

Phoenix
Children's

Community Health Needs Assessment 2026

Table of Contents

Executive Summary.....	3
Introduction.....	11
Community Definition.....	15
Demographic and Socioeconomic Profile.....	16
Data Collection.....	17
Primary Data.....	17
Secondary Data.....	19
Assessment Data and Findings.....	22
Community Input.....	27
Phoenix Children’s Community Health Needs Assessment Survey.....	31
Prioritized Description of Significant Community Health Needs.....	36
Prioritized Community Health Needs.....	39
Access to Care.....	40
Mental and Behavioral Health.....	43
Injury Prevention.....	47
Resources Potentially Available to Address Needs.....	51
Input Received on Most Recent CHNA and Implementation Plan.....	56
Impact of Actions Taken Since the Preceding CHNA.....	57
Conclusion and Implementation Strategy.....	63
Appendix A: Phoenix Children’s Primary Service Area Zip Codes.....	67
Appendix B: CHNA Assessment Tools and Reports.....	68
Appendix C: Rated Community Assets in Maricopa County - Race/Ethnicity and Special Population.....	77
Appendix D: Phoenix Children’s Community Health Needs Assessment Survey.....	81
Appendix E: Participating Organizations in the Prioritization Process.....	84
Appendix F: Top 10 Leading Causes of Inpatient Hospitalization, Emergency Department Visits and Death in Maricopa County.....	85
Appendix G: Data Indicator Matrix.....	86
Appendix H: References.....	88

Executive Summary

Community Health Needs Assessment (CHNA) Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Phoenix Children’s. The priorities in this report help to guide the health system’s community health improvement plan and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This report meets the requirements of the Patient Protection and Affordable Care Act and Internal Revenue Service (IRS) Section 501(r) requirement that nonprofit hospitals conduct a CHNA at least once every three years.

CHNA Collaborators

Phoenix Children’s partnered with the Maricopa County Department of Public Health (MCDPH) to support this CHNA. Another key collaborator is Synapse, a coalition of nonprofit and federally qualified healthcare providers in Maricopa County that work together to collect data and conduct CHNAs to guide community investments. The following organizations are part of the Synapse Coalition:

- Adelante Healthcare
- Banner Health
- City of Hope
- Circle the City
- Dignity Health
- Mayo Clinic
- Native Health
- Neighborhood Outreach Access to Health
- Phoenix Children’s
- Valleywise Health
- Vitalyst Health Foundation



Community Definition

Phoenix Children’s defines Maricopa County as its Primary Service Area (PSA), serving patients throughout the region. While the system provides care nationwide, approximately 85% of our patients reside in Maricopa County.

As the fourth most populous county in the U.S., Maricopa County has over 4.5 million residents, 1.1 million children, and spans 9,202 square miles.^{i, ii} Nearly five percent of this land belongs to Indigenous tribes, including the Fort McDowell Yavapai Nation, Gila River Indian Community, Salt River Pima-Maricopa Indian Community, and Tohono O’odham Nation.ⁱⁱⁱ

Data Collection

The health needs of Phoenix Children’s patients and families were identified through an analysis of primary and secondary data collected by MCDPH. To ensure a comprehensive understanding of the community’s needs, two rounds of input were gathered from both internal stakeholders and external community partners.



Primary data sources for this assessment include the most recent community survey,^{iv} focus groups,^v and key informant interviews.^{vi} The first round of data collection, conducted in the spring of 2023, encompassed all three of these data sources.



Secondary data sources include health and social indicators from local, state, and national datasets, covering health outcomes, economic factors, health behaviors, the physical environment, and health care delivery.

Process and Criteria to Identify and Prioritize Significant Needs



Phase One – Indicator Review and Simplification

Phoenix Children’s process to prioritize health needs started with an initial review and analysis of primary and secondary data sources. Top data indicators were validated by a CHNA Executive Steering Committee.



Phase Two – CHNA Consensus Workshops

In Phase two, Phoenix Children’s stakeholders contributed to the identification, prioritization, and recommendation of health needs, strategies, and tactics for our 2026 CHNA. Below are the following Phoenix Children’s stakeholder groups:

- Fiduciary Board (Board of Directors)
- Foundation Board
- Employees
- Phoenix Children’s Medical Group (PCMG) Faculty
- Medical staff
- Community Partners
- Phoenix Children’s Care Network (PCCN) Board and/or Committee members



Phase Three – Final Review and Board Approval

In Phase Three, the CHNA Executive Steering Committee approved the prioritized health needs, implementation strategies, and submitted the CHNA report to the Phoenix Children’s Board of Directors for approval.

List of Prioritized Significant Needs

The following statements summarize the priorities for Phoenix Children’s, based on data and insights gathered from both primary and secondary sources for the following three years.



Access to Care

(Health Insurance Coverage, Primary Payer Type, Usual Source of Care, Routine Check-up)

In 2023, about 8% of the population in Maricopa County aged 0-17 were uninsured.^{vii} AHCCCS (Medicaid) was the top primary payor type for inpatient (IP) hospitalizations and emergency department (ED) visits. In Arizona, about 33% of children aged 0-17 did not have a personal doctor or nurse and about 24% did not visit a healthcare professional to receive a preventative check-up in the past 12 months.^{viii, ix} The 2023 CHNA survey found that almost one in three (32.3%) survey respondents aged 12-18 indicated that in the past 12 months, they were “Sometimes” or “Never” able to get medical care when they need to.^{iv}



Mental/Behavioral Health

(All Mental/ Behavioral Disorders, Depression, Anxiety, Autism Spectrum Disorders, ADHD, Intentional Self-Harm/Suicide)

Among those aged 0-17 years, all mental and behavioral disorders ranked #1 and depression ranked #3 for IP hospitalization rates among selected indicators in Maricopa County in 2023. Intentional self-harm and suicide ranked #9 for ED visits and #6 for deaths.^x The 2023 CHNA survey highlighted anxiety (42.9%) and depression (34.6%) as the top two health issues that had the most impact on respondents aged 12-18 and/or those they lived with or cared for.^{iv}



Injury Prevention

(All injuries, Motor Vehicle Crash Related, Bicycle Injuries, Firearm-Related Injuries, Drowning, Fall- Related Injuries)

Among those aged 0-17 years, all injuries ranked #4 for IP hospitalization rates and #1 for ED visits and deaths among selected indicators in Maricopa County during 2023. Motor vehicle crash related injuries ranked #5 for ED visits and #4 for deaths. Firearm-related injuries ranked #2 and drownings ranked #3 for deaths. Fall-related injuries ranked #2 for ED visits.^x The 2023 CHNA survey identified unintentional/accidental injuries (6.3%) and intentional injuries (7.8%) as health issues that had the most impact on respondents aged 12-18 years and/or those they lived with or cared for.^{iv}

Tables 1 - 3 provide a snapshot of the prioritized health needs. *Access to Care* indicators are not available by race, age, and sex therefore, only the total proportion for each indicator is presented. Data for *Mental and Behavioral Health* and *Injury* indicators are presented as rates per 100,000 pediatric lives from hospital discharge data (HDD).^x Health indicator disparities are highlighted for each indicator across subgroups by race, age, and sex and by IP hospitalizations (IP ¹), emergency department visits (ED ²), and deaths (³) when available.

Access to Care	
Indicator	
Health Insurance (Maricopa County, Age 0-17)	Uninsured: 8%
Primary Payer Type (Maricopa County, Age 0-17)	AHCCCS Medicaid: 52.0% ¹ , 65.8% ²
Usual Source of Care* (Arizona, Age 0-17)	33.2 % of children did not have a personal doctor or nurse.
Routine Checkup* (Arizona, Age 0-17)	24.2% of children did not visit a healthcare professional to receive a preventative check-up in the past 12 months
Sources: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019–2023 (Maricopa County PSA), 2023 Hospital Discharge Data (Maricopa County PSA, Age 0-17), *2023 National Survey of Children’s Health (Arizona, Age 0-17)	

Table 1. Access to Care Indicators

Mental and Behavioral Health By Key Demographic Attributes			
Indicator	Race/Ethnicity	Age (years)	Sex
All Mental and Behavioral Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Depression	American Indian/Alaska Native ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Anxiety	Black/African American ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Autism Spectrum Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Male ^{1, 2}
ADHD	Black/African American ^{1, 2}	5-9 ¹ 10-14 ²	Male ^{1, 2}
Intentional Self-Harm and Suicide	American Indian/Alaska Native ¹ Black/African American ² Hispanic/Latino ³	15-17 ^{1, 2, 3}	Female ^{1, 2} Male ³
Source: 2023 Hospital Discharge Data (Maricopa County PSA, Age 0-17) - Only nonfatal (IP and ED) rates are analyzed for Mental and Behavioral Health indicators			

Table 2. Mental and Behavioral Indicator Disparities

Injury Prevention by Key Demographic Attributes			
Indicator	Race/Ethnicity	Age (years)	Sex
All Injuries	Black/African American ^{1, 2, 3}	0-14 ² 15-17 ^{1, 3}	Male ^{1, 2, 3}
Motor Vehicle Crash Related Injuries	American Indian/Alaska Native ¹ Black/African American ^{2, 3}	15-17 ^{1, 2, 3}	Male ^{1, 3} Female ²
Bicycle Injuries	Black/African American ¹ White ²	10-14 ² 15-17 ¹	Male ^{1, 2}
Firearm-Related Injuries	Black/African American ^{1, 2, 3}	15-17 ^{1, 2, 3}	Male ^{1, 2, 3}
Fall-Related Injuries	Black/African American ^{1, 2}	0-4 ^{1, 2}	Male ^{1, 2}
Drowning	White ^{1, 2} Black/African American ³	0-4 ^{1, 2, 3}	Female ¹ Male ^{2, 3}
Sources: 2023 Hospital Discharge and Death Data (Maricopa County PSA, Age 0-17)			

Table 3. Injury Indicator Disparities

Resources Potentially Available

Phoenix Children’s evaluated current programs, partnerships, and resources related to each of the selected health priorities. These resources include community organizations, facilities, and programs, as well as hospital-provided services, which could help address the identified health needs. In addition, Phoenix Children’s is a member of the Health Improvement Partnership of Maricopa County (HIPMC). HIPMC is a collaborative effort involving MCDPH, public entities, and private organizations around the county, aimed at addressing priority health issues identified through a community health improvement plan. With over 100 partner organizations, the HIPMC is a valuable resource for Phoenix Children’s, enabling the sharing of resources, knowledge, and expertise to align efforts for improving health in Maricopa County.

Implementation Strategies and Tactics

Phoenix Children’s CHNA is a collaborative effort that guided the development of a comprehensive implementation strategy.

Access to Care	
Strategies	Tactics
1. Increase access to Phoenix Children’s locations, providers, and services, and support care transitions	<ul style="list-style-type: none"> a) Establish Phoenix Children’s Hospital East Valley Campus b) Continue to develop more convenient options for patients to schedule appointments and access information c) Expand initiatives to improve appointment adherence and reduce medical trauma d) Utilize data to evaluate Phoenix Children’s network of care, identify potential healthcare provider and service gaps, and inform service line development and recruitment strategies e) Explore opportunities to leverage technology to provide health services and consultation through telehealth to providers across the state f) Provide support with transitioning Phoenix Children’s patients to adult care providers
2. Address social and economic barriers to care	<ul style="list-style-type: none"> a) Expand Social Determinants of Health screenings and provide support, education, and referrals to appropriate community resources b) Provide eligibility support and enrollment for insurance, financial assistance programs c) Provide eligibility support and enrollment for subsidized programs and services
3. Educate legislators and advocate for public policies that promote and improve access to health services	<ul style="list-style-type: none"> a) Educate legislators on medical and non-medical factors that influence health outcomes b) Advocate for and support funding, legislation, regulations, and policies that promote and improve access to and delivery of high quality, patient-centered health services for Arizona’s children

Mental and Behavioral Health	
Strategies	Tactics
1. Expand mental and behavioral health service offerings and care coordination	<ul style="list-style-type: none"> a) Increase capacity to treat medically complex patients through specialized clinical programs b) Expand Suicide Prevention Program screenings c) Promote integration of mental and behavioral health services across the Phoenix Children’s continuum of care and transition to next level of care
2. Increase knowledge and confidence of providers to address mental health concerns	<ul style="list-style-type: none"> a) Provide education and training sessions for providers to engage patients and families and identify, treat, and coordinate care for mental and behavioral health conditions
3. Improve public awareness, policy development, and perception of pediatric behavioral health	<ul style="list-style-type: none"> a) Educate legislators and advocate for and support funding, legislation, regulations, and policies that promote and improve access to mental and behavioral health services for Arizona’s children b) Utilize marketing and public relations resources to educate and create visibility of pediatric mental and behavioral health needs, and resources, and promote stigma reduction initiatives

Injury Prevention	
Strategies	Tactics
<p>1. Expand child injury prevention efforts for patients, families, caregivers, providers, and community partners</p>	<ul style="list-style-type: none"> a) Increase injury prevention education and training sessions, including: <ul style="list-style-type: none"> – Provider training to facilitate patient and family interactions and injury prevention education – Patient, family, caregiver, and community partner education focusing on the leading causes of child fatality and injury and impacts to quality of life and life expectancy b) Utilize marketing and public relations resources to educate and create visibility of injury prevention initiatives, trends, and issues and promote support services and resources c) Expand child passenger safety initiatives d) Expand water safety initiatives e) Educate policymakers and advocate for and support legislative and regulatory strategies to reduce intentional and unintentional childhood injuries

Report Adoption, Availability, and Comments

The 2026 CHNA was adopted by the Phoenix Children’s Board of Directors on Thursday, October 30, 2025. The CHNA is available to the public at <https://phoenixchildrens.org/about-us>.

Written comments regarding this report may be submitted to mediarelations@phoenixchildrens.com.

End of Executive Summary

Introduction

Community Health Needs Assessment

Hospitals and health systems like Phoenix Children's are required to conduct a CHNA every three years to address the community health needs identified through the process. The CHNA reflects Phoenix Children's commitment to its community by ensuring that health needs are identified and addressed and meets the Internal Revenue Service requirements under the Affordable Care Act.^{xi} The assessment uses the most recent available data for the service area to address the following:

- *Define the community it serves*
- *Assess the health needs of that community and consider input received from persons who represent the broad interests of local stakeholders, including those with special knowledge of or expertise in public health*

Our CHNA is a comprehensive report on the community's health, identifying the main causes of illness and death and which pediatric groups are most affected. Phoenix Children's uses the CHNA to develop an implementation strategy, which outlines how the health system will address the identified health needs through available activities, resources, and programs.

Organizational Overview

About Phoenix Children’s

Phoenix Children’s is a private, nonprofit 501(c)(3) corporation which owns and operates a comprehensive pediatric health system located in the heart of Maricopa County. During the fiscal year that ended December 31, 2024, Phoenix Children’s had 1.7 million patient encounters and served 278.1 thousand patients from 48 states, Washington D.C., Puerto Rico, and six countries (Table 4).

Phoenix Children’s Patient Demographics (2024)		
	Phoenix Children’s Total Patients	Phoenix Children’s Patients in Maricopa County
Unique Patients	278.1K	236.1K (84.9%)
Inpatient Discharges	14.6K	11.3K (77.2%)
Outpatient Hospital Visits	465.4K	404.7K (87.0%)
Female	134.5K (48.4%)	114.0K (48.3%)
Male	145.6K (51.6%)	112.1K (51.7%)
Age 0-4	96.7K (34.8%)	82.0K (34.7%)
Age 5-9	68.5K (24.6%)	58.8K (24.9%)
Age 10-14	60.2K (21.6%)	51.2K (21.7%)
Age 15-17	35.6K (12.8%)	29.9K (12.7%)
Age 18+	17.1K (6.2%)	14.2K (6.0%)
American Indian or Alaska Native	7.0K (2.5%)	4.0K (1.7%)
Asian	8.4K (3.0%)	8.0K (3.4%)
Black or African American	20.6K (7.4%)	19.0K (8.1%)
Hispanic or Latino	81.4K (29.3%)	73.3K (31.1%)
Native Hawaiian or Other Pacific Islander	0.8K (0.3%)	0.7K (0.3%)
White	126.5K (45.5%)	107.4K (45.5%)
Other or Unknown	33.4K (12.0%)	23.7K (10.0%)

Table 4. Phoenix Children’s Patient Demographics

For more than 40-years, Phoenix Children’s has provided world-class inpatient, outpatient, trauma, surgical, and urgent care to the children of Arizona and beyond. Phoenix Children’s is Arizona’s only freestanding children’s health system and one of the nation’s largest pediatric health systems, operating two acute care hospitals, including Phoenix Children’s Hospital – Thomas Campus, a 533-bed hospital located in central Phoenix, and Phoenix Children’s Hospital – Arrowhead Campus, a 48-bed hospital located in Glendale. Phoenix Children’s will open a third hospital campus, Phoenix Children’s Hospital – East Valley Campus in 2026. Additionally, Phoenix Children’s operates a community emergency department in Avondale, four urgent care centers, 12

community pediatric practices, and 20 outpatient specialty care clinics throughout the state.

Phoenix Children's employs over 900 physicians and advanced practice providers offering care in more than 75 subspecialty fields of pediatric medicine, including eight 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 Cleft and Craniofacial Care](#)

The widest range of treatments for cleft and craniofacial disorders

[Center for Fetal and Neonatal Care](#)

Advanced fetal imaging and diagnosis, plus newborn medical and surgical intervention

[Center for Heart Care](#)

Cardiac care for infants, children, teens, and adults

[Herbert J. Louis Center for Orthopedics and Sports Medicine](#)

Care for musculoskeletal injuries or diseases and conditions impacting musculoskeletal function

[Center for Spine Care](#)

Pediatric neurosurgical and orthopedic surgery care for rapid diagnosis, treatment, and healing for complex spinal disorders

[Center for Trauma Care](#)

Arizona's only American College of Surgeons accredited Level 1 Pediatric Trauma Center

In 2024, Phoenix Children's ranked as a *U.S. News and World Report* "Best Children's Hospital" for the 14th consecutive year. Phoenix Children's is the only children's hospital in Arizona ever to be recognized by *U.S. News and World Report*. The health system was also named the No. 1 children's hospital in Arizona and third in the Southwest region.

Phoenix Children's is home to the nation's first Utilization Review Accreditation Committee (URAC) accredited pediatric clinically integrated care network. The Phoenix Children's Care Network (PCCN) consists of over 150 locations and 1,400 pediatric healthcare providers committed to improving the health and well-being of Arizona's children by delivering high-quality, coordinated, and cost-effective pediatric care.

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 the 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

Our Values

- We place children and families at the center of all we do
- We deliver exceptional care, every day and in every way
- We collaborate with colleagues, partners, and communities to amplify our impact
- We set the standards of pediatric healthcare today and innovate for the future
- We are accountable for making the highest quality care accessible and affordable

Educational Programs

As a teaching hospital, Phoenix Children's is committed to providing training and education to develop the healthcare workforce of tomorrow. Phoenix Children's partners with multiple universities and other facilities, including the University of Arizona College of Medicine, the University of Arizona College of Pharmacy, Creighton University Medical School, Mayo Clinic Medical School, Arizona State University, and Northern Arizona University to educate over 500 nurses, medical students, social workers, pharmacists, residents, and fellows per year. Phoenix Children's offers over 40 residency programs, ACGME-accredited fellowships, non-ACGME accredited programs, internships, and pediatric training and educational experiences for undergraduate students.

Phoenix Children's Research Institute

Phoenix Children's is at the forefront of scientific discovery and leading the advancement of pediatric medicine for the benefit of patients and families throughout Arizona, the Southwest, and across the United States. As a national contributor and leader in the discovery and development of innovative and more efficient treatments for children, Phoenix Children's Research Institute collaborates with local, regional, and national research partners, including the Mayo Clinic, Barrow Neurological Institute, the University of Arizona College of Medicine, and Arizona State University.

In 2024, approximately \$22 million in funding went to support research efforts at Phoenix Children's, including more than 170 active clinical trials involving Phoenix Children's

patients, 400 peer-reviewed publications, and 782 active Internal Review Board (IRB) approved studies.

Community Definition

Phoenix Children’s is located in Maricopa County, the fourth most populous county in the U.S., with a population of over 4.5 million people and 1.1 million children.ⁱ Covering 9,202 square miles, Maricopa County is comprised of nearly five percent of Indigenous land from Fort McDowell Yavapai Nation, Gila River Indian Community, Salt River Pima-Maricopa Indian Community, and Tohono O’odham Nation.^{ii, iii}

Although Phoenix Children’s serves communities worldwide, the majority of patients reside within Maricopa County. During 2024, approximately 80% of patients served came from Maricopa County zip codes listed in Appendix A. Therefore, Phoenix Children’s primary service area (PSA) is defined as Maricopa County.

Figure 1 displays a map of Phoenix Children’s defined community.

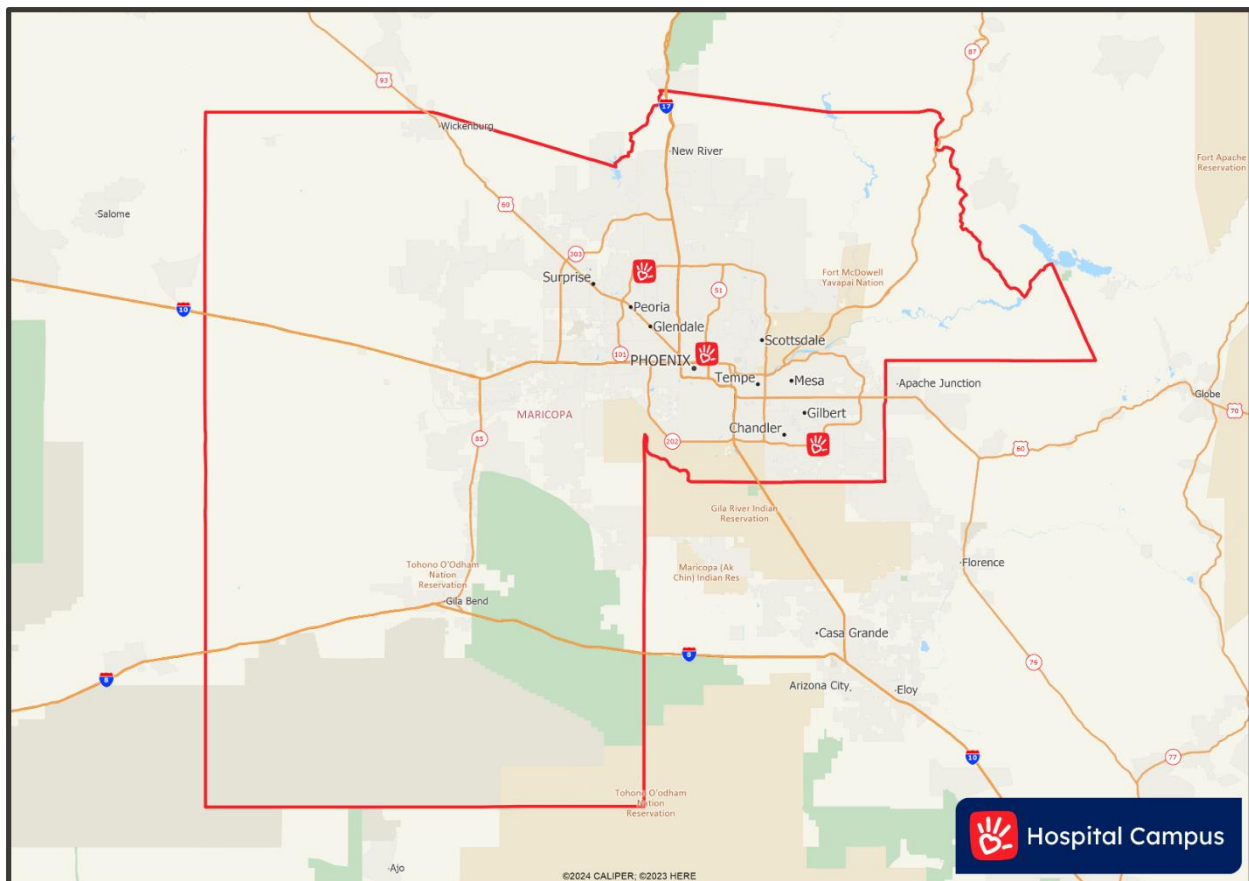


Figure 1. Phoenix Children’s Community Definition – Maricopa County

Demographic and Socioeconomic Profile

Table 5 displays the 2023 demographic and socioeconomic profile of residents in Maricopa County and Arizona.^{vii}

	Maricopa County	Arizona
Total Population Size for Those Aged 0-17	1,025,680	1,594,780
Population by Race/Ethnicity		
American Indian/Alaska Native	2%	5%
Asian and Native Hawaiian/Pacific Islander	4%	3%
Black/African American	7%	5%
White (non-Hispanic)	38%	38%
Two or More Races	25%	25%
Hispanic *	43%	44%
Population by Sex		
Male	49%	49%
Female	51%	51%
Population by Age Group		
0-4 years	25%	25%
5-9 years	27%	28%
10-14 years	30%	30%
15-17 years	18%	18%
Health Insurance †		
Uninsured	8%	9%
Poverty §		
Below Poverty Level Under 18 Years**	15%	17%
Languages, among those 5 years and over ¶		
Non-English Languages Spoken at Home	26%	25%
Population by Educational Attainment (Less than a high school diploma - 25 years and over)		
Less Than 9th Grade	5%	5%
9th - 12th Grade, No Diploma	6%	6%
Employment Status (people in the civilian labor force)		
Unemployed	5%	5%
Median Household Income		
Income	\$85,518	\$76,872

Table 5. Maricopa County and Arizona Demographic and Socioeconomic Profile - 2023 ACS Census

* The Hispanic response also includes some persons identifying as non-white races; percentages for race/ethnicity categories therefore total more than 100%.

† Percentages are based on the civilian noninstitutionalized population: 1,085,391 in Maricopa County and 1,693,196 in Arizona

§ Percentages are based on residents under 18 with poverty status determined by ACS: 1,009,898 residents in Maricopa County and 1,567,779 in Arizona.

¶ Percentages are based on 767,965 residents in Maricopa County and 1,195,281 in Arizona.

Data Collection

Health centers and hospitals in Maricopa County have a vital role in enhancing the region's health and economy. Beyond providing high-quality medical care, these institutions implement programs that address community specific needs. Many healthcare partners serve overlapping populations, leading to collaboration across Maricopa County. As a result, organizations such as Adelante Healthcare, Banner Health, Circle the City, City of Hope, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's, and Valleywise Health partner with MCDPH through the Synapse Coalition to identify community strengths and address the most pressing health needs through completing a CHNA.

As a member of the Synapse Coalition, Phoenix Children's partnered with MCDPH to conduct the CHNA process using a mixed-methods approach. This included gathering primary data – such as community input from focus groups, surveys, and key informant interviews – and secondary data, including hospital discharge and vital records data. By integrating both data types, the process ensured high-quality insights through cross referencing multiple sources, allowing for a more comprehensive understanding of community health needs. The following section provides an overview of primary and secondary data sources.

Primary Data

Community Health Survey | Focus Groups | Key Informant

2023 Maricopa County Community Health Needs Assessment Survey Overview^{iv}
(Appendix B)

During March–June 2023, MCDPH conducted the 2023 CHNA survey and collected over 18,000 surveys. The survey was offered both on paper and online using Alchemer®. It was available in over 14 languages and Braille. The 2023 CHNA survey questionnaire was designed around the following categories:

- Health Rating (Physical/Mental/Connection with Others)
- Experiences with Healthcare
- Health Issues
- Experiences with Discrimination
- Paying for Essentials
- Community Health Rating
- Demographics
- Additional Health Experiences (write-in)

This comprehensive data collection process — from building the survey tool to conducting survey outreach — was accomplished through cross-sector collaboration and expertise between MCDPH, CHNA outreach grant recipients, Synapse healthcare partners, and Health Improvement Partnership of Maricopa County community partners. MCDPH mobilized intradepartmental staff and an extensive network of community partners to conduct the following:

1. Develop an accessible, inclusive, and culturally relevant survey tool through the implementation of a community-based survey tool pilot program
2. Build and pivot with regional outreach strategies to aid in collecting survey responses with proportional representation from diverse populations
3. Promote and distribute the CHNA survey at community events and in the communities that partners serve

2023 CHNA Focus Groups Overview^v (Appendix B)

During June—August 2023, MCDPH and its partners contracted with the Southwest Interdisciplinary Research Center at Arizona State University to conduct 46 in-person and virtual focus groups with 366 participants and 309 CHNA supplemental surveys. The purpose of focus groups is to collect more in-depth data about community residents' lived experiences, opinions, and proposed solutions. The focus group design and execution proceeded through five phases: (1) focus group discussion guide development; (2) focus group recruitment and location securement; (3) focus group data collection; (4) analysis and findings methods; and (5) report writing and presentation of findings.

2023 Maricopa County Key Informant Interviews^{vi} (Appendix B)

During January—May 2024, MCDPH contracted with the OMNI Institute to carry out 24 key informant interviews for the CHNA. The 24 participants who were identified for key informant interviews were selected using purposive sampling. Participants were chosen across geographical regions around the county, and they were in key leadership and senior management roles and could speak to their organization's work in communities (e.g., Executive Director, Deputy Director, Community Outreach and Engagement Supervisor, etc.). Findings from this assessment were grouped into three main categories: community strengths and assets, built environment, and forces of change.

To read the primary data reports listed above, visit maricopahealthmatters.org.

Secondary Data

Hospital Discharge | Vital Records | Supplemental Population Data Sources

Population Health Framework

Many of the complex health issues facing the United States in the 21st century require a focus on the health of entire communities, not just individuals. This need has spurred the adoption of a “population health” perspective. According to the Institute for Healthcare Improvement, population health refers to “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”^{xii} The focus on population means addressing the factors that affect both individual and community health. Population health is shaped by a community’s social and economic conditions, as well as the quality of its medical care. This CHNA report uses a population health framework to allow for a comprehensive analysis of health determinants and disparities.

Hospital Discharge Data

MCDPH receives Hospital Discharge Data (HDD) bi-annually from the Arizona Department of Health Services. HDD includes inpatient hospitalization (IP) and emergency department (ED) discharge data from Arizona hospitals. These data only cover facilities within Arizona, so hospitalizations and ED visits of Maricopa County residents outside the state are not captured. Services received through Veteran Affairs (VA), Indian Health Services (IHS), as well as outpatient services, are excluded from the HDD. The data presented in this report are specific to Maricopa County residents and are collected based on the patient discharge dates. Since 2015, diagnoses have been coded using the International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM). Hospital discharges represent the number of discharges from facilities in Arizona during a calendar year and do not represent unique patients. Therefore, if an individual was hospitalized multiple times within the year, then they would appear multiple times in the dataset. Most hospitals bill under the “72-hour rule,” meaning if a patient visits the emergency department and is admitted as an inpatient within 72-hours, the visits are combined into a single billing account. In this case, the patient would be recorded as an inpatient. However, there are a few exceptions, such as critical access hospitals and certain insurance carriers that use “split billing,” which would result in the same patient appearing in both the IP and ED datasets.^x

Vital Records Data

MCDPH receives annual vital records for birth and death data from Arizona Department of Health Services for the previous year. The data in this report pertain to deaths of Maricopa County residents only, including those who passed away within Maricopa County and those who passed away elsewhere. However, some out-of-state deaths of Maricopa County residents may not be captured due to data sharing between states.

Data are reported based on the date of death. Causes of death are defined by using ICD-10 codes. Birth data includes all births in Maricopa County, regardless of the mother's residency status. The data presented in this report include births to mothers residing in Maricopa County, even if the births did not occur there. Data are reported based on the date of birth.

Population Data

The American Community Survey by the U.S. Census Bureau estimates the social and economic characteristics of U.S. populations. For this assessment, 2023 five-year estimates were used to report demographics for Maricopa County and Arizona. PolicyMap provides geographic data on demographic, social, and health indicators across the U.S. and was used in this assessment to evaluate social indicators within Phoenix Children's PSA, including medically underserved areas and health professional shortage areas. Healthy People 2030 sets data-driven national objectives to improve health and well-being and was used in this assessment to support specific data elements within the CHNA process.^{xiv}

Calculating Rates

Overall rates were calculated for the morbidity and mortality indicators that were derived from hospital discharge data and vital records. Additionally, rates by race/ethnicity, sex, and age were calculated to demonstrate health disparities.

Preliminary Round of Health Indicators

Primary and secondary data were used to assess the current needs of the community. Phoenix Children’s CHNA team engaged internal leadership to gather input on the preliminary round of health indicators. Table 6 displays the categories of health indicators and sub-indicators selected for evaluation without implying any ranking.

Access to Health Care	<ul style="list-style-type: none"> ▪ Health Insurance Coverage ▪ Primary Payer Type 	<ul style="list-style-type: none"> ▪ Usual Source of Care ▪ Routine Check-up
Behavioral Risk Factors	<ul style="list-style-type: none"> ▪ Youth Smoking ▪ Youth Nutrition/Diet 	<ul style="list-style-type: none"> ▪ Youth Physical Activity ▪ Youth Obesity
Social Determinants of Health	<ul style="list-style-type: none"> ▪ Transportation - Vehicle Availability and Public Transit Utilization ▪ Housing - Cost-burdened Renters and homeowners 	<ul style="list-style-type: none"> ▪ Housing - Cost-burdened Renters ▪ Food Insecurity and SNAP Benefit Utilization
Mental and Behavioral Health	<ul style="list-style-type: none"> ▪ All Mental Health Disorders ▪ Depression ▪ Anxiety ▪ Autism Spectrum Disorders ▪ ADHD ▪ Neurodevelopmental Disorders ▪ Personality Disorder ▪ Behavioral Disorders 	<ul style="list-style-type: none"> ▪ Mood and Depressive Disorders/Affective Disorders ▪ Epilepsy & Recurrent Seizures ▪ Anxiety, Dissociative & Somatoform Disorders ▪ Schizophrenia & Non-Mood Related Disorders
Substance Use	<ul style="list-style-type: none"> ▪ Alcohol Related ▪ All Drug Related ▪ Opioid Overdose 	<ul style="list-style-type: none"> ▪ Substance Use/Abuse Related Disorders ▪ Intentional Self-Harm/Suicide
Injury Prevention	<ul style="list-style-type: none"> ▪ All Injuries ▪ Motor Vehicle Traffic Related ▪ Bicycle Injuries ▪ Firearm Related 	<ul style="list-style-type: none"> ▪ Drowning ▪ Fall Related Injuries ▪ Assault/Homicide

Table 6. Phoenix Children’s Preliminary Health Indicators

Input Solicitation

Based on the data, Phoenix Children’s launched its CHNA prioritization process. This approach included engagement from the following Phoenix Children’s sponsored stakeholder groups:

- Fiduciary Board (Board of Directors)
- Foundation Board
- Employees
- Phoenix Children’s Medical Group (PCMG) Faculty
- Medical staff
- Community Partners
- Phoenix Children’s Care Network (PCCN) Board and/or Committee members

The full prioritization process is outlined in the “Prioritized Description of Significant Community Health Needs” section.

Assessment Data and Findings

Equity Lens

Addressing health disparities and advancing equity means tackling more than just closing resource gaps. Real progress happens when communities share a common understanding of what equity means. In this report, equity is defined as examining differences in health outcomes using both quantitative and qualitative data – from broad population data to community-level insights. By applying an equity lens, Phoenix Children’s can better understand the strengths and challenges that communities face. This approach can support the development of programs, ensures fair distribution of resources, and promotes inclusive decision-making – all of which contribute to better health outcomes.

This section presents data and findings from the health indicator analysis, community survey, focus groups, and key informant interviews. Where possible, an equity lens was used to highlight disparities by race/ethnicity, age, and sex.

Population Indicator Data for Preliminary Health Needs

Of the initial selected indicators that were analyzed, the following had the highest rates for inpatient hospitalizations (IP), emergency department visits (ED), and deaths for those in Maricopa County aged 0-17. To demonstrate the relative incidence between each of the health conditions reviewed, the overall rates per 100,000 pediatric lives were ordered from greatest to least (i.e., one to twelve) for inpatient hospitalizations. Table 7 displays whether each indicator’s overall IP, ED, and death rates were among the highest (1-5), in the middle (6-9), or lowest (10-12) within this group of indicators.

Indicator	IP	ED	Death
All Mental and Behavioral Disorders	1	6	*
Mood and Depressive Disorders/Affective Disorders	2	DNR	
Depression	3		
All Injuries	4	1	1
Alcohol Related	5	DNR	DNR
Asthma	6	4	
Flu & Pneumonia	7	3	
All Drug Related	8	8	8
Epilepsy & Recurrent Seizures	9	11	DNR
Self-Harm/Suicide	10	9	6
Anxiety, Dissociative & Somatoform Disorders	11	12	*
Diabetes	12	DNR	

Table 7. Rank Order of Population Indicator Data for Initial Round of Health Needs (0-17 years)

* Only nonfatal (IP and ED) rates are analyzed for Mental and Behavioral Health indicators
DNR is noted for indicators that did not rank in the top 12.

Table 8 displays the preliminary health indicators alongside the populations who experienced the greatest health disparities in Maricopa County. *Access to Care, Behavioral Risk Factors, and Social Determinants of Health* indicators are not available by race, age, and sex therefore, only the total proportion for each indicator is presented. Data for *Mental and Behavioral Health, Substance Use* and *Injury Prevention* indicators are presented as rates per 100,000 pediatric lives from hospital discharge data (HDD).^x Health indicator disparities are highlighted for each indicator across subgroups by race, age, and sex and by IP hospitalizations (IP ¹), emergency department visits (ED ²), and deaths (³) when available.

Access to Care	
Indicator	
Health Insurance	Uninsured: 8.0%
Primary Payer Type (Maricopa County, Age 0-17)	AHCCCS Medicaid: 52.0% ¹ , 65.8% ²
Usual Source of Care* (Arizona, Age 0-17)	33.2% of children did not have a personal doctor or nurse.
Routine Checkup* (Arizona, Age 0-17)	24.2% of children did not visit a healthcare professional to receive a preventative check-up in the past 12 months
Sources: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019–2023 (Maricopa County PSA), 2023 Hospital Discharge Data (Maricopa County PSA, Age 0-17), *2023 National Survey of Children's Health (Arizona, Age 0-17)	

Behavioral Risk Factors	
Indicator	
Youth Smoking	3.4% of high school students currently smoke cigarettes and 17.2% currently use electronic vapor products
Youth Nutrition/Diet	10.3% of high school students did not eat vegetables during the 7-day period
Youth Physical Activity	18.5% of high school students did not participate in at least 60 minutes of physical activity on at least 1 day of the week
Youth Obesity	14.9% of high school students who have obesity
Source: 2021 Youth Risk Behavioral Surveillance System ^{xiii}	

Social Determinants of Health

Indicator

Transportation - Vehicle Availability and Public Transit Utilization (2019-2023)	5.1% of housing units for which no vehicles are available in. 1.3% of workers aged 16 years or older who did not work at home who commuted to work using public transit.
Housing - Cost Burdened Renters and Homeowners (2019-2023)	48.5% of renter households were cost burdened (<i>gross rent is 30% or more of household income</i>) 20.7% of owner households were cost burdened (<i>monthly owner costs are 30% or more of household income</i>)
Food Insecurity (2023)	17.1% of children (<i>under 18</i>) were food insecure.
Food Stamp/SNAP Benefit Utilization (2019-2023)	9.5% of families receiving Food Stamp/SNAP benefits

2019- 2023 PolicyMap (Maricopa County)

Mental and Behavioral Health by Key Demographic Attributes

Indicator	Race/Ethnicity	Age (years)	Sex
All Mental and Behavioral Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Depression	American Indian/Alaska Native ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Anxiety	Black/African American ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Autism Spectrum Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Male ^{1, 2}
ADHD	Black/African American ^{1, 2}	5-9 ¹ 10-14 ²	Male ^{1, 2}
Neurodevelopmental Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Male ^{1, 2}
Personality Disorder	White ^{1, 2}	15-17 ^{1, 2}	Female ¹ Male ²
Behavioral Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Male ^{1, 2}
Mood and Depressive Disorders/Affective Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Epilepsy & Recurrent Seizures	Black/African American ^{1, 2}	0-4 ¹ 15-17 ²	Male ^{1, 2}
Anxiety, Dissociative & Somatoform Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Schizophrenia & Non-Mood Related Disorders	Black/African American ^{1, 2}	15-17 ^{1, 2}	Male ^{1, 2}

Source: 2023 Hospital Discharge Data (Maricopa County PSA, Age 0-17) - *Only nonfatal (IP and ED) rates are analyzed for Mental and Behavioral Health indicators*

Substance Use by Key Demographic Attributes

Indicator	Race/Ethnicity	Age (years)	Sex
Alcohol Related	American Indian/Alaska Native ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
All Drug Related	American Indian/Alaska Native ¹ Black/African American ^{2, 3}	15-17 ^{1, 2, 3}	Female ^{1, 2, 3}
Substance Use/Abuse Related Disorders	American Indian/Alaska Native ^{1, 2}	15-17 ^{1, 2}	Female ^{1, 2}
Opioid Overdose	Black/African American ¹ American Indian/Alaska Native ² Hispanic/Latino ³	15-17 ^{1, 2, 3}	Male ^{1, 2, 3}
Intentional Self-Harm and Suicide	American Indian/Alaska Native ¹ Black/African American ² Hispanic/Latino ³	15-17 ^{1, 2, 3}	Female ^{1, 2} Male ³

Sources: 2023 Hospital Discharge and Death Data (Maricopa County PSA, Age 0-17)

Injury Prevention by Key Demographic Attributes

Indicator	Race/Ethnicity	Age (years)	Sex
All Injuries	Black/African American ^{1, 2, 3}	0-14 ² 15-17 ^{1, 3}	Male ^{1, 2, 3}
Motor Vehicle Crash Related Injuries	American Indian/Alaska Native ¹ Black/African American ^{2, 3}	15-17 ^{1, 2, 3}	Male ^{1, 3} Female ²
Bicycle Injuries	Black/African American ¹ White ²	10-14 ² 15-17 ¹	Male ^{1, 2}
Firearm-Related Injuries	Black/African American ^{1, 2, 3}	15-17 ^{1, 2, 3}	Male ^{1, 2, 3}
Fall-Related Injuries	Black/African American ^{1, 2}	0-4 ^{1, 2}	Male ^{1, 2}
Drowning	White ^{1, 2} Black/African American ³	0-4 ^{1, 2, 3}	Female ¹ Male ^{2, 3}
Assault/Homicide	Black/African American ^{1, 2, 3}	0-4 ¹ 15-17 ^{2, 3}	Male ^{1, 2, 3}

Sources: 2023 Hospital Discharge and Death Data (Maricopa County PSA, Age 0-17)

Table 8. Health Indicator Disparities by Race, Age, and Sex in Maricopa County

Community Input

The previous section’s population data highlighted key health issues contributing to hospitalization and death. This section shifts focus to community-based data, shedding light on the social context and health concerns most affecting residents in Maricopa County. MCDPH’s 2023 CHNA survey provides insight into the services, opportunities, and information that Phoenix Children’s could use to improve community health and wellness. Figure 2 displays 2023 CHNA survey data, highlighting the proportions of top health issues, access to care solutions, and the lowest and highest rated community assets as reported by survey respondents aged 12-18.^{iv}













Top Health Issues			Top Access to Care Solutions		
	Anxiety	43%		Lower out of pocket costs for services	41%
	Depression	35%		More appointments available	38%
	No Health Issues	28%		Evening or weekend appointments	36%
Community Assets Rated Poor			Community Assets Rated Very Good		
	Feeling safe in public spaces	22%		Access to public libraries, community centers, and educational events	62%
	Ability to communicate with local leadership and feel my voice is heard	21%		Feeling safe in your home	62%
	Access to affordable housing	19%		Access to quality and affordable schools for children	59%

Figure 2. 2023 CHNA Survey Top Outcomes

CHNA survey participants rated various aspects of their community using the options “Very Good,” “Fair,” “Poor,” or “Not applicable.” Figure 3 displays community assets rated poor and very good by race/ethnicity and special population. In contrast to the other sections in this report that are focused on youth, data in Figures 3, 4, and 5 are presented for all ages as youth data are not available. Appendix C displays the community asset ratings for all race/ethnicity and special populations.^{iv}

Community Assets Rated Poor

Race/Ethnicity:

- *Access to affordable housing* received the lowest rating among those who identified as American Indian or Alaska Native, Multiracial, Black or African American, Middle Eastern or North African, Hispanic/Latinx, Native Hawaiian or Other Pacific Islander and second lowest rating among those who identified as Asian and White.
- *Access to quality public transportation* was the lowest rated community asset by those who identified as Asian and White.
- *Ability to communicate with local leadership* was the second lowest rated community asset by those who identified as American Indian or Alaska Native, Multiracial, Black or African American, and Middle Eastern or North African.

Special Population:

- *Access to affordable housing* was the lowest rated community asset for those who identified as Lesbian, Gay, Bisexual, Transgender, or Questioning or Queer (LGBTQ), foster youth/former foster youth, homebound, seniors living in a group, persons with a disability, persons experiencing homelessness, and refugee, immigrant, and migrant populations.
- *Quality public transportation* was the lowest rated community asset for those who identified as elderly and military member/veterans.
- *Access to quality and affordable childcare* was rated lowest by those who identified as caregivers.

Community Assets Rated Very Good

Race/Ethnicity:

- *Feeling safe in your home* and *access to parks and green spaces* were the first or second highest rated community assets by participants of all race/ethnicities.

Special Population:

- *Feeling safe in your home* and *opportunity to participate in religious, spiritual, or cultural events* and *access to parks and green spaces* were the first or second highest rated community assets among all special populations.

Figure 3. Community Assets Rated Poor and Very Good by Race/Ethnicity and Special Population

Figure 4 highlights themes identified from the 2023 CHNA focus groups with 366 participants from underserved and minority populations.^y



Figure 4. 2023 CHNA Focus Group Themes

Figure 5 highlights key themes from the 2024 key informant interviews with 24 key informants from 15 business, health, and community sectors.^{vi}



Community Strengths and Assets

Community strengths: resiliency, resourcefulness, commitment, knowledge, connections, pride, cultural cohesion

Organizational/agency strengths: robust health network, non-profit organizations, government efforts, educational institutions

Opportunities for growth: barriers to basic needs, environmental and criminal justice disparities, lack of awareness of services, racism, diversity, illicit substances

Utilizing community strengths: embracing local cultural practices, fostering passion of community members, strengthening existing communication channels



Built Environment

Physical assets and resources: healthcare, community centers, parks, trails, highway expansion, bike lanes

Challenges with built environment: geographic disparities in public transportation, limited bicycle paths, socioeconomic and racial disparities – high-income areas have green spaces and well-maintained infrastructure, low-income areas lack basic amenities

Barriers with the built environment: lack robust transportation, language barriers

How the built environment affects health disparities: need for affordable housing to combat heat issues, more green spaces, and access to healthy foods



Forces of Change

Current forces of change: environmental (heat), economic (housing affordability), political, and social

Major events and trends: COVID-19 pandemic and climate change led to societal shifts

Future forces of change: housing issues, substance use, rising temperatures, political divide, advances in medical diagnostics

Disproportionately impacted communities: Black, Indigenous, People of Color, LGBTQ, immigrant, families with low income, people who are unhoused, working class

Addressing forces of change: addressing discrimination, leveraging community connectedness, applying data-driven approaches, sharing community voices

Figure 5. 2024 CHNA Key Informant Interview Themes

Phoenix Children’s Community Health Needs Assessment Survey

As a supplement to the Maricopa County Community Survey, Phoenix Children’s conducted an independent survey of internal and community stakeholders, including Phoenix Children’s employees, Phoenix Children’s Board of Directors, Phoenix Children’s Foundation Board of Directors, Phoenix Children’s Medical Group and Medical Staff, and Phoenix Children’s Care Network, to gain their insight regarding health issues impacting the community (Appendix D).^{xiv}

Over the two-week survey period, Phoenix Children’s received over 1,500 responses and almost 1,200 written comments providing feedback and informing how Phoenix Children’s can address their prioritized health needs and work towards improving the health and access to care for all children.

Below summarizes the results, including respondent demographics and final health priority ranking of the Phoenix Children’s Community Health Needs Assessment Survey.

Demographics

Most survey respondents were ages 25-44 (51.6%, n=777).

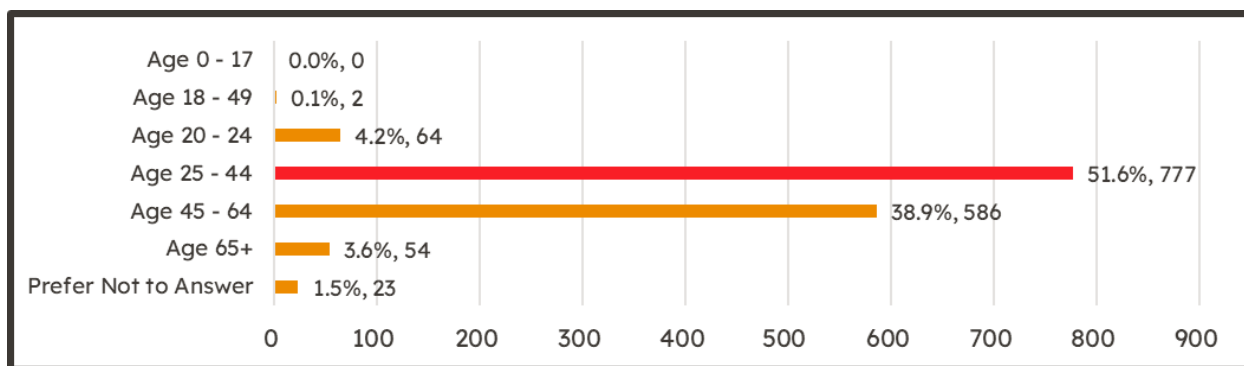


Figure 6. Survey Responses by Age Cohort (n=1,506)

Consistent with the results of the previous Phoenix Children’s Community Health Needs Assessment Survey, most survey respondents were female (83.6%, n=1,253).

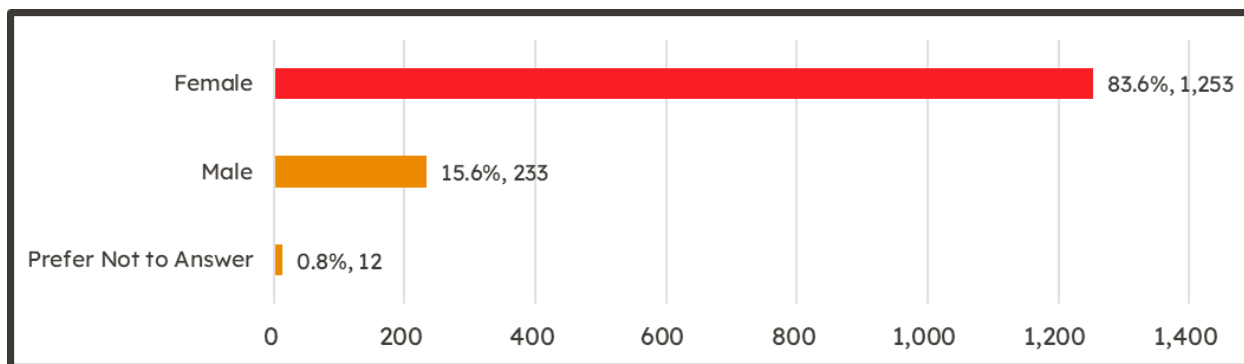


Figure 7. Survey Responses by Sex (n=1,498)

Most survey respondents indicated English was the primary language spoken at home (95.2%, n=1,433). Other responses (n<10) included: Bilingual, Slovak, Filipino/Tagalog, Navajo, Bosnian, Mandarin, American Sign Language, and Gujarati.^{xx}

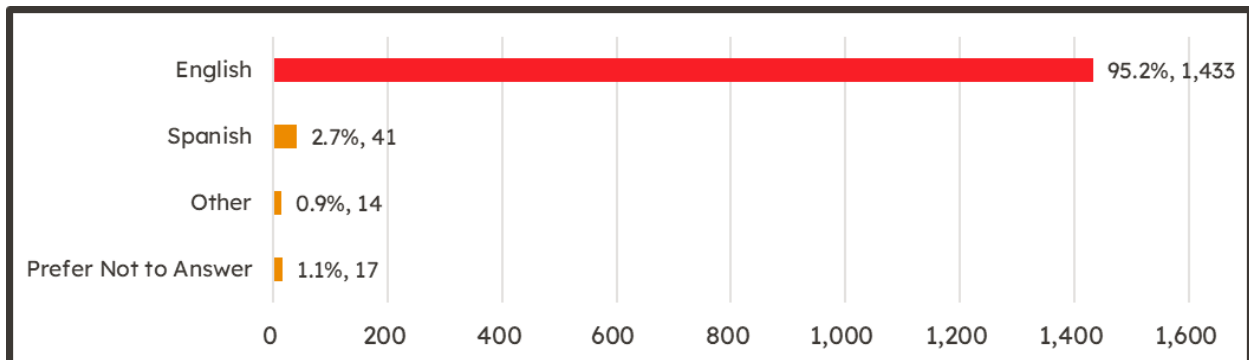


Figure 8. Survey Responses by Primary Language (n=1,505)

Most respondents identified as White (64.8%; n=972) or Hispanic or Latino (20.6%; n=309).

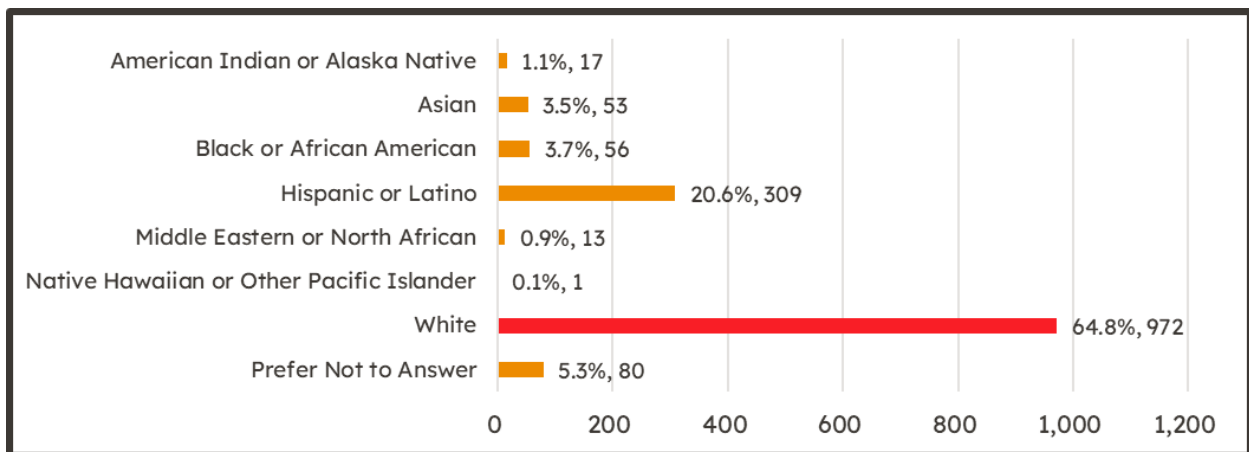


Figure 9. Survey Responses by Race / Ethnicity (n=1,501)

Most respondents achieved a four-year or bachelor's degree (31.6%; n=475) or a graduate degree (20.5%; n=308).

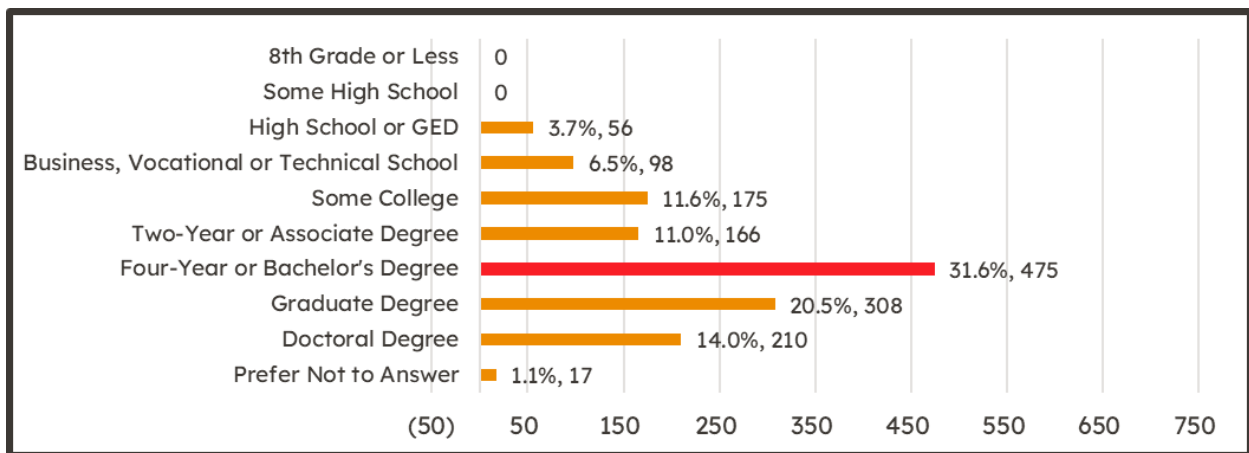


Figure 10. Survey Responses by Highest Level of Education (n=1,505)

Most respondents indicated household incomes of \$100,00 - \$149,999 (21.5%; n=323).

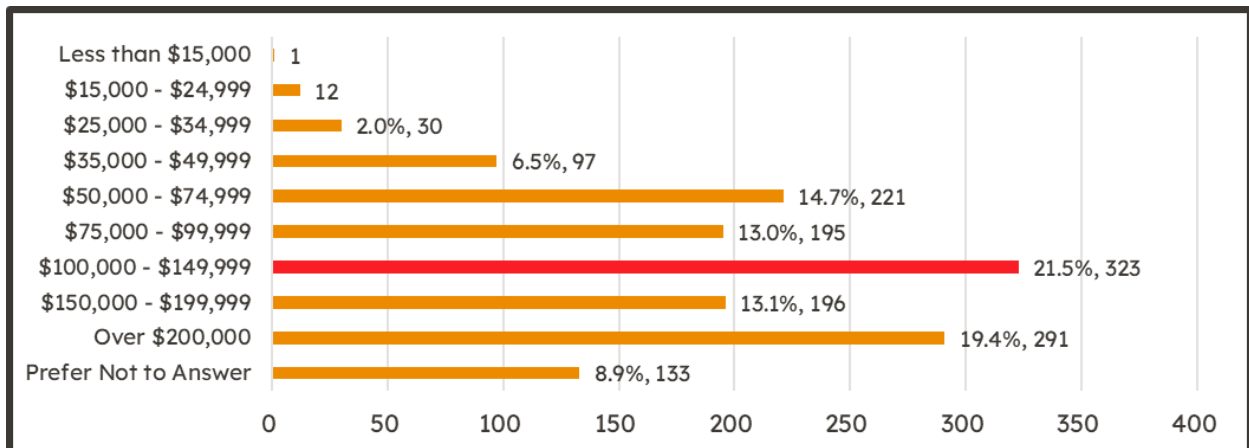


Figure 11. Survey Responses by Household Income (n=1,499)

Most respondents indicated they maintain full-time employment (87.5%; n=1,317).

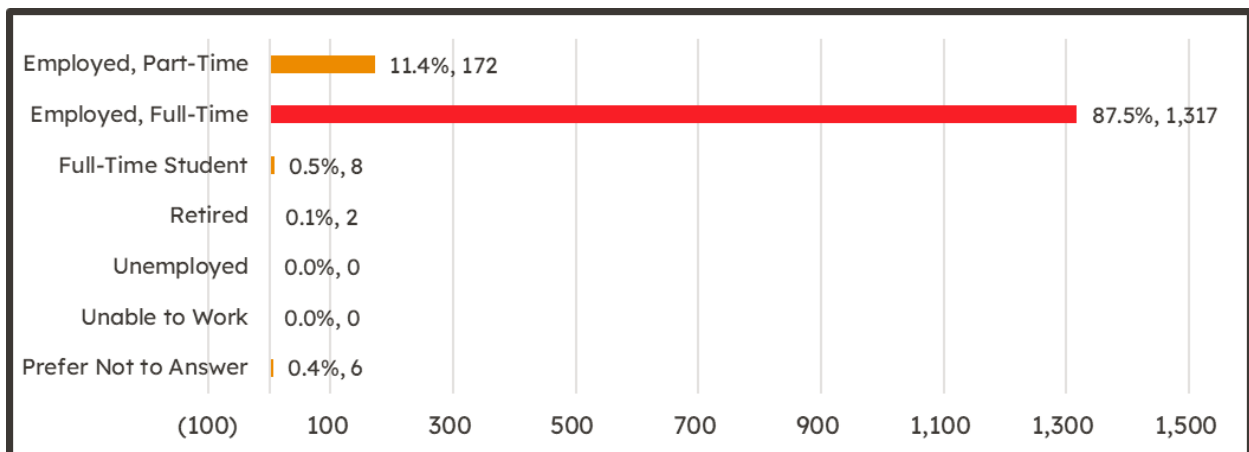


Figure 12. Survey Responses by Employment Status (n=1,505)

Most respondents indicated they are privately insured (92.5%; n=1,348).

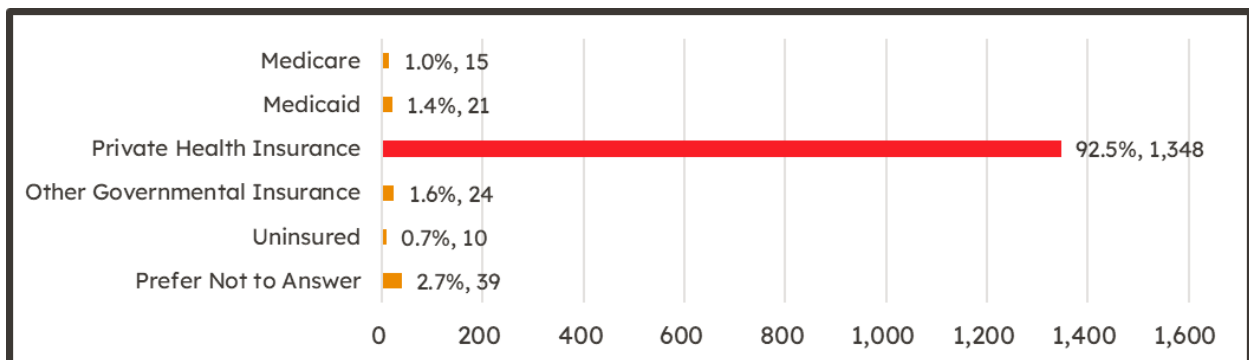


Figure 13. Survey Responses by Primary Health Insurance (n=1,457)

Ranking Health Priorities

Survey respondents indicated clear support of Phoenix Children’s three priority issues: Access to Care, Mental and Behavioral Health, and Injury Prevention.

Participants were asked to “Please rank the following health needs identified among Maricopa County pediatric residents for Phoenix Children’s to focus on during the upcoming CHNA cycle.” Participants then assigned a numerical value #1 - #3 to rank and prioritize the priority issues, with their highest priority receiving a numerical value of #1.^{xx}

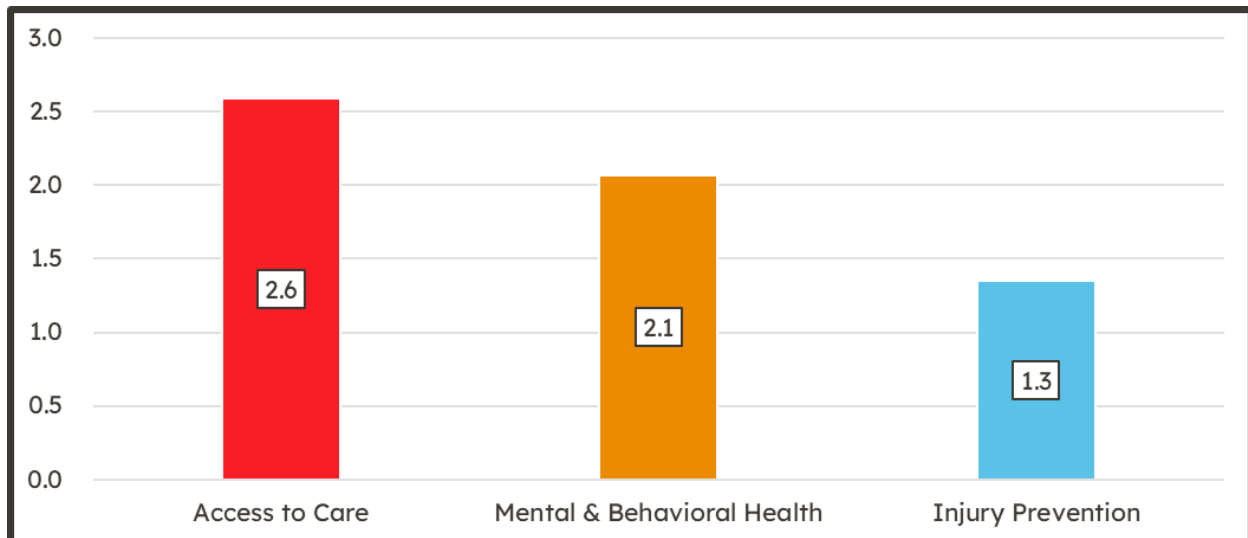


Figure 14. Phoenix Children’s Community Health Needs Assessment Survey Weighted Prioritization Scores (n=1,068)

Survey results supported the top three priorities, with 719 respondents ranking Access to Care as the #1 priority; 258 respondents ranking Mental and Behavioral Health as the #1 priority; and 91 respondents ranking Injury Prevention as the top priority.

Phoenix Children’s solicited feedback on additional needs for consideration and received 324 written comments. Respondents also identified the following health needs for consideration: Preventive Care, Housing, Food Security, Obesity, Air Quality, and Heat Safety.

Suggestions for Addressing Top Health Issues

Additional survey questions solicited feedback on potential opportunities to improve access to care, injury prevention, mental and behavioral health for children in Maricopa County (Table 9).^{xx}

<p>Access to Care</p>
<ul style="list-style-type: none"> • Reduce geographic barriers to care by opening new locations, hosting mobile, community-based clinics, and offering telehealth appointments • Reduce temporal barriers to care through expanded hours of operations or weekend clinics • Improve the ease of scheduling appointments by leveraging technology and increasing staffing to meet specialty care demand • Promote the coordination of care, including transitioning patients to community providers as they enter adulthood
<p>Mental and Behavioral Health</p>
<ul style="list-style-type: none"> • Expand the scope of services by integrating mental and behavioral health throughout the continuum of care • Reduce barriers to care by staffing mental and behavioral health providers in more Phoenix Children’s ambulatory specialty care and primary care clinics • Provide increased educational opportunities for patients, families, and providers
<p>Injury Prevention</p>
<ul style="list-style-type: none"> • Increase the volume and frequency of media communications and education events to promote awareness and educate parents and caregivers • Promote community engagement in identifying trends and prioritizing safety issues (i.e., e-Bicycle safety, heat safety, firearm safety, and mental health safety) • Engage with policymakers to develop and enact legislation supporting injury prevention initiatives

Table 9. Opportunities to improve Phoenix Children’s CHNA Priorities

Prioritized Description of Significant Community Health Needs

As part of a successful CHNA, Phoenix Children’s undertook a three-phase process to narrow its focus to the most actionable and community aligned health needs in Maricopa County.



Figure 15. Phases of Phoenix Children’s Arizona’s Prioritization Process



Phase One — Data Review

Phoenix Children’s process to prioritize health needs started with an initial review and analysis of primary and secondary data sources.

- ❖ Primary data sources included data from the:
 - 2023 Maricopa County Coordinated Community Health Needs Assessment and focus group report
 - Maricopa County Community Health Improvement Plan Priorities
 - Prior Community Health Needs Assessment reports and work efforts
 - Phoenix Children’s internal survey
- ❖ Secondary data sources included data from:
 - Phoenix Children’s internal Social Determinants of Health survey
 - Phoenix Children’s internal clinical and encounters data sets
 - Progress reports from Phoenix Children’s Patient and Family Advisory Councils
 - Maricopa County hospital discharge and emergency department visit data sets and county morbidity and mortality statistics

Phoenix Children’s identified top data indicators and balanced against the findings of the National Survey of Children’s Health series and the Children’s Action Alliance 2024 Arizona Kids Count Data Book.



Phase Two — Consensus Building

In Phase Two, internal committees and Phoenix Children’s stakeholders contributed to this process by guiding the identification, prioritization, and recommendation of prioritized health needs, strategies, and tactics for Phoenix Children’s 2026 CHNA cycle.

First, Phoenix Children’s CHNA Executive Steering Committee reviewed the community health needs identified from primary and secondary data sources and provided preliminary recommendations for prioritization.

Next, Phoenix Children’s stakeholders (internal and external) affirmed the prioritized health needs and provided feedback on potential strategies and tactics to address the health needs.

Lastly, the CHNA Executive Steering Committee reviewed the proposed implementation strategies and tactics identified through the Community Health Needs Assessment Survey and stakeholder interviews.



Phase Three – Final Review and Board Approval

In Phase Three, the CHNA Executive Steering Committee approved the prioritized health needs, implementation strategies, and tactics. The CHNA report was approved on October 30, 2025, by the Phoenix Children’s Board of Directors.



Access to Care

Health Insurance Coverage, Primary Payer Type, Usual Source of Care, Routine Check-up



Mental/Behavioral Health

All Mental/ Behavioral Disorders, Depression, Anxiety, Autism Spectrum Disorders, ADHD, Intentional Self-Harm/Suicide



Injury Prevention

All injuries, Motor Vehicle Crash Related, Bicycle Injuries, Firearm- Related Injuries, Drowning, Fall- Related Injuries

Figure 16. Phoenix Children’s 2026 CHNA Priorities

Prioritized Community Health Needs

The following section provides detailed primary and secondary data for each of Phoenix Children's CHNA priorities and sub-priorities. Recognizing disparities in health outcomes based on factors like race/ethnicity, sex, and age is crucial to achieving equitable access to healthcare and improving health outcomes.

Additional needs identified through data collection and the Maricopa County Community Health Improvement Plan (CHIP) included Access to Healthy Food, Housing and Homelessness, and Substance Use. While Phoenix Children's elected to not develop strategies and tactics specific to these needs within its Community Health Needs Assessment, initiatives implemented throughout Phoenix Children's continuum of care ensure patients are screened and referred for the appropriate resources.

Phoenix Children's screens and surveys all patients and families to identify potential Social Determinants of Health (SDOH) needs, including food and housing insecurity. Patients identified with significant SDOH needs are referred to Phoenix Children's Care Navigators who review each patient and family's needs and coordinate referrals to local community resources.

Similarly, Phoenix Children's recognizes the complex interrelationship between mental health, substance use, and physical health. To ensure the best health outcomes, Phoenix Children's care model promotes the coordination of care amongst a diverse array of providers, organizations, and government agencies to screen, intervene and transition patients to receive the appropriate substance use treatment in the appropriate setting.

Access to Care

Health Insurance Coverage, Primary Payer Type, Usual Source of Care, Routine Check-up)

Importance and Impact in Maricopa County

Access to Care was identified as a significant health need for Phoenix Children’s. The National Academies of Sciences, Engineering, and Medicine defines access to health care as the “timely use of personal health services to achieve the best possible health outcomes.”^{xiv} Comprehensive, quality healthcare is essential for preventing and managing disease, supporting overall health, and reducing premature death. According to County Health Rankings and Roadmaps, key factors influencing healthcare access include insurance coverage, local care options, and a usual source of care.^{xv} Access is also closely tied to social determinants of health, such as income, employment, proximity to healthcare facilities, education, and social networks, all of which impact an individual’s ability to receive care.

Health Care Coverage

Health insurance coverage supports the health and well-being of individuals and communities. Studies confirm that it improves access to care, supports positive health outcomes, incentivizes appropriate use of health care resources, and reduces financial strain.^{xvi} In 2023, 8% of people aged 0-17 in Maricopa County did not have health insurance.^{vii}

Figure 17 displays the prevalence of people under the age of 19 without health insurance in Maricopa County. Cities such as *Aguila*, *Buckeye*, *Gila Bend*, *Glendale*, and *Mesa* have areas with higher rates of uninsured residents who are under the age of 19.^{xii} Policymap is not available for those aged 0-17.

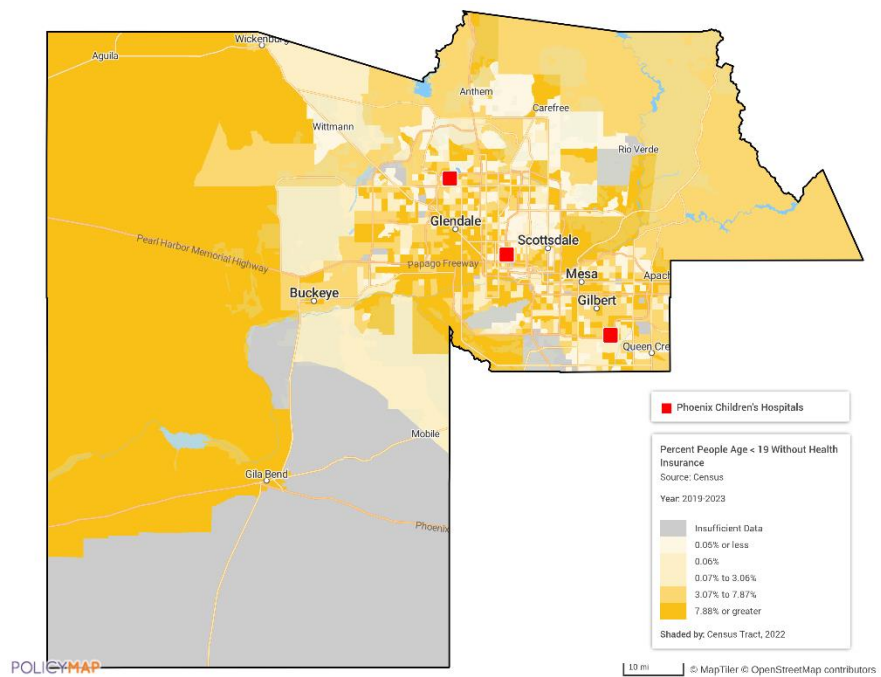


Figure 17. Estimated Percent of People Under 19 years old Without Health Insurance (2019-2023)

Primary Payer Type

Knowing payer /coverage data is crucial for determining individuals' access to healthcare services. It also helps providers understand financial barriers, ensuring appropriate care for those with different insurance type. Figure 18 displays the top payer types for inpatient hospitalization (IP) and emergency department (ED) visits for Maricopa County residents aged 0-17.^x

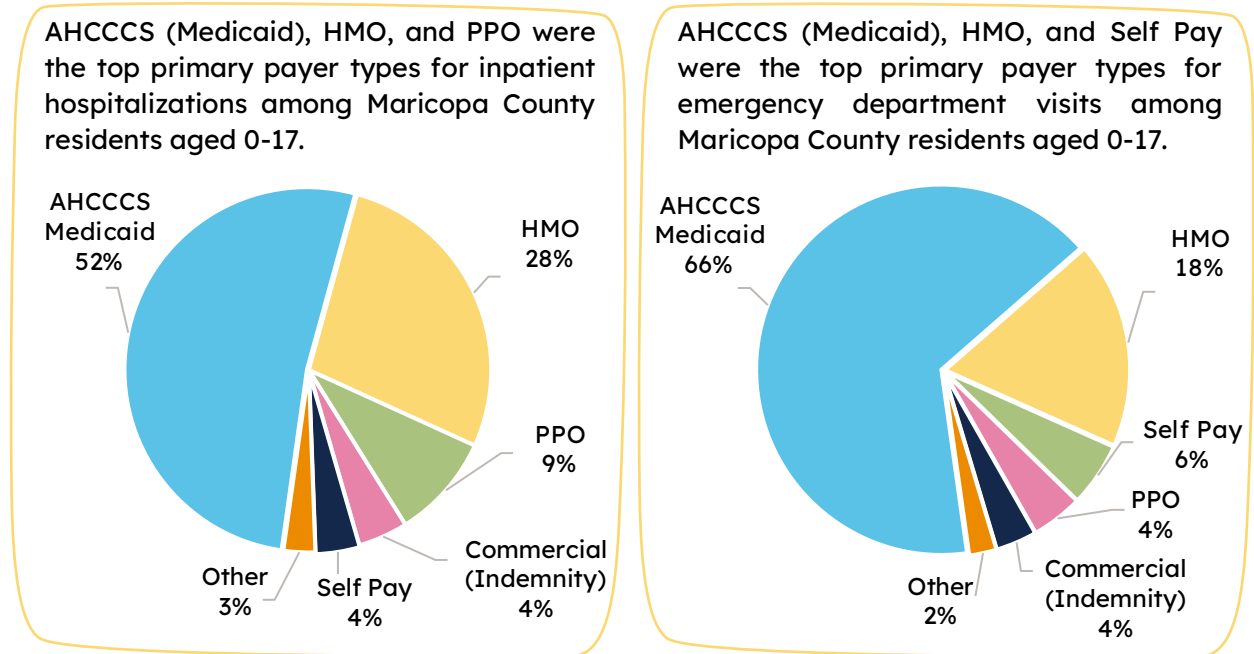


Figure 18. Top Primary Payer Types for IP and ED in Maricopa County (ages 0-17)

Usual Source of Care

Having a usual source of care is important indicator for health care access for children. Usual source of care is defined as having one or group of doctors that an individual thinks of as their personal health care provider. In Arizona, 33.2% of children aged 0-17 did not have a personal doctor or nurse, 59.3% did not have a medical home, and 83.3% did not receive care in a well-functioning system (Figure 19).^{viii, xvii, xviii}

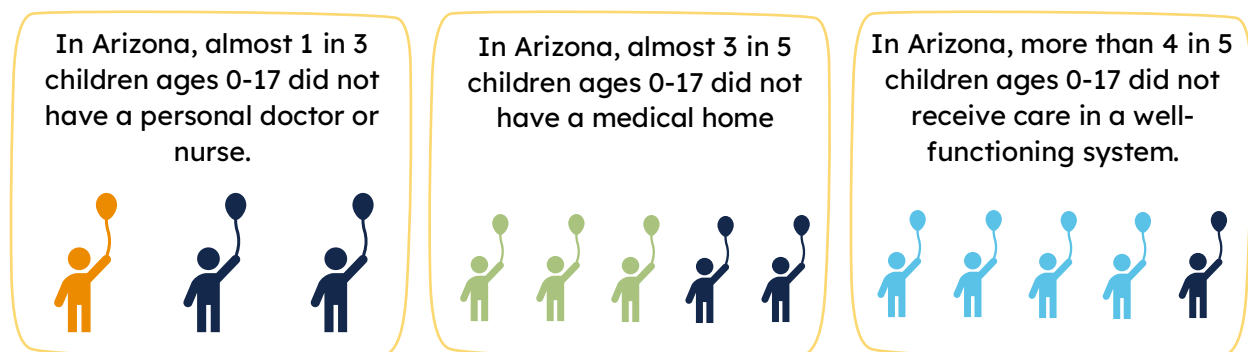


Figure 19. National Survey of Children's Health Survey Measures (2023)

Routine Check-Up

Routine check-ups are vital for a child’s health as they provide preventative care, can aid in the early detection of health issues, and monitor growth and development. Routine check-up is defined as having a physical exam within the past 12 months. In Arizona, 24.2% of children aged 0-17 did not visit a healthcare professional to receive a preventative check-up—a preventative check-up excludes illness or injury visits. Additionally, 20.6% of children aged 0-17 did not see a healthcare professional for any kind of medical care including visits done by video or phone in the past 12 months (Figure 20).^{ix, xix}

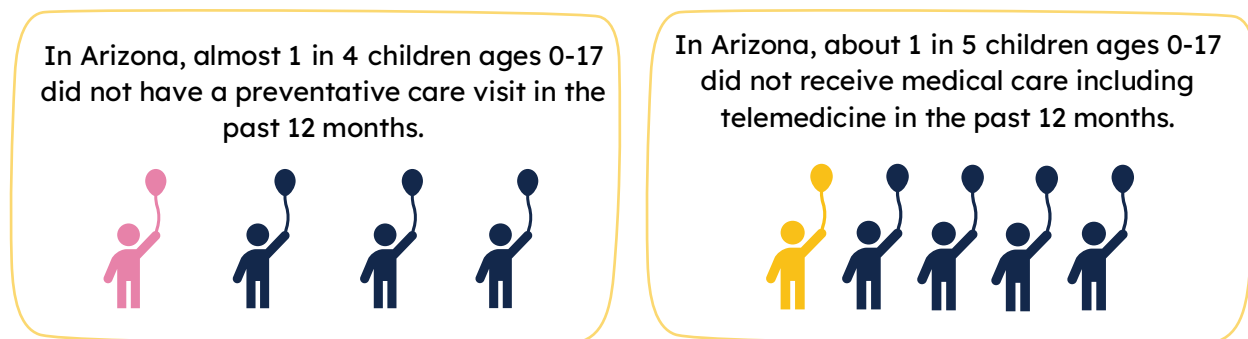


Figure 20. National Survey of Children's Health Survey Measures (2023)

Community-Identified Issues in Maricopa County (All Ages)

Access to Medical Care

Almost 1 in 3 (32.3%) survey respondents aged 12-18 indicated that they “Sometimes” or “Never” had access to medical care within the past 12 months.

Health Care Solutions

About 2 in 5 of survey respondents aged 12-18 indicated that having lower out of pocket cost for services (41.0%) and more appointments available (38.1%) would help them get the care they need.

Health Care Access and Quality

Focus group participants of all ages identified barriers to accessing care, including long wait times for procedures and appointments, difficulties with insurance, high cost of care, limited medical facilities equipped for emergencies or specialized needs, inadequate provider training.

Healthcare Service Accessibility

Key informant interviewees aged 18 years and over expressed concerns about healthcare accessibility, noting challenges such as difficulties accessing appointments, limited availability of healthcare facilities in some communities, and a lack of competency or sensitivity among health care providers in supporting individuals who are blind or vision impaired.

“More public education, assistance, and resources for families with children diagnosed with type 1 diabetes. More families are being affected, and it is a complicated disease and they need as much support as they can get. Insulin is expensive. It is difficult to find childcare for a child with diabetes as well.”

- 2023 CHNA Survey Participant

Sources: 2023 CHNA Survey, Focus Groups, Key Informant Interviews^{iv, v, vi}

Mental and Behavioral Health

(All Mental/ Behavioral Disorders, Depression, Anxiety, Autism Spectrum Disorders, ADHD, Intentional Self-Harm/Suicide)

Importance and Impact in Maricopa County

Mental and Behavioral Health was identified as a significant health need for Phoenix Children’s. Mental health encompasses emotional, psychological, and social well-being. It influences thoughts, feelings, actions and plays a key role in coping with stress, interacting with others, and making decisions.^{xx} Mental health is a vital component of overall well-being, yet many individuals face barriers to accessing care, including stigma, lack of resources, and limited providers.

All Mental and Behavioral Disorders

All mental and behavioral disorders are defined as the primary diagnosis of a mental, behavioral, or neurodevelopment disorder.^{xxi} Figure 21 displays rates of all mental and behavioral disorders in Maricopa County for those aged 0-17.^x

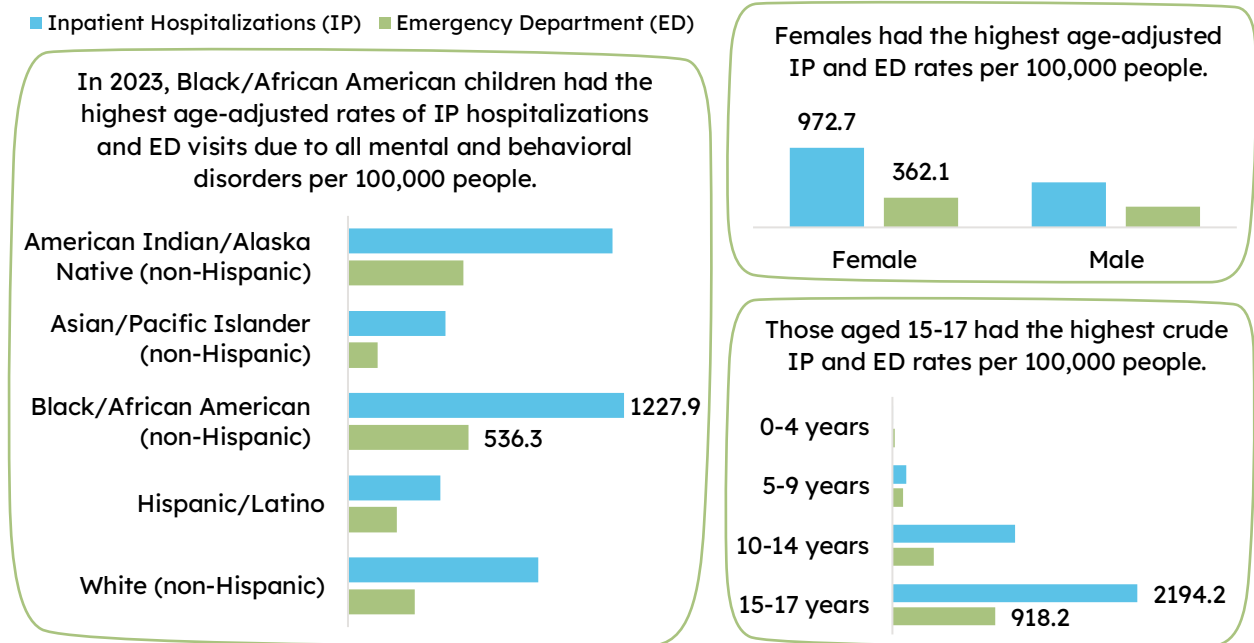


Figure 21. All Mental and Behavioral Disorders - Phoenix Children’s PSA

In Arizona, 11.7% of children ages 3-17 received treatment or counseling from a mental health professional in the past 12 months. 15.9% of children reported a “very difficult” time obtaining needed mental health treatment (Figure 22), and 4.2% reported it was “impossible” to obtain mental health care.^{xxii, xxiii}

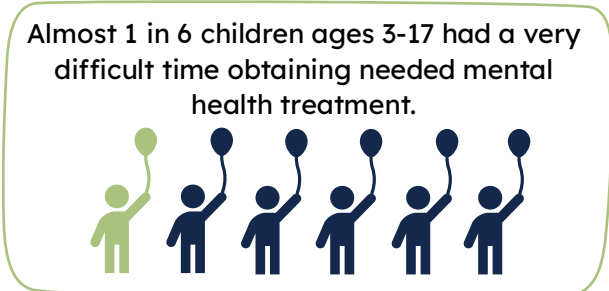


Figure 22. National Survey of Children’s Health Survey Measures (2023)

Depression

Depression can substantially impact kids by way of how they feel about themselves and their life, which can have lasting effects.^{xxiv} Figure 23 displays rates of depression in Maricopa County for those aged 0-17.^x

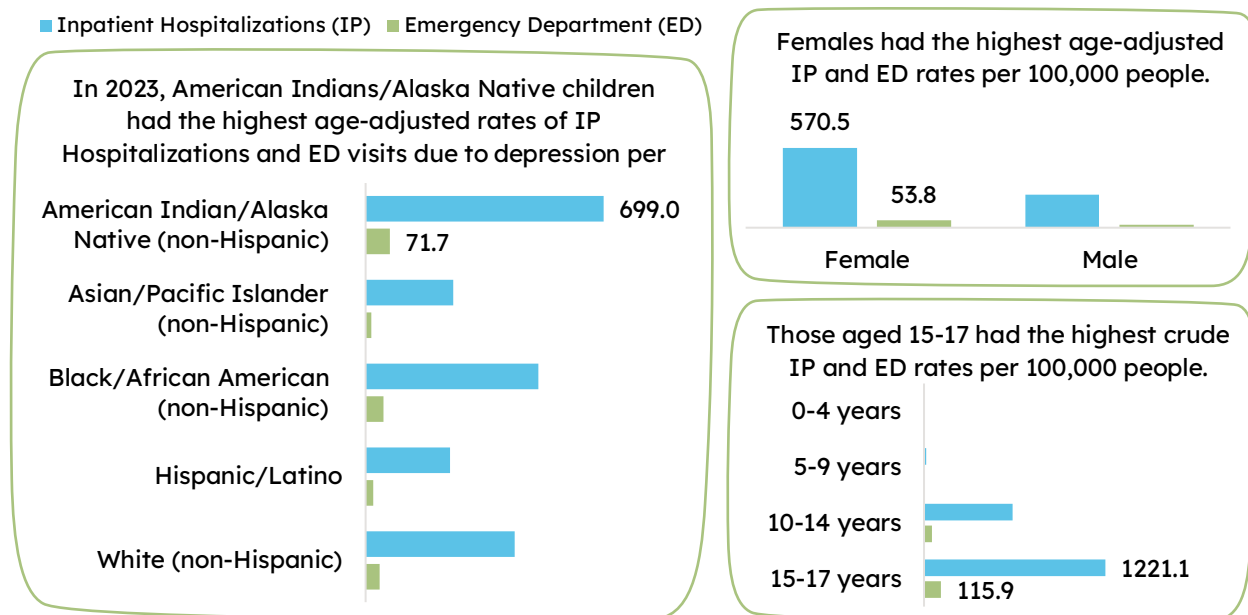


Figure 23. Depression - Phoenix Children's PSA

Anxiety

Anxiety can affect a child's overall well-being and development by causing worry or fear that may not be connected to an immediate or obvious threat.^{xxv} Figure 24 displays rates of anxiety in Maricopa County for those aged 0-17.^x

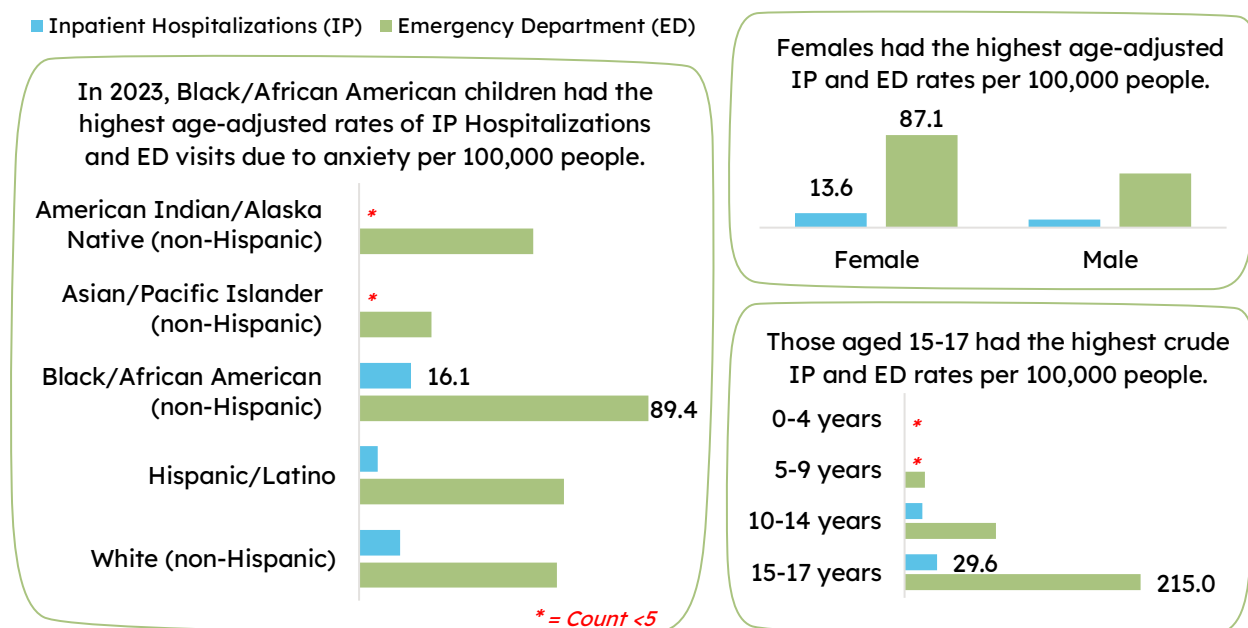


Figure 24. Anxiety - Phoenix Children's PSA

Autism Spectrum Disorders (ASD)

ASD is a neurodevelopmental disorder that is characterized by difficulties with social interaction and repetitive behaviors that can affect a child’s development.^{xxvi} Figure 25 displays rates of ASD in Maricopa County for those aged 0–17.^x

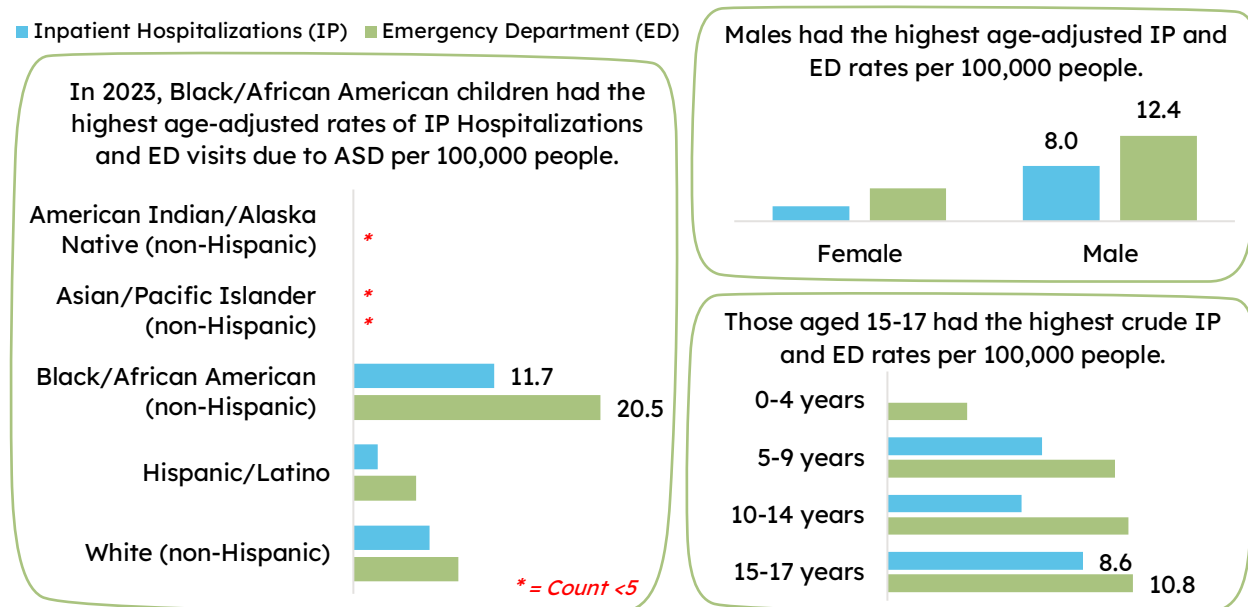


Figure 2. Autism Spectrum Disorder - Phoenix Children's PSA

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a common neurodevelopmental disorder that follows into adulthood. It is associated with inattention, hyperactivity, and impulsivity which can frequently disrupt a child’s academic functioning and relationships.^{xxvii} Figure 26 displays rates of ADHD in Maricopa County for those aged 0–17.^x

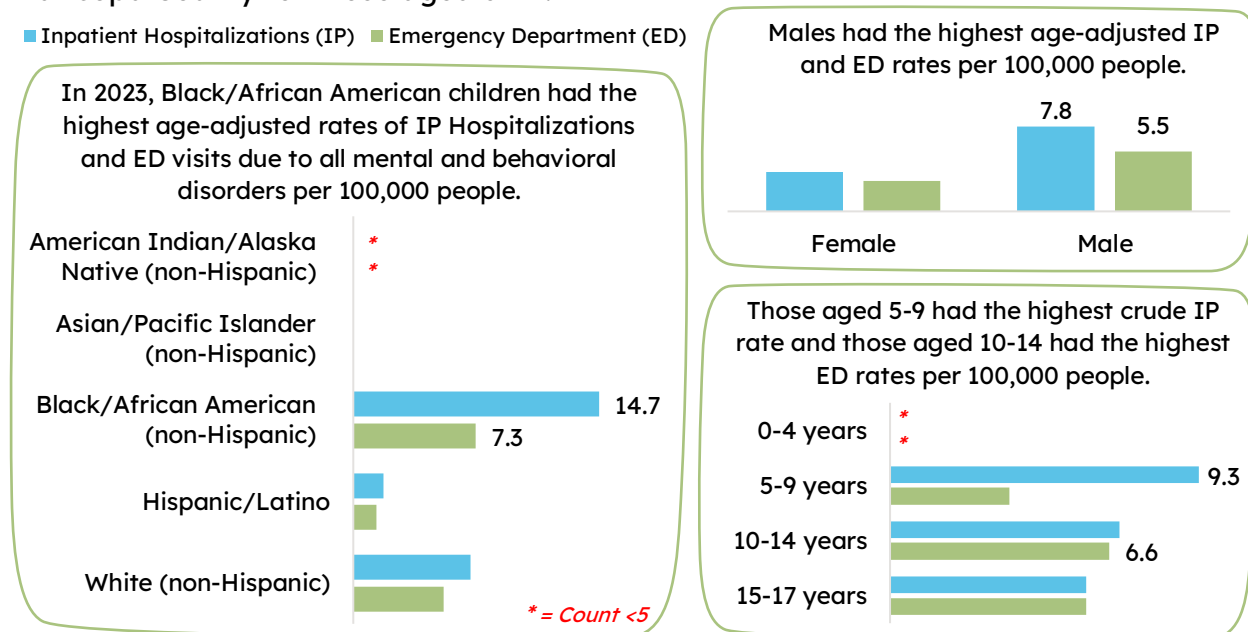


Figure 3. Attention Deficit Hyperactivity Disorder - Phoenix Children's PSA

Intentional Self-Harm and Suicide

Suicide in children often follows stressful life events—those life events may be minor to adults but can feel impossible to children especially when compounded by other issues such as depression or anxiety. Figure 27 displays rates of self-harm and suicide in Maricopa County for those aged 0–17.^x

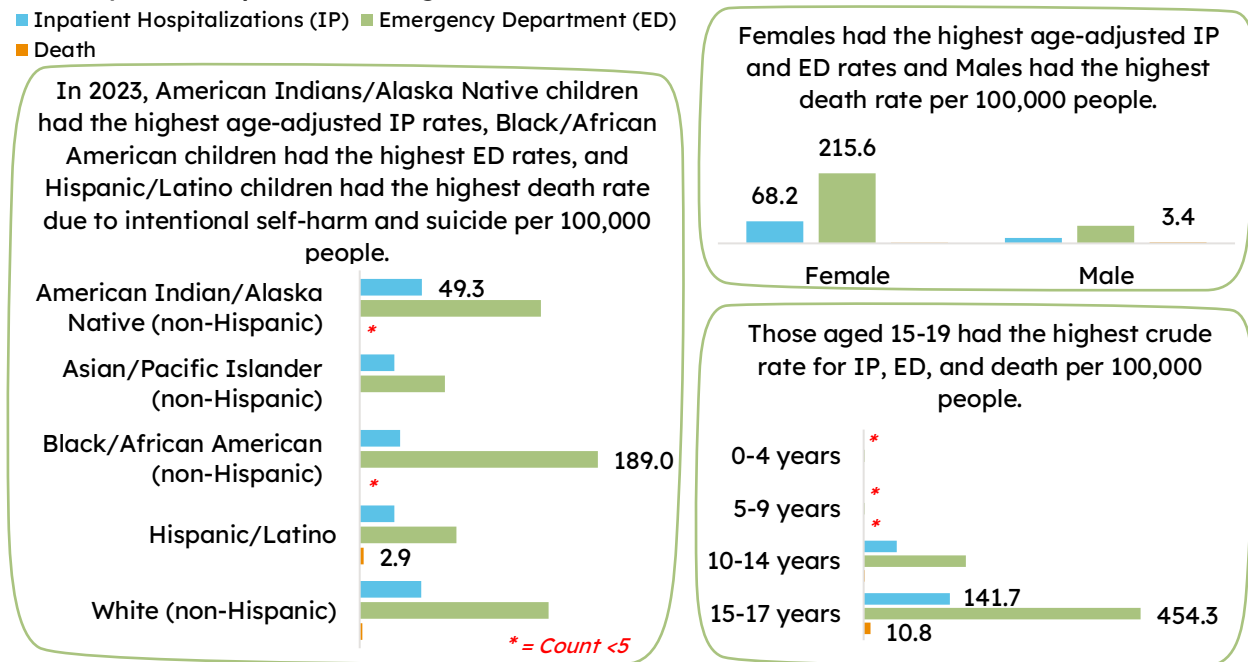


Figure 4. Intentional Self-Harm and Suicide - Phoenix Children's PSA

Community-Identified Issues in Maricopa County (All Ages)

Mental Health Rating

Over 3 in 5 (63.5%) of survey respondents aged 12-18 rated their mental health such as their mood and how they handle stress day to day as “Fair” or “Poor.”

Top Health Issues

Survey respondents aged 12-18 indicated anxiety (42.9%) and depression (34.6%) as the top two health issues that have the most impact on them and/or the people they live with or care for.

Unmet Mental Health Needs

Focus group participants of all ages reported the inability to receive adequate formal mental health care (treatment or support) is due to lack of providers and increasing costs of living and long work hours.

Existing Stigma and Illicit Substances

Key informant interviewees aged 18 years and over shared that those living with mental health conditions face stigma, leading to poor treatment by service providers and/or decreased engagement with services. There is also a lack of services for those with substance use disorders, the unhoused, and the undocumented populations.

“As a physician I feel we need to be doing more for the children in our community... the epidemic of depression and anxiety and suicidal ideation in our patients is concerning. There are not enough counselors or programs to help with the influx of children/teenagers who experience these issues.”

- 2023 CHNA Survey Participant

Sources: 2023 CHNA Survey, Focus Groups, Key Informant Interviews^{iv, v}

Injury Prevention

All injuries, Motor Vehicle Crash Related, Bicycle Injuries, Firearm- Related Injuries, Drowning, Fall- Related Injuries

Importance and Impact in Maricopa County

Injury Prevention was selected as a significant health need for Phoenix Children’s. Unintentional and intentional injuries are one of the leading causes of death among children. Injuries can be caused by various factors, including road traffic accidents, drowning, falls, and acts of violence.^{xxviii} Beyond the immediate effects of physical harm, injuries can have lasting consequences on a child’s development, emotional well-being, and ability to thrive. Prioritizing prevention is essential, as it not only reduces injury-related deaths and healthcare costs but also safeguards children’s opportunities for growth, learning, and a better quality of life.^{xxix}

All Injuries

All Injuries ranked the first cause of death for Maricopa County residents aged 0-17 among selected indicators. Figure 28 displays rates of all injuries in Maricopa County for those aged 0-17.^x

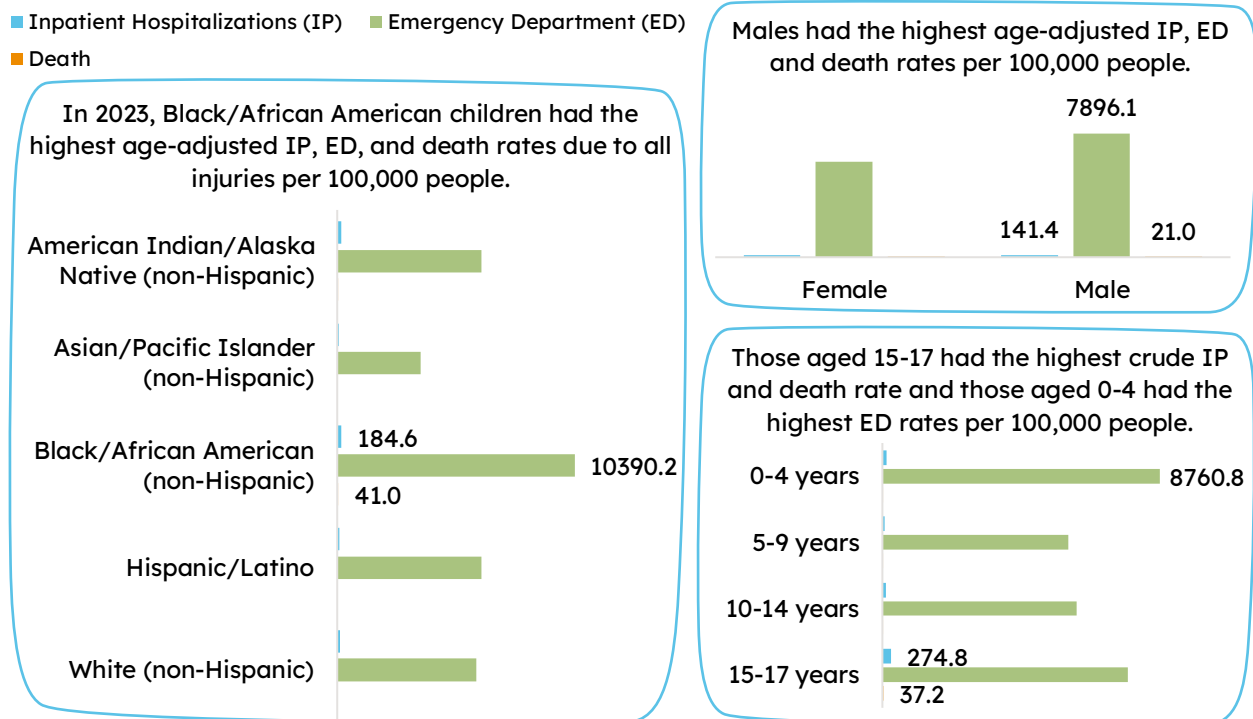


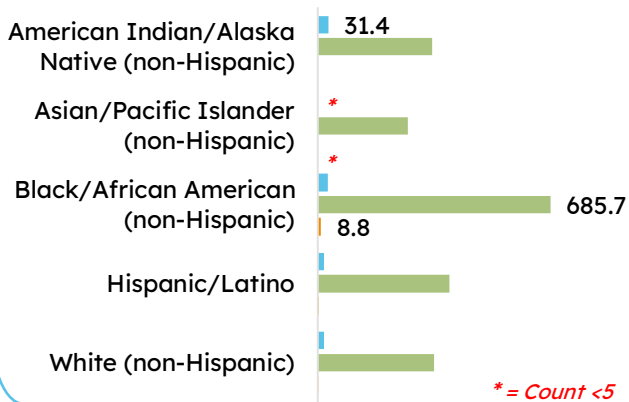
Figure 5. All Injuries - Phoenix Children's PSA

Motor Vehicle Crash Related

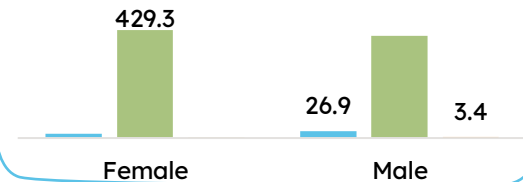
Motor vehicle crash related deaths had the fourth highest overall death rate. Figure 29 displays rates of motor vehicle crash related injuries in Maricopa County for those aged 0-17.^x

■ Inpatient Hospitalizations (IP) ■ Emergency Department (ED)
■ Death

In 2023, American Indian/Alaska Native children had the highest age-adjusted IP rate, Black/African American children had the highest ED and death rates due to Motor vehicle crash related injuries per 100,000 people.



Males had the highest age-adjusted IP and death rates, and females had the highest ED rate per 100,000 people.



Those aged 15-17 had the highest crude rate for IP, ED, and death per 100,000 people.

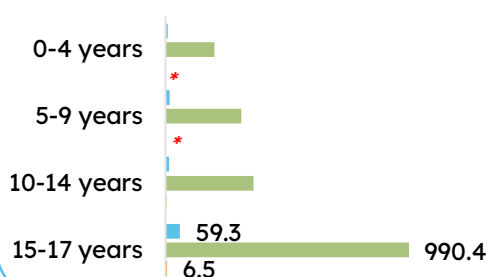


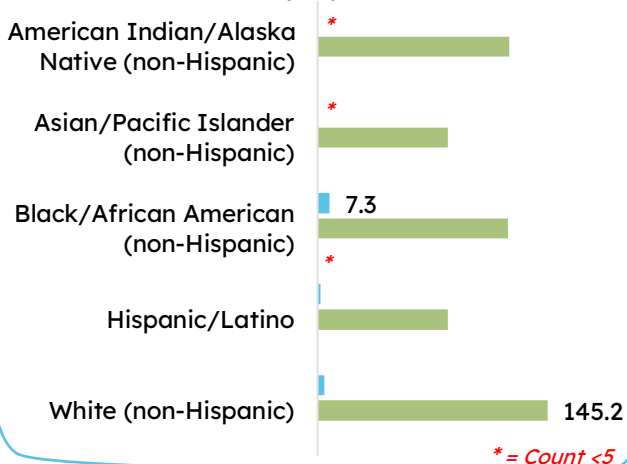
Figure 6. Motor Vehicle Related - Phoenix Children's PSA

Bicycle Injuries

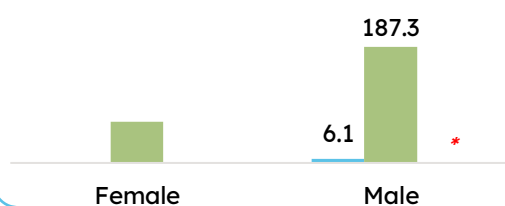
Bicycle-related injuries had the tenth highest overall rate for ED visits among those aged 0-17 years. Figure 30 displays rates of bicycle injuries in Maricopa County for those aged 0-17.^x

■ Inpatient Hospitalizations (IP) ■ Emergency Department (ED)
■ Death

In 2023, Black/African American children had the highest age-adjusted IP rate and White children had the highest ED rate due to bicycle injuries per 100,000 people.



Males had the highest age-adjusted IP and ED rates per 100,000 people.



Those aged 15-17 had the highest crude IP rate and those aged 10-14 had the highest ED rate per 100,000 people.

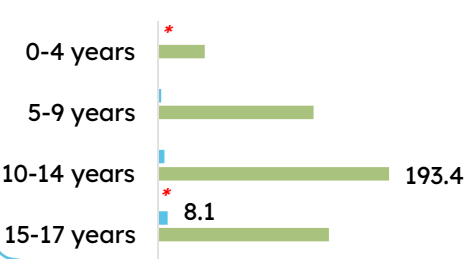


Figure 7. Bicycle Injuries - Phoenix Children's PSA

Firearm-Related Injuries

Firearm-related deaths had the second highest overall death rate among those aged 0-17. Figure 31 displays rates of firearm-related injuries in Maricopa County for those aged 0-17.^x

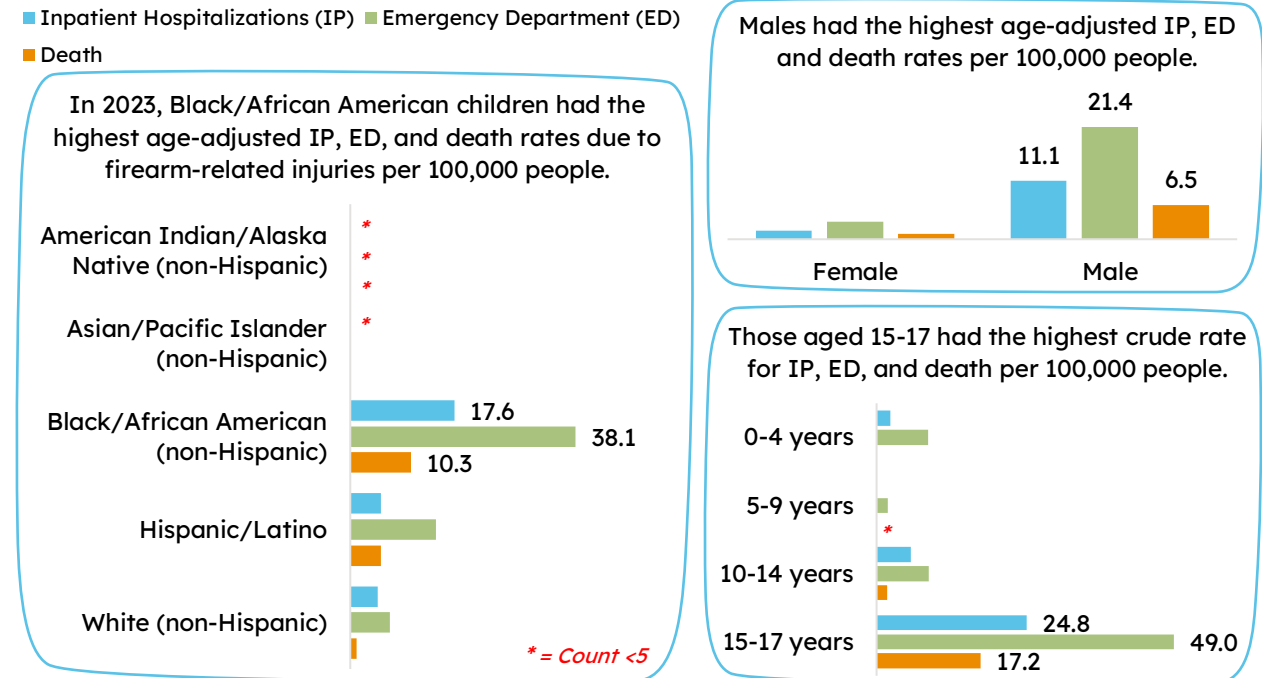


Figure 8. Firearm-Related Injuries - Phoenix Children's PSA

Drowning

Drowning deaths had the third highest overall death rate among those aged 0-17 years. Figure 32 displays rates of drowning injuries in Maricopa County for those aged 0-17.^x

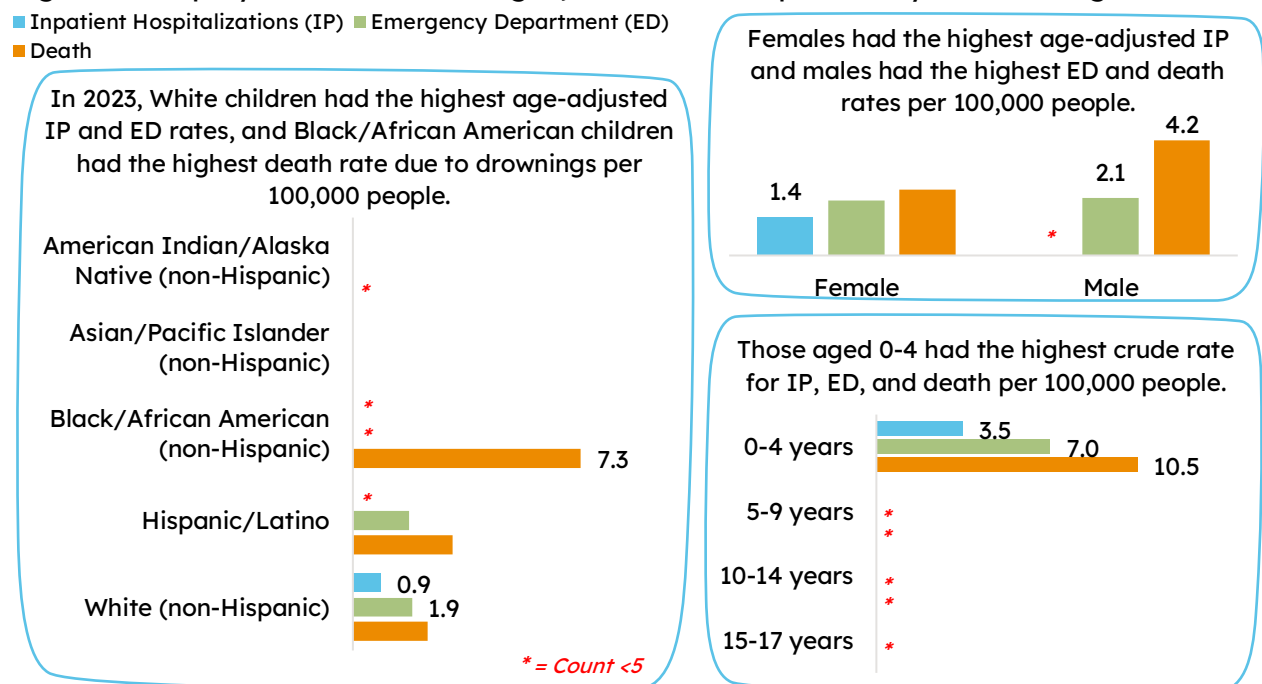


Figure 9. Drowning Related Injuries - Phoenix Children's PSA

Fall-Related Injuries

Fall-related injuries had the second highest overall rate for ED visits among those aged 0-17 years. Figure 33 displays rates of fall-related injuries in Maricopa County for those aged 0-17.^x

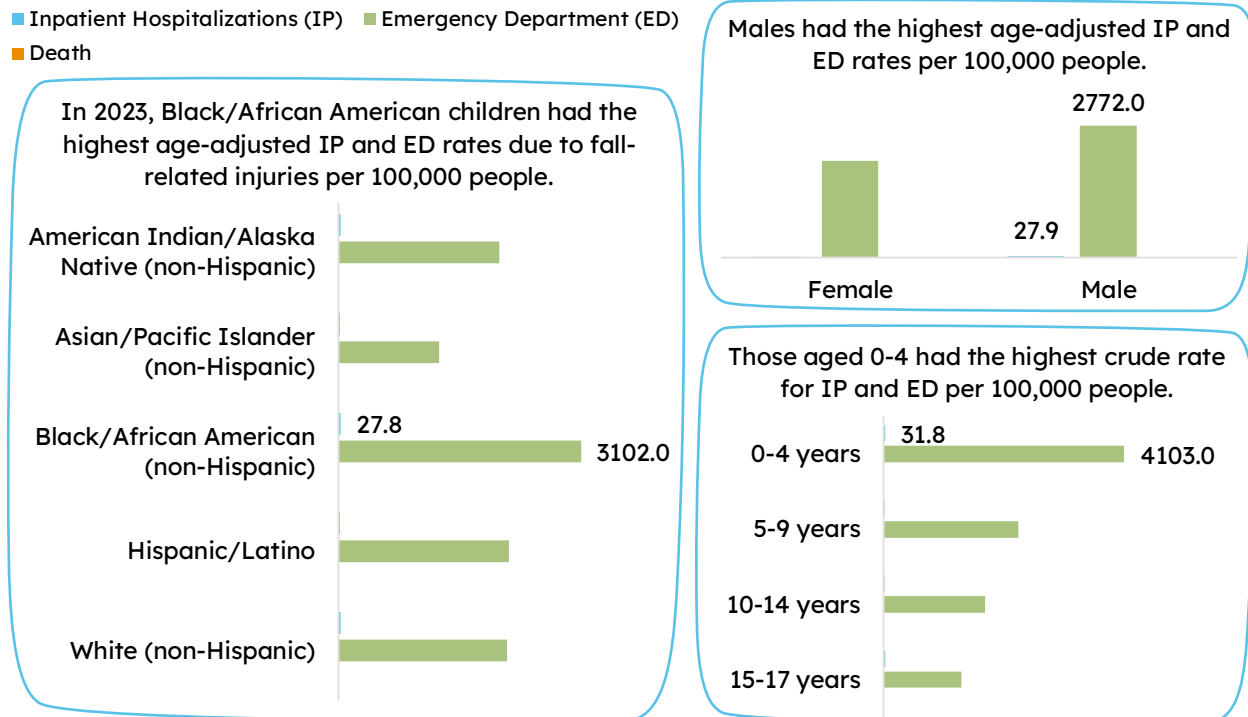


Figure 10. Fall-Related Injuries - Phoenix Children's PSA

Community-Identified Issues in Maricopa County (All Ages)

Top Health Issues

Survey respondents aged 12-18 indicated unintentional/accidental injury (6.3%) and intentional injury (7.8%) as health issues that most impacted them and/or the people they lived with or cared for.

Rating Community Assets

Survey respondents aged 12-18, rated access to safe walking or biking paths (48.4%) and feeling safe while driving—few traffic accidents, safe drivers, good roadway design, etc. (60.8%) as “Fair” or “Poor” where they live.

Community Safety

Focus group participants of all ages shared that they felt safe, while others described crimes and other threats to personal safety. Gun violence and access to weapons were mentioned as safety concerns.

Built Environment



Key informant interviewees aged 18 years and over shared built environment challenges such as geographic, socioeconomic status and racial disparities. Low-income areas were reported as lacking basic amenities like shade trees and usable parks which limited walkability and bicycle paths.

“Traffic is a huge fear for us since we have to drive a smaller car- the highways are super dangerous with people exceeding 90 mph. We see people running stoplights daily. It is dangerous to walk as there is not great protection for walkers...”

- 2023 CHNA Survey Participant

Resources Potentially Available to Address Needs

Phoenix Children’s is addressing key needs in our CHNA, including access to care, mental and behavioral health, and injury prevention. Resources potentially available include services and programs through hospitals, government agencies, and community-based organizations. Phoenix Children’s participates in the HIPMC – a collaborative effort between MCDPH and a diverse array of over 100 public and private organizations addressing healthy eating, active living, linkages to care, and tobacco-free living. The HIPMC is also a valuable resource to connect Phoenix Children’s to other community-based organizations that are addressing similar health needs. Table 10 is a listing of some potential resources to address prioritized community health needs.

Resources	
 Access to Care	<ul style="list-style-type: none"> • Phoenix Children’s Medical Group (PCMG) • Phoenix Children’s Pediatrics • Phoenix Children’s Care Network (PCCN) • Phoenix Children’s financial counseling and financial assistance services • Phoenix Children’s Community Outreach programs, including: <ul style="list-style-type: none"> – Homeless Youth Outreach program – Crews’n Healthmobile – Breathmobile
 Mental and Behavioral Health	<ul style="list-style-type: none"> • Phoenix Children’s Medical Group (PCMG) • Phoenix Children’s Pediatrics • Phoenix Children’s Care Network (PCCN) • Adelante Healthcare • Alium Health • AllThrive 365 Programs • ARISE Community Solutions • Arizona Crisis Response Network • Arizona Integrated Telepsychiatry and Telemedicine Services • Aurora Behavioral Health • Aviva Children’s Services • Beacon Group • Beam of Light Health Services • Behavioral Consultation Services • Blue Bell Behavioral Health • Casa de Los Ninos • ChangePoint Integrated Health • Cherish Families • Child & Family Support Service • Clarvida • Clinica La Familia • Community Bridges, Inc. • Community Health Associates

	<ul style="list-style-type: none"> • Community Partners Integrated Health • CONFIANZA Health • Cope Community Services • Denova Collaborative Health • Desert Foothills Counseling • District Medical Group • Easterseals Blake Foundation • Empact Suicide Prevention Center • Family Service Agency • Fathers New Mexico • Healing Edge Recovery and Wellness Center • Horizon Health & Wellness • Jewish Family & Children’s Services of Southern Arizona • La Frontera Center • Life Coaching 4 Kids Center • Lifeline Behavioral Health • Lifewell • Lotus Behavioral Health Services • Maricopa County – Crisis Hotlines • MIKID Phoenix • Mohave Mental Health Clinics • Neighborhood Outreach Access to Health • Oasis Behavioral Health • one-n-ten • Open Hearts Family Wellness • Opportunity4Kids • Pathways of Arizona • People Empowering People • Priority Medical Group • Quail Run Behavioral Health • Quayle Interventional Service • Recovery Empowerment Network • Resilient Health • S.E.E.K. Arizona • Stand Together and Recover (S.T.A.R.) Centers • SAGE Consulting • San Luis Walk-In Clinic • Sonora Behavioral Health Hospital • Southeastern Arizona Behavioral Health Services • Southwest Behavioral Health Services • Spectrum Healthcare Group • Suicide Prevention Resource Center • The Guidance Center • The Zion Institute • Transitional Living Center Recovery of Yuma • Touchstone Behavioral Health • Turning Point • Valle Del Sol, Inc.
--	--

	<ul style="list-style-type: none"> • Valleywise Health Family Resource Centers
 <p>Injury Prevention</p>	<ul style="list-style-type: none"> • Phoenix Children’s Injury Prevention programs, including <ul style="list-style-type: none"> – Behavioral Health Safety Program – Child Passenger Safety Program – Helmet and Pedestrian Program – Home Safety Program – Safe Sleep Initiative – Teen Driving and Off-Highway Vehicle Safety Program – Water Safety Program • Phoenix Children’s Care Network (PCCN) • Adelante Health Care • AHS Rescue • Aid to Women Center • Arizona Burn Foundation • Arizona Community Health Workers Association • Arizona Department of Child Safety • Arizona Department of Economic Security • Arizona Department of Health Services • Arizona Department of Transportation • Arizona Children’s Association • Beyond the Hurt • Bike Survivors • City of Phoenix Head Start • Central Therapy Solutions ETS • Changing Lives Center • City of Phoenix Housing Department • City of Phoenix Parks and Recreation Department • Community Bridges • Drowning Prevention Coalition • Easterseals Blake Foundation • Experience Matters • Family First • Family Involvement Center • Governor’s Office of Highway Safety • Safe Kids Maricopa County Coalition • Safe Kids Worldwide • Tempe Bicycle Action Group • The Center for Strong and Thriving Children • Local HOAs and Residential Communities • Local Boys’ & Girls’ Clubs • Local Community Resource Centers • Local Police and Fire Departments • Local Schools, School Districts, and Libraries • Local Community Action Agencies

Additional
Community
Resources

- **Benefits Eligibility**
 - Abloom Healthcare
 - Department of Economic Security – SNAP CAN
 - Empowerment System, Inc.
 - Helping Families in Need
 - Lutheran Social Services of the Southwest
 - Pinnacle Prevention
 - Seniors Personal Assistance Corporation
 - Yuma Community Food Bank
 - Zuri’s Circle
- **Clothing**
 - Arizona Diaper Bank
 - Coalition for Compassion and Justice
 - Creighton School District Family Resource Center
 - Dress for Success – Phoenix
 - One Small Step
 - Resilient Health
 - Social Spin, Inc.
 - Streets of Joy
- **Education & Child Development**
 - A Stepping Stone Foundation
 - Arizona Department of Education
 - Bart Stevens Special Needs Planning
 - Bista
 - Child & Family Resources
 - Disability Rights of Arizona
 - Encircle Families
 - SARRC
 - Southwest Human Development – Early Head Start and Head Start programs
 - Unlimited Potential
- **Food**
 - Community Action Services and Food Bank
 - Community Food Bank of Southern Arizona
 - Creighton Community Foundation
 - FIBCO Family Services
 - Flagstaff Family Food Center
 - Gap Ministries
 - Gervonni Cares
 - HonorHealth Desert Mission Food Bank
 - Interfaith Community Services
 - Manzanita Outreach
 - Matthew’s Crossing Food Bank
 - Mom’s Pantry
 - Old Town Mission
 - Phoenix Downtown Farmer’s Market
 - Project Roots
 - Salud En Balance

	<ul style="list-style-type: none"> - Tabitha’s Way Local Food Pantry - Tempe Community Action Agency - Valley of the Sun YMCA • Housing <ul style="list-style-type: none"> - A New Leaf – DV & SV Services - AllThrive 365 Real Estate - Copa Health – Housing and Community Support Services - Furnishing Dignity - Homeward Bound - UMOM
--	---

Table 10. Resources Potentially Available to Address Needs

Input Received on Most Recent CHNA and Implementation Plan

Phoenix Children's 2022 Community Health Needs Assessment (CHNA) was made widely available to the public on the Phoenix Children's website at <https://phoenixchildrens.org/about-us>, and a printed copy of the report was made available upon request at the Phoenix Children's Center for Family Health and Safety. In addition to posting the 2022 CHNA, contact information, including an email address, was listed. No comments or questions were received. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered when identifying and prioritizing the significant health needs of the community.

Impact of Actions Taken Since the Preceding CHNA

In the previous Community Health Needs Assessment (CHNA), Phoenix Children’s identified three top health priorities: Access to Care, Behavioral Health, and Injury Prevention. Phoenix Children’s worked to impact each priority area through a variety of tactics, including new partnerships, trainings, and policy development (Tables 11 – 13)

Behavioral Health Strategies and Tactics	
Improve access through new programs and partnerships for more treatment, education and coordination	
Expand Adverse Childhood Events screenings	<ul style="list-style-type: none"> Phoenix Children’s performed over 14.6K ACES screenings 2022-2024, a 15% increase from the prior three-year CHNA cycle, and improved the screening completion rate from 61% to 73%
Increase education and support to community pediatricians for patients with ADHD, depression, and anxiety	<ul style="list-style-type: none"> Phoenix Children’s Annual Pediatric Update conference, Faculty Learning Collaborative (FLC), and Pediatric Grand Rounds offer targeted education, case-based discussions, and consultation opportunities to community providers to improve mental health screening, diagnosis, and treatment strategies
Implement universal screening and intervention through Suicide Prevention Program to address issues for kids most at risk	<ul style="list-style-type: none"> Phoenix Children’s adopted the Zero Suicide framework and implemented universal screening for suicide risk across all PCMG clinics with further expansion to primary care clinics in 2025 Phoenix Children’s completed over 70.6K screenings and 1.5K identified cases requiring intervention in 2024
Expand mental health care continuum to help patients receive care, transition to the next level of care, and/or prepare for discharge	<ul style="list-style-type: none"> Phoenix Children’s implemented a 24/7 behavioral health staffing model in the Thomas, Avondale, and Arrowhead emergency departments to ensure patients receive a mental health evaluation within four hours or less Phoenix Children’s engaged with a community partner to embed Behavioral Health Managers at primary care clinics and expedite care for patients screened for ADHD, depression, and anxiety Phoenix Children’s expanded the scope of its Bridge Clinic to support patients during the transition from inpatient, emergency care, and Suicide Prevention Program to community mental health therapeutic services <ul style="list-style-type: none"> Bridge Clinic volumes in 2024 (n=13.4K) increased by 95% from the prior year Phoenix Children’s launched universal screening of patients and families for Social Determinants of Health to identify at risk populations and develop targeted interventions <ul style="list-style-type: none"> Patients and families identifying 4+ SDOH needs were connected with Phoenix Children’s Care Navigators to facilitate referrals to local community resources and internal support Phoenix Children’s Care Navigators facilitated of 5.6K referrals for 3.K patients in 2024

	<ul style="list-style-type: none"> Phoenix Children’s created a Bullying support group for adolescent patients Phoenix Children’s Inpatient Pediatric Psychiatry Unit adopted the Sanctuary Model, including group and individual therapy, medication management, and patient education: Certification in 2025
<p>Improve public awareness, policy development and perception of pediatric behavioral health</p>	
<p>Educate community and legislators on the interdependence of physical and mental health</p>	<ul style="list-style-type: none"> Phoenix Children’s Public Affairs and Advocacy team prioritized pediatric behavioral health in weekly in-person meetings, virtual meetings, and phone calls with state and federal representatives and staff to raise pediatric behavioral health awareness, advocate for specific policies, and request federal funding to expand operational capabilities and workforce in the space
<p>Expand PR and marketing efforts to advance behavioral health awareness</p>	<ul style="list-style-type: none"> Phoenix Children’s Marketing and Communications departments collaborated with service line leadership to publish 31 blog posts and articles to the website, including promotion across various social media channels and distribution to community providers, to educate families and communities and promote the importance of behavioral health <ul style="list-style-type: none"> Topics included: autism, anxiety and depression, suicide awareness and prevention, supporting loved ones dealing with mental illness, methods for holding developmentally appropriate conversations with children regarding mental health, trauma and death, and promoting the development of healthy self-esteem and coping and resiliency skills Phoenix Children’s actively maintains several consumer-facing webpages outlining behavioral health programs and services, including specialty care clinics, condition-specific education, and support materials and information on navigating the behavioral health continuum of care

Increase the training provided to our physicians on mental health	
Provide training to our residents and fellows on how to screen, recognize, treat and refer appropriately patients with mental health needs	<ul style="list-style-type: none"> • Across Phoenix Children’s 40+ residency and fellowship programs (230+ graduate learners per year), fellows and residents receive comprehensive training on screening, identifying, diagnosing, and managing a wide range of behavioral health conditions, including ADHD, autism, depression, anxiety, and suicidality <ul style="list-style-type: none"> – Structured didactic lectures supplement clinical experiences, covering topics such as autism and the management of co-morbidities, trauma informed care practices, strategies for managing challenging patient interactions, and available community resources supporting mental and behavioral health • Phoenix Children’s provides training to future behavioral healthcare professionals through the Child and Adolescent Psychiatry Fellowship (n=5), Psychology Doctoral Internship (n=2), Pediatric Psychiatry Postdoctoral Residency (n=1), and Licensed Clinical Social Worker Internship and Fellowship programs (n=18)

Table 11. Behavioral Health Tactics

Access to Care - Strategies and Tactics

Increase access to care by expanding Phoenix Children’s footprint, processes, and technology

<p>Establish PCH – East Valley, PCH – Arrowhead and PC Southwest Campuses and their subspecialty practices</p>	<ul style="list-style-type: none"> • Phoenix Children’s Avondale Specialty Care and Emergency Department <ul style="list-style-type: none"> – In January 2023, Phoenix Children’s opened the 71.3K sq ft Avondale multi-specialty clinic – 2023-2024 Specialty Care Visits: 86.5K – In July 2023, Phoenix Children’s opened a 35.0K sq ft, 40-bay, hospital-based emergency department at the Avondale campus – 2023-2024 Emergency Department Visits: 64.0K • Phoenix Children’s Hospital – Arrowhead Campus and Specialty Care <ul style="list-style-type: none"> – In November 2023, Phoenix Children’s opened a 45.0K sq ft multi-specialty clinic on the PCH Arrowhead Campus – 2023-2024 Specialty Care Visits: 33.8K – In August 2024, Phoenix Children’s opened Phoenix Children’s Hospital – Arrowhead Campus, a 180.0K sq ft, 48-bed hospital located in Glendale, AZ – 2024 Volumes: 498 discharges, 583 surgery cases, 8.5K emergency department visits • Phoenix Children’s Hospital – East Valley Campus <ul style="list-style-type: none"> – Phoenix Children’s Hospital – East Valley Campus, including 48 Medical/Surgical beds and 60 Level III NICU beds, will open within Dignity Health’s Women’s and Children’s Pavilion at Mercy Gilbert Medical Center in 2026 (Gilbert, AZ) • Phoenix Children’s Medical Group (PCMG) provider count increased from 579 physicians and advanced practice providers in 2021 to 884 in 2024 (+53%) <ul style="list-style-type: none"> – Specialty clinic visits increased from 369.0K in 2021 to 400.2K in 2024 (+8%)
<p>Provide more convenient and consumer friendly options for patients to access care with our providers in a timely manner</p>	<ul style="list-style-type: none"> • Phoenix Children’s launched On-Demand Booking in 2023, granting patients and providers the ability to request and schedule appointments in real-time via their computer, tablet or cellphone <ul style="list-style-type: none"> – More than 93.0K appointments requested 2023-2024 • Phoenix Children’s implemented Schedule Ahead Booking for visits to four Urgent Care sites in 2024 <ul style="list-style-type: none"> – 63% of urgent care visits scheduled utilizing Schedule Ahead service since go-live • Eighteen PCMG specialty divisions, including three Behavioral Health divisions (Psychiatry, Psychology, and Mental Health Therapy), improved the time to schedule appointments for referred patients

	<ul style="list-style-type: none"> – Overall PCMG specialty care time to schedule increased from 15.4 days to 16.5 days (+7%), though referrals increased from 136.5K in 2022 to 161.1K in 2024 (+18%)
Expand Phoenix Children’s Pediatrics to allow for improved access to care	<ul style="list-style-type: none"> • Phoenix Children’s Pediatrics provider count increased from 50 physicians and advanced practice providers in 2021 to 55 in 2024 (+10%) • Phoenix Children’s Pediatrics clinic count increased from 7 in 2021 to 12 in 2024 (+71%) •
Increase access to care by facilitating insurance coverage for uninsured and underinsured pediatric patients	
Support patients through our financial assistance programs and enroll in insurance	<ul style="list-style-type: none"> • Referrals to Phoenix Children’s Family Financial Services Counselors increased from 10.6K in 2021 to 19.1K in 2024 (+45%) • Phoenix Children’s Family Financial Services Counselors enrolled 1.8K patients in AHCCCS, 480 patients in AHCCCS KidsCare and assisted 484 patients in obtaining other financial assistance, including enrollment in ACA Marketplace plans
Expand access through subsidized programs and services	<ul style="list-style-type: none"> • Phoenix Children’s Family Financial Services Counselors achieved HEAplus Community Partner certifications to assist patients in reviewing and directly applying for AHCCCS health insurance plans • Phoenix Children’s hosts representatives from the Arizona Department of Economic Security (DES) Division of Benefits and Medical Eligibility (DBME) on-site to determine eligibility and enroll patients in the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program
Educate policymakers and advocate for public policy that advances access to care for children	
Educate policymakers on Social Determinants of Health that impact care delivery and access and advocate and support policies that promote healthcare access for children in need	<ul style="list-style-type: none"> • Phoenix Children’s Public Affairs and Advocacy team incorporate workforce development and access to care as part of every conversation with elected leaders and their staff with an emphasis on promoting and preserving access to funding and insurance coverage for Arizona’s children

Table 12. Access to Care Tactics

Injury Prevention – Strategies and Tactics	
Expand or enhance child injury prevention efforts for those most at risk	
Provide injury prevention trainings to the community to reach more kids at risk	<ul style="list-style-type: none"> • Phoenix Children’s Injury Prevention Specialists conducted and participated in over 4.3K engagements 2022-2024, including community events, internal/external education and training sessions, and media / advertising campaigns <ul style="list-style-type: none"> – Topics included: ATV safety, bike and pedestrian safety, child passenger safety, home safety, sleep safety, behavioral health safety (Means Reduction), teen driver safety, and water safety – Over 50.0K residents participated in community events and education sessions hosted or attended by representatives of Phoenix Children’s Injury Prevention team • Phoenix Children’s Injury Prevention Specialists distributed over 68.0K safety equipment items to community members, including 9.3K bike helmets, 4.0K car seats and 1.3K first aid, home safety, and sleep safety kits
Develop training for Phoenix Children’s staff to provide injury prevention resources and education to families and other care partners in the community	<ul style="list-style-type: none"> • Phoenix Children’s Injury Prevention Specialists conducted over 2.5K education and training sessions for Phoenix Children’s staff, community partners, and residents 2022-2024 • Phoenix Children’s Injury Prevention Specialists collaborated with hospital care teams in completing over 2.6K patient and family consults and providing education and training for injury and trauma cases 2022-2024
Expand PR and marketing efforts to educate and inform on injury prevention	<ul style="list-style-type: none"> • Phoenix Children’s participated in and generated over 35 targeted media stories focusing on Child Passenger Safety, Water Safety, Home Safety, Sleep Safety, Bike / Pedestrian Safety and ATV Safety 2022-2024 • Phoenix Children’s Marketing and Communications departments published 31 blog posts and articles, including promotion across various social media channels, to educate and promote safety initiatives, training and education resources and upcoming events • Phoenix Children’s actively maintains several consumer facing webpages dedicated to Child and Passenger Safety, Helmet and Pedestrian Safety, Water Safety, Home Safety and Safe Sleep programs
Expand home safety programs	<ul style="list-style-type: none"> • Phoenix Children’s Injury Prevention team conducted and participated in over 1,900 Home Safety engagements 2022-2024, including over 1,000 education and training sessions • Phoenix Children’s Injury Prevention Specialists completed over 880 Home Safety consults to provide education and training for injury and trauma cases treated at Phoenix Children’s 2022-2024 • Phoenix Children’s distributed over 14,000 home safety items to community members, including 2,200 medication lock boxes, 80-gun locks and 1,000 home safety and sleep safety kits

Table 13. Injury Prevention Tactics

Conclusion and Implementation Strategy

This needs assessment used a health equity lens to analyze a range of primary and secondary data sources, to ultimately provide an overview of the community’s health and prioritize top health needs .

The 2026 Phoenix Children’s CHNA is a collaborative effort that will be used to guide the development of our Implementation Strategy. Phoenix Children’s has outlined strategies to address the prioritized health needs. Additionally, the health system intends to track the impact of these strategies using measurable key performance indicators to validate community health improvement efforts.

Access to Care	
Strategies	Tactics
1. Increase access to Phoenix Children’s locations, providers, and services, and support care transitions	<ul style="list-style-type: none"> a) Establish Phoenix Children’s Hospital East Valley Campus b) Continue to develop more convenient options for patients to schedule appointments and access information c) Expand initiatives to improve appointment adherence and reduce medical trauma d) Utilize data to evaluate Phoenix Children’s network of care, identify potential healthcare provider and service gaps, and inform service line development and recruitment strategies e) Explore opportunities to leverage technology to provide health services and consultation through telehealth to providers across the state f) Provide support with transitioning Phoenix Children’s patients to adult care providers
2. Address social and economic barriers to care	<ul style="list-style-type: none"> a) Expand Social Determinants of Health screenings and provide support, education, and referrals to appropriate community resources b) Provide eligibility support and enrollment for insurance, financial assistance programs c) Provide eligibility support and enrollment for subsidized programs and services
3. Educate legislators and advocate for public policies that promote and improve access to health services	<ul style="list-style-type: none"> a) Educate legislators on medical and non-medical factors that influence health outcomes b) Advocate for and support funding, legislation, regulations, and policies that promote and improve access to and delivery of high quality, patient-centered health services for Arizona’s children

Mental and Behavioral Health	
Strategies	Tactics
1. Expand mental and behavioral health service offerings and care coordination	<ul style="list-style-type: none"> a) Increase capacity to treat medically complex patients through and specialized clinical programs b) Expand Suicide Prevention Program screenings c) Promote integration of mental and behavioral health services across the Phoenix Children’s continuum of care and transition to next level of care
2. Increase knowledge and confidence of providers to address mental health concerns	<ul style="list-style-type: none"> a) Provide education and training sessions for providers to engage patients and families and identify, treat, and coordinate care for mental and behavioral health conditions
3. Improve public awareness, policy development, and perception of pediatric behavioral health	<ul style="list-style-type: none"> a) Educate legislators and advocate for and support funding, legislation, regulations, and policies that promote and improve access to mental and behavioral health services for Arizona’s children b) Utilize marketing and public relations resources to educate and create visibility of pediatric mental and behavioral health needs, and resources, and promote stigma reduction initiatives

Injury Prevention	
Strategies	Tactics
<p>1. Expand child injury prevention efforts for patients, families, caregivers, providers and community partners</p>	<ul style="list-style-type: none"> a) Increase injury prevention education and training sessions, including: <ul style="list-style-type: none"> – Provider training to facilitate patient and family interactions and injury prevention education – Patient, family, caregiver, and community partner education focusing on the leading causes of child fatality and injury and impacts to quality of life and life expectancy b) Utilize marketing and public relations resources to educate and create visibility of injury prevention initiatives, trends, and issues and promote support services and resources c) Expand child passenger safety initiatives d) Expand water safety initiatives e) Educate policymakers and advocate for and support legislative and regulatory strategies to reduce intentional and unintentional childhood injuries

Appendices

The appendix includes the following documents:

Appendix A

Phoenix Children’s Primary Service Area Zip Codes

Appendix B

CHNA Assessment Tools and Reports

2023 CHNA Survey Methods

[Survey Report](#)

2023 CHNA Focus Group Methods

[Focus Group Report](#)

2023 CHNA Key Informant Interview

[Key Informant Interview Report](#)

Appendix C

Community Assets by Race/Ethnicity & Special Population in Maricopa County

Appendix D

Phoenix Children’s Community Health Needs Assessment Survey

Appendix E

Participating Organizations in the Prioritization Process

Appendix F

Top 10 Leading Causes of Death in Maricopa County (2018-2022)

Appendix G

CHNA Data Source Crosswalk

Appendix H

References

Appendix A: Phoenix Children’s Primary Service Area Zip Codes

Maricopa County Zip Codes accounting for 80% of all patients from PSA (Maricopa County); 68.1% of total patient population.

Phoenix Children’s Primary Service Area Zip Codes (2024)						
85326	85037	85383	85040	85031	85207	85213
85041	85008	85042	85298	85029	85226	85382
85323	85009	85392	85204	85016	85209	85205
85142	85339	85225	85249	85050	85023	85338
85032	85295	85308	85051	85019	85006	85043
85212	85301	85022	85345	85379	85282	85017
85353	85296	85297	85340	85233	85020	85283
85033	85015	85286	85396	85018	85027	85303
85035	85234	85254	85021	85224	85395	85335

Appendix B: CHNA Assessment Tools and Reports

2023 CHNA Survey Methods

Methodology: Survey Questionnaire

The foundation for this survey questionnaire was developed by the National Association of County and City Health Officials.^{xxx} The survey was modified from its original version by Maricopa County Department of Public Health (MCDPH) staff, members of the Synapse Coalition, and the Health Improvement Partnership of Maricopa County (HIPMC). Additional questions and response options were added and modified from the 2019 and 2021 survey formats to improve inclusivity and to explore additional health and social concepts more granularly. The 2023 CHNA survey included 17 questions around demographics, perspectives on quality of life, and essential issues and behaviors impacting the health of the individual and community.

The questionnaire was available in both a paper format and a virtual format on the digital platform Alchemer and publicized on the Maricopa Health Matters website (maricopahealthmatters.org). The survey was offered in 14 languages — selected to align most closely with the Maricopa County population and communities served — including Arabic, Burmese, Chinese, Dari, English, French, Kinyarwanda, Korean, Lao, Navajo, Spanish, Swahili, Thai, and Vietnamese.

To increase accessibility, MCDPH provided large-font printed paper surveys, offered verbal survey taking over the phone through the CARES Line, and partnered with SAAVI Services for the Blind to develop surveys in Unified English Braille.

Methodology: Survey Recruitment

With Maricopa County's population exceeding 4.5 million residents, MCDPH mobilized community-based agencies and hospital/healthcare partners to develop a regionalized outreach strategy (Northeast, Northwest, Central, Southeast, Southwest) to help reach the survey goal of 15,000 diverse responses.

Using convenience sampling, MCDPH promoted the survey digitally through Facebook advertisements, professional networks, and in-person by attending events and tabling. MCDPH also provided funding to 23 community organizations serving focus populations underrepresented in data collection efforts, including those who are disabled, LGBTQ+, low-income, rural, immigrants, migrants, youths, seniors, unsheltered, and Veterans.

MCDPH staff identified and attended 187 community events across the county to promote and distribute the survey among identified focus populations, supported by MCDPH staff, MCDPH Medical Reserve Corps, Arizona State University (ASU) student volunteers, community agencies and healthcare partners. Survey participants at events were eligible to receive a giveaway bag of their choice (summer safety, emergency, everyday essentials, or pre-packaged snacks).

Every week, MCDPH reviewed the status of data collection (progress to goal) and staff feedback to identify areas of underrepresentation. This process helped build a comprehensive and targeted outreach effort to ensure that all regional areas and focus populations in Maricopa County were reflected during data collection.

Methodology: Survey Analysis

Eight data entry assistants were trained for paper survey data entry. A protocol and an instruction manual were developed to standardize the paper survey data entry process. When possible, MCDPH staff members fluent in the additional languages entered paper surveys directly to mitigate errors. A third party was contracted to translate write-in responses from the surveys. After the survey cycle ended, raw data were exported from Alchemer into SAS. From there the Epidemiology team created an import code, cleaning code, and analysis code.

An “Other” or “Prefer to self-describe” selection was provided for 12 of the 17 survey questions. Most of the write-in responses to these selections were cleaned and categorized to an existing selection. New selections were created for write-in responses that were high in frequency ($n > 50$) and could not be categorized to an existing selection. A codebook was developed inductively based on the response data, and new selections were finalized with the consensus of the Epidemiology team and input from MCDPH subject matter experts. There were 8,127 write-in responses and 100% of them were analyzed.

The MCDPH Epidemiology team analyzed the cleaned survey data, excluding individuals who do not live in Maricopa County or submissions with insufficient responses answered. Responses were cleaned to address errors in the digital survey platform, discrepancies in data entry, and mistranslations. Cross-sectional frequencies were developed and ranked for various sub-categories following protocols for sufficient denominator size ($n \geq 50$) and numerator size ($n \geq 5$).

Survey Limitations

This assessment design and implementation included limitations. Because results were not based on a random sample, data should not be generalized to the full Maricopa County population. Rather, the data are best used to reflect the numerous community members who chose to express their thoughts during the time of data collection.

Limitations of convenience sampling include underrepresentation of groups and sampling bias. The effects of these limitations were mitigated by including outreach strategies that focused on areas of underrepresentation by promoting at various locations such as health fairs, senior centers, and farmer’s markets.

Lack of public knowledge on gender identity and sexual orientation related terms served as a barrier early in the data collection period, potentially resulting in non-response error due to incomprehension. To mitigate this issue, the MCDPH LGBTQ+ Community Health

Specialist created a guide for staff to explain sexual orientation and gender identity terms to survey participants after one month of data collection.

2023 CHNA Focus Group Methods

Methodology: Focus Group Discussion Guide and Supplemental Survey Development

The focus group discussion guide was developed in partnership with the Maricopa County Department of Public Health (MCDPH) Community Health Needs Assessment (CHNA) team and Synapse Coalition. Southwest Interdisciplinary Research Center (SIRC) initiated the first version of focus group questions which stemmed from the 2015 and 2018 previous iterations of the CHNA and focus groups conducted by SIRC. These questions were modified for the 2023 CHNA to include team feedback yet were similar to previous versions in order to explore the data longitudinally. All processes and protocols were then reviewed and approved by the Arizona State University Institutional Review Board for research related projects involving human subjects. The review determined that the protocol was considered exempt.

The CHNA 2023 Supplemental Survey was modified from the 2023 CHNA Survey by SIRC to reformat the order of the demographic questions and explore additional areas of interest such as access to healthy food and physical activity. These questions were mainly close-ended questions to augment the focus group discussions. The survey was offered through the online platform Qualtrics in addition to a paper format. Taking the survey was optional and not a prerequisite for participating in the focus groups.

Methodology: Focus Group Recruitment

Purposive sampling via a screening questionnaire was used to recruit participants who lived in Maricopa County for at least six months of the year and met the criteria for one of the 17 priority populations identified by MCDPH and the Synapse Coalition healthcare partners: Asian, Black/African American, Disabled, Formerly Incarcerated, Hispanic, LGBTQ+, Low Income, Native American/American Indian, Native Hawaiian/Pacific Islander, Rural, Refugee/Immigrant/Migrant, Religious Minority, Youth (aged 12-17 years), Seniors (aged >65+ years) Unsheltered, and Veteran populations.

Marketing efforts included social media posts, English and Spanish flyers advertised in local businesses and community partner organizations, and word of mouth by SIRC evaluators and partners across Maricopa County. Focus groups were held on SIRC's Zoom platform and hosted in various regional locations across Maricopa County to ensure sufficient reach. These locations were volunteered by community partners.

All participants who attended the focus group sessions received a \$45 Walmart gift card or Tango e-card as compensation for their time and were provided refreshments. Childcare arrangements were available upon request.

For participants with access to the internet, an anonymous Qualtrics survey link along with the focus group details (date, time, Zoom link) was emailed by a SIRC Study Team member before the focus group. For participants where the internet was not readily available, a paper copy of the survey along with the consent statement was administered on the day of the focus group prior to the start of the focus group. Those participating in person had the option to complete the survey either online or on paper.

Methodology: Qualitative and Quantitative Analysis

Both focus group and survey questions explored physical and mental health, connectedness, medical and mental health care, finances, health issues, discrimination, food, physical activity, and community. Focus groups were moderated by SIRC researchers and recordings were transcribed by a contracted third party. All names were redacted from transcripts to maintain anonymity. To ensure rigor and increased inter-coder agreement, three rounds of coding were conducted by experienced SIRC evaluators. Inductive analysis was primarily used to identify codes and themes as they emerged from the data. Deductive analysis was used to align with Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 themes and identify topics related to Health in Arizona Policy Initiative and Chronic Diseases.

After completion of the focus groups, the Qualtrics data file was downloaded into an Excel file. Paper surveys were entered into this file manually and the data was cleaned. After importing the data into SPSS software (version 27) for analysis, descriptive statistics based on survey responses were conducted in SPSS and Excel.

Focus Group Limitations

The focus group methodology is subject to a few limitations. First, the supplemental survey was self-reported and completed offsite, therefore no additional guidance could be provided if the respondent had clarifying questions. Additionally, there may have been respondents who took the supplemental survey but did not show up for the focus group.

2023 CHNA Key Informant Interviews Methods

Methodology: Data Collection

MCDPH contracted with OMNI Institute (OMNI) to carry out 24 key informant interviews. OMNI is a nonprofit social science consultancy that provides integrated research, evaluation, and capacity-building services to foster understanding, guide collaboration, and inform action to accelerate positive social change. The key informant interview design and implementation of the project proceeded through five phases: (1) development of the interview discussion guide and consent form; (2) outreach and recruitment for interviews and location securement; (3) data collection; (4) analysis and findings methods; and (5) report writing and presentation of findings.

Development of Interview Guide and Consent Form

To gather the needed context to inform the study design and tool development, OMNI obtained and reviewed pertinent documents from Maricopa County Department of Public Health (MCDPH), such as previous CHNA assessments and findings from the focus group component of the 2023 CHNA. This review informed the overall process and ensured that OMNI was building on, rather than duplicating, past work, making informed decisions, identifying gaps, and building on successes.

As described above, OMNI used the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework to develop the questions and approach for the key informant interviews. Part of the MAPP 2.0 framework is the Community Capacity Assessment (CCA) qualitative tool, which aims to gather insights, expertise, and perspectives from individuals and communities impacted by social systems to enhance the effectiveness and influence of those systems. Unlike approaches solely based on perceived community needs, the CCA delves deeper to uncover a community's strengths, resources, and cultural attributes. Recognizing the inherent vitality within all communities, the CCA underscores the importance of nurturing and bolstering community strengths in the pursuit of community betterment.

Drawing on the three areas of the CCA tool, OMNI designed an interview guide that addressed the following.

- Community strengths and assets: What strengths and resources are in communities that support health and well-being? How can community strengths and assets be used to address health inequities? Which organizations support community health and well-being?
- Built environment: What physical and cultural assets are in the built environment in communities? How may resources vary by neighborhood? How can the built environment promote and/or hinder community health and well-being?

- Forces of change: What are the current and historical forces of change locally, regionally, and globally that have shaped the political, economic, and social conditions of communities?

OMNI also developed a written Participant Informed Consent Form and protocols to support data collection. Both in the written consent form and verbally at the start of interviews, participants were made aware of their rights, risks, and how their information would be used in reporting. Participants then affirmed their desire to be interviewed.

Sample Population and Recruitment

Nomination Process

The MCDPH CHNA team facilitated a multiphase nomination process to identify community leaders to serve as key informants. A cross-sectional survey was sent to MCDPH staff, Synapse Coalition, Health Improvement Partnership of Maricopa County, and other community partners. The survey presented 15 business/health/community sectors and their definitions and requested respondents to nominate exemplary community leaders in their corresponding sectors. After this initial survey, the results were reviewed by a nomination committee composed of CHNA staff and MCDPH leadership. Primary and alternate key informants were selected in this process. The results were provided to OMNI for recruitment. When initial nominees were not available, OMNI shared this information with MCDPH, and their CHNA team made new selections for recruitment.

Recruitment

MCDPH and OMNI developed an outreach strategy for inviting key informants to participate in the assessment, whereby MCDPH CHNA staff sent an initial introductory email to potential participants. Once potential participants verified that they were interested in participating, OMNI followed up with a communication that further detailed the purpose of the assessment, participant rights, data privacy, and the option for an in-person or Zoom/phone call interview for a total of three outreach attempts. An alternate potential participant was provided to OMNI after three failed outreach attempts.

Sample

The 24 key informant interview participants were selected using purposive sampling, a non-probability sampling technique in which participants are selected because they have characteristics that are needed in a sample. MCDPH identified one to two participants in key leadership or senior management roles to represent the 15 sectors of interest across geographic regions in the county. OMNI documented the geographic region served, populations served (e.g., adults with special health care needs, housing insecure community members, etc.) and ages served (e.g., children, adolescents, older adults, etc.) by the key informant.

Facilitation and Data Collection

For facilitator preparation, MCDPH and OMNI reviewed materials developed, including the interview guide, consent process, and approach to facilitation to ensure a consistent and standardized data gathering process that remained agile and responsive to the needs of each participant. OMNI and MCDPH agreed to a semi-structured neutral facilitation approach and the questions to prioritize if time was constrained. OMNI and MCDPH collaborated to ensure a culturally responsive interview approach that incorporated empathetic listening skills and navigation of difficult conversations founded within best practices for qualitative research and equitable evaluation principles.

Data collection took place from early February 6 - March 27, 2024. OMNI created and maintained an internal interview completion tracker to monitor communications, indicate when interviews were scheduled and completed, and document any barriers. The tool not only facilitated a systematic approach to scheduling interviews but also offered a real-time overview of completed interviews, allowing for quick and informed decision-making.

To build context ahead of each interview, organizational websites were reviewed and Maricopa County issues inventoried from professional and lived experiences. Interview questions were also shared with participants beforehand, though they were made aware that no prior preparation was required. Interviews were made available for in-person or via Zoom/phone call, and all but one participant selected a Zoom/phone interview. Additionally, per request, one of the interviews was conducted in Spanish.

Interviews ranged from 45 to 90 minutes, were attended by a second staff member for notetaking in addition to the facilitator, were audio recorded, and transcribed for analysis. Due to participants being leaders and representatives of county organizations (rather than community members), monetary incentives were not provided.

Methodology: Data Analysis

Validity and Reliability

To carry out the thematic analysis, OMNI employed an analytical framework that used MAPP 2.0 a priori codes and inductive codes. Because the questions for this assessment centered on the MAPP 2.0 CCA tool, OMNI began by developing a deductive coding scheme around the three CCA domains of community strengths and assets, the built environment, and forces of change. To anticipate that some codes could emerge inductively, each parent code had a “miscellaneous” child code that coders could use. This provided flexibility for coders to incorporate new insights, while ensuring the a priori coding scheme was not altered between initial coders. The analysis team then reviewed codes that were put under “miscellaneous” and determined if codes fell within existing themes or merited a new, inductive child code.

For additional rigor, OMNI included multiple coders for inter-rater reliability. Two interview facilitators, each code 12 transcript files. The Lead analyst served as the third data coder to provide the second round of coding for inter-rater reliability. To carry out the coding and thematic analysis, OMNI used Dedoose, a qualitative analysis software program that supports the systematic analysis of textual data. An a priori coding scheme was created to ensure consistency between reviewers. The team then came together after each initial coder had coded two transcript files to ensure alignment, answer any questions, and decide together if any inductive codes needed to be added to the coding scheme. The team of coders then proceeded to code the remaining data and assess for inter-rater reliability. By integrating multiple coders and employing both deductive and inductive approaches to the data, the team was able to employ a comprehensive analytical framework. This approach ensured that the subsequent analysis would be comprehensive, insightful, and reflective of the diverse range of perspectives captured through interviews.

Thematic Analysis

Data were analyzed in April of 2024, and the analysis team consisted of three writers (two of whom facilitated interviews) who reviewed codes and further organized them to determine what commonalities, patterns, and themes were evident from the data. To determine saliency or what constituted a major theme, OMNI noted the frequency of the coding when analyzing the data (i.e., how many times a coding category came up by the number of participants). However, frequency may not be the only criteria to use when determining what constitutes a major theme, as a finding may still be important, even if only surfaced a few times. Additionally, OMNI also paid attention to differing or outlying responses for contrast. In the report, themes or findings are organized in hierarchical order from most indicated responses to least to denote how prevalent a theme was in analysis.

Report Writing and Presentation of Findings

During April - May 2024, an OMNI team of five carried out the writing and formatting of the report in consultation with MCDPH.

Methodology: Data Considerations and Limitations

There were a few limitations to the study that are important to highlight:

1. **Community Issues Over Sector Focus:** While participants represented different sectors, many spoke about various community issues that were not always related to their specific sector. Therefore, themes emerged from interviews rather than being tied to specific sectors.
2. **Geographic Representation:** The nomination process focused on exemplary community leaders, which did not ensure even geographic representation. The

Southwest and Northeast regions were not represented, and over half of the participants (54%) represented the entire state rather than specific regions.

3. **Participation Follow-Through:** Some nominees did not participate in the assessment for unknown reasons. Nominees came from diverse backgrounds and political ideologies, and some may have declined due to busy schedules or other factors such as the sociopolitical climate.

These limitations are crucial to consider when interpreting the study's findings and their implications.

Appendix C: Rated Community Assets in Maricopa County - Race/Ethnicity and Special Population

During the 2023 community survey, participants were asked to rate a series of community assets around where they live. Respondents could choose from “Very Good”, “Fair”, “Poor”, or “Not Applicable.”

The following tables display results from this question with the top three ratings of community assets by race/ethnicity and special population, focusing on the groups with the highest proportions of “poor” and “very good” ratings. Color coding is used to highlight trends across different groups.

Top 3 Community Assets Rated Poor by Race/Ethnicity			
Race/Ethnicity	①	②	③
American Indian or Alaska Native	Access to affordable housing	Ability to communicate with local leadership and feel my voice is heard	Access to quality and affordable childcare
Multiracial			Access to affordable education after high school
Black or African American			Access to quality mental health care
Middle Eastern or North African			Feeling safe in public spaces
Hispanic, Latinx		Access to quality and affordable childcare	Access to substance use treatment services
Native Hawaiian or Other Pacific Islander		Access to programs and activities for seniors 65+	Ability to communicate with local leadership and feel my voice is heard
Asian		Access to quality public transportation	Access to affordable housing
White	Access to quality and affordable childcare		

Top 3 Community Assets Rated Poor Special Population				
Special Population	①	②	③	
Lesbian, Gay, Bisexual, Transgender	Access to affordable housing	Access to affordable education after high school	Access to quality and affordable childcare	
Foster Youth/Former Foster Youth		Ability to communicate with local leadership and feel my voice is heard		
Homebound		Access to quality public transportation	Access to programs and activities for seniors 65+	
Senior living in a Group		Access to quality and affordable childcare	Access to quality public transportation	
Person with Disability		Access to quality public transportation	Access to programs and activities for seniors 65+	Ability to communicate with local leadership and feel my voice is heard
Person Experiencing Homelessness				
Refugee, Immigrant, Migrant				
Elderly	Access to quality public transportation	Access to substance use treatment services	Access to affordable education after high school	
Military Member/Veteran		Access to affordable housing	Ability to communicate with local leadership and feel my voice is heard	
Caregiver	Access to quality and affordable childcare			Feeling safe while driving

Top 3 Community Assets Rated Very Good by Race/Ethnicity			
Race/Ethnicity	①	②	③
Black or African American	Access to parks and green spaces	Opportunity to participate in religious, spiritual, or cultural events	Feeling safe in your home (not worrying about burglary, domestic violence)
Multiracial	Feeling safe in your home (not worrying about burglary, domestic violence)		Access to parks and green spaces
Native Hawaiian or Other Pacific Islander			Accepting of all people (different cultures, identities)
Asian		Access to parks and green spaces	Opportunity to participate in religious, spiritual, or cultural events
Hispanic, Latinx	Access to public libraries, community centers, and educational events		
American Indian or Alaska Native			
White	Opportunity to participate in religious, spiritual, or cultural events		
Middle Eastern or North African	Access to public libraries, community centers, and educational events		Access to safe walking or biking paths

Top 3 Community Assets Rated Very Good Special Population				
Special Population	①	②	③	
Caregiver	Access to parks and green spaces	Access to safe walking or biking paths	Access to places to stay cool during hot months	
Homebound			Feeling safe in your home (not worrying about burglary, domestic violence)	Access to public libraries, community centers, and educational events
Refugee, Immigrant, Migrant				Feeling safe in your home (not worrying about burglary, domestic violence)
Lesbian, Gay, Bisexual, Transgender	Access to high-speed internet	Feeling safe in your home (not worrying about burglary, domestic violence)	Feeling safe in your home (not worrying about burglary, domestic violence)	
Person With Disability	Opportunity to participate in religious, spiritual, or cultural events		Access to public libraries, community centers, and educational events	
Elderly			Access to parks and green spaces	
Military Member/Veteran	Accepting of all people (different cultures, identities)	Opportunity to participate in religious, spiritual, or cultural events	Access to public libraries, community centers, and educational events	
Person Experiencing Homelessness			Access to parks and green spaces	
Foster Youth/Former Foster Youth			Access to places to stay cool during hot months	
Senior Living in a Group	Feeling safe in your home (not worrying about burglary, domestic violence)	Access to places to stay cool during hot months	Feeling safe in your home (not worrying about burglary, domestic violence)	
			Access to public libraries, community centers, and educational events	
			Opportunity to participate in religious, spiritual, or cultural events	

Appendix D: Phoenix Children’s Community Health Needs Assessment Survey

1. What is your age range (select one)?
 - a. 17 or Younger
 - b. 18 – 19
 - c. 20 – 24
 - d. 25 – 29
 - e. 30 – 34
 - f. 35 – 39
 - g. 40 – 44
 - h. 45 – 49
 - i. 50 – 54
 - j. 55 – 59
 - k. 60 – 64
 - l. 65+
 - m. Prefer Not to Answer

2. What is the primary language you speak at home (select one)?
 - a. English
 - b. Spanish
 - c. Prefer Not to Answer
 - d. Other (Please Specify)

3. What race or ethnicity do you identify with the most (select one)?
 - a. American Indian
 - b. Asian
 - c. Black or African American
 - d. Hispanic or Latino
 - e. Middle Eastern or North African
 - f. Native Hawaiian or Other Pacific Islander
 - g. White
 - h. Prefer Not to Answer

4. What sex were you assigned at birth (select one)?
 - a. Female
 - b. Male
 - c. Prefer Not to Answer
 - d. Other (Please Specify)

5. What is the highest level of education you have completed (select one)?
 - a. 8th Grade or Less
 - b. Some High School (Did Not Complete)
 - c. High School (Including GED)
 - d. Business, Vocational, or Technical Certification After High School
 - e. Some College (No Degree Obtained)
 - f. Two-Year or Associate Degree
 - g. Four-Year of Bachelor's Degree
 - h. Graduate Degree
 - i. Doctoral Degree
 - j. Prefer Not to Answer

6. Which of the following categories best describes your employment status (select one)?
 - a. Employed, Part-Time
 - b. Employed, Full-Time
 - c. Full-Time Student
 - d. Retired
 - e. Unemployed
 - f. Unable to Work
 - g. Prefer Not to Answer

7. What is the primary insurance type (payor source) you use for healthcare services (select one)?
 - a. Medicare
 - b. Medicaid (AHCCCS), CHIP
 - c. Private Health Insurance
 - d. Other Governmental Insurance
 - e. Uninsured
 - f. Prefer Not to Answer
 - g. Other (Please Specify)

8. What is the range of your annual household income (select one)?
 - a. Less than \$15,000
 - b. \$15,000 - \$24,999
 - c. \$25,000 - \$34,999
 - d. \$35,000 - \$49,999
 - e. \$50,000 - \$74,999
 - f. \$75,000 - \$99,999
 - g. \$100,000 - \$149,999
 - h. \$150,000 - \$199,999
 - i. Over \$200,000
 - j. Prefer Not to Answer

9. Please select how much you agree or disagree with the following statement:
Phoenix Children's is meeting the health needs of the pediatric residents of Maricopa County.
- Strongly Disagree
 - Disagree
 - Neither Agree Nor Disagree
 - Agree
 - Strongly Agree
10. Please rank the following health needs identified among Maricopa County pediatric residents for Phoenix Children's to focus on during the upcoming CHNA Cycle. Rank the highest priority #1 and the lowest priority #3.
- Access to Care
 - Injury Prevention
 - Mental and Behavioral Health
11. Please specify any additional health needs for Phoenix Children's should prioritize within our community.
- Free Text / Written Response
12. Please identify any opportunities for Phoenix Children's to improve access to care for children in Maricopa County.
- Free Text / Written Response
13. Please identify any opportunities for Phoenix Children's to improve injury prevention activities for children in Maricopa County.
- Free Text / Written Response
14. Please identify and opportunities for Phoenix Children's to improve mental and behavioral healthcare for children in Maricopa County.
- Free Text / Written Response

Appendix E: Participating Organizations in the Prioritization Process


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

Appendix F: Top 10 Leading Causes of Inpatient Hospitalization, Emergency Department Visits and Death in Maricopa County

Top 10 Leading Causes of Inpatient Hospitalizations (IP), Emergency Department Visits (ED) and Death among those 0-17 in Maricopa County (2023)			
	IP	ED	Death
1	Depressive disorders	Injuries	Certain conditions originating in the perinatal period
2	Respiratory failure; insufficiency; arrest	Other specified upper respiratory infections	Unintentional Injuries
3	Other specified and unspecified mood disorders	Abdominal pain and other digestive/abdomen signs and symptoms	Congenital malformations, deformations and chromosomal abnormalities
4	Injuries	Otitis media	Assault
5	Bipolar and related disorders	Nausea and vomiting	Intentional Self Harm
6	Acute bronchitis	Viral infection	Malignant Neoplasms
7	Asthma	Fever	Drug Overdose
8	Epilepsy; convulsions	Influenza	Diseases of Heart
9	Encounter for antineoplastic therapies	Respiratory signs and symptoms	COVID-19
10	Pneumonia (except that caused by tuberculosis)	Other specified and unspecified gastrointestinal disorders	Septicemia

Appendix G: Data Indicator Matrix

 Indicates the indicator's data source & geographic level it's available

Resource Responsibility	Source	HDD	BRFSS	ACS; Census	YRBS	Death	Birth	ADHS	AYS	PolicyMap	H-CUP	Level	Maricopa County	Regions	Zipcode	National	State
Population Demographics																	
Gender																	
Age Groups																	
Race/Ethnicity																	
Education																	
Income																	
Employment Status																	
Access to Health Care																	
Health Insurance Coverage																	
Poverty																	
Health Care Coverage (18-64)																	
Usual Source of Care																	
Routine Checkup (last year)																	
Primary Payer Type for ED/IP																	
Birth Related																	
Infant Mortality Rate																	
Low Birth Weight																	
Preterm Births																	
Teen Birth																	
Prenatal Care Began																	
Top 5 leading cause of death																	
Youth top 5 leading cause of death																	
Top 5 leading emergency department and hospitalization reasons																	
Cancer Incidence & Prevention																	
Cancer (by type) Incidence																	
Cancer (by type) Screening																	
Cancer (by type) Deaths																	
Chronic Disease																	
Stroke																	
Stroke Deaths																	
<i>% Been told they have high blood pressure</i>																	
Cardiovascular Disease																	
Cardiovascular Disease Deaths																	
<i>% Told they have high cholesterol</i>																	
Diabetes																	
Diabetes Deaths																	
<i>Been told they have diabetes</i>																	
Alzheimer's ED/IP																	
Alzheimer's Deaths																	
<i>% told they have Confusion/Memory Loss</i>																	
COPD ED/IP																	
COPD Deaths																	
<i>Been told they have asthma</i>																	
Asthma ED/IP																	
Asthma Deaths																	
<i>Been told they have asthma</i>																	

Resource Responsibility	Source	HDD	BRFSS	ACS;Census	YRBS	Death	Birth	ADHS	AYS	PolicyMap	H-CUP	Level	Maricopa County	Regions	Zipcode	National	State
HDD - Hospital Discharge Data																	
BRFSS - Behavioral Risk Factor Surveillance Survey																	
ACS - American Community Survey (Census)																	
YRBS - Youth Risk Behavior Survey																	
AYS - Arizona Youth Survey																	
H-CUP - The Healthcare Cost & Utilization Project																	
IP - Inpatient hospitalization																	
ED - Emergency Department Visits																	
Mental/Behavioral Illness																	
Mood and Depressive Disorders																	
Schizophrenic Disorders																	
Drug-Induced Mental and Behavioral Disorders																	
All Mental/Behavioral Disorders																	
Behavioral Health Risk Factors																	
Alcohol Related ED/IP																	
Alcohol Related Deaths																	
Intentional Self-Harm/Suicide ED/IP																	
Intentional Self-Harm/Suicide Death																	
Opioids - Unintentional overdose ED/IP																	
Opioids - Unintentional overdose Deaths																	
Alcohol/Drug use																	
Youth Alcohol/drug use																	
Smoking																	
Youth Smoking																	
Nutrition/Diet																	
Youth Nutrition/Diet																	
Physical Activity																	
Youth Physical Activity																	
Obesity																	
Youth Obesity																	
Injury																	
Motor Vehicle Crash related ED/IP																	
Motor Vehicle Crash related Deaths																	
Fall Related ED/IP																	
Fall Related Deaths																	
Violence-related ED/IP																	
Violence-related Deaths																	
Social Determinants of Health																	
Transportation; no vehicle households																	
Access to Food; Low Income Low Access																	
Housing; cost burdened																	

Appendix H: References

- ⁱ United States Census Bureau (2024). More Counties Saw Population Gains in 2023. Retrieved from <https://www.census.gov/newsroom/press-releases/2024/population-estimates-more-counties-population-gains-2023.html>
- ⁱⁱ United States Census Bureau (2023). Annual Geographic Information Table. Retrieved from <https://data.census.gov/table?q=square%20miles&g=050XX00US04013>
- ⁱⁱⁱ Maricopa County. Maricopa County Quick Facts. Retrieved from <https://www.maricopa.gov/3598/County-Quick-Facts>
- ^{iv} Maricopa County Department of Public Health (2023). 2023 Maricopa County Community Health Assessment: Community Surveys Report. Retrieved from <https://www.maricopa.gov/DocumentCenter/View/96382/Maricopa-County-CHNA-Survey-Report>
- ^v Arizona State University Southwest Interdisciplinary Research Center (2023). Community Health Needs Assessment 2023 Focus Group Findings. Retrieved from <https://www.maricopa.gov/DocumentCenter/View/92376/2023-Focus-Group-Report-Findings>
- ^{vi} OMNI Institute (2024). Community Health Needs Assessment 2024 Key Informant Interviews. Retrieved from https://www.maricopa.gov/DocumentCenter/View/94150/2024-CHNA-Key-Informant-Interviews-Report_FINAL_52224
- ^{vii} U.S. Census Bureau. (2023). *American Community Survey 5-Year Estimates, 2018–2022*. Retrieved from <https://data.census.gov>
- ^{viii} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Personal Doctor or Nurse. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11542&r=4>
- ^{ix} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Preventive Care Visit/Check-Up. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11511&r=4>
- ^x Hospital Discharge Data (2023). Obtained from Arizona Department of Health Services, cleaned and analyzed by MCDPH.
- ^{xi} IRS (2025). Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3). Retrieved from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

-
- ^{xii} Institute for Healthcare Improvement. Triple Aim. Retrieved from <https://www.ihl.org/Topics/Population-Health/Pages/default.aspx#:~:text=Population%20health%20is%20defined%20as,such%20outcomes%20within%20the%20group.>
- ^{xiii} Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance System (YRBSS)*. U.S. Department of Health and Human Services, 2023, <https://www.cdc.gov/yrbs>
- ^{xiv} Phoenix Children’s Community Health Needs Assessment Survey (2025). Retrieved from Phoenix Children’s.
- ^{xv} County Health Rankings & Roadmaps (2025). Clinical Care. Retrieved from <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care>
- ^{xvi} American Hospital Association. Report: The Importance of Health Coverage. Retrieved from <https://www.aha.org/guidesreports/report-importance-health-coverage>
- ^{xvii} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Medical Home. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11129&r=4>
- ^{xviii} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Systems of Care. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11243&r=4>
- ^{xix} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Medical Care Visit. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11509&r=4>
- ^{xx} Substance Abuse and Mental Health Services Administration (2024). Mental Health? Retrieved from <https://www.samhsa.gov/mental-health>
- ^{xxi} ICD10Data. Mental, Behavioral, and Neurodevelopmental Disorders. Retrieved from <https://www.icd10data.com/ICD10CM/Codes/F01-F99>
- ^{xxii} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Received Mental Health Care, Age 3-17 Years. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11524&r=4>
- ^{xxiii} Data Resource Center for Child & Adolescent Health. 2023 National Survey of Children’s Health - Health Care Access and Quality – Difficulties Obtaining Mental Health Care, Age 3-17 Years. Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=11525&r=4>

^{xxiv} National Library of Medicine (2024). Depression: Learn More – Depression in Children and Teenagers. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK279290/>

^{xxv} Pathformers (2025). Understanding the Impact of Anxiety on a Child’s Psychological Development. Retrieved from <https://pathformers.com/understanding-the-impact-of-anxiety-on-a-childs-psychological-development/>

^{xxvi} Abualait, T., Alabbad, M., Kaleem, I., Imran, H., Khan, H., Kiyani, M. M., & Bashir, S. (2024). Autism Spectrum Disorder in Children: Early Signs and Therapeutic Interventions. *Children*, *11*(11), 1311. <https://doi.org/10.3390/children11111311>

^{xxvii} Mayo Clinic (2025). Attention-Deficit/Hyperactivity Disorder (ADHD) in Children. Retrieved from <https://www.mayoclinic.org/diseases-conditions/adhd/symptoms-causes/syc-20350889>

^{xxviii} World Health Organization (2024). Injuries and Violence. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence>

^{xxix} Childstats Forum on Child and Family Statistics (2023). America’s Children: Key National Indicators of Well-Being, 2023 – Child Injury and Mortality. Retrieved from <https://www.childstats.gov/americaschildren23/phys7.asp>

^{xxx} National Association of County and City Health Officials. Example Community Health Survey. Retrieved from <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Example-Survey-CTSA-Community-Health.pdf>