Table of Contents
Executive Summary.............................................................................................................................................. 3
Community Health Needs Assessment Background ............................................................................................. 3
Phoenix Children’s Hospital’s Community and Service ..................................................................................... 3
Process & Methodology ....................................................................................................................................... 4
Community Health Needs .................................................................................................................................. 5
Conclusion ............................................................................................................................................................. 6
Introduction/Background ...................................................................................................................................... 8
Purpose of the CHNA and Affordable Care Act Requirements ........................................................................... 8
About Phoenix Children’s Hospital ..................................................................................................................... 8
Mission Statement .................................................................................................................................................. 9
Vision Statement ................................................................................................................................................... 9
Our Core Values ................................................................................................................................................... 9
Enterprise Strategic Goals ................................................................................................................................... 9
Key Hospital Statistics .......................................................................................................................................... 10
Centers of Excellence .......................................................................................................................................... 10
Educational Programs .......................................................................................................................................... 11
Ambulatory Facilities/Medical Offices ................................................................................................................ 11
Community Description/Primary Service Area ................................................................................................ 12
Definition of Primary Service Area .................................................................................................................. 12
Community Description ...................................................................................................................................... 12
Key Demographic Information .......................................................................................................................... 13
Community Health Assets Inventory ................................................................................................................ 14
Community Health Needs Assessment Process – A Collaborative Process ................................................... 15
Summary ................................................................................................................................................................. 15
Maricopa County Health Needs Assessment ....................................................................................................... 15
Assessment Process .............................................................................................................................................. 15
Pediatric Related Health Priorities ..................................................................................................................... 17
Alignment with National Health Efforts ............................................................................................................. 17
Federal Initiatives, State Framework and County Issues ..................................................................................... 19
First Things First Health Impact Assessment – Central Phoenix ................................................................... 19
Assessment Process .............................................................................................................................................. 19
Determined Health Needs .................................................................................................................................. 20
Synthesis through Community Constituents ...................................................................................................... 22
Key Constituents Surveyed ................................................................................................................................. 22
Survey Results – Ranking of Health Initiatives ................................................................. 22
Survey Feedback – Top Implementation Strategies .......................................................... 23
Conclusion .............................................................................................................................. 24
Appendix A: Executive Summary of the Implementation Strategy ........................................ 25
Implementation Strategy ...................................................................................................... 25
Health Initiative 1: Access to Care ..................................................................................... 25
Health Initiative 2: Behavioral Health .................................................................................. 28
Health Initiative 3: Injury Prevention ................................................................................... 29
Health Initiative 4: Obesity and Nutrition .......................................................................... 31
Health Initiative 5: Developmental and Sensory Screening ............................................... 32
Health Initiative 6: Diabetes ................................................................................................. 34
Health Initiative 7: Prenatal Outreach and Maternal/Child Health .................................... 35
Health Initiative 8: Oral Health Care .................................................................................. 36
Executive Summary

Phoenix Children's Hospital (PCH) conducted their 2013 – 2015 Community Health Needs Assessment (CHNA) beginning in mid-2012 through October 2013. This assessment adheres to all of the federal requirements of the Patient Protection and Affordable Care Act (ACA). This document was approved by the Phoenix Children's Hospital Board of Directors on October 24th, 2013 and is made publicly available through the organization’s main website at www.phoenixchildrens.com.

Community Health Needs Assessment Background

The Patient Protection and Affordable Care Act approved by the United States Congress on March 23rd, 2010 includes a federal requirement for tax-exempt 501(C)(3) hospital organizations to complete a triennial Community Health Needs Assessment. This process includes the interaction and feedback from representatives of minority communities, the medically under-served, those with chronic disease and low-income populations.

In addition to the development of a CHNA, PCH is also required to adopt an implementation strategy for addressing the community’s health needs. This strategy was developed through collaborations with internal and external community constituents (i.e. survey feedback), the Maricopa County Department of Public Health (MCDPH), the Arizona Department of Health Services (ADHS) and First Things First (Arizona’s early childhood agency).

Phoenix Children's Hospital’s Community and Service

PCH is the major provider of pediatric care in the state of Arizona as it provides an array of diagnostic and treatment services across more than 70 pediatric subspecialties, addressing nearly every childhood illness. The organization currently identifies six major centers of service excellence: Neuroscience, Orthopedics, Cardiac Care, Hematology/Oncology, Neonatology, and Trauma.

Level I Trauma Center

Phoenix Children's Hospital is home to Arizona's only verified Level I Pediatric Trauma Center. It is the premier site for the evaluation, stabilization, treatment, and care of children who have experienced a traumatic injury. It offers the highest level of emergency and surgical care to patients, 24 hours a day, 365 days of the year. Phoenix Children’s is equipped to handle the most severely injured children in the shortest amount of time.

PCH Funding Shortfall

Phoenix Children’s Hospital is the largest provider of pediatric services to children in Arizona. With more than 55% of its patient base covered under Medicaid for low income and chronic conditions, the hospital is heavily dependent upon the reimbursement from this state-federal program. From the beginning of the recession in 2007, state budget cuts have led to dramatically lower Medicaid reimbursements and other programmatic reimbursement reductions to the Arizona Health Care Cost Containment System (AHCCCS, the state Medicaid program). These cuts have directly impacted PCH with annual and cumulative changes to the hospital’s net revenue resulting in increased uncompensated care and Medicaid payment shortfalls. As the highest volume payor for the hospital, any changes in AHCCCS reimbursements significantly impact the organization and its ability to offer additional community benefits for children and their families. In an effort to mitigate some of the dramatic loss in
payments, the hospital works collaboratively with other safety net hospitals in Arizona to develop partnerships with local political subdivisions to supplant the states cuts and receive federal matching dollars. A portion of these funds are used to provide additional health care coverage for about 20,000 children who qualify for KidsCare (the states CHIP program) but were without coverage because of the states freeze places on enrollment into the program in 2010.

Process & Methodology

Phoenix Children's Hospital incorporated several existing local needs assessment processes into the design of its 2013-2015 Community Health Needs Assessment.

1. PCH participated in and utilized the results from the Maricopa County Community Health Assessment 2012. This was a comprehensive Maricopa County Department of Public Health (MCDPH) and Arizona Department of Health Services (ADHS) collaboration with participating hospitals, including Phoenix Children’s Hospital.

2. PCH participated in a family/child focused needs assessment process conducted by First Things First Central Phoenix Regional Partnership Council, the State of Arizona’s Early Childhood Agency.

3. The community health needs identified through these two processes were filtered through PCH’s community constituents (internal/external) via a survey to arrive at a prioritized ranking of the health initiatives.

4. Once the community constituents ranked the initiatives, they also gave feedback on implementation strategies to improve each health initiative. The organization then determined specific strategies for the eight prioritized initiatives. This resulted in the development of an implementation strategy.

5. Phoenix Children’s Hospital’s Board of Directors approved the CHNA and implementation strategy.
Community Health Needs

Phoenix Children's Hospital reviewed the lists of community health needs documented in the Maricopa County Community Health Assessment 2012 and the First Things First Health Impact Assessment and through the PCH survey process ranked these initiatives from highest to lowest. The community health needs initiatives are prioritized as follows:

1. **Access to Care**: Access to care issues includes health insurance coverage, and the ability to access a physician, in particular, primary and specialty care from PCH’s Centers of Excellence doctors. Economic conditions have resulted in higher percentages of uninsured individuals because of freezes in enrollment, and resulting attrition, in certain categories of the state’s Arizona Health Care Cost Containment System (AHCCCS), particularly for the KidsCare population.

2. **Obesity and Nutrition**: Overweight and obesity among Arizona’s youngest children are slightly below the national average but there are significant disparities based on both race and income. 30% of low income children ages 2 to 5 years are overweight or obese. Prevalence of overweight and obesity is increasing among older children in Arizona. According to the National Survey of Children’s Health, Arizona youth ages 10 through 17 years, had the greatest increase in obesity prevalence among all 50 states.

3. **Diabetes**: Diabetes is the 7th leading cause of death in Maricopa County. In 2010, 5,407 emergency room visits, 6,378 hospital visits and 7,083 years of potential life loss resulted from diabetes. Approximately 10% of county residents have been diagnosed with diabetes by a medical provider. Estimated undiagnosed cases push the percentage even higher.

4. **Injury Prevention**: In 2011, 837 children younger than 18 years died and 35% of these deaths could have been prevented. Deaths continued to be disproportionately high among most minority children. Below are a few statistics:
   - Rate of motor vehicular fatality increase slightly to 3.7 per 100,000 (70 deaths)
   - Rate of drowning fatalities declined from 2 per 100,000 to 1.9 per 100,000 (32 child deaths)
   - Child suicide increased from 1.5 deaths per 100,000 to 2.6 deaths (39 children)
   - 122 of the preventable deaths occurred in and around homes

Injury prevention also addresses child abuse and violence. Between April, 2012 and March, 2013 there were 43,786 reports of abuse investigated. Of these cases reported, 4,076 of the cases were substantiated – 82% were classified as neglect, 15% as physical abuse, and 3% as sexual abuse. In 2012, 64 infants died in unsafe sleep environments, 71 children died due to maltreatment and 13 children died due to drowning.

5. **Oral Health Care**: Dental care for children enrolled and eligible in AHCCCS and KidsCare is generally covered. The results for children enrolled in these plans have been good until recent

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1 Childhood Obesity in Arizona, Arizona Department of Health Services, 2010
budget constraints and eligibility cuts that have resulted in a decline for low-income children enrolled in both programs, especially in KidsCare.

6. **Prenatal Outreach and Maternal/Child Health**: The First Things First Health Impact Assessment indicated a need for prenatal and parenting education that is specifically targeted for teens. Infant mortality rates in Maricopa County are 5.7 per 100,000 compared to the Healthy People 2010 goal of 4.5. Hispanic and African-American infants have a higher mortality rate compared to Caucasians at 6.7 and 10.9 per 100,000 respectively. Improving the health status of women in childbearing years can reduce these infant mortality rates.

7. **Developmental and Sensory Screenings**: From 2007 – 2010 the number of children screened for disabilities has more than doubled for those living in the central Phoenix region. Recently, 84% of children in the AzEIP program were granted eligible services, but the remaining 16% were not. Developmental screening would include screening children at an early age and enhancing coordination among the parents and providers.

8. **Behavioral Health**: Behavioral and mental health are important issues in Maricopa County. In 2010, 16% of residents had a mental health scale of 1-3 for their diagnosis. The rate of emergency rooms visits related to mental and behavioral health per 100,000 increased to 831 in 2010 from 560.5 in 2006.

**Conclusion**

Phoenix Children’s Hospital participated in two assessments and issued a survey to internal and external constituents that helped to identify implementation strategies for the current Maricopa County pediatric health initiatives. In addition, the organization received feedback from community members and expert clinical and public health professionals throughout the process.

The information gathered through the surveys and assessments were verified through additional health data sources including, but not limited to, Maricopa County governmental organizations and the county health assessment recommendations.

The collection of all qualitative and quantitative data identified in eight health initiatives (Access to Health Care, Obesity and Nutrition, Diabetes, Injury Prevention, Oral Healthcare, Prenatal Outreach and Maternal/Child Health, Developmental and Sensory Screenings and Behavioral Health). Via community survey, Phoenix Children’s Hospital was then able to rank all eight health initiatives/needs and determine specific strategies for implementation. These health initiatives and strategies will be the priorities for institutional focus from 2013 – 2015.

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The following are the eight key initiatives ranked in order of priority:

1. Access to Health Care  
2. Behavioral Health  
3. Injury Prevention  
4. Obesity and Nutrition  
5. Developmental and Sensory Screening  
6. Diabetes  
7. Prenatal Outreach and Maternal/Child Health  
8. Oral Health Care

These health issues will be the priorities from this assessment that the institution will focus on from 2013 - 2015. Details of the PCH Community Health Needs Assessment Implementation Strategy are contained in Appendix A.

Phoenix Children's Hospital is already making progress to improve many of the current health initiatives that have been identified in the community health needs assessments. A few of these programs are listed in the table below:
Introduction/Background

Purpose of the CHNA and Affordable Care Act Requirements

The United States Congress approved the Patient Protection and Affordable Care Act on March 23rd, 2010. This health care legislation requires that 501(c)(3) hospital organizations conduct a community health needs assessment (CHNA) every three years. It is required that the process be documented on how the assessment was completed, who in the community was served, the process and methods used and the implementation strategies chosen for the prioritized health issues.

In addition to the development of the PCH Community Health Needs Assessment, the organization is required to do the following:
  - Receive input from public health experts, community leaders and representatives of under-represented and minority populations.
  - Identify and prioritize the community health needs.
  - Make the PCH CHNA public and easily accessible for distribution.
  - Develop an implementation strategy.

About Phoenix Children's Hospital

Phoenix Children’s Hospital (PCH) is a full-service non-profit children’s hospital located in central Phoenix in Maricopa County, Arizona. It is Arizona’s only free-standing children’s hospital with 363 licensed beds including 72 pediatric intensive care beds, and 33 neonatal intensive care beds. Its 34 acre campus also houses medical office buildings and extensive ambulatory facilities. Phoenix Children’s Hospital has approximately 4,000 employees, including 275 pediatric providers, with a total medical staff of nearly 1,000 providers. In addition to its main campus in central Phoenix PCH also operates ambulatory facilities and offices in the suburban areas of Maricopa County, including the area of northwest Phoenix, and the communities of Avondale, Gilbert, Mesa, and Scottsdale.

US News and World Report honored PCH in their 2013 Top Children’s Hospitals rankings for clinical excellence in the pediatric specialty areas of Neurology and Neurosurgery, Urology, Nephrology, Neonatology, and Cardiology and Heart Surgery.
Mission Statement

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

Vision Statement

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

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

Our Core Values

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

Enterprise Strategic Goals

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

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

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

Below is a summary of Phoenix Children’s Hospital key hospital statistics for calendar year 2012.

<table>
<thead>
<tr>
<th>2012 Statistics</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>13,834</td>
</tr>
<tr>
<td>Patient Days</td>
<td>87,596</td>
</tr>
<tr>
<td>Observation Visits</td>
<td>5,459</td>
</tr>
<tr>
<td>Observation Days</td>
<td>9,234</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>78,360</td>
</tr>
<tr>
<td>Trauma Visits</td>
<td>2,354</td>
</tr>
<tr>
<td>Inpatient Surgery</td>
<td>5,201</td>
</tr>
<tr>
<td>Outpatient Surgery / Surgical Center</td>
<td>10,223</td>
</tr>
<tr>
<td>Outpatient Visits (Hospital)</td>
<td>197,280</td>
</tr>
</tbody>
</table>

Centers of Excellence

PCH is the major provider of pediatric care in the state of Arizona, and provides an array of diagnostic and treatment services for almost every childhood illness. PCH currently identifies six centers of excellence: Neuroscience, Orthopedics, Cardiac Care, Hematology/Oncology, Neonatology, and Trauma.
Educational Programs

PCH is a teaching hospital that supports multiple universities and other facilities in educating nurses, medical students, pediatric residents and pediatric specialty fellows through its extensive and accomplished faculty.

PCH is training the future generation of pediatric subspecialist through its 12 fellowship programs that are offered in Child Neurology, Critical Care Medicine, Dermatology, Emergency Medicine, Endocrinology, Hematology/Oncology, Neuropsychology, Neurosurgery, Orthopedic Surgery, Radiology, Interventional Radiology, and Neuro Radiology.

The Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program is a comprehensive, fully accredited, three-year program. It combines experiences at a major multispecialty children's hospital (Phoenix Children's Hospital) and a large public medical center (Maricopa Medical Center). The Pediatric Residency program has been in existence since 1974. It is fully accredited by the ACGME, and a primary affiliate of the University of Arizona College of Medicine and Mayo Graduate School of Medicine. Currently, there are 119 residents in the program. In addition, there are 350 medical students completing rotations at PCH and another 460 resident rotators from other programs completing a portion of their training at this institution.

Ambulatory Facilities/Medical Offices

In addition to its main campus in central Phoenix, PCH also operates ambulatory facilities and medical offices in the suburban areas of Maricopa County, including northwest Phoenix, and the communities of Avondale, Gilbert, Mesa and Scottsdale. The map below identifies the Phoenix Children's Hospital ambulatory and medical office locations:
**Community Description/Primary Service Area**

**Definition of Primary Service Area**
Phoenix Children’s Hospital serves a multi-state region as an essential provider of pediatric care. More specifically, the organization’s discharge statistics reflect its primary service area as Maricopa County with more than 80% of its inpatient discharges being children residing inside the county confines.

**Community Description**

**City of Phoenix**
The city of Phoenix covers 517 square miles and has a total population of roughly 1.5 million, ranking it as the sixth largest city in the country and the largest capital city in the U.S. However, the central Phoenix region in which PCH is located has experienced a decrease in the number of children (along with smaller decreases in the population of other ages) since 2000. By contrast, the number of children in Maricopa County and Arizona increased while exceeding the national population growth rates.

**Maricopa County**
As of the 2010 census, Maricopa County’s population was approximately 3.8 million, the most populous county in Arizona, and fourth among the nation’s counties. The projected 2014 population estimates Maricopa ranges between 3,968,685 to 4,007,607 people. The county is also one of the largest in the United States with a land area of roughly 9,224 square miles.

The combination of the geographic size of the county with the population growth has made access to certain types of pediatric care a high priority. Add those factors to the significant impact of the recent recession and the elimination of programs and services that the state and local governments are no longer able to fund, and the result is an increasing gap in needed medical services for children.

**Cities in Maricopa County include the following:**

<table>
<thead>
<tr>
<th>Avondale</th>
<th>Buckeye</th>
<th>Carefree</th>
<th>Cave Creek</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chandler</td>
<td>El Mirage</td>
<td>Fountain Hills</td>
<td>Gila Bend</td>
</tr>
<tr>
<td>Gilbert</td>
<td>Glendale</td>
<td>Goodyear</td>
<td>Guadalupe</td>
</tr>
<tr>
<td>Litchfield Park</td>
<td>Mesa</td>
<td>Paradise Valley</td>
<td>Peoria</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Queen Creek</td>
<td>Scottsdale</td>
<td>Sun City</td>
</tr>
<tr>
<td>Sun City West</td>
<td>Sun Lakes</td>
<td>Surprise</td>
<td>Tempe</td>
</tr>
<tr>
<td>Tolleson</td>
<td>Tonopah</td>
<td>Wickenburg</td>
<td>Youngtown</td>
</tr>
</tbody>
</table>

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Key Demographic Information\textsuperscript{10}

The table below summarizes key demographic information for Maricopa County. This is a representation of the community in which PCH primarily serves.

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>3,817,117</td>
<td>60% (of Arizona)</td>
</tr>
<tr>
<td>Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>2,256,507</td>
<td>58.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,162,596</td>
<td>30.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>131,889</td>
<td>3.4%</td>
</tr>
<tr>
<td>African American</td>
<td>185,403</td>
<td>4.8%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>62,802</td>
<td>1.6%</td>
</tr>
<tr>
<td>Other</td>
<td>4,089</td>
<td>0.1%</td>
</tr>
<tr>
<td>Median Household Income, 2007-2011</td>
<td>55,059</td>
<td></td>
</tr>
<tr>
<td>Uninsured Children\textsuperscript{11}</td>
<td>257,188</td>
<td></td>
</tr>
<tr>
<td>Persons below poverty level, 2007-2011</td>
<td>-</td>
<td>14.9%</td>
</tr>
<tr>
<td>High School Graduate or Higher, % of Persons Age 25+, 2007-2011</td>
<td>-</td>
<td>85.8%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher, Percent of Persons Age 25+, 2007-2011</td>
<td>-</td>
<td>29.1%</td>
</tr>
<tr>
<td>Persons Below Poverty Level, Percent, 2007-2011</td>
<td>-</td>
<td>14.9%</td>
</tr>
<tr>
<td>Homeownership Rate, 2007-2011</td>
<td>-</td>
<td>65.2%</td>
</tr>
<tr>
<td>Renters</td>
<td>540,572</td>
<td>38.4%</td>
</tr>
<tr>
<td>Medicaid Patients\textsuperscript{12}</td>
<td>745,563</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{10} “U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits”; \url{http://quickfacts.census.gov/qfd/states/04/04013.html}


Website: \url{http://www.kidswellcampaign.org/States/Childrens-Coverage-Data/Profile-of-Uninsured-Children?GeoID=4}

Community Health Assets Inventory

The chart below provides examples of safety net related health service providers within Maricopa County and Phoenix Children’s Hospital’s primary service area.13

<table>
<thead>
<tr>
<th>Safety Net Health Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrazo Health Care</td>
</tr>
<tr>
<td>City of Phoenix Head Start</td>
</tr>
<tr>
<td>John C. Lincoln Health Network</td>
</tr>
<tr>
<td>SW Autism Research and Resource Center</td>
</tr>
</tbody>
</table>

Additional health services provided within Maricopa County include the following:14
- Dental
- Mental Health
- Food/Clothing
- Jobs/Money
- Reproductive/Parenting

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14 “2-1-1 Arizona – A Service of Community Information and Referral Services”; [http://www.cir.org/](http://www.cir.org/)
Community Health Needs Assessment Process – A Collaborative Process

Summary

Phoenix Children’s Hospital incorporated several existing local needs assessment processes into the design of its 2013-2015 community health assessment. First, PCH participated in and utilized the results from the Maricopa County Community Health Assessment (MCCHA) 2012. This was a comprehensive Maricopa County Department of Public Health and Arizona Department of Health Services collaboration with participating hospitals, including Phoenix Children’s Hospital. Second, PCH participated in a family/child focused needs assessment process conducted by First Things First, the State of Arizona’s Early Childhood Agency. Finally, community needs identified through these two processes were filtered through PCH’s community constituents in a survey to arrive at a ranking to develop implementation strategies specific to pediatric needs.

Maricopa County Health Needs Assessment

Representatives from Phoenix Children’s Hospital participated in the Maricopa County Community Health Assessment process overseen by the Maricopa County Department of Public Health (MCDPH) and the Arizona Department of Health Services (ADHS). This process was initiated in 2011 and culminated 18 months later in the Maricopa Community Health Assessment 2012 report, which documents the efforts of more than 1,000 residents, health professionals and community partners in undertaking the assessment. The full assessment process included more than 400 surveys in four different ethnic/racial minority communities (Hispanic/Latino, Asian Pacific Islander, African American, and Native American), more than 240 surveys with Community Partners and Health Professionals, and more than 300 surveys with public health staff from both the MCDPH and the ADHS.

*Some information in this summary was pulled directly from the Maricopa County Community Health Assessment 2012 report.

Assessment Process

The MCDPH and the ADHS coordinated the formation of different teams to lead, oversee, or advise the assessment process. The results were developed by utilizing the Mobilizing Planning and Partnership (MAPP) framework through four assessments. MAPP is a community wide strategic planning tool for improving community health. The assessments utilized were the following:

1. Community Themes and Strengths Assessment
2. Local Public Health System Assessment
3. Forces of Change Assessment
4. Community Health Status Assessment

Key phases of the MAPP process included the following:

- Organizing for success and developing partnerships
- Visioning
- Conducting the four MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action (planning, implementation and evaluation)

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15 Maricopa County Community Health Assessment 2012

*Maricopa Community Health Assessment 2012*
To implement this process, the four assessments were conducted using a variety of methods with the following objectives:

- To ensure racial and ethnic minority community needs and input were included.
- To ensure broad partner participation representing residents of underserved populations.
- To include epidemiological subject matter experts in analysis, interpretation, and prioritization of health data.
Pediatric Related Health Priorities
The MCCHA 2012 final report identified five health initiatives as the most critical with several others cited as priorities for specific populations, including mothers and children. Of the five identified health initiatives, the following three are pediatric focused:

1. **Access to Health Care**: Access to care issues broke down into several categories, including health insurance coverage and the ability to access a physician. For children, geographic accessibility to pediatric primary and specialty care was identified as an issue. Negative changes in the state economy have resulted in higher percentages of uninsured individuals because of freezes in enrollment, and resulting attrition, in certain categories of the state’s Medicaid program (the Arizona Health Care Cost Containment System-AHCCCS), particularly for the KidsCare population. Access to health care is a larger problem for those with lower economic resources and therefore is the most important health problem chosen by the MCDPH health professionals and the 6th most important factor affecting the quality of life chosen by community members.

2. **Obesity**: The report particularly noted that overweight and obese children have an increased risk of acquiring other related chronic diseases, including diabetes, hypertension and cancer. Lack of exercise and poor eating habits were also cited as risk-associated behaviors. More than 20 percent of Maricopa County residents reported being obese, and more than 40% overweight. More specifically, 1 in 7 children in Maricopa County are obese and 15.5% of children 5 years of age or younger are also obese. Disproportionally, Hispanics are affected more than Caucasians relative to obesity with 32.8% and 22.8% rates respectively. MCDPH has ranked obesity as the 2nd most important health problem and continues to be a growing issue with children.

3. **Diabetes**: The issue of diabetes has been ranked as the most important health problem by the surveyed community members. As the 7th leading cause of death in Maricopa County, there was 5,407 emergency room visits, 6,378 hospital visits and 7,083 years of potential life loss in 2010 specifically related to complications of diabetes. Approximately 10% of Maricopa County residents were diagnosed with diabetes by a medical provider in 2010. This percentage is consistent with national and state averages.

Alignment with National Health Efforts – Healthy People & National Prevention Strategy
Phoenix Children's Hospital is dedicated to aligning our efforts with the goals of both the Healthy People 2010/2020 and the National Prevention Strategy. These improvement efforts are summarized below.

**National Prevention Strategy** – Office of the US Surgeon General16
The National Prevention Strategy aims to guide the nation with effective and achievable means for improving overall health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The Strategy identifies four Strategic Directions and seven targeted Priorities.

The Strategic Directions attempt to provide a national framework for prevention efforts and include core recommendations necessary to build a prevention-oriented society. The Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness.

The Strategic Directions are:

- **Healthy and Safe Community Environments**: Create, sustain, and recognize communities that promote health and wellness through prevention.
- **Clinical and Community Preventive Services**: Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.
- **Empowered People**: Support people in making healthy choices.
- **Elimination of Health Disparities**: Eliminate disparities, improving the quality of life for all Americans.

The Strategy’s Priorities are designed to improve health and wellness for the U.S. population, including those groups disproportionately affected by disease and injury. The seven Priorities are:

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

**Healthy People 2010/2020**

The goal of Phoenix Children’s Hospital is to support and make improvements around the goals of Healthy People 2020. This is a federal initiative that aims to improve the health of the nation. They utilize science-based 10-year objectives on how to improve the people’s health by also establishing benchmarks and monitoring progress over time. The purpose of these benchmarks is to achieve the following:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People’s overarching goals are to meet the following:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all stages of life.

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**Federal Initiatives, State Framework and County Issues**

**Federal Initiatives: Health People & National Prevention Strategy**

**State Framework: Arizona State Chronic Disease Plan**

**Local Issues: Maricopa County Health Priorities**

- Obesity
- Diabetes
- Cardiovascular Disease
- Lung Cancer
- Access to Care

*Image was used with permission from the Maricopa County Community Health Assessment 2012

**First Things First Health Impact Assessment – Central Phoenix**

The second major community health assessment process was Phoenix Children’s Hospital’s leadership participation in the Health Impact Assessment process. This was implemented in late 2012-early 2013 on behalf of the Phoenix Regional Council of First Things First (Early Childhood Board) focusing on prioritizing health needs related to prevention activities targeting young children and their families. That study completed an assets inventory and also identified five major areas of need:

**Assessment Process**

This health assessment was conducted by Research Advisory Services, Inc. Their sources of information are:

- Survey of key stakeholders with organizations providing services in the study topic areas.
- Interpretations from the “Central Phoenix Needs and Assets Report, 2012”. This report was published by the First Things First Central Phoenix Regional Partnership Council.
- Internet research conducted by the Research Advisory Services organization.

Surveys were sent to more than 100 organizations that had contact people internally who served young children. A total of 77 surveys were completed amongst 12 different organizations.

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Determined Health Needs
The five major areas of health need as identified by the First Things First Phoenix Regional Council are as follows:

1. **Injury Prevention**: First Things First has identified injury prevention programs as one of their top nine priorities. Currently, there is a shortage of funding to adequately serve the population in preventative education and strategies through programs and services. 837 children younger than 18 years died and 35% of these deaths could have been prevented. Deaths continued to be disproportionately high among most minority children. Fatalities continue to occur due to improper use of vehicle restraints in collisions and transportation accidents. Lack of funding is the most common reason cited for these programs and services not being able to serve the full community need. Suggestions for the Regional First Things First Council to consider in the future include the following:
   - Supporting current programs and distributing car safety seats along with demonstrations on how to properly use the equipment.
   - Continuing to educate the people on car safety measures.
   - Continuing to support and provide information/education to parents and caregivers on proper safe sleep environments for infants.

2. **Nutrition and Obesity Prevention**: There are currently more than a dozen agencies that are providing services and programs in the area of nutrition and obesity prevention. The programs address proper nutrition, exercise, food security, training of caregivers and technical assistance. However, a lack of funding and income ineligibility is a barrier for increased participation. Some nutrition and obesity prevention needs include the following: Increase access to healthy foods, safe environments for physical activities, access to preventative health services, nutritional meal planning and more. Suggestions for the Council to consider in the future include the following:
   - Sponsoring bilingual nutrition classes that include healthy cooking demonstrations.
   - Underwriting wise and healthy grocery-shopping classes for low-income families so they can learn to shop for healthy foods on a budget.
   - Encourage AHCCCS health plans to include nutrition and obesity prevention strategies for children and their families.

3. **Oral Health Care**: Dental care for children enrolled in AHCCCS and KidsCare are generally covered services. The results for children enrolled in these plans have been good until recent budget constraints and eligibility cuts that have resulted in a decline in low-income children enrolled in the two programs, especially in KidsCare. Since the recent cuts in eligibility, stakeholders have identified dental care as one of the top 9 funding priorities for First Things First. Gaps in oral health care identified for young children ages 1 to 5 include a lack of parental knowledge regarding oral health care for children, reductions in funding for pediatric dental care, and an insufficient number of dental providers. Suggestions for the Council to consider in the future include the following:
   - Promote funding the programs that meet the needs of oral health care for children with autism, homeless children and other populations.
   - Develop and distribute educational materials to inform parents on preventative oral healthcare services for their children.
   - Develop collaborations and relationships with the medical community on materials for oral health referrals targeted for the pediatric population.
4. **Prenatal Outreach:** The First Things First health impact assessment (HIA) survey indicated a need for prenatal and parenting education that is specifically targeted for teens. A majority of the current programs that conduct these services are currently able to serve the demand of their population. Even though prenatal programs did not rank in the top nine priorities for First Things First, 36% of the stakeholder’s survey respondents indicated a need to support and educate pregnant and parenting teens. There are several education and support services that have not been addressed in prenatal programs that should be considered in the future. Some of the services include the following: prenatal/partner specific stress reduction support, culturally specific breastfeeding awareness support, family planning outreach, earlier prenatal care, etc. Suggestions for the Council to consider in the future include the following:

- Increase support services and outreach programs for pregnant teens, fathers and guardians of pregnant teens.
- Develop specialized programs that include breastfeeding education, stress reduction management programs and substance abuse cessation for pregnant and post-natal participants.
- Fund educational programs that help parents talk with their children about sexual health and development.

5. **Developmental and Sensory Screening:** From 2007 – 2010 the number of children screened for disabilities more than doubled for those living in the central Phoenix region. In the most recent year 84% of children in the AzEIP program were granted eligible services, but the remaining 16% were not. Under AHCCCS and KidsCare the child is able to get the screening done through a program known as EPSDT as a “well-child visit.” Strategies that AHCCCS has developed for programmatic quality improvement include: providing transportation assistance for clinic visits, improving the parent’s knowledge on the importance of screening their child at an early age, and enhancing coordination between the parents of the child and their primary care pediatrician to improve screening referrals. Other improvement opportunities include the following: expand the servicing zip codes, find ways to get uninsured children seen by developmental specialists, increase funding for immunizations and expand coordinated approaches to service providers. Suggestions for the Council to consider in the future include the following:

- Provide support funding for programs and agencies that loan hearing and vision equipment and for the training of staff to operate the equipment.
- Identify agencies and providers in the region that are willing to accept referrals for screenings and treatments from First Things First grantees if the child is not AHCCCS/KidsCare eligible.
- Work with AHCCCS health plans to provide materials and videos that provide parent education on the need to screen their children at an early age for early intervention and to coordinate services with their pediatric offices.
Synthesis through Community Constituents

Key Constituents Surveyed

Phoenix Children's Hospital identified key constituent groups that through their work and participation are directly involved in the delivery of care process to address these health issues.

- Phoenix Children's Hospital Leadership
- PCH Board of Directors (Foundation and Fiduciary)
- PCH Medical Group Providers
- Phoenix Children's Care Network (PCCN) Providers
- PCH Parent Advisory Groups
- PCH Community Partners

Survey Results – Ranking of Health Initiatives

Phoenix Children's Hospital surveyed key constituents to rank the eight pediatric health initiatives identified from the Maricopa County Community Health Assessment 2012 and the First Things First Health Impact Assessment. The table below summarizes the ranked priorities as determined through the survey process:

<table>
<thead>
<tr>
<th>Key Constituent Survey Ranking of Health Initiatives</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care (includes Chronic Disease Management)</td>
<td>56.59%</td>
<td>20.16%</td>
<td>13.18%</td>
<td>5.43%</td>
<td>3.88%</td>
<td>0%</td>
<td>0%</td>
<td>0.78%</td>
<td>1</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>27.13%</td>
<td>26.36%</td>
<td>13.95%</td>
<td>13.18%</td>
<td>7.75%</td>
<td>3.88%</td>
<td>3.88%</td>
<td>3.88%</td>
<td>2</td>
</tr>
<tr>
<td>Injury Prevention (includes Child Abuse and Violence / Neglect)</td>
<td>8.53%</td>
<td>17.05%</td>
<td>17.05%</td>
<td>17.83%</td>
<td>14.73%</td>
<td>13%</td>
<td>10%</td>
<td>1.55%</td>
<td>3</td>
</tr>
<tr>
<td>Obesity and Nutrition</td>
<td>3.88%</td>
<td>13.18%</td>
<td>20.16%</td>
<td>20.16%</td>
<td>13.95%</td>
<td>17.83%</td>
<td>10.85%</td>
<td>0.00%</td>
<td>4</td>
</tr>
<tr>
<td>Developmental and Sensory Screenings</td>
<td>0.00%</td>
<td>9.38%</td>
<td>19.53%</td>
<td>15.63%</td>
<td>16.41%</td>
<td>16%</td>
<td>17%</td>
<td>5.47%</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.55%</td>
<td>3.88%</td>
<td>6.98%</td>
<td>10.08%</td>
<td>24.03%</td>
<td>28.68%</td>
<td>16.28%</td>
<td>8.53%</td>
<td>6</td>
</tr>
<tr>
<td>Prenatal Outreach and Maternal/Child Health</td>
<td>2.33%</td>
<td>8.53%</td>
<td>6.98%</td>
<td>14.73%</td>
<td>13.95%</td>
<td>12%</td>
<td>12%</td>
<td>29.46%</td>
<td>7</td>
</tr>
<tr>
<td>Oral Health Care</td>
<td>0.00%</td>
<td>1.55%</td>
<td>2.33%</td>
<td>3.10%</td>
<td>5.43%</td>
<td>8.53%</td>
<td>29.46%</td>
<td>49.61%</td>
<td>8</td>
</tr>
</tbody>
</table>
Survey Feedback – Top Implementation Strategies

Survey participants provided feedback on implementation strategies to address each of the health initiatives. Below summarizes the top implementation strategies suggested from the survey results:
Conclusion

Phoenix Children’s Hospital worked in collaboration with community partners, public health experts, area hospitals and other organizations to identify community health needs through an assessment process. The Maricopa County Department of Public Health (MCDPH), Arizona Department of Health Services (ADHS) and First Things First of Arizona developed and coordinated an assessment process with other hospital organizations, including Phoenix Children’s Hospital. These assessments included the needs of the county, under-served, under-represented and low income populations. PCH then created a survey that was sent out to internal and external constituents to rank the identified health initiatives/needs as determined through the health assessment process.

The following are the eight key initiatives ranked in order of priority:

1. Access to Care
2. Behavioral Health
3. Injury Prevention
4. Obesity and Nutrition
5. Developmental and Sensory Screenings
6. Diabetes
7. Prenatal Outreach and Maternal/Child Health
8. Oral Health Care

Once the survey constituents ranked these health initiatives they provided feedback on implementation strategies for each of the health needs. Phoenix Children’s Hospital’s leadership analyzed the survey feedback and finalized the implementation strategies for each of the health initiatives.
Appendix A: Executive Summary of the Implementation Strategy

Implementation Strategy

This plan represents Phoenix Children's Hospital’s commitment to strategic investments to address the community’s health needs. Partnerships and collaborations with health service organizations, community organizations and community members are essential for the long-term success of these strategies. Changes to this plan will occur as new information and data becomes available relative to the community’s pediatric health priorities.

The following are the eight key initiatives ranked in order of priority:

1. Access to Health Care
2. Behavioral Health
3. Injury Prevention
4. Obesity and Nutrition
5. Developmental and Sensory Screening
6. Diabetes
7. Prenatal Outreach and Maternal/Child Health
8. Oral Health Care

Health Initiative 1: Access to Care

Goal: Improve access to health care for children, including access to health insurance coverage, primary care physicians and specialty care physicians.

![Diagram of Access to Care initiatives]
Access to Care Patient Outcomes:
1. Improved access to quality health care for all children in Arizona regardless of socio-economic and health disparities.
2. Expanding health coverage for children will improve health outcomes by receiving necessary and preventative care.
3. Enhanced care coordination through better management of chronic conditions and improved access to providers, programs and facilities.

Strategy 1.1: Improve pediatric access to health insurance coverage through the expansion of the state’s Medicaid program (Arizona Health Care Cost Containment System – AHCCCS).

Tactics:
1. Develop a robust advocacy plan to support restoration and expansion of the state’s Medicaid program.
2. Support the restoration of KidsCare II to 2008 enrollment levels.
3. Collaborate with legislature to develop programs targeted at either restoring coverage lost during depression or ensuring that additional coverage would not be lost (i.e. the City of Phoenix Provider Tax Program, Governor Brewer’s Medication Protection Plan).

Strategy 1.2: Improve access, adequacy and funding for pediatric healthcare

Tactics:
1. Collaborate with other organizations to support expanded funding for children’s services.
2. Explore additional opportunities for federal matching programs that expand coverage for programs that primarily serve underserved population groups (i.e. SNCP, AHSIP).

Strategy 1.3: Continued development of the Phoenix Children’s Care Network which aims to improve quality, lower healthcare costs, and improve health outcomes.

Tactics:
1. Continue to expand Phoenix Children's Care Network (PCCN) membership for increased health access to pediatric specialists and primary care pediatricians.
2. Develop and evaluate patient health metrics and outcomes.

Strategy 1.4: Expand geographic presence and service offerings to meet Arizona’s pediatric underserved population.

Tactics:
1. Seek and evaluate partnership opportunities with rural health service organizations.
2. Evaluate the expansion of service offerings at current satellite campuses.
3. Develop a Phoenix Children’s Hospital’s telemedicine program to offer pediatric sub-specialty care to rural/undeserved communities.

Strategy 1.5: Sustain community outreach programs that specifically target unmet needs of children.
Crews’n Healthmobile
The Crews’n Healthmobile, a 38-foot Mobile Medical Unit, visits drop-in centers serving the homeless, streets where homeless youth gather, shelters and schools serving vulnerable populations to bring free, comprehensive medical help directly to Arizona’s homeless adolescents.

Breathmobile
Since 2000, the Phoenix Children’s Hospital Breathmobile, a self-contained mobile asthma clinic, has traveled to inner-city schools, providing asthma diagnoses, treatment, and education. The Breathmobile visits schools in South Phoenix, in areas where children are most likely to be uninsured. The service requires no referral and there is no charge for treatment.

Bill Holt Clinic
Outside of Phoenix Children’s Hospital, pediatric patients with HIV/AIDS have no other treatment options in Arizona. The Bill Holt Clinic at Phoenix Children’s Hospital is the only comprehensive pediatric HIV clinic in the state of Arizona, providing care for children and adolescents exposed to or infected with HIV. The clinic, founded in 1994, is a multidisciplinary program. A team of specialists works together at the visits to provide specialized medical care, nutritional support, Child Life services, and psychosocial support. The team works together with families to maximize the health of children/adolescents affected by or infected with HIV.

Teen Clinic
The Teen Clinic at Phoenix Children’s Hospital provides expert evaluation and medical treatment for adolescents and young adults with common and complex medical problems. On both an inpatient and outpatient basis, physicians work collaboratively with mental health professionals, social workers, nurses and nutritionists to meet the adolescent health care needs.

Special Needs Clinic
The clinic for Children with Special Health Care Needs is designed to provide coordinated, comprehensive primary care for children with chronic medical conditions.

Tactics:
Continue to support community outreach programs targeting unmet need.
Evaluate additional program development with community and governmental partners.

Strategy 1.6: Enhance capacity and improve care coordination of inpatient and outpatient clinics by developing a pediatric medical home.

Tactics:
1. Pursue a pediatric medical home accreditation for Crews’n Healthmobile.
2. Enhance care coordination efforts through additional medical home model evaluations.

Strategy 1.7: Train the next generation of health care providers.

Tactics:
1. Sustain current and evaluate future fellowship programs for pediatric specialties.
2. Sustain residency program and provide a setting for training and educational opportunities.
3. Continue to offer medical rotations for medical students seeking career pediatric experience and continue to collaborate with health academic institutions.
4. Enhance the Graduate Advancement Program in Pediatrics (GAPP), which trains the next generation of pediatric nurses in Arizona.

**Health Initiative 2: Behavioral Health**

**Goal:** To provide pediatric specialty services for children with psychiatric and behavioral health issues and to support children’s mental health initiatives in Arizona.

**Behavioral Health Initiative Outcomes:**
1. Parents and guardians will be provided support to help manage their child’s emotional and mental issues.

**Strategy 2.1:** Support and sustain the Biobehavioral in-patient program at Phoenix Children’s Hospital.

**Biobehavioral Program**
Phoenix Children’s offers the only inpatient pediatric psychiatry program in Arizona for children under 16 with psychosis or dangerous behavior. The psychiatry outpatient clinic offers expert diagnosis and treatment of high complexity child and adolescent psychiatric disorders.

**Tactics:**
1. Continue to financially support and sustain the Bio-Behavioral program.
2. Seek additional community partners and donors to continue funding the program.

**Strategy 2.2:** Work with AHCCCS to develop plan to coordinate mental health care for children in Arizona.

**Tactics:**
1. Collaborate with Mercy Maricopa (AHCCCSS awarded provider) to help address mental health needs for AHCCCSS population.

**Strategy 2.3:** Seek out additional opportunities to collaborate with community partners to better address children’s mental health issues.
Tactics:
1. Advocate for more comprehensive mental health services for all children in Arizona.
2. Discuss and evaluate mental and behavioral health initiatives with other Arizona safety net providers.

Health Initiative 3: Injury Prevention

Goal: To address the most common causes of childhood injury with programs that reach parents and children with important safety messages and skills.

Injury Prevention Initiative Outcomes:
1. More parents and families will know about child car/booster seat safety, thus reducing unnecessary injuries.
2. Increased awareness and support services focusing on preventing child abuse.
3. Increased awareness about safe sleep and provision of cribs to those in need.
4. Community providers who visit homes or provide child health information will have an increased understanding of home safety assessments and home safety interventions.
5. Increase in primary prevention strategies will be implemented to address child abuse prevention.
6. Increased awareness of injury prevention in and around homes.

Strategy 3.1: Increase knowledge and visibility of the Child Abuse Prevention programs within the community and state of Arizona.

Phoenix Children's is committed to reducing the risk of abuse for children in our community. To keep children safe, we have to fix the problem instead of only treating the symptom. As a leader in the community, Phoenix Children's Hospital brings the latest research and cutting edge prevention programs to Phoenix and reaches out to the entire state of Arizona.
Tactics:
1. Support county-wide efforts to identify financial support to increase the provision of primary prevention strategies to decrease child abuse, namely the implementation of Positive Parenting Program (Triple P) in Maricopa County.
2. Sustain the ACE (Antecedent Childhood Events) Collaborative-a consortium of over 100 key stakeholders with a goal of addressing the effects of antecedent childhood events on both children and parents.
3. Integration of targeted education about trauma informed care and the development of prevention skills for care providers- targeting especially residents and physicians valley-wide as well as community child serving providers.
4. Initiation of a community coalition to address the issues of sexual abuse prevention in children and develop state relevant priorities to align with the national sexual abuse prevention plan.

Strategy 3.2: Sustain the Kids Ride Safe Program (Child Care Seat Safety).

Kids Ride Safe Program
The Kids Ride Safe Program reaches out to parents about the importance and correct use of car seats, booster seats and restraints. Phoenix Children's partners with Safe Kids Maricopa County, Inc. as well as local fire and police departments to host community car seat checks. Our trained technicians check car seat installations, train parents distribute car seats, provide special needs consultations for those children whose health conditions require specialized safety interventions.

Tactics:
1. Sustain provision of care seat education and car seat distribution in the community.
2. Expand services to meet parents at faith-based community sites to provide car seat education and equipment.
3. Provide the financial and staff resources to maintain and expand the service offerings.
4. Promote child passenger safety by targeting media messaging via TV coverage, radio public service announcements, and written media.
5. Utilize social media as a means of reaching segments of the child rearing population via application development, twitter account (keep kids safe), PCH Face book, and e-newsletters.

Strategy 3.3: Support the Injury Prevention Center efforts to promote home safety, safe sleep, bicycle and pedestrian safety, and water safety to reduce injury.

Tactics:
1. Provide necessary resources to continue to grow and expand the program to meet the community’s needs.
2. Participate in area-wide efforts to address reduction of childhood injuries.
3. Develop leadership training in injury prevention tactics to those individuals who interact with families and also have the opportunity to visit homes as part of their service reach (head start, home visiting programs).

Strategy 3.4: Continue to support and sustain the Child Protection Team at Phoenix Children’s Hospital.
**Child Protection Team**
The Child Protection Team (CPT) at Phoenix Children’s Hospital is a partner in the Childhelp Children’s Center of Arizona. The Child Protection Team is part of a larger group of law enforcement, prosecution, social service agencies, medical professionals and mental health clinicians – all working to provide a safe, secure environment for victims of child maltreatment, including physical and sexual abuse, neglect, and drug exposure.

**Tactics:**
1. Provide necessary resources to continue to grow and expand the program to meet the community’s needs.
2. Continue to strengthen our partnerships with law enforcement, prosecution, social service agencies and other medical/mental health professionals.

**Health Initiative 4: Obesity and Nutrition**

**Goal:** Reduce the incidence and severity of obesity and overweight in children in Maricopa County. This will improve health and wellness and prevent chronic diseases.

**Obesity Initiative Outcomes:**
1. The pediatric population will have additional opportunities to live in communities that promote healthy weight and active lifestyles.
2. Families will participate and become an integral part in reducing childhood obesity.
3. Families will collectively work together to maintain a healthy lifestyle and weight.

**Strategy 4.1:** Sustain the Cardiometabolic Risk Assessment, Research and Education Program (CARE).

**CARE Program**
The Cardiometabolic Risk Assessment, Research and Education Program is the state’s only multi-disciplinary program focused on high-risk children and the prevention of chronic diseases resulting from obesity. The program has a vision to improve the health and lives of overweight children, through medical treatment, research and education.
Tactics:
1. Continue to fund the operational needs of the Cardiometabolic Risk Assessment, Research and Education Program.
2. Provide resources and support for children participating in the program.
3. Evaluate possible partners in the community to expand the geographic reach of the programs.

**Strategy 4.2:** Support and sustain the Healthy Kids and Families community programs.

**Healthy Kids and Families**
Teaching a child to make exercise a daily part of life will build healthy habits that last a lifetime. The Healthy Kids and Families Programs focus on school based activity programs as well as community nutrition education programs. Making exercise fun and encouraging healthy behaviors is the community program focus.

Tactics:
1. Provide funding and resources to increase program participation.
2. Increase community partners.
3. Expand online program option to improve community reach.
4. Participate in the City of Phoenix “FIT PHX” programs city wide to increase the overall coordinated reach of the program.
5. Promote an area wide Collaboration of Community Resources focused on healthy eating and healthy activity.

**Strategy 4.3:** Develop a comprehensive adolescent weight management and surgery program.

Tactics:
1. Evaluate opportunity to develop partnerships to treat medically complex patients with significant obesity related co-morbidities.
2. Support the partnership through financial and staff resources as needed.

**Health Initiative 5: Developmental and Sensory Screening**

**Goal:** To provide parents, guardians and primary care physicians with the information and tools regarding developmental and sensory screening for early identification and to better manage developmental issues within the pediatric population.
Developmental and Sensory Screening Initiative Outcomes:
1. Parents will have better knowledge on screening opportunities and resources.
2. Early intervention will result in better treatment and outcomes for children with developmental challenges.

Strategy 5.1: Increase the dissemination of developmental and behavioral screening knowledge to parents and families.

Tactics:
1. Work with community pediatricians and OB referral networks to distribute/educate patients and families on screening options.
2. Provide subspecialty consult for children who are identified as having a medical condition based on their developmental and sensory screening (i.e. access to a geneticist for advanced testing).

Strategy 5.2: Sustain and support the developmental of the S.C.O.R.E. clinic.

S.C.O.R.E. Clinic
The S.C.O.R.E. clinic (Screenings with Care for Outcomes and connections to Referrals and an Education program) is a program at PCH that delivers the following: health, vision and hearing, developmental, BMI, Immunization, and Medicaid eligibility screenings to the patients at the general pediatrics clinic at PCH as well as the homeless youth population at the Crews'n Healthmobile sites. Screenings are at the heart of preventative care. They give providers the opportunity to identify a condition in its earlier stages, thereby, avoiding costly, long term and specialty care. The complete screening program offers medical teams, case management teams, and supportive services programs a framework to create a successful, individualized treatment plan and case management plan. Once the screenings are complete PCH closes the loop by providing education, referrals, and supportive resources based on the individual's needs reflected in their S.C.O.R.E. card. By collaborating services and their respective specialties into one program PCH offers a convenient 'ONE STOP SHOP' for the patients and the surrounding community.

Tactics:
1. Utilize program to help provide screening services to the underserved population.
2. Enhance care coordination based on specific needs of child as a result of their screening scorecard.

Strategy 5.3: Sustain and support the developmental pediatric programs at Phoenix Children’s Hospital.

Developmental Pediatrics
This program provides a comprehensive assessment for children who may present with developmental delays (cognitive, social-emotional, motor, speech and language), disruptive behaviors, and problems with attention and learning. Each provider has received additional specialty training in child development and behavior making them uniquely qualified to understand, assess and treat this medically complicated patient population.

Tactics:
1. Utilize developmental pediatricians to identify and organize a treatment plan supporting optimal childhood development through the early identification of problems.
Health Initiative 6: Diabetes

Goal: Reduce the prevalence of diabetes of children living in Arizona by coordinating treatment and managing diabetic issues.

Diabetes Initiative Outcomes:
1. The pediatric population will have increased access to resources and education on how to manage diabetes.

Strategy 6.1: Sustain the Diabetes Center at Phoenix Children’s Hospital.

The Diabetes Center
The Diabetes Center provides comprehensive care for those with type 1 diabetes, type 2 diabetes and diabetes in children with cystic fibrosis and those who have had a transplant. The Diabetes Clinic offers a unique clinical experience for older teens with diabetes, helping to facilitate a smooth transition into adult healthcare. The latest innovations in care and research are offered, including management of diabetes with insulin pumps and continuous glucose monitoring.

Tactics:
1. Provide the necessary resources and staff to continue providing the services to the pediatric population.
2. Explore community partnerships to coordinate and expand service reach.

Strategy 6.2: Seek additional opportunities to enhance care coordination and medical management of children living with diabetes in Arizona.

Tactics:
1. Evaluate partnership opportunities with other health service organizations, schools, restaurants, governmental agencies and private or public organizations.
Health Initiative 7: Prenatal Outreach and Maternal/Child Health

Goal: Support parents and guardians in their role as nurturers of the emotional, behavioral, intellectual and physical growth of their children.

Prenatal and Maternal/Child Health Initiative Outcomes:
1. Give parents and families support and information as they raise their children, especially during critical developmental years.
2. Increase in health education and support services for new parents and young families.
3. Increased access to and quality of care for at-risk young families.

Strategy 7.1: Sustain the Gynecology for Youth and Teens Program.

Gynecology for Youth and Teens
The Gynecology Program at Phoenix Children’s Hospital provides females from birth to age 18 with the highest quality medical care. Staffed by a multidisciplinary team that includes pediatric physicians and nurses, our services focus on the specialty of gynecology, which is the examination, diagnosis, and treatment of female reproductive health issues. Often the care of our patients involves other services at the hospital, and staff in our program coordinates this comprehensive care.

Tactics:
1. Provide necessary funding for the program to meet the needs of the community.
2. Increase the number of youth and teens that participate in the program.
3. Evaluate expanding teen gynecology services to Crews’n Healthmobile.

Strategy 7.2: Sustain Teen Tot Clinic.

Teen Tot Clinic
The Teen Tot Clinic at Phoenix Children’s Hospital serves as a medical home providing comprehensive care to young parents and their children. The program offers primary medical care, health education,
and support services in a single office visit to parents 21 years old or younger and their children. During every visit, patients are seen by a team that includes a social worker, development specialist and a physician.

Tactics:
1. Provide necessary funding for the program to meet the needs of the community.
2. Increase the number of youth and teens that participate in the program.
3. Enhance support services including free parenting support groups, home visits, and health education.

**Strategy 7.3:** Partner with OB community to identify and reach at-risk new moms.

Tactics:
1. Develop outreach to Maricopa County OBs with educational materials for their patients that support healthy growth and development.
2. Develop maternal fetal referral network with PCH pediatric sub-specialist to provide early consultation and treatment plan creation for moms and children with pre-identified medical conditions.

**Health Initiative 8: Oral Health Care**

**Goal:** Successfully expand dental care access for the pediatric population and educate the families on good oral health habits.

**Oral Health Care Initiative Outcomes:**
1. Increased dental care access for children.
2. Increased number of children participating in preventative oral health measures.

**Strategy 8.1:** Increase the number of children enrolled in AHCCCS and KidsCare that receive dental care.
Tactics:
1. Advocate for eligibility expansion for children to enroll in AHCCCS and KidsCare to receive dental care.

**Strategy 8.2:** Increase the utilization of preventative oral health measures amongst the pediatric population.

Tactics:
1. Distribute and develop educational materials to inform parents on preventative oral healthcare services that their children should be receiving.