Coordinated Maricopa County Community Health Needs Assessment

PHOENIX CHILDREN'S

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Maricopa County Public Health

WeArePublicHealth.org

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Executive Summary

Community Health Needs Assessment (CHNA) Background

The Patient Protection and Affordable Care Act (ACA) added new requirements which nonprofit hospitals must satisfy in order to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by 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 as well as residents, representatives or leaders of low-income, minority, and medically underserved populations.

Beginning in early 2015, Phoenix Children's in partnership with the Maricopa County Coordinated Health Needs Assessment (CCHNA) collaborative, the Health Improvement Partnership of Maricopa County (HIPMC) and the Maricopa County Department of Public Health (MCDPH), conducted an assessment of the health needs of residents of 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. 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 health.

Community Definition

The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the CCHNA collaborative. Maricopa County is the fourth most populous county in the United States. With an estimated population of 4 million and growing, Maricopa County is home to well over half of Arizona's residents. Maricopa County encompasses the greater Phoenix area, with 9,224 square miles, 27 cities and towns, as well as the whole or part of five sovereign American Indian reservations. Maricopa County is ethnically and culturally diverse, home to more than 1.2 million Hispanics (30% of all residents), 197,000 African Americans, 156,000 Asian Americans, and 65,000 American Indians. According to the U.S. Census Bureau, 14% percent of the population does not have a high school diploma, 17% are living below the federal poverty level, and over 600,000 are uninsured.[1] Additional information will be presented throughout this report that is specific to youth, children and young adults as these are the primary service recipients for the Phoenix Children's enterprise.

Assessment, Process and Methods

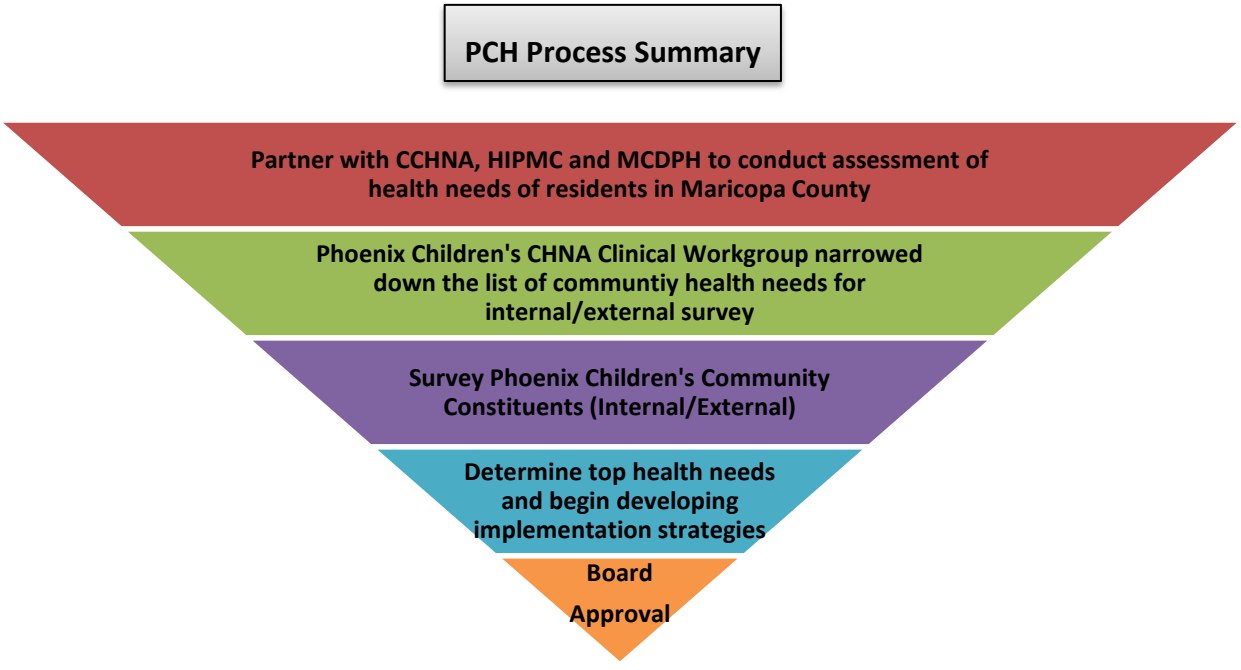
The ACA requirements are mirrored in the Public Health Accreditation Board's (PHAB) standard mandating that health departments participate in or conduct a community health assessment every three to five years. Federally funded community health centers must also ensure their target communities are of high need. The similar requirements from IRS, PHAB, and the federally funded health center requirements put forth by the United States Department of Health and Human Services 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. As a result, Adelante Healthcare, Banner Health, Dignity Health Arizona, Health Care for the Homeless, Mayo Clinic Arizona, Mountain Park Health Center, Native Health, and Phoenix Children's have joined forces with Maricopa County Department of Public Health (MCDPH) and the Maricopa County Health Improvement Partnership (HIPMC) to identify the communities' strengths and greatest needs in a coordinated community health needs assessment.

The process of conducting this assessment began with a review of approximately 100 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, health care, and health outcomes. Health needs were identified through the combined analysis of secondary data and community input. Based on the review of the secondary data, a consultant team developed a primary data collection guide used in focus groups which were composed of representatives of minority and underserved populations who identified community concerns and assets. Surveys were collected from key stakeholders to assist with the interpretation of data findings and help narrow down the community needs and priorities. Lastly, meetings were held with the Phoenix Children's CHNA Clinical Workgroup and the Executive Steering Committee to finalize the top health priorities for implementation planning.

Summary of Prioritization Process

To be a considered a health need, a health outcome or a health factor had to meet two criteria; first, existing data had to demonstrate a worsening trend in recent years or indicate an apparent health disparity; second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources. Phoenix Children's completed the following process for prioritization:

1. Phoenix Children's partnered with the Maricopa County Coordinated Health Needs Assessment (CCHNA) collaborative, the Health Improvement Partnership of Maricopa County (HIPMC) and the Maricopa County Department of Public Health (MCDPH), to conduct an assessment of the health needs of residents of Maricopa County.
2. The community health needs identified through this process were narrowed down by the Phoenix Children's CHNA Clinical Workgroup.
3. The community health needs identified through the Phoenix Children's CHNA Clinical Workgroup were filtered through Phoenix Children's community constituents (internal/external) via a survey to arrive at a prioritized ranking of the health initiatives.
4. The Phoenix Children's CHNA Executive Steering Committee received the feedback from the community constituents (internal/external) and prioritized their top two health needs for implementation.
5. The Phoenix Children's CHNA Clinical Workgroup and Executive Steering Committee began to develop the implementation strategies for the prioritized community health needs.
6. Phoenix Children's Board of Directors approved the CHNA.



Summary of Prioritized Needs

The following statements summarize each of the areas of priority for Phoenix Children's, and are based on data and information gathered through the CHNA.

1. Access to Care: Focus group participants overwhelmingly believe that access to care is an important issue for the community. In Maricopa County one out of every six residents lack health insurance and nearly 30% utilize publicly funded health insurance programs.[2] Additionally, there are disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians least likely to have health insurance. The number of adults reporting they have a usual source of health care is decreasing, with one out of every three reporting they do not have a regular doctor they see for care.[3]
2. Mental Health: Mental health was ranked as the most important health problem impacting the community by focus group participants. Mental health is among the top ten leading causes for emergency department visits and inpatient discharges for Maricopa County.[7] The number of emergency department visits and inpatient discharges for children 0 to 19 has been increasing since 2009.[8]

This CHNA report was adopted by the Phoenix Children's Board of Directors on October 27th, 2016.

This report is widely available to the public on the hospital's web site http://www.phoenixchildrens.org/newsroom, and a paper copy is available for inspection upon request at the Phoenix Children's Center for Family Health and Safety (located in the East Bldg.,1st Floor, Room 1617).

Written comments on this report can be submitted to Communications@phoenixchildrens.com.

Introduction

Community Health Needs Assessment (CHNA) Background

Phoenix Children's is dedicated to enhancing the health of the communities it serves. The findings from this Community Health Needs Assessment (CHNA) report will serve as a foundation for understanding the health needs found in the community 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 at least once every three years. 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; (4) and 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 health.

Coordinated Maricopa County Health Needs Assessment Collaborative

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. 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 health care. 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 United States Department of Health and Human Services 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, 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. Additionally, health care partners are often serving the same or portions of the same communities across Maricopa County. As a result, Adelante Healthcare, Banner Health, Dignity Health Arizona, Health Care for the Homeless, Mayo Clinic Arizona, Mountain Park Health Center, Native Health, and Phoenix Children's have joined forces with Maricopa County Department of Public Health (MCDPH) and the Maricopa County Health Improvement Partnership (HIPMC) to identify the communities' strengths and greatest needs in a coordinated community health needs assessment.

About Phoenix Children's Hospital

Phoenix Children's is a full-service non-profit pediatric system of care. The main campus is home to Phoenix Children's Hospital located in central Phoenix in Maricopa County, Arizona. It is Arizona's only free-standing children's hospital with 411 licensed beds including 72 pediatric intensive care beds, and 33 neonatal intensive

care beds. Its 34 acre campus also houses medical office buildings and extensive ambulatory facilities. Phoenix Children's licenses and operates an additional inpatient unit with 22 beds located on the campus of Dignity Health Mercy Gilbert Medical Center.

Phoenix Children's has approximately 4,200 employees, including 275 employed pediatric providers; however the Medical Staff totals nearly 1,000 providers providing care across more than 75 pediatric subspecialties, the most comprehensive pediatric care available in the region. In addition to the main campus in central Phoenix, its system of care also includes ambulatory facilities and offices in the suburban areas of Maricopa County, including the area of northwest Phoenix, and the communities of Avondale, Gilbert, Mesa, and Scottsdale.

Phoenix Children's quality of care has been recognized nationally by US News and World Report's Best Children's Hospitals, one of only 25 hospitals in the country to rank in all ten specialties they survey. Phoenix Children's is also a Leapfrog Group Top Children's Hospital, one of only 13 in the country. This national group of employers uses the collective leverage of their large health care purchasing power to structure their insurance contracts and reward the highest-performing hospitals.

Mission Statement

We provide Hope, Healing and the best Health Care for children and their families.

Vision Statement

Phoenix Children's Hospital will be the premier regional pediatric center in the Southwest, nationally recognized as one of the best for pediatric care, innovative research and medical education. We will:

- Offer the most comprehensive pediatric care services in the Southwest region providing a full range of services solely dedicated to children
- Be recognized for innovative research supported by leading clinical trials of new treatment and diagnostic methods
- Be recognized for providing advanced education and training for clinical providers
- Be known as an effective advocate for Arizona's children

Our Core Values

1. Family-Centered care that focuses on the need of the child first and values the family as an important member of the care team
2. Excellence in clinical care, service and communication
3. Collaborative within our institution and with others who share our mission and goals
4. Leadership that set the standard for pediatric health care today and innovations of the future
5. Accountability to our patients, community and each other for providing the best in the most cost-effective way

Enterprise Strategic Goals

Growth

Phoenix Children's will grow by expanding service lines; enhancing geographic coverage; aligning with physicians, hospitals and networks; expanding research and academic programs; and improving financial performance.

Integration

Phoenix Children's will become a clinically integrated organization, aligned with physicians and organizations committed to improving quality across the continuum of care while effectively managing the total cost of care.

Quality

Phoenix Children's will identify and implement changes that continually improve clinical quality, patient safety and customer service, using evidence-based best practices.

Educational Programs

Phoenix Children's is a teaching hospital that supports multiple universities and other facilities to educate nurses, medical students, residents in pediatrics and child neurology and pediatric specialty fellows through its extensive and accomplished faculty.

Phoenix Children's is training the future generation of pediatric subspecialists through its 14 fellowship programs that are offered in Critical Care Medicine, Dermatology, Emergency Medicine, Endocrinology, Hematology/Oncology, Hospitalist, Pediatric and Adolescent Gynecology, Neuropsychology, Neurosurgery, Orthopedic Surgery, Pediatric Surgery, Radiology, Interventional Radiology, and Neuro Radiology.

The Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program is a comprehensive, fully accredited, three-year program. It combines experiences at a major multispecialty children's hospital (Phoenix Children's Hospital) and a large public medical center (Maricopa Medical Center). The Pediatric Residency program has been in existence since 1974. It is fully accredited by the ACGME, and a primary affiliate of the University of Arizona College of Medicine - Phoenix and Mayo Graduate School of Medicine. Currently, there are 125 residents in the program. In addition, 375 medical students are completing rotations at Phoenix Children's and another 460 resident rotators from other programs completing a portion of their training at this institution. These residents consistently score in the top ranks of the in training exams and the majority are awarded their first choice for fellowships.

Ambulatory Facilities/Medical Offices

In addition to its main campus in central Phoenix, Phoenix Children's also operates ambulatory facilities and offers services in medical offices in the suburban areas of Maricopa County, including northwest Phoenix, and the communities of Avondale, Gilbert, Mesa and Scottsdale. The map below identifies the Phoenix Children's Hospital and ambulatory locations:

Community Profile

Definition of Community

The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the Maricopa County Coordinated Health Needs Assessment collaborative (CCHNA). Phoenix Children's primary service area is Maricopa County, with more than 80% of its inpatient discharges being children residing inside the county confines. However, Phoenix Children's serves a multi-state region as an essential provider of pediatric specialty care. Additionally, information will be presented throughout this report that is specific to youth, children and young adults as these are the primary service recipients for Phoenix Children's.

Description of Community

Maricopa County is the fourth most populous county in the United States. 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 American Indian reservations.

Demographics of Community

Maricopa County is ethnically and culturally diverse, home to more than 1.2 million Hispanics (30% of all residents), 197,000 African Americans, 156,000 Asian Americans, and 65,000 American Indians. According to the U.S. Census Bureau, 14% percent of the population does not have a high school diploma, 17% are living below the federal poverty level, and over 600,000 are uninsured.[9]

Table 1 provides the specific age, gender, and race/ethnicity distribution and data on key socio-economic drivers of health status of the population in Maricopa County compared to the state of Arizona.[10]

Table 1: Key Socio-Economic Drivers of Health Status

	Maricopa County	Arizona
Population: estimated 2009-2013	4,009,412	6,479,703
Gender		
• Male	49.5%	49.7%
• Female	50.5%	50.3%
Age		
• 0 to 9 years	14.0%	13.9%
• 10 to 19 years	14.0%	14.0%
• 20 to 34 years	21.3%	20.5%
• 35 to 64 years	37.3%	37.3%
• 65 to 84 years	11.7%	12.7%
• 85 years and over	1.7%	1.7%
Race		
• Caucasian	57.6%	57.3%
• Asian/Pacific Islander	3.9%	3.0%
• Black or African American	4.9%	3.9%
• American Indian/Alaska Native	1.6%	4.0%
• Other	2.0%	1.9%
Ethnicity		
• Hispanic	30.0%	29.9%
Median Household Income	$53,596	$58,897
Uninsured	17.2%	16.8%
Residents under 18 who are uninsured	12.0%	12.4%
Unemployment	6.1%	6.3%
Persons below poverty level	16.7%	17.9%
Residents under 18 in Poverty	25.5%	26.5%
Utilizing SNAP Benefits	12.0%	13.9%
No HS Diploma, Persons Age 25+	13.6%	14.3%
Limited English Proficiency (Speak English less than “very well”)	10%	9.5%
Renters	37.5%	35.6%
Medicaid/Medicare Patients	29.9%	33.9%

Source U.S. Census Bureau

Process and Methods Used to Conduct the CHNA

The CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups, surveys, and meetings with internal leadership. The process was reiterative as both the secondary and primary 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.

Secondary Data

Many of the challenging health problems facing the United States in the 21st century require an understanding of the health not just of individuals but also of communities. The challenge of maintaining and improving community health has led to the development of a "population health" perspective.[11] Population health can be defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group."[12] 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 utilized a community health framework for this report to develop criteria for indicators used to measure health needs.

CCHNA partners selected approximately 100 data indicators to help examine the health needs of the community (Appendix B). These indicators were based on the Center for Disease Control and Prevention's (CDC) Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics report.[13] While this report does not identify the specific indicators that should be utilized, it does specify the categories of information that should be considered.

The following five data categories describe the type of health factor and health outcome indicators utilized in the CHNA (See Table 2):

- Health Outcomes include morbidity, which refers to how healthy people are by measuring disease burden and quality of life (e.g. obesity rates, asthma incidence, and low birth weight babies, etc.); and mortality, which measures causes of death by density rates (e.g. cancer mortality, motor vehicle deaths, etc.);
- Health Care includes access, which refers to factors that impact people's access to timely, affordable clinical care (e.g. primary care physicians, number of federally qualified health centers, etc.); and health insurance coverage;
- Health Behavior refers to the personal behaviors that influence an individual's health either positively or negatively (e.g. breastfeeding, physical activity, eating fruits and vegetables, etc.). This also includes delivery, which measures clinical care being delivered to the community (e.g. rate of preventive screenings, ambulatory care sensitive discharges, etc.);
- Demographics and Social Environment describe the population of interest by measuring its characteristics (e.g. total population, age breakdowns, limited English proficiency, etc.). Unlike other categories, demographic indicators are purely descriptive and not generally compared to benchmarks or viewed as positive or negative. This category also includes measures of social status, educational attainment, and income, all of which have a significant impact on an individual's health and;
- Physical Environment measures characteristics of the built environment of a community that can impact the health of that community either positively or negatively (e.g. parks, grocery stores, walkability, etc.)

Table 2: Health Factor and Health Outcome Indicators Utilized in the CHNA

Health Outcome Metrics		Health Determinants and Correlate Metrics			
Mortality	**Morbidity**	**Access to Healthcare**	**Health Behaviors**	**Demographics & Social Environment**	**Physical Environment**
Leading Causes of Death	Hospitalization Rates	Health Insurance Coverage	Tobacco Use/Smoking	Age	Air Quality
Infant Mortality	Obesity	Provider Rates	Physical Activity	Sex	Water Quality
Injury-related Mortality	Low Birth Rates	Quality of Care	Nutrition	Race/Ethnicity	Housing
Motor Vehicle Mortality	Cancer Rates		Unsafe Sex	Income	
Suicide	Motor Vehicle Injury		Alcohol Use	Poverty Level	
Homicide	Overall Health Status		Seatbelt Use	Educational Attainment	
	STDs		Immunizations & Screenings	Employment Status	
	AIDS			Foreign Born	
	Tuberculosis			Homelessness	
				Language Spoken at Home	
				Marital Status	
				Domestic Violence and Child Abuse	
				Violence and Crime	
				Social Capital/Social Support	

Source CDC's Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics

Quantitative data used in this report are high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Data came from local, state, and national sources such as the Maricopa County Department of Public Health, Arizona Department of Health Services, Arizona Criminal Justice Commission, U.S.

Census Bureau, U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System survey, and Youth Risk Behavior survey.

While many of the data indicators listed above will be discussed in future sections of the report, considerable attention was given to the leading causes of death for children between the ages of 0 and 21 in Maricopa County listed below. [14]

Table 3: Leading Causes of Death for Children

Rank	2013
1	Pregnancy and Early Life
2	Unintentional Injury
3	Homicide
4	Suicide
5	Cancer
6	Chronic Lower Respiratory
7	Cardiovascular Disease
8	Influenza and Pneumonia
9	Diabetes
10	Fall

Source Maricopa County Vital Statistics

Primary Data

The broad interests of the community were incorporated through three means. First, data was collected through focus groups engaging members of underserved populations and communities. Second, surveys were conducted with key stakeholders. Finally, a series of meetings were held with internal leadership within the organization, including the Phoenix Children's CHNA Clinical Workgroup and Executive Steering Committee.

Focus Groups

Members of the community representing subgroups, defined as groups with unique attributes (race and ethnicity, age, gender, 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 C) to understand the experiences of these community members as they relate to accessing health care, health disparities and chronic disease. In all, a total of twenty-three focus groups were conducted with 225 community members from the following groups: (1) older adults (50 years of age and up); (2) adults without children; (3) adults with children; (4) American Indian adults; (5) Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) adults; (6) African American adults; (7) Hispanic/Latino adults; (8) low socio-economic status adults; (9) caregivers of senior parents; (10) Asian American adults; and (11) young adults (18-30 years of age).

Content analysis was performed on focus group interview transcripts to identify key themes and salient health issues affecting the community residents. The most common community health problems identified were:

- Access to Care
- Mental Health
- Substance Abuse
- Community Safety

- Diabetes (African American and Native American groups)

Barriers to healthcare discussed include:

- Cost/financial limitations
- Lack of access to existing resources
- Incomplete coverage
- Complex and confusing process/lack of consumer education
- Distrust/negative past experiences with healthcare system
- Lack of cultural competency among doctors
- Lack of services/stigma for mental illness
- Lack of transportation
- Lack of child care during community health programs

Recommended strategies for health improvement discussed amongst the participants included:

- Increased training/education of health care professionals (e.g., proper use of pronouns for transgendered individuals, updated technologies/medical research, alternative medicine options, etc.)
- Lower costs (e.g. insurance, copays, specialists)
- Provide and train more community health workers, navigators, advocates, and aides
- More educational resources/opportunities (e.g. better health education for children, improve online services)
- More transparency in health care (e.g. insurance, side effects, alternatives, toxins, etc.)
- Better access to healthy, and affordable food (e.g. accept SNAP benefits at farmers markets, offer nutrition and gardening classes, create community gardens)
- Improve access to physical fitness in low income communities
- Provide more affordable mental and oral healthcare services
- Improvements to services (e.g. shorten wait times, accommodate people who work late hours)

Stakeholder Surveys

In order to identify and understand the community health needs, a survey was administered to PCH key internal and external stakeholders. The survey instrument was created by Survey Monkey and a copy of the survey can be found in Appendix C.

Survey Responses for Community Health Needs					
Health Needs	**1**	**2**	**3**	**4**	**Rating Average**
Access to Care	66	32	9	11	**1.70**
Injury Prevention	4	18	43	53	**3.23**
Mental Health	44	50	17	8	**1.91**
Physical Activity & Obesity Prevention	4	19	50	44	**3.15**

Data limitations and Gaps

The data used in this report are from various reliable sources, but there are limitations to the data that need to be considered. When reviewing birth and death records some of the fields in these records are filled in based

on recall. Example, a mother is asked when she began prenatal care and may have an estimate but typically not the exact date. With death records a family member assists when filling in information on the death certificate. If the individual doesn't know about an individual's personal habits (like smoking) it may not get recorded on the death certificate. With Hospital Discharge Data (HDD) for Inpatient (IP) discharges and Emergency Department (ED) visits the data is from all licensed facilities, but does not include Federal, military, and the Department of Veteran Affairs. When reviewing this data we have to consider the fact that these are those individuals that are seeking care. There are various reasons why an individual does not go to a hospital for care (like lack of money to pay) or individuals may use the ED for routine care that they could receive if they had a primary care physician. The year we evaluated for HDD used the ICD-9 code, which is different from the death certificate coding which utilizes ICD-10.

The survey data used from our state and national partners also have limitations since they are self-reported surveys. The Behavioral Risk Factor Surveillance System survey (BRFSS) is a survey of adults within Maricopa County. The survey questions can be personal in nature and individuals have the option of not responding, or they may answer what they feel the best answer is, causing issues with the data. The Youth Risk Behavior Survey (YRBS) is a survey of students in 8th, 10th, and 12th grades of school. The survey is done every other year and cannot be drilled down to the county level. All data from the YRBS is for the entire state. The Arizona Youth Survey (AYS) is done every other year, opposite of the YRBS, and is of 8th, 10th, and 12th grade students in Arizona schools.

Identification and Prioritization of Community Health Needs

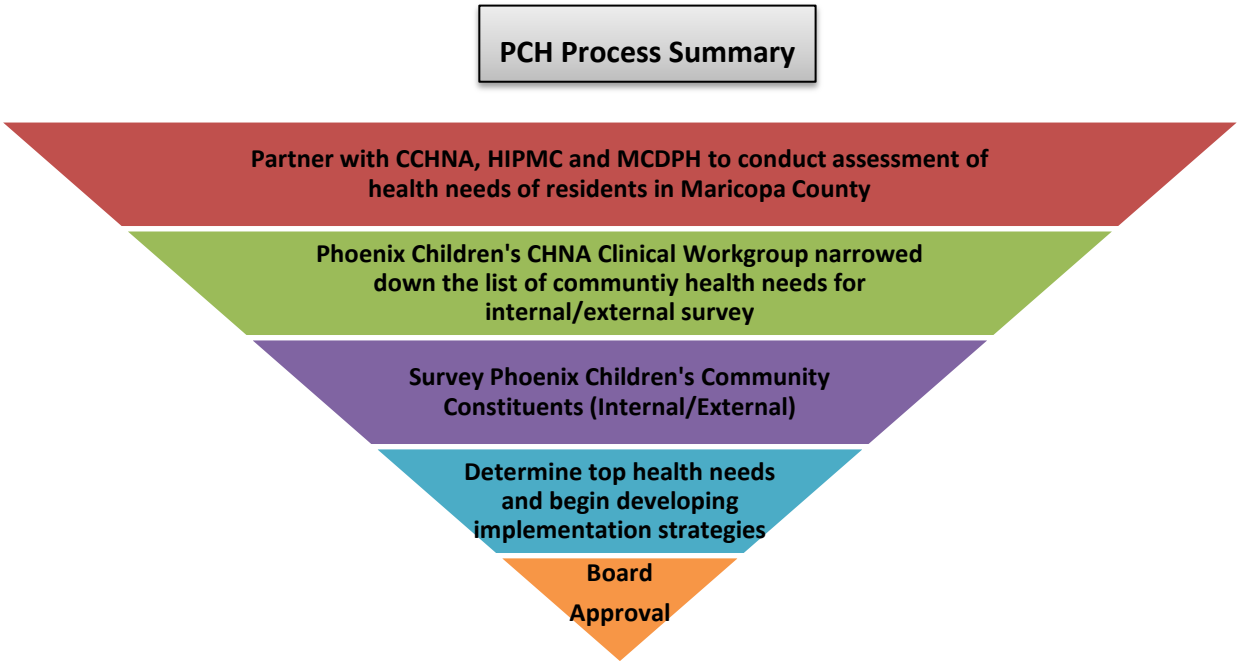
Identifying Community Health Needs

To be a considered a health need, a health outcome or a health factor had to meet two criteria; first, existing data had to demonstrate a worsening trend in recent years, or indicate an apparent health disparity; second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources.

Process and Criteria for Prioritization

Phoenix Children's completed the following process for prioritization:

1. Phoenix Children's partnered with the Maricopa County Coordinated Health Needs Assessment (CCHNA) collaborative, the Health Improvement Partnership of Maricopa County (HIPMC) and the Maricopa County Department of Public Health (MCDPH), to conduct an assessment of the health needs of residents of Maricopa County.
2. The community health needs identified through this process were narrowed down by the Phoenix Children's CHNA Clinical Workgroup.
3. The community health needs identified through the Phoenix Children's CHNA Clinical Workgroup were filtered through Phoenix Children's community constituents (internal/external) via a survey to arrive at a prioritized ranking of the health initiatives.
4. The Phoenix Children's CHNA Executive Steering Committee received the feedback from the community constituents (internal/external) and prioritized their top two health needs for implementation.
5. The Phoenix Children's CHNA Clinical Workgroup and Executive Steering Committee began to develop the implementation strategies for the prioritized community health needs.
6. Phoenix Children's Board of Directors approved the CHNA.



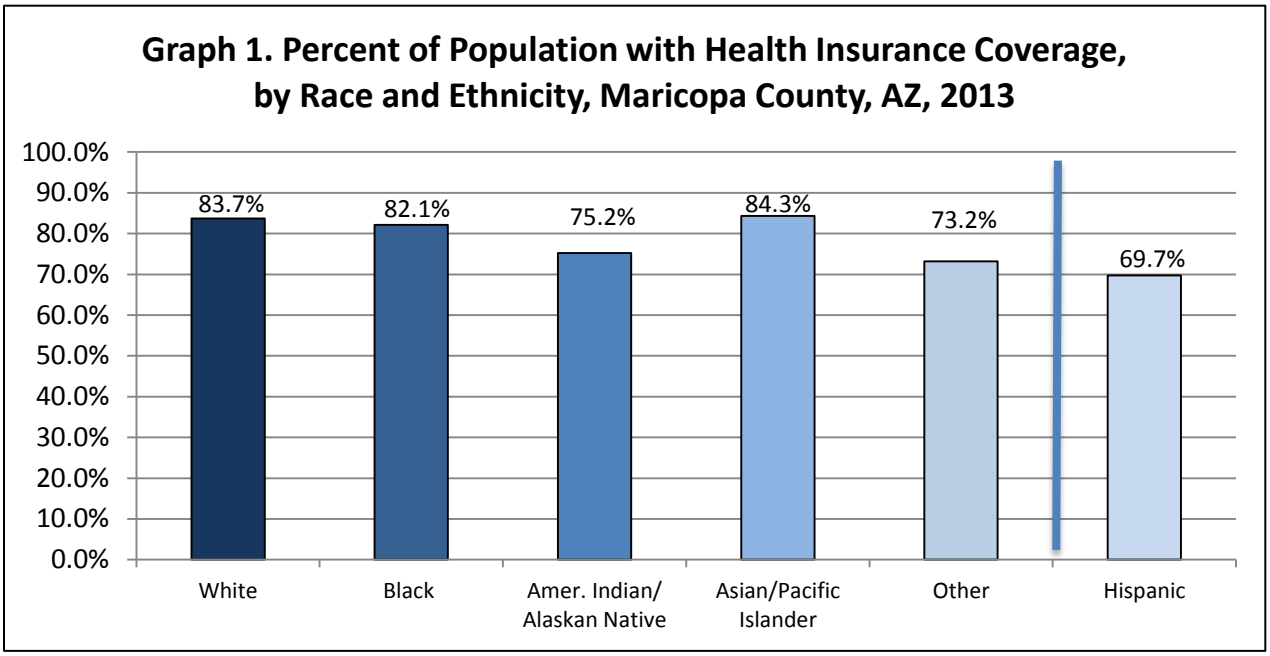
Description of Prioritized Community Health Needs

The following statements summarize each of the areas of priority for Phoenix Children's, and are based on data and information gathered through the CHNA.

Access to Care

Focus group participants overwhelmingly felt that access to care is an important issue for the community. Within Maricopa County, one out of every six residents lack health insurance and 12% of children under the age of 18 are not insured. Nearly 30% utilize publicly funded health insurance programs.[15] According to the American Community survey (2013), the uninsured population in Maricopa County has increased over the past ten years. There are disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being the least likely to have insurance (Graph 1).[16] Additionally, there is still a large portion of undocumented citizens that do not qualify for health care coverage under the Affordable Care Act (ACA).

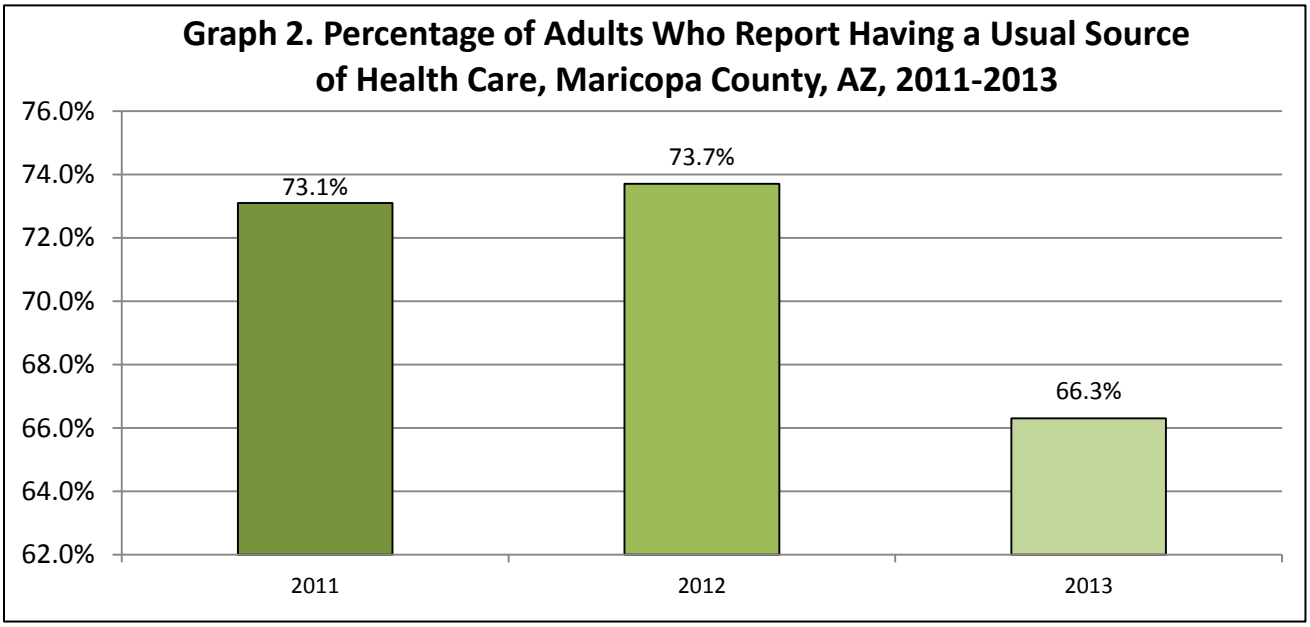
Graph 1: Percent of Population with Health Insurance Coverage



Source U.S. Census Bureau's American Community survey

Despite the increase in the ability to purchase health insurance through the federal marketplace, this does not appear to be translating to more people receiving care. The number of adults reporting they have a usual source of health care has decreased from 2011, with one out of every three Maricopa County residents saying they do not have a regular doctor they see for care (Graph 2).17 Women are more likely to report having a regular source of care when compared to men.18 Unfortunately, there is no data available at the time of this report to measure the true impact of ACA.

Graph 2: Percentage of Adults Who Report Having a Usual Source of Health Care



Source Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System survey

Access to care is a critical component to the health and well-being of community members. Often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventive and maintenance health care. This can be very costly, both to the individuals and the health care system. The most frequently identified barriers to health care discussed amongst focus group participants included financial limitations, long wait times for services, complication of navigating the system, incomplete coverage, lack of cultural competency, and respect among healthcare providers. Focus group participants also discussed the need to educate the community and increase awareness of available resources, such as free or low cost clinics, financial aid for medical bills, and other community programs.

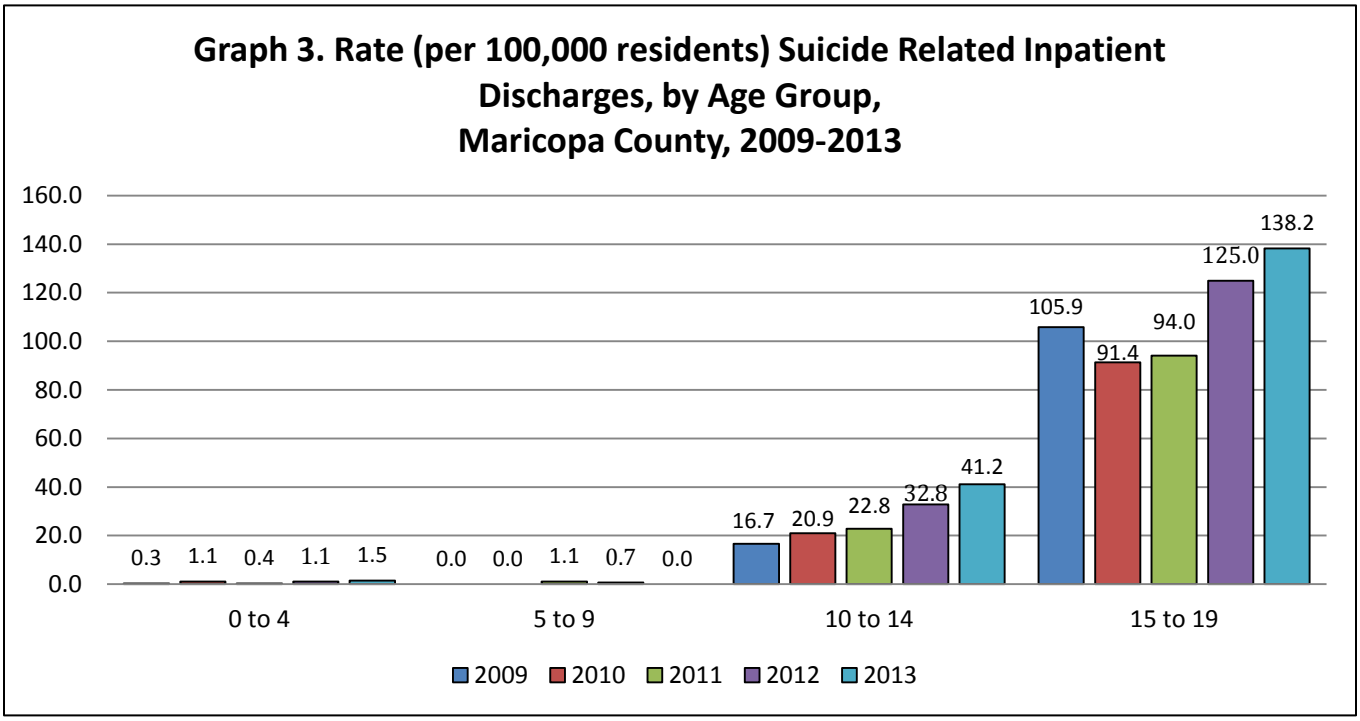
Mental Health

Mental health was ranked as the most important health problem impacting the community by focus group participants. Mental health is among the top ten leading causes of emergency department and inpatient discharges for Maricopa County.[27]

Of those adults 18 and older that participated in the Behavioral Risk Factor Surveillance System survey in Maricopa County, they reported an average of three days each month where their mental health was "not good".[28]According to the National Institute of Mental Health, as of 2013, an estimated 43.8 million Americans over the age of 18 had a diagnosed mental disorder, and nearly 6% suffer from serious mental illness. In fact, Major Depressive Disorder is the leading cause of disability in the United States for individuals ages 15 to 44, and is more prominent in females than males.[29]

The rate of mental health related emergency department visits and inpatient discharges for children 0 to 19 has been increasing since 2009. The great majority of people who experience a mental illness do not die by suicide. However, of those who die from suicide, more than 90 percent have a diagnosable mental disorder.[30] In 2013 children age 15 to 19 were admitted into the hospital at a rate of 138.2 per 100,000 for reasons related to suicide (Graph 11).[31]

Graph 3: Rate of Suicide Related Inpatient Discharges



Resources Potentially Available to Address Needs

Identifying Community Health Needs

Below is a list of some of the current assets available to address the selected priorities:

Access to Care

- Crews'n Healthmobile
    - The Crews'n Healthmobile, a 38-foot Mobile Medical Unit, visits drop-in centers serving the homeless, streets where homeless youth gather, shelters and schools serving vulnerable populations to bring free, comprehensive medical help directly to Arizona's homeless adolescents.
- Breathmobile
    - Since 2000, the Phoenix Children's Hospital Breathmobile, a self-contained mobile asthma clinic, has traveled to inner-city schools, providing asthma diagnoses, treatment, and education. The Breathmobile visits schools in South Phoenix, in areas where children are most likely to be uninsured. The service requires no referral and there is no charge for treatment.
- Bill Holt Clinic
    - Outside of Phoenix Children's Hospital, pediatric patients with HIV/AIDS have no other treatment options in Arizona. The Bill Holt Clinic at Phoenix Children's Hospital is the only comprehensive pediatric HIV clinic in the state of Arizona, providing care for children and adolescents exposed to or infected with HIV. The clinic, founded in 1994, is a multidisciplinary program. A team of specialists works together at the visits to provide specialized medical care, nutritional support, Child Life services, and psychosocial support. The team works together with families to maximize the health of children/adolescents affected by or infected with HIV.
- Teen Clinic
    - The Teen Clinic at Phoenix Children's Hospital provides expert evaluation and medical treatment for adolescents and young adults with common and complex medical problems. On both an inpatient and outpatient basis, physicians work collaboratively with mental health professionals, social workers, nurses and nutritionists to meet the adolescent health care needs.
- Special Needs Clinic
    - The clinic for Children with Special Health Care Needs is designed to provide coordinated, comprehensive primary care for children with chronic medical conditions.
- Autism Diagnostic Clinic
    - The Autism Program at Phoenix Children's Hospital is the only comprehensive program in a freestanding children's hospital in the state of Arizona. The Autism program consists of Autism diagnosis and management. Thus the child can be seen by all of the specialists they need, all in one place. The goal is to diagnose early, provide the most comprehensive assessment and treatment plan, and provide families with the support to best take care of their child. The team works with the child and family to implement effective learning and behavioral interventions to help the child grow and develop to the best of their ability. The clinic also helps identify medical diagnoses often associated with autism spectrum disorders (ASD), such as seizures, gastrointestinal disorders, sleep disorders and behavioral disorders. The team coordinates referrals to the appropriate specialists for the family's convenience.
- ADHD Diagnostic Clinic
    - The ADHD Diagnostic Clinic is a collaborative program between general and developmental pediatrics. It is a resident-teaching clinic designed to provide evidence-based evaluation and treatment of children who may have ADHD. The program also teaches how to diagnose and manage patients with ADHD with standardized tools, comprehensive care, research-backed treatment, and community resources. It is for children ages 5 to 18 years old.

Mental Health

- Bio behavioral Program
    - Phoenix Children's offers the only inpatient pediatric psychiatry program in Arizona for children under 16 with psychosis or dangerous behavior. The psychiatry outpatient clinic offers expert diagnosis and treatment of high complexity child and adolescent psychiatric disorders.
- Ambulatory Services
    - Phoenix Children's provides ambulatory services in multiple locations throughout the Phoenix Metro area. The services currently offered include psychopharmacological evaluation and ongoing management, and individual therapy in collaboration with the Division of Psychology.
- Consultation-Liaison Service
    - The Division of Psychiatry provides consultation-liaison services to the other divisions in the hospital. This service includes a complete psychiatric evaluation and treatment recommendations. Additionally, if indicated, the staff of the service will continue to be involved in the care of the patient while admitted to the hospital.

Feedback on Preceding CHNA and Implementation Strategy

Phoenix Children's has not received any feedback on the previous CHNA. The previous CHNA was posted on the organization's website and available for in-person copies. Phoenix Children's will continue to welcome feedback on the organization's Community Health Needs Assessment.

Impact of Actions Taken Since Preceding CHNA

The following were the eight key initiatives ranked in order of priority for Phoenix Children's 2013-2015 CHNA. Impact of Actions is summarized below:

Access to Care Impact of Actions

- Phoenix Children's advocacy work falls into two categories: improving access to care and responding to community needs.
    - Advocacy is as integral to Phoenix Children's operations as clinical care, research and academics. To improve the lives of children requires working with local, state and federal bodies to ensure children and families have the tools and resources they need for long, healthy lives. Community needs assessments are used to identify areas where Phoenix Children's can make a difference. Here are some impact of action examples:
        - KidsCare – The state's health insurance program for children in low-income families has been frozen since 2010, and Phoenix Children's successfully advocated for its reinstatement to plug a coverage gap for working families.
        - Advancing Care for Exceptional Kids - Phoenix Children's joined dozens of other children's hospitals around the country in cosponsoring the Advancing Care for Exceptional Kids Act of 2015, which would reform Medicaid benefits and payment mechanisms for medically complex children. The bill is currently under consideration by Congress.
- Phoenix Children's led the effort to expand programs that ensure adequate funding for pediatric patient care. Phoenix Children's advocacy achievements included the following:
    - Building the Safety Net Care Pool to ensure medically complex children and those with limited services have access and receive the care that they need.
    - Reauthorizing of legislation for disproportionate share hospitals (DSHs) like PCH that serve a significantly disproportionate number of low-income patients to ensure they have access to the care that they need.
- Phoenix Children's Care Network (PCCN) successfully expanded its geographic provider coverage to increase access to primary care physicians and the full spectrum of comprehensive care with PCH's pediatric specialists. The network has made an impact in offering a single network of pediatricians and specialists to collaboratively manage the patients' health needs.
- Phoenix Children's joined the Arizona Health Collaborative (AHC). The AHC's focus is to increase collaboration between rural and urban hospitals to expand access to care at a lower cost and higher-quality.
- Phoenix Children's successfully collaborated with various organizations across the state to deliver comprehensive services with increased access to care. Below are some of the key geographic access to care impacts:
    - Phoenix Children's opened a new inpatient pediatric unit within Dignity Health Mercy Gilbert Medical Center. This provides patients with an increased access to care in Gilbert, Chandler and adjacent communities. This allows children to access care to PCH's pediatric subspecialists in their own community.
    - Phoenix Children's partnered with Tucson Medical Center to expand pediatric care delivery and access to PCH's subspecialists for southern Arizona patients.

Behavioral Health Impact of Actions

- Phoenix Children's more than doubled the number of IP bio-behavioral beds, thus increasing PCH's behavioral health impact in the community.

	8:00pm	[Spanish; n=15]	(2330 E Fillmore St, Phoenix, AZ 85006)
10/4	2:00-4:00pm	Hispanic/Latino adults [English; n=8]	Cesar Chavez Library (3635 W Baseline Rd, Laveen Village, AZ 85339)
10/5	5:30-7:30pm	Adults with children under age 18 [n=10]	Embry Riddle Aeronautical University, Phoenix Mesa Campus (5930 S. Sossaman Rd., Ste. #102, Mesa, AZ 85212)
10/6	5:30-7:30pm	Young adults (18-30) [n=10]	Pendergast Community Center (10550 W. Mariposa St., Phoenix, AZ 85037)
10/7	6:00-8:00pm	African American adults [n=10]	Southwest Behavioral Health Services (4420 S. 32nd St., Phoenix, AZ 85040)
10/8	11:30-1:30pm	LGBTQ adults [n=9]	ASU/SIRC (502 E. Monroe St., Phoenix, AZ 85004)
2/27	10:00-12:00pm	Older adults (50-64) [Spanish; n=8]	Guadalupe Town Office (9241 S Avenida del Yaqui Guadalupe, AZ 85283)
3/5	11:30-1:30pm	Adults with children [Spanish; n=12]	Dysart Community Center (14414 N El Mirage Rd, El Mirage, AZ 85335)
3/12	9:30-11:30am	Adult males [Spanish; n=8]	Glendale Community College (6000 W Olive Ave, Glendale, AZ 85302)
3/12	1:00-3:00pm	Adult females [Spanish; n=12]	Open Door Fellowship Church (8301 N 19th Ave, Phoenix, AZ 85021)
3/15	5:30-7:30pm	Lower income adults [n=9]	Escalante Community Center (2150 E Orange St, Tempe, AZ 85281)
3/19	9:30-11:30am	Caregivers [n=8]	Red Mountain Multigenerational Center (7550 E Adobe Rd, Mesa, AZ 85207)
3/19	9:30-11:30am	Older adults [75+] [n=10]	Red Mountain Multigenerational Center (7550 E Adobe Rd, Mesa, AZ 85207)
3/22	5:30-7:30pm	African American adults [n=9]	Tanner Community Development Corporation [TCDC] (700 E Jefferson St # 200, Phoenix, AZ 85034)
3/24	5:30-7:30pm	Native American adults [n=6]	Mesa Community College (1833 W Southern Ave, Mesa, AZ 85202)
3/29	5:30-7:30pm	Adults with children [n=8]	Paradise Valley Community College (18401 N 32nd St, Phoenix, AZ 85032)
4/2	9:30-11:30am	Asian American adults [n=8]	Chandler Downtown Library (22 S Delaware St Chandler, AZ 85225)

Key Stakeholder Surveys

Phoenix Children's surveyed both internal and external stakeholders on what they perceived to be the health needs of the community. These groups were chosen given internal roles and responsibilities and the external groups were chosen given key relationships and/or their community health mission. Constituent groups surveyed include the following groups:

- Internal Stakeholders
    - PCH Fiduciary Board
    - PCH Foundation Board
    - PCMG Providers
    - PCH Administration
    - PCH Management
    - PCH Parent Advisory Group
- External Stakeholders
    - Phoenix Children's Care Network Providers (PCCN)
    - Community Providers on PCH Medical Staff
    - Adelante Healthcare
    - CASS Dental
    - Comprehensive Medical and Dental program (CMDP)
    - Eating Disorder Committee (she is eval. services for Eating disorders)
    - Healthcare for the Homeless
    - Hickey Family Foundation
    - HomeBase Youth Services/Native American Connections
    - St Joeseph's Eating Disorder Program
    - St Luke's Health Initiative
    - UMOM/New Day Center
    - Virginia Piper Trust
    - VisionQuest20/20
    - Youth Development Institute

Appendix B – List of Data Indicators

Population Demographics & Social Environment

- Gender, Age Group, and Racial/Ethnicity in Maricopa County, Disabilities
- Educational attainment, household income, unemployment, nutrition assistance, poverty, language spoken at home

Access to Health Care

- Health Insurance Coverage Demographics in Maricopa County
- Primary Payer Type of Hospitalizations in Maricopa County

Behavioral Health Risk Factors

- Alcohol Consumption & Drug Use in Maricopa County
- Tobacco Consumption in Maricopa County
- Nutrition/Diet in Maricopa County
- Physical Activity in Maricopa County

Morbidity

- Obesity in Maricopa County
- Low Birth weight
- Asthma Related IHD & EDV
- Pneumonia and Influenza Related IHD & EDV
- Alcohol Related IHD & EDV
- Drug Related IHD & EDV
- Suicide Related IHD & EDV
- Mental Health Related IHD & EDV

Mortality

- Top ten leading causes of death
- Childhood Cancer Incidence
- Childhood Homicide Rates
- Childhood Motor Vehicle Death Rates
- Childhood Fall Related Death Rates
- Childhood Suicide Rates
- Infant Mortality Rates

Birth

- Teenage Pregnancy
- Births requiring Intensive Care
- Births with at Least One Abnormal Condition
- Births with Heart Malformation
- Births with Club Foot
- Births with Other Muscle Anomalies
- Birth with Down's Syndrome
- Birth with Some Congenital Abnormality

Appendix C – Primary Data Collection Tools

CHNA Focus Group Questions

Community = where you live, work, and play

Introductions: State your name and what makes you most proud of your community.

1. What does quality of life mean to you?
2. What makes a community healthy?
3. Who are the healthy people in your community?

[Prompts]

   a. What makes them healthy?
   b. Why are these people healthier than those who have (or experience) poor health?

4. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

[Prompt]

   a. What are the biggest health problems/conditions in your community?

5. What types of services or support do you (your family, your children) use to maintain your health?

[Prompt]

   a. Why do you use them?

6. Where do you get the information you need related to your (your family's, your children's) health?
7. What keeps you (your family, your children) from going to the doctor or from caring for your health?
8. What are some ideas you have to help your community get or stay healthy?
9. What else do you (your family, your children) need to maintain or improve your health?

[Prompts]

   a. Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use
   b. Preventive services such as flu shots or immunizations
   c. Specialty healthcare services or providers

10. What resources does your community have that can be used to improve community health?

Phoenix Children's Key Stakeholder Survey Questions

1. First and Last Name
2. Which constituent group do you represent:
   a. PCH Fiduciary Board
   b. PCH Foundation Board
   c. PCH Leadership (manager and above)
   d. PCH Medical Staff
   e. PCH Community Partner
   f. PCCN Board and/or Committee Member
   g. PCMG Faculty
   h. PCH Parent Advisory Group Member
   i. Other (please specify)
3. Please rank the identified health needs listed below in order of your perceived community needs for Maricopa County.
   a. Access to Care

    b. Injury Prevention
    c. Mental Health
    d. Physical Activity and Obesity Prevention
4. Please suggest implementation strategies to improve Access to Care for children in Maricopa County.
5. Please suggest implementation strategies to improve Injury Prevention for children in Maricopa County.
6. Please suggest implementation strategies to improve Mental Health for children in Maricopa County.
7. Please suggest implementation strategies to improve Physical Activity and Obesity Prevention for children in Maricopa County.
8. Do you feel that Phoenix Children's is meeting the health needs of the community?
    a. Strongly Agree
    b. Agree
    c. Not Sure
    d. Disagree
    e. Strongly Disagree
    f. Other (Please explain your answer)
9. What other health needs do you believe Phoenix Children's should focus on in the future that has not been identified in question 3 of the survey?

Appendix D- References

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