

# Dignity Health Arizona General Hospital Mesa

## Community Health Needs Assessment 2022 – Appendix & Resources

**Adopted June 2022**



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*Arizona General Hospital Mesa CHNA 2022 Main Report can be found online at <https://www.dignityhealth.org/arizona/locations/arizonageneral/about-us/community-benefit>.*

## Appendix A – Focus Group Discussion Schedule

### 2019 Focus Group Schedule

#### Cycle 1

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

## Cycle 2

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

### Cycle 3

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

## 2021 Focus Group Schedule

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

\* Community members participated from various regions of Maricopa County

## Appendix B – Primary Data Collection Tools

### **2019 Coordinated Community Health Needs Assessment Focus Group Questions**

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

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

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

#### **General Community Questions (15 minutes)**

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

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

#### **Community Health Concerns (15 minutes)**

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

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

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

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

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

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

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

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

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

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

### **Community Health Recommendations (15 minutes)**

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

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

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

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

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

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

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

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

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

### **Ending Question (5 minutes)**

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

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

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



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

## **2021 COVID-19 Focus Group Questions**

### **A. Information about COVID-19**

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

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

## **B. Intent to get vaccinated against COVID-19**

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

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

PROBE: perhaps you’ve already had the vaccine?
5. What challenges do you, your family, and/or your community have in getting the COVID19 vaccine?

## **C. Communication and Messaging**

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

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

## **D. FINAL WRAP UP QUESTION**

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

## **2019 Maricopa County Community Health Needs Assessment Survey**

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

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

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

Poor                      Fair                      Good                      Very Good                      Excellent

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

Poor                      Fair                      Good                      Very Good                      Excellent

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

Never                                      Sometimes                                      Always

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

Never                                      Sometimes                                      Always

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

Never                                      Sometimes                                      Always

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

Never                                      Sometimes                                      Always

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

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

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

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

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

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

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

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

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

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

<input type="checkbox"/> Bullying/peer pressure	<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Distracted driving (such as cell phone use, texting while driving)	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Elder abuse/neglect	<input type="checkbox"/> Gang-related violence	<input type="checkbox"/> Gun-related injuries



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

16. What is your ZIP code? \_\_\_\_\_

17. What is your gender?

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

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

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

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

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

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

21. What range is your household income?

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

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

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

## 2021 COVID-19 Impact Community Health Survey

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

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

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

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

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

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

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

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

<input type="checkbox"/> Adult with children under age 18 or living in the same home	<input type="checkbox"/> Single parent	<input type="checkbox"/> LGBTQI	<input type="checkbox"/> Person experiencing homelessness
<input type="checkbox"/> Person living with a disability	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Refugee	<input type="checkbox"/> Veteran
<input type="checkbox"/> Person living with HIV/AIDS	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> None



**6. What range is your household income?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COVID-19 Relief Funding for You/Family	Yes	No
COVID-19 Relief Funding for your business	Yes	No
Unemployment due to loss of job (laid off)	Yes	No
Unemployment due to staying home to care for children, elderly parents, or ill family members	Yes	No
Unemployment due to COVID-19 illness (self)	Yes	No
WIC (Women, Infant, and Children)	Yes	No
SNAP Food Stamps	Yes	No
Medicaid Insurance	Yes	No

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

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

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

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

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

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

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

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

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

<input type="checkbox"/> Ability to communicate with city/town leadership and feel that my voice is heard	<input type="checkbox"/> Accepting of diverse residents and cultures	<input type="checkbox"/> Access to schools or school alternatives	<input type="checkbox"/> Access to affordable childcare
<input type="checkbox"/> Access to affordable healthy foods	<input type="checkbox"/> Access to COVID-19 testing events	<input type="checkbox"/> Access to cultural & educational events	<input type="checkbox"/> Access to medical care
<input type="checkbox"/> Access to affordable housing	<input type="checkbox"/> Access to COVID-19 vaccine events	<input type="checkbox"/> Access to quality online school options	<input type="checkbox"/> Access to mental health services
<input type="checkbox"/> Access to community programming such as classes & trainings	<input type="checkbox"/> Access to Flu vaccine events	<input type="checkbox"/> Access to jobs & healthy economy	<input type="checkbox"/> Access to parks and recreation sites
<input type="checkbox"/> Access to public libraries and community centers	<input type="checkbox"/> Access to safe walking and biking routes	<input type="checkbox"/> Access to substance abuse treatment services	<input type="checkbox"/> Access to low crime / safe neighborhoods
<input type="checkbox"/> Access to public transportation	<input type="checkbox"/> Access to services for seniors	<input type="checkbox"/> Access to support networks such as neighbors, friends, and family	
<input type="checkbox"/> Access to religious or spiritual events	<input type="checkbox"/> Access to social services for residents in need or crisis	<input type="checkbox"/> Access to clean environments and streets	<input type="checkbox"/> Other: _____

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

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

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

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

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

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

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

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

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

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

## Appendix C – Survey Demographics

### 2019 & 2021 Community Survey Demographics

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

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

## Appendix D – Arizona General Hospital Mesa FY 2020 PSA Zip Codes

AGHM's PSA Zip Codes			
85044	85205	85233	85295
85048	85207	85234	85296
85142	85208	85249	85297
85143	85209	85281	85298
85201	85212	85282	
85203	85215	85283	
85204	85225	85286	





## Appendix E – Participating Organizations in the Community Health Committee (CHC) Meetings

Dignity Health and CommonSpirit Health	
Arizona General Hospitals	Dignity Health East Valley Hospitals Community Board
CommonSpirit Health leadership	Dignity Health East Valley physicians
Dignity Health Center for Diabetes management program leadership	Dignity Health Foundation East Valley
Dignity Health Community Education program leadership	Dignity Health Medical Group
Dignity Health Community Oral Health program leadership	St. Joseph’s Hospital and Medical Center
Dignity Health Community Wellness program leadership	St. Joseph’s Hospital and Medical Center; Community Health
Dignity Health East Valley Community Grants Committee	
Dignity Health East Valley Executive Leadership	
Community Partners	
About Care	Hushabye Nursery
Amanda Hope Rainbow Angels	ICAN: Positive Programs for Youth
Amplify Peace	Intel
Aster Aging	LaLoBoy Foundation
AZCEND	Lighthouse Psychiatry
Cancer Support Community Arizona	Maricopa County Department of Public Health
CeCe's Hope Center	Mercy Care
Chandler CARE Center	Mesa Chamber of Commerce
Chandler Children's Medical and Dental Clinic	Mission of Mercy

Chandler Unified School District	notMYkid
Child Crisis Arizona	Positive Paths for Women East Valley
City of Chandler	Queen Creek Chamber of Commerce
First International Bank & Trust	Rayhons Financial
Foundation for Senior Living	Teen Unity Board
Help & Hope for Youth	Town of Gilbert - Councilmember
Hope for Addiction	UCSF

## Appendix F – Summary of Dignity Health’s Human Trafficking 101 Session: Dispelling the Myths

MYTH 	FACT 
<p><b>1.</b> Human trafficking only happens overseas.</p>	<p>Every country is affected by human trafficking, including the United States. The USA passed federal legislation <b>to outlaw two common forms of human trafficking</b>: sex trafficking and labor trafficking. According to federal law, human trafficking means <b>forcing or coercing a person to perform commercial sex or labor/services</b>. Commercial sex is any sex act in which money or something of value is exchanged. Under federal law, anyone under age 18 involved in commercial sex is automatically a victim of human trafficking – no force or coercion is required.</p>
<p><b>2.</b> Only foreign nationals/immigrants are trafficked in the United States.</p>	<p>In 2018, nearly 11,000 tips of human trafficking were reported and <b>at least 1,237 of these tips involved U.S. citizens or lawful permanent residents</b>.</p>
<p><b>3.</b> Human trafficking and human smuggling are the same crime.</p>	<p>Human trafficking is <b>NOT</b> the same crime as human smuggling. Human trafficking is a violation of someone’s human rights. Human smuggling is a violation of a country’s immigration laws. A person can consent to being smuggled into the country; however, if that person is forced or coerced into commercial sex or labor/services, then they are a victim of human trafficking.</p>
<p><b>4.</b> Sex trafficking could never occur in a legal setting like a strip club.</p>	<p>Sex trafficking has been discovered in legal business settings (e.g., strip clubs, escort services, and pornography). <b>Regardless of the location or legality</b>, any person induced to perform commercial sex or labor through force or coercion is a victim of human trafficking.</p>
<p><b>5.</b> Everyone engaging in prostitution is doing so by choice.</p>	<p>Oftentimes adults are “choosing” to perform commercial sex work due to a <b>lack of options</b> as opposed to a free choice. We must refrain from passing judgment and we must offer compassion and resources to persons in need of assistance.</p>
<p><b>6.</b> Victims of human trafficking will reach out for help.</p>	<p>Oftentimes victims of sex trafficking, especially youth, do not self-identify as victims. Due to prior abuse, victims may not realize they are being manipulated or exploited. Sex traffickers often target vulnerable and abused youth. Victims of sex or labor trafficking may blame themselves, may fear authorities, or may fear retaliation by traffickers. Foreign national victims may not speak English and may not know their rights in America.</p>
<p><b>7.</b> Only women and girls are victims of sex trafficking.</p>	<p>Men and boys are also victims of sex trafficking. Traffickers often target young men and boys living on the streets, many of whom identify as LGBTQ.</p>

<p><b>8.</b> Child sex trafficking could never occur in my community.</p>	<p>Child sex trafficking has been reported <b>in every region served by Dignity Health.</b></p>
<p><b>9.</b> All sex traffickers are stereotypical pimps.</p>	<p>The term pimp is often associated with a stereotypical pimp (e.g., flashy hat and clothes). These pimps are no longer the norm. “Pimping” has become so normalized and even glamorized in the media that many young men and boys, especially gang members, want to become pimps. Gangs consider it easier to sell a person for sex than to sell drugs or guns. <b>Drugs and guns can be sold only once. A person, however, can be sold for sex over and over.</b> Anyone can be a trafficker, including family members, friends, and neighbors. This crime is not exclusive to known pimps or gang members. One mother sold her 7- and 14-year-old daughters for sex.</p>
<p><b>10.</b> Human trafficking refers only to sex trafficking.</p>	<p>Human trafficking is an umbrella term that includes both sex and <b>labor trafficking</b>. Unfortunately, labor trafficking often does not get as much exposure in the media as does sex trafficking. Labor trafficking has been identified in industries like agriculture, hospitality, domestic work (e.g., live-in maid), and traveling sales crews. Red flags include the following:</p> <ul style="list-style-type: none"> <li>• Victims may be charged a fee that is impossible to pay off (i.e., debt bondage).</li> <li>• Victims may be forced to work 12+ hours per day, 7 days per week.</li> <li>• Victims may not be allowed to leave the work premises and may be forced to sleep on the floor or on a cot in the back of the business.</li> <li>• Victims of domestic servitude may be forced to sleep in the home. Victims working in traveling sales crews may be forced to sleep in a van or other vehicle.</li> </ul>

## Appendix G – Data Indicator Matrix

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

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