2025 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
IMPLEMENTATION PLAN
FOR
NORTHERN ARIZONA HEALTHCARE

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

In accordance with IRS regulations, Northern Arizona Healthcare has completed the Community Health Needs Assessment (CHNA) for the two facilities due for the three-year period ending June 2025 for Flagstaff Medical Center and Verde Valley Medical Center.

IRS regulations require that the CHNA should identify significant health needs within the community (particularly for the underserved populations), identify resources that exist within the community, and assess gaps that exist in meeting the health needs. The regulations also require that for each of the significant health needs identified, the facility prepare implementation strategies to address needs or articulate why the need is not being addressed. As part of the implementation strategies, the regulations also require that hospitals include in the Implementation Plan the anticipated outcomes and how hospitals plan to measure the impact of the strategies. There is no standard for measurement or criteria for determining impact, nor is it imperative for the hospitals to solve for all of the identified needs or gaps in care. Regardless, many of the identified needs align with Northern Arizona Healthcare initiatives and, in addition, Northern Arizona Healthcare works with various community organizations to address needs where possible.

The CHNA Reports and Implementation Strategies must be:

- Approved by an authorized governing body (Northern Arizona Healthcare Board of Directors)
- Published on each facility's website upon approval by the Board; and,
- Be readily available to the community by the end of the taxable year in which the CHNA analysis was to be completed

While this is a facility-level requirement, it was organized and overseen at the system level similar to our 2022, 2019, 2016 and 2013 approach, to ensure a consistent, standardized approach that leverages resources related to both the process and implementation strategies. CEO-designated facility-level champions have reviewed and approved the reports. Northern Arizona Healthcare identified four priorities in 2025, which were consistent with our past CHNA findings, with the addition of a fourth significant health need. The four identified significant health needs are as follows:

- Access to Care
- Preventative Care / Chronic Disease Management
- Behavioral Health & Substance Use
- Drivers of Health & Well-Being

It is important to note that the areas identified align with our organizational strategies and our mission of "Improving Health, Healing People". We concentrated our efforts in 2022, in order to have a bigger impact on these three areas and to leverage efforts already underway. The following pages contain the system-wide Strategies & Tactics approved by the Board to address the above significant health needs.

	Flagstaff	Verde Valley	Outlying/Rural
SIGNIFICANT HEALTH NEED: ACCESS TO CARE			
Strategy #1: Advocate for Healthcare Coverage & Healthcare Policy Reform			
Anticipated Outcome: Ensuring consistent health insurance coverage for low-income and indigent populations.			
Tactic 1: Ensure sufficient resources exist in patient intake processes to aid patients who are eligible for Medicaid enrollment and able to maintain eligibility/enrollment in the program.	X	X	
Strategy #2: Enhance Primary Care, Urgent Care, and Specialty Care Services to Meet the Foundational Care Needs of Our Markets			
Anticipated Outcome: Improved access to and utilization of lower cost ambulatory settings for outpatient care, promoting wellness and reduction of acute care episodes.			
Tactic 1: Through enhanced recruitment and retention practices, increase total Primary Care Provider count in NAH Markets (MDs, DOs, and APPs) to close supply / demand gaps and shorten time to next available appointment	X	X	X
Tactic 2: Add NAH Urgent Care services to NAH markets (as a complement to Primary Care services) and help educate patients on the proper care setting for their level of care. Hardwire referral processes to meet downstream chronic care needs for patients.	X	X	
Tactic 3: Where possible, collaborate with "competitor" community providers to improve access for the community; Explore potential collaboration opportunities with Pathfinder to reduce gaps in care and address social needs.	X	X	
Tactic 4: Grow / support growth for employed and independent specialty provider practices to enhance specialty care access (e.g., Verde Rheumatology, Interventional & Medical Cardiology, Gastroenterology, Neurology, Medical Oncology, Vascular, Pulmonary, Critical Care, etc.)	X	X	X
Strategy #3: Ensure Sufficient Capacity Exists to Maintain and Grow Services Needed by the Communities We Serve			
Anticipated Outcome: Continued investment in new or expanded physical care environments, as well as healthcare staffing, to reduce capacity constraints and meet the care needs of our communities.			
Tactic 1: Formalize workforce partnerships with high schools, community colleges, universities, residency programs, and other training programs (creating visibility to ongoing career opportunities at NAH), in order to enhance the overall pipeline of candidates to fill provider and staff roles in care settings, with the desired outcome to improve retention of graduates in Northern AZ communities	X	X	
Tactic 2: Through capacity growth, length-of-stay reduction, and throughput efficiency, enhance ability to serve more hospital campus-based patients in Inpatient, Outpatient, and Emergency Room venues for appropriate level of care at the appropriate time, as measured by growth in volume for inpatient and outpatient encounters.	X	X	
Tactic 3: Grow outpatient/ambulatory procedural capacity, including outpatient endoscopy, outpatient surgery, hyperbarics, vascular procedures, physical therapy, and infusion services.	X	X	X

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Strategy #4: Improve Technical Infrastructure and Operational Efficiency to Facilitate Smoother Care Access			
Anticipated Outcome: Improved technologies / infrastructure / business processes to reduce the complexity of accessing care.			
Tactic 1: Expand utilization of technologies that enhance and improve our patients' experience and engagement with NAH, including digital front door and self-scheduling.	X	X	X
Tactic 2: Improve operational infrastructure for appointment scheduling, including enhancing appointment capacity and provider schedule templates, implementation of Phreesia to reduce no-shows and late cancellations, text interface with patients for appointment management, etc.	X	X	X
Strategy #5: Grow Virtual Care Adoption by Providers and Patients to Simplify Care Access			
Anticipated Outcome: Additional adoption of Virtual Care, as a means to reduce barriers to care.			
Tactic 1: Continue to grow access to Virtual Care appointments on Primary Care and Specialty provider schedules via increased provider adoption and addition of new Primary Care and Specialty providers supporting Virtual Care.	X	X	X
Tactic 2: Achieve incremental growth in adoption of Virtual Care services and remote patient monitoring through community outreach efforts, in order to help meet the access needs of the rural and tribal communities.	X	X	X

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SIGNIFICANT HEALTH NEED: PREVENTATIVE CARE / CHRONIC DISEASE MANAGEMENT			
Strategy #1: Advance Oncology Care in NAH Markets			
Anticipated Outcome: Enhanced oncology / cancer care via preventative screening and comprehensive treatment for diagnosed patients.			
Tactic 1: Evolve the clinical partnership with City of Hope (including joint recruitment of providers) to enhance the spectrum of oncology care provided to our communities, allowing more patients to receive care closer to home.	X	X	
Tactic 2: Build / open new comprehensive cancer center in Cottonwood, consolidating existing oncology services for the market and creating incremental capacity.		X	
Tactic 3: Enhance colon / breast cancer screening rates for primary care patient panels and utilize committee structures to develop and hardwire follow-up care protocols.	X	X	
Tactic 4: Develop pulmonary nodule screening program and utilize committee structures to develop and hardwire follow-up care protocols.	X	X	X
Strategy #2: Advance Care for Heart Disease / Pulmonary Disease Patients in NAH Markets			
Anticipated Outcome: Continued enhancement of cardiovascular and pulmonary disease within NAH markets.			
Tactic 1: Continue Heart Failure and TAVR clinics and add capacity for general / interventional cardiology clinics, cardiodiagnostics, and cardiac rehab in NAH markets. Create hypertension management workgroup driving to improve compliance with blood pressure control.	X	X	X
Tactic 2: Add 2nd cardiac catheterization lab in Verde market to enhance ability to provide 24/7 STEMI coverage and ensure sufficient capacity for growing electrophysiology program.		X	
Strategy #3: Advance Neurosciences / Stroke Care in NAH Markets			
Anticipated Outcome: Improved coverage and breadth of neurological, neurosurgical, and spine care services.			
Tactic 1: Enhance Neurosciences programs at NAH, inclusive of stroke coordinator resources, primary stroke center designation at FMC, primary stroke center designation at VVMC, and stroke-ready designation at the SMC Emergency Department.	X	X	X
Tactic 2: Grow Neurosciences capabilities through subspecialty / disease-specific program development (e.g., Epilepsy, Multiple Sclerosis, Headache, Alzheimer's) and ensure ability to have appropriate outpatient capabilities (e.g., Transient Ischemic Attack work-ups)	X		
Tactic 3: Advance capabilities in Neurosurgery / Spine care through employment of Neurosurgery, enhancing the overall multi-disciplinary Neurosciences program.	X		

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Strategy #4: Advance Care for Obesity in NAH Markets			
Anticipated Outcome: Extended reach of clinical programs and treatments that help address adult and childhood obesity and improve the health status of our communities.			
Tactic 1: Offer both medication management and bariatric surgery as part of our adult obesity programs, in order to address the impacts of adult obesity. This includes achievement of Bariatric certification and Bariatric Surgery registry participation.	X	X	X
Tactic 2: Continue key work in childhood obesity through initiatives such as promotion of child physical activity, FitKids, the Inspire program, nutrition and therapy programs at CHC, etc.	X	X	X
Strategy #5: Advance Diabetes Care in NAH Markets			
Anticipated Outcome: Improved Diabetic Care for our communities, aimed at reducing comorbidities.			
Tactic 1: Continue providing subspecialty Endocrinology care and continue strengthening and aligning the Diabetic Educators program to aid in the care of Diabetic patients.	X	X	
Tactic 2: Create a subcommittee for comprehensive diabetic care with initial focus on improving glucose control and hemoglobin A1c	X	X	
Strategy #6: Advance Mother/Infant Care in NAH Markets			
Anticipated Outcome: Improved maternal and infant care, reducing complications and mortality.			
Tactic 1: Participate / utilize grant program funding for home blood pressure cuff kits for monitoring and managing maternal hypertension for High-Risk OB patients.	X	X	
Tactic 2: Investigate opportunities to better partner with primary care, obstetricians, and supporting community resources to address family planning needs, reduce teen births, improve prenatal care, and reduce infant mortality.	X	X	

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SIGNIFICANT HEALTH NEED: BEHAVIORAL HEALTH & SUBSTANCE USE			
Strategy #1: Improve Addiction/Recovery Services (both substance use and alcohol)			
Anticipated Outcome: Improved care for patients with substance and alcohol addictions.			
Tactic 1: Partner with Community Bridges, The Guidance Center, and other community organizations to transfer and treat addiction / substance abuse recovery patients more effectively/appropriately long-term (as an alternative to just treating them in the ED and releasing them).	X		
Tactic 2: Continue SBIRT (screening, brief intervention, & referral to treatment) process for FMC ED patients admitted for trauma with Blood Alcohol Concentration (BAC) of 0.08 or higher (or if they admit to regular alcohol usage/problem, regardless of BAC at time of visit).	X		
Strategy #2: Expand the Role of Multi-disciplinary Behavioral Health Care			
Anticipated Outcome: Improved care of behavioral health patients through enhanced services and care coordination across the care continuum.			
Tactic 1: Continued involvement in overdose prevention, including hosting public health harm reduction vending machines for Narcan, prenatal vitamins, Fentanyl test strips, gun locks, safer sex kits, etc.	X	X	
Tactic 2: Partner with community inpatient, residential, and outpatient behavioral health providers to better coordinate care across the continuum, with a focus on prevention of future acute episodes and curb impacts of behavioral health patients on the emergency department / inpatient units at the hospital.	X	X	
Tactic 3: Expand the integration of behavioral health care into primary care clinics via access to onsite and/or virtual care behavioral health therapists, increasing focus on depression screening and addiction medicine in order to better enable early intervention / pre-crisis care.	X	X	
Strategy #3: Improve Suicide Prevention & Response			
Anticipated Outcome: Improved identification of and crisis management for patients at risk of suicide, injury, or harm to themselves and others around them.			
Tactic 1: Improve compliance with the completion of suicide risk screenings for every inpatient, ED, & outpatient BH visit, with BH consult for medium & high-risk patients. Continue Suicide Risk Management Subcommittee to plan, implement, monitor, and improve standardized policies & processes to reduce the risk of suicide and homicide for NAH patients (ED & Inpatient)	X	X	
Tactic 2: Participate quarterly in Coconino County & Yavapai County crisis system meetings led by AZ Complete Health, with goals to monitor, coordinate, and improve crisis response protocols across the continuum of care.	X	X	X

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SIGNIFICANT HEALTH NEED: DRIVERS OF HEALTH AND WELL-BEING			
Strategy #1: Enhance Social Needs Screenings for Improved Identification of Social Needs			
Anticipated Outcome: Improved screening and follow-up to identify social needs for patients we serve and connect them to helpful community resources.			
Tactic 1: Expand social needs screenings and follow-up care management to additional service areas to address housing, food, transportation, and utility needs of patients; Screenings would expand to such areas as emergency room, surgical services, cardiac catheterization lab, endoscopy, and outpatient surgery.	X	X	
Tactic 2: Increase Community Care Network (CCN) capacity with additional care manager / social worker FTEs for following-up with patients who have identified social needs.	X	X	
Strategy #2: Foster Improved Community Partnerships to Meet Social Needs and Enhance Community Well-Being			
Anticipated Outcome: Added engagement with community groups and resources to hardwire processes to connect disadvantaged patients with resources that improve their health and well-being.			
Tactic 1: Participate in county workgroup meetings (such as Coconino County Hunger Action Partnership and Verde Valley Community Health Improvement Partners) to understand and problem solve as a community regarding social needs such as food insecurity, housing, recreation/fitness, financial resilience, etc.	X	X	X
Tactic 2: Develop criteria and protocols for referring patients to home delivery program with Flagstaff Family Food Center.	X		
Tactic 3: Continue engagement with the community through various community advisory meetings (President's Advisory Council, etc.), including enhanced engagement in the Verde Valley with new administrator.	X	X	
Tactic 4: Explore philanthropy/grant investment options (including opioid settlement dollars) to obtain funding resources for programs and supporting resources to address clinical & social needs for patients we serve.	X	X	X