



# Phoenix Children's Hospital

## Community Health Needs Assessment 2019

Phoenix Children's Hospital

Phoenix, AZ

October 10, 2019

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# Executive Summary

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## **Community Health Needs Assessment (CHNA) Background**

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

Synapse is a coalition of non-profit and federally qualified health care providers who collaborate to collect data that informs investment into the most pressing needs of our community. These health care partners include Adelante Healthcare, Banner Health, Dignity Health, Mayo Clinic, Native Health, Phoenix Children’s Hospital, Vitalyst Health Foundation and the Maricopa County Department of Public Health. Members of Synapse conduct a coordinated community health assessment to identify needs for both individual hospitals, health care centers, and the county overall. Beginning in early 2015, Phoenix Children’s Hospital (hereafter referred to as Phoenix Children’s), in partnership with Synapse, worked collaboratively to assess Maricopa County residents’ health needs. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

### Purpose Statement

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

### Community Definition

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

Maricopa County encompasses 9,224 square miles, includes 27 cities and towns, as well as the whole or part of five sovereign American Indian reservations. The County is the fourth most populous in the US and home to well over half of Arizona’s residents. With an estimated population of 4.4 million and growing, 23.9 percent of residents are persons under 18 years of age.

Maricopa County is ethnically and culturally diverse, with a population including:

- 31.3 percent Hispanic or Latino
- 6.3 percent Black/African American
- 4.6 percent Asian
- 2.8 percent American Indian
- 54.9 percent White (not Hispanic or Latino)

According to the US Census Bureau, 14 percent of the population does not have a high school diploma, 17 percent are living below the federal poverty level, and over 530,000 are uninsured<sup>i</sup>.

#### Assessment, Process and Methods

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

The process of conducting this assessment began with a review of approximately 100 indicators to measure health outcomes and associated health factors of Maricopa County residents. The indicators included demographic data, social and economic factors, health behaviors, physical environment, health care and health outcomes. Health needs were identified through the combined analysis of secondary data and community input. Based on the review of the secondary data, a consultant team developed a primary data collection guide used in focus groups with representatives of minority and underserved populations who identified community concerns and assets. Surveys were collected from key informants to help determine community needs and priorities. Additionally, meetings were held with stakeholders

#### Summary of Prioritization Process

To be considered a health need, a health outcome or factor must meet two criteria. First, existing data must demonstrate a worsening trend in recent years or indicate an apparent health disparity. Second, the health outcome or factor had to be mentioned in a substantial way in focus groups and key stakeholder meetings.

#### Workgroups, Committees and Oversight

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

1. Community health needs identified through this process were filtered through Phoenix Children's community constituents (internal and external) through a survey to arrive at a prioritized ranking of health needs.
2. Phoenix Children's CHNA Clinical Workgroup reviewed and analyzed the top health needs identified in the community survey. This group also constructed implementation strategies to address these health needs.
3. Phoenix Children's CHNA Executive Steering Committee approved the focus areas and implementation strategies, compiled the draft CHNA report and submitted the report to the Phoenix Children's Board of Directors for approval.
4. Phoenix Children's Board of Directors approved the CHNA.

### Summary of Prioritized Needs

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

1. **Access to Care:** Within Maricopa County, one out of every six residents lack health insurance and 12 percent of children under the age of 18 are not insured<sup>ii</sup>. Nearly 30 percent utilize publicly funded health insurance programs. The number of adults reporting they have a usual source of health care is decreasing, with one out of every three reporting they do not have a regular doctor they see for care. Focus group participants overwhelmingly believe that access to care is an important issue for youth and adults in the community. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community.<sup>4</sup>
2. **Mental Health:** In Maricopa County, mental health was ranked as the most important health problem impacting the community by key informants (health or community experts familiar with target populations and geographic areas within Phoenix Children's primary service areas). This was echoed by participants in focus groups who believed mental health was one of top health issues impacting community residents. Rates for overall mental health emergency department visits, non-drug induced mental disorders (including Schizophrenic disorder, delusional disorder, manic or bipolar disorder, major depressive disorder, persistent mood disorder, anxiety disorder, PTSD, dissociative and conversion disorder, dementias, delusional disorders, personality disorders, adjustment disorders), inpatient hospitalizations and suicide have increased from 2016 to 2017<sup>iii</sup>.
3. **Injury Prevention:** In Maricopa County, unintentional injury is the leading cause of death among children age 5 to 20, and the second leading cause for children under 5 years of age. The mortality rates for unintentional injury, suicide and homicide have remained relatively unchanged over the past six years, all of which were 100% preventable. Motor vehicle injuries have been the target of aggressive prevention efforts such as safety legislation, equipment such as car seats, and booster seats, and driver education. While transportation-related deaths have declined overall because of this effort, several other causes of fatal and nonfatal injury

have remained consistent or have increased over that same period. Most of these do not benefit from similar comprehensive prevention efforts. In some cases, Phoenix Children's provides the only prevention efforts in the state.

This CHNA report was adopted by the Phoenix Children's Board of Directors on \_\_\_\_\_.

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

Written questions or comments on this report can be submitted to [mediarelations@phoenixchildrens.com](mailto:mediarelations@phoenixchildrens.com).

# Assessment Purpose and Organizational Commitment

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## Community Health Needs Assessment (CHNA) Background

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

## Purpose Statement

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

## Organizational Commitment

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

Maricopa County hospitals, health centers and clinics play significant roles in the region’s overall economy and health. In addition to providing safe and high-quality medical care, these institutions work to improve regional health through programs that promote health in response to identified community needs. Additionally, health care partners are often serving the same or portions of the same communities across Maricopa County. As a result, Adelante Healthcare, Banner Health, Dignity

Health, Mayo Clinic, Native Health, and Phoenix Children’s Hospital have joined forces with Maricopa County Department of Public Health (MCDPH), Synapse Coalition, and the Maricopa County Health Improvement Partnership (HIPMC) to identify community strengths and greatest needs in a coordinated community health needs assessment.

### About Phoenix Children’s Hospital

Phoenix Children’s Hospital is a statewide, interconnected non-profit pediatric health system with urgent care centers and specialty offices across Arizona, a network of community physicians and specialists, and partnerships with major health organizations including Mayo Clinic, Dignity Health, Barrow Neurological Institute and TGen.

The organization has a medical staff of nearly 1,000 pediatric specialists and more than 4,800 local employees. It provides inpatient, outpatient, trauma, emergency and specialty care across more than 75 pediatric subspecialties. Phoenix Children's is a destination for clinical research and education and is committed to training the next generation of pediatric experts. It is also home to the nation’s first-ever pediatric clinically integrated network, accredited by the Utilization Review Accreditation Commission (URAC). The Phoenix Children's Hospital main campus is in central Phoenix in Maricopa County, Arizona. It is Arizona’s only free-standing children’s hospital and has 433 licensed beds. Phoenix Children’s licenses and operates an additional 22-bed inpatient unit located at the Dignity Health Mercy Gilbert Medical Center campus.

Phoenix Children’s has been recognized as a “Best Children’s Hospital” by U.S. News & World Report for nine consecutive years. In the 2019-20 rankings, it was one of only 24 children’s hospitals in the nation to earn national rankings in all 10 specialties surveyed by U.S. News & World Report. The organization is also a Leapfrog Group “Top Children’s Hospital,” one of only 13 in the country. The Leapfrog Group is an independent hospital watchdog organization reporting on quality and safety in hospital performance.

### **Mission Statement**

Phoenix Children’s provides hope, healing and the best health care for children and their families.

### **Our Vision**

As the premier pediatric center in the Southwest, Phoenix Children’s will earn national recognition for pediatric care, innovative research and medical education. The health system will:

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

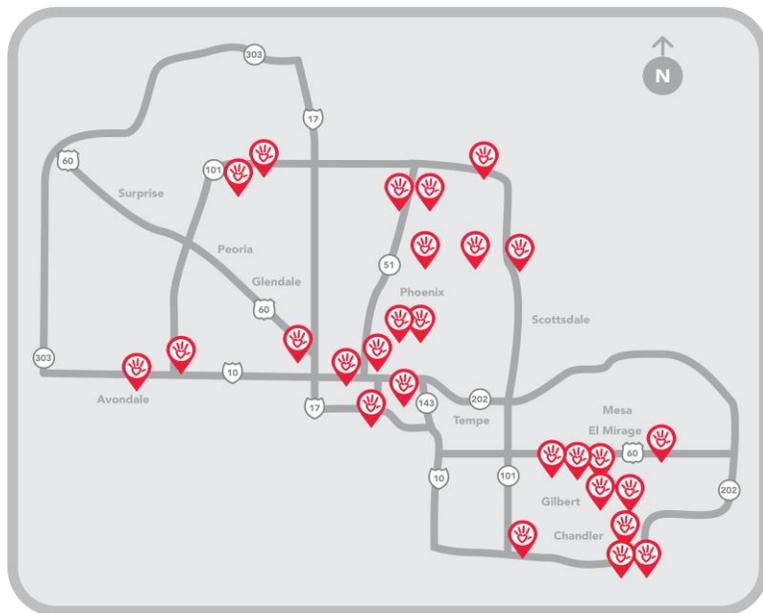
### **Educational Programs**

As a teaching hospital, Phoenix Children’s partners with multiple universities and other facilities to educate nurses, medical students, and residents and fellows in pediatrics and pediatric specialties through its extensive and accomplished faculty.

Through resident rotations in 29 specialties and 21 fellowship programs, we are training the next generation of pediatric specialists and subspecialists

The Phoenix Children's/Maricopa Medical Center Pediatric Residency Program is a comprehensive, fully accredited, three-year program. It combines experiences at a major multispecialty children's hospital (Phoenix Children's Hospital) and a large public medical center (Maricopa Medical Center). The Pediatric Residency program has been in existence since 1974. It is fully accredited by the ACGME and is a primary affiliate of the University of Arizona College of Medicine - Phoenix, Mayo Clinic College of Medicine and Science, and Creighton University School of Medicine - Phoenix. Currently, 346 medical students are completing rotations at Phoenix Children’s and another 560 rotators from other residency programs are completing a portion of their training at this institution. These residents consistently score in the top ranks in in-training exams and the majority are awarded their first choice for fellowships.

In 2018, Phoenix Children’s also expanded its academic affiliation with Arizona State University (ASU), forming a Joint Operating Committee to develop education strategies and support multi-year research. In the first year of the expanded relationship, the organizations focused on preparing a workforce-ready pipeline of nurses specializing in pediatric specialty care. To that end, ASU and Phoenix Children’s began offering a Dedicated Education Unit (DEU) for undergraduate nursing students as well as an Acute Care Pediatric Nurse Practitioner Doctor of Nursing and Certificate Program Curriculum for graduate-level students.



### Ambulatory Facilities/Medical Offices

In the last three decades, Phoenix Children’s has grown from a single hospital and a handful of facilities in the Valley to 41 sites of service statewide. Today, Phoenix Children’s has urgent and specialty care centers across Arizona, a network of physicians and specialists, and partnerships with major organizations that enable us to develop programs and services for populations and areas in need. Phoenix Children’s operates ambulatory facilities and offers health care via medical offices in the suburban

areas of Maricopa County, including northwest Phoenix and the communities of Avondale, Gilbert, Mesa and Scottsdale.

In an expansion of its longstanding partnership with Dignity Health, Phoenix Children's broke ground in 2018 on a new Multi-Specialty Ambulatory Building, slated to open in January 2020 at Mercy Gilbert Medical Center. Through this partnership, the organizations are also building the Dignity Health Phoenix Children's Women's and Children's Pavilion, a cutting-edge facility that brings together the state's top providers to serve a growing community of young families in the East Valley.

The map above identifies Phoenix Children's main hospital campus and ambulatory locations in Maricopa County.

# Community Profile

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## Definition of Community

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

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



## Demographics of Community

Maricopa County is ethnically and culturally diverse, home to 4.1 million individuals with a 71.6 percent White population, approximately 1.2 million Hispanics (30.6% of all residents), 211,930 African Americans, 162,064 Asian Americans, and 62,332 American Indians. According to the U.S. Census Bureau, 12.9% percent of the population does not have a high school diploma, and 4.3% are unemployed. According to the United States Census, the County had a 15% increase in population from 2010 to 2018<sup>9</sup>. 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. Demographics information for Maricopa County and Arizona

	Maricopa County	Arizona
Population: estimated 2017	4,155,501	6,809,946
Gender		
Male	49.5%	49.7%
Female	50.5%	50.3%
Age		
0 to 9 years	13.6%	13.1%
10 to 19 years	13.8%	13.5%
20 to 34 years	21.2%	20.6%
35 to 64 years	37.3%	36.6%
65 to 84 years	12.4%	14.4%
85 years and over	1.7%	1.8%
Race (Not Hispanic or Latino)		
White	56.3%	55.6%
Asian/Pacific Islander	3.9%	3.0%
Black or African American	5.1%	4.1%
American Indian/Alaska Native	1.5%	3.9%
Other/unknown	2.4%	2.3%
Ethnicity		
Hispanic	30.6%	30.9%
Median income	\$58,580	\$53,510
Uninsured	12.3%	12.2%
Unemployment	4.3%	5.0%
No HS diploma	12.9%	13.5%
*% of population 5+ non-English speaking	9.2%	8.9%
*Renters	39.0%	36.9%
CNI score	3.4	-
Medically underserved areas	Yes	-

Source: U.S. Census American Community Survey, 5-year estimates 2013 - 2017

# Assessment Process and Methods

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## 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 to implement strategies to improve access to health care. Federally funded community health centers must ensure their target communities are of high need and address the shortage of health services that are occurring within these communities. The similar requirements from IRS, PHAB, and the federally funded health center requirements put forth by the US Department of Health and Human Services provides an opportunity to catalyze stronger collaboration and better shared measurement systems among hospitals, health centers, and health departments. Additionally, limited resources for comprehensive health assessments and the move toward new population health models have created the need for an organized, collaborative public-private approach for conducting assessments.

Maricopa County hospitals 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, health care partners are often serving the same or portions of the same communities across Maricopa County.

The CHNA employs a mixed-methods approach that includes the collection of secondary or quantitative data from existing data sources; and community input or qualitative data from focus groups, surveys, and meetings with community stakeholders. The process is reiterative – both the secondary and primary data are used to help inform each other. The advantage to this approach is data validation by cross-verification from multiple sources.

### **Secondary Data**

Many of the challenging health problems facing the US today require an understanding of health at the community level, not just individual health. The "population health" approach is a result of this challenge: how to maintain and improve community health<sup>vi</sup>. Population health can be defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group<sup>vii</sup>." A focus on population health implies a concern for the determinants of health for both individuals and communities. The health of a population is directly impacted by the community's socioeconomic conditions and quality of medical care. As a result, the CHNA uses a community health framework for this report to develop criteria for the indicators used to measure health needs.

Synapse partners selected approximately 100 data indicators to help examine the health needs of the community (Appendix A). These indicators are based on the Center for Disease Control and Prevention's (CDC) Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics report<sup>viii</sup>. While this report does not identify the specific

indicators that should be utilized, it does specify the categories of information that should be considered.

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

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

Table 2. Health Factor and Health Outcome Indicators

Health Outcome Metrics		Health Determinants and Correlated Metrics			
Mortality	Morbidity	Access to Health Care	Health Behaviors	Demographics and Social Environment	Physical Environment
Leading Causes of Death	Hospitalization Rates	Health Insurance Coverage	Tobacco Use/Smoking	Age	Air Quality
Infant Mortality	Obesity	Provider Rates	Physical Activity	Sex	Water Quality
Injury-related Mortality	Low Birth Weight	Quality of Care	Nutrition	Race/Ethnicity	Housing
Motor Vehicle Mortality	Cancer Rates		Unsafe Sex	Income	

Suicide	Motor Vehicle Injury	Alcohol Use	Poverty Level
Homicide	Overall Health Status	Seatbelt Use	Educational Attainment
	STDs	Immunizations & Screenings	Employment Status
	Communicable Diseases		Language Spoken at Home

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

Quantitative data used in this report are high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Data came from local, state and national sources such as the MCDPH, Arizona Department of Health Services, Arizona Criminal Justice Commission, US Census Bureau, US Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System survey, and Youth Risk Behavior survey.

### Primary Data

The broad interests of the community were incorporated through three means. First, data was collected through focus groups engaging members of underserved populations and communities. Second, surveys were administered to community members who reside in Maricopa County and key informants who were community and health experts. Third, a series of meetings were held with internal leadership within Phoenix Children’s CHNA Clinical Workgroup and Executive Steering Committee.

### Focus Groups

A series of 36 focus groups with medically underserved populations across Maricopa County were conducted between September 2015 and June 2016. Focus groups helped 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 Partnership (MAPP) <sup>ix1</sup>. The focus group process moved through five phases: (1) initial review of literature; (2) focus group discussion guide development; (3) focus group recruitment and securement; (4) focus group collection; and (5) report writing and presentation findings.

Members of the community representing subgroups, defined as groups with unique attributes (race and ethnicity, age, sex, culture, lifestyle, or residents of an area in 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 accessing health care, health disparities and chronic disease. In all, a total of twelve focus groups were conducted with 127 community members from the following groups: (1) older adults (50-64, 65-74, 75+ years of age); (2) adults without children; (3) adults with children; (4) American Indian adults; (5) Lesbian, Gay, Bisexual,

Transgender, and Questioning (LGBTQ) adults; (6) black/African American adults; (7) Hispanic/Latino adults (English); (8) adults with children (Spanish); (9) low socio-economic status adults (Spanish), and (10) young adults (18-30 years of age), (11) adult males (Spanish), (12) adult females (Spanish), (13) Caregivers, and (14) Asian American adults.

Content analysis was performed on focus group interview transcripts to identify key themes and salient health issues affecting the community residents. The most common problem identified was access to care. Specific barriers discussed includes lack of transportation, high cost of doctor visits, high deductibles, unexpected or complicated bills from insurance, and a perceived lack of cultural competency and respect from providers. Participants also identified mental health, substance abuse, and community safety as important issues.

Additionally, American Indian and black/African American participants felt diabetes was a significant health concern for their community.

Recommended prevention strategies for health improvement discussed amongst the participants included:

- More educational resources and opportunities, especially for children.
- Improved access to physical fitness facilities and activities.
- Access to healthy food and nutrition information.
- Access to health care for special populations (e.g. the elderly, disabled, Native Americans, LGBTQ, and children), shortened wait times for medical appointments, affordable medical transportation services and additional ADA-accessible buildings.
- Cultural competency (being mindful of cultural issues) especially in Spanish speaking communities.
- More trained health care system community workers, navigators, advocates and aides.
- Improved affordability services, lowered cost of insurance, copays and specialists, as well as sliding scale fees.

### **Community Health Assessment & Key Informant Surveys**

In order to identify and understand community health needs, a community health assessment survey was administered to community members and key informants. Community health assessment surveys were administered between April and July of 2016. Surveys were intended to provide information about prominent health problems facing the community. The survey had a total of 13 questions and identified factors which contributed to overall quality of life, most important health issues and behaviors, and rating scales measuring the health of the individual and their community. A total of 5,883 surveys were collected within Maricopa County from community residents ages 12 and above.

Key informant surveys were also administered to professionals in the community. Key informants were identified as health or community experts familiar with target populations and geographic areas within Maricopa County. The survey was administered to 152 key informants who provide services

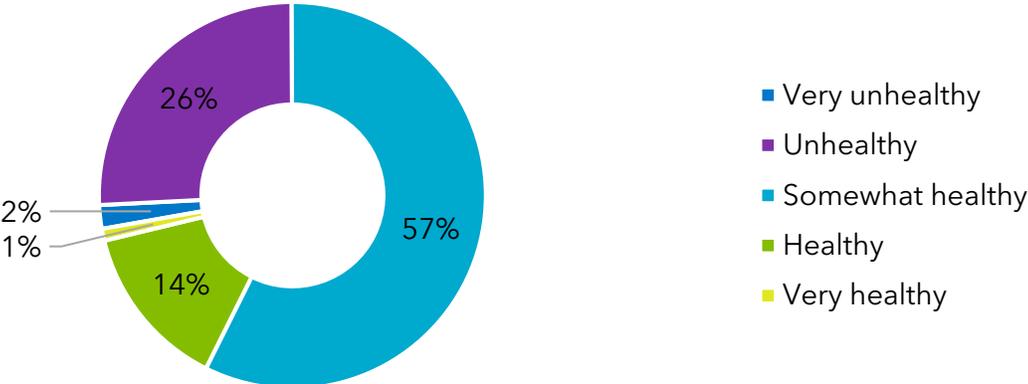
throughout Maricopa County. The survey asked respondents similar questions as the community assessment survey, about factors that would improve “quality of life,” most important “health problems,” in the community, “risky behaviors” of concern and their overall rating of the health of the community.

The survey instrument was created by MCDPH based on recommendations from the National Association of County and City Health Officials, Centers for Disease Control and Prevention and Phoenix Children’s Hospital Synapse members. Please see Appendix B for the complete version of the surveys.

When key informants were surveyed about the overall health of the community, 14 percent reported “Healthy”, 26 percent reported it was “unhealthy” and 57 percent reported “Somewhat healthy” (Graph 1).

**Graph 1**

How would you rate the overall health of your community?

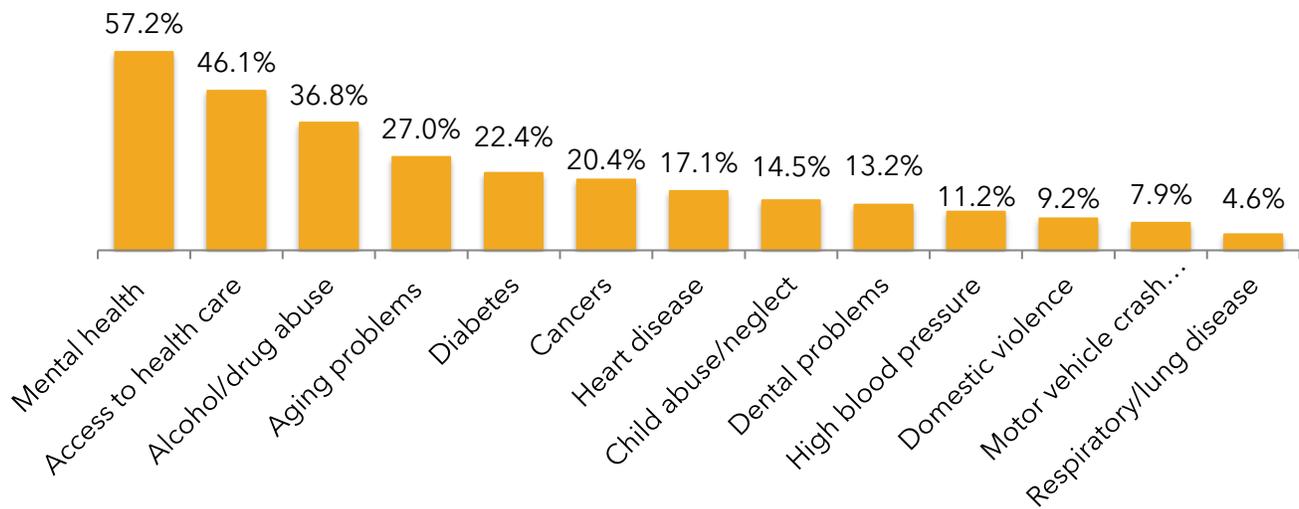


Source: Key Informant Survey

Key informants felt the most important health problems impacting their community are mental health, access to health care, alcohol/drug abuse, aging problems and diabetes (Graph 2).

## Graph 2

Three most important "Health Problems" that impact your community

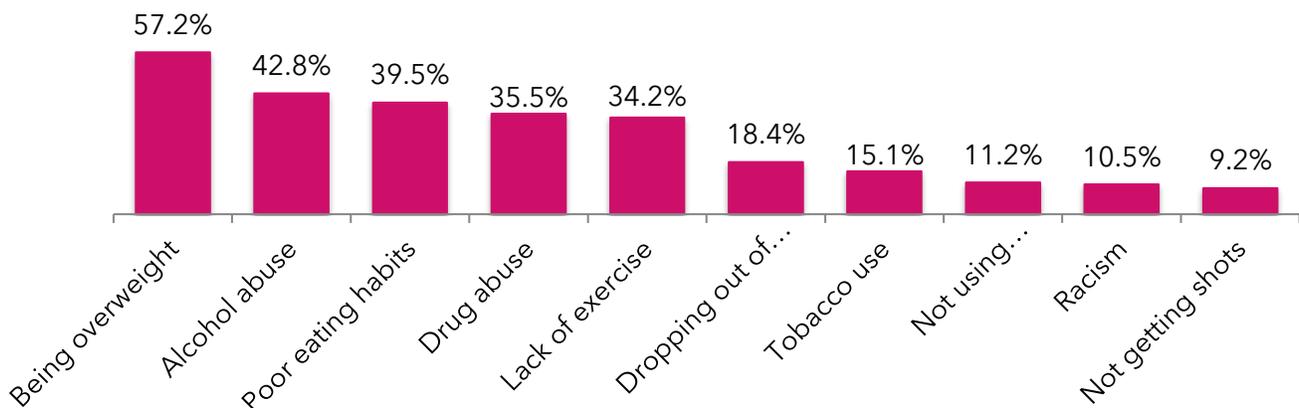


Source: Key Informant Survey

When asked to rank the three most important risky behaviors seen in the community, the top five answers selected by respondents included being overweight, alcohol abuse, poor eating habits, drug abuse and lack of exercise (Graph 3). Though the responses reflect distinct behaviors, there appears to be some overlap with primary concerns of key informants centering on the areas of substance use, healthy eating and active living.

## Graph 3

Three most important "Risky Behaviors" seen in your community

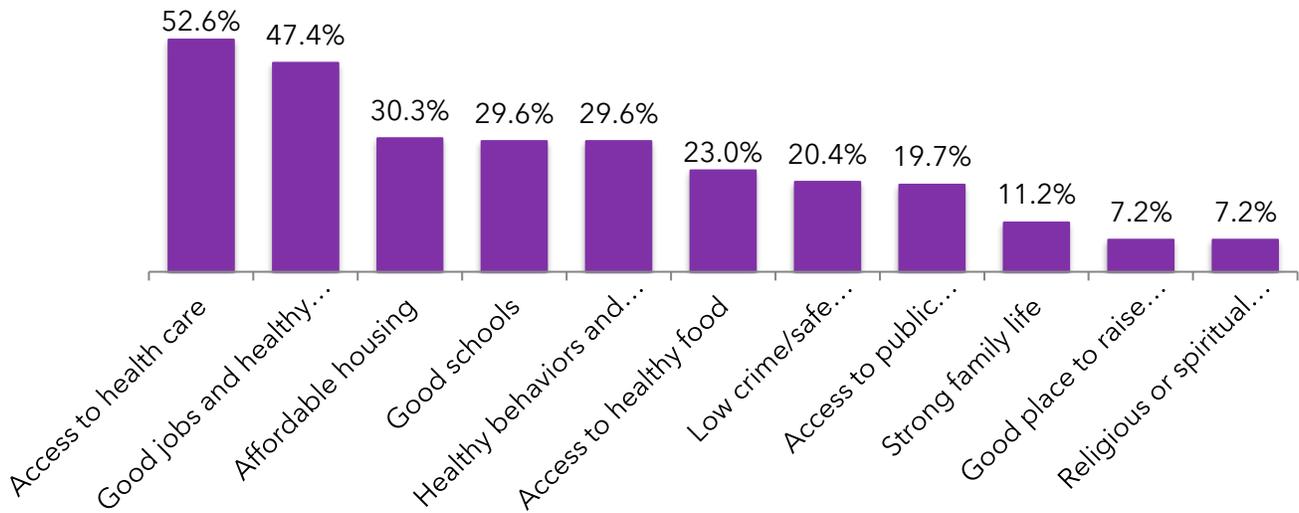


Source: Key Informant Survey

Lastly, the most important factors key informants felt would improve the quality of life within their community included access to health care, good jobs and healthy economy, affordable housing, good schools and healthy behaviors and lifestyles (Graph 4).

#### Graph 4

Three most important factors that you think will improve quality of life in your community



Source: Key Informant Survey

## Community Input/Engagement

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

- Phoenix Children's Fiduciary Board
- Phoenix Children's Foundation Board
- Phoenix Children's Leadership (manager and above)
- Phoenix Children's Medical Staff
- Phoenix Children's Community Partner
- PCCN Board and/or Committee Member
- PCMG Faculty
- PCH Parent Advisory Group Member
- Other

The information from the key informant survey along with the key findings from the MCDPH assessment data report was presented on September 27, 2019 to the Executive Steering Committee.

### **Data Limitations and Gaps**

The CHNA utilized an approach that included the collection of qualitative and quantitative data from existing data sources and community. The qualitative data comes from focus groups, surveys, and meetings with internal leadership teams. The process was reiterative as qualitative and quantitative 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.

The data used throughout this report are from various reliable sources, but there are limitations to the data that need to be considered. For example, birth and death records are filled in by various individuals related to the event and fields are filled in based on recall. A family member may assist filling in information and may not know about an individual's personal habits (like smoking), meaning it may not be recorded on the death certificate. Additionally, a mother who is asked when she began prenatal care may have an estimate but typically doesn't cite the exact date. Similarly, with hospital discharge data (HDD) for inpatient (IP) discharges and emergency department (ED) visits, the data comes from licensed facilities, but does not include federal, military, and the Department of Veteran Affairs facilities. When reviewing the HDD data, we must consider the fact that these are only those individuals that seek care. The Behavioral Risk Factor Surveillance System survey (BRFS) is a randomized self-reported survey of adults within Maricopa County. The survey is done every other year and cannot be drilled down to the county level. All data from the Youth Risk Behavior Surveillance System (YRBSS) is for the entire state. The Arizona Youth survey (AYS) is done every other year, opposite of the YRBSS, and is of 8th, 10th, and 12th grade students in Arizona schools. This data was evaluated at the county level.

# Identification and Prioritization of Community Health Needs

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## Identifying Community Health Needs

The process began with a review of nearly 100 indicators to measure health outcomes and associated health factors of Maricopa County residents. The indicators included demographic data, social and economic factors, health behaviors, physical environment, health care and health outcomes. Health needs were identified through the combined analysis of secondary data and community input. Based on the review of the secondary data, a consultant team developed a primary data collection guide used in focus groups, which were made up of representatives of minority and underserved populations who identified community concerns and assets.

## Process and Criteria for Prioritization

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

1. Community health needs identified through this process were filtered through Phoenix Children's community constituents (internal and external) through a survey to arrive at a prioritized ranking of health needs.
2. Phoenix Children's CHNA Clinical Workgroup reviewed and analyzed the top health needs identified in the community survey. This group also constructed implementation strategies to address these health needs.
3. Phoenix Children's CHNA Executive Steering Committee approved the focus areas and implementation strategies, compiled the draft CHNA report and submitted the report to the Phoenix Children's Board of Directors for approval.
4. Phoenix Children's Board of Directors approved the CHNA.

## Description of Prioritized Community Health Needs

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

### 1. Access to Care

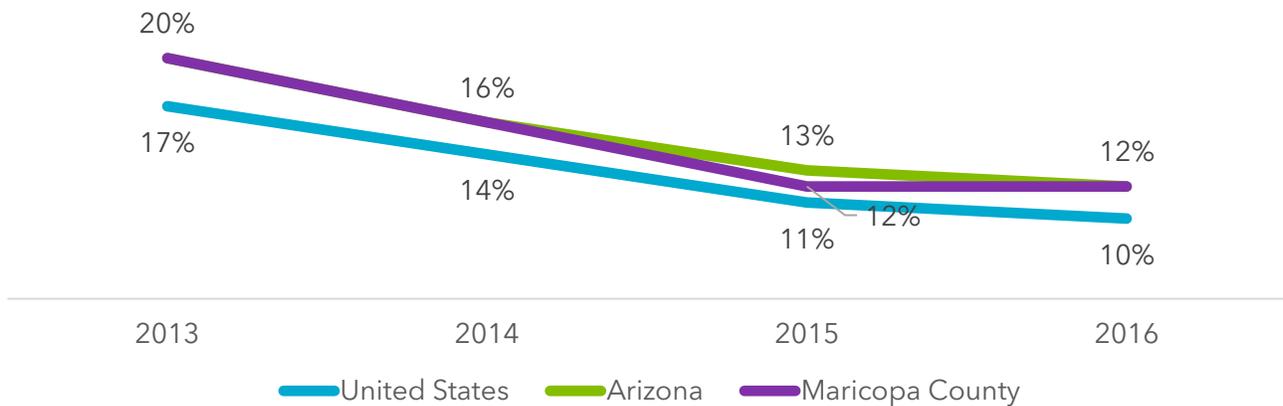
Access to comprehensive, quality health care is important for promoting and maintaining health, preventing and managing disease, and achieving health equity for all people. Access to care impacts one's overall physical, social, and mental/behavioral health status and quality of life<sup>x</sup>. Improved access to care requires that health services are accessible and affordable—

this includes addressing the lack of health insurance coverage as a significant barrier to accessing necessary health care.

According to the 2019 County Health Ranking, from 2013 to 2016, the percentage of uninsured adults in Maricopa County improved, but were higher than the national percent<sup>xi</sup> (Graph 5). According to the Behavioral Risk Factor Surveillance Survey (BRFSS), in the state of Arizona, 14.1 percent of respondents indicated that in the past year they could not see a doctor because of cost, and 16.3 percent of Maricopa County residents indicated they had no health insurance. The state of Arizona has a higher percentage of youth ages 0-18 without insurance compared to Maricopa County and the US (Graph 6). American Indian youth ages 0-18 are most likely to be uninsured, whereas in Maricopa County, youth who are Hispanic, Black/African American, or another race are more likely to be uninsured<sup>xii</sup>. When survey respondents in Maricopa County were asked about health care affordability, 60 percent indicated they *sometimes or never* have enough money to pay for health care<sup>xiii</sup>, and when asked what three *health problems* were impacting their community, access to health care was ranked highest (Graph 7).

### Graph 5

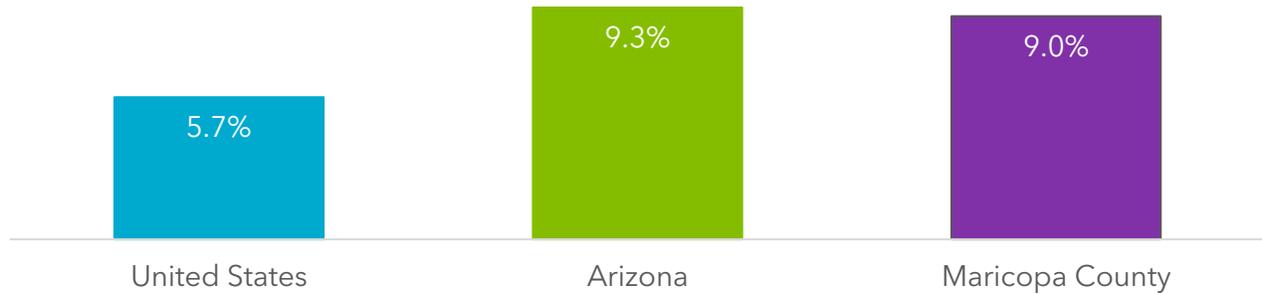
Percentage of Uninsured Population (under age 65) in Maricopa County, Arizona and the United States



Source: County Health Ranking, 2019

## Graph 6

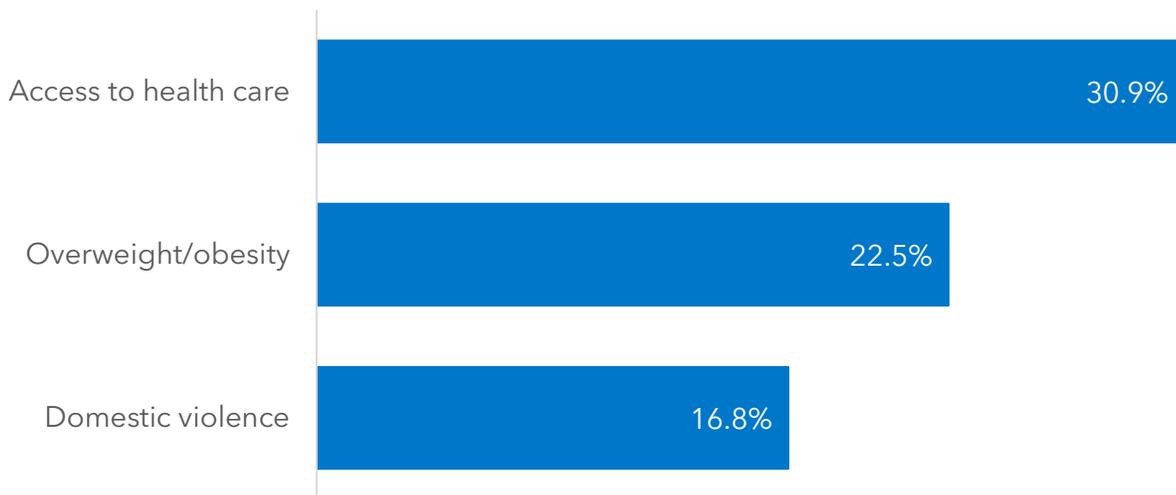
The state of Arizona has a higher percentage of 0-18 year olds without insurance compared to Maricopa County and the United States.



Source: American Community Survey, 2013-2017 5-year estimate and Maricopa County community survey 2016

## Graph 7

Community Health Survey Respondents Indicated Access to Care was the number one health problem in their community



Source: MCDPH Community Health Assessment Survey results (2016)

### 2. Behavioral Health

Behavioral Health refers to emotional, psychological and social well-being. It affects the way an individual think, feels, and acts. It also helps determine how a person handles stress, relates to others, and makes healthy choices<sup>xiv</sup>. In Maricopa County, mental health was ranked as the most important health problem impacting the community by key informants. This was echoed

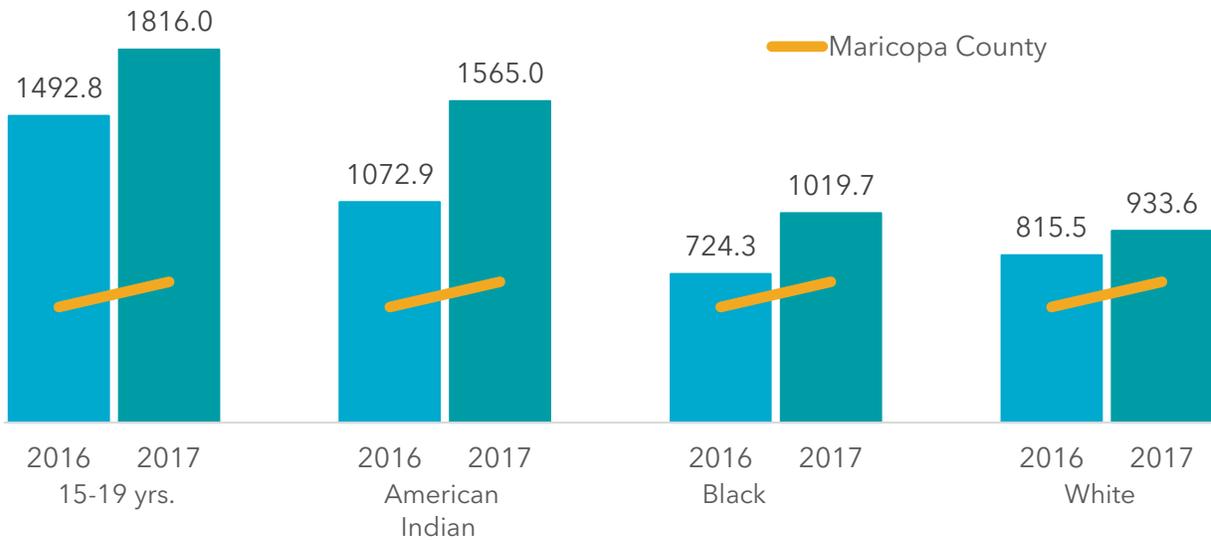
by participants in focus groups who believed mental health was one of top health issues impacting community residents.

In Maricopa County, rates for overall mental health emergency department (ED) visits increased from 2016 to 2017. This includes non-drug induced mental disorders such as schizophrenia, delusional disorder, bipolar disorder, major depressive disorder, persistent mood disorder, anxiety, PTSD, dissociative and conversion disorder, dementia, personality disorders, and adjustment disorders, mood and depressive disorders, and suicide<sup>xv</sup>.

Emergency department rates for all mental health diagnoses are highest among youth 15-19 years old, and in American Indian, Black/African American, and white populations<sup>xvi</sup> (Graph 8). The ED rates for intentional self-harm among youth 0-19 remain similar from 2016 to 2017, but are significantly higher in females, youth 15-19, and in American Indian and white populations<sup>xvii</sup> (Graph 9). For ED rates based on drug-induced mental diagnosis, males aged 0 - 19 have higher rates than females, and rates are higher in American Indian, Black/African American and white populations.<sup>xviii</sup> These drug-induced diagnoses include mental or behavioral disorders related to the use of psychoactive substances such as alcohol, opioids, cannabis, hallucinogens and other psychoactive substances (Graph 10).

### Graph 8

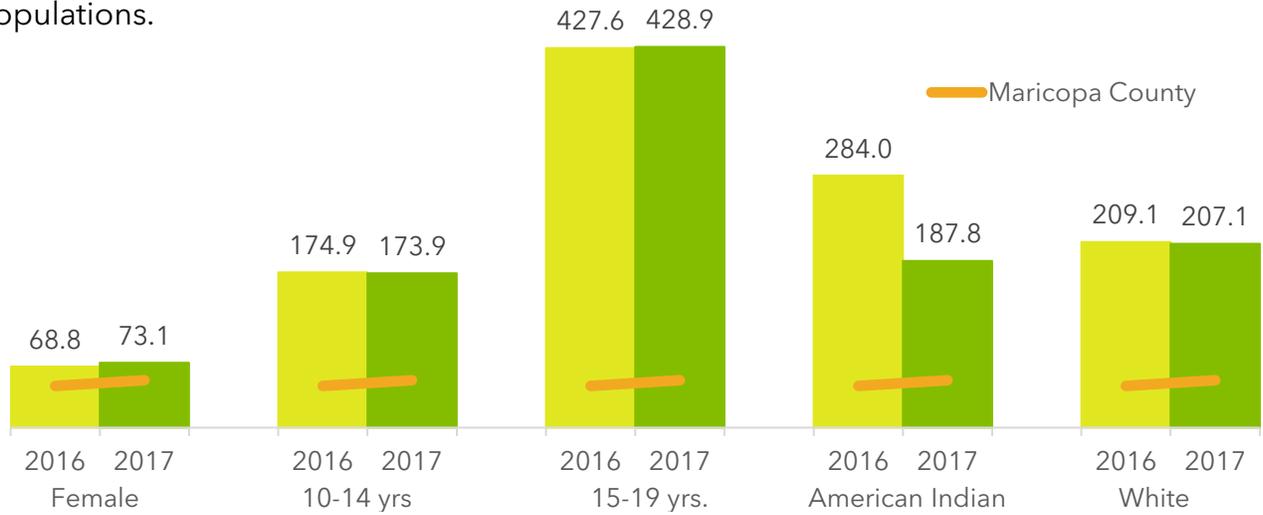
The **emergency department rates** (per 100,000) for all mental health diagnoses are **highest among 15-19 year olds, American Indian, Black, and White populations.**



Source: Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

Graph 9

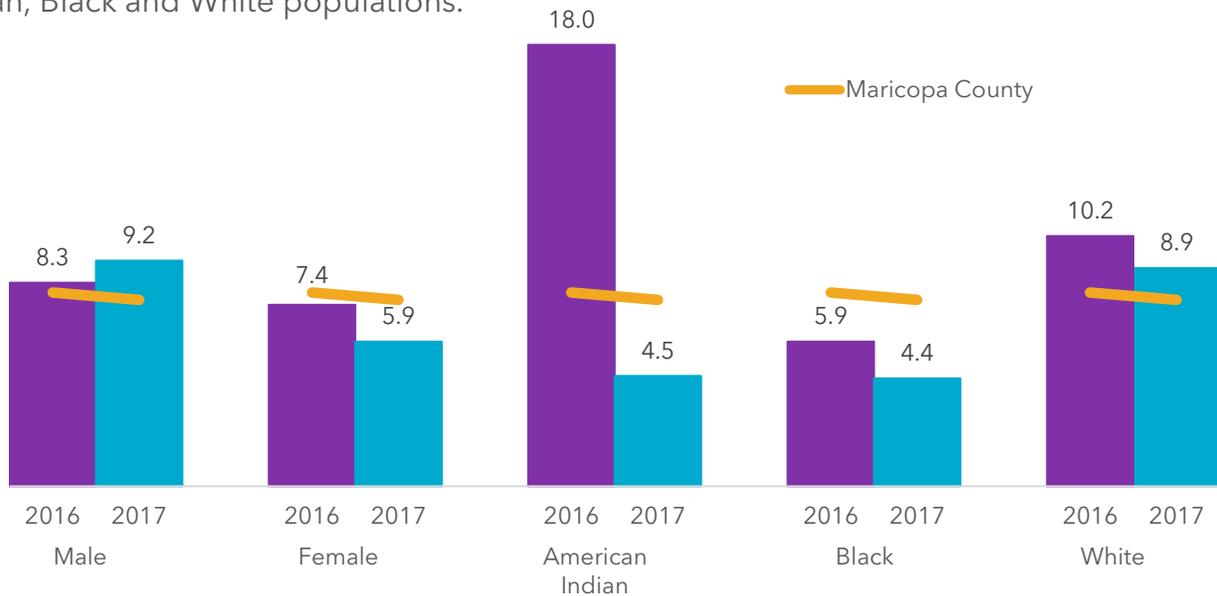
The **emergency department rates** (per 100,000) for **intentional self-harm** among youth 0-19 years of age in Maricopa County are **highest in females**, youth **ages 15-19**, and in the **American Indian & White** populations.



Source: Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

## Graph 10

The **emergency department rates** (per 100,000) for **drug induced mental diagnoses** among youth 0-19 years of age in Maricopa County have **decreased from 2016 to 2017**, specifically in females, American Indian, Black and White populations.



Source: Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

Inpatient rates for non-drug induced mental diagnosis among youth 0-19 years old have increased from 2016 to 2017 in both males and females, and in Black/African American and white populations (Graph 11). Inpatient rates specific to mood and depressive disorders among youth 0-19 years old increased from 2016 to 2017, with individuals 15-19 years old having the highest rates compared to other sub-populations in Maricopa County (Graph 12). Inpatient rates for schizophrenia among youth 0-19 are twice as high as ED visits, young male inpatient rates for schizophrenia are twice as high as females, and rates among Black/African American and American Indian populations have increased (Graph 13).

### Graph 11

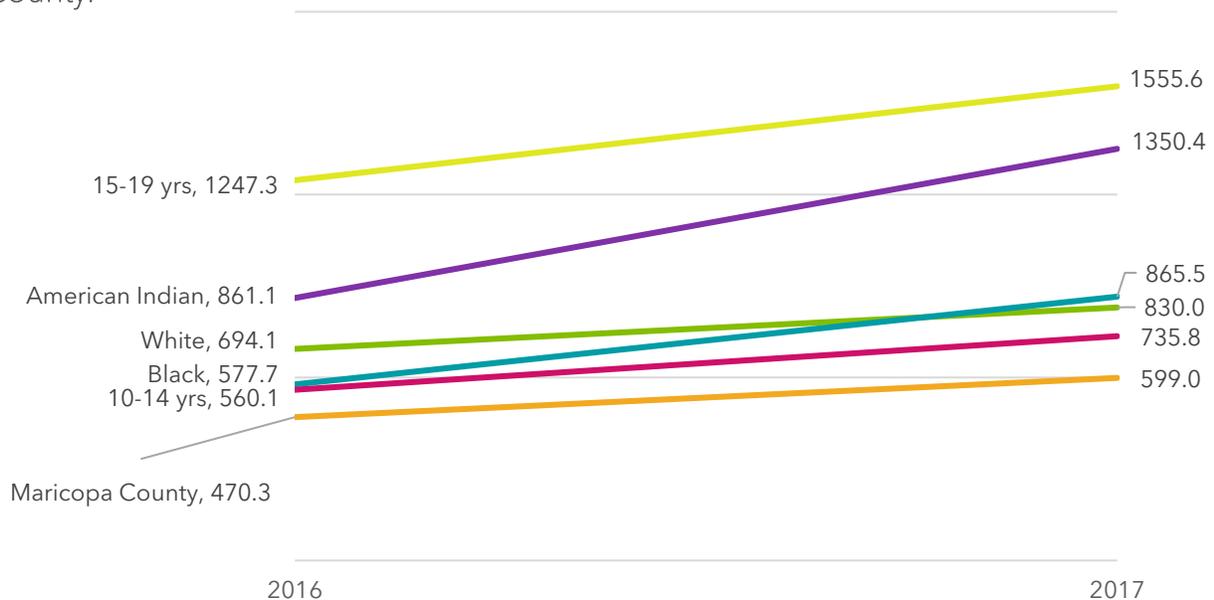
The **inpatient hospitalization rates** (per 100,000) for **non-drug induced mental diagnoses** among youth 0-19 years of age in Maricopa County have **increased from 2016 to 2017**.



Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

### Graph 12

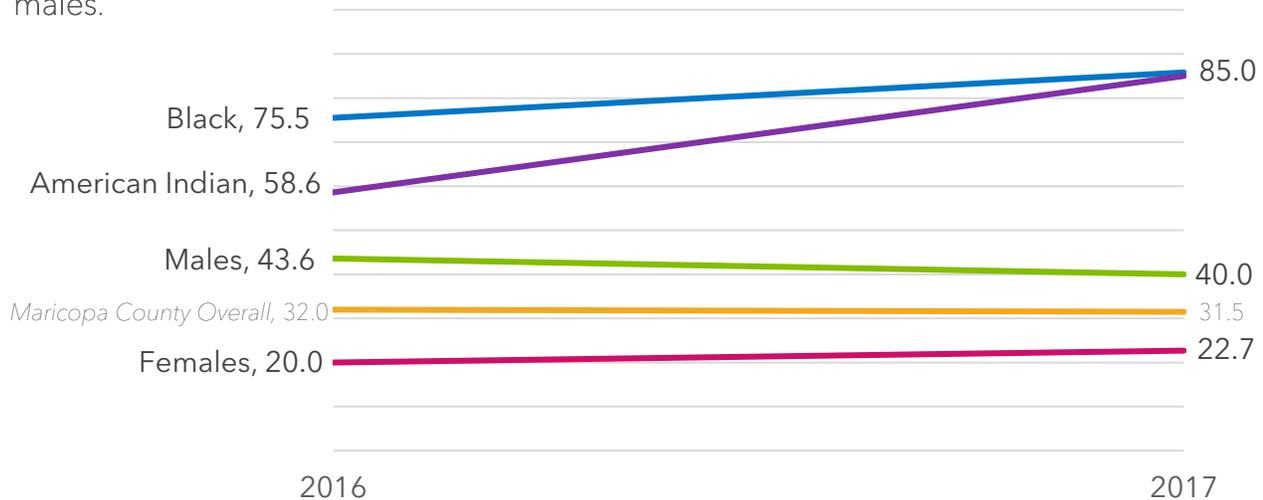
Inpatient rates for **mood and depressive disorders** among youth 0-19 years old have **increased from 2016 to 2017** in all groups and in Maricopa County.



Source: Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

### Graph 13

Inpatient rates for schizophrenia diagnoses among youth 0-19 years of age in Maricopa County increased from 2016 to 2017 for all groups except males.



Source: Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

### 3. Injury Prevention

Children are exposed to many hazards and risks as they grow, and unintentional injuries remain the leading cause of death and disability for children and teenagers in the United States<sup>xix</sup>. Common causes of fatal and nonfatal childhood injuries include drowning, unintentional suffocation, transportation-related injuries, firearm injuries, child maltreatment, and suicide. Transportation-related injuries include teen drivers or child passengers of motor vehicle crashes, pedestrian injuries, bicycle-related injuries, off-road vehicle injuries, and boating injuries. These causes of death and disability are predictable and preventable.

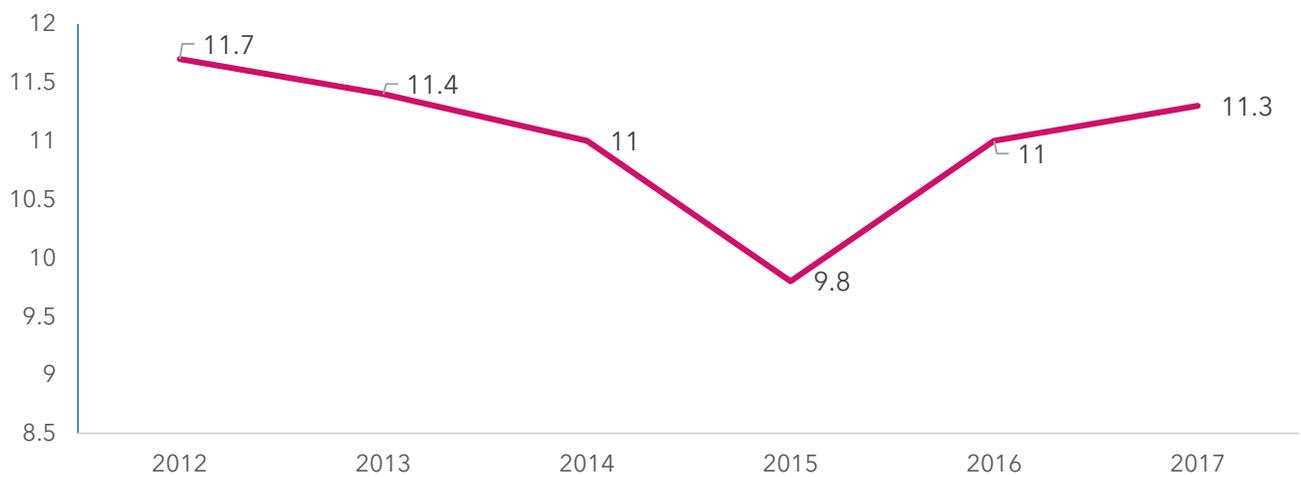
In Arizona, the overall mortality rate for unintentional injury increased 4% from 2016 to 2017 (Graph 14). Motor vehicle crashes and unintentional suffocation were the two overall leading causes of death due to unintentional injury. Mortalities for motor vehicle crashes and other transportation-related injuries have declined 8% overall from 2016 to 2017 (Graph 15). Males, American Indians, and teenagers of driving age are disproportionately represented among these mortalities. A lack of proper vehicle restraint, such as a car seat or booster seat, accounted for the highest number of transport-related deaths. Additional preventable factors identified were driver inexperience, recklessness, excessive speed, distraction, and substance abuse<sup>xx</sup>.

For deaths in and around the home, unintentional suffocation and drowning were the leading causes for which there is a determination available. Overall drowning rates among youth under 20 years of age have increased from 2016 to 2017 (Graph 16). Preventable factors for these deaths were identified as unsafe sleeping environment, lack of supervision, and bed sharing.

In 2017, 10% of all child fatalities were due to child maltreatment. Minority groups represent disproportionate rates of fatal child maltreatment across the state. There were more than 27,000 reports of child abuse and neglect in 2017 (Table 3). Homicides among children age 0-4 increased from 2016 to 2017 (Graph 17). Rates of hospitalizations and fatalities due to suicide have also increased among youth under 20 years of age (Graph 18).

### Graph 14

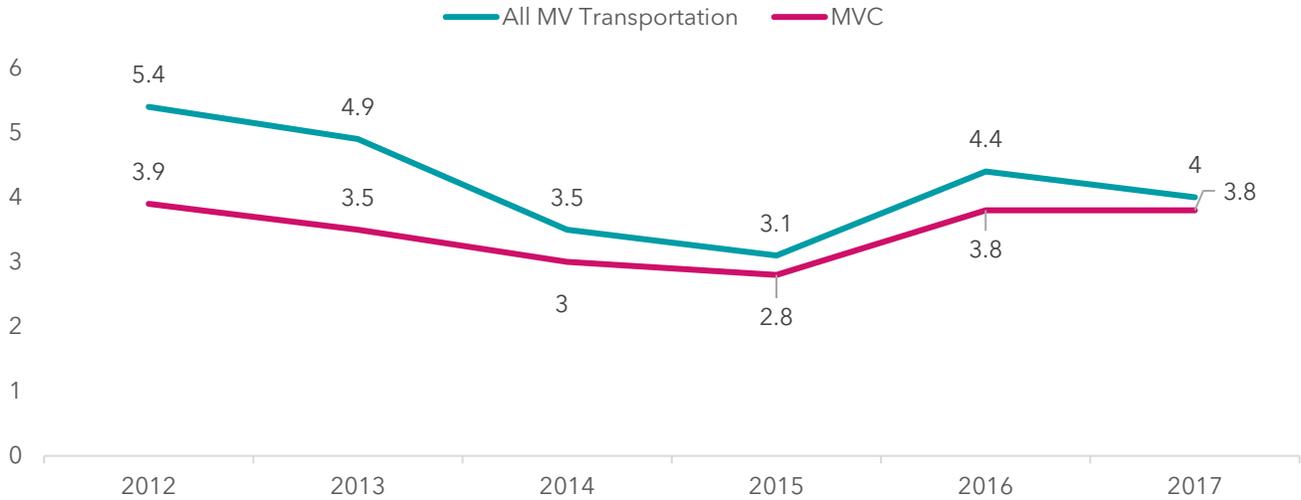
**Mortality rates** due to **unintentional injury** (accidents) for youth ages 0-17 steadily **decreased** from 2012 to 2015 and **increased** significantly from **2015 to 2017 in Arizona**



Source: State of Arizona child-fatality-review-annual-report (2018)

**Graph 15**

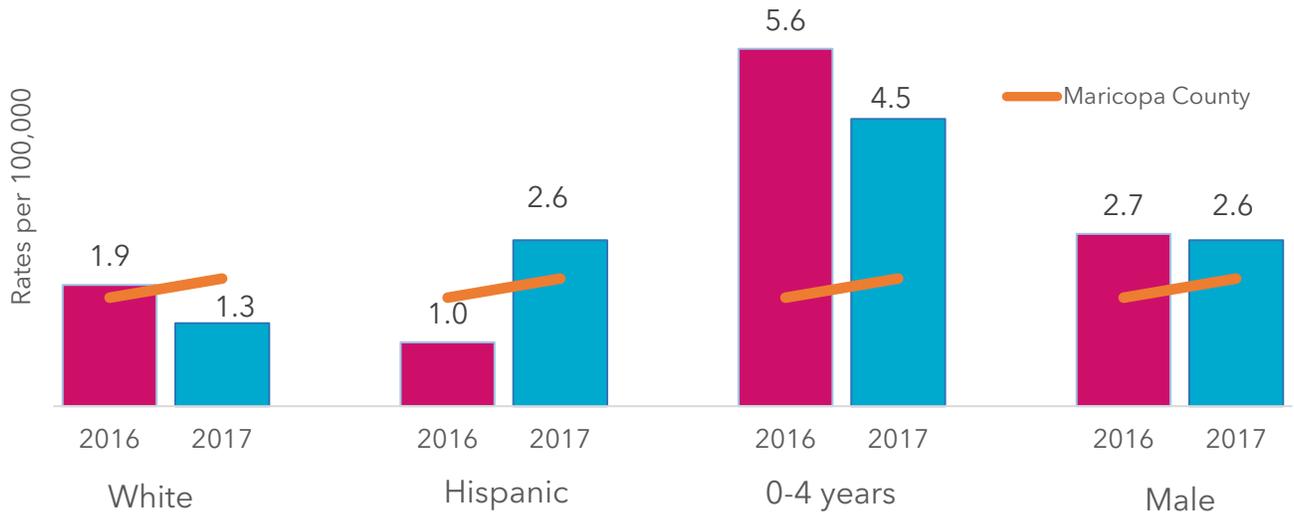
**Mortality rates** due to **All Motor Vehicle and Motor Vehicle Crashes (MVC)** for youth, ages 0-17 have varied from **2012-2017 in Arizona**



Source: State of Arizona child-fatality-review-annual-report (2018)

**Graph 16**

The **mortality rates from drowning** among youth under 20 years of age in Maricopa County are **highest** in youth 0-4 years.



Source: Maricopa County Death Data (2016-2017) from ADHS, analysis performed by Maricopa County

Table 3

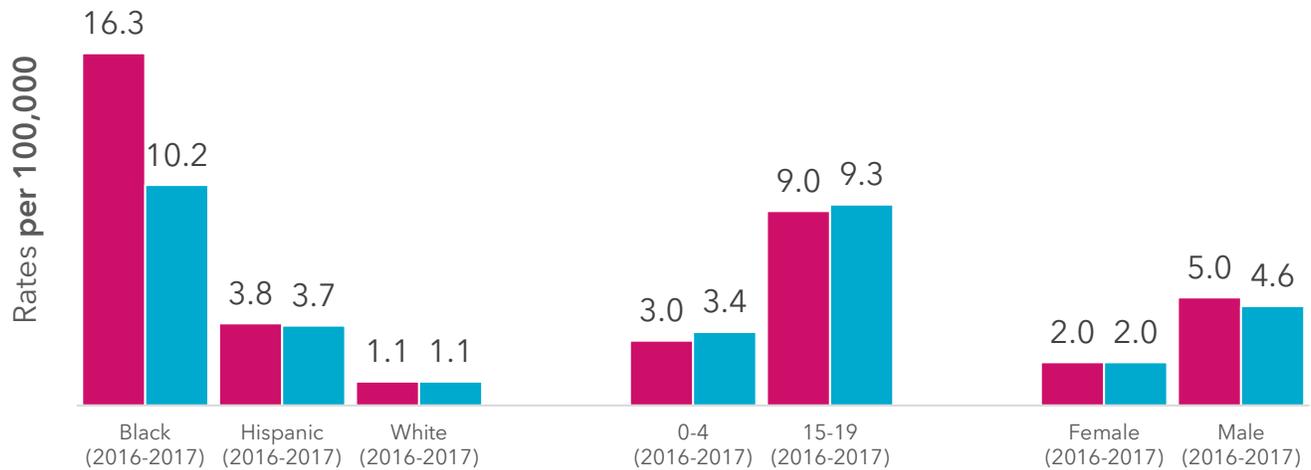
### Reports of child abuse and neglect

	2013	2014	2015	2016	2017
Arizona	44,193	48,041	51,963	49,324	47,836
Maricopa County	26,066 (59.0%)	29,861 (62.2%)	30,087 (57.9%)	28,865 (58.5%)	27,683 (57.9%)

Source: Department of Child Safety, Reports, Child welfare Category

Graph 17

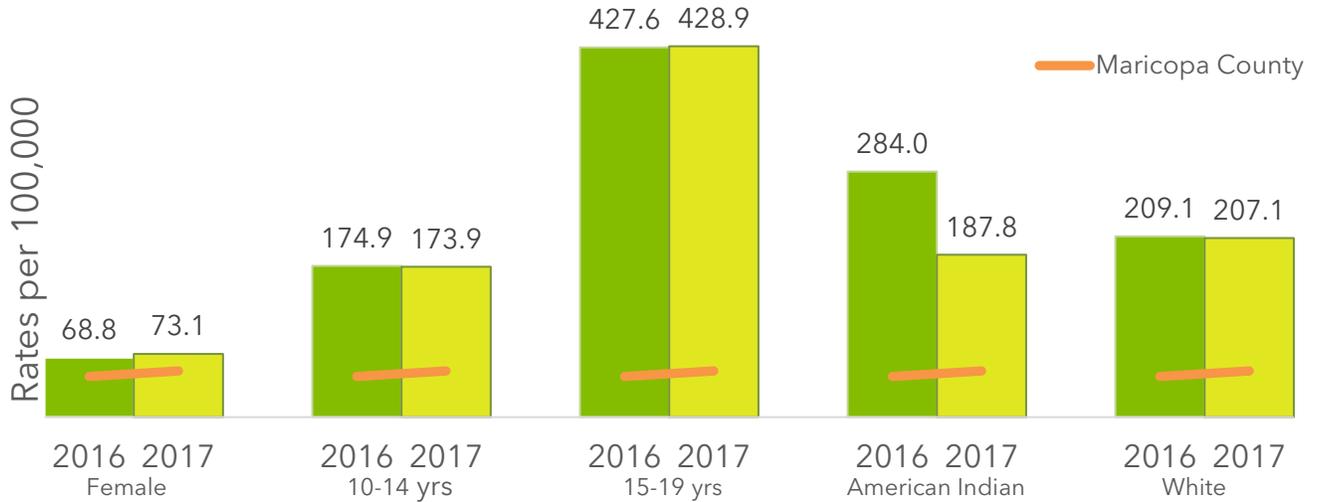
From 2016 to 2017, **homicide** rates among youth under 20 years of age in Maricopa County **decreased** for most groups with the exception of those age **groups 0-4 and 15-19**.



Source: Maricopa County Death Data (2016-2017) from ADHS, analysis performed by Maricopa County

### Graph 18

The **emergency department** rates for intentional self-harm among youth under 20 years of age in Maricopa County are **highest** in 15-19 year olds, **white** and **american indian** populations



Source: Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

# Feedback Received from Most Recent CHNA and Implementation Strategy Plan

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Since implementing the 2016 CHNA, Phoenix Children’s solicited and received feedback from key constituent groups representing Phoenix Children’s leadership, medical staff, community partners and others to identify community health needs and design implementation strategies. These individuals provided their input regarding whether Phoenix Children’s is meeting the health needs of the community, accompanied by detailed feedback about gap areas. They also identified other community needs that are *not* mentioned in the survey. Additionally, those who provided prioritization input made recommendations to address broader health care improvement in Maricopa County, from access to care and injury prevention to mental/behavioral health and physical activity/obesity prevention.

This report is widely available to the public on Phoenix Children’s web site at <http://www.phoenixchildrens.org/about-us/healthcare-outreach>, and a paper copy is available for inspection upon request at the Phoenix Children’s Center for Family Health and Safety.

Written comments about this report can be submitted to [mediarelations@phoenixchildrens.com](mailto:mediarelations@phoenixchildrens.com).

## Implementation Strategy for Addressing Community Health Needs

Phoenix Children’s has outlined strategies to address the prioritized community health needs: **access to care, behavioral health and injury prevention**. Additionally, the health system intends to track the impact of these strategies using measurable key performance indicators, leveraging existing hospital data and program enrollment, to validate Phoenix Children’s community health improvement efforts.

### 1. Access to Care

Strategy 1.1: Improve access to health care by facilitating insurance coverage for uninsured/underinsured pediatric patients whenever possible.

#### Tactics

- a. Reduce economic barriers to healthcare access for our uninsured and underinsured patients and their families by helping them navigate Phoenix Children’s financial assistance policy, insurance enrollment or providing financial counseling services for families who otherwise may not qualify for assistance.
- b. Expand Phoenix Children’s patients and their families’ access to health care via existing programs that offer subsidized care, including Crews’n Healthmobile, Breathmobile and Homeless Youth Outreach efforts.
- c. Advocate locally and nationally to expand health insurance coverage for pediatric populations.

#### Measurements

- a. Number of children enrolled in insurance plans and/or benefitting from financial assistance given
- b. Number of children who received care through subsidized programming and services
- c. Number of health care advocacy encounters including committee/meeting presence, government partnerships, passage of supported legislation

Strategy 1.2: Increase access to care for pediatric patients by expanding Phoenix Children’s footprint, processes and technology.

#### Tactics

- a. Development of the Phoenix Children’s Hospital - East Valley; hiring pediatric subspecialists for closer-to-home services for families outside of Phoenix Children’s Hospital main campus’ services area.
- b. Continued expansion of the Phoenix Children’s community network of pediatric primary care providers (Phoenix Children’s Pediatrics).
- c. Implementation of enhanced registration and scheduling technology to anticipate and respond to population needs and reduce the wait time for appointments.

#### Measurements

- a. Number of hospital admissions, patient days and physician office visits by year
- b. Number of Phoenix Children’s Pediatrics (PCP) providers, locations and clinic volumes by year
- c. Specialty clinic volumes by year

## 2. Behavioral Health

Strategy 2.1: Increase access to pediatric behavioral health services and improve outcomes among patients by developing programming and partnerships for treatment, education and care coordination.

#### Tactics

- a. Develop referral and continuity of care processes with providers who treat patients with Behavioral Health-related conditions and concerns.
- b. Expand utilization of the Phoenix Children’s Psychiatry Bridge Clinic to safely transition patients from acute care (inpatient and ED) to outpatient behavioral health services.
- c. Increase clinical education among community pediatricians to diagnose, refer and/or treat ADHD, anxiety, depression and other routine behavioral health conditions through the Phoenix Children’s-sponsored Faculty Learning Community (FLC) Psychiatry continuing education program.

#### Measurements

- a. Referrals and referring provider count to Phoenix Children’s behavioral health services
  - a. Patients referred to Phoenix Children’s by community pediatricians
- b. Number of patient encounters through the Phoenix Children’s Bridge Clinic
- c. Number of community pediatricians enrolled and completing the FLC Psychiatry program

Strategy 2.2: Improve public awareness, education and perception of pediatric behavioral health, mitigating against barriers to early identification and behavioral health treatment.

#### Tactics

- a. Enhance efforts to develop Adverse Childhood Experiences (ACEs) programming, including expanding screenings for ACEs in children presenting for care at Phoenix Children’s facilities. Phoenix Children’s to support its patients, their families and the community in preventing adverse childhood experiences, which may lead to future health issues. Our work also includes training educators, families, health care providers and other influencers on trauma-informed teaching methods. These methods help children experiencing ACEs build resiliency and manage toxic stress.
- b. Advocate alongside lawmakers and the community for education about the interdependencies of physical and mental health.
- c. Implement regular public relations efforts raising the topic of pediatric behavioral health, including published commentaries from Phoenix Children’s experts, featured news stories on ACEs and trauma-informed methods, and community events.

#### Measurements

- a. Number of ACEs program referrals and screenings performed in Phoenix Children’s or PCCN care locations
- b. Annual planned healthcare advocacy efforts including committee/meeting presence, government partnerships, passage of legislation, etc.
- c. Number of earned media coverage (reach, sentiment, etc.) and community awareness through online engagement and event attendance

### 3. Injury Prevention

Strategy 3.1: Expand child injury prevention efforts at Phoenix Children’s Center for Family Health and Safety and within Arizona communities at disproportionate risk for both intentional and unintentional injuries.

#### Tactics

- a. Increase provision of injury prevention materials and education in the community. (See Appendix C for list of programs.)

- b. Use targeted social media, TV coverage, radio public service announcements, interviews, and print media to educate and inform on injury prevention.
- c. Develop training for Phoenix Children’s staff to provide injury prevention resources and education to families and other care partners in the community.

#### Measurements

- a. Number of offerings, events participated in and number of participants engaged in injury prevention education/training.
- b. Number of messages, earned media stories (reach, impressions, etc.), interviews and PSAs focused on injury prevention.
- c. Number of Phoenix Children’s staff and partners trained in providing injury-prevention education, along with the number of educational offerings and attendees.

# Impact of Actions Taken Since Preceding CHNA

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## Access to Care: Action since preceding CHNA

### **Phoenix Children's Hospital Emergency Department**

In 2017, Phoenix Children's Hospital built a new 42,000+ square-foot emergency department (ED) and Level I Pediatric Trauma Center with 75 private exam rooms. The original ED, an 18,600 square-foot facility with only 23 exam rooms, was intended to serve 22,000 ED patients a year. With the expansion, Phoenix Children's can now accommodate 100,000 patients annually. In response to the health care demands of a growing pediatric population, along with medically complex patients across the State (and especially in Maricopa County), the hospital's growth in facilities and clinical programs is a direct reflection of a deep commitment to the community it serves.

### **Phoenix Children's Care Network**

Phoenix Children's Care Network (PCCN), the largest pediatric focused clinically integrated network in the state, continues to expand its geographic provider coverage to improve access to primary care physicians and pediatric specialists. The network is comprised of more than 1,000 primary care, general pediatric and subspecialty providers across the state. Since PCCN was established in 2013, the alliance of providers encompasses more than half of all general pediatricians and 80 percent of pediatric specialists in Maricopa County. Underscoring the importance of comprehensive health care and access for children in the community, PCCN's exclusive partnership with Arizona Care Network (ACN) for pediatric services drives clinical accountability and shared goals of targeted, community-wide health improvements.

### **Enhancing access and coordination with payer contracts**

Phoenix Children's financial counselors are available seven days a week to help patients and their families navigate the complexities of the health care industry and the cost of services. These counselors help families understand insurance benefits, provide details about estimated charges for health care services, and make financial arrangements for care. The team is also available to educate families on the health care benefits to which patients and families are entitled. Based on eligibility, financial counselors will facilitate the application process for commercial insurance or AHCCCS coverage, as well as completion and submission of Phoenix Children's financial assistance applications. From 2017 to 2018, Phoenix Children's converted 47 percent (4,249) of self-pay patients to AHCCCS. Currently, the conversion rate from self-pay to AHCCCS is 65 percent.

In April of 2019, Phoenix Children's evaluated the Financial Assistance Policy, expanding parameters that resulted in a larger population that would qualify for financial assistance. Consistent with the mission to deliver compassionate, high-quality, affordable health care services, Phoenix Children's strives to ensure that an individual's financial capacity does not prevent them from seeking or receiving the care they need. Importantly, patients are eligible for discounted care based on family income as a percentage of the Federal Poverty Level:

- Individuals who complete a Financial Assistance Application whose family income is 225 percent or less of the Federal Poverty Level receive medically necessary care at Phoenix Children’s at no charge.
- Individuals whose family income is between 226 percent and 400 percent of the Federal Poverty Level receive discounted care based on service line, including:
  - 73.9 percent discount for Phoenix Children’s Hospital services
  - 65.5 percent discount for PCMG services
  - 61.5 percent discount for PCP services

On the payer side, insurers have recognized the importance of growing the reach of this pediatric-focused network. In 2018, five different health plans (including managed Medicaid, direct-to-employer and administrative service model plans) contracted with PCCN. Additionally, PCCN has been partnering with UnitedHealthcare since 2017 to maintain an accountable care program that aims to improve quality, reduce costs and enhance care coordination for patients. As part of this relationship, complex care patients benefit from the Special Needs Initiative, which pairs families with PCCN care coordinators who guide them through appointments, services and any special equipment needed. A large part of this also includes leveraging UnitedHealthcare data regarding patients’ medical history to reduce waste and overutilization (like unnecessary hospital admissions) while improving quality of care and ease of care coordination.

### **Community Health Care Services**

While Phoenix Children’s is in-network for many residents in Maricopa County, it’s critical that quality health care reaches vulnerable, uninsured community members. Through the Homeless Youth Outreach program, mobile medical units and other programs, health care from Phoenix Children’s meets Arizona’s youth where it makes sense for *them*—whether that’s at school, in their neighborhoods or at local shelters.

In addition, Phoenix Children’s Office of Public Affairs group advocates for municipal, state and federal legislation to improve the health, safety and well-being of Arizona’s youth. In recent years, proposed Medicaid funding cuts have threatened to derail Arizona’s progress in delivering quality, affordable healthcare to the state’s most vulnerable population. Phoenix Children’s advocacy efforts have been successful in protecting coverage for children from low-income families and for kids fighting serious illnesses who depend on Medicaid to pay for treatments not covered by private insurance.

In addition to fighting to protect Medicaid for children, Phoenix Children’s also provides health care at no cost to patients who need it most. For example, in 2018 alone, Phoenix Children’s gave more than \$115 million in charity and uncompensated care, this is up from the more than \$99 million the organization gave in charity care in 2017.

### **Homeless Youth Outreach Program**

The Homeless Youth Outreach (HYO) Program has provided hope and holistic health care to homeless and at-risk youth for 20 years. Arizona ranks 45 out of 50 states in child homelessness, child well-being, risk for child homelessness and state policy and planning efforts that support the state’s children. Phoenix Children’s HYO directly addresses these shortfalls. The program is comprised of nine part-

time health care providers and 15 staff members and hosts 30 half-day mobile clinics offering integrated medical and behavioral health services.

In 2018, HYO saw more than 1,500 unique patients through over 8,800 patient encounters. This includes services from physicians, mental health professionals, nurses and case managers.

### **Crews'n Healthmobile**

The Crews'n Healthmobile, a NCQA Level 3-accredited medical home, is a 38-foot mobile medical unit (MMU) developed by Phoenix Children's in partnership with Children's Health Fund and HomeBase Youth Services. The three MMUs bring free, comprehensive medical care directly to Maricopa County's homeless youth population. In addition to the clinic-on-wheels, the program established multiple fixed-site clinics located within UMOM New Day Center, Children First Leadership Academy, the Youth Development Institute and Phoenix Dream Center. All four fixed-site clinics serve individuals in shelters, residential or transitional living group homes and schools in underserved, underinsured areas in Phoenix.

### **Breathmobile**

The Phoenix Children's Breathmobile is an asthma clinic MMU that travels to inner-city schools in Phoenix, providing asthma diagnoses, treatment and follow-up to uninsured and underinsured children in the community.

### **Geographic Expansion**

Amid burgeoning population growth, Phoenix Children's maintains existing and pursues new partnerships to meet the needs of Arizona's children and provide premier pediatric health care services to Maricopa County families and beyond—regardless of their location or proximity to the main hospital campus. The same high-quality, pediatric-focused care that Valley residents have trusted for decades continues to expand. From subspecialty care to after-hours Urgent Care in every corner of the state (Valley?), Phoenix Children's is dedicated to being conveniently located where children and families need us most.

### **East Valley**

The rapidly growing East Valley community, referring to Mesa, Tempe, Gilbert, Chandler, Queen Creek and Apache Junction, has been a key area of focus for Phoenix Children's expansion in Maricopa County. In 2014, Phoenix Children's opened a 22-bed pediatric inpatient unit inside Dignity Health Mercy Gilbert Medical Center.

In 2018, Phoenix Children's and Dignity Health broke ground on the Women's and Children's Pavilion, a state-of-the-art medical center designed to better serve the health care needs of women and children in the East Valley. Located on the Mercy Gilbert Medical Center campus, the five-story, 378,000 square foot building will include a 60-bed Level III neonatal intensive care unit (NICU), a 24-bed pediatric emergency department and six pediatric operating rooms. This means comprehensive services through Phoenix Children's Fetal Care Center will soon be available to East Valley families facing complications in pregnancy and after birth. As part of this effort, 24 labor and delivery rooms

and 48 post-partum beds, operated by Mercy Gilbert, are also planned for the new building. Its expected completion date is late 2020.

Over the last decade, Phoenix Children’s specialty services have grown considerably in the East Valley. The health system now provides a full spectrum of pediatric health care. Pediatric subspecialties available to this community include:

Allergy	Hospital Medicine	Physical Therapy
Cardiology	Nephrology	Plastic Surgery
Dermatology	Neurology	Psychiatry
Developmental Pediatrics	Neuropsychology	Psychology
Endocrinology	Neurosurgery	Pulmonology
Gastroenterology	Occupational Therapy	Rheumatology
General Surgery	Ophthalmology	Sports Medicine
Genetics	Orthopedics	Urology
Hematology/Oncology	Otolaryngology (ENT)	

**Phoenix Children’s Specialty and Urgent Care Centers**

Over the last 15 years, Phoenix Children’s has opened four Specialty and Urgent Care centers in areas that desperately needed closer-to-home pediatric health care. Certain Maricopa County communities, like the Southwest Valley (Buckeye, Avondale and Goodyear), are growing rapidly. But when families are located 20+ miles away from Phoenix Children’s main hospital campus, access to care can be impeded by things like work and school schedules, access to transportation, and simply time spent traveling to receive care.

Specialty and Urgent Care Centers’ locations are strategically positioned in the fastest-growing areas around the Valley. For example, the Phoenix Children’s Southwest Valley Center is a specialty clinic by day and urgent care on nights and weekends; it’s located roughly 25 miles from Phoenix Children’s Hospital. In 2018 alone, Phoenix Children’s Specialty and Urgent Care Centers treated more than 100,000 patients:

Location	Urgent Care visits	Specialty Clinic visits
Southwest Valley Center	19,347	20,829
Northwest Valley Center	9,551	9,098
Scottsdale Center	7,418	12,389
East Valley Center	12,748	19,480

**Phoenix Children’s Pediatrics–Primary Care**

In addition to specialty and urgent care needs, general pediatrics primary care remains a need for Maricopa County families. Phoenix Children’s Pediatrics is a partnership between Phoenix Children’s and community-based pediatric practices that improves care—and access to care—for Arizona children. These providers leverage the robust network of Phoenix Children’s Hospital and PCCN to refer their patients in North Phoenix, Scottsdale, Gilbert, Chandler and San Tan Village directly to Phoenix Children’s highly specialized services.

### **Developmental and Sensory Screenings**

Phoenix Children’s has several multidisciplinary developmental screening and diagnostic clinics that provide evidence-based evaluation and treatment of children who may have developmental or sensory disorders. This includes the ADHD Diagnostic Clinic (also a resident teaching program) developed as a collaborative effort between the Autism Diagnostic Clinic and Phoenix Children’s General Pediatrics and Developmental Pediatrics. Each clinic employs research-backed, specialized assessments, comprehensive care including community resources for families, and standardized screening tools.

### **Phoenix Children’s and the Arizona Department of Economic Security Division of Developmental Disabilities**

In addition to providing direct patient care through our diagnostic clinics, Phoenix Children’s is committed to be an educational resource for other pediatric health care providers across the Valley. The Early Access to Care (EAC-AZ) program, established in 2015 by Barrow Neurological Institute at Phoenix Children’s, is a community-based education, identification, screening and treatment model for providers who may work with children with autism spectrum disorder (ASD). Through EAC-AZ, primary care physicians receive training to identify and diagnose ASD using best-practice screening tools and scales to identify the disorder in children.

In 2019, Phoenix Children’s and the Arizona Department of Economic Security’s Division of Developmental Disabilities (DDD) established a partnership to expand the EAC-AZ program. This is noteworthy because DDD previously recognized ASD diagnoses only from a small group of specialists and pediatric subspecialists. However, the partnership with DDD allows for diagnoses from primary care providers and general pediatricians (who have completed training as provided by EAC-AZ). Considering many families live in areas with a shortage of pediatric specialists and rely on primary care providers for children’s health care, directly addresses a community need and speeds up access to services for children with ASD. Led by Dr. Richard E. Frye, Chief of Neurodevelopmental Disorders at Phoenix Children’s, and the DDD Chief Medical Officer, Dr. Cody Conklin-Aguilera, this increased availability of diagnoses and medical home provisions translates to earlier, more effective and more accessible intervention for children with ASD.

### **Advocating for Access**

As a leader in pediatric health care in the Maricopa County community, Phoenix Children’s regularly advocates for health care-related legislation, funding and program support for Maricopa County residents. Most recently, the hospital’s focus areas have included making care more accessible, both in regulatory changes that remove barriers for clinical professionals and in funding for state health insurance.

## **Professional Licensing with Universal Recognition**

In collaboration with the Governor's office, Phoenix Children's advocated for the passage of legislation that recognizes current occupational licenses granted from other states as licensure in Arizona. Reciprocity allows licensed professionals—including health care workers—to gain swift employment, eliminating the bureaucracy and delays associated with the Arizona process. Removing this barrier and making it easier for licensed clinicians to start working in the community is critical to addressing health care worker shortages, better serving the patients who need this care the most.

## **Program Funding**

The state's health insurance program for children in low-income families, KidsCare, was threatened by a mandatory freeze in enrollment when federal support for the program fell below 90 percent. Phoenix Children's successfully advocated for the state to appropriate general fund money to override the mandatory freeze, keep KidsCare solvent, and maintain the program and its integrity.

In the same way, Phoenix Children's supported legislative actions to repeal a mandatory freeze without a budget cap on the State Graduate Medical Education (GME) program. New funds, distributed separately from the existing Graduate Medical Education program, were made available for residencies, nursing programs, and loan forgiveness in both urban and rural locations. This action directly impacts the increasing physician shortage in the state.

## **Behavioral Health: Action since 2016 CHNA**

### **Phoenix Children's Psychiatry**

The Psychiatry department at Phoenix Children's brings healing to patients via a collaborative effort—including medication management, family-based interventions and individual therapy.

### **Staffing**

Psychiatry staff at Phoenix Children's has grown to 10 psychiatrists. As part of this expansion, the department started a Child and Adolescent Psychiatry Fellowship program, successfully recruiting the first two fellows in July of 2019. One of these individuals has been trained and is certified in perinatal mental health—a first for Phoenix Children's. She is currently working on infant psychiatry training and the associated certification.

### **Expansion of Services**

The number of inpatients "bio-behavioral" beds grew to 23 at the Phoenix Children's Hospital main campus. Additionally, Phoenix Children's opened the Bridge Clinic in 2017, designed to treat patients with behavioral needs in the ED but prevent inpatient hospitalization. This program ensures that psychiatry staff see patients within days of their emergency room discharge until permanent appointments are secured with community physicians. The Bridge Clinic addresses huge gaps in behavioral and mental health care. Pediatric patients are often hospitalized for psychiatric care, and while they don't require inpatient admission, they can't wait the weeks (and sometimes months) to get a psychiatry appointment. Instead, these patients are seen within 48 hours of their initial ED visit, and then receive care via the Bridge Clinic for 60 days. The Bridge Clinic is a transitional care setting for patients to secure a long-term psychiatrist or therapist. In 2018 alone, more than 400 patients received

care at the Bridge Clinic. Now, the program is expanding to the East Valley, where it will be housed in the multi-specialty building that's under construction at the Dignity Health Mercy Gilbert Medical Center campus and scheduled to open in early 2020.

### **Continuing education and training for community physicians**

A direct response to the shortage of mental health providers in Maricopa County (and the growing number of children with mental health needs), Phoenix Children's is developing a continuing medical education program that aims to train pediatricians in handling routine behavioral and mental health care needs. The year-long faculty learning community program will teach pediatricians about identifying, treating and managing common behavioral health needs such as attention deficit disorder, anxiety and depression in their existing patient population.

### **Adverse Childhood Experiences (ACEs) Care and Program Integration**

As a founding member of the Arizona ACEs Consortium, which started in 2007, Phoenix Children's has been at the forefront of ACEs work on a local and national scale. This consortium is comprised of more than 450 individuals representing well over 100 community organizations.

The new Phoenix Children's ACEs initiative is a five-year pilot program and represents an expansion on the health system's work in clinical ACEs care. The program primarily works with patients from three clinics: Phoenix Children's Medical Group (PCMG) Division of General Pediatrics, Phoenix Children's Homeless Youth Outreach program, and a community-based pediatric practice. The clinics provide support to administer screenings for ACEs and toxic stress in patients. Plans are in place to expand throughout the Phoenix Children's Hospital system and the Phoenix Children's Care Network with the goal of expanding these screenings statewide. Launched in 2019, the program looks at intervention and resiliency training to determine and correct gaps in community services. The program mission centers on transforming the lives of Arizona children who have experienced adversity or trauma by providing science-based, integrative care services for every patient who needs it.

In the pilot program, assessments are taken during the patient intake processes. This enables integration with the PCMG electronic health record and increasing clinic workflow and referrals.

Additionally, the program provided screenings for children and training to other hospital and community groups such as the Phoenix Children's Hospital Trauma-Informed Care Workgroup, the Child Abuse Prevention Conference, and other networks that work with at-risk youth populations.

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

### **Injury Prevention: Action since 2016 CHNA**

#### Family Health and Safety Education and Outreach

Across Maricopa County, Phoenix Children's Center for Family Health and Safety (CFHS) is dedicated to providing health and safety education as well as parenting resources at zero cost to residents. This includes:

## Road Safety Programs

- **Child Passenger Safety Program:**
  - CFHS offers bi-monthly classes and car seat checks where Phoenix Children’s technicians check car seat installations, provide education, distribute car seats and provide special needs consultations for those children whose health conditions require specialized safety interventions.
  - The organization has delivered 3,000 educational sessions about child passenger safety.
  - CFHS also has distributed 4,000+ car and booster seats.
  - The Child Passenger Safety program provides 80% or more of services to marginalized populations like refugee, immigrant and lower-income populations in Maricopa County; many of these populations are at disproportionate risk of transportation-related injury and death.
- **Helmet and Pedestrian Program:**
  - Phoenix Children’s community outreach programs include consultations and interventions to educate children and parents on the importance and correct use of helmets, bicycles, scooters, skateboards and all-terrain vehicles.
  - The program has distributed 2,000+ helmets to protect children in bicycle-related injuries, which cause more emergency room visits among kids ages 5-14 than any other sport.
- **Teen Driving Program**
  - 400 students at high schools across the state serviced by the Teen Driving Program in 2017
  - Program identifies and addresses the causes of teenaged driver crashes and injury including lack of driver experience, young age at licensure, failure to use safety belts, inadequate hazard-perception skills, distraction (cellular phone, food, drink, and music), transporting teenaged passengers, nighttime driving, speeding, among many others.

## Strong Families Program

- **Triple P® Parenting:**
  - This program provides parents of children 0-12 years of age with strategies to encourage their children’s social and language skills, expression of emotions, independence and problem solving.
  - 320 caregivers have participated in Triple P Level 4 Parenting Classes offered by CFHS since 2015.

- 188 caregivers attended the Triple P Selected Seminar Series from CFHS on topics like child development, managing misbehavior and planning for high-risk situations from 2017 - 2019.

### **Safe Sleep and Home Safety**

- CFHS' Keep your Baby Safe Program combines education on Safe Sleep and Home Safety for parents to baby proof a home and prevent injuries.
- The program offers free two-hour training sessions, in English and Spanish, along with Keep Your Baby Safe Kits, which include a Pack 'n Play along with other home safety products). The sessions directly address suffocation risk for infants and train parents in proper, safe sleep routines for their babies.

### **Water Safety Program**

- Water Safety Education materials provided to parents and coordinators through the following Maricopa County institutions:
  - Arizona Department of Child Safety
  - Child Crisis Center
  - Southwest Autism Research and Resource Center
  - Arizona Friends of Foster Families
  - Arizona Domestic Violence Coalition
  - Municipal fire and aquatic departments
- In partnership with Valley Toyota Dealers, CFHS also distributes water safety kits designed to help parents of toddlers reduce the risk of drowning. Kits include tips to reduce parent stress and distractions at the pool area along with a bag, towel, "Pool Boss" card and infographics on safety at the pool.
- Through its partnership with SRP, CFHS offers free, one-hour "Playing it Safe" workshops to help parents and caregivers of children ages 5 and under reduce stress at the pool with a custom water safety plan.
- Purple Ribbons for Awareness: Phoenix Children's coordinates a statewide purple ribbon campaign to increase public awareness of drowning and reduce the risk to children. Ribbons are available at Phoenix Children's sites of service Valley-wide. The program is also promoted on social media with #BeH2OAware.

## **Addressing Social Determinants of Health: Action since 2016 CHNA**

### **Nutrition**

As a community partner dedicated to children’s health, Phoenix Children’s found it critical to raise food donations for at-risk families each summer. The health system teamed up with St. Mary’s Food Bank to provide cereal to the most vulnerable children in the community.

Phoenix Children’s annual Cereal Drive started in 2013 as a way for employees to give back to the community. Each summer, donations to the food bank decrease while demand for services spikes upwards – with many children at home and no longer receiving the free or reduced-lunch meals offered at school. For many families, providing two additional meals at home is an overwhelming hardship.

For the last four years, Phoenix Children’s employees have donated an impressive amount of cereal to St. Mary’s Food Bank Alliance:

- 2016 - 89,764 servings
- 2017 - 173,856 servings
- 2018 - 1.3 million+ servings
- 2019 - 1 million+ servings

## **Social Work**

Across the Phoenix Children’s health system, there are 14 donor-restricted funds that are focused on different aspects of patient family support, totaling more than \$1 million in support disseminated throughout the year. Families who are faced with funeral expenses and related costs when their child does not survive their illness or trauma are also assisted by Phoenix Children’s via specialized funds that defray these costs. Eight of the 14 funds are managed by the Social Work team at Phoenix Children’s, including, but not limited to:

- > \$74,000: Cystic Fibrosis (CF) Assistance—for families receiving ongoing care for CF
- > \$80,000: Patient and Family Hardship Assistance—for families to coordinate transportation to the hospital after insurance support is exhausted
  - This includes \$10,000-15,000 in taxis, bus passes and gas cards, as well as airfare through Southwest for qualifying patient families who can’t afford to travel out of state to be with their child in the hospital
- > \$80,000: Family Meal Assistance—more than \$7,000 per month to provide supplemental meal assistance for families with a child in inpatient care for an extended period of time
- > \$60,000: Evan’s Family Assistance Fund—for families with financial burden who are receiving hematology/oncology care
- > \$14,000: NICU Patient and Family Support—for families receiving care in the NICU

The Social Work team at Phoenix Children’s has worked diligently to build out its therapy assistance program. Since its inception in June 2018 with one therapist, it has grown to nine full-time therapists supporting families in various hospital departments. Growing this program shows the commitment of

the Phoenix Children’s leadership, who recognize the need to provide support to patients and families who must receive ongoing care for highly complex medical conditions.

Once a child has completed medical treatment with Phoenix Children’s, the Social Work team works to connect the family with additional, independently licensed therapists to ensure the child continues to receive the right care. These staff members are allocated across the hospital departments:

- 2 full-time therapists support families receiving hematology and oncology care through the Phoenix Children’s Center for Cancer and Blood Disorders
- 2 full-time therapists support families through various behavioral health diagnoses
- 1 full-time therapist supports endocrine families who must navigate difficult, lifelong diagnoses
- 1 full-time therapist supports families of the Phoenix Children’s Heart Center whose children are facing complex heart conditions
- 24/7 therapist support for patients with mental health needs who present for care at the Phoenix Children’s Emergency Department

### **Community Engagement: Family Advisory Council**

Family Advisory Councils (FACs) are diverse groups of parents, patients and family members who have received care at Phoenix Children’s facilities. Each council represents different inpatient and outpatient experiences. Members work collaboratively with staff to promote family-centered care and improve the patient and family experience throughout Phoenix Children’s.

The FAC concept started in 1983 as one group of parents of Phoenix Children’s patients (known as the Parent Advisory Council). Since then, it’s grown to include multiple FACs. Phoenix Children’s was one of the first children’s hospitals in the country to form a parent council, and the input, suggestions and insight provided by these groups are invaluable to the health system’s operations. These advisory groups help ensure Phoenix Children’s leadership and clinicians are hearing directly from the people we serve, across all areas of our organization. Indeed, to effectively serve the community, Phoenix Children’s relies heavily on the real-life experience of patients and families.

Currently, Phoenix Children’s has nine councils representing different areas of care:

- Main Family Advisory Council
- Ambulatory Family Advisory Council
- Heart Center Family Advisory Council
- NICU Family Advisory Council:
- Cystic Fibrosis Family Advisory Council
- Center for Cancer and Blood Disorders Family Advisory Council
- Alumni Family Advisory Council

- Gender Proud Family Advisory Council
- Children’s Advisory Board

Following are several highlights of the invaluable work from the organization’s FACs:

- Provided 36 hours of Parent Perspective education for 1,900+ Phoenix Children’s staff during New Employee Orientation, Clinical and Resident Orientations
- Improved whiteboards in the NICU and CVICU to better communicate with parents and families
- Presented at Grand Rounds for staff members on family and sibling involvement, titled “Every Voice Counts” and “A Father’s Perspective - The Journey and Impact of a Child’s Illness”
- Implemented a CF-identifier badge for patients and families to raise awareness of additional health precautions
- Provided direct feedback to hospital leadership via luncheons with the President and CEO, Heart Center Community Town Hall, monthly “Meet and Greet” for the CVICU and NICU, and more.

## Appendix A – List of Data Sources

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### Data Sources

1. Vital statistics (birth, death) - obtained from the Arizona Department of Health Services (ADHS). Data analysis completed by MCDPH Office of Epidemiology staff.
2. Hospital Discharge Data (inpatient and emergency department) - obtained from the Arizona Department of Health Services. Data analysis completed by MCDPH Office of Epidemiology staff.
3. Behavioral Risk Factor Surveillance Survey (BRFSS)
4. Arizona Youth Survey (AYS)
5. Youth Risk Behavioral Surveillance Survey (YRBSS)
6. Centers for Disease Control (CDC) Environmental Public Health Tracking (EPHT) -
7. ADHS EPHT Explorer
8. US Census, American FactFinder

### Data Indicators

1. Demographics
  - Total Population
  - Age groups
  - Race/Ethnicity
  - Gender
  - Educational attainment
  - Education of population 3+
  - Student Enrollment by Household type
  - Median household income
  - Households below poverty level
  - Children living in poverty based on household type
2. Top Leading Causes of Death (0-19)
  - Under 18 living in poverty
  - Child Abuse and Neglect
  - Unemployment
  - Households utilizing SNAP (food stamps)
  - Population with a disability (if available for youth)
  - Vacancy rate

- Owner occupied housing
- Cost burdened - Housing (homeowners and renters)
- Renter occupied housing
- Low-Income Low-Access
- By age group

Leading Causes of Death-Maricopa County (Ages 0-19), 2017

	0 – 4 Years of Age	5 – 9 Years of Age	10 – 14 Years of Age	15 – 19 Years of Age
# 1	Pregnancy & Early Life	Unintentional Injury	Unintentional Injury	Unintentional Injury
# 2	Unintentional Injury	Cancer	Suicide	Suicide
# 3	Homicide	<i>#s too small to report</i>	Cancer	Homicide
# 4	Cancer	<i>#s too small to report</i>	<i>#s too small to report</i>	Cancer

Top Leading Causes of Hospitalization

	Inpatient		Emergency Department Visits	
	2016	2017	2016	2017
<b>1</b>	Mood (affective) disorders (n=5,198)	Mood (affective) disorders (n=6,651)	Acute upper respiratory infections (n=49,890)	Acute upper respiratory infections (n=53,019)
<b>2</b>	Lower respiratory infections (n=2,998)	Lower respiratory infections (n=2,907)	Injuries to the head (n=32,422)	Injuries to the head (n=29,693)
<b>3</b>	Influenza and pneumonia (n=1,321)	Influenza and pneumonia (n=916)	Signs and symptoms involving the digestive system and abdomen (n=23,230)	Signs and symptoms involving the digestive system and abdomen (n=29,693)
<b>4</b>	Episodic and paroxysmal disorders (n=1,078)	Episodic and paroxysmal disorders (n=1,121)	General symptoms and signs (n=23,230)	General symptoms and signs (n=21,237)

5	Infections of the skin and subcutaneous tissue (n=835)	Infections of the skin and subcutaneous tissue (n=835)	Diseases of middle ear and mastoid (n=18,947)	Diseases of middle ear and mastoid (n=18,311)
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### 3. Access to Care

- Health insurance coverage rates
- Emergency Room primary payment type
- Inpatient Hospitalization primary payment type

### 4. Health Behaviors

- Tobacco Use
- Alcohol Use
- Drug Use
- Percentage of students who eat breakfast
- Soda consumption
- Levels of physical activity
- Computer/technology use
- Teen pregnancy rates
- Teen prenatal care
- Teen birth weight
- Teen preterm

### 5. Morbidity

- Percentage of overweight students
- Percentage of obese students
- Diabetes
- Cardiovascular Disease
- Asthma
- Pneumonia/influenza

- Drugs
- Alcohol
- Suicide
- Mental health
- Injury (MV, Pedestrian, Bike, Falls)
- Non-accidental trauma
- Cancer incidence rates

6. Mortality

- Infant Mortality
- Drugs (overall)
- Alcohol
- Injury (MV, Pedestrian, Bike, Falls)
- Suffocation due to unsafe sleep
- Drowning
- Homicide rates
- Suicide rates

7. Environmental

- Air Quality
- Heat
- Lead blood levels

8. Focus Groups & Community Survey .....

- Fall 2016 Final Report
- Age 12-17 and 18-24

**Key Stakeholder Surveys**

Phoenix Children’s surveyed both internal and external stakeholders on what they perceived to be the health needs of the community. These groups were chosen given internal roles and responsibilities

and the external groups were chosen given key relationships and/or their community health mission. Constituent groups surveyed include the following groups:

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

## Appendix B – Primary Data Collection Tools

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### **Focus Groups**

Focus groups were conducted in 2016 with a total number of 127 participants. The script, including questions and schedules are included below.

### **Focus Group Script & Questions**

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

#### **Opening Question (5 minutes)**

1. *To begin, why don't we go around the table and introduce ourselves. State your name (or whatever you would like us to call you) and what makes you most proud of your community.*

#### **General Community Questions (20 minutes)**

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

2. What does quality of life mean to you?
3. What makes a community healthy?
4. Who are the healthy people in your community?
  - a. What makes them healthy?
  - b. Why are these people healthier than those who have (or experience) poor health?
5. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community?
  - a. What are the biggest health problems/conditions in your community?

#### **Family Questions (20 minutes)**

*Now we are going to transition a bit and focus a bit more on your family and experiences.*

6. What types of services or support do you (your family, your children) use to maintain your health?
  - a. Why do you use these particular services or supports?
7. Where do you get the information you need related to your (your family's, your children's) health?
8. What keeps you (your family, your children) from going to the doctor or from caring for your health?
  - a. Are there any cost issues that keep you from caring for your health? (Such as co-pays or high-deductible insurance plans)
  - b. If you are uninsured, do you experience any barriers to becoming insured?

#### **Improvement Questions (20 minutes)**

*Next I'd like to ask a few questions about ways to improve community health.*

9. What are some ideas you must help your community get or stay healthy?
10. What else do you (your family, your children) need to maintain or improve your health?

[Prompts]

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

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

### Ending Question (5 minutes)

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

### Facilitator Summary & Closing Comments (5-10 minutes)

*Let's take a few minutes to reflect on responses you provided today. We will review the notes we took and the themes we observed. This is your opportunity to clarify your thoughts or to provide alternative responses.*

*[Co-facilitator provides a brief summary of responses for each of the questions or asks clarifying questions if she thinks she may have missed something.]*

*Thank you for your participation in this focus group meeting. You have all raised several 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.*

### Cycle 1 Focus Group Schedule

Date	Time	Population	Location
9/25 (Fri.)	9:30 – 11:30 a.m.	Older adults (65-74) [n=10]	Sun City Branch Library (16828 N. 99 <sup>th</sup> Ave., Sun City, AZ 85351)
9/28 (Mon.)	5:30 – 7:30 p.m.	Native American adults (x2) [n=24]	Phoenix Indian Center (4520 N. Central Ave., #250, Phoenix, AZ 85012)
9/29 (Tues.)	5:30 – 7:30 p.m.	Adults without children [n=10]	Mesa Main Library (64 E. 1 <sup>st</sup> St., Mesa, AZ 85201)
9/30 (Wed.)	6:00 – 8:00 p.m.	LGBTQ adults [n=6]	Phoenix Pride LGBT Center (801 N. 2 <sup>nd</sup> Ave, Phoenix, AZ 85003)

10/2 (Fri.)	9:00 – 11:00 a.m.	Adults with children under age 18 [Spanish; n=15]	Maryvale Community Center (4420 N. 51 <sup>st</sup> Ave, Phoenix, AZ 85031)
10/2 (Fri.)	6:00 – 8:00 p.m.	Low-income adults [Spanish; n=15]	Sojourner Center (2330 E Fillmore St., Phoenix, AZ 85006)
10/4 (Sun.)	2:00 – 4:00 p.m.	Hispanic/Latino adults [English; n=8]	Cesar Chavez Library (3635 W. Baseline Rd., Laveen Village, AZ 85339)
10/5 (Mon.)	5:30 – 7:30 p.m.	Adults with children under age 18 [n=10]	Embry Riddle Aeronautical University, Phoenix Mesa Campus (5930 S. Sossaman Rd., Ste. #102, Mesa, AZ 85212)
10/6 (Tues.)	5:30 – 7:30 p.m.	Young adults (18-30) [n=10]	Pendergast Community Center (10550 W. Mariposa St., Phoenix, AZ 85037)
10/7 (Wed.)	6:00 – 8:00 p.m.	African American adults [n=10]	Southwest Behavioral Health Services (4420 S. 32 <sup>nd</sup> St., Phoenix, AZ 85040)
10/8 (Thurs.)	11:30 – 1:30 p.m.	LGBTQ adults [n=9]	ASU/SIRC (502 E. Monroe St., Phoenix, AZ 85004)

### Cycle 2 Focus Group Schedule

Date	Time	Population	Location
2/27 (Sat.)	10:00 – 12:00 p.m.	Older adults (50 – 64) [Spanish; n=8]	Guadalupe Town Office (9241 S. Avenida del Yaqui, Guadalupe, AZ 85283)
3/5 (Sat.)	11:30 – 1:30 p.m.	Adults with children [Spanish; n=12]	Dysart Community Center (14414 N. El Mirage Rd., El Mirage, AZ 85335)
3/12 (Sat.)	9:30 – 11:30 a.m.	Adult males [Spanish; n=8]	Glendale Community College (6000 W. Olive Ave., Glendale, AZ 85302)
3/12 (Sat.)	1:00 – 3:00 p.m.	Adult females [Spanish; n=12]	Open Door Fellowship Church (8301 N. 19 <sup>th</sup> Ave., Phoenix, AZ 85021)
3/15 (Tues.)	5:30 – 7:30 p.m.	Lower income adults [n=9]	Escalante Community Center (2150 E. Orange St., Tempe, AZ 85281)
3/19 (Sat.)	9:30 – 11:30 a.m.	Older adults (75+) [n=10]	Red Mountain Multigenerational Center (7550 E. Adobe Rd., Mesa, AZ 85207)
3/19 (Sat.)	9:30 – 11:30 a.m.	Caregivers [n=8]	Red Mountain Multigenerational Center (7550 E. Adobe Rd., Mesa, AZ 85207)

3/22 (Tues.)	5:30 – 7:30 p.m.	African American adults [n=9]	Tanner Community Development Corporation (TCDC)
3/24 (Thurs.)	5:30 – 7:30 p.m.	Native American adults [n=9]	Mesa Community College (1833 W. Southern Ave., Mesa, AZ 85202)
3/29 (Tues.)	5:30 – 7:30 p.m.	Adults with children [n=8]	Paradise Valley Community College (18401 N. 32 <sup>nd</sup> St., Phoenix, AZ 85032)
4/2 (Sat.)	9:30 – 11:30 a.m.	Asian American adults [n=8]	Chandler Downtown Library (22 S. Delaware St., Chandler, AZ 85225)

### Key Informant Survey Total Number & Percentage of Participants

Total Number of Participants	152
<b>Characteristic</b>	<b>Percentage of Participants</b>
Male	22%
Female	78%
0-17	0%
18-24	1%
25-39	16%
40-54	39%
55-64	29%
65 or older	15%
American Indian/Alaskan Native	1%
Asian/Pacific Islander	1%
Black/African American	7%
Hispanic	15%
White	76%

### Community Health Assessment (CHA) Survey Questions .....

Please take a minute to complete the survey below. The purpose of this instrument is to get your opinions about community health issues. In collaboration with our public health partners we plan to compile this information and use it as input for the development of Phoenix Children’s community health improvement plan.

Thank you for your time and interest in helping us to identify our most pressing problems and issues.

In this survey, "community" refers to the major area where you provide services. Please check one from the following list:

- Northeast (Scottsdale, Carefree, Fountain Hills, Cave Creek)
- Northwest (Peoria, Surprise, El Mirage, Sun City)
- Central (Phoenix, Paradise Valley)
- Central west (Glendale, Avondale, Litchfield Park)
- Central East (Tempe, Mesa)
- Southeast (Chandler, Ahwatukee, Gilbert)
- Southwest (Tolleson, Buckeye, Goodyear)

Part I: Community Health

1. Please check the three most important factors that you think will improve the quality of life in your community.

Check only three:

<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Excellent race/ethnic relations
<input type="checkbox"/> Low crime / safe neighborhoods	<input type="checkbox"/> Good jobs and healthy economy
<input type="checkbox"/> Low level of child abuse	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Good schools	<input type="checkbox"/> Healthy behaviors and lifestyles
<input type="checkbox"/> Access to health care (e.g., family doctor)	<input type="checkbox"/> Low adult death and disease rates
<input type="checkbox"/> Safe Parks and recreation	<input type="checkbox"/> Low infant deaths
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Emergency preparedness
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Access to public transportation
<input type="checkbox"/> Access to Healthy Food	<input type="checkbox"/> Other _____

2. In your opinion, what are the three most important "health problems" that impact your community?

Check only three:

<input type="checkbox"/> Access to Health care	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Rape / sexual assault
<input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.)	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Respiratory / lung disease
<input type="checkbox"/> Cancers	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Sexually Transmitted Diseases (STDs)
<input type="checkbox"/> Child abuse / neglect	<input type="checkbox"/> Homicide	<input type="checkbox"/> Suicide
<input type="checkbox"/> Drug and Alcohol abuse	<input type="checkbox"/> Infant Death	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.)	Other _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental health problems	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Motor vehicle crash injuries	
<input type="checkbox"/> Firearm-related injuries		

3. In the following list, what do you think are the three most important "risky behaviors" seen in your community?

Check only three:

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Racism
<input type="checkbox"/> Being overweight	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Not using birth control
<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Not using seat belts / child safety seats/bike helmets
<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Unsafe sex
<input type="checkbox"/> Lack of maternity care	<input type="checkbox"/> Unsecured firearms
<input type="checkbox"/> Poor eating habits	<input type="checkbox"/> Other _____
<input type="checkbox"/> Not getting "shots" to prevent disease	

4. If you selected drug abuse in question 3 please specify substances of use here:

\_\_\_\_\_

5. How would you rate the overall health of your community?

Very unhealthy     Unhealthy     Somewhat healthy     Healthy     Very healthy

\_\_\_\_\_

Part II: Demographics

Please answer questions #5-8 so we can see how different types of people feel about local health issues.

6. Zip code where you work: \_\_\_\_\_

7. Age:

\_\_\_ 0-17

\_\_\_ 18-25

\_\_\_ 26-39

\_\_\_ 40-54

\_\_\_ 55-64

\_\_\_ 65 or over

8. Sex: \_\_\_ Male \_\_\_ Female

9. Ethnic group you most identify with:

\_\_\_ African American \_\_\_ Asian/Pacific Islander \_\_\_ Hispanic/Latino

\_\_\_ Native American \_\_\_ White/Caucasian \_\_\_ Other:

**Phoenix Children’s Key Stakeholder Survey Questions**

1. First and Last Name
  2. Which constituent group do you represent:
    - a. Phoenix Children’s Fiduciary Board
    - b. Phoenix Children’s Foundation Board
    - c. Phoenix Children’s Leadership (manager and above)
    - d. Phoenix Children’s Medical Staff
    - e. Phoenix Children’s Community Partner
    - f. PCCN Board and/or Committee Member
    - g. PCMG Faculty
    - h. Phoenix Children’s Parent Advisory Group Member
    - i. Other (please specify)
  3. Please rank the identified health needs listed below in order of your perceived community needs for Maricopa County.
    - a. Access to Care
    - b. Injury Prevention
    - c. Mental Health
    - d. Physical Activity and Obesity Prevention
  4. Please suggest implementation strategies to improve Access to Care for children in Maricopa County.
-

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

## Appendix C – Resources Potentially Available to Address Needs

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

### **Access to care**

1. Phoenix Children’s financial counseling and financial assistance services
2. Phoenix Children’s Hospital Emergency Department (ED) expansion
3. Phoenix Children’s Care Network (PCCN)
4. Phoenix Children’s Pediatrics (PCP)
5. Community outreach
  - a. Homeless Youth Outreach program
  - b. Crews’n Healthmobile
  - c. Breathmobile
6. Geographic expansion
  - a. East Valley presence
  - b. Specialty Care and Urgent Care Centers
7. Developmental screening and diagnostic access
  - a. ADHD and Autism diagnostic/screening and treatment clinics
  - b. Early Access to Care - AZ (EAC-AZ) program
8. Advocacy efforts

### **Behavioral Health**

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

### **Injury Prevention**

1. Phoenix Children’s Center for Family Health and Safety (CFHS) programs, including:
  - a. Child Passenger Safety Program
  - b. Helmet and Pedestrian Program
  - c. Teen Driving Program
  - d. Strong Families Program
  - e. Water Safety Program

## Appendix D – References

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- <sup>xiii</sup> Behavioral Risk Factor Surveillance Survey (BRFSS) for Arizona (2019). MCDPH data analysis and Community Health Assessment Survey results (2016).

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<sup>xv</sup> Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County.

<sup>xvi</sup> Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

<sup>xvii</sup> Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

<sup>xviii</sup> Maricopa County Hospital Discharge Data (2016-2017) from ADHS, analysis performed by Maricopa County

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*This community health needs assessment report is a customized version of the coordinated community health needs assessment that the Maricopa County Department of Public Health conducted in partnership with Adelante Healthcare, Banner Health, Dignity Health, Mayo Clinic Hospital, Native Health, and Phoenix Children’s Hospital.*

