

# MARICOPA COUNTY COMMUNITY HEALTH ASSESSMENT

2012





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# ■ PREFACE



This report describes Maricopa County's first comprehensive Community Health Assessment (CHA). Maricopa County is required to perform a CHA every five years to maintain Public Health Accreditation. The purpose of the CHA is to use present population health data to determine community health needs and priorities.

The Maricopa County Department of Public Health (MCDPH) and the Arizona Department of Health Services (ADHS) collaborated to facilitate the Maricopa County CHA. Both agencies used funding from the Centers of Disease Control and Prevention (CDC), the National Public Health Improvement Initiative (NPHII), and the Arizona REACH Healthy Communities Project (REACH CORE), respectively.

The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to guide the CHA process, as it is considered the "gold standard" for community health assessment and planning. The process called for the formation of advisory teams to guide involvement of the greater community to complete four different assessments. The following report outlines the steps taken to complete the Maricopa County CHA under this framework.

The Maricopa County CHA is part of a larger community health improvement process, and this report describes only a piece of the work undertaken to create a healthier county population. The CHA will be used to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. The next step is to outline these actions in a Community Health Improvement Plan (CHIP). The information provided in this report is intended for the use by members of Maricopa County's public health system and to inform the community health improvement process among the broader Maricopa County community.

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## ■ LETTER FROM THE DIRECTOR

Our mission here at the Maricopa County Department of Public Health is to protect and promote the health and well-being of all of our residents and visitors. Each year, the Department provides a multitude of services to help achieve just that. How do we measure and prioritize our work to help our community reach optimal health?

Beyond the direct services we provide, such as home visitation, health education, and certain clinical services, we strive to impact the root causes of disease. We recognize that our health is fundamentally affected by our community. To truly realize our mission, we must ask questions like: Do our children attend schools or childcare centers that serve healthy food and keep them physically active? Are worksites safe, and do they cater to the health of their employees? Do city planning agencies consider the health impact of planning and development initiatives? And ultimately, what underlying social issues create health problems?



There are many factors that impact the health of a community and every community chooses to confront these challenges in different ways. It is our responsibility to ensure that the strategy to improve health reflects the varying needs of the people who live here.

In a time of limited resources and funding, we must work more efficiently and effectively. As our population continuously grows in numbers and diversity, the Department will not be able to meet its needs alone, but through partnerships and collaboration. By collaborating on priority health issues, local residents and community organizations may exhibit their deep commitment to maintaining Maricopa County as a healthy place to live and work.

To this end, we are engaged in a truly collaborative and community-driven effort to identify the most pressing needs of our community. With this community health assessment, our public health system will be better equipped to make choices and set priorities. This assessment represents a building block to a broader community health improvement plan. As we progress towards the next steps for action, I want to pause to thank all those involved for their thoughtful and meaningful work. It will make a difference.

Sincerely,

A handwritten signature in black ink that reads "Bob England, MD, MPH". The signature is written in a cursive, flowing style.

Bob England, MD, MPH  
Director, Maricopa County Department of Public Health

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## ■ ACKNOWLEDGEMENTS



The authors wish to thank all of the following key partners who devoted much of their time providing leadership, enthusiasm, great ideas, and serious commitment to the community health assessment process in Maricopa County, Arizona.

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## ■ EXECUTIVE SUMMARY



In 2011, the Maricopa County Department of Public Health (MCDPH) partnered with the Arizona Department of Health Services (ADHS) to facilitate Maricopa County's first-ever Community Health Assessment (CHA) and determine the community's greatest health needs. The 18-month process was a collaborative, community-driven effort that engaged more than 1,000 residents, health professionals, and community partners. Under a shared vision, MCDPH and ADHS coordinated the formation of different teams to lead, oversee, and advise the CHA process. The process relied on this team infrastructure to carry out the various components of research and information gathering. Utilizing the Mobilizing through Planning and Partnership (MAPP) framework,<sup>1</sup> four comprehensive assessments were conducted.

### **The four MAPP assessments included:**

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

### **To implement this process, the four assessments were conducted using a variety of methods with the following objectives:**

- To ensure racial and ethnic minority communities' 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.

To achieve these goals, primary and secondary data were collected and reviewed. The *Community Themes and Strengths Assessment* was conducted using a survey of more than 1,000 community residents, health system partners, and public health professionals. To gather primary data for the *Forces of Change Assessment*, 22 focus groups were conducted within four racial/ethnic minority communities (African American, Asian American, American Indian, and Hispanic/Latino) and three underserved communities experiencing health disparities (older adults, Gay/Lesbian/Bisexual/Transgender, and low socioeconomic status). The *Local Public Health System Assessment* was carried out using the Local Public Health Performance Standards Program Assessment survey. The assessment was administered calculating scores from participants from a series of four community meetings. The *Community Health Status Assessment* began as an epidemiological review of over 100 health indicators that were

prioritized and are detailed in a community health profile. More details on the process and results are discussed later in this document.

Through this systematic assessment and data collection process, five community health priorities emerged. Each area of health was selected by rationally applying systematic and data-driven processes. Not only were these areas supported by the data, but they reflected the voices of community members and public health professionals.

## **The public health strategic health priorities are:**

### **Obesity**

Maricopa County has a high prevalence of obesity among both children and adults; one in four adults are obese and one in seven children are obese.<sup>2</sup> Among children 5 years old and under, 15.5% are obese.<sup>3</sup> Obese individuals are at increased risk for comorbidities such as breast cancer, heart disease, and diabetes. The potential life years lost from heart disease and diabetes totaled 30,914 in 2010. Obesity disproportionately affects Hispanics (32.8%) as compared to Whites (22.8%).<sup>4</sup> Community members and MCDPH health professionals ranked this as the second most important health problem in the Maricopa County Community Health Survey.

### **Diabetes**

Diabetes is the seventh leading cause of death in Maricopa County.<sup>5</sup> In 2010, the prevalence of diabetes in Maricopa County resulted in 5,407 emergency room visits, 6,378 hospital visits, and 7,083 years of potential life lost.<sup>5</sup> Diabetes rates are higher in Blacks, Hispanics, and American Indians.<sup>6</sup> Community members in the Maricopa County Community Health Survey ranked it as the most important health problem.

### **Cardiovascular Disease**

Cardiovascular disease is the second leading cause of death in Maricopa County.<sup>7</sup> In 2010, cardiovascular disease resulted in 21,413 emergency room visits, 58,176 hospital stays, and 5,143 deaths resulting in over 30,000 years of potential life lost.<sup>8</sup> High blood pressure is a major risk for cardiovascular disease, and one in four Maricopa County residents have been told by their doctor that they have high blood pressure.<sup>9</sup> High blood pressure was the fourth most important health problem chosen by community members in the Maricopa County Community Health Survey.

### **Lung Cancer**

Cancer is the leading cause of death in Maricopa County.<sup>10</sup> In 2010, cancer resulted in 1,164 emergency room visits, 16,318 hospital stays, and 5,508 deaths.<sup>11</sup> Cancer was the third most important health problem chosen by community members in the Maricopa County Community Health Survey. Of all types of cancers, lung cancer causes the most deaths in the county and is the easiest to prevent.<sup>12</sup> Smoking is the leading cause of lung cancer, and one in seven Maricopa County adults smoke.<sup>13</sup> Lung cancer death rates in the county are highest among Whites (57.1%).<sup>14</sup>

## Access to Health Care

Access to healthcare has the ability to influence all other components of health. One in four Maricopa County residents have not seen a provider in the past year, while one in six delayed or did not get medical care because of cost, and one in seven does not have health insurance.<sup>15</sup> Lower income residents are less likely to visit a doctor. Access to care was the most important health problem chosen by MCDPH health professionals and the sixth most important factor affecting the quality of life chosen by community members in the Maricopa County Community Health Survey.

A community action planning meeting was held to formulate goal statements related to the public health strategic priorities listed above. Major stakeholders involved throughout the process were invited to set the key directions and strategies to impact these conditions within the next five years.

The goals created by the broad spectrum of community stakeholders aimed to impact the underlying causes of the identified strategic health issues. To coordinate these efforts with the Arizona Chronic Disease Strategic Plan 2012-2015,<sup>16</sup> the same framework was used to identify strategies along four community sectors: *Where We Live*, *Where We Work*, *Where We Learn*, and *Where We Seek Care*. Since the five health priorities are impacted by similar risk factors and social determinants of health, strategies were categorized by the following topics: tobacco use, physical activity, nutrition, and linkage to care. The planning meeting resulted in the development of an interrelated set of evidence-based strategies and policy, systems, and environmental approaches. These strategic approaches will form the basis of the 2012-2017 Maricopa County Community Health Improvement Plan (MCCHIP). The next stage in this process is to finalize the MCCHIP. The community health assessment cycle will repeat with a new health assessment in 2017.

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## ■ INTRODUCTION



The Maricopa County Department of Public Health (MCDPH) serves the third largest local public health jurisdiction in the U.S., with more than 3.8 million residents, according to the 2010 Census. Maricopa County encompasses over 9,200 square miles, roughly the size of the state of Massachusetts, composed of a mix of urban, suburban, and rural areas including the whole or parts of five sovereign American Indian Reservations. Home to the major metropolitan cities of Phoenix, Scottsdale, Mesa, Glendale, and Tempe, Maricopa County serves as the state's major geopolitical and economic center.

In 2011, the Maricopa County Department of Public Health (MCDPH) and the Arizona Department of Health Services (ADHS) collaborated on facilitating Maricopa County's first comprehensive community health assessment (CHA). The purpose of a CHA is to determine public health needs and priorities. This joint effort aimed to produce a CHA aligned with community values that reflect the needs of Maricopa County's diverse population. The desire for a community-driven approach led MCDPH to adopt the Mobilizing through Planning and Partnerships (MAPP) framework.<sup>16</sup> This 18-month process included the engagement of a wide variety of community members and partners within the local public health system. The effort included a broad representation of public health partners, both traditional and non-traditional. This report describes the processes used to complete Maricopa County's CHA and the results found.

The overarching goal of this collaborative effort was to foster successful partnerships among diverse segments of our community in order to improve the health of Maricopa County residents. The foundational work that has been laid through extensive data collection and qualitative research has resulted in a comprehensive health assessment that reveals timely, critical health priorities of our community.

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## ■ APPROACH



### Mobilizing for Action through Planning and Partnerships (MAPP)

A *Staff Coordination Team* of state and local health department staff recommended the use of the MAPP framework to guide the Maricopa County CHA. MAPP is a community-wide strategic planning tool for improving community health. It has been implemented nationally by many public health jurisdictions to aid communities in prioritizing public health issues and identify resources to address them.

Facilitated by public health leaders, this framework assists communities by applying strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process was developed through collaboration between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

As illustrated on Exhibit 1, MAPP is a community-wide strategic planning framework for improving public health, offering methods to help communities prioritize public health issues, identify resources for addressing them, and taking action.<sup>17</sup>

#### The key phases of the MAPP process include:

- 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)

**Exhibit 1. Mobilizing for Action through Planning and Partnerships Framework**



## The four assessments conducted as part of the process include:

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

The findings from each of these assessments are highlighted in this report. Several of the assessments produced additional full reports. These and other related documents, as well as accompanying presentations, can be found on two websites. [MaricopaHealthMatters.org](http://MaricopaHealthMatters.org) is a community health portal built for sharing the community health assessment, local community health needs assessments of collaborating non-profit hospitals, population health data, and materials related to the Health Improvement Partnership of Maricopa County (HIPMC) for the planning, implementation, and monitoring of the community health improvement plan. [PublicHealthPerformance.org](http://PublicHealthPerformance.org) also includes these materials for the Maricopa County Department of Public Health, Office of Performance Improvement.

## Collaborating to Improve Community Health

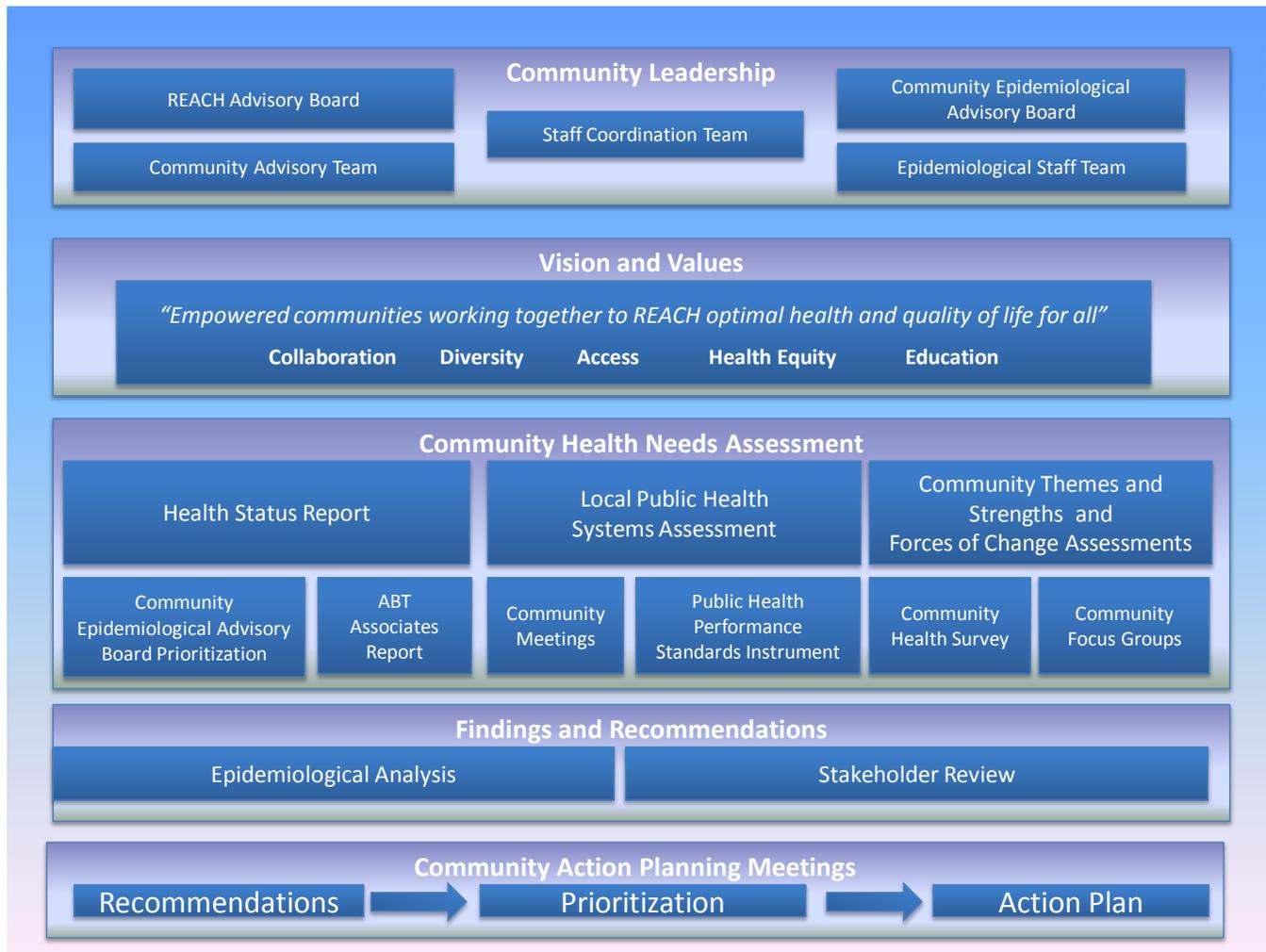
The Maricopa County CHA was a collaborative effort between MCDPH, ADHS, community residents, and local public health system community partners.

To carry out the research processes of the MAPP assessments, teams were established to conduct and oversee its different components. Because of the size and large population of the County, several teams were recruited to represent the full range of organizations that work with and represent the citizens of the county and community members to participate in this extensive process. Exhibit 2 offers a graphic representation of Maricopa County's CHA process using MAPP.

Implementing a comprehensive community health assessment in a jurisdiction with a multi-million population required coordination of paid staff and the facilitation of stakeholder groups and inclusive processes. After receiving federal funding to coordinate the community health assessment, a *Staff Coordination Team* of state and local health department employees formed to oversee the entire community health assessment. The *REACH Advisory Board* was assembled as part of the grant and was composed of very active, local, public health leaders representing diverse communities. This *Board* was convened to provide oversight and guidance to the planning process, to review assessment materials, raise awareness in the community, and prioritize project goals. The six board members were respected community leaders and public health professionals known for their commitment to alleviate health disparities and a desire to impact the impact of chronic diseases in the community.

The *Community Advisory Team* was initially convened to participate in the visioning process and completed a Strengths, Weakness, Opportunities, and Threats (SWOT) analysis of the state of public health services in the County. This group of community leaders remained active by participating in quarterly meetings reviewing assessment results, providing input to the prioritization process, and contributing to the community action plan by setting key directions and strategies. This *Team* created the collectively shared vision and values to provide focus, purpose, and direction to the MAPP process and would continue

## Exhibit 2. Maricopa County Community Health Assessment Process



to play an important role in the community action planning and health improvement processes. *Community Advisory Team* members represented the diversity of the county as well as traditional (i.e., health, education, and faith-based organizations) and non-traditional partners (i.e., housing, transportation, and city planning)(see the Acknowledgement section for a list of community leadership members and their organizations).

It was the vision of all involved: the *REACH Advisory Board*, the *Community Advisory Team*, and the *Staff Coordination Team* to focus on alleviating health disparities among the county's racial and ethnic minorities, residents in underserved populations. Indeed, this was the purpose of the REACH Grant and the commitment by all involved.

## Vision

**Empowered communities working together to reach optimal health and quality of life for all.**

## Values

- **Diversity:** Understanding, respecting, celebrating, and welcoming all people regardless of ethnicity, income, gender, age, heritage, or lifestyle.
- **Health Equity:** Optimizing health conditions for all groups, especially those who have experienced socioeconomic disadvantages or historical injustices.
- **Collaboration:** Networked communities working together with mutual respect and cooperation.
- **Access:** Providing quality, comprehensive healthcare, and community services that are navigable, accessible, and affordable to all community members.
- **Education:** Providing tools, encouragement, and knowledge to all people so that they can make positive, informed decisions resulting in healthy lifestyle with positive health outcomes.

## Alignment with Health Improvement Efforts

### Healthy People

The goals of the Maricopa County CHA support the goals of *Healthy People 2010/2020*.<sup>18</sup> *Healthy People* is the federal plan to improve the nation's health. It provides science-based national objectives outlined in a ten year agenda for improving the health of all Americans. The agenda encompasses the entire continuum of prevention and care. The benchmarks are set to encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of prevention activities.

### The overarching Healthy People goals are to:

- 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, health development, and healthy behaviors across all life stages.

The *Healthy People 2010/2020* standards were used in this assessment to compare health the conditions to national rates. These standards, as well as recommendations for evidence-based practice, will be incorporated into the Community Health Improvement Plan.

## National Prevention Strategy

The *National Prevention Strategy*<sup>19</sup> aims to guide the nation with effective and achievable means for improving 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.<sup>20</sup>

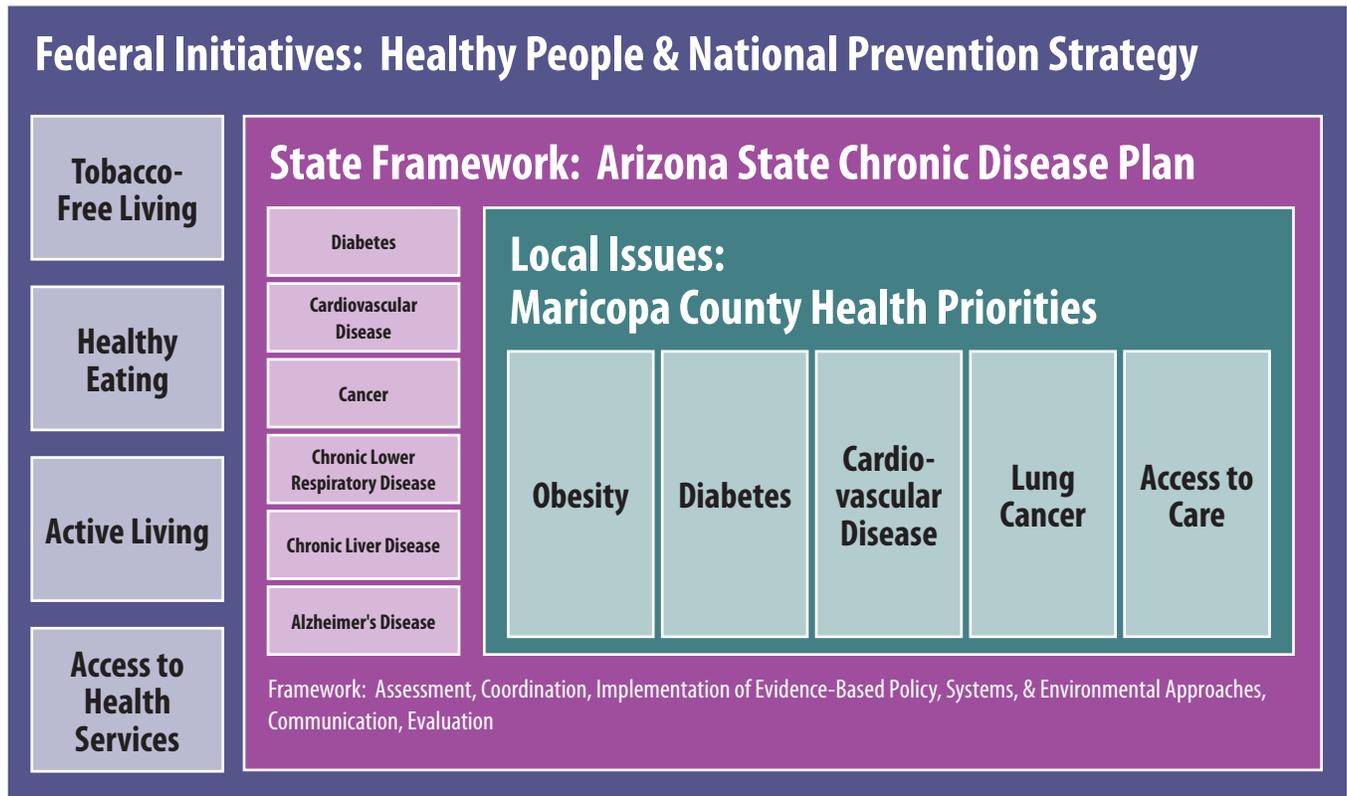
The Priorities are designed to improve health and wellness for the U.S. population, including those groups disproportionately affected by disease and injury. The Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness.

### The Priorities are:

1. Tobacco-Free Living
2. Preventing Drug Abuse and Excessive Alcohol Use
3. Healthy Eating
4. Active Living
5. Injury and Violence Free Living
6. Reproductive and Sexual Health
7. Mental and Emotional Well-Being

As indicated in Exhibit 3, Maricopa County's health priorities align with and complement other health improvement efforts at the state and national levels. At the state level, Maricopa County's priorities reflect those of the *Arizona Chronic Disease Strategic Plan 2012-2015*. These also reflect those set forth by *Healthy People* and the *National Prevention Strategy*, both national level efforts.

**Exhibit 3. Alignment with Federal and State Frameworks**



# MAJOR FINDINGS BY MAPP ASSESSMENTS



## Local Public Health Systems Assessment

### Maricopa County CHA Process

- Focus on the local public health system
- All entities in a community that contribute to the delivery of the Ten Essential Public Health Services
- Foundation of public health for every community

### Method

- Conducted the local version of the National Public Health Performance Standards Program Assessment in Fall 2011
- Over 200 public health system members participated
- Four live community meetings combined essential services into categories aligned with participants' expertise

### Overall Findings

- Maricopa County exhibited "Significant Activity" in each of the ten areas
- Scores ranged between 51% and 75% per service area
- Strongest services included: Diagnose/investigate, Enforce Laws, Educate and Empower, and Link to Health Services
- The services that need the most attention include Evaluative Services and Research and Innovation

The Local Public Health System Assessment aims to assess the components, activities, competencies, and capacities of all entities that contribute to the delivery of public health services within the community. Questions are framed around the provision of the Ten Essential Public Health Services<sup>22</sup> as shown in Exhibit 4. The survey instrument was developed jointly by national public health organizations and is implemented widely throughout city and county health departments.

Health department professionals from both the state and local health department were joined by 200 community partners to participate in this assessment. Participants were asked to discuss the questions with their co-workers and stakeholders and voted in a forced-choice ranking of activity on a five-point Likert scale. The perception of services varied from their experience in the public health system to generalizations made about services within the health department. (See Appendix A for a listing of the organizations and sectors of the participants in the CHA assessments.)

In addition to completing the performance measures instrument and providing comments, participants came together to discuss and hear from other community members. Four groups of participants were formed based on similar services. Representatives from government agencies, non-profit organizations, community advocacy coalitions, and community members discussed the results of the performance measures.

Through dialogue, areas that are functioning well as well as those needing improvement were identified. The results of this discussion presented a list of challenges and opportunities were used in the identification of strategic issues.

Instructions of the assessment include scoring of each public health function using the following Likert-type scale:

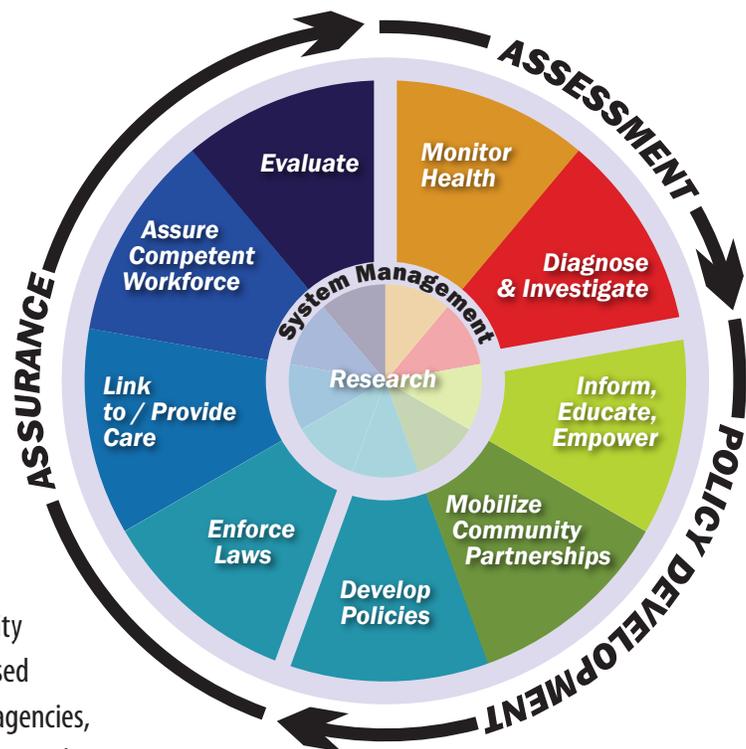
- No Activity 0% or absolutely no activity
- Minimal Activity Greater than 0%, but no more than 25% of the activity is met
- Moderate Activity Greater than 25%, but no more than 50% of the activity is met
- Significant Activity Greater than 50%, but no more than 75% of the activity is met
- Optimal Activity Greater than 75% of the activity is met

These scores were entered into a web-based application supported by the National Association of City and County Health Officers (NACCHO) and the Centers for Disease Control and Prevention (CDC). A summary report was generated listing the strengths and weaknesses of Maricopa County's local public health system. A summary of the scores are shown in Exhibit 5.

Those Essential Services that scored strongest are:

1. Diagnose And Investigate Health Problems and Health Hazards (73)
2. Enforce Laws and Regulations that Protect Health and Ensure Safety (67)
3. Inform, Educate, And Empower People about Health Issues (66)

**Exhibit 4. The 10 Essential Public Health Services**



## Exhibit 5. Local Public Health System Assessment Results

The 10 Essential Public Health Services		Score
1	Monitor Health Status To Identify Community Health Problems	55
2	Diagnose And Investigate Health Problems and Health Hazards	73
3	Inform, Educate, And Empower People about Health Issues	66
4	Mobilize Community Partnerships to Identify and Solve Health Problems	55
5	Develop Policies and Plans that Support Individual and Community Health Efforts	62
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	67
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	59
8	Assure a Competent Public and Personal Health Care Workforce	59
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	54
10	Research for New Insights and Innovative Solutions to Health Problems	54
<b>Overall Performance Score</b>		60

Those Essential Services that scored the weakest are:

1. Research for New Insights and Innovative Solutions to Health Problems (54)
2. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services (54)
3. Mobilize Community Partnerships to Identify and Solve Health Problems (55)
4. Monitor Health Status To Identify Community Health Problems (55)

One of the most striking findings discovered in this process was the *participating community partners' and agencies' lack of self-identification as members of the local public health system*. Other comments from participants included the *value of partnerships in the system, especially with services for public health immunizations and preparedness*.

Organizations providing immunization services, social services to older adults, behavioral health services, medical professionals, and municipal planners all agreed that *they had never viewed themselves or their organizations from this perspective*. Not only was this an important discovery for MCDPH, as the entire project rested upon the definition provided of what and who comprises the local public health system, but this was an educational opportunity for all participants present for the discussion.

These data were presented to public health leadership and members of the *Advisory Board and Community Team*. A full report of the findings from this assessment is available on [MaricopaHealthMatters.org](http://MaricopaHealthMatters.org) and [PublicHealthPerformance.org](http://PublicHealthPerformance.org) websites. Next steps include in-depth analyses of the specific gaps in perception and services and developing an action plan to address them.

## Community Themes and Strengths Assessment

### What is it

- Collect information from the community on opinions and perceptions of health and quality of life

### Method

- Maricopa County Community Health Survey
- 429 “on the street” surveys in four ethnic/racial communities: African American, Asian American, Hispanic/Latino and American Indian
- 241 surveys with Public Health and Social Service Professionals
- 303 surveys from Maricopa County Department of Public Health staff

### Overall Findings

- Areas of top concern include: cancer, diabetes, obesity, heart related illnesses, behavioral health inclusion in healthcare, and access to services

By including Community Themes and Strengths in the MAPP process, community members’ concerns are genuinely considered and visibly affect the process. The issues identified here offer insight into the information uncovered during the other assessments.

The Maricopa County Community Health Survey was a survey instrument created by the *Staff Coordination Team* based on recommendations from NACCHO and CDC to determine both community strengths and needs. This survey asked respondents about the factors that would improve his/her quality of life, most important “health problems” in the community, “risky behaviors” of concern, and rating his/her community as “healthy.” The survey also asked about access to health care, community pride, and ownership of responsibility for the health of his/her community (see Appendix B for a copy of the survey in English).

This survey was administered to community members and among public health professionals and partners. In order to include the views of those experiencing the greatest health disparities, the survey was conducted “on the street” in communities and through organizations with presence of ethnic and racial minorities. Over 400 surveys were completed by community members who were offered the survey in Spanish and English. These recipients received a water bottle for participating. An

abbreviated version of the survey was also sent to the list of community partners and stakeholders that participated in the Local Public Health System Assessment with over 240 participating (see Appendix A). To elicit the input of the health department employees, who work daily with the constituents of public health services, over 300 of the Maricopa County Department of Public Health employees completed the survey. Copies of the English version of the survey administered can be found in Appendix B. A summary is shown in Exhibit 6.

### Exhibit 6. Maricopa County Community Health Survey Findings

<p><b>The most important factors that you think will improve the quality of life in your community:</b></p>	<p><b>The most important health problems that impact your community:</b></p>	<p><b>The most important “risky behaviors” seen in your community:</b></p>
<ul style="list-style-type: none"> <li>■ Good jobs and healthy economy</li> <li>■ Low crime / safe neighborhoods</li> <li>■ Good place to raise children</li> <li>■ Good schools</li> <li>■ Affordable housing</li> <li>■ Access to health care (e.g., family doctor)</li> <li>■ Healthy behaviors and lifestyles</li> <li>■ Religious or spiritual values</li> <li>■ Parks and recreation</li> <li>■ Excellent race relations</li> <li>■ Access to mental health care</li> <li>■ Low infant deaths</li> <li>■ Sports outdoor</li> </ul>	<ul style="list-style-type: none"> <li>■ Diabetes</li> <li>■ Overweight/Obesity</li> <li>■ Cancers</li> <li>■ High blood pressure</li> <li>■ Child abuse / neglect</li> <li>■ Domestic Violence</li> <li>■ Heart disease and stroke</li> <li>■ Aging problems</li> <li>■ Teenage pregnancy</li> <li>■ Dental problems, Access to Dental Care</li> <li>■ Access to Health Care</li> <li>■ Mental health problems</li> <li>■ Infectious Diseases</li> <li>■ HIV / AIDS</li> <li>■ Motor vehicle crash injuries</li> <li>■ Firearm-related injuries</li> <li>■ Respiratory / lung disease</li> <li>■ Sexually Transmitted Diseases</li> <li>■ Rape / sexual assault</li> <li>■ Homicide, Suicide</li> <li>■ Infant Death</li> <li>■ Drugs/alcohol</li> </ul>	<ul style="list-style-type: none"> <li>■ Drug abuse</li> <li>■ Alcohol abuse</li> <li>■ Lack of exercise</li> <li>■ Poor eating habits</li> <li>■ Tobacco use</li> <li>■ Discrimination</li> <li>■ Unsafe sex</li> <li>■ Not using birth control</li> <li>■ Not using seat belts/child safety seats</li> <li>■ Not getting “shots” to prevent disease</li> <li>■ Other (gambling)</li> <li>■ Fighting</li> <li>■ Gangs</li> <li>■ Talking on a phone while driving</li> </ul>

Exhibit 7 shows the results of the Maricopa County Community Health Survey by the four ethnic minority communities sampled, as well as the staff and community partners of Maricopa County Department of Public Health.

### Exhibit 7. Maricopa County Community Health Survey Findings by Group

The three most important "health problems" that impact your community?	African American			American Indian			Asian American			Hispanic			Community			MCDPH			Partners Survey			Summary		
	#	%	Rank	#	%	Rank	#	%	Rank	#	%	Rank	#	%	Rank	#	%	Rank	#	%	Rank	#	%	Rank
Overweight/Obesity	22	18%	8	41	47%	2	26	21%	4	33	35%	2	122	28%	2	156	51%	2	39	16%	2	317	33%	1
Access to Health Care	14	11%	12	5	6%	13	11	9%	14	11	12%	10	41	10%	11	179	59%	1	55	23%	1	275	28%	2
Diabetes	47	38%	1	59	67%	1	34	27%	2	48	52%	1	188	44%	1	39	13%	8	19	8%	6	246	25%	3
Child abuse / neglect	34	28%	3	19	22%	6	14	11%	10	19	20%	5	86	20%	5	84	28%	3	5	2%	11	175	18%	4
Heart disease and stroke	25	20%	6	11	13%	7	32	26%	3	11	12%	9	79	18%	7	48	16%	6	23	10%	4	150	15%	5
Domestic Violence	23	19%	7	24	27%	3	18	14%	7	17	18%	7	82	19%	6	40	13%	7	10	4%	8	132	14%	6
Cancers	42	34%	2	9	10%	5	25	20%	5	18	19%	6	94	22%	3	26	9%	10	9	4%	9	129	13%	7
Teenage pregnancy	15	12%	11	22	25%	4	8	6%	16	29	31%	3	74	17%	9	49	16%	5	4	2%	12	127	13%	8
Mental health problems	12	10%	14	6	7%	10	12	10%	12	6	6%	15	36	8%	12	66	22%	4	23	10%	5	125	13%	9
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	25	20%	5	5	6%	12	39	31%	1	9	10%	12	78	18%	8	31	10%	9	11	5%	7	120	12%	10
High blood pressure	29	24%	4	21	24%	5	23	18%	6	19	20%	4	92	21%	4	18	6%	14	11	0%	10	110	11%	11
Dental problems, Access to Dental Care	15	12%	10	11	13%	8	11	9%	13	17	18%	8	54	13%	10	17	6%	16	23	10%	3	94	10%	12
Sexually Transmitted Diseases (STDs)	11	9%	15	6	7%	11	3	2%	21	4	4%	16	24	6%	18	25	8%	12	0%	0%	49	5%	13	
Infectious Diseases (e.g., hepatitis, TB, etc.)	3	2%	21	3	3%	18	17	14%	8	10	11%	11	33	8%	13	15	5%	18	0%	0%	48	5%	14	
Motor vehicle crash injuries	6	5%	18	4	5%	15	11	9%	15	7	8%	14	28	7%	15	17	6%	17	0%	0%	45	5%	15	
Firearm-related injuries	6	5%	17	1	1%	22	15	12%	9	3	3%	18	25	6%	16	18	6%	13	0%	0%	43	4%	16	
Respiratory / lung disease	5	4%	19	4	5%	16	7	6%	18	8	9%	13	24	6%	17	18	6%	15	0%	0%	42	4%	17	
HIV / AIDS	20	16%	9	4	5%	14	7	6%	17	1	1%	21	32	7%	14	4	1%	22	0%	0%	36	4%	18	
Homicide	12	10%	13	1	1%	20	7	6%	20	3	3%	20	23	5%	20	9	3%	19	0%	0%	32	3%	19	
Rape / sexual assault	7	6%	16	1	1%	21	13	10%	11	3	3%	19	24	6%	19	7	2%	21	0%	0%	31	3%	20	
Other (allergy)	0	0%	25	0	0%	25	1	1%	22	0	0%	23	1	0%	24	25	8%	11	0%	0%	26	3%	21	
Infant Death	4	3%	20	2	2%	19	0	0%	25	4	4%	17	10	2%	22	8	3%	20	1	0%	13	19	2%	22
Suicide	1	1%	24	4	5%	17	7	6%	19	1	1%	22	13	3%	21	3	1%	23	0%	0%	16	2%	23	
Vaccine Preventable Diseases	1	1%	23	1	1%	23	0	0%	26	0	0%	26	2	0%	23	0	0%	25	8	3%	10	8	24	
Drugs/alcohol	1	1%	22	0	0%	24	0	0%	27	0	0%	27	1	0%	27	0	0%	24	0%	0%	2	0%	25	
All of the above	0	0%	26	0	0%	26	1	1%	23	0	0%	24	1	0%	25	0	0%	26	0%	0%	1	0%	26	
Other (fast food restaurant)	0	0%	27	0	0%	27	1	1%	24	0	0%	25	1	0%	26	0	0%	27	0%	0%	0	0%	27	
Other (osteoporosis)	0	0%	27	0	0%	27	1	1%	24	0	0%	25	1	0%	26	0	0%	27	0%	0%	0	0%	27	
Total Responses	123			88			125			93		429			303			241			973			

## Forces of Change Assessment

### What is it

- An environmental scan of positive and negative conditions impacting health

### Method

- Focus groups were conducted with seven underserved communities: African American; Asian American; Hispanic/Latino; American Indian; Lesbian, Gay, Bisexual, and Transgender; Low-Income, Seniors

### Overall Findings

- Responses varied by community
- Overall themes include: the economy, the physical environment (air quality), access to healthcare, quality of healthcare, health status, and legal/immigration concerns

The Forces of Change Assessment is an environmental scan to determine the factors influencing the health and quality of life in the community and the local public health system. The forces identified through this process assist in identifying strategic issues of concern for the assessment. In order to elicit input from community members about these conditions, two series of focus groups were conducted; the first with members of racial and ethnic minority communities, and the second with additional populations who are either underserved or experience greater health disparities. Exhibit 8 on Page 8 displays the themes across the focus group participants.

In the first series, focus groups were conducted with 148 participants from ethnic minority communities. Four focus group sessions were held with each of the following ethnic groups: African American, American Indian, Asian/Pacific Islander, and Hispanic. Ages ranged from 18 to 82 with 98 participants (66.2%) indicating that they had health insurance. Respondents from this first series answered the following demographic questions:

### What is your race?

- 38 Hispanic
- 37 American Indian
- 34 Asian (comprised of those identifying as Asian Indian/South Asian, Bhutanese, Chinese, Filipino, Japanese American, Karen [Burma], Korean, Vietnamese)
- 9 African Americans
- 4 Other
- 1 White
- 1 Pacific Islander
- 1 Half Mexican, Half Yaqui

### What is your primary language?

- 67 English
- 29 Spanish
- 10 Vietnamese
- 7 Korean
- 1 Chinese
- 1 Karen (from Burma)

### What is your gender?

- 84 Females
- 58 Males

### What city do you live in?

- 73 Phoenix
- 13 Guadalupe
- 11 Avondale
- 9 Aguila
- 9 Gila Bend
- 7 Chandler
- 4 Gilbert
- 4 Maricopa
- 4 Mesa
- 3 Tempe
- 2 Goodyear
- 2 Scottsdale
- 1 Apache Junction
- 1 Glendale
- 1 Laveen
- 1 Litchfield Park
- 1 Paradise Valley
- 1 Salt River
- 1 Tucson

The second series of six focus groups were also conducted with three subpopulation groups, including two sessions each with the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, participants from low socioeconomic status (SES) communities, and older adults (over 65 years of age). Ages ranged from 20-81 years of age with 38 people, or 70.4%, indicating they had health insurance. Respondents from this series answered the following demographic questions:

### **What is your race?**

- 24 Hispanic
- 18 White
- 6 American Indian
- 5 Other or Unknown
- 3 African American
- 1 Pacific Islander

### **What is your gender?**

- 38 Female
- 13 Male
- 3 Transgender

### **What is your level of education?**

- 12 or 22.2% had less than a high school education
- 10 or 18.5% were high school graduates
- 1 or 1.9% had a GED
- 18 or 33.3% had 1 – 3 years of college
- 8 or 14.8% were college graduates
- 5 or 9.3% had post graduates

### **What is your employment status?**

- 20 or 37.0% were currently employed
- 8 or 14.8 were unemployed/looking for work
- 9 or 16.7% were homemakers
- 11 or 10.4% were retired
- 3 or 5.6% were unable to work
- 3 or 5.6% unknown

### **What is your marital status?**

- 21 or 38.9% were married
- 1 or 1.9% were separated
- 11 or 20.4% were divorced
- 3 or 5.6% were widowed
- 14 or 25.9% had never been married
- 3 or 5.6% were members of an unmarried couple
- 1 or 1.9% unknown

### **How many children do you have?**

- 11 or 20.4% had no children
- 7 or 13.0% had 1 child
- 12 or 22.2% had 2 children
- 12 or 22.2% had 3 children
- 7 or 13.0% had 4 children
- 5 or 9.3% had 5 children

The following concerns were brought up by the groups reflected below and not represented in Exhibit 8 for all groups:

### **Asian and Pacific Islanders**

- Language barriers
- Social isolation

### **African Americans**

- Lack of cultural cohesiveness
- Dissatisfaction with the media in terms of negative stereotypes
- Social marginalization, sentiment that the community's voice is ignored
- Too many liquor stores
- Lack of quality, concerned schools

### **American Indians**

- Limited skill set for those who move from the reservation to urban settings
- High prevalence of alcoholism and other forms of substance abuse
- Limited knowledge of preparing healthy foods
- Lack of financial literacy

### **Hispanics**

- Lack of affordable, quality early childhood education

### **LGBT**

- Issues of stigmatism:
  - Between the general population and LGBT community
  - Between gays/lesbians and the transgender community
  - Regarding HIV/AIDS and Sexually Transmitted Diseases
- Not enough coverage for prescription medicines
- There has been an increase in STD and HIV rates due to unclean needle exchanges for those injecting hormones
- Not enough outreach to the general population in regard to STDs and HIV
- Not enough resources specific to the LGBT community, especially transgender populations
- Large number of undiagnosed HIV cases

### **Low Socio-Economic Status**

- Some are abusing public resources, such as Arizona Health Care Cost Containment Services (AHCCCS) (Arizona Medicaid alternative)

### Exhibit 8. Focus Group Summary of Concerns by Subpopulation

Major themes and concerns discovered through minority focus groups	African American	American Indian	Asian/Pacific Islander	Hispanic	LGBT	Low SES	Older Adults
Poor economy/high rates of unemployment or underemployment	X	X	X	X	X	X	X
Limited access to affordable, quality health care	X	X	X	X	X	X	X
Lack of access to quality, low-cost recreational facilities	X	X	X	X			
Barriers to affordable, appropriate, quality housing	X	X	X	X			
Transportation barriers	X	X	X				
Anti-immigrant perception, immigration status		X	X	X			
Discrimination/racism	X	X		X			
Neighborhood safety issues and violence	X	X		X			
Concerns about environmental pollutants/toxins	X	X		X	X	X	X
Sedentary lifestyles	X	X		X			
Limited access to healthy, culturally relevant foods	X		X	X			
Limited health literacy	X		X				
High stress	X			X			
Struggles to preserve cultural traditions		X		X			
Lack of resources for parents in need of help or education	X			X			
Lack of public or private insurance coverage or lack of understanding for eligibility requirements			X	X	X	X	X
Limited access to quality, affordable dental care	X					X	
Lack of quality, accessible social services	X	X					
Lack of culturally-appropriate resources/institutions for health care and social services			X				
High prevalence of obesity					X	X	X
Issues related to homelessness					X	X	X
Lack of sufficient mental health resources					X	X	X
Issues related to high blood pressure, heart disease, and diabetes					X	X	
Problems with depression, lack of mental health care		X			X		X
Not enough volunteer opportunities						X	X

## ***Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis***

As mentioned earlier, members of the *REACH Advisory Board* and the *Community Advisory Team* participated in a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis to gain greater understanding of “what a healthy community” means to these leaders and agency administrators. Although this analysis wasn’t technically part of the Forces of Change Assessment (FOC), the results elicited information from an important audience similar to an environmental scan. In combination with the FOC assessment results, these data contribute to understanding of the environment from another perspective from which public health services take place. Characteristics of, and who is responsible for, a healthy community were explored. Following the SWOT analysis, Team members participated in a nominal voting procedure to prioritize the top three concerns to be noted in the assessment and ultimately addressed to impact community health. The priorities and full results follow in Exhibit 9.

### **Strengths**

- Five community healthcare centers systems with approximately 45 sites
- Diversity in: culture, geography, population groups, ages, place of origin, and philosophy and existing relationships between agencies and individuals (tied in voting)
- County public health department leadership

### **Weaknesses**

- Political environment
- Funding
- Agencies and organizations not operating/thinking like a business

### **Opportunities**

- Public health and city/county planning integration
- Affordable Care Act
- Health information exchanges

### **Threats**

- Financing and funding, health insurance limitations (tied)
- Public policy (specifically Senate Bill 1070); the political environment. Community resident and advocates voice SB 1070 divides the community, hurts the economy at most levels, promotes racial profiling, violates human rights and breaks up families.
- Lack of awareness of public health by general public, lawmakers/policy makers, and employers

## Exhibit 9. Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>■ Number of resources</li> <li>■ Diversity in: culture, geography, population groups, ages, place of origin, philosophy</li> <li>■ Existing relationships between agencies, individuals</li> <li>■ Agriculture</li> <li>■ Physical/ecological environments, aesthetics</li> <li>■ Tourist base</li> <li>■ County public health department leadership</li> <li>■ Passionate public health workforce</li> <li>■ University presence (U of A, ASU)</li> <li>■ Major sport teams</li> <li>■ Improving/expanding our mass transit</li> <li>■ Technology industry</li> <li>■ Major corporations/employers</li> <li>■ Cheap/affordable housing</li> <li>■ Local control (sometimes a strength)</li> <li>■ Diverse/many opportunities for spiritual expression</li> <li>■ Many school districts</li> <li>■ 5 federally qualified health centers accounting for 45 sites</li> <li>■ Climate, weather is nice 9 months/year</li> <li>■ Outdoor activities, recreation</li> <li>■ Fewer natural disaster risks</li> <li>■ Phoenix is a clean city</li> <li>■ Clean air in suburbs</li> <li>■ Support from foundations like SLHI</li> <li>■ Strong CBO's like CPLC, Valle del Sol, APCA</li> <li>■ Some federal regional offices are located in Phoenix</li> <li>■ Strong hospital system (Mayo, Banner, etc.)</li> <li>■ We are ahead of the curve on health information technology</li> </ul>	<ul style="list-style-type: none"> <li>■ Safety</li> <li>■ Prevention – primary care</li> <li>■ Funding</li> <li>■ Culturally and linguistically appropriate, diverse workforce</li> <li>■ Political environment</li> <li>■ Leadership should mirror community (LPHS)</li> <li>■ Urban planning</li> <li>■ Coalitions (functioning) grassroots</li> <li>■ Trust</li> <li>■ Government not thinking like a business</li> <li>■ High rates of substance abuse</li> <li>■ Lack of behavioral health services</li> <li>■ Education health care providers to prescribe generic brands</li> <li>■ Immunization rates – movement towards not immunizing</li> <li>■ Lack of ability to get information to veterans</li> <li>■ Excess mortality amongst minorities</li> <li>■ High obesity rates (Latino/NA/AA)</li> <li>■ Super fund sites – toxic</li> <li>■ Water quality</li> <li>■ Farms are disappearing</li> <li>■ Poverty</li> <li>■ Viable economic opportunities (long term and sustainable)</li> <li>■ Intolerant and lack of accepting (non-inclusive) environment</li> <li>■ Public transportation</li> <li>■ Public education system</li> <li>■ Opportunities for multi-generational connections</li> <li>■ Lack of strong male role models</li> <li>■ Air quality/high asthma rates</li> </ul>

## Exhibit 9. Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>■ School lunch program is strong</li> <li>■ Strong health research presence</li> <li>■ Many pharmaceutical companies in Scottsdale</li> <li>■ Strong biomedical research program (ASU, U of A, NAU) and medical sciences in general including TGEN</li> <li>■ AT Stills, other schools educating health professionals</li> <li>■ Greater Valley AHEC</li> <li>■ Large senior community</li> </ul>	<ul style="list-style-type: none"> <li>■ Justice system</li> <li>■ Loneliness and isolation</li> <li>■ Access to health services/policies and medications</li> <li>■ Succession planning:               <ul style="list-style-type: none"> <li>□ Retention</li> <li>□ Training</li> <li>□ Mentoring</li> <li>□ Lack of government assistance programs</li> </ul> </li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>■ Affordable Care Act</li> <li>■ Education and training for providers</li> <li>■ Incentives for quality assurance can lead to partnerships</li> <li>■ Rural community</li> <li>■ CTG Community Treatment Grant</li> <li>■ Medical School/Public Health School Phoenix, For AZ to be a leader nationally , create best practices; Students and faculty as assets, Research, AZ as an incubator</li> <li>■ Health information exchange</li> <li>■ Use of technology (medical transmissions) and use it to improve quality of care</li> <li>■ Technology</li> <li>■ Integration of information</li> <li>■ Medical homes (ACA; CHC) as models of integrated care</li> <li>■ Baby boomers as volunteers / community development</li> <li>■ Pharmaceutical industry partnerships</li> <li>■ Supply chain; equity opportunities to bid/receive services</li> <li>■ Public planning integration</li> </ul>	<ul style="list-style-type: none"> <li>■ Lack of awareness of public health:               <ul style="list-style-type: none"> <li>□ General public</li> <li>□ Immunizations, prevention, screening</li> <li>□ Law makers/policy makers</li> <li>□ Employers</li> </ul> </li> <li>■ SB 1070 / Public policy (intolerance)</li> <li>■ Competition between agencies and individuals</li> <li>■ Silos</li> <li>■ Lack of communication</li> <li>■ Funding and financing</li> <li>■ Lack of citizen engagement</li> <li>■ Public health leadership, advocacy, ethics</li> <li>■ Increase in debt; increase in poverty, newer faces of homelessness/poor</li> <li>■ Jobs/economy</li> <li>■ General attitude of entitlement</li> <li>■ Health literacy providers</li> <li>■ Treatment guidelines (best practices) – no one is following them</li> <li>■ Complex public health care system</li> </ul>

## Exhibit 9 (cont'd.). Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Opportunities	Threats
<ul style="list-style-type: none"> <li>■ Cultural diversity in AZ</li> <li>■ Responsive care to a growing and diversifying population</li> <li>■ Population growth</li> <li>■ Baby boomers are increasing use of services</li> <li>■ Providers and treatment – opportunity to recruit providers</li> <li>■ Workforce development</li> <li>■ Revising regulations/policies to develop a more diverse workforce and maintain quality of care</li> <li>■ Faith-based community as true partners</li> <li>■ Capacity</li> <li>■ Engage in what is already happening in FBC</li> <li>■ Patient/stakeholder engaged CHC (MPHC; site councils)</li> <li>■ Cultural competency/institutionalized in CHCs and providers</li> <li>■ Health literacy and young children</li> <li>■ Local wellness policies thru school districts</li> <li>■ School health advisory councils</li> <li>■ Assess environments in schools</li> <li>■ Home schools/ charter schools to be included in public health work</li> <li>■ Farmers markets</li> <li>■ Social movements (no more deaths; local food, Occupy Phoenix)</li> <li>■ University internships to workplaces as nutrition counseling coaches, from health and wellness departments</li> <li>■ Integration of primary care and mental/behavioral health</li> <li>■ Better utilization of existing programs/services</li> <li>■ First Things First – infrastructure and services</li> </ul>	<ul style="list-style-type: none"> <li>■ Health insurance limitations</li> <li>■ Affordable health care</li> </ul>

# Community Health Status Assessment

## What is it

- How healthy are our residents?
- What does the health status of our community look like?

## Method

- An epidemiological review of approximately 100 health indicators
- Prioritization based on indicators responsible for highest number of years of potential life lost; health condition prevalence and trends over a ten year period; existence of health disparities by racial/ethnic subgroups; and potential for prevention impact

## Overall Findings

- Cancer is the leading cause of death in Maricopa County in 2010
- 64.7% of residents report being obese or overweight
- Diabetes rates are higher in African American, Hispanic/Latinos, and American Indians
- One in four county residents have not seen a healthcare provider in the past year while one in six delayed or did not get care because of cost; one in seven residents does not have health insurance

The community health status assessment is a compilation of state, national, and local data that is analyzed to evaluate the health of the residents in the County. The findings are compiled into a community health profile, which is used to identify strategic health issues. A key focus of the analysis was to identify health disparities among age, gender, racial, and population subgroups.

This assessment consisted of a two-pronged approach to review the health data: (1) an analysis spearheaded by the Maricopa County Department of Public Health Office of Epidemiology conducted locally, and (2) an independent evaluation compiled by Abt Associates Inc., a national health consultancy.

The process of conducting this assessment began with identifying key indicators to describe the community, health conditions, and state of wellbeing of those living in Maricopa County. The *Staff Coordination Team* compiled the list of health indicators (see Exhibit 10) to be examined based on a literature review of health status assessments, as well as surveying leadership within the state and county health departments. The *Epidemiological Staff Team* then compiled data on these indicators and facilitated a comprehensive review prioritizing health conditions that included apparent health disparities. These data were examined with reference to state statistics and the national standards provided by Healthy People 2010.

A *Community Epidemiological Advisory Board* was created to provide oversight and prioritization of health issues from the assessment data. This board consisted of university researchers, local health data experts, epidemiologists, and the lead epidemiologists from both the state and local health departments. Data were presented via PowerPoint presentation, discussed, and subsequently health conditions were prioritized based on prevalence, the existence of health disparities by racial/ethnic subgroups, and the potential for prevention impact. See [MaricopaHealthMatters.org](http://MaricopaHealthMatters.org) and [PublicHealthImprovement.org](http://PublicHealthImprovement.org) websites for the presentations.

Exhibit 10 summarizes the health related indicators used in the assessment process, organized by category. More than 100 indicators were taken into consideration. Many of the indicators listed were considered in multiple dimensions; for example, there are several different ways to consider the statistics related to tobacco use (tobacco use in teens, tobacco use in adults, etc.).

### Exhibit 10. Maricopa County Community Health Status Assessment Indicators, 2012

<p><b>Demographics</b> Population Size Income Distribution Race and Ethnicity Sex Age Home Ownership Disability &amp; Mobility</p>	<p><b>Access to Health Care</b> No Health Insurance Coverage No Usual Place of Care No Prenatal Care Delayed Care or Prescriptions due to Cost</p>	<p><b>Chronic Conditions</b> 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</p>
<p><b>Environmental Health</b> Food safety- recalls Food safety- outbreaks Air Quality Neighborhood Support Index Perceived Neighborhood Safety Distance between one's Home &amp; Parks or Open Space Quality of Life Index</p>	<p><b>Health Behaviors</b> Tobacco Use Tobacco Use during Pregnancy Physical Inactivity Binge Drinking Substance Abuse Unprotected Sex</p>	<p><b>Infectious &amp; Sexually Transmitted Diseases</b> HIV/AIDS incidence &amp; prevalence rates per 100,000 population STDs incidence &amp; prevalence rates per 100,000 population TB incidence &amp; prevalence rates per 100,000 population Hepatitis B</p>
<p><b>Mortality</b> Cancer Heart Disease 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</p>	<p><b>Maternal &amp; Children's Health</b> 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</p>	<p><b>Mental Health</b> Diagnosis of Anxiety, Bipolar, or Major/Clinical Depression Intended Suicide Completed Suicide</p>
<p><b>Injury</b> Unintentional Injury incidence &amp; prevalence rates per 100,000 population Motor Vehicle Crash incidence &amp; mortality Accidental Poisoning</p>	<p><b>Nutrition</b> Fruit &amp; Vegetable Affordability Free &amp; Reduced Lunch rates (schools and students) # of people receiving SNAP Folic acid awareness/supplementation Less than 5 fruit/vegetables a day</p>	<p><b>Quality of Care</b> Annual Well-Women's Check Well Child Visit Immunization Adult Immunization – Child</p>
<p><b>Violence</b> Domestic Violence Homicide Child Abuse</p>	<p><b>Overall Health Status</b> Self-Reported Poor Physical Health Self-Reported Poor Mental Health Obesity</p>	<p><i>These health indicators were analyzed and ranked according to top causes of death, 10-year trends, racial and ethnic disparities, and compared to national and state rates as well as Healthy People 2010 goals.</i></p>

A simultaneous review of the health data was conducted by Abt Associates, Inc., a highly regarded health consultancy, commissioned by St. Luke’s Health Initiatives, a local health foundation. Having an “outside look” of the findings of the four health assessments provided unbiased confirmation of the conclusions found locally. Exhibit 11 summarizes these findings; the full report can be found on the website portals [MaricopaHealthMatters.org](http://MaricopaHealthMatters.org) and [PublicHealthImprovement.org](http://PublicHealthImprovement.org). Displayed are a range of health statistics for Maricopa County compared to the state of Arizona and the nation, the Healthy People 2010 target (if applicable), as well as a notation of any racial/ethnic disparities and in which minority group(s) the disparities are found.

**Exhibit 11. Priority Health Issues Identified, Maricopa County (Abt Associates)**

Priority Area	Maricopa County	AZ	US	HP 2010	<sup>1</sup> Disparity	Race/Ethnic Group
<b>Social Determinants of Health</b>						
Low crime/neighborhood safety: Death rate per 100,000 residents from firearms	12.8		10	4.1	√	AI/AN, AA
Access to health care: % residents with any kind of health care coverage	87.8	83.8	82.2		√	Hispanic
<b>Chronic Diseases</b>						
Cancer: Age-Adjusted Death Rate per 100,000	146.8		173.6	159.9		
Heart Disease: Age-Adjusted Death Rates per 100,000	138		179.8			
Diabetes: Age-Adjusted Death Rates per 100,000	18.7	20.9	46		√	Hispanic
Overweight: % of residents	41.8	38.3	35		√	White
Obesity: % of residents	22.9	25.9	26.9	15%	√	Hispanic
<b>Maternal and Child Health</b>						
Maternal mortality per 100,000 live births	16.6	7.6	12.7	3.3		
Infant mortality per 1,000 live births	5.7	5.9	6.4	4.5	√	AA, Hispanic
Prenatal care: % of residents	76.1	78		90	√	AA, AI, Hispanic
Low birth weight: % of live births	7.1	7.1	8.2	5	√	AA, Asian
Teenage pregnancy: % of live births	9.7	11.7	9.9		√	AA, AI, Hispanic
<b>Behavioral Health</b>						
<b>Mental Health</b>						
Mental health disorders: % of residents	16					
Suicide: death rate per 100,000	14.5		11.7	5		
<b>Substance Abuse</b>						
Drug abuse: death rate per 100,000	16		12.1	1	√	AI, White
Alcohol abuse: percent of residents who binge drink	14.8	14	15.1	13.4	√	AI, Hispanic
<b>Child Abuse/Neglect, Violence &amp; Injury</b>						
Domestic / sexual violence: % of residents	11 / 6.6					
Injury: Age-Adjusted Death Rate per 100,000 residents from unintentional injury	41.2	43.1	37.1	17.5	√	AA, Hispanic
<b>Sexually Transmitted Diseases, including HIV/AIDS and Other Infectious Diseases</b>						
HIV/AIDS: Age-Adjusted Death Rate per 100,000	1.8		3	.73	√	AA, AI, Hispanic
Sexually Transmitted Diseases: rate per 100,000	531.3				√	AA, AI, Hispanic
Infectious Diseases: death rate per 100,000 from Tuberculosis	.3					

<sup>1</sup> If disparity is not checked, that indicates that we did not have data to determine whether a disparity exists.

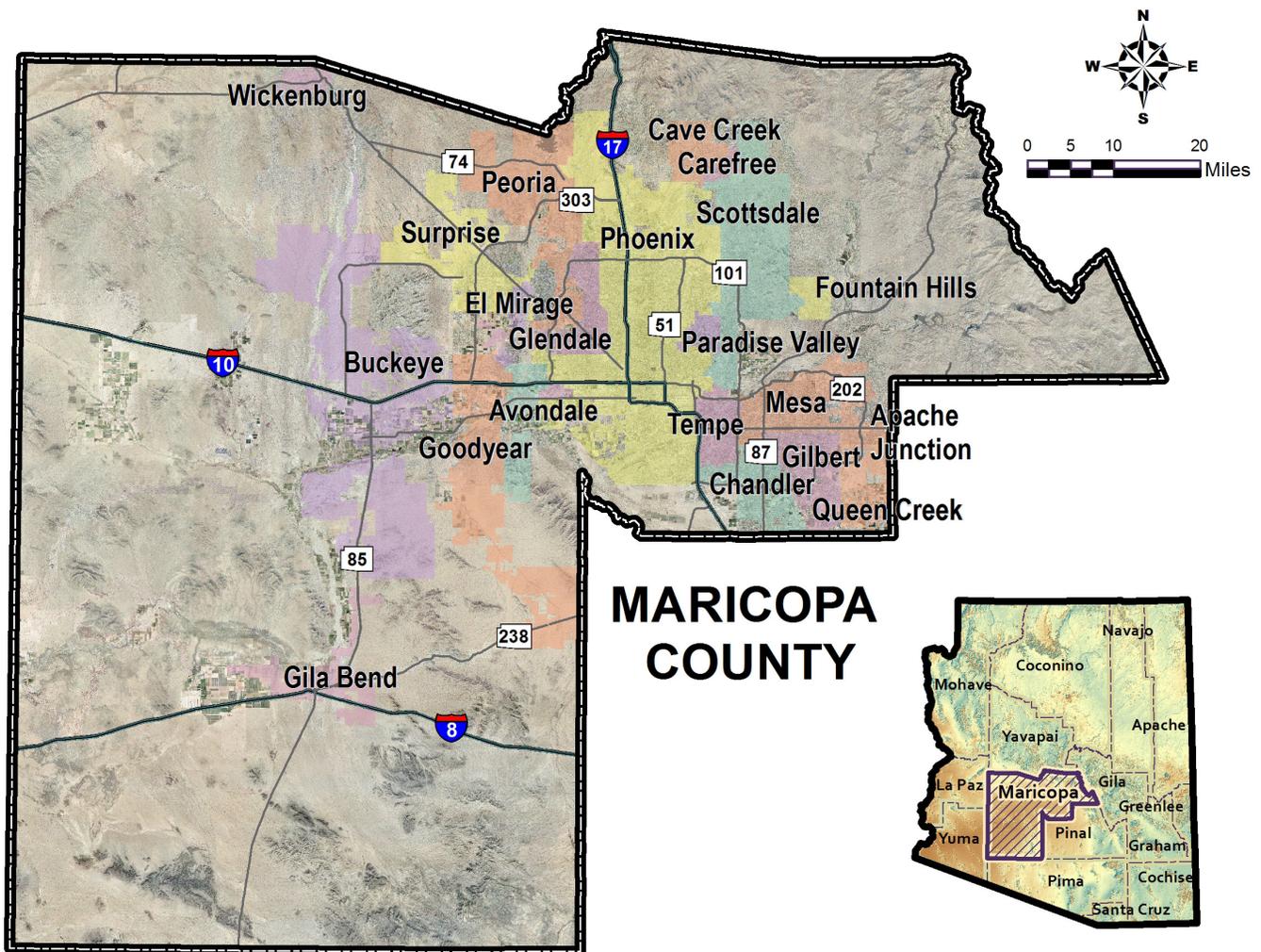
# Community Health Profile

## Maricopa County Geography and Demographics

With a 2011 estimated population of nearly four million, Maricopa County is the third largest local public health jurisdiction in the United States. Its population continues to mushroom, having grown by more than 30% since the 2000 census. Within ten years, it is anticipated that the population will exceed five million.<sup>23</sup>

Maricopa County is ethnically and culturally diverse, home to more than 1.2 million Hispanics (31% of all residents), 180,000 African Americans, 120,000 Asian Americans, and 90,000 Native Americans. Non-Hispanic whites constitute 57% of the total population.<sup>24</sup>

Spread out over 9,200 square miles (the approximate size of the state of Massachusetts), Maricopa County is a mix of urban and rural areas, including 27 cities and towns, as well as the whole or parts of five sovereign American Indian reservations.



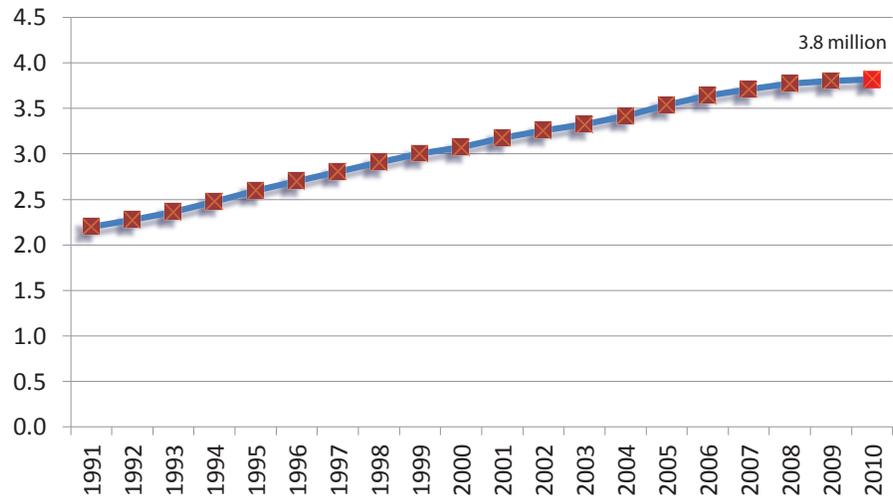
## Maricopa County Population Data

Exhibit 12 demonstrates the steady increase in population within Maricopa County from 1991-2010. Within this time span, the Maricopa County population roughly doubled.

In terms of population growth, the Maricopa County population has fluctuated, both rising and dropping at different points in time. Many of these peaks can be attributed to significant local historical and political events. Three events may have had an effect on the population growth fluctuations. These include: Proposition 200 in 2004 which required proof of citizenship as a voting requirement and a requirement for public benefits in Arizona, the 2008 economic downturn, and Senate Bill 1070 which made it a requirement to have immigration registration documents in possession at all times, which went into effect by the summer of 2010.

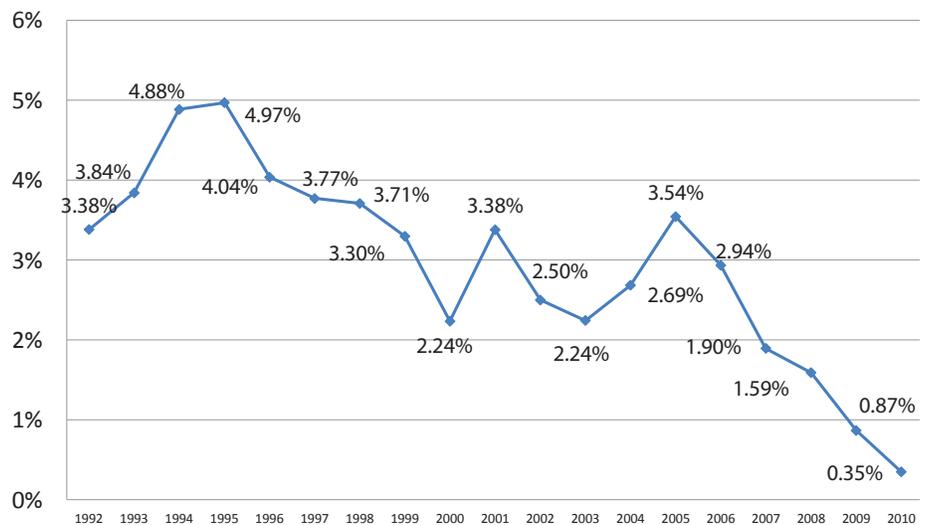
Although the growth rate has decreased steadily within recent years, there is still an overall net population gain. This pattern is illustrated in Exhibit 13, showing a population growth increase in Maricopa County population by year from 1992-2010.<sup>25</sup>

**Exhibit 12. Maricopa County Population Trends 1991-2010**



Source: U.S. Census, 2010

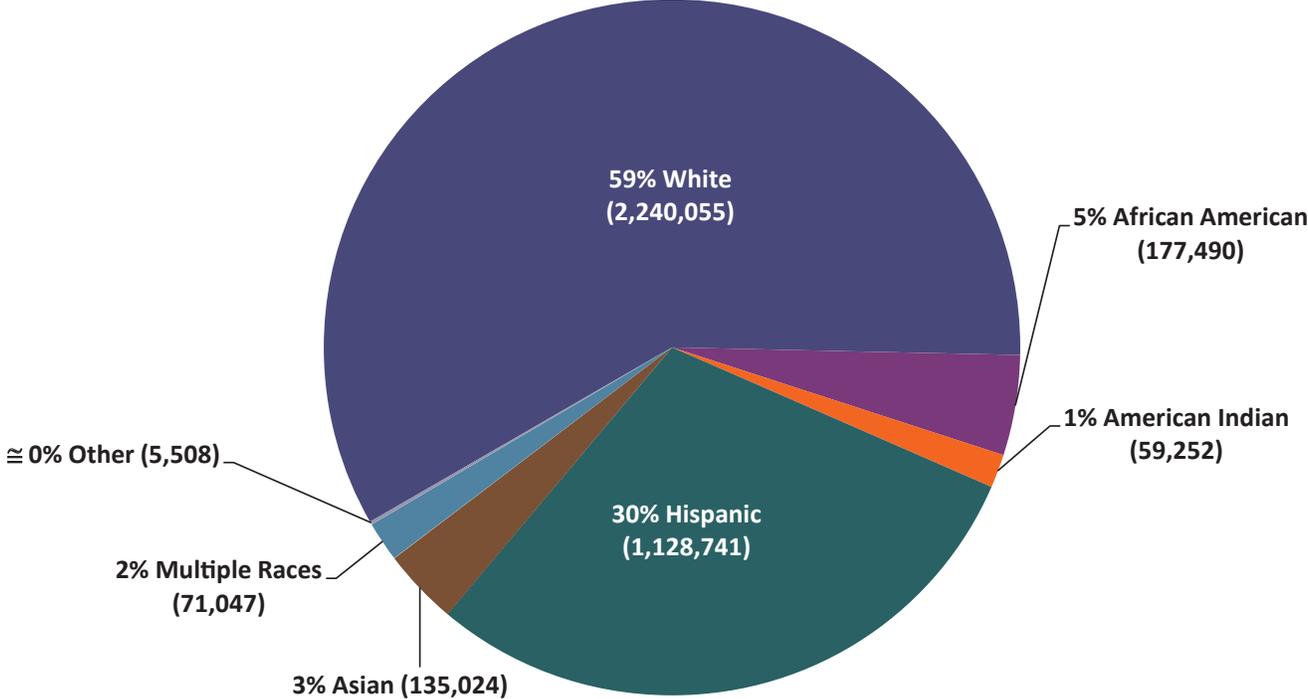
**Exhibit 13. Maricopa County Population Growth Trend 1992-2010**



Source: U.S. Census, 2010

The racial and ethnic demographics of Maricopa County are diverse. Although 59% of the population is made up of White residents, the other half identify as African American, American Indian, Asian, Hispanic, and multiple races. Exhibit 14 is a representation of how racial and ethnic groups comprise Maricopa County's population.<sup>26</sup>

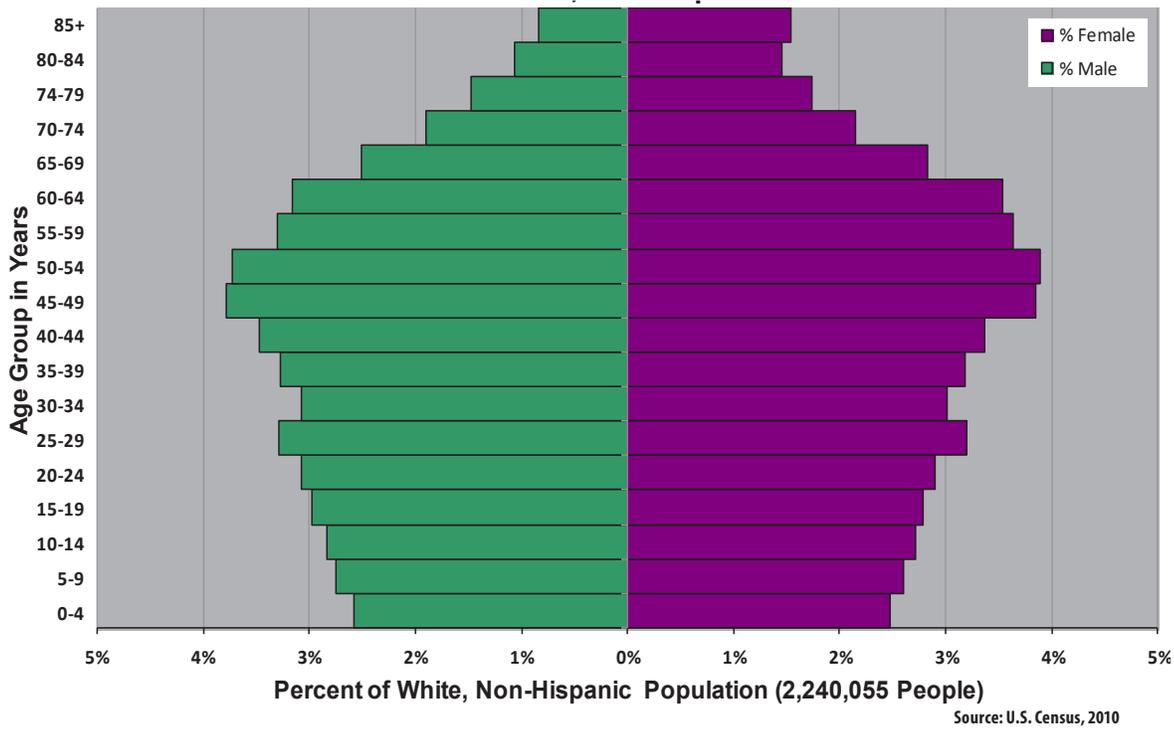
**Exhibit 14. Maricopa County Population by Race and Ethnicity**



Source: U.S. Census, 2010

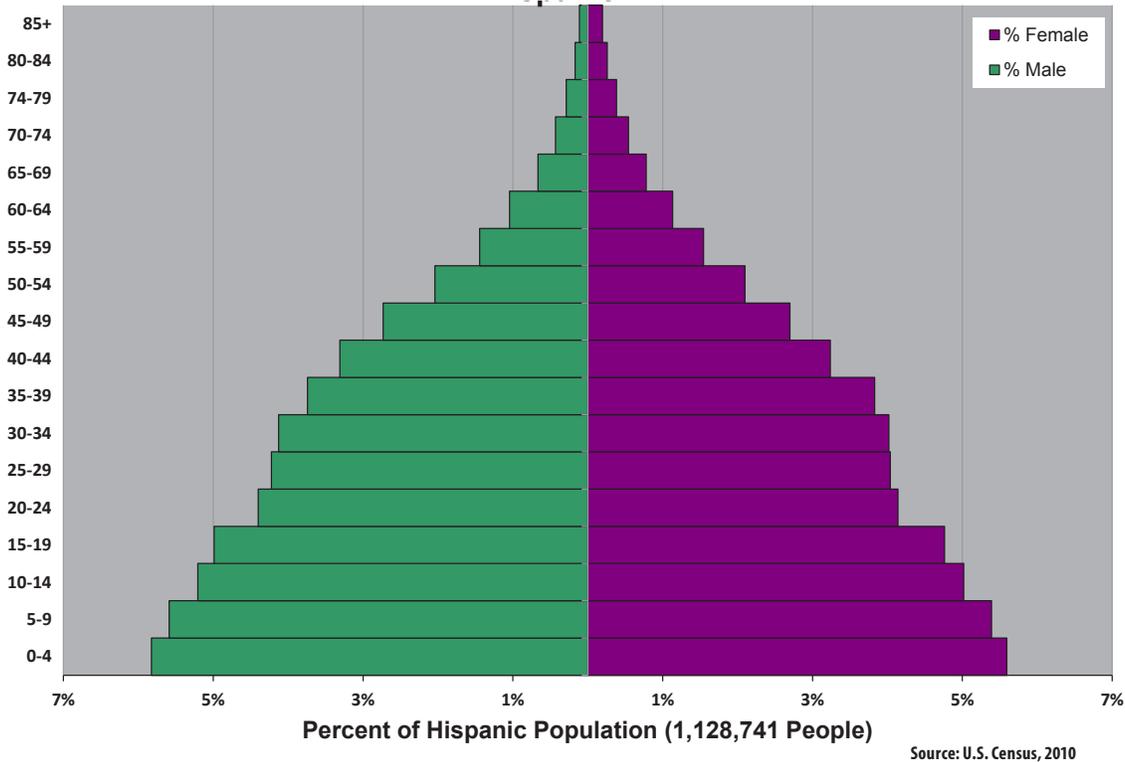
Another population pattern that is important to recognize is the distribution of age and gender across the three largest ethnic/racial groups: White Non-Hispanic, Hispanic, and African American Non-Hispanic. Exhibits 15, 16 and 17 depict these three distinct population pyramids, respectively.

### Exhibit 15. Maricopa County Population by Age and Sex, White Non-Hispanic

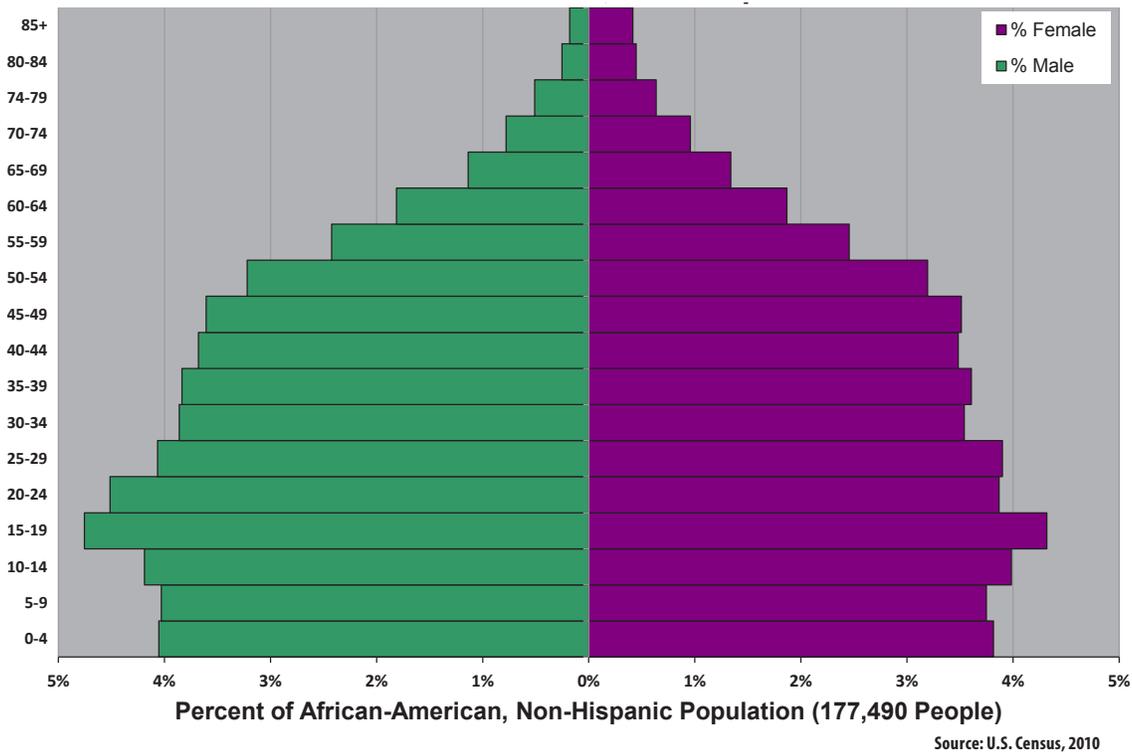


This population structure shows the makeup of people of different ages, and of males and females across the three groups. The population pyramids illustrate two bar graphs (one for male, one for female) side by side. As can be seen in the figures, the White Non-Hispanic age and gender distribution is narrow at the base, wider in the middle, and stays wide until the very top, as there is a sizeable percentage of older people. There are also more older women than older men. The Hispanic population pyramid is wide at the base, which means there are a large portion of young people in the population. It tapers very quickly into older age groups, and narrows at the top. This shows that a very small proportion of Hispanic people are elderly. Lastly, the African-American Non-Hispanic population is also base heavy, but shows a considerable middle age group population and then quickly tapers at the top.<sup>27</sup>

### Exhibit 16. Maricopa County Population by Age and Sex, Hispanic



### Exhibit 17. Maricopa County Population by Age and Sex, African-American



## Economic Status, Social Statistics, and Disability Prevalence

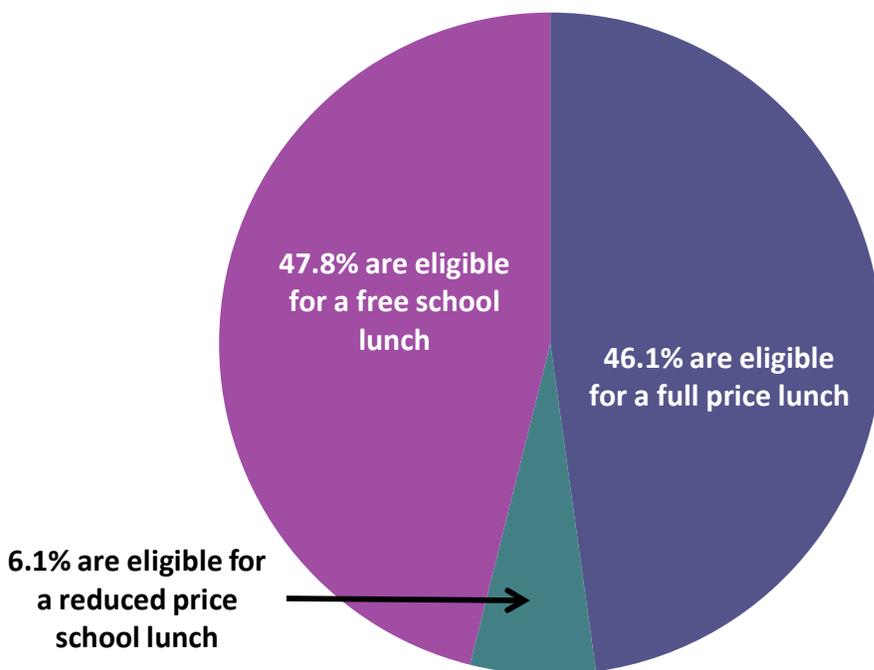
The Median Household Income in Maricopa County is \$55,054.<sup>28</sup> In 2011, the Federal Poverty Line (FPL) was set at \$22,350 for a family of four in Maricopa County, and 17.4% of residents lived below this guideline. In Phoenix, the largest city in the county, 22.9% lived below the FPL.<sup>29</sup>

The Maricopa County unemployment rate in 2010 was 8.9%. During 2011, one in twenty-four households was in foreclosure, amounting to about 90,000 homes.<sup>31</sup> Maricopa County suffered one of the worst home foreclosure rates in the country. Furthermore, in 2010 over 2,400 homeless persons were counted living in Maricopa County.<sup>32</sup>

Single-parent families account for 10.1% of households in the county, 26% of families have a female head of household, and 26.5% of households speak a language other than English at home. Among persons age 18-64 years old, 2.8% have an independent living difficulty and of persons ages 65 years and older, 13.1% have an independent living difficulty.<sup>33</sup>

Of 657,594 students enrolled in Maricopa County schools (public, private, and charter) over half are eligible for a free or reduced price lunch. Exhibit 18 displays the percentage of students who were eligible for a free or reduced price school lunch. This statistic is often used as a way to identify schools with a high proportion of low-income students.<sup>34</sup>

**Exhibit 18. Free and Reduced Price School Lunch Rates, Maricopa County**



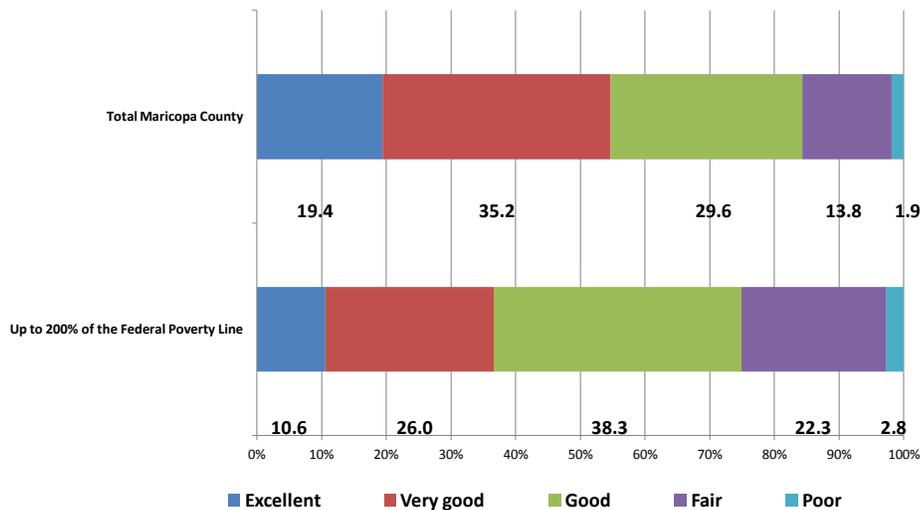
Source: Arizona Department of Education, 2011

## Mental Health and Well-being

Exhibits 19 and 20 depict the proportion of Arizona Health Survey respondents who rated their quality of life and sense of well-being on a scale ranging from “excellent” to “poor.” The rating itself is based on an index of several questions, aggregated to reflect the Quality of Life score. The first graph compares Maricopa County as a whole to residents who live within 200% of the Federal Poverty Line, and the second graph compares the indexed responses of the county’s major racial/ethnic groups.<sup>35</sup>

### Exhibit 19. Quality of Life, Maricopa County and Federal Comparison

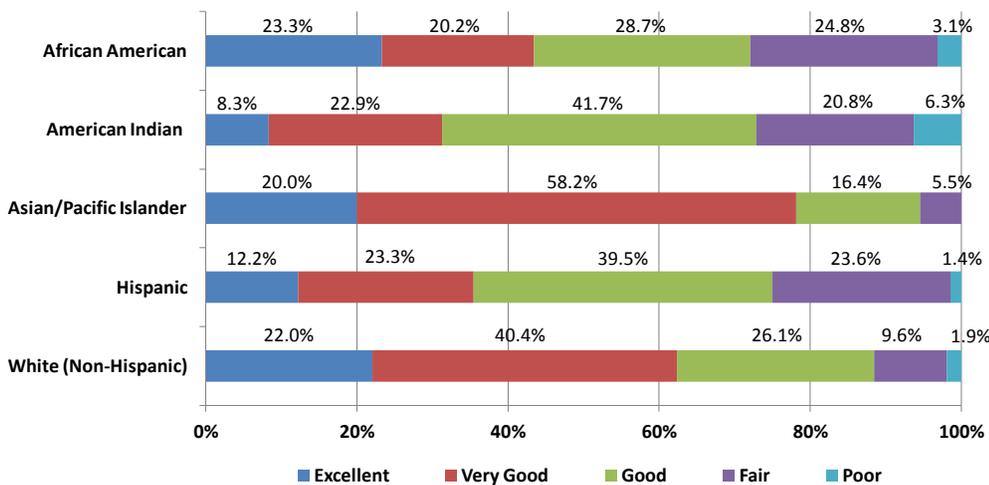
How would you rate your quality of life and sense of well-being?



Source: Maricopa County, Arizona Health Survey 2010, St. Luke’s Health Initiatives

### Exhibit 20. Quality of Life Measures by Race and Ethnicity

How would you rate your quality of life and sense of well-being?

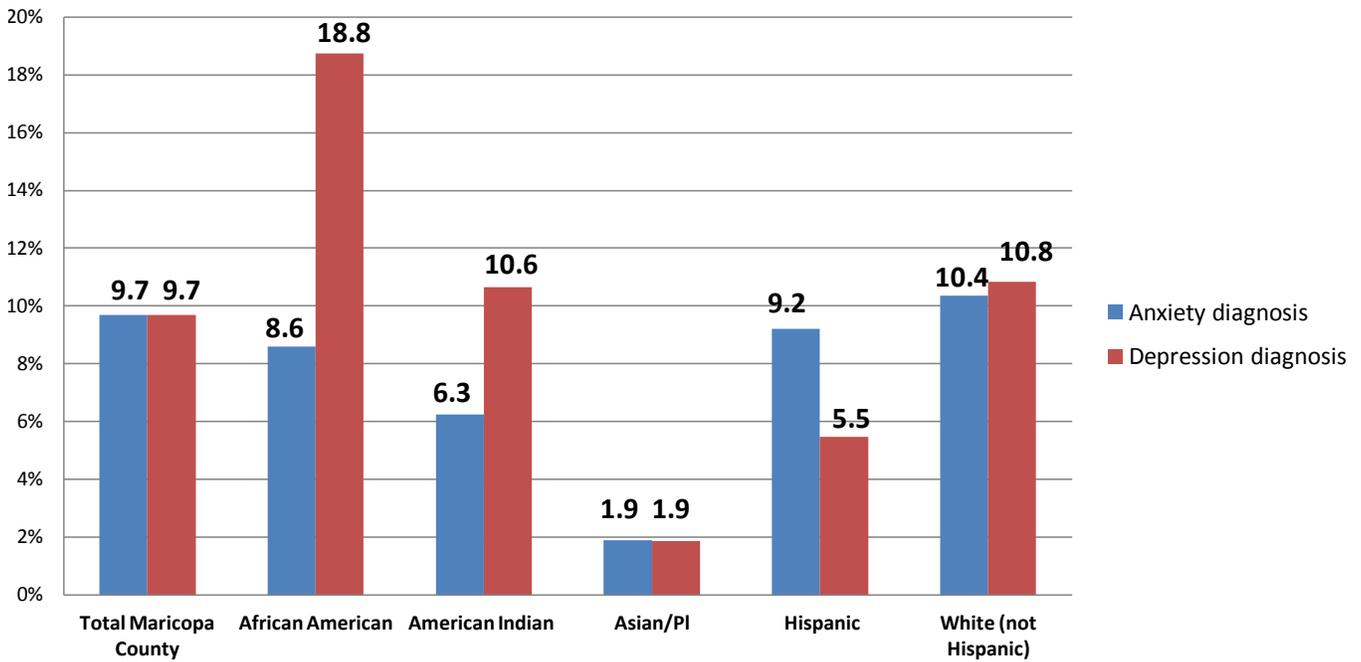


Source: Maricopa County, Arizona Health Survey 2010, St. Luke’s Health Initiatives

According to the Arizona Department of Health Services/Division of Behavioral Health Services, in 2010, there were 244,199 clients in the public behavioral health system. Of these, 51,932 were children.<sup>36</sup> Total statewide expenditures for services to these people exceeded \$1.4 billion.<sup>37</sup>

### Exhibit 21. Percent with Mental Health Disorders by Race and Ethnicity

Has a doctor ever told you that you have major/clinical depression or an anxiety disorder?



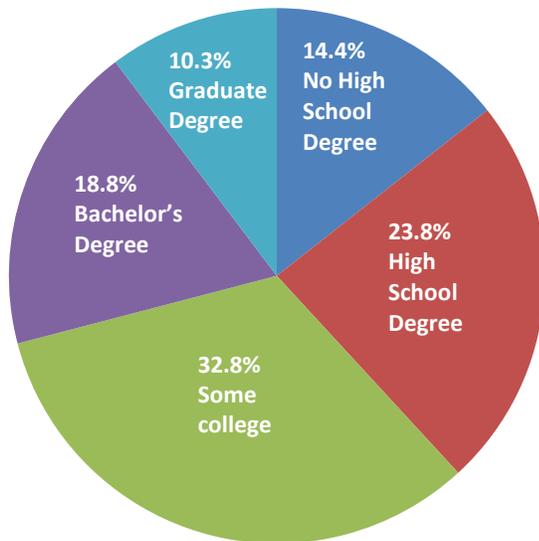
Source: Arizona Health Survey, St. Luke’s Health Initiatives, 2010

Exhibit 21 presents essential information collected by the Arizona Health Survey, using a sample of respondents from the general population. Additional information regarding behavioral and mental health can be found in the Abt Report summary table (see Exhibit 11) specifically rates of suicide and substance abuse. Some information on suicide attempts is also found in the injury and abuse section of this report. Please note, data presented in this report which site the Arizona Health Survey are based on small sample sizes and caution should be used when drawing conclusions, especially with data pertaining to minority groups other than Hispanic.

## Social Determinants of Health

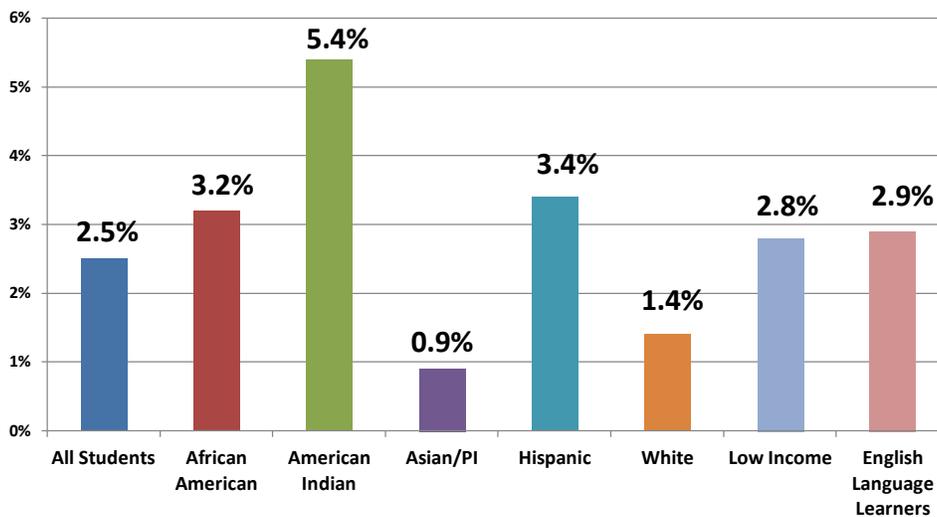
Decades of research have demonstrated that citizens' health is determined by much more than their level of knowledge and health behavior choices. Beyond race and gender, one's opportunity and environment are strong predictors in terms of health status and outcomes. Exhibits 22 and 23 display information about the levels of educational attainment of Maricopa County overall, as well as by minority group.

**Exhibit 22. Level of Education, Maricopa County**



Source: U.S. Census Bureau, 2010

**Exhibit 23. Percent High School Dropout Rates by Subcategory, Maricopa County**

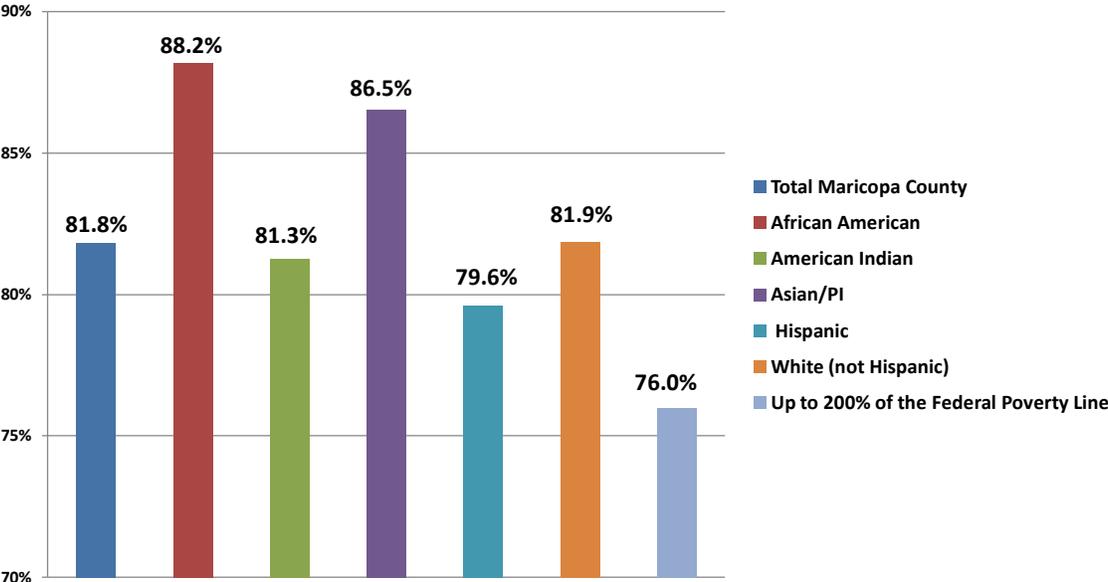


Source: Arizona Department of Education, 2010

In terms of Maricopa County residents' social and physical environments, the environment may have more influence over one's health related behaviors than any amount of health education could achieve. As four of the five health priorities (cardiovascular disease, diabetes, cancer, and obesity) are significantly influenced by physical activity and nutrition behaviors, it is of utmost importance to consider the citizens' opportunities to be active and to find and purchase healthy foods. Exhibits 24 and 25 illustrate minority groups' and subpopulations' physical and social environments relating to these issues. Additional information regarding social determinants of health was included in Abt Report (see Exhibit 11).

### Exhibit 24. Percent with Access to Parks and Open Space, Maricopa County

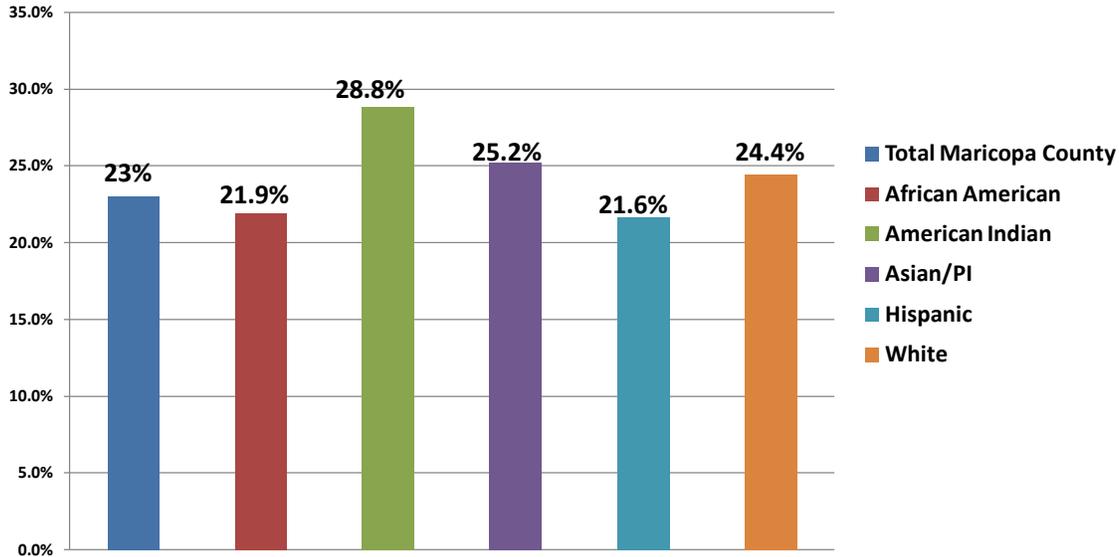
Is there a park, playground, or open space within walking distance of your home?



Source: Arizona Health Survey, St. Luke's Health Initiatives, 2010

Exhibit 24 looks at parks and open spaces within respondents' perceived walking distance from their home, as this proximity provides enhanced access to participate in physical activity and recreation.<sup>39</sup>

## Exhibit 25. Percent Eating '5 a Day' Fruits and Veggies, Maricopa County



Source: Behavioral Risk Factor Surveillance Survey, 2001- 2007

Exhibit 25 displays data that reveal that less than a quarter of Maricopa County residents eat the minimum required daily servings of fruits and vegetables.<sup>40</sup>

Annual household income does not seem to affect the proportion of adults who meet this recommendation, as the income-based range varies from 23.0% to 23.3%. As evidenced by Exhibit 25, there is also little variation between racial and ethnic groups.

## ***Injury and Abuse***

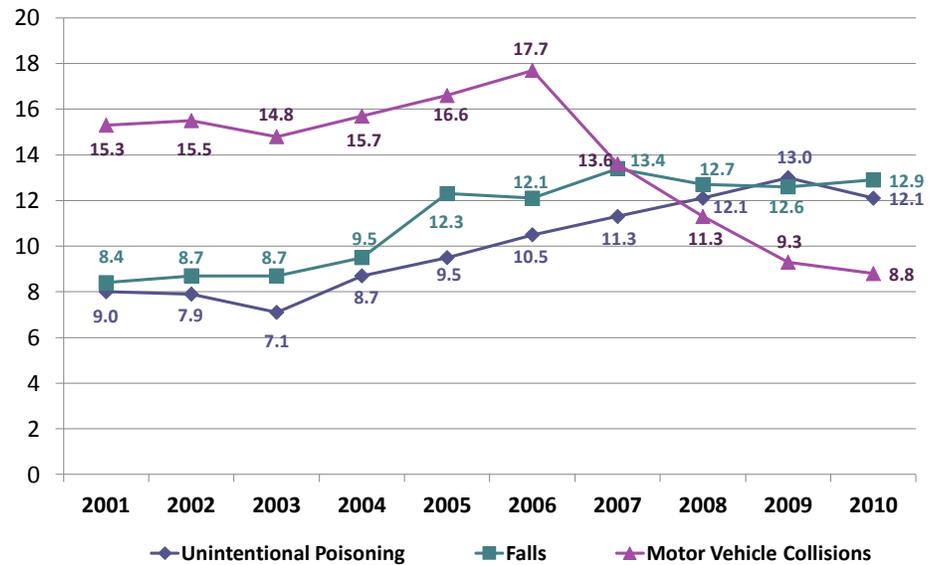
Unintentional injury is the fourth leading cause of death in Maricopa County.<sup>44</sup> From 2006 through 2011, American Indians had higher age-adjusted mortality rates than the remainder of Arizonans for deaths due to unintentional injuries and assaults.<sup>45</sup> Though rates for each of these manners of deaths fell among all Arizonans from 2006 through 2011, the rates decreased more quickly among non-American Indian residents of Arizona.<sup>46</sup> According to the Arizona Department of Health Services, 108 children suffered from lead poisoning between 2008 and 2010.<sup>47</sup>

Exhibits 26, 27 and 28 present information relevant to unintentional injuries. Death rates by cause can be found in Exhibit 26, which show ten-year trends. It is notable that the death rate from motor vehicle collisions has fallen from the first to the third cause of injury death in this time period.<sup>48</sup> A number of policies, laws, and enforcement measures related to seat belt and child restraint system (car seat) use were strengthened in the past decade. Exhibit 27 displays information about suicide attempts, and Exhibit 28 summarizes risk behaviors of high school students that have the potential to lead to serious injuries or death.<sup>49</sup>

Among high school students' risk behaviors, the rates for all risk behaviors in Arizona are significantly higher than the national rate ( $p > .05$ ) with the exception of heroin use.

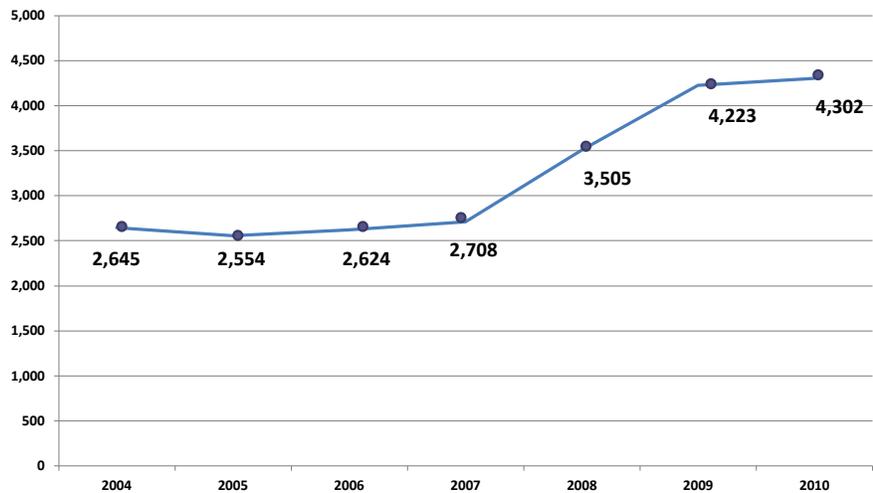
Information on domestic abuse rates is challenging to ascertain. The data available are collected from Child Protective Services and aggregated police data. In 2009, there were 19,537 reports of child abuse and neglect in the state of Arizona.<sup>41</sup> Sixty percent of these victims were found to have suffered from neglect; 33% suffer from physical abuse; and 6% of these cases involved sexual abuse.<sup>42</sup> In 2011, 470 arrests were made in Maricopa County for offenses against children and/or families.<sup>43</sup> Additional information on domestic abuse and sexual violence can be found in the Abt Report table (see Exhibit 11).

**Exhibit 26. Unintentional Injury Death Rates by Cause (per 100,000 pop.), Maricopa County**



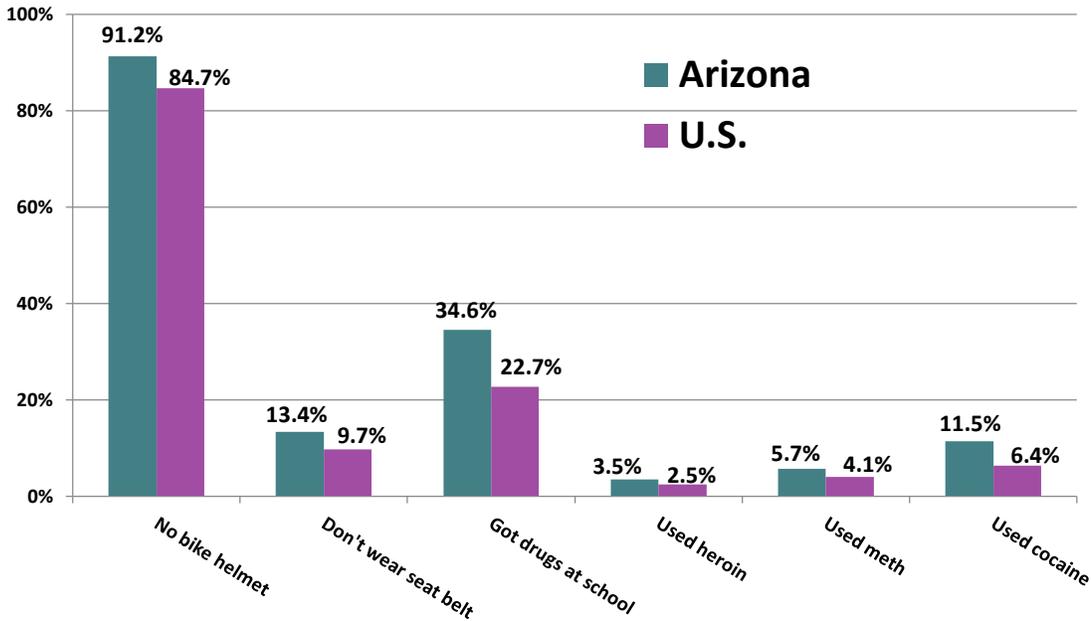
Source: Death Certificates, Arizona Department of Health Services

**Exhibit 27. Number of Suicide Attempts Resulting in Emergency Room Visits 2004-2010**



Source: Hospital Discharge Data, Arizona Department of Health Services

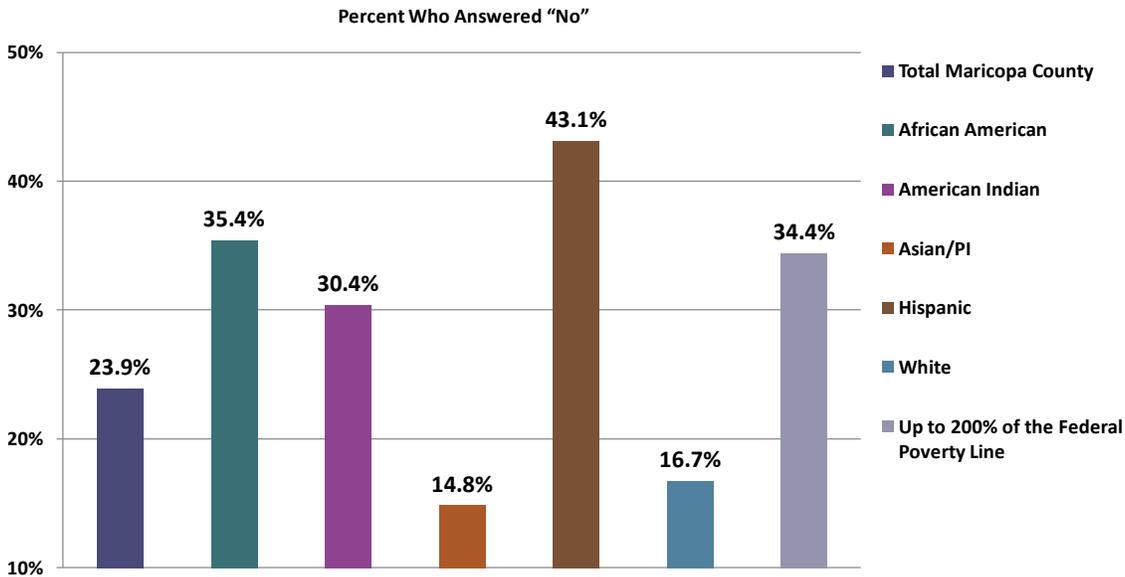
### Exhibit 28. Risk Behaviors Among High School Students, Maricopa County



Source: Youth Risk Behavior Surveillance System, 2009

### Exhibit 29. Percent Reporting No Visit to Medical Doctor in Last Year, Maricopa County

During the last 12 months, have you seen any medical doctor?



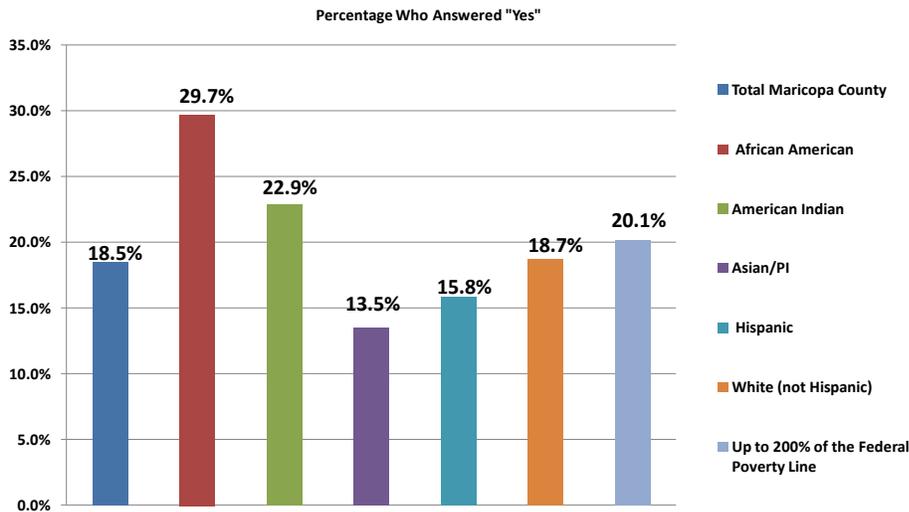
Source: Arizona Health Survey, St. Luke's Health Initiatives, 2010

## Access to Care

A major concern among Maricopa County residents is access to health care. In the following section, more data is presented about this health priority area. Exhibits 29, 30 and 31 show access to health care rates experienced by racial/ethnic minorities as well as low income groups, compared to the rates experienced by the general population. Lack of health insurance and cost are two of the main reasons citizens will delay or not receive needed health care.

### Exhibit 30. Percent Reporting Medical Care Delay, Maricopa County

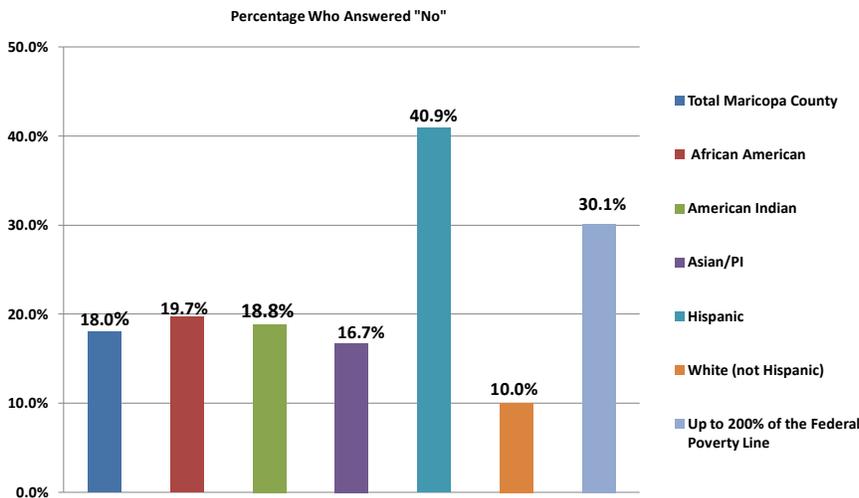
During the last 12 months, did you delay or not get any medical care you felt you needed?



Source: Arizona Health Survey, St. Luke's Health Initiatives, 2010

### Exhibit 31. Percent Reporting No Health Insurance Coverage, Maricopa County

Are you currently covered by health insurance [of any kind]?



Source: Arizona Health Survey, St. Luke's Health Initiatives, 2010

## Causes of Death

Exhibit 32 displays the top ten leading causes of death from 2001 until 2010. It should be noted that the majority of the leading causes of death in the county are attributable to chronic conditions, year after year.<sup>50</sup>

**Exhibit 32. Leading Causes of Death, Maricopa County 2001-2010**

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Heart Disease 5,918	Heart Disease 5,942	Heart Disease 5,966	Heart Disease 5,775	Heart Disease 6,011	Heart Disease 5,719	Heart Disease 5,517	Heart Disease 5,472	Cancer 5,420	Cancer 5,508
Cancer 4,975	Cancer 5,066	Cancer 5,160	Cancer 5,168	Cancer 5,177	Cancer 5,238	Cancer 5,323	Cancer 5,284	Heart Disease 5,419	Heart Disease 5,143
Chronic Lower Respiratory 1,386	Chronic Lower Respiratory 1,389	Chronic Lower Respiratory 1,357	Unintentional Injuries 1,444	Unintentional Injuries 1,685	Unintentional Injuries 1,805	Unintentional Injuries 1,695	Unintentional Injuries 1,680	Unintentional Injuries 1,596	Alzheimer's Disease 1,665
Stroke 1,380	Stroke 1,385	Stroke 1,313	Stroke 1,350	Chronic Lower Respiratory 1,506	Chronic Lower Respiratory 1,484	Alzheimer's Disease 1,454	Chronic Lower Respiratory 1,504	Alzheimer's Disease 1,481	Unintentional Injuries 1,243
Unintentional Injuries 1,363	Unintentional Injuries 1,314	Unintentional Injuries 1,299	Chronic Lower Respiratory 1,318	Stroke 1,270	Alzheimer's Disease 1,445	Chronic Lower Respiratory 1,407	Alzheimer's Disease 1,458	Chronic Lower Respiratory 1,444	Chronic Lower Respiratory 1,463
Alzheimer's Disease 721	Alzheimer's Disease 936	Alzheimer's Disease 1,103	Alzheimer's Disease 1,113	Alzheimer's Disease 1,246	Stroke 1,217	Stroke 1,114	Stroke 1,118	Stroke 1,068	Stroke 1,084
Pneumonia & Influenza 581	Pneumonia & Influenza 708	Pneumonia & Influenza 628	Diabetes 604	Pneumonia & Influenza 715	Diabetes 624	Diabetes 583	Diabetes 623	Diabetes 548	Diabetes 702
Diabetes 569	Diabetes 691	Diabetes 611	Pneumonia & Influenza 582	Diabetes 597	Pneumonia & Influenza 623	Suicide 551	Pneumonia & Influenza 539	Suicide 529	Suicide 548
Liver Disease 338	Suicide 457	Suicide 447	Suicide 458	Suicide 486	Suicide 498	Pneumonia & Influenza 456	Suicide 535	Pneumonia & Influenza 519	Liver Disease 386
Homicide 335	Liver Disease 350	Liver Disease 323	Liver Disease 320	Liver Disease 377	Liver Disease 357	Liver Disease 356	Liver Disease 382	Liver Disease 383	Pneumonia & Influenza 296

## Public Health Strategic Priorities

The public health strategic priorities were identified by exploring the convergence of the results of the four MAPP assessments and determining how those issues affect the achievement of the shared vision. This meeting session of the *Staff Coordination Team* relied on the use of a quality improvement tool, Nominal Group Technique, to identify a group consensus on the top public health priorities. Through this data-driven prioritization process, five public health strategic priority areas emerged.

The recommendations were prioritized based on the following criteria:

- The top three most important issues identified by the Community Health Survey;
- Conditions that were responsible for the highest number of years of potential life lost (YPLL);
- Inpatient hospital days and emergency room visits; prevalence and trends over a ten year period from 2001 through 2010;
- Existence of health disparities by racial/ethnic subgroups; and
- Potential for prevention impact

The *REACH Advisory Board* convened and approved the findings and the resulting priorities. These data and results were then presented to the leadership teams of the Maricopa County Department of Public Health and Arizona Department of Health Services. The *Community Advisory Team* then had an opportunity to review the assessment results, discuss the findings, and confirm that the strategic priorities were indeed relevant to their respective community members.

Listed below are the five public health strategic priorities, along with a detailed description of selection rationale incorporating both the scientific data and community input provided at the time of the assessment process.

### Focus Area #1: Obesity

As shown in Exhibit 33, Maricopa County has a high prevalence of obesity among both children and adults; one in four adults are obese and one in seven children are obese.<sup>51</sup> Among children five years old and under, 15.5% are obese.<sup>52</sup> Obese individuals are at increased risk for comorbidities such as breast cancer, heart disease, and diabetes. The potential life years lost from heart disease and diabetes total 30,914 in 2010. Obesity disproportionately affects Hispanics (32.8%) as compared to Whites (22.8%).<sup>53</sup>

### Exhibit 33. Maricopa County Obesity Data, 2010

Indicator	Total	White	Hispanic	Black	American Indian	Asian	Male	Female
Deaths-Crude Rates <sup>54</sup>	2.1	2.7	1.3	1.6	3.2	0.7	2.1	2.1
PedNSS (0 to 5 Children) Obesity <sup>55</sup>	13.6%	-	-	-	-	-	-	-
Overweight Highschoolers <sup>56</sup>	13.8%	10.7%	17.1%	-	-	-	15.0%	12.6%
Obese Highschoolers <sup>57</sup>	10.8%	8.1%	14.9%	-	-	-	14.5%	6.9%
Overweight Adults <sup>58</sup>	37.0%	35.5%	41.4%	-	-	-	45.3%	28.0%
Obese Adults <sup>59</sup>	25.2%	21.5%	35.4%	-	-	-	25.8%	24.6%

Combating obesity among the county population is also in the best interest of cost. If obesity continues to rise at the present rate, by 2020 Maricopa County adults will spend \$910 million more on healthcare. However, if obesity declines to 1987 levels, Maricopa County adults will spend \$945 million less on healthcare by the year 2020. This is a \$1.85 billion difference in the cost of these alternative futures. Health costs for sedentary patients cost \$1,500 per year than physically active patients.<sup>60, 61</sup>

Obesity was ranked as the second most important health problem among community members (African American, American Indian, Asian American, and Hispanic) and MCDPH health professionals in the Maricopa County Community Health Survey.

These data support the urgency to combat obesity among the Maricopa County community and its status as a public health priority. Community members that participated in focus groups expressed their perception of why obesity was a problem in their community:

*"...lack of grocery stores. We don't have a grocery store close to us. We don't have health food stores either. Our stores are mom & pop and they sell beer, candy, and tobacco products."*

- Focus Group Participant, 2012

*"A family services center to include a gym and exercising as a group would improve our community health. We could go on diets together. We need a nutritionist to be fed into from all angles: Schools, Gardens, Foodbanks, etc."*

- Focus Group Participant, 2012

## Focus Area #2: Diabetes

Diabetes is the seventh leading cause of death in Maricopa County.<sup>62</sup> In 2010, the prevalence of diabetes in Maricopa County resulted in 5,407 emergency room visits, 6,378 hospital visits, and 7,083 years of potential life lost.<sup>63</sup> As shown in Exhibit 34, diabetes rates are higher in Blacks, Hispanics, and American Indians.

The cost impact of diabetes in healthcare is substantial. In 2006, costs totaled \$3.4 billion including \$2.3 billion in medical bills for diabetes care and \$1.1 billion in indirect costs. The cost burden is nation-wide; in 2007 the cost of diagnosed diabetes in the United States totaled \$174 billion, including \$116 billion for direct medical costs and \$58 billion for indirect costs (disability, work, premature mortality). The average expenditures in the U.S. among people with diagnosed diabetes were 2.3 times higher than what expenditures would be in the absence of diabetes.<sup>64, 65</sup>

### Exhibit 34. Maricopa County Diabetes Data, 2010

Indicator	Total	White	Hispanic	Black	American Indian	Asian	Male	Female
Hospitalizations <sup>66</sup>	175.1	160.5	160.4	326.6	432.6	48.3	193.6	156.9
Deaths-Crude Rates <sup>67</sup>	25.8	30.3	14.9	41.1	59.5	16.2	28.4	23.2
Deaths-Age Adjusted <sup>68</sup>	25.5	21.4	39.0	64.5	125.7	26.1	-	-
Adults who have been told they have diabetes <sup>69</sup>	9.2%	7.6%	11.0%	-	-	-	10.6%	7.8%

Diabetes was ranked the first most important health problem by community members (African American, American Indian, Asian American, and Hispanic) in the Maricopa County Community Health Survey. Focus group participants described the impact of diabetes on children, contributing factors, and barriers for their community:

*"We have young children with diabetes and who are overweight. PE classes are limited to two to three times per week. . . My daughter wanted to play T-ball but it was \$250 per season. Options for local sports are not affordable. The Boys & Girls Clubs are expensive and there are additional fees for different activities."*

- Focus Group Participant, 2012

*"...kids not as active. It's all about the computer, internet, cell phone. There is an increase of kids with diabetes."*

- Focus Group Participant, 2012

### Focus Area #3: Cardiovascular Disease

Cardiovascular disease is the second leading cause of death in Maricopa County.<sup>70</sup> In 2010, cardiovascular disease resulted in 21,413 emergency room visits, 58,176 hospital stays, and 5,143 deaths resulting in over 30,000 years of potential life lost.<sup>71</sup>

High blood pressure is a major risk factor for cardiovascular disease, and one in four Maricopa County residents have been told by their doctor that they have high blood pressure (See Exhibit 35).<sup>72</sup> Obesity is also a risk factor for cardiovascular disease, and one in four Maricopa County adults is obese.<sup>73</sup> Binge drinking doubles your risk to suffer a stroke or heart attack among those with normal blood pressure; for those with high blood pressure binge drinking increases the risk five-fold. One in eight Maricopa County adults report that they binge drink.<sup>74</sup>

**Exhibit 35. Maricopa County Cardiovascular Disease-Related Data, 2010**

Indicator	Total	White	Hispanic	Black	American Indian	Asian	Male	Female
Hospitalizations <sup>75</sup>	1,435.3	2,040.0	620.7	1,879.7	890.3	623.6	1,570.1	1,303.2
Deaths-Crude Rates <sup>76</sup>	138.1	202.4	38.8	110.1	32.2	47.3	151.7	124.7
Deaths-Age Adjusted Rates <sup>77</sup>	137.4	139.3	115.1	176.8	63.8	85.3	-	-
Adults who have been told they have Coronary Heart Disease <sup>78</sup>	3.2%	4.0%	1.7%	-	-	-	3.8%	2.6%
Adults who have been told they have had a Heart Attack <sup>79</sup>	4.0%	4.0%	2.6%	-	-	-	4.9%	3.1%
Adults who have been told they have had a Stroke <sup>80</sup>	3.1%	3.1%	3.2%	-	-	-	3.4%	2.8%
Adults who have been told they have High Blood Pressure <sup>81</sup>	25.8%	26.1%	22.1%	-	-	-	26.9%	24.7%
Adults who have been told they have High Cholesterol <sup>82</sup>	39.3%	40.8%	39.1%	-	-	-	43.2%	35.3%

Hospital charges from heart disease totaled nearly \$3.8 billion in 2005 according to Arizona hospital discharge data. Charges associated with stroke contributed an additional \$400 million that year. (This does not include in-patient physician charges, non-hospital direct costs such as outpatient charges, or direct costs associated with missed work, early deaths, etc.).<sup>83</sup>

High blood pressure was the fourth most important health problem chosen by community members and heart disease was the seventh (African American, American Indian, Asian American, and Hispanic). Focus group participants shared their perception of cardiovascular disease and its contributing factors:

*"We are busy working. . . we don't pay attention to our health. Plus, we worry too much and we get stress. . . that will affect our health. . . high blood pressure and stroke. . ."*

*-Focus Group Participant, 2012*

*"Nutrition in the school is not very good, especially for the 'gorditos.' They serve them hamburgers, hot dogs, and pizza; it's better to send them with a lunch from home."*

*- Focus Group Participant, 2012*

## Focus Area #4: Lung Cancer

Cancer is the leading cause of death in Maricopa County.<sup>84</sup> In 2010, cancer resulted in 1,164 emergency room visits, 16,318 hospital stays, and 5,508 deaths.<sup>85</sup> Cancer was the third most important health problem chosen by community members in the Maricopa County Community Health Survey. Of all types of cancers, lung cancer causes the most deaths in the county and is the easiest to prevent.<sup>86</sup> Smoking is the leading cause of lung cancer, and one in seven Maricopa County adults smoke.<sup>87</sup> As shown in Exhibit 36, lung cancer death rates in the county are highest among Whites (55.1%).<sup>88</sup>

### Exhibit 36. Maricopa County Lung Cancer and Smoking Data, 2010

Indicator	Total	White	Hispanic	Black	American Indian	Asian	Male	Female
Hospitalizations <sup>89</sup>	35.3	58.2	8.2	31.3	6.7	20.5	37.1	33.5
Deaths-Crude Rates <sup>90</sup>	36.3	55.1	6.7	26.8	6.4	12.7	39.5	33.2
Deaths-Age Adjusted <sup>91</sup>	36.2	39.1	20.1	44.2	12.9	22.1	-	-
Highschoolers who tried smoking <sup>92</sup>	46.5%	45.7%	47.8%	-	-	-	47.2%	45.8%
Highschoolers who smoked one of the last 30 days <sup>93</sup>	17.4%	19%	14.9%	-	-	-	20.0%	14.7%
Highschoolers who smoked 20 of the last 30 days <sup>94</sup>	5.8%	7.4%	3.3%	-	-	-	7.5%	4.2%
Adults who are current smokers <sup>95</sup>	18.5%	22.2%	11.6%	-	-	-	20.3%	16.7%
Adults who are former smokers <sup>96</sup>	23.8%	27.3%	18.0%	-	-	-	27.8%	19.8%

The cost impacts that result from cancer in Arizona are substantial. In 2004, approximately \$3.72 billion was spent on cancer-related treatment. The total direct medical cost totaled \$1.36 billion in the same year.<sup>97</sup>

Among focus group conversation, community member participants expressed their views about the influences of the tobacco industry and the perception of fear and lack of open communication among doctor-patient interactions:

*"...another obnoxious thing is smoking. . . The U.S. Government treats people who sell cigarettes really well and are afraid of offending them. If they cannot sell it to Americans, they will sell it to Chinese."*

- Focus Group Participant, 2012

*"...how are we going to help people in our community to express their feelings in front of doctors? I've seen many people don't feel comfortable to discuss with their doctors when they're having cancer. It will be too late for them when they realize that."*

- Focus Group Participant, 2012

## Focus Area #5: Access to Care

Access to healthcare has the ability to influence all other components of health. One in four Maricopa County residents have not seen a provider in the past year, while one in six delayed or did not get medical care because of cost, and one in seven does not have health insurance.<sup>98</sup> Lower income residents are less likely to visit a doctor.

### Exhibit 37. Maricopa County Access to Health Care Data, 2010

Indicator	Total	White	Hispanic	Black	American Indian	Asian	Male	Female
Adults age 18-64 who have health care coverage (BRFSS)	77.1%	83.8%	62.9%	-	-	-	72.2%	82.3%
Adults who have a usual source of health care (BRFSS)	73.1%	80.3%	57.4%	-	-	-	67.7%	78.5%
Adults who have had a routine checkup within the past year (BRFSS)	60.2%	62.7%	52.8%	-	-	-	55.0%	65.4%
Adults who could not afford needed health care (BRFSS)	19.3%	15.4%	29.3%	-	-	-	19.3%	19.3%

Access to care was the first most important health problem chosen by MCDPH health professionals and the sixth most important factor affects the quality of life chosen by community members (African American, American Indian, Asian American, and Hispanic).

Focus group participants shared their personal experiences regarding access to care, including how it has affected their lives and the lives of their neighbors:

*"I'm a professional, an entrepreneur; I do not qualify for health care. My neighbors are immigrants. They don't know where to go. For them as well, health care is secondary. Health care is a crisis based on need. No insurance for preventive care. Where do I go? Nowhere. I wait until it's an emergency and go to the emergency room."*

- Focus Group Participant, 2012

*"Need a program that supports those who have worked. I worked for 25 years. I paid into systems. I am unemployed now. I need a program that will provide me health care."*

- Focus Group Participant, 2012

*"If you're in a community where a lot of people don't have health insurance, it's a stressful thing."*

- Focus Group Participant, 2012

## ■ PREPARING FOR ACTION BY FORMULATING GOALS AND STRATEGIES



The *Formulate Goals and Strategies* phase of the MAPP process occurs when participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. They then identify broad strategies for addressing issues and achieving goals related to the community's vision. The result is the development and adoption of an interrelated set of strategy statements.<sup>99</sup>

This activity began with a Community Action Planning meeting in June, 2012. By this time in the MAPP assessment process, over 1000 community members and stakeholders had participated in at least one of the assessments as a *Board or Team* member or as a subject matter expert to assist in prioritizing findings. Invitations were sent to all these participants as well as to staff of the state and local health departments. The broad spectrum of participants attending included leaders of the faith-based community, non-profit community organizations, state offices of education, transportation, and health, community members, and public health professionals.

In the morning session, participants selected one of the five health priority areas to answer the question "What can we accomplish to impact \_\_\_\_\_ (obesity, diabetes, cardiovascular disease, lung cancer, and access to care) in the next five years?" Facilitators led participants in creating affinity diagrams identifying the key directions below for community health improvement planning.

### **To Impact Obesity**

- Complete street and health impact assessment policies adopted in general plans
- Title I schools will boost school policies requiring physical activity
- Healthy and affordable food environments for all
- Common messaging for healthy eating and active living
- Improved data collection and dissemination methods
- Public and private employers create healthier environments for employees
- All babies breast fed for the first six months

## To Impact Cardiovascular Disease and Diabetes

- Affordable, universal access to physical activity venues
- Healthy food procurement policies
- Increase clinical-community linkages
- Easy access to healthy food
- Implementation of social marketing and media strategies
- Healthy food legislation and policy

## To Impact Lung Cancer

- Improve clinical outcomes
- Decrease secondhand smoke exposure
- Decrease access to tobacco products
- Increase education and awareness
- Improve cessation access

## To Impact Access to Care

- Successful implementation of the Affordable Care Act (ACA)
- Universal cultural and linguistically appropriate services (CLAS) compliance
- Coordination of public and private resources
- Expand non-traditional service delivery and geographic diversity
- Ensure everybody has a medical home
- Develop a system that supports efficient and effective access to care

In the afternoon session, participants shifted gears from the five priority areas to identifying evidence-based strategies of the four risk factors that directly impact the priority areas. Indeed, focusing on strategies to improve nutrition, physical activity, and linkages to care, while reducing tobacco use, can impact the five priority areas.

The goal of the afternoon session was to identify strategies to guide action. In a large session, participants were introduced to the *Spectrum of Prevention* framework from the Prevention Institute in California. This framework was developed to create multifaceted approaches to injury prevention. The value of the tool is that it can help practitioners develop and structure comprehensive initiatives. The tool is comprised of six levels of increasing scope (see Exhibit 38 ) beginning with a focus on the individual and family, on community norms, institutional practices, and laws.<sup>99</sup> Participants were provided a comprehensive list of evidence-based strategies based on the four risk factors. Strategy lists were compiled based on *The Community Guide*,<sup>100</sup> *Healthy People 2010*<sup>101</sup> strategies, *CDC's School Health Index*,<sup>102</sup> and other sources of recommended approaches. In a facilitated activity, matrices of prioritized strategies were developed by selecting recommended evidence-based approaches and matching them to the appropriate level of prevention (intervention). This process ensured that while strategies could focus on the initial levels of intervention, emphasis was placed on identifying activities at the "higher" levels to impact policy, systems, and environmental approaches.

Additionally, strategies were delineated into the four sectors promoted by the CDC for chronic disease programming: *Where We Work, Where We Live, Where We Learn, and Where We Seek Care*. A matrix was created to capture this first strategic planning session (see Appendix D.) The product of this session is the community action plan (see [PublicHealthPerformance.org](http://PublicHealthPerformance.org) for the full report). This plan became the basis for the Maricopa County Community Health Improvement Plan 2012-2017.

**Exhibit 38. Spectrum of Prevention Framework, Prevention Institute**

Level of Spectrum	Definition of Level
1 Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety
2 Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3 Educating Providers	Informing providers who will transmit skills and knowledge to others
4 Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5 Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
6 Influencing Policy Legislation	Developing strategies to change laws and policies to influence outcomes

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## ■ NEXT STEPS



The final stage in the MAPP community health assessment process is the action cycle. This phase builds upon the others in a continuous and interactive manner of planning, implementing, and evaluating. While the *Action Cycle* is the final phase of MAPP, it is by no means the “end” of the process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives. This is also one of the most challenging phases, as it may be difficult to sustain the process and continue implementation over time.<sup>103</sup>

The action cycle plan will become the Maricopa County Community Health Improvement Plan (CHIP) where health assessment participants and new partners will engage in a five year cycle to:

- Plan: Organize action teams, develop measurable objectives and establish accountability.
- Implement: Review action plans for opportunities for coordination; implement plans and monitor for success.
- Evaluate: Evaluation of the plan strategies and also the strength and success of the partnership.

The findings from all of these assessments can be found on two websites. [MaricopaHealthMatters.org](http://MaricopaHealthMatters.org) is a community health portal is built for sharing local health assessments, population health data, and materials related to planning, implementation, and monitoring of the CHIP. [PublicHealthPerformance.org](http://PublicHealthPerformance.org) also includes these materials for the Maricopa County Department of Public Health, Office of Performance Improvement.

### **A Collaborative Effort**

Because of the many complexities facing our community, a community health improvement plan that will create real results requires comprehensive solutions. The Health Improvement Partnership of Maricopa County (HIPMC) is a collaborative effort between Maricopa County Department of Public Health and more than 60 public and private organizations addressing priority health issues through the 2012-2017 CHIP.

How you can help:

- Learn more about the HIPMC at [MaricopaHealthMatters.org](http://MaricopaHealthMatters.org) or email [HIPMC@mail.maricopa.gov](mailto:HIPMC@mail.maricopa.gov).
- Contribute the work of your organization to the Community Health Improvement Plan.
- Share this report with others, and help spread the word in our community about pressing health-related issues and how people can get involved.

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## ■ LIST OF APPENDICES



- A. Community Health Assessment Participant Organizations and Sectors
- B. Maricopa County Community Health Survey
- C. Quality Improvement Tools Used with the MAPP Process:  
Affinity diagrams from the Community Action Plan
- D. Maricopa County Community Action Plan Strategic Directions

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## **A. Community Health Assessment Participant Organizations and Sectors**

# Community Health Assessment Participant Partner Organizations and Sectors as of June, 2012

## Organizations

Advisory Council on Indian Health Care  
 Alzheimer's Association - Desert Southwest Chapter  
 American Academy of Pediatrics - Arizona Chapter  
 Area Agency on Aging  
 Arizona Association for Home Care  
 Arizona Association of Community Health Centers  
 Arizona Department of Education  
 Arizona Department of Emergency & Military Affairs  
 Arizona Department of Health Services  
     Arizona Health Disparities Center  
     Administrative Counsel & Rules  
     Bureau of Nutrition and Physical Activity  
     Bureau of Public Health Emergency Preparedness  
     Bureau of Public Health Statistics  
     Bureau of State Laboratory Services  
     Bureau of Tobacco and Chronic Disease  
     Bureau of Women's and Children's Health  
     Division of Behavioral Health Services  
     Epidemiology & Disease Control  
     HIV prevention Program  
 Arizona Department of Transportation  
 Arizona Diabetes Coalition  
 Arizona Partnership for Immunization  
 Arizona Public Health Association  
 Arizona Public Health Training Center  
 Arizona State University  
 College of Nursing & Healthcare Innovation  
 Southwest Interdisciplinary Research Center  
 Asian Pacific Community in Action  
 Banner Health Systems  
 Black Nurse Association of Greater Phoenix  
 Carl Hayden High School  
 Catalina Ventura/Alhambra School District

## Sector

Tribal- health  
 Private- health  
 Private- health  
 Non-profit- government funded  
 Private- health  
 Non-profit- government funded  
 Education- public  
 Government- emergency management  
 Government- health  
 Government- built environment  
 Non-profit- health  
 Non-profit- health  
 Professional association- health  
 Education- post-secondary  
 Education- post-secondary  
 Education- post-secondary  
 Education- post-secondary  
 Education- post-secondary  
 Non-profit- minority focused  
 Health care  
 Professional association- health  
 Education- public  
 Education- public

## Organizations

Catholic Health Partners  
Center for Health Information Research  
Children's Action Alliance  
City of Phoenix Housing  
Community Housing Partnership  
Concilio Latino de Salud  
Desert Thunder/Avondale Elementary School District  
FIT Clinic  
Foundation for Senior Living  
Garfield Elementary School  
GateWay Community College  
Glendale Care Center  
Glendale Fire Department Public Information Officer  
Golden Gate Community Center  
Greenway High School  
Griffith Elementary School  
J.B. Sutton Elementary School  
Kivel Care Center- Phoenix  
Leukemia & Lymphoma Society  
Maricopa Association of Governments  
Maricopa County Board of Health  
Maricopa County Department of Air Quality  
Maricopa County Department of Emergency Management  
Maricopa County Department of Environmental Services  
Maricopa County Department of Public Health  
    Clinic, STD Programs  
    Clinic, TB Control  
    Community Health Nursing  
    Community Health Services  
    Healthcare for the Homeless  
    Office of Health Promotion and Education  
    Office of Performance Improvement  
    Office of Preparedness and Response  
    Office of Public Health Policy  
    Office of the Director  
    Office of Tobacco and Chronic Disease  
    Ryan White Planning Council

## Sector

Health care  
Non-profit- health  
Advocacy  
Government- social services  
Non-profit- social services  
Non-profit- health  
Education- public  
Private- health  
Non-profit- social services  
Education- public  
Education- post-secondary  
Private- health  
Government- safety  
Education- post-secondary  
Education- public  
Education- public  
Education- public  
Private- health, seniors  
Non-profit- health  
Government- built environment  
Government- health  
Government- safety  
Government- safety  
Government- safety  
  
Government- health  
Government- health

## Organizations

Maricopa County Sheriff's Office Department of Counter Terrorism  
Maricopa Integrated Health Services  
    Refugee Women's Health Clinic  
Mayo Clinic Hospital  
Midwestern University - Glendale  
Mountain Park Health Center  
Phoenix Fire Department  
Phoenix Indian Center  
Phoenix Police Department  
Phoenix Revitalization Corporation  
Phoenix Union High School District  
Rose Howe and Associates  
Sanford Brown College - Phoenix  
Scottsdale Healthcare  
Southwest Center for HIV/AIDS  
Spectrum Medical Group  
St. Joseph's Hospital and Medical Center/Dignity Health and  
    Catholic Healthcare West  
St. Luke's Health Initiatives  
Tanner Community Development  
Terros  
The Keogh Health Foundation  
University of Arizona College of Medicine Phoenix  
Valley Metro  
Volunteers with the American Heart Association  
Wesley Community Center

## Sector

Government- safety  
Non-profit- government funded  
Non-profit- government funded  
Private- health  
Education- post-secondary  
Non-profit- government funded  
Government- safety  
Tribal- social services  
Government- safety  
Non-profit- housing  
Education- public  
Private- health  
Education- post-secondary  
Private- health  
Non-profit- health  
Private- health  
  
Non-profit- health  
Non-profit- health  
Non-profit- social services  
Non-profit- health  
Non-profit- health  
Education- post-secondary  
Government- transportation  
Non-profit- health  
Non-profit

## **B. Maricopa County Community Health Survey**

ID: \_\_\_\_\_

Date: \_\_\_\_\_

Location \_\_\_\_\_

### Community Health Survey

1. Please check the **three most important factors that you think will improve the quality of life in your community.** (Those factors which most improve the quality of life in a community.)

- |  |   |
|--|---|
| <input type="checkbox"/> Good place to raise children                | <input type="checkbox"/> Excellent race relations         |
| <input type="checkbox"/> Low crime / safe neighborhoods              | <input type="checkbox"/> Good jobs and healthy economy    |
| <input type="checkbox"/> Good schools                                | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Low infant deaths                |
| <input type="checkbox"/> Parks and recreation                        | <input type="checkbox"/> Religious or spiritual values    |
| <input type="checkbox"/> Affordable housing                          | <input type="checkbox"/> Access to mental health care     |
|  | <input type="checkbox"/> Other _____                      |

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

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

3. Once again, in your opinion, what are **the three most important “risky behaviors”** seen in your community?

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol abuse                          | <input type="checkbox"/> Discrimination                            |
| <input type="checkbox"/> Drug abuse                             | <input type="checkbox"/> Tobacco use                               |
| <input type="checkbox"/> Lack of exercise                       | <input type="checkbox"/> Not using birth control                   |
| <input type="checkbox"/> Poor eating habits                     | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Not getting “shots” to prevent disease | <input type="checkbox"/> Unsafe sex                                |
|   | <input type="checkbox"/> Other _____                               |

4. How would you rate your community as a “Healthy Community?”

- Very unhealthy    Unhealthy    Somewhat healthy    Healthy    Very healthy

5. How would you rate your own personal health?

- Very unhealthy    Unhealthy    Somewhat healthy    Healthy    Very healthy

6. On a monthly basis, do you have enough money to pay for essentials such as food, clothing, housing, and medicine?  
 Always                       Sometimes                       Never

COMMENT:

7. Are you proud to be living in your community?  
 Always                       Sometimes                       Never

COMMENT:

8. Do you feel a sense of responsibility to improve your community's health status?  
 Always                       Sometimes                       Never

COMMENT:

9. What is your Zip Code? \_\_\_\_\_

11. Age:                       25 or less  
                                   26 to 39  
                                   39 to 50  
                                   51 – 64  
                                   65 +

- African American / Black  
 Asian (specify) \_\_\_\_\_  
 Pacific Islander (specify) \_\_\_\_\_  
 Hispanic / Latino  
 American Indian  
 White / Caucasian  
 Other \_\_\_\_\_

12. Gender:                       Male                       Female

10. Race/Ethnicity:

We cannot do this work without you. Thank you very much for your response!

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**C. Quality Improvement Tools Used with the MAPP Process:  
Affinity diagrams from the Community Action Plan**

## Obesity

Communities will have complete street and HIA policies adopted in general plans	50% of Title 1 schools boost school wellness policies requiring 150 minutes of physical activity	Healthy and Affordable Food Environment for All	Common Messaging for Healthy Eating and Active Living	Improved data collection and dissemination methods	Public and Private employers are creating healthier environments for employees	All babies are breast fed for 6 months
Local Public Transportation to community destinations (free)	At least 50 minutes of actual physical activity in PE	All eateries include calorie count on menu	Healthy Students = Healthy workforce campaign	Improved data collection of health care needs for minority groups	50% of Title 1 schools will have a robust staff wellness program	All hospitals Baby Friendly
Increased public use of community assets and needs	50% of Title 1 schools will adopt wellness policies requiring 150 mins of PA daily	Affordable healthy foods in all neighborhoods	5-2-1-0 awareness in all settings (school, workplace, church etc.)	New ways of collecting better data	Employee Wellness Mandate (Private Sector Lead)	
5 communities will have Complete Street and HIA policies included in GP's	School health counsels creating healthy environments for kids	Mandatory disclosure of additive ingredients on all snacks	Protective Factor Marketing for Healthy Eating	Annual Reporting of biometrics to parents of all school children	State funded weight loss programs with incentives (Like tobacco cessation)	
Parks/School playgrounds in all neighborhoods	Nutrition, Physical Activity and Weight Management presentations to students annually	50% of Title 1 High Schools will have healthy food policies		Biannually weigh students and send report to parents		
Facility for providing health services/ social needs for minority groups	Daily high quality PE in all schools	Change Pricing on beverages:				
Unlocked playgrounds at all schools	State law mandating PE in all schools	Healthy foods in all school and recreation programs				
		No super sizing				

## Cardiovascular Disease and Diabetes

Affordable Access to Physical Activity	Healthy Food Procurement Policies	Increase Clinic-Community Linkages	Easy Access to Healthy Food	Implementation of Social Marketing and Media Strategies	Healthy Food Legislation and Policy
Increase after-hours access to school campuses	Increase the number of organizations with nutritional standard procurement policies	Integration of health care	Decrease the size of "food deserts" to less than 2 miles	More media spots with prevention messages (prime TV)	SNAP Waiver from USDA to allow only healthy purchase
Physical activity - daily schools	Pricing strategies to support healthier foods via policy change	Pharmacy driven medication adherence	Incentivize to bring supermarkets to food deserts		Sugar sweetened beverage tax
Bike paths and/or walking paths in neighborhoods	Policy to replace junk food with healthy food in vending machines	Increase by 25% the number of organizations offering biometric screenings (schools, work sites, and community faith groups)	Promote farmers markets, market on the move, community gardens		Better enforce food and beverage marketing regulations
Collaborate with community partners to increase activity	Food Service Procurement (Nutrient Standard)	Increase # of CHC's that utilize CHWs - community health workers	Affordable healthy food options in neighborhoods (convenience stores)		
Employer providers gym membership (fitness, workout time, free/discounts)	Vending machines - replace junk food with healthy options ie almonds, apples	Pay higher reimbursement to providers for education	Product placement of healthy foods		
Partnership with existing initiative programs	Fundraisers to promote healthy lifestyles	Increase opportunity for community based preventive screenings			

## Lung Cancer

Improved Outcomes	Decreased Second Hand Smoke Exposure	Decrease Access to Tobacco Product	Increase Education and Awareness	Improve Cessation Access
Improvements in lung cancer screening technology	Policy No smoking with children in vehicle	Increase cost of product	No smoke day campaign	Incentivize non smokers
Access to early detection for lung cancer	Smoke free multi-unit housing	Limit where you can buy cigarettes	Youth Education K-12	Free NRT/Cessation included in all health insurance coverage
	Smoke Free universities and Schools	Incremental tobacco taxf increase annually	Target Doctors for more education to parents and patients	Universal language accessibility to quit lines
	Increase registration fee for driving smokers	Get rid of tobacco companies (really long term)	Worksite Wellness	
	Free for multiplex housing for allowing smoking			

## Access to Care

Successful Implementation of Affordable Care Act (ACA)	Universal Cultural & Linguistically Appropriate Services (CLAS) Compliance	Coordination of Public & Private Resources	Expand Non-Traditional Service Delivery & Geographic Diversity	Everybody Has a Medical Home	System that Supports Efficient & Effective Access to Care
Capacity/Workforce Development Incentives	Private Practice CLAS Education	Shared Data & Info Among Public Health System	Increase Telemedicine	Better Access to Dental Care & Mental Health Services	Patient Navigation – Equity in Access/Health Literacy
System to Ensure Implementation of ACA in AZ	Increase Cultural Competency	Technology – Enrollment, Data Sharing, Chronic Disease Mgmt	Remove Transportation Barriers to Care	Better Access to Preventive Services	Meaningful Triage through Emergency Rooms (ERs) to Community-Based Care
Rapid Entry into Care	Fully Functional CLAS Standard Implementation	Agency Collaboration Beyond Self-Interest	Target Rural & Underserved Facilities	Emergency AHCCCS to Include 1 Checkup	Educate Families "How to" That Don't Require Going to ER
Easing Client Transition to ACA	CLAS Services Universal	Partnerships – Schools, Faith-Based, Community Centers	More Sliding Fee Scale Clinics throughout County	Medical Home	Educate Providers & Patients re: Resources ADHS
Increase System Capacity	Language Accessible Care & Written Info	Publicize Data – Public Service Announcements		Expand Medical Home Model	Health Literacy for Vulnerable Populations (targeted)
		Coordinated Referrals of Mainstream & Private Services		Medical Home Model	Increase Navigation Services
		Universal System for Access to Care Info		Fewer ER Visits for Primary Care Issues	Patient Navigator Program
					Across the Board Patient Navigation Services

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## **D. Maricopa County Community Action Plan Strategic Directions**

<b>Topic: Nutrition</b> <b>Key Directions:</b> <ul style="list-style-type: none"> <li>• Healthy affordable food environments for all</li> <li>• Common messaging for healthy eating and active living</li> <li>• Improved data collection and dissemination methods</li> <li>• Public and private employers are creating healthier environments for employees</li> <li>• All babies are breast fed for six months</li> </ul>			
Where We Live	Where We Work	Where We Learn	Where We Seek Care
<b>Influencing Policy and Legislation</b> <ul style="list-style-type: none"> <li>• Impose soda excise taxes and revenues for Medical, health-related higher education, or public health promotion programs</li> <li>• Provide incentives to produce and procure healthy foods from local farms</li> <li>• Impose portion limits in restaurants</li> <li>• Beverage companies market healthy beverages</li> <li>• Federal funding for healthy meals</li> <li>• Mandatory nutrition information in restaurants and fast food menu boards</li> <li>• Fund SNAP programs</li> <li>• Incentives for retailers for healthy foods</li> <li>• Regulate food marketing messages for all media</li> <li>• Food and beverage companies promote healthy diets for youth</li> <li>• Improve geographic availability of fresh food vendors</li> </ul>	<ul style="list-style-type: none"> <li>• Food served in government facilities meet USDA guidelines</li> <li>• Breastfeeding at work policies</li> <li>• Implement nutrient criteria in procurement practices</li> </ul>	<ul style="list-style-type: none"> <li>• Food served in government facilities meet USDA guidelines</li> <li>• Offer and promote only healthy foods and beverages to students</li> </ul>	<ul style="list-style-type: none"> <li>• Food served in government facilities meet USDA guidelines</li> </ul>
<b>Changing Organizational Practices</b> <ul style="list-style-type: none"> <li>• List main ingredients</li> <li>• Incentivize healthy food in food deserts</li> <li>• Incentives for retailers for healthy foods</li> <li>• Food served in government facilities meet USDA guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding at work policies</li> <li>• Healthy food at work policies</li> <li>• Change organizational practices to promote healthy foods and practices</li> <li>• Promote access to healthy food and physical activity</li> <li>• Implement nutrient criteria in procurement practices</li> </ul>	<ul style="list-style-type: none"> <li>• Offer and promote and sell only healthy beverages and food to students</li> <li>• Healthy food in schools</li> </ul>	
<b>Fostering Coalitions and Networks</b> <ul style="list-style-type: none"> <li>• Create partnerships to promote healthy food to convenience stores</li> <li>• Public/private partnerships to provide access to healthy foods</li> <li>• Create public/private partnerships to open and sustain full-service grocery stores in communities without access to foods</li> </ul>			
<b>Educating Providers</b>			<ul style="list-style-type: none"> <li>• Educate providers – 6 month duration of exclusive breastfeeding</li> </ul>
<b>Promoting Co. Education</b>			
<b>Strengthening Individual Knowledge and Skills</b> <ul style="list-style-type: none"> <li>• Promote community gardens and healthy markets</li> </ul>			<ul style="list-style-type: none"> <li>• 6 month declaration of exclusive breast feeding</li> </ul>

<p><b>Topic: PHYSICAL ACTIVITY</b></p> <p><b>Key Directions:</b></p> <ul style="list-style-type: none"> <li>• Complete streets and health impact assessment (HIA) policies adopted in general plans</li> <li>• School wellness policies for physical activity</li> <li>• Common messaging for healthy eating and active living</li> <li>• Improved data collection and dissemination methods</li> <li>• Public and private employers are creating healthier environments for employees</li> </ul>				
	Where We Live	Where We Work	Where We Learn	Where We Seek Care
<b>Influencing Policy and Legislation</b>	<ul style="list-style-type: none"> <li>• Require a minimum percentage of highway funds to be allocated for walkways and bike paths</li> <li>• Enhance infrastructure to support biking &amp; walking</li> <li>• Work with city planners to include complete streets policies and health impact assessment</li> <li>• Implement mixed use zoning</li> <li>• Community-wide campaigns to increase activity</li> <li>• Improve access to public transportation</li> <li>• Implement interim land use policies - permit use of vacant lots for gardens, recreation space, or public art displays</li> <li>• Work with planners in creating walkable, bike accessible communities</li> <li>• Improving access to places for physical activity combined with informational outreach</li> <li>• Enhanced safety of mixed use areas</li> <li>• Increase &amp; expand public transportation schedule/routes/connections</li> </ul>	<ul style="list-style-type: none"> <li>• Require a minimum percentage of highway funds to be allocated for walkways and bike paths</li> <li>• Employers offer and promote opportunities for physical activity</li> <li>• Work with planners in creating walkable, bicycle accessible communities</li> <li>• Improve urban design for an active community</li> </ul>	<ul style="list-style-type: none"> <li>• Require a minimum percentage of highway funds to be allocated for walkways and bike paths</li> <li>• Mandatory daily physical activity in all schools. Stepping stone is to get all schools district to have school policies that include 150 minutes of physical activity/week</li> <li>• Require standards based PE classes with certified PE teachers</li> <li>• Require all k-12 schools to include time for all children to be physically active</li> </ul>	
<b>Changing Organizational Practices</b>	<ul style="list-style-type: none"> <li>• Increase &amp; expand public transportation schedule/routes/connections</li> </ul>	<ul style="list-style-type: none"> <li>• Offer opportunities for physical activity at work through employer programs</li> <li>• Street scale urban design and land use policy that supports active transportation</li> <li>• Incentives in worksites for employees to be more physically active</li> </ul>		
<b>Fostering Coalitions and Networks</b>	<ul style="list-style-type: none"> <li>• Facilitate joint use-ventures between schools and community organizations</li> </ul>			
<b>Educating Providers</b>				
<b>Promoting Community Education</b>				
<b>Strengthening Individual Knowledge and Skills</b>				<ul style="list-style-type: none"> <li>• Conduct physical activity assessments, provide counseling, and refer patients to health care or fitness professionals</li> </ul>

<p><b>Topic: TOBACCO CONTROL</b></p> <p><b>Key Directions:</b></p> <ul style="list-style-type: none"> <li>• Improved outcomes</li> <li>• Decreased secondhand smoke exposure</li> <li>• Decreased access to tobacco products</li> <li>• Increase education and awareness</li> <li>• Improve cessation access</li> </ul>				
	Where We Live	Where We Work	Where We Learn	Where We Seek Care
<b>Influencing Policy and Legislation</b>	<ul style="list-style-type: none"> <li>• Increase unit price of tobacco products to prevent initiation/promote cessation</li> <li>• Mandate smoke free multi-unit housing</li> <li>• Bans and restrictions on environmental tobacco smoke</li> <li>• Increase tobacco tax</li> <li>• Improve cessation incentives</li> <li>• Limit type of entity that sell tobacco</li> <li>• Landlords mandate/promote smoke free residential &amp; commercial properties</li> <li>• Expand environmental restrictions on tobacco smoke</li> <li>• Mandate that tobacco cessation be covered in all insurance policies</li> </ul>	<ul style="list-style-type: none"> <li>• Improve cessation incentives</li> <li>• Smoke free worksite campuses</li> </ul>	<ul style="list-style-type: none"> <li>• Expand environmental restrictions on tobacco smoke</li> </ul>	
<b>Changing Organizational Practices</b>	<ul style="list-style-type: none"> <li>• Landlords mandate/promote smoke free residential &amp; commercial properties</li> </ul>	<ul style="list-style-type: none"> <li>• Employers implement tobacco free policies</li> <li>• Incentivize insurance costs for living tobacco free</li> </ul>		<ul style="list-style-type: none"> <li>• Increase number of community health centers with reminder prompts in electronic health records to refer to Ashline (AZ Smokers' Helpline)</li> <li>• Increase languages in Ashline</li> </ul>
<b>Fostering Coalitions and Networks</b>	<ul style="list-style-type: none"> <li>• Support tobacco prevention and control coalitions link to related programs with shared goals</li> <li>• Community mobilization and additional interventions to restrict minors' access to tobacco</li> </ul>			
<b>Educating Providers</b>				
<b>Promoting Community Education</b>				
<b>Strengthening Individual Knowledge and Skills</b>	<ul style="list-style-type: none"> <li>• Mass media campaign in combination/other interventions</li> <li>• User viral marketing, social networks, and blogs to disseminate messages</li> <li>• Expand and tailor culturally competent quit line service for diverse population</li> <li>• Multiple risk factor interventions for reducing chronic diseases among high risk populations</li> </ul>			<ul style="list-style-type: none"> <li>• Provider reminder prompts to ask about cessation combined with provider education</li> </ul>

**Topic: LINKAGES TO CARE**

**Key Directions:**

- Successful implementation of Affordable Care Act
- Universal Cultural and Linguistically Appropriate Services (CLAS) compliance
- Coordination of public and private resources
- Expand non-traditional service delivery and geographic diversity
- Everybody has a medical home
- System that supports efficient and effective access to care

	Where We Live	Where We Work	Where We Learn	Where We Seek Care
<b>Influencing Policy and Legislation</b>	<ul style="list-style-type: none"> <li>• Outreach strategies for expanding health insurance coverage</li> </ul>		<ul style="list-style-type: none"> <li>• Integrate school based health centers and allow reimbursement through managed care organizations as well as KidsCare</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of behavioral health and physical health</li> <li>• Integrate school based health centers and allow reimbursement through managed care organizations as well as KidsCare</li> <li>• Integrated behavioral and medical (traditional and non-traditional) services</li> <li>• Equalizing the pay for primary care providers</li> </ul>
<b>Changing Organizational Practices</b>	<ul style="list-style-type: none"> <li>• Technology support coaching for weight control</li> <li>• Social media to increase health services utilization per ACA</li> <li>• Specialist outreach programs and outreach clinics to improve access to care, quality of care, health outcomes and patient satisfaction</li> <li>• Interventions to improve care in primary, outpatient, and community settings</li> </ul>	<ul style="list-style-type: none"> <li>• Worksite based programs for obesity prevention and control</li> <li>• Worksite incentive to encourage employees to get preventive care</li> <li>• Assessment of health risks with feedback and onsite health education</li> <li>• Technology support coaching for weight control</li> <li>• Social media to increase health services utilization per ACA</li> </ul>	<ul style="list-style-type: none"> <li>• Technology support coaching for weight control</li> <li>• Social media to increase health services utilization per ACA</li> <li>• BMI screening in schools with parent notification</li> <li>• Sharing cost savings and increasing efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>• Technology support coaching for weight control</li> <li>• Social media to increase health services utilization per ACA</li> <li>• Sharing cost savings and increasing efficiencies</li> <li>• Standardized training for community health workers</li> <li>• Encouraging use of CLAS standards</li> </ul>
<b>Fostering Coalitions and Networks</b>				<ul style="list-style-type: none"> <li>• Collaborative care for management of depressive disorders, using case managers to link primary care providers, mental health specialists, patients</li> </ul>
<b>Educating Providers</b>		<ul style="list-style-type: none"> <li>• Continuing education for professionals</li> </ul>		
<b>Promoting Community Education</b>	<ul style="list-style-type: none"> <li>• Use of lay health workers in the management of infectious diseases</li> </ul>			
<b>Strengthening Individual Knowledge and Skills</b>	<ul style="list-style-type: none"> <li>• Disease management program; self-care classes, diabetes, asthma and other chronic diseases</li> </ul>			<ul style="list-style-type: none"> <li>• Disease management programs delivered via health care settings</li> <li>• Organizational effectiveness, coaching, process improvement, assessment</li> </ul>

