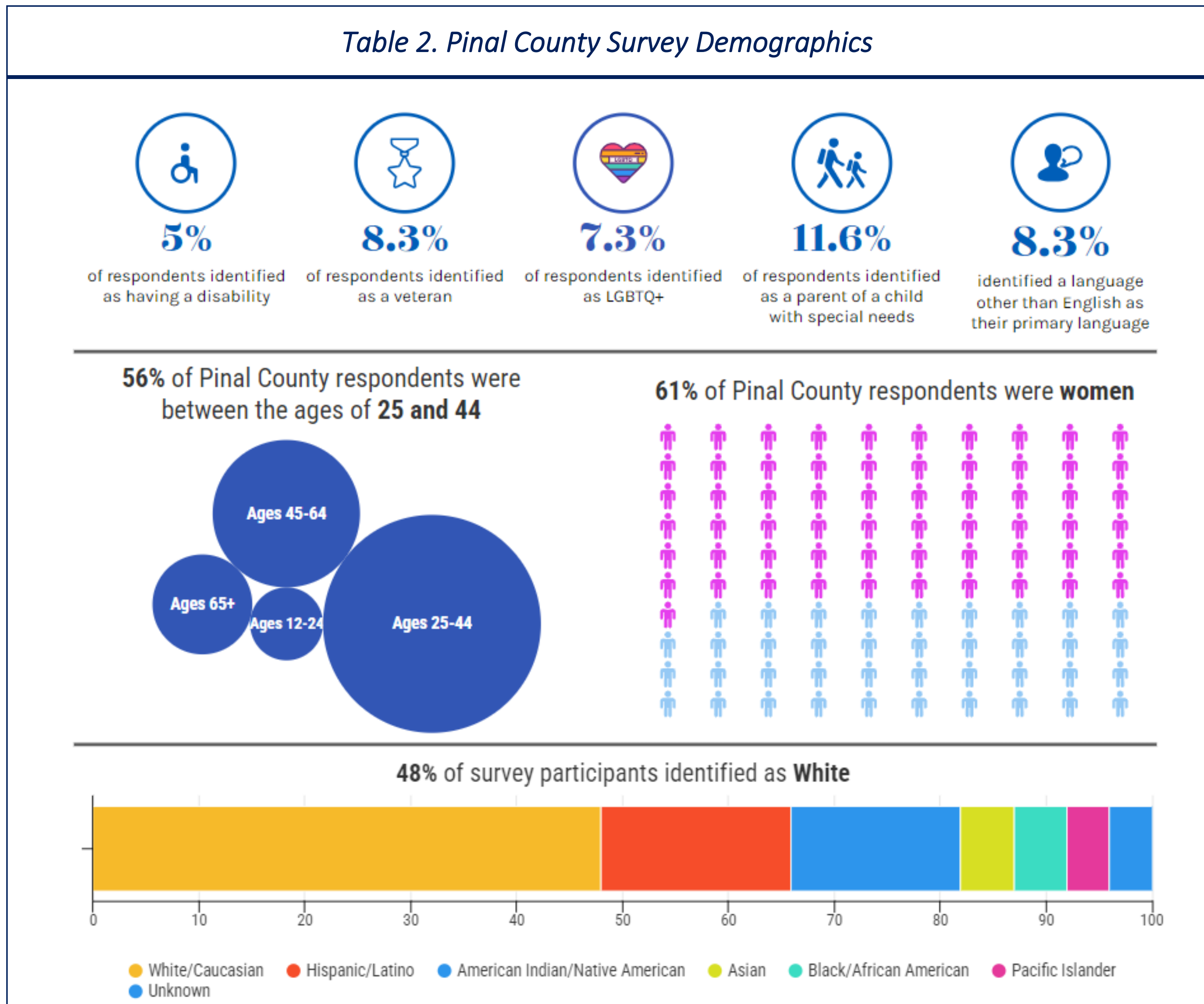
Source: Maptitude via ADHS IP, 2022

Community Input

Pinal County conducted a community survey from August 2022 through November 2022. Surveys were provided in both English and Spanish. Marketing for the survey included social media, community flyers, and community partners sharing the QR codes and links to access the surveys. In total 1,141 surveys were completed by Pinal County community members.

Table 2. provides demographics on the survey response population.

Table 2. Pinal County Survey Demographics



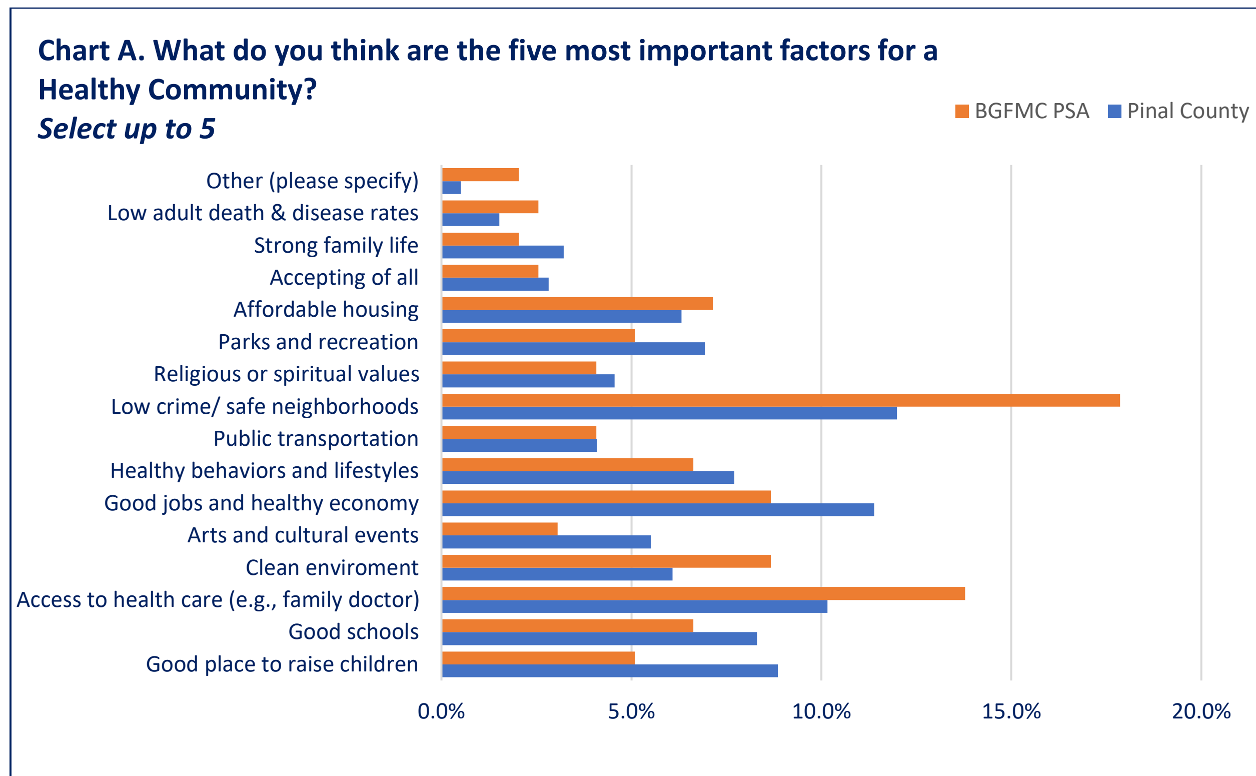
Source: Pinal County CHA Community Survey, 2022

Survey participants were asked to identify the top five most important factors for a healthy community. Participants in the Primary Service Area of Goldfield identified the following as the top three:

1. Low Crime/Safe Neighborhoods
2. Access to Healthcare
3. Clean Environment and Good Jobs and Healthy Economy tied for the 3rd most important factor

Difference in the PSA responses to the county responses are as follows:

- Larger community concern for Good Jobs and Healthy Economy in the county compared to that of the PSA (11.4% to 8.7%)
- Larger concern for Low Crime/ Safe Neighborhoods in the PSA than that of the county (17.9% vs 12.0%)
- Lower ranked importance of Good Place to Raise Children in the PSA than in the County (5.1% vs 8.9%)



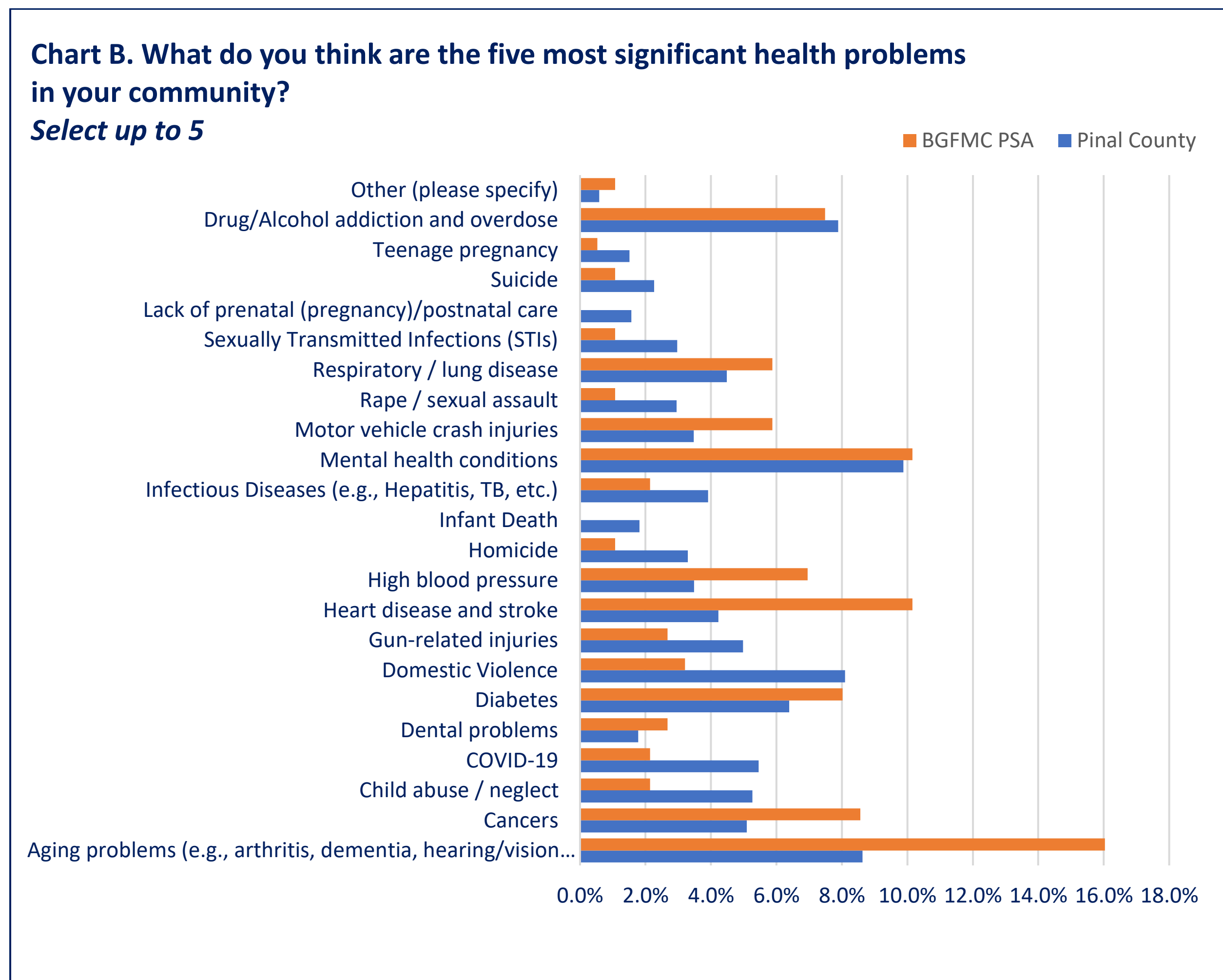
Source: Pinal County CHA Community Survey, 2022

Along with factors that were important to a healthy community, survey participants were also asked to identify significant health problems in their community. Respondents from the BGFMC Primary Service Area identified the following as the top three:

1. Aging Problems
2. Mental Health Conditions
3. Heart Disease and Stroke

Difference in the PSA responses to the county responses are as follows:

- The county has a larger concern for Domestic Violence than that of the PSA (8.1% to 3.2%)
- Larger concern for Child Abuse and COVID-19 in the county than that of the PSA
- Significantly lager concern for Aging Problems in the PSA than that of the county (16% vs 8.6%)



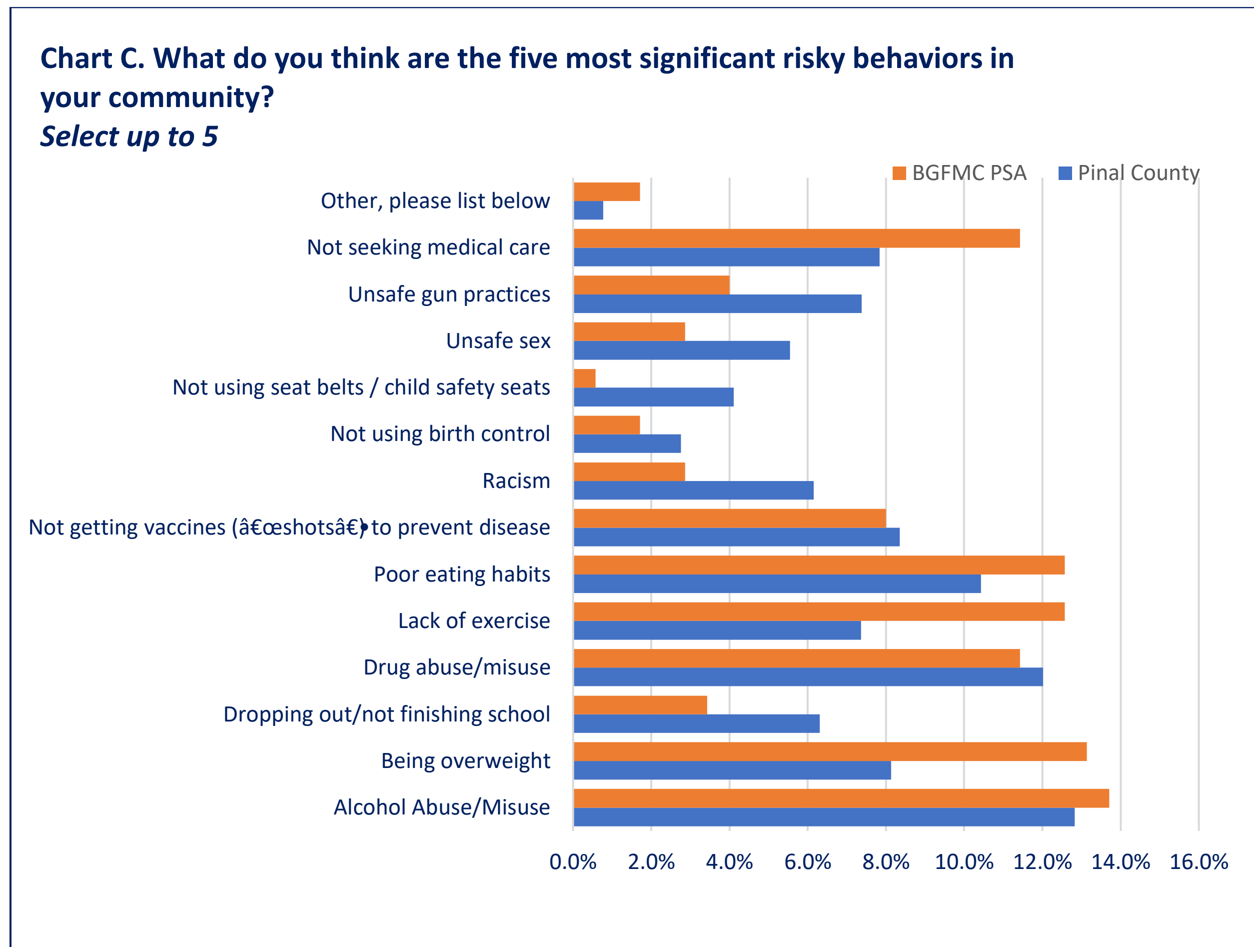
Source: Pinal County CHA Community Survey, 2022

Along with factors that were significant health problems in their community, survey participants were also asked to identify significant risky behaviors in their community. Respondents from the BGFMC Primary Service Area identified the following as the top three:

4. Alcohol Abuse/ Misuse
5. Being Overweight
6. Poor Eating Habits and Lack of Exercise tied for 3rd most risky behavior in the community

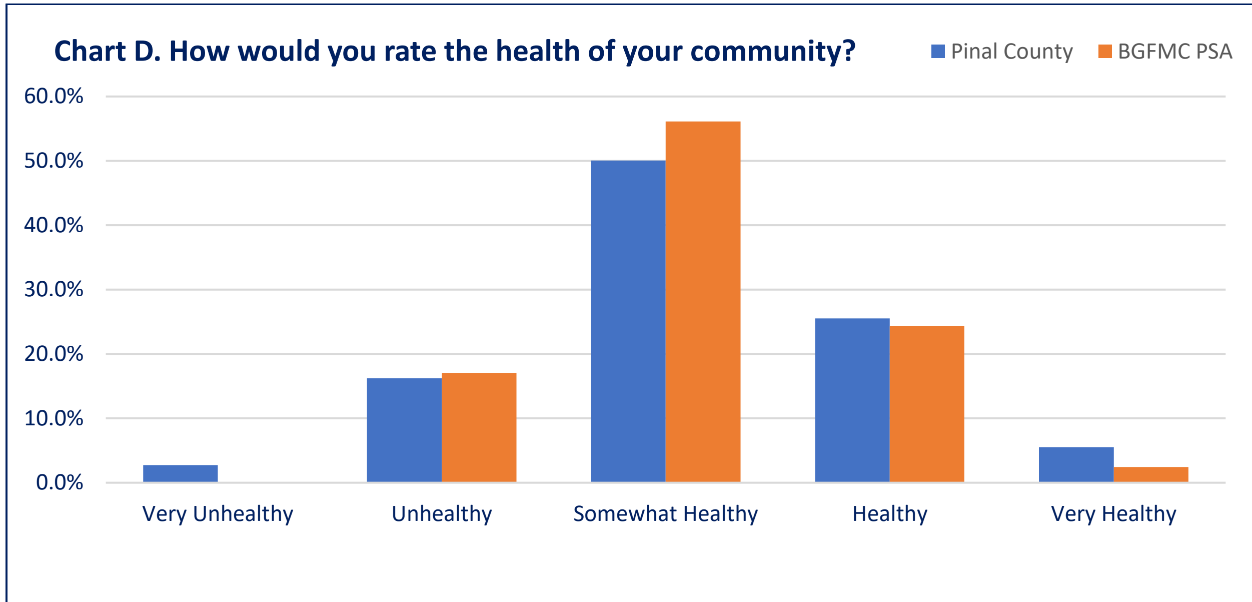
Difference in the PSA responses to the county responses are as follows:

- The PSA has a larger concern with Not Seeking Medical Care than that of the county 11.4% to 7.8%)
- Larger concern for Unsafe Gun Practices in the county than that of the PSA
- Larger concern for Not Using Seat Belts/ Child Safety Seats in the county than that of the PSA



Source: Pinal County CHA Community Survey, 2022

Pinal County respondents and BGFMC PSA respondents were aligned on rating the community being somewhat healthy. However, County respondents had an overall higher response for a healthy community compared to the PSA, this can be attributed to the PSAs higher response for an unhealthy community.



Source: Pinal County CHA Community Survey, 2022

Secondary Data

Secondary data includes publicly available local (Primary Service Area (PSA) & county), state and national data. The data gathered includes demographics, population growth, health insurance coverage, hospital services usage, primary and chronic health concerns, risk factors and existing community resources. Banner Goldfield Medical Center collected secondary data to establish a quantitative baseline of health needs in the community. The secondary data was used to indicate the ways in which the PSA or county compares to state and national data, gauging whether the health need is greater or worse than BGFMCs community. Secondary data was used to present the most comprehensive picture of Banner Goldfield Medical Center PSA's health status and outcomes.

Banner Goldfield Medical Center used a multi-phased approach to identifying health needs as part of their CHNA. In addition to collecting secondary data, BGFMC aligned with other Banner entities in the same market, Banner leaders and Banner Strategy & Planning to further review secondary data and its alignment with the primary data collected. The advantage of using this approach is that it validates data by cross verifying multiple sources.

Appendix A has data sources listed.

Community Demographics

The chart of community demographics below shows the breakdown of population, age, race, and social & economic factors for both the BGFMC PSA and Pinal County. Most data is close in range other than a larger population of 65+ Age group and older median Age in the PSA demographics than in the County.

Table 3. Community Demographics

	BGFMC PSA	**Pinal County**
Population	66,357	455,657
Male	49.21%	51.4%
Female	50.79%	48.6%
Age		
Ages 0-14	12%	21.5%
Ages 15-24	8%	11.8%
Ages 25-44	16%	27.3%
Ages 45-64	27%	21.4%
Ages 65+	37%	18.1%
Median Age	57.7	39.1
Race		
White	82.92%	62.7%
American Indians	1.14%	4.9%
Asian	1.04%	1.7%
Pacific Islander	0.11%	0.3%
Black	1.01%	4.9%
Other	13.8%	25.6%
Hispanic	14.55%	29.4%
Social & Economic Factors		
Median Household Income	$59,427	$73,235
No HS Diploma	9.18%	10.6%

Source: Syntellis, 2023

Facility Payor Mix

2023 data has been pulled from Syntellis to show how the facility specific inpatient payor mix is broken down by percentages. BGFMC payor mix is led by Medicare followed by Medicaid; the full breakdown is represented below in Table 4.

Table 4. Banner Goldfield Medical Center Inpatient Payor Mix, 2022

Commercial	9.39%
Medicaid	19.11%
Medicare	60.22%
Other	4.13%
Self Pay/Charity	7.15%

Source: Syntellis, 2022

Top Leading Causes of Death

BGFMC looked at the top 10 leading causes of death nationally, statewide, and within Pinal County. Heart Disease remains the leading cause of death in not only the county, but also a state and national level as well.

Table 5. Top Leading Causes of Death, 2021

	Pinal County	**Arizona**	**National**
1	Heart Disease	Heart Disease	Heart Disease
2	Covid-19	Cancer	Cancer
3	Cancer	Covid-19	Covid-19
4	Accidents	Accidents	Accidents
5	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Stroke
6	Diabetes	Stroke	Chronic Lower Respiratory Disease
7	Stroke	Alzheimer's Disease	Alzheimer's Disease
8	Alzheimer's Disease	Diabetes	Diabetes
9	Chronic Liver Disease and Cirrhosis	Chronic Liver Disease and Cirrhosis	Chronic Liver Disease and Cirrhosis
10	Suicide	Suicide	Nephrotic Syndrome

Source: CDC National Center for Health Statistics, 2021

County Health Rankings

Banner used County Health Rankings as a guiding light in understanding how those counties with Banner entities fared compared to other counties. County Health Rankings are "based on a model of community health that emphasizes the many factors that influence how long and how well we live" (County Health Rankings, 2022). The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Additionally, data is provided that indicates Areas of Strength, where the county has health data that is stronger when compared to the state data, and Areas to Explore, where the county has health data that is not meeting state levels of health – this is an area where counties can focus to improve the Health Outcome rankings.

Table 6. Pinal County Areas of Strength and Areas to Explore

Areas of Strength	Areas to Explore
Health Behaviors: Alcohol-Impaired Driving Deaths Food Environment Index	**Health Behaviors:** Sexually transmitted infections Adult Obesity Teen Births
Clinical Care: Uninsured Primary Care Physicians Preventable Hospital Stays	**Clinical Care:** Mental Health Providers Mammography Screening
Social & Economic Factors: Children in Poverty High School Completion	**Social & Economic Factors:** Unemployment Income Inequality
Physical Environment:	**Physical Environment**: Air Pollution - Particle Matter Drinking Water Violations

Source: County Health Rankings, 2023

Health Outcomes Rankings

2023 Arizona County Health Outcomes Rankings: Pinal County ranked number second out of 15 Arizona counties, which is three greater than the Pinal County ranking in 2020 (2020 Health Outcome: five out of 15).

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 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 low birth weight and those who rated their physical and mental health as poor. (County Health Rankings, 2023)

Health Factors Rankings

2023 Arizona County Health Factors Rankings: Pinal County ranked seventh out of 15 the counties, an increase from the 2020 health outcomes (2020 Health Outcome: eight out 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 where 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 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, 2023)

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 7. Data Limitations and Information Gaps

Data Type	Notes on Limitations and Gaps
Primary Data	• Due to timeline with county partners Survey and Community Forums were the two forms of data collection, Banner's CHNA reports were finalized prior to focus groups being conducted. • There was an over sampling of women in the community survey (60% of respondents were women, women represent 50% of the population). • Additional over sampling of the population aged 25-44 at nearly twice that of the county's age breakdown (56% of all respondents).
Secondary Data	• Due to COVID-19 the national and state reporting cycle on public health data is behind, while normally this data has been published with a 1–2-year age, some data posted, like that of cancer incidence, was posted 5+ years ago at this time. • Cancer Data provides a sampling of 2016-2020. • Population Below Poverty Level which represents the 12 months prior, represents 2021 population poverty levels.

Prioritization of Community Health Needs

Building on Banner's past three CHNA reports, the steering committee and hospital champions worked with Banner corporate planners to prioritize health needs for Cycle 4 of the CHNA. Facility stakeholders, community members and public health professionals were among major external entities involved in identifying health needs. Banner internal members and external entities were strategically selected for their respective understanding of community perspectives, community-based health engagement and health care expertise. To be considered a health need the following criteria was taken into consideration:

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

Using previous CHNAs as a tool, the steering committee reviewed and compared the health needs identified in 2022 to the previous health needs. The group narrowed the community health needs to three. They determined that Banner would continue to address the same health needs from Cycle 3, the 2019 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 Banner's short- and long-term goals. Specific strategies can be tailored to the regions Banner 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.

Improving the health of the communities we serve	Chronic Disease Management	Behavioral Health
• Access to and navigating healthcare services • Access to supportive care after hospital discharge • Access to care post-COVID • Employee wellness • Integrating Social Determinants of Health with Banner	• Health Literacy • Health Management • Diabetes and heart disease management • Diagnosing and managing dementia • Ongoing care for those with long-COVID • Preventative cancer education • Cancer screenings	• Access to mental health resources • Mental health care for those affected by COVID related experiences • Substance and alcohol abuse and misuse prevention

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.

Community Health Need #1: *Improving the health of the communities we serve*

To "*Improve the health of the communities we serve",* it is essential to understand the factors that affect our communities in improving their health. These factors range from insurance status, Social Determinants of Health (SDoH), utilization of hospitals and emergency departments, and access to providers, to name a few. Based on the areas of focus for this health priority SDoH, poverty level, insurance status, and access to primary care providers are covered.

Social determinants of health are the conditions in the environment where people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People2030 via HHS, 2022). Healthy People 2030, a national 10-year plan, identifies public health priorities to improve the health and well-being across the United States; their key focus is SDoH. These SDoH have a foundational role in our lives, such as safe housing, racism, violence, access to nutritious foods, job opportunities, polluted air, and literacy skills. To further understand these determinants of health, they have been grouped into five key areas:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

In the context of health care access and quality, Healthy People 2030 has identified a series of areas to focus on to address SDoH. These areas all reflect the foundational problem of people in the United States not getting the health care services they need. Areas of focus include uninsured populations, PCP access, navigating health care, and preventative health (Healthy People 2030 via HHS, 2022). For Healthy People 2030, the two primary objectives to address health care access and quality are listed below:

- Reduce the proportion of emergency department visits with a longer wait time than recommended.
- Increase the proportion of adults who get recommended evidence-based preventative health care.

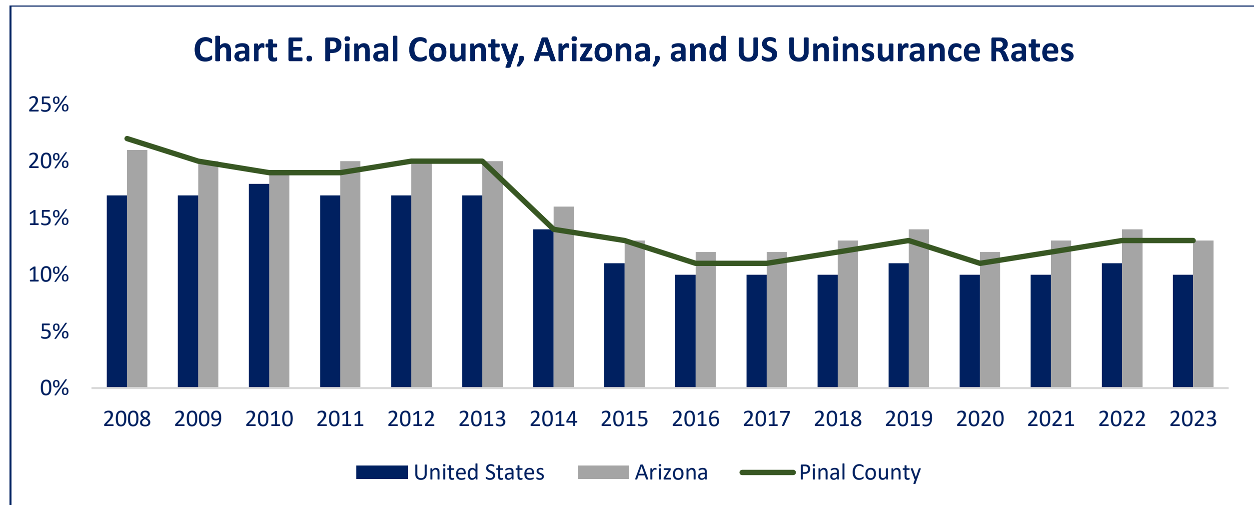
For populations in Pinal County living under the poverty level, Pinal County has a lower poverty level than that of Arizona and the United States. Pinal County consistently has lower poverty levels compared to Arizona and the United States in all below listed fields. Poverty level is a factor in understanding insurance type and barriers in accessing health care services.

Table 8. Populations living below the poverty level

	United States	Arizona	Pinal County
Population	12.8%	12.8%	9.9%
Under 18	16.9%	17.3%	12.5%
Male	11.6%	11.8%	8.8%
Female	13.9%	13.7%	10.9%
White	9.8%	9.6%	8.8%
Black/African American	21.8%	16.7%	12.3%
American Indian/Alaskan Native	21.4%	29.6%	18.7%
Asian	10.2%	10.6%	3.9%
Native Hawaiian/Pacific Islander	17.6%	9.8%	N
Other	17.0%	16%	11.0%
Hispanic	17.5%	17.2%	11.5%

Source: Census, Poverty Status in the Past 12 Months, 2021

Over a 14-year span, a decrease in uninsurance rates occurs, most notably the drop from 2013 to 2015 when the Affordable Care Act went into place. Data indicates that Arizona has a higher uninsurance rate than the United States and Pinal County. Health insurance is recognized as a contributing factor to health outcomes, contributing to the affordability of health services and the utilization of primary care/preventative health care services (KFF, 2013).



Source: County Health Rankings, 2020-2023

A contributing factor to health access and social determinants of health is access to a primary care provider (PCP). A PCP makes it possible for a person to get preventative health services as well as provides tools to better maintain a healthy lifestyle. In Arizona and Pinal County, the rate of the population per primary care provider (PCP) is higher than the national rate; this means for Pinal County residents and Arizonans, it is harder for people to find and access a PCP than in other parts of the country.

Table 9. Population to Primary Care Providers

	2020	2021	2022	2023
United States	1,330:1	1,320:1	1,310:1	1,310:1
Arizona	1,500:1	1,520:1	1,500:1	1,520:1
Pinal County	6,240:1	6,130:1	6,340:1	6,770:1

Source: County Health Rankings, 2020-2023

The rate of Emergency Department visits and admits into a hospital for those insured via Medicaid (AHCCCS in Arizona) can be used to provide context on the health behaviors and health trends of poorer populations. Medicaid was designed to provide health coverage for low-income children and families who lack access to private health insurance – the two qualifying factors include: income and health status (KFF, 2013). Health status refers to physical, mental, and intellectual abilities. In Arizona the financial qualification for Medicaid is a household of one must bring in no more than $1,616 gross monthly income (133% FPL), and a household of four with parents and/or caretakers must bring in no more than $2,650 gross monthly income (106% FPL) (AHCCCS, 2022). Looking at Medicaid utilization of health services it is a way to see the trends of the effect of the economy, health related policies, and overall health behaviors on those lower income populations. When comparing the top Emergency Department conditions for Medicaid patients to all patients (regardless of insurance type), data trends can indicate they behaviors of patients in the Emergency Department and what acute health needs lower income populations may have.

Chart F. Top Five Conditions in the Emergency Department at BGMC

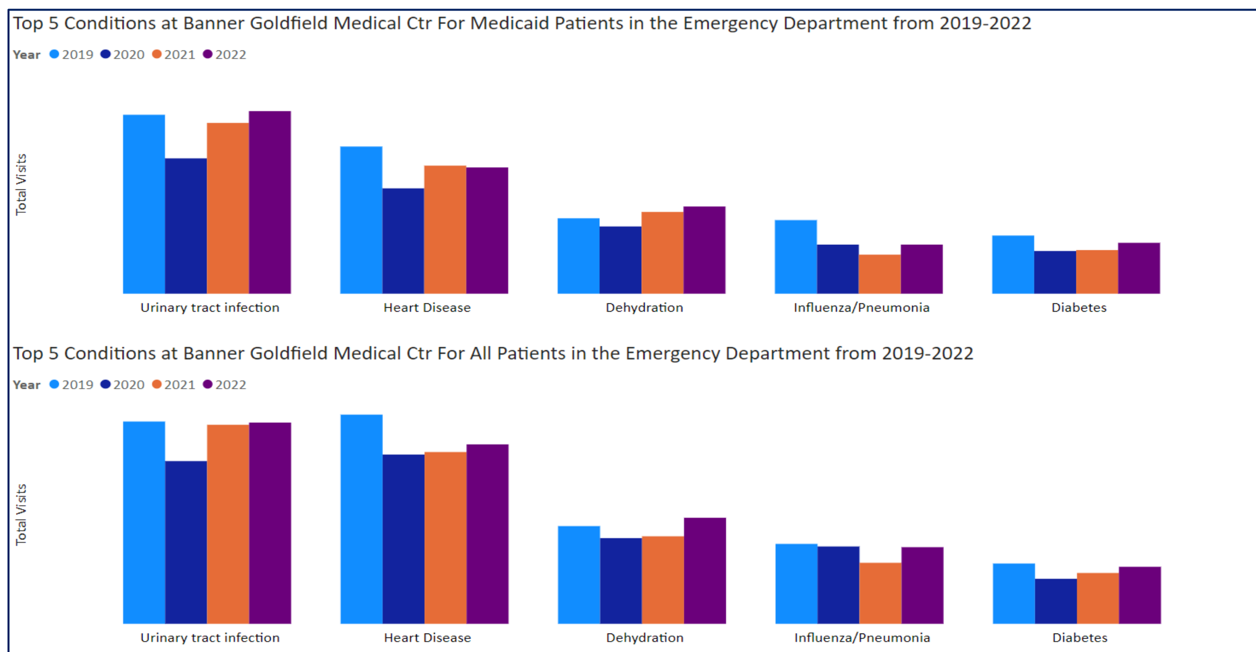
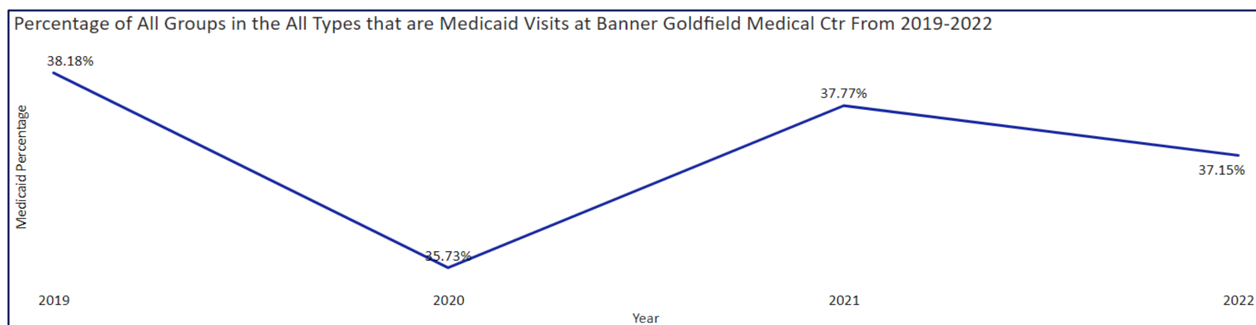


Chart G. Medicaid Visits at BGMC



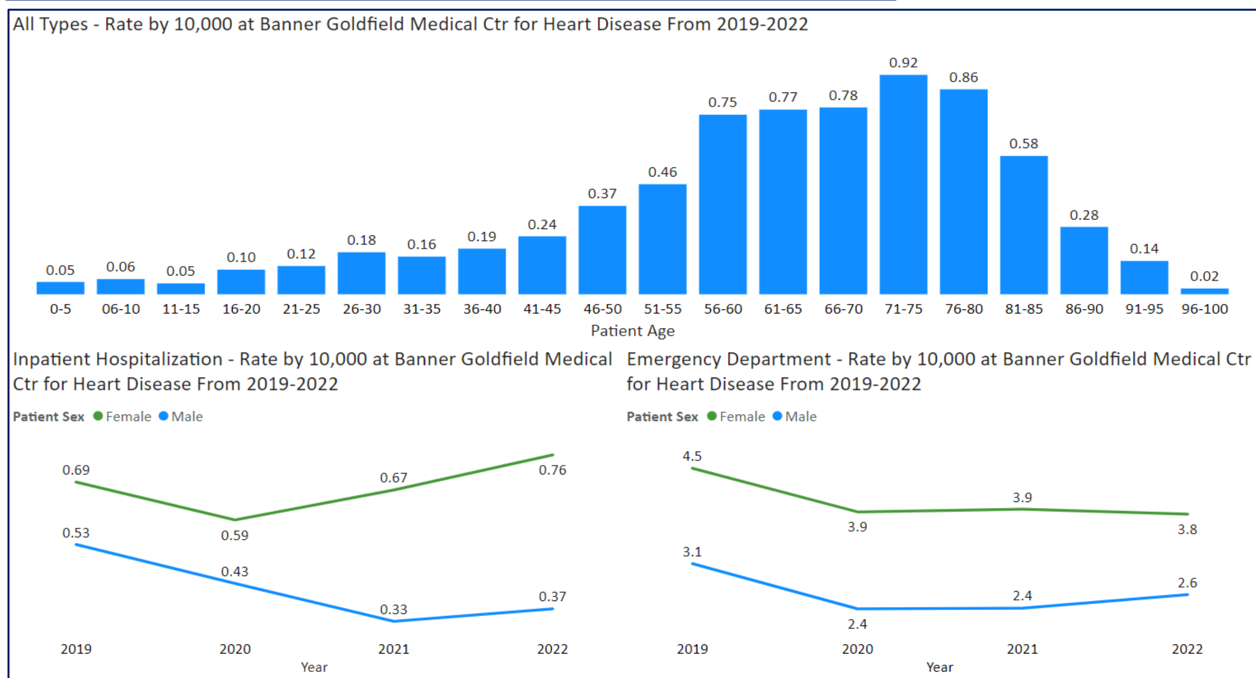
Source: Power BI, 2019-2022

Community Health Need #2: *Chronic Disease Management*

Chronic Disease was identified as another Health Priority; Banner Health decided to focus on how to support the management of chronic diseases. When looking at state, county, and hospital data the prevalence of chronic diseases was present as a top ten condition for Emergency Department (ED) visits, Inpatient (IP) admits, and incidence of death. When indicating community health concerns, many respondents identified obesity and lack of physical activity – these are both themes that are known to be correlated to chronic diseases. Access to safe places to recreate, access to affordable and healthy foods, and the financial freedom to focus on physical health are all factors that are correlated to SDoH as well as chronic disease management.

This report focuses on the utilization of the ED visits and IP admits for those with a primary diagnosis of *heart disease* or *diabetes*. These rates indicate management of disease or lack of management – leading to ED visits and IP admits. Looking at these utilization rates helps identify trends in occurrence of these chronic diseases as well as utilization of care. Overall data indicates a drop in visits for both chronic disease states in 2020 – this can be attributed to COVID-19 and the change in behaviors in accessing healthcare throughout the pandemic. For those with diabetes and chronic disease, COVID-19 put them at higher risk of a severe disease course.

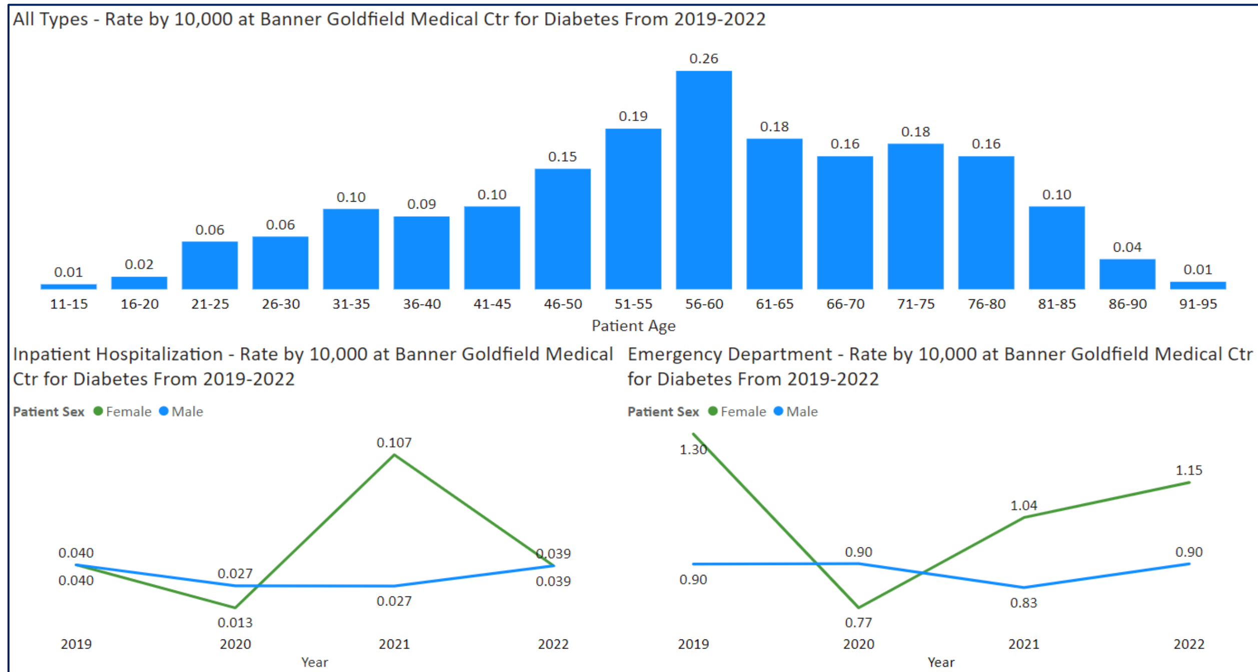
Chart H. Heart Disease Related Incidence Rates at BGFMC



Source: McKesson via Banner Health, 2019-2022

When looking at diabetes hospitalization at Banner Goldfield, the chart below indicates female inpatient admissions have had significant jumps in increases and decreases over the years of 2019 to 2022, while males, on the other hand, have had a consistent reporting. For ED visits, females have had the significant increase since 2020, while males have had a slight increase in diabetes ED visits since 2021. Adults age 56-60, the largest age segment being hospitalized and visiting the ED for diabetes, which can be attributed to this age range being one of the largest in the community.

Chart I. Diabetes Related Incidence Rates at BGFMC



Source: McKesson via Banner Health, 2019-2022

Cancer incidence rates, age adjusted and based on a five-year average indicates a few things—higher prevalence in Arizona compared to Pinal County, both which are lower than that of the National average. Additionally, Males consistently have a higher incidence rate of cancer than that of females. Breast cancer and Cervical cancer have higher incidence rates in Arizona than that of Pinal County. Colon & Rectal, Lung & Bronchus, and Prostate Cancer all have a higher National incidence than that of Arizona and Pinal County. A limitation to understanding the trends of Cancer incidence is due to timeliness of data collection from county to federal levels.

Table 10. Age Adjusted Cancer Incidence Rates per 100,000, Five-Year Averages (2016-2021)

	United States	Arizona	Pinal County
All Cancer Sites	448.6	385.7	351.9
Females	422.7	368.5	335.9
Males	487.4	410.3	375.1
Breast (Females)	126.8	114.2	93.4
Cervical (Females)	7.7	6.5	6.3
Colon & Rectal	38.0	32.3	32
Females	33.4	28.1	28.9
Males	43.5	37.0	35.2
Lung & Bronchus	57.3	45.1	42.8
Females	50.8	41.6	38.5
Males	65.7	49.2	47.5
Prostate (Males)	106.2	79.6	72.7

Source: CDC, National Cancer Institute 5-Year Average 2016-2021

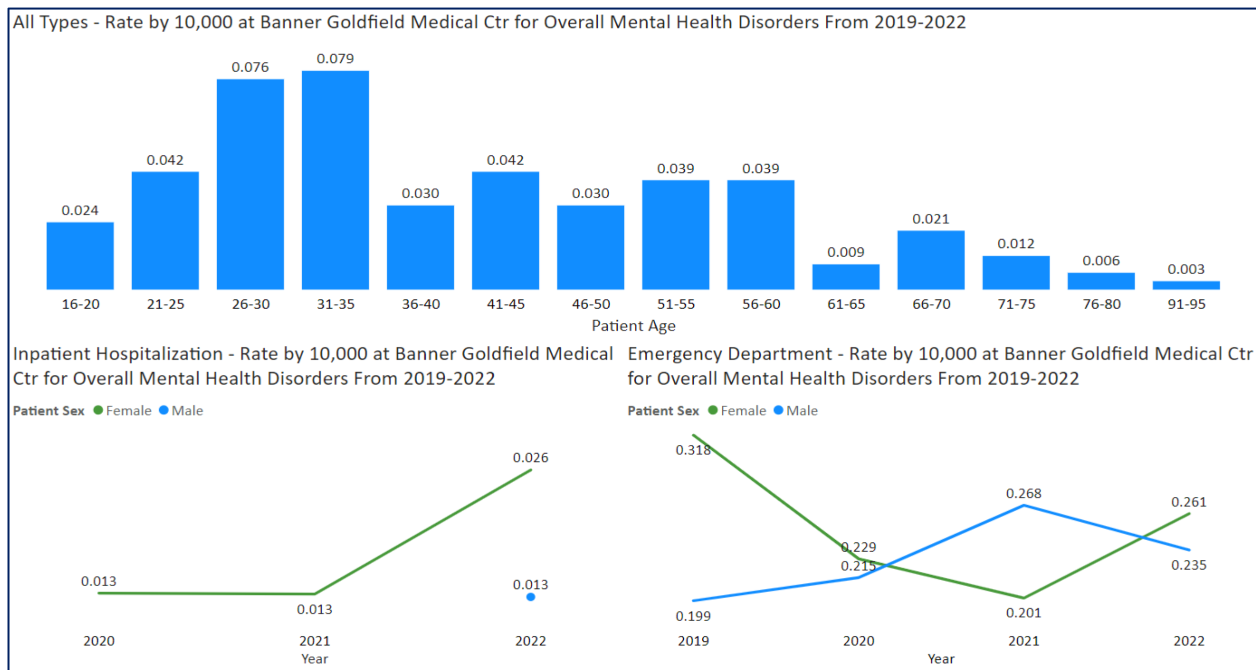
Community Health Need #3: *Behavioral Health*

Community feedback gathered through surveys and focus groups indicated a rise in Behavioral Health as a primary concern. Specific behavioral health concerns that were highlighted by participants include mental health issues and alcohol/substance abuse. An outcome of the COVID-19 Pandemic has been a rise in the focus of health care provider mental health – a result of the emotional and psychological trauma of providing care to patients with COVID-19. The occurrence of burnout for physicians and nurses, manifesting through anxiety, depression, and stress has been attributed to COVID-19 and the pressures put on them to treat patients battling COVID-19 (Sung, Chen, Fan, et al. 2021).

Mental health disorders are prevalent throughout the world, one in eight people in the world live with a mental disorder, anxiety and depressive disorders being the most common (Institute of Health Metrics and Evaluation, 2022). "A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior." (WHO, 2022) It is estimated that there was an over 25% increase in anxiety and depressive disorder in 2020 because of the COVID-19 pandemic (WHO – Mental Health and COVID-19, 2022).

At BGFMC Females have a higher rate of ED visits for mental health disorders than males in 2022 when previously males had the higher rate. There has been a significant increase in female IP admissions for mental health disorders since 2021.

Chart J. Overall Mental Health Disorder Incidence Rates at BGFMC

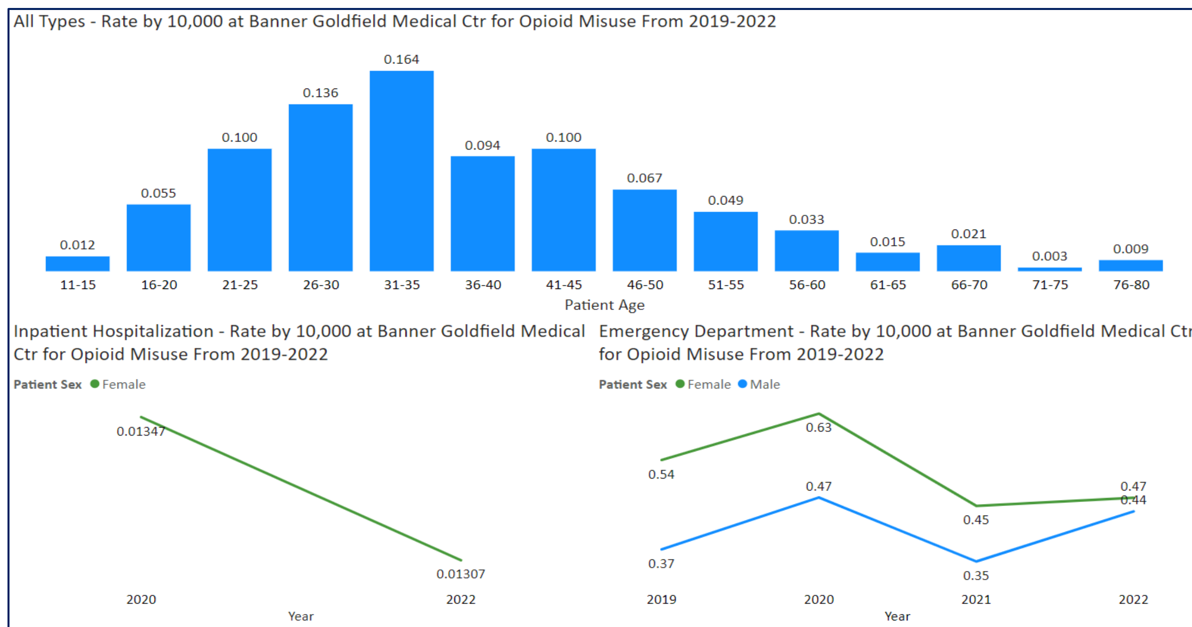


Source: McKesson via Banner Health, 2019-2022

Opioid use disorder and addiction continues to be at epidemic levels in the United States and world. In the United States, three million people suffer from opioid use disorder, with more than 500,000 people dependent on heroin alone (Azadfard, Hecker, Leaming, 2022). Nationally, the response ranges state to state and county to county – with communities enacting prescription drug monitoring programs and communities providing naloxone access for overdoses. States have begun to tackle the financial impact of opioid use disorder through legal action against pharmaceutical companies – applying the financial wins to addressing the opioid use problems in their communities. Measuring opioid misuse in hospitals and communities is a way to understand the rate of prevalence of opioid abuse that leads to hospital visits and admissions.

There has been an increase in Opioid drug use from 2021 to 2022 in BGFMC Emergency Department visits, and a decrease for IP visits for females attributed to opioid drug use. Segmentation of this data shows a decrease from 2019 to 2022 for Emergency Department visits by gender in the BGFMC PSA.

Chart K. Opioid Misuse Incidence Rates at BGFMC



Source: McKesson via Banner Health, 2019-2022

Data via the CDC regarding drug overdose rates in Pinal County indicates alignment with the downward trends of opioid misuse incidence rates at BGFMC. Drug overdoses decreased at an age-adjusted rate in Pinal County and Arizona compared to the National rate from 2020 to 2021.

Table 11. Drug Overdose Rates per 100,000, 2020-2021

	2020 Age Adjusted	2021 Age Adjusted
United States	28.3	32.4
Arizona	59.5	53.7
Pinal County	86.4	62.9

Source: CDC Drug Overdose, 2020-2021

Needs Identified but Not Prioritized

Additional needs identified through data collection and community input were age related health concerns, aging problems, cancer, and access to healthy foods. In many of Banner's facilities a high percentage of the aged population is served, as a result tactics have been developed that acknowledge and address concerns of the aged populations. It was determined to group cancer into Chronic Disease Management as opposed to having it stand along Significant Health Need, as a result a specific strategy has been developed to educate and create access to cancer screenings.

COVID-19 remains an ongoing health concern in many communities. While Banner Health decided to not develop a Significant Health Need that is specific to COVID-19, health priorities have been developed that are related to the effects of COVID-19 and have developed tactics to address these health priorities.

2023 Implementation Plan

In partnership with Banner Health leaders, facility leaders, and facility champions, Table 12 provides the 2023 Implementation Plan for Banner Goldfield Medical Center. This Implementation Plan will work to address the identified three significant health needs and the associated health priorities over the next three years.

Table 12. 2023 Banner Goldfield Implementation Plan
Significant Health Need: Improving the health of the communities we serve
Strategy: Increased utilization of Banner Health's care continuum through our clinics, hospitals, ambulatory settings, and post-acute settings of care.
Anticipated Outcome: Improve our communities ease and access to the care continuum for all their health care needs.
Tactic 1: *Increase access to ambulatory services.* **Tactic 2:** *Increase utilization of online scheduling for ease of appointment.* **Tactic 3:** *Increase community care communication with Banner Health to support the patient in accessing the care they need, navigate the care continuum, and inform their PCP of their ongoing healthcare status.*
Strategy: Supporting our team members through internal wellness programs and employee benefits.
Anticipated Outcome: Inspire a healthy and productive work force.
Tactic 1: *Offer and promote employee wellness programs to reduce burnout and turnover.* **Tactic 2:** *Promote employee satisfaction and employment experience.* **Tactic 3:** *Expand utilization of MyWell-Being to encourage daily wellness at Banner Health.*
Strategy: Align Banner Health's strategies and processes with Social Determinants of Health practices.
Anticipated Outcome: Educate Banner Health team members and partners on incorporating Social Determinants of Health into our health care strategies.
Tactic 1: *Identify and support community-based organizations to further align Banner Health's SDOH agenda.* **Tactic 2:** *Promote in-school clinics and mobile health clinics for low-income pediatric patients.* **Tactic 3:** *Provide non-clinical support to address Social Determinants of Health for seniors to improve their health and well-being through the care continuum.*
Significant Health Need: Chronic Disease Management
Strategy: Increase access to Primary Care.
Anticipated Outcome: Improve ease of primary care utilization.
Tactic 1: *Improve ease of scheduling Primary Care visits by increasing access to providers and online scheduling.* **Tactic 2:** *Create a process to better leverage telehealth in the management of chronic care conditions.* **Tactic 3:** *Provide additional resources to help our communities manage their health.*
Strategy: Support Banner Health communities in managing chronic diseases.
Anticipated Outcome: Improve chronic disease management through clinical support and patient education.
Tactic 1: *Support patients with or at risk for hypertension with managing their blood pressure control.* **Tactic 2:** *Support patients with or at risk for diabetes with managing their HbA1c levels.* **Tactic 3:** *Provide education or dementia capability to professionals and families in the communities we serve (Dementia ECHO and Community Education Programs)*

Strategy: Increase awareness of and access to cancer screenings.
Anticipated Outcome: Increase preventative cancer care.
Tactic 1: *Provide educational resources to the community for cancer awareness and prevention.* **Tactic 2:** *Increase patient compliance on routine colon screenings.* **Tactic 3:** *Increase patient compliance on routine breast cancer screenings.*
Significant Health Need: Behavioral Health
Strategy: Provide awareness and access to mental health resources.
Anticipated Outcome: Reduce volume of acute mental health episodes through early interventions of education and access to preventative care.
Tactic 1: *Continue to provide virtual education with Banner and their partners for mental health awareness.* **Tactic 2:** *Improve provider access to mental health resources to leverage with behavioral patients utilizing Tele-Behavioral.* **Tactic 3:** *Encourage clinician utilization of Banner Health provided mental health resources.*
Strategy: Support communities in accessing substance prevention and intervention services.
Anticipated Outcome: Improve utilization of prevention and intervention services for substance use.
Tactic 1: *Promote clinician and pharmacist interventions substance abuse prevention and/or intervention.* ***Tactic 2:*** *Continue to offer multi-interventional tobacco cessation support at Banner Health facilities.* **Tactic 3:** *Continue to provide inpatient detox and intensive outpatient services at all acute behavioral health sites.*

2020 CHNA Follow Up and Review

An essential aspect of the CHNA Report involves reviewing community feedback and the impact the Implementation Strategies have made over the past CHNA Cycle. The following two tables provide an analysis of what took place in the past three years.

Community Feedback

A link to Banner's CHNA reports and implementation strategies is posted on the Bannerhealth.com website, which is widely available to the public. Banner routinely monitors its Community Feedback email account and responds to emails in a timely manner.

Comments can be sent to CHNA.CommunityFeedback@bannerhealth.com.

Table 13. Community Feedback Summary

Submission Year	Message Topics
2020	*Topics covered guidance on scheduling an appointment, support in identifying substance abuse treatment centers, schools reaching out to support hospitals during the pandemic, guidance on COVID protocol once diagnosed, community event participation, direction on how to be a volunteer at Banner Health, smoking cessation, and communication on health mobile events.*
2021	*Topics covered information on how to get a mentally unstable person the health support they need, how to navigate COVID hospital and clinic protocols, where to donate blood, navigation of insurance, and how to schedule a COVID-19 vaccine appointment.*
2022	*Topics covered smoking cessation, scheduling a doctor's appointment, what hospital protocol was pertaining to partners being with the mother during delivery, as well as a positive review on the quality of food during recovery.*
2023	*Topics covered affordable housing resources and opportunities in the community, understanding next steps in COVID-19 exposure, and graduate students at a local university inquiring about internship opportunities.*

Source: CHNA.CommunityFeedback@bannerhealth.com via Formstack

2020 Implementation Strategies Outcomes

Table 14 indicates what actions have been taken by Banner Goldfield Medical Center since the cycle 3 CHNA Implementation Plan was approved by the Banner Board of Directions in 2020. COVID-19 has had an ongoing impact on the Banner Goldfield Medical Center Strategies and Tactics due to the impact it had on overall system health priorities and focus. Data collection and monitoring had gaps in the data collected for certain tactics, and in some cases, data was no longer collected or focused on by Banner Health.

Table 14. Pinal County Implementation Strategies Outcomes

Strategies	Outcomes
Significant Health Need: Access to Care	
Strategy #1: Increase access points for primary care services	• Employed additional Primary Care Providers and Advanced Practice Providers to increase access to care. • Support over 1.5k children through mobile clinics and in-school health clinics.
Strategy #2: Increase access to ambulatory care settings.	• Grew access to ambulatory services for our community through Urgent Care, Ambulatory Surgical Centers, and Physical Therapy. • Provided more Urgent Care, Physical Therapy, and Ambulatory Surgical Center locations to the community, increasing access to care points.
Strategy #3: Deploy care models and tools that improve affordability of care for Banner Health Network members.	• Promoted access to Banner Medical Group, to reduce utilization of the Emergency Room • Identified 22 core measures for annual wellness visits to set quality measures – including chronic disease management, cancer screenings, and immunizations.
Significant Health Need: Chronic Disease Management (Diabetes/Heart Disease/Cancer)	
Strategy #1: Continue to improve the coordination of care for patients with chronic disease diagnosis.	• Utilized pharmacists to assist in chronic disease management via telephone consultations. • Offered cancer screenings through clinics. • Provided education and assistance with medication adherence, including cost of medication.
Strategy #2: Growth of preventative care and wellness programs in the communities we serve.	• Provided Medicare Advantage Wellness visits through deploying MDs, NPs, and PAs. • Offered same day mammography access in ambulatory settings (health centers and Imaging locations).
Strategy #3: Continued enhancement of measurement /oversight of clinical quality measures for chronic disease patients.	• Decreased hypertension through an increase in clinical measures for BP control. • Monthly clinical performance meetings focusing on diabetes and hypertension for Quality Improvement.

Table 13. Pinal County Implementation Strategies Outcomes

Strategies	Outcomes
Significant Health Need: Behavioral Health	
Strategy #1: Provide services to increase awareness and access to address general psychiatric health needs.	• Continue to partner with community outpatient behavioral health providers to provide coordinated care. • Encouraged patients to get initial behavioral screenings in the Emergency Department. • Utilized psychiatric telehealth services in market to continue to offer care in COVID environment.
Strategy #2: Utilize internal and external resources to address opioid addiction in Banner Health communities.	• Provided an average of 1.4k addiction assessments yearly. • Implemented a system wide primary care strategy to identify opioid use disorder.
Strategy #3: Utilize internal and external resources to improve clinical quality for suicide and depression patients in Banner Health communities.	• Working to be a "Zero Suicide" health system, where all non-clinical hospital employees are trained to Question, Persuade, and Respond when interacting with a person having a suicidal crisis. • Provided depression screenings during clinic appointments.

Appendix A: List of Data Sources

Primary and Secondary Data Sources

- Banner Health Financials, 2022
- Banner Health Cerner, 2019-2022
- Stratasan via ESRI Demographics
- County Health Rankings, 2020
- County Health Rankings, 2023
- ADHS Inpatient, 2022
- Census Bureau, Poverty Status, 2021
- CDC
    - Drug Overdose Rates, 2020-2021
    - National Center for Health Statistics, 2021
    - National Cancer Institute, 2016-2020
- Pinal County Health Department
    - CHA Community Survey
    - Community Forum

References

Azadfard M, Huecker MR, Leaming JM. Opioid Addiction. [Updated 2022 Sep 9]. StatPearls Publishing; 2022 Jan-. Source: https://www.ncbi.nlm.nih.gov/books/NBK448203/

AHCCCS (2022). Arizona Health Cre Cost Containment System – Who Can Receive Services. Source: https://www.azahcccs.gov/Members/GetCovered/Categories/adults.html

Boothe, Sinha, Bohm, & Yoon (2013). Community health assessment for population health improvement; resource of most frequently recommended health outcomes and determinants. Centers for Disease Control and Prevention (U.S.), Office of Surveillance, Epidemiology, and Laboratory Services.

Evans, R. G., & Stoddart, G. L. (1990). Producing health, consuming health care. Social Science and Medicine, 31, 1347-1363.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Kindig, D., & Stoddart G. (2003). What is population health? American Journal of Public Health. 93, 380-383.

Paradise, Garfield (2013). What is Medicaid's Impact on Access to Care, Health Outcomes, and Quality of Care? Setting the Record Straight on the Evidence. Kaiser Family Foundation. Source: https://www.kff.org/report-section/what-is-medicaids-impact-on-access-to-care-health-outcomes-and-quality-of-care-setting-the-record-straight-on-the-evidence-issue-brief/

Sung C, Chen C, Fan C, et al. Mental health crisis in healthcare providers in the COVID-19 pandemic: a cross-sectional facility-based survey. BMJ Open 2021;11:e052184. doi: 10.1136/bmjopen-2021-052184
World Health Organization (2022). Mental Disorders. Source: https://www.who.int/news-room/fact-sheets/detail/mental-disorders

World Health Organization (2022). Mental Health and COVID-19: Early Evidence of the pandemic's impact. Source: https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

Pinal County CHA Survey

Thank you for taking this Community Health Survey. We would like to better understand community strengths, quality of life, and needs related to health services. This survey will help Pinal County Public Health District, Sun Life Family Health Center, and Banner Health to improve the health of our communities.

The survey will take about 15 minutes to complete. Your responses will be anonymous and kept private. At the end of the survey, there will be an option to enter a raffle to win a $50 Amazon gift card (10 total). Thank you for your time!

1. Do you live in Pinal County?
   - As a full time resident
   - As a part time resident for work or school
   - As a seasonal resident during winter months
   - I do not live in Pinal County
   - Other _______

Community Strengths and Themes

First we have some questions about your thoughts on your community in Pinal County. We are referring to your community as the places where you live, work, learn, play, and pray.

1. What do you think are the most important things for a "Healthy Community?" (Factors that make a community a good place to live) Please select up to 5.
   - Good place to raise children
   - Good schools
   - Access to health care
   - Clean environment
   - Arts and cultural events
   - Good jobs and healthy economy
   - Healthy behaviors and lifestyles
   - Low crime / safe neighborhoods
   - Religious or spiritual values
   - Parks and recreation
   - Affordable housing
   - Accepting of all
   - Strong family life
   - Low adult death & disease rates
   - Public transportation
   - Other (please specify)

2. What do you think are the top "health problems" in your community? (Problems which have the greatest impact on overall community health.) Please select up to 5.
    - Aging problems (e.g., arthritis, dementia, hearing/vision loss, etc.)
    - Cancers Child abuse / neglect
    - COVID-19
    - Dental problems
    - Diabetes
    - Domestic Violence
    - Gun-related injuries
    - Heart disease and stroke
    - High blood pressure
    - Homicide
    - Infant Death
    - Infectious Diseases (e.g., Hepatitis, TB, etc.)
    - Mental health conditions
    - Motor vehicle crash injuries
    - Rape / sexual assault
    - Respiratory / lung disease
    - Sexually Transmitted Diseases
    - Lack of prenatal (pregnancy)/after birth care
    - Suicide
    - Teenage pregnancy
    - Drug/Alcohol addiction and overdose
    - Other (please specify)

3. What do you think are the most "risky behaviors" in your community? (Behaviors which have the greatest impact on overall community health.) Please select up to 5.
    - Alcohol abuse/misuse
    - Being overweight
    - Dropping out/not finishing school
    - Drug abuse/misuse
    - Lack of exercise
    - Poor eating habits
    - Not getting vaccines ("shots") to prevent disease
    - Not using seat belts / child safety seats
    - Not seeking medical care
    - Racism
    - Unsafe sex
    - Unsafe gun practices
    - Other (please specify)

4. To what extent do you feel you can contribute to making your community healthier?

    ____Always ____Sometimes ____Never

5. How would you rate the health of your community?

    ___ Very unhealthy ___ Unhealthy ___ Somewhat healthy ___ Healthy

    ___ Very healthy

6. How would rate your own personal health?

___ Very unhealthy ___ Unhealthy ___ Somewhat healthy ___ Healthy

___ Very healthy

Health Priorities: Substance Use

Please answer the following questions about health priorities in the community. All answers will be anonymous.

7. Have you or a member of your household experienced any of the following related to drugs (including prescription, legal, and illegal drugs) or alcohol? Select all that apply

- Drugs
- Misuse/abuse
- Addiction
- Overdose
- Injury/Accident
- Illness
- Death
- Incarceration (jail)
- None of the above

- Alcohol
- Misuse/abuse
- Addiction
- Overdose
- Injury/Accident
- Illness
- Death
- Incarceration (jail)
- None of the above

8. If yes, did the individual use any of the following resources or services? (If no, skip question)
   - Medication Assisted Treatment
   - Behavioral Health Treatment (Inpatient)
   - Behavioral Health Treatment (Outpatient)
   - Sober living facility
   - 12-step counseling/AA/NA
   - None/did not seek help
   - None/nothing was available
   - Other (please specify)

9. What local resources would help reduce drug and alcohol misuse and addiction in your community?
    - In-patient treatment facilities
    - More support groups
    - More education about resources to help
    - More events about drug misuse/addiction
    - More options for non-addictive pain relief
    - More resources to manage stress/mental health issues
    - More police/sheriff involvement
    - More programs for kids/teens
    - More support from employers
    - Other (please specify)

Health Priorities: Mental Health

10. Have you or a member of your household experienced any of the following mental health issues? Select all that apply.
    - Anxiety
    - ADHD/ADD
    - Autism Spectrum Disorder
    - Depression
    - Suicidal thoughts
    - Suicide attempts
    - Self-harm
    - Post traumatic stress disorder (PTSD)
    - Chronic/toxic stress
    - Psychosis/hallucinations/delusions
    - Postpartum depression or psychosis
    - None of the above
    - Prefer not to answer
    - Other mental health issue (please specify)

11. If you or a member of your household has experienced one or more of the above conditions, have you received help or treatment?
    - Yes
    - No
    - Prefer not to answer

12. If yes, what service did the individual use? Select all that apply.
    - Primary Care/Family Doctor
    - Community Health Center
    - Employee Assistance Program
    - Peer Support Specialist
    - Emergency Room
    - Condition-Specific Support Group
    - Trusted Friend/Family member
    - Clergy/Faith-based organization
    - Crisis Line
    - Therapist/Counselor/Psychologist
    - Psychiatrist (MD)
    - In-patient treatment center
    - School counselor or administrator
    - 911

- In County
- Out of County
- Virtual/Online
- Other (please specify)

13. If the individual did not seek help, why not? Check all that apply.
    - No insurance Service or visit not covered by insurance
    - Cost of service or visit was too expensive
    - Wait time for an appointment was too long
    - No qualified provider or service in my area
    - Could not get an appointment/provider not taking new patients
    - Hours of operation of the provider did not fit my schedule
    - No one spoke my preferred language
    - Embarrassed to seek treatment
    - Don't believe treatment for mental health works
    - Don't know where to go for help/treatment
    - Other (please specify)

14. What local resources would best support your household's mental health needs? Select all that apply.
    - In-patient treatment
    - Education/Awareness
    - More events about mental health
    - More faith-based organizations/events
    - More support services/counselors in schools
    - Mental Health Support groups
    - More options for counseling
    - More programs for kids/teens
    - Help paying for counseling/therapy services
    - Help paying for medications prescribed for treatment
    - Specialized therapy services (play therapy, EMDR, hypnosis, etc.)
    - More support from employers
    - Grief Support
    - Other (please specify)

15. My household needs the above services for: (select all that apply)
    - Infant/Toddlers age 0-4
    - Children age 5-11
    - Teens age 12-17
    - Adults
    - Older Adults (65+)
    - Veterans
    - Parents
    - LGBTQ+
    - Not Applicable
    - Healthy Living

16. Have you ever been diagnosed by a medical professional with any of the following? Overweight (Body Mass Index 25-29)
    - Obesity (Body Mass Index 30+)
    - High blood pressure
    - High cholesterol
    - Diabetes
    - Heart disease/issue
    - Kidney disease/issue
    - Lung disease/issue
    - Alzheimer's disease
    - Stroke
    - Cancer
    - I don't know
    - None of the above

17. How many times per week do you exercise for at least 20 minutes?
    - 0 times
    - 1-2 times
    - 3 or more times

18. What local facilities, services, or resources would help you to exercise more? Check all that apply
    - More local gyms or classes
    - More bike trails
    - More walking trails
    - More sidewalks
    - More sports facilities (soccer fields, basketball courts, swimming pools)
    - Community events (e.g., 5k, walk in the park, etc)
    - Organized Sports Leagues
    - Opportunities at work
    - More offerings for older adults
    - More offerings for children/teens
    - Time in my schedule
    - Transportation
    - Other (please specify)

Nutrition and Food

19. How often do you buy fresh fruits and/or vegetables?
    - Every week
    - 1-2 times per month

- Never

20. How far do you have to travel to buy and/or find fresh fruits and vegetables?
    - Less than 1 mile
    - 1 to 10 miles
    - 10-20 miles
    - More than 20 miles

21. Within the last twelve months we (my household) worried whether our food would run out before we got money to buy more.
    - Often true
    - Sometimes true
    - Never true

22. Within the last twelve months the food we (my household) bought just didn't last and we didn't have money to buy more.
    - Often true
    - Sometimes true
    - Never true

23. As a result of the COVID-19 Pandemic, have you or household members experienced any of the following? Check all that apply.Delayed primary medical care
    - Delayed urgent/emergency care
    - Delayed dental care
    - Lost a job
    - Fell behind at work
    - Developed a new chronic disease
    - Developed new or worse mental health
    - Experienced isolation that impacted your quality of life
    - New or increased substance use or abuse
    - Decreased financial stability
    - Fallen behind at school
    - No longer can afford home/rental property
    - No longer can afford car/transportation
    - Other (please specify)
    - None of the above

24. Have you or a member of your household ever experienced the following? Check all that apply.
    - Motor vehicle injury
    - Gun injury
    - Injury at work Family/partner violence
    - Lost a pregnancy or death of child
    - No pregnancy care
    - Homeless
    - Heat-related illness
    - Child abuse/neglect
    - Incarceration (jail)
    - Rape/sexual assault
    - Bullying in school/community/online
    - Eviction from home
    - Natural disaster requiring you to evacuate home or seek medical care
    - Other (please specify)
    - None of the above

Healthcare Services

25. How long has it been since you last saw a doctor or medical provider for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition).
    - One year ago or less
    - 1-2 years ago
    - 2-5 years ago
    - More than 5 years ago
    - Never
    - I don't know

26. How long has it been since you visited a dentist or dental clinic for any reason?
    - One year ago or less
    - 1-2 years ago
    - 2-5 years ago
    - More than 5 years ago
    - Never
    - I don't know

27. Do you have a personal doctor or medical provider who is your main provider? (This can be a general doctor, a specialist doctor, a physician assistant, a naturopath, a nurse/nurse practitioner, or other health provider).
    - Yes
    - No
    - I don't know

28. Where do you usually go when you are sick or need health care? Check all that apply.
    - Doctor's Office
    - Community Health Center
    - Hospital Emergency Department
    - Urgent Care
    - Public Health Clinic
    - Telemedicine visit
    - I don't know
    - Other (please specify)

29. During your most recent visit with a doctor or medical provider, did the doctor or medical provider discuss any of the following (Check all that apply)?
    - Healthy eating
    - Strategies to quit smoking (if a smoker)
    - Recommended screenings (e.g., pap test, mammogram and colorectal exam)
    - Physical activity
    - Information for preventing or managing chronic diseases such as diabetes and high blood pressure
    - Recommended vaccines (immunization schedule) for children under the age of 5
    - Vaccines for adults
    - Stress or mental health
    - Feeling safe in your home
    - Alcohol use
    - Pregnancy, birth control, or preventing STDs
    - I don't know
    - Other (please specify)
    - Not applicable

30. How often do you use the emergency room for minor medical problems (for example, cold, flu, headache, or blood pressure check)?
    - Never
    - Rarely (1-2 times per year)
    - Occasionally (2-3 times per year)
    - Always (every time you have a minor medical problem)

31. Where do you go for most of your family's routine health care needs? (Check all that apply)

    ___Apache Junction ___Casa Grande ___Coolidge ___Eloy

    ___Florence ___Gold Canyon ___Maricopa ___Oracle

    ___Saddlebrooke ___San Manuel ___San Tan Valley

    ___Other City/Town: _________________ ___Out of Pinal County

32. How far (one way) do you typically have to travel for routine health care needs?
    - Less than 5 miles
    - 5 to 10 miles
    - 10 to 20 miles
    - 10-35 miles
    - More than 35 miles

33. What kind of health insurance coverage do you and your family have?
    - Private Insurance
    - Medicare
    - Medicaid/AHCCCS/KidsCare
    - Indian Health Services
    - Veterans Administration
    - Sliding Fee/Discount
    - I don't know
    - I do not have insurance

34. During the past 12 months, was there any time when you or your family had no health insurance at all?
    - Yes
    - No
    - I don't know

35. During the past 12 months, have you or your family had to delay needed medical care or not fill a prescription?
    - Yes
    - No
    - I don't know

36. What was the primary reason you delayed needed medical care or did not fill a prescription? Select all that apply.
    - Lack of medical insurance
    - COVID-19 Pandemic
    - Service or visit not covered by insurance
    - Cost of service or visit (co-pay or out of pocket cost)
    - Lack of transportation
    - No qualified provider or service in my area
    - Could not get an appointment/provider not taking new patients
    - No one spoke my language
    - Couldn't get time off work
    - Couldn't get childcare
    - Hours of operation of the provider
    - Other (please specify)

37. Do you and your family have reliable transportation to get to medical appointments?
    - Yes
    - No

38. On a monthly basis, do you have enough money to pay for essentials (such as rent, utilities, and groceries)?
    - Always
    - Usually
    - Sometimes
    - Rarely
    - Never

39. On a monthly basis, do you have enough money to pay for health care expenses (such as medical appointments and filling prescriptions)?
    - Always
    - Usually
    - Sometimes
    - Rarely
    - Never

40. What do you feel are reasons you or other community members may not get health care services? Select all that apply.
    - No insurance
    - The service/prescription cost is too much
    - Long wait times / times don't work in my schedule
    - No child or caregiver services
    - I can't get time off
    - Specialty services are not available for my needs
    - I don't know how to find a provider
    - I have trouble scheduling an appointment
    - I have trouble completing the paperwork
    - The provider does not speak my language
    - The provider is not sensitive to my culture and religious beliefs
    - I can’t find a doctor I like
    - Don’t believe there is a need to see a doctor or that they can help
    - I feel that the available care is not high quality
    - I don’t trust the healthcare system
    - Other (please specify)
    - None of the above

41. What health services are needed in our community? Check all that apply.
    - Cancer
    - Heart Disease
    - Diabetes
    - Dental Care (teeth)
    - Substance Use/Abuse
    - Nutrition
    - Fitness
    - Obesity/Weight Management
    - Eating Disorders
    - Sexually Transmitted Diseases
    - Mental Health (outpatient)
    - Mental Health (Inpatient)
    - Primary Care (adult)
    - Primary Care (pediatric/children)
    - Vaccines
    - Pre-natal/Pregnancy
    - Older Adults/Elder Services
    - Dialysis Vision (eyes)
    - Gynecological (women)
    - Pediatric Specialties
    - Emergency Services
    - Respiratory/lungs
    - Chronic Disease
    - Help getting insurance
    - Other (please specify)

42. Where do you get information about health resources available in your community?
    - Medical/healthcare provider
    - Public Health Department
    - Community organizations
    - School
    - Church
    - Neighbors/friends
    - Family
    - TV
    - Newspaper
    - Online (websites, Google)
    - Social Media
    - Other (please specify)

43. What other communities would you like to see Sun Life Health, Banner Health and Pinal County Health Services located in?

44. Thinking about your community, what services are available?
    - I have easy access to healthy food
    - I have a wide range of options for groceries
    - I have access to general shopping needs (beyond groceries)
    - I have the choice to use locally owned and operated businesses
    - Inclusive social events are available to me
    - I have opportunities for community engagement/improvement
    - I have local support groups if I need them
    - I have opportunities for recreation
    - Affordable housing is available to me
    - I feel safe walking around in my neighborhood
    - My neighborhood is a friendly or comfortable place to live
    - I have faith communities that meet my needs
    - The health care service options available are of high quality
    - I have choices for assisted living facilities
    - Social support is available for my older family who live alone
    - I have transportation to and from my medical services
    - Schools in my area promote efficient learning
    - I feel safe sending my kids to school
    - The after school programs meet the needs of my kids and me
    - I feel comfortable sending my kids to daycare
    - My job has career growth opportunities
    - I have opportunities for job training/higher education
    - I feel safe at my workplace
    - I don't know/ not applicable

45. Please provide any suggestions to help your community to be a healthy place.

46. Is there anything else we did not cover that you think is relevant to the health of our communities?

Demographics

47. To which gender do you most identify?
    - Woman
    - Man
    - Transgender Woman
    - Transgender Man
    - Gender Variant/Non-Binary
    - Other (please specify)
    - Prefer not to answer

48. To which of the following ethnicities do you identify? Check all that apply.
    - American Indian/Native American
    - Asian
    - Black/African American
    - Hispanic/Latino
    - Pacific Islander
    - White/Caucasian
    - Don't know
    - Prefer not to answer

49. What is your age category?
    - 12-17
    - 18-24
    - 25-34
    - 35-44
    - 45-54
    - 55-64
    - 65-74
    - 75+

50. Do you consider yourself a member of one of these populations? Check all that apply.
    - LGBTQ+
    - Refugee
    - Immigrant
    - Individual with disabilities
    - Veteran
    - Parent with a child with special healthcare needs
    - Individual with special healthcare needs
    - Other:
    - None of the above

51. What is your primary or preferred language?
    - English
    - Spanish
    - Chinese
    - Vietnamese
    - French
    - Arabic
    - O'odham
    - Diné
    - Nnee Biyáti'
    - Other

52. How long have you lived in Pinal County?
    - Less than 1 year
    - 1-5 years
    - 5-10 years
    - 10-20 years
    - 20-30 years
    - 30-40 years
    - More than 40 years

53. What is the highest level of school you have completed?
    - Less than high school
    - High school degree or equivalent (e.g., GED)
    - Some college but no degree
    - Associate degree
    - Bachelor degree
    - Graduate degree
    - Technical school

54. Which of the following categories best describes your employment status?
    - Employed, working 1-39 hours per week
    - Employed, working 40 or more hours per week
    - Temporary work/ contracted work
    - Not employed, looking for work
    - Not employed, NOT looking for work
    - Retired
    - Disabled, not able to work
    - Full time student

55. Which of the following categories best describes your annual household income?
    - Under $15,000
    - Between $15,000 and $29,999
    - Between $30,000 and $49,999
    - Between $50,000 and $74,999
    - Between $75,000 and $99,999
    - Between $100,000 and $150,000
    - Over $150,000
    - My income greatly varies each year

Appendix B: Steering Committee and Additional Stakeholders

Banner Health's CHNA Steering Committee is comprised of leaders from throughout Banner Health's system. These leaders represent our Arizona Community Delivery, Wester Division and Rural Facilities, as well as our Academic Medical Centers. In collaboration with Banner Goldfield Medical Center's leadership team and Banner Health's Strategy Planning department, the Steering Committee is 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.

Table 15. CHNA Steering Committee

Steering Committee Member	Title
Todd Werner	Senior Vice President, Acute Care Delivery
Sarah Frost	CEO, Banner University Medical Center – Tucson & South
Margo Karsten	Division President, Western Division
Daniel Post	CEO, Banner University Medical Center – Phoenix
Lamont Yoder	Division President, Arizona Community Delivery

CHNA Facility Based Champions

A working team of CHNA Champions from each of Banner Health's hospitals meets on a monthly basis to review the ongoing process of 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, volunteer services leaders, and other clinical stakeholders.

Community Resources & Partners

The following table of community resources is made up of external partners who represent the underserved, uninsured, and minority populations in Pinal County and the surrounding areas. These partners were identified based on their role in the public health realm of the hospital's surrounding community.

Table 16. Banner Goldfield Medical Center Community Resources & Partners
Apache Junction Chamber of Commerce
City of Apache Junction
Apache Junction Unified School District
Independent News media

Appendix C. Community Engagement

Listed below are events Banner Goldfield Medical Center has engaged in the community:

- Health Fairs
- Career Fair Events (organized by Unified School Districts and Chamber of Commerce)
- Halloween Trunk or Treat
- Spring Festivals
- Fall Festivals
- Annual Parade (Apache Junction)
- Annual Adopt a Family
- Queen Creek Roots N' Boots