Banner Health 2022 CHNA

Banner Rehabilitation Hospital - Phoenix



Making health care easier, so life can be better.

TABLE OF CONTENTS

Executive Summary 3

introduction 5

- Purpose of the CHNA Report 5
- About Banner Health 6
- Banner Health and Select Health 7
- Banner Health's COVID-19 Impact Statement 8
- About Banner Rehabilitation Hospital – Phoenix 10
- About Maricopa County 11
- Facility Inpatient Origin by Zip Code Map 11
- Community Demographics 12

Process and Methods Used to Conduct the CHNA 13

- Banner Health CHNA Organizational Structure 14
- Primary Data 14
- Secondary Data 17
- Data Limitations and Information Gaps 20
- Prioritization of Community Health Needs 21

Description of Prioritized Community Health Needs 23

- Community Health Need #1: *Improving the health of the communities we serve* 23
- Community Health Need #2: *Chronic Disease Management* 27
- Community Health Need #3: *Behavioral Health* 32
- Needs Identified but Not Prioritized 35

2019 CHNA Follow-Up and Review 36

Appendix A. List of data Sources 37

Appendix B. Steering Committee and Additional Stakeholders 57

EXECUTIVE SUMMARY

Community Health Needs Assessment Background

The Patient Protection and Affordable Care Act (PPACA) outlines requirements that nonprofit hospitals must satisfy to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by the ACA, Section 5019(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to address the identified needs for the community at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals in the community, including public health experts as well as residents, representatives, or leaders of low-income, minority, and medically underserved populations.

Beginning in early 2016, the Banner Health CHNA Steering Committee partnered with the Maricopa County Department of Public Health, and the Maricopa County Synapse coalition, a coalition of non-profit and federally qualified health care partners, worked collaboratively and assessed the health needs of residents in Maricopa County, Arizona, including the primary services area for Banner Rehabilitation Hospital – Phoenix. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Summary of Prioritization Process

As part of the process for evaluating community need, a Banner Health formed a CHNA Steering Committee. This committee, which was commissioned to guide the CHNA process, was comprised of professionals from a variety of disciplines across the organization. This steering committee provided guidance in all aspects of the CHNA process, including development of the process, prioritization of the significant health needs identified and development of the implementation strategies, anticipated outcomes, and related measures. A list of the steering committee members can be found in Appendix B.

In the spirit of the organization's continued commitment to providing excellent patient care, Banner Health established systemwide guidelines for each of its acute care hospitals and three inpatient rehab facilities with the following goals at the heart of the endeavor:

- Effectively define the current community programs and services provided by the facility.
- Assess the total impact of existing programs and services on the community.
- Identify the current health needs of the surrounding population.
- Determine any health needs that are not being met by those programs and services, and/or ways to increase access to needed services.
- Provide a plan for future programs and services that will meet and/or continue to meet the community's needs.

Summary of Prioritized Needs

Banner Health has a strong history of dedication to its community and providing care to underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and/or unmet needs; this has only strengthened Banner's commitment to *"making health care easier, so life can be better"*. The following statements summarize each of the areas of priority for Banner Rehabilitation Hospital - Phoenix and are based on data and information gathered through the CHNA.

1. **Access to Care**
    a. Maricopa County has a higher uninsured rate than that of the United States (County Health Rankings, 2022).
    b. Five of Banner Health's facilities have a higher Inpatient Hospitalization rate for Medicaid patients compared to Maricopa County (ADHS, 2020).
2. **Chronic Disease Management**
    a. Approximately 40% of Maricopa County community survey participants identified overweight and obesity as one of the top three health issues impacting the population (Maricopa County Community Survey, 2021).
    b. Cancer, COVID-19, and cardiovascular disease were the top three causes of death within the Primary Services Areas of Banner facilities (ADHS, 2020).
    c. Fatalities from Diabetes rose in 2020 to 11.27 per 100,000 from 9.99 per 100,000 in 2019 (AZ Vital Statistics, 2020).
3. **Behavioral Health**
    a. Mental health issues and alcohol/substance abuse were two of the top three health issues identified by Maricopa County community survey participants at 28% and 29% respectively (Maricopa County Community Survey, 2021).
    b. Arizona Health Improvement Plan research indicates a 300% increase in self-reported depression from 2019 to 2020 in Arizona (AzHIP, 2021).
    c. From 2019 to 2020 Maricopa County saw an increase in the rate of drug related overdoses and opioid related overdoses (ADHS, 2020).

The CHNA Report was adopted by the Banner Health Board of Directors on December 9th, 2022

INTRODUCTION

Purpose of the CHNA Report

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Banner Rehabilitation Hospital - Phoenix . The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets requirements of the ACA that nonprofit hospitals conduct a CHNA at least once every three years.

Banner Rehabilitation Hospital - Phoenix is dedicated to enhancing the health of the communities it serves. The findings from this CHNA report serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax requirements set forth in Internal Revenue Code Section 501(r) requiring hospital facilities owned and operated by an organization described in Internal Revenue Code Section 501(c)(3) to conduct a CHNA at least once every three years. Regarding the CHNA, the ACA specifically requires nonprofit hospitals to:

1. Collect and take into account input from public health experts, community leaders, and representatives of high need populations – this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions;
2. Identify and prioritize community health needs;
3. Document a separate CHNA for each individual hospital; and,
4. Make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs.

This is the fourth cycle for Banner Health, with the third cycle completed in 2019. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health's board on December 9th, 2022.

This report is widely available to the public on the hospital's website bannerhealth.com, and a paper copy is available for inspection upon request at CHNA.CommunityFeedback@bannerhealth.com

Written comments on this report can be submitted by email to:
CHNA.CommunityFeedback@bannerhealth.com

About Banner Health

Headquartered in Phoenix, Arizona, Banner Health is one of the nation's largest nonprofit health care systems and is guided by our nonprofit mission: "Making health care easier, so life can be better." This mission serves as the cornerstone of operations at our 30 acute care facilities located in small and large, rural and urban communities, spanning 6 western states. Collectively, these facilities serve an incredibly diverse patient population. In these communities, Banner Health provides more than $650M annually in charity care – treatment without expectation of being paid. As a nonprofit organization, Banner reinvests revenues to add new hospital beds, enhance patient care and support services, expand treatment technologies, and maintain equipment and facilities. Furthermore, Banner subsidizes medical education costs for hundreds of physicians in our residency training programs in Phoenix and Tucson, Arizona and Greeley, Colorado.

With organizational oversight from a 14-member board of directors and guidance from both clinical and non-clinical system and facility leaders, more than 52,000 employees work tirelessly to provide excellent care to patients in Banner Health acute care hospitals, rehabilitation hospitals, urgent cares, clinics, surgery centers, home care, hospice facilities, telehealth, and other care settings.

While Banner has the experience and expertise to provide primary care, hospital care, outpatient services, imaging services, rehabilitation services, long-term acute care, and home care to patients facing virtually any health conditions, an array of core services and specialized services are also provided. Some of the core services include: cancer care, emergency care, heart care, maternity services, neurosciences, orthopedics, pediatrics and surgical care. Specialized services include behavioral health, burn care, high-risk obstetrics, Level 1 Trauma care, organ and bone marrow transplantation and medical toxicology. We also participate in a multitude of local, national, and global research initiatives, including those spearheaded by researchers at our three Banner- University Medical Centers, Banner Alzheimer's Institute, and Banner Sun Health Research Institute.

Ultimately, Banner's unwavering commitment to the health and well-being of its communities has earned accolades from an array of industry organizations, Banner Health's Supply Chain was recognized as second in the nation in 2021, and one of the nation's Top 10 Integrated Health Systems according to SDI and Modern Healthcare Magazine. Banner Alzheimer's Institute has also garnered international recognition for its groundbreaking Alzheimer's Prevention Initiative, brain imaging research and patient care programs. Further, Banner Health, which is the second largest private employer in both Arizona and Northern Colorado, continues to be recognized as one of the "Best Places to Work" by Becker's Hospital Review.

Banner Health and Select Health

Select Medical, headquartered in Mechanicsburg, Pennsylvania, is the country's leading for-profit post-acute care healthcare organization. Their mission statement, "Select Medical will provide an exceptional patient care experience that promotes healing and recovery in a compassionate environment," addresses its purpose to restore and nurture life after patients have suffered a debilitating illness or traumatic physical injury. There are currently 46,000 Select Medical employees serving 60,000 patients per day.

The company is comprised of divisions that offer care to patients in critical illness recovery hospitals, inpatient rehabilitation hospitals, outpatient rehabilitation settings, and occupational health centers. Aside from making strategic acquisitions, it serves patients through shared missions, collaborative cultures, and a winning care model, entering into world-class health care partnerships with a focus on excellence. These partners include, among others, the Cleveland Clinic, Dignity Health, Penn State Health, Baylor Scott & White, HonorHealth, OhioHealth, and, of course, Banner Health.

Pursuit of a joint venture between Banner Health and Select Medical began in 2016, and it became a reality with executed agreements on December 27, 2017. Banner would be the majority owner of the joint venture, and Select Medical would be the managing partner. This alliance with Select would allow Banner to enhance and improve rehabilitation services to exceed customer expectations. It would permit investment to develop state-of-the-art rehabilitation programs and offerings and provide clinicians with rich educational opportunities.

At the time of the agreement, Banner operated a number of outpatient therapy clinics and four inpatient rehabilitation units located within four acute care facilities: Banner Baywood Medical Center, Banner Boswell Medical Center, Banner Del E. Webb Medical Center, and Banner University Medical Center-Phoenix. Because of the scope of the joint venture, it was carried out in two phases, with the joining of the outpatient therapy clinics of Banner and Select occurring first. The consolidation of the four inpatient rehab units into three newly constructed rehabilitation hospitals was the work of the second phase, which ended in April of 2022 with the opening of the third hospital in Mesa, Arizona. The first two hospitals, one located in Peoria, Arizona, and the other adjacent to Banner University Medical Center-Phoenix, opened in September and October of 2020, respectively. The clinics are now known as Banner Physical Therapy, while the hospitals are named Banner Rehabilitation Hospitals Phoenix, East, and West.

In 2022 Select announced that sixteen of its thirty-one inpatient rehabilitation hospitals were named to Newsweek's 2022 list of America's Best Physical Rehab Centers. In July of 2022 four of the hospitals were recognized by U.S. News & World Report as Best Hospitals for rehabilitation in the country; one of the hospitals, Kessler Institute, had marked the 30th consecutive year of being on that list.

Banner Health's COVID-19 Impact Statement

In December of 2019 SARS-CoV-2, also known as COVID-19, was discovered in Wuhan, China. The first case treated at a Banner facility was on March 7th, 2022. In March 2022, Banner implemented the following in response to the pandemic:

- Convened EOC Command Center to plan, monitor, and execute a response plan.
- Developed a digital dashboard to monitor all activity.
- Expanded Telemedicine services for Banner Urgent Care and all Banner Medical Groups.
- Leveraged Banner Innovation Group to address real time problems, defined by EOC, such as PPE supply.
- Banner paused elective surgeries, enacted a no visitor policy, and where possible, moved employees to work from home status.

Throughout the COVID-19 Pandemic, Banner was a leader in the communities they were located in, by treating patients with COVID-19 and providing consistent and ongoing communication to the public. Since March 2020, Banner has faced multiple COVID-19 surges, PPE shortages, staffing difficulty (involving shortages, staff safety, and employee health), however, Banner continues to be committed to *"Making health care easier, so life can be better."*

Banner Health leveraged technology to provide care and up to date information to community members throughout the pandemic. Through the BannerHealth.com website and Banner apps, Banner provided a trusted source of communication to our communities.

- Banner Website Page Views: From March 2020 to December 2022, there were over 8,310,000 total pageviews to COVID-related pages on Banner's website.
- Buoy App
    - Banner provided a symptom checking platform to its communities, patients went through a series of questions to determine if their symptoms were COVID influenced.
    - From March 2020 to December 2021, 138,659 patients were triaged through the symptom checker with COVID-19 results.
- Emails were used to both inform patients of COVID related information as well encourage the adoption of telehealth services
    - Over 6 million COVID related emails were opened
    - 340,000 telehealth related emails were opened by patients in the first year of the pandemic.

Within Banner Health acute care hospitals, Banner followed state and national guidelines to expand bed capacity, to serve both COVID and non-COVID patients in our facilities. In our Arizona facilities, we expanded bed capacity so that in total we had an over 50% increase of beds in preparation for the surge of COVID-19 patients, for our Western Region facilities we had a 28% increase in beds (bed increase includes ICU and Medical Surgical beds). Since the start of the pandemic, Banner has provided care to over 43,000 patients with COVID at Urgent Care facilities, more than 38,000 with COVID in our clinics, and

nearly 94,000 with COVID as patients in our hospitals. In all Banner has served 47% of all hospitalized COVID-19 patients in the state of Arizona throughout the pandemic.

From 2020 to 2022 Banner Health infused over 25,000 monoclonal antibody doses. While the acuity of patient who received a dose of monoclonal antibodies has varied throughout the COVID-19 pandemic, those with the highest acuity were triaged to receive priority scheduling in receiving a dose.

When vaccinations became available to the public, Banner Health partnered with county and state health agencies in administering vaccines. In Banner Health's larger markets, Maricopa and Pima County Arizona, Banner worked with county partners to set up vaccination pods, where Banner employees, county employees, and volunteers worked daily for over two months to provide initial and second dose vaccines to county residents. The two vaccine pods Banner supported in Maricopa County (Arizona Fairgrounds & Sun City) administered over 190,000 vaccines, including both initial and second dose. In Pima County, Banner also supported two vaccine pods, which administered over 160,00 initial and second vaccinations. In Banner Health's Western Division Market, a different approach was used, providing vaccinations on a smaller scale through hubs and clinic visits, with nearly 48,000 vaccinations, initial and second doses, administered. Hubs were set-up to provide efficient and physically distant vaccinations in the community on a smaller scale than the Arizona locations. Internally, Banner Health mandated employees were vaccinated for COVID-19 to protect our patients and staff.

As COVID-19 moves into the *Control Phase*, Banner Health continues to provide COVID-19 focused care in our communities. Banner maintains consistent communication with county and state partners, monitoring COVID-19 in the communities. A long COVID treatment plan was developed, to provide ongoing care to COVID-19 survivors suffering from long COVID symptoms. Physicians and providers from specialties ranging from pulmonology, neurology, sleep medicine, behavioral health, and more have partnered to provide the highest quality patient care and experience to support those with long COVID symptoms.

About Banner Rehabilitation Hospital – Phoenix

Banner Rehabilitation Hospital – Phoenix, opened their doors to Phoenix and Maricopa County in 2021.The facility, located on the Banner University Medical Center – Phoenix's campus is another step in expanding the care continuum for the community. The hospital has 56 beds, offering patient focused care that is both compassionate and results oriented, with innovative treatment plans and state-of-the-art equipment. Since the opening of Banner Rehabilitation Hospital – Phoenix, the facility has never wavered in their mission to, "Make health care easier, so life can be better".

Banner Rehabilitation Hospital – Phoenix offers programs and services designed to help patients restore strength, mobility, and independence as they heal and recover from a myriad of diagnostic conditions, including but not limited to:

- Stroke
- Spinal cord injury
- Brain injury
- Amputation
- Orthopedic conditions
- Multiple trauma
- Cardiac and pulmonary disorders
- Neurological diseases (MS, ALS, Guillain-Barré, Parkinson's disease)

A dedicated team of physiatrists (physicians who are board certified in physical medicine and rehabilitation), certified rehabilitation nurses, physical and occupational therapists, speech language pathologists, case managers, respiratory therapists, dietitians, and other professionals. This multi-disciplinary team works closely to design and implement specialized programs that meet each patient's goals and help him or her return to fuller, more productive lives. On average, Banner Rehabilitation Hospital – Phoenix serves 900 inpatients per year. In 2022, the facility is expected to discharge ~45 patients with a primary diagnosis of cardiac debility, and ~330 patients with a diagnosis of diabetes mellitus. Additionally Banner Rehabilitation Hospital – Phoenix is expected to make ~80 patient referrals to Banner Home Health Care.

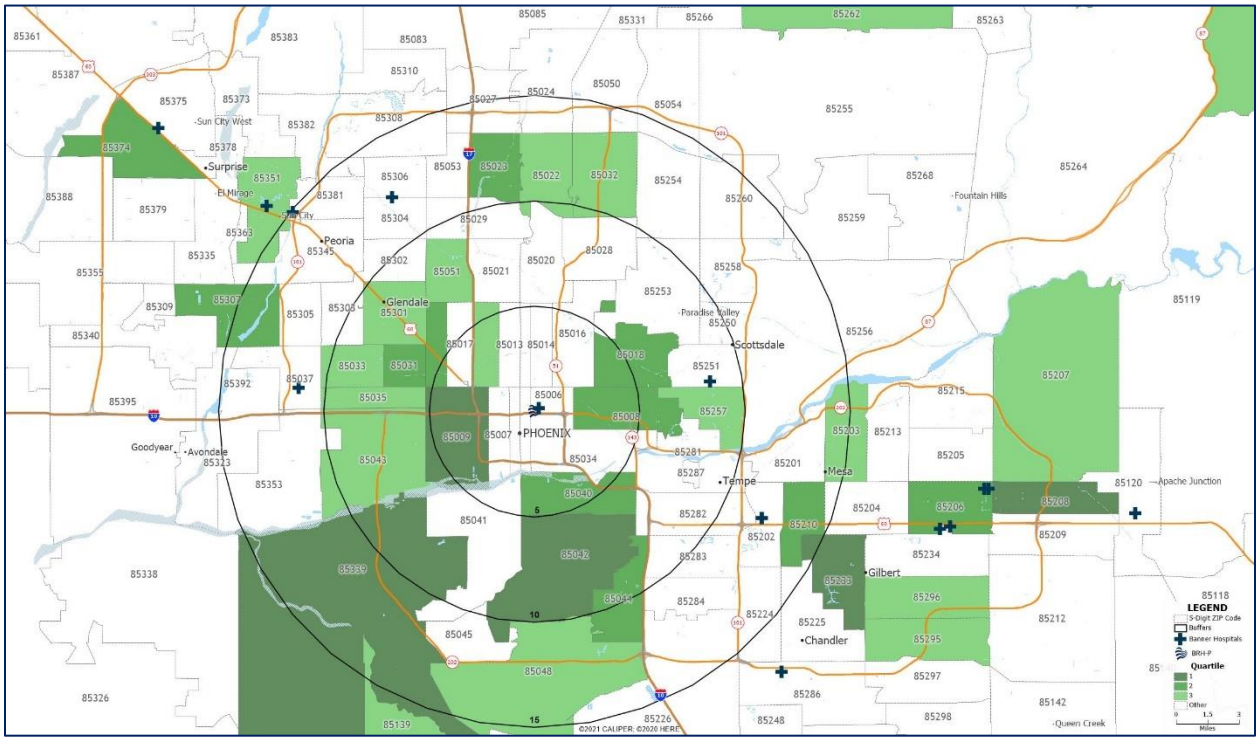
About Maricopa County

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

The demographic area for this CHNA is Maricopa County, the common community for all partners participating in the SYNAPSE coalition collaborative. However, primary service area (PSA) information for Banner Rehabilitation Hospital – Phoenix will also be provided when available. Banner Rehabilitation Hospital – Phoenix's PSA includes the zip codes making up the top 75% of the total inpatient cases. The PSA includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Facility Inpatient Origin by Zip Code Map

January 1, 2021 through December 31, 2021 (Top 3 contiguous quartiles = 75% of total discharges)

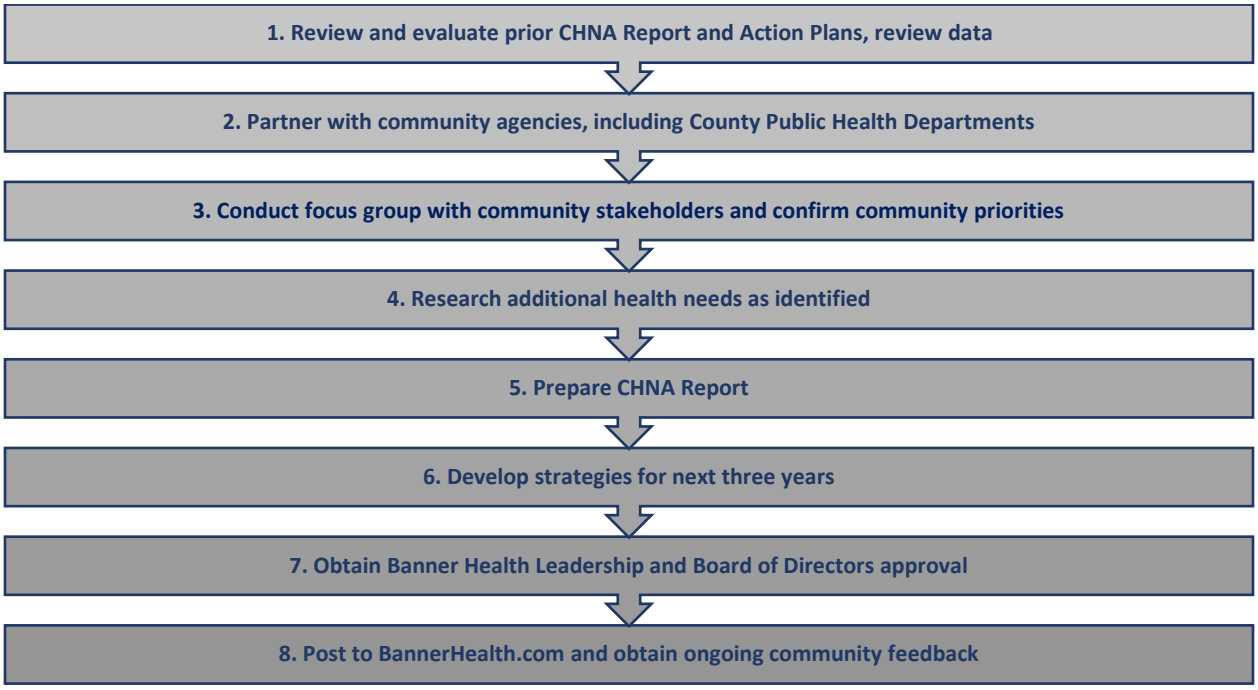


Community Demographics

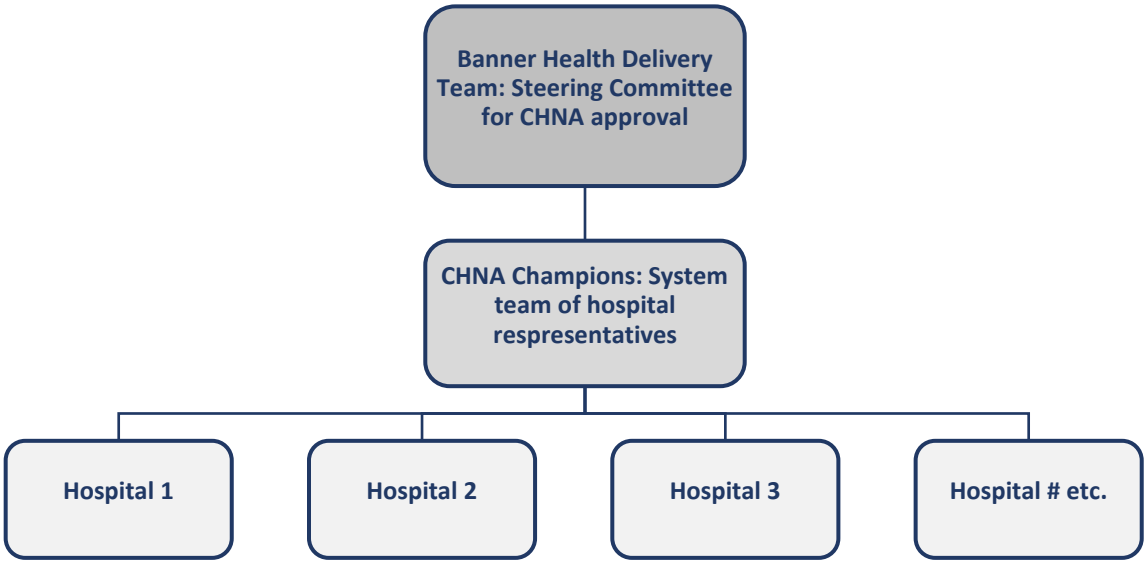
	Banner Rehab Phoenix PSA	Maricopa County
Population (20220	1,439,162	4,567,502
Male	49.6%	49.5%
Female	50.4%	50.5%
Age		
Ages 0-14	25.4%	23.8%
Ages 15-24	24.3%	24.1%
Ages 25-44	34.5%	35.8%
Ages 45-64	15.8%	16.2%
Ages 65+		
Race	3.3%	2.3%
American Indians	3.8%	4.9%
Asian/Pacific Islander	7.1%	5.9%
Black	51.6%	59.2%
White	34.2%	27.6%
Other	39.1%	30.7%
Hispanic		
Social & Economic Factors	63,400	76,671
Median Household Income	15.2%	10.5%
Median Age	35.2	36.5
No HS Diploma	1,439,162	4,567,502

PROCESS AND METHODS USED TO CONDUCT THE CHNA

The Patient Protection Affordable Care Act (PPACA) requirements are mirrored in the Public Health Accreditation Board's (PHAB) standard mandating that health departments participate in or conduct a community health assessment every three to five years. Other PHAB standards require health departments to conduct a comprehensive planning proceed resulting in a community health improvement plan and implement strategies to improve access to health care. Federally funded community health centers must ensure their target communities are of high need and address the shortage of health services that are occurring within these communities. The similar requirements from the IRS, PHSAM, and the federally funded health centers put forth by the United States Department of health and Human Services provides an opportunity to catalyze stronger collaboration and better shared measurement systems among hospitals, health centers, and health departments.



Banner Health CHNA Organizational Structure



Primary Data

Primary data, consists of new data that is obtained via direct means. For Banner health, primary data is created by rendering healthcare services to patients; the data includes inpatient or outpatient counts, visits, payer, etc. For the CHNA report, primary data was also collected directly from the community through surveys, focus groups, and key informant interviews.

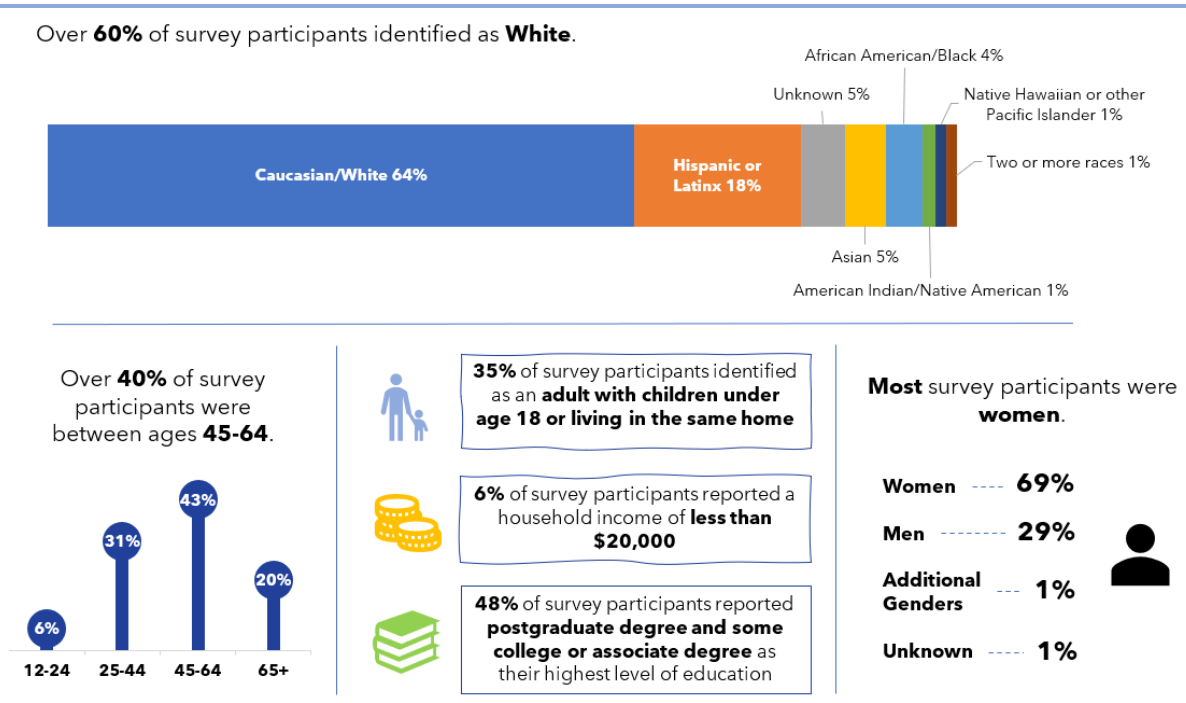
The primary data for the Community Health Needs Assessment originated from Cerner (Banner's Electronic Medical Record) and McKesson (Banner's Cost Accounting / Decision Support Tool). These data sources were used to identify the health services currently being accessed by the community at Banner locations and provides indicators for diagnosis-based health needs of the community. This data was also used to identify the primary service areas (PSA = 75%), inform the Steering Committee Appendix B, and facility champions on what the next steps of research and focus group facilitation needed to entail.

Community Input

SYNAPSE in partnership with Maricopa County facilities, FQHCs, and other health partners, conducted surveys and focus groups throughout 2021. The Survey, which yielded 14,380 responses was available virtually to the public and was translated into 13 languages.

Table 1: provides demographics on the survey response population

Table 1. Survey Demographics



Focus Groups were also conducted, in total 33 focus groups were held, involving 186 participants. Focus Group types ranged from Hispanic males, South Phoenix young families, expectant mothers and parents of young children, Asian/Pacific Islander seniors, and young American Indians. These meetings were also conducted via a virtual platform, participants had a $45 financial incentive.

Data from this data collection indicated top community-identified health issues, located in the table below. Overall, mental health was the primary issues with nearly 50% of respondents affirming it was a top issue to them. This was a change from the 2019 survey, were the majority of respondents noted Alcohol/substance abuse as the top health condition.

Table 2. Top 3 Community identified Health Issues, 2021

	1	2	3
Top Health Issues ***N=14,380***	**Mental health issues 48%**	**Overweight/ obesity 40%**	**Alcohol/substance abuse 29%**
African American/ Black	Overweight/ obesity	Mental health issues	High blood pressure or cholesterol
American Indian/ Native American	Overweight/ obesity	Mental health issues	Alcohol/ substance abuse
Asian/ Native Hawaiian/ Pacific Islander	Mental health issues	Overweight/ obesity	High blood pressure or cholesterol
Caucasian/White	Mental health issues	Overweight/ obesity	Alcohol/substance abuse
Hispanic/Latinx	Mental health issues	Overweight/ obesity	Alcohol/substance abuse
Two or more races	Mental health issues	Overweight/ obesity	Alcohol/substance abuse
Unknown/ not given	Mental health issues	Overweight/ obesity	Alcohol/substance abuse

Source: SYNAPSE Community Health Assessment Survey, 2021

Participants were also asked about barriers they experienced in seeking or accessing healthcare in their community. Due to the routine occurrence of SYNAPSE data collection for Community Health Assessments, we are able to see the pre-post COVI-19 response to this question. The same theme of fear of exposure was the top barrier for all age groups as well. However, when data was segmented by insurance type, only those who were self-insured identified a fear of exposure, while the other insurance groups noted that they did not experience any barriers. Additionally, when broken out by cities within Maricopa County, residents of Gilbert did not experience barriers, regardless of insurance type, while Phoenix residents who were self-insured or covered by Medicaid noted a barrier due to fear of exposure, those were insured by Medicare or commercial did not experience barriers.

Table 3. Top Barrier in Seeking/Accessing Healthcare by Race

Race	2019	2021
African American/Black	Not enough health insurance coverage	Fear of exposure of COVID-19 in a healthcare setting
American Indian	Difficulty finding the right provider for my care	
Asian/Native Hawaiian/Pacific Islander	Inconvenient Office Hours	
Caucasian/White	Difficulty finding the right provider for my care	
Hispanic/Latinx	No health insurance coverage	
Two or more races	Not enough health insurance coverage	
Other/Unknown	Difficulty finding the right provider for my care	

Source: SYNAPSE Community Health Assessment Survey, 2019 & 2021

Secondary Data

Banner Rehabilitation Hospital – East's process for conducting their Community Health Needs Assessment CHNA) leveraged a multi-phased approach to understanding gaps in services provided to the community, as well as existing community resources. The CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data with review and input from key informants, and meetings with internal leadership. The advantage of using this approach is that it validates data by cross verifying from a multitude of sources.

Secondary data includes publicly available health statistics and demographic data. With input from stakeholders, champions, and the steering committee, additional health indicators of special interest were investigated. Comparisons of data sources were made to the county, state, and PSA if possible.

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. Data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors, and existing community resources. Several services of data were consulted to present the most comprehensive picture of Banner Rehabilitation Hospital – East's PSA's health status and outcomes. Appendix A has data sources listed.

Leading Causes for Rehabilitation Services

The physicians and staff at Banner Rehabilitation Hospitals care for patients with a myriad of diagnostic concerns. Per CMS regulations, in a certain defined 12-month timeframe, 60% of the patients seen in the rehabilitation hospitals must be in 13 diagnostic categories. These include, in part, stroke, brain injury, spinal cord injury, various neurological conditions, hip fracture, amputation, and major multiple trauma. The remaining 40% of patients typically fall into categories such as debility, cardiac disorders, pulmonary disorders, or certain orthopedic disorders.

Below is a table representing the primary discharge classifications at the three Banner Rehabilitation Hospitals in the period between September of 2021 and August of 2022. The data for Banner Rehabilitation Hospital – Phoenix includes figures beginning from April 19, 2022, as this was the date of the opening of that facility.

Table 4. Maricopa County Areas of Strength and Areas to Explore

HOSPITAL	FIRST LEADING CAUSE	SECOND LEADING CAUSE	THIRD LEADING CAUSE
Banner Phoenix	Stroke - 28.2%	Brain Injury** – 13.5%	Miscellaneous* - 12.1%
Banner West	Stroke – 38.9%	Hip Fracture – 16.1%	Brain Injury** – 10.1%
Banner East	Stroke – 23.9%	Miscellaneous* – 14.5%	Brain Injury** - 12.2%

Note:
*Patients in the "miscellaneous" category generally are classified as patients with debility.
**Brain injury implies traumatic and non-traumatic injury (eg: brain tumors, encephalopathy).

County Health Rankings

Banner Health leveraged County Health Rankings as a guiding light in understanding how counties Banner facilities were located in did compared to other counties. County Health Rankings are, "based on a model of community health that emphasizes the many factors that influence how long and how well we live" (County Health Rankings, 2022). The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors)." Additionally, data is provided that indicates Areas of Strength, where the county has health data that is stronger when compared to the state data, and Areas to Explore, where the county has health data that is not meeting state level of health – this is an area where counties can focus to improve the Health Outcome rankings.

Table 5. Maricopa County Areas of Strength and Areas to Explore

Areas of Strength	Areas to Explore
Health Behaviors • Food environment index • Access to exercise opportunities • Teen births **Clinical Care** • Preventable hospital stays **Social & Economic Factors** • High school completion • Some college • Children in poverty	**Health Behaviors** • Adult smoking • Adult obesity • Sexually transmitted infections **Clinical Care** • Uninsured **Social & Economic Factors** • Violent crime **Physical Environment** • Air pollution – particulate matter

Source: County Health Rankings, 2022

Health Outcomes Ranking and Map

2022 Arizona County Health Outcomes Rankings: Maricopa County ranked 1 out of 15 the counties, which is the same ranking Maricopa County had in 2019.

Health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:

- Length of Life: measuring premature death and life expectancy.
- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2022)

Health Factors Ranking and Map

2022 Arizona County Health Factors Rankings: Maricopa County ranked 3 out of 15 the counties, an increase from the 2019 health outcomes (4 of 15).

Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:

- Health Behaviors: rates of alcohol and drug abuse, diet and exercise, sexual activity, and tobacco use.
- Clinical Care: showing the details of access to quality of health care.
- Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
- Physical Environment: measuring air and water quality, as well as housing and transit. (County Health Rankings, 2022)

Data Limitations and Information Gaps

Although the data sources provide an abundance of information and insight, data gaps still exist, including determining the most appropriate depth and breadth of analyses to apply. Additional gaps include:

Table 6. Data Limitations and Information Gaps

Data Type	Data Limitations and Data Gaps
Primary Data	• Data collection hit a barrier, due to COVI-19, data was forced to be collected in a virtual format via online surveys or virtual focus groups. • Survey respondents were under included in a few demographic areas – age of those 12-24, Hispanic ethnicity, and men.
Secondary Data	• Due to COVID-19 the national and state reporting cycle on public health data is behind, while normally this data has been published with a 1–2-year age, some data posted, like that of cancer incidence, was posted 5+ years ago at this time. • 2020 Census data was expected to be utilized at this time, however due to COVID and data issues from its collection process, much of the data has yet to be released. • Behavioral Risk Factor Surveillance system (BRFSS) and American Community Surveys (ACS), both yearly national surveys were conducted in both 2019 and 2020, due to COVID-19 there were delays in data collection and reporting out.

Prioritization of Community Health Needs

Building on Banner Health's past three CHNA reports, the steering committee and facility champions worked with Banner Health corporate planners to prioritize health needs for Cycle 4 of the CHNA. Facility stakeholders, community members, and public health professionals were among major external entities involved in identifying health needs, which were then brought to the steering committee. Both Banner Health internal members, and external entities were strategically selected for their respective understanding of community perspectives, community-based health engagement, and health care expertise. To be considered a health need the following criteria was taken into consideration:

- The PSA had a health outcome or factor rate worse than the average county / state rate
- The PSA demonstrated a worsening trend when compared to county / state data in recent years
- The PSA indicated an apparent health disparity
- The health outcome or factor was mentioned in the focus group
- The health need aligned with Banner Health's mission and strategic priorities

Using the previous CHNAs as a tool, the steering committee reviewed and compared the health needs identified in 2022 to the previous health needs. The group narrowed the community health needs to three. It was determined that Banner Health, as a health system would continue to address the same health needs from Cycle 3, the 2019 CHNA, due to the continued impact these health needs have on the overall health of the community. These needs and the strategies to address the needs align with the short- and long-term goals the health system has, specific strategies can be tailored to the regions Banner Health serves, and the health needs can address many health areas within each of them. The graphic below lists the three health needs, and the areas addressed by the strategies and tactics.

Improving the health of the communities we serve	Chronic Disease Management	Behavioral Health
•Access to and navigating healthcare services •Access to supportive care after hospital discharge •Access to care post-COVID •Employee wellness •Integrating Social Determinants of Health with Banner	•Health Literacy •Health Management •Diabetes and heart disease management •Diagnosing and managing dementia •Ongoing care for those with long-COVID •Preventative cancer education •Cancer screenings	•Access to mental health resources •Mental health care for those affected by COVID related experiences •Substance and alcohol abuse and misuse prevention

COVID-19 in the Prioritization Process

While prioritizing needs, COVID-19 was a consistent theme that arose in all forms of primary data collection. COVID-19 has had an impact on the measurement of health needs, socioeconomic factors, facility volumes, and health behaviors to name a few. Banner Steering Committee and facility leadership determined that for Banner Health's CHNA process, rather than adding a fourth community health need, Banner would incorporate COVID-19 into each of the three community health needs. Banner Health will continue to provide ongoing care for those affected physically and mentally by COVID-19 throughout Cycle 4 of the CHNA process.

DESCRIPTION OF PRIORITIZED COMMUNITY HEALTH NEEDS

Banner Health has a strong history of dedication to its community and of providing care to underserved populations. The CHNA continues to help identify additional opportunities to better care for populations within the community who have special and/or unmet needs, this has only strengthened Banner's commitment to improving the health of the communities we serve. The following statements summarize each of the areas of health needs for Banner Rehabilitation Hospital – Phoenix and are based on data and information gathered through the CHNA process.

Community Health Need #1: *Improving the health of the communities we serve*

To "*Improve the health of the communities we serve",* it is essential to understand the factors that affect our communities in improving their health. These factors range from insurance status, Social Determinants of Health (SDoH), utilization of hospitals and emergency departments, and access to providers, to name a few. Based on the areas of focus for this health priority SDoH, poverty level, insurance status, and access to primary care providers are covered.

Social determinants of health are the conditions in the environment where people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People2030 via HHS, 2022). Health People 2030 a national 10-year plan identifies public health priorities to improve the health and well-being across the United States, their key focus is SDoH. These SDoH have a foundational role in our lives, such as safe housing, racism, violence, access to nutritious foods, job opportunities, polluted air, and literacy skills. To further understand these determinants of health, they have been grouped into five key areas:

- Economic stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

In the context of health care access and quality, Healthy People 2030 has identified a series of areas to focus on to address SDoH. These areas all reflect the foundational problem of people in the United States not getting the health care services they need. Areas of focus include: uninsured populations, PCP access, navigating health care, and preventative health (Healthy People2030 via HHS, 2022). For Healthy People 2030, the two primary objectives to address health care access and quality are listed below:

- Reduce the proportion of emergency department visits with a longer wait time than recommended
- Increase the proportion of adults who get recommended evidence-based preventative health care

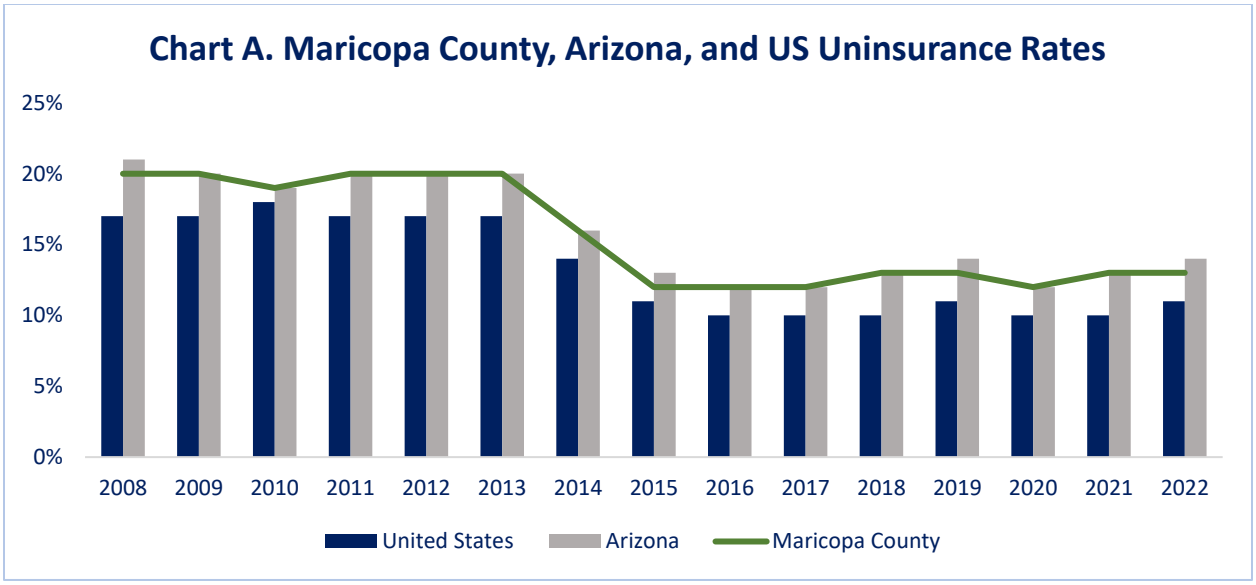
For populations in Maricopa County living under the poverty level, Maricopa County has a lower poverty level than that of Arizona and the United States. Maricopa County consistently has lower poverty levels compared to Arizona and the United States in all below listed fields. However, Arizona has a higher poverty level compared to the United States in many areas, the only population that has a lower rate of poverty in Arizona compared to the United States is Black/African Americans. Poverty level is a factor in understanding insurance type and barriers in accessing health care services.

Table 7. Populations living below the poverty level

	United States	Arizona	Maricopa County
Population	12.8%	15.1%	11.20%
Under 18	17.5%	21.5%	15.10%
Male	11.6%	14.2%	10.40%
Female	14.0%	16.1%	12.00%
White	10.6%	13.2%	8.30%
Black/African American	22.1%	20.3%	16.00%
American Indian/Alaskan Native	24.1%	32.9%	22.80%
Asian	10.6%	12.1%	10.60%
Native Hawaiian/Pacific Islander	16.8%	16.4%	10.90%
Other	10.3%	21.1%	15.38%
Hispanic	18.3%	21.6%	16.10%

Source: Census Poverty Status in the Past 12 Months, 2021

Over a 14-year span, you can see the decrease in uninsurance rates, most notably the drop from 2013 to 2015 when the Affordable Care Act went into place. Data indicates that Arizona has a higher uninsurance rate than the United States and Maricopa County. Health insurance is recognized as a contributing factor to health outcomes, contributing to the affordability of health services and the utilization of primary care/preventative health care services (KFF, 2013).



Source: County Health Rankings, 2022

A contributing factor to health access and a social determinant of health is access to a primary care provider (PCP). A PCP makes it possible for a person to get preventative health services as well as provides tools to better maintain a healthy lifestyle. In Arizona and Maricopa County, the rate of the population per primary care provider (PCP) is higher than the national rate, this means for Maricopa County residents and Arizonans; it is harder for people to find and access to a PCP than in other parts of the country.

Table 8. Primary Care Providers to the Population

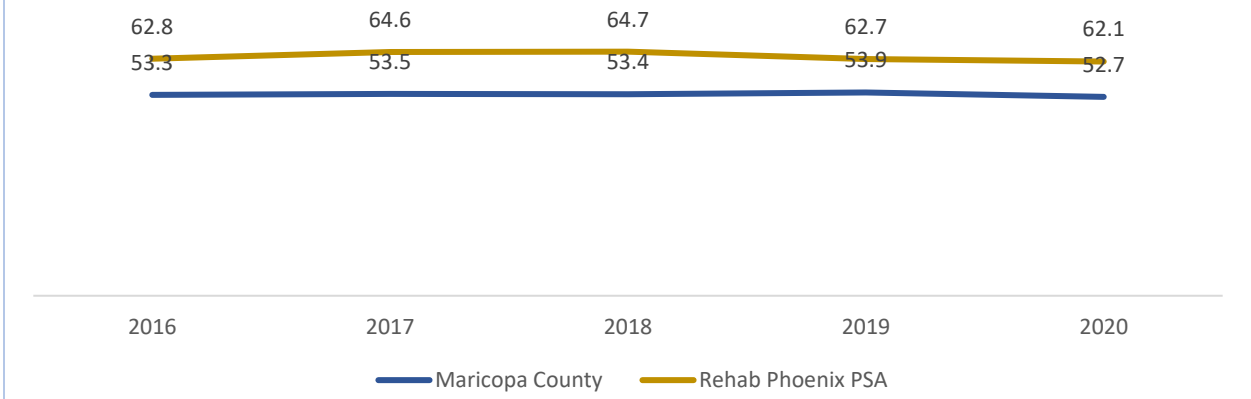
	2019	2020	2021	2022
United States	1,050:1	1,030:1	1,030:1	1,010:1
Arizona	1,540:1	1,500:1	1,520:1	1,500:1
Maricopa County	1,430:1	1,420:1	1,450:1	1,420:1

Source: County Health Rankings, 2019-2022

The rate of Emergency Department visits and admits into a hospital for those insured via Medicaid (AHCCCS in Arizona) can be used to provide context on the health behaviors and health trends of poorer populations. Medicaid was designed to provide health coverage for low-income children and families who lack access to private health insurance – the two qualifying factors include: income and health status (KFF, 2013). Health status refers to physical, mental, and intellectual abilities. In Arizona the financial qualification for Medicaid is a household of one must bring in no more than $1,201 gross monthly income, and a household of four must bring in no more than $2,452 gross monthly income (AHCCCS, 2022). Looking at Medicaid utilization of health services it is a way to see the trends of the effect of the economy, health related policies, and overall health behaviors on those lower income populations. When comparing Medicaid utilization trends from our primary service to the county or state, it provides an opportunity to understand if our hospitals are providing care at a higher average to Medicaid patients – and determine health strategies to provide quality care to an already at-risk population.

Chart B.

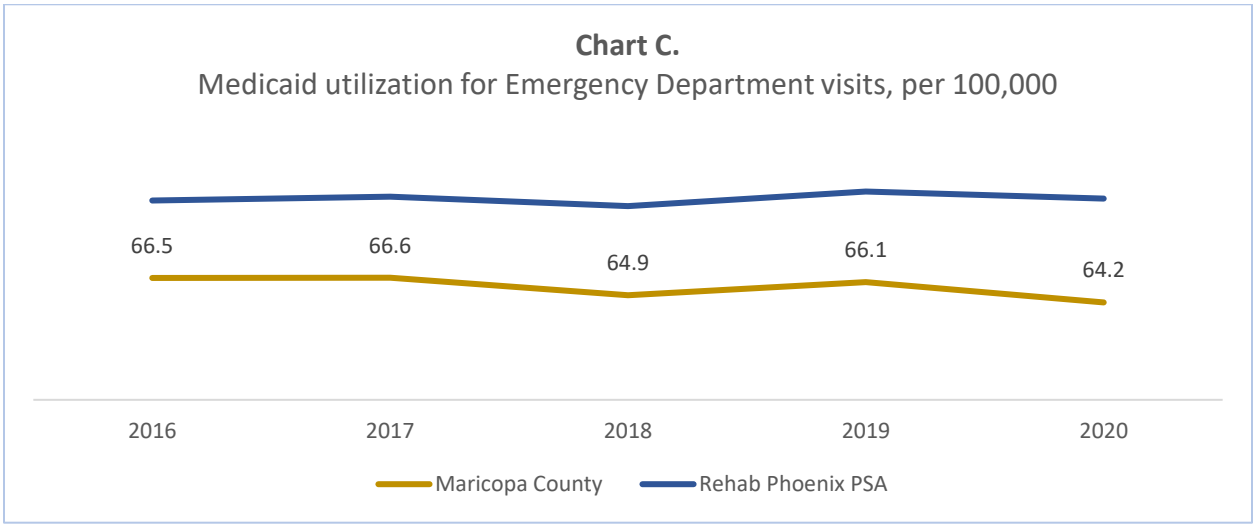
Medicaid utilization for Inpatient Hospitalizations, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Chart C.

Medicaid utilization for Emergency Department visits, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Community Health Need #2: *Chronic Disease Management*

Chronic Disease was identified as another Health Priority; Banner Health decided to focus on how to support the management of chronic diseases. When looking at state, county, and hospital data the prevalence of chronic diseases was present as a top ten condition for Emergency Department visits, Inpatient admits, and incidence of death. When indicating community health concerns, many respondents identified obesity and lack of physical activity – these are both themes that are known to be correlated to chronic diseases. Access to safe places to recreate, access to affordable and healthy foods, and the financial freedom to focus on physical health are all factors that are correlated to SDoH as well as chronic disease management.

This report focuses on the utilization of the ED visits and IP admits for those with a primary diagnosis of *heart disease* or *diabetes*. These rates indicate management of disease or lack of management – leading to ED visits and IP admits. Looking at these utilization rates helps identify trends in occurrence of these chronic diseases as well as utilization of care. Overall data indicates a drop in visits for both chronic disease states in 2020 – this can be attributed to COVID-19 and the change in behaviors in accessing healthcare throughout the pandemic. For those with diabetes and chronic disease, COVID-19 put them at higher risk of a severe disease course.

In Maricopa County, males have consistently had a higher hospitalization or Emergency Department visit rate for heart disease per 100,000 than that of females. For both genders, there was a decrease in heart disease ED and IP visits from 2019 to 2020.

Chart D.
Inpatient Hospitalizations for Heart Disease, per 100,000

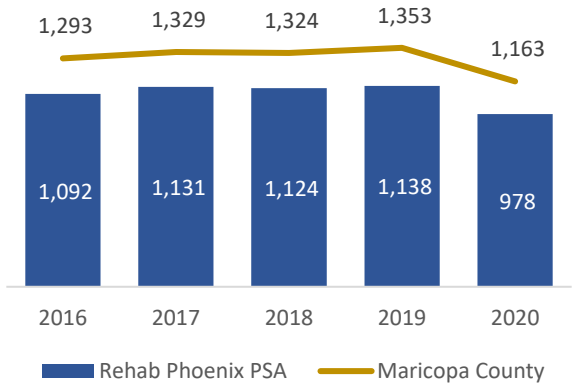
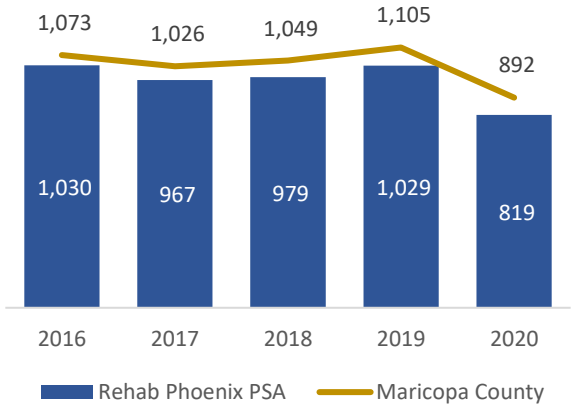


Chart E.
Emergency Department visits for Heart Disease, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Chart F.
Inpatient Hospitalizations for Heart Disease in Maricopa County by Gender, per 100,000

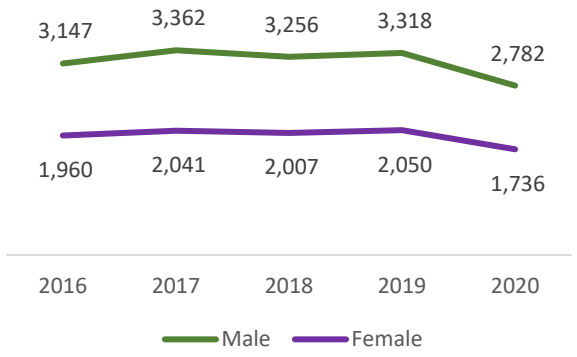
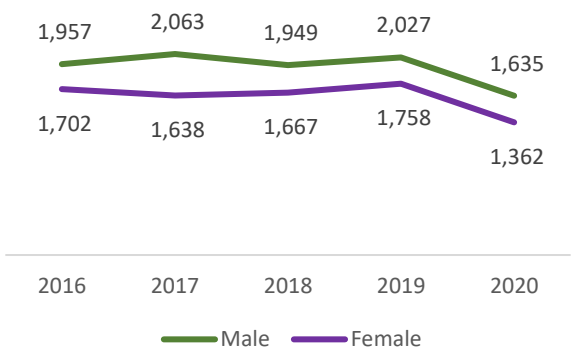


Chart G.
Emergency Department visits for Heart Disease in Maricopa County by Gender, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

When looking at heart disease, especially from an Inpatient Rehabilitation Hospital point of view, Stroke is a health outcome that is strongly linked to chronic disease management. Stroke has many correlating factors to heart disease. High blood pressure is a leading cause of heart disease and stroke, about 7 in 10 people who have a heart attack have high blood pressure, and about 8 in 10 people who have a stroke have high blood pressure (CDC, 2022).

Chart H.
Inpatient Hospitalizations for Stroke

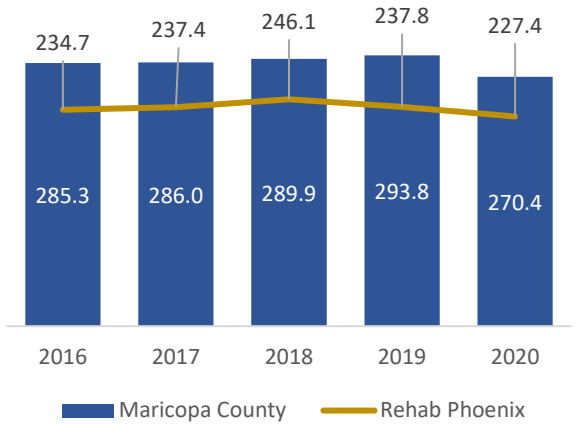
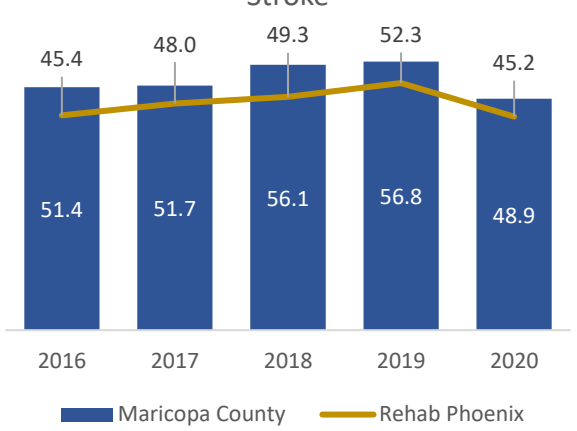


Chart I.
Emergency Department visits for Stroke



Source: ADHS via SYNAPSE, 2016-2020

Chart J.
Inpatient Hospitalizations for Stroke in Maricopa County by Gender, per 100,000

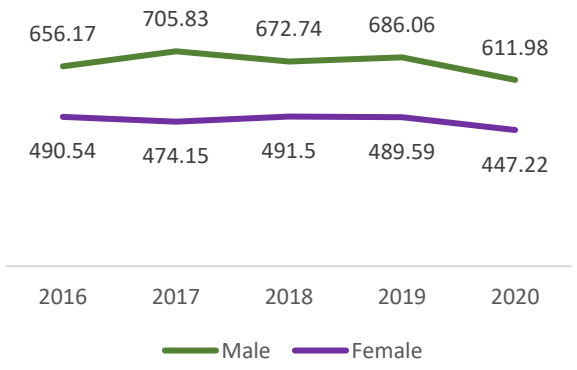
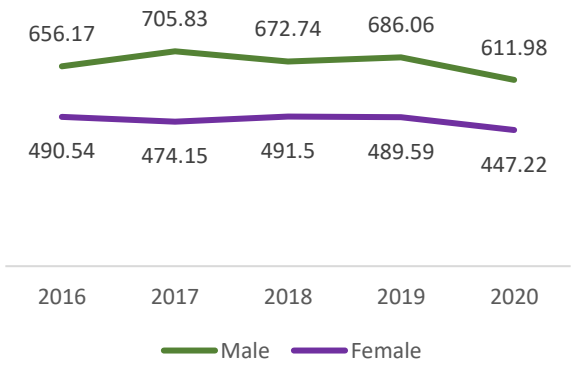


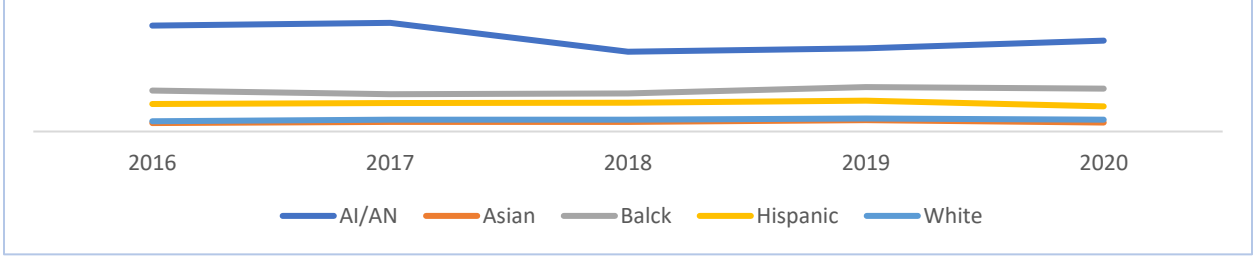
Chart K.
Emergency Department visits for Stroke in Maricopa County by Gender, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

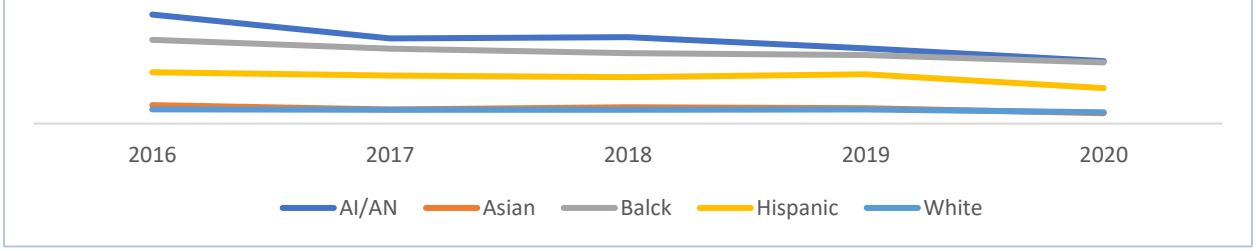
When looking at heart disease, especially from an Inpatient Rehabilitation Hospital point of view, Stroke is a health outcome that is strongly linked to chronic disease management. Stroke has many correlating factors to heart disease. High blood pressure is a leading cause of heart disease and stroke, about 7 in 10 people who have a heart attack have high blood pressure, and about 8 in 10 people who have a stroke have high blood pressure (CDC, 2022).

Chart L.
Inpatient Hospitalizations for Diabetes in Maricopa County by Race, per 100,000



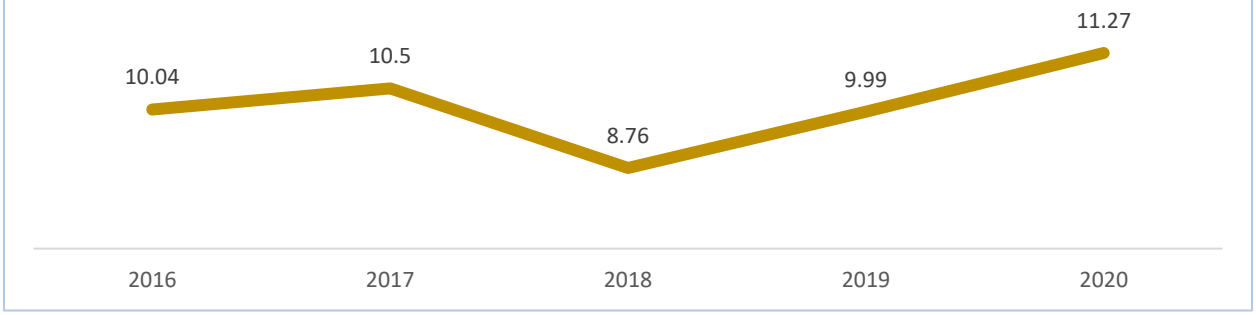
Source: ADHS via SYNAPSE, 2016-2020

Chart M.
Emergency Department visits for Diabetes in Maricopa County by Race, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Chart N.
Diabetes death rate in Maricopa County



Source: ADHS via SYNAPSE, 2016-2020

Cancer incidence rates, age adjusted and based on a five-year average indicates a few things—higher prevalence in Arizona compared to Maricopa County, both which are lower than that of the National average. Additionally, Males consistently have a higher incidence rate of cancer than that of females. Breast cancer has a higher incidence in Maricopa County than that of Arizona. Colon & Rectal, Lung & Bronchus, and Prostate Cancer all have a higher National incidence than that of Arizona and Maricopa County, however Prostate Cancer has a higher incidence rate in Maricopa County than that of Arizona. A limitation to understanding the trends of Cancer incidence is due to COVID-19 and data collection priorities from county to federal levels.

Table 9. Maricopa County Age Adjusted Incidence Rate per 100,000 Five-Year Average (2014-2018)

	US	Arizona	Maricopa County
All Cancer Sites	448.6	385.7	391.3
Females	422.7	368.5	376.7
Males	487.4	410.3	414.4
Breast (Females)	126.8	114.2	120.9
Cervical (Females)	7.7	6.5	6.5
Colon & Rectal	38.0	32.3	31.8
Females	33.4	28.1	28.2
Males	43.5	37.0	36.0
Lung & Bronchus	57.3	45.1	44.7
Females	50.8	41.6	42.0
Males	65.7	49.2	48.3
Prostate (Males)	106.2	79.6	84.3

Source: National Cancer Institute, CDC, 5-Year Average

Community Health Need #3: *Behavioral Health*

Community feedback gathered through surveys and focus groups indicated a rise in Behavioral Health as a primary concern. Specific behavioral health concerns that were highlighted by participants include mental health issues and alcohol/substance abuse. An outcome of the COVID-19 Pandemic has been a rise in the focus of health care provider mental health – a result of the emotional and psychological trauma of providing care to patients with COVID-19. The occurrence of burnout for physicians and nurses, manifesting through anxiety, depression, and stress has been attributed to COVID-19 and the pressures put on them to treat patients battling COVID-19 (Sung, Chen, Fan, et al. 2021). Measures to understand the prevalence of behavioral health concerns in Maricopa County include *Mental and Behavioral Health Disorders* and *Opioid Drug Use*.

Mental health disorders are prevalent throughout the world, one in eight people in the world live with a mental disorder, anxiety and depressive disorders being the most common (Institute of Health Metrics and Evaluation, 2022). “A mental disorder is characterized by a clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior.” (WHO, 2022) It is estimated that there was an over 25% increase in anxiety and depressive disorder in 2020 because of the COVID-19 pandemic (WHO – Mental Health and COVID-19,2022).

Maricopa County saw a leveling out in IP Hospitalizations attributed to all mental and behavioral disorders and a decline in ED Visits from 2019 to 2020. These trends are similar when broken out by gender; males having a higher incidence rate compared to females.

Chart O.
Inpatient Hospitalizations for All Mental and Behavioral Disorders, per 100,000

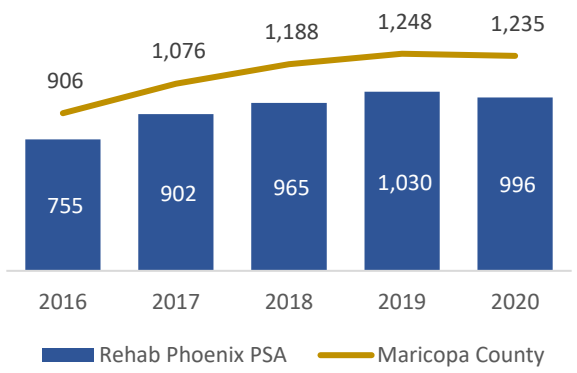
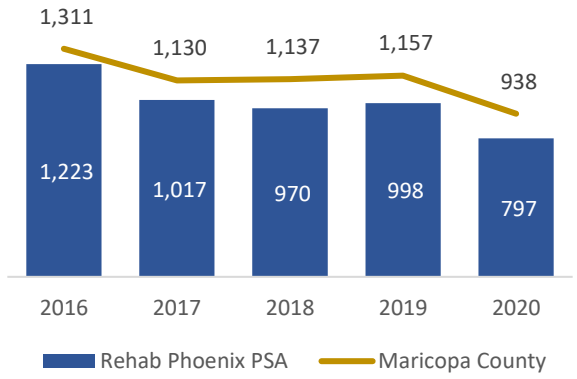


Chart P.
Emergency Department visits for All Mental and Behavioral Disorders, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Chart Q.
Inpatient Hospitalizations for All Mental & Behavioral Disorders in Maricopa County by Gender, per 100,000

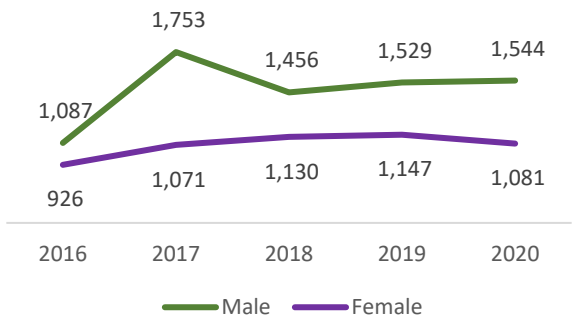
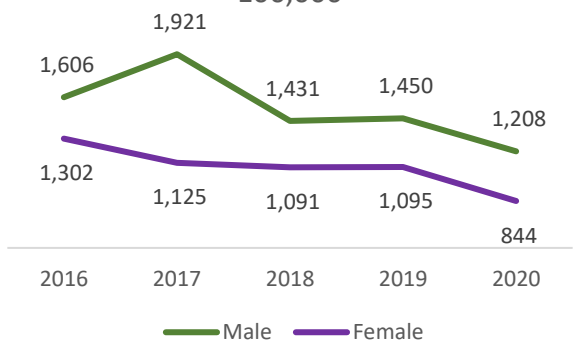


Chart R.
Emergency Department visits for All Mental & Behavioral Disorders in Maricopa County by Gender, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Opioid use disorder and addiction continues to be at epidemic levels in the United States and world. In the United States, three million people suffer from opioid use disorder, with more than 500,000 people dependent on heroin alone (Azadfard, Hecker, Leaming, 2022). Nationally, the response ranges state to state and county to county – with communities enacting prescription drug monitoring programs and communities providing naloxone access for overdoses. States have begun to tackle the financial impact of opioid use disorder through legal action against pharmaceutical companies – applying the financial wins to addressing the opioid use problems in their communities. Measuring opioid misuse in hospitals and communities is a way to understand the rate of prevalence of opioid abuse that leads to hospital visits and admits.

Opioid drug use saw a dramatic increase from 2018 to 2020 in Maricopa County Emergency Department visits, and a leveling out for IP visits attributed to opioid drug use. Segmentation of this data shows a dramatic increase from 2019 to 2020 for Emergency Department visits by gender in Maricopa County. Drug overdoses increased at a higher age-adjusted rate in Arizona compared to the national rate from 2019 to 2020.

Table 10. Drug Overdose Rates per 100,000

	2019 Age-Adjusted	2020 Age-Adjusted
United States	21.6	28.3
Arizona	26.8	35.8

Source: CDC, Drug Overdose, 2019-2020

Chart S.
Emergency Department visits for Opioid Drug, per 100,000

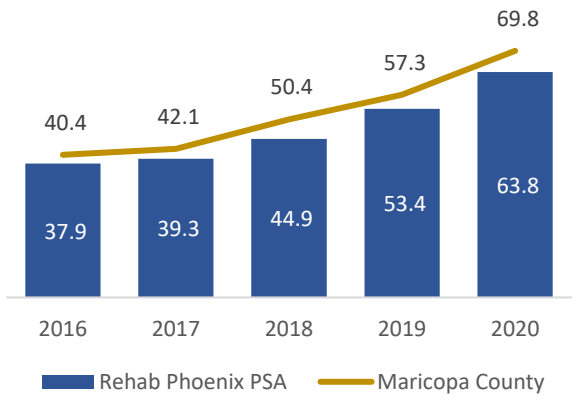
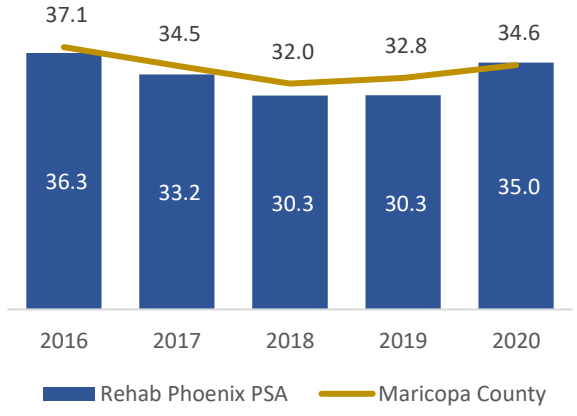


Chart T.
Inpatient Hospitalizations for Opioid Drug Use, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Chart U.
Inpatient Hospitalizations for Opioid Drug Use in Maricopa County by Gender, per 100,000

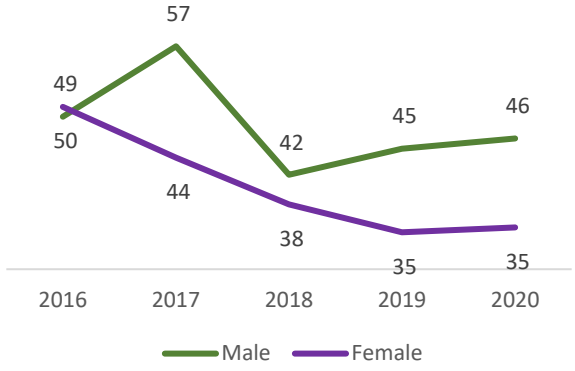
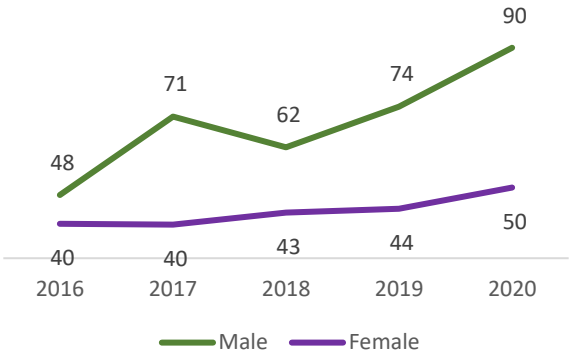


Chart V.
Emergency Department visits for Opioid Drug Use in Maricopa County by Gender, per 100,000



Source: ADHS via SYNAPSE, 2016-2020

Needs Identified but Not Prioritized

Additional needs identified through data collection and community input were age related health concerns, aging problems, cancer, and access to healthy foods. In many of Banner's facilities a high percentage of the aged population is served, as a result tactics have been developed that acknowledge and address concerns of the aged populations. It was determined to group cancer into Chronic Disease Management as opposed to having it stand along Significant Health Need, as a result a specific strategy has been developed to educate and create access to cancer screenings.

COVID-19 remains an ongoing health concern in many communities. While Banner Health decided to not develop a Significant Health Need that is specific to COVID-19, health priorities have been developed that are related to the effects of COVID-19 and have developed tactics to address these health priorities.

.

2019 CHNA FOLLOW-UP AND REVIEW

The link to the 2019 report and implementation strategies was posted on the Bannerhealth.com website and made widely available to the public. Over the past three years, Banner Health has monitored its Community Feedback email account and responded to emails in a timely manner. Comments can be sent to CHNA.CommunityFeedback@bannerhealth.com. As this is the first year that Banner Rehabilitation Hospital- Phoenix will be posting their CHNA report, we have yet to collect community feedback.

As this is the first year that Banner Rehabilitation Hospital- Phoenix has developed a CHNA Report and Implementation Strategies, we have no updates to report on the status of the strategies.

APPENDIX A. LIST OF DATA SOURCES

Primary and Secondary Data Sources

- Stratasan via ESRI Demographic
- Stratasan via ESRI Insurance Estimates
- County Health Rankings, 2021
- County Health Rankings, 2019
- Vital Statistics (birth and death) -- obtained from the Arizona Department of Health Services (ADHS). Data analysis completed by MCDPH Office of Epidemiology staff

References

Azadfard M, Huecker MR, Leaming JM. Opioid Addiction. [Updated 2022 Sep 9]. StatPearls Publishing; 2022 Jan-. Source: https://www.ncbi.nlm.nih.gov/books/NBK448203/

AHCCCS (2022). Arizona Health Cre Cost Containment System – Who Can Receive Services. Source: https://www.azahcccs.gov/Members/GetCovered/Categories/adults.html

Boothe, Sinha, Bohm, & Yoon (2013). Community health assessment for population health improvement; resource of most frequently recommended health outcomes and determinants. Centers for Disease Control and Prevention (U.S.), Office of Surveillance, Epidemiology, and Laboratory Services.

Evans, R. G., & Stoddart, G. L. (1990). Producing health, consuming health care. Social Science and Medicine, 31, 1347-1363.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Kindig, D., & Stoddart G. (2003). What is population health? American Journal of Public Health. 93, 380-383.

Paradise, Garfield (2013). What is Medicaid's Impact on Access to Care, Health Outcomes, and Quality of Care? Setting the Record Straight on the Evidence. Kaiser Family Foundation. Source: https://www.kff.org/report-section/what-is-medicaids-impact-on-access-to-care-health-outcomes-and-quality-of-care-setting-the-record-straight-on-the-evidence-issue-brief/

Sung C, Chen C, Fan C, et al. Mental health crisis in healthcare providers in the COVID-19 pandemic: a cross-sectional facility-based survey. BMJ Open 2021;11:e052184. doi: 10.1136/bmjopen-2021-052184 World Health Organization (2022). Mental Disorders. Source: https://www.who.int/news-room/fact-sheets/detail/mental-disorders

World Health Organization (2022). Mental Health and COVID-19: Early Evidence of the pandemic's impact. Source: https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

Focus Groups: Discussion Schedules and Questions

2019 Focus Group Schedule

Cycle 1

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

Cycle 2

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

Cycle 3

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

2019 Focus Group Questions

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

Opening Question (5 minutes)

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

General Community Questions (15 minutes)

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

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

Community Health Concerns (15 minutes)

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

5. What do you believe are the 2-3 most important issues that should be addressed to improve health in your community? [Prompt – ask this if it does not come up naturally]
    i. What are the biggest health problems/conditions in your community?
    ii. Do other communities in this area have the same health problems?
6. A) What makes it hard to access healthcare for people in your community? [Prompt – ask this if it does not come up naturally]
    i. Are there any cost issues that keep you from caring for your health? (such as copays or high-deductible insurance plans)
    ii. If you are uninsured, do you experience any barriers to becoming insured?
    iii. If you do not regularly seek care, are there provider concerns that keep you from caring for your health? (prompt – ask if there are concerns about providers not identifying with them)

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

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

Community Health Recommendations (15 minutes)

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

8. What are some ideas you have to help your community get or stay healthy? To improve the health and quality of life?
9. A) What else do you (your family, your children) need to maintain or improve your health? [Prompt – ask this if it does not come up naturally]
    i. Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use
    ii. Preventative services such as flu shots, screenings or immunizations
    iii. Specialty healthcare services or providers (such as heart doctors or dermatologists)

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

10. What resources does your community have/use to improve your health? [Prompt – ask this if it does not come up naturally]
    i. Why do you use these particular services or supports?

Ending Question (5 minutes)

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

Facilitator Summary & Closing Comments (5-10 minutes)

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

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

2021 COVID-19 Focus Group Schedule

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

* Community members participated from various regions of Maricopa County

2021 COVID-19 Focus Group Questions

A. Information about COVID-19

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

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

B. Intent to get vaccinated against COVID-19

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

1. What do you think about a COVID-19 (Pfizer vaccine? Moderna? Johnson & Johnson)?
    a. PROBE: What are some reasons you think that (about each)?
2. What are some reasons why you and/or your family did/ would get vaccinated for COVID-19?

   a. PROBE: Where would you go?
3. What concerns do you have about getting vaccinated for COVID-19?
   a. **NOTE: List concerns and probe – ex. "I don't know what is in the vaccine?" ASK: What do you think is in it? What have you heard?
   b. PROBE: What concerns do you have about elders getting vaccinated for COVID19? Children?
4. In your opinion, what barriers do you think there may be to get vaccinated against COVID-19 (e.g., cost)?
   PROBE: perhaps you've already had the vaccine?
5. What challenges do you, your family, and/or your community have in getting the COVID19 vaccine?

C. Communication and Messaging

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

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

D. Final Wrap Up Question

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

Maricopa County Community Health Needs Assessment Survey

2019 Survey

The purpose of this brief survey is to get your opinion about issues related to community health and quality of life here in Maricopa County. Information collected in this survey will be kept confidential and used only in combination with others participating in the survey. No personal identifying information will be collected. Your feedback will be used to help guide future community health improvement planning

efforts. Thank you for supporting your community. This survey should take about 10 minutes. If you have questions about the survey or need it provided in an alternative format, please visit http://www.MaricopaHealthMatters.org.

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

1. **In general, how would you rate your physical health?**
   Poor Fair Good Very Good Excellent

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

3. **How often are you able to get the services you need to maintain your mental health?**
   Never Sometimes Always

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

5. **In your community, do people trust one another and look out for one another?**
   Never Sometimes Always

6. **On a monthly basis, do you have enough money to pay for health care expenses (e.g. doctor bills, medications, etc.)?**
   Never Sometimes Always

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

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

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

☐ Childcare	☐ Difficulty finding the right provider for my care	☐ Distance to provider	☐ Inconvenient office hours
☐ No health insurance coverage	☐ Not enough health insurance coverage	☐ Transportation to appointments	☐ Understanding of language, culture, or sexual orientation differences
☐ Other: _____			

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

☐ Ability to communicate with city/town leadership and feel that my voice is heard	☐ Accepting of diverse residents and cultures	☐ Access to affordable after school activities	☐ Access to affordable childcare
☐ Access to affordable healthy foods	☐ Access to affordable housing	☐ Access to community classes and trainings	☐ Access to cultural events
☐ Access to fitness programs	☐ Access to good schools	☐ Access to jobs & healthy economy	☐ Access to medical care
☐ Access to mental health services	☐ Access to parks and recreation sites	☐ Access to public libraries and community centers	☐ Access to public transportation
☐ Access to religious or spiritual events	☐ Access to safe walking and biking routes	☐ Access to services for seniors	☐ Access to social services for residents in need or crisis

☐ Access to substsance abuse treatment services	☐ Access to support networks such as neighbors, friends, and family	☐ Clean environment and streets	☐ Good place to raise children
☐ Low crime/safe neighborhoods	☐ Other: _____		

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

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

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

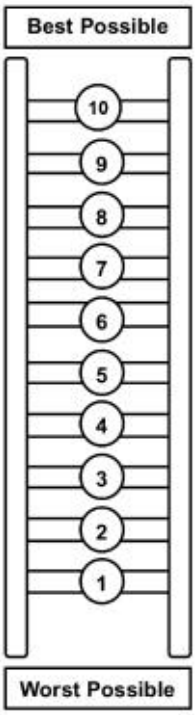
☐ Bullying/peer pressure	☐ Child abuse/neglect	☐ Distracted driving (such as cell phone use, texting while driving)	☐ Domestic violence
☐ Dropping out of school	☐ Elder abuse/neglect	☐ Gang-related violence	☐ Gun-related injuries
☐ Homelessness	☐ Homicide (murder)	☐ Illegal drug use	☐ Limited access to healthcare
☐ Lack of affordable healthy food options	☐ Lack of affordable housing	☐ Lack of child car seats and seat belts use	☐ Lack of good jobs
☐ Lack of good schools	☐ Lack of people immunized to prevent disease	☐ Lack of public transportation	☐ Lack of quality and affordable childcare
☐ Lack of safe spaces to exercise and be physically active	☐ Lack of support networks such as neighbors, friends and family	☐ Limited places to buy groceries	☐ Motor vehicle & motorcycle crash injuries
☐ Racism/discrimination	☐ Rape/sexual assault	☐ Smoking/electronic cigarette use or caping	☐ Suicide
☐ Teen pregnancy	☐ Unsafe working conditions	☐ Other: _____	

For the next four questions, please imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worst possible life.

12. Which step represents the health of your community?

1 2 3 4 5 6 7 8 9 10

Worst Possible Best Possible



13. Indicate where on the ladder you feel you personally stand right now.

1 2 3 4 5 6 7 8 9 10

Worst Possible Best Possible

14. On which step do you think you will stand about five years from now

1 2 3 4 5 6 7 8 9 10

Worst Possible Best Possible

15. Now imagine the top of the ladder represents the best possible *financial situation* for you, and the bottom of the ladder represents the worst possible *financial situation* for you. Please indicate where on the ladder you stand right now.

1 2 3 4 5 6 7 8 9 10

Worst Possible Best Possible

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

16. What is your ZIP code? _____

17. What is your gender?

☐ Male	☐ Female	☐ Transgender	☐ Other

18. What is your age?

☐ 12-17	☐ 18-24	☐ 25-34	☐ 35-44
☐ 45-54	☐ 55-64	☐ 65-74	☐ 75+

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

☐ White	☐ Asian	☐ American Indian: Tribal Affiliation _____	☐ Hispanic or Latino
☐ Black of African American	☐ Native Hawaiian or Other Pacific Islander	☐ Alaskan Native	☐ Multi-racial
☐ Other			

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

☐ Adult with children	☐ Adult with no children	☐ Caregiver	☐ LGBTQI
☐ Person experiencing homelessness	☐ Person with a disability	☐ Refugee/Asylum Seeker	☐ Single parent
☐ Veteran	☐ Person living with HIV/AIDS	☐ Other: _____	☐ None

21. What range is your household income?

☐ Less than $20,000	☐ $20,000 - $29,000	☐ $30,000 - $49,000
☐ 50,000 - $74,000	☐ $75,000 - $99,999	☐ Over $100,000

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

☐ Less than a high school graduate	☐ High school diploma or GED	☐ Associate's Degree	☐ Currently enrolled at vocational school or college
☐ College degree or higher	☐ Other		

2021 COVID-19 Survey

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

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

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

☐ Female	☐ Male	☐ Transgender	☐ Prefer to self-describe	☐ Prefer not to answer

3. What is your age range?

☐ 12-17	☐ 18-24	☐ 25-34	☐ 35-44
☐ 45-54	☐ 55-64	☐ 65-74	☐ 75+

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

☐ African American/Black	☐ American Indian/Native American	☐ Asian	☐ Hispanic/Latinx
☐ Native Hawaiian or other Pacific Islander	☐ Caucasian/White	☐ Other: _____	☐ Prefer not to answer

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

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

6. What range is your household income?

☐ Less than $20,000	☐ $20,000 - $29,000	☐ $30,000 - $49,000
☐ 50,000 - $74,000	☐ $75,000 - $99,999	☐ Over $100,000
☐ Prefer not to answer		

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

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

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

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

Excellent	Very Good	Good	Fair	Poor

9. Would you rate your current physical health as Better, Similar, or Worse compared to your physical health prior to March of 2020?

Better	Similar	Worse

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

Excellent	Very Good	Good	Fair	Poor

11. Would you rate your current mental health as Better, Similar, or Worse compared to your mental health prior to March 2020?

Better	Similar	Worse

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

Always	Sometimes	Never	Not Applicable

13. What services would have improved overall mental and physical health of your family in the last year? (Check all that apply)

☐ Childcare services	☐ In-person school	☐ Technology and internet service	☐ Assistance with finding employment
☐ Assistance with paying utilities	☐ Assistance with paying rent	☐ Assistance with finding healthcare	☐ Assistance with finding substance use treatment
☐ Assistance with mental health issues	☐ Assistance with finding COVID-19 vaccine	☐ Other _____	

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

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

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

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

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

Always	Sometimes	Never	N/A

17. If you received a stimulus check in the fall of 2020 and spring of 2021, what impact did this have on alleviating your essential living expenses and access to healthcare?

Strong Impact	Moderate Impact	Weak Impact	No Impact/No difference	Did Not Receive

18. Since March of 2020, was your employment impacted due to the COVID 19 pandemic? (Check all that apply)

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

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

☐ Health insurance purchased on my own o by family member	☐ Health insurance provided through employer	☐ Indian Health Services	☐ Medicaid/AHCCCS
☐ Medicare	☐ Use free clinics	☐ Use my own money (out of pocket)	☐ Veterans administration
☐ Did not seek healthcare since March of 2020	☐ Other: _____		

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

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

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

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

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

☐ Alcohol/Substance abuse	☐ Cancers	☐ Dementia/Alzheimer's	☐ Diabetes
☐ Heart disease and stroke	☐ High blood pressure or cholesterol	☐ HIV/AIDS	☐ Lung disease (asthma, COPD, emphysema)
☐ Vaccine preventable disease such as flu, measles, and pertussis (whooping cough)	☐ Mental health issues (depression, anxiety, bipolar, etc)	☐ Overweight/ obesity	☐ Sexually transmitted disease

☐ Tobacco use including vaping	☐ Other: _____		

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

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

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

☐ Very easy to use	☐ Easy to use	☐ Neither easy nor difficult to use	☐ Difficult to use	☐ Very difficult to use

25. Based on the given survey questions above, the information provided was easy to understand.

☐ Strongly agree	☐ Agree	☐ Neutral	☐ Disagree	☐ Strongly disagree

26. What else would you like to share with us regarding your experience with COVID-19 that we didn't ask?

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

☐ I experienced COVID-19. _____

☐ A loved one experienced COVID-19. _____

- ☐ My work was impacted by COVID-19. _____
- ☐ Other: _____

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

2019 & 2021 Survey Demographics

Table 11. Survey Demographics		
	2019	**2021**
Total Number of Participants	11,893	14,380
Race / Ethnicity		
African American/Black	3.0%	4.1%
American Indian/Native American	2.0%	1.4%
Asian	25.0%	4.5%
Caucasian/White	61.0%	64.5%
Hispanic/Latinx	4.0%	18.3%
Other	6.0%	N/A
Native Hawaiian/Other Pacific Islander	N/A	1.2%
Two or more races	N/A	1.2%
Unknown/Not given	N/A	4.9%
Age		
12-24	8.0%	6.4%
24-44	32.0%	30.9%
45-64	39.0%	43.0%
65+	21.0%	20.0%
Gender		
Female	73.0%	68.9%
Male	25.0%	29.1%
Additional Genders	N/A	0.6%
Other	1/0%	
Unknown/Not Given	N/A	1.4%

APPENDIX B. STEERING COMMITTEE AND ADDITIONAL STAKEHOLDERS

Banner Health's CHNA Steering Committee is comprised of leaders from throughout Banner Health's system. These leaders represent our Arizona Community Delivery, Wester Division and Rural Facilities, as well as our Academic Medical Centers. In collaboration with Banner Rehabilitation Hospital – Phoenix's leadership team and Banner Health's Strategy Planning department, the Steering Committee is instrumental in both the development of the CHNA process and the continuation of Banner Health's commitment to providing services that meet community health needs.

Table 12. Banner Health Steering Committee

Steering Committee Member	Title
Todd Werner	Senior Vice President, Acute Care Delivery
Sarah Frost	CEO, Banner University Medical Center – Tucson & South
Margo Karsten	Division President, Western Division
Daniel Post	CEO, Banner University Medical Center – Phoenix
Lamont Yoder	Division President, Arizona Community Delivery

CHNA Facility Based Champions

A working team of CHNA Champions from each of Banner Health's hospitals meets on a monthly basis to review the ongoing process of community stakeholder meetings, report creation, and action plan implementation. This group consists of membership made up of CEOs, CNOs, COOs, facility directors, quality management personnel, volunteer services leaders, and other clinical stakeholders.