![Phoenix Children's logo]

Community Health Needs Assessment

2022-2025

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This Community Health Needs Assessment report is a customized version of the coordinated community health needs assessment that the Maricopa County Department of Public Health conducted in partnership with *Banner Health, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's Hospital, Valleywise Health* and *Vitalyst Health Foundation.*

Adopted October 27, 2022

Executive Summary

Community Health Needs Assessment (CHNA) Background
The Patient Protection and Affordable Care Act (ACA) added new requirements which nonprofit hospitals must satisfy to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by the ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the identified needs of the community at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals in the community, including public health experts, community residents, representatives or leaders of low-income, minority and medically underserved populations.

Synapse is a coalition of nonprofit and federally qualified healthcare providers in Maricopa County that collaborates to collect data that informs investment into the most pressing needs of our community. These healthcare partners include *Banner Health, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's, Valleywise Health, Vitalyst Health Foundation* and *Maricopa County Department of Public Health (MCDPH)*. Members of Synapse conduct a CHNA to identify needs for both individual hospitals and healthcare centers and Maricopa County overall. Beginning in early 2015, Phoenix Children's, in partnership with Synapse, worked collaboratively to assess the health needs of children in Maricopa County. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Purpose Statement
The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Phoenix Children's. Priorities identified in this report help guide the hospital's community health improvement programs and community benefit activities as well as collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and ACA Section 501(r).

Community Definition
The geographic area for this CHNA is Maricopa County, the common community for all Synapse partners. Although the population served by Phoenix Children's extends beyond county lines and state borders, most patients are located within Maricopa County, which is defined as the organization's Primary Service Area. The remaining percentage of Phoenix Children's patients are from other communities in Arizona, surrounding states in the Southwest, and a smaller yet significant number of international patients.

Maricopa County encompasses 9,224 square miles, including 27 cities and towns as well as the whole or part of five sovereign Native American reservations. Maricopa County is the fourth most populous county in the U.S. and home to well over half of Arizona's residents. With an estimated population of more than four million and growing, 23.8% (1,051,018) of residents are persons under 18 years of age.[i] Of those aged under 18 years, in 2020 18.3% were living below the federal poverty level, and 8.5% of individuals under 19 years of age were uninsured in Maricopa County.[ii,iii]

Maricopa County is ethnically and culturally diverse. **Table 1** displays the 2020 race/ethnicity breakdown for each age group under 19 years.

TABLE 1 - 2020 race/ethnicity breakdown for each age groups under 19 years.					
	Under 5	5-9 years	10-14 years	15-19 years	0-19 years
White, Non-Hispanic	33.1%	36.2%	36.4%	38.3%	36.1%
Black/African American	7.3%	6.7%	6.2%	6.0%	6.5%
Native American & Alaska Native	2.3%	2.2%	2.2%	2.2%	2.2%
Asian	3.7%	3.7%	3.7%	3.4%	3.6%
Hispanic	45.4%	43.3%	42.9%	40.9%	43.1%
Other	8.2%	8.0%	8.7%	9.2%	8.5%

Assessment, Process and Methods
The ACA requirements are mirrored in the Public Health Accreditation Board's (PHAB) standard mandating that health departments participate in or conduct a community health assessment every three to five years. Federally funded community health centers must also ensure their target communities are of high need. The similar requirements from IRS, PHAB and the federally funded health center requirements put forth by the U.S. Department of Health and Human Services (HHS) provide an opportunity to catalyze stronger collaboration and better shared measurement systems among hospitals, health systems and health departments. Limited resources for comprehensive health assessments and the move toward population health models have created the opportunity for increased efficiency through an organized, collaborative, public-private approach to conducting this assessment. Phoenix Children's, in partnership with Synapse, is pleased with the comprehensive package developed through this approach.

The process of conducting this assessment began with a review of approximately 30 indicators to measure health outcomes and associated health factors of Maricopa County residents. The indicators included demographic data, social and economic factors, health behaviors, physical environment, healthcare and health outcomes. Health needs were identified through the combined analysis of primary data, secondary data and community input. Additionally, meetings were held with stakeholders.

Summary of Prioritization Process
To be a considered a health need, a health outcome or factor must meet two criteria. First, the health outcome or factor had to be mentioned in a substantial way in primary data such as surveys, focus groups and key stakeholder meetings. Next, secondary data must indicate an apparent health disparity.

The health needs prioritization process began with an initial review and analysis of primary and secondary data sources. Primary sources included data that was derived from the 2019 and 2021 community surveys and focus group sessions. Secondary sources included data that was derived from Maricopa County inpatient hospitalization, emergency department and death rates to assemble 19 total health indicators. Additionally, external analytic platforms were utilized to assess and highlight other key social indicators. The Phoenix Children's Steering Committee selected final health and social indicators of interest that have known disparities when broken out by race/ethnicity, gender and age.

Workgroups, Committees, and Oversight

Phoenix Children's partnered with Synapse partners, the Health Improvement Partnership of Maricopa County (HIPMC) and MCDPH to assess the health needs of Maricopa County residents. Internal committees and workgroups of Phoenix Children's community stakeholders contributed to the prioritization process.

1. Community health needs identified through this process were filtered through Phoenix Children's CHNA Steering Committee
2. Community constituents (internal and external) confirmed the prioritized health needs and provided valuable feedback on how Phoenix Children's can address these health needs through implementation strategies.
3. Phoenix Children's CHNA Steering Committee reviewed and analyzed the implementation strategies identified in the community survey. This group finalized implementation strategies to address these health needs.
4. Phoenix Children's CHNA Steering Committee approved the health focus areas and implementation strategies, completed the draft CHNA report and submitted the report to the Phoenix Children's Board of Directors for approval.
5. Phoenix Children's Board of Directors approved the CHNA on October 27, 2022, for the 2023-2025 cycle.

Summary of Prioritized Needs

Similar to the 2019 CHNA, Access to Care, Behavioral Health and Injury Prevention remained priority areas for Phoenix Children's. The following statements summarize each of the prioritized needs.

Access to Care

- Access to care significantly impacts children's overall physical and mental health, growth and their capacity to reach their full potential. Of those under the age of 19, 34.5% utilized Medicaid in 2020.[iv] In Maricopa County, 9% of children under the age of 19 are uninsured.[iii] Children without access to care may suffer long-term harm, ending up in poorer health, with less educational attainment and financial security in adulthood.[v] In the 2021 COVID-19 focus groups, participants expressed that the largest health challenges they experienced were getting needed healthcare.[vi] In the 2021 COVID-19 Impact Survey, Maricopa County residents aged 12 to 17 years noted that since March of 2020, their top three barriers to seeking or accessing healthcare was fear of exposure to COVID-19 in a healthcare setting, difficulty finding the right provider for their care, and having not enough health insurance coverage.[vii]

Behavioral Health

- According to the Centers for Medicare and Medicaid Services, "behavioral health includes the emotions and behaviors that affect your overall well-being."[viii] Over the past few years, children and youth have been experiencing increased mental health crises – which have been exacerbated by the pandemic. Prior to COVID-19, the Centers for Disease Control and Prevention (CDC) found that 1 in 5 children had a mental disorder, but only 20% of those children received care from a mental health provider. From March to October 2020, mental health-related emergency department (ED) visits increased by 24% for children aged 5 to 11 years and 31% for those aged 12 to 17 years compared with 2019 ED visits.[ix] In the 2021 COVID-19 Impact Survey, participants aged 12 to 17 years identified mental health challenges as the number one issue impacting community overall health and wellness.[vii] This was echoed by the 2021 focus group participants who reported declines in mental health compared to 2019 (before COVID-19) due to isolation, depression and anxiety.[vi]

Injury Prevention (unintentional/intentional injuries)

- Preventable injuries are the number one leading cause of death among children in the U.S.[x] Many unintentional injuries are preventable and caused by motor vehicle crashes and falls. The leading causes of intentional injuries are gun violence and physical assault. Unintentional injuries are the leading cause of death and disability among adolescents. According to Healthy People 2020, "beyond their immediate health consequences, injuries and violence play a significant role on the health and well-being of individuals by contributing to premature death, years of potential life lost, disability, poor mental health, high medical costs and lost productivity." Developing initiatives to prevent injuries are important to keeping people safe in their schools, homes, workplaces and communities.[xi] In Maricopa County, unintentional injury was ranked third, homicide fourth and suicide fifth as leading causes of death among youth aged 18 years and younger.[xii]

Report Adoption, Availability, and Comments

This CHNA report was adopted by the Phoenix Children's Board of Directors on October 27, 2022.

This report is widely available to the public on Phoenix Children's website (phoenixchildrens.org/about-us/healthcare-outreach), and a paper copy is available for inspection upon request at the Phoenix Children's Center for Family Health and Safety.

Written questions or comments on this report can be submitted to mediarelations@phoenixchildrens.com.

Assessment Purpose and Organizational Commitment

Community Health Needs Assessment (CHNA) Background

Phoenix Children's is dedicated to enhancing the health of the communities it serves. The findings from this CHNA report will serve as a foundation for understanding the health needs of Maricopa County and will inform the implementation strategies selected. This report complies with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a CHNA. With regard to the CHNA, the ACA specifically requires nonprofit hospitals to: (1) collect and take into account input from public health experts as well as community leaders and representatives of high-need populations—this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions; (2) identify and prioritize community health needs; (3) document a separate CHNA for each individual hospital; and (4) make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an Implementation Strategy that describes how the hospital will address the identified significant community health needs.

Purpose Statement

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Phoenix Children's. The priorities identified in this report help to guide the organization's community health improvement programs and community benefit activities as well as its collaborative efforts with other organizations that share a mission to improve the health of children.

Organizational Commitment

The ACA requirements are mirrored in the PHAB standard mandating that health departments participate in or conduct a community health assessment every three to five years. Other PHAB standards require health departments to conduct a comprehensive planning process resulting in a community health improvement plan and implement strategies to improve access to healthcare. Federally funded community health centers must ensure their target communities are of high need and address the shortage of health services that are occurring within these communities. The similar requirements from IRS, PHAB and the federally funded health center requirements put forth by the HHS provide an opportunity to catalyze stronger collaboration and better shared measurement systems among hospitals, health centers and health departments. Additionally, limited resources for comprehensive health assessments and the move toward new population health models have created the need for an organized, collaborative public-private approach for conducting assessments.

Maricopa County hospitals, health centers and clinics play significant roles in the region's overall economy and health. In addition to providing safe and high-quality medical care, these institutions work to improve regional health through programs that promote health in response to identified community needs. Moreover, healthcare partners are often serving the same or portions of the same communities across Maricopa County. As a result, *Banner Health, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's, Valleywise Health and Vitalyst Health Foundation* have joined forces with MCDPH, Synapse Coalition and HIPMC to identify community strengths and greatest needs in a coordinated community health needs assessment.

About Phoenix Children's

Phoenix Children's, located in the heart of Maricopa County, Arizona, is the state's only freestanding children's hospital and is one of the nation's largest pediatric health systems. It comprises Phoenix Children's Hospital – Thomas Campus, Phoenix Children's Hospital – East Valley at Dignity Health Mercy Gilbert Medical Center, four pediatric specialty and urgent care centers, 11 community pediatric practices, 20 outpatient clinics, two ambulatory surgery centers, and seven community-service-related outpatient clinics throughout the state of Arizona. Phoenix Children's currently has 457 licensed beds.

With a medical staff of more than 650 pediatric providers and more than 6,100 local employees, Phoenix Children's provides inpatient, outpatient, trauma, emergency and specialty care across more than 34 divisions and 75 subspecialties.

Phoenix Children's also has seven centers of excellence:

Barrow Neurological Institute at Phoenix Children's
Dedicated to healing children with complex and severe neurological, mental and behavioral illnesses

Center for Cancer and Blood Disorders
Complete care for children diagnosed with malignancies and blood diseases

Center for Heart Care
Cardiac care for infants, children, teens and adults, and the fifth largest program of its kind in the country

Herbert J. Louis Center for Orthopedics
Care for musculoskeletal injuries or diseases and conditions impacting musculoskeletal function

Center for Fetal and Neonatal Care
Advanced fetal imaging and diagnosis, plus newborn medical and surgical intervention

Center for Trauma Care
Arizona's only American College of Surgeons-verified Level 1 Pediatric Trauma Center

Center for Spine Care
Pediatric neurosurgical and orthopedic surgeons offer rapid diagnosis, treatment and fast healing for complex spinal disorder

Phoenix Children's has been recognized as a "Best Children's Hospital" by *U.S. News & World Report* for 12 consecutive years and is the only children's hospital in Arizona ever to be recognized by *U.S. News & World Report*. Phoenix Children's "Best Children's Hospital" recognition is one of many clinical distinctions the health system has achieved in recent years. Among them, Phoenix Children's earned verification as a Level 1 Children's Surgery Center from the American College of Surgeons, was accredited as an Adult Congenital Heart Disease Comprehensive Care Center from the Adult Congenital Heart Association and earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities.

Phoenix Children's is home to the nation's first-ever pediatric clinically integrated network, accredited by the Utilization Review Accreditation Commission (URAC), with more than 1,100 providers. As a statewide, interconnected nonprofit pediatric health system, Phoenix Children's has extensive partnerships with major health organizations including Mayo Clinic, Dignity Health, Barrow Neurological Institute and TGen.

Mission Statement
To advance hope, healing and the best healthcare for children and their families

Our Vision
Phoenix Children's will be the leading pediatric health system in the Southwest, nationally recognized for exceptional care, innovative research and advanced medical education.

We realize this vision by:

- Offering the most comprehensive care across ages, communities and specialties
- Investing in innovative research, including emerging treatments, tools and technologies
- Advancing education and training to shape the next generation of clinical leaders
- Advocating for the health and well-being of children and families

Educational Programs

As a teaching hospital, Phoenix Children's partners with multiple universities and other facilities to educate nurses, medical students, social workers, residents and fellows in pediatrics and pediatric specialties through its extensive and accomplished faculty. Through resident rotations in 36 specialties and 29 fellowship programs, it is training the next generation of pediatric specialists and subspecialists.

The Phoenix Children's Pediatric Residency Program Alliance is a comprehensive, fully accredited, three-year program. It combines experiences at a major multispecialty children's hospital (Phoenix Children's) and a large public medical center (Valleywise Health Medical Center). The Pediatric Residency Program has been in existence since 1974. It is fully accredited by the Accreditation Council for Graduate Medicine and is a primary affiliate of the University of Arizona College of Medicine – Phoenix, Mayo Clinic College of Medicine and Science, and Creighton University School of Medicine – Phoenix. Currently, 550 medical students are completing rotations at Phoenix Children's and another 800 rotators from other residency programs are completing a portion of their training at this institution. These residents consistently score in the top ranks in in-training exams and the majority are awarded their first choice for fellowships.

In 2018, Phoenix Children's also expanded its academic affiliation with Arizona State University (ASU), forming a Joint Operating Committee to develop education strategies and support multi-year research. In the first year of the expanded relationship, the organizations focused on preparing a workforce-ready pipeline of nurses specializing in pediatric specialty care. To that end, ASU and Phoenix Children's began offering a Dedicated Education Unit for undergraduate nursing students as well as an Acute Care Pediatric Nurse Practitioner Doctor of Nursing and Certificate Program for graduate-level students. In 2021, this affiliation extended to ASU's School of Social Work to offer a combined physical and mental health training for licensed clinical social worker students within a hospital setting at Phoenix Children's.

Research at Phoenix Children's
Phoenix Children's is committed to supporting groundbreaking scientific discovery to lead the advancement of pediatric medicine for the benefit of patients and families throughout Arizona, the Southwest and across the U.S. A national contributor and leader in the discovery and development of innovative and more efficient treatments for children, Phoenix Children's collaborates with a number of local, regional and national research partners, including the Mayo Clinic, Barrow Neurological Institute, University of Arizona School of Medicine, Arizona State University, T-Gen and NantHealth.

In 2021, approximately $16 million in funding went to support research efforts at Phoenix Children's, including more than 132 active clinical studies involving Phoenix Children's patients, 340 peer-reviewed publications and 766 active IRB-approved studies.

Expanding to Serve a Growing Community
Phoenix Children's has grown from a single hospital and a handful of facilities in the Valley to nearly 40 sites of service statewide. Today, Phoenix Children's has urgent and specialty care centers across Arizona, a network of physicians and specialists and partnerships with major organizations that enable it to develop programs and services for populations and areas in need. Phoenix Children's operates ambulatory facilities and offers healthcare via medical offices in the suburban areas of Maricopa County, including Northwest Phoenix and the communities of Avondale, Gilbert, Mesa and Scottsdale.

Phoenix Children's sites of service throughout Maricopa County

Legend:
- Hospital
- Emergency Dept.
- 2020
- 2021
- 2022 +

Phoenix Children's has several significant expansion projects on the horizon to provide greater access to pediatric care closer to home for families throughout the Valley. Planned projects through 2024 include: Phoenix Children's Hospital – East Valley, located inside the new Women's and Children's Pavilion at Mercy Gilbert Medical Center; Phoenix Children's – Avondale Campus, a freestanding emergency department and multi-specialty clinic; and Phoenix Children's Hospital – Arrowhead Campus, a freestanding children's hospital located in Glendale.

Community Profile

Definition of Community
The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the Synapse Partnership. Although the population served by Phoenix Children's in Arizona extends beyond county lines and state borders, a majority of patients live within Maricopa County. The remaining percentage of Phoenix Children's patients are from other communities in Arizona, the surrounding states of the Southwest and a smaller, yet significant number of international patients.

Maricopa County is the fourth most populous county in the U.S. With an estimated population of four million and growing, Maricopa County is home to well over half of Arizona's residents. Maricopa County encompasses 9,224 square miles, includes 27 cities and towns as well as the whole or part of five sovereign Native American reservations.
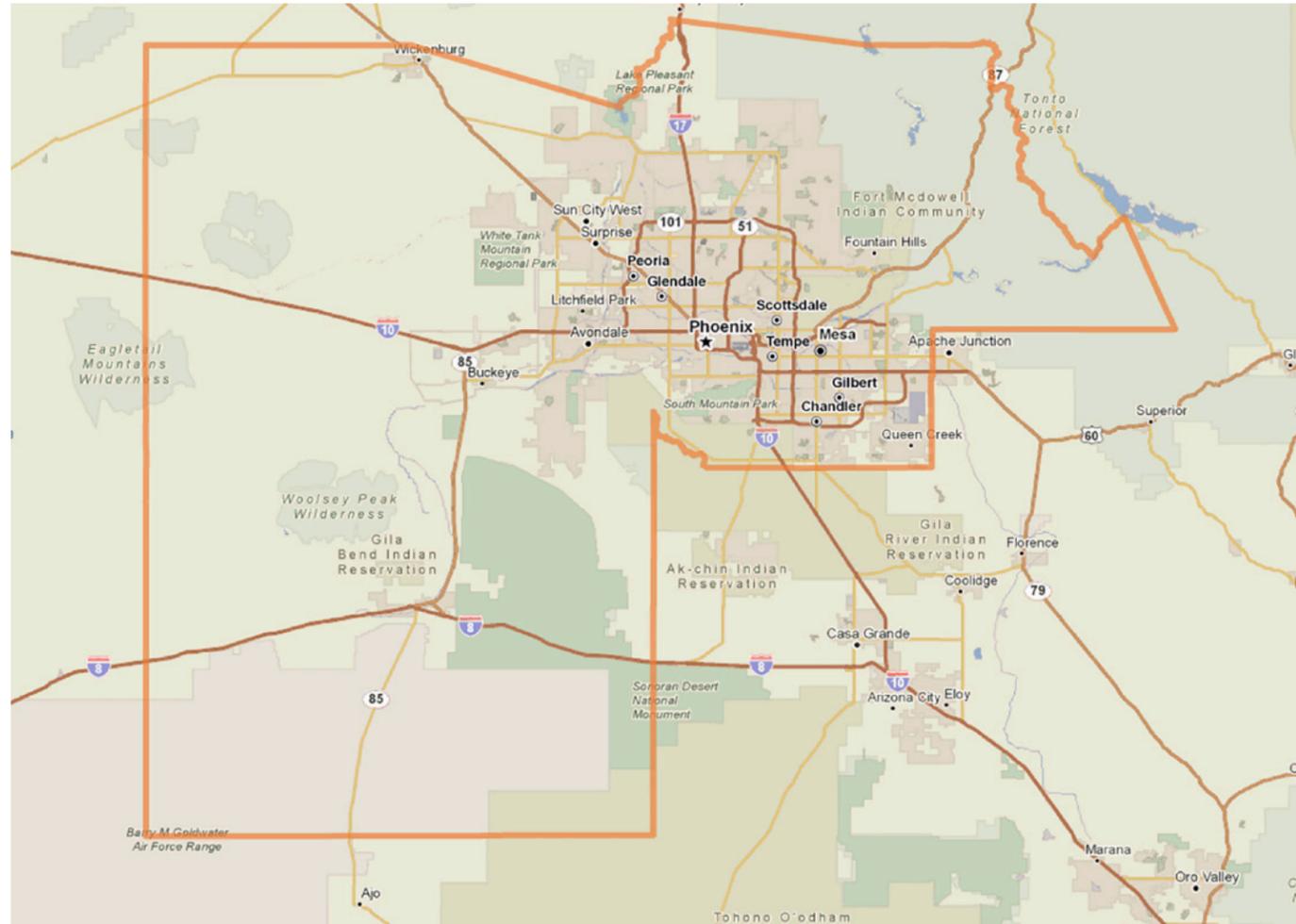
Maricopa County ———

Demographics of Community
Maricopa County is ethnically and culturally diverse, home to more than four million individuals.[i] **Table 2** provides the specific gender, age and race/ethnicity distribution of the population in Maricopa County in 2010 compared to 2020.

TABLE 2 – Demographics information for Maricopa County (2010 & 2020)

	Maricopa County (2010)	Maricopa County (2020)
Demographic Factors (Population: 0-19 years)		
Population	1,202,892	1,186,732
Gender		
• Male	50.6%	50.6%
• Female	49.4%	49.4%
Age		
• Under 5 years	26.3%	23.1%
• 5-9 years	24.9%	24.4%
• 10-14 years	24.3%	26.5%
• 15-19 years	24.5%	26.0%
0-19 years (% of total population, all ages)	32.1%	26.9%
Race and Ethnicity		
• White	42.6%	36.1%
• Black/African American	5.2%	6.5%
• Native American/Alaska Native	2.1%	2.2%
• Asian	2.7%	3.6%
• Hispanic	38.7%	43.1%
• Other	8.7%	8.5%
Socioeconomic Factors (Population: All Ages)		
Median Income	$55,054	$67,799
Uninsured	17.1%	10.9%
Unemployment Rate	7.1%	5.1%
No HS Diploma	20.9%	13.7%
% of Population 5+ non-English speaking	*11.8%	*8.4%
Renters	*33.7%	*36.8%
Community Need Index (CNI) Score**		3.4

Source: U.S. Census, 2020 ACS 5-Year Estimates, *PolicyMap, 2020

**The CNI score is an average of five different barrier (income, cultural, education, insurance, housing) scores that measure various socio-economic indicators of each community using the 2021 source data. A score of 1.0 indicates a geographic area with the least need, while a score of 5.0 represents a geographic area with the most need compared to the U.S. national average (score of 3.0).[xiii]

Assessment Process and Methods

Process and Methods

The ACA requirements are mirrored in the PHAB standard mandating that health departments participate in or conduct a community health assessment every three to five years. Other PHAB standards require health departments to conduct a comprehensive planning process resulting in a community health improvement plan and to implement strategies to improve access to healthcare. Federally funded community health centers must ensure their target communities are of high need and address the shortage of health services that are occurring within these communities. The similar requirements from IRS, PHAB and the federally funded health center requirements put forth by the HHS provides an opportunity to catalyze stronger collaboration and better shared measurement systems among hospitals, health centers and health departments. Additionally, limited resources for comprehensive health assessments and the move toward new population health models have created the need for an organized,collaborative public-private approach for conducting assessments.

Maricopa County hospitals and health centers play significant roles in the region's overall economy and health. In addition to providing safe and high-quality medical care, these institutions work to improve regional health through programs that promote health in response to identified community needs. Moreover, healthcare partners are often serving the same or portions of the same communities across Maricopa County. As a result, Banner Health, Dignity Health, Mayo Clinic, Neighborhood Outreach Access to Health, Native Health, Phoenix Children's Hospital, Valleywise Health and Vitalyst Health Foundation have joined forces with MCDPH to identify the communities' strengths and greatest needs in a CHNA.

The CHNA utilizes a mixed-methods approach that includes the collection of primary and secondary data from community input, focus groups, surveys and meetings with community stakeholders. The process was iterative as both the primary and secondary data were used to help inform each other. The advantage of using this approach is that it validates data by cross-verifying from a multitude of sources.

Primary Data Collection

The first round of community data collection occurred in Fall 2019 and involved a community survey as well as a series of focus groups. MCDPH contracted with ASU's Southwest Interdisciplinary Research Center to conduct the focus group analysis. In response to severe changes in the community health landscape due to the COVID-19 pandemic, a supplemental survey and focus group cycle was conducted in the Summer 2021. Additionally, Phoenix Children's conducted a Phoenix Children's CHNA Survey, which involved internal and external groups to better understand the health and specific needs of the community served. These data sources are included in this assessment to provide a robust evaluation of community needs, both before and during the pandemic.

2019 Coordinated Community Health Needs Assessment Focus Groups (Appendix C)

A total of 52 focus groups were conducted between August 2018 and December 2019 with medically underserved populations across Maricopa County, including youth in the third and final cycle. The groups consisted of specific ethnic groups: (1) African American, (2) Native American, (3) Congolese, (4) Hispanic and (5) Filipino. Other groups represented were: (6) homeless populations, (7) Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) persons including veterans and migrant seasonal farmworkers, (8) people who've been incarcerated, (9) people in rural communities, (10) new parents, and (11) parents of children with special healthcare needs. Six groups were conducted in Spanish, one in Mandarin, one in Swahili and the remainder in English.

The focus group design and execution proceeded through five phases: (1) initial review of literature; (2) focus group discussion guide development; (3) focus group recruitment; (4) focus group data collection; and (5) report writing and presentation of findings. Focus group participants were asked to complete a survey that assessed a variety of factors that could have an important impact on individual and community health and quality of life. These were mainly closed-ended questions to augment the focus group discussions. The focus group data were analyzed and organized thematically to highlight prevalent ideas across the groups as well as surprising/unique responses from particular focus groups.

COVID-19 Focus Groups (Appendix C)

Between February and June 2021, a series of 33 focus groups were conducted, which included 186 participants across various community regions, service providers and individual residents to better understand the impact of COVID-19 on Maricopa County residents. The focus groups included community members from five geographic Maricopa County locations based on the following groups: (1) older adults; specific ethnic groups (2) African American; (3) Hispanics/Latino; (4) Native American; (6) ethnic minority young adults; (7) Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) persons; (8) veterans; (9) new parents; (10) parents of young children, and (11) refugees.

Focus groups helped to identify and address health needs, resource allocation and long-term services needed for COVID-19 response efforts. Members of the community representing subgroups, defined as groups with unique attributes (race and ethnicity, age, sex, culture, lifestyle or residents of a particular area of Maricopa County), were recruited to participate in focus groups. A standard protocol was used for all focus groups (See Appendix B) to understand the experiences of these community members as they relate to the impact of COVID-19 on Maricopa County residents.

The focus groups explored the topics of COVID-19 impact, barriers, concerns, messaging, trust in public health, vaccine intent, vaccine choices and vaccine hesitancy. Participants also spent a great deal of time discussing healthcare, obstacles to care, access to food, financial well-being and quality of life. To complement the focus groups, 158 respondents (most but not all of whom participated in the focus groups) completed an online anonymous questionnaire that asked about COVID-19 concerns, social determinants of health, medical trust and mental and physical health. Participants discussed declines in mental health and physical health and barriers to the vaccine as well as vaccine hesitancy and confusion. Suggestions were offered for messages and for who would influence their vaccine decisions, noting that one size does not fit all. The focus group data were analyzed and organized thematically to highlight prevalent ideas across the groups as well as surprising/unique responses from particular focus groups.

2019 Maricopa County Community Health Assessment Community Survey (Appendix C)

Between February and June 2019, MCDPH collected community surveys from residents and professionals within Maricopa County. This survey is part of the Coordinated Maricopa County Community Health Needs Assessment (CCHNA) designed to identify priority health issues, resources and barriers to care within Maricopa County through a community-driven process known as Mobilizing for Action through Planning and Partnerships (MAPP). A total of 22 survey questions were included, organized by the following sections: Physical and Mental Health, Healthcare and Living Expenses, Barriers and Strengths of the Community, and Health and Wellness of the Community. The survey questionnaire was originally developed by the National Association of County and City Health Officials (NACCHO). The survey was modified from its original version by Phoenix Children's, members of the Synapse Coalition, a group of nonprofit hospitals and federally qualified healthcare providers, the HIPMC and MCDPH staff. Response options were expanded from the original format to include additional health issues and social determinants of health. The questionnaire was provided on a digital platform using Qualtrics® in addition to a paper format. All surveys were provided in English and Spanish. There was minimal request for additional language translations, so we worked with partners who were able to assist individuals as translators to complete the survey.

The goal for the community survey was 15,000 responses. However, once all data was cleaned to ensure usability, a total of 11,893 surveys were collected from community residents aged 14 and older. The digital survey was sent out via extensive community partner networks throughout Maricopa County, hospital/healthcare systems, municipalities, school districts, social media and our internal programs allowing us to maximize resources. The survey was widely publicized with community and healthcare partners prior to March 1, 2019, to secure the presence at community events and provide online advertisement to redirect individuals to the survey.

COVID-19 Community Impact Survey (Appendix C)
COVID-19 was declared a global pandemic in March 2020, and this set off a series of drastic changes to everyday life for residents of Maricopa County. From May to July 2021, MCDPH mobilized data collection resources and community partnerships to explore how COVID-19 had impacted residents. This COVID-focused survey is part of the CCHNA designed to identify priority health issues, resources and barriers to care. Survey questions were grouped into the following sections: Demographics, Physical and Mental Health, Healthcare and Living Expenses, COVID-19 Impact on Employment, Barriers, Strengths, Health Conditions, Community Issues, Survey Usability and Other Noteworthy COVID-19 Experiences. The questionnaire was primarily provided on a digital platform using Alchemer© and was provided in over 12 languages (Arabic, Burmese, Chinese, English, French, Kinyarwanda, Korean, Lao, Spanish, Swahili, Tagalog, Thai and Vietnamese).

The foundation for this survey questionnaire was developed by the NACCHO. The survey was modified from its original version by Phoenix Children's, members of the Synapse Coalition, a group of nonprofit hospitals and federally qualified healthcare providers, the HIPMC and MCDPH staff. Additional questions and response options were added and modified from the original format to assess the impact of COVID-19 on Maricopa County residents and explore additional health issues and social determinants of health. Free response questions were analyzed through a thematic analysis. A codebook was developed inductively based on the response data, and key themes were identified with the consensus of the MCDPH epidemiology team. At least 50% of the collected responses from each region in Maricopa County were analyzed and coded with key themes, totaling 2,186 responses analyzed. Key themes were ranked by frequency.

The goal for the community survey was 15,000 responses, however a total of 14,380 surveys were completed by residents of Maricopa County. MCDPH partnered with an extensive network of community-based organizations and healthcare partners to collect community surveys from residents and professionals within Maricopa County. The MCDPH team wanted to ensure diverse community representation and that the survey provided insight from all regions (Northeast, Northwest, Central, Southeast and Southwest) of the county. MCDPH collaborated with several community-based organizations to provide stipends from $2,000 to $5,000 to support survey translation, distribution and completion, social media outreach via networks, purchase of incentives for survey completion and administrative expenses.

Phoenix Children's Community Health Needs Assessment Survey (Appendix C)
The purpose of this survey was to get feedback from our stakeholders, both internally and externally, on the health issues impacting our community and how the organization can consider addressing those issues. Information collected in this survey was confidential and used only in combination with others participating in the survey. This survey took only a few minutes to complete. Participants recruited through email and social media included Phoenix Children's employees, medical staff, board members, partner networks, patients, community partners and members of the public.

This survey included the collection of demographic information to help Phoenix Children's better understand the specific needs of our community. The information shared was anonymous and helped to inform healthcare equity initiatives and access to care for all children. This information was not used for any other purposes, is not shared with other organizations, and adheres to Phoenix Children's strict policies surrounding privacy and security.

Secondary Data Collection
Many of the challenging health problems facing the U.S. in the 21st century require understanding the health of communities – not just individuals. The challenge of maintaining and improving community health has led to the development of a "population health" perspective. Population health can be defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." A focus on population health implies a concern for the determinants of health for both individuals and communities. The health of a population grows directly out of the community's social and economic conditions as well as the quality of its medical care. As a result, the CHNA utilizes a population health framework for this report to develop criteria for indicators used to measure health needs.

Quantitative data used in this report are high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Secondary data was collected from local, state and national sources such as the MCDPH, Arizona Department of Health Services (ADHS), American Census Survey, U.S. Census and the CDC. Secondary data includes Maricopa County Hospital Discharge Data, Maricopa County Death Data, Maricopa County Birth Data, National Survey of Children's Health, KIDS COUNT Data Center and PolicyMap. These secondary sources were used to elaborate on health and social indicators. In this assessment, secondary data sources are provided at the county and state levels for 2020 when available.

Hospital Discharge Data, Death Data and Birth Data
MCDPH receives Hospital Discharge Data bi-annually from the ADHS. Hospital Discharge Data consists of inpatient (IP) and ED discharge data for most Maricopa County hospitals. Data is collected based on the discharge date of the patient. Since 2015, diagnoses are coded using ICD-10. MCDPH receives vital Death Data annually from ADHS for the previous year. This data includes deaths in Maricopa County regardless of residency status.

The finalized and cleaned vital data consists of death data for residents of Maricopa County. Data is collected based on the event date of the patient, e.g., date of death. The death database is coded using ICD-10. MCDPH receives vital Birth Data annually from ADHS. This data includes births in Maricopa County regardless of residency status. Data is collected based on the event date of the patient, e.g., birth date.

Hospital Discharge, Death and Birth Data are obtained from ADHS and cleaned by MCDPH to use for analyses. These datasets are used along with population estimates from the American Census Survey to analyze health indicators for Maricopa County residents. All health indicator rates are age adjusted using the 2000 Standard Population. Age-adjustment methods allow for more representative comparisons between population groups even if the size of the groups is different. The National Center for Health Statistics recommends using the 2000 Standard Population when calculating age-adjusted rates. In this report, the 2000 Standard Population is used to standardize Hospital Discharge Data and vitals data. Health indicators that were analyzed include fatal and nonfatal chronic conditions, fatal cancer indicators, fatal and non-fatal injuries, mental and behavioral health indicators, and infant birth indicators. Each indicator is analyzed as an overall rate for Maricopa County, and then further analyzed by age, race and gender to highlight disparities.

Phoenix Children's selected approximately 30 data indicators to help examine the health needs of the community. **Table 3** displays the initial round of health indicators and **Table 4** displays the initial round of social indicators that Phoenix Children's selected for further analysis. For the health indicators, hospital discharge and death databases were utilized to perform this analysis.

TABLE 3 - Initial Round of Health Indicators

All Mental Health Disorders	Overweight/Obesity
Self-Harm	Suicidal Ideations
Suicide	Low Birth Weight
Assault Related Injuries	Preterm Births
Unintentional Falls	Teen Births
Schizophrenia	Inadequate Prenatal Care
Unintentional Motor Vehicle Crash Related	Adequate Prenatal Care
Anxiety	Firearm Related Injuries
Pedestrian Related Injuries	Fire Related Injuries
Bicycle Related Injuries	

TABLE 4 - Initial Round of Social Indicators

Health Care Access and Quality	Youth Smoking
Health Insurance Coverage	Youth Alcohol Use
Emotional & Mental Health	Youth Nutrition
Family Health & Activities	Youth Physical Activities
Community & School Activities	Physical, Oral, Functional Status
Neighborhood Safety & Support	

Community Input/Engagement

Community input for the CHNA included engagement from the following Phoenix Children's sponsored stakeholder groups:

- Phoenix Children's Fiduciary Board (Board of Directors)
- Phoenix Children's Foundation Board
- Phoenix Children's employees
- Phoenix Children's Medical Group ("PCMG") Faculty
- Phoenix Children's medical staff
- Phoenix Children's community partners
- Phoenix Children's Care Network ("PCCN") Board and/or Committee members
- Phoenix Children's Patient and Family Advisory Group members
- Other members of the public via our social media channels

The information from the survey along with the key findings from the MCDPH assessment data report was presented on October 27, 2022, to the Phoenix Children's Board of Directors.

Assessment Data and Findings

This section includes overall data and findings from the community surveys, focus groups and health indicator analysis. These combined assessments provide a comprehensive picture of the top needs and concerns facing the community, from looking at rates of health conditions to the social and environmental factors that contribute to well-being. Whenever possible, the measures of interest are evaluated through a health equity lens to identify any disparities based on race, gender, age or other factors.

Top Social Needs

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. Some examples of SDOH include housing, access to care, transportation, financial security, food insecurity and racial equity. SDOH can contribute to wide-ranging health disparities and inequities.[xvii] Access to care was selected as a priority issue by Phoenix Children's. Table 5 displays indicator disparities pertaining to access to care at the state and national levels.[xviii] Although this data is not specific to Maricopa County's geography, it provides a meaningful reflection of Phoenix Children's wide service area across Arizona compared to national trends.

TABLE 5 - Access to Care Disparities in Arizona and U.S.

Indicator	Significance to Arizona	Significance to U.S.
Health Insurance Status	**9.7% of children (0-17 years)** were not covered by health insurance or health coverage plans	**6.9% of children (0-17 years)** were not covered by health insurance or health coverage plans
Consistency of Insurance Coverage	**11.5% of children (0-17 years)** did not have consistent health insurance coverage in the past 12 months	**8.8% of children (0-17 years)** did not have consistent health insurance coverage in the past 12 months
Preventive Care Visits	**24.3% of children (0-17 years)** had no preventive care visits during the past 12 months	**19.3% of children (0-17 years)** had no preventive care visits during the past 12 months
Mental Health Care	**18.8% of children (3-17 years)** reported that it was very difficult to obtain mental health treatment or counseling	**12.5% of children (3-17 years)** reported that it was very difficult to obtain mental health treatment or counseling
Specialist Care	**4.5% of children (0-17 years)** reported that it was not possible to get the specialist care needed	**1.8% of children (0-17 years)** reported that it was not possible to get the specialist care needed
Usual Source for Sick Care	**30.8% of children (0-17 years)** did not have a usual source for sick care	**24.7% of children (0-17 years)** did not have a usual source for sick care
Transition to Adult Healthcare	**87.6% of children (12-17 years)** did not receive services needed for transition to adult healthcare	**81.1% of children (12-17 years)** did not receive services needed for transition to adult healthcare

Source: 2019-2020 National Survey for Children's Health

Of the 19 health indicators that were analyzed, the following indicators displayed in **Table 6** had the highest overall rates per 100,000 for IP hospitalization and ED visits. Each number within the table represents the ranking of each health indicator for IP and ED within the age groups 0 to 19 years.[xix] The color gradients are used to help visualize the different rankings among the health indicators. Indicators with less than five cases are indicated with an asterisk.

TABLE 6 - Top Health Indicators Identified in Maricopa County (Ages 0-19 Only)

Indicator	Inpatient Hospitalizations (IP)	Emergency Department Visits (ED)
All Mental Health	1	2
Self-Harm	2	5
Schizophrenia	3	11
Unintentional Motor Vehicle Crash	4	3
Unintentional Falls	5	1
Assault	6	6
Anxiety	7	7
Firearm Related Injuries	8	8
Pedestrian Related Injuries	9	9
Fire Related Injuries	10	10
Bicycle Related Injuries	11	12
Overweight/Obesity	12	•
Suicidal Ideations	13	4
Suicide	•	•

KEY: IP/ED/Death Ranking

Top 5
6-9
10+

• Indicators with less than 5 cases

Health Equity

According to the Robert Wood Johnson Foundation, "health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare."[xix] Addressing health equity requires understanding differences in health outcomes based on race, gender, age and socio-economic status – among other factors. The following health indicators are broken down by gender, age and race in Table 7 to highlight health disparities.[xix]

TABLE 7 - Top Health Indicators Disparities in Maricopa County (0-19 years)

Indicator	Gender Disparity	Age Disparity	Racial Disparity
All Mental Health Disorders	Females had the highest IP and ED rates.	Individuals aged 15-19 had the highest IP and ED rates.	Native Americans had the highest IP rate while Black/African Americans had the highest ED rate.
Anxiety	Females had the highest IP and ED rates.	Individuals aged 15-19 had the highest IP and ED rates.	Black/African Americans had the highest IP rate while Hispanics had the highest ED rate.
Schizophrenia	Males had the highest IP and ED rates.	Individuals aged 15-19 had the highest IP and ED rates.	Black/African Americans had the highest IP and ED rates.
Suicidal Ideations	Females had the greatest ED rates. *IP rate**	Individuals aged 15-19 had the highest ED rate. *IP rate**	Black/African Americans had the highest ED. *IP rate**
Self-Harm/Suicide	Females had the greatest IP and ED rates, while males had the highest death rate.	Individuals aged 15-19 had the highest IP, ED, and death rates.	Native Americans had the highest IP and ED rates. *Death rate**
Motor Vehicle Traffic Related Injuries	Males had the highest IP and death rates while females had the highest ED rate.	Individuals aged 15-19 had the highest IP, ED, and death rates.	Native Americans had the highest IP rate, while Black/African Americans had the highest ED rate. *Death rate**
Assault	Males had the highest IP, ED, and death rates.	Individuals aged 0-4 had the highest IP and ED rates while those aged 15-19 had the highest death rate.	Native Americans had the highest IP rate while Black/African Americans had the highest ED and death rates.
Falls	Males had the highest IP and ED rates.	Individuals aged 0-4 had the highest IP and ED rates.	Black/African Americans had the highest IP and ED rates.

Source: Maricopa County's 2020 Hospital Discharge and Death Database

* Indicates that there were five or fewer cases for a particular condition, hence the rate is suppressed. Suppressed IP, ED or death rates indicate a low rate of occurrence for the corresponding indicators.

Qualitative Themes from Focus Groups/Survey

The first round of data collection occurred in Fall 2019 and involved a community survey and a series of focus groups. In response to the severe changes in the community health landscape due to the pandemic, a supplemental survey and focus group cycle were conducted in Summer 2021 focusing on the impacts of COVID-19. Qualitative data was analyzed both from the focus groups and from open-ended survey questions where participants wrote in responses. Responses from participants of all ages are included in **Table 8**, as the themes provide a broad picture of issues that affect communities, families and youth as well. The column labeled "Overall Themes" includes themes that were identified in both 2019 and 2021. The column labeled "2021 Additional Themes" contains information that was specific to 2021, largely resulting from the effects of COVID-19.

TABLE 8 - Qualitative Focus Group/Survey Themes from 2019 and 2021

Themes	Overall Themes (2019 & 2021)	2021 (Additional Themes)
Mental Health	Access to social connections and sense of community	Decline in mental health due to isolation, depression, and anxiety
	Depression, suicide/suicide ideation, alcohol/substance abuse, stress	Difficulty accessing mental health services
	Bullying/peer pressure	Importance of social gatherings and mental health
	Unaddressed trauma	
Healthcare	Inaccessible healthcare appointments with long wait times	Perceived medical discrimination
	Need more clinics, pharmacies, and specialists	Lack of trust in healthcare
	Need greater insurance coverage	Issues with accessing physical health and pharmaceutical services
	Difficulty finding the right provider for care	
	Lack of understanding of language, culture, or sexual orientation differences	
Social Determinants of Health	High cost of medical care	Financial burden on food, rent/mortgage utilities, clothing, childcare
	Make too much to qualify for AHCCCS but still can't afford daily costs	Difficulty paying for medical expenses
	Transportation, housing financially inaccessible and homelessness	Challenge accessing financial services
	Unsafe built environments	
	Gang related violence	
Injury Prevention	Distracted driving (cell phone use, texting while driving)	Changes in crime, vandalism, reckless driving
	Public transportation safety	
Information / Education	Lack of education regarding insurance	COVID-19 vaccine misinformation/rumors
	Need more information about health conditions, sex-ed, and nutrition	Merits/utility of doctors, primary health care providers, social media, and news as information sources
	Indicate medical misinformation is a problem	Frustrations with politicization of COVID-19 prevention and vaccination measures
Laws / Infrastructure	Access to public libraries, spaces, and events is important	Adherence/ambivalence toward COVID-19 prevention measures (face masks, physical distancing, hand washing, testing)
	Suggest laws to improve nutrition	

Maricopa County Overall COVID-19 Impact Survey Results

The following data from the 2021 CHNA survey reflect top healthcare barriers, health conditions, community issues and community strengths reported by Maricopa County survey respondents aged 12 to 17 years.

TOP HEALTHCARE BARRIERS

56% of respondents reported no barriers to healthcare. The three barriers for others were:

Fear of exposure to COVID-19 in a healthcare setting	13.8%
Difficulty finding the right provider for my care	6.5%
Not enough health insurance coverage	4.9%

TOP HEALTH CONDITIONS

33% of respondents reported that mental health issues has had the greatest impact on their community.

Mental health issues	32.7%
Overweight/obesity	26.1%
Alcohol/substance abuse	15.4%

TOP COMMUNITY ISSUES

22% of respondents reported that racism/discrimination has had the greatest impact on their community.

Racism/discrimination	22.1%
Homelessness	18.8%
Suicide	17.4%

TOP COMMUNITY STRENGTHS

42% of respondents reported that access to schools/school alternatives has had the greatest impact on their community.

Access to schools/school alternatives	42.4%
Access to COVID-19 testing events	33.5%
Access to COVID-19 vaccine events	30.5%

Comparison of 2019 and 2021 Community Survey Results

Some health priorities changed due to COVID-19, while others were merely exacerbated. From 2019 to 2021, homelessness was still reported as a top community issue, with *racism/discrimination and suicide* as other leading issues. *Access to schools and school alternatives* was a top issue in both 2019 and 2021. *Mental health issues* continued as a top health condition in 2021. *Fear of COVID-19 exposure and difficulty finding the right provider* rose to the top for barriers to accessing healthcare, but *not enough health insurance coverage remained a top choice.*

TABLE 9 - Ranked Community Survey Results (ages 12-17 years) – 2019 and 2021

Rank	2019	2021
COMMUNITY ISSUES		
1	Bullying/peer pressure (37.3%)	Racism/discrimination (22.1%)
2	Distracted driving (cell phone use, texting while driving) (32.9%)	Homelessness (18.8%)
3	Homelessness (28.9%)	Suicide (17.4%)
COMMUNITY STRENGTHS		
1	Access to affordable childcare (8.6%)	Access to schools/school alternatives (42.4%) *
2	Access to affordable after school activities (7.9%)	Access to COVID-19 testing events (33.5%) *
3	Access to good schools (4.5%)	Access to COVID-19 vaccine events (30.5%) *
HEALTH CONDITIONS		
1	Alcohol/substance abuse (51.2%)	Mental health issues (depression, anxiety, bipolar, etc.) (32.7%)
2	Mental health issues (depression, anxiety, bipolar, etc.) (37.1%)	Overweight/obesity (26.1%)
3	Tobacco use including vaping (37.1%)	Alcohol/substance use (15.4%)
BARRIERS TO ACCESING HEALTHCARE		
1	Not enough health insurance coverage (27.8%)	Fear of exposure to COVID-19 in a healthcare setting (13.8%)*
2	Transportation to appointments (23.1%)	Difficulty finding the right provider for my care (6.5%)
3	No health insurance coverage (21.2%)	Not enough health insurance coverage (4.9%)

* Response was not available in 2019 survey

In the 2021 COVID-19 Impact Survey, participants were asked: "Since March of 2020, which of the following issues have had the greatest impact on your community's health and wellness?" **Tables 10 and 11** display the greatest community issues by race/ethnicity and focused populations among all ages. Due to a small sample size, data could not be analyzed by race/ethnicity and focused populations among just those aged 12 to 17 years. Nevertheless, these highlighted community issues still significantly impact people of all ages.

TABLE 10 - Greatest Community Issues – Race/Ethnicity

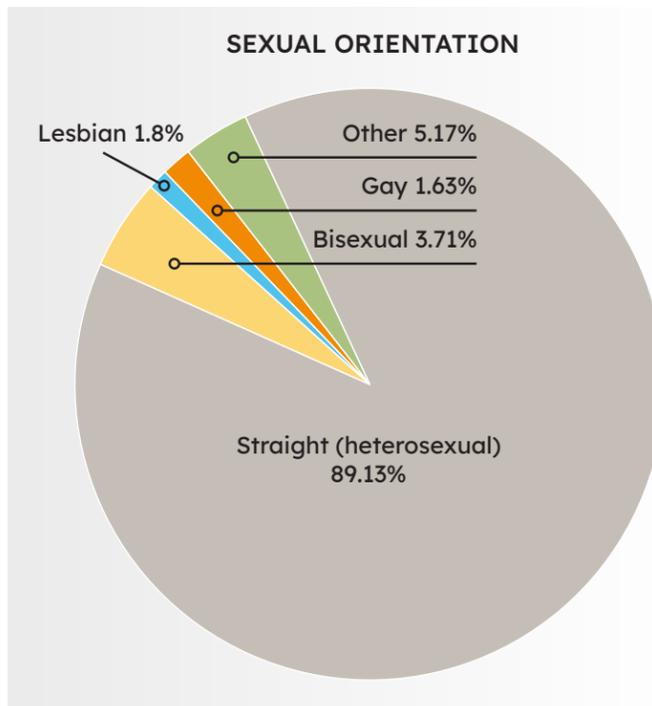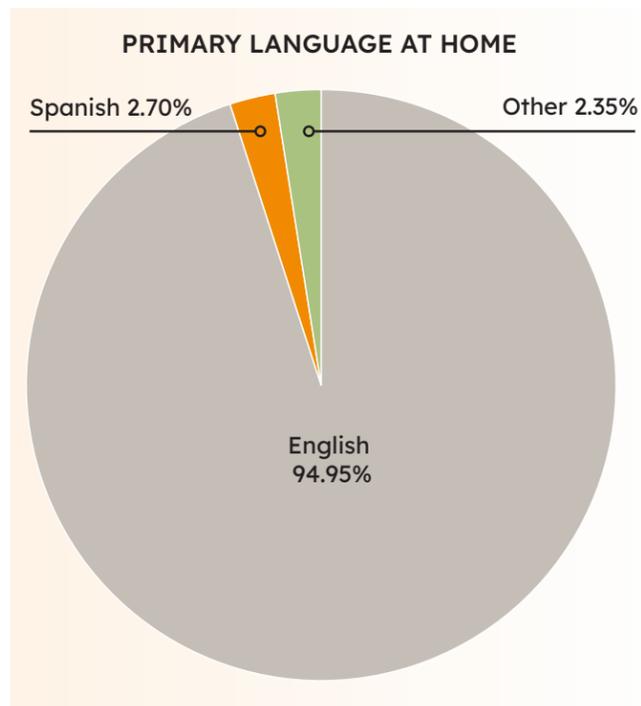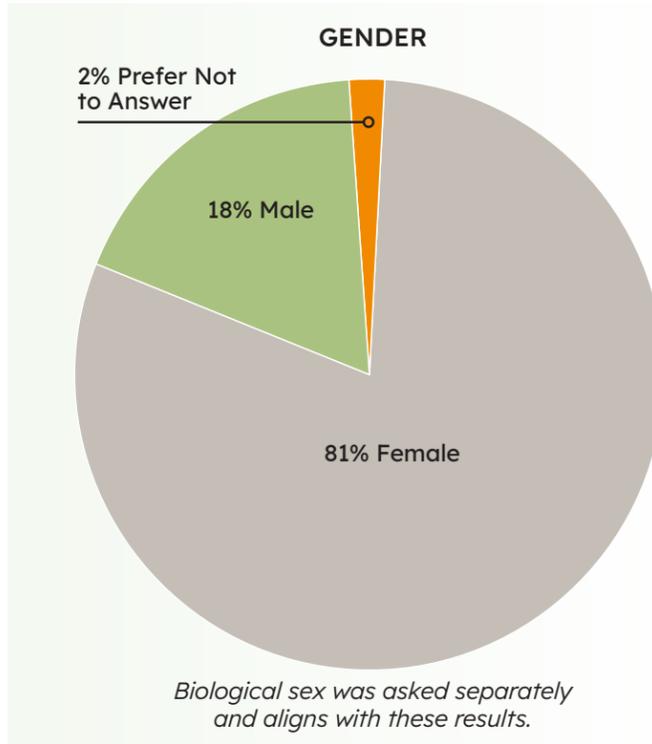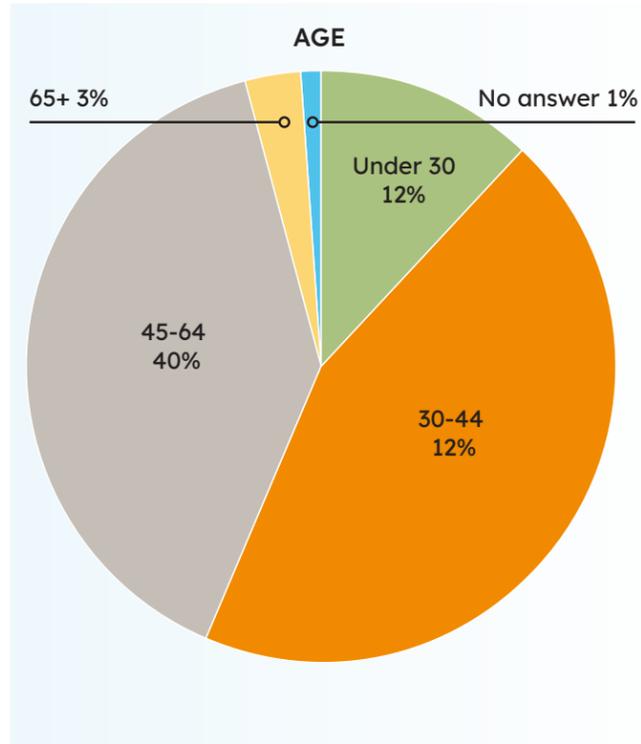|	Rank 1	Rank 2	Rank 3
African American/Black	Racism/discrimination	Lack of affordable housing	Homelessness
Native American	Homelessness	Distracted driving	Lack of affordable housing
Asian/Native Hawaiian Pacific Islander	Racism/discrimination	Lack of people immunized to prevent disease	Lack of affordable housing
Caucasian/White	Lack of people immunized to prevent disease	Distracted driving	Homelessness
Hispanic/Latinx	Homelessness	Lack of affordable housing	Distracted driving
Two or more races	Homelessness	Racism/discrimination	Lack of affordable housing
Unknown/Not Given	Distracted driving	Homelessness	Lack of affordable housing

TABLE 11 - Greatest Community Issues – Focused Populations

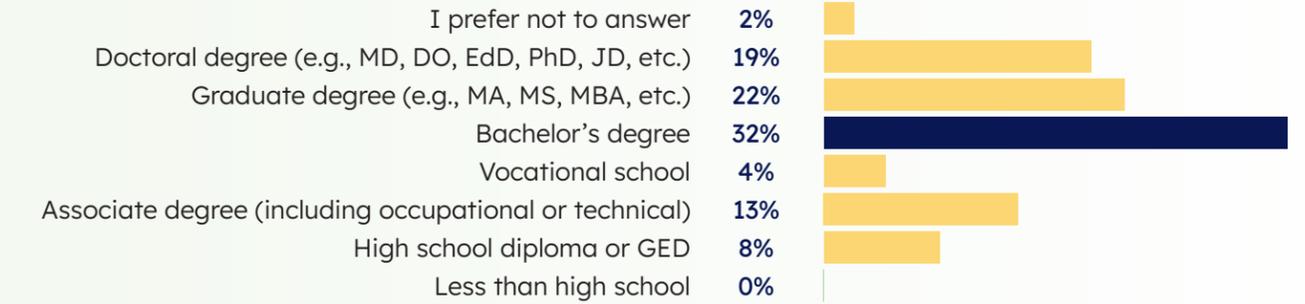|	Rank 1	Rank 2	Rank 3
Adult with Kids	Lack of people immunized to prevent disease	Distracted driving	Lack of affordable housing
Single Parent	Lack of affordable housing	Homelessness	Lack of people immunized to prevent disease
LGBTQI+	Racism/discrimination	Lack of affordable housing	
Person experiencing homelessness	Lack of people immunized to prevent disease	Lack of affordable housing	Homelessness
Immigrant	Homelessness	Distracted driving	Racism/discrimination
Refugee	Distracted driving	Racism/discrimination	Lack of people immunized to prevent disease
Veteran	Distracted driving	Lack of people immunized to prevent disease	Homelessness
Person living with HIV/AIDS	Racism/discrimination	Lack of people immunized to prevent disease	Homelessness

Phoenix Children's Community Health Needs Assessment Survey Results

Community input for the CHNA included engagement from the following Phoenix Children's sponsored stakeholder groups: Phoenix Children's Board of Directors, Phoenix Children's Foundation Board, employees, Medical Staff, Phoenix Children's Community Partners, Phoenix Children's Care Network, Phoenix Children's Medical Group, Phoenix Children's Patient and Family Advisory Group, and other members of the public via our social media channels. The information from the survey along with the key findings from the MCDPH assessment data report was presented on October 27, 2022, to the Phoenix Children's Board of Directors.
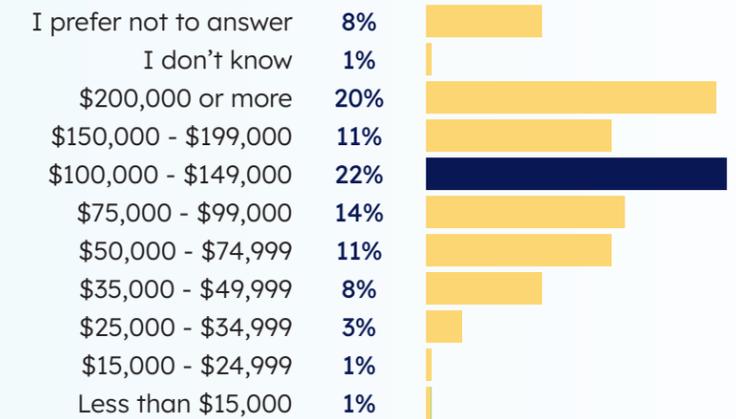
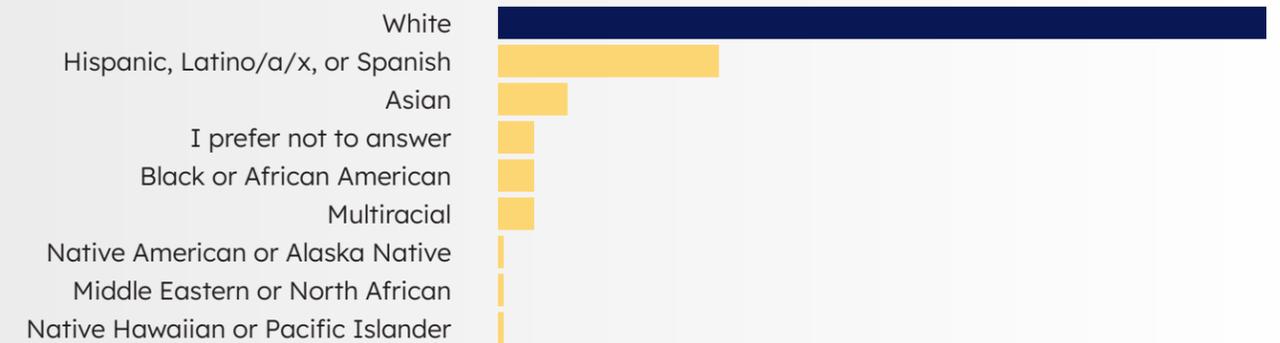Overall, there were more than 1,100 survey respondents.

AGE

- No answer 1%
- Under 30 12%
- 65+ 3%
- 45-64 40%
- 30-44 12%

GENDER

- 2% Prefer Not to Answer
- 18% Male
- 81% Female

Biological sex was asked separately and aligns with these results.

PRIMARY LANGUAGE AT HOME

- Spanish 2.70%
- Other 2.35%
- English 94.95%

SEXUAL ORIENTATION

- Lesbian 1.8%
- Other 5.17%
- Gay 1.63%
- Bisexual 3.71%
- Straight (heterosexual) 89.13%

HIGHEST LEVEL OF EDUCATION

I prefer not to answer	2%
Doctoral degree (e.g., MD, DO, EdD, PhD, JD, etc.)	19%
Graduate degree (e.g., MA, MS, MBA, etc.)	22%
Bachelor's degree	32%
Vocational school	4%
Associate degree (including occupational or technical)	13%
High school diploma or GED	8%
Less than high school	0%

RANGE OF ANNUAL HOUSEHOLD INCOME

I prefer not to answer	8%
I don't know	1%
$200,000 or more	20%
$150,000 - $199,000	11%
$100,000 - $149,000	22%
$75,000 - $99,000	14%
$50,000 - $74,999	11%
$35,000 - $49,999	8%
$25,000 - $34,999	3%
$15,000 - $24,999	1%
Less than $15,000	1%

RACE/ETHNICITY RESPONDENTS IDENTIFIED WITH THE MOST (*ONLY CHOSE ONE RESPONSE*)

- White
- Hispanic, Latino/a/x, or Spanish
- Asian
- I prefer not to answer
- Black or African American
- Multiracial
- Native American or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander

Employment status

- 75% of respondents are employed and working more than 40 hours per week.
- Most of the other respondents are employed and working under 40 hours per week (24%).

Primary Insurance Type

- 90% of respondents have private health insurance.
- Other responses include: 3% have Medicaid (AHCCCS), 2% Medicare

Where respondents get most of their food

- 98% get most of their food at a grocery store
- Other responses include: Fast food restaurants, Sit down restaurants or a Farmer's market

What respondents think is preventing their community from getting healthy food

- 75% say high cost prevents community from getting healthy food
- Other responses include: Lack of time to shop or cook, Lack of health food options in nearby stores or restaurants or Lack of transportation

Housing security

- 87% of respondents are not worried about losing their housing. However, over 10% are worried about losing their housing.

Demographics

This was the first year that Phoenix Children's included demographic questions for its internal and external stakeholders. There was a successful turnout of responses – the largest turnout yet. To build on this success in the future, Phoenix Children's will provide multiple language options for participants.

Below summarizes the survey results, including participant demographics, their feedback on health needs to prioritize in the community, and their thoughts on how we can address those health needs during this upcoming cycle.

Results

Participants indicated clear support of the three priority issues – Mental and Behavioral Health, Access to Care and Injury Prevention – and provided salient feedback about potential areas of opportunity.

Ranking Top Health Issues

Participants were asked, *"For each of the following three health needs among Maricopa County pediatric residents, please rank them according to your highest priority for Phoenix Children's to address (#1) to lowest priority (#3)."*

HEALTH NEED	RANKING	TOTAL SCORE (higher score = higher priority)
Mental/Behavioral Health *for children with both medical and behavioral health need*	#1	2.33
Access to Care	#2	2.28
Injury Prevention	#3	1.39

Participant results supported the top three priorities with Mental/Behavioral Health being the number one health need, closely followed by Access to Care and Injury Prevention.

Additional Health Issues

Participants were also given the opportunity to suggest additional priorities for inclusion.

Out of all participants, 255 (22%) answered Q15 to identify additional issues. Out of the 255 responses, 56% indicated one of the existing three priorities and 44% suggested additional priorities for inclusion, listed below:

- Improved nutrition (21% question respondents)
- Wellness / preventative care (15% question respondents)

Suggestions for Addressing Top Issues

Mental and Behavioral Health

- Improve access to care
- Address gaps in continuum of care
- Parent and patient education
- Community outreach

Access to Care

- More locations, providers and mobile units
- Better financial support
- Reduce visits through preventative care
- Transportation services

Injury

- Community outreach to promote awareness
- Educating parents and schools
- Create accountability within community (i.e., seat belts, home safety, pool safety, etc.)

Diversity, Equity, and Inclusion

- DEI workshops and regular training for staff
- Increase translator services
- Community partnership and education

Identification and Prioritization of Significant Community Health Needs

Identifying Community Health Needs

The top social and health needs were identified based on data collection and community feedback. Health conditions and outcomes were assessed from County inpatient hospitalization, emergency department and death data, along with external secondary data sources. A total of 19 health indicators were analyzed and established by Phoenix Children's CHNA Steering Committee.

Process and Criteria for Prioritization

The health needs prioritization process began with an initial review and analysis of primary and secondary data sources. Primary sources included data from the 2019 and 2021 community survey and focus group sessions as well as Phoenix Children's CHNA Survey. Secondary sources included data derived from County inpatient hospitalization, emergency department and death rates to assemble 19 total health indicators. Additionally, external data sources such as the National Survey of Children's Health, KIDS COUNT Data Center and PolicyMap were utilized to analyze and highlight 11 social indicators. The health and social indicators were established in by Phoenix Children's Steering Committee and confirmed by surveying their internal and external stakeholders. Selected indicators of interest have demonstrated known disparities when broken out by race/ethnicity, gender and age.

Phoenix Children's partnered with Synapse partners, HIPMC and the MCDPH to assess the health needs of Maricopa County residents. Internal committees and workgroups of Phoenix Children's stakeholders and community stakeholders contributed to the prioritization process.

1. Community health needs identified through this process were filtered through Phoenix Children's CHNA Steering Committee

2. Community constituents (internal and external) confirmed the prioritized health needs and provided valuable feedback on how Phoenix Children's can address these health needs through implementation strategies.

3. Phoenix Children's CHNA Steering Committee reviewed and analyzed the implementation strategies identified in the community survey. This group finalized implementation strategies to address these health needs.

4. Phoenix Children's CHNA Steering Committee approved the health focus areas and implementation strategies, completed the draft CHNA report and submitted the report to the Phoenix Children's Board of Directors for approval.

5. Phoenix Children's Board of Directors approved the CHNA on October 27, 2022, for the 2023-2025 cycle.

Focusing on equity becomes crucial to improving health and healthcare – equity of access, treatment and outcomes. Health equity is realized when each individual has a fair opportunity to achieve their full health potential.[xx] Health data shows that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions when compared to their White counterparts.[xxi] Addressing the fairway between racial inequities and poor health outcomes helps bridge the health equity gap. MCDPH and Phoenix Children's utilized a health equity lens to investigate disparities in health and well-being based on race, gender, age, economic status and other social factors.

These differences are detailed throughout the report, to provide a framework for next steps in addressing ways in which the social and built environments impact health. The following top health needs were identified: access to care, behavioral health and injury prevention (unintentional/intentional injuries). Based on the identified top health needs, approval was granted from key stakeholders to move forward with the focus of three significant health needs.

Description of Prioritized Community Health Needs

Phoenix Children's three prioritized community health focus areas: access to care, behavioral health and injury prevention (unintentional/intentional injuries), which are directly reflective of the primary/secondary data and key stakeholder (clinical, non-clinical and community partners) feedback. All prioritized community health needs serve as a starting point to guide Phoenix Children's programs, resources and healthcare that impacts the community in these high-need areas.

Access to Care - Maricopa County (MC) & Arizona (AZ)

Access to comprehensive, quality healthcare is important for promoting and maintaining health, preventing and managing disease, and achieving health equity for all people. Children who are uninsured often receive less preventive care, dental care, chronic disease management and behavioral health counseling. Insurance by itself does not remove barriers in access to care. Language barriers, distance to care and racial disparities in treatment can exacerbate barriers to care.[xxii] According to Healthy People 2020, "older adolescents and young adults, may face challenges as they transition from the child to the adult healthcare system, such as changes in their insurance coverage and legal status and decreased attention to their developmental and behavioral needs." The COVID-19 pandemic continues to challenge the delivery and accessibility of healthcare for youth and adolescents in Maricopa County.

HEALTH INSURANCE COVERAGE (MC)

In 2020, **7.1%** of people under 6 years were uninsured in Maricopa County which exceeded the nation **(4.3%)**.

In 2020, **8.6%** of people under 19 years were uninsured in Maricopa County which exceeded the nation **(5.2%)**.

Source: Census, 2020

MENTAL HEALTH SERVICES (MC)

45% of survey participants aged 12-17 years sometimes/never have been able to get the mental health services they need

23% of focus group participants aged 12-17 reported being able to always get the services they need to maintain their mental health

Source: 2021 COVID-19 Impact Survey, 2020 Focus Groups

HEALTH CARE QUALITY & ACCESS (AZ)

82% of children (0-17 yrs.) did not receive care in a well-functioning system

24% of children did not visit a doctor, nurse, or health care professional to receive a preventative check-up during the past 12 months

40% of children did not have a personal doctor or nurse

31% of children did not have a usual source for sick care

Source: National Survey of Children's Health, 2019-2020

HEALTH INSURANCE COVERAGE (AZ)

36% of children (0-17 yrs.) were not adequately and continuously insured

25% stated that their child's (3-17 yrs.) health insurance sometimes/never offers benefits or cover services that meet mental/behavioral needs
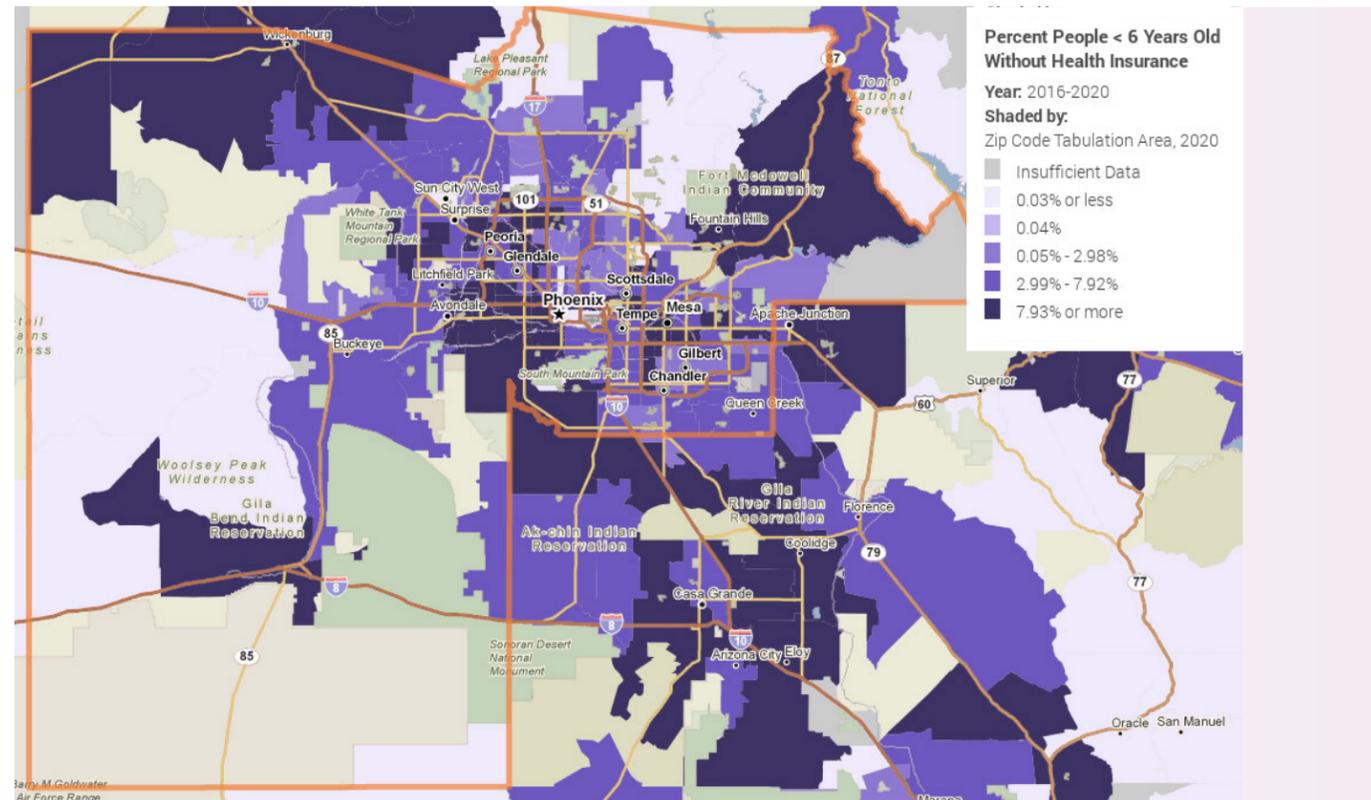
Source: National Survey of Children's Health, 2019-2020

"I wish there were more self-care programs for the parents … but there's nothing for us and we're the ones that have to care-take these children … we really need some support with counseling and we all go through depression."
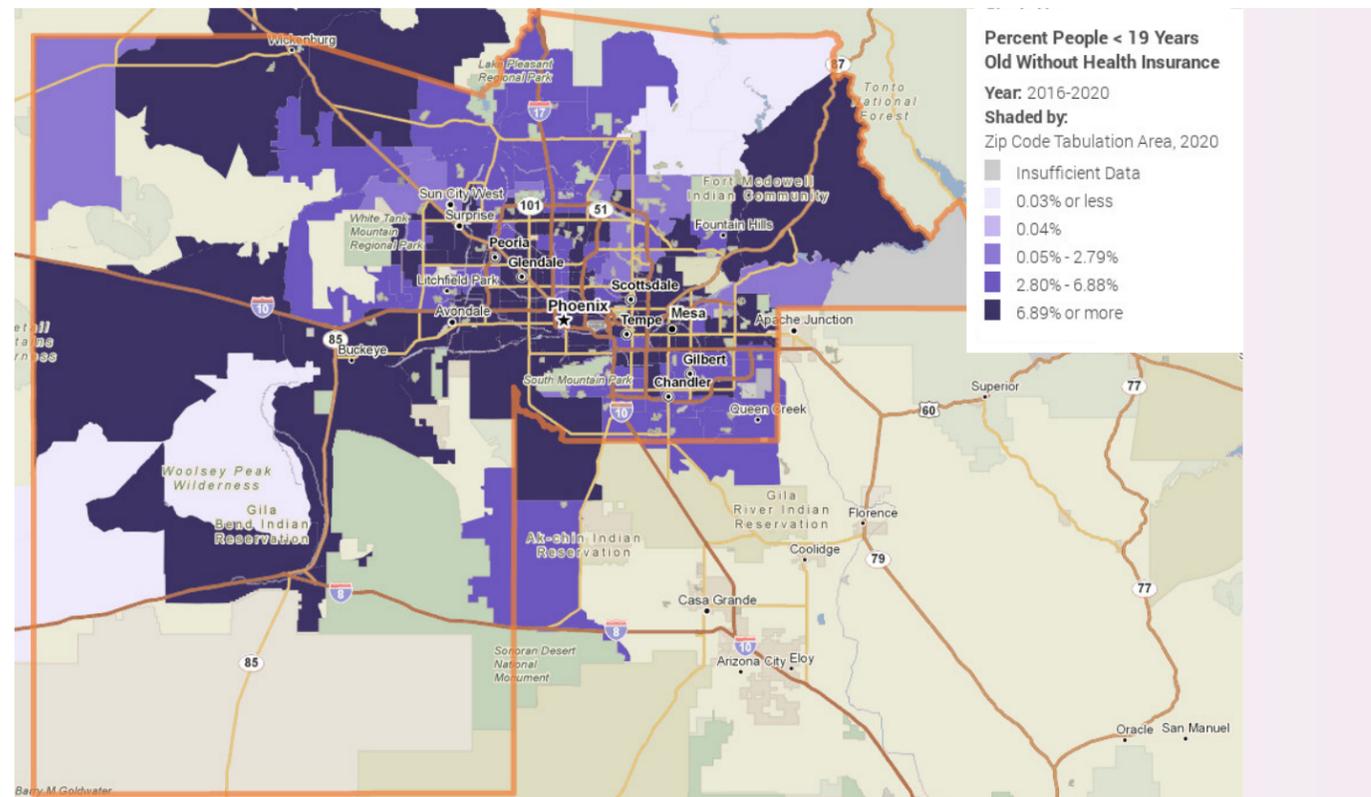
– Parents with Children with Special Healthcare Needs

Source: 2020 Focus Groups

Figure 1 displays the estimated percent of people under 6 years old without health insurance in 2020 in Maricopa County.
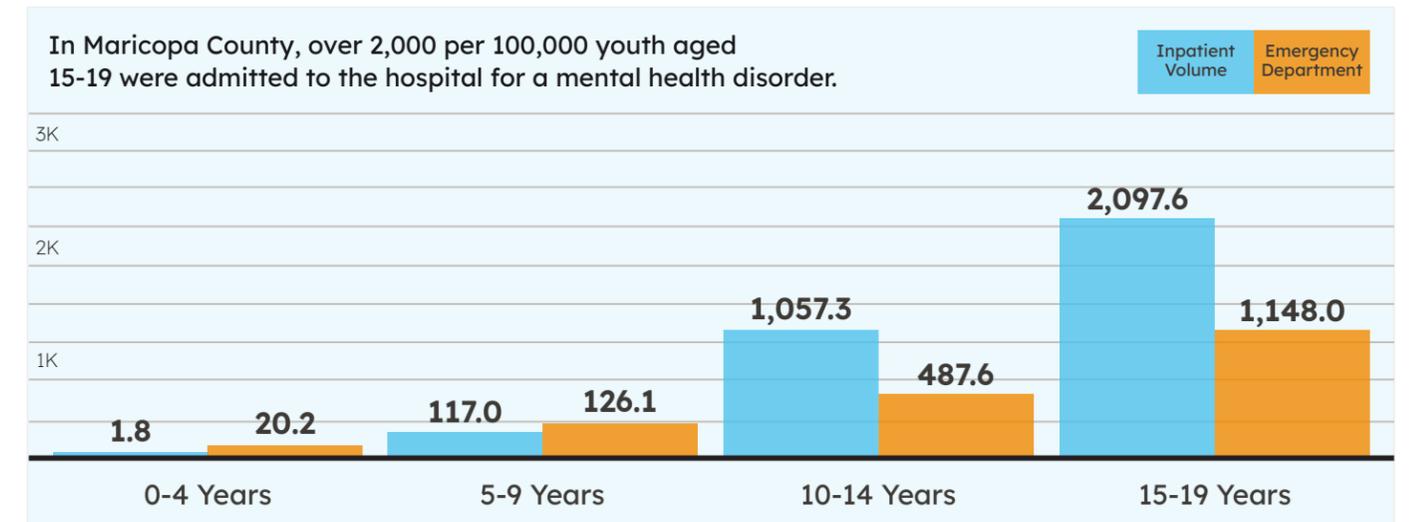

Percent People < 6 Years Old
Without Health Insurance
Year: 2016-2020
Shaded by:
Zip Code Tabulation Area, 2020
- Insufficient Data
- 0.03% or less
- 0.04%
- 0.05% - 2.98%
- 2.99% - 7.92%
- 7.93% or more

Figure 2 displays the estimated percent of people under 19 years old without health insurance in 2020 in Maricopa County.

Percent People < 19 Years
Old Without Health Insurance
Year: 2016-2020
Shaded by:
Zip Code Tabulation Area, 2020
- Insufficient Data
- 0.03% or less
- 0.04%
- 0.05% - 2.79%
- 2.80% - 6.88%
- 6.89% or more

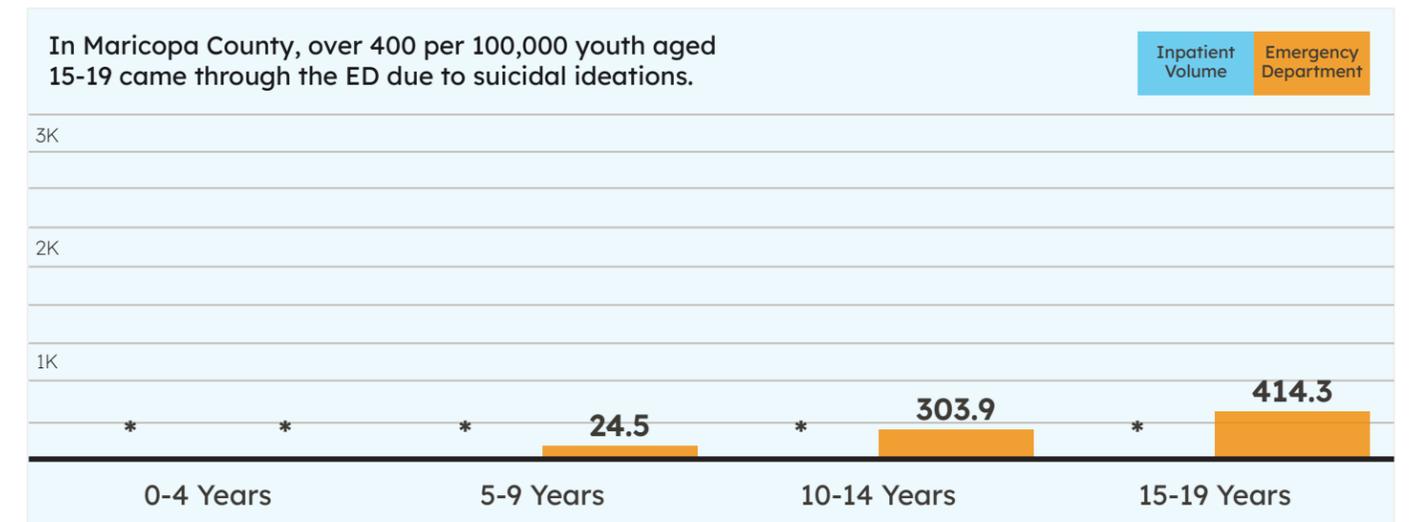**Behavioral Health - Maricopa County (MC) & Arizona (AZ)**

From childhood and adolescence through adulthood, it's critical for individuals to take the steps needed to protect and nurture their mental and behavioral wellness. Addressing mental health early on can significantly improve an individual's ability to succeed with key life milestones. The pandemic has adversely impacted various health, social and economic factors. According to the World Health Organization, "COVID-19 has amplified much more serious mental health problems as many have reported psychological distress and symptoms of depression, anxiety, or post-traumatic stress." As a result of extended school closures, young people have been left vulnerable to social isolation and disconnectedness, which can fuel feelings of anxiety, uncertainty and loneliness and lead to emotional and behavioral problems. For some children and adolescents who had had to stay at home, this may have increased the risk of family stress or abuse, which are risk factors for mental health problems.[xxiv] The pandemic has magnified the unmet need to address behavioral health.

Behavioral Health - All Mental Health Disorders

In Maricopa County, over 2,000 per 100,000 youth aged 15-19 were admitted to the hospital for a mental health disorder.

	0-4 Years	5-9 Years	10-14 Years	15-19 Years
Inpatient Volume	1.8	117.0	1,057.3	2,097.6
Emergency Department	20.2	126.1	487.6	1,148.0

Source: 2020 Hospital Discharge Data (per 100,000) obtained by ADHS, cleaned and analyzed by MCDPH

Behavioral Health - Suicidal Ideations

In Maricopa County, over 400 per 100,000 youth aged 15-19 came through the ED due to suicidal ideations.

	0-4 Years	5-9 Years	10-14 Years	15-19 Years
Inpatient Volume	*	*	*	*
Emergency Department	*	24.5	303.9	414.3

Source: Hospital Discharge Data (per 100,00) obtained by ADHS, cleaned and analyzed by MCDPH, 2020
＊ *Data supressed due to <5 cases in population*

MENTAL HEALTH TREATMENT & OVERALL HEALTH STATUS (AZ)

86% of children (3-17 years) did not receive any treatment or counseling from a mental health professional during the past 12 months

41% of children's mothers (primary caregiver and lives in the household) stated that their physical and/or mental health were not excellent/very good

36% of children's fathers (primary caregiver and lives in the household) stated that their physical and/or mental health were not excellent/very good

Source: National Survey of Children's Health, 2019-2020

TOP HEALTH CONDITIONS (MC)

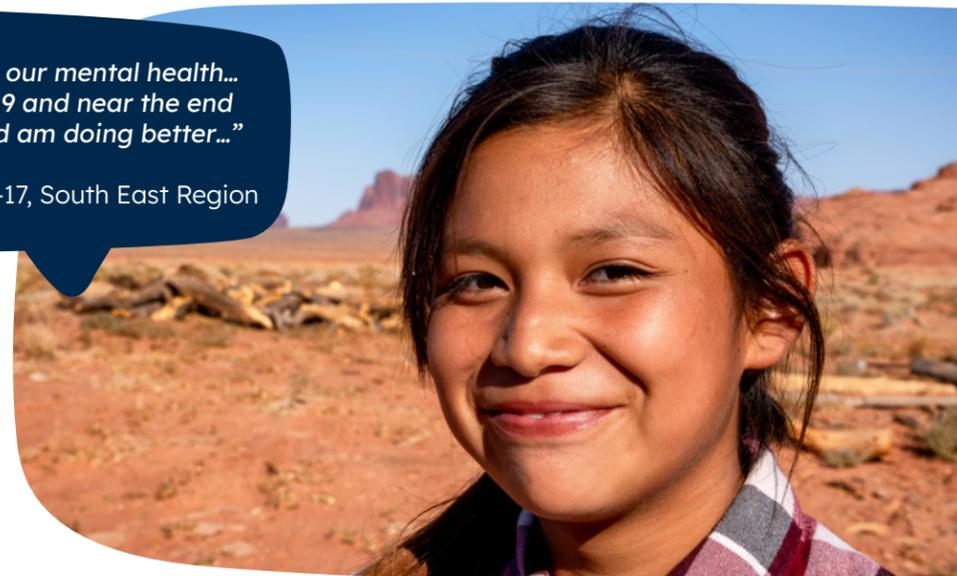**33%** of youth (12-17 years) ranked mental health issues as the #1 health condition

66% of youth (12-17 years) reported alcohol/substance abuse as the most important health condition followed by mental health

Source: 2021 COVID-19 Impact Survey, 2020 Focus Groups

> *"…Online school has been very rough on our mental health… I fell down enormously during COVID-19 and near the end of COVID-19 I have hopped back up and am doing better…"*
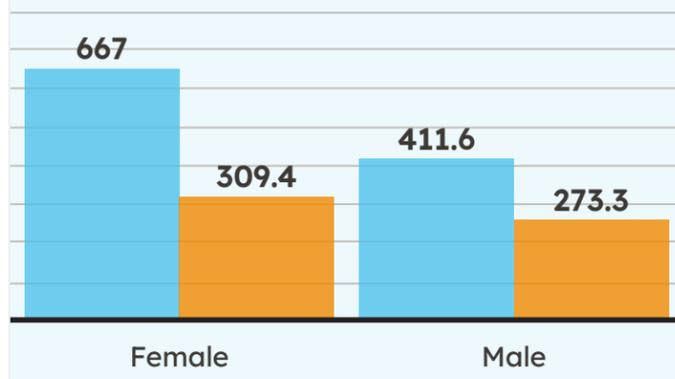>
> – Native American, 12-17, South East Region

Source: COVID-19 Impact Survey, 2021

Behavioral Health - All Mental Health Disorders Race/Ethnicity Disparities

In Maricopa County, Native Americans had the greatest IP rate while Black/African Americans had the greatest ED rate due to all mental health disorders (0-19 yrs.).

Legend: Inpatient Volume / Emergency Department

Race/Ethnicity	Inpatient Volume	Emergency Department
Native American	1,071.1	324.9
Asian	294.1	108.23
Black/African American	761.24	422.1
Hispanic	339.2	238.5
White	448.9	221.5
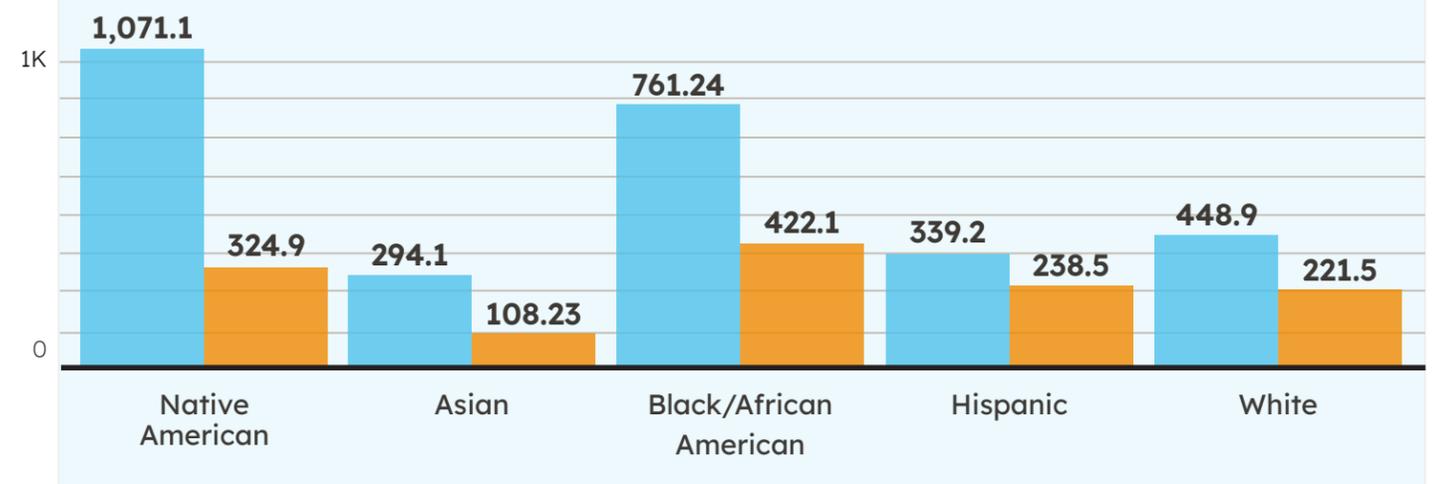
Behavioral Health - Suicidal Ideations Race/Ethnicity Disparities

In Maricopa County, Black/African Americans had the greatest ED rate due to suicidal ideations (0-19 yrs.).

Legend: Inpatient Volume / Emergency Department

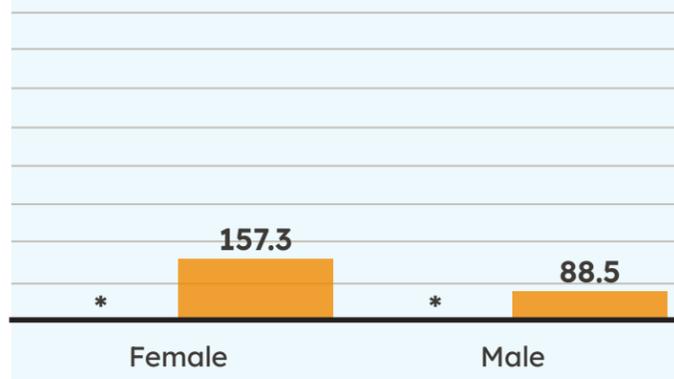| Race/Ethnicity	Inpatient Volume	Emergency Department
Native American	*	121.0
Asian	*	39.5
Black/African American	*	189.1
Hispanic	*	79.2
White	*	104.8

* Data supressed due to <5 cases in population

Behavioral Health - All Mental Health Disorders Gender Disparities

In Maricopa County, females (0-19 yrs.) had the greatest IP and ED rates due to all mental health disorders.
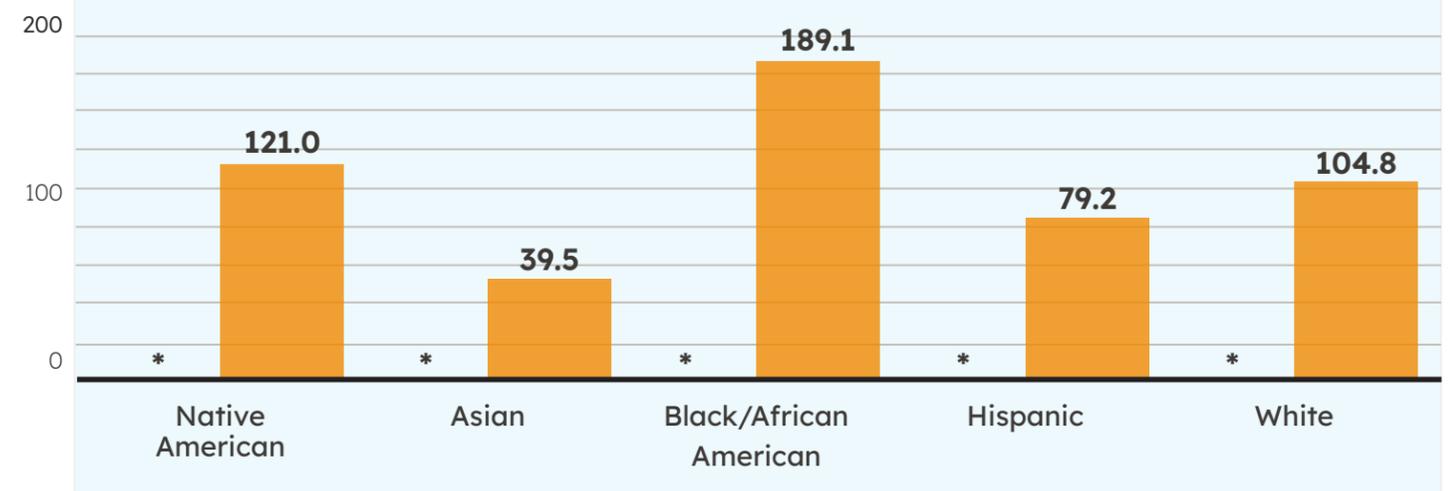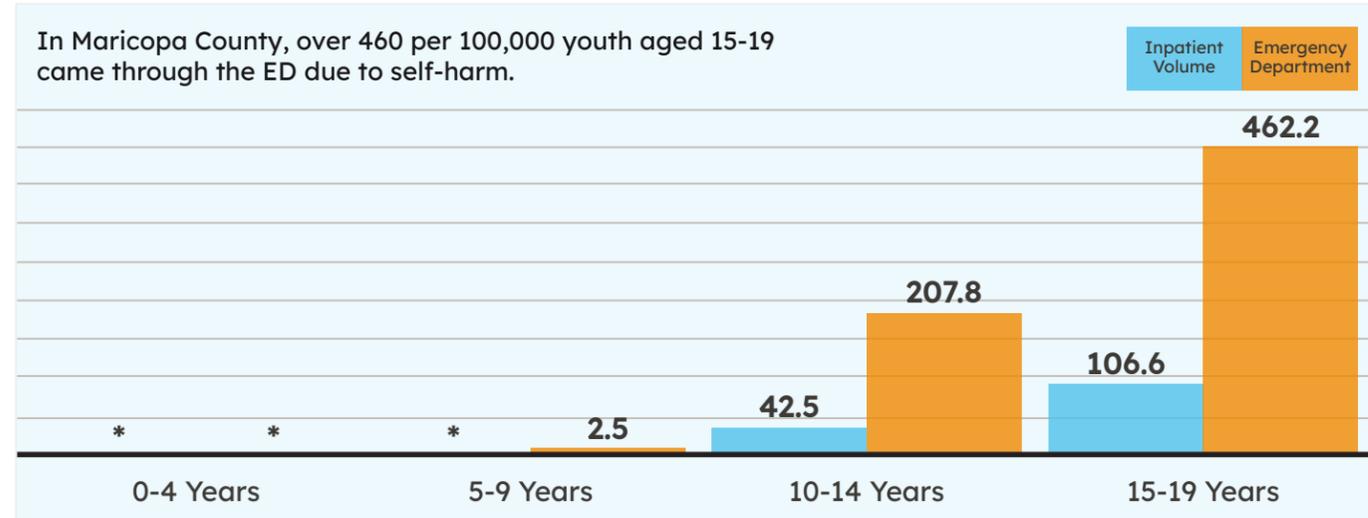
Gender	Inpatient Volume	Emergency Department
Female	667	309.4
Male	411.6	273.3

Behavioral Health - Suicidal Ideations Gender Disparities

In Maricopa County, females (0-19 yrs.) had the greatest ED rate due to suicidal ideations.

Gender	Inpatient Volume	Emergency Department
Female	*	157.3
Male	*	88.5

* Data supressed due to <5 cases in population

Injury Prevention - Maricopa County (MC) & Arizona (AZ)

Unintentional and intentional injuries are the leading causes of death among adolescents and young adults.[xxv] Common causes of fatal and nonfatal childhood injuries include drowning, unintentional suffocation, transportation-related injuries, firearm injuries, child maltreatment and suicide. These causes of death and disability are predictable and preventable. For people aged 5 to 29 years, three of the Top 5 causes of death are injury-related (road traffic injuries, homicide and suicide). Drowning is the sixth leading cause of death for children aged 5 to 14 years. "Beyond death and injury, exposure to childhood trauma can increase the risk of mental illness and suicide; smoking, alcohol and substance abuse; chronic diseases (heart disease, diabetes, cancer); and social problems (poverty, crime, violence). For these reasons, preventing injuries and violence, goes beyond avoiding the physical injury to contributing to improved health and well-being."[xxvi]
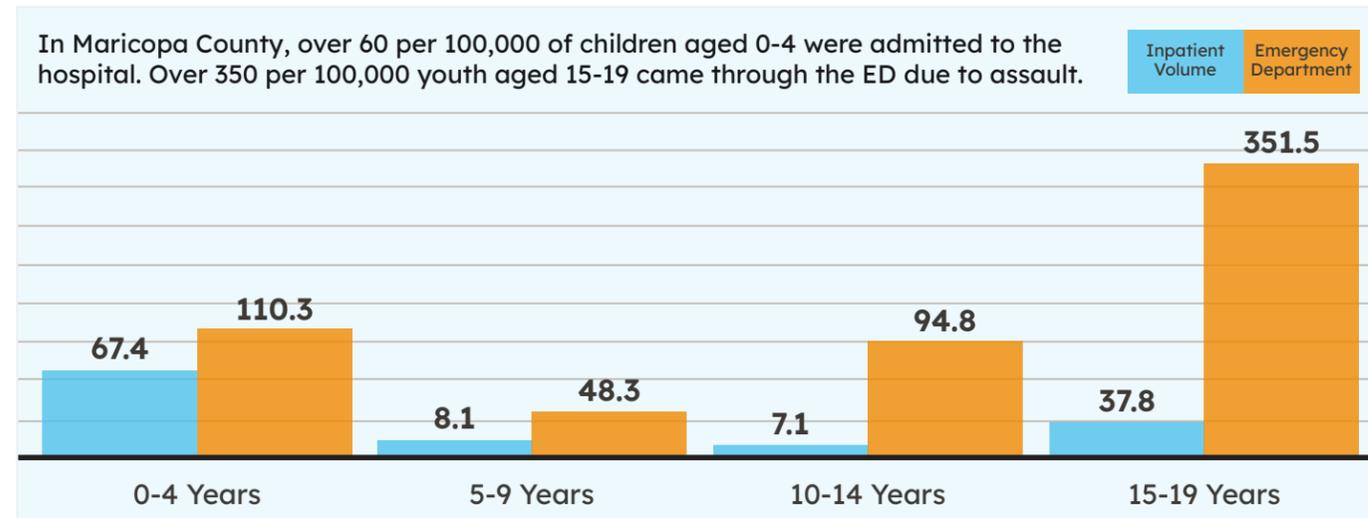
Injury Prevention - Self Harm

In Maricopa County, over 460 per 100,000 youth aged 15-19 came through the ED due to self-harm.

| | Inpatient Volume | Emergency Department |

Bar chart:
- 0-4 Years: Inpatient *, Emergency *
- 5-9 Years: Inpatient *, Emergency 2.5
- 10-14 Years: Inpatient 42.5, Emergency 207.8
- 15-19 Years: Inpatient 106.6, Emergency 462.2

Source: 2020 Hospital Discharge Data obtained by ADHS, cleaned and analyzed by MCDPH
*Data supressed due to <5 cases in population (Rates per 100,000)

Injury Prevention - Assault

In Maricopa County, over 60 per 100,000 of children aged 0-4 were admitted to the hospital. Over 350 per 100,000 youth aged 15-19 came through the ED due to assault.

| | Inpatient Volume | Emergency Department |

Bar chart:
- 0-4 Years: Inpatient 67.4, Emergency 110.3
- 5-9 Years: Inpatient 8.1, Emergency 48.3
- 10-14 Years: Inpatient 7.1, Emergency 94.8
- 15-19 Years: Inpatient 37.8, Emergency 351.5

Source: 2020 Hospital Discharge Data obtained by ADHS, cleaned and analyzed by MCDPH

Injury Prevention - Leading Causes of Death: Ages 0-18

Unintentional injury, homicide and suicide have been among the Top 6 leading causes of death in minors for the last 5 years in Maricopa County.

	2016	2017	2018	2019	2020
1	Pregnancy & Early Life				
2	Unintentional Injury			Homicide	Drug Overdose
3	Homicide		Suicide	Drug Overdose	Unintentional Injury
4	Suicide		Drug Overdose	Cancer	Homicide
5	Cancer			Unintentional Injury	Suicide
6	Drug Overdose		Homicide	Suicide	Cancer

*Pregnancy & Early Life – Pregnancy, childbirth and the puerperium, certain conditions originating in the perinatal period, congenital malformations, deformations and chromosomal abnormalities

Source: Death Data obtained by ADHS, cleaned and analyzed by MCDPH, 2020

Injury Prevention - Child Abuse & Neglect

Reports of Child Abuse and Neglect (0-17 yrs) in Maricopa County

Bar chart:
- 2017: 27,683
- 2018: 28,146
- 2019: 27,807
- 2020: 25,571
- 2021: 27,327
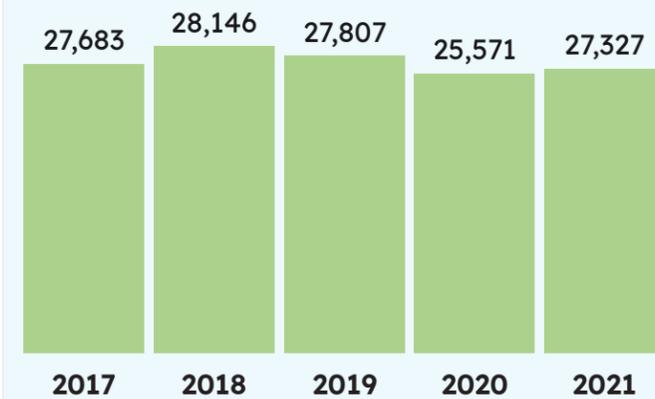
"…Whether its mentally or physically, maybe it's peer pressure or abuse, anything that people can have some sort of resources to make their pretty much environment safer in general."

– Native American Youth - Mesa

Source: 2020 Focus Groups

Individuals aged 20-24 followed by 15-19 had the highest ED rate for motor vehicle traffic related injuries in Maricopa County.

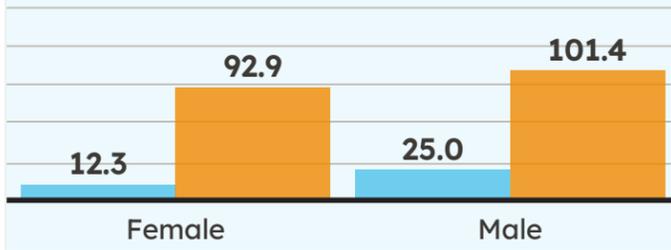Source: Hospital Discharge Data obtained by ADHS, cleaned and analyzed by MCDPH, 2020

Injury Prevention
Self-Harm Gender Disparities

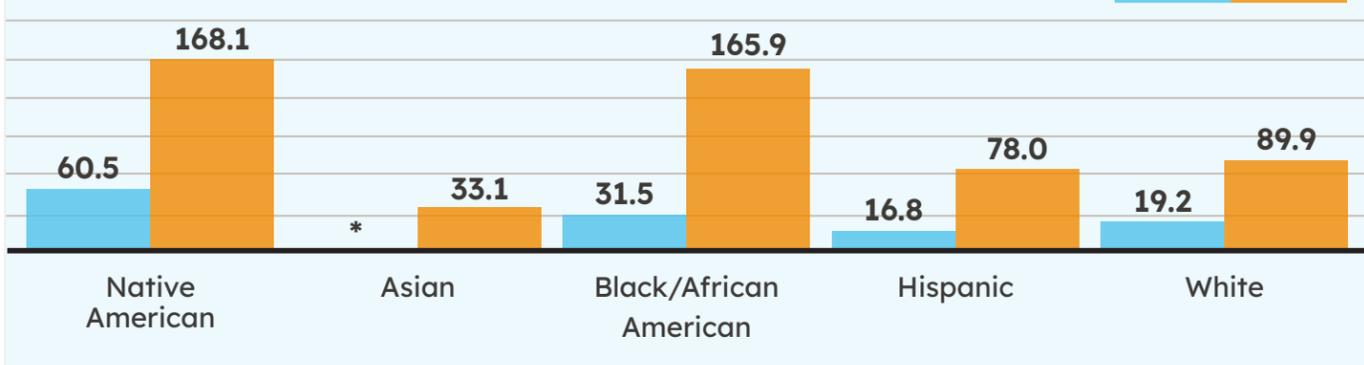In Maricopa County, females (0-19 yrs.) had the greatest IP and ED rates due to self harm.

	Female	Male
Inpatient Volume	36.9	12.6
Emergency Department	159.9	63

Source: Hospital Discharge Data (per 100,000) obtained by ADHS, cleaned and analyzed by MCDPH, 2020

Injury Prevention
Assault Gender Disparities
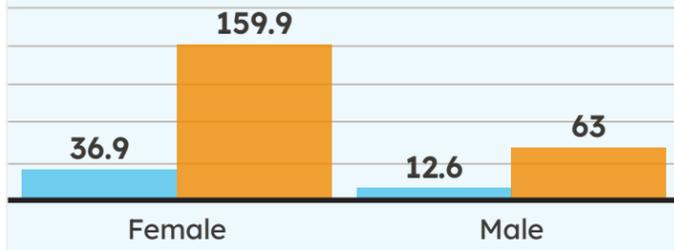
In Maricopa County, males had the highest IP and ED rates due to assault.

	Female	Male
Inpatient Volume	12.3	25.0
Emergency Department	92.9	101.4

Injury Prevention - Self-Harm Race/Ethnicity Disparities

In Maricopa County, Native Americans had the greatest IP and ED rates due to self-harm (0-19 yrs.).
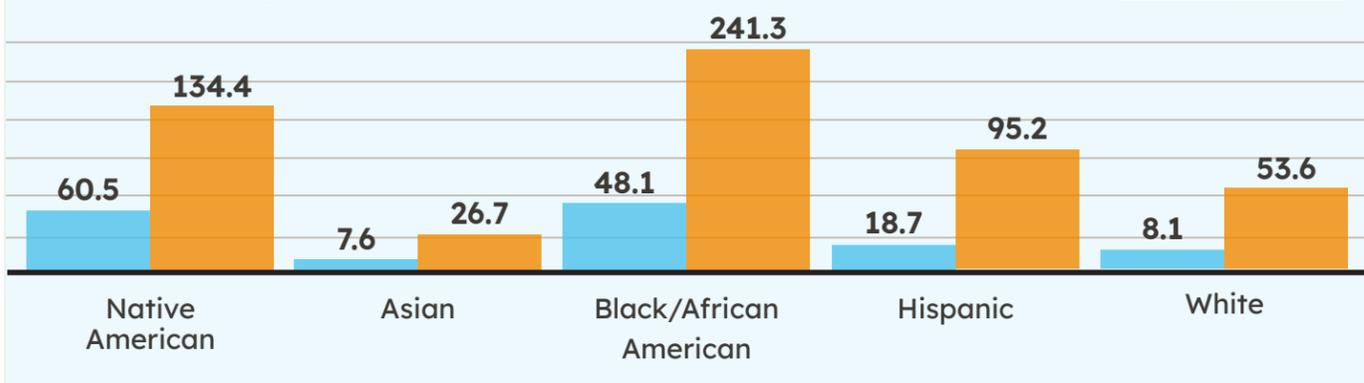
	Native American	Asian	Black/African American	Hispanic	White
Inpatient Volume	60.5	*	31.5	16.8	19.2
Emergency Department	168.1	33.1	165.9	78.0	89.9

Source: Hospital Discharge Data (per 100,000) obtained by ADHS, cleaned and analyzed by MCDPH, 2020
∗ Data supressed due to <5 cases in population

Injury Prevention - Assault Race/Ethnicity Disparities

In Maricopa County, Native Americans had the greatest IP rate while Black/African Americans had the greatest ED rate due to assault (0-19 yrs.).

	Native American	Asian	Black/African American	Hispanic	White
Inpatient Volume	60.5	7.6	48.1	18.7	8.1
Emergency Department	134.4	26.7	241.3	95.2	53.6

Source: Hospital Discharge Data (per 100,000) obtained by ADHS, cleaned and analyzed by MCDPH, 2020

Resources Potentially Available to Address Needs

Resources potentially available to address identified needs include services and programs available through hospitals, government agencies and community-based organizations. Resources include access to hospital emergency and acute care services, Federally Qualified Health Centers (FQHC), food banks, homeless shelters, school-based health clinics, churches, transportation services, health enrollment navigators, free or low cost medical and dental care and prevention-based community education.

As one of the largest pediatric health systems in the Southwest, Phoenix Children's is well equipped to support addressing and improving priority community health needs. Below is a brief outline of existing resources, as well as programs in development, to address access to care and behavioral health.

Access to care

1. Phoenix Children's financial counseling and financial assistance services
2. Phoenix Children's Hospital Emergency Department expansion
3. Phoenix Children's Care Network
4. Phoenix Children's Pediatrics
5. Community outreach
   a. Homeless Youth Outreach program
   b. Crews'n Healthmobile
   c. Breathmobile
6. Geographic expansion
   a. Expanded presence across the East Valley, Northwest and Southwest
   b. Specialty Care and Urgent Care Centers
7. Developmental screening and diagnostic access
   a. ADHD and Autism diagnostic/screening and treatment clinics
   b. Early Access to Care-Arizona program
8. Advocacy efforts

Behavioral Health

1. Phoenix Children's Psychiatry Division
   a. 23-bed inpatient psychiatry unit
   b. Child and Adolescent Psychiatry fellowship
2. Phoenix Children's Bridge Clinic
3. Faculty Learning Community: Psychiatry continuing education program
4. Adverse Childhood Experiences Programming

Injury Prevention

1. Phoenix Children's Injury Prevention programs, including:
   a. Child Passenger Safety Program
   b. Helmet and Pedestrian Program
   c. Water Safety Program
   d. Home Safety Program
   e. Safe Sleep Program

HIPMC is a collaborative effort between MCDPH and a diverse array of public and private organizations addressing healthy eating, active living, linkages to care and tobacco-free living. The HIPMC provides a forum to share ideas and resources as well as a data-driven process to identify gaps and barriers to health improvement, especially among vulnerable populations. With more than 100 partner organizations, this is a valuable resource to help Phoenix Children's connect to other community-based organizations that are targeting many of the same health priorities.

Input Received from Most Recent CHNA and Implementation Strategy Plan

Since implementing the 2019 CHNA, Phoenix Children's solicited and received feedback from key constituent groups representing Phoenix Children's leadership, medical staff, community partners and others to identify community health needs and design implementation strategies. These individuals provided their input regarding whether Phoenix Children's is meeting the health needs of the community, accompanied by detailed feedback about gap areas. They also identified other community needs that are not mentioned in the survey. Additionally, those who provided prioritization input made recommendations to address broader healthcare improvement in Maricopa County, from access to care and injury prevention to mental/behavioral health and physical activity/obesity prevention.

This report is widely available to the public on Phoenix Children's website at phoenixchildrens.org/about-us/healthcare-outreach, and a paper copy is available for inspection upon request at the Phoenix Children's Center for Family Health and Safety.

Written comments about this report can be submitted to mediarelations@phoenixchildrens.com.

Implementation Strategy for Addressing Community Health Needs
Phoenix Children's has outlined strategies to address the prioritized community health needs: **access to care, behavioral health (for patients who are both medically complex and have a behavioral health need) and injury prevention.** Additionally, the health system intends to track the impact of these strategies using measurable key performance indicators, leveraging existing hospital data and program enrollment, to validate Phoenix Children's community health improvement efforts.

1. Access to Care

Implementation strategies	Tactics
1 Increase access to care by expanding Phoenix Children's footprint, processes and technology	a. Establish PCH-East Valley, PCH-Arrowhead Campus and Phoenix Children's Southwest Campus and their subspecialty practices b. Provide more convenient and consumer friendly options for patients to access care with our providers in a timely manner c. Expand Phoenix Children's Pediatrics to allow for improved access too care
2 Increase access to care by facilitating insurance coverage for un-and-under insured pediatric patients	a. Support patients through our financial assistance programs and enroll in insurance b. Expand access through subsidized programs and services
3 Educate policymakers and advocate for public policy that advances access to care for children	a. Educate policymakers on Social Determinants of Health that impact care delivery and access b. Advocate and support policies that promote health care access for children in need

2. Behavioral Health

Implementation strategies	Tactics
1 Improve access through new programs and partnerships for more treatment, education and coordination	a. Expand Adverse Childhood Events (ACES) screenings b. Expand mental health care continuum to help patients receive care needed, transition to next level of care and/or prepare them for discharge c. Increase education and support to community pediatricians for patients with ADHD, depression, anxiety, etc. d. Implement universal screening and intervention through Suicide Prevention Program to address mental health issues for kids most at risk
2 Improve public awareness, policy development and perception of pediatric behavioral health	a. Educate the community and legislators on the interdependence of physical and mental health b. Expand PR & marketing efforts to advance behavioral health awareness
3 Increase the training provided to our physicians on mental health	a. Provide training to our residents and fellows on how to screen, recognize, treat/refer appropriately patients with mental health needs

3. Injury Prevention

Implementation strategies	Tactics
1 Expand or enhance child injury prevention efforts for those most at risk	a. Provide injury prevention trainings to the community to reach more kids at risk b. Develop training for PC staff to provide injury prevention resources & education to families and other care partners in the community c. Use targeted social media, TV coverage, radio public service announcements, interviews, and print media to educate and inform on injury prevention d. Expand home safety programs

Impact of Actions Taken Since Preceding CHNA

COVID-19

In addition to supporting mental health, access to care and injury prevention initiatives for the 2019-2022 community health needs assessment term, Phoenix Children's put forth considerable resources surrounding COVID-19 in the interest of serving and protecting the community.

Phoenix Children's emerged as a national thought leader during COVID-19, offering timely information for parents as they navigated keeping their children safe, while also working on caring for children in our sites of service. Here are the efforts and initiatives Phoenix Children's consistently deployed surrounding the pandemic:

Leading the Treatment of MIS-C
Early on, providers identified similarities between MIS-C, a new and serious illness associated with COVID-19, and Kawasaki Disease, a condition doctors have treated successfully for years. Phoenix Children's physicians have continued to serve as a resource in Phoenix and throughout the state. This includes direct care of children and developing guidance for other providers to identify and begin treatment of MIS-C patients early on. Phoenix Children's became one of four health systems participating in the MIS-C Phenotype Initiative, a research project spearheaded by the CDC.

Testing and Vaccine PODs
Phoenix Children's rapidly established a COVID-19 testing POD on its Thomas Campus for pre-procedural testing. Once vaccines became available for children, Phoenix Children's administered them at this drive-thru POD as well. The POD administered 3,431 doses of the COVID-19 vaccine to patients, siblings and caregivers. Vaccine PODs were also set up across the Phoenix Children's Pediatrics (PCP) network of primary care offices. Through 2021, Phoenix Children's Pediatrics offices administered 2,444 doses.

Keeping Our Community Informed
A number of communications vehicles were utilized to share trusted health information and vaccine availability with patient families and the community:

- **The COVID-19 Resource Center:**
  Phoenix Children's established a COVID-19 resource hub prominently featured on its website to provide real-time updates on everything from masking and screening to condition-specific guidance and vaccine questions. Many pieces of content were available in English and Spanish. More than 30,000 page views were amassed since January 2021.

- **Bright Futures Blog:**
  Phoenix Children's launched a consumer-facing blog during the pandemic as a means of sharing ongoing pandemic updates with the community. These articles are repurposed for social media content and used across landing pages as well. Of all COVID-19 specific content, the most-read articles were *"COVID-19 variants and kids: What parents should know"* (1,202 page views) and *"I'm a pediatric hospitalist: Here's what I want you to know about COVID-19 and kids"* (1,011 page views).

- **Media Interviews:**
  Phoenix Children's clinicians participated in hundreds of print, broadcast, online and radio interviews with local, national and international outlets as a means of providing expert commentary to families and the community about the latest pandemic updates and how caregivers could keep children safe. The following figures from our top three interviewed spokespeople during the pandemic include broadcast and radio packages that aired on multiple shows as well as print and online articles that were republished by multiple outlets:

  - Wassim M. Ballan, MD, pediatric infectious diseases specialist – 372 interviews
  - Gary E. Kirkilas, DO, pediatrician – 374 interviews
  - Dr. Carla C. Allan, PhD, Division Chief of Pediatric Psychology – 13 interviews

Access to Care:

Communities across greater Maricopa County continue to grow rapidly. Phoenix Children's remains dedicated to improving access to premier pediatric healthcare services and being conveniently located where children and families need care the most, regardless of their location and proximity to the Thomas Campus.

- In early 2020, Phoenix Children's opened a 45,000-square-foot clinic to bring access to world-class pediatric specialty care to patients living in the East Valley. The clinic provides patients within this community, and across Maricopa County, with an additional access point to our specialists dedicated to children.
- As founding partner and Official Healthcare Provider of Bell Bank Park, Phoenix Children's opened an urgent care and sports medicine clinic in late 2022 as part of the world-class, 320-acre sports and entertainment complex in Mesa. The nearly 4,000-square-foot facility will provide expert medical services to young athletes, children and adolescents in the East Valley. Bell Bank Park is expected to host more than one million youth athletes a year.
- Phoenix Children's broke ground on a new campus in Avondale. Slated to open in 2023, Phoenix Children's – Avondale Campus will add a freestanding emergency department and expanded specialty clinic to the site of Phoenix Children's Southwest Valley Specialty and Urgent Care Center. A nearly $40 million investment, the new campus will support 71,000 annual visits.
- In 2021, Phoenix Children's announced plans to build a new freestanding, three-story hospital in Glendale. Phoenix Children's Hospital – Arrowhead Campus will offer inpatient care, an emergency department, an outpatient surgery center and a multi-specialty clinic. The growth across the West Valley has created a need for these services, therefore Phoenix Children's invested in this community to ensure families can access high-quality care for children in their own neighborhood.
- The growth of PCP is part of the organization's larger strategy to offer high-quality pediatric care to patients in their communities. PCP expanded its footprint across the Valley to meet the need in the community. This group expanded across communities with plans in process to add additional locations in the future.
- Phoenix Children's Care Network (PCCN), the largest pediatric focused clinically integrated network in the state, continues to expand its geographic provider coverage to improve access to primary care physicians and pediatric specialists. The network is comprised of more than 1,100 primary care, general pediatric and subspecialty providers across the state. Underscoring the importance of comprehensive healthcare and access for children in the community, PCCN's exclusive partnership with Arizona Care Network (ACN) for pediatric services drives clinical accountability and shared goals of targeted, community-wide health improvements.
- As the community grows, there will be an increased demand to treat sports-related injuries. Phoenix Children's opened locations across communities in the West Valley (Avondale and Peoria) to meet these needs with services including physical therapy, rehabilitation and education services.

Phoenix Children's has dedicated financial counselors to help patients and their families navigate the complexities of the healthcare industry and the cost of services. These counselors help families understand insurance benefits, provide details about estimated charges for healthcare services and make financial arrangements for care. The team is also available to educate families on the healthcare benefits to which patients and families are entitled. Based on eligibility, financial counselors will facilitate the application process for commercial insurance or Arizona Health Care Cost Containment System (AHCCCS) coverage, as well as completion and submission of Phoenix Children's financial assistance applications. To continue to advance the great work of the financial counselors, Phoenix Children's did the following:

- ED Financial Counselors were put in place to be available for uninsured and underinsured patients (assist in applying for AHCCCS and/or financial assistance).
- A Financial Counselor Dashboard was implemented to automatically notify financial counselors when uninsured patients have appointments scheduled.

Phoenix Children's also prioritized developing solutions to make it easier to access providers. Below are a few solutions the organization developed:

- An Open Booking tool was implemented to allow patients/families to self-refer and self-book appointments to see specialists.
- An Opt-In or Out Waitlist feature was developed allowing patients and families to request to join a waitlist to be offered openings as soon as they become available.

Behavioral Health:

Phoenix Children's Mental Health

The Mental Health team at Phoenix Children's consists of the Psychiatry Division, Psychology Division and the Mental Health Therapy Department. These groups at Phoenix Children's bring healing to patients via a collaborative effort—including medication management, family-based interventions, individualized assessment, support for complex medical illness and individual therapy.

Staffing

Psychiatry staff at Phoenix Children's consists of five psychiatrists, five psychiatric nurse practitioners and has recently recruited two additional child psychiatrists. The Psychiatry Division has successfully graduated the first cohort of fellows in the Child and Adolescent Psychiatry Fellowship program. This program consists of up to two fellows per year and requires two years of training.

The Psychology Division is consistently growing and currently has 21 psychologists. The division also has a training program that consists of a large practicum program averaging between four to eight students, two interns and one fellow. The division has also recently aligned their leadership to have the Mental Health Therapy Department embedded within this division.

The Mental Health Therapy Department consists of 26 mental health therapists. The department started a fellowship program in August 2022. Students at ASU who are in the Master of Social Work program will have the opportunity to intern at Phoenix Children's during their last year of school and then can progress to becoming a fellow after graduation. The fellowship can have a capacity of six students per yearly cohort and the program lasts two years.

Expansion of Services

The increased number of patients arriving to the Emergency Departmen (ED) in need of mental healthcare significantly increased over the last two years. In response to the increased need, there are now mental health therapists available in the ED 24 hours a day and there are psychiatric nurse practitioners who cover the ED seven days a week.

The Bridge Clinic continues to grow and has provided 5,305 appointments in 2021. This clinic has provided care to ensure patients who are in the hospital setting receive psychiatric and mental health therapy services within seven days of discharge and then the program "bridges the gap" until the patient can be seen by their long-term community mental health provider.

Phoenix Children's also received a grant in 2022 from the Cardinal Health Foundation in partnership with the Children's Hospital Association to implement the Zero Suicide Initiative. In addition to implementing this initiative, a comprehensive suicide screening and assessment program has been created to support the work.

Continuing education and training for community physicians

A direct response to the shortage of mental health providers in Maricopa County (and the growing number of children with mental health needs), Phoenix Children's is providing a continuing medical education program that aims to train pediatricians, nurse practitioners and other healthcare providers in handling routine behavioral and mental healthcare needs. The yearlong faculty learning community program will teach the providers about identifying, treating and managing common behavioral health needs such as attention deficit disorder, anxiety and depression in their existing patient population. There is also another cohort of pediatricians who are being trained to care for patients who have autism spectrum disorder.

Adverse Childhood Experiences Care and Program Integration

Phoenix Children's has been at the forefront of Adverse Childhood Experiences (ACEs) work, e.g., prevention of violence, abuse, or neglect, on a local and national scale. It was a founding member of the Arizona ACEs Consortium, which started in 2007.

In 2019, Phoenix Children's ACEs launched the Center for Resiliency and Wellbeing (CRW), a five-year pilot program and initiative that represents an expansion on the health system's work in clinical ACEs care. CRW's mission centers on transforming the lives of Arizona children who have experienced adversity or trauma by providing science-based, integrated and integrative care services.

During the first two years of the pilot phase, CRW primarily worked with patients from three clinics: Phoenix Children's Medical Group (PCMG) Division of General Pediatrics, Phoenix Children's Homeless Youth Outreach (HYO) program, and one community-based pediatric practice. The clinics were formally educated and given tools to administer screenings for ACEs and toxic stress as well as support patients and families. Plans are in place to expand throughout the Phoenix Children's system and the PCCN with the goal of educating pediatric providers on ACEs, trauma informed care, the stress response system and how adversity can affect overall mental, emotional, behavioral and physical health for all. CRW provides interventions and resiliency training to meet needs and address gaps in community services.

In the pilot program, assessments are taken during the patient intake processes. This enables integration with the PCMG electronic health record and increasing clinic workflow and referrals. Additionally, CRW supports and provides education training to other hospital and community groups such as the Phoenix Children's Trauma-Informed Care Workgroup, the Child Abuse Prevention Conference and other networks that work with at-risk youth populations.

As of July 2019, 76.8% of patients across Phoenix Children's General Pediatrics were screened for ACEs. Since its integration with the HYO program, 79% of new patient visits have included ACE screenings as of June 2019.

As of 2021, 91% of pediatric patients in Phoenix Children's general pediatric clinic and HYO program were screened for ACEs and resources needed, and telehealth was fully integrated.

As of August 2022:

- Contacts by CRW team : 12,304
- Referrals: 1,449
- Education to pediatric providers : 533

Injury Prevention:

At Phoenix Children's, the Injury Prevention Program consists of a group of well-trained Injury Prevention Specialists who focus on addressing the most common causes of childhood injury. They are committed to bringing awareness in the community and have developed educational materials and resources to assist families with keeping their children safe.

Across Maricopa County, Phoenix Children's Injury Prevention program is dedicated to providing free health and safety education. Phoenix Children's Injury Prevention Program includes:

Child Passenger Safety Program:

- The Child Passenger Safety Program offers bi-monthly classes and car seat checks where Phoenix Children's technicians check car seat installations, provide education, distribute car seats and provide special needs consultations for those children whose health conditions require specialized safety interventions.
- The organization has delivered 3,000 educational child passenger safety sessions and distributed more than 3,000 car and booster seats.
- The Child Passenger Safety program provides 80% or more of services to marginalized populations like refugee, immigrant and lower-income populations in Maricopa County; many of these populations are at disproportionate risk of transportation-related injury and death.

Helmet and Pedestrian Program:

- Phoenix Children's IP programs include consultations and interventions to educate children and parents on the importance and correct use of helmets, bicycles, scooters, skateboards and all-terrain vehicles.
- The program has distributed more than 2,000 helmets to protect children in bicycle-related injuries, which cause more emergency room visits among kids aged 5 to 14 than any other sport.

Safe Sleep

- The Keep Your Baby Safe program teaches families the importance of creating a safe sleep environment for infants. Families who do not have the financial means to provide a safe sleep environment for their baby are provided with a free playard.
- The program offers free two-hour training sessions, in English and Spanish, that address suffocation risk for infants and train parents in proper, safe sleep routines for their babies.

Home Safety

- Home safety classes assist families to identify their household safety hazards, become aware of unsafe conditions, and provide information and resources to make needed changes to childproof a home.

Water Safety Program

- Recently, Phoenix Children's launched the Pediatric Drowning Prevention Program. The program's goal is to measure and improve provider drowning prevention efforts, knowledge and resource-sharing during well-child visits. The quality improvement study is led by Phoenix Children's in partnership with PCCN, ASU and the Salt River Project (SRP) and has been endorsed by the Michael Phelps Foundation.
- In partnership with Valley Toyota Dealers, CFHS also distributes water safety kits designed to help parents of toddlers reduce the risk of drowning. Kits include tips to reduce parent stress and distractions at the pool area along with a bag, towel, "Pool Boss" card and infographics on safety at the pool.
- Through its partnership with SRP, CFHS offers free, one-hour "Playing it Safe" workshops to help parents and caregivers of children aged 5 and under reduce stress at the pool with a custom water safety plan.

Appendix A - Top Leading Causes of Death

Maricopa County (Ages 18 years and younger) 2016-2020

	2020	2019	2018	2017	2016
#1	Pregnancy & Early Life	Pregnancy & Early Life	Pregnancy & Early Life	Pregnancy & Early Life	Pregnancy & Early Life
#2	Drug Overdose, All Drugs	Homicide	Unintentional Injury	Unintentional Injury	Unintentional Injury
#3	Unintentional Injury	Drug Overdose. All Drugs	Suicide	Homicide	Homicide
#4	Homicide	Cancer	Drug Overdose, All Drugs	Suicide	Suicide
#5	Suicide	Unintentional Injury	Cancer	Cancer	Cancer
#6	Cancer	Suicide	Homicide	Drug Overdose, All Drugs	Drug Overdose, All Drugs
#7	Cardiovascular Disease	Infectious & Parasitic Diseases	Infectious & Parasitic Diseases	Infectious & Parasitic Diseases	Infectious & Parasitic Diseases
#8	Infectious & Parasitic Diseases	Stroke	Cardiovascular Disease	Cardiovascular Disease	Cardiovascular Disease
#9	Chronic Lower Respiratory	Cardiovascular Disease	Chronic Lower Respiratory	Influenza & Pneumonia	Chronic Lower Respiratory
#10	Influenza & Pneumonia	Chronic Lower Respiratory	Influenza & Pneumonia	Stroke	Stroke

Date	Time	Population	Location
CYCLE 1			
8/23 (Thurs.)	8:30am–10:30am	Older adults (50+) [Spanish; n=10]	Aeroterra (675 N. 16th St., Phoenix, AZ 85006)
8/27 (Mon.)	4:30pm–6:30pm	LGBTQ adults [n=14]	One N Ten (1101 N. Central Ave., #202, Phoenix, AZ 85004)
8/29 (Wed.)	5:30pm–7:30pm	Native American adults [n=12]	Native Health (4041 N. Central Ave., Building C, Phoenix, AZ 85012)
8/30 (Thurs.)	8:30am–10:30am	Older adults (50+) [n=12]	Aeroterra (675 N. 16th St., Phoenix, AZ 85006)
9/4 (Tues.)	4:30pm–6:30pm	Adults with children under age 18 [n=10]	South Phoenix Healthy Start (3230 E. Broadway Rd., Suite 200, Phoenix, AZ 85040)
9/6 (Thurs.)	6:00pm–8:00pm	African American adults [n=12]	Tanner Community Development Corporation (700 E. Jefferson St., Suite 200, Phoenix, AZ 85034)
9/11 (Tues.)	1:00pm–3:00pm	Adults with Children over 18 [Spanish; n=11]	Friendly House (113 W. Sherman St., Phoenix, AZ 85003)
9/12 (Wed.)	5:30–7:30pm	Adults with children over age 18 [n=7]	Burton Barr Library (1221 N. Central Ave., Phoenix, AZ 85004)
9/13 (Thurs.)	1:30–3:30pm	Asian American adults [Mandarin; n=15]	Phoenix Chinese Senior Center (734 W. Elm St., Phoenix, AZ 85013)
9/19 (Wed.)	1:00–3:00pm	Homeless adults [n=14]	Circle the City (3522 N. 3rd Ave., Phoenix, AZ 85013)
9/19 (Wed.)	6:00–8:00pm	Migrant Seasonal Farmworkers [Spanish; n=11]	Avondale School District (295 W. Western Ave., Avondale, AZ 85323)
9/20 (Thurs.)	5:30–7:30pm	Adults without Children [n=2]	Phoenix Community College (1202 W. Thomas Rd., Phoenix, AZ 85013)

Date	Time	Population	Location
CYCLE 1 *Continued*			
9/25 (Tues.)	12:00–2:00pm	Adults without Children [Spanish; n=8]	HOPE VI/Matthew Henson Apartments (840 W. Tonto St., Phoenix, AZ 85007)
9/26 (Wed.)	1:30–3:30pm	Adults with Children under 18 [Spanish; n=13]	Academia del Pueblo Elementary School (201 E. Durango St., Phoenix, AZ 85004)
10/3 (Wed.)	12:30pm–2:30pm	Adults without Children [n=6]	Arizona State University, Downtown Campus (411 N. Central Ave., Phoenix, AZ 85004)
CYCLE 2			
4/8 (Mon.)	6:00pm–8:00pm	Native American Adult Males [n = 8]	Native American Fatherhood & Families Association (460 N. Mesa Dr, Suite 115, Mesa, AZ)
4/16 (Tues.)	10:00am–12:00pm	Homeless Males over 60 [n = 10]	St. Vincent de Paul (420 W. Watkins Rd., Phoenix, AZ)
4/17 (Wed.) and 5/16 (Thurs.)	6:00pm–8:00pm 5:30pm–7:30pm	Native American Adults [n = 17]	Mesa Public Schools (1025 N. Country Club, Mesa, AZ) & Native Health (East Valley) (777 W. Southern Ave., Building C, Mesa, AZ)
4/18 (Thurs.)	10:30am–12:30pm	Homeless Women with Children [n = 15]	UMOM (3333 E. Van Buren St., Phoenix, AZ)
4/18 (Thurs.)	5:30pm–7:30pm	African American Males [n = 7]	Hatton Hall (34 E. 7th St., Tempe, AZ)
4/23 (Tues.)	4:30pm–6:30pm	LGBTQI Adults [n = 7]	Southwest Center for HIV/AIDS (Parson's Center) (1101 N. Central Ave, Phoenix, AZ)
4/24 (Wed.)	6:00pm–8:00pm	Homeless Youth (14-21) [n = 7]	Native American Connections/ HomeBase (931 E. Devonshire, Phoenix, AZ)

Date	Time	Population	Location
CYCLE 2 *Continued*			
4/25 (Thurs.)	12:30pm–2:30pm	Adults over 60 (New Retirees) [n = 13]	Ahwatukee Foothills Family YMCA (1030 E. Liberty Lane, Phoenix, AZ)
4/26 (Fri.)	10:30am–12:30pm	New Parents [n = 7]	Adelante Healthcare – WIC Office (1705 W. Main St., Mesa, AZ)
4/27 (Sat.)	10:30am–2:30pm	Homeless Veterans [n = 15]	MANA House (2422 W. Holly St., Phoenix, AZ)
4/29 (Mon.)	6:00pm–8:00pm	Parents of Children with Special Health Needs [n = 9]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
4/30 (Tues.)	6:00pm–8:00pm	Parents of Children with Special Health Needs [SPANISH; n = 7]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
5/4 (Sat.)	10:30am–12:30pm	Filipino Adults [n = 8]	Chandler Community Center (125 E. Commonwealth Ave., Chandler, AZ)
5/14 (Tues.)	5:30pm–7:30pm	Veterans [n = 7]	Tanner Community Development Corporation (700 E. Jefferson St., Phoenix, AZ)
5/16 (Wed.)	8:30am–10:30am	New Parents [SPANISH; n = 11]	Moon Mountain Elementary School (13425 N. 19th Ave, Phoenix, AZ)
CYCLE 3			
10/16 (Wed.)	1:00 pm–3:00 pm	Native Americans Young adults (19-24)	ASU Discovery Hall 250 E Lemon St. Tempe 85281
10/17 (Thurs.)	10:00 am–2:00 pm	Immigrants/Refugee Asylum Seekers - Congolese	IRC 4425 W Olive #400 Glendale 85302
10/17 (Thurs.)	1:30 pm–3:30 pm	Asian Americans - South and southeast Asia [n = 29]	Asian Pacific Community in Action-IACRF Hall 2809 W Maryland Phoenix 85017
10/22 (Tues.)	4:00 pm–6:00 pm	LGBTQ - Young adults (19-24)	One.n.ten 931 #202 Phoenix 85004

Date	Time	Population	Location
CYCLE 3 *Continued*			
10/28 (Mon.)	11:00 am–1:00 pm	Homeless - Young adults (19- 24)	Homebase 931 E Devonshire Phoenix 85014
11/1 (Sat.)	1:00 pm–3:00 pm	Youth Focus Groups (14 - 18) African Americans 1	Ironwood Library 4333 E Chandler Phoenix 85048
11/5 (Tues.)	10:00 am–12:00 pm	Adults over 65 Hispanic/Latino [n = 6]	Gila Bend Family Resource Center 303 E Pima St, Gila Bend, AZ 85337
11/6 (Wed.)	5:30 pm–7:30 pm	People Living with Special Healthcare Needs-Parents/caregivers	Sunset Library 4930 W Ray Rd, Chandler, AZ 85226
11/7 (Thurs.)	12:00 pm–2:00 pm	Adults over 65 African Americans [n = 12]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/7 (Thurs.)	5:00 pm–:00 pm	African Americans Young adults (19-24) [n = 4]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/12 (Wed.)	5:00 pm–7:00 pm	Youth Focus Groups (14-18) Homeless	UMOM 2344 E Earll Drive Phoenix, AZ - 85016
11/13 (Wed.)	8:30 am–10:30 am	Youth Focus Groups (14 - 18) Hispanic	Natalie's room North High School 1101 E Thomas Phoenix 85014
11/13 (Wed.)	4:00 pm–6:00 pm	People who have been previously incarcerated – combined	Black Canyon Building 2445 W Indianola Ave, Phoenix, AZ 85015
11/13 (Wed.)	5:00 pm–7:00 pm	Youth Focus Groups (14 - 18) Native American	Seewa Tomteme Community Center 8066 S Avenida del Yaqui Guadalupe, AZ 85283
11/14 (Thurs.)	12:00 pm–2:00 pm	Hispanic/Latinx - Young adults (19-24) [n = 13]	Community Room - Mesa Fire Station 2 830 S Stapley Dr, Mesa, AZ 85204
11/18 (Mon.)	11:00 am–1:00 pm	LGBTQ Adults 60+ [n = 4]	Aunt Rita's Foundation 1101 N Central Gila River room 2nd floor

Date	Time	Population	Location
CYCLE 3 *Continued*			
11/18 (Mon.)	4:30 pm – 6:00 pm	Youth Focus Group (1-18) Native American	Native Health Mesa 777 W Southern Ave., Mesa, AZ 85210
11/18 (Mon.)	10:30am – 12:30 pm	Residents of Rural Communities - Wickenburg	Wickenburg Community Hospital 520 Rose Ln Wickenburg , AZ 85390
12/4 (Wed.)	10:00am – 2:00pm	Youth Focus Groups (14 - 18) African Americans 2 [n = 11]	Hope College & Career Readiness Academy 6401 S. 16th Street Phoenix 85042
12/13 (Fri.)	12:00pm – 2:00pm	People Living with Special Healthcare Needs Young adults [n = 12]	First Place Phoenix 3001 N. Third Street Phx, 85012

2021 Focus Group Schedule

Focus Group #	Date	Region	Group (Location/provider)	Number
1	2/16/21	SE	I-HELP Chandler	8
2	2/17/21	Central	Native Health – Phoenix	8
3	2/18/21	NE	Paiute – South Scottsdale	4
4	2/18/21	SE	Native Health – Mesa	5
5	2/25/21	NW	Sun Health – NW Valley	5
6	3/2/21	NW	Sun Health – NW Valley	5
7	3/10/21	South Central	South Mountain	6
8	3/12/21	NW	Family Resource Center – English	6
9	3/19/21	NW	Family Resource Center – Spanish	5
10	3/24/21	SW	Gila Bend – English	8
11	3/26/21	SW	Gila Bend – Spanish	6
12	3/29/21	NE	Paiute, S. Scottsdale – Spanish – 9am	8
13	3/29/21	NE	Paiute, S. Scottsdale – Spanish – 11:30am	6
14	3/30/21	South Central	South Phoenix (AA/Black)	6
15	4/7/21	SE	Gilbert – AZCEND Moms Club Gilbert	6
16	4/26/21	South Central	S Phoenix Young Parents	5
17	5/10/21	SE	African American/Black Women 85048	5
18	5/12/21	South Central	Parents w/minors living home 85041	4
19	5/14/21	*	Asian Americans 65+	8

2021 Focus Group Schedule *(continued)*

20	5/16/21	NW	Parents of Young Children 85086	4
21	5/17/21	*	Hispanic/Latino Men	6
22	5/17/21	*	Asian Americans	7
23	5/20/21	*	Racial/Ethnic Minority Young Adults	7
24	5/27/21	*	Guadalupe	6
25	6/1/21	*	LGBTQIA+ Community Members	3
26	6/2/21	*	Veterans	5
27	6/4/21	*	Parents with Young Children	8
28	6/7/21	*	Expectant Mothers & Parents of Young Children	5
29	6/8/21	*	Young Adults	5
30	6/9/21	*	Seniors & Veterans	2
31	6/11/21	*	Central Phoenix Residents	10
32	6/14/21	*	Immigrants – Spanish	4
33	6/14/21	*	Refugees – Advocates	4

Total Participants **186**

* Community members participated from various regions of Maricopa County

2019 Coordinated Community Health Needs Assessment Focus Group Questions

For the purposes of this discussion, "community" is defined as where you live, work, and play.

Opening Question (5 minutes)
To begin, why don't we go around the table and say your name (or whatever you would like us to call you) and what community event brings everybody out? (such as: festival, school play, sporting event, parade; what brings all the people together for fun)

General Community Questions (15 minutes)
I want to begin our discussion today with a few questions about health and quality of life in your community.

1. What does quality of life mean to you?
2. What makes a community healthy?
3. When thinking about health, what are the greatest strengths in your community?
4. What makes people in the community healthy?
   a. Why are these people healthier than those who have (or experience) poor health?

Community Health Concerns (15 minutes)
Next, let's discuss any health issues you have in your community.

5. What do you believe are the 2-3 most important issues that should be addressed to improve health in your community? [Prompt – ask this if it does not come up naturally]
   i. What are the biggest health problems/conditions in your community?
   ii. Do other communities in this area have the same health problems?
6. A) What makes it hard to access healthcare for people in your community? [Prompt – ask this if it does not come up naturally]
   i. Are there any cost issues that keep you from caring for your health? (such as copays or high-deductible insurance plans)
   ii. If you are uninsured, do you experience any barriers to becoming insured?
   iii. If you do not regularly seek care, are there provider concerns that keep you from caring for your health? (prompt – ask if there are concerns about providers not identifying with them)
   B) How do these barriers affect the health of your community? Your family? Children? You?
7. For this question, think about the last year. Was there a time when you or someone in your family needed to see a doctor but could not? Did anything keep you from going?

Community Health Recommendations (15 minutes)
As the experts in your community, I would like to spend this final part of the focus group discussion talking about your ideas to improve community health.

8. What are some ideas you have to help your community get or stay healthy? To improve the health and quality of life?
9. A) What else do you (your family, your children) need to maintain or improve your health? [Prompt – ask this if it does not come up naturally]
   i. Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use
   ii. Preventative services such as flu shots, screenings or immunizations
   iii. Specialty healthcare services or providers (such as heart doctors or dermatologists)
   B) What health services do you or your family need that aren't in your community?
10. What resources does your community have/use to improve your health? [Prompt – ask this if it does not come up naturally]
   i. Why do you use these particular services or supports?

Ending Question (5 minutes)
1. Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

Facilitator Summary & Closing Comments (5-10 minutes)
Let's take a few minutes to reflect on responses you provided today. We will review the notes we took and the themes we observed. This is your opportunity to clarify your thoughts or to provide alternative responses. [Co-facilitator provides a brief summary of responses for each of the questions or asks clarifying questions if she thinks she may have missed something.]

Thank you for your participation in this focus group meeting. You have all raised a number of great issues for us to consider. We will look at what you have told us and use this information to make recommendations to area hospitals and the Maricopa County Department of Public Health

2021 COVID-19 Focus Group Questions

A. Information about COVID-19
Let's start our conversation about how COVID-19 has affected you and your family.

1. How has COVID-19 affected you and your family?
2. What do people close to you (e.g., your family/friends) say about the COVID-19 vaccine?
   a. What about your neighbors? Faith/religious leaders or faith community?
   b. PROBE: And what about schools (if applicable)? Colleagues? Employers? Medical professionals? How has COVID-19 affected you differently because of your race or ethnicity?
3. Where have you seen information about the COVID-19 vaccine?
   a. PROBE: Word of mouth? TV? Radio? Social media (e.g., Facebook, Twitter, text message sources)? Online sources?
   b. Where are some places you've noticed health messages in general?
      i. PROBE: Grocery store? Shopping stores (e.g., Walmart, Costco, Walgreens, CVS)? Doctor's office? Health clinic? Community/faith-based organization? Other?
   c. What kind of messaging are you seeing? What do you think of these messages? Do you think they reach Arizona's communities?
4. Who do you trust and/or rely on information or updates about the COVID-19 vaccine?
   a. PROBE: Why do you trust this person/s?
   b. PROBE: Who don't you trust? Why?
5. Is there anything about COVID-19 or vaccine that you want to know more about?
   a. PROBE: Why would you like to know this information?
   b. PROBE: How would you like to receive this information?
   c. PROBE: Language preference? Radio? TV? Pamphlets?
6. Where do you usually go to get healthcare or for your health needs?
   a. PROBE: Urgent care? Hospital/ER? Clinic? Telehealth?
7. What thoughts do you have on preventing COVID-19?
   a. Where did you get that information?

B. Intent to get vaccinated against COVID-19

The following questions are about your intentions to get vaccinated against COVID-19 when a vaccine becomes available to the general public.

1. What do you think about a COVID-19 (Pfizer vaccine? Moderna? Johnson & Johnson)?
   a. PROBE: What are some reasons you think that (about each)?
2. What are some reasons why you and/or your family did/ would get vaccinated for COVID-19?
   a. PROBE: Where would you go?
3. What concerns do you have about getting vaccinated for COVID-19?
   a. **NOTE: List concerns and probe – ex. "I don't know what is in the vaccine?" ASK: What do you think is in it? What have you heard?
   b. PROBE: What concerns do you have about elders getting vaccinated for COVID19? Children?
4. In your opinion, what barriers do you think there may be to get vaccinated against COVID-19 (e.g., cost)? PROBE: perhaps you've already had the vaccine?
5. What challenges do you, your family, and/or your community have in getting the COVID19 vaccine?

C. Communication and Messaging

Now let's discuss communication about COVID-19 and messaging.

1. What information would your reluctant family/friends need before getting the vaccine?
2. What are some ways we can communicate updates on "COVID-19 vaccines and research information" specifically to [BLACK, INDIGENOUS, HISPANIC/LATINO] communities?
   a. PROBE: What are some things that may work?
3. What ways could community leaders build and maintain trust with your community [or BLACK, INDIGENOUS, HISPANIC/LATINO] communities?
4. What kind of messaging would you or your community need to know the vaccine is safe?
5. Do you think COVID has affected different groups of people differently? (Why do you think this is and how do you think we could we improve this situation?)

D. FINAL WRAP UP QUESTION

1. At this time, what do you and your family need to maintain or improve your health?
2. Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

2019 Maricopa County Community Health Needs Assessment Survey
The purpose of this brief survey is to get your opinion about issues related to community health and quality of life here in Maricopa County. Information collected in this survey will be kept confidential and used only in combination with others participating in the survey. No personal identifying information will be collected. Your feedback will be used to help guide future community health improvement planning efforts. Thank you for supporting your community. This survey should take about 10 minutes. If you have questions about the survey or need it provided in an alternative format, please visit MaricopaHealthMatters.org.

In this survey, "community" is defined as the areas where you work, live, learn and/or play.

1. In general, how would you rate your physical health?

   ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

2. How would you rate your mental health, including your mood, stress level, and your ability to think?

   ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

3. How often are you able to get the services you need to maintain your mental health?

   ☐ Never ☐ Sometimes ☐ Always

4. On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing?

   ☐ Never ☐ Sometimes ☐ Always

5. In your community, do people trust one another and look out for one another?

   ☐ Never ☐ Sometimes ☐ Always

6. On a monthly basis, do you have enough money to pay for healthcare expenses (e.g. doctor bills, medications, etc.)?

   ☐ Never ☐ Sometimes ☐ Always

7. How do you pay for your healthcare (including medications, dental and health treatments)? (Check all that apply.)

   ☐ Health insurance purchased on my own or by family member
   ☐ Health insurance purchased/provided through employer
   ☐ I do not use healthcare services
   ☐ Indian Health Services
   ☐ Medicaid/AHCCCS
   ☐ Medicare
   ☐ Travel to a different country to afford healthcare
   ☐ Use free clinics
   ☐ Use my own money (out of pocket)
   ☐ Veterans Administration
   ☐ Other: _____

8. What are the biggest barriers to accessing healthcare in your community? (Check up to 3.)

   ☐ Childcare
   ☐ Difficulty finding the right provider for my care
   ☐ Distance to provider
   ☐ Inconvenient office hours
   ☐ No health insurance coverage
   ☐ Not enough health insurance coverage
   ☐ Transportation to appointments
   ☐ Understanding of language, culture, or sexual orientation differences
   ☐ Other: _____

9. What are the greatest strengths of your community? (Check all that apply.)

   ☐ Ability to communicate with city/town leadership and feel that my voice is heard
   ☐ Accepting of diverse residents and cultures
   ☐ Access to affordable after school activities
   ☐ Access to affordable childcare
   ☐ Access to affordable, healthy foods
   ☐ Access to affordable housing
   ☐ Access to community classes and trainings
   ☐ Access to cultural events
   ☐ Access to fitness programs
   ☐ Access to good schools
   ☐ Access to jobs & healthy economy
   ☐ Access to medical care
   ☐ Access to mental health services
   ☐ Access to parks and recreation sites
   ☐ Access to public libraries and community centers
   ☐ Access to public transportation
   ☐ Access to religious or spiritual events
   ☐ Access to safe walking and biking routes
   ☐ Access to services for seniors
   ☐ Access to social services for residents in need or crisis
   ☐ Access to substance abuse treatment services
   ☐ Access to support networks such as neighbors, friends, and family
   ☐ Clean environment and streets
   ☐ Good place to raise children
   ☐ Low crime/safe neighborhoods
   ☐ Other: _____

10. Which health conditions have the greatest impact on your community's overall health and wellness? (Check up to 5.)

    ☐ Alcohol/Substance abuse
    ☐ Anorexia/bulimia and other eating disorders
    ☐ Arthritis
    ☐ Autism
    ☐ Cancers
    ☐ Chronic stress
    ☐ Chronic pain
    ☐ Dementia/Alzheimer's
    ☐ Dental problems (oral health)
    ☐ Diabetes
    ☐ Food allergies/anaphylaxis
    ☐ Heart disease and stroke
    ☐ High blood pressure or cholesterol
    ☐ HIV/AIDS

- ☐ Lung disease (asthma, COPD, emphysema)
- ☐ Vaccine preventable diseases such as flu, measles, and pertussis (whooping cough)
- ☐ Mental health issues (depression, anxiety, bipolar, etc.)
- ☐ Overweight/obesity
- ☐ Sexually transmitted diseases
- ☐ Suicide
- ☐ Tobacco use including vaping
- ☐ Other: _____

11. Which issues have the greatest impact on your community's health and wellness? (Check up to 5.)

- ☐ Bullying/peer pressure
- ☐ Child abuse/neglect
- ☐ Distracted driving (such as cell phone use, texting while driving)
- ☐ Domestic violence
- ☐ Dropping out of school
- ☐ Elder abuse/neglect
- ☐ Gang-related violence
- ☐ Gun-related injuries
- ☐ Homelessness
- ☐ Homicide (murder)
- ☐ Illegal drug use
- ☐ Limited access to healthcare
- ☐ Lack of affordable healthy food options
- ☐ Lack of affordable housing
- ☐ Lack of child car seats and seat belts use
- ☐ Lack of good jobs
- ☐ Lack of good schools
- ☐ Lack of people immunized to prevent disease
- ☐ Lack of public transportation
- ☐ Lack of quality and affordable childcare
- ☐ Lack of safe spaces to exercise and be physically active
- ☐ Lack of support networks such as neighbors, friends and family
- ☐ Limited places to buy groceries
- ☐ Motor vehicle & motorcycle crash injuries
- ☐ Racism/discrimination
- ☐ Rape/sexual assault
- ☐ Smoking/electronic cigarette use or caping
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Unsafe working conditions
- ☐ Other: _____

For the next four questions, please imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worst possible life.

Best Possible
1
2
3
4
5
6
7
8
9
10
Worst Possible
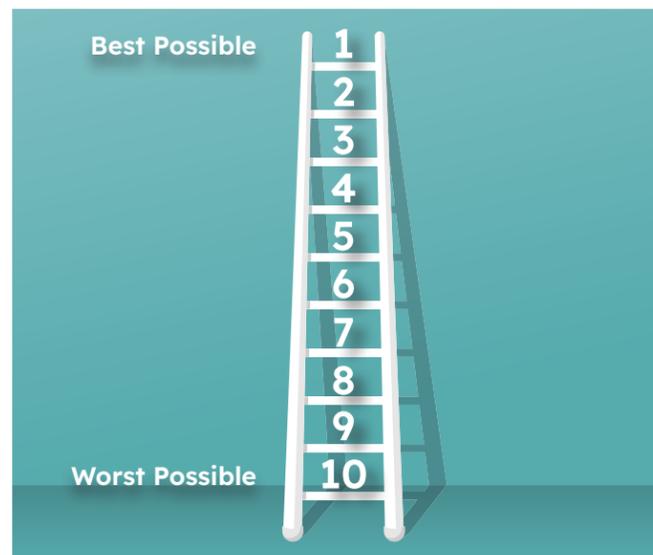
12. Which step represents the health of your community? (circle 1 number)

1   2   3   4   5   6   7   8   9   10
Worst Possible   Best Possible

13. Indicate where on the ladder you feel you personally stand right now. (circle 1 number)

1   2   3   4   5   6   7   8   9   10
Worst Possible   Best Possible

14. On which step do you think you will stand about five years from now? (circle 1 number)

1   2   3   4   5   6   7   8   9   10
Worst Possible   Best Possible

15. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now. (circle 1 number)

1   2   3   4   5   6   7   8   9   10
Worst Possible   Best Possible

The following information is used for demographic purposes and does NOT identify you; all responses are confidential.

16. What is your ZIP code? _____

17. What is your gender?

☐ Male   ☐ Female   ☐ Transgender   ☐ Other

18. What is your age?

☐ 12-17   ☐ 18-24   ☐ 25-34   ☐ 35-44   ☐ 45-54   ☐ 55-64   ☐ 65-74   ☐ 75+

19. Which racial or ethnic group do you identify with? (Check only 1.)

- ☐ Caucasian/White
- ☐ Asian
- ☐ Native American: Tribal Affiliation _____
- ☐ Hispanic or Latino
- ☐ Black of African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Alaskan Native
- ☐ Multi-racial
- ☐ Other

20. Which group(s) do you most identify with? (Check all that apply.)

- ☐ Adult with children
- ☐ Adult with no children
- ☐ Caregiver
- ☐ LGBTQI
- ☐ Person with a disability
- ☐ Refugee/Asylum Seeker
- ☐ Single parent
- ☐ Veteran
- ☐ Person living with HIV/AIDS
- ☐ Other: _____
- ☐ None
- ☐ Person experiencing homelessness

21. What range is your household income?

- ☐ Less than $20,000   ☐ $20,000 - $29,000   ☐ $30,000 - $49,000
- ☐ $50,000 - $74,000   ☐ $75,000 - $99,999   ☐ Over $100,000

22. What is the highest level of education you have completed?

- ☐ Less than a high school graduate
- ☐ High school diploma or GED
- ☐ Associate's Degree
- ☐ Currently enrolled at vocational school or college
- ☐ College degree or higher
- ☐ Other: _____

2021 COVID-19 Impact Community Health Survey

The purpose of this brief survey is to get your opinion about COVID-19's impact on community health and quality of life in Maricopa County since March of 2020. Information collected in this survey will be kept confidential and used only in combination with others participating in the survey. No personal identifying information will be collected. Your feedback will be used to help guide future community health improvement planning and funding efforts. This survey should take about 15 minutes. If you have questions about the survey or need it provided in an alternative language or format, please email Tiffany.Tu@maricopa.gov and we will do our best to accommodate.

The following information is used for demographic purposes and does NOT identify you; all responses are confidential. To learn more about why CHNAs are important, please visit cdc.gov/publichealthgateway/cha/plan.html.

1. What is the ZIP code that you currently reside in? _____

2. What is your gender?

   ☐ Male   ☐ Female   ☐ Transgender   ☐ Prefer to self-describe   ☐ Prefer not to answer

3. What is your age range?

   ☐ 12-17 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

4. Which racial or ethnic group do you identify with? (Check no more than two.)

   ☐ Caucasian/White   ☐ Asian   ☐ Native American: Tribal Affiliation _____
   ☐ Hispanic or Latino   ☐ Black of African American   ☐ Hawaiian or Other Pacific Islander
   ☐ Alaskan Native   ☐ Multi-racial   ☐ Other

5. Which group(s) do you most identify with? (Check all that apply.)

   ☐ Adult with children under age 18 or living in the same home
   ☐ Single parent
   ☐ LGBTQI
   ☐ Person experiencing homelessness
   ☐ Person living with a disability
   ☐ Immigrant
   ☐ Refugee
   ☐ Veteran
   ☐ Person living with HIV/AIDS
   ☐ Other: _____
   ☐ Prefer not to answer
   ☐ None

6. What range is your household income?

   ☐ Less than $20,000   ☐ $20,000 - $29,000
   ☐ $30,000 - $49,000   ☐ $50,000 - $74,000
   ☐ $75,000 - $99,999   ☐ Over $100,000

7. What is the highest level of education you have completed?

   ☐ Less than a high school graduate
   ☐ High school diploma or GED
   ☐ Some College or Associate degree (2yr)
   ☐ Graduate of vocational/trade school
   ☐ Currently enrolled in college
   ☐ Bachelor's Degree (4yr)
   ☐ Postgraduate Degree
   ☐ Other: _____
   ☐ Prefer not to answer

In this survey, "community" is defined as the areas where you work, live, learn and/or play.

8. Since March of 2020 (the start of the COVID-19 pandemic), how would you rate your physical health?

   ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor

9. Would you rate your current physical health as Better, Similar, or Worse compared to your physical health prior to March of 2020?

   ☐ Better   ☐ Similar   ☐ Worse

10. Since March of 2020 (the start of the COVID-19 pandemic), how would you rate your mental health, including your mood, stress level, and your ability to think?

    ☐ Excellent   ☐ Very Good   ☐ Good   ☐ Fair   ☐ Poor

11. Would you rate your current mental health as Better, Similar, or Worse compared to your mental health prior to March 2020?

    ☐ Better   ☐ Similar   ☐ Worse

12. Since March of 2020 (the start of the COVID-19 pandemic), if you sought services to address your mental health, including your mood, stress level and/or your ability to think, how often have you been able to get the services you need?

    ☐ Always   ☐ Sometimes   ☐ Never   ☐ Not Applicable

13. What services would have improved overall mental and physical health of your family in the last year? (Check all that apply)

    ☐ Childcare services
    ☐ In-person school
    ☐ Technology and internet service
    ☐ Assistance with finding employment
    ☐ Assistance with paying utilities
    ☐ Assistance with paying rent
    ☐ Assistance with finding healthcare
    ☐ Assistance with finding substance use treatment
    ☐ Assistance with mental health issues
    ☐ Assistance with finding COVID-19 vaccine
    ☐ Other: _____

14. Since March of 2020, have you had enough money to pay for essentials such as:

Food	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Housing: Rent/Mortgage	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Utilities	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Car/ Transportation	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Insurance	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Clothing/ Hygiene Products	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Medication/ Treatments	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Childcare	☐ Always	☐ Sometimes	☐ Never	☐ N/A
Tuition or Student Loans	☐ Always	☐ Sometimes	☐ Never	☐ N/A

15. Since March of 2020, have you applied for any of the following financial assistance due to the impact of the COVID-19 pandemic to assist with the essential cost of living expenses listed above?

COVID-19 Relief Funding for You/Family   ☐ Yes ☐ No
COVID-19 Relief Funding for your business   ☐ Yes ☐ No
Unemployment due to loss of job (laid off)   ☐ Yes ☐ No
Unemployment due to staying home to care
for children, elderly parents, or ill family members   ☐ Yes ☐ No
Unemployment due to COVID-19 illness (self)   ☐ Yes ☐ No
WIC (Women, Infant, and Children)   ☐ Yes ☐ No
SNAP Food Stamps   ☐ Yes ☐ No
Medicaid Insurance   ☐ Yes ☐ No

16. Since March of 2020, how often did you seek financial assistance to help pay for healthcare expenses (e.g. doctor bills, medications, medical treatments, doctor co-pay, etc.)

☐ Always   ☐ Sometimes   ☐ Never   ☐ N/A

17. If you received a stimulus check in the fall of 2020 and spring of 2021, what impact did this have on alleviating your essential living expenses and access to healthcare?

☐ Strong Impact   ☐ Moderate Impact   ☐ Weak Impact   ☐ No Impact/No difference   ☐ Did Not Receive

18. Since March of 2020, was your employment impacted due to the COVID 19 pandemic? (Check all that apply)

☐ No, continued working the same number of hours
☐ No, required to continue working onsite
☐ Yes, work hours were reduced
☐ Yes, required to telework
☐ Yes, furloughed (temporary job loss, able to return to work once management contacts you)
☐ Yes, laid off
☐ Yes, quit to care for children due to school closure
☐ Yes, quit to care for ill family members
☐ Yes, quit due to COVID-19 illness (self)
☐ Yes, unable to return to work due to COVID-19 illness (long-term effects)
☐ Yes, started a new job
☐ Other: _____

19. Since March of 2020, how do you currently pay for your healthcare including medications, dental, and health treatments? (Check all that apply)

☐ Health insurance purchased on my own or by family member
☐ Health insurance provided through employer
☐ Indian Health Services
☐ Medicaid/AHCCCS
☐ Medicare
☐ Use free clinics
☐ Use my own money (out of pocket)
☐ Veterans administration
☐ Did not seek healthcare since March of 2020
☐ Other: _____

20. Since March of 2020, what have been the primary barriers to seeking or accessing healthcare in your community? (Check all that apply)

☐ Lack of childcare
☐ Difficulty finding the right provider for my care
☐ Fear of exposure of COVID-19 in a healthcare setting
☐ Unsure if healthcare need is a priority during this time
☐ Distance to provider
☐ Inconvenient office hours
☐ No health insurance coverage
☐ Not enough health insurance coverage
☐ Transportation to appointments
☐ Understanding of language, culture, or sexual orientation differences
☐ I have not experienced any barriers
☐ Other: _____

21. Since March of 2020, what have been the greatest strengths of your community? (Check all that apply)

☐ Ability to communicate with city/town leadership and feel that my voice is heard
☐ Accepting of diverse residents and cultures
☐ Access to schools or school alternatives
☐ Access to affordable childcare
☐ Access to affordable healthy foods
☐ Access to COVID-19 testing events
☐ Access to cultural & educational events
☐ Access to medical care
☐ Access to affordable housing
☐ Access to COVID-19 vaccine events
☐ Access to quality online school options
☐ Access to mental health services
☐ Access to community programming such as classes & trainings
☐ Access to Flu vaccine events
☐ Access to jobs & healthy economy
☐ Access to parks and recreation sites
☐ Access to public libraries and community centers
☐ Access to safe walking and biking routes
☐ Access to substance abuse treatment services
☐ Access to low crime / safe neighborhoods
☐ Access to public transportation
☐ Access to services for seniors
☐ Access to support networks such as neighbors, friends, and family
☐ Access to religious or spiritual events
☐ Access to social services for residents in need or crisis
☐ Access to clean environments and streets
☐ Other: _____

22. Since March of 2020, in addition to COVID-19, which health conditions have had the greatest impact on your community's overall health and wellness? (Check all that apply)

☐ Alcohol/Substance abuse
☐ Cancers
☐ Dementia/Alzheimer's
☐ Diabetes
☐ Heart disease and stroke
☐ High blood pressure or cholesterol
☐ HIV/AIDS
☐ Lung disease (asthma, COPD, emphysema)
☐ Vaccine preventable disease such as flu, measles, and pertussis (whooping cough)
☐ Mental health issues (depression, anxiety, bipolar, etc.)
☐ Overweight/ obesity
☐ Sexually transmitted disease
☐ Tobacco use including vaping
☐ Other: _____

23. Since March of 2020, which of the following issues have had the greatest impact on your community's health and wellness? (Check all that apply)

- ☐ Child abuse/elder abuse & neglect
- ☐ Distracted driving (such as cell phone use, texting while driving)
- ☐ Domestic violence / sexual assault
- ☐ Gang-related violence
- ☐ Gun-related injuries
- ☐ Limited/lack of access to COVID19 testing
- ☐ Lack of affordable healthy food options
- ☐ Lack of people immunized to prevent disease
- ☐ Homelessness
- ☐ Limited access to healthcare
- ☐ Lack of affordable housing
- ☐ Lack of public transportation
- ☐ Drug/substance abuse (illegal & prescribed)
- ☐ Limited access to mental/behavioral health services
- ☐ Lack of jobs
- ☐ Lack of quality and affordable childcare
- ☐ Lack of COVID-19 vaccine access
- ☐ Limited access to educational and supportive programing for children and adolescents
- ☐ Lack of alternative educational opportunities
- ☐ Lack of safe spaces to exercise and be physically active
- ☐ Lack of support networks such as neighbors, friends, and family
- ☐ Motor vehicle & motorcycle crash injuries
- ☐ Racism/ discrimination
- ☐ Suicide
- ☐ Teen Pregnancy
- ☐ Other: _____

24. Overall, how easy was it to navigate this electronic survey?

- ☐ Very easy to use   ☐ Easy to use   ☐ Neither easy nor difficult to use
- ☐ Difficult to use   ☐ Very difficult to use

25. Based on the given survey questions above, the information provided was easy to understand.

- ☐ Strongly agree   ☐ Agree   ☐ Neutral   ☐ Disagree   ☐ Strongly disagree

26. What else would you like to share with us regarding your experience with COVID-19 that we didn't ask?

27. Want to tell us more? We want to share community members' stories. Let us know you're interested by indicating your type of experience along with sharing your email address/phone so we can contact you.

- ☐ I experienced COVID-19.
  - Email Address: _____   Phone: _____
- ☐ A loved one experienced COVID-19.
  - Email Address: _____   Phone: _____
- ☐ My work was impacted by COVID-19.
  - Email Address: _____   Phone: _____
- ☐ Other: _____

Thank you for completing MCDPH's COVID-19 Impact Community Health Assessment Survey.

Phoenix Children's Community Health Needs Assessment Survey
The purpose of this survey was to get the opinions of our stakeholders, both internally and externally, on the health issues impacting our community and how the organization can consider addressing those issues. Information collected in this survey was confidential and used only in combination with others participating in the survey. This survey took only a few minutes to complete.

This survey included the collection of demographic information to help Phoenix Children's better understand the specific needs of our community. The information shared was anonymous and helped to inform healthcare equity initiatives and access to care for all children. This information was not used for any other purposes, is not shared with other organizations, and adheres to Phoenix Children's strict policies surrounding privacy and security.

Demographic questions

1. Which category below includes your age?

   ☐ 17 or younger   ☐ 18-19   ☐ 20-24   ☐ 25-29   ☐ 30-34   ☐ 35-39   ☐ 40-44   ☐ 45-49   ☐ 50-54   ☐ 55-59
   ☐ 60-64   ☐ 65+   ☐ I prefer not to answer

2. What is the primary language you speak at home?

   ☐ English   ☐ Spanish   ☐ Chinese   ☐ French   ☐ I prefer not to answer   ☐ Other: _____

3. If you had to choose only one, which race or ethnicity would you identify with the most?

   ☐ Multiracial   ☐ Hispanic, Latino/a/x, or Spanish   ☐ White   ☐ Black or African American
   ☐ Asian   ☐ Native American or Alaska Native   ☐ Middle Eastern or North African
   ☐ Native Hawaiian or other Pacific Islander   ☐ I prefer not to answer

4. What is your biological sex?

   ☐ Female   ☐ Male   ☐ Intersex   ☐ I prefer not to answer

5. Please describe your gender: (Choose only one)

   ☐ Woman   ☐ Man   ☐ Non-binary or gender queer   ☐ I prefer not to answer
   ☐ I prefer to self-describe: _____

6. Please describe your sexual identity/orientation: (Check all that apply)

   ☐ Straight (heterosexual)   ☐ Bisexual   ☐ Gay   ☐ Lesbian   ☐ I prefer not to answer
   ☐ I prefer to self-describe: _____

7. What is the highest level of education you have completed? (Choose only one)

   - ☐ Less than high school
   - ☐ High school diploma or GED
   - ☐ Associate degree (including occupational or technical)
   - ☐ Vocational school
   - ☐ Bachelor's degree
   - ☐ Graduate degree (e.g., MA, MS, MBA, etc.)
   - ☐ Doctoral degree (e.g., MD, DO, EdD, PhD, JD, etc.)
   - ☐ Doctoral degree (e.g., MD, DO, EdD, PhD, JD, etc.)

8. Which of the following categories best describes your employment status?

   - ☐ Employed, working under 40 hours per week
   - ☐ Employed, working 40 hours or more per week
   - ☐ Not employed, looking for work
   - ☐ Not employed, not looking for work
   - ☐ Retired
   - ☐ Disabled, not able to work
   - ☐ I prefer not to answer

9. What is the primary insurance type (payer source) you use for healthcare services?

☐ Medicare
☐ Medicaid (AHCCCS)
☐ Private health insurance
☐ Other government insurance
☐ Uninsured
☐ Other: _____

10. What range is your annual household income? (Choose only one)

☐ Less than $15,000 ☐ $15,000 - $24,999 ☐ $25,0000 - $34,999 ☐ $35,000 - $49,999
☐ $50,000 - $74,999 ☐ $75,000 - $99,999 ☐ $100,000 - $149,999 ☐ $150,000 - $199,999
☐ $200,000 or more ☐ I don't know ☐ I prefer not to answer

11. Where do you get most of your food? (Check all that apply)

☐ Grocery store
☐ Farmer's market
☐ Sit down restaurant
☐ Fast food restaurant
☐ Convenience store
☐ Food bank (including at a community organization/church)
☐ I prefer not to answer
☐ Other: _____

12. What do you think is preventing your community from getting healthy food? (Check all that apply)

☐ No challenges
☐ Lack of health food options in nearby stores or restaurants
☐ High cost
☐ Lack of time to shop or cook
☐ Lack of transportation
☐ Don't know
☐ I prefer not to answer
☐ Other: _____

13. Are you worried about losing your housing?

☐ Yes   ☐ No   ☐ I prefer not to answer

Questions on our community's health needs

14. For each of the following three health needs among Maricopa County pediatric residents, please rank them according to your highest priority for Phoenix Children's to address (#1) to lowest priority (#3).

Write in rank # 1-3 next to each:

☐ Access to care
☐ Injury Prevention
☐ Behavioral health (for children who are medically complex and have a behavioral health need)

15. Do you think any additional pediatric health needs should be prioritized for our community? If so, please specify. (write in) _____

16. Do you feel that Phoenix Children's is meeting the health needs of the community?

☐ Strongly agree
☐ Agree
☐ Not sure
☐ Disagree
☐ Strongly disagree
☐ Other (please explain your answer): _____

17. Please suggest how we can improve access to care for children in Maricopa County. (write in)

_____
_____
_____

18. Please suggest how we can improve injury prevention for children in Maricopa County. (write in)

_____
_____
_____

19. Please suggest how we can improve mental/behavioral health for children who are both medically complex and have a behavioral health need in Maricopa County. (write in)

_____
_____
_____

20. How can we incorporate diversity, equity and inclusion in our work to improve access to care, injury prevention and mental/behavioral health for children in Maricopa County? (write in)

_____
_____
_____

Appendix D – Demographics Information for Maricopa County and Arizona (2020)

	Maricopa County	Arizona
Population: estimated 2020	4,412,779	7,174,064
Gender		
• Male	49.70%	49.40%
• Female	50.30%	50.60%
Age		
• 0 to 9 years	12.80%	12.20%
• 10 to 19 years	13.70%	13.40%
• 20 to 34 years	21.30%	20.60%
• 35 to 64 years	37.00%	36.30%
• 65 to 84 years	13.40%	15.70%
• 85 years and over	1.80%	2.00%
Race (Non-Hispanic)		
• White	*53.4%	*53.3%
• Asian/Pacific Islander	*3.5%	*4.5%
• Black or African American	*4.4%	*5.6%
• Native American/Alaska Native	*3.7%	*1.6%
• Other/Unknown	*0.4%	*0.5%
Ethnicity		
• Hispanic	*30.7%	*30.6%
Median Income	$67,799	$61,529
Uninsured	10.90%	10.60%
Unemployment	5.80%	5.10%
No HS Diploma	14.70%	13.70%
% of Population 5+ non-English speaking	*8.3%	*8.4%
Renters	*34.7%	*36.8%
CNI Score	3.4	-
Medically Underserved Areas	Yes	Yes

Source: U.S. Census, 2020 ACS 5-Year Estimates, *PolicyMap, 2020

Appendix E – 2019 & 2021 Community Survey Demographics

2019		**2021**	
Total # of participants	11,893	Total # of participants	14,380
Race/Ethnicity		**Race/Ethnicity**	
African American/Black	3.00%	African American/Black	4.10%
Native American	2.00%	Native American	1.40%
Asian	25.00%	Asian	4.50%
Caucasian/White	61.00%	Caucasian/White	64.50%
Hispanic/Latinx	4.00%	Hispanic/Latinx	18.30%
Other	6.00%	Native Hawaiian/Other Pacific Islander	1.20%
		Two or more races	1.20%
		Unknown/Not given	4.90%
Age		**Age**	
12-17	2.90%	12-17	2.70%
18-24	4.80%	18-24	3.70%
25-44	31.80%	25-44	30.90%
45-64	39.40%	45-64	43.00%
65+	21.20%	65+	20.00%
Gender		**Gender**	
Female	73.40%	Female	68.90%
Male	25.40%	Male	29.10%
Transgender	0.60%	Additional Genders	0.60%
Other	0.70%	Unknown/Not Given	1.40%

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Phoenix Children's

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This Community Health Needs Assessment report is a customized version of the coordinated community health needs assessment that the Maricopa County Department of Public Health conducted in partnership with *Banner Health, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's Hospital, Valleywise Health* and *Vitalyst Health Foundation.*

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SYNAPSE

Maricopa County Public Health
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