2026–2028

Community Health Needs Assessment

Table of Contents

Executive Summary ... 1

Introduction ... 10

Community Definition ... 14

Demographic and Socioeconomic Profile ... 15

Data Collection ... 16

Primary Data ... 16

Secondary Data ... 17

Assessment Data and Findings ... 19

Community Input ... 24

Phoenix Children's Community Health Needs Assessment Survey ... 28

Prioritized Description of Significant Community Health Needs ... 30

Prioritized Community Health Needs ... 32

Access to Care ... 33

Mental and Behavioral Health ... 36

Injury Prevention ... 38

Resources Potentially Available to Address Needs ... 40

Input Received on Most Recent CHNA and Implementation Plan ... 44

Impact of Actions Taken Since the Preceding CHNA ... 44

Conclusion and Implementation Strategy ... 50

Appendix A: Phoenix Children's Primary Service Area ZIP Codes ... 52

Appendix B: CHNA Assessment Tools and Reports ... 53

Appendix C: Rated Community Assets in Maricopa County - Race/Ethnicity and Special Population ... 58

Appendix D: Phoenix Children's Community Health Needs Assessment Survey ... 62

Appendix E: Participating Organizations in the Prioritization Process ... 64

Appendix F: Top 10 Leading Causes of Inpatient Hospitalization, Emergency Department Visits and Death in Maricopa County ... 64

Appendix G: Data Indicator Matrix ... 66

Appendix H: References ... 68

Executive Summary

Community Health Needs Assessment Purpose Statement

For more than 40 years, Phoenix Children's has cared for the health and well-being of Arizona's children. As the state's only freestanding children's health system, Phoenix Children's is committed not only to delivering exceptional clinical care but also improving the health of the communities we serve.

This Community Health Needs Assessment (CHNA) reflects that commitment by identifying and prioritizing significant health needs in the community served by Phoenix Children's.

The priorities outlined in this report help to guide the health system's Community Health Improvement Plan and community benefit activities, as well as 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 Section 501(r), which requires nonprofit hospitals to 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 conduct this CHNA. Phoenix Children's also worked with Synapse, a coalition of nonprofit and federally qualified healthcare providers in Maricopa County that collaborates to collect data and conduct CHNAs to guide coordinated community investment.

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). While the health system provides care nationwide, approximately 85% of patients reside in Maricopa County.

Maricopa County is the fourth most populous county in the United States, with more than 4.5 million residents, including approximately 1.1 million children.[i] The county spans 9,202 square miles.[ii] Nearly 5% of the land is tribal land, including the Fort McDowell Yavapai Nation, Gila River Indian Community, Salt River Pima-Maricopa Indian Community and Tohono O'odham Nation.[iii]

Understanding the demographic, geographic and cultural diversity of this region is essential to ensuring equitable access to care and improving outcomes for children and families.

Data Collection

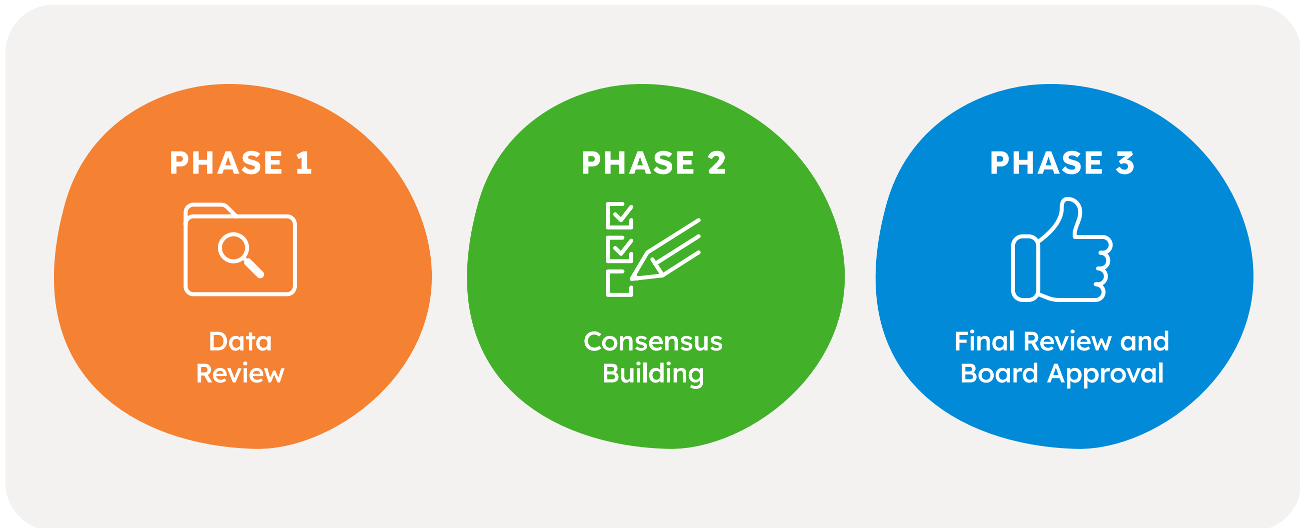
The health needs of Phoenix Children's patients and families were identified through analysis of primary and secondary data collected by MCDPH. To ensure a comprehensive understanding of community needs, two rounds of input were gathered from internal stakeholders and external community partners.

Primary data sources for this assessment include the most recent community survey, focus groups and key informant interviews.[iv, v, vi] The first round of data collection, conducted in spring 2023, included all three 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 healthcare delivery.

Together, these data sources provide a comprehensive view of the health challenges and strengths present across Maricopa County.

Process and Criteria to Identify and Prioritize Significant Needs



PHASE 1 | Data Review

Phoenix Children's prioritization process began with a review and analysis of primary and secondary data sources. Key indicators were validated by the CHNA Executive Steering Committee.

PHASE 2 | Consensus Building

In Phase Two, Phoenix Children's stakeholders contributed to identifying, prioritizing and recommending health needs, strategies and tactics for the 2026 CHNA. Stakeholder groups included:

- Fiduciary Board (Board of Directors)
- Foundation Board
- Employees
- Phoenix Children's Medical Group
- Medical staff
- Community partners
- Phoenix Children's Care Network Board and/or committee members

PHASE 3 | Final Review and Board Approval

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

This structured, multi-phase process ensured that community data, clinical expertise, and leadership input informed final priority selection.

List of Prioritized Significant Needs

Based on analysis of primary and secondary data collected over the past three years, Phoenix Children's identified three priority areas for focused action.

ACCESS TO CARE |

Health Insurance Coverage, Primary Payer Type, Usual Source of Care, Routine Checkup

Access to timely, affordable care remains a critical need for children and families in Maricopa County.

In 2023, approximately 8% of Maricopa County residents ages 0-17 were uninsured.[vii] Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program, was the leading primary payer for inpatient hospitalizations (IP) and emergency department (ED) visits. In Arizona, about 33% of children ages 0-17 did not have a personal doctor or nurse, and about 24% did not receive a preventive checkup in the past 12 months.[viii, ix]

The 2023 CHNA survey found that nearly 1 in 3 respondents (32.3%) ages 12-18 reported they were "sometimes" or "never" able to get medical care when they needed it during the past 12 months.[iv]

MENTAL AND BEHAVIORAL HEALTH |

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

Mental and behavioral health conditions continue to significantly impact pediatric hospitalization rates and community-reported health concerns.

Among Maricopa County residents ages 0-17 years, all mental and behavioral disorders ranked No. 1 and depression ranked No. 3 for IP rates among selected indicators in 2023. Intentional self-harm and suicide ranked No. 9 for ED visits and No. 6 for deaths.[x]

The 2023 CHNA survey identified anxiety (42.9%) and depression (34.6%) as the top health issues affecting respondents ages 12-18 and/or those they lived with or who were under their care.[iv]

INJURY PREVENTION | All Injuries, Motor Vehicle Crash-Related Injuries, Bicycle Injuries, Firearm-Related Injuries, Drowning, Fall-Related Injuries

Preventable injuries remain a leading cause of ED visits and death among children in Maricopa County.

Among Maricopa County residents ages 0-17, all injuries ranked No. 4 for IP rates and No. 1 for ED visits and deaths in 2023. Motor vehicle crash-related injuries ranked No. 5 for ED visits and No. 4 for deaths. Firearm-related injuries ranked No. 2 and drowning ranked No. 3 for deaths. Fall-related injuries ranked No. 2 for ED visits.[x]

The 2023 CHNA survey identified unintentional injuries (6.3%) and intentional injuries (7.8%) as health issues with the greatest impact on respondents ages 12-18 and/or those they lived with or who were under their care.[iv]

Tables 1-3 provide a snapshot of the prioritized health needs. Access to Care indicators are not available by race/ethnicity, 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/ethnicity, age and sex and by IP hospitalizations (IP[1]), emergency department visits (ED[2]), and deaths ([3]) when available.

Table 1 | Access to Care Indicators

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

Table 2 | Mental and Behavioral Health by Key Demographic Attributes			
Indicator	**Race/Ethnicity**	**Age**	**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/Latinx [3]	15-17 [1, 2]	Female [1, 2] Male [3]

Indicator disparity: IP hospitalizations (1), ED visits (2) and deaths (3)
Source: 2023 HDD (Maricopa County PSA, ages 0-17) - *Only nonfatal (IP and ED) rates are analyzed for mental and behavioral health indicators*

Table 3 | Injury Prevention by Key Demographic Attributes			
Indicator	**Race/Ethnicity**	**Age**	**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, 2] 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]

Indicator disparity: IP hospitalizations (1), ED visits (2) and deaths (3)
Source: 2023 HDD (Maricopa County PSA, ages 0-17)

Resources Potentially Available

Phoenix Children's evaluated current programs, partnerships and resources related to each selected priority. These resources include community organizations, facilities and programs, as well as hospital services that help address identified health needs.

Phoenix Children's is also a member of the Health Improvement Partnership of Maricopa County (HIPMC), a collaborative effort led by MCDPH that includes public entities and private organizations working to address priority health issues identified through the Community Health Improvement Plan.

With more than 100 partner organizations, HIPMC supports shared resources, knowledge and coordinated efforts to improve health across Maricopa County. Through these partnerships, Phoenix Children's seeks to align clinical care, community investment and public health strategy to achieve measurable, sustainable improvements in child health.

Implementation Strategies and Tactics

Phoenix Children's CHNA was conducted through a collaborative process that informed the development of a comprehensive implementation strategy.

The following strategies outline how Phoenix Children's will address the identified priorities during the upcoming CHNA cycle.

Table 4 | Access to Care Strategies and Tactics (CHNA 2026)

Strategies	Tactics
Increase access to Phoenix Children's locations, providers and services, and support care transitions	• Establish Phoenix Children's Hospital – East Valley Campus • Continue to expand convenient options for patients to schedule appointments and access information • Expand initiatives to improve appointment adherence and reduce medical trauma • Use data to evaluate Phoenix Children's network of care, identify provider and service gaps, and inform service line development and recruitment strategies • Explore opportunities to leverage telehealth to provide health services and consultation to providers statewide • Support transitions from pediatric to adult care providers
Address social and economic barriers to care	• Expand social determinants of health (SDOH) screenings and provide support, education and referrals to appropriate community resources • Provide eligibility assistance and enrollment support for insurance and financial assistance programs • Provide eligibility assistance and enrollment support for subsidized programs and services
Educate legislators and advocate for public policies that promote and improve access to health services	• Educate legislators on medical and nonmedical factors that influence health outcomes • Advocate for funding, legislation, regulations and policies that promote access to and delivery of high-quality, patient-centered health services for Arizona's children

Table 5 | Mental and Behavioral Health Strategies and Tactics (CHNA 2026)	
Strategies	**Tactics**
Expand mental and behavioral health services and strengthen care coordination	• Increase capacity to treat medically complex patients through specialized clinical programs • Expand suicide prevention program screenings • Promote integration of mental and behavioral health services across the Phoenix Children's continuum of care and support transitions to the next level of care
Increase provider knowledge and confidence in addressing mental health concerns	• Provide education and training to support providers in engaging patients and families and identifying, treating, and coordinating care for mental and behavioral health conditions
Improve public awareness, policy development and perception of pediatric behavioral health	• Educate legislators and advocate for funding, legislation, regulations and policies that improve access to mental and behavioral health services for Arizona's children • Use marketing and public relations resources to increase awareness of pediatric mental and behavioral health needs, promote available resources and support stigma reduction initiatives

Table 6 | Injury Prevention Strategies and Tactics (CHNA 2026)	
Strategies	**Tactics**
Expand child injury prevention efforts for patients, families, caregivers, providers and community partners	• Increase injury prevention education and training, including: — Provider training to support effective patient and family engagement and injury prevention education — Education for patients, families, caregivers and community partners focused on leading causes of childhood injury and fatality and their impact on quality of life and life expectancy • Use marketing and public relations resources to increase visibility of injury prevention initiatives, trends and support services • Expand child passenger safety initiatives • Expand water safety initiatives • Educate policymakers and advocate for legislative and regulatory strategies that 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 Oct. 30, 2025. The report is available to the public at phoenixchildrens.org/about-us. Written comments regarding this report may be submitted to mediarelations@phoenixchildrens.com.

Introduction

Community Health Needs Assessment

Hospitals and health systems like Phoenix Children's are required to conduct a CHNA every three years to identify and address community health needs. The CHNA reflects Phoenix Children's commitment to its community 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:

- Define the community served.
- Assess community health needs.
- Consider input from people representing the broad interests of the community, including individuals with public health expertise.

Our CHNA is a comprehensive report on the community's health, identifying the main causes of illness and death. Phoenix Children's uses the CHNA to develop an implementation strategy outlining how the health system will address 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 that owns and operates a comprehensive pediatric health system in the heart of Maricopa County. For the fiscal year ending Dec. 31, 2024, Phoenix Children's recorded 1.7 million patient encounters and served more than 278,000 patients from 48 states, Washington, D.C., Puerto Rico and six countries (Table 7).

Table 7 | 2024 Phoenix Children's Patient Demographics

	Total Patients	Patients in Maricopa County
Unique Patients	278,100	236,100 (84.9%)
Inpatient Discharges	14,600	11,300 (77.2%)
Outpatient Hospital Visits	465,400	404,700 (87.0%)
Female	134,500 (48.4%)	114,000 (48.3%)
Male	145,600 (51.6%)	112,100 (51.7%)
Age 0-4	96,700 (34.8%)	82,000 (34.7%)
Age 5-9	68,500 (24.6%)	58,800 (24.9%)
Age 10-14	60,200 (21.6%)	51,200 (21.7%)
Age 15-17	35,600 (12.8%)	29,900 (12.7%)
Age 18+	17,100 (6.2%)	14,200 (6.0%)
American Indian/Alaska Native	7,000 (2.5%)	4,000 (1.7%)
Asian	8,400 (3.0%)	8,000 (3.4%)
Black/African American	20,600 (7.4%)	19,000 (8.1%)
Hispanic/Latinx	81,400 (29.3%)	73,300 (31.1%)
Native Hawaiian or Other Pacific Islander	800 (0.3%)	700 (0.3%)
White	126,500 (45.5%)	107,400 (45.5%)
Other or Unknown	33,400 (12.0%)	23,700 (10.0%)

For more than 40 years, Phoenix Children's has provided world-class inpatient, outpatient, trauma, surgical and urgent care services to children across 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.

The system operates:

- Two acute care hospitals:
  - Phoenix Children's Hospital – Thomas Campus, a 533-bed hospital located in central Phoenix.
  - Phoenix Children's Hospital – Arrowhead Campus, a 48-bed hospital located in Glendale.
- A community emergency department in Avondale.
- Four urgent care centers.
- Twelve community pediatric practices.
- Twenty outpatient specialty care clinics statewide.

Additionally, Phoenix Children's is developing a third hospital campus, Phoenix Children's Hospital – East Valley Campus.

In 2024, Phoenix Children's was ranked a *U.S. News & World Report* "Best Children's Hospital" for the 14th consecutive year. Phoenix Children's is the only children's hospital in Arizona ever recognized by *U.S. News & 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-accredited pediatric clinically integrated care network. The Phoenix Children's Care Network (PCCN) includes more than 150 locations and 1,400 pediatric healthcare providers committed to improving the health and well-being of Arizona's children through high-quality, coordinated and cost-effective pediatric care.

Phoenix Children's employs more than 900 physicians and advanced practice providers who deliver care across more than 75 subspecialties. The health system is home to eight Centers of Excellence. Centers of Excellence include:

Barrow Neurological Institute at Phoenix Children's
Provides care for children with complex neurological, mental and behavioral conditions.

Center for Cancer and Blood Disorders
Provides comprehensive care for children with cancer and blood disorders.

Center for Cleft and Craniofacial Care
Offers multidisciplinary treatment for cleft and craniofacial disorders.

Center for Fetal and Neonatal Care
Provides advanced fetal imaging, diagnosis, and neonatal medical and surgical care.

Center for Heart Care
Delivers cardiac care for infants, children, teens and adults.

Herbert J. Louis Center for Orthopedics and Sports Medicine
Treats musculoskeletal injuries and conditions affecting movement and function.

Center for Spine Care
Provides pediatric neurosurgical and orthopedic surgery care for complex spinal disorders.

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

Mission

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

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.

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 training and education that will help develop the healthcare workforce of tomorrow. Phoenix Children's partners with multiple universities and other institutions—including the University of Arizona College of Medicine, the University of Arizona College of Pharmacy, Creighton University School of Medicine, Mayo Clinic Alix School of Medicine, Arizona State University and Northern Arizona University—to educate more than 500 nurses, medical students, social workers, pharmacists, residents and fellows each year.

Phoenix Children's offers more than 40 residency programs, Accreditation Council for Graduate Medical Education (ACGME)-accredited fellowships, non-ACGME programs, internships and pediatric training experiences for undergraduate students.

Phoenix Children's Research Institute

Phoenix Children's Research Institute supports scientific discovery and advances pediatric medicine for patients and families across Arizona, the Southwest and the United States.

The institute collaborates with local, regional and national research partners, including Mayo Clinic, Barrow Neurological Institute, the University of Arizona College of Medicine and Arizona State University.

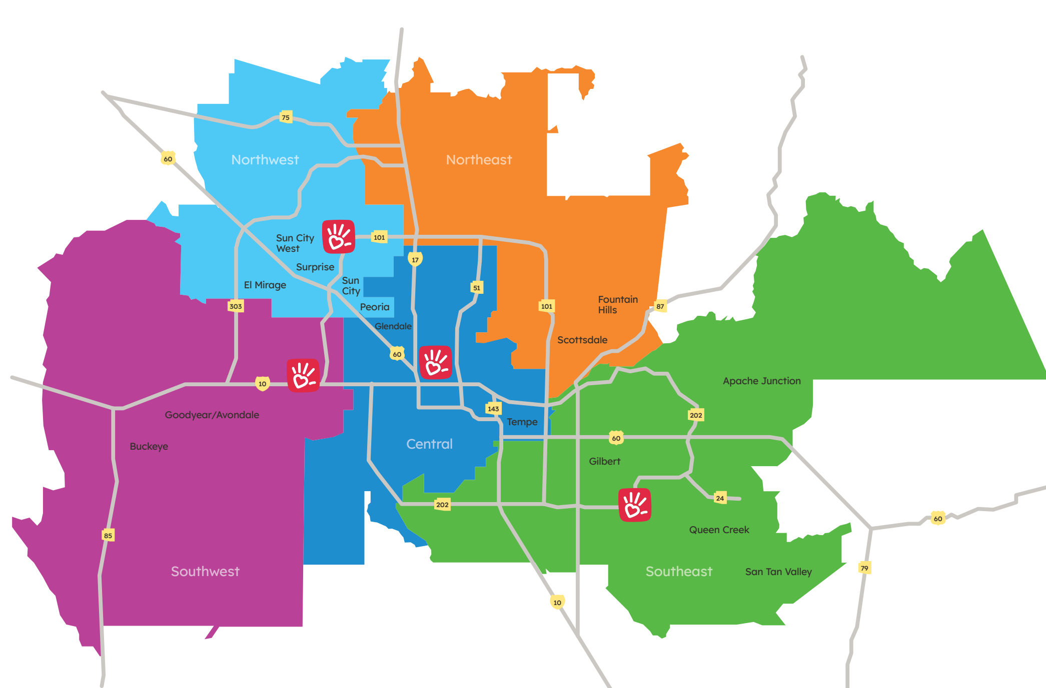
In 2024, approximately $22 million supported research at Phoenix Children's, including more than 170 active clinical trials involving Phoenix Children's patients, 400 peer-reviewed publications and 782 active Institutional Review Board-approved studies.

Community Definition

Phoenix Children's is in Maricopa County, the fourth most populous county in the United States, with more than 4.5 million residents, including 1.1 million children.[i] Maricopa County covers 9,202 square miles and includes nearly five percent tribal land, including 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, most patients reside within Maricopa County. In 2024, approximately 85% of patients served lived in Maricopa County ZIP codes listed in Appendix A. Therefore, Phoenix Children's PSA is defined as Maricopa County.

Figure 1 | Phoenix Children's Defined Community



Demographic and Socioeconomic Profile

Table 8 displays the 2023 demographic and socioeconomic profile of residents in Maricopa County and Arizona.[vii]

Table 8 | Maricopa County and Arizona Socioeconomic Profile (2023 ACS)		
	Maricopa County	**Arizona**
Total population, ages 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		
Age 0-4	25%	25%
Age 5-9	27%	28%
Age 10-14	30%	30%
Age 15-17	18%	18%
Health Insurance †		
Uninsured	8%	9%
Poverty §		
Below poverty level, under 18**	15%	17%
Language, Ages 5 Years and Older ¶		
Non-English languages spoken at home	26%	25%
Educational Attainment (Less than a High School Diploma, 25 Years and Older)		
Less than 9th grade	5%	5%
9th-12th grade, no diploma	6%	6%
Employment Status (Civilian Labor Force)		
Unemployed	5%	5%
Median Household Income		
Income	$85,518	$76,872

*The Hispanic response includes some people identifying as non-white races; percentages for race/ethnicity categories may 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 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 play a vital role in improving 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, which supports collaboration across Maricopa County.

Through the Synapse Coalition, organizations including 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 to identify community strengths and prioritize health needs through the CHNA process.

As a member of the Synapse Coalition, Phoenix Children's partnered with MCDPH to conduct the CHNA process using a mixed-methods approach. This approach included primary data—such as community input from focus groups, surveys and key informant interviews—and secondary data, including hospital discharge and vital records data. Integrating multiple data types strengthens findings by allowing cross-referencing across sources and supporting a more comprehensive understanding of community health needs.

The following section summarizes the primary and secondary data sources used in this CHNA.

Primary Data

Community Health Survey | Focus Groups | Key Informant Interviews

2023 Maricopa County CHNA Survey Overview[iv] (Appendix B)

From March through June 2023, MCDPH administered the 2023 CHNA survey and collected more than 18,000 responses. The survey was available in paper and online formats using Alchemer. It was offered in more than 14 languages and in Braille.

The 2023 CHNA survey questionnaire addressed:

- Health rating (physical health, mental health and connection with others).
- Experiences with healthcare.
- Health issues.
- Experiences with discrimination.
- Paying for essentials.
- Community health rating.
- Demographics.
- Additional health experiences (write-in responses).

This data collection process—from survey development to outreach—was accomplished through cross-sector collaboration among MCDPH, CHNA outreach grant recipients, Synapse healthcare partners and Health Improvement Partnership of Maricopa County community partners. MCDPH mobilized intradepartmental staff and a broad network of community partners to:

- Develop an accessible, inclusive and culturally relevant survey tool through a community-based survey tool pilot program.
- Develop and refine regional outreach strategies to support proportional representation from diverse populations.

Promote and distribute the survey at community events and in communities served by participating partners.

2023 CHNA Focus Groups Overview[v] (Appendix B)

From June through 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 collect 309 supplemental surveys.

Focus groups provide more in-depth data about residents' lived experiences, opinions and proposed solutions. The focus group process included five phases: (1) discussion guide development; (2) recruitment and site logistics; (3) data collection; (4) analysis and findings; and (5) report writing and presentation of findings.

Maricopa County Key Informant Interviews[vi] (Appendix B)

From January through May 2024, MCDPH contracted with OMNI Institute to conduct 24 key informant interviews. Participants were selected using purposive sampling and represented organizations across the county. Interviewees held leadership or senior management roles and could speak to their organizations' work in communities (e.g., executive director, deputy director, community outreach and engagement supervisor).

Findings were grouped into three 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

Hospital Discharge Data

MCDPH receives HDD twice a year from the Arizona Department of Health Services. HDD includes inpatient hospitalization (IP) and emergency department (ED) discharge data from Arizona hospitals. These data include only facilities within Arizona; therefore, hospitalizations and ED visits for Maricopa County residents who receive care out of state are not captured.

Services provided through the Department of Veteran Affairs, Indian Health Service and outpatient settings are not included in HDD. Data presented in this report are specific to Maricopa County residents and are reported based on discharge date.

Since 2015, diagnoses have been coded using the International Classification of Disease, 10th 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. If a person is hospitalized multiple times in a year, they may appear multiple times in the dataset.

Vital Records Data

MCDPH receives annual vital records data for births and deaths from the Arizona Department of Health Services for the previous year. Death data in this report reflect deaths of Maricopa County residents, including those who died in Maricopa County and those who died elsewhere. Some out-of-state deaths may not be captured due to data sharing across states.

Data are reported based on the date of death, and causes of death are defined by using ICD-10 codes.

Birth data includes all births occurring in Maricopa County regardless of the mother's residency. Data presented in this report include births to mothers who reside in Maricopa County, even if the birth occurred outside the county. Birth data are reported based on date of birth.

Population Data

The American Community Survey (ACS), administered by the U.S. Census Bureau, estimates social and economic characteristics of populations in the United States. For the 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 United States and was used to evaluate selected 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 to support selected data elements in this CHNA.[xiv]

Calculating Rates

Overall rates were calculated for the morbidity and mortality indicators derived from HDD and vital records. Rates by race/ethnicity, sex and age were also calculated to describe disparities.

Preliminary Round of Health Indicators

Primary and secondary data were used to assess the current community needs. The Phoenix Children's CHNA team engaged internal leadership to gather input on the preliminary set of health indicators.

Table 9 displays the indicator categories and sub-indicators selected for evaluation; this listing does not imply ranking.

Table 9 | Phoenix Children's Preliminary Health Indicators		
Access to Healthcare	• Health insurance coverage • Primary payer type	• Usual source of care • Routine checkup
Behavioral Risk Factors	• Youth smoking • Youth nutrition/diet	• Youth physical activity • Youth obesity
Social Determinants of Health	• Transportation: vehicle availability and public transit use • Housing: cost-burdened renters and homeowners	• Food insecurity and SNAP benefit utilization
Mental and Behavioral Health	• All mental health disorders • Depression • Anxiety • Autism spectrum disorder • ADHD • Neurodevelopmental disorders • Personality disorders	• Behavioral disorders • Mood and depressive disorders/ affective disorders • Epilepsy and recurrent seizures • Anxiety, dissociative and somatoform disorders • Schizophrenia and non-mood-related disorders
Substance Use	• Alcohol-related • All drug-related • Opioid overdose	• Substance use/abuse-related disorders • Intentional self-harm/suicide
Injury Prevention	• All injuries • Motor vehicle traffic-related • Bicycle injuries • Firearm-related	• Drowning • Fall-related injuries • Assault/homicide

Input Solicitation

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

- Fiduciary Board (Board of Directors)
- Foundation Board
- Employees
- Phoenix Children's Medical Group Faculty
- Medical staff
- Community partners
- Phoenix Children's Care Network Board and/or committee members

The full prioritization process is described in the **Prioritized Description of Significant Community Health Needs** section.

Assessment Data and Findings

Equity Lens

Addressing health disparities and advancing equity requires more than closing resource gaps. Sustainable 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-level data to community-level insights.

By applying an equity lens, Phoenix Children's can better understand community strengths and challenges. This approach supports program development, helps ensure fair distribution of resources and promotes inclusive decision-making—all of which contribute to improved health outcomes.

This section presents findings from the health indicator analysis, community survey, focus groups and key informant interviews. When available, data are presented by race/ethnicity, age and sex to highlight disparities.

Population Indicator Data for Preliminary Health Needs

Among the selected indicators reviewed, the following had the highest rates of inpatient hospitalizations (IP), emergency department visits (ED), and deaths for Maricopa County residents aged 0-17. To show the relative incidence of each condition, overall rates per 100,000 pediatric lives were ranked from highest to lowest (1-12) for IP.

Table 10 displays whether each indicator's overall IP, ED and death rates ranked among the highest (1-5), middle (6-9), or lowest (10-12) within this set of indicators.

<table>
<tr><th colspan="4">Table 10 | Rank Order of Population Indicator Data for Initial Round of Health Needs (Ages 0-17)</th></tr>
<tr><th>Indicator</th><th>IP</th><th>ED</th><th>Death</th></tr>
<tr><td>All Mental and Behavioral Disorders</td><td>1</td><td>6</td><td></td></tr>
<tr><td>Mood and Depressive Disorders/Affective Disorders</td><td>2</td><td rowspan="2">DNR</td><td rowspan="2">*</td></tr>
<tr><td>Depression</td><td>3</td></tr>
<tr><td>All Injuries</td><td>4</td><td>1</td><td>1</td></tr>
<tr><td>Alcohol-related</td><td>5</td><td>DNR</td><td rowspan="3">DNR</td></tr>
<tr><td>Asthma</td><td>6</td><td>4</td></tr>
<tr><td>Flu and Pneumonia</td><td>7</td><td>3</td></tr>
<tr><td>All Drug-related</td><td>8</td><td>8</td><td>8</td></tr>
<tr><td>Epilepsy and Recurrent Seizures</td><td>9</td><td>11</td><td>DNR</td></tr>
<tr><td>Self-harm/Suicide</td><td>10</td><td>9</td><td>6</td></tr>
<tr><td>Anxiety, Dissociative and Somatoform Disorders</td><td>11</td><td>12</td><td>*</td></tr>
<tr><td>Diabetes</td><td>12</td><td colspan="2">DNR</td></tr>
</table>

** Only nonfatal (IP and ED) rates are analyzed for mental and behavioral health indicators.*
DNR indicates that the indicator did not rank in the top 12.

Tables 11-16 present the preliminary health indicators and the populations experiencing the greatest disparities in Maricopa County. Access to Care, Behavioral Risk Factors and Social Determinants of Health indicators are not available by race/ethnicity, age, or sex; therefore, only overall proportions are presented.

Mental and Behavioral Health, Substance Use and Injury Prevention indicators are presented as rates per 100,000 pediatric lives using HDD.[x] Disparities are noted across subgroups by race/ethnicity, age, and sex and, when available, by IP hospitalizations (IP[1]), emergency department visits (ED[2]), and deaths. ([3])

Table 11 | Access to Care Indicators	
Indicator	
Health Insurance	Uninsured 8.0%
Primary Payer Type (Maricopa County, ages 0-17)	AHCCCS (Medicaid) **52.0%**[1], **65.8%**[2]
Usual Source of Care* (Arizona, ages 0-17)	**33.2%** of children did not have a personal doctor or nurse
Routine Checkup* (Arizona, ages 0-17)	**24.2%** of children did not visit a healthcare professional for a preventive checkup in the past 12 months

Indicator disparity: IP (1), ED visits (2), and deaths (3)
Sources: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019–2023 (Maricopa County PSA); 2023 HDD (Maricopa County PSA, ages 0-17); *2023 National Survey of Children's Health (Arizona, ages 0-17)

Table 12 | Behavioral Risk Factors	
Indicator	
Youth Smoking	**3.4%** of high school students currently smoke cigarettes **17.2%** currently use electronic vapor products
Youth Nutrition/Diet	**10.3%** of high school students did not eat vegetables during the past seven days
Youth Physical Activity	**18.5%** of high school students did not participate in at least 60 minutes of physical activity on at least one day of the week
Youth Obesity	**14.9%** of high school students have obesity

Source: 2021 Youth Risk Behavioral Surveillance System[xiii]

Table 13 | Social Determinants of Health	
Indicator	
Transportation Vehicle availability and public transit utilization (2019-2023)	**5.1%** of housing units had no vehicles available **1.3%** of workers ages 16 or older who did not work from home commuted by public transit
Housing Cost-burdened renters and homeowners (2019-2023)	**48.5%** of renter households were cost-burdened (gross rent is 30% or more of household income) **20.7%** of owner households were cost-burdened (monthly owner costs are 30% or more of household income)
Food Insecurity (2023)	**17.1%** of children (under 18) were food insecure
Food Stamp/SNAP Benefit Utilization (2019-2023)	**9.5%** of families received Food Stamp/SNAP benefits
Source: 2019-2023 PolicyMap (Maricopa County)	

Table 14 | Mental and Behavioral Health by Key Demographic Attributes			
Indicator	**Race/Ethnicity**	**Age**	**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 and Recurrent Seizures	Black/African American [1, 2]	0-4 [1] 15-17 [2]	Male [1, 2]
Anxiety, Dissociative and Somatoform Disorders	Black/African American [1, 2]	15-17 [1, 2]	Female [1, 2]
Schizophrenia and Non-mood-related Disorders	Black/African American [1, 2]	15-17 [1, 2]	Male [1, 2]

Indicator Disparity: IP (1), ED visits (2) and deaths (3)
Source: 2023 HDD (Maricopa County PSA, ages 0-17) - *Only nonfatal (IP and ED) rates are analyzed for mental and behavioral health indicators*

Table 15 | Substance Use by Key Demographic Attributes			
Indicator	**Race/Ethnicity**	**Age**	**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/Latinx [3]	15-17 [1, 2, 3]	Male [1, 2, 3]
Intentional Self-harm and Suicide	Black/African American [1] American Indian/Alaska Native [2] Hispanic/Latinx [3]	15-17 [1, 2, 3]	Female [1, 2] Male [3]
Indicator disparity: IP (1), ED visits (2) and deaths (3) Sources: 2023 hospital discharge and death data (Maricopa County PSA, ages 0-17)			

Table 16 | Injury Prevention by Key Demographic Attributes			
Indicator	**Race/Ethnicity**	**Age**	**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]	0-14 [1] 15-17 [2, 3]	Male [1, 2, 3]
Indicator disparity: IP (1), ED visits (2) and deaths (3) Sources: 2023 hospital discharge and death data (Maricopa County PSA, ages 0-17)			

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, which provides social context and identifies concerns most affecting residents in Maricopa County. MCDPH's 2023 CHNA survey offers insight into services, opportunities and information that Phoenix Children's could use to improve community health and well-being.

Figure 2 displays 2023 CHNA survey results, including the top health issues, preferred access-to-care solutions, and the lowest- and highest-rated community assets reported by survey respondents ages 12-18.[iv]

Figure 2 | 2023 CHNA Survey Top Outcomes

Top Health Issues

Issue	%
Anxiety	43%
Depression	35%
No health issues	28%

Top Access to Care Solutions

Solution	%
Lower out of pocket costs for services	41%
More appointments available	38%
Evening or weekend appointments	36%

Community Assets Rated Poor

Asset	%
Feeling safe in public spaces	22%
Ability to communicate with local leadership and feel my voice is heard	21%
Access to affordable housing	19%

Community Assets Rated Very Good

Asset	%
Access to public libraries, community centers and educational events	62%
Feeling safe in your home	62%
Access to quality and affordable schools for children	59%

CHNA survey participants rated community assets as "very good," "fair," "poor" or "not applicable."

Figure 3 displays assets rated poor and very good by race/ethnicity and special population. Because youth data are not available for these items, Figures 3-5 present data for all ages. Appendix C provides community asset ratings for all race/ethnicity groups and special populations.[iv]

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

Community Assets Rated Poor

Race/Ethnicity

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

Special Population

- Access to affordable housing was the lowest-rated community asset among respondents identifying as LGBTQ+, foster youth/former foster youth, homebound, seniors living in a group setting, people with disabilities, people experiencing homelessness, and refugee, immigrant, and migrant populations.
- Quality public transportation was the lowest-rated community asset among respondents identifying as older adults and military member/veterans.
- Access to quality and affordable child care was the lowest-rated community asset among respondents identifying as caregivers.

Community Assets Rated Very Good

Race/Ethnicity

- Feeling safe in the home and access to parks and green spaces were the first- or second-highest-rated assets among respondents across all race/ethnicity groups.

Special Population

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

Figure 4 highlights themes identified from the 2023 CHNA focus groups with 366 participants from underserved and minority populations.[v]

Figure 4 | 2023 CHNA Focus Group Themes

Community Strengths and Assets

- Neighbor relatability and impact on families
- Strengths in community centers and groups and medical centers
- Education

Systems of Power, Privilege and Oppression

- Discrimination, racism or oppression
- Provider competency
- Community care and mutual aid
- Neighborhood characteristics
- Social connectedness
- Community representation
- Community safety
- Structural racism

Social Determinants of Health

- Healthcare access and quality
- Health information access and preferences
- Social and community context

Healthy Behaviors and Outcomes

- Prevention
- Exercise
- Self-advocacy
- Unmet mental health needs
- Substance use
- Poor nutrition
- Obesity
- Chronic disease

Chronic Diseases

- Mental illness
- Diabetes
- Cancer

Additional Topics

- Innovation
- Trust

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

Figure 5 | 2024 CHNA Key Informant Interview Themes

Community Strengths and Assets

Community strengths
Resilience, resourcefulness, commitment, knowledge, strong social connections, community pride and cultural cohesion.

Organizational and agency strengths
A robust healthcare network, nonprofit organizations, coordinated government efforts and strong educational institutions.

Opportunities for growth
Barriers to meeting basic needs; environmental and criminal justice disparities; limited awareness of available services; racism; gaps in diversity and representation; and the impact of illicit substance use.

Leveraging community strengths
Embracing local cultural practices; fostering the passion and leadership of community members; and strengthening existing communication channels.

Built Environment

Physical assets and resources
Healthcare facilities; community centers; parks and trails; highway expansion; and bicycle lanes.

Challenges within the built environment
Geographic disparities in public transportation; limited bicycle infrastructure; and socioeconomic and racial inequities. Higher-income areas are more likely to have green spaces and well-maintained infrastructure, while lower-income areas often lack basic amenities.

Barriers related to the built environment
Insufficient transportation infrastructure and language barriers that limit access to services and opportunities.

Impact on health disparities
Limited access to affordable housing, green space and healthy foods contributes to health inequities. Extreme heat further exacerbates housing and environmental challenges.

Forces of Change

Current forces of change
Environmental factors (including extreme heat), economic pressures (including housing affordability), political dynamics and social conditions.

Major events and trends
The COVID-19 pandemic and climate change have accelerated societal shifts and intensified existing inequities.

Future forces of change
Ongoing housing instability; substance use trends; rising temperatures; political polarization; and advances in medical diagnostics and technology.

Disproportionately impacted communities
Black, Indigenous and other people of color; LGBTQ+ individuals; immigrant communities; families with low incomes; people experiencing homelessness; and working-class populations.

Strategies to address forces of change
Confronting discrimination, strengthening community connectedness, applying data-driven approaches and elevating community voices in decision-making.

Phoenix Children's CHNA 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, Board of Directors, Foundation Board of Directors, Phoenix Children's Medical Group and medical staff, and Phoenix Children's Care Network, to gather insights on health issues affecting the community (Appendix D).[xiv]

During the two-week survey period, Phoenix Children's received more than 1,500 responses and nearly 1,200 written comments. Feedback helped inform how Phoenix Children's can address prioritized health needs and improve health and access to care for all children.

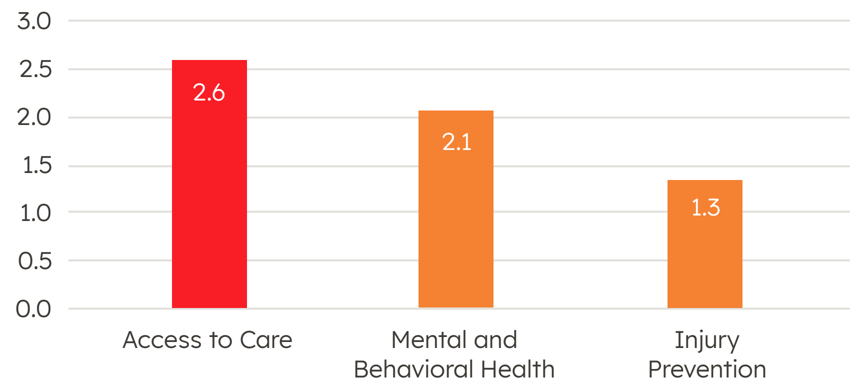
The following section summarizes survey results, including respondent demographics and the final priority ranking of the survey.

Ranking Health Priorities

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

Participants were asked: "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 ranked the priorities from No. 1 to No. 3, with No. 1 indicating their highest priority.[xx]

Figure 6 | Phoenix Children's CHNA Survey Weighted Prioritization Scores (n=1,068)



Survey results aligned with the top three priorities:

- Access to Care: 719 respondents ranked as No. 1
- Mental and Behavioral Health: 258 respondents ranked as No. 1
- Injury Prevention: 91 respondents ranked as No. 1

Phoenix Children's also solicited feedback on additional needs and received 324 written comments. Respondents identified additional needs for consideration, including preventive care, housing, food security, obesity, air quality and heat safety.

Suggestions for Addressing Top Health Issues

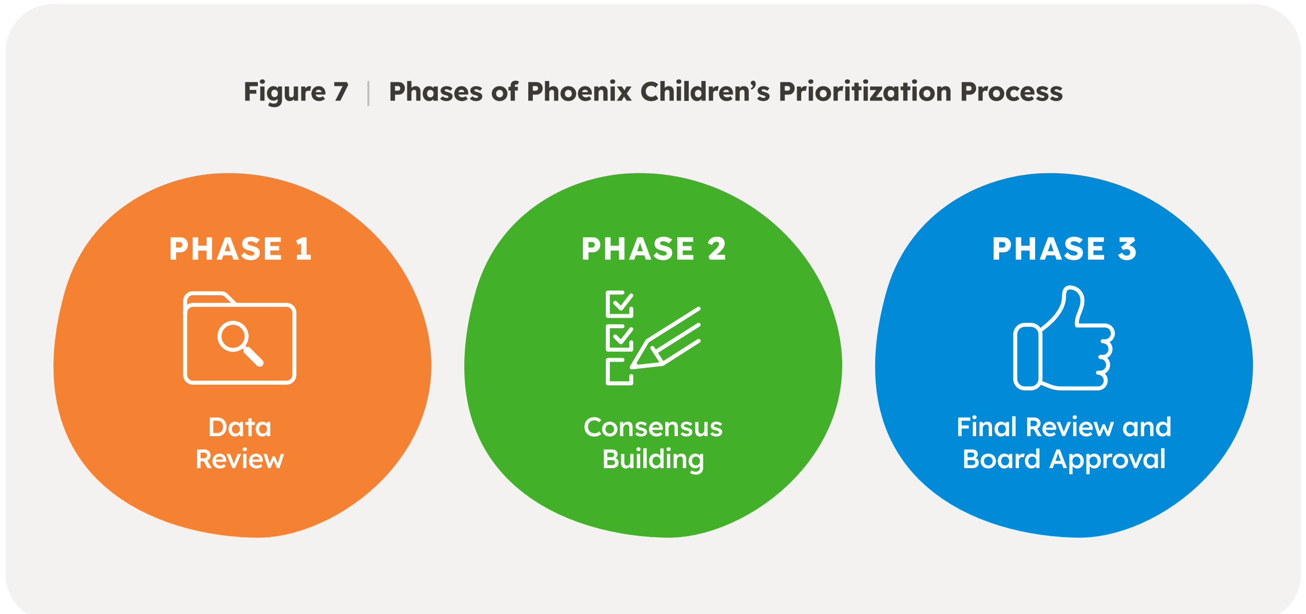
Additional survey questions solicited feedback on opportunities to improve access to care, injury prevention, mental and behavioral health for children in Maricopa County (Table 17).[xx]

Table 17 | Opportunities to Improve Phoenix Children's CHNA Priorities

Access to Care	Mental and Behavioral Health	Injury Prevention
• Reduce geographic barriers to care by opening new locations; hosting mobile, community-based clinics; and offering telehealth appointments • Reduce time-related barriers to care by expanding hours of operations and offering evening or weekend clinics • Improve the ease of scheduling appointments by leveraging technology and increasing staffing to meet specialty care demand • Promote coordination of care, including supporting transitions to community providers as patients enter adulthood	• Expand services by integrating mental and behavioral health across the continuum of care • Reduce barriers to care by increasing mental and behavioral health staffing in Phoenix Children's ambulatory specialty care and primary care clinics • Provide additional education opportunities for patients, families and providers	• Increase the volume and frequency of media communications and education events to promote awareness and educate parents and caregivers • Engage the community to identify trends and prioritize safety issues (e.g., e-bicycle safety, heat safety, firearm safety, and mental health safety) • Engage policymakers to develop and enact legislation that supports injury prevention initiatives

Prioritized Description of Significant Community Health Needs

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



PHASE 1 | Data Review

Phoenix Children's began with a review and analysis of primary and secondary data sources.

Primary data sources included:

- 2023 Maricopa County coordinated CHNA survey and focus group report.
- Maricopa County CHIP priorities.
- Prior CHNA reports and related work.
- Phoenix Children's internal survey.

Secondary data sources included:

- Phoenix Children's internal SDOH survey.
- Phoenix Children's internal clinical and encounter data sets.
- Progress reports from Phoenix Children's Patient and Family Advisory Councils.
- Maricopa County HDD, ED visit data, and county morbidity and mortality statistics.

Phoenix Children's identified key indicators and considered findings from the National Survey of Children's Health and the Children's Action Alliance 2024 Arizona KIDS COUNT Data Book.

PHASE 2 | Consensus Building

Internal committees and stakeholders informed prioritization and recommended health needs, strategies and tactics for Phoenix Children's 2026 CHNA cycle.

First, our CHNA Executive Steering Committee reviewed health needs identified through primary and secondary data sources and provided preliminary recommendations.

Then, internal and external stakeholders affirmed prioritized health needs and provided feedback on potential strategies and tactics.

Finally, the CHNA Executive Steering Committee reviewed proposed implementation strategies and tactics identified through the CHNA survey and stakeholder interviews.

PHASE 3 | Final Review and Board Approval

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

Prioritized Community Health Needs

This section presents primary and secondary data for each of Phoenix Children's CHNA priorities and sub-priorities. Identifying disparities in health outcomes based on factors like race/ethnicity, sex and age is essential to advancing equitable access to care and improving health outcomes.

Additional needs identified through data collection and the Maricopa County CHIP included access to healthy food, housing and homelessness, and substance use. Phoenix Children's did not develop CHNA-specific strategies and tactics for these areas; however, initiatives across the continuum of care support screening and referral to appropriate resources.

Phoenix Children's screens and surveys patients and families to identify potential SDOH needs, including food and housing insecurity. Patients with significant SDOH needs are referred to Phoenix Children's care navigators who review needs and coordinate referrals to community resources.

Phoenix Children's also recognizes the relationship between mental health, substance use and physical health. To support optimal outcomes, Phoenix Children's care model emphasizes coordination among providers, community organizations and government agencies to screen, intervene and connect patients to appropriate substance use treatment when needed.

Figure 8 | Phoenix Children's 2026 CHNA Priorities

Access to Care

Health Insurance Coverage, Primary Payer Type, Usual Source of Care, Routine Checkup

Mental and Behavioral Health

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

Injury Prevention

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

ACCESS TO CARE | Health Insurance Coverage, Primary Payer Type, Usual Source of Care, Routine Checkup

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 healthcare 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.

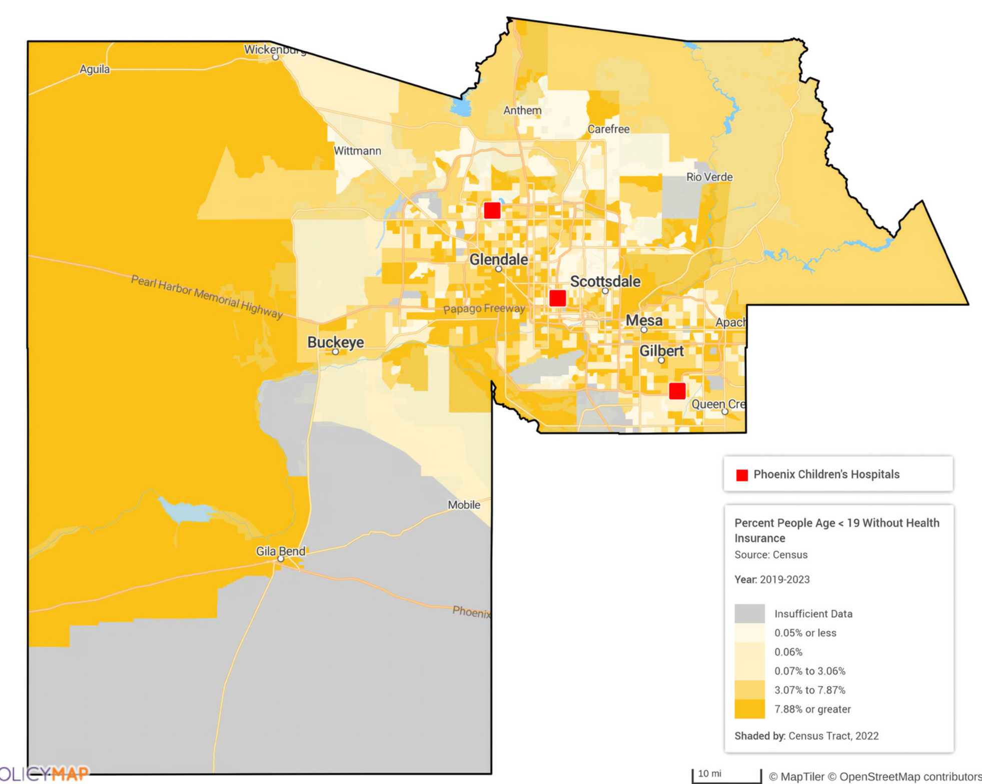
County Health Rankings and Roadmaps identify key factors influencing access, including insurance coverage, availability of local care options and having a usual source of care.[xv] Access is also closely tied to SDOH, such as income, employment, proximity to healthcare facilities, education and social networks.

Healthcare Coverage

Health insurance coverage supports individual and community health. Research shows coverage improves access to care, supports better outcomes, promotes appropriate use of services and reduces financial strain.[xvi] In 2023, 8% of people aged 0-17 in Maricopa County did not have health insurance.[vii]

Figure 9 shows the estimated percentage of people younger than 19 without health insurance in Maricopa County. Areas of Aguila, Buckeye, Gila Bend, Glendale and Mesa have higher rates of uninsured residents younger than 19.[xii] PolicyMap data is not available for ages 0-17.

Figure 9 | Estimated Percentage of People Under Age 19 Without Health Insurance (2019-2023)



Primary Payer Type

Understanding payer coverage is important to assessing access to care and potential financial barriers. **Figure 10** shows primary payer types for inpatient hospitalizations and ED visits among Maricopa County residents ages 0-17.[x]

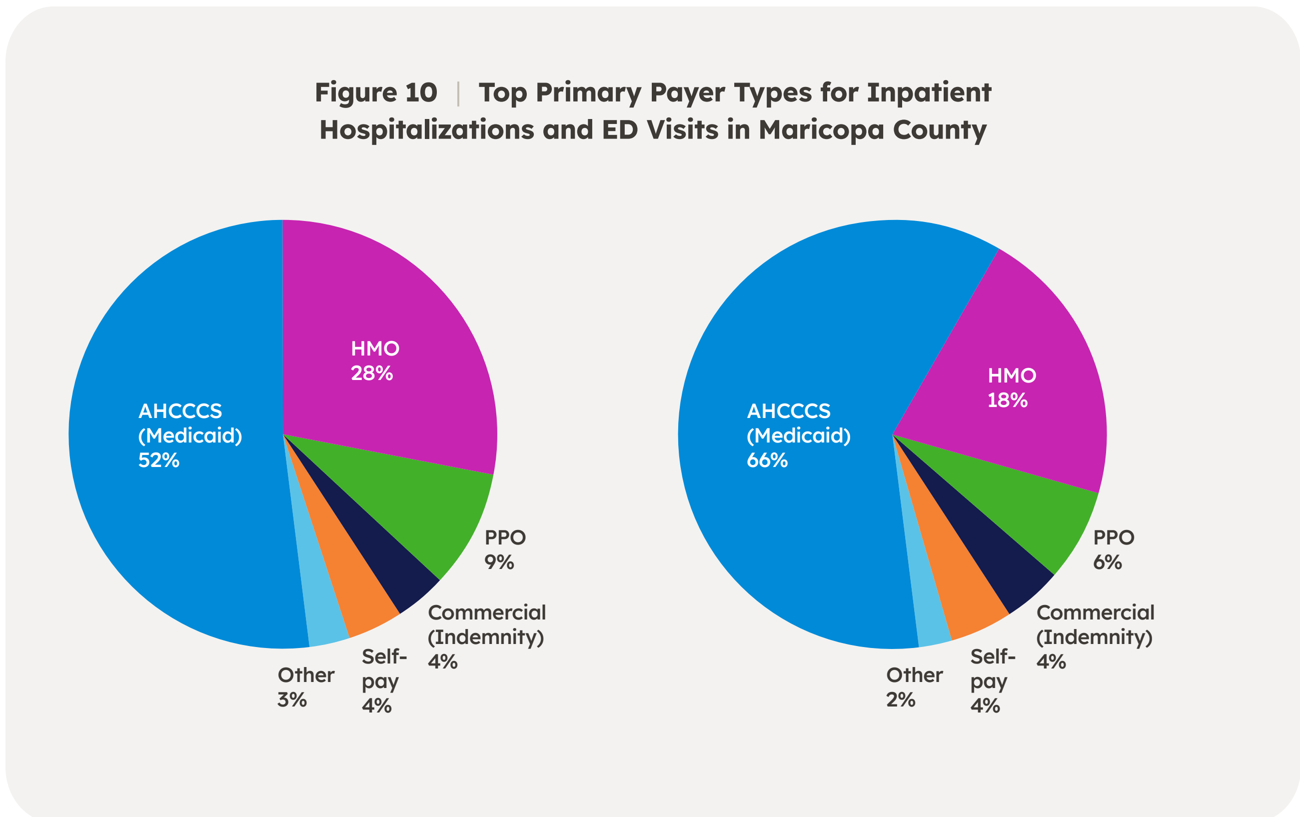
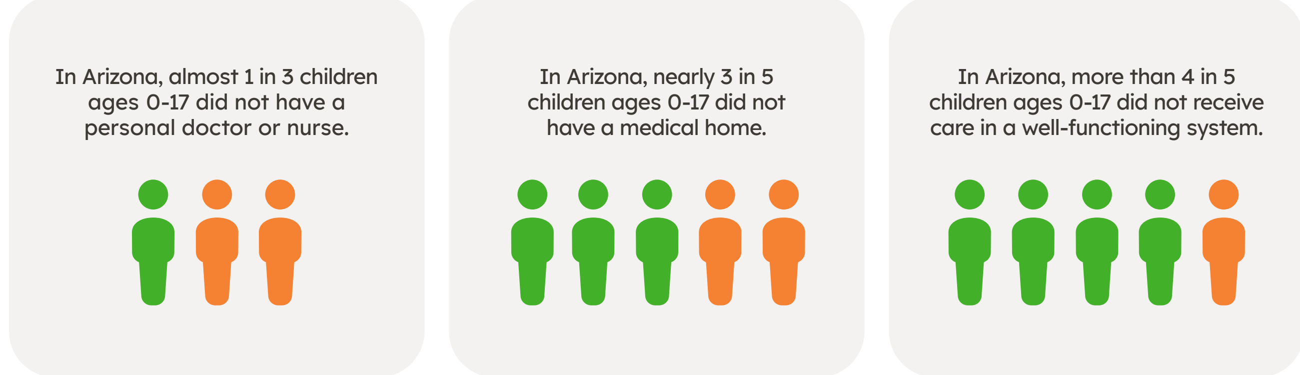


Figure 10 | Top Primary Payer Types for Inpatient Hospitalizations and ED Visits in Maricopa County

Usual Source of Care

Having a usual source of care is an important indicator of access for children. A usual source of care is defined as having a person or place an individual considers their personal healthcare provider. In Arizona, 33.2% of children ages 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 11)**.[viii, xvii, xviii]

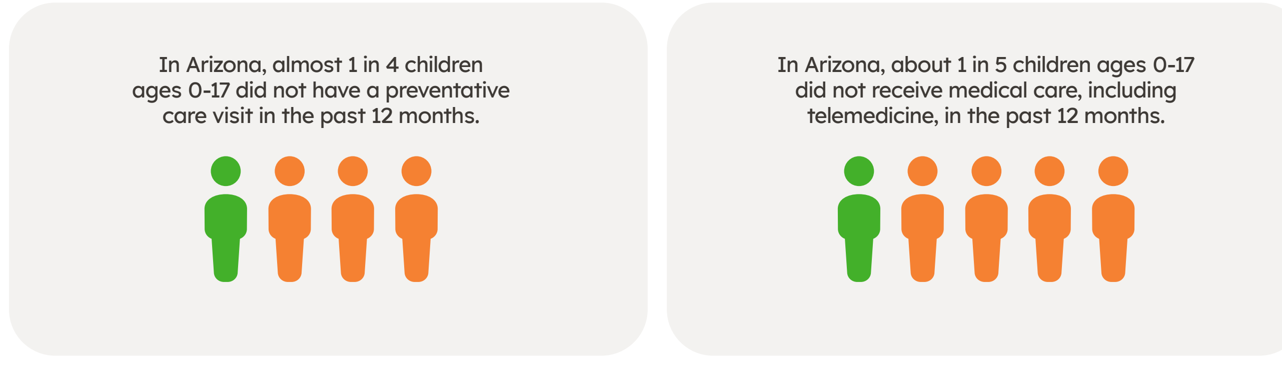
Figure 11 | National Survey of Children's Health Measures (All Ages)



Routine Checkup

Routine checkups support preventive care, early detection of health issues, and monitoring of growth and development. A routine checkup is defined as a physical exam within the past 12 months (excluding illness and injury visits). In Arizona, 24.2% of children ages 0-17 did not have a preventive checkup in the past 12 months. In addition, 20.6% did not see a healthcare professional for any type of medical care—including video or phone visits—in the past 12 months **(Figure 12)**.[ix, xix]

Figure 12 | National Survey of Children's Health Measures (2023)



Community-Identified Issues in Maricopa County (All Ages)

Access to Medical Care

Nearly 1 in 3 (32.3%) of survey respondents ages 12-18 reported they "sometimes" or "never" had access to medical care in the past 12 months.

Healthcare Solutions

About 2 in 5 respondents ages 12-18 reported that lower out-of-pocket costs (41.0%) and more appointment availability (38.1%) would help them get the care they need.

Healthcare Access and Quality

Focus group participants of all ages identified barriers, including long wait times for procedures and appointments, insurance challenges, high costs, limited facilities equipped for emergencies or specialized needs, and gaps in provider training.

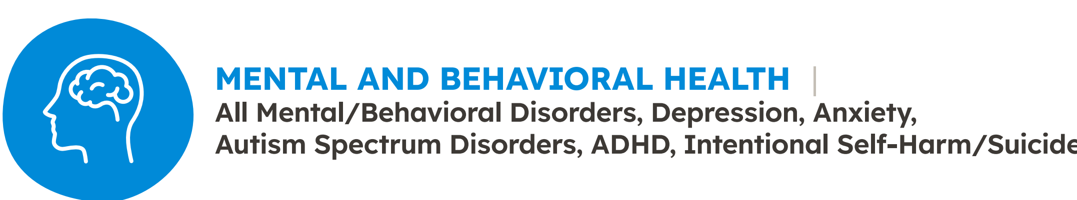
Healthcare Service Accessibility

Key informants with ages over 18 expressed concerns about access, including difficulty obtaining appointments, limited availability of facilities in some communities and lack of competency or sensitivity among providers in supporting people who are blind or have vision impairment.

We need 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. They need as much support as they can get. Insulin is expensive. It is difficult to find child care 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

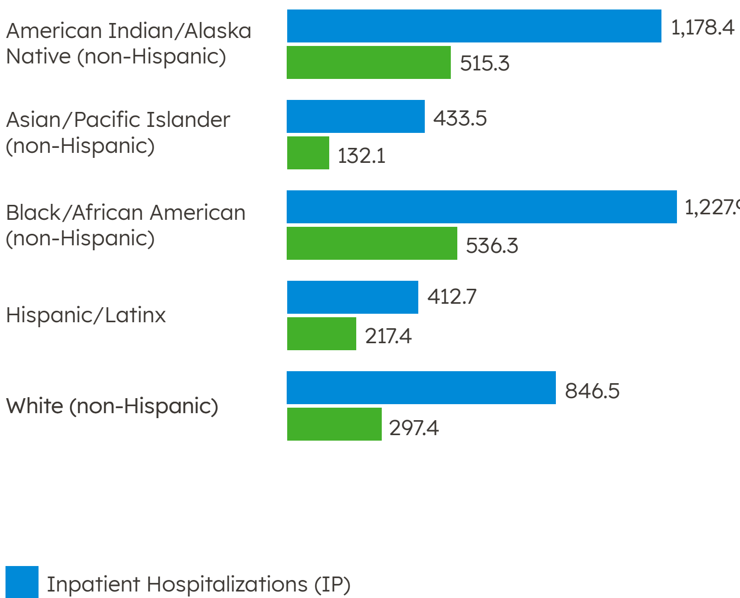
Mental and behavioral health was identified as a significant health need for Phoenix Children's. Mental health encompasses emotional, psychological and social well-being, and influences thoughts, feelings and actions. It also affects coping, relationships and decision-making.[xx]
While mental health is a core component of overall health, barriers to care include stigma, limited resources and limited providers.

All Mental and Behavioral Disorders

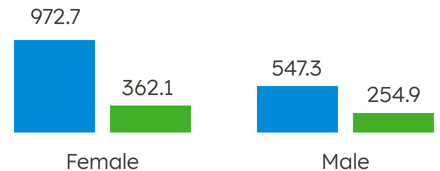
All mental and behavioral disorders are defined as primary diagnoses of mental, behavioral or neurodevelopmental disorders.[xxi] **Figure 13** shows rates of these conditions in Maricopa County among people ages 0–17.[x]

Figure 13 | All Mental and Behavioral Disorders in Phoenix Children's PSA

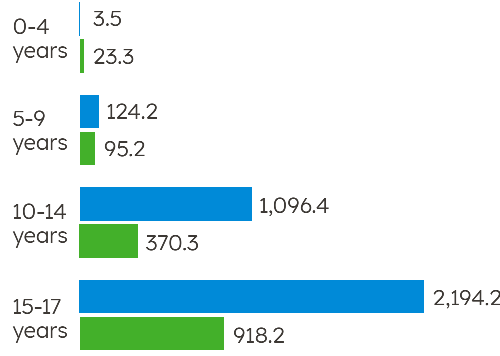
In 2023, Black/African American children had the highest age-adjusted rates of IP and ED visits due to all mental and behavioral disorders per 100,000 people.



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



Ages 15-17 had the highest crude IP and ED rates per 100,000 people.



In Arizona, 11.7% of children ages 3-17 received treatment or counseling from a mental health professional in the past 12 months. In addition, 15.9% reported it was "very difficult" to obtain needed mental health treatment **(Figure 14)**, and 4.2% reported it was "impossible."[xxii, xxiii]

Figure 14 | National Survey of Children's Health Survey Measures (2023)

Community-Identified Issues in Maricopa County (All Ages)

Mental Health Rating

More than 3 in 5 (63.5%) respondents ages 12-18 rated their mental health—mood and how they manage day-to-day stress—as "fair" or "poor."

Top Health Issues

Respondents ages 12-18 identified anxiety (42.9%) and depression (34.6%) as the top two health issues affecting them and/or the people they live with or care for.

Unmet Mental Health Needs

Focus group participants of all ages reported difficulty obtaining formal mental health treatment or support because of provider shortages, cost barriers and long work hours.

Stigma and Substance Use

Key informants over 18 years of age shared that people with mental health conditions may face stigma, leading to poor treatment by service providers and/or decreased engagement with services. Key informants also noted gaps in services for people with substance use disorders, people experiencing homelessness and undocumented communities.

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, vi]

INJURY PREVENTION | All Injuries, Motor Vehicle Crash-Related Injuries, Bicycle Injuries, Firearm-Related Injuries, Drowning, Fall-Related Injuries

Importance and Impact in Maricopa County

Injury prevention was identified as a significant health need for Phoenix Children's. Unintentional and intentional injuries are among the leading causes of death for children and adolescents. Injuries can be caused by various factors, including road traffic accidents, drowning, falls and acts of violence.[xxviii] Beyond immediate physical harm, injuries can have long-term effects on development and well-being. Prevention reduces deaths and healthcare costs while supporting children's safety and quality of life.[xxix]

All Injuries

Injuries ranked as the leading cause of death among selected indicators for Maricopa County residents ages 0-17. **Figure 15** shows rates of all injuries in Maricopa County for those ages 0–17.[x]

Figure 15 | All Injuries in Phoenix Children's PSA

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

	Inpatient Hospitalizations (IP)	Emergency Department (ED)	Death
American Indian/Alaska Native (non-Hispanic)	179.2	6,317.8	31.4
Asian/Pacific Islander (non-Hispanic)	64.8	3,647.6	12.5
Black/African American (non-Hispanic)	184.6	10,390.2	41.0
Hispanic/Latinx	96.1	6,316.6	17.5
White (non-Hispanic)	133.1	6,074.2	9.3

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

	Inpatient Hospitalizations (IP)	Emergency Department (ED)	Death
Female	123.4	6,085.9	11.4
Male	141.4	7,896.1	21.0

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

	Inpatient Hospitalizations (IP)	Emergency Department (ED)	Death
0-4 years	140.9	8,760.8	19.0
5-9 years	65.1	5,873.8	6.8
10-14 years	104.3	6,135.8	9.9
15-17 years	274.8	7,749.4	37.2

Community-Identified Issues in Maricopa County (All Ages)

Top Health Issues

Respondents ages 12-18 identified 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

Respondents ages 12-18 rated access to safe walking or biking paths (48.4%) and feeling safe while driving (60.8%) as "fair" or "poor" where they live.

Community Safety

Focus group participants of all ages shared mixed perspectives of safety; some reported feeling safe, while others described crime and other threats to personal safety. Gun violence and access to weapons were cited as safety concerns.

Built Environment

Key informants over 18 years in age described built environment challenges, including geographic, socioeconomic and racial disparities. Low-income areas were reported as lacking amenities such as shade trees and usable parks, limiting walkability and access to 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

Sources: 2023 CHNA Survey, Focus Groups, Key Informant Interviews[iv, v, vi]

Resources Potentially Available to Address Needs

Phoenix Children's is addressing CHNA priorities related to access to care, mental and behavioral health, and injury prevention. Potential resources include services and programs through hospitals, government agencies and community-based organizations. Phoenix Children's participates in the HIPMC, a collaborative effort led by MCDPH and more than 100 public and private organizations focused on healthy eating, active living, linkages to care and tobacco-free living. HIPMC is also a valuable resource to connect Phoenix Children's to other community-based organizations working on related priorities. Below and on the next few pages are potential resources to address prioritized community health needs.

ACCESS TO CARE RESOURCES

- Phoenix Children's Medical Group
- Phoenix Children's Pediatrics
- Phoenix Children's Care Network
- Phoenix Children's financial counseling and financial assistance services
- Phoenix Children's community outreach programs, including:
  — Homeless Youth Outreach Program
  — Crews'n Healthmobile
  — Breathmobile

MENTAL AND BEHAVIORAL HEALTH RESOURCES

- Phoenix Children's Medical Group
- Phoenix Children's Pediatrics
- Phoenix Children's Care Network
- 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
- 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.
- Valleywise Health Family Resource Centers

INJURY PREVENTION RESOURCES

- Phoenix Children's injury prevention programs, including:
  - Behavioral Health Safety Program
  - Child Passenger Safety Program
  - Helmet and Pedestrian Safety Program
  - Home Safety Program
  - Safe Sleep Initiative
  - Teen Driving and Off-highway Vehicle Safety Program
  - Water Safety Program
- Phoenix Children's Care Network
- Adelante Healthcare
- 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
- Tabitha's Way Local Food Pantry
- Tempe Community Action Agency
- Valley of the Sun YMCA

Housing

- A New Leaf – DV & SV Services
- AllThrive 365 Real Estate
- Copa Health – Housing and Community Support Services
- Furnishing Dignity
- Homeward Bound
- UMOM

Input Received on Most Recent CHNA and Implementation Plan

Phoenix Children's 2022 CHNA was made widely available on our website at phoenixchildrens.org/about-us, and a printed copy of the report was available upon request at the Phoenix Children's Center for Family Health and Safety. Contact information, including an email address, was provided for public feedback. No comments or questions were received.

However, input from community surveys, key informant feedback and broader community input informed identification and prioritization of significant health needs for this assessment.

Impact of Actions Taken Since the Preceding CHNA

In the prior CHNA cycle, Phoenix Children's identified three priorities: Access to Care, Behavioral Health and Injury Prevention. Phoenix Children's advanced each priority through partnerships, training, program development and policy efforts (Tables 18-20).

Table 18 | Behavioral Health Strategies and Tactics (CHNA 2022)	
Improve access through new programs and partnerships for more treatment, education and coordination	
Expand adverse childhood experiences (ACEs) screenings	• Phoenix Children's conducted more than 14,600 ACEs screenings in 2022-24, 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	• Phoenix Children's Annual Pediatric Update conference, Faculty Learning Collaborative, and Pediatric Grand Rounds provide targeted education, case-based discussions and consultation opportunities to community providers to strengthen mental health screening, diagnosis and treatment strategies.
Implement universal screening and intervention through suicide prevention program to address issues for kids most at risk	• 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. • In 2024, Phoenix Children's completed more than 70,600 suicide risk screenings and identified 1,500 patients requiring intervention.
Expand mental healthcare continuum to help patients receive care, transition to the next level of care and/or prepare for discharge	• Phoenix Children's implemented a 24/7 behavioral health staffing model in the Thomas, Avondale and Arrowhead EDs to ensure patients receive a mental health evaluation within four hours. • Phoenix Children's partnered with a community organization to embed behavioral health managers in 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 transitioning from inpatient and emergency care, and the suicide prevention program, to community-based mental health services. — Bridge Clinic volumes in 2024 (n=13,400) increased by 95% from the prior year. • Phoenix Children's launched universal screening of patients and families for SDOH to identify at-risk patients and families and develop targeted interventions. — Patients and families with four or more identified SDOH needs were connected with Phoenix Children's care navigators for referral to community resources and internal support services. — In 2024, Phoenix Children's care navigators facilitated 5,600 referrals for 3,000 patients. • 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--and received certification in 2025.

<table>
<tr><th colspan="2">Improve public awareness, policy development and perception of pediatric behavioral health</th></tr>
<tr><td>Educate community and legislators on the interdependence of physical and mental health</td><td>• Phoenix Children’s Public Affairs and Advocacy team prioritized pediatric behavioral health in weekly in-person and virtual meetings and phone calls with state and federal representatives and their staff to raise awareness, advocate for targeted policies and request federal funding to expand operational capacity and strengthen the workforce.</td></tr>
<tr><td>Expand public relations and marketing efforts to advance behavioral health awareness</td><td>• Phoenix Children’s Marketing and Communications department collaborated with service line leadership to publish 31 blog posts and website articles, including promotion across social media channels and distribution to community providers, to educate families and raise awareness about the importance of behavioral health.
— Topics included autism; anxiety and depression; suicide awareness and prevention; supporting loved ones with mental illness; developmentally appropriate conversations with children about mental health, trauma and death; and building healthy self-esteem, coping and resilience skills.
• Phoenix Children’s maintains consumer-facing webpages outlining behavioral health programs and services, including specialty care clinics, condition-specific education, support materials and guidance on navigating the behavioral health continuum of care.</td></tr>
<tr><th colspan="2">Increase the training provided to our physicians on mental health</th></tr>
<tr><td>Provide training to our residents and fellows on how to screen, recognize, treat and appropriately refer patients with mental health needs</td><td>• Across Phoenix Children’s 40+ residency and fellowship programs (serving more than 230 graduate learners per year), fellows and residents receive comprehensive training in screening, identifying, diagnosing and managing behavioral health conditions, including ADHD, autism, depression, anxiety and suicidality.
— Structured didactic lectures supplement clinical experiences and cover topics such as autism and management of co-occurring conditions, trauma-informed care practices, strategies for managing challenging patient interactions, and available community resources that support mental and behavioral health.
• Phoenix Children’s trains future behavioral health 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).</td></tr>
</table>

Table 19 | Access to Care Strategies and Tactics (CHNA 2022)	
Increase access to care by expanding Phoenix Children's footprint, processes and technology	
Establish PCH – East Valley, PCH – Arrowhead and PC Southwest campuses and their subspecialty practices	• Phoenix Children's Avondale Specialty Care and Emergency Department — In January 2023, Phoenix Children's opened the 71,300-square-foot Avondale multispecialty clinic. — In 2023-24 there were 86,500 specialty care visits. — In July 2023, Phoenix Children's opened a 35,000-square-foot, 40-bay hospital-based ED at the Avondale campus. — In 2023-24 there were 64,000 ED visits. • Phoenix Children's Hospital – Arrowhead Campus and Specialty Care — In November 2023, Phoenix Children's opened a 45,000-square-foot multispecialty clinic on the Arrowhead campus. — In 2023-24 there were 33,800 specialty care visits. — In August 2024, Phoenix Children's opened Phoenix Children's Hospital – Arrowhead Campus, a 180,000-square-foot, 48-bed hospital in Glendale, Arizona. — In 2024, there were 498 discharges, 583 surgical cases and 8,500 ED visits. • Phoenix Children's Hospital – East Valley Campus — Phoenix Children's Hospital – East Valley Campus, including 48 medical-surgical beds and 60 Level III NICU beds, is scheduled to open in 2026 within Dignity Health's Women's and Children's Pavilion at Mercy Gilbert Medical Center in Gilbert, Arizona. — PCMG provider count increased from 579 physicians and advanced practice providers in 2021 to 884 in 2024, a 53% increase. — Specialty clinic visits increased from 369,000 in 2021 to 400,200 in 2024, an 8% increase.
Provide more convenient and consumer friendly options for patients to access care with our providers in a timely manner	• Phoenix Children's launched On-Demand Booking in 2023, enabling patients and providers the ability to request and schedule appointments in real time via their computer, tablet or mobile device. — More than 93,000 appointments were requested from 2023-24. • Phoenix Children's implemented Schedule Ahead Booking at four urgent care sites in 2024. — Since implementation, 63% of urgent care visits have been scheduled using the Schedule Ahead service. • Eighteen PCMG specialty divisions, including three behavioral health divisions (psychiatry, psychology and mental health therapy), improved scheduling access for referred patients. — Overall PCMG specialty care time to schedule increased from 15.4 days to 16.5 days (+7%), though referrals increased from 136,500 in 2022 to 161,100 in 2024 (+18%).
Expand Phoenix Children's Pediatrics to allow for improved access to care	• Phoenix Children's Pediatrics provider count increased from 50 physicians and advanced practice providers in 2021 to 55 in 2024, a 10% increase. • Phoenix Children's Pediatrics clinic count increased from 7 in 2021 to 12 in 2024, a 71% increase.

Increase access to care by facilitating insurance coverage for uninsured and underinsured pediatric patients	
Support patients through our financial assistance programs and insurance enrollment	• Referrals to Phoenix Children's Family Financial Services Counselors increased from 10,600 in 2021 to 19,100 in 2024, 80% increase. • Phoenix Children's Family Financial Services Counselors enrolled 1,800 patients in AHCCCS, 480 patients in AHCCCS KidsCare, and assisted 484 patients in obtaining other financial assistance, including enrollment in Affordable Care Act Marketplace plans.
Expand access through subsidized programs and services	• Phoenix Children's Family Financial Services counselors obtained HEAplus Community Partner certification to assist patients with reviewing eligibility and directly applying for AHCCCS health insurance plans. • Phoenix Children's hosts representatives from the Arizona Department of Economic Security Division of Benefits and Medical Eligibility on- site to determine eligibility and enroll patients in the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families.
Educate policymakers and advocate for public policy that advances access to care for children	
Educate policymakers on SDOH that impact care delivery and access, and advocate for policies that improve healthcare access for children in need	• Phoenix Children's Public Affairs and Advocacy team incorporate workforce development and access to care into discussions with elected officials and their staff, with an emphasis on promoting and preserving funding and insurance coverage for Arizona's children.

Table 20 | Injury Prevention Strategies and Tactics (CHNA 2022)	
Expand or enhance child injury prevention efforts for those most at risk	
Provide injury prevention trainings to the community to reach more children at risk	• Phoenix Children's injury prevention specialists conducted or participated in more than 4,300 engagements from 2022-24, including community events; Internal and external education and training sessions; and media and advertising campaigns. — Topics included ATV safety; bicycle and pedestrian safety; child passenger safety; home safety; sleep safety; behavioral health safety (means reduction); teen driver safety; and water safety. — More than 50,000 residents participated in community events and education sessions hosted or attended by representatives of the Phoenix Children's injury prevention team. • Phoenix Children's injury prevention specialists distributed more than 68,000 safety equipment items to community members, including 9,300 bicycle helmets, 4,000 car seats, and 1,300 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	• From 2022-24, Phoenix Children's injury prevention specialists conducted more than 2,500 education and training sessions for Phoenix Children's staff, community partners and residents. • From 2022-24, Phoenix Children's injury prevention specialists collaborated with hospital care teams to complete more than 2,600 patient and family consults and provide education and training related to injury and trauma cases.
Expand public relations and marketing efforts to educate and inform on injury prevention	• From 2022-24, Phoenix Children's participated in or generated more than 35 targeted media stories focused on child passenger safety, water safety, home safety, sleep safety, bike / pedestrian safety and ATV safety. • Phoenix Children's Marketing and Communications department published 31 blog posts and website articles, and promoted them across social media channels, to educate families and raise awareness of safety initiatives, training resources and upcoming events. • Phoenix Children's maintains several consumer facing webpages dedicated to child passenger safety, helmet and pedestrian safety, water safety, home safety and safe sleep programs.
Expanid home safety programs	• From 2022-24, Phoenix Children's injury prevention team conducted and participated in more than 1,900 home safety engagements, including more than 1,000 education and training sessions. • From 2022-24, Phoenix Children's injury prevention specialists completed more than 880 home safety consults to provide education and training for injury and trauma cases treated at Phoenix Children's. • Phoenix Children's distributed more than 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.

Conclusion and Implementation Strategy

The CHNA used a health equity lens to analyze primary and secondary data sources, describe community health needs and prioritize significant 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 and tactics to address prioritized needs and intends to track progress using measurable key performance indicators.

Table 21 | Acess to Care Strategies and Tactics (CHNA 2026)

Strategies	Tactics
Increase access to Phoenix Children's locations, providers and services, and support care transitions	• Establish Phoenix Children's Hospital – East Valley Campus • Expand convenient options for patients to schedule appointments and access information • Expand initiatives to improve appointment adherence and reduce medical trauma • Use data to evaluate Phoenix Children's network of care, identify provider and service gaps, and inform service line development and recruitment strategies • Explore opportunities to leverage telehealth and other technology to providers across the state • Strengthen support for transitioning Phoenix Children's patients to adult care providers
Address social and economic barriers to care	• Expand SDOH screening and provide support, education and referrals to appropriate community resources • Provide eligibility support and enrollment assistance for insurance and financial assistance programs • Provide eligibility support and enrollment assistance for subsidized programs and services
Educate legislators and advocate for public policies that improve access to health services	• Educate legislators on medical and nonmedical factors that influence health outcomes • Advocate for funding, legislation, regulations and policies that improve access to and delivery of high-quality, patient-centered healthcare services for Arizona's children

Table 22 | Mental and Behavioral Health Strategies and Tactics (CHNA 2026)	
Strategies	**Tactics**
Expand mental and behavioral health service offerings and strengthen care coordination	• Increase capacity to treat medically complex patients through specialized clinical programs • Expand Suicide Prevention Program screenings • Promote integration of mental and behavioral health services across the Phoenix Children's continuum of care and strengthen transitions between levels of care
Increase provider knowledge and confidence in addressing mental health concerns	• Provide education and training to equip providers to engage patients and families and to identify, treat and coordinate care for mental and behavioral health conditions
Improve public awareness, policy development and perception of pediatric behavioral health	• Educate legislators and advocate for funding, legislation, regulations and policies that improve access to mental and behavioral health services for Arizona's children • Use marketing and public relations resources to increase awareness of pediatric mental and behavioral health needs and services and promote stigma-reduction initiatives

Table 23 | Injury Prevention Strategies and Tactics (CHNA 2026)	
Strategies	**Tactics**
Expand child injury prevention efforts for patients, families, caregivers, providers and community partners	• Increase injury prevention education and training, including: — Provider training to facilitate patient and family interactions and injury prevention education — Education for patients, families, caregivers and community partners focused on leading causes of child injury and death and their impact on quality of life and life expectancy • Use marketing and public relations resources to increase awareness of injury prevention initiatives, trends and support services • Expand child passenger safety initiatives • Expand water safety initiatives • Educate policymakers and advocate for legislative and regulatory strategies to reduce intentional and unintentional childhood injuries

Appendix A: Phoenix Children's PSA ZIP Codes

Maricopa County ZIP codes accounting for 80% of patients from PSA (Maricopa County); 68.1% of total patient population:

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

Appendix B: CHNA Assessment Tools and Reports

2023 CHNA Survey Methods

Methodology: Survey Questionnaire

The survey questionnaire was based on a tool developed by the National Association of County and City Health Officials.[xxx] The questionnaire was adapted by MCDPH staff, members of the Synapse Coalition and the HIPMC. Questions and response options were added or revised based on the 2019 and 2021 survey formats to improve inclusivity and explore additional health and social concepts in more detail. The 2023 CHNA survey included 17 questions covering demographics, quality of life, and essential issues and behaviors that affect individual and community health.

The questionnaire was available in paper and online formats using Alchemer and was promoted 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: Arabic, Burmese, Chinese, Dari, English, French, Kinyarwanda, Korean, Lao, Navajo, Spanish, Swahili, Thai and Vietnamese.

To increase accessibility, MCDPH provided large-print paper surveys, offered phone-based survey completion 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 organizations and hospital and healthcare partners to implement a regional outreach strategy (northeast, northwest, central, southeast and southwest) and pursue a goal of 15,000 diverse responses.

Using convenience sampling, MCDPH promoted the survey through digital outreach (including Facebook advertisements and professional networks) and through in-person outreach at community events. MCDPH also provided funding to 23 community organizations serving populations often underrepresented in data collection, including people who are disabled; LGBTQ+; low-income; rural; immigrants, migrants and refugees; youth; seniors; people experiencing homelessness; and veterans.

MCDPH staff identified and attended 187 community events across the county to promote and distribute the survey among identified focus populations. Support for outreach included MCDPH staff, MCDPH Medical Reserve Corps, Arizona State University (ASU) student volunteers, community organizations and healthcare partners. Participants who completed the survey at events were eligible to receive a giveaway bag (summer safety, emergency, everyday essentials or prepackaged snacks).

Each week, MCDPH reviewed the status of data collection and staff feedback to identify underrepresented regions and populations. This process helped support targeted outreach to better reflect regional areas and focus populations in Maricopa County during data collection.

Methodology: Survey Analysis

Eight data entry assistants were trained to enter paper survey data responses. MCDPH developed a protocol and instruction manual to standardize data entry. When possible, MCDPH staff who were fluent in the survey languages entered paper surveys to reduce errors. A third party translated write-in responses. After data collection ended, raw data was exported from Alchemer into SAS. The MCDPH Epidemiology team created import, cleaning and analysis code.

An "other" or "prefer to self-describe" option was available for 12 of the 17 survey questions. Most write-in responses were cleaned and categorized into existing response options. New options were created for high-frequency write-in responses ($n > 50$) that could not be categorized into an existing option. A codebook was developed inductively based on the response data. New response options were finalized with consensus from the Epidemiology team and input from MCDPH subject matter experts. There were 8,127 write-in responses; all were analyzed.

The Epidemiology team analyzed cleaned survey data, excluding respondents who did not live in Maricopa County and submissions with insufficient responses. Responses were cleaned to address digital platform errors, data entry discrepancies and mistranslations. Cross-sectional frequencies were developed and ranked for subcategories following denominator and numerator thresholds (denominator n≥50; numerator n≥5).

Survey Limitations

This assessment design and implementation included limitations. Because results were not based on a random sample, findings should not be generalized to the full Maricopa County population. Instead, results reflect respondents who chose to participate during the data collection period.

Limitations of convenience sampling include underrepresentation of some groups and sampling bias. These limitations were mitigated through targeted outreach strategies, including promotion at locations such as health fairs, senior centers and farmers markets.

Early in the data collection period, limited public familiarity with gender identity and sexual orientation terms may have contributed to nonresponse due to misunderstanding. To address this, the MCDPH LGBTQ+ community health specialist created a guide for staff to explain sexual orientation and gender identity terms to survey participants after the first month of data collection.

2023 CHNA Focus Group Methods

Methodology: Discussion Guide and Supplemental Survey Development

The focus group discussion guide was developed in partnership with the MCDPH CHNA team and the Synapse Coalition. The Southwest Interdisciplinary Research Center (SIRC) drafted an initial set of questions based on prior CHNA and focus group efforts (2015 and 2018). Questions were revised for the 2023 CHNA based on team feedback and to support longitudinal comparison across CHNA cycles. Protocols were reviewed and approved by the ASU Institutional Review Board. The review determined the protocol was exempt.

SIRC also adapted a supplemental survey from the 2023 CHNA Survey to reorder demographic questions and explore additional topics, including access to healthy food and physical activity. These questions were mainly close-ended questions to augment the focus group discussions. The supplemental survey was offered online through Qualtrics and in paper format. Taking the survey was optional and not required to participate in focus groups.

Methodology: Focus Group Recruitment

Purposive sampling using 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 Synapse Coalition healthcare partners: Asian; Black/African American; people with disabilities; formerly incarcerated; Hispanic; LGBTQ+, low-income; Native American/American Indian; Native Hawaiian/Pacific Islander; rural; refugee/immigrant/migrant; religious minority; youth (ages 12-17); seniors (aged 65 and older); people experiencing homelessness; and veterans.

Marketing efforts included social media posts, English and Spanish flyers advertised in local businesses and community partners, and word of mouth. Focus groups were held on SIRC's Zoom platform and at regional locations across Maricopa County to support participation. Locations were provided by community partners.

All participants received a $45 Walmart gift card or Tango e-card and were provided refreshments. Child care was available upon request.

For participants with internet access, a SIRC study team member emailed an anonymous Qualtrics survey link and focus group details (date, time, Zoom link) before the session. For participants without reliable internet access, a paper survey and consent statement were administered before the session. Participants

attending in person could complete the survey online or on paper.

Methodology: Qualitative and Quantitative Analysis

Focus group and survey questions explored physical and mental health, connectedness, access to medical and mental healthcare, finances, health issues, discrimination, food, physical activity and community. Focus groups were moderated by SIRC researchers, and recordings were transcribed by a third party. Names were removed to maintain confidentiality.

To support rigor and inter-coder agreement, three rounds of coding were completed by experienced SIRC evaluators. Inductive analysis was used to identify codes and themes as they emerged from the data. Deductive analysis was used to align findings 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 focus groups were completed, Qualtrics data were downloaded into Excel. Paper surveys were entered manually and cleaned. Data was imported into SPSS software (version 27) for analysis. Then, descriptive statistics were produced in SPSS and Excel.

Focus Group Limitations

Focus group methods have limitations. First, the supplemental survey was self-reported and completed offsite; as a result, respondents could not receive additional guidance if they had questions. Additionally, some respondents may have completed 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 conduct 24 key informant interviews. OMNI is a nonprofit social science consultancy that provides research, evaluation and capacity-building services. The project included five phases: (1) development of the interview discussion guide and consent form; (2) outreach, recruitment and interview logistics; (3) data collection; (4) analysis and findings methods; and (5) report writing and presentation of findings.

Development of Interview Guide and Consent Form

OMNI reviewed relevant documents from MCDPH, including prior CHNAs and findings from the 2023 focus groups, to build on prior work and avoid duplication. OMNI used the MAPP 2.0 framework, including the Community Capacity Assessment (CCA) qualitative tool, to guide interview design.

Unlike approaches solely based on perceived community needs, the CCA delves deeper to uncover a community's strengths, resources and cultural attributes. The CCA underscores the importance of nurturing and bolstering community strengths in the pursuit of community betterment.

Using the CCA tool, OMNI designed an interview guide that addressed:

- **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 Many 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 participant-informed consent form materials and data collection protocols. Participants were informed of their rights, risks and how information would be used in reporting. Participants then affirmed their decision to participate.

Sample Population and Recruitment Nomination Process

The MCDPH CHNA team led a multiphase nomination process to identify community leaders to serve as key informants. A cross-sectional survey was sent to MCDPH staff, Synapse Coalition, HIPMC and other community partners to nominate leaders across 15 sectors. A nomination committee composed of CHNA staff and MCDPH leadership reviewed the results and selected primary and alternate key informants. OMNI conducted recruitment. If nominees were unavailable, MCDPH Identified alternate participants.

Recruitment

MCDPH CHNA staff sent an introductory email to potential participants. If participants expressed interest, OMNI followed up with information about the assessment, participant rights, privacy, and interview options (in person, by Zoom or by phone). OMNI made up to three outreach attempts before requesting an alternate participant.

Sample

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 leaders or senior managers to represent 15 sectors across geographic regions in the county. OMNI documented geographic region, populations served and ages served for each participant.

Facilitation and Data Collection

MCDPH and OMNI reviewed facilitation materials, including the interview guide and consent process, to support consistency. Interviews used a semi-structured, neutral facilitation approach, with prioritized questions if time was limited. MCDPH and OMNI aimed for a culturally responsive interview approach grounded in qualitative research and equitable evaluation practices.

Data collection took place from Feb. 6 to March 27, 2024. OMNI maintained an internal tracker to monitor outreach, scheduling and completion, and to document barriers. The tool offered a real-time overview of completed interviews, allowing for quick and informed decision making.

To build context before each interview, OMNI reviewed organizational websites and inventoried county issues based on professional and lived experience. Interview questions were shared in advance, with no required preparation. Interviews were conducted in person or via Zoom or phone call; all but one were conducted via Zoom or phone. One interview was conducted in Spanish.

Interviews lasted 45 to 90 minutes. A second staff member attended for note taking. Interviews were audio recorded and transcribed for analysis. Monetary incentives were not provided because participants were leaders representing county organizations.

Methodology: Data Analysis

Validity and Reliability

OMNI used an analytic framework that included MAPP 2.0 a priori codes and inductive codes. Because Questions aligned with the MAPP 2.0 CCA tool, OMNI developed an initial deductive coding scheme around the three CCA domains of community strengths and assets, the built environment and forces of change. OMNI included "miscellaneous" subcodes to allow new themes to emerge. The analysis team then reviewed "miscellaneous" codes and determined whether they fit existing themes or warranted new inductive codes.

To support inter-rater reliability, OMNI used multiple coders. Two interview facilitators coded 12 transcript files each, and a lead analyst provided a second round of coding. OMNI used Dedoose for coding and thematic analysis and developed an a priori codebook to support consistency. Coders aligned after the first two transcripts to confirm approach and add inductive codes, if needed. Coders then analyzed the remaining transcripts and assessed inter-rater reliability.

Thematic Analysis

Data was analyzed in April of 2024 by a team of three writers (two of whom facilitated interviews). Themes were identified based on common patterns and salience. Frequency informed salience (how often a category appeared across participants), but frequency was not the only criterion. The team also considered themes that appeared less often but were still meaningful, as well as outlying perspectives. Themes were organized from most to least prevalent.

Report Writing and Presentation of Findings

From April to May 2024, an OMNI team of five drafted and formatted the report in consultation with MCDPH.

Methodology: Data Considerations and Limitations

Key limitations include:

- **Community issues vs. sector focus.** Participants often discussed community issues beyond their specific sector. Themes reflect interview content rather than sector-specific findings.
- **Geographic representation.** The nomination process did not ensure even geographic representation. The southwest and northeast regions were not represented. More than half of the participants (54%) represented the entire state rather than a specific region.
- **Participation follow-through.** Some nominees did not participate in the assessment for unknown reasons. Non-participation may have been related to scheduling or other factors, including the sociopolitical climate.

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

During the 2023 community survey, participants were asked to rate community assets in their neighborhood. Respondents could choose from “very good,” “fair,” “poor” or “not applicable.”

The tables below summarize results, including the top three assets rated “poor” and “very good” by race/ethnicity and special population. Results focus on groups with the highest proportions of “poor” and “very good” ratings. Color coding is used to highlight trends across groups.

<table>
<tr><th colspan="4">Top 3 Community Assets Rated “Poor” by Race/Ethnicity</th></tr>
<tr><th>Race/Ethnicity</th><th>1</th><th>2</th><th>3</th></tr>
<tr><td>American Indian or Alaska Native</td><td rowspan="6">Access to affordable housing</td><td rowspan="4">Ability to communicate with local leadership and feel my voice is heard</td><td rowspan="2">Access to quality and affordable child care</td></tr>
<tr><td>Multiracial</td></tr>
<tr><td>Black or African American</td><td>Access to affordable education after high school</td></tr>
<tr><td>Middle Eastern or North African</td><td>Access to quality mental healthcare</td></tr>
<tr><td>Hispanic, Latinx</td><td>Access to quality and affordable child care</td><td>Feeling safe in public spaces</td></tr>
<tr><td>Native Hawaiian or other Pacific Islander</td><td>Access to programs and activities for seniors 65+</td><td>Access to substance-use treatment services</td></tr>
<tr><td>Asian</td><td rowspan="2">Access to quality transportation</td><td rowspan="2">Access to affordable housing</td><td>Ability to communicate with local leadership and feel my voice is heard</td></tr>
<tr><td>White</td><td>Access to quality and affordable child care</td></tr>
</table>

<table>
<tr><th colspan="4">Top 3 Community Assets Rated “Poor” by Special Population</th></tr>
<tr><th>Special Population</th><th>1</th><th>2</th><th>3</th></tr>
<tr><td>LGBTQ+</td><td rowspan="7">Access to affordable housing</td><td>Access to affordable education after high school</td><td rowspan="2">Access to quality and affordable child care</td></tr>
<tr><td>Foster youth/ Former foster youth</td><td>Ability to communicate with local leadership and feel my voice is heard</td></tr>
<tr><td>Homebound</td><td>Access to quality public transportation</td><td>Access to programs and activities for seniors 65+</td></tr>
<tr><td>Senior living in a group</td><td rowspan="2">Access to quality and affordable child care</td><td>Access to quality public transportation</td></tr>
<tr><td>Person with disability</td><td rowspan="3">Ability to communicate with local leadership and feel my voice is heard</td></tr>
<tr><td>Person experiencing homelessness</td><td rowspan="2">Access to programs and activities for seniors 65+</td></tr>
<tr><td>Refugee, immigrant, migrant</td></tr>
<tr><td>Elderly</td><td rowspan="2">Access to quality public transportation</td><td>Access to substance-use treatment services</td><td>Access to quality and affordable child care</td></tr>
<tr><td>Military member/ veteran</td><td rowspan="2">Access to affordable housing</td><td>Ability to communicate with local leadership and feel my voice is heard</td></tr>
<tr><td>Caregiver</td><td>Access to quality and affordable child care</td><td>Feeling safe while driving</td></tr>
</table>

<table>
<tr><th colspan="4">Top 3 Community Assets Rated “Very Good” by Race/Ethnicity</th></tr>
<tr><th>Race/Ethnicity</th><th>1</th><th>2</th><th>3</th></tr>
<tr><td>Black or African American</td><td>Access to parks and green spaces</td><td rowspan="3">Opportunity to participate in religious, spiritual or cultural events</td><td>Feeling safe in your home (not worrying about burglary, domestic violence)</td></tr>
<tr><td>Multiracial</td><td rowspan="5">Feeling safe in your home (not worrying about burglary, domestic violence)</td><td>Access to parks and green spaces</td></tr>
<tr><td>Native Hawaiian or other Pacific Islander</td><td>Accepting of all people (different cultures, identities)</td></tr>
<tr><td>Asian</td><td rowspan="5">Access to parks and green spaces</td><td>Opportunity to participate in religious, spiritual or cultural events</td></tr>
<tr><td>Hispanic, Latinx</td><td rowspan="3">Access to public libraries, community centers and educational events</td></tr>
<tr><td>American Indian or Alaska Native</td></tr>
<tr><td>White</td><td>Opportunity to participate in religious, spiritual or cultural events</td></tr>
<tr><td>Middle Eastern or North African</td><td>Access to public libraries, community centers and educational events</td><td>Access to safe walking or biking paths</td></tr>
</table>

Top 3 Community Assets Rated "Very Good" by 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 Access to public libraries, community centers and educational events Feeling safe in your home (not worrying about burglary, domestic violence
Homebound	Access to parks and green spaces	Feeling safe in your home (not worrying about burglary, domestic violence)	Accepting of all people (different cultures, identities
Refugee, immigrant, migrant	Access to parks and green spaces	Feeling safe in your home (not worrying about burglary, domestic violence)	Opportunity to participate in religious, spirtual or cultural events
LGBTQ+	Access to high-speed internet	Feeling safe in your home (not worrying about burglary, domestic violence)	Access to public libraries, community centers and educational events
Person with disability	Opportunity to participate in religious, spiritual or cultural events	Feeling safe in your home (not worrying about burglary, domestic violence)	Access to parks and green spaces
Elderly	Opportunity to participate in religious, spiritual or cultural events	Access to public libraries, community centers and educational events	Access to places to stay cool during the hot months
Military member/ veteran	Opportunity to participate in religious, spiritual or cultural events	Access to parks and green spaces	Access to places to stay cool during the hot months
Person experiencing homelessness	Accepting of all people (different cultures, identities)	Opportunity to participate in religious, spiritual or cultural events	Feeling safe in your home (not worrying about burglary, domestic violence
Foster youth/ Former foster youth	Feeling safe in your home (not worrying about burglary, domestic violence)	Opportunity to participate in religious, spiritual or cultural events	Access to public libraries, community centers and educational events
Senior living in a group	Feeling safe in your home (not worrying about burglary, domestic violence)	Access to places to stay cool during hot monthas	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?

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

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

- ◯ English
- ◯ Spanish
- ◯ Prefer not to answer
- ◯ Other (please specify)

3. What race or ethnicity do you identify with the most?

- ◯ American Indian
- ◯ Asian
- ◯ Black or African American
- ◯ Hispanic or Latinx
- ◯ Middle Eastern or North African
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ White
- ◯ Prefer not to answer

4. What sex were you assigned at birth?

- ◯ Female
- ◯ Male
- ◯ Prefer not to answer
- ◯ Other (please specify)

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

- ◯ 8th grade or less
- ◯ Some high school (did not complete)
- ◯ High school (including GED)
- ◯ Business, vocational or technical certification after high school
- ◯ Some college (no degree obtained)
- ◯ Two-year associate degree
- ◯ Four-year bachelor's degree
- ◯ Graduate degree
- ◯ Doctoral degree
- ◯ Prefer not to answer

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

- ◯ Employed part-time
- ◯ Employed full-time
- ◯ Full-time student
- ◯ Retired
- ◯ Unemployed
- ◯ Unable to work
- ◯ Prefer not to answer

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

- ◯ Medicare
- ◯ Medicaid (AHCCCS) or CHIP
- ◯ Private health insurance
- ◯ Other government insurance
- ◯ Uninsured
- ◯ Prefer not to answer
- ◯ Other (please specify)

8. What is the range of your annual household income?

◯ Less than $15,000 ◯ $15,000 - $24,999 ◯ $25,000 - $34,999 ◯ $35,000 - $49,999

◯ $50,000 - $74,999 ◯ $75,000 - $99,999 ◯ $100,000 - $149,999 ◯ $150,000 - $199,999

◯ Over $200,000 ◯ 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 or 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 No. 1 and the lowest priority No. 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.

____

____

____

12. Please identify any opportunities for Phoenix Children's to improve access to care for children in Maricopa County.

____

____

____

13. Please identify any opportunities for Phoenix Children's to improve injury prevention activities for children in Maricopa County.

____

____

____

14. Please identify any opportunities for Phoenix Children's to improve mental and behavioral healthcare for children in Maricopa County.

____

____

____

Appendix E: Participating Organizations in the Prioritization Process

Community input for the CHNA 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

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 People Ages 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 the 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 and geographic level at which it is available.

Resource Responsibility **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 and Utilization Project **IP** Inpatient Hospitalization **ED** Emergency Department Visits	**Source**	**HDD**	**BRFSS**	**ACS; Census**	**YRBS**	**Death**	**Birth**	**ADHS**	**AYS**	**PolicyMap**	**H-CUP**	**Level**	**Maricopa County**	**Regions**	**ZIP code**	**National**	**State**
Population Demographics																	
Sex				■							■		■	■	■	■	■
Age Groups				■							■		■	■	■	■	■
Race/Ethnicity				■							■		■	■	■	■	■
Education				■							■		■	■	■	■	■
Income				■							■		■	■	■	■	■
Employment Status				■							■		■	■	■	■	■
Access to Healthcare																	
Health Insurance Coverage				■									■	■	■		
Poverty				■									■	■	■		
Healthcare 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 ED and Hospitalization Reasons		■									■		■	■	■	■	■
Cancer Incidence and Prevention																	
Cancer Incidence (By Type)								■					■				
Cancer Screening (By Type)			■										■			■	■
Cancer Deaths (By Type)						■							■	■	■		
Chronic Diseases																	
Stroke		■									■		■	■	■	■	■
Stroke Deaths						■							■	■	■		
% Told They Have High Blood Pressure			■										■			■	■
Cardiovascular Disease		■									■		■	■	■	■	■
Cardiovascular Disease Deaths						■							■	■	■		
% Told They Have High Cholesterol			■										■			■	■
Diabetes		■									■		■	■	■	■	■
Diabetes Death						■							■	■	■		
% Told They Have Diabetes			■										■			■	■
Alzheimer's ED/IP		■									■		■	■	■	■	■
Alzheimer's Deaths						■							■	■	■		

	Source	HDD	BRFSS	ACS; Census	YRBS	Death	Birth	ADHS	AYS	PolicyMap	H-CUP	Level	Maricopa County	Regions	ZIP code	National	State
% Told They Have Confusion/Memory Loss			X										X			X	X
COPD ED/IP		X									X		X	X	X	X	X
COPD Deaths						X							X	X	X		
Have Been Told They Have Asthma			X										X			X	X
Asthma ED/IP		X									X		X	X	X	X	X
Asthma Deaths						X							X	X	X		
Have Been Told They Have Asthma			X										X			X	X
Mental/Behavioral Illness																	
Mood and Depressive Disorders		X									X		X	X	X	X	X
Schizophrenic Disorders		X									X		X	X	X	X	X
Drug-induced Mental and Behavioral Disorder		X									X		X	X	X	X	X
All Mental/Behavioral Disorders		X									X		X	X	X	X	X
Behavioral Health Risk Factors																	
Alcohol-related ED/IP		X									X		X	X	X	X	X
Alcohol-related Deaths						X							X	X	X		
Intentional Self-harm/Suicide ED/IP		X									X		X	X	X	X	X
Intentional Self-harm/Suicide Death						X							X	X	X		
Opioids - Unintentional Overdose ED/IP		X									X		X	X	X	X	X
Opioids - Unintentional Overdose Deaths						X							X	X	X		
Alcohol/Drug Use			X										X			X	X
Youth Alcohol/Drug Use									X				X				
Smoking			X										X			X	X
Youth Smoking									X				X				
Nutrition/Diet			X										X			X	X
Youth Nutrition/Diet					X												X
Physical Activity			X										X			X	X
Youth Physical Activity					X												X
Obesity			X										X			X	X
Youth Obesity					X												X
Injury																	
Motor Vehicle Crash-related ED/IP		X									X		X	X	X	X	X
Motor Vehicle Crash-related Deaths						X							X	X	X		
Fall-related ED/IP		X									X		X	X	X	X	X
Fall-related Deaths						X							X	X	X		
Violence-related ED/IP		X									X		X	X	X	X	X
Violence-related Deaths						X							X	X	X		
Social Determinants of Health																	
Transportation; No Vehicle Households										X			X	X	X	X	X
Access to Food; Low Income Low Access										X			X	X	X	X	X
Housing; Cost Burdened										X			X	X	X	X	X

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

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