Northern Arizona Healthcare

2015-16 Community Health Needs Assessment

In the Fall of 2015, Northern Arizona Healthcare (NAH) embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our communities served by Flagstaff Medical Center (FMC) and Verde Valley Medical Center (VVMC).

Northern Arizona Healthcare is the largest healthcare organization in a region that encompasses more than 50,000 square miles.
Serving more than 700,000 people in communities across the region, we provide comprehensive healthcare services through two hospitals – Flagstaff Medical Center and Verde Valley Medical Center.
As a nonprofit healthcare system, our organization is governed by a volunteer board of directors
Northern Arizona Healthcare will provide patients with exceptional care while transforming the health of the communities we serve.

Flagstaff Medical Center (FMC) is a member of Northern Arizona Healthcare, the largest healthcare organization in Northern and Central Arizona. FMC is Northern Arizona's only regional referral center, caring for more than 130,000 In/Out/ED patients each year. With 267 inpatient beds and 50 medical specialties, comprehensive services include the only Level I regional Trauma Center north of Phoenix; the Spine and Joint Surgery Center, and; the Cancer Centers of Northern Arizona Healthcare.

Verde Valley Medical Center (VVMC) is a member of Northern Arizona Healthcare, the largest healthcare organization in Northern and Central Arizona. VVMC is the only regional referral center in the greater Verde Valley, caring for more than 140,000 In/Out/ED patients each year. With 99 inpatient beds and 25 medical specialties at the main Cottonwood campus, VVMC offers three additional locations serving the Verde Valley and surrounding communities: Sedona campus, Camp Verde Campus, and Village of Oak Creek Health Center.

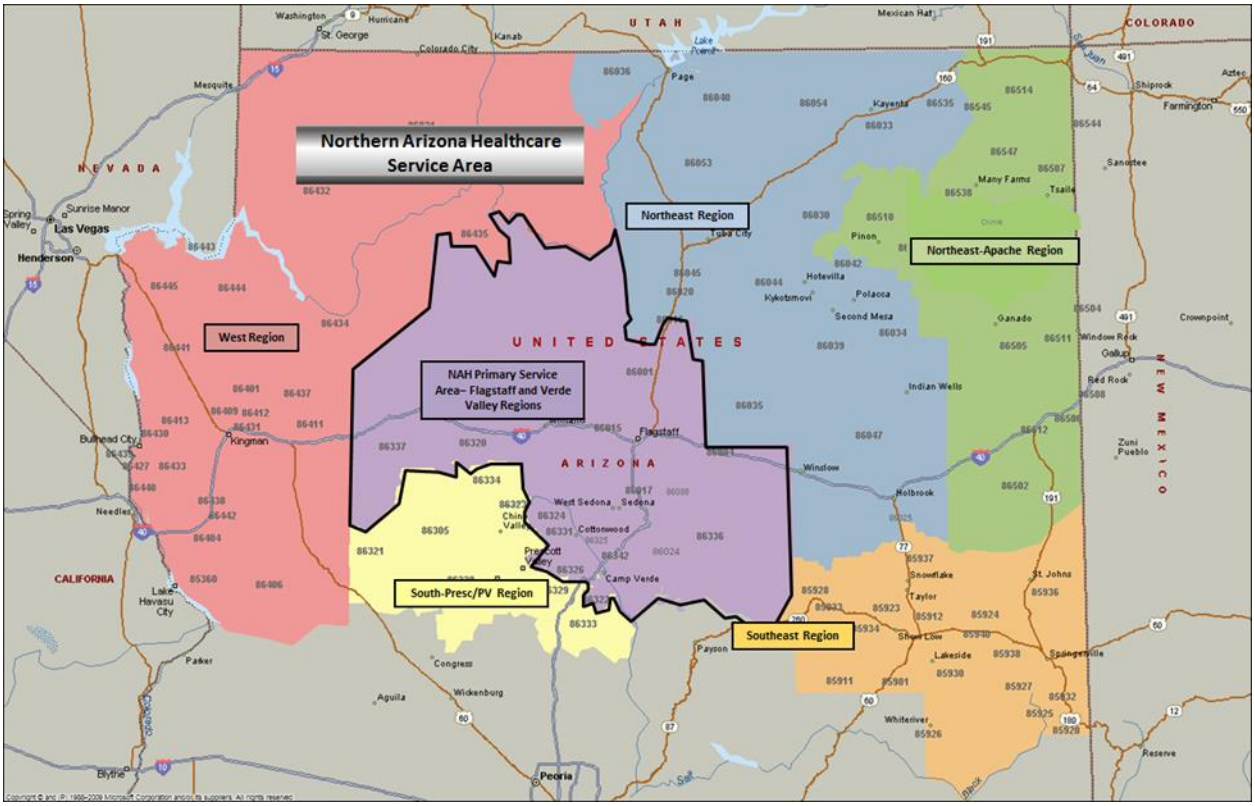
Definition of the Community Served

Northern Arizona Healthcare completed its last Community Health Needs Assessment in 2012/2013.

CHNA Community Definition

The study area for the survey effort (referred to as the "NAH Service Area" or "Flagstaff or Verde Valley Region" in this report) includes the following Counties represented in northern AZ: Apache, Gila, Mojave, Navajo, Coconino and Yavapai.

A geographic description is illustrated in the following map:



Demographics of the Community

Coconino County (CC)- As of 2015, the total population in Coconino County was 139,097. The population is evenly split between males and females. The population was found to be 54.9% White (Not Hispanic or Latino), 27.3% American Indian or Alaskan Native, 13.9% Hispanic or Latino, 1.6% Black or African American, and 1.8% Asian.

Mohave County (MC)- The total population in Mohave County was 204,737 in 2015. The county is 49.7% female and 50.3% male. The majority of the county is White (Not Hispanic or Latino) at 78% while the largest minority group is Hispanic or Latino at 15.8% of the population. The population is 2.9% American Indian or Alaskan Native, 1.3% Black or African American, and 1.2% Asian.

Gila County (GC)- Gila County's population was 53,159 in 2015. The population was found to be 50.4% female and 49.6% male. The majority of the county is White (Not Hispanic or Latino) at 63.2%. The county is 18.8% Hispanic or Latino, 16.5% American Indian or Alaskan Native, .9% Black or African American, and .8% Asian.

Apache County (AC)- As of 2015, the total population in Apache County was 71,474. Apache County has slightly more females with 50.6% of the population female and 49.4% male. The majority of the population is American Indian or Alaskan Native at 73.5%. The population is 19% White (Not Hispanic or Latino) and 6.4% Hispanic or Latino.

Navajo County (NC)- The population of Navajo County was 108,277 in 2015. This County is evenly split between males and females. The County's population is 42.2% White (Not Hispanic or Latino), 44.9% Native American or Alaskan Native, 11.1% Hispanic, 1.3% Black and .7% Asian

Yavapai County (YC)- In 2015 there were 222,255 individuals living in Yavapai County. The majority of the population is White (Not Hispanic or Latino) at 80.9%. The population is 14.2% Hispanic or Latino, 2.1% American Indian or Alaskan Native, 1% Asian, and .9% Black or African American. Yavapai is experiencing an extremely high growth in Hispanics. In the next 5 years, the Hispanic population is estimated to increase by 6,424 new lives.

AGE DISTRIBUTION
CC-In 2014, Persons under the age of 18 is 21.8%, nearing the state average of 24.1%. An estimated 12.3% of the population is 65 years or older, and this is expected to increase slightly over the next five years to 13.5%.

MC- It was found that 18.7% of Mohave County's residents were under the age of 18 while 26.9% were over the age of 65.

GC- The population of Gila County had 20.4% of its residents aged 18 or under and 26.6% aged 65 or older in 2014.

AC-In Apache county, persons under the age of 18 is 29.3% and persons older that 65 was at 13.5% in 2014.

NC-It was found that 28% of Navajo County's population is under the age of 18 and 15.8% is over the age of 65.

YC- An estimated 28.1% of the population is 65 years or older, nearly doubling the state estimated average percent of 15.9%, care for the Aging was identified by 20% of the respondents in a community health survey as a critical issue. The population within the age of 65 and 74 will experience the most growth at 21.53%. People between the ages of 45 and 54 present the smallest growth at -12.44% in the next five years. Yavapai, in total, has a greater percent of growth than the United States average in all age groups except between the ages of 45 and 64.

Existing Healthcare Facilities & Resources

[IRS Form 990, Schedule H, Part V, Section B, 1c]

Northern Arizona Healthcare recognizes many existing healthcare facilities and resources within the community that are available to respond to the health needs of residents. These organizations include the following:

Acute-Care Hospitals/Emergency Rooms

- Flagstaff Medical Center
- Verde Valley Medical Center – Cottonwood
- Verde Valley Medical Center - Sedona

Federally Qualified Health Centers & Other Safety Net Providers

- Coconino County Public Health Services District
- Community Health Center of Yavapai (FQHC)
- Northern Arizona Medical Group
- Native Americans for Community Action
- NorthCountry Health Care (FQHC)
- Northern Arizona University Health Services
- Poore Medical Clinic

- Sacred Peaks Health Center
- Yavapai County Department of Health Services

Nursing Homes/Adult Care

- Arizona Senior Care Centers
- Comfort Care Assisted Living Center
- Eldercare Springs
- Emeritus at Flagstaff
- Harmony Home Care
- Haven Health
- Infinia
- Northern Arizona Council of Governments Area Agency on Aging
- Northern Arizona Senior in Action Coalition
- Pine Meadows Ranch
- Tender Hearts Senior Care
- The Peaks

Mental Health Services/Facilities

- Catholic Social Services
- Flagstaff Medical Center – Behavior Health Services
- Health Choice Integrated Care
- National Alliance on Mental Illness
- Native Americans for Community Action
- North Country Healthcare Behavioral Health
- Northern Arizona University Health and Psychology Center
- Southwest Behavioral Health Services
- The Guidance Center
- Verde Valley Guidance Clinic
- Verde Valley Medical Center – Behavioral Health Services

Emergency Medical Services (EMS)

- Clarkdale Fire Department
- Cottonwood Fire Department
- Flagstaff Fire
- Guardian Air Transport
- Guardian Air Transport

- Guardian Medical Transport
- Highlands Fire
- Montezuma Rimrock Fire Department
- Pinewood Fire Department
- Sedona Fire Department
- Summit Fire
- Verde Valley Ambulance Company
- Verde Valley Fire District

Home Healthcare

- Abrio Care
- Comfort Keepers
- Helping Hands in Home Care
- LHC Group
- Nurses Network
- Nurses Network
- ResCare HomeCare
- Sedona Nursing Service
- Tender Hearts senior Care
- Verde Valley Care Givers

Schools providing health services

- Camp Verde Unified School District
- Cottonwood – Oak Creek School District
- Flagstaff Unified School District
- Hospice Comassus
- LHC Group
- Mingus High School District
- Northland Hospice
- Sedona – Oak Creek Unified School District

Other Community-Based Resources

- American Cancer Society
- Cooperative Extension Program
- Flagstaff Food Link
- Flagstaff Shelter Services

- MATFORCE (Substance Abuse)
- Planned Parenthood Flagstaff
- Red Cross of Northern Arizona
- Sedona Senior Center
- United Way of Northern Arizona
- Verde Valley Family Resource Center
- Verde Valley Senior Citizen's Association
- YMCA of Flagstaff

How CHNA Data Was Obtained

CHNA Goals & Objectives

This Community Health Needs Assessment, a follow-up to similar studies conducted in 1996, 2010, and 2013 is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Northern Arizona Healthcare Service Area. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the NAH Community Health Needs Assessment survey using Survey Monkey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a Key Informant Focus Group.

Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was

developed by Northern Arizona Healthcare, and is similar to the previous surveys used in the region, allowing for data trending.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Arizona Department Health Services
- Arizona Department of Public Safety
- Centers for Disease Control & Prevention
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data for northern Arizona Counties.

Community Stakeholder Input

As part of the Community Health Needs Assessment, a focus group was held in collaboration with Coconino and Yavapai Counties as part of their Community Health Improvement Plans. Key informants in the community, including: representatives from public health; physicians; other health professionals; social service providers; and other community leaders.

The Northern Arizona Indian Health Collaboration and the Diabetes Together groups were also involved as a focus groups as part of their quarterly or monthly meetings.

Participants* were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

**NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.*

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.
In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

Public Dissemination

This Community Health Needs Assessment is available to the public using the following URL: www.nahealth.com .

Northern Arizona Healthcare will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. Northern Arizona Healthcare will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

Health Needs of the Community

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	• Insurance Instability • Difficulty Accessing Healthcare • Cost as a Barrier to Physician Visits • Routine Checkups (Adults) • Adult overall health status
Maternal, Infant and Child Health	• Babies with Low Birth Weight • Early Prenatal Care • Infant Mortality • Births to Teen Mothers • Preterm Births
Cancer	• Cervical Cancer Incidence
Injury & Violence Prevention	• Unintentional Injury Deaths • (Including Motor Vehicle Crashes) • Violent Deaths • (Including Firearm-Related Deaths, Homicide & Suicide)
Mental Health & Mental Disorders	• Suicides
Oral Health	• Regular Dental Visits • Dental Insurance Coverage
Respiratory Diseases	• Adult Smoking • Older Adult Asthma
Sexually Transmitted Diseases	• Gonorrhea Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths

Prioritization Process

After reviewing the Community Health Needs Assessment findings and process of understanding key local data findings (Areas of Opportunity), NAH ranked identified health issues against the following established, uniform criteria:

- **Magnitude**. The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness**. The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Feasibility**. The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction**. The risk of not addressing the problem at the earliest opportunity.

Prioritization Results

From this exercise, the Areas of Opportunity were prioritized as follows:

- Access to Healthcare Services
- Injury & Violence Prevention
- Mental Health & Mental Disorders
- Respiratory Disease
- Maternal, Infant and Child Health
- Oral Health
- Substance Abuse
- Sexually Transmitted Diseases

Community-Wide Community Benefit Planning

As individual organizations begin to parse out the information from the 2015/6 Community Health Needs Assessment, it is Northern Arizona Healthcare's hope and intention that this will foster greater desire to embark on a community-wide community health improvement planning process. Northern Arizona Healthcare has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves.

Northern Arizona Healthcare

FY2016-FY2018 Implementation Strategy

This summary outlines Northern Arizona Healthcare's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

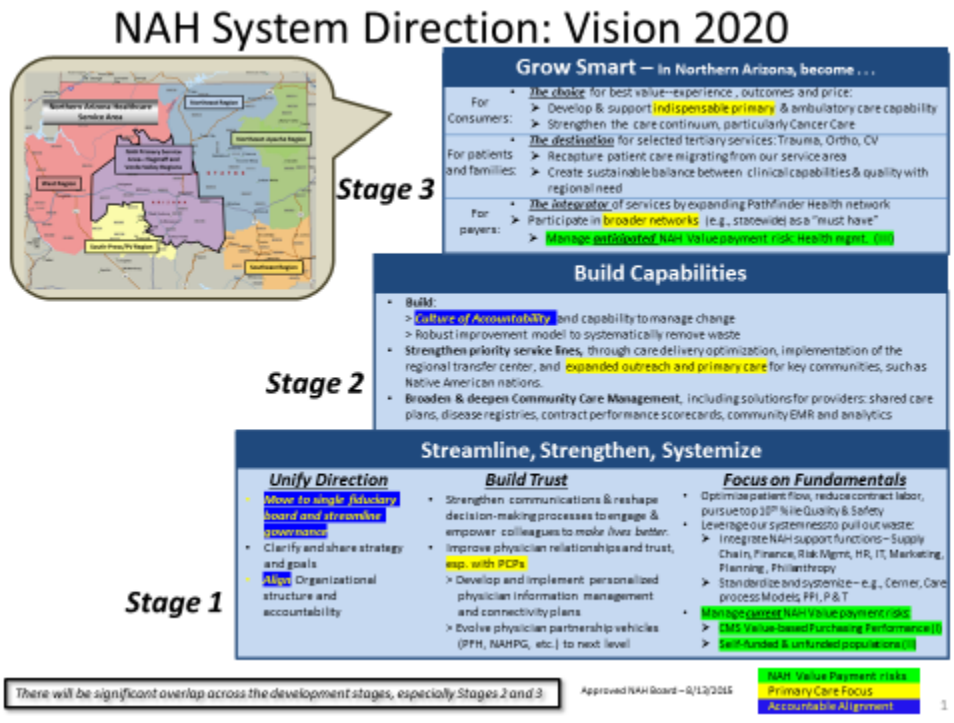
Hospital-Level Community Benefit Planning

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that Northern Arizona Healthcare would focus on developing and/or supporting strategies and initiatives to improve:

- **Access to Health Services**
- **Injury & Violence Prevention**
- **Mental Health & Mental Disorders**
- **Respiratory Health**

Integration with Operational/Strategic Planning



The issues of Access to Care, Injury Prevention, Adult Smoking and Mental Health all fall directly into expanded outreach and primary care, as well as developing primary care capability for consumers.

Priority Health Issues That Will Not Be Addressed & Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, Northern Arizona Healthcare determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	*Reason*
Substance Abuse	*NAH currently participates in community collaborations to address substance abuse. These collaborations are led by other community organizations who have expertise and resources directed specifically toward education and prevention efforts. NAH will continue to be a community partner with these collaborations run through other organizations (CASA, MATFORCE, etc)*
Oral Health	*Oral health programs for community members are offered through the FQHC's, Indian Health and regional providers. NAH supports these efforts when emergency or trauma care is required.*
Maternal, Infant and Child Health	*NAH participates in Children's Health and Rehabilitation, inpatient obstetrics, NICU, pediatrics and PICU services. NAH provides family and pediatric primary care. Prenatal programs, nutritional support and insurance coverage are provided by the FQHC's, local providers, and federal and state programs. These programs lead the main efforts in prenatal care, teen pregnancy prevention and high risk pregnancies.*
Sexually Transmitted Diseases	*The northern Arizona county health departments are the regional leads for preventing, monitoring and education the public about sexually transmitted diseases.*

Implementation Strategies & Action Plans

The following displays outline Northern Arizona Healthcare's plans to address those priority health issues chosen for action in the FY2016-FY2018 period.

ACCESS TO HEALTH SERVICES	
Community Partners	• Indian Health Organizations • Local Primary Care Providers • NAH employed Primary Care Providers • Local Healthcare organizations • PathfinderHealth ACO partners • American Well telehealth provider
Goal	• Improve access to primary and urgent care
Outcome Measures	• Number of non-emergent ED visits by NAH employees/dependents • Number of new patients in NAH employed Primary Care clinics • Number of participants in BeWellNow (AmWell telehealth primary/urgent care)
Timeframe	FY2016-FY2018
Scope	High priority patients Local communities in NAH's primary service region Rural and Tribal communities NAH Employees and Dependents
Strategies & Objectives	• Identified patient populations will be enrolled in community care management • Implement a telehealth primary and urgent care direct to consumer program (BeWellNow) • Build the capacity of employed primary care clinics to provide primary and preventive healthcare services. • Insurance/Payor registration for NAH patients
Anticipated Outcomes	• Patients will receive on coordinated care post discharge • Community members will have more access to primary care • NAH employees and dependents will use tele primary/urgent care rather than ED for non-emergent care

Injury and Violence Prevention	
Community Partners	• Flagstaff Unified School District • Regional law enforcement • Regional legal council • County health departments • Community Paramedicine Program • Pediatric Injury Group (PIG)
Goal	• Increase Domestic Violence screenings at NAH facilities • Provide trauma and injury prevention education to community
Outcome Measures	• Injury rates in northern AZ • Number of senior falls • Number of Domestic Violence cases identified/referred
Timeframe	FY2016-FY2018
Scope	Community members

Programs NAH participates in to reduce injuries and violence	• Trauma
	  ○ DUI Impact Panel
	  ○ County Court Ordered
	  ○ Trauma Skills Lab
	  ○ Run reviews / talks
	  ○ Regional trauma committees
	  ○ State Trauma Advisory Board
	  ○ Spinal Cord Injury Support Group
	• Injury Prevention
	  ○ Car Seat Education
	  ○ Senior fall prevention
	  ○ Sledding accident prevention
	  ○ Collaborations: local and state
	  ○ Safe Kids: bike helmets, bike rodeos, bike helmet law
	  ○ MVA Prevention
	  ▪ CASA Challenge (Prom / Graduation)
	  ▪ Driver's Education classes
	  ○ Student Interns from NAU

Anticipated Outcomes	• Reduction in injuries in northern AZ. • Reduction in senior falls

Mental Health and Mental Disorders	
Community Partners	• Health Choice Integrated Care • The Guidance Center • AA • Coconino Justice Coalition • Flagstaff Police Department • Drug/DUI courts • Coconino Coalition for Children and Youth • American Well telehealth for mental/behavioral health
Goal	To reduce the burden of Mental health issues in the NAH Service Area
Outcome Measures	• Partnering with local agencies and organizations to reduce suicides • The percentage of residents able to receive mental health care.
Timeframe	FY2016-FY2018
Scope	Community members coping with mental health issues.

Community Prevention Projects NAH is involved with for Mental Health and Suicide	• Coconino Justice Coalition (CJCC): legal issues with mentally ill
	• AA Group meetings on BHU
	• Crisis calls from community: intake / referrals
	• For Flagstaff Police Department
	  ○ De-escalation skill training
	  ○ CIT: crisis intervention training
	• NACA: Suicide Prevention Grant collaboration
	• Health fairs
	• Screenings
	  ○ Depression
	  ○ Substance abuse
	• Internal / External to NAH debriefing crisis intervention
	• DUI/Drug Court treatment programs
	• Mental Health / Veteran Court hearings
	• Title 36 (ED intake) – short term crisis
	• Trauma START: screenings and brief intervention / assessment
	  ○ Referrals at discharge for patients with alcohol and drug use issues
	• Talks and presentations for community groups
	• RN and SW students rotate through department
	• CPI training (de-escalation) for sitters and ED staff
	• Mental health and substance abuse information for new grads
	• Provide meeting site for monthly National Association of Substance Abuse Counselors (NASAC) meetings

Anticipated Outcomes	• Reduction in the number of suicides in northern Arizona

Respiratory Disease	
Community Partners	• Local primary care providers • Local healthcare organizations • ASHLine
Goal	**Reduce tobacco use in adults**
Outcome Measures	**Reduction of percentage of adults who use tobacco in northern AZ**
Timeframe	FY2016-FY2018
Scope	FMC Employees and dependants Patients
Strategies & Objectives	As of July 1, 2016, NAH will not hire people testing positive for nicotine. As of January 1, 2017 NAH employees voluntarily testing negative for nicotine will be offered a discount on health insurance premiums. **Other NAH prevention strategies include:** • Tobacco Cessation Education • Referals to ASHLine • Certified Asthma Educators • Community Health Fairs • RT, EMT, Paramedic and RN students rotate through department
Anticipated Outcomes	The number of adults using tobacco will be reduced.

Adoption of Implementation Strategy

On June 15, 2016, the Board of Northern Arizona Healthcare, which includes representatives from throughout the Northern Arizona Healthcare service region, met to discuss this plan for addressing the community health priorities identified through our Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related resources to undertake these measures to meet the health needs of the community.

NAH Board Approval & Adoption:

By Name & Title

Date