2013 Community Health Needs Assessment Summary

2013-2016 Community Health Implementation Plan
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Executive Summary

This document provides a summary of areas of importance that were identified through the Maricopa County’s Community Health Assessment conducted in June 29, 2012 through the efforts of multiple community partners, hospitals, nonprofit organizations, governmental agencies and community members. The information identified within the Maricopa County Health Assessment reviewed the county’s epidemiologic indicators and qualitative data from the community interviews and focus groups. This study examined data from local, state, and national sources that provided appropriate comparisons for review and consideration.

St. Joseph’s Hospital and Medical Center (SJHMC) participated in the group discussions to further indentify the needs and the hospital’s ability to work in collaboration with the state and county to improve the health of the community. SJHMC focused its efforts in developing the “Arizona Communities of Care Network” is a collaborative effort with organizations within the community who are working with the hospital and community to address the direct response to the ongoing needs outlined with the 2010-2013 Community Health Needs Assessment and the “National Prevention Strategy America’s Plan for Better Health and Wellness” through the “collective impact” strategy. ([http://www.healthcare.gov/center/councils/nphpphc](http://www.healthcare.gov/center/councils/nphpphc)).

St. Joseph’s response to the growing needs in the community and an invitation for community partners to come and join us in this effort of creating a healthy Arizona. The new initiative for Horizon 2020 will be building “Arizona Communities of Care Network” where the hospital, community organizations, residents of Arizona, health providers, governmental agencies and businesses can come together to meet the growing needs of our community in a collaborative manner. The work that will be created within the “Communities of Care” will provide an opportunity to create sustainable changes within the community and to utilize SJHMC’s resources and expertise as the “backbone” for supporting these system changes.

Access to health care was ranked as the number one priority by the Maricopa County Department of Public Health (MCDPH) staff. Although 88 percent of the country’s residents had any kind of health coverage in 2010, residents of Hispanic origin were significantly less likely to be covered compared with non-Hispanic white residents (69% vs. 92%). During the period of 2009-2010, 26 percent of Arizonians were Medicaid beneficiaries and 19 percent were uninsured. Currently only pregnant women, parents with dependent children and the disabled at varying levels of the Federal Poverty Level (FPL) are eligible for Medicaid; however, with the implementation of the Affordable Care Act (ACA), Medicaid will be extended to uninsured citizens and legal residents with incomes up to 138% FPL in 2014. ¹ Hispanic residents (25.9%) were significantly more likely than non-Hispanic white residents (7.6%) to go without needed care.

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¹ Recommendations for Maricopa County Health Assessment – ABT Associates, Inc.
Chronic disease issues of health were ranked highly and include: overweight/obesity, diabetes, heart disease and low socio-economic status, and stroke, cancers and high blood pressure. Overweight and obesity were both indicators of increased chronic diseases including diabetes, cardiovascular disease, hypertension and cancer. The relationship among chronic disease was identified as priority health problems. Lastly, the prevention of injury and violent-free living is critical area and will be addressed in the overall plan.

St. Joseph’s Hospital and Medical Center provides a variety of services, partners with others and advocates for their patients and community to improve access to health and human services and health care coverage.

**Description of the Hospital**

Located in the heart of Phoenix, Arizona, Dignity Health, St. Joseph’s Hospital and Medical Center (SJHMC) is a 542-bed, not-for profit hospital that provides a wide range of health, social and support services with special advocacy for the poor and underserved.

SJHMC has a staff of 4,780, 200 Research Employees, 183 Employed Faculty Physicians, 1,109 Credentialed Community Physicians, 260 in 20 specialties of Medical Residents, and 813 Volunteers. St. Joseph’s is a nationally recognized center for quality tertiary care, medical education and research. It includes the internationally renowned Barrow Neurological Institute®, the Heart & Lung Institute®, University of Arizona Cancer Center at St. Joseph’s and a Level 1 Trauma Center verified by the American College of Surgeons.

The hospital is also a respected center for women’s health, orthopedics and many other medical services. *U.S. News & World Report* routinely ranks St. Joseph’s among the top hospitals in the United States for neurology and neurosurgery. Founded in 1895 by the Sisters of Mercy, St. Joseph’s was the first hospital in the Phoenix area. The hospital is part of Dignity Health, one of the largest healthcare systems in the West with 40 hospitals in Arizona, California and Nevada.

**Community Health Needs Assessment Summary**

In June 2012, the Maricopa County Department of Public Health and the Arizona Department of Health Services completed the first Comprehensive Health Assessment (CHA) for Maricopa County. This collaborative effort was the culmination of an 18-month engagement process that involved a wide variety of local public health system partners, education and social service agencies, community members, and other stakeholders. Assessments were conducted using a variety of methods from health data analysis to surveys and focus groups with several objectives in mind:

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2 For more information on the name change, please visit [www.dignityhealth.org](http://www.dignityhealth.org)
• Ensuring racial and ethnic minority communities' needs and input was included
• Ensuring broad representation of underserved populations
• Including disease surveillance subject matter experts in analysis of health data

Through this systematic research and data collection process, the team identified five issues as health priorities to be addressed in the five-year Community Health Improvement Plan (CHIP) for Maricopa County. St. Joseph’s Hospital and Medical Center along with Maricopa County will be evaluating the community yearly. The hospital will meet its obligation of a three-year assessment and work in collaboration with the State of Arizona and Maricopa County. The key areas are: Obesity, Diabetes, Lung Cancer, Cardiovascular Disease, and Access to Health Care.

St. Joseph’s Hospital and Medical Center and the Barrow Neurological Institute will utilize the information gathered from this community-wide assessment to inform the implementation strategy for the hospital. We share in the vision of our Departments of Public Health and the Arizona Department of Health Services, namely that “Empowered communities working together to reach optimal health and quality of life for all.”

Task forces representing four different sectors of the community—Where We Live (Community), Where We Learn (Education), Where We Work (Worksites), and Where We Receive Care (Healthcare)—have been formed to develop plans with emphasis on utilizing evidence based-strategies and policy, systems, and environmental approaches to impact health priorities. The CHIP will become the strategic blueprint for how public health and community partners will work collectively in making Maricopa County a healthier place to live and work. Data will be reviewed continually over the five-year cycle of the CHIP, both to monitor progress toward identified goals, and to establish new goals and priorities as necessary.

The CHNA documents can be accessed at http://www.maricopa.gov/publichealth/Programs/OPI/resources.aspx.
Community Health Implementation Plan

St. Joseph’s Hospital and Medical Center will provide a three-year plan and work in collaboration with the community, state and county to provide strategic resources in meeting the needs outlined in the CHIP. The hospital will continue to collaborate with other hospitals within Arizona as well as business and organizations to provide the care needed in the plan. The hospital will not be able to meet all the needs but will work closely with those organizations and hospitals that are able to provide this assistance.

Description of Community Served by the Hospital

The St. Joseph’s Hospital and Medical Center’s community, while largely diverse and educated, also includes areas with high rates of poverty, a large non-English speaking population, and migrant/seasonal workers, many of whom experience barriers to access. A large majority of this population is indigent with their primary source of income through day labor and seasonal work. Dignity Health utilizes a Community Need Index to identify specific areas within the service area (by zip code) with social economic barriers. Each zip code within the service area is given a score based on five socioeconomic indicators that include income, language, education, insurance, and housing. According to the Community Needs Index, Maricopa County has both moderate and high-risk areas with a mean score in the moderate range of 4. Within the service area there are zip codes with significant socio-economic barriers, some of which are designated as a Federal Medically Underserved Areas (FMUA) and Medically Underserved Populations (MUP).

According to research findings, individuals lacking health insurance, whether chronically uninsured or experiencing gaps in insurance, avoid seeking care for conditions until the condition worsens to an unmanageable state. For chronic conditions such as diabetes, asthma, or mental health, adults often skip medications or avoid filling prescriptions and subsequently visit the ED or are admitted to the hospital. Uninsured individuals are less likely to receive preventive care and more likely to receive duplicate tests. Strategies need to continue with a proactive focus on chronic disease management, increased access to education and services, and continuum of care components that will improve quality of life and decrease the need for extensive healthcare utilization.

Demographics

According to the U.S. Census Bureau, the estimated population of the county in 2012 was 3,942,169. Of that number, 26% represent persons 18 years of age and younger, 13% represent persons age 65 and over. Approximately 58% of the population is white, 6% African American or Black, 3% American Indian and Alaska Native, 4% Asian, 30% Hispanic or Latino. The median household income was $55,099 and nearly 15% of the community’s residents live below the poverty level.
Who Was Involved in the Assessment?

In 2011, a Community Advisory Board and Community Team guided staff from the Arizona Department of Health Services and Maricopa County Department of Public Health to conduct a community health assessment and determine health priorities for Maricopa County. The 18 month process included more than 1,000 residents, health professionals and community partners.

How the Assessment Was Conducted

Utilizing the Mobilizing for Action through Planning and Partnership (MAPP) framework, four comprehensive assessments were conducted to gather both quantitative and qualitative data. Input was collected from residents through community surveys, focus groups, stakeholder clusters reviewing the comprehensiveness of the local public health system and an assessment of forces likely to impact the health of the public in the near future.

429 Surveys were conducted in four ethnic/racial minority communities, including African American, Asian/Pacific Islander, Hispanic/Latino, American Indian, 241 Community Partners/Health Professionals were surveyed. In addition, 303 surveys were conducted among MCDPH Staff.

Analysis and Health Needs Identified from the CHNA

Through this systematic research and data collection process, the team identified five issues as health priorities. They are: Obesity, Diabetes, Lung Cancer, Cardiovascular Disease, and Access to Health Care.

Contributing risk factors and social determinants of health related to these health priorities include the ability to access care and also include nutrition, physical activity, and tobacco use. Appendix A: “Maricopa County Health Status Report Indicators 2012.”

Community Assets Identified

Within the service area, government and community based clinics exist that offer free or low cost medical care, some of which include Federally Qualified Health Centers (FQHC), Look-a-likes FHQC, Healthcare for the Homeless, Mission of Mercy Mobile Health Center, St. Vincent’s De Paul Health Center, School Based Health Centers, Hope Community, Chandler Care Center, and Chandler Christian Community Center. Organizations such as DUET, Dial-a-Ride, Areas Agency on Aging, About Care, Neighbors who Care provide transportation and home visits to the disabled and elderly. There are multiple food banks within Maricopa County and the surrounding counties, which include, but are not limited to: St. Mary’s Food
Bank, United Food Bank, St. Vincent’s de Paul, Phoenix Rescue Mission, and Central Arizona Shelter Services are throughout the service area, and refuge housing exists for the homeless and respite services for homeless exist at Circle the City. In addition, forty-six (46) hospital and hospital systems within our Service Area are included in Appendix C.

**Health Priorities**

Taking into consideration the health priorities of the community and the specialty care services St. Joseph’s Hospital and Medical Center provides, in addition to helping address Access to Care issues, Obesity, Diabetes, Lung Cancer, Cardiovascular Disease, Cancer prevention, and the efforts considered for FY2013-FY2016 include education about reducing injuries, trauma and promoting healthy active living.

**St. Joseph’s Hospital and Medical Center Implementation Strategy 2013-2016**

_Devoting the Hospital’s Implementation Strategy_

- The community benefit planning process begins with the review of the community needs assessment. Feedback, recommendations, and concerns were obtained from members of the hospital’s planning committee. Refer to Appendix D for a list of 2013 Community Health Integration Network (CHIN) members.

- In addition to the key hospital stakeholders, needs as identified by community constituencies and community partner organizations, the following criteria were used to prioritize the many community needs that were identified:
  - The top three most important issues identified by the community.
  - Conditions that were responsible for the highest number of years of potential life lost (YPLL); number of inpatient hospital days and emergency room visits.
  - Prevalence and trends over a 10 year period from 2001 through 2010.
  - Existence of health disparities by racial/ethnic subgroups.

**Target Areas and Population**

St. Joseph’s Hospital and Medical Center’s primary service area provides an opportunity for the hospital to target its resources and health protection programs within Maricopa County where many who are qualified as poor and disenfranchised reside and work. These individuals are living below 150% of poverty. These areas of the greatest health need and the most limited access to health services surround the hospital in zip codes listed in the following diagram “Maricopa County-Cities above County Poverty Level”. The St. Joseph’s Hospital and Medical Center’s Implementation Strategy focuses on populations with greatest need of individuals who do not have access to health and human services.
**Community Need Index**

The accurate measurement of community need is a crucial first step in public health planning. Most community-need assessments rely on highly specific, non-standardized data, the relevance of which is limited to the individual community. These specialized assessments will continue to be important for community planning. For large-scale public health programming, however, a comprehensive and standardized assessment of community need is a prerequisite to the allocation of resources by hospitals, health care organizations, private foundations, and public health systems.

In developing the Community Need Index, Dignity Health applied the same level of scientific rigor we insist on in the practice of medicine. We partnered with Thomson Reuters to develop the data sets and statistical models, which measure various socio-economic barriers to health care access. These barriers – income, cultural/language, education, insurance, and housing – were carefully chosen and tested individually by both Dignity Health and Thomson Reuters.

Dignity Health utilizes the data from the Community Need Index in the development of the community health needs assessment. The Community Need Index map with individual zip code scores, based on the risks associated with socio-economic barriers, is included in Appendix B.

**Description of What St. Joseph’s Hospital and Medical Center Will Do to Address Community Needs and Identified Priorities**

St. Joseph’s Hospital and Medical Center community benefit programs meet the goals and objectives identified in the priority areas. The programs work closely with the community and other organizations within the community to meet those needs that continue to be unmet. The hospital also works closely with our health partners: OASIS Hospital, United Surgical Partners, and Phoenix Children’s Hospital in providing services, programs and partnering with community organizations in meeting the needs outlined in the 2013 Community Health Needs Assessment. In order to meet the growing needs of the community, St. Joseph’s Hospital and Medical Center created the Arizona Communities of Care Network where organizations come together to develop a common agenda based on a common need, goals, mutually reinforced activities, strategies, objectives and outcomes to meet the needs within the community. This enables the hospital to further maximize the outcomes to improving the health of the community while engaging others in sustainable and long-lasting change.

Our focus is to create healthy connections in Arizona by providing and assisting in access to health care services, health insurance coverage, healthy women and children services, chronic disease management programs, cancer prevention and injury prevention programs. In 2011,

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3 Data Sources: 2009 Demographic Data, Claritas, Inc. and 2009 Insurance Coverage Estimates, Thomson Reuters  
4 More information about the barriers and why they were selected can be found at www.chwHEALTH.org/cni
St. Joseph’s created the “Share in the Care Partnership” which then developed into the Arizona Communities of Care Network. This initiative became the “foundation” to meet the needs outlined with the CHNA. The “Communities of Care” within the Network will focus on the needs identified in hospital’s 2013 Community Health Needs Assessment and come together to resolve the gaps in health and human services. The 2013 CHW Community Grant’s initiative will continue to focus on the needs outlined within the CHNA and where the hospital is able to provide the greatest impact in becoming a “change agent” and to advocate for the poor, disenfranchised, and underserved populations within the community. In addition, the hospital will continue to meet community needs by providing patient financial assistance (charity care); Medicaid and SCHIP services; health professional, general medical education and research.

**Community Needs and Identified Priorities**

Taking into consideration the health priorities of the community and the specialty care services St. Joseph’s Hospital and Medical Center provides, in addition to helping address the following priorities:

- Access to Care issues,
- Obesity
- Diabetes
- Lung Cancer
- Cardiovascular Disease
- Cancer prevention
- Reduce Injury and Trauma.

**Action Plan**

The following is a plan to address the needs within the CHNA while recognizing the importance of collaborating with organizations, government agencies, businesses and other health providers in meeting the needs outlined in the CHNA. Through this collaborative effort, the hospital will be able to promote and improve health outcomes within the community.

The National Prevention Strategy developed the following graphic to depict the Partners in Prevention from all the sectors in society that are needed for the strategy to succeed. The Arizona Communities of Care Network is a model of the Strategy in motion. All sectors and individuals within the community act together, implementing the strategic direction and priorities that will lead us to living longer and healthier lives.
The hospital will develop its work using the “National Prevention Strategy America’s Plan for Better Health and Wellness” (June 16, 2011) in which it identifies a national prevention strategy to increase the number of Americans who are healthy at every stage of life.

The Strategy Directions provide a strong foundation for all of the hospital’s prevention efforts and include some core recommendations necessary to build a prevention-oriented community. The Strategy Directions are:

- **Healthy and Safe Community Environments**: Create, sustain and recognize communities that promote health and wellness through prevention.
  - The Arizona Communities of Care Network currently focuses on promoting increased housing for individuals who are chronically homeless and chronically ill. Examples are:
- The Frequent Users of Systems of Emergent (FUSE) houses homeless individuals who are frequent users of the hospital and community services and places them in supportive housing and health services.
- Healthier Living is the Stanford University’s best practice in managing chronic health conditions through workshop within the community.
- Dignity Health Investments and Arizona Community Foundation – Innovation’s Fund assists in providing “low-interest loans and bridge funding” to assist in the design and promote affordable, accessible, safe, and healthy housing within Arizona.

- **Clinical and Community Prevention Services:** Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.
  - The Arizona Communities of Care Network continues its efforts around clinical and community prevention services. These are best demonstrated through the following collaborative efforts:
    - Integrate health criteria into decision making, where appropriate, across multiple sectors is best demonstrated in the ACTIVATE Program – This is a transitional health program using Foundation for Senior Living’s Transitional Care Nurses and Couches to follow fragile adults who have multiple chronic health conditions into the community and surround them with community supports. This program brings multi-sector groups together with the hospital in creating safe, health plans for individuals who are fragile and need additional assistance. The multi-disciplinary team approach works in the hospital as well as in the community.
    - Strengthen state, tribal, local, and territorial public health departments to provide essential services through the Native Collaboration where Native Americans who live in the urban communities have become disconnected to their health, housing and employment services through the Indian and tribal services.
    - Health Prevention and health protection programs within the Communities of Care as well as hospital sponsored programs such as MOMobile (Maternal Outreach Mobile), Breast Evaluation Center, Ali Cares, Parkinson’s Center Prevention Programs, and Stroke Prevention

- **Empowered People:** Support people in making healthy choices
  - The Arizona Communities of Care Network focuses on empowered people through its efforts within the community health improvement programs and health improvement initiatives that focus on Obesity Prevention; Healthy Eating through community gardening programs with Tigermountain and other initiatives within the community.
  - Safe environments and communities are mutually reinforced through the efforts of Reinvent Phoenix initiative to create safe, walkable, livable and sustainable communities within the downtown Phoenix area. This initiative
continues to bring individuals together to assess the needs within the community and engage the community in creating healthier choices and improve accessibility.

- Enhance cross-sector collaboration in community planning and design to promote health and safety through fall prevention education, injury, violence prevention, and trauma prevention programs such as “Think First”, “Helmet your Head”, “Oliver Otter”, and the “SMARTR” program. These are a few of the programs that work in collaboration with the community and promote health and safety.

- Reducing health disparities through interventions and prevention services to assist individuals in making health choices through the Healthier Living program, which includes reducing obesity, diabetes, and cardiovascular disease.

- Support policies and programs that promote breastfeeding through collaborative efforts with WIC, Healthy Families, Smooth Way Home, and Nurse Family Partnership’s efforts to make the hospital and community.

- Promote and strengthen policies and programs to prevent falls, especially among older adults through Think First and other Fall Prevention Programs.

- **Elimination of Health Disparities**: Eliminate disparities, improving the quality of life for Arizonans.

  - Reduce disparities in access to quality health care by promoting the prevention elements within the Affordable Healthcare Act’s Health insurance Marketplace as well as enrollment assistance within the Medicaid (AHCCCS) through collaborative efforts with organizations such as Keogh Health Connections, Mission of Mercy and Association of Community Health Centers.

  - Ensure a strategic focus on communities at greatest risk, especially, with access to prenatal services within uninsured populations through the use of the hospital’s mobile health clinic – MOMobile (Maternal Outreach Mobile) and efforts through St. Vincent’s de Paul Medical Clinic (free health services) and Ali Cares (free Parkinson’s health services.)

  - Support research to identify effective strategies to eliminate health disparities through further collaboration with the Arizona Communities of Care Network and efforts within the Arizona Department of Health Services REACH program and Maricopa County’s Health Improvement teams.

  - Support comprehensive tobacco free and other evidence-based tobacco control policies by working closely with the Comprehensive Cancer Control Network from the State of Arizona.

  - The University of Arizona’s Cancer Center at St. Joseph’s Hospital will continue working closely with the State’s coalition to address issues of reducing and preventing cancers in Arizona.
**Next Steps**

For each of the priority areas listed above, St. Joseph’s Hospital and Medical Center will work with the hospital, community, board, Arizona Communities of Care Network, hospital partners – OASIS Hospital, Phoenix Children’s Hospital and United Surgical Partners

+ Identify any related activities being conducted by others in the community that could be built upon.
+ Develop measurable goals and objectives so that the effectiveness of their efforts can be measured and evaluated.
+ Build support for the initiatives within the community and among other health care providers.
+ Develop detailed work plans that will build community impact and sustainability.

**Priority Needs Not Being Addressed and the Reason**

As with any healthcare organization, it is not possible to have the resources to meet every need identified in the CHNA. Within the scope of St. Joseph’s Hospital and Medical Center’s adult and infant services, the priority needs not being addressed include children’s Health from 1 to 15 years of age. These health issues are being addressed in various ways by several other health providers in the Community.

**Approval**

This report was approved at the [October 23, 2013](#) meeting of the Governing Board.
# Maricopa County Health Status Report Indicators 2012

## Appendix A

### Demographics
- Population Size
- Income Distribution
- Race and Ethnicity
- Sex
- Age
- Home Ownership
- Disability & Mobility

### Access to Health Care
- No Health Insurance Coverage
- No Usual Place of Care
- No Prenatal Care
- Delayed Care or Prescriptions due to Cost

### Chronic Conditions
- Coronary Heart Disease mortality and hospital discharge review
- Stroke mortality and hospital discharge review
- Cancer mortality and hospital discharge review
- Diabetes mortality and hospital discharge review
- Asthma mortality and hospital discharge review

### Environmental Health
- Food safety - recalls
- Food safety - outbreaks
- Air Quality
- Neighborhood Support Index
- Perceived Neighborhood Safety
- Distance between one’s Home & Parks or Open Space
- Quality of Life Index

### Health Behaviors
- Tobacco Use
- Tobacco Use during Pregnancy
- Physical Inactivity
- Binge Drinking
- Substance Abuse
- Unprotected Sex

### Infectious & Sexually Transmitted Diseases
- HIV/AIDS incidence & prevalence rates per 100,000 population
- STDs incidence & prevalence rates per 100,000 population
- TB incidence & prevalence rates per 100,000 population
- Hepatitis B

### Mortality
- Cancer
- Disease of Heart
- Stroke
- Diabetes
- Unintentional Injury
- Chronic Lower Respiratory Disease
- Chronic Liver Disease and Cirrhosis
- Alzheimer’s Disease
- Occupational Death
- Heat Mortality
- Total Mortality from All Causes

### Maternal & Children’s Health
- Infant Mortality per 1,000 Births
- Low Birth Weight
- Preterm Birth
- Gestational Diabetes
- Mother-to-child HIV transmission
- Teen Pregnancy
- Breastfeeding
- Oral Health
- Lead Poisoned Children
- Housing with increased lead risk
- Postpartum Depression

### Injury
- Unintentional injury incidence & prevalence rates per 100,000 population
- Motor Vehicle Crash incidence & mortality
- Accidental Poisoning

### Nutrition
- Fruit & vegetable affordability
- Free & Reduced lunch rates (schools and students)
- % of people receiving SNAP
- Folic acid awareness/supplementation
- Less than 5 fruit/vegetables a day

### Quality of Care
- Annual Well-Women’s Check
- Well Child Visit
- Immunization Adult
- Immunization – Child

### Overall Health Status
- Self-Reported Poor Physical Health
- Self-Reported Poor Mental Health
- Obesity

### Violence
- Domestic Violence
- Homicide
- Child Abuse

### Mental Health
- Diagnosis of Anxiety, Bipolar, or Major/ Clinical Depression
- Intended Suicide
- Completed Suicide

### These health indicators were analyzed and ranked according to top causes of death, 10-year trends, racial & ethnic disparities, & compared to national/state rates & Healthy People 2020.
### Community Need Index
Maricopa County, Arizona

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<th>Score Range</th>
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<td>2nd Lowest</td>
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<td>Mid</td>
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<tr>
<td>Highest Need</td>
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The map below visually represents the Community Need Index across Maricopa County, Arizona, with color coding indicating the need levels.
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Appendix C

Other Area Hospitals and Community Clinics within Service Areas

1. Arizona Heart Hospital - Phoenix, Arizona
2. Arizona Heart Institute - Phoenix, Arizona
3. Arizona Regional Medical Center - Mesa, Arizona
4. Arizona State Hospital - Phoenix, Arizona
5. Arrowhead Hospital - Glendale, Arizona
6. Banner Health - Phoenix, Arizona
7. Carl T. Hayden VA Medical Center - Phoenix, Arizona
8. Banner Baywood Medical Center – Mesa, Arizona
9. Banner Behavioral Health Hospital – Scottsdale, Arizona
10. Banner Boswell Medical Center - Sun City, Arizona
11. Banner Del E Webb Memorial Hospital – Sun City West, Arizona
12. Banner Desert Medical Center - Mesa, Arizona
13. Banner Estrella Medical Center – Phoenix, Arizona
14. Banner Gateway Medical Center – Gilbert, Arizona
15. Banner Good Samaritan Medical Center – Phoenix, Arizona
16. Banner Heart Hospital – Mesa, Arizona
17. Banner Ironwood Medical Center - Queen Creek, Arizona
18. Banner Thunderbird Medical Center – Glendale, Arizona
19. Cardon Children's Medical Center - Mesa, Arizona
20. Casa Grande Regional Medical Center – Casa Grande, Arizona
21. Chandler Regional Medical Center - Chandler, Arizona
22. Florence at Anthem
23. Gilbert Hospital - Gilbert, Arizona
24. John C. Lincoln Deer Valley - Phoenix, Arizona
25. John C. Lincoln North Mountain - Phoenix, Arizona
26. Kingman Regional Medical Center – Kingman, Arizona
27. Kino Community Hospital - Tucson, Arizona
29. Maricopa Medical Center – Phoenix, Arizona
30. Maryvale Hospital Medical Center - Phoenix, Arizona
31. Mayo Clinic Hospital - Phoenix, Arizona
32. Mercy Gilbert Medical Center - Gilbert, Arizona
33. Mountain Vista Medical Center - Mesa, Arizona
34. OASIS - Arizona
35. Paradise Valley Hospital – Phoenix, Arizona
36. Phoenix Baptist Hospital & Medical Center – Phoenix, Arizona
37. Phoenix Children's Hospital – Phoenix, Arizona
38. Phoenix Indian Medical Center - Phoenix, Arizona
39. Phoenix Memorial Hospital – Phoenix, Arizona
40. Scottsdale Healthcare Shea - Scottsdale, Arizona
41. Scottsdale Healthcare Osborn – Scottsdale, Arizona
42. Scottsdale Healthcare Thompson Peak - Scottsdale, Arizona
43. Sierra Vista Regional Health Center - Sierra Vista, Arizona
44. Southeast Arizona Medical Center - Douglas, Arizona
45. St. Joseph's Hospital and Medical Center – Phoenix, Arizona
46. St. Luke's Medical Center - Phoenix, Arizona
47. Tempe St. Luke's Hospital – Tempe, Arizona
48. Valley Hospital - Phoenix, Arizona

Within the service area, government and community based clinics exist that offer free or low cost medical care, some of which include Federally Qualified Health Centers (FQHC), Look-a-likes FHQC, Healthcare for the Homeless, Mission of Mercy Mobile Health Center, St. Vincent’s De Paul Health Center, School Based Health Centers, Hope Community, Chandler Care Center, and Chandler Christian Community Center. Organizations such as DUET, Dial-a-Ride, Areas Agency on Aging, About Care, Neighbors who Care provide transportation and home visits to the disabled and elderly. There are multiple food banks within Maricopa County and the surrounding counties, which include, but are not limited to: St. Mary’s Food Bank, United Food Bank, St. Vincent’s de Paul, Phoenix Rescue Mission, and Central Arizona Shelter Services are throughout the service area, and refuge housing exists for the homeless and respite services for homeless exist at Circle the City.

Community Clinics within Service Areas

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<th>Apache Junction Clinic</th>
<th>Eloy Community Health Center</th>
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<td>ASU Breaking the Cycle</td>
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<td>Tempe Community Action Agency</td>
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<td>Eloy Clinic</td>
<td>San Tan Valley Clinic</td>
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Appendix D

St. Joseph’s Hospital and Medical Center Community Health Planning Team
2013 Community Health Integration Network (CHIN)

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