



*Sun Life Family Health Center, Pinal County, Arizona*

**REPORT OF FINDINGS  
COMMUNITY HEALTH NEEDS ASSESSMENT  
PINAL COUNTY SERVICE AREA**

*July 2017*

## COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

### *Letter from CEO*

**To: Pinal County Residents and Our Community Partners:**

Sun Life Family Health Center appreciates the efforts of all those who contributed to making our most recent community health needs assessment a success.

In the past year, many of you provided your input and feedback through surveys, focus groups and the joint priority setting meeting that Sun Life conducted as part of our evaluation activities to determine the following:

- Current health status of Pinal County residents.
- Priority health issues affecting the population in Pinal County
- Initiatives our Organization will need to undertake to improve service delivery in the communities we serve.
- Additional health care needs not currently addressed by health and human service organizations in the County.

During the next three years, Sun Life will use information garnered through the needs assessment process and work in collaboration with our community partners and key stakeholders to address existing and emerging needs of Pinal County residents. The community health needs assessment also identified assets and resources in the service area that can contribute to our efforts to improve health outcomes among residents in Pinal County.

This Report of Findings from the Community Health Needs Assessment for the Pinal County Service Area highlights the results from all evaluation activities including surveys, focus groups and the joint priority-setting meeting. We hope our community partners will utilize this information as part of their planning efforts for delivering services to the population in Pinal County.

Together with help from residents and community partners Sun Life can better meet the health care needs of communities, which results in healthy and prosperous communities.

Sincerely,



Travis J. Robinette, CEO

**ACKNOWLEDGMENTS:**

Sun Life wishes to acknowledge the contributions of the following individuals and Organizations who made this community health needs assessment possible:

**Sun Life Family Health Center Community Health Needs Assessment Advisory Committee Members:**

- *Kim Collins, Director of Operations*
- *Renee Louzon-Benn, Director Community Outreach*
- *Albert Gutierrez, Practice Manager, (San Manuel and Oracle)*
- *Elizabeth Andrews, Practice Manager, (Eloy, Coolidge, Maricopa)*
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- Claudia Chacon, Nursing Student

**Community Partners:**

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- Pinal County Public Health Services District – Collaborator – Community Health Needs Assessment Project  
Rachel Zenuk, Assistant Director  
Samuel Packard, Public Health Data Analyst
- Compassion Queen Creek, - Host of San Tan Valley focus group meeting
- GVAHEC at Empowerment Systems, Inc., - Host of Apache Junction focus group meeting

**Community Health Needs Assessment Project Leader**

- Michelov Rhau, MPA, Sun Life Family Health Center, Grant Writer

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**EXECUTIVE SUMMARY:**

Sun Life Family Health Center (Sun Life) conducts a comprehensive community health needs assessment once every three years. The last needs assessment conducted in 2012, identified additional communities in the Pinal County service area where a high percentage of residents did not have access to health center services. Sun Life applied for federal funding to expand health center services to these areas. The Organization opened new health centers in Apache Junction in 2013 and Florence in 2016 to address health issues identified for the target population in these communities.

The 2016 – 2017 comprehensive community health needs assessment process provided another opportunity for Sun Life in collaboration with community partner agencies to identify the top health issues affecting Pinal County residents. Pinal County Public Health Services District and Banner Casa Grande Medical Center served as Sun Life's key collaborators on the needs assessment project. The three Organizations shared data and worked together to organize the 2017 Joint Priority Setting Meeting.

A Needs Assessment Advisory Committee consisting of six Sun Life staff guided the needs assessment process and reviewed all of the instruments utilized for the surveys and focus group meetings. The Committee made recommendations for the types of questions that were included in the surveys and focus group instruments.

The Arizona Department of Health Services (ADHS) Health Systems Development Division designates geographic areas where most residents seek primary health services from the same place(s) as Primary Care Areas (PCAs). The PCA is meant to depict the "primary care service seeking patterns" of the residents.<sup>1</sup> The State of Arizona has 126 ADHS designated Primary Care Areas. In Pinal County nine communities (Apache Junction, Casa Grande, Coolidge, Eloy,

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<sup>1</sup> Arizona Department of Health Services, ADHS, Data Documentation, Sources and Field Descriptions, February 2017

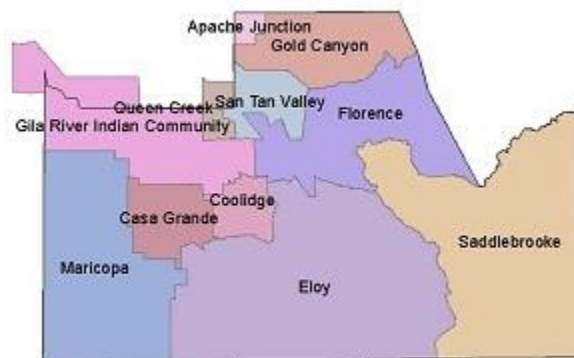
Florence, Gold Canyon, Maricopa, Saddlebrooke and San Tan Valley) are designated as Primary Care Areas (PCAs).

Sun Life is one of two federally qualified health centers (FQHCs) in the Pinal County, Arizona service area. The Organization operates health centers in eight communities in Pinal County (Apache Junction, Casa Grande, Coolidge, Eloy, Florence, Maricopa, Oracle and San Manuel). Only two of these communities (Oracle and San Manuel) are not ADHS designated PCAs. Sun Life does not currently have health centers in three of the PCAs (Gold Canyon, Saddlebrooke and San Tan Valley).

In spite of many attempts, Sun Life was unable to identify community partners in two of the Primary Care Areas (Gold Canyon and Saddlebrooke) that were willing to host focus group meetings and distribute community health surveys. The Needs Assessment Committee, therefore, voted to limit evaluation activities for the Needs Assessment to only seven of the PCAs. As shown in the Table below, the needs assessment process included evaluation of nine communities in Pinal County (seven PCAs and two communities where Sun Life operates a health center).

Community	Included As Part of Needs Assessment	Sun Life Health Center	PCA Designation
Apache Junction	✓	✓	✓
Casa Grande	✓	✓	✓
Coolidge	✓	✓	✓
Eloy	✓	✓	✓
Florence	✓	✓	✓
Gold Canyon			✓
Maricopa	✓	✓	✓
Oracle	✓	✓	
Saddlebrooke			✓
San Manuel	✓	✓	
San Tan Valley	✓		✓

**Pinal County Primary Care Areas as of 2013**



## NEEDS ASSESSMENT PROCESS:

Sun Life used the following methods of analysis to conduct a comprehensive assessment of health care needs among residents in the Pinal County service area.

- ❖ ***Community Health Profile:*** The Community Health Profile illustrates the characteristics of each community in the service area using the most current secondary data available. This is a comprehensive document consisting of data related to geographic characteristics, demographic and socioeconomic factors, health indicators, available health care resources and types of federal designation (i.e., medically underserved area - MUA, medically underserved population - MUP and health professional shortage area - HPSA). The Community Health Profile also includes comparison countywide, statewide and nationwide statistics for these types of data when available. A list of data sources used to create the community health profile is provided as **Appendix A**.
- ❖ ***Agency Questionnaire:*** Sun Life administered the Agency Questionnaire to a broad range of service providers in Pinal County to determine what they perceived as priority needs for the target population served by their respective Organizations. The Agencies responding to the Questionnaire which was administered via SurveyMonkey, included social service, health care, behavioral health, substance abuse, faith based and legal aid service organizations. A list of survey respondents for the Agency Questionnaire is available in **Appendix B**.
- ❖ ***Focus Group Meetings:*** Sun Life held a focus group meeting in eight communities during the period May 2016 – August 2016. The meetings were each 1.5 hours in length with the number of participants ranging from 3 – 11. Facilitators at each meeting asked participants to respond verbally to questions from the Focus Group Questionnaire provided as **Appendix C**. This was the questionnaire used by facilitators during all focus group meetings.
- ❖ ***Community Health Survey:***  
Sun Life developed a Community Health Survey tool that is appropriate for the population in Pinal County by adopting questions from the Adult Health Survey (AHS) created by the Vitalyst Health Foundation (formerly St. Luke's Health Initiative).

The AHS was used as part of a study conducted by the Vitalyst Health Foundation in 2010 to explore health care access among adults in Arizona. Over 8,000 Arizona adults statewide, including Pinal County residents, were surveyed as part of this study. The Vitalyst Health Foundation pretested this tool to ensure objectivity and validity. The AHS questionnaire is designed for a phone based interview format. Since the Community Health Survey is a self-administered questionnaire, Sun Life modified the wording of some the questions adopted from the AHS.

Sun Life used the Community Health Survey tool for the health assessments conducted in in both 2012 and 2016. The Needs Assessment Advisory Committee recommended updates to the 2012 version of the tool including minor modifications to wording of some questions as well adding and deleting of questions for use in 2016.

Surveys were available in paper form and electronic format via SurveyMonkey.

The paper and electronic versions of the Survey were available in two languages (English and Spanish). Samples of the English and Spanish versions of the survey are included in this report as **Appendix D**.

Sun Life received 391 surveys (186 electronic surveys and 205 paper surveys).

- ❖ ***Joint Priority Setting Meeting:*** In collaboration with community partners, Banner Casa Grande Medical Center and the Pinal County Public Health Services District, Sun Life hosted a two hour Joint Priority Setting session that was attended by 35 key stakeholders in Pinal County. Over 150 key stakeholders including community residents, political and business leaders as well as representatives from community based organizations were invited to participate in the Joint Priority Setting process. Meeting attendees included individuals representing the education sector (college, university and elementary school), substance abuse coalitions, Chambers of Commerce, social services organizations, private health care foundation, Pinal County Board of Supervisors, Casa Grande City Council, public health, community health centers and hospital agency. Participants of the Joint Priority Setting meeting identified the top three priorities for Pinal County as **Physical Activity and Nutrition, Substance Abuse Treatment Services and Mental Health Services**.

The list of key stakeholders that participated in this process is included in **Appendix E**.

The community health needs assessment process included various evaluation approaches including secondary data analysis, an Agency Questionnaire, focus group meetings, countywide community health survey and joint priority-setting meeting. Table 1 below provides the sampling size for each type of assessment.

**Table 1. Methods of Analysis**

Type of Assessment	Sampling Size
Agency Questionnaire	<b>Number of Agencies receiving Agency Questionnaire = 32</b>
	<b>Agencies that received the Survey represent the following types of Organizations:</b>
	<input type="checkbox"/> <b>Health Care Providers</b> <b>22%</b>
	<input type="checkbox"/> <b>Behavioral Health Providers</b> <b>17%</b>
	<input type="checkbox"/> <b>Social Services Providers</b> <b>31%</b>
	<input type="checkbox"/> <b>Legal Aid Services</b> <b>3%</b>
	<input type="checkbox"/> <b>Food Banks</b> <b>3%</b>
	<input type="checkbox"/> <b>Churches</b> <b>6%</b>
	<input type="checkbox"/> <b>Substance Abuse Coalitions</b> <b>18%</b>
	<b>Number of Responses Received = 20</b>



<b>Focus Group Meetings</b>	<p><b>Number of focus group participants = 60</b></p> <p><b>Number of focus group meetings = 8</b></p> <p><b>Meeting Locations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Sun Life health center offices: (Casa Grande, Coolidge, Eloy, Florence, Maricopa, Oracle/San Manuel)</b></li> <li><input type="checkbox"/> <b>Agency Partner Offices: (Apache Junction and San Tan Valley)</b></li> </ul>
<b>Community Health Survey</b>	<p><b>Number of Community Health Surveys received = 391</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Paper Surveys = 205</b></li> <li><input type="checkbox"/> <b>Electronic Surveys = 186</b></li> </ul>
<b>Joint Priority Setting Meeting</b>	<p><b>Number of Individuals Invited = 158</b></p> <p><b>Number of Meeting Participants = 35</b></p> <p><b>Key Stakeholders representing the following entities attended the Joint Priority Setting Meeting held on March 17, 2017:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Local Hospitals – 11%</b></li> <li><input type="checkbox"/> <b>Business Community – 9% (chambers of commerce)</b></li> <li><input type="checkbox"/> <b>Educational Institutions - 20% (colleges, universities, elementary schools)</b></li> <li><input type="checkbox"/> <b>Community Health - 23%</b></li> <li><input type="checkbox"/> <b>Public Health – 20%</b></li> <li><input type="checkbox"/> <b>Private health care foundation – 2%</b></li> <li><input type="checkbox"/> <b>Government/Political Office - 6% (Pinal County Board of Supervisors, Casa Grande City Council)</b></li> <li><input type="checkbox"/> <b>Social Services - 6%</b></li> <li><input type="checkbox"/> <b>Mental Health/Substance Abuse – 3% (substance abuse coalitions)</b></li> </ul>

**SUMMARY OF KEY FINDINGS:**

This Report highlights the key findings of evaluation activities conducted as part of the 2016 comprehensive community health needs assessment. Results of surveys, focus groups and the joint priority setting meeting reveal persistent and emerging issues that impact the health status of Pinal County residents.

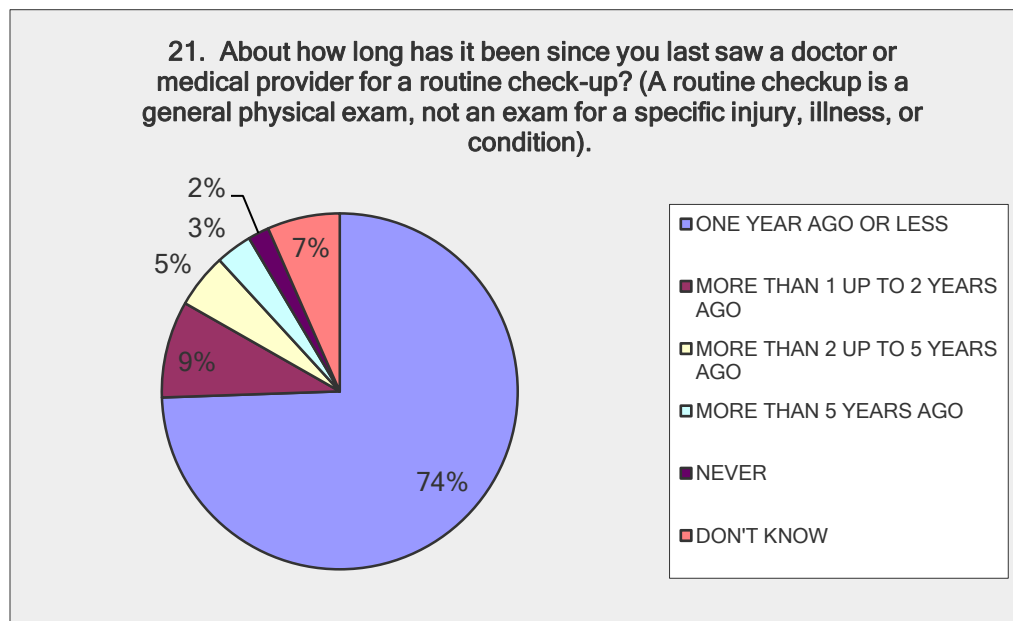
In the 2012 and 2016 community health needs assessments we found that obesity and chronic conditions such as diabetes and hypertension were priority issues that affect the health status of a high percentage of Pinal County residents.

In 2016, focus group participants and survey respondents identified barriers to receiving health care services as the lack of primary care providers and specialists. These health care access issues were also among the top ten priorities in 2012.

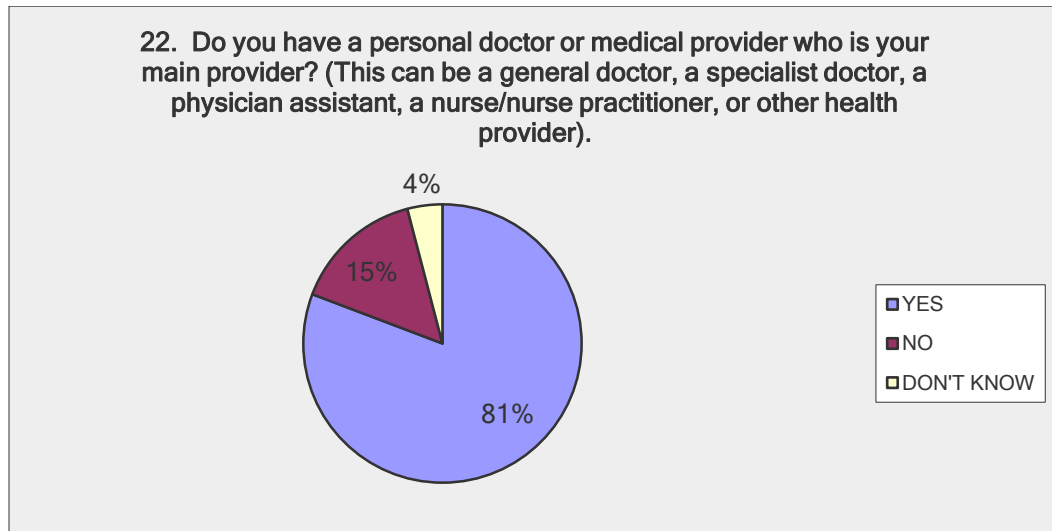
As a predominantly rural county, Pinal County has very limited public transportation services available to residents. Not surprisingly, lack of transportation was again identified as a major barrier to receiving health care services by focus group participants. Mental health and substance abuse also continue to be priority issues in the County. Specifically, the increase in opioid abuse/addiction in the County is a growing concern among key stakeholders participating in the Joint Priority Setting Meeting.

**Positive Findings*****Factors that contribute to positive health outcomes among Pinal County Residents.***

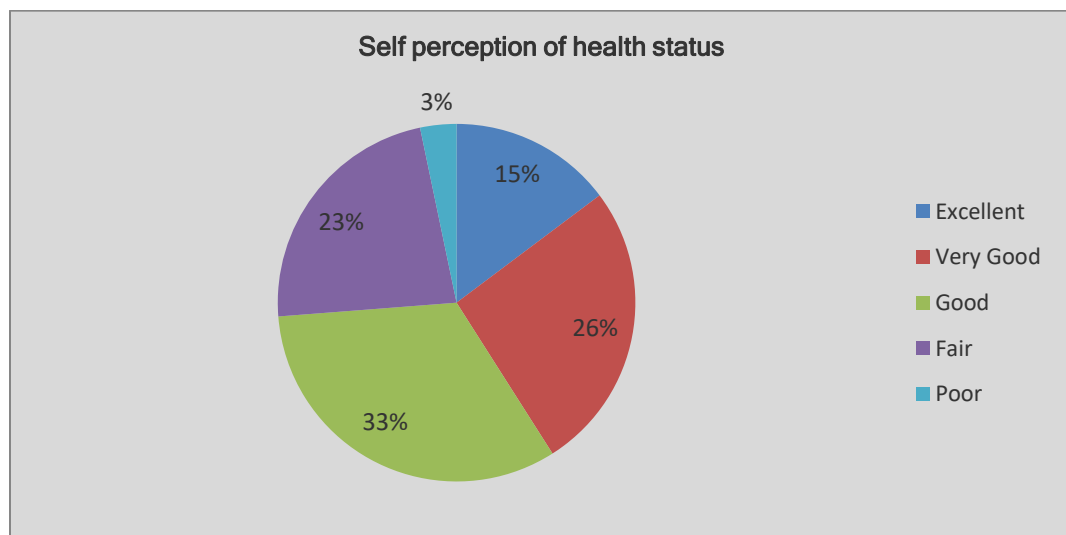
- Nearly 75% of health survey respondents had a routine visit or medical checkup within the past 12 months.



- 81% of health survey respondents indicated they have one medical care provider.



- The majority (74%) of Focus Group Participants rated their health as either “Excellent”, “Very Good” or “Good”.



### PRIORITY ISSUES:

The top ten priority issues identified through the community health needs assessment conducted by Sun Life fall under the following three categories:

- Factors that affect health status of residents
- Factors related to health care access and utilization
- Factors related to the Built environment/Community Design in the Pinal County service area

Health Status	Health Care Access/Utilization	Built Environment/ Community Design
1. Hypertension	5. Oral health care	9. Transportation
2. Obesity	6. Lack of Primary Care Providers	10. Access to “Affordable” fresh fruits and vegetables.
3. Diabetes	7. Lack of Specialists	
4. Multiple Chronic Conditions (Co-Morbidities)	8. Cost of Health Care Services/ Services Not Covered By Health Insurance	

### GEOGRAPHIC AREA DESCRIPTION:

Sun Life Family Health Center’s service area is comprised of the entire Pinal County region. The Organization has over 35 years of history delivering health care services in the County and operates health centers and specialty clinics in Apache Junction, Casa Grande, Coolidge, Eloy, Florence, Maricopa, Oracle and San Manuel.

With the exception of the family practice offices in Oracle and San Manuel, all Sun Life health centers are located in the Arizona Department of Health Services (ADHS) designated Primary Care Areas (PCA) of the County. ADHS defines PCAs as areas where local residents indicate they primarily receive their medical care. PCA designations are also based on data that show the health service seeking patterns in various Arizona communities.

Pinal County encompasses 5,374 square miles, of which 4.5 are water. The eastern portion of the County is mountainous terrain with elevations to 6,000 feet. Western Pinal County is primarily low desert valleys and irrigated agriculture. The County consists of several Cities, Towns and Census Designated Places (CDPs) as listed in Figure 1. The County seat is located in the Town of Florence.

Figure 1. Pinal County Communities	
<b>Cities:</b>	
<ul style="list-style-type: none"> <li>▪ Apache Junction</li> <li>▪ Casa Grande</li> <li>▪ Coolidge</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eloy</li> <li>▪ Maricopa</li> </ul>
<b>Towns:</b>	
<ul style="list-style-type: none"> <li>▪ Florence</li> <li>▪ Hayden</li> <li>▪ Kearny</li> <li>▪ Mammoth</li> </ul>	<ul style="list-style-type: none"> <li>▪ Queen Creek</li> <li>▪ Superior</li> <li>▪ Winkelman</li> <li>▪ Marana</li> </ul>
<b>Census Designated Places (CDP):</b>	
<ul style="list-style-type: none"> <li>▪ Ak-Chin Village</li> <li>▪ Arizona City</li> <li>▪ Blackwater</li> <li>▪ Chuichu</li> <li>▪ Dudleyville</li> <li>▪ Gold Canyon</li> <li>▪ Oracle</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Picacho</b></li> <li>▪ Queen Valley</li> <li>▪ Sacaton</li> <li>▪ San Manuel</li> <li>▪ Santan</li> <li>▪ San Tan Valley</li> <li>▪ Stanfield</li> <li>▪ Top-of-the-World</li> </ul>

Pinal County's estimated population as of 2016 is 418,540 with a density of approximately 78.0 persons per square mile.<sup>2</sup> The entire Pinal County service area has federal designation as a Medically Underserved Area. As shown in Table 2, several cities in Pinal County have federal designation as geographic Health Professional Shortage Areas (HPSAs) for primary care. Dental Health Professional Shortage Areas in the County include Casa Grande (low-income), Florence (geographic) and San Manuel (geographic). The County also has several communities federally designated as Medically Underserved Areas (MUAs) or as having Low Income Medically Underserved Populations (MUP). In addition, the Pinal/Gila County catchment area has a geographic mental health HPSA designation.

**Table 2: Communities in Pinal County with HPSA, MUA or MUP Federal Designation**

	Apache Junction	Casa Grande	Coolidge	Eloy	Florence	Maricopa	Saddlebrooke	San Manuel
Health Professional Shortage Area (HPSA)	X		X	X	X	X	X	X
Dental Health Professional Shortage Area (DHPSA) * Low Income ** Geographic		X*			X**			X**
Medically Underserved Area (MUA)	X							
Medically Underserved Population (MUP) Low Income		X	X	X	X	X		

### **Socioeconomic Data:**

Pinal County's unemployment rate as of April 2017 is 4.7% which is slightly higher than the statewide unemployment rate of 4.5%<sup>3</sup>.

As shown in Table 3 below, the percentage of families in the County living 100% below the Federal Poverty Level is 17%, yet nearly 24% of the area's children under the age of 12 live in poverty.

Pinal County has a lower percentage of uninsured residents (14%) compared to the percentage of uninsured residents statewide (16%).<sup>4</sup>

<sup>2</sup> American Fact Finder, United States Census Bureau, 2016 Pinal County Population Estimate

<sup>3</sup> Arizona Local Area Unemployment Statistics, 2016 - 2017

<sup>4</sup> 2017 County Health Rankings, Pinal County, Arizona

Children and youth under the age of 19 account for 9% of those without health insurance coverage in the County.<sup>5</sup> Table 3 also includes additional selected demographic statistics for Pinal County.

**Table 3: Selected Demographic Data<sup>6</sup>**

	<b>PINAL COUNTY</b>	<b>ARIZONA</b>	<b>UNITED STATES</b>
<b>Population Statistics</b>			
Population 2016	418,540	6,931,071	323,127,513
<b>Race/Ethnicity</b>			
White	58.0%	56.0%	61.3%
American Indian and Alaska Native	6.6%	5.4%	1.3%
Black	5.0%	4.9%	13.3%
Asian	1.9%	3.4%	5.7%
Native Hawaiian/Pacific Islander	0.4%	0.3%	0.2%
Hispanic	25.1%	27.0%	15.6%
Other	3.0%	3.0 %	2.6%
<b>Gender</b>			
Male	51.9%	49.7%	49.2%
Female	48.1%	50.3%	50.8%
<b>Age Distribution</b>			
Under 20 Years Old	27.3%	27.2%	26.1%
20 - 44 Years Old	32.5%	33.1%	33.6%
45 - 64 Years Old	23.0%	24.5%	26.3%
65 and Older	17.2%	15.2%	14.0%
<b>Uninsured</b>			
Uninsured Population	13%	15%	13%
<b>Educational Attainment</b>			
Less than 9th Grade	6.0%	6.2%	.05%
High School Graduate	33.0%	21.0%	29.0%
College or Professional Degree Holder	15.0%	22.0%	24.0%
<b>Income</b>			
Median Household Income	\$49,477	\$50,255	\$53,889
<b>Poverty Status</b>			
Children < 12 Living Below Poverty Level	25.0%	21.0%	18.0%
People Living 100% Below Poverty Level	17.0%	17.0%	14.0%
<b>Family Structure</b>			
Single-Parent Households	23%	23%	17%
<b>Neighborhood Community Attachment</b>			
Linguistic Isolation	3.8%	6.7%	4.7%

<sup>5</sup> 2015 Small Area Health Insurance Data, Pinal County, Arizona

<sup>6</sup> 2016 Population Estimates, United States Census Bureau,  
American Community Survey (ACS) 2011- 2015 Estimates: Age, Health Insurance Status, Educational Attainment,  
Median Household Income, Poverty Status, Family Structure  
American Community Survey (ACS) 2005 – 2009 Estimates: Linguistic Isolation

**School Districts:** Figure 2 below includes a list of School Districts located in Pinal County. The County has 20 Unified School Districts including two high school districts. According to Fiscal Year 2016 data available for the National School Lunch Program Data, approximately 73.3% of children nationwide are eligible for free and reduced school meals. An estimated 63% of Pinal County children are eligible for the Free and Reduced School Meals (FARMS) Program. Statewide, 57% of children are eligible for the Program.<sup>7</sup>

**Figure 2: Pinal County School Districts**

Primary Care Area	School Districts
Apache Junction	<ul style="list-style-type: none"> <li>Apache Junction Unified School District</li> </ul>
Casa Grande	<ul style="list-style-type: none"> <li>Casa Grande Elementary School District</li> <li>Casa Grande Union High School District</li> </ul>
Coolidge	<ul style="list-style-type: none"> <li>Coolidge Unified District</li> </ul>
Eloy	<ul style="list-style-type: none"> <li>Eloy Elementary School District</li> </ul>
Florence	<ul style="list-style-type: none"> <li>Florence Unified School District</li> </ul>
Kearny	<ul style="list-style-type: none"> <li>Ray Unified District</li> </ul>
Maricopa	<ul style="list-style-type: none"> <li>Maricopa Unified School District</li> </ul>
San Manuel	<ul style="list-style-type: none"> <li>Mammoth-San Manuel Unified District</li> </ul>
Superior	<ul style="list-style-type: none"> <li>Superior Unified Schools District</li> </ul>
Other Pinal County Communities	<ul style="list-style-type: none"> <li>Casa Blanca Middle School District</li> <li>J O Combs Unified School District</li> <li>Mary C O'Brien School District</li> <li>Oracle Elementary School District</li> <li>Picacho Elementary School District</li> <li>Red Rock Elementary School District</li> <li>Sacaton Elementary School District</li> <li>Santa Cruz Valley Union High Schools District</li> <li>Stanfield Elementary School District</li> <li>Toltec Elementary School District</li> </ul>

<sup>7</sup> Arizona Department of Education, National School Lunch Program (NSLP) Data, 2017

**Pinal County Census Tracts:**

001500, 001600, 001701, 001702, 001703, 001704, 001705, 001706, 001707, 001708, 001709, 001710, 001711, 01900, 002001, 002002, 002101, 002102, 002103, 002200, 002300, 002400, 941200, 941300, 941400

**COMMUNITY PROFILES:**

For the purposes of this Community Health Needs Assessment, evaluation efforts focused on nine areas in Pinal County including Arizona Department of Health Services (ADHS) designated Primary Care Areas (PCAs) and communities where Sun Life operates a health center.

The PCAs are geographic boundaries created based on health care seeking patterns and demographics. ADHS revised the PCA boundaries statewide in 2013 to reflect drastic changes in the State's population in recent years. As a result, two communities, Kearny and Superior, which were featured in the 2012 community health assessment, are not included in the 2016 analysis.

ADHS added San Tan Valley, one of the fastest growing communities in Pinal County as a Primary Care Area in 2013. It is important to note here that Sun Life did not conduct evaluation activities in two Pinal County PCAs, Gold Canyon and Saddlebrooke, due to the lack of key stakeholders willing to participate in this process. Table 4 below includes selected demographic data for the nine communities included in the Needs Assessment.

**Table 4: Selected Demographic Data for Pinal County Primary Care Areas<sup>8</sup>**

	Apache Junction	Casa Grande	Coolidge	Eloy	Florence	Maricopa	Oracle	San Manuel	San Tan Valley
<b>Population Statistics</b>									
Population 2016	39,954	54,534	12,258	17,442	25,779	46,903	3,756	4,028	81,321
Population density	879.9	497.25	216.9	156.4	491.49	988.0	148.0	34.0	761.0
<b>Race/Ethnicity</b>									
White	89.5%	67.3%	62.7%	41.2%	63.4%	70.2%	99.3%	97.0%	81.5%
American Indian and Alaska Native	1.1%	4.6%	5.7%	3.4%	14.4%	2.0%	.7%	.2%	1.2%
Black	1.2%	4.6%	7.8%	10.1%	6.3%	9.7%	0.0%	0.0%	5.0%
Asian	0.9%	2.0%	1.1%	10.3%	1.0%	4.4%	0.0%	1.8%	2.5%
Native Hawaiian/Pacific Islander	7.3%	21.5%	22.7%	35.0%	14.9%	13.7%	0.0%	1.6%	.3%
Hispanic	14.4%	39.0%	42.0%	58.0%	31.2%	24.4%	36.5%	58.2%	23.4%

<sup>8</sup> 2016 Population Estimates, United States Census Bureau,  
2010 Census Data: Race/Ethnicity, Gender  
American Community Survey (ACS) 2011- 2015 Estimates: Age, Median Household Income, Poverty Status



	Apache Junction	Casa Grande	Coolidge	Eloy	Florence	Maricopa	Oracle	San Manuel	San Tan Valley
<b>Gender</b>									
Male	48.6%	48.5%	48.6%	70.0%	82.1%	49.6%	51.5%	48.5%	49.5%
Female	51.4%	51.5%	51.4%	30.0%	17.9%	50.4%	48.5%	51.5%	50.5%
<b>Age Distribution</b>									
Under 20 Years Old	21%	33%	35%	33%	15%	38%	20.4%	34.4%	37.3%
20 - 44 Years Old	27%	33%	31%	38%	55%	38%	20.0%	23.0%	36.8%
45 - 64 Years Old	27%	21%	21%	18%	20%	17%	34.0%	27.5%	17.8%
65 and Older	25%	13%	13%	11%	10%	7%	25.6%	15.1%	8.1%
<b>Income</b>									
Median Household Income	\$39,467	\$44,348	\$39,621	\$31,033	\$47,891	\$65,793	\$54,029	\$43,629	\$59,769
<b>Poverty</b>									
Children < 12 Living Below Poverty Level	18.0%	18.0%	25.3%	42.35%	13.8%	7.45%	16.0%	16.7%	17.8%
People Living 100% Below Poverty Level	10.2%	16.8%	27.44%	36.0%	16.78%	8.13%	22.0%	18.7%	15.3%
<b>Government Assistance Programs<sup>9</sup></b>									
Percent of Children Eligible for Free and Reduced School Meals	66%	73.0%	77.0%	89.0%	59.0%	55.0%	64.0%	79.0%	46.0%
<b>Health Care Providers</b>									
Primary Care Physicians	1,322.9 :1	437.9 :1	2,878.1 :1	1,728.8 :1	1,212.5 :1	1,540.6 :1	1,633.2:1	1,784.3:1	1,339.9 :1
Distance to the nearest provider (minutes)	21-30	≤ 20	≤ 20	≤ 20	≤ 20	21 - 30	21-30	≤ 20	21 - 30

<sup>9</sup> Arizona Department of Education, National School Lunch Program (NSLP) Data, 2017

**HEALTH STATUS STATISTICS:**

The Robert Wood Johnson Foundation County Health Rankings Report released in 2017 ranks Pinal County as the fourth healthiest County in the State of Arizona.

While the report ranks Pinal County as one of the top five healthiest counties in Arizona, it also highlights the areas where the County is lagging significantly behind. For specific factors that influence health status of residents such as clinical care, the County fares worse than 53% of Arizona's fifteen Counties at a ranking of 9.

Pinal County also has a poor ranking of eight for health behavior factors such as teen pregnancy, adult obesity and smoking. These data support the urgency for primary care as well as preventive health services and education in the County.

This Section provides a review of secondary data related to health status of residents in the Pinal County service area as well as a brief overview of the population's health seeking behaviors and utilization of health care services discussed under the following sub-section headings: Chronic Diseases, Other Health Indicators and Health Care Access and Utilization.

**I. Chronic Diseases:**

Table 5 includes health status data for selected chronic conditions that affect Sun Life patients and residents in the County.

**Table 5: Health Status Data for Selected Conditions<sup>10</sup>**

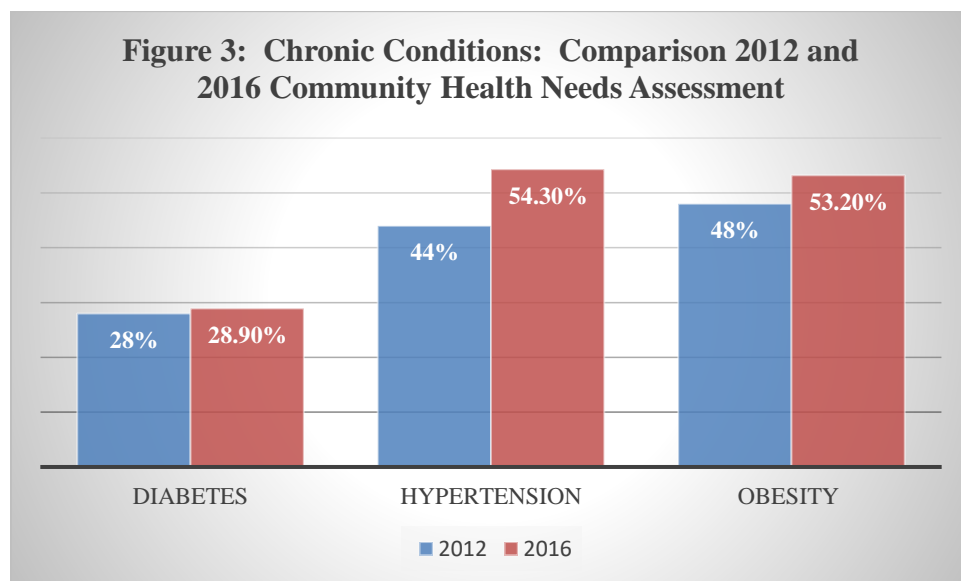
Specific Diagnoses	Sun Life Family Health Center Medical Patients  Source: 2016 Uniform Data System Report %	Condition	Pinal County	Arizona	United States
Diabetes	13%	Rate of inpatient discharges with diabetes as first-listed diagnosis (Number of discharges per 10,000 population_	19.6	16.0	-
Hypertension	25%	Diseases of the circulatory system including hypertension and heart disease (per 10,000 population)	134.3	123.5	-
Overweight Obesity	7%	Adult obesity prevalence	30%	25%	25%

<sup>10</sup> Inpatient Discharge Data, Arizona Department of Health Services, 2015 – Discharges with Diabetes, Diseases of the Circulatory System  
County Health Rankings Report: Adult Obesity Prevalence

Data for Sun Life's patient population were obtained from the Organization's 2016 Uniform Data System Report (UDS) and are reflective of specific diagnoses and services rendered. The UDS Report is a requirement for all Health Resources and Services Administration (HRSA) Federally Qualified Health Center (FQHCs) grantees.

Diabetes, hypertension and obesity are prevalent among Sun Life's patient population with 45% of patients having one of these conditions as a primary diagnosis. Community Health Survey results mirror these findings as shown in Figure 3 below. A high percentage of the 2016 community health survey respondents reported having chronic disease conditions such as high blood pressure (54.3%), diabetes (28.9%) and obesity (53.2%).

Figure 3 below shows a comparison between 2012 and 2016 survey results related to chronic disease conditions. A higher percentage of respondents in 2016 than in 2012 answered "Yes" to Community Health Survey question numbers Q8 through Q10, ***"Has a doctor ever told you that you have (diabetes or high blood pressure)?" and "Has a doctor ever told you that you are overweight?"***.



As Table 5 illustrates, rates for inpatient discharges for conditions such as diabetes and diseases of the circulatory systems (including heart disease and hypertension) are higher for Pinal County residents than for the general population in Arizona. Pinal County also has a higher prevalence of adults with obesity compared to adults statewide and in the U.S.

## II. Other Health Indicators

Health indicators related to oral health, maternal and child health as well as mental health serve as additional valuable measures to glean information about factors that affect residents' health, well-being and quality of life.

Table 6 below provides information on clinical health indicators for Sun Life's patient population using the Organization's 2016 Uniform Data System (UDS) Report as the primary source for this data. The Table also presents the most recent data available for specific health status indicators for Pinal County, Arizona and the United States (when available) obtained through various secondary data sources.

**Table 6: Health Status Data for Specific Health Indicators**  
(Sun Life Patient Population and Pinal County Service Area)

Clinical Health Indicator	Sun Life Family Health Center Patients (%)	Health Indicator	Pinal	Arizona	United States
Source: 2016 Uniform Data System Report					
<b>Dental Services</b>		<b>Oral Health<sup>11</sup></b>			
Oral Health Exams	<b>10%</b>	Prevalence of Experience of Decay (third graders)	<b>61%</b>	<b>65%</b>	<b>52%</b>
<b>Prenatal Care Services</b>		<b>Maternal and Child Health<sup>12</sup></b>			
Low and Very Low Birth Weight	<b>8.43%</b>	Babies born with Low Birth Weight	<b>6.5</b>	<b>7.3</b>	<b>6.0</b>
First Prenatal Visit in 1 <sup>st</sup> Trimester	<b>68%</b>	Infant Mortality Rate	<b>5.1</b>	<b>5.4</b>	<b>6.9</b>
<b>Pediatric Services</b>		Mothers who Received Early Prenatal Care	<b>80.6%</b>	<b>77.3%</b>	<b>84%</b>
Percent of Two Year Olds Immunized	<b>29%</b>	Percent of Children Not Receiving Immunizations 4-3-1-3-3	<b>65%</b>	<b>65%</b>	<b>30%</b>
<b>Mental Health Services (Selected Mental Health Conditions)</b>		<b>Mental Health and Substance Abuse<sup>13</sup></b>			
Depression and other mood disorders	<b>81%</b>	Depression (per 10,000 population)	<b>3.8</b>	<b>4.6</b>	<b>-</b>
Anxiety disorders including PTSD	<b>87%</b>	Anxiety (per 10,000 population)	<b>.6</b>	<b>.6</b>	<b>-</b>
		Suicide Selected Causes of Death (Rate per 100,000 population) - 2016	<b>16.26</b>	<b>18.17</b>	<b>11.9</b>
		Teens who use Alcohol	<b>20.0%</b>	<b>12.0%</b>	<b>29.2%</b>
		Teens who use Marijuana	<b>11.1%</b>	<b>7.3%</b>	<b>14.2%</b>
		Teens who use Opioids	<b>7.2%</b>	<b>5.0%</b>	<b>4.8%</b>

<sup>11</sup> Arizona Department of Health Services, Healthy Smiles Healthy Bodies Survey, 2015

<sup>12</sup> Advanced Vital Statistics, ADHS, 2016 – Infant Mortality, Low Birth Weight, Suicide Bureau of Health Systems Development, 2016 Statistical Profile - Prenatal Care BHSD Need For Assistance Worksheet, 2015 – Immunization Data

Arizona Youth Survey, Pinal County, 2016, Teens who use Alcohol, Marijuana, Opioids (last 30 days), Monitoring the Future 2016 Survey Results - U.S. Data Teens who use opioids (past year)

<sup>13</sup> Arizona Department of Health Services, Discharge Data, Depression, and Anxiety

➤ **Mental Health/Substance Abuse:**

Data depicted in Table 6 above demonstrate that patients receiving behavioral health services at Sun Life are more likely than the overall population in Pinal County to have depression or anxiety disorder as a primary diagnosis. However, according to the statistics noted for mental health indicators in the Table above, Pinal County has substantially higher reported rates for suicide deaths than the nation as a whole. The percentage of teens in the County using alcohol, marijuana and opioids is higher in Pinal County than the percentage of teens using these substances statewide.

➤ **Maternal and Child Health:**

As illustrated in Table 6, the percentage of babies born to Sun Life prenatal care patients with Low and Very Low Birth Weight is 8.43%. While this percentage is higher than county, state and national averages, Sun Life OB/GYN providers specialize in high risk obstetrics care which may contribute to a higher percentage of babies born prematurely and with lower birth weights.

The County fares better than the state for the percentage of women in the community (80.6%) receiving early prenatal care. Pinal County also has a lower infant mortality rate compared to both the state and nation.

An estimated 65% of Pinal County children are not receiving recommended immunizations compared to only 30% of children nationwide.

➤ **Oral Health:**

Children living in Arizona and Pinal County experience tooth decay at a higher rate compared to children nationwide. Focus group and community health survey results highlight the need for oral health prevention education based on findings that show a high percentage of residents are not receiving routine dental care.

### **III. Health Care Access and Utilization**

Residents of rural areas face unique challenges in accessing and utilizing health care services due to limited transportation, fewer options for health care facilities and a shortage of physicians.

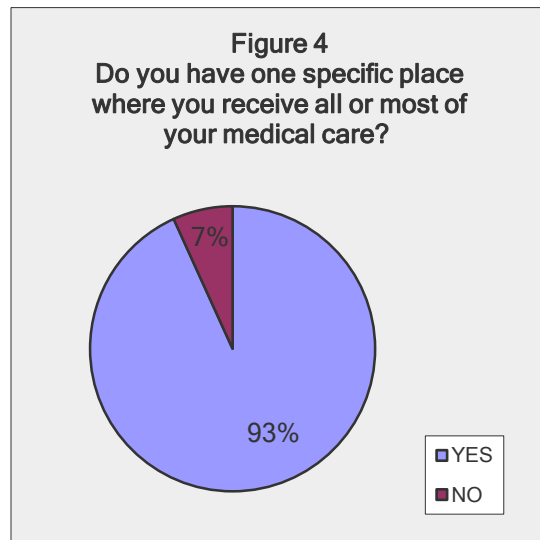
As a predominantly rural community, Pinal County features many of the characteristics that affect access to health care services as described below.

➤ **Health Access:**

Transportation was identified as one of the major barriers to accessing health care services by health and social services providers surveyed and focus group participants. Pinal County has very limited public transportation services available through a regional transit system that provides bus services in only four cities in the County.

Additionally, as noted in previous sections of this Report, residents have to travel great distances to receive medical services, usually outside of the County. Car ownership is a definite necessity in the Pinal County service area to access health care services.

Health care resources are limited in the County, especially in the more remote areas where very few options for health services are available to residents.



Further, Pinal County's population-to-primary care physician ratio (945.3:1), is more than three times the state's ratio of 296.4:1 (Arizona Department of Health Services, Primary Care Human Resources Report, 2016).

The community health needs identified for Pinal County also point to other barriers to health care access in the community including cost of services, lack of health insurance coverage and shortage of physicians and specialists.

These issues were identified during focus group meetings in nearly every PCA and reflected in survey results.

Findings from the focus group meetings, presented in Figure 4, indicate a high percentage of respondents have a usual source of care with over 90% of focus group participants reportedly having one specific place where they receive all or most of their medical care. Additionally, 81% of community health survey respondents indicated they have one personal doctor. Individuals with a usual source of care are more likely to have access to routine medical checkups and preventive health services.

### ➤ Health Care Utilization

Poverty and inadequate health insurance coverage often contribute to lower utilization of health care services. Results of the community health survey suggest cost of services as well as lack of health insurance impacts health care utilization. Findings that support this include a high percentage of survey respondents and focus group participants indicating they delayed receiving medical services due to cost or lack of health insurance coverage.

Approximately 13% of Pinal County residents are uninsured and 17% of families in the community are living 100% below the Federal Poverty Line.

The percent of the target population in the service area enrolled in the State's Medicaid Program, Arizona Health Care Cost Containment System (AHCCCS) is 18% compared to the statewide average of 28% enrollees.<sup>14</sup>

Several questions included in the community health survey administered as part of the Needs Assessment Process, focused on gauging health care utilization patterns among Pinal County residents.

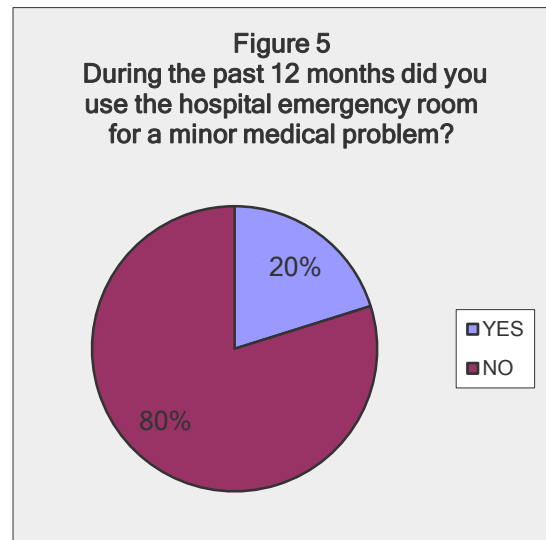
<sup>14</sup> AHCCCS Population by County as of June 2017

While a high percentage of survey respondents have a usual source care and admit to having a routine medical check-up in the past year, other findings of the 2016 community health needs assessment suggest negative health seeking patterns among residents in the County.

Figure 5 at right shows nearly one quarter of health survey respondents used the emergency room in the past year for a minor condition. Many respondents also reported to delaying seeking needed medical care and are not receiving routine oral health care.

These health seeking patterns can lead to health complications that are costlier to treat and poor health outcomes.

Table 7 below includes data related to preventive health services reported for Sun Life's patient population and presents findings from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) Report.



**Table 7: Data for Preventive Health Services (Tests and Recommended Screening)**

<b>Preventive Health Services Selected</b> Diagnostic Tests/Screening	<b>Sun Life Family Health Center Medical Patients</b>  Source: 2016 Uniform Data System Report %	<b>Health Behaviors</b> 2015 Arizona Behavioral Risk Factor Surveillance System (BRFSS)	<b>Pinal</b>	<b>Arizona</b>	<b>United States</b>
Children and Adolescents with BMI Screening and Counseling on Nutrition and Physical Activity Documented	<b>40%</b>	Routine Medical Exams Within Past 12 months	<b>74%*</b>	<b>66.8%</b>	<b>70.2%</b>
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<b>74%</b>				
Seasonal flu vaccine	<b>15%</b>	Influenza Vaccination among adults 65 and older (past 12 months)	<b>55.1%</b>	<b>52.7%</b>	<b>61.3%</b>
Pap Test	<b>49%</b>	Women who received preconception health education	<b>41.2%</b>	<b>44%</b>	<b>-</b>

Findings from the 2015 BRFSS Report for Pinal County offer promising results related to utilization of preventive health services among Pinal County residents.

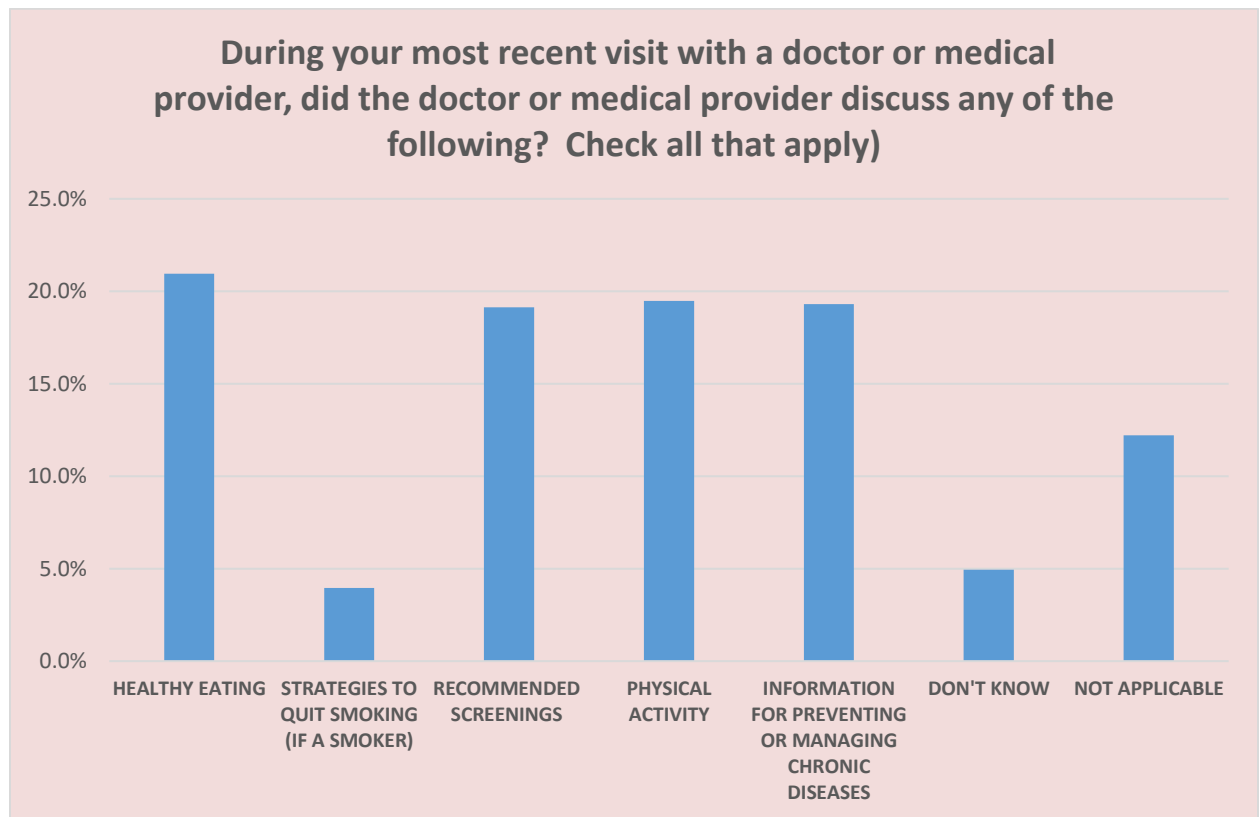
The Data presented in Table 7 show a higher percentage of residents in the County receive routine medical exams as well as recommended screening services and vaccines compared to the general population in Arizona.

Data for Sun Life's patient population demonstrate similar findings for prevention services provided to patients. In 2016, a high percentage of patients at Sun Life received preventive health and screening services such as pap tests, seasonal flu vaccines, tobacco



use screening and cessation intervention as well as BMI screening and counseling on nutrition and physical activity.

The Table below shows education topics health survey respondents discussed during their most recent visit with a doctor or medical provider. These results show the topics most frequently discussed during medical visits include “healthy eating”, “recommended screenings”, “physical activity”, and “information for preventing or managing chronic disease”.

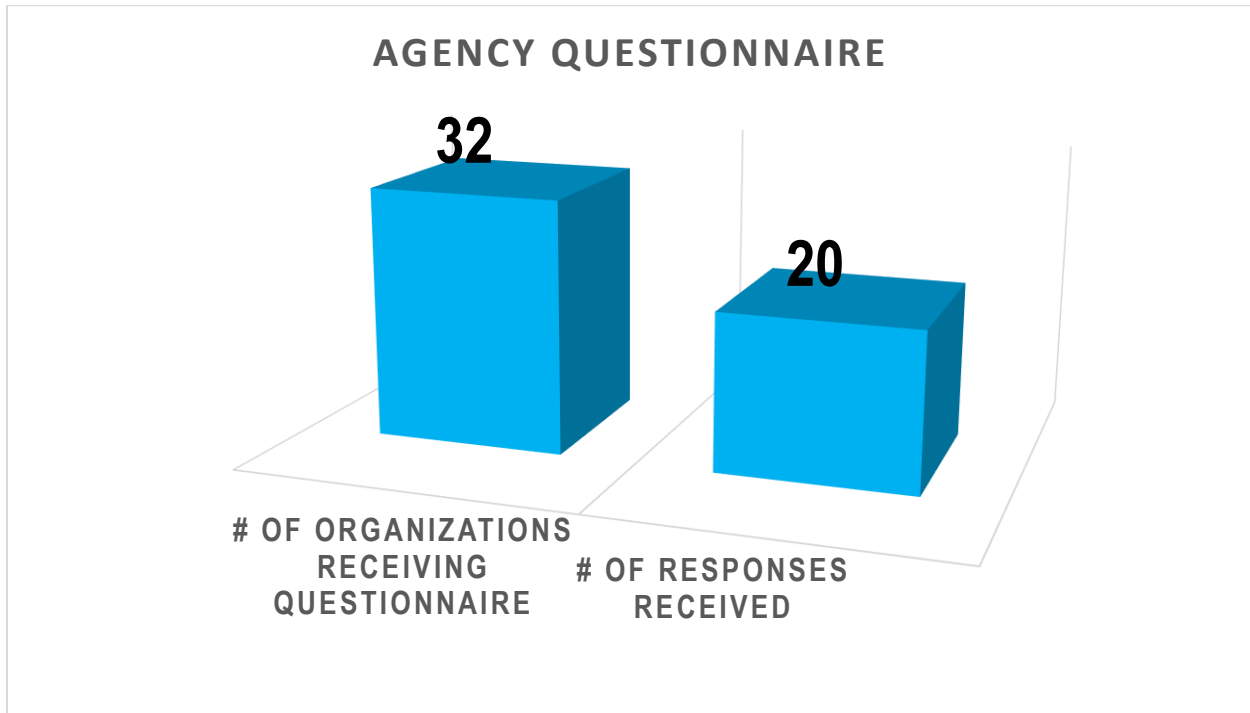


## SUMMARY ANALYSIS

### AGENCY QUESTIONNAIRE

#### METHODS

As part of the Community Health Assessment process, an Agency Questionnaire was administered to garner input and feedback from 32 community based organizations located in Pinal County. The Questionnaire was forwarded to one staff representative at each Agency via the SurveyMonkey Web-based survey system. Some Agencies had more than one staff completing the Questionnaire. The Sample size includes responses from 20 individuals representing community based organizations in Pinal County.



Agencies responding to the Questionnaire included a broad range of service providers (health care, mental health, substance abuse and social services). The Appendix includes the list of Agencies that received the Agency Questionnaire (*Appendix B*).

#### Agencies that received the Survey represent the following types of Organizations:

<input type="checkbox"/> Health Care Providers	22%
<input type="checkbox"/> Behavioral Health Providers	17%
<input type="checkbox"/> Social Services Providers	31%
<input type="checkbox"/> Legal Aid Services	3%
<input type="checkbox"/> Food Banks	3%
<input type="checkbox"/> Churches	6%
<input type="checkbox"/> Substance Abuse Coalitions	18%

The Questionnaire included 11 questions with eight of the questions requiring respondents to write in their answers.

## KEY FINDINGS

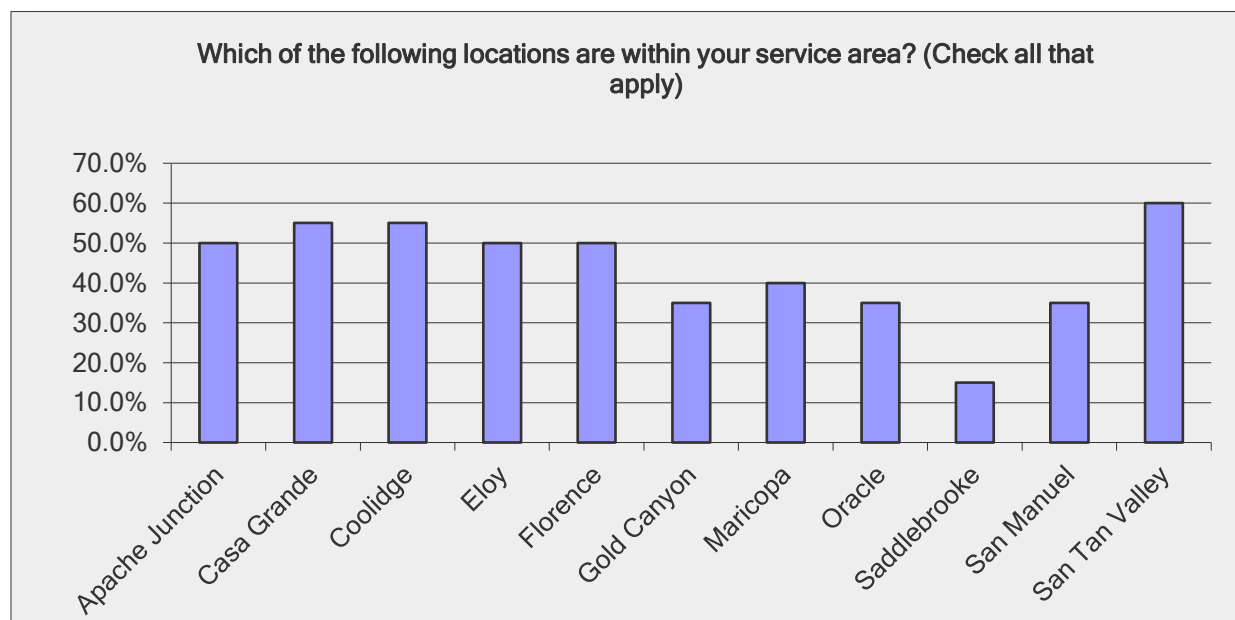
Below is a brief summary of respondents' perspectives regarding existing needs, gaps in services, barriers and available resources in Pinal County.

### COMMUNITIES SERVED BY AGENCY QUESTIONNAIRE RESPONDENTS

#### Which of the following locations are within your service area?

Responses to this question show that Community based health and social services providers are available in all of the Primary Care Areas of the County.

The graph below illustrates the percentage of Organizations that serve residents in each of the targeted communities. A majority of respondents (60%) identified San Tan Valley as a location within their service area. A high percentage of respondents also provide services in Casa Grande and Coolidge. Only 15% of respondents identify Saddlebrooke as a location within their service area.



### HEALTH CARE RESOURCES IN PINAL COUNTY

#### Where do most of your clients go if they need health care?

For this Question, respondents had the opportunity to write in their answer about where their clients receive health care services in the County.

As shown in the table below, the majority (46%) of respondents identified Sun Life Family Health Center as a primary health care resource for clients. An estimated 8% of respondents indicated their uninsured clients use urgent care as a health care resource.

<b>Health Care Resources</b>	<b>%</b>
Cottonwood Medical Clinic	4.0%
FQHCs (Other than Sun Life)	4.0%
Local health department	3.8%
Local hospitals	23.0%
Outside of Pinal County	4.0%
Primary Care Physicians	7.2%
<b>Sun Life</b>	<b>46.0%</b>
Urgent Care	8.0%

### **BARRIERS TO ACCESSING HEALTH CARE SERVICES**

#### **What do you feel are barriers to accessing health care in your community?**

Responses to this question correlate with findings from the Focus Group meetings and Community Health Survey. As shown in the table below, Respondents to the Agency Questionnaire identified transportation, cost of services, lack of insurance coverage and limited availability of health services in their communities as the main barriers to accessing health care services in Pinal County. These issues were also identified as barriers in the 2012 community health needs assessment. A high percentage of respondents also identified cultural and language differences and lack of specialists as other barriers to accessing health care services in Pinal County.

<b>Identified Barriers</b>	<b>%</b>
Cost of Services	9.4%
Cultural and language barriers	12.5%
Lack of community resources/grant funding	6.3%
Lack of health insurance/cost of health insurance	3.12%
Lack of information	12.5%
Lack of specialists	9.4%
<b>Lack of transportation</b>	<b>34.38%</b>
No urgent care or extended service hours	6.2%
Travel distance to the nearest provider	6.2%

### **IDENTIFIED NEEDS FOR TARGET POPULATION**

#### **What do you consider as the greatest need (s) for the client/patient population you identified in the previous question?**

In answering this Question respondents provided their insights regarding the most prevalent need (s) of priority populations in the service area.

Respondents of the Agency Questionnaire identified affordable health care services, health education services, chronic disease management, dental care and preventive health services as the top five needs for priority populations in Pinal County. The table below shows a list of all needs identified by respondents.

Identified Needs	%
Access to primary care providers and specialists	5.0%
<b>Affordable healthcare/sliding fee services</b>	<b>16.0%</b>
<b>Chronic Disease Management Services</b>	<b>11.0%</b>
<b>Dental Care</b>	<b>11.0%</b>
Employment services	5.0%
Follow up care	5.0%
<b>Health Education</b>	<b>15.0%</b>
<b>Prevention services/health screenings</b>	<b>11.0%</b>
Residential behavioral health services	5.0%
Substance abuse prevention and treatment services	5.0%
Wellness Programs	5.0%
No Response	5.0%

### REMAINING GAPS IN SERVICES

**From your agency's perspective, what do you see as remaining gaps in services given the resources available through Sun Life and other community providers?**

According to survey respondents, remaining gaps in services include the following:

- ❖ Public health programs to address obesity and chronic diseases.
- ❖ Worksite wellness initiatives to promote healthy behaviors and prevent disease.
- ❖ Additional services in medically underserved communities.
- ❖ Homeless healthcare services.
- ❖ Dental Care.
- ❖ Forums and community meetings to discuss services provided by various agencies.
- ❖ Affordable housing for low income families
- ❖ Mental health and substance abuse treatment services.

### RESPONDENTS' SUGGESTIONS FOR SERVICES AND PROGRAMS TO ADDRESS THE NEEDS OF THE TARGET POPULATION

**In your opinion what would you like to see from Sun Life to improve their services so more residents can be reached (this includes the development of a wider range of prevention programs)?**

As one of the largest health care providers in Pinal County, Sun Life is a key resource and community asset in delivering services that are helping to improve the health status of residents and overall outcomes in the community.

This Question solicited feedback and input from the Agencies that often refer clients to Sun Life to ensure services provided continue to meet the growing and changing needs of the target population.

Respondents' suggestions ranged from ideas for expansion of services to new areas in the County to providing additional preventive health service offerings and transportation services for patients.

Below are responses as they were written grouped under the following headings,

**Prevention/Wellness, Expansion of Services and Transportation:****Prevention/Wellness Programs:**

- ✚ *“More focus on obesity and chronic disease prevention, starting with worksite wellness”.*
- ✚ *“Promotoras in the neighborhoods, neighborhood block meetings, SL is already at fairs but maybe prevention fairs at school events, high schools for students and elementary schools for parents and children.”*
- ✚ *“More collaboration with community health education agencies. More health education and prevention programs”.*
- ✚ *“Increased prevention, community outreach that is culturally specific, educational materials dispersed”.*
- ✚ *“Continue to strengthen partnerships with other outreach groups for referrals to prevention programs not available at Sun Life”.*
- ✚ *“Free vaccinations for the community”.*
- ✚ *“Provide a wider range of prevention/behavioral health, detox and substance abuse services”.*

**Expansion of Services:**

- ✚ *“We would love to see a Sun Life Health Clinic in the San Tan Valley where primary care and OB/GYN services will be provided.”*
- ✚ *“Sun Life development of a healthcare clinic in the San Tan Valley. Any additional prevention programs would be a benefit to this community”.*
- ✚ *“More providers and specialists available once per week or month in satellite or mobile offices”.*
- ✚ *“Sure, would like to continue to see expanded service area”.*
- ✚ *“Expansion of dental and vision services”.*

**Transportation Services:**

- ✚ *“Transportation services or a mobile unit (similar to the dental van)”.*
- ✚ *“Transportations services are needed in the community”.*

**SUMMARY**

- The Agency Questionnaire provided staff from health and social services agencies in the County the opportunity to offer their viewpoints on the most pertinent needs in the County and among the clientele they serve.
- A majority of respondents identified transportation issues as one of the main barriers for residents to receive health care services in Pinal County. However, transportation was not identified as one of the top five needs for priority populations by respondents of the Agency Questionnaire.
- Respondents identified the top five needs of priority populations in Pinal County as “Affordable healthcare and sliding fee services” (16%), “Health Education Services” (15%), “Chronic Disease Management Services” (11%), “Dental Care” (11%) and “Prevention/health screenings” (11%).
- Prevention services, mental/health services and substance abuse treatment services were common themes included in respondents’ answers regarding remaining gaps in services and programs needed by priority populations in the service area.
- Responses also demonstrate a strong emphasis on delivery and expansion of primary care and specialty services to additional communities in the County.
- These findings also support the urgency for addressing service gaps related to health and wellness, prevention and education services as well as mental health and substance abuse programs to meet the growing and changing needs of residents in Pinal County.

## FOCUS GROUPS

### METHODS

Sun Life conducted a series of eight focus group meetings to garner information regarding residents' perception of their health status, unique community health needs and the barriers that exist in accessing and utilizing health care services in Pinal County. Sun Life held focus group meetings in Apache Junction, Casa Grande, Coolidge, Eloy, Florence, Maricopa, Oracle/San Manuel and San Tan Valley. These locations are Primary Care Areas (PCAs) and/or communities where Sun Life operates a community health center.

Focus group sizes ranged from three to eleven participants per group. The focus group meetings were conducted in English and each group lasted 1.5 hours.

Project Assistants were available at each focus group meeting to take notes and record the sessions. All focus group participants were proficient in English and did not require an interpreter.

The questionnaire used by facilitators during all of the focus group meetings included 20 questions related to health status, health care utilization and barriers to health care access.

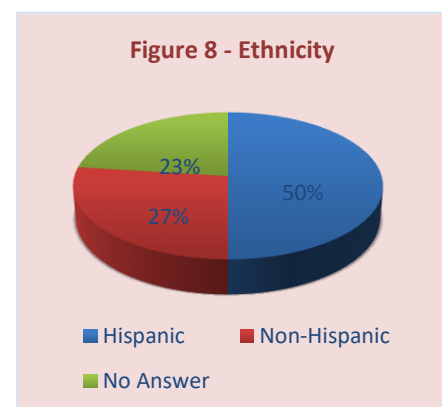
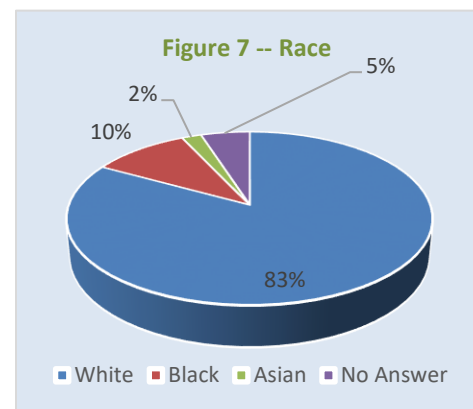
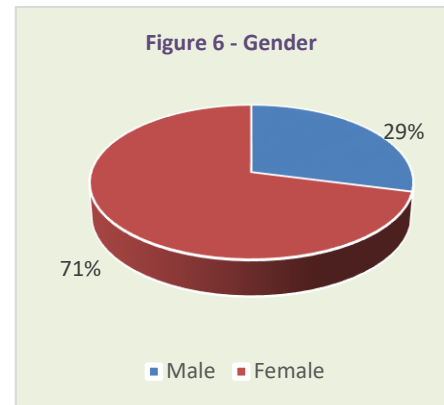
Additionally, note takers used a standard template for documenting participants' responses during the meetings. This ensured consistency of the information collected during each session. The Questionnaire is included in **Appendix C** of this Report.

Participants gave verbal consent to have the focus group meeting sessions recorded and provided their name and demographic information (age, gender, race and ethnicity) on a sign-in sheet.

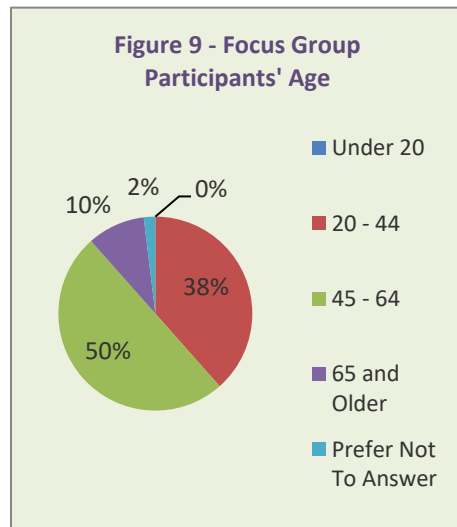
Focus group meetings in Casa Grande, Coolidge, Eloy, Florence, Maricopa and Oracle/San Manuel were held on-site at Sun Life health centers located in those communities.

Sun Life worked with community partners and local agencies to organize focus group meetings in Apache Junction and San Tan Valley. Greater Valley Area Health Education Center at Empowerment Systems, Inc., hosted the focus group meeting in Apache Junction. Compassion Queen Creek, a faith based social services agency, hosted the San Tan Valley focus group meeting.

Focus group participants each received a \$10 gift card from Walmart as well as light refreshments as compensation for their participation.







A total of 60 people participated in the focus groups conducted throughout the County.

The Charts in **Figures 6 – 9** present demographic information for focus group participants.

Half of the participants were between the ages of 45 through 64 and a majority were female (71%).

Racial make-up of the focus groups include White (83%), Black (10%) and Asian (2%).

Individuals of Hispanic descent accounted for 50% of those participating in the focus groups. Individuals age 20 and younger are underrepresented in the Sample of focus group

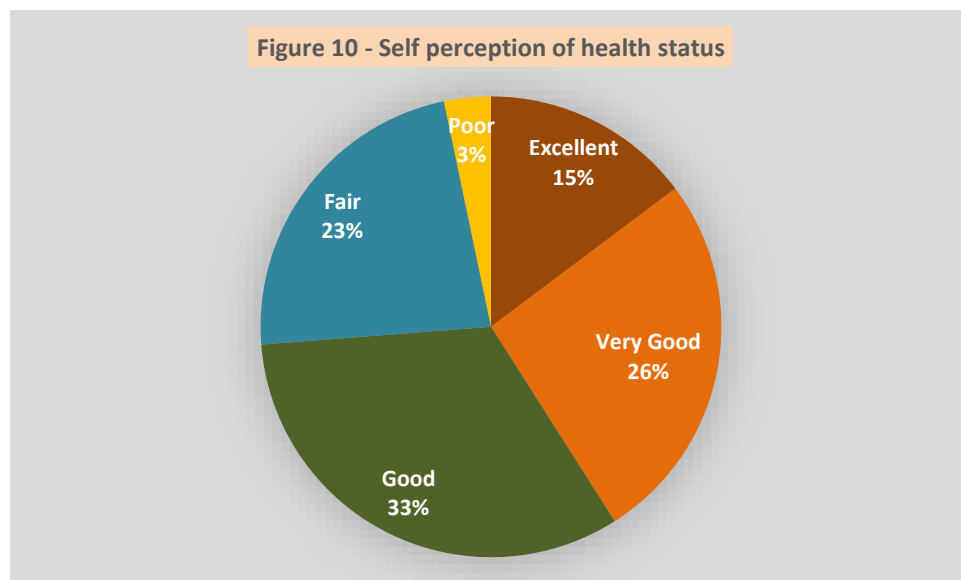
participants.

Analysis of the focus group meeting notes/recordings included classifying information collected during the sessions into quantitative and qualitative data components. This entailed a review of focus group meeting notes to capture key words and themes for qualitative evaluation of participants' responses. The format of some questions on the Focus Group Tool enabled tabulation of participants' responses for quantitative analysis.

## KEY FINDINGS

### ❖ Participants' Perception of Health Status:

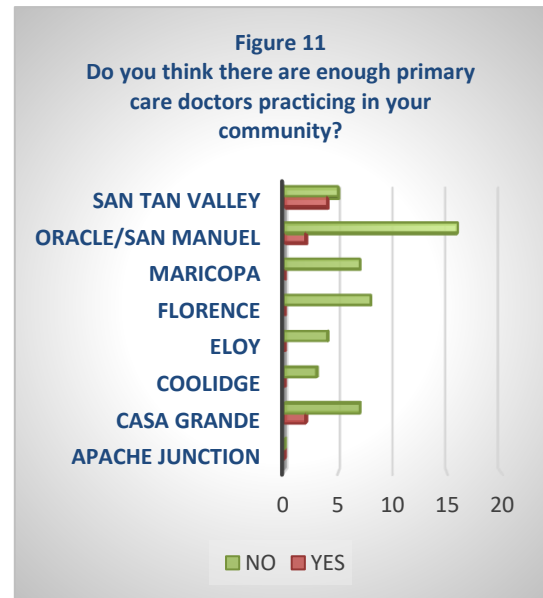
As noted in Figure 10, when asked to self-rate their health using a rating of "Excellent", "Very Good", "Good", "Fair" or "Poor", a majority of focus group participants self-rated their health as "Good" (33%) "Very Good" (26%) or "Fair" (23%). Only 15% of participants described their health status as "Excellent".



### ❖ Access to Health Care Services:

While over 90% of focus group participants responded “Yes” to the question “*Do you have one place where you receive all or most of your medical care?*” nearly one quarter of participants in San Tan Valley responded “No” to this question. Some studies show a strong correlation between positive perception of health status and having access to primary care and other health care services.

Focus group participants’ responses to the question, “*Do you think there are enough primary care doctors practicing in your community?*”, also highlight the need for improving access to health care services for residents in Pinal County. Nearly 90% of participants responded “No” to this question.



As shown in Figure 11, a higher percentage of San Tan Valley residents indicated they have enough primary care providers practicing in their area compared to residents of other communities in Pinal County.

The majority (28%) of participants in the Oracle /San Manuel focus group meeting responded “No” to this question.

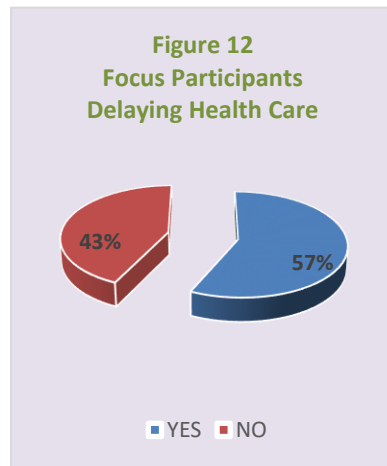
### ❖ Barriers to Receiving Health Care Services:

Focus group participants identified the issues below as major barriers to receiving health care services in Pinal County:

#### Focus groups participants' responses regarding barriers to accessing health care services in Pinal County

Participants' Responses	Response Percent	Response Count
TRANSPORTATION	35.7%	20
TRAVEL TIME TO NEAREST PROVIDER	7.1%	4
INSURANCE COVERAGE (High Premiums/Deductibles)	5.4%	3
INSURANCE COVERAGE (Not Accepted by Providers in Pinal County)	8.9%	5
LACK OF SPECIALISTS/CHOICE OF PROVIDERS	19.6%	11
NO RESPONSE	23.2%	13
<b>answered question</b>		<b>56</b>

Some of these issues were also identified as barriers by respondents to the Agency Questionnaire. In nearly every focus group meeting, participants discussed transportation as one of the major barriers to receiving health care services in Pinal County. More than 30% of focus group participants identified transportation as a barrier. Additionally, over 20 percent of focus group participants indicated they have to travel outside of their community, often to another County (Maricopa or Pima) to access the health care services they need.



When asked “*Why do you or someone in your household use a medical provider for health care needs outside of Pinal County?*”, 30% of focus group participants cited access to better quality of providers as the primary reason for traveling to another county for their health care needs.

While 93% of participants indicated they have health insurance, as shown in Figure 12 nearly 60% reported that they or someone in their household have delayed health care services due to lack of finances or health insurance coverage.

Figure 13 below shows the percentage of focus group participants in each community that delayed receiving medical services due to barriers related to cost of services and lack of health insurance coverage.

All participants of Casa Grande and San Tan Valley focus groups responded “**Yes**” to the Question, “*Have you or someone in your household delayed health care due to lack of money and/or insurance?*”

Focus group meetings in Apache Junction, Coolidge and Eloy did not include any participants that delayed health care due to lack of money and/or insurance.

#### ❖ Other Health Care Needs:

Figures 14 and 15 below depict focus group participants’ responses to the question “*How long has it been since you last visited a dentist or dental clinic for any reason?*”.

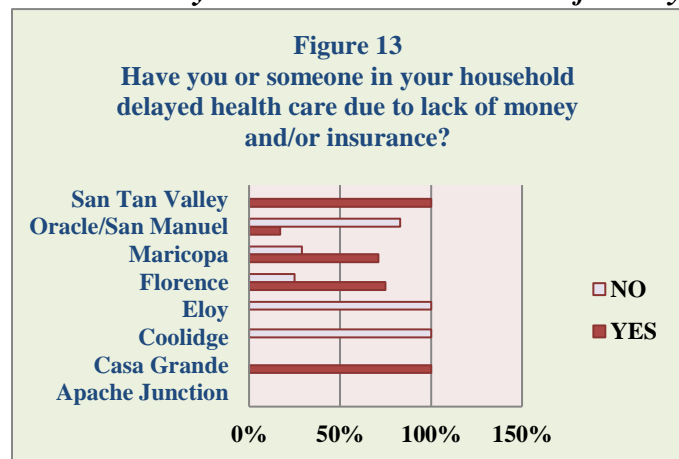
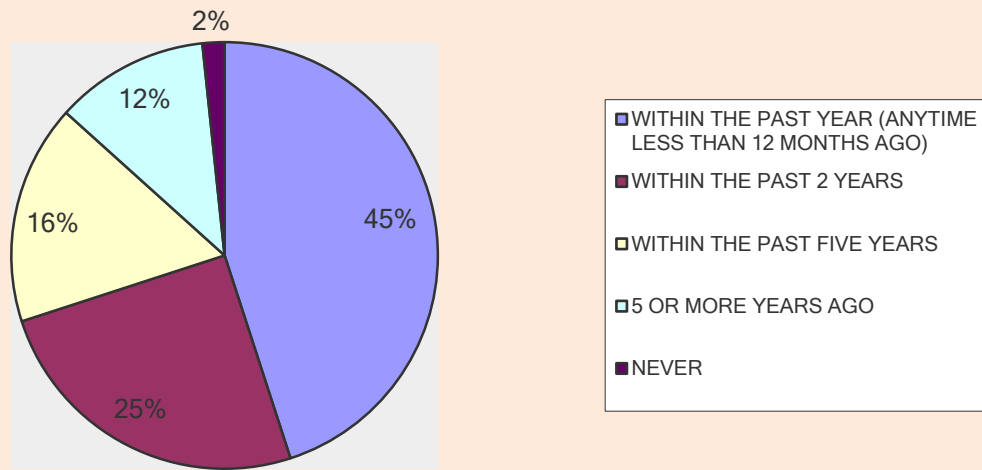


Figure 15 shows a breakdown of responses by community for the percentage of participants who have never visited a dentist or with no dental visit in five years or in more than five years.

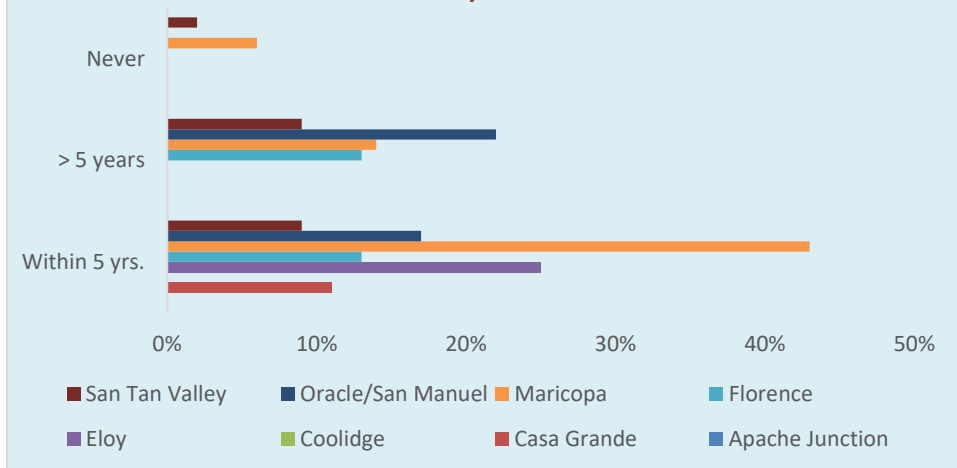
A high percentage (30%) of focus group participants indicated they have either never visited a dental clinic or have not visited a dental clinic within the past five years or in more than five years.

The focus group meetings in Eloy, Maricopa and San Manuel had a higher percentage of participants indicating they are not receiving dental care on a routine basis. Over 40% of focus group participants in Maricopa have not visited a dental clinic within five years. Eloy had 25% of focus group participants with no dental visit within five years. More than one quarter of San Manuel participants have not had a dental visit in more than five years.

**Figure 14**  
How long has it been since you last visited a dentist or dental clinic for any reason?



**Figure 15**  
How long has it been since you last visited a dentist or dental clinic for any reason?



## SUMMARY

Many of the concerns expressed and issues identified by participants of the focus group meetings were similar to the answers given by health and social services providers on the Agency Questionnaire and community health survey respondents.

The data gathered through the focus group meeting process underscore the barriers that exist for residents to access health services in the County. Further, the information garnered through interactions with focus group participants provide insight to unique challenges that exist for residents in some of the medically underserved areas of the County related to transportation, travel distances required to access health care services, lack of health insurance coverage, cost of services as well as limited availability of health care providers in the communities where they live. These challenges were also highlighted in the 2012 community health needs assessment.

## COMMUNITY HEALTH SURVEY

### METHODS

Sun Life also administered a countywide community health survey as part of the needs assessment process to obtain input from a wide range of residents in the County. The community health survey and the questionnaire used for the focus group meetings include similar questions related to health status and health care access. The Survey Tool (included in **Appendix D**), was available in both English and Spanish.

The Community Health Survey was administered by Sun Life during a one month period in October 2016.

Sun Life administered the 2016 community health survey in both paper and electronic formats. Sun Life used the SurveyMonkey web-based system for the electronic version of the tool. Links to the English and Spanish versions of the survey were posted on Sun Life's website and social media (Facebook and Twitter).

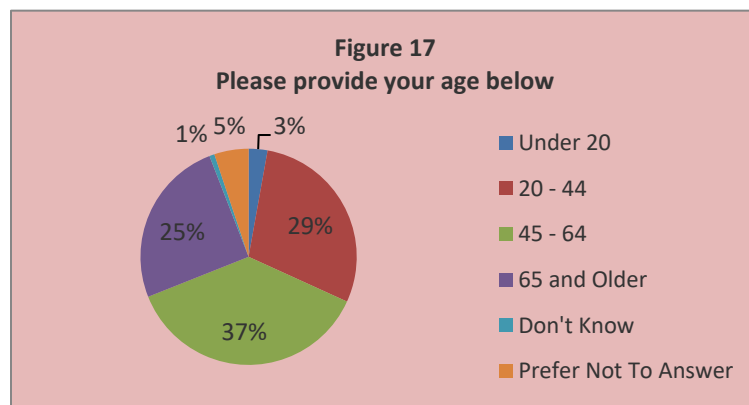
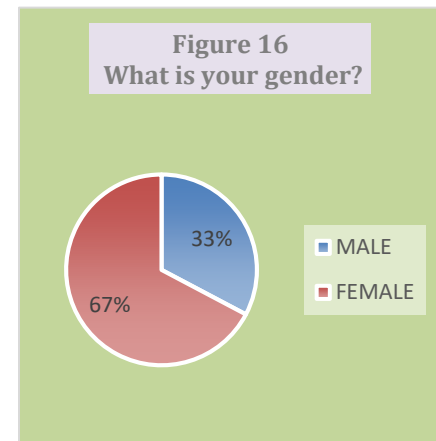
Additionally, the paper surveys were available at all eight Sun Life family practice offices located in Apache Junction, Casa Grande, Coolidge Eloy, Florence, Maricopa, Oracle and San Manuel.

Sun Life also forwarded the survey via e-mail to 35 community partner agencies in Pinal County. The e-mail included links to the electronic surveys as well as attachments of the English and Spanish versions of the survey for printing and distributing to clients and staff who lived in Pinal County.

One community partner, Pinal County Public Health Services District, posted information about and links to the surveys on their website and social media.

Community partner agencies that assisted Sun Life with distribution of the 2016 community health survey included the following types of agencies: Social services, domestic violence shelter, public health, faith based, Legal Aid, educational institutions, as well as medical and behavioral health providers.

Sun Life informed patients and residents about the survey through published articles in local newspapers and postings about the survey on the Organization's webpage and social media (Facebook and Twitter).



Sun Life received 391 surveys (186 electronic and 205 paper surveys).

Figures 16 – 18 show demographic information for survey respondents. A higher percentage of females (67%) than males (33%) completed the community health survey.

Racial makeup of survey respondents is somewhat diverse and includes White (80.2%), Black (5.5%) Asian (.8%) American Indian or Alaska Native (3.9%), Other Pacific Islander (.3%) and Native Hawaiian (.3%).

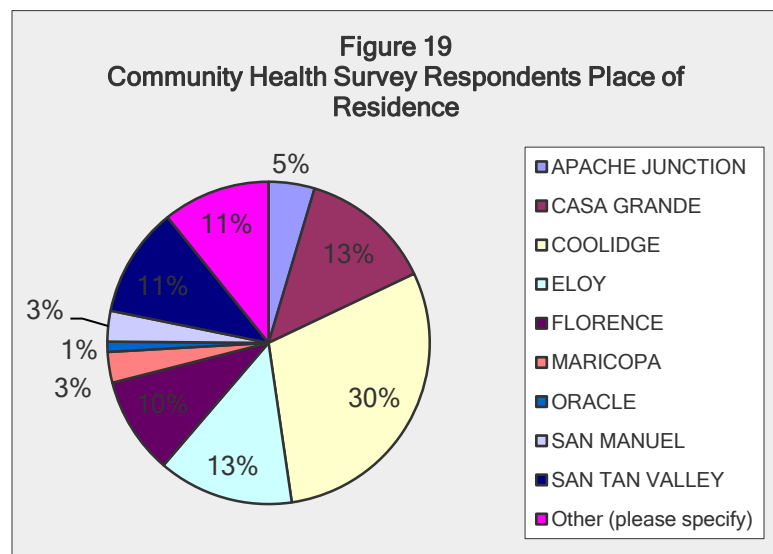
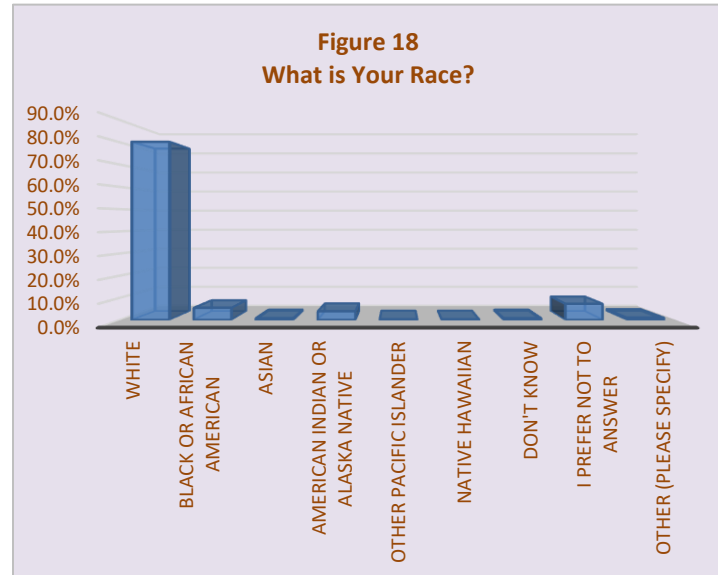
Hispanic individuals account for 34% of residents completing the survey.

Respondents over the age of 45 represent 62% of individuals that completed the 2016 community health survey. Adults age 65 and older constitute 25% of survey respondents.

The sample size includes only 2.82% of respondents that are under the age of 20. It is unclear why so few individuals in this age group responded to the survey.

Figure 19 at right depicts place of residence of survey respondents. A majority (29.7%) of survey respondents identified Coolidge as their place of residence.

Survey respondents also wrote in the following locations as “Other” for place of residence: (Arizona City, Dudleyville, Globe, Gold Canyon, Mammoth, North Marana, Quartzite, Red Rock, Saddlebrooke, Stanfield, Superior and Twilight Trails).



## KEY FINDINGS

Results of the community health survey highlight priority health care issues for Pinal County residents that fall into three categories: 1) Factors related to health status, 2) Factors related to health care access/utilization and 3) Factors related to the Built Environment. The following sections include a discussion of the findings from the community health survey that relate to each of these three factors.

HEALTH STATUS	CHRONIC HEALTH CONDITIONS
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Chronic health conditions continue to be a priority issue for a high percentage of Pinal County residents. A high percentage of respondents of both the 2012 and 2016 community health surveys reported a physician informed them that they have a chronic health condition such as hypertension, diabetes or obesity.

The table below shows a comparison of chronic conditions that affect the population in Pinal County based on 2012 and 2016 health survey results. The percentage of respondents indicating they have hypertension increased from 44% to 53% since the last survey. Over 50% of those responding to the 2016 community health survey are overweight compared to 48% of 2012 survey respondents.

As the Table below illustrates, a higher percentage of Pinal County adults responding to the community health survey report having chronic health conditions compared to the percentage of U.S. Adults responding to the National Health Interview Survey conducted by the Centers for Disease Control and Prevention.

These findings demonstrate the urgent need for comprehensive preventive and treatment services to address chronic health conditions among the population in the service area.

Chronic Health Conditions Affecting Community Health Survey Respondents			
	2012 Survey Results	2016 Survey Results	% of U.S. Adults with Chronic Health Conditions <sup>15</sup>
<b>Obese/overweight</b>	<b>48%</b>	<b>54%</b>	<b>9%</b>
<b>Hypertension</b>	<b>44%</b>	<b>53%</b>	<b>25%</b>
<b>Diabetes</b>	<b>28%</b>	<b>28%</b>	<b>24%</b>

Results of the 2016 community health survey also suggest a correlation between being overweight or obese and having a chronic health condition.

As shown in the chart below, over 40% of respondents that answered “Yes” to the Question, ***“Has a doctor ever told you that you are overweight?”*** also reported having hypertension.

Further, nearly a quarter of survey respondents that indicated they were overweight have diabetes and 30% of overweight respondents have both hypertension and diabetes.

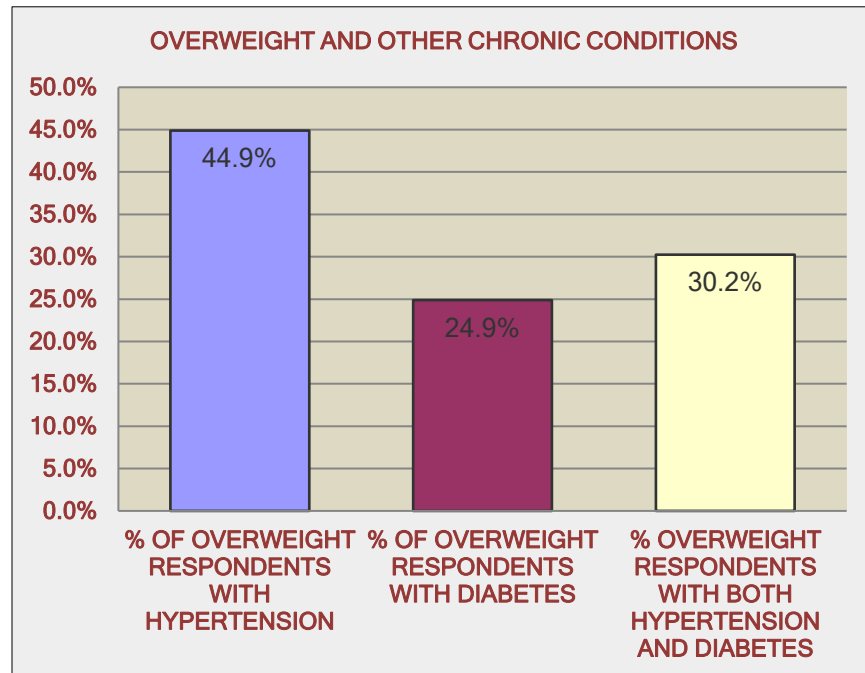
CDC estimates that one in four Americans has multiple chronic conditions.<sup>16</sup> Having multiple chronic conditions is also associated with substantial health care costs. Approximately 71% of

<sup>15</sup> Centers for Disease Control and Prevention Data (National Health Interview Survey 2014, 2015)

<sup>16</sup> [\*Multiple Chronic Conditions—A Strategic Framework: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions\*](#) Washington, DC: US Dept. of Health and Human Services; 2010. Accessed November 18, 2014.



the total health care spending in the United States is associated with care for the Americans with more than one chronic condition.<sup>17</sup> Further, people with multiple chronic conditions face substantial out-of-pocket costs of their care, including higher costs for prescription drugs.



#### HEALTH CARE ACCESS AND UTILIZATION

#### ORAL HEALTH CARE

A high percentage of adults and children in Pinal County, Arizona have dental problems (i.e., tooth decay, tooth loss and dental abscess). Tooth decay affects 61% of children age eight and younger in Pinal County. Further, 36% of third graders in the County have untreated tooth decay.<sup>18</sup>

More than 20% of Pinal County adults over the age of 65 experience total tooth loss.<sup>19</sup> Additionally, individuals with tooth extractions account for 43.8% of adults in Pinal County.

Results of the community health survey highlight other factors that contribute to poor oral health status among Pinal County residents. A high percentage of respondents are not receiving routine and preventive oral health care services.

More than a quarter (27%) of survey respondents indicated the last time they visited a dentist or dental clinic was five or more years ago. These results are consistent with the findings from the focus group meetings showing over 30% of participants with no dental visit within five years or in more than five years. Only 12% of U.S. adults reported not having a dental visit in five years or more according to results of the CDC National Health Interview Survey (NHIS).

The community health survey did not include follow up questions to determine the reasons respondents are not receiving routine dental care. However, focus group discussions indicate cost

<sup>17</sup> Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. [Multiple Chronic Conditions Chartbook](#). AHRQ Publications No. Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

<sup>18</sup> Arizona Healthy Smiles Healthy Bodies Survey 2015

<sup>19</sup> 2010 Arizona Health Matters



and lack of dental insurance as factors that affect residents' ability to access and receive needed dentals services. The County also has a shortage of dental health professionals to cater to the needs of low-income and uninsured populations, which contributes to these oral health disparities among vulnerable populations.

HEALTH CARE ACCESS AND UTILIZATION	COST OF SERVICES
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The 2016 community health survey included several questions to determine issues that affect residents' ability to access and utilize health care services in Pinal County.

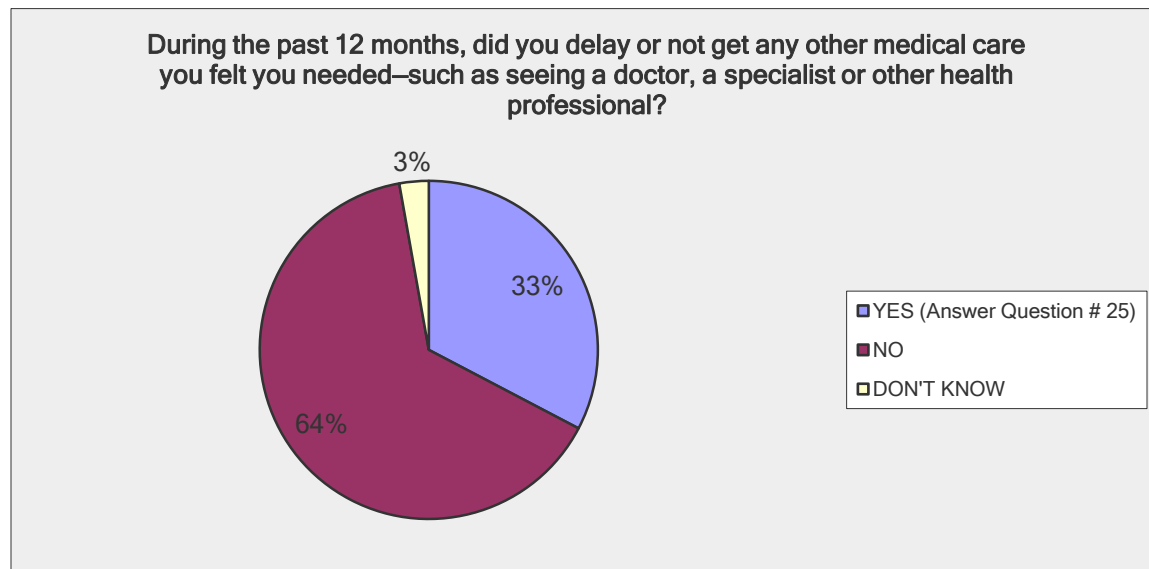
Results of the community health survey illustrate the need for affordable health care services as well as lower cost health insurance premiums and co-payments. Similar findings are noted in responses to questions in the Agency Questionnaire and discussions during focus group meetings.

As shown in the Chart below, 33% of community health survey respondents reported to delaying receiving needed medical services during the past 12 months.

Respondents residing in Maricopa, San Tan Valley, Eloy and Coolidge were more likely to delay receiving medical services than residents of other communities in Pinal County.

More than 60% of respondents from San Tan Valley and 30% of respondents residing in Eloy indicated they had delayed receiving needed medical services in the past year. A majority of the respondents (56.7%) that delayed receiving medical care cited the primary reason as the cost of service or visit.

Only 6.3% of U.S. Adults responding to the 2015 CDC NHIS survey reported to delaying medical care due to cost.



HEALTH CARE ACCESS AND UTILIZATION	HEALTH INSURANCE COVERAGE
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Most survey respondents are insured either through an employer, private insurance or public insurance. Only 11% of the community health survey respondents indicated they did not have health insurance coverage during the past 12 months and more than 30% of respondents are Medicaid beneficiaries. However, over 40% of the respondents who indicated they had experienced a period without health insurance during the past 12 months cited cost as the primary reason for not having coverage.

Less than 5% of survey respondents indicated they purchased insurance through the health insurance marketplace. It is unclear whether the wording of the question “***Have you purchased insurance through the health insurance marketplace?***” was confusing to respondents who may be more familiar with the terms Obamacare or Affordable Care Act (ACA) health plans. Respondents who answered "YES" to this question were instructed to answer and provide more details in questions 13b - e.

For low-income, uninsured, underinsured individuals paying for medical bills can result in undue financial hardships. Nearly one quarter of survey respondents answered “**Yes**” to the question, “**During the past 12 months, were you unable to pay or did you have problems paying for medical bills, for either yourself or any family member in your household?**”

More than 60% of respondents who were unable to pay for medical bills also indicated that they were unable to pay for food, utilities or rent because of these medical bills.

BUILT ENVIRONMENT	ACCESS TO AFFORDABLE FRESH FRUITS AND VEGETABLES
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The Robert Wood Johnson Foundation County Health Rankings Report examines the food environment index as one of the factors that affect health outcomes among county residents.

In the 2017 County Health Rankings Report, Pinal County’s food environment index measure is 7.3 which is lower than the national average of 8.4. The food environment measure determines whether county residents have access to healthy foods by considering the distance an individual lives from a grocery store or supermarket. The index also considers the barrier of cost in evaluating food insecurity issues among the low income.<sup>20</sup>

The 2016 community health survey asked the three part question below to evaluate Pinal County residents’ access to affordable fresh fruits and vegetables in the communities where they live.

Based on responses to the questions related to availability and affordability of fresh fruits and vegetables, Pinal County residents have access to fresh fruits and vegetables in their communities with nearly 50% of survey respondents indicating they can "Always" find fresh fruits and vegetables in their community.

While 37.7% of respondents indicated they "Sometimes" had access to affordable fresh fruits and vegetables in their community, a lower percentage of respondents (21.9%) indicated they were "Always" able to find these items at an affordable price in their neighborhood.

As shown in the responses below, 48% of respondents indicated in Question 11a, that they were “Always” able to find fresh fruits and vegetables in their neighborhood.

<sup>20</sup> 2017 Pinal County Health Rankings Report, Food Environment Index Description

The follow up question (11 b) asked respondents how often were they able to find “affordable” fresh fruits and vegetables in their neighborhood. Only 21.9% indicated they “Always” found affordable fresh fruits and vegetables in their neighborhood.

Access to healthy foods is an important factor in Pinal County where chronic health conditions such as hypertension, diabetes and obesity affects a high percentage of residents.

According to sources referenced in the 2017 Pinal County Health Rankings Report, not having access to healthy food options is related to negative health outcomes such as weight-gain and premature mortality.<sup>21</sup>

<b>11a. How often can you find fresh fruits and vegetables in your neighborhood?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
NEVER (Answer Part C)	8.9%	34
SOMETIMES (Answer Part B)	21.1%	81
USUALLY (Answer Part B)	21.9%	84
<b>ALWAYS (Answer Part B)</b>	<b>48.0%</b>	<b>184</b>
<i>answered question</i>		<b>383</b>
<b>11b. How often are they affordable?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
NEVER	4.4%	15
SOMETIMES	37.7%	129
USUALLY	36.0%	123
<b>ALWAYS</b>	<b>21.9%</b>	<b>75</b>
<i>answered question</i>		<b>342</b>
<b>11c. If you answered “Never” to Part A, please provide the reason below.</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
I DO NOT EAT FRUITS AND VEGETABLES	3.2%	1
I DO NOT SHOP FOR FRUITS AND VEGETABLES	3.2%	1
I DO NOT SHOP FOR FRUITS AND VEGETABLES IN MY NEIGHBORHOOD	38.7%	12
<b>Other (please specify)</b>	<b>54.8%</b>	<b>17</b>
<i>answered question</i>		<b>31</b>

<sup>21</sup> Brownson RC, Haire-Joshu D, Luke DA. Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. Annu Rev Public Health 2006;27:341-70.

Adams EJ, Grummer-Strawn L, Chavez G. Food insecurity is associated with increased risk of obesity in California women. The Journal of Nutrition 133(4). 2003:1070-1074.

Respondents of question 11c include 31 individuals who selected “Never” as their answer to question 11a, ***“How often can you find fresh fruits and vegetables in your neighborhood?”***.

Of the 31 individuals responding to Question 11c, 17 or 54.8% provided specific "Other" reasons explaining why they could not find fresh fruits or vegetables in their neighborhood. Respondents' "Other" written responses include the following:

<b>Response</b>	<b>Number</b>	<b>Percent</b>
<i>No grocery store available in or near my neighborhood</i>	<b>9</b>	<b>53%</b>
<i>I have to go outside of my neighborhood to San Tan Valley, Queen Creek or other major city to purchase fresh fruits and vegetables</i>	<b>3</b>	<b>18%</b>
<i>I have one grocery store in my neighborhood and it does not carry fresh fruits and vegetables</i>	<b>2</b>	<b>12%</b>
<i>No farmer's market available in the community</i>	<b>1</b>	<b>6%</b>
<i>Fresh fruits and vegetables are too expensive to buy in my community/No money to buy fresh fruits and vegetables</i>	<b>1</b>	<b>6%</b>
<i>We have a grocery store in my community but no community garden</i>	<b>1</b>	<b>6%</b>
<b>TOTAL</b>	<b>17</b>	<b>100%</b>

**SUMMARY:**

The priority issues highlighted in the community health survey findings include health status issues such as chronic health conditions that affect many residents in the Pinal County service area. Additionally, cost of services and health insurance premiums as well as lack of health insurance coverage were identified as barriers that impact residents' ability to access and utilize health care services in the County.

Cost and lack of dental insurance may contribute to the high percentage of survey respondents indicating they are not receiving preventive and routine oral health care.

Further, in examining respondents' answers to questions related to access to affordable healthy food options, we find that the physical environment can also impact health behaviors and outcomes among residents in the County. Lack of a grocery store within or near the community is one of the primary reasons cited by respondents who indicated they never have access to fresh fruits and vegetables in their neighborhood.

Many of the findings from the community health survey are consistent with results of other evaluation efforts conducted as a part of the 2016 needs assessment. These results provide a glimpse at the myriad of issues that impact health status and access in communities and for individuals in Pinal County.

## JOINT PRIORITY SETTING MEETING

As part of the 2016 community health needs assessment, Sun Life collaborated with community partners Pinal County Public Health Services District and Banner Casa Grande Medical Center to organize and host a joint priority-setting meeting and present preliminary findings and information related to the community health needs assessment process.

A total of 158 key stakeholders from all communities included in Pinal County were invited to participate in the joint-priority setting meeting. Key stakeholders invited to participate in the joint priority setting session represented 60 organizational entities from both the public and private sector.

The Meeting took place on March 17, 2017 in Casa Grande with participation from 35 key stakeholders representing the following types of agencies:

<b>Organizations</b>	<b>%</b>
<b>Local Hospitals</b> <ul style="list-style-type: none"> <li>Banner Casa Grande Medical Center</li> <li>Banner Ironwood/Goldfield Medical Center</li> </ul>	<b>11%</b>
<b>Business Community</b> <ul style="list-style-type: none"> <li>Casa Grande Chamber of Commerce</li> </ul>	<b>9%</b>
<b>Educational Institutions</b> <ul style="list-style-type: none"> <li>University of Arizona – Pinal County Cooperative Extension</li> <li>Central AZ College</li> <li>Stanfield Elementary School</li> <li>Eloy Elementary School District</li> <li>Casa Grande Elementary School District</li> </ul>	<b>20%</b>
<b>Community Health</b> <ul style="list-style-type: none"> <li>Sun Life Family Health Center</li> </ul>	<b>23%</b>
<b>Public Health</b> <ul style="list-style-type: none"> <li>Pinal County Public Health Services District</li> </ul>	<b>20%</b>
<b>Private Health Care Foundation</b> <ul style="list-style-type: none"> <li>Vitalyst Health Foundation</li> </ul>	<b>2%</b>
<b>Government Officials</b> <ul style="list-style-type: none"> <li>Pinal County Board of Supervisors</li> <li>City of Casa Grande Mayor</li> <li>City Council, Casa Grande</li> </ul>	<b>6%</b>
<b>Social Services</b> <ul style="list-style-type: none"> <li>United Way</li> <li>GVAHEC at Empowerment Systems</li> <li>Against Abuse, Inc.</li> <li>Pinal Gila Community Child Services</li> </ul>	<b>6%</b>
<b>Mental Health Substance Abuse (substance abuse coalitions)</b> <ul style="list-style-type: none"> <li>Coolidge Youth Coalition</li> <li>Casa Grande Alliance</li> </ul>	<b>3%</b>

The primary goal of the meeting was to generate input from Community leaders in the County for prioritization of issues related to health status, health care access and built environment identified through the community health needs assessments conducted by health care organizations in the Pinal County Service Area. The meeting also served as a forum to initiate an ongoing community process for addressing the needs identified through health assessments.

The two hour meeting consisted of the following activities with the goal of selecting the top three priority issues for Pinal County as a group:

### **Summary Key Findings and Overview of Current Public Health Issues in Pinal County**

- ❑ Sun Life and Pinal County Public Health Services District presented data, evaluation methodologies and key findings from community health needs assessments.

### **Identification of the Community's Priority Needs**

- ❑ This included presentation of a list of ten priority issues for key stakeholders' input as well as a voting process using electronic responder system for selecting the top three priorities based using a specific criteria.

### **Input from Meeting Participants**

- ❑ Participants had the opportunity to propose additional priority issues not identified through the community health needs assessment process. Additionally, stakeholders engaged in a group discussion about the top three priorities at poster stations and provided feedback on post-it notes about available resources to address the top three priority issues selected.

### **Wrap Up and Next Steps**

- ❑ Representatives from Sun Life, Banner Casa Grande and Pinal County Public Health Services District offered closing remarks and outlined plans for possible action steps based on feedback from the joint priority session.

During the joint priority-setting meeting, each participant voted to select three top issues from the list of community health needs presented in the chart below using the following criteria:

- This issue directly impacts a large number of individuals and families.
- We have (or can acquire) the necessary resources and skills to make a difference.

**Table 8** below shows the initial priority issues presented to stakeholders for the voting process. The issues listed in Table 8 combine findings from community health needs assessments conducted by all three lead health agencies in Pinal County (Sun Life, Banner Casa Grande Medical Center and Pinal County Public Health Services District).

During the joint priority meeting prior to voting on the list of issues in Table 8, key stakeholders had the opportunity to recommend additional priority issues. **Table 9** illustrates the updated list of priority issues with key stakeholders' recommendations. **Table 10** includes the top three priorities selected by the joint priority meeting participants.

**Table 8 – List of Priority Issues Presented to Key Stakeholders for the Voting Process**

<b>Health Status</b>	<b>Health Care Access and Utilization</b>	<b>Built Environment and Community Design</b>
<b>1. Hypertension</b>  <b>2. Physical Activity &amp; Nutrition</b>  <b>3. Diabetes</b>  <b>4. Accident &amp; Injury Prevention</b>	<b>5. Oral Health</b>  <b>6. Lack of Primary Care Providers</b>  <b>7. Lack of Specialists</b>  <b>8. Access to Affordable Health Care Services</b>	<b>9. Transportation</b>  <b>10. Access to Affordable Fresh Fruits &amp; Vegetables</b>

**Table 9**  
**Updated List of Priority Issues for the Voting Process**

<b>1. Substance Abuse</b>  <b>2. Physical Activity &amp; Nutrition</b>  <b>3. Diabetes</b>  <b>4. Lack of Specialists</b>  <b>5. Lack of Primary Care Providers</b>  <b>6. Mental Health</b>  <b>7. Access to Affordable Health Care Services</b>  <b>8. Access to Affordable Fresh Fruits &amp; Vegetables</b>
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<b>Table 10</b> <b>TOP THREE PRIORITY ISSUES SELECTED</b> <b>BY JOINT PRIORITY MEETING PARTICIPANTS</b>	
<b>1. Physical Activity &amp; Nutrition (24%)</b>	
<b>2. Substance Abuse (18%)</b>	
<b>3. Mental Health (17%)</b>	

**Results**

Table 10 above presents the results of the voting process for selecting the top three priorities. Physical Activity and Nutrition received the highest percentage of votes (24%). The group voted to include mental health and substance abuse as two separate priority issues.

**Appendix F** includes a compilation of notes and other materials from the joint priority setting meeting and follow up activities.

## **LIMITATIONS OF THE RESULTS AND FINDINGS**

Some limitations of results and findings from the various studies conducted for the needs assessment process include:

- ❖ The use of convenience samples for focus groups and the community health survey. Participants of focus groups were recruited by posting flyers onsite at Sun Life Health Centers and at community partner agencies.
- ❖ For the 2012 community health needs assessment all focus group meetings conducted had the same facilitator using a standard template. For the 2016 needs assessment, focus group meetings were not facilitated by the same person. However, all facilitators used the same template. Different facilitation styles may have affected information disclosed by participants.
- ❖ A high percentage of Coolidge residents completed the community health survey. Coolidge residents were overrepresented in the community health survey sample.
- ❖ Very few young adults and teens participated in evaluation efforts conducted as part of the needs assessment process.
- ❖ The sizes of the samples for each of the studies conducted were small in relation to the population size of the County.