



Community Health Needs Assessment 2022

Mayo Clinic Hospital-Phoenix





Community Health Needs Assessment
Mayo Clinic Hospital
2022





Mayo Clinic Community Health Needs Assessment (CHNA)

This CHNA report is a customized version of the CHNA that the Maricopa County Department of Public Health (MCDPH) conducted in partnership with Banner Health, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children’s Hospital, Valleywise Health, and Vitalyst Health Foundation.



Adopted December 7, 2022

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Executive Summary

Community Health Needs Assessment (CHNA) Background

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

Synapse is a coalition of non-profit and federally qualified healthcare partners who collaborate to conduct a CHNA to identify needs for individual hospitals, healthcare centers, and the county overall. Beginning in early 2015, Mayo Clinic, in partnership with Synapse worked collaboratively and conducted an assessment of the health needs of residents of Maricopa County as well as those in their Primary Service Area. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Purpose Statement

The purpose of this CHNA is to identify and prioritize significant health needs for the community served by Mayo Clinic. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

Community Definition

The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the Synapse coalition. Although the population served by Mayo Clinic in Arizona extends beyond the county line and the borders of the state, nearly 60% of Mayo Clinic patients are located within Maricopa County.

With an estimated population of over 4.4 million and growing, Maricopa County is home to well over half of Arizona's residents.ⁱ Maricopa County encompasses 9,224 square miles and includes 27 cities and towns, as well as the whole or part of five sovereign American Indian reservations. Maricopa County is ethnically and culturally diverse, as it is home to American Indians (1.9%), African Americans (5.7%), Asian Americans (4.2%), Hispanic/Latino (31.1%), Native Hawaiian or Other Pacific Islander (0.2%), and White (73.8%).**Error! Bookmark not defined.** According to the U.S. Census Bureau, 13.7% percent of the population does not have a high school diplomaⁱⁱ, 12.7% are living below the federal poverty levelⁱⁱⁱ, and over 478,064 are uninsured.^{iv}

Assessment, Process and Methods

The ACA requirements are mirrored in the Public Health Accreditation Board's (PHAB) standard mandating that health departments participate in or conduct a community health assessment every three to five years. Federally funded community health centers must also ensure their target communities are in high need. The similar requirements from the IRS, PHAB, and the federally funded health center requirements put forth by the United States Department of Health and Human Services provide an opportunity to catalyze stronger collaboration and better-shared measurement systems among hospitals, health centers, and health departments. Additionally, limited resources for comprehensive health assessments and the move toward new population health models have created the need for an organized, collaborative, public-private approach to conducting assessments. As a result, Banner Health, Dignity Health, Mayo Clinic, Native Health, Neighborhood Outreach Access to Health, Phoenix Children's Hospital, Valleywise Health, and Vitalyst Health Foundation have joined forces with the Maricopa County Department of Public Health (MCDPH) to identify the communities' strengths and greatest needs in a CHNA.

Synapse partners selected approximately 100 data indicators to help examine the health needs of the community. These indicators were based on the Center for Disease Control and Prevention's (CDC) Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics report.⁹ From the approximately 100 data indicators, 40 health indicators and four social indicators were selected by Mayo Clinic for further analysis. For the health indicators, hospital discharge and death databases were utilized to perform this analysis.

Summary of Prioritization Process

The health needs prioritization process began with an initial review and analysis of primary and secondary data sources. Primary sources included data that was derived from the 2019 and 2021 community survey and focus group sessions. Secondary sources included data that was derived from County inpatient hospitalization, emergency department and death rates to assemble 40 total health indicators. Additionally, external data sources such as PolicyMap were utilized to analyze and highlight four social indicators. The health and social indicators were established in collaboration with Mayo Clinic's Community Engagement Committee (CEC) and Mayo Clinic's Center for Health Equity & Community Engagement (CHCR) Community Advisory Board (CAB) by selecting indicators of interest that have historically demonstrated high rates or have known disparities when broken out by race/ethnicity, gender, and age.

Community Engagement Committee - Mayo Clinic Arizona

*All who are benefited by community life, especially the physician, owe something to the community.
Dr. Charles H. Mayo*

The Mayo Brothers stated that giving to the community is our responsibility as an organization, and their work continues by inspiring and engaging our staff to serve the communities in which they live and work. The Mayo Clinic Arizona Community Engagement Committee seeks to support our staff to share their knowledge, expertise, resources, and time to benefit the community.

Our support aims to meet community needs and strengthen the health of the entire community.

Through our community outreach activities, we collaborate with communities and organizations to identify and address significant and emergent health needs and seek to achieve one or more of the following objectives:

- Enhance Mayo’s capacity to meet its mission of clinical practice, scientific investigation, and biomedical education
- Increase community access to health services
- Improve the health and well-being of individuals and unique populations in our community
- Identify community activities and programs for which Mayo Clinic's expertise can most effectively add value
- Align with organizational priorities as identified by the Competitive Market Plan (CMP) and/or key service lines of Cancer, Cardiology, Neurosciences, and Transplant Medicine
- Consider requests for use of Mayo Clinic facilities
- Promote internal and external awareness of the spectrum of Mayo Clinic activity engagement that benefits the Maricopa County community
- Develop more effective ways of communicating the activities of the committee to Mayo Clinic staff, to raise awareness of community issues and encourage staff involvement, both individually and in groups
- Organize a system of accountability and process standardization, especially as regards our response to the Community Health Needs Assessment

Center for Health Equity & Community Engagement (CHCR) Community Advisory Board – Mayo Clinic Arizona

The CHCR Arizona CAB was formed in 2013 and serves a variety of critically important roles in support of the Center’s mission and its commitment to health equity. The CHCR CAB serves as a bidirectional information-sharing body. The Community Advisory Board is composed of community stakeholders and plays a very valuable role by Advising CHCR leadership, speaking to the needs of our community, and disseminating information to improve health equity. We in turn share Mayo Clinic initiatives/efforts from our other clinical/educational / community engagement areas to share what Mayo Clinic is doing in the community that will impact, inform, or influence the health of our communities. This ensures that the model remains deeply engaging and mutually beneficial.

CAB Mission:

To advise CHCR leadership and serve as a liaison between CHCR and the larger community.

CAB Goals:

- Understand the needs of our community, specifically around health equity
- Connect to community members/organizations to identify needs and opportunities around health equity
- Vet health equity research by creating innovative solutions to address health disparities and promote health equity in the community

Build research capacity in our community by providing education on the value and opportunities around health equity research

Compiled primary and secondary data sources were presented at two meetings with the CEC and Mayo Clinic CAB. Delivered data presentations were interactive, embedding virtual polling which opened an opportunity for the community to share their voices in the refinement and prioritization process of significant health needs for Mayo Clinic. All feedback received from the CEC and Mayo Clinic CAB meetings was compiled and evaluated through a health equity lens, which led to the prioritization of three significant health needs.

Prioritized needs

The following statements summarize each of the areas of priority for Mayo Clinic and are based on data and information gathered through the CHNA.



Access to Care

Access to care was selected as a priority issue for Mayo Clinic. Access to care impacts an individual's overall physical, social, and mental health and well-being. Health insurance helps individuals and families access needed primary care, specialists, and emergency care.^{vi} Access to comprehensive, quality healthcare services is critical in promoting health and preventing disease. In the 2021 COVID-19 impact survey, Maricopa County residents noted that since March 2020, one of the top five barriers to seeking or accessing healthcare was difficulty finding the right provider for their care.



Cancer

Cancer was selected as a priority issue for Mayo Clinic, particularly breast, lung, prostate, and colorectal cancer. Cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs.^{vii} In the 2021 COVID-19 impact survey, Maricopa County residents noted that in addition to COVID-19, cancers were ranked in the top ten health conditions that had the greatest impact on their community. In 2019 focus groups, cancer was noted as one of the greatest threats to community health.

Social Determinants of Health (Mental health, Financial insecurity, Homelessness)



Mental Health

Mental health was selected as a priority issue for Mayo Clinic. Mental health includes emotional, psychological, and social well-being, and affects how individuals think, feel, and act.^{viii} In the 2021 COVID-19 impact survey, almost half of Maricopa County residents noted that in addition to COVID-19, mental health issues were one of the health conditions that had the greatest impact on the community's overall health and wellness. In the 2019 and 2021 focus groups, mental health including suicide, depression, anxiety, and isolation were noted as a frequently cited community concern.



Financial Insecurity

Financial insecurity was selected as a priority issue for Mayo Clinic. Healthcare expenses can be a major burden for vulnerable communities. Financial barriers can create issues with access to care, quality of care received, and overall well-being. In the 2019 and 2021 focus groups, participants shared several major barriers to healthcare access including financial limitations, transportation, insurance, inconvenience, communication issues, lack of awareness of existing services and resources, and lack of cultural understanding and sensitivity.



Homelessness

Homelessness was selected as a priority issue for Mayo Clinic. Housing is often identified as an important social determinant of health due to the range of ways in which a lack of housing, or poor-quality housing, can negatively affect health and well-being. In the 2021 COVID-19 impact survey, almost one-fifth of residents in Maricopa County noted that since March 2020, they did not have enough money to pay for essentials such as housing. Homelessness was a frequently cited concern mirrored in the 2019 and 2021 focus groups.

Prioritized Health Needs: Disparities

Using a Health Equity Lens: “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care”.^{ix} Mayo Clinic is dedicated to improving access to care and promoting health equity for all across all prioritized significant health needs.



Access to Care – In 2020, 10.9% of Maricopa County residents were uninsured, exceeding Arizona’s rate of 10.6%.^{xvi}



Cancer – In 2020, Black/African Americans had the highest IP, ED, and death rates for breast and prostate cancer. For colorectal cancer, White/Caucasians had the highest IP and death rates while Black/African Americans had the highest ED rate. For lung cancer, White/Caucasians had the highest IP and death rates, while Asians had the highest ED rate in Maricopa County.^{xxi, xxii}



Mental Health – In 2020, American Indians had the highest IP (2932.2) and ED rates (3451.3) in Maricopa County.^{xxi}



Financial Insecurity – In 2020, the unemployment rate for Maricopa County residents was 7.4% compared to Arizona’s rate of 7.9%.^{xvi}



Homelessness – In 2020, 7,419 people (3,652 sheltered and 3,767 unsheltered) experienced homelessness in Maricopa County.^{xix} In 2020, 10,979 people (5,458 sheltered and 5,521 unsheltered) experienced homelessness in Arizona.^{xx}

Resources Potentially Available

Resources potentially available to address identified needs include services and programs available through hospitals, government agencies, and community-based organizations. Resources include access to over 40 hospitals for emergency and acute care services, over 11 Federally Qualified Health Centers (FQHC), over 20 community-based organizations, over 12 food banks, 8 homeless shelters, school-based health clinics, churches, transportation services, health enrollment navigators, free or low cost medical and dental care, and prevention-based community education.

Mayo Clinic’s Center for Health Equity and Community Engagement Research’s mission is to realize the ideal of transforming communities for everyone to achieve the highest possible level of well-being and Health. Through outreach, community engagement, and partnerships, CHCR’s work in the community is valuable in fostering cross-sector partnerships to transform health in all social, cultural, and economic contexts. CHCR collaborates with the CEC, Community Advisory Board, and several FQHCs, IHS, and tribal health centers to improve the community’s health outcomes. This will help address health disparities throughout the life course and advance the ideal of health equity, making a significant impact in the diverse communities that are served.

The Health Improvement Partnership of Maricopa County (HIPMC) is a collaborative effort between MCDPH and a diverse array of public and private organizations addressing healthy eating, active living, linkages to care and tobacco-free living. With more than 100 partner organizations, this is a valuable resource to help Mayo Clinic connect to other community-based organizations that are targeting many of the same health priorities.^x

Report Adoption, Availability, and Comments

This CHNA report was adopted by the Mayo Clinic board on December 7, 2022. This report is widely available to the public on the hospital’s website <https://www.mayoclinic.org/>, and a paper copy is available by request from Mayo Clinic’s Office of Public Affairs. Written comments on this report can be submitted to Marion K. Kelly, Director of Community & Business Relations, Mayo Clinic, 5777 E. Mayo Blvd. Phoenix, AZ 85054, or by email at: Kelly.marion@mayo.edu.

Assessment Purpose and Organizational Commitment

Community Health Needs Assessment (CHNA) Background

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

Organizational Commitment

Enterprise Overview:

Mayo Clinic is a not-for-profit organization with a mission to inspire hope and promote health through integrated clinical practice, education and research. Mayo Clinic serves more than 1.3 million patients annually from every U.S. state and communities around the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services at many campuses and facilities, including hospitals in Arizona, Florida, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local and global, is through its education and research endeavors. Mayo Clinic reinvests its net operating income to advance breakthroughs in treatments and cures for all varieties and complexity of human disease and quickly translates this new knowledge to advance the practice of medicine. Mayo Clinic's response to the COVID-19 pandemic illuminates its ability to quickly respond to emergent public health needs evidenced by its rapid development and delivery of treatments that have improved outcomes for patients and significantly reduced mortality rates among patients treated at Mayo Clinic hospitals. Mayo Clinic Laboratories also developed and performed highly accurate diagnostic COVID-19 antibody tests for more than 3.1 million patients nationwide. Mayo Clinic cofounded the national [COVID-19 Health Care Coalition](#), was the lead institution for the [U.S. Expanded Access Program for convalescent plasma](#) to treat critically ill patients with COVID-19, and administered more monoclonal antibody treatments than any other healthcare organization, demonstrating a significant decrease in overall hospitalization rates and mortality. This is one area of community need to which Mayo Clinic has responded with significant dedication and with a positive impact on local to global communities.

EverybodyIN Initiative:

In July 2020, Mayo Clinic announced a bold intention to eradicate racism and improve health disparities at Mayo Clinic and committed \$100 million over ten years in support of the activities that would have this impact. Mayo Clinic in Arizona identified three initial areas of focus:

1. Increase the number of Black consultants at MCA.
 - i. Increase Black physician representation to 5% of consultant staff by 2023.
2. Make a meaningful impact on interactions among staff, leadership, and patients.
 - i. Provide microaggression training for 100% of supervisors, administrators, and physician leaders throughout the practice
3. Facilitate inclusion, diversity and equity dialogue within each department and division
4. Increase the number of Black staff in leadership roles beyond Diversity and Inclusion efforts.
 - i. Increase meaningful representation of Black staff on committees (not inclusive of D&I).
 - ii. Increase Black Administrative Leaders to 10% Black by 2023, with a focus on Operations Management and Operations Administrator roles.

The *EverybodyIN* initiative at Mayo Clinic Arizona has also funded numerous projects focused on community engagement. We have collaborated with faith-based organizations in the Black community to provide health education, and clinical trial participation opportunities, developed health fairs, COVID-19 educational Town Halls, and Pop-up Vaccination events at Black churches to address health disparities and promote health equity. We are currently building relationships with Catholic churches predominantly serving the Hispanic community.

Entity Overview

Mayo Clinic Hospital is the first hospital planned, designed, and built by Mayo Clinic. Completed in the fall of 1998, the hospital was designed to deliver high-quality inpatient medical care in an efficient, friendly environment. The hospital is a seven-story facility with 268 licensed beds, 21 operating rooms and a Level II emergency department. Emergency room services are available 24 hours a day. Mayo Clinic Hospital is located in northeast Phoenix, 14 miles from the Mayo Clinic campus in Scottsdale. The hospital provides inpatient care to support the medical and surgical specialties and programs at the clinic. Mayo Clinic Hospital serves patients in Maricopa County and from the surrounding area, as well as from all 50 states and several foreign countries.

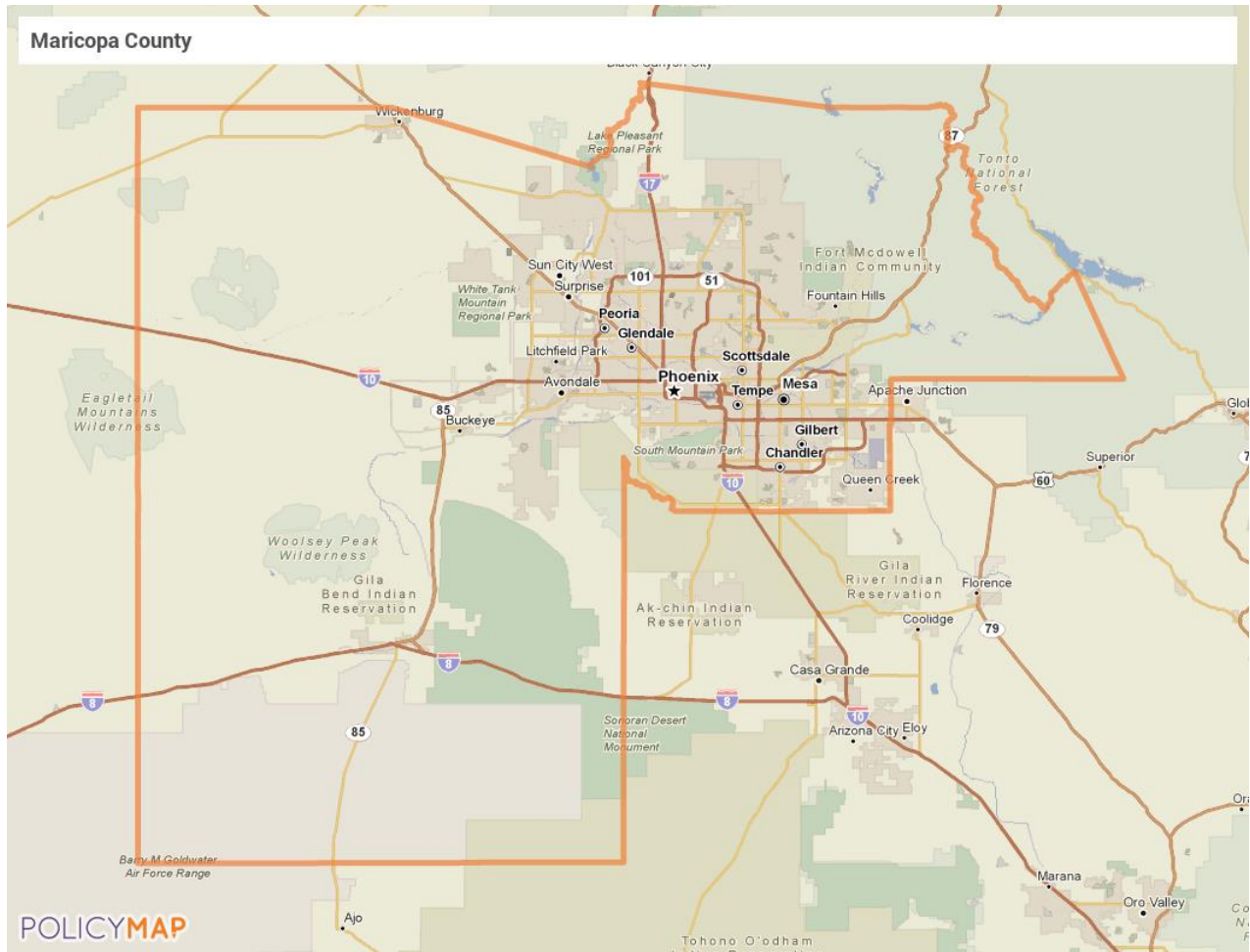
Community Definition

Definition of Community

The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the Synapse Partnership. Although the population served by Mayo Clinic in Arizona extends beyond the county line and the borders of the state, most of our patients are located within Maricopa County. The remaining percentage of Mayo Clinic Hospital patients are from the remaining zip codes in Arizona, the surrounding states of the Southwest and a smaller, yet a significant number of international patients.

Maricopa County is the fourth most populous county in the United States. With an estimated population of over four million and growing, Maricopa County is home to well over half of Arizona's residents. Maricopa County encompasses 9,224 square miles and includes 27 cities and towns, as well as the whole or part of five sovereign American Indian reservations. Figure 1 displays a map of Maricopa County.

Figure 1



Demographics of Community

Maricopa County is ethnically and culturally diverse, home to more than 1.3 million Hispanics (31.1% of all residents), 7.2% African Americans, 5.6% Asian Americans, 0.5% Native Hawaiian and Other Pacific Islander, 2.9% American Indians, and 80.3% of Whites.¹ Table 1 provides the specific age, sex, and race/ethnicity distribution of the population in Maricopa County compared to the state of Arizona.

Table 1. Demographic information for Maricopa County and Arizona

	Maricopa County	Arizona
Population: estimated 2020	4,412,779	7,174,064
Gender		
• Male	49.7%	49.4%
• Female	50.3%	50.6%
Age		

• 0 to 9 years	12.8%	12.2%
• 10 to 19 years	13.7%	13.4%
• 20 to 34 years	21.3%	20.6%
• 35 to 64 years	37.0%	36.3%
• 65 to 84 years	13.4%	15.7%
• 85 years and over	1.8%	2.0%
Race (Non-Hispanic)		
• White	*53.4%	*53.3%
• Asian/Pacific Islander	*3.5%	*4.5%
• Black or African American	*4.4%	*5.6%
• American Indian/Alaska Native	*3.7%	*1.6%
• Other/Unknown	*0.4%	*0.5%
Ethnicity		
• Hispanic	*30.7%	*30.6%
Median Income	\$67,799	\$61,529
Uninsured	10.9%	10.6%
Unemployment	5.8%	5.1%
No HS Diploma	14.7%	13.7%
% of Population 5+ non-English speaking	*8.3%	*8.4%
Renters	*34.7%	*36.8%
CNI Score	3.4	-
Medically Underserved Areas	Yes	Yes

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

Assessment Process and Methods

Process and Methods

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

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

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

Primary Data

The first round of community data collection occurred in the fall of 2019 and involved a community survey as well as a series of focus groups. MCDPH contracted with ASU SIRC to conduct the focus group analysis. In response to the severe changes in the community health landscape due to the COVID-19 pandemic, a supplemental survey and focus group cycle was conducted in the summer of 2021. Both data sources are included in this assessment to provide a robust evaluation of community needs, both before and during the pandemic.

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

A total of 52 focus groups were conducted between August 2018 and December 2019 with medically underserved populations across Maricopa County including youth in the third and final cycle. The groups consisted of specific ethnic groups: (1) African Americans, (2) Native Americans, (3) Congolese, (4) Hispanics, and (5) Filipino. Other groups represented were: (6) homeless populations, (7) Lesbian, Gay,

Bisexual, Transgender, and Questioning (LGBTQ) persons including veterans, and migrant seasonal farmworkers, (8) people who've been incarcerated, (9) people in rural communities, (10) new parents, and (11) parents of children with special health care needs. Six groups were conducted in Spanish, one in Mandarin, one in Swahili and the remainder in English.

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

COVID-19 Focus Groups (Appendix B)

Between February and June 2021, a series of 33 focus groups were conducted which included 186 participants across various community regions, service providers and individual residents to better understand the impact of COVID-19 on Maricopa County residents. Focus groups helped to identify and address health needs, resource allocation, and long-term services needed for COVID-19 response efforts. Members of the community representing subgroups, defined as groups with unique attributes (race and ethnicity, age, sex, culture, lifestyle, or residents of a particular area of Maricopa County), were recruited to participate in focus groups. A standard protocol was used for all focus groups (See Appendix B) to understand the experiences of these community members as they relate to the impact of COVID-19 on Maricopa County residents. In all, a total of 33 focus groups were conducted with 186 community members from five geographic Maricopa County locations based on the following groups: (1) older adults; specific ethnic groups (2) African Americans; (3) Hispanics/Latinos; (4) Native American; (5) Asian American; (6) ethnic minority young adults; (7) Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) persons; (8) veterans; (9) new parents; (10) parents of young children, and (11) refugees.

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

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

Between February and June 2019, MCDPH collected community surveys from residents and professionals within Maricopa County. This survey is part of the Coordinated Maricopa County Community Health Needs Assessment (CCHNA) designed to identify priority health issues, resources, and barriers to care within Maricopa County through a community-driven process known as Mobilizing for Action through Planning and Partnerships (MAPP). A total of 22 survey questions were included, organized by the following

sections: Physical and Mental Health, Health Care and Living Expenses, Barriers and Strengths of the Community, and Health and Wellness of the Community.

The survey questionnaire was originally developed by the National Association of County and City Health Officials (NACCHO). The survey was modified from its original version by SJHMC, members of the Synapse Coalition, a group of non-profit hospitals and federally qualified healthcare providers, the Health Improvement Partnership of Maricopa County (HIPMC), and MCDPH staff. Response options were expanded from the original format to include additional health issues and social determinants of health. The questionnaire was provided on a digital platform using Qualtrics® in addition to a paper format. All surveys were provided in English and Spanish. There was a minimal request for additional language translations, so we worked with partners who were able to assist individuals as translators to complete the survey.

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

COVID-19 Community Impact Survey (Appendix B)

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

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

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

In addition, Mayo Clinic also solicited input on the CHNA process from two community groups.

Secondary Data

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

Quantitative data used in this report are high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Secondary data was collected from local, state, and national sources such as the Maricopa County Department of Public Health, the Arizona Department of Health Services, the American Census Survey, and the U.S. Centers for Disease Control and Prevention (CDC). Secondary data include the Maricopa County Hospital Discharge Data, Maricopa County Death Data, Maricopa County Birth Data, Behavioral Risk Factor Surveillance Survey (BRFSS) and PolicyMap, and the American Census Survey.

Hospital Discharge Data, Death Data, and Birth Data

MCDPH receives Hospital Discharge Data (HDD) bi-annually from the Arizona Department of Health Services (ADHS). HDD consists of inpatient (IP) and emergency department (ED) discharge data for most Maricopa County hospitals. Data is collected based on the discharge date of the patient. Since 2015, diagnoses are coded using ICD-10.

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

Hospital Discharge, Death and Birth Data are obtained from ADHS and cleaned by MCDPH to use for analyses. These datasets are used along with population estimates from the American Census Survey to analyze health indicators for Maricopa County residents. All health indicator rates are age-adjusted using the 2000 Standard Population.^{xiii} Age-adjustment methods allow for fairer comparisons between population groups even if the size of the groups is different. The National Center for Health Statistics recommends using the 2000 Standard Population when calculating age-adjusted rates. In this report, the 2000 Standard Population is used to standardize HDD and vitals data. Health indicators that were analyzed include fatal and nonfatal chronic conditions, fatal cancer indicators, fatal and non-fatal injuries, mental and behavioral health indicators, and infant birth indicators. Each indicator is analyzed as an overall rate for Maricopa County, and then further analyzed by age, race, and gender to highlight disparities. In 2019, there were around 4.4 million Maricopa County residents.

Other Secondary Data

Other secondary data includes publicly accessible data from the U.S. Census, CDC, and PolicyMap to elaborate on health and social indicators. The Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System surveys are developed by the CDC and conducted for each state to monitor the health and social behaviors of adults and youth. In this assessment, BRFSS was analyzed at the county and state levels. The American Census Survey by the U.S. Census Bureau measures the social and economic characteristics of U.S. populations. For this assessment, 2020 data is used to analyze the Maricopa County population and demographics. PolicyMap provides geographic data that maps demographic, social, and health indicators across the United States. PolicyMap is used in this assessment to evaluate social indicators in Maricopa County for 2020 when accessible.

Synapse partners selected approximately 100 data indicators to help examine the health needs of the community. These indicators were based on the Center for Disease Control and Prevention's (CDC) Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics report.^{xiv} From the approximately 100 data indicators, Table 2 displays the initial round of health indicators and Table 3 displays the initial round of social indicators that Mayo Clinic selected for further analysis. For the health indicators, hospital discharge and death databases were utilized to perform this analysis.

Table 2.

Initial Round Health Indicators	
Alcohol Induced Mental Health Disorders	Flu/Pneumonia
Alcohol-Related Injuries	Heart Failure
All Mental Health Disorders	Heroin Overdose
Arthritis	Hypertension
Assault related injuries	Liver Disease
Asthma	Lung Cancer
Benzodiazepine Overdose	Migraines
Bicycle related Injuries	Mood Disorders
Brain Cancer	Motor Vehicle Crash Related Injuries
Breast Cancer	Motorcycle Related Injuries
Cardiovascular Disease	Multiple Sclerosis
Cervical Cancer	Opioid Overdose
Colorectal	Overweight/Obesity
COPD	Parkinson's
Dementia	Pedestrian traffic-related injuries
Diabetes	Prostate Cancer
Drug Overdose, All drugs	Schizophrenic Disorders
Drug-Induced Mental Health Disorders	Self-Harm
Epilepsy and Recurrent Seizures	Stroke
Falls	Suicide

Table 3.

Initial Round Social Indicators
Racial Discrimination
Homelessness
Access to Healthcare
Financial Security

Community Input/Engagement

Community input for the CHNA included engagement from the following Mayo Clinic-sponsored stakeholder groups:

- Community Engagement Committee (meets every 3rd Wednesday of the month)
- Mayo Clinic Community Advisory Board (meets quarterly at appointed times for the board)
- Mayo Clinic Executive Office Team (meets weekly on Wednesdays)
 - The CHNA reports each year and updates EOT at the midpoint of the Implementation Plan

The key findings from the MCDPH assessment data report were presented on December 7, 2022 to the Executive Leadership Team.

Assessment Data and Findings

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



In this Section:

- **Indicator data for top health issues (Tables 4-7)**
- **Qualitative data themes from 2019 and 2021 focus groups and open-ended survey questions. (Table 8)**
- **Quantitative data from 2019 and 2021 community surveys**
 - Top health and social issues from 2021 COVID-19 Impact Survey
 - Comparison of top issue rankings from 2019 and 2021 survey results (Table 9)
 - Top health and social issue rankings analyzed by race and special populations (Tables 10-11)

Top Health and Social Needs

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Some examples of SDOH include housing, access to care, transportation, financial security, food insecurity, and racial equity. SDOH can contribute to wide health disparities and inequities.^{xv} Table 4 displays access to care as a top health need (widely known as a SDOH) identified by Mayo Clinic in Maricopa County, Arizona, and the United States.^{xvi}

Table 4.





Top Health Needs Identified in Maricopa County (MC), Arizona & U.S. - 2020			
Indicator	Significance to MC	Significance to AZ	Significance to U.S
Access to Care 	In 2020, 10.9% of residents were uninsured. ^{xvi}	In 2020, 10.6% of residents were uninsured. ^{xvi}	In 2020, 8.7% of residents were uninsured. ^{xvi}
Health Care Cost 	In 2020, 12.5% of residents needed to see a doctor but could not because of cost in the past 12 months. ^{xvii}	In 2020, 11.7% of residents needed to see a doctor but could not because of cost in the past 12 months. ^{xvii}	In 2020, 9.8% of residents needed to see a doctor but could not because of cost in the past 12 months. ^{xvii}
Last Checkup 	In 2020, 71.2% of residents visited a doctor for a routine checkup within the past year. ^{xvii}	In 2020, 72.3% of residents visited a doctor for a routine checkup within the past year. ^{xvii}	In 2020, 76.0% of residents visited a doctor for a routine checkup within the past year. ^{xvii}
Personal Care Provider 	In 2020, 29.8% of residents did not have one person they think of as their doctor or health care provider. ^{xv}	In 2020, 28.8% of residents did not have one person they think of as their doctor or health care provider. ^{xvii}	In 2020, 22.4% of residents did not have one person they think of as their doctor or health care provider. ^{xvii}
Sources: PolicyMap (2016-2020), BRFSS (2020)			

Table 5 displays social determinants of health as top social needs identified by Mayo Clinic in Maricopa County and Arizona.




Top Social Needs Identified in Maricopa County (MC) and Arizona - 2020		
Indicator	Significance to MC	Significance to AZ
Mental Health 	<p>In 2019, MC residents reported 4.3 as an average number of mentally unhealthy days reported in the past 30 days.^{xviii}</p>	<p>In 2019, AZ residents reported 4.7 as an average number of mentally unhealthy days reported in the past 30 days.^{xviii}</p>
Financial Insecurity 	<p>In 2020, the unemployment rate for MC residents was (7.4%) which increased by 3% compared to 2019 (4.2%).^{xvi}</p>	<p>In 2020, the unemployment rate for AZ residents was (7.9%) which increased by 3% compared to 2019 (4.9%).^{xvi}</p>
Homelessness 	<p>In 2020, 7,419 people experienced homelessness in MC. Of those individuals, 49% were sheltered and 51% were unsheltered.^{xix}</p>	<p>In 2020, 10,979 people experienced homelessness in AZ. Of those individuals, 50% were sheltered and 50% were unsheltered.^{xx}</p>
Sources: County Health Rankings & Roadmaps, PolicyMap, Point-in-Time (PIT) Count		

Table 5.

Of the 40 health indicators that were analyzed, the following indicators displayed in table 6 had the highest overall rates per 100,000 for in-patient hospitalization (IP), emergency department visits (ED), and deaths. Each number within the table represents the ranking of each health indicator for IP, ED, and deaths.^{xxi,xxii} The color gradients are used to help visualize the different rankings among the health indicators.

IP/ED/Death Ranking
Top 5
6-9
10+





Table 6.

Top Health Indicators Identified in Maricopa County			
Indicator	Inpatient Hospitalizations (IP)	Emergency Department Visits (ED)	Deaths
Drug Overdose, All Drugs	1	1	5
Cardiovascular Disease	2	3	1
All Mental Health Disorders	3	4	.
COPD	13	12	2
Stroke	5	18	3
Falls	6	2	9
Flu/Pneumonia	8	5	14
Mood Disorder	4	16	.
Heart Failure	23	29	4
Lung Cancer	22	31	6
Opioid Overdose	21	17	7
Alcohol-Related Injury	17	25	8
Motor Vehicle Crash Related Injuries	12	6	16
Alcohol Induced Mental Health Disorders	10	7	.
Hypertension	36	8	19
Assault Related Injuries	19	9	20
Schizophrenic Disorder	7	19	.
Diabetes	9	10	15
Liver Disease	11	20	10
Brain Cancer	25	35	21
Prostate Cancer	27	34	18
Breast Cancer	33	33	17
Cervical Cancer	35	36	28
Colorectal Cancer	20	32	12

Health Equity

According to the Robert Wood Johnson Foundation, “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.”^{ix} Addressing health equity requires understanding differences in health outcomes based on race, gender, age, and socio-economic status – among other factors. The following health indicators are broken down by race in Table 7 to highlight health disparities.^{xxi, xxii} For each disparity, the percentage difference between the population group with the highest rate was compared to the overall rate.








Table 7.

Top Health Indicators Disparities in Maricopa County <i>(% difference between highest population group and overall rate when available)</i>	
Indicator	Racial Disparity
 Breast Cancer	Black/African Americans had the highest IP rate (+50%), ED rate (+128%), and death rate (+30%).
 Prostate Cancer	Black/African Americans had the highest IP rate (+72%), ED rate (+67%), and death rate (+34%).
 Colorectal Cancer	White/Caucasians had the highest IP rate (+10%) and death rate (+11%) while Black/African Americans had the highest ED rate (+80%).
 Lung Cancer	White/Caucasians had the highest IP rate (+21%) and death rate (+19%), while Asians had the highest ED rate (+48%).
Source: Maricopa County’s 2020 Hospital Discharge and Death Database	

Qualitative Themes from Focus Groups

The following themes were identified from 2019 and 2021 focus group data and open-ended survey responses from the 2021 COVID-19 impact survey. In focus groups, participants were asked questions about how they perceive their health status, how COVID-19 affected their family, where they get information about health/COVID-19, barriers, and facilitators to accessing care, and how health/COVID-19 messaging could be improved.

Table 8. Qualitative Focus Group Themes from 2019 and 2021




Themes	2019	2021
 Mental Health	<ul style="list-style-type: none"> - Access to social connections and sense of community - Depression, suicide, and substance abuse increasingly important issues - Need for mental health services 	<ul style="list-style-type: none"> - Decline in mental health due to isolation, depression, and anxiety - Difficulty accessing mental health services - Importance of social gatherings and mental health
 Healthcare	<ul style="list-style-type: none"> - Inaccessible healthcare appointments with long wait times - Need more clinics, pharmacies, and specialists - Need greater insurance coverage 	<ul style="list-style-type: none"> - Perceived medical discrimination - Lack of trust in healthcare - Issues with accessing physical health and pharmaceutical services
   Finances for living essentials	<ul style="list-style-type: none"> - High cost of medical care - Make too much to qualifying for AHCCCS but still can't cover daily costs - Transportation, housing financially inaccessible 	<ul style="list-style-type: none"> - Financial burden on food, rent/mortgage utilities, clothing, childcare - Difficulty paying for medical expenses - Challenge accessing financial services
 Information/education	<ul style="list-style-type: none"> - Lack of education regarding insurance - Need more information about health conditions, sex-ed, and nutrition - Indicate medical misinformation is a problem 	<ul style="list-style-type: none"> - COVID-19 vaccine misinformation/rumors - Merits/utility of doctors, primary health care providers, social media, and news as information sources - Frustrations with politicization of COVID-19 prevention and vaccination measures
 Laws/Infrastructure	<ul style="list-style-type: none"> - Access to public libraries, spaces, and events is important - Suggest laws to improve nutrition 	<ul style="list-style-type: none"> - Adherence/ambivalence toward COVID-19 prevention measures (face masks, physical distancing, hand washing, testing)

Maricopa County Overall COVID-19 Impact Survey Results

The following data from the 2021 CHNA survey reflect top healthcare barriers, health conditions, community issues, and community strengths experienced by Maricopa County participants.

Top Healthcare Barriers

46% of respondents said they had no barriers to healthcare. The three barriers for others were:

-  Fear of exposure to COVID-19 in a healthcare setting **28%**
-  Unsure if healthcare need is a priority during this time **15%**
-  Difficulty finding the right provider for my care **12%**

Top Health Conditions

48% of respondents reported that mental health issues have had the greatest impact on their community.



48%

Mental Health Issues



40%

Overweight/Obesity



29%

Alcohol/ Substance Use

Community Issues

30% of respondents reported that lack of people immunized to prevent disease has had the greatest impact on their community.

- 1** Lack of people immunized to prevent disease **30%**
- 2** Distracted driving **29%**
- 3** Homelessness **26%**

Community Strengths

47% of respondents reported that access to COVID-19 vaccine events has been the greatest strength of their community.

- 1** Access to COVID-19 vaccine events **47%**
- 2** Access to COVID-19 testing events **41%**
- 3** Access to safe walking and biking routes **30%**

Comparison of 2019 & 2021 Community Survey Results

*Response was not available in the 2019 survey

Some health priorities changed due to COVID-19, while others were merely exacerbated. From 2019 to 2021, the top three community health issues remained the same, but *mental health* rose to the top. Community issues still included *distracted driving* and *homelessness*, with *the lack of people immunized* as a leading issue. *Access to outdoor spaces and biking paths* remained a top community strength. *Fear of COVID-19 exposure* and *uncertainty if healthcare is a priority at this time* and rose to the top for barriers to healthcare, but *difficulty finding the right provider* remained a top choice.

Table 9. Ranked Community Survey Results – 2019 and 2021

Rank	2019	2021
Community Issues		
1	Distracted driving (46.1%)	Lack of people immunized to prevent disease (29.5%)
2	Homelessness (28.9%)	Distracted driving (28.5%)
3	Illegal drug use (24.1%)	Homelessness (25.8%)
Community Strengths		
1	Access to parks and recreation sites (55.9%)	*Access to COVID-19 vaccine events (46.7%)
2	Access to public libraries and community centers (50.3%)	*Access to COVID-19 testing events (41.1%)
3	Clean environments and streets (39.1%)	Access to safe walking and biking routes (29.7%)
Health Conditions		
1	Alcohol/substance abuse (48.3%)	Mental health issues (47.8%)
2	Overweight/obesity (38.4%)	Overweight/obesity (39.6%)
3	Mental health issues (37.5%)	Alcohol/substance abuse (28.6%)
Barriers to Accessing Healthcare		
1	Not enough health insurance coverage (32.9%)	*Fear of exposure to COVID-19 in a healthcare setting (28.2%)
2	Difficulty finding the right provider for my care (32.1%)	*Unsure if healthcare need is a priority during this time (14.7%)
3	Inconvenient office hours (25.4%)	Difficulty finding the right provider for my care (11.6%)

In the 2021 COVID-19 Impact survey, participants were asked: “Since March 2020, which of the following issues have had the greatest impact on your community’s health and wellness?”. The following tables display the greatest community issues broken out by race/ethnicity and special populations.

Table 10. Greatest Community Issues – Race/Ethnicity

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

Table 11. Greatest Community Issues – Special Populations

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

Identification and Prioritization of Community Health Needs

Identifying Community Health Needs

The top social and health issues were identified based on data collection and community feedback. Health conditions and outcomes were assessed from County inpatient hospitalization, emergency department and death data, along with external data sources. A total of 40 health indicators with several subcategories were analyzed.

Process and Criteria for Prioritization

The health needs prioritization process began with an initial review and analysis of primary and secondary data sources. Primary sources included data that was derived from the 2019 and 2021 community survey and focus group sessions. Secondary sources included data that was derived from County inpatient hospitalization, emergency department and death rates to assemble 40 total health indicators. Additionally, external data sources such as PolicyMap, BRFSS, and the Maricopa Association of Governments were utilized to analyze and highlight four social indicators. The health and social indicators were established in collaboration with the CEC and Mayo Clinic CAB by selecting indicators of interest that have historically demonstrated high rates or have known disparities when broken out by race/ethnicity, gender, and age.

Compiled primary and secondary data sources were presented at two meetings with the CEC and Mayo Clinic CAB. A list of organizations that participated in the Mayo Clinic CAB can be found in Appendix E. Delivered data presentations were interactive, embedding virtual polling which opened an opportunity for the community to share their voices in the refinement and prioritization process of significant health needs for Mayo Clinic. All feedback received from the CEC and Mayo Clinic CAB meetings was compiled and evaluated through a health equity lens, which led to the prioritization of three significant health needs. The virtual polls asked participants the following questions:

- What is the top health issue affecting your community?
- These health issues accurately reflect what I see in my community.
- What is the top social issue affecting your community?
- These social issues accurately reflect what I see in my community.

Improving health and health care requires a focus on equity – equity of access, treatment, and outcomes. Health equity is realized when everyone has a fair opportunity to achieve their full health potential.^{xxiii} Health data shows that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions when compared to their White counterparts.^{xxiv} Acknowledging and addressing the fairway between racial inequities and poor health outcomes is necessary to bridge the health equity gap. MCDPH and Mayo Clinic utilized a health equity lens to investigate disparities in health and well-being based on race, gender, age, economic status, and other social factors. These differences are detailed throughout the report, to provide a framework for the next steps in addressing ways in which the social and built environments impact health. The following top health needs were identified: access to care and cancer. The following top social need was identified: social determinants of health (mental health, financial insecurity, homelessness). Based on the identified top health and social needs, approval was granted from community partners to move forward with three significant health needs.

Description of Prioritized Community Health Needs

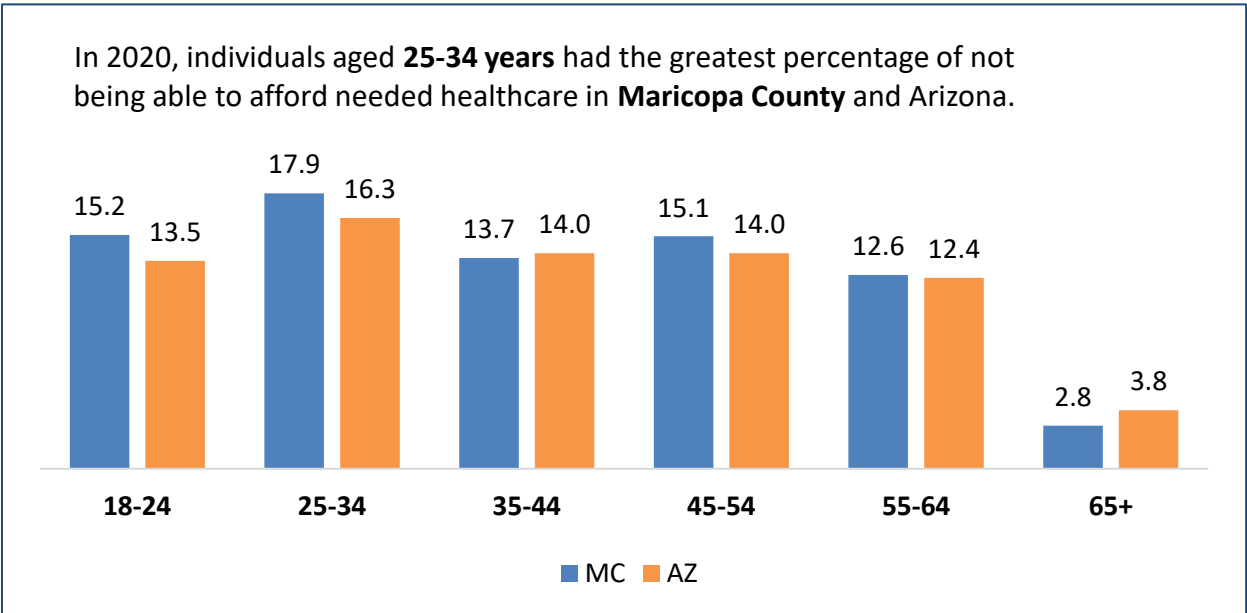
The following statements summarize each of the areas of priority for Mayo Clinic Hospital and are based on data and information gathered through the CHNA.



Access to Care

Access to care was selected as a priority issue for Mayo Clinic. Access to care has been a longstanding challenge for many communities, and the current COVID-19 pandemic has only exacerbated this issue. Having access to care allows individuals to enter the healthcare system, find care easily and locally, pay for care, and get their health needs met. Access to affordable, quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not necessarily ensure access – providers are needed to offer available and affordable care within adequate proximity to patients.^{vi} Figure 2 provides an age comparison of individuals who cannot afford needed healthcare in Maricopa County and Arizona.^{xxv, xxvi}

Figure 2

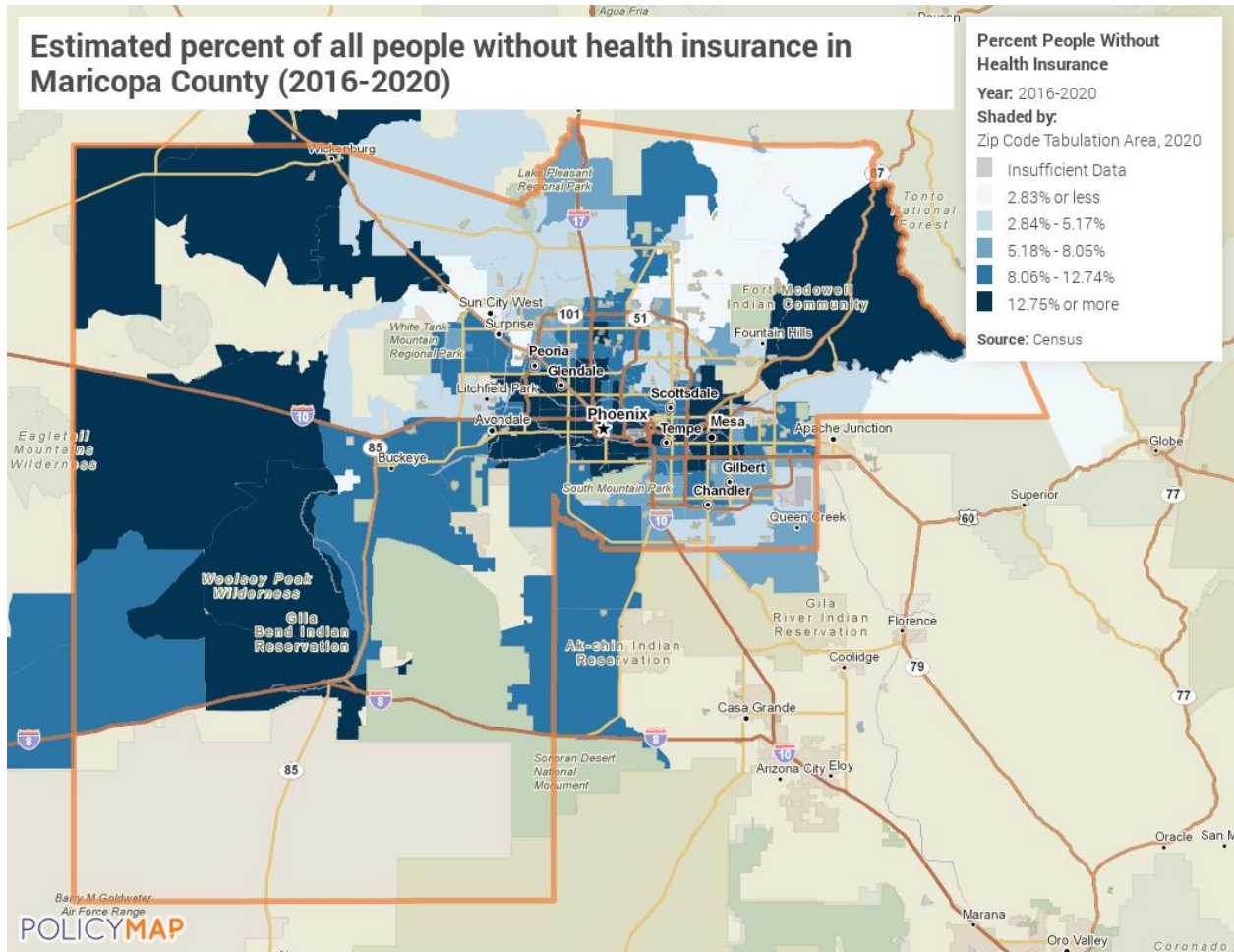


A participant from the COVID-19 impact survey shared their positive experience with access to health insurance throughout their unemployment period:

“I am very grateful for the access to health insurance that I was given when I went on unemployment. That was a lifesaver for me, especially when I contracted covid. I wish Phoenix would create a universal healthcare system with this wonderful insurance.”

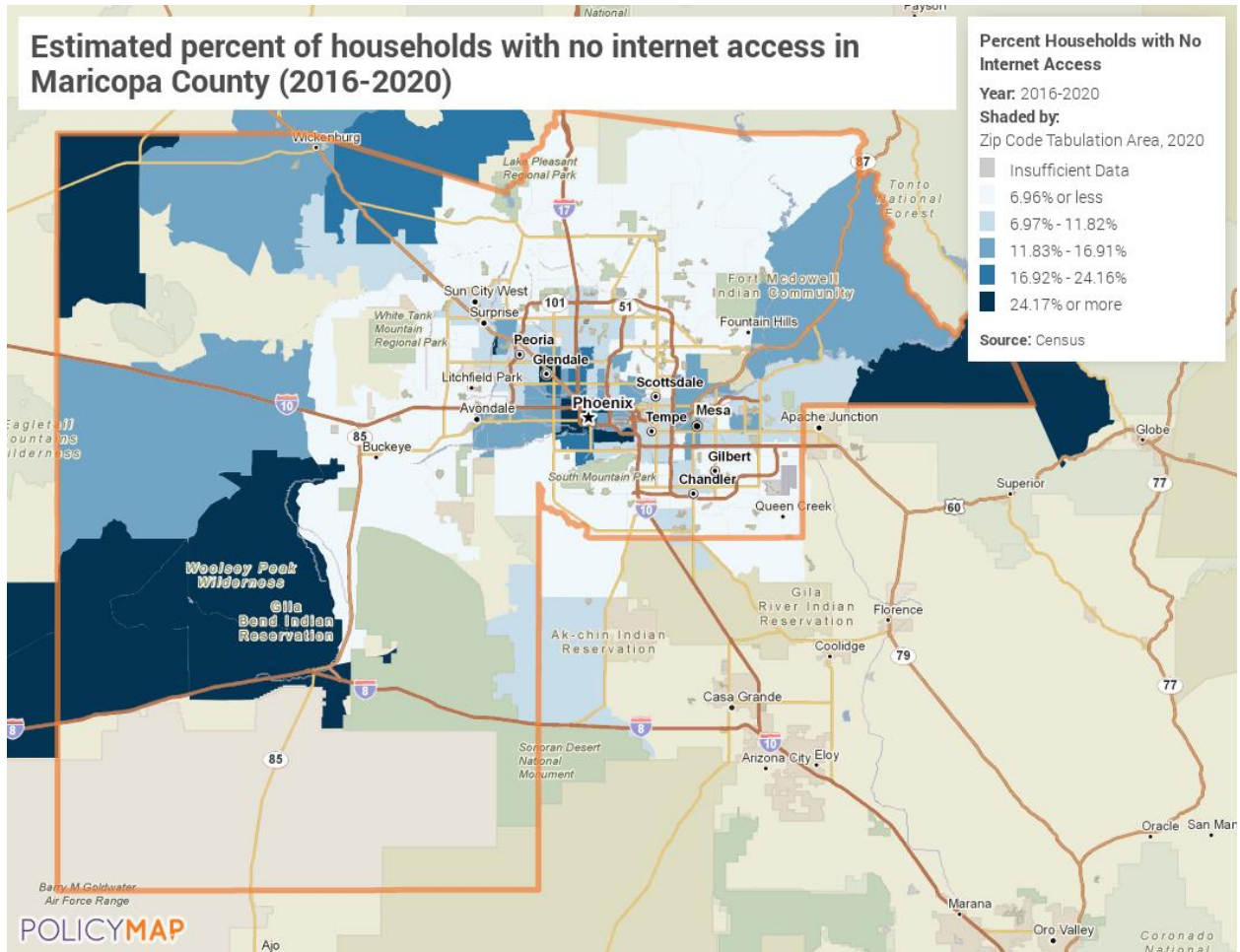
Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease.^{xxxiv} In 2020, 10.9% of residents in Maricopa County were considered uninsured (Figure 3).^{xvi}

Figure 3



Now, more than ever communities are still challenged with connecting to the healthcare system due to disparities in high-speed internet access. The advancements in digital health during the COVID-19 pandemic have created a digital divide among many. “Poor digital/health literacy, internet access issues, lack of IT assistance, and awareness of new technologies seem to be the main culprits contributing to the digital divide.”^{xxvii} As a result, these disparities create poor and inequitable health outcomes. In 2020, 8.7% of households in Maricopa County had no internet access (Figure 4). Internet access can include a subscription for dial-up, cellular, cable, fiber optic, DSL, satellite, or other service, or internet access without a subscription.^{xvi}

Figure 4



Another participant from the COVID-19 impact survey shared their experience with healthcare affordability:

“Even as someone who has remained employed, at an above-average salary, I cannot afford the copays required for frequent doctor visits, let alone dental care and mental health care. I have had many chronic symptoms for months that sound like long covid but just can't afford to get thoroughly checked out.”

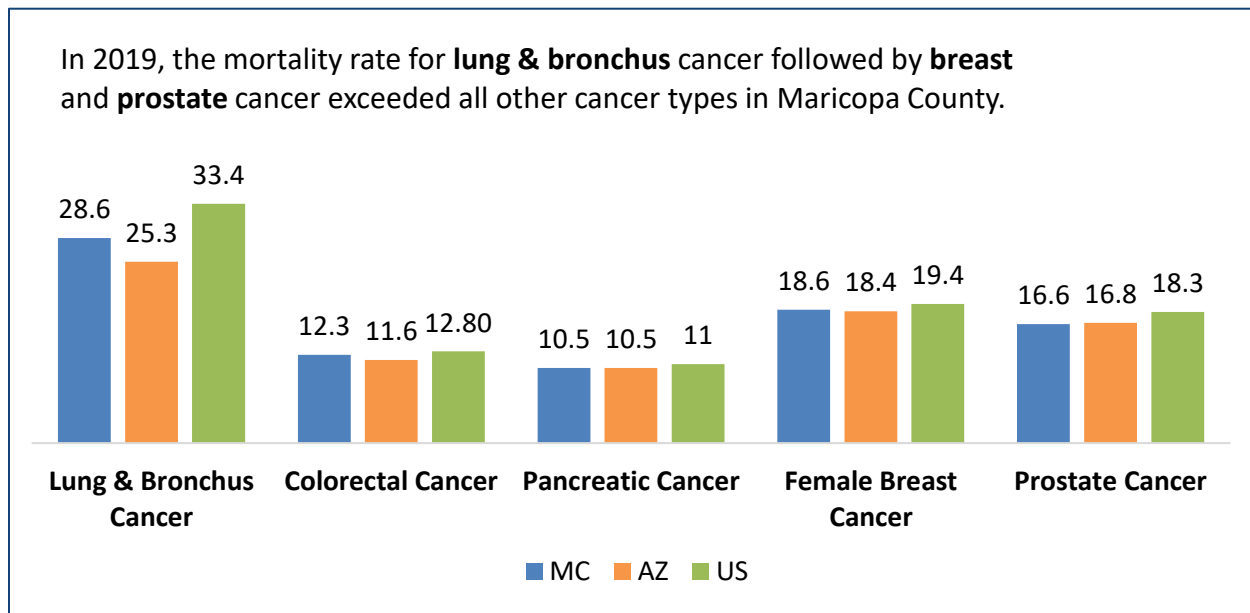
(35-44 years old, COVID-19 Impact Survey)



Cancer

Cancer was selected as a priority issue for Mayo Clinic. Cancer affects all population groups, but due to social, environmental, and economic disadvantages, certain groups are disproportionately affected by the burden of cancer compared with other groups.^{xxviii} COVID-19 has exacerbated cancer-related death and illness. According to a study conducted in 2020, the impact of the COVID-19 pandemic on cancer care in the US has resulted in decreases and delays in identifying new cancer and delivery of treatment. If unmitigated, these problems will increase cancer morbidity and mortality for years to come.^{xxix} Figure 5 provides a comparison of cancer mortality rates per 100,000 in Maricopa County compared to Arizona and the U.S. In 2019, the mortality rate for lung and bronchus cancer followed by breast and prostate cancer, exceeded all other cancer types in Maricopa County.^{xxx}

Figure 5



Tables 12-15 provide inpatient hospitalization (IP), emergency department (ED), and death rates for breast, lung, prostate, and colorectal cancer by race/ethnicity.^{xxi,xxii} Each column of the table is color coded to display trends of highest (dark red) to lowest (light red) rates.

Results for demographic groups with less than five cases are not reported and are indicated using “.”

Table 12 – Breast Cancer Rates (Per 100,000)

Race	Inpatient Hospitalization (IP)	Emergency Department (ED)	Deaths
American Indian	.	.	.

Asian	5.1	.	8.5
Black/African American	5.7	6.5	14.8
Hispanic/Latinx	2.1	2.6	5.6
White/Caucasian	3.7	2.4	12.4

Table 13 – Lung Cancer Rates (Per 100,000)

Race	Inpatient Hospitalization (IP)	Emergency Department (ED)	Deaths
American Indian	6.4	.	8.9
Asian	20.3	7.9	14.7
Black/African American	27.4	5.7	34.4
Hispanic/Latinx	6.6	1.7	8.7
White/Caucasian	34.2	6.1	36.7

Table 14 – Prostate Cancer Rates (Per 100,000)

Race	Inpatient Hospitalization (IP)	Emergency Department (ED)	Deaths
American Indian	.	.	6.4
Asian	3.4	.	3.4
Black/African American	18.7	3.5	12.6
Hispanic/Latinx	5.9	1.2	3.8
White/Caucasian	11.2	2.1	10.6

Table 15 – Colorectal Cancer Rates (Per 100,000)

Race	Inpatient Hospitalization (IP)	Emergency Department (ED)	Deaths
American Indian	29.2	.	6.4
Asian	23.1	.	6.8
Black/African American	30.5	6.5	15.7
Hispanic/Latinx	16.9	2.2	7.4
White/Caucasian	38.6	3.6	16.4

Table 16 displays the percentage difference between the highest IP, ED, and death rates for each cancer type by race/ethnicity compared to each overall rate.^{xxi, xxii}

Table 16

Race with the highest rates, % above overall	Inpatient Hospitalization (IP)	Emergency Department (ED)	Deaths
Breast Cancer	Black/African American (+50%)	Black/African American (+128.0%)	Black/African American (+30%)
Lung Cancer	White/Caucasian (+21.0%)	Asian (+48.0%)	White/Caucasian (+19.0%)
Prostate Cancer	Black/African American (+72.0%)	Black/African American (+67.0%)	Black/African American (+34.0%)
Colorectal Cancer	White/Caucasian (+10.0%)	Black/African American (+80.0%)	White/Caucasian (+11.0%)

Participants in the COVID-19 impact survey shared experiences that reflected the trends seen for delayed cancer screening and care. This participant described how fear of COVID-19 infection and exposure at healthcare clinics led to a family member not receiving their cancer diagnosis early enough to pursue treatment:

“My mother died of pancreatic cancer because she was scared to go to the doctor promptly. She started experiencing symptoms in March of 2020, and by the time we were able to force her to the doctor when we were finally able to see her, it was too late and she was dead by the end of September 2020.”

(45-54 years old, COVID-19 Impact Survey)

Individuals with cancer faced an even greater risk of COVID-19 infection due to their weakened immune systems and underlying conditions. Furthermore, crisis standards of care across the state led to the cancellation of routine treatments and procedures that may have improved cancer patients’ chances of recovery. The following participant shares their experience of losing family members both to COVID-19 and to cancer:

“I had family 3 members die because of covid. One person is dying now of cancer because they could not get cancer treatment during covid & now it has spread to the point they can't do anything for them. We tried to be careful but work required us to meet with the public.”

(55-64 years old, COVID-19 Impact Survey)

Social Determinants of Health (Mental Health, Financial Insecurity, Homelessness)



Mental Health

Mental Health was selected as a priority issue for Mayo Clinic. The prevalence and severity of mental health issues continue to be on the rise and have been exacerbated by the COVID-19 pandemic. The dynamics of working from home, temporary unemployment, losing childcare and in-person school options, and lack of physical contact with other family members, friends and colleagues, exacerbated anxiety and depression for many individuals and families. In the 2019 community survey, 43.8% of residents in Maricopa County rated their mental health including mood, stress level, and the ability to think as excellent or very good. In the 2021 COVID-19 impact survey, only 32.5% of Maricopa County residents rated their mental health as excellent or very good. Table 17 provides inpatient hospitalization (IP) and emergency department (ED) for all mental health disorders by race/ethnicity.^{xxi} Each column of the table is color coded to display trends of highest (dark red) to lowest (light red) rates.

Table 17

Race	Inpatient Hospitalization (IP)	Emergency Department (ED)
American Indian	2932.2	3451.3
Asian	606.1	428.9
Black/African American	2168.4	1505.7
Hispanic/Latinx	745.7	751.1
White/Caucasian	1150.1	777.0

The 2021-2025 Arizona Health Improvement Plan demonstrates how the pandemic impacted mental health. In mid-2021, most Americans reported heightened stress, nearly half reported struggling with mental health and/or substance abuse, and self-reported depression increased by over 300%.^{xxxi} A participant from the COVID-19 impact survey reflected these trends when sharing how the pandemic impacted mental health in their community:

"COVID created new levels of isolation and social anxiety for many and division from those who failed to take precautionary measures."

(25-34 years old, COVID-19 Impact Survey)

Fear, worry, and stress are normal responses to perceived or real threats, especially when individuals are faced with uncertainty.^{xxxii} The following participant from the COVID-19 impact survey shared their experience of losing a family member while battling COVID-19:

“I feel my year was most impacted by anxiety and uncertainty and the feeling of isolation. My husband passed in Sept 2020. When I had COVID, I was alone and relied on the internet for info and support. I wasn't sure who to contact for advice or support.”

(65-74 years old, COVID-19 Impact Survey)



Financial Insecurity

Financial Insecurity was selected as a priority issue for Mayo Clinic. Those without insurance, and even those with insurance, have higher out-of-pocket expenses which can quickly accumulate for individuals with chronic conditions. Many people face barriers that prevent or limit access to needed healthcare services, which may increase the risk of poor health outcomes and health disparities. In the 2021 survey, only 46% of respondents reported that they had not experienced any barriers to accessing health care.

The COVID-19 pandemic has shocked the healthcare system. Since the beginning of the pandemic, visits to primary care physicians and outpatient specialists have declined, and many hospitals have postponed or canceled elective procedures. Meanwhile, some hospitals have seen a surge in patients and have had to expand capacity and purchase expensive personal protective equipment. These trends have compounded problems in a fragmented healthcare system that has persistent gaps in access to affordable coverage and care, especially for people of color.^{xxxiii} Inadequate health insurance coverage is one of the largest barriers to health care access. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals.^{xxxiv} According to the CDC's Research and Development Survey (RANDS), nearly 40% of people have reduced access to medical care due to COVID-19, with the largest age range of 45-64 years to report not receiving planned care.^{xxxv} The affordability of health care has been and continues to be a long-standing problem faced by many communities.

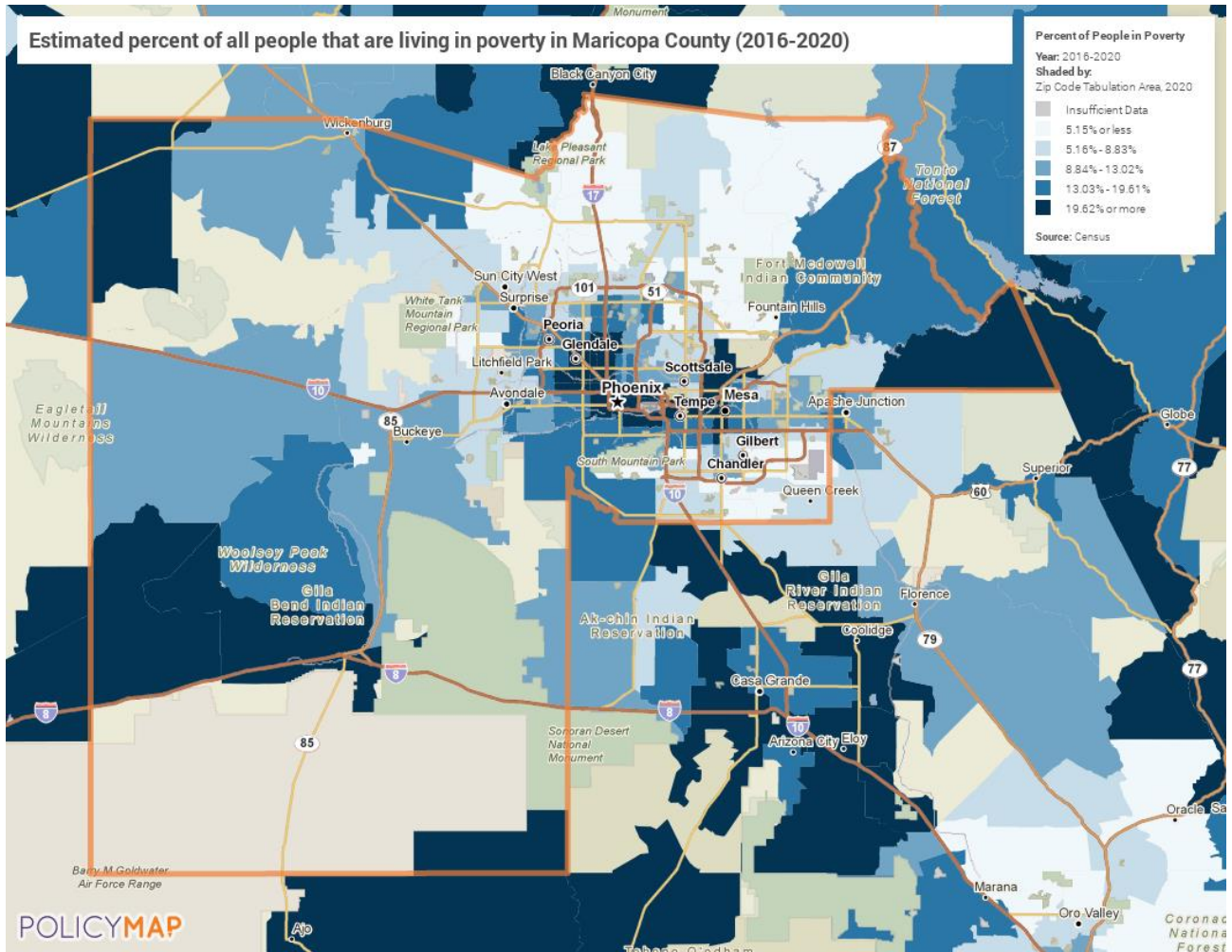
A participant from the COVID-19 impact survey shared their experience with healthcare affordability:

Even as someone who has remained employed, at an above-average salary, I cannot afford the copays required for frequent doctor visits, let alone dental care and mental health care. I have had many chronic symptoms for months that sound like long covid but just can't afford to get thoroughly checked out.”

(35-44 years old, COVID-19 Impact Survey)

There is a clear and established relationship between poverty, socioeconomic status, and health outcomes – including increased risk for disease and premature death.^{xxxvi} In 2020, 12.7% of Maricopa County residents were living in poverty (Figure 6).^{xvi}

Figure 6



Employment status can have a direct impact on an individual’s health status and quality of life. “Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Additionally, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment also have implications for physical and mental health.”^{xxxvii} In 2020, 7.4% of Maricopa County residents were unemployed which increased significantly from 2019 (4.2%).^{xvi}

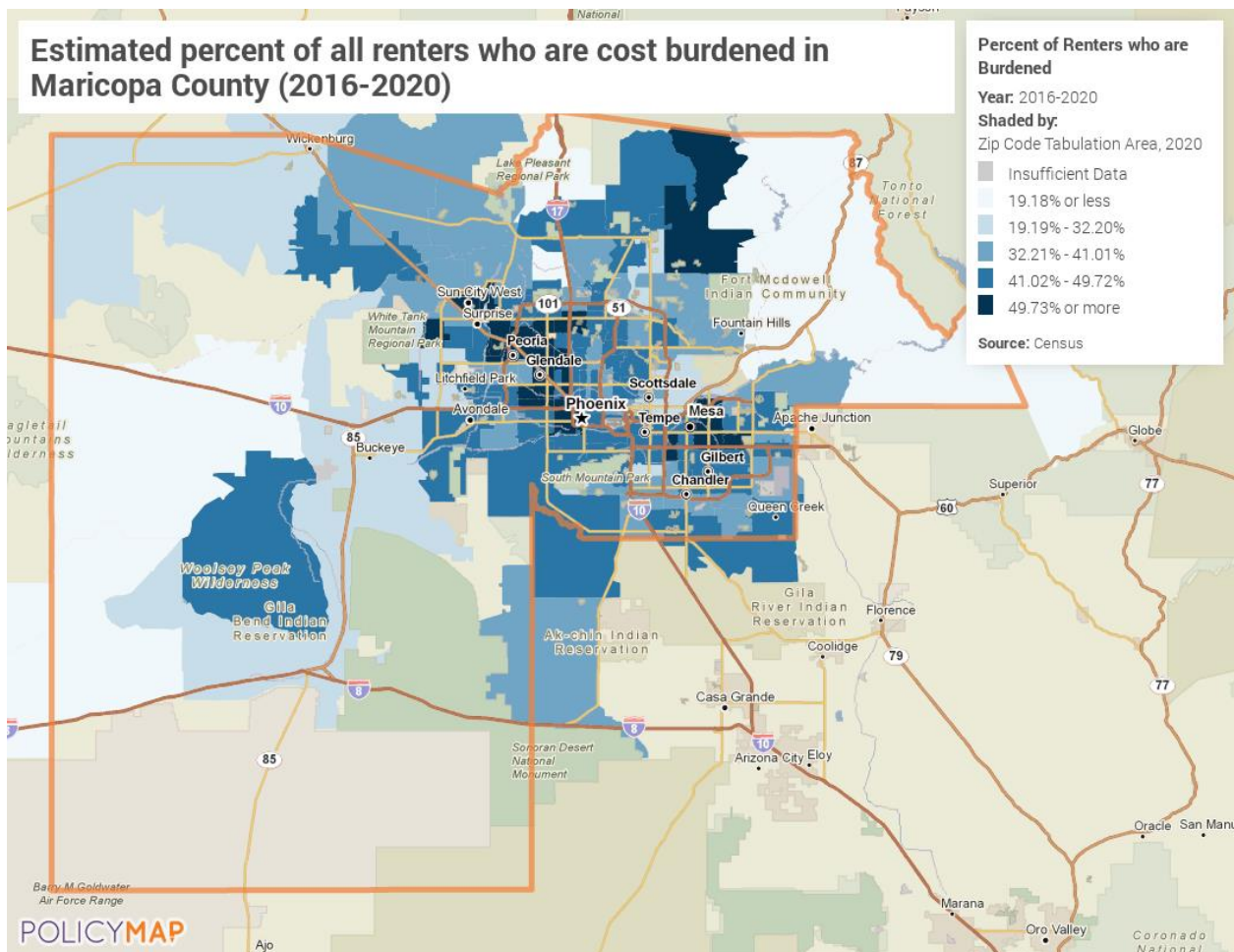


Homelessness

Homelessness was selected as a priority issue for Mayo Clinic. The lack of affordable housing and the limited scale of housing assistance programs contributes to the current housing crisis and homelessness. High rent burdens, overcrowding, and substandard housing have increased the number of people without housing and at risk of losing housing.^{xxxviii} In the 2019 community survey, 21.1% of participants indicated the lack of affordable housing as one of the issues that had the greatest impact on their community's health and wellness. In the 2021 COVID-19 impact survey, affordable housing was deemed as a more prominent issue with 24.6% of respondents indicating this concern.

Housing and homelessness are issues that have been exacerbated by the pandemic. COVID-19 is widening the racial and economic gaps in access to safe, affordable, and stable housing. In 2020, almost half (44.9%) of renters in Maricopa County were considered cost-burdened, meaning that gross rent is 30% or more of household income (Figure 7).^{xvi}

Figure 7



Affordable housing was an issue before COVID-19 and was greatly exacerbated by the pandemic. A participant from the COVID-19 impact survey shared their experience of struggling to pay for rent as a single parent:

“We need more affordable housing in the valley...I have seen too many people lose their jobs as even before the pandemic they were barely able to pay rent. Rent is way too high even in certainly affordable housing apartments. My rent has increased 3 times in 3 years and I live in an affordable housing apartment. Rent is over \$900 now and that is tough for a single parent.”

(25-34 years old, COVID-19 Impact Survey)

“Poor health can contribute to homelessness and being homeless can contribute to poor health.”^{xxxix} Numerous health conditions among people who are homeless are frequently a complex mix of serious physical, mental health, substance use, and social problems.^{xl} In 2020, 7,419 people (3,652 sheltered and 3,767 unsheltered) experienced homelessness in MC.^{xix} The Point-in-Time (PIT) Homeless Count is an annual street and shelter count that determines the number of people experiencing homelessness in Maricopa County during a given point in time. “Over the years, the ethnic breakdown of the PIT County has remained the same with a significant majority identifying as Non-Hispanic or Non-Latino. By race, there has been a slight increase in the White population and the Black/African American population.” Figure 8 demonstrates the race and ethnic breakdown of the PIT count.^{xix}

Figure 8

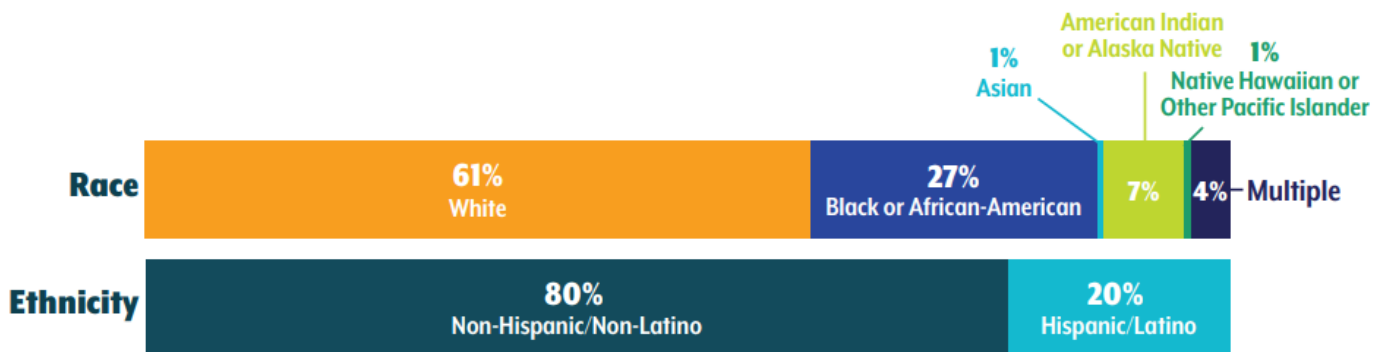
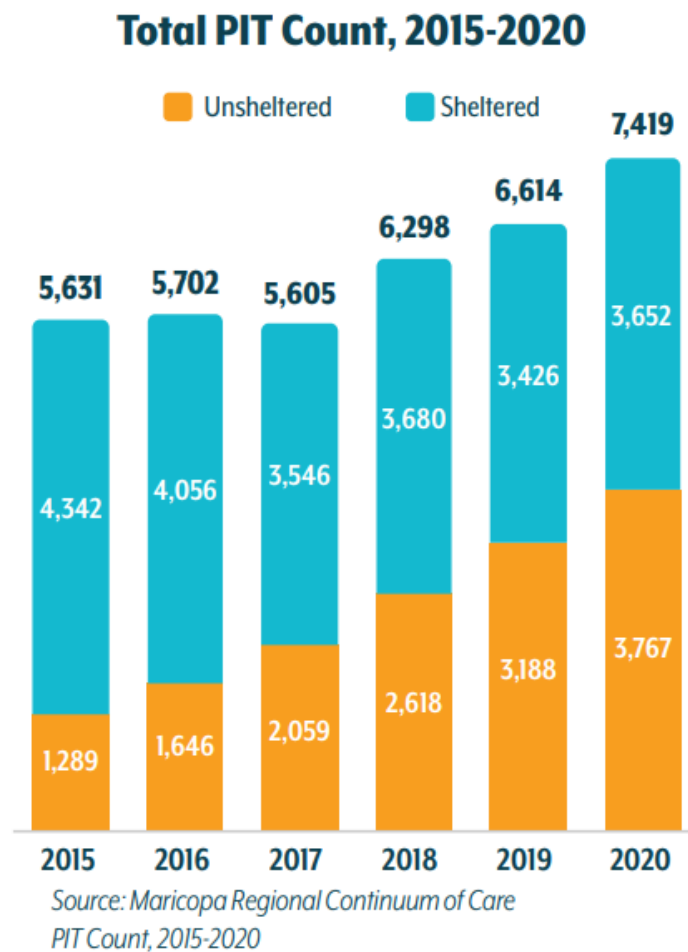


Figure 9 displays the total PIT count from 2015-2020.^{xix}

Figure 9



Along with the many other burdens of the pandemic, many families had to navigate losing their homes unexpectedly. This participant described their homelessness experience due to the lack of affordable housing on the market:

“I am currently homeless with my disabled veteran husband and our 7 children because affordable homes are unavailable. We lost our home because our landlord decided to sell while prices were high, and we had no protections because we paid our rent in full and on time. We have been looking for 2 months, and have had no luck. This isn't right.”

(25-34 years old, COVID-19 Impact Survey)

Resources Potentially Available to Address Needs

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

- Mayo Clinic Hospital Cancer Center and Proton Beam Program
- Mayo Clinic Center for Health Equity and Community Engagement Research
- Mayo Clinic Center for Clinical and Translational Science
- Community-based clinic partnerships
- Partnerships with federally qualified community clinics
- Clinical Trial collaborations with existing community partnerships
- Mayo Clinic Office for Equity, Diversity & Inclusion
- Mayo Clinic Mayo Employee Resource Groups
- Mayo Clinic Department of Education Graduate Medical Education Division
- Mayo Clinic Faculty & Staff
- Maricopa County Public Health
- Mountain Park Health Centers
- Circle the City Respite Facility for the Homeless
- St. Vincent de Paul Medical & Dental Clinic
- Phoenix Indian Medical Center
- Valleywise Health
- Turn A New Leaf-Mesa Men's Center
- Adelante Healthcare
- Valle Del Sol
- Cancer Support Community of AZ
- Chicanos Por La Causa
- Maricopa Community Colleges
- Esperanca
- Hispanic Chamber of Commerce
- Home Assist Health
- Somali American United Council of AZ

The Health Improvement Partnership of Maricopa County (HIPMC) is a collaborative effort between MCDPH and a diverse array of public and private organizations addressing healthy eating, active living, linkages to care and tobacco-free living. The HIPMC provides a forum to share ideas and resources as well as a data-driven process to identify gaps and barriers to health improvement, especially among vulnerable populations. With more than 100 partner organizations, this is a valuable resource to help Mayo Clinic Hospital connect to other community-based organizations that are targeting many of the same health priorities. Error! Bookmark not defined.

Impact of Actions Taken Since Preceding CHNA

- Expansion of clinical outreach to the community, specifically populations that have issues with clinical care access. i.e., MPH, PIMC, an apartment off the I-17 & Northern with our medical students
- Approval for a GI Clinic at Adelante for patients without insurance for colonoscopy
- Expansion of outreach to River People's Health Center (formerly Saly River Health Center)
- Expansion to Fort McDowell Yavapai Nation's Wassaja Health Center
- Collaboration with Cancer Support Community Arizona
- Collaboration with Chicanos Por La Causa
- Mayo Employee Resource Group outreach to Feed My Starving Children, St. Mary's Food Bank, Circle the City Respite Facility for the Homeless, Lattie Coor School, Avondale Middle School, Eliseo Felix Elementary School in Avondale
- \$50K in a total of Infusion grants to three not-for-profit organizations that treat homeless and poor people, Circle the City Respite Facility for the Homeless, Mountain Park Health Center, Hope Lodge Facility for transplant and cancer patients
- \$250,000 grants to support health equity/health disparities community engagement work in racial/ethnic minority populations through the EverybodyIN initiative
- Collaboration with the Coalition of Blacks Against Cancer
- Collaboration with Valle Del Sol
- Collaboration with faith-based organizations to promote health equity and decrease health disparities
- Collaboration with UA, NAU, and ASU through the CEAL (Community Engagement Alliance) Against COVID-19 Disparities NIH initiative to address COVID-19 disparities in the Native American, African American or Black and Hispanic/LatinX communities.

Input Received on Most Recent CHNA and Implementation Strategy

Mayo Clinic is tracking written comments for the most recently conducted CHNA and adopted Implementation Strategy. Positive feedback on the value and benefit of the CHNA report has been received verbally by many internal and external stakeholders. In addition, many individuals and agencies have requested the CHNA report to use for grant applications, assessments, community outreach and engagement, and planning.

This report is widely available to the public on the hospital's website <https://www.mayoclinic.org/>, and a paper copy is available by request from the Mayo Clinic Office of Public Affairs. Written comments on this report can be submitted to Marion K. Kelly, director of Community & Business Relations, Mayo Clinic 5777 E. Mayo Blvd. Phoenix, AZ 85054, or by email at: Kelly.marion@mayo.edu

Appendices

The appendix includes the following documents:

Appendix A

Top Leading Causes of Death

Appendix B

2019 & 2021 Focus Group Discussion Schedules

Appendix C

Primary Data Collection Tools

Appendix D

2019 & 2021 Community Survey Demographics

Appendix E

List of Participating Organizations in the Mayo Clinic Community Advisory Board Meetings

Appendix F

Data Indicator Matrix

Appendix G

References

Appendix A – Top Leading Causes of Death

Top 10 Leading Causes of Death in Maricopa County (2016-2020)

	2016	2017	2018	2019	2020
1	Cancer	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Heart Disease	Cancer	Cancer	Cancer	Cancer
3	Chronic Lower Respiratory	Chronic Lower Respiratory	Chronic Lower Respiratory	Chronic Lower Respiratory	Unintentional Injury
4	Alzheimer's	Alzheimer's	Alzheimer's	Alzheimer's	Alzheimer's
5	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Chronic Lower Respiratory
6	Stroke	Stroke	Stroke	Stroke	Stroke
7	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes
8	Suicide	Suicide	Suicide	Suicide	Suicide
9	Fall	Fall	Fall	Fall	Liver Disease
10	Liver Disease	Liver Disease	Influenza / Pneumonia	Influenza / Pneumonia	Fall

Top 10 Leading Causes of Death by Race/Ethnicity (2020)

	Overall	White	Hispanic	Black	American Indian	Asian
1	Heart Disease	Heart Disease	COVID-19	Heart Disease	COVID-19	Heart Disease
2	Cancer	Cancer	Heart Disease	Cancer	Unintentional Injuries	Cancer
3	COVID-19	Alzheimer's	Cancer	COVID-19	Heart Disease	COVID-19
4	Alzheimer's	COVID-19	Unintentional Injuries	Unintentional Injuries	Liver Disease	Alzheimer's
5	Unintentional Injuries	Chronic Lower Respiratory	Diabetes	Diabetes	Cancer	Stroke
6	Chronic Lower Respiratory	Stroke	Alzheimer's	Alzheimer's	Diabetes	Diabetes
7	Stroke	Unintentional Injuries	Stroke	Stroke	.	.
8	Diabetes	Diabetes	Liver Disease	Assault	.	.
9	All Drug Overdose	All Mental Health Disorders	Suicide	Chronic Lower Respiratory	.	.
10	Liver Disease	Nervous System Disease	Chronic Lower Respiratory	Suicide	.	.

Appendix B – Focus Group Discussion Schedule

2019 Focus Group Schedule

Cycle 1

Date	Time	Population	Location
4/8 (Mon.)	6:00pm – 8:00pm	Native American Adult Males [n = 8]	Native American Fatherhood & Families Association (460 N. Mesa Dr, Suite 115, Mesa, AZ)
4/16 (Tues.)	10:00am – 12:00pm	Homeless Males over 60 [n = 10]	St. Vincent de Paul (420 W. Watkins Rd., Phoenix, AZ)
4/17 (Wed.) & 5/16 (Thurs.)	6:00pm -8:00pm & 5:30pm–7:30pm	Native American Adults [n = 17]	Mesa Public Schools (1025 N. Country Club, Mesa, AZ) & Native Health (East Valley) (777 W. Southern Ave., Building C, Mesa, AZ)
4/18 (Thurs.)	10:30am - 12:30pm	Homeless Women with Children [n = 15]	UMOM (3333 E. Van Buren St., Phoenix, AZ)
4/18 (Tues.)	5:30pm - 7:30pm	African American Males [n = 7]	Hatton Hall (34 E. 7 th St., Tempe, AZ)
4/23 (Tues.)	4:30pm - 6:30pm	LGBTQI Adults [n = 7]	Southwest Center for HIV/AIDS (Parson's Center) (1101 N. Central Ave, Phoenix, AZ)
4/24 (Wed.)	6:00pm – 8:00pm	Homeless Youth (14-21) [n = 7]	Native American Connections/HomeBase (931 E. Devonshire, Phoenix, AZ)
4/25 (Thurs.)	12:30pm- 2:30pm	Adults over 60 (New Retirees) [n = 13]	Ahwatukee Foothills Family YMCA (1030 E. Liberty Lane, Phoenix, AZ)
4/26 (Fri.)	10:30am- 12:30pm	New Parents [n = 7]	Adelante Healthcare – WIC Office (1705 W. Main St., Mesa, AZ)
4/27 (Sat.)	10:30am- 12:30pm	Homeless Veterans [n = 15]	MANA House (2422 W. Holly St., Phoenix, AZ)
4/29 (Mon.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [n = 9]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
4/30 (Tues.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [SPANISH; n = 7]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
5/4 (Sat.)	10:30am – 12:30pm	Filipino Adults [n = 8]	Chandler Community Center (125 E. Commonwealth Ave., Chandler, AZ)
5/14 (Tues.)	5:30pm - 7:30pm	Veterans [n = 7]	Tanner Community Development Corporation (700 E. Jefferson St., Phoenix, AZ)
5/16 (Wed.)	8:30am- 10:30am	New Parents [SPANISH; n = 11]	Moon Mountain Elementary School (13425 N. 19 th Ave, Phoenix, AZ)

Cycle 2

Date	Time	Population	Location
4/8 (Mon.)	6:00pm – 8:00pm	Native American Adult Males [n = 8]	Native American Fatherhood & Families Association (460 N. Mesa Dr, Suite 115, Mesa)
4/16 (Tues.)	10:00am – 12:00pm	Homeless Males over 60 [n = 10]	St. Vincent de Paul (420 W. Watkins Rd., Phoenix)
4/17 (Wed.) & 5/16 (Thurs.)	6:00pm -8:00pm & 5:30pm–7:30pm	Native American Adults [n = 17]	Mesa Public Schools (1025 N. Country Club, Mesa, AZ) & Native Health (East Valley) (777 W. Southern Ave., Mesa)
4/18 (Thurs.)	10:30am - 12:30pm	Homeless Women with Children [n = 15]	UMOM (3333 E. Van Buren St, Phoenix)
4/18 (Tues.)	5:30pm - 7:30pm	African American Males [n = 7]	Hatton Hall (34 E. 7 th St., Tempe)
4/23 (Tues.)	4:30pm - 6:30pm	LGBTQI Adults [n = 7]	Southwest Center for HIV/AIDS (Parson's Center) (1101 N. Central Ave, Phoenix)
4/24 (Wed.)	6:00pm – 8:00pm	Homeless Youth (14-21) [n = 7]	Native American Connections/HomeBase (931 E. Devonshire, Phoenix, AZ)
4/25 (Thurs.)	12:30pm- 2:30pm	Adults over 60 (New Retirees) [n = 13]	Ahwatukee Foothills Family YMCA (1030 E. Liberty Lane, Phoenix)
4/26 (Fri.)	10:30am- 12:30pm	New Parents [n = 7]	Adelante Healthcare – WIC Office (1705 W. Main St., Mesa)
4/27 (Sat.)	10:30am- 12:30pm	Homeless Veterans [n = 15]	MANA House (2422 W. Holly St, Phoenix, AZ)
4/29 (Mon.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [n = 9]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
4/30 (Tues.)	6:00pm - 8:00pm	Parents of Children with Special Health Needs [SPANISH; n = 7]	Ignacio Conchos Elementary School (1718 W. Vineyard Rd., Phoenix, AZ)
5/4 (Sat.)	10:30am – 12:30pm	Filipino Adults [n = 8]	Chandler Community Center (125 E. Commonwealth Ave., Chandler, AZ)
5/14 (Tues.)	5:30pm - 7:30pm	Veterans [n = 7]	Tanner Community Development Corporation (700 E. Jefferson St, Phoenix, AZ)
5/16 (Wed.)	8:30am- 10:30am	New Parents [SPANISH; n = 11]	Moon Mountain Elementary School (13425 N. 19 th Ave, Phoenix, AZ)

Cycle 3

Date	Time	Population	Location
10/16 (Wed.)	1:00 pm – 3:00 pm	Native Americans - Young adults (19-24)	ASU Discovery Hall 250 E Lemon St. Tempe 85281
10/17 (Thurs.)	10:00 am – 12:00 pm	Immigrants/Refugee/Asylum Seekers - Congolese	IRC 4425 W Olive #400 Glendale 85302
10/17 (Thurs.)	1:30 pm – 3:30 pm	Asian Americans - South and southeast Asia [n = 29]	Asian Pacific Community in Action-IACRF Hall 2809 W Maryland Phoenix 85017
10/22 (Tues)	4:00 pm – 6:00 pm	LGBTQ - Young adults (19-24)	One.n.ten 931 #202 Phoenix 85004
10/28 (Mon.)	11:00 am – 1:00 pm	Homeless - Young adults (19- 24)	Homebase 931 E Devonshire Phoenix 85014
11/1 (Sat.)	1:00 pm – 3:00 pm	Youth Focus Groups (14 - 18) - African Americans 1	Ironwood Library 4333 E Chandler Phoenix 85048
11/5 (Tues.)	10:00 am – 12:00 pm	Adults over 65 - Hispanic/Latino [n = 6]	Gila Bend Family Resource Center 303 E Pima St, Gila Bend, AZ 85337
11/6 (Wed.)	5:30 pm – 7:30 pm	People Living with Special Healthcare Needs - Parents/caregivers	Sunset Library 4930 W Ray, Chandler
11/7 (Thurs.)	12:00 pm – 2:00 pm	Adults over 65 - African Americans [n = 12]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/7 (Thurs.)	5:00 pm – 7:00 pm	African Americans- Young adults (19-24) [n = 4]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/12 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14-18) - Homeless	UMOM 2344 E Earll Drive
11/13 (Wed.)	8:30 am – 10:30 am	Youth Focus Groups (14 - 18) - Hispanic	Natalie's room North High School 1101 E Thomas Phoenix 85014
11/13 (Wed.)	4:00 pm – 6:00 pm	People who have been previously incarcerated – combined	Black Canyon building 2445 W Indianola
11/13 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14 - 18) - Native American	Seewa Tomteme Community Center 8066 S Avenida del Yaqui Guadalupe 85283

Cycle 3

Date	Time	Population	Location
10/16 (Wed.)	1:00 pm – 3:00 pm	Native Americans - Young adults (19-24)	ASU Discovery Hall 250 E Lemon St. Tempe 85281
10/17 (Thurs.)	10:00 am – 12:00 pm	Immigrants/Refugee/Asylum Seekers - Congolese	IRC 4425 W Olive #400 Glendale 85302
10/17 (Thurs.)	1:30 pm – 3:30 pm	Asian Americans - South and southeast Asia [n = 29]	Asian Pacific Community in Action-IACRF Hall 2809 W Maryland Phoenix 85017
10/22 (Tues)	4:00 pm – 6:00 pm	LGBTQ - Young adults (19-24)	One.n.ten 931 #202 Phoenix 85004
10/28 (Mon.)	11:00 am – 1:00 pm	Homeless - Young adults (19- 24)	Homebase 931 E Devonshire Phoenix 85014
11/1 (Sat.)	1:00 pm – 3:00 pm	Youth Focus Groups (14 - 18) - African Americans 1	Ironwood Library 4333 E Chandler Phoenix 85048
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11/6 (Wed.)	5:30 pm – 7:30 pm	People Living with Special Healthcare Needs - Parents/caregivers	Sunset Library 4930 W Ray, Chandler
11/7 (Thurs.)	12:00 pm – 2:00 pm	Adults over 65 - African Americans [n = 12]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/7 (Thurs.)	5:00 pm – 7:00 pm	African Americans- Young adults (19-24) [n = 4]	Muriel Smith Center 2230 W Roeser Rd, Phoenix 85041
11/12 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14-18) - Homeless	UMOM 2344 E Earll Drive
11/13 (Wed.)	8:30 am – 10:30 am	Youth Focus Groups (14 - 18) - Hispanic	Natalie's room North High School 1101 E Thomas Phoenix 85014
11/13 (Wed.)	4:00 pm – 6:00 pm	People who have been previously incarcerated – combined	Black Canyon building 2445 W Indianola
11/13 (Wed.)	5:00 pm – 7:00 pm	Youth Focus Groups (14 - 18) - Native American	Seewa Tomteme Community Center 8066 S Avenida del Yaqui Guadalupe 85283

2021 Focus Group Schedule

FG#	Date	Region	Group (Location/provider)	Number
1	2/16/2021	SE	I-HELP Chandler	8
2	2/17/2021	Central	Native Health- Phoenix	8
3	2/18/2021	NE	Paiute - South Scottsdale	4
4	2/18/2021	SE	Native Health - Mesa	5
5	2/25/2021	NW	Sun Health - NW Valley	5
6	3/02/2021	NW	Sun Health - NW Valley	5
7	3/10/2021	South Central	South Mountain	6
8	3/12/2021	NW	Family Resource Center –English	6
9	3/19/2021	NW	Family Resource Center-Spanish	5
10	3/24/2021	SW	Gila Bend - English	8
11	3/26/2021	SW	Gila Bend - Spanish	6
12	3/29/2021	NE	Paiute, S. Scottsdale – Spanish - 9am	8
13	3/29/2021	NE	Paiute, S. Scottsdale – Spanish -11:30	6
14	3/30/2021	South Central	South Phoenix (AA/Black)	6
15	4/07/2021	SE	Gilbert - AZCEND Moms Club Gilbert	6
16	4/26/2021	South Central	S Phoenix Young Parents	5
17	5/10/2021	SE	African American/Black Women 85048	5
18	5/12/2021	South Central	Parents w/minors living home 85041	4
19	5/14/2021	*	Asian Americans 65+	8
20	5/16/2021	NW	Parents of Young Children 85086	4
21	5/17/2021	*	Hispanic/Latino Men	6
22	5/17/2021	*	Asian Americans	7
23	5/20/2021	*	Racial/Ethnic Minority Young Adults	7
24	5/27/2021	*	Guadalupe	6
25	6/01/2021	*	LGBTQIA+ Community Members	3
26	6/02/2021	*	Veterans	5
27	6/04/2021	*	Parents with Young Children	8
28	6/07/2021	*	Expectant Mothers & Parents of Young Children	5
29	6/08/2021	*	Young Adults	5
30	6/09/2021	*	Seniors & Veterans	2
31	6/11/2021	*	Central Phoenix residents	10
32	6/14/2021	*	Immigrants - Spanish	4
33	6/14/2021	*	Refugees - Advocates	4
Total Participants				186

* Community members participated from various regions of Maricopa County

Appendix C – Primary Data Collection Tools

2019 Coordinated Community Health Needs Assessment Focus Group Questions

For this discussion, “community” is defined as where you live, work, and play.

Opening Question (5 minutes)

To begin, why don't we go around the table and say your name (or whatever you would like us to call you) and what community event brings everybody out? (Such as: festivals, school plays, sporting events, and parades; what brings all the people together for fun)

General Community Questions (15 minutes)

I want to begin our discussion today with a few questions about health and quality of life in your community.

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

Community Health Concerns (15 minutes)

Next, let's discuss any health issues you have in your community.

5. What do you believe are the 2-3 most important issues that should be addressed to improve health in your community?

[Prompt – ask this if it does not come up naturally]

- i. What are the biggest health problems/conditions in your community?
- ii. Do other communities in this area have the same health problems?

6. A) What makes it hard to access healthcare for people in your community?

[Prompt – ask this if it does not come up naturally]

- i. Are there any cost issues that keep you from caring for your health? (such as copays or high-deductible insurance plans)
- ii. If you are uninsured, do you experience any barriers to becoming insured?

- iii. If you do not regularly seek care, are there provider concerns that keep you from caring for your health? (prompt – ask if there are concerns about providers not identifying with them)

B) How do these barriers affect the health of your community? Your family? Children? You?

- 7. For this question, think about the last year. Was there a time when you or someone in your family needed to see a doctor but could not? Did anything keep you from going?

Community Health Recommendations (15 minutes)

As the expert in your community, I would like to spend this final part of the focus group discussion talking about your ideas to improve community health.

- 8. What are some ideas you have to help your community get or stay healthy? To improve the health and quality of life?

- 9. A) What else do you (your family, your children) need to maintain or improve your health?

[Prompt – ask this if it does not come up naturally]

- i. Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use
- ii. Preventative services such as flu shots, screenings or immunizations
- iii. Specialty healthcare services or providers (such as heart doctors or dermatologists)

B) What health services do you or your family need that aren't in your community?

- 10. What resources does your community have/use to improve your health?

[Prompt – ask this if it does not come up naturally]

- i. Why do you use these particular services or supports?

Ending Question (5 minutes)

- 11. Is there anything else related to the topics we discussed today that you think I should know that I didn't ask or that you have not yet shared?

Facilitator Summary & Closing Comments (5-10 minutes)

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

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

2021 COVID-19 Focus Group Questions

A. Information about COVID-19

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

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

B. Intent to get vaccinated against COVID-19

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

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

C. Communication and Messaging

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

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

D. FINAL WRAP UP QUESTION

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

2019 Maricopa County Community Health Needs Assessment Survey

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

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

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

Poor Fair Good Very Good Excellent

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

Poor Fair Good Very Good Excellent

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

Never Sometimes Always

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

Never Sometimes Always

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

Never Sometimes Always

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

Never Sometimes Always

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

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

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

<input type="checkbox"/> Childcare	<input type="checkbox"/> Difficulty finding the right provider for my care	<input type="checkbox"/> Distance to provider	<input type="checkbox"/> Inconvenient office hours
<input type="checkbox"/> No health insurance coverage	<input type="checkbox"/> Not enough health insurance coverage	<input type="checkbox"/> Transportation to appointments	<input type="checkbox"/> Understanding of language, culture, or sexual orientation differences
<input type="checkbox"/> Other: _____			

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

<input type="checkbox"/> Ability to communicate with city/town leadership and feel that my voice is heard	<input type="checkbox"/> Accepting of diverse residents and cultures	<input type="checkbox"/> Access to affordable after school activities	<input type="checkbox"/> Access to affordable childcare
<input type="checkbox"/> Access to affordable healthy foods	<input type="checkbox"/> Access to affordable housing	<input type="checkbox"/> Access to community classes and trainings	<input type="checkbox"/> Access to cultural events
<input type="checkbox"/> Access to fitness programs	<input type="checkbox"/> Access to good schools	<input type="checkbox"/> Access to jobs & healthy economy	<input type="checkbox"/> Access to medical care
<input type="checkbox"/> Access to mental health services	<input type="checkbox"/> Access to parks and recreation sites	<input type="checkbox"/> Access to public libraries and	<input type="checkbox"/> Access to public transportation

		community centers	
<input type="checkbox"/> Access to religious or spiritual events	<input type="checkbox"/> Access to safe walking and biking routes	<input type="checkbox"/> Access to services for seniors	<input type="checkbox"/> Access to social services for residents in need or crisis
<input type="checkbox"/> Access to substance abuse treatment services	<input type="checkbox"/> Access to support networks such as neighbors, friends, and family	<input type="checkbox"/> Clean environment and streets	<input type="checkbox"/> Good place to raise children
<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Other: _____		

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

<input type="checkbox"/> Alcohol/Substance abuse	<input type="checkbox"/> Anorexia/bulimia and other eating disorders	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Autism
<input type="checkbox"/> Cancers	<input type="checkbox"/> Chronic stress	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Dementia/Alzheimer’s
<input type="checkbox"/> Dental problems (oral health)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Food allergies/anaphylaxis	<input type="checkbox"/> Heart disease and stroke
<input type="checkbox"/> High blood pressure or cholesterol	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Lung disease (asthma, COPD, emphysema)	<input type="checkbox"/> Vaccine preventable diseases such as flu, measles, and pertussis (whooping cough)
<input type="checkbox"/> Mental health issues (depression, anxiety, bipolar, etc.)	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Sexually transmitted diseases	<input type="checkbox"/> Suicide
<input type="checkbox"/> Tobacco use including vaping	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

12. Which step represents the health of your community?

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

13. Indicate where on the ladder you feel you personally stand right now.

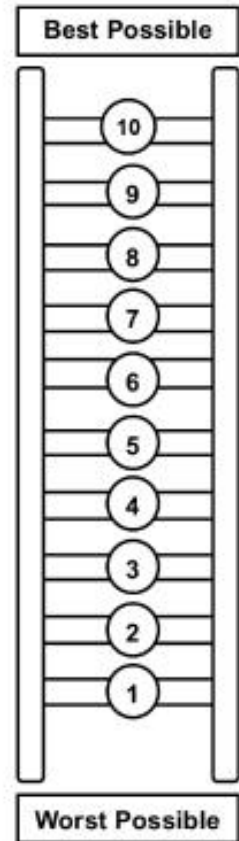
1 2 3 4 5 6 7 8 9 10
Worst Possible Best Possible

14. On which step do you think you will stand about five years from now?

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

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

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



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

16. What is your ZIP code? _____

17. What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
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18. What is your age?

<input type="checkbox"/> 12-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75+

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

<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian: Tribal Affiliation _____	<input type="checkbox"/> Hispanic or Latino
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<input type="checkbox"/> Black of African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Other			

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

<input type="checkbox"/> Adult with children	<input type="checkbox"/> Adult with no children	<input type="checkbox"/> Caregiver	<input type="checkbox"/> LGBTQI
<input type="checkbox"/> Person experiencing homelessness	<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Refugee/Asylum Seeker	<input type="checkbox"/> Single parent
<input type="checkbox"/> Veteran	<input type="checkbox"/> Person living with HIV/AIDS	<input type="checkbox"/> Other: _____	<input type="checkbox"/> None

21. What range is your household income?

<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,000 - \$29,000	<input type="checkbox"/> \$30,000 - \$49,000
<input type="checkbox"/> 50,000 - \$74,000	<input type="checkbox"/> \$75,000 - \$99,999	<input type="checkbox"/> Over \$100,000

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

<input type="checkbox"/> Less than a high school graduate	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Currently enrolled at vocational school or college
<input type="checkbox"/> College degree or higher	<input type="checkbox"/> Other		

2021 COVID-19 Impact Community Health Survey

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

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

1. **What is the ZIP code that you currently reside in?** _____
2. **What is your gender?**

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer to self-describe	<input type="checkbox"/> Prefer not to answer
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3. **What is your age range?**

<input type="checkbox"/> 12-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75+

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

<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latinx
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Prefer not to answer

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

<input type="checkbox"/> Adult with children under age 18 or living in the same home	<input type="checkbox"/> Single parent	<input type="checkbox"/> LGBTQI	<input type="checkbox"/> Person experiencing homelessness
<input type="checkbox"/> Person living with a disability	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Refugee	<input type="checkbox"/> Veteran

<input type="checkbox"/> Person living with HIV/AIDS	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> None
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6. What range is your household income?

<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,000 - \$29,000	<input type="checkbox"/> \$30,000 - \$49,000
<input type="checkbox"/> 50,000 - \$74,000	<input type="checkbox"/> \$75,000 - \$99,999	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> Prefer not to answer		

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

<input type="checkbox"/> Less than a high school graduate	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Some College or Associate degree (2yr)	<input type="checkbox"/> Graduate of vocational/trade school
<input type="checkbox"/> Currently enrolled in college	<input type="checkbox"/> Bachelor's Degree (4yr)	<input type="checkbox"/> Postgraduate Degree	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to answer			

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

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

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

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

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

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

Always	Sometimes	Never	Not Applicable
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13. What services would have improved overall mental and physical health of your family in the last year? (Check all that apply)

<input type="checkbox"/> Childcare services	<input type="checkbox"/> In-person school	<input type="checkbox"/> Technology and internet service	<input type="checkbox"/> Assistance with finding employment
<input type="checkbox"/> Assistance with paying utilities	<input type="checkbox"/> Assistance with paying rent	<input type="checkbox"/> Assistance with finding healthcare	<input type="checkbox"/> Assistance with finding substance use treatment
<input type="checkbox"/> Assistance with mental health issues	<input type="checkbox"/> Assistance with finding COVID-19 vaccine	<input type="checkbox"/> Other _____	

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

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

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

COVID-19 Relief Funding for You/Family	Yes	No
COVID-19 Relief Funding for your business	Yes	No
Unemployment due to loss of job (laid off)	Yes	No
Unemployment due to staying home to care for children, elderly parents, or ill family members	Yes	No
Unemployment due to COVID-19 illness (self)	Yes	No

WIC (Women, Infant, and Children)	Yes	No
SNAP Food Stamps	Yes	No
Medicaid Insurance	Yes	No

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

Always	Sometimes	Never	N/A
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17. If you received a stimulus check in the fall of 2020 and spring of 2021, what impact did this have on alleviating your essential living expenses and access to healthcare?

Strong Impact	Moderate Impact	Weak Impact	No Impact/No difference	Did Not Receive
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18. Since March of 2020, was your employment impacted due to the COVID 19 pandemic? (Check all that apply)

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

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

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

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

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

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

<input type="checkbox"/> Ability to communicate with city/town leadership and feel that my voice is heard	<input type="checkbox"/> Accepting of diverse residents and cultures	<input type="checkbox"/> Access to schools or school alternatives	<input type="checkbox"/> Access to affordable childcare
<input type="checkbox"/> Access to affordable healthy foods	<input type="checkbox"/> Access to COVID-19 testing events	<input type="checkbox"/> Access to cultural & educational events	<input type="checkbox"/> Access to medical care
<input type="checkbox"/> Access to affordable housing	<input type="checkbox"/> Access to COVID-19 vaccine events	<input type="checkbox"/> Access to quality online school options	<input type="checkbox"/> Access to mental health services

<input type="checkbox"/> Access to community programming such as classes & trainings	<input type="checkbox"/> Access to Flu vaccine events	<input type="checkbox"/> Access to jobs & healthy economy	<input type="checkbox"/> Access to parks and recreation sites
<input type="checkbox"/> Access to public libraries and community centers	<input type="checkbox"/> Access to safe walking and biking routes	<input type="checkbox"/> Access to substance abuse treatment services	<input type="checkbox"/> Access to low crime / safe neighborhoods
<input type="checkbox"/> Access to public transportation	<input type="checkbox"/> Access to services for seniors	<input type="checkbox"/> Access to support networks such as neighbors, friends, and family	
<input type="checkbox"/> Access to religious or spiritual events	<input type="checkbox"/> Access to social services for residents in need or crisis	<input type="checkbox"/> Access to clean environments and streets	<input type="checkbox"/> Other: _____

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

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

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

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

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

<input type="checkbox"/> Very easy to use	<input type="checkbox"/> Easy to use	<input type="checkbox"/> Neither easy nor difficult to use	<input type="checkbox"/> Difficult to use	<input type="checkbox"/> Very difficult to use
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25. Based on the given survey questions above, the information provided was easy to understand.

<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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26. What else would you like to share with us regarding your experience with COVID-19 that we didn't ask?

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

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

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

Appendix D – Survey Demographics

2019 & 2021 Community Survey Demographics

2019	
Total # of participants	11,893
Race/Ethnicity	
African American/Black	3.0%
American Indian/Native American	2.0%
Asian	25.0%
Caucasian/White	61.0%
Hispanic/Latinx	4.0%
Other	6.0%
Age	
12-24	8.0%
25-44	32.0%
45-64	39.0%
65+	21.0%
Gender	
Female	73.0%
Male	25.0%
Other	1.0%

2021	
Total # of participants	14,380
Race/Ethnicity	
African American/Black	4.1%
American Indian/Native American	1.4%
Asian	4.5%
Caucasian/White	64.5%
Hispanic/Latinx	18.3%
Native Hawaiian/Other Pacific Islander	1.2%
Two or more races	1.2%
Unknown/Not given	4.9%
Age	
12-24	6.4%
25-44	30.9%
45-64	43.0%
65+	20.0%
Gender	
Female	68.9%
Male	29.1%
Additional Genders	0.6%
Unknown/Not Given	1.4%

Appendix E – Participating Organizations in the Mayo Clinic Community Advisory Board Meetings

Name	Title	Organization
Dr. Angela Allen	Clinical Research Program Director	Banner University Medical Center
Lily Cardenas	Manager – Office of Community Empowerment	Maricopa County Health Department
Anna Alonzo	Community Health Integration Director	Dignity Health
Paula Carvalho	Executive Director	Mission of Mercy
Dr. Eula Saxon Dean	Community Advocate	Member/Representative of Black/African American Community
Dr. Mohamed Abukar	Chair, Statewide Refugee Committee	Representative, Refugee Community
Rhoshawndra L. Carnes	Outreach Ministry Leader	Pilgrim Rest Baptist Church
Prakash Kotecha, MD	Community Outreach	Asian Pacific Community in Action
Teresa Manygoats	Office Chief, Office of Population Health Bureau of Tobacco and Chronic Disease	ADHS /Representative American Indian Community
Anthony Dunnigan, MD	Chief Medical Information Officer	Valleywise Health
Sandra Champagne, RN	Specialty Services/Oncology	Phoenix Indian Medical Center
Crystal Gonzalez	Clinical Research Specialist	Mountain Park Health Center
Su Karuppana, MD, Chair	Medical Director	Valle Del Sol
Kamal Sumar, MD	Associate Chief Medical Informatics Officer	Adelante Healthcare
Zaira Morales	Medical Clinic Manager	St. Vincent de Paul
Rochelle Rivas	District Director for Healthcare Education	Maricopa Community Colleges
Pastor Warren Stewart Sr	Senior Pastor	First Institutional Baptist Church/ African American Christian Clergy Coalition
Maria Valenzuela	Phoenix Director	Esperanca
Monica Villalobos	CEO	Hispanic Chamber of Commerce/ Hispanic/Latinx Community Representative
Sara Wilson	President/CEO	Home Assist Health

Janey Pearl Starks	Director of Equity, Diversity & Engagement	Mountain Park Health Center
Dr. Geovanni Orozco	Principal at Lattie Coor Early Learning Center	Avondale Elementary School District
Natalia Ballon	Chief Program Office	Cancer Support Community Arizona
Gina Bowser	Community Member	Coalition of Blacks Against Breast Cancer
Elva Hooker	Clinical Administrative Director	St. Vincent de Paul
Donice Hoopaugh	Community Member	

Appendix F – Data Indicator Matrix

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

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

Appendix G - References

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